



Chronic Poverty Report 2023

Pandemic Poverty

Chronic Poverty Advisory Network

CPAN is a network of researchers, policy makers and practitioners across 15 developing countries (Afghanistan, Bangladesh, Cambodia, Ethiopia, India, Kenya, Malawi, Nepal, Niger, Nigeria, Philippines, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe) focused on tackling chronic poverty and getting to zero extreme poverty and deprivation, and by sustaining escapes from poverty and preventing impoverishment. It is looking to expand this network to the 30 countries with the largest numbers of people in poverty. It has a 'hub', which is currently hosted by the Institute of Development Studies in the United Kingdom.

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Of course, responsibility for the contents of the report rests with the authors, and the report does not represent the views of IDS, the Covid Collective, or of FCDO.

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Acronyms

ANC	African National Congress
CBT	Cash-based transfer
CMSMEs	Cottage, micro-, small and medium enterprises
CPAN	Chronic Poverty Advisory Network
DRC	Democratic Republic of the Congo
DRM	Disaster risk management
DRR	Disaster risk reduction
EPWP	Expanded Public Works Programme
GBV	Gender-based violence
GDP	Gross domestic product
HDP	Humanitarian development peace
HIC	High-income country
HNO	Humanitarian Needs Overview
KII	Key informant interview
LIC	Low-income country
LMIC	Low- and middle-income country
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIC	Middle-income country
MILO	Monitoring Impacts on Learning Outcomes
NCDM	National Committee for Disaster Management
NGO	Non-governmental organisation
PMI	Poverty Monitoring Initiative
PSNP	Productive Safety Net Programme
SGBV	Sexual and Gender based violence

Director's foreword

As the Covid-19 pandemic matured, it became obvious that the major policies pursued in the world in response to the pandemic were not designed to suit the largely informal, rural, and poor economies where the bulk of the world's people are located. We are not discounting the lives lost from Covid-19, which was unimaginable and extremely distressing for millions of people. Instead, we are arguing for a more context-specific approach to responding to a global pandemic (or any crisis) and a better balance of mitigating measures with any necessary restrictions.

Few countries in the global south were able to mitigate the effects of the pandemic, such as the restrictions on movement, and the economic and social activities imposed in the name of public health, saving lives, and to avoid health services being overwhelmed. It became increasingly important to learn the lessons of this pandemic from the perspective of poor and vulnerable people living in the global south.

This is what this the Chronic Poverty Report 2023 sets out to do: to investigate the highly negative effects of the restrictions, and most importantly, the success or otherwise of the measures pursued to mitigate those effects on people in and near poverty. The leading message is that if restrictions were necessary, they should be minimised, and complemented by measures to mitigate their negative effects. During the pandemic, such measures were in most countries completely inadequate to prevent impoverishment and downward socio-economic mobility. The report makes suggestions on what needs to be done in a similar future crisis to avoid the economic and social reversals we have seen since 2020, and some steps on the road to recovery.

This first CPAN report on Pandemic Poverty is the product of a long-term partnership across 18 countries in the global south. 12 of those countries participated in the [Chronic Poverty Advisory Network's Covid-19 Poverty Monitoring Initiative](#). These revisited life history respondents from pre-pandemic qualitative research and caught up with their lived experiences during the pandemic. This was designed as a people-centred complement to the high-frequency phone surveys which were undertaken in many countries during the pandemic.

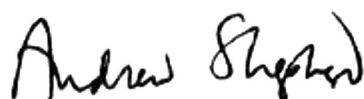
Authors from some of the same countries and others based at the [Institute of Development Studies](#), were involved in writing this report. They carried out key informant interviews with policymakers and implementers to track and understand the development of policy responses during the pandemic, and to analyse the policy discourses in each country. The co-authors met monthly for six months while the report was being written to ensure coherence.

While China's response to the pandemic provided the main model on which the World Health Organisation (WHO) based its guidance to countries, what we found in our focus countries was a wide variety of policy responses, with some countries either refusing to go along with the restrictions or abandoning them quite soon after they started, and relying on their own understanding of their contexts to craft responses which worked for them. One of the purposes of this report is to legitimise this variety of context-specific responses, rather than a one-size-fits-all approach.

Following the Covid-19 pandemic crisis, other crises have taken precedence which has meant that recovery from the pandemic has been put on the policy back-burner across the world. The resulting failure to recover will hit the poorest, least resilient people hardest as they will take longer to regain the assets, human capital, and enterprises they lost.

This environment of 'polycrisis'— where one crisis is layered on or intersects with another— is already the situation faced especially during recent decades in many of the world's poorer countries, where climate-related disasters (droughts, flooding, and other extreme weather events) have occurred at the same time as or in close sequence as conflict, and sometimes health crises. These intersecting crises have significant consequences for the least resilient people. It will be a challenge for policymakers, disaster risk management agencies, peace-building initiatives as well as social protection systems to respond to multiple crises, rather than the singular emergencies they are currently geared up for.

I hope the report and its accompanying policy notes will be of use to policymakers and advisers as they prepare for future crises, as well as reflect on what needs to be done now to recover equitably from the Covid-19 pandemic.



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Summary

Pandemic poverty

The worst experiences in the pandemic were often felt by people in the bottom half of the income distribution, who were already living in poverty, who were near and vulnerable to poverty, or who had previously escaped poverty but lost their resilience mainly as a result of the measures taken to contain the Covid-19 virus – particularly in regard to jobs, markets, food security, and school attendance. Many of the poorest lost access to the casual labour opportunities they relied on for subsistence, while others lost access to markets or experienced significant food price inflation. Certain groups experienced additional hardship. For example: migrants faced extremely difficult journeys home, and discrimination and exclusion when they reached home; women bore a disproportionate share of the added caring responsibilities through lockdowns and experienced heightened exposure to domestic and other abuse and violence; and children in poor and rural areas often suffered significant losses of learning and many were unable to access school meals. The resulting wide-spread food insecurity and malnutrition was often not adequately compensated by food distribution or social protection measures.

Asset sales and other negative coping responses, including education losses, combined with the small to non-existent impact of mitigation or recovery measures in many situations, and the layering of the pandemic on other covariant and idiosyncratic shocks, mean that the effects of the Covid-19 pandemic will be felt for many years. It is likely that the multiple shocks induced by the pandemic itself – the deaths and illness it caused, and by the restrictions on economic and social activity widely (if variably) rolled out in response to the pandemic, and overlain by inflation, natural hazards like droughts, floods and hurricanes, and conflict and insecurity – will place a large number of people not only into temporary poverty, but into chronic poverty, from which escape will be extremely difficult and expensive for the next decade or longer.

The case for strengthened mitigation measures

Policy responses were generally dominated by the concern to protect lives while livelihoods and resilience were secondary or barely addressed. While protecting lives was clearly extremely important, the risks differed significantly for different populations and were not adequately assessed by decision-makers in different contexts. The measures taken were often not proportionate to the level of risk actually there, which was sometimes significantly lower for populations in poor countries than in richer countries because of more youthful demographic structures, and the outdoor character of economic and social life.

The lives/livelihoods trade-off is artificial, as losing lives has a massive impact on household wellbeing, and poverty resulting from livelihood losses can feed into ill health and loss of life (especially for infants and children). In relatively poor countries, with young populations who might be less severely affected by the virus, as became noticeable relatively early in the pandemic, it made sense that decision-makers should focus on livelihoods as much as lives. This report focuses on the trade-off between imposing restrictions as the leading response to a pandemic and to making social and economic progress.

To get a better balance between these objectives, mitigating measures need significant strengthening, particular for but not only in low-income countries (LIC). Experiences from countries like Cambodia or Bangladesh indicate that this balance can be achieved. Key factors are: fiscal space including borrowing capacity; political commitment to protect the welfare of the vulnerable citizens; an ability to assess and re-assess risks in the round; and the ability to implement mitigating measures. These varied significantly, as did investment in and rates of vaccination, which was capable of significantly increasing the speed with which restrictions could be lifted from 2021 onwards. More generally the pandemic revealed a big divide opening up between LICs and other countries on a number of indicators – across a range of mitigating measures.

Excess mortality during the pandemic was related to the range of mitigating measures¹ in LICs – measures introduced to mitigate the effects of restrictions; and surprisingly not to the stringency of the restrictions introduced to manage the spread of the virus in low- or middle-income countries (LMIC) more generally. A cross-country analysis suggests the need to promote non-standard approaches to and innovation in pandemic management in LMICs to take account of different socio-economic contexts and virus dynamics and effects.

Policy responses to promote recovery from pandemic-driven poverty

Long-term investment in health services must be significantly increased and is definitely needed to put countries in a better position to help recovery and withstand future pandemics. Where such investments had been made, such as in Nicaragua, governments were in a better position to manage the pandemic and make decisions which would minimise the socio-economic damage from imposing restrictions.

National decision-making in the pandemic was best when joined up across several sectors and disciplines – ‘who is in the room’ making decisions makes a difference. Where there is capacity at the local-level, many decisions in the management of and recovery from a pandemic are also best taken at local levels, as was discovered in a number of countries as the pandemic continued over time. This helped to minimise the disruptions caused by the restrictions. Local-level decision-making

has been at the forefront of good practice in humanitarian work in recent years, and such lessons needed to be applied to pandemic management too.

Social protection (especially social cash transfers) was the main global response to mitigate the effects of restrictions. However, many measures were short lived, and did not continue through the pandemic, despite the continued recourse to lockdowns and other restrictions. Where they were of a longer duration and built on previous strong social protection systems, effects could be positive and the service was appreciated.

Much stronger national systems of social protection are still required in most LICs and LMICs, which can then be adapted and expanded in crisis situations if this is to be an effective policy response.

Other economic policies could also be significant in preventing impoverishment such as household debt-management measures, or special measures for returning migrants, for example. However, in most settings these measures were absent, late, or weak. Many governments provided financial and tax reduction support to formal businesses. However, measures directly targeting the informal economies where most poor and vulnerable people work were badly needed but neglected, with the exception of some measures supporting smallholder farming and financial services.

A 'New Deal' for the informal economy is therefore needed, following the pandemic. As women are frequently working in informal employment or self-employment, this would particularly benefit them and help to compensate for the very negative effects they experienced from lockdowns, movement restrictions, and school closures.

Financial services were not as responsive as they could have been during the pandemic. Mobile money was extremely useful and could be more widely extended in future. Some financial institutions postponed repayments but continued charging interest, thus making loans more expensive. There could be significant learning from the United States of America (USA) where interest was frozen.

A review of financial services, including micro-finance, is urgently needed now, following the pandemic to redress the damage already done and to avoid future household over-indebtedness prior to any emergency. Additional regulation may also be required.

Macro-economic management matters. Where the macro-economy had been well managed there was a possibility of a balanced policy response, with additional public support to health services and social protection, without recourse to heavy borrowing. Cambodia, which recently became a Middle-Income Country (MIC) was able to make furlough payments, provide additional social protection coverage and depth, and other public expenditures because of its prudent fiscal management.

School closures lasted for a long time and were imposed early in the pandemic. This resulted in a massive loss of learning especially for children in poor and rural households. The losses are likely to lead to greater future poverty than the present poverty created by the pandemic.

There was significant variation in length of school closures. The extremely long closures widespread in parts of Latin America and South Asia are puzzling, and, in some cases, persisted long after economic re-opening. This puzzle is perhaps explained by the absence of strong lobbies for school students compared with enterprise and worker-based lobbies and protests. It may also be due to governments' concerns with their legitimacy in the eyes of the population, which may not have been enhanced by premature re-opening of schools, despite the learning losses which were occurring, and increasingly well evidenced.

Alternative education models allowed parents to choose whether to send children to school, or for local authorities to decide when schools should close or open depending on infection rates. These models could be adopted more widely in any future pandemic (depending on virus dynamics and the extent to which children are infected or are carriers) in order to minimise learning losses and learning poverty, where investment in health services was greater.

School feeding programmes can help with children's nutrition as well as motivation for attending school but were also widely lost during the pandemic. LICs need significant investment in school feeding programmes.

Multiple crises that affect people in the bottom half of income distribution need effective policy responses to the pandemic. Most notably, this includes policies for energy and food price rises during or in the wake of the pandemic, and other crises caused by drought, flooding, or conflict. Joined-up responses are easier where crisis response decisions are taken in a collaborative way.

Integrating pandemic or conflict management into disaster risk management (DRM) and the mandates of DRM agencies has advanced during recent years; much more rapid advances are also needed in the humanitarian-development-peace nexus, as well as social protection systems to reduce the negative effects of polycrises on poor and vulnerable people.

Overview

Chapter 1

Introduction: rationale and starting points

The rationale for this report is that there is an information gap for decision-makers, especially those working for people in and near poverty. For example, on how poor they are and why. This gap exists for example in terms of the extent of people's poverty and the multi-faceted reasons for it. There may be a commitment gap as well, where elite decision-makers are not highly committed to the welfare of the citizens in and near poverty who vote them into office.

Decision-making structures determine 'who is in the room' making the decisions, and this is very important in shaping outcomes. Broad or inclusive decision-making structures are more likely to lead to the lives of poor and vulnerable citizens being taken into account in a highly stressed environment where there is a lot of uncertainty and international pressure to act, as in the onset of the Covid-19 pandemic.

The report adopts a 'resilience framing'. In a crisis, this is mainly about the capacity to absorb the effects of a shock or multiple shocks (absorptive capacity), even though some people can adapt their lives to cope (adaptive capacity). During the pandemic, few were in a position to transform their situations (transformative capacity). Resilience was massively undermined especially for the poorest. Job and income losses caused by restrictions were felt most by the poorest, and their recovery was slowest in 2021 and 2022. Food insecurity was high across the bottom half of the income distribution in many countries, and highest among the poorest in most countries.

These effects were worse for women on average, and with men at home and unemployed, domestic and other violence and abuses of women increased. There were few if any counter-balancing attempts to shift social norms, in what could have been a transformative moment. Men's employment typically recovered more rapidly than women's by 2021.

Migration provides critical opportunities to escape poverty, particularly internal migration. There is evidence that international remittance losses were less severe than could have been expected overall, and bounced back despite border closures, but the poorest households suffered the greatest remittance losses from all sources of migration. Migrants were rarely the subject of mitigating measures, perhaps because they do not constitute an effective lobby, and they were likely to relocate again during or shortly after the pandemic. There is also often extremely low-quality information available to policy makers about who is migrating, where and why, especially when it comes to internal migrants.

Sales of assets increased during the pandemic, especially amongst the poorest households who could least afford to lose them. Progress lost on

resilience needs recovering and building before any future pandemic or other significant crisis. There were also other negative coping strategies with potentially long-term effects, as people resorted to degrading and humiliating livelihood strategies in some circumstances.

Having good health is critical for resilience. Structural public health investment and expenditure increases are needed especially but not only in LICs – this is a very clear policy message. However, it is not so clear how such increases in investment in health services can be achieved given the critical indebtedness of a growing number of countries. There is a substantial financing gap for achieving the Sustainable Development Goals (SDG) in many countries which will have to be filled. There are countries which have been making such investments, and to good effect in the pandemic, but this needs to be replicated extensively, repairing in some cases decades of under investment.

The effects of mitigation measures, whether in the economy, education or health, were not much in evidence in the household surveys and qualitative research reviewed here. Even where there were some mitigation measures in place these were not enough to prevent negative coping. Recovery measures were broadly non-existent for the people in and near poverty. As a result, the effects of the Covid-19 pandemic will be felt for many years.

Chapter 2

Lives versus livelihoods: the trade-off between public health restrictions and resilience

In managing a pandemic, the objective of maintaining resilient livelihoods needs to be balanced with saving lives and boosting resilience. A wide variation in decision-making structures and processes shaped this balance.

Mitigation measures need significant strengthening in future pandemics (and other crises) especially but not only in LICs. Decision-makers need a menu of mitigation measures which they can adapt to context in a future pandemic. The strength of mitigation measures that countries introduced depended on 1) fiscal space and prior macro-economic management; and 2) political economy or ‘political settlements’. These can and did in a few cases evolve in a crisis.

There was huge variation in public expenditure on the pandemic. Adequate additional aid to fill financing gaps, especially in LICs, was not forthcoming as donor countries focused on their own populations, and countries’ debt levels escalated. As the pandemic receded, many aid donors have also refocused aid to the Russia-Ukraine war.

Decision-makers need to be better informed about how people in and near poverty live and survive so they can make better decisions.

Few governments appreciated the pressing need for very substantial mitigation measures; Cambodia and South Africa were two exceptions among our focus countries.²

Excess mortality was not clearly related to stringency of restrictions but was related to strength of mitigations in LICs. This questions any uniform or imposed approach to managing a pandemic.

Chapter 3

A comparative lens: country case studies of mitigation measures during Covid-19

Crises are different and context is important. It is not beneficial to simply copy responses from one to the next. Lessons learned from previous epidemics were selectively adopted; the previous major global crisis – the 2008 - 2009 financial crisis generated some macro-economic lessons which were applied in the pandemic but were only partially relevant and needed to be adapted and extended.

A global crisis needs context-specific national and sub-national policy responses rather than a one size fits all response. Top-down guidance and legislation effectively drowned out a potential context-rich and divergent set of responses which could have emerged in poorer countries where socio-economic, policy and virus dynamics were significantly different. This is also the case where capacities to mitigate the effects of extreme public health restrictions were very limited and which did nevertheless emerge in some, as this report documents.

Decentralised decision-making has significant potential for well-adapted resource allocation and pandemic management (e.g. for the safe re-opening of economic activities or schools), though its application is dependent on local capacities. Community redistribution can also be powerful, and capable of filling policy gaps, especially when supported by local governments. In conflict situations where government can be absent such measures can take on a special significance.

Chapter 4

The responsiveness of social protection through the Covid-19 crisis

Social protection coverage in LMICs was low going into the pandemic. Countries with well-functioning systems were in a better position to respond to the crisis, but funding for social protection is highly inadequate in these countries and a fraction of what high-income countries (HIC) spend. Highly unequal investments in people's capacities to withstand and recover from the Covid-19 crisis through social protection will likely contribute to higher global inequalities.

There was a surge in social protection programmes in response to the Covid-19 crisis, but the majority were temporary (many lasted three months and most had concluded by the end of 2021). Benefits in most countries were too low to prevent impoverishment and destitution among vulnerable households.

Support to businesses and other indirect wage support made up a large share of social protection measures, eclipsing programmes directly supporting individuals, households, or informal workers who make up the majority of people in lower-income settings, and those who were worst affected by the pandemic.

Some countries mobilised social protection responses quickly and programme innovations were achieved – particularly in digital disbursement. Positive lessons can be drawn on how to adapt social protection measures in the event of a global pandemic or similar crisis.

The rapid expansion of existing programmes, and design of new programmes, often overlooked the needs of vulnerable groups. Many countries lack comprehensive and up-to-date registers of eligible social assistance beneficiaries and there is a dearth of information on groups structurally excluded from existing social protection schemes – there were some positive examples of effective targeting of harder-to-reach and vulnerable groups from which lessons can be drawn.

Chapter 5

Economic impact and policy responses

Macro-economic management is critical. Where the macro-economy had been well managed there was a possibility of a balanced policy response, with additional public support to health services and social protection, without recourse to heavy borrowing. Cambodia, which recently became a MIC, was able to make furlough payments, provide additional social protection coverage and depth, and other public expenditures as a result of its prudent fiscal management.

It is clear from our interviews in eight countries during the pandemic that poor and vulnerable people would have appreciated policy responses beyond the macro and beyond social protection.

Many governments provided financial and tax reduction support to formal businesses. However, measures directly targeting informal economies where most poor and vulnerable people work, as well as women, were badly needed but neglected, with the exception of some measures supporting smallholder farming and financial services. A 'New Deal' for the informal economy is therefore needed, following the pandemic.

Women are frequently in informal employment or self-employment, and their jobs and occupations were especially negatively affected by

the restrictions and recovered slowly. There were few measures aimed at ameliorating their challenging situations. Women also experienced significantly increased sexual and gender-based violence.

Financial services made, at best, modest responses to the need of many people to borrow money to survive during the pandemic. Mobile money was extremely useful and could be more widely extended. Some institutions postponed repayments but continued charging interest.

A review of financial services, including micro-finance, is urgently needed following the Covid-19 pandemic to avoid future household over-indebtedness prior to any emergency. Additional regulation may be required.

Chapter 6

Delivering pro-poor education: lessons from Covid-19

School closures during the pandemic disrupted access to education globally, resulting in rising ‘learning poverty’, dropouts, and various health consequences, all with intergenerational effects.

The future increase in poverty due to learning losses is likely to outweigh the current estimated increase in poverty due to loss of livelihoods, additional deaths, and illness. There are also a wide range of intergenerational consequences, aggravated by large losses in early childhood care, nutrition and education, and children falling ‘off track’ in their early development.

The length of school closures varied considerably across countries. While the logic of extended closures was to protect older family members, schools should be kept open or otherwise closed for as short a period of time as possible, with revised and more context-specific criteria for closures.

Delivering additional resources (e.g. financial, staff, learning materials, and more) to enable the uptake of learning modalities among vulnerable students, or developing a multimodal strategy to ensure pro-poor access, were both supply-side interventions to promote equitable learning. Given prolonged school closures, some governments made modifications to curriculums and implemented remedial education and re-enrolment campaigns. There were fewer examples of adaptations to teachers’ professional development to support learning among marginalised children.

A range of conditions enabled education which benefited children in poor households during school closures, including access to electricity and connectivity, and coordination around information sharing to support marginalised children. Underpinning these interventions were

efforts to improve data infrastructure to better capture dimensions of marginalisation.

Low- and no-tech means of promoting distance learning were observed to improve access to learning for marginalised children when combined with interventions that involved the support of families and communities in learning. Communities also played a remarkable role in financially supporting the education of marginalised children. These interventions were often more effective when coupled with measures to support caregivers.

Significant mental and physical health effects (e.g. absence of school meals, child abuse) combine to create intergenerational effects. School feeding is especially important for children's physical, cognitive, and educational development especially in poor households, but seems to have been a casualty of school closures and has been less prevalent in LICs. A big focus is needed on school feeding, especially in LICs, and working out the best ways of continuing to feed children if schools close. Support for socioemotional learning is also important not least to address intergenerational effects.

Chapter 7

Equitably responding to and recovering amid polycrisis

The pandemic was only one of multiple layered or sequential crises in many contexts, though responses to these were often focused on single hazards. This may limit the effectiveness of interventions, at best, or create additional sources of risk and vulnerability that cause impoverishment.

There are three traditions of policy and practice from which insights can be drawn on how 'polycrisis' can be responded to better: the humanitarian-development-peace (HDP) nexus, disaster risk management (DRM), and social protection.

Poverty-reduction strategies from development agencies in conflict contexts sometimes explicitly or implicitly acknowledge and respond to polycrisis, by considering and responding to evolving needs. During the Covid-19 pandemic, there were examples of manging the conflict-climate nexus by identifying multiple hazards through early warnings and releasing contingency funds.

Strategies to integrate Covid-19 considerations into disaster risk reduction (DRR) were often supported through existing DRM funds. Risk assessments and trigger designs (e.g. an anticipatory action undertaken once an event occurs or a pre defined threshold is reached) were also modified during the pandemic.

Social protection was sometimes used to respond to Covid-19 and disasters. However, cash transfers need to continue for long enough and be big enough to deal with back-to-back crises in such a way that the payments help re-establish modest resilience in beneficiary households.

Where responses to multiple crises were inadequate, many households and communities relied on micro-level coping strategies. Community-level responses to working on polycrisis benefitted from localised knowledge of population risks and needs, and the ability to quickly reorient existing platforms (e.g. social movements or institutions) to respond.

Responding effectively to polycrisis requires a disciplined government amid strong multilateral partnerships, adopting a multisectoral, multidisciplinary approach to respond to both equity and risk. Digitalisation was a key modality enabling these efforts, as was the degree of flexibility of the fiscal space and funding sources. It is often a combination of these responses that increase the effectiveness of working in and on polycrisis.



Introduction: rationale and starting points

1

Key messages



The worst effects of the pandemic were often experienced by the poorest people, along with others in the bottom half of the income distribution. Income losses and the resulting food insecurity was often not or not adequately compensated by food distribution or social protection measures.



Poor and rural children lost sometimes years of education through school closures, and some did not return to school.



The ‘vulnerable non-poor’ in the urban informal sector, previously an important escape route from extreme poverty, and migrants, likewise an important group escaping poverty, were also very negatively affected – often unable to protect themselves against the virus itself, or the stigma attached to it, and highly exposed to market and border closures and lockdowns, with often very few countervailing policy measures to relieve the situation.



Women were especially badly affected and suffering additional domestic and other abuse and violence, and recovered employment more slowly than men.



Asset sales and other negative coping strategies, education losses, combined with the small to non-existent impact of mitigation or recovery measures in many situations, and the layering of the pandemic on other covariant and idiosyncratic shocks mean that the effects of the pandemic will be felt for many years.



Political and economic factors determining government responses to the pandemic included: the diversity of ‘voices in the room’ where decisions about pandemic responses were made, and the extent of evidence and feedback from people’s experiences which were given attention by decision-makers; the extent of devolution of power to actors closer to people’s lived experiences; the degree of understanding by elites of the transmission mechanisms giving policies their impacts – often where the social distance between elites and non-elites was great, this understanding or commitment for change was minimal. The strength of fiscal positions, administrative systems, and implementation effectiveness were also important.

1.1 Overview

The pandemic context has brought with it significant impoverishment. This has sometimes been directly linked to the global health crisis, but more frequently emerged from the social and market disruptions caused by social and economic policy responses marked by movement restrictions and lockdowns, school and border closures. Such policies were introduced for public health reasons and sometimes as a result of pressures applied globally on low- and middle-income countries (LMICs) to conform to global pandemic management.

However, in many LMICs there has arguably been a significant trade-off between public health-motivated restrictions and closures, and economic development. The World Bank (Loayza 2020) and others raised early on that a trade-off between lives and livelihoods could exist, and an appropriate balance needed to be struck, especially where countries were not (or were barely) in a position to compensate for lost livelihoods.

While additional social protection was the major global and national response to mitigating the effects of pandemic public policies, the reality in low- and lower-middle income countries has often been of inadequate reach and depth of social protection measures, and a grossly inadequate coverage of vulnerable non-poor people, including urban informal sector operators and residents of informal settlements.

The education of many children, living in households in and near poverty, also suffered with long school closures. There were especially few solutions accessible to poor and vulnerable children, or rural children in general in some countries. Compensating for lost education is a huge challenge, with inter-generational consequences, and has only just begun.

At the same time, the pandemic was just one of multiple crises people experienced. Among people in and near poverty, drought and other climate-induced disasters, armed conflict, debt crises, and food and fuel price shocks within a volatile growth context and economic polarisation have propelled downward mobility to reverse years, if not decades, of uneven progress on poverty reduction, and continue to threaten sustainable futures.

The challenges of the pandemic were amplified by the multiple layered crises prevalent in LMICs, which together limited the ability of households to escape chronic forms of poverty, pushed other vulnerable households into poverty, and unmasked the fragility of escapes from poverty before the pandemic. How global and national policy can best address such multiple crises is a topic that is gaining more attention in policy circles, but which still has inadequate policy analysis and resources behind it, compared to the need.

This report pulls together evidence about the effects of the pandemic and responses to it, especially for people in and near poverty in LMICs, and presents a first cross-country analysis of the major policy responses in this context. This chapter summarises the evidence about how poor and vulnerable people and countries fared during the pandemic, starting with how excess mortality was distributed; and how individuals, groups and countries regressed socially and economically. It relies on analyses and data from population-level statistics on deaths, household surveys and qualitative research.

Following this scene-setting chapter, the report goes on to focus on learning what can be done to achieve a more balanced policy response, generally privileging social and economic progress alongside public health – ‘livelihoods as well as lives’ (Chapter 2); how social protection could be improved as the or a leading international and national response

(Chapter 3); and the related demands and needs for other responses to a pandemic, especially micro-economic and social policy ones (Chapter 4); how to avoid a crisis in education in future (Chapter 5); and how to address the now widely recognised context of multiple,

intersecting or sequenced crises, and the question of how to adapt disaster risk management, social protection and humanitarian-development-peace operations. Box 1.A summarises the evidence base forming the analysis presented in the report.

Box 1.A: Overview of methods



Chapter 2 is based on cross-country data analysis and a survey of literature on managing the trade-offs between public health and socio-economic progress, while Chapter 3 additionally draws on a set of key informant interviews carried out by co-authors in Bangladesh, Cambodia, India, Kenya, Rwanda, South Africa and Zambia. These also inform Chapter 4 on social protection, Chapter 5 on economic policy responses, and Chapters 6 and 7 on education and multiple crises respectively, all of which also relied on a literature survey and new cross-country data analysis. The countries selected for detailed exploration in the report were drawn partly from those low- and lower-middle-income countries in which the [Poverty Monitoring Initiative](#) was undertaken, with the addition of several ‘interesting cases’ in Bangladesh, Nicaragua and South Africa: Bangladesh because it re-opened its economy (though not its schools) early and in quite an organised and decentralised way; Nicaragua because it refused to lock down at all, preferring to rely on high investment in its health system; and South Africa because of its significant expansion of social protection.

1.2 Resilience and multiple crises: a framework for the report

Defining resilience in relation to poverty dynamics

In the process of escaping from poverty, people progress away from poverty and then away from being vulnerable to poverty, in the process acquiring varying degrees of resilience. Resilience means a person, household, community or even a nation can stand up to shocks and ‘bounce back’. Resilience is potentially an attribute of individuals, families and wider groups and systems. It usually means that asset levels and human and social capital are enough to withstand shocks.

In this report, we refer predominantly to the resilience of individuals and households, which may be supported (or not) by resilience at other levels: communities, local institutions, and national policies and systems.

Resilience capacities have been categorised as absorptive (where a shock can be absorbed because of resources or assistance at hand), adaptive (where diversification or alternative livelihood strategies can be constructed) or transformative (where important institutions enable progressive, systemic change). Here, we are talking about absorptive resilience capacities in a crisis, as well as adaptive capacities (e.g. through diversification), and a few cases where transformative change has been or may still be achieved.

The pandemic as a multidimensional shock affecting resilience capacities

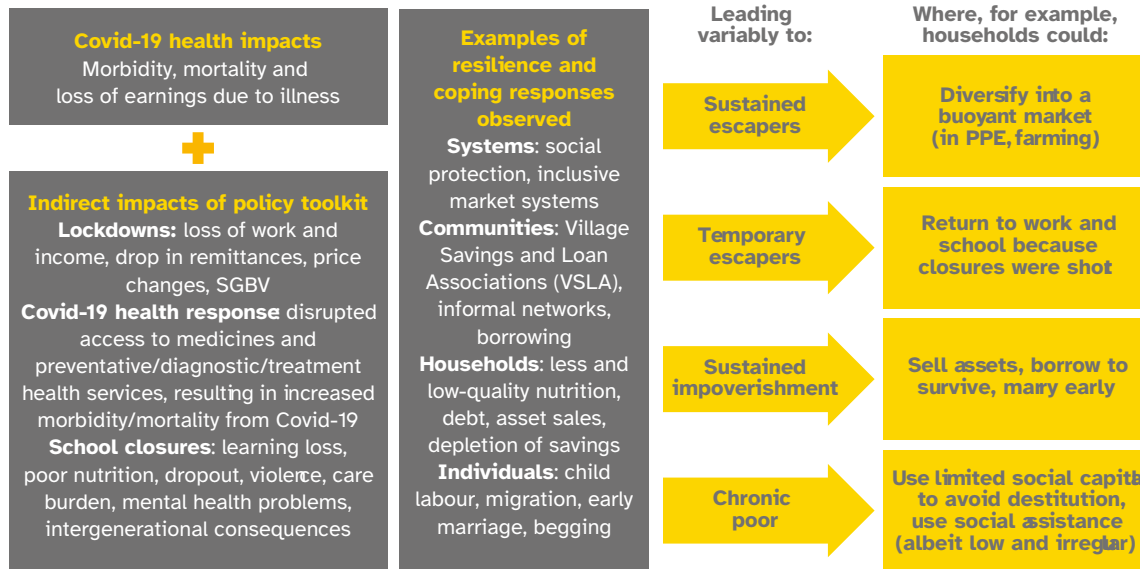
The pandemic was a shock with multiple dimensions: the need to stop work if it struck; the high direct and indirect costs of ill health and death, and fear of these, which could shape and limit behaviour; and restrictions on movement and interactions, which reduced demand for goods and services and prolonged negative economic growth. The complete loss of employment or self-employment, or reduced income, resulting in migrant workers returning home en masse, could combine with the additional burdens of caring for children and sick people, prematurely dropping out from school and greater pressure for early marriage, and prolonged absences from school to create a multi layered shock of unprecedented proportions. The restrictions and ‘hothouse’ home situations – in which people were confined unusually together – also led to sexual and gender-based violence (SGBV) and mental health crises at that time that occurred largely unrecorded or below the policy radar, which have now been amply reflected on ([Green and Fazi 2023](#)).

These costs were not equally shared, with many experienced by those least able to bear them: casual labourers and others unable to work from home; women, who expected to pick up the additional care burdens; victims of GBV and mental health crises; and informal businesses with no protection from such shocks. As a result, household resilience may not be the same for all members more broadly. Policy responses to the pandemic also distributed shocks within households: to women, who were subject to pressures to enter into early marriage, and to provide additional child and other care,

and who experienced domestic violence; to children suddenly out of school and under pressure to contribute to household income; and to men and women who had lost their jobs. In many contexts, the pandemic also led to widespread illness and many difficulties accessing treatment; and deaths, which were generally skewed to older people and people made vulnerable by chronic health conditions. The policy responses to the pandemic in some cases represented an assault on people’s resilience capacities.

Resilience, moreover, depended on households’ pre-pandemic wellbeing trajectories, the assets they owned and the extent to which their enterprises were diversified, on social capital, economic structures and policies. The extent of dependency in a household, and household members’ health would also influence resilience. Food security and other financial pressures that affected poor and vulnerable households as economies locked down in 2020 were often enough to make heavy use of social networks necessary for borrowing or making or receiving gifts; and, once those sources of support had been exhausted, to force asset sales. Asset sales increased inequality, as assets are often sold at well below their previous market value during crises. Resilience in 2021, then, depended less on people’s own resources, which had been exhausted, and more on public policy. However, we see that public policy also became exhausted in many countries as fiscal constraints bit and mitigating measures came to a premature end (see Chapters 2 and 3). So, it was to be expected that many people would emerge from the often worse waves of infection and restrictions in 2021 in a significantly weakened state in terms of resilience.

Figure 1.2.1: Covid-19, coping and poverty dynamics



Source: Authors' own.

In many cases, the pandemic was by no means the most significant crisis people faced (see Chapter 7), but was layered on top of existing crises: climate related disasters and stresses, protracted conflict and insecurity, and already excessive household and national debt. In other cases, it added a significant new element to a mature and continuing crisis, or succeeded a crisis that had subsided. For example, in Zambia Covid-19 followed a widespread and prolonged drought which had created famine conditions in 2019/20, and to which there had been only a belated state relief response, probably partly restricted by an already accumulating debt crisis. A recession followed in 2020, with high unemployment and living costs, leading to impoverishment in Zambia's low-income urban areas ('townships'). In contrast, neighbouring Tanzania was growing economically before the outbreak of Covid-19, and was in a position to take early macro-economic interventions during the pandemic, which mitigated its

impact. There is more analysis of both countries' experiences in Chapter 2.

All of this means that interventions, policies and programmes need to recognise the multiplicity of crises – and consciously decide whether they should respond only to the pandemic or to the pandemic in the context of other crises. The distinction is between working on the pandemic (for relief and recovery) and in the pandemic but focused on other crises and development issues at the same time.

Questions that are important to ask now are how can resilience be recovered (or built afresh) and sustained through to the next major crisis? How can fiscal health be re-established to prepare adequately for coming crises? How can polities show greater recognition of the extreme strain poor and vulnerable households' economies have been and will continue to be under, and prepare for future crises with these issues more in mind?

1.3 Direct and indirect impacts of the virus: insights on excess mortality and poverty

Excess mortality, with a focus on LMICs

Excess mortality is the only reasonably consistent measure by which the impact of Covid-19 on health can be compared across countries. It generally reveals much higher levels of death than death registration figures indicate. The highest estimate was 18.2 million excess deaths by the end of 2021. The excess mortality rate exceeded 300 deaths per 100 000 of the population in 21 countries. The highest numbers dying were in India, USA, Russia, Mexico, Brazil, Indonesia and Pakistan (Wang *et al.* 2022).

Excess mortality as a measure of course captures deaths due to Covid-19, as well as the more-than-expected deaths from other causes; for example, due to disrupted access to medicines and ongoing health care for people with chronic conditions, failure to detect treatable conditions early because of limited access to healthcare services (movement restrictions and the focus on Covid-19 response) and, similarly, because of reduced capacity to treat non-Covid-19 medical emergencies.

A 2022 World Health Organization (WHO) paper¹ estimated 14.83 million excess deaths globally, 2.74 times more deaths than the 5.42 million reported as having been due to Covid-19 for the period. There are significant variations in the estimates of excess deaths across the six WHO regions: the worst affected regions were the Americas (22% – the ratio of excess to expected) and Southeast Asia (including South Asia) (also 22%), with Europe (17%) and Eastern Mediterranean (12%) having intermediate values and Africa (8%) and West Pacific (0%) having the lowest values' (Msemburi *et al.* 2022). Deaths were more than double in 2021 overall compared to 2020.

Unsurprisingly, low-income countries (LICs) had the highest ratio of excess to reported deaths given their limited death reporting capacities, but also the lowest rate of excess deaths per 100,000 people. This corresponds with the low excess death ratio from Africa, where many LICs are located. LMICs had the highest number of excess deaths, rate per 100,000 people and substantial excess over reported deaths (Table 1.3.1). There are many LMICs in highly affected regions: Southeast Asia (including South Asia), the Eastern Mediterranean, and Central and South America.

Table 1.3.1: Excess mortality across country income groups (2020/21)

World Bank Income Group	Reported COVID-19 Deaths (Millions)	Excess Deaths (Millions)	Excess Rate (per 100K)	P-Score	Excess Deaths/ Reported COVID-19 Deaths
HIC	1.93	2.09 [2.03, 2.16]	86.66 [84.03, 89.43]	9.46% [9.15%, 9.78%]	1.08 [1.05, 1.12]
UMIC	2.26	4.24 [4.18, 4.31]	82.48 [81.23, 83.79]	11.53% [11.35%, 11.72%]	1.87 [1.84, 1.90]
LMIC	1.18	7.86 [6.34, 9.60]	117.50 [94.69, 143.45]	17.58% [14.16%, 21.47%]	6.65 [5.36, 8.12]
LIC	0.04	0.64 [0.43, 0.85]	47.33 [32.22, 62.72]	7.02% [4.78%, 9.32%]	16.64 [11.33, 22.06]

Source: The WHO estimates of excess mortality associated with the COVID-19 pandemic (2022). Msemburi *et al.* Used under CC-BY-4.0

Interrogating drivers of excess mortality

Health-related factors driving excess mortality in 2020 across 79 high-, medium- and low-income countries included:

Health privatization, healthcare underfunding, and late implementation of containment and mitigation strategies were powerful drivers of excess mortality. By contrast, the results suggest a negative association of excess mortality with health expenditure, number of doctors and hospital beds, share of population covered by health insurance and test and trace capacity' (Kapitsinis 2021).

However, there were cases – such as South Africa – where comparatively high mortality was experienced despite a strict regime of restrictions, suggesting that containment strategies may not have been such an important factor in low and middle income countries. Yet another account found the investment in hospital beds was a factor (whereas gross domestic product (GDP) per capita was not), as was the stringency of policy responses, and demographic structure (Bilgili *et al.* 2021).

However, investment in health is not the only factor driving pandemic-related mortality. There were two critical additional factors: (1) a country's demographic structure; and (2) the largely outdoor nature of economies and societies in poorer countries. There was early realisation in the scientific community including WHO that the virus affected older people and people with chronic diseases much more severely than others, because they were more likely to need hospital treatment and to die (Evans and Werker 2020). It was not well understood that countries with younger average age populations might have a very different experience of the pandemic from those with older populations. More developed countries tend to have older populations and it was among these

populations (including China) that the virus spread most rapidly at first. The global response to the pandemic was shaped by these early experiences and responses adopted in countries such as China and Italy, and were then translated to countries where circumstances were different.

While demographic differences were taken into account early in the pandemic response, a second major factor and difference between the global North and global South is in the degree of indoor and outdoor living, something which was appreciated much later on. Greater outdoor living and natural ventilation may have led to lower 'viral loads' in patients with symptomatic Covid-19, and therefore fewer severe cases. Other theories focused on pre-pandemic acquisition of immunity. These differences in context suggest that a one-size fits all approach to pandemic management is unlikely to be optimal.

Stringency of policy responses has been associated with deaths from Covid-19, with stringent restrictions introduced in response to deaths. Stringency was also (negatively) associated with level of health expenditure based on 2020/21 data, higher health expenditures enabling countries to have less stringent responses (Jalloh *et al.* 2022). For future pandemic preparedness in developing countries, ramping up routine health expenditure levels in pre-pandemic years from their current generally low levels would seem to be a pre-requisite.

Spotlight on poverty, inequalities and excess mortality

Despite significant reduction in general mortality across the world in the decades before the pandemic, inequalities in mortality correlate with inequalities between rich and poor people, through behaviour, information, economic and social stress, living environment and public health institutions. Pandemics (and shocks in general) can exacerbate

these inequalities. For example, in urban areas of France lower income correlated with higher excess mortality during the pandemic. Labour market and housing conditions are especially influential (Brandily *et al.* 2021). Location can also be a factor: 'Cities with higher residential overcrowding had higher excess mortality. In Santiago, capital of Chile, municipalities with higher educational attainment had lower relative excess mortality.' (Alfaro *et al.* 2022). Educational attainment is also generally linked to less crowded housing and lower virus spread. There is a clear trend within countries that the poorest people and those from minority ethnic groups are more likely to bear the brunt of pandemic deaths. In some countries, the poorest people are nearly four times more likely to die from Covid-19 than the richest. In Brazil, black people are 1.5 times more likely to die from Covid-19 than white people. In the U, Native American, Latino, and black people are 2-3 times more likely than white people to die from Covid-19 (Oxfam 2022).

However, in the agrarian societies of sub-Saharan Africa and South and Southeast Asia, the poorest people may be rural casual labourers and small-scale farm households in remote rural regions where the pandemic was less present, as in Tanzania, for example (CPAN 2022a and 2022b). This contrasts with the previously less poor, densely populated urban and peri-urban informal settlements and economies where the effects of both the virus directly and restrictions were much more severe and widespread. There is comparatively little evidence on the link between material poverty and Covid-19-related mortality in the global South, because little data was collected during the pandemic included consumption or income. A study in 2020 showed:

While wealthy areas are more globally exposed, thus increasing the likelihood of Covid-19 transmission (Pana *et al.*

2021), economically weak territories are associated with more acute level of deprivation and higher poverty. Indeed, poverty rate proved to be a powerful driver of excess mortality. High poverty rate could be attributed to barriers against access to healthcare, poor health conditions and limited capacity to achieve physical distancing (Bennett 2021). Severe deprivation and fragile economic growth lay the explosive ground for high poverty and deep socioeconomic inequalities, that are strongly related to poor health conditions (Saunders and Davidson 2007). Areas with high poverty could be more affected since the infection rate tends to be higher among people in lower social classes, who are forced to use public transport, in the absence of private cars, being unable to cease economic activity by virtue of low savings or work remotely due to the lack of home office or nature of their work, i.e. mainly sellers or blue-collar workers in manufacturing (Bennett 2021) (sic.) (cited in Kapitsinis 2021).

A strong statistical relationship between mortality and geographically based poverty found in a global systematic review is highly plausible, though this was only included one study from Africa and one from Southeast Asia among poorer countries. Had more LMICs been included the results might have been more mixed. However, the Latin American studies showed higher mortality (though not necessarily higher incidence) in deprived areas (McGowan and Bambra 2022).

Income inequality is strongly associated with excess deaths, even more so than health inequality (Varkey, Kandpal and Neelsen 2022). The most unequal countries have typically had very high mortality rates (Brazil, Lebanon, Russia, South Africa, the US). This was thought to be 'because the poorest have high risks of infection and limited access to treatment and partly because high inequality

reduces trust in government institutions' (Norheim *et al.* 2021) and trust was correlated with better experiences in the pandemic (see below and Chapter 2). One, rather idealistic, solution was to suggest that non-governmental and civil society organisations should provide information to citizens, and they or governments should aim for participatory or inclusive decision-making to reduce lack of trust in institutions, which was characteristic of unequal and some other societies.

The dynamics of the pandemic and responses to the restrictions commonly imposed could also account for variations in mortality. Peru, a country of moderate and declining inequalities, had the highest excess deaths of any country in 2020, thus diverging from the general association between inequality and excess mortality. Poverty and congested housing were acknowledged as factors that explained this, along with an under-resourced health service (Taylor 2021). Peru also had the one of the strictest lockdowns, leading to the steepest decline in employment in 2020 among a sample of middle-income countries, twice or more than the rate of other South American countries, where the decline in employment was also generally greater than elsewhere in the world. Much of this decline was in the informal economy, which bounced back somewhat as restrictions were lifted (Dasgupta, Dierckxsens and Verick 2021). The steep decline in employment, coupled with the other factors, may help to explain Peru's ranking at the top of excess mortality.

It is likely that previously non-poor people who were impoverished by restrictions were able to bounce back, whereas those people experiencing extreme or chronic poverty may have had difficulties. These are all signs that tackling inequity must be placed at the heart of pandemic preparedness and crisis management.

1.4 Indirect impacts: socioeconomic regression among households in and near poverty

There is a plethora of survey-based data on pandemic wellbeing, much but not all of it based on mobile phone surveys. Some of it enables analysis of different levels of wellbeing, before and during the pandemic. It should be noted that phone surveys do not adequately capture the circumstances of probably the poorest 20 per cent of people in low and middle income countries, as they tend not to possess or have the infrastructure to use phones.

There is much less qualitative work on wellbeing in the pandemic, perhaps because of the difficulties involved in carrying out sustained qualitative research during the lockdown restrictions and given the ethical risks of virus transmission. [Chronic Poverty Advisory Network \(CPAN\)'s Covid-19 Poverty Monitoring Initiative \(PMI\)](#) revisited households and key informants interviewed before the pandemic in 12 countries across sub-Saharan Africa, and South and Southeast Asia to see how they fared during Covid-19, how this related to their pre-pandemic trajectories, what they needed to survive and recover, and what policy responses were of use to them (see also the resulting 'real-time' bulletins).²

This section brings together a selection of relevant results from the literature, quantitative phone surveys (analysed for Afghanistan, Cambodia and Nigeria, with distributional insights additionally drawn from pandemic survey briefs in Ethiopia, Indonesia, Malawi, the Philippines and Uganda), and qualitative PMI to highlight socioeconomic regression experienced especially among groups in and near poverty since the onset of Covid-19.

Job loss and downward mobility

The pandemic has wreaked havoc on global economies and household incomes. A large proportion of humanity is worse off because of Covid-19, with benefits often confined to those able to continue working from home. For everyone else, life became a struggle in various ways: because of increased health and mortality risks; additional care burdens, especially with children out of school, but also with the widespread incidence of Covid-19 and widespread home care; from the stress of lockdowns, with household members unable to go out as normal; and in terms of being able to put enough food on the table, despite inflation and market closures, and being able to find work. All of this provided the conditions for an explosion of largely untreated mental health problems, as well as increase in domestic violence. The scale and intensity of lockdowns was closely correlated with employment losses (Dasgupta *et al.* 2021); The working-hours equivalent of 400 million people³ lost their jobs worldwide in the second quarter of 2020 – 14% of the global labour force (ILO 2020). By 2022, this was down to 112 million, compared to the reference period of Q4, 2019 (ILO 2022), indicating a substantial ‘bounce-back’. However, this probably omits many uncounted job losses in the predominantly informal economies of LMICs. In Afghanistan, for example, jobs were lost both in formal and informal sectors:

Our own family and our neighbors, who worked in manufacturing companies, have lost their jobs because the factories were shut down due to the corona. While I am jobless, my son is also becoming an extra burden by losing his job. (LHI, Afghanistan)

My husband doesn't have a proper and regular job, my sons are going to the streets to collect plastics. If they could collect some, they can get at least 10 AFN per kg. Some people say not to send my sons on the streets, it is not

good for their health. But, what can we do? (LHI, IDP, Afghanistan)

A collection of phone surveys of 30,000 respondents in nine LMICs revealed that ‘dire economic conditions’ and widespread food insecurity were common across countries, if variable, even after only three months of the lockdowns, and that people’s coping strategies and assistance from government and other agencies were not enough to enable people to maintain their pre-pandemic standard of living (Egger *et al.* 2021). A study on Ethiopia, Malawi, Nigeria and Uganda found that three quarters of households had lost income in 2020, which was exacerbated by their inability to access food and essential medicines (Josephson, Kilic and Michler 2021).

In Bangladesh, a focus group discussion (KPFGD) revealed:

Brickfield was closed. Most of the males in our area work in the barber shops. That work was stopped during the lockdown because. One has to touch the customer's face and body during a haircut or shave and that is not safe for both the customers and the barber. We all were unemployed during the lockdown. We were sitting at home. Take out a loan to meet the household cost and food. Vata (brickfields) were closed for a long time. The brickfield work [only re-]started three month ago. But currently that work is stopped because of the rain and bad weather. When there is no work at the brickfields, men go [as] day laborers. Women do not have this option. They have to stay at home. Sometimes they do poultry and cattle rearing at home. (Focus group discussion, Bangladesh)

Growing vegetables could also be a good solution, as in Zimbabwe:

Mrs Chipfiga reported that the community garden project had been set up by the local councillor for Nketa, with the support of World Vision.

His aim, Linnet argued, had been to target the elderly and those identified as Orphans and Vulnerable Children (OVC) in Nketa. However, the challenge with the project was that of corruption as some of the people who ended up as beneficiaries of the project were neither OVC nor elderly people. She on the other hand, had agreed to use the land for a small fee they had agreed upon with her now deceased landlords. The landlord's son had inherited both the house where Linnet and her family rented, together with the garden and Linnet had continued with the previously agreed fee payments. She argued that producing her own vegetables gave her better profit and made her work easier as she did not have to wake up early to go and wait for local farmers at the farmers market, who at times [charged] exorbitant prices when vegetables were in short supply. (LHI, Zimbabwe)

Not surprisingly, there were significant increases in poverty: the World Bank's Poverty and Shared Prosperity Report (World Bank 2022d) estimated this as 71 million additional people at below the extreme poor level of US\$2.15 per person per day, and 137 million additional people below the middle income poverty level of US\$5.85 per day. While these figures are based on the best available modelling, they do not take into account: the effects on the large informal economies of the global South, where the extent of bounce-back is uncertain; the likely inter-generational effects of loss of education (dropping out or losing 1–2 years of schooling in many cases) on the likelihood of escaping from poverty; or of the effects of early marriages, GBV, separation and divorce, resulting from the policy responses to the pandemic, all of which can have substantial effects on wellbeing.

It is also the case that exposure to two significant shocks in parallel or in

sequence is enough to push people not only into *temporary* poverty (Baulch, 2011), but into *chronic* poverty, from which escape is harder because assets, food security and social networks all become weaker. It is likely that during the decade to come the rate of escape from poverty will decline to a very low level given the multiple characters of the pandemic crisis: the immediate health and mortality effects of the virus, and the economic and social crises induced by restrictions; the inflation in the cost of essential goods which ensued, exacerbated by the Russia-Ukraine war; continued experience of drought, floods, hurricanes and other hazards; and the normal experience of death and illness.

In low and middle income countries the effects of restrictions on economic and social activity risked being worse than the public health disaster itself. This idea is elaborated on in chapter 2. Early modelling suggested that people in poverty would be much less able to cope with the pandemic (given their lower levels of access to preventive technologies and practices) and would be significantly disadvantaged by the restrictions imposed by governments (Winskill, Whittaker and Walker 2020). However, decision makers did not acknowledge at that time the extent to which this would be the case.

People lost jobs in both the formal and informal economies, as in Afghanistan:

Our own family and our neighbors, who worked in manufacturing companies, have lost their jobs because the factories were shut down due to the corona. While I am jobless, my son is also becoming an extra burden by losing his job. (LHI, Afghanistan)

My husband doesn't have a proper and regular job, my sons are going to the streets to collect plastics. If they could collect some, they can get at least 10 AFN per kg. Some people say not to send my sons on the streets, it is not

good for their health. But, what can we do? (LHI, IDP, Afghanistan)

Income losses have been especially sharp in the bottom half of the income distribution. For example, by July or August 2020:

- In Indonesia, lower-skilled workers, many who are typically found among people in and near poverty with lower levels of education, were more likely to experience reduced income compared to the more highly skilled workers (World Bank 2020d).
- In the Philippines, among households operating farm businesses, non-farm businesses or receiving remittances, losses were particularly prevalent among poorer quintiles in August 2020 (World Bank 2020g).
- In Uganda, ‘the recovery of working activities was especially pronounced in urban area (18%) and in the richest quintile (18%)’ (Aguta *et al.* 2020).

Indeed, the poorest people have generally lost more than everyone else, due to the disruption and decline of the casual wage labour markets on which they typically depend; and the exhaustion of their social capital in 2020, which was only sometimes and partially compensated by public transfers. The loss of casual wage labouring opportunities was sometimes because employers developed coping strategies (doing their own harvesting, other farming or domestic work) and stopped hiring casual labourers. Losses of more formal jobs, remittance declines, and widespread and sometimes

prolonged losses of retailing and vending opportunities all also made their mark. There may be exceptions to this among remote rural populations, who were not much exposed to the virus or to the movement and market restrictions.

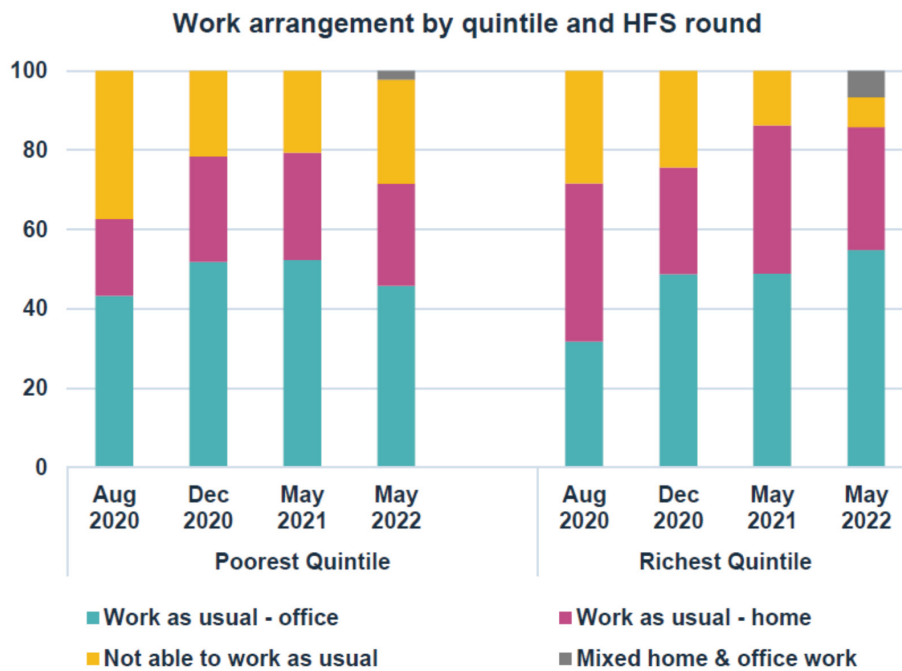
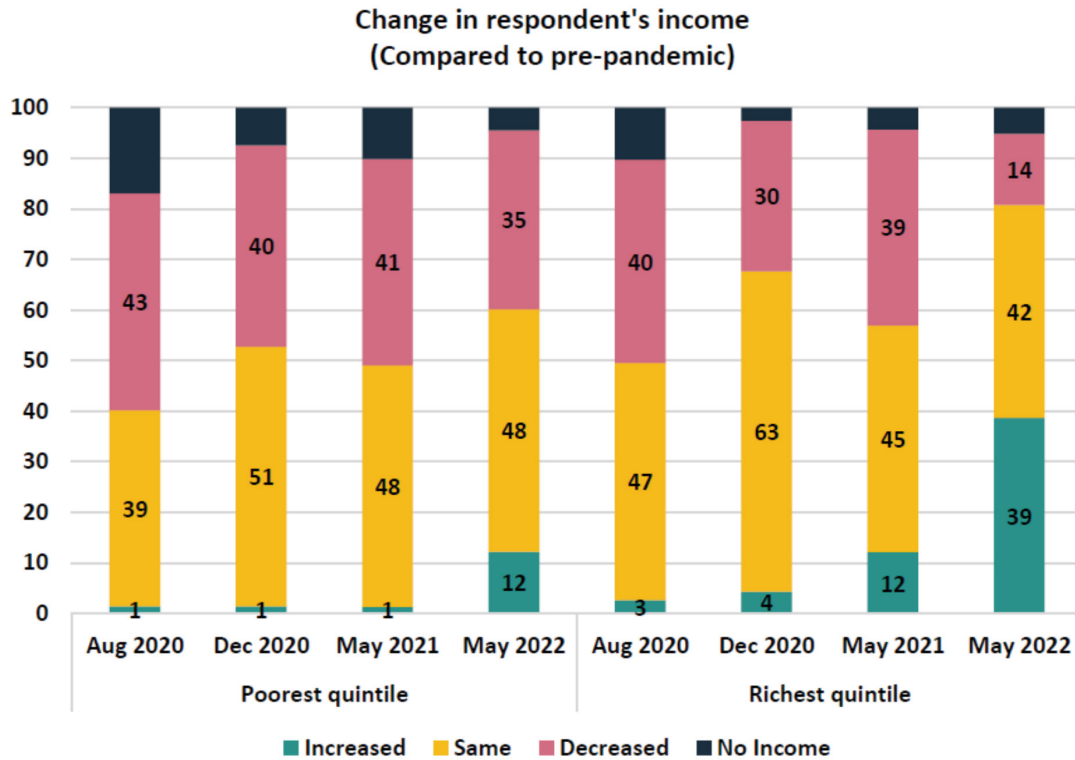
Moreover, into 2021 and 2022, recovery among people in and near poverty was muted. Taking two statements from the 2021 qualitative data, for example:

My husband was engaging in paid work in town before Covid-19 but the jobs are not promising now... I have been engaging in pottery and sell it in [the] market. My husband could not get the job now and he stays at home without any job. (LHI, Ethiopia, April 2021)

At the moment demand for labour is very low because even the people we look up to for piece works are just complaining that they do not have money. Most of them are not doing business like going to Zambia or Lilongwe to sell produce so they really do not have money to hire us to work for them. (LHI, Malawi, February 2021)

According to survey data from the Philippines, by May 2022, ‘income levels [had] not returned as quickly for the poorest’ (Figure 1.4.1, left) (World Bank 2022g). Instead, ‘employment increased much faster for the richest than the poorer groups, resulting in a sharp increase of the employment gap between the two groups’ (*ibid.*). Work disruptions also continued to increase among people in and near poverty (Figure 1.4.1, right).

Figure 1.4.1: Employment recovery in the Philippines by income quintile



Source: Impact of COVID-19 on the Philippines' Households : Insights from High Frequency Survey Round 4-May 2022 (English). 2022. World Bank. Used with permission, CC-BY-NC..

However, some studies find contrasting results, as the case of India presented in Box 1.B conveys.



Box 1.B: Distributional insights from India

In India (Jesline *et al.* 2021) based on high frequency household surveys: average household incomes dropped sharply during the months of the nationwide lockdown. The subsequent recovery remained incomplete and was unevenly spread over the population even 22 months after the start of the pandemic. Poverty more than doubled during the lockdown and even after almost two years was slightly higher than before the pandemic. Inequality spiked during the lockdown but returned back to pre-pandemic levels.

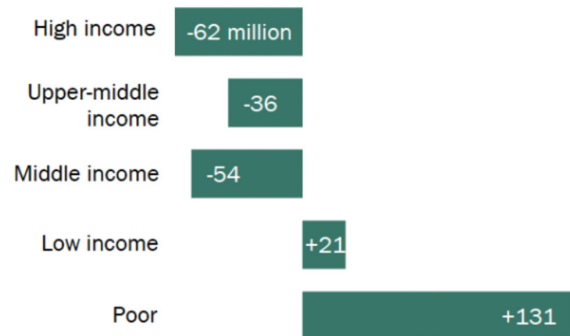
Another study in India found: that the initial shock of the lockdown was more severe for the bottom of the income distribution, but it experienced a faster recovery. On the other hand, the top end of the distribution experienced smaller declines and slower recovery. Levels of formality and contact intensiveness of occupations of people across the distribution help explain this uneven impact and recovery. (Jha and Lahoti 2022)

Figure 1.4.2: Effects on the middle classes

More generally, the growth of the middle classes has also been constrained, as illustrated in Figure 1.4.2.

The COVID-19 downturn curbed growth in the global middle class, increased poverty sharply in 2020

Estimated change in the number of people in each income tier due to the global recession in 2020, in millions



Notes: The poor live on \$2 or less daily, low income on \$2.01-\$10, middle income on \$10.01-\$20, upper-middle income on \$20.01-\$50, and high income on more than \$50; figures expressed in 2011 purchasing power parities in 2011 prices. The estimates show the difference in the number of people in an income tier based on pre-pandemic projections and post-pandemic estimates. The term "post-pandemic" refers to the period since the onset of the pandemic in January 2020. It is assumed there is no change in the income distribution in a region from the benchmark year for the projection to 2020.

Source: Pew Research Center analysis of data from the World Bank PovcalNet database.

"The Pandemic Stalls Growth in the Global Middle Class, Pushes Poverty Up Sharply"

PEW RESEARCH CENTER

Source: [The Pandemic Stalls Growth in the Global Middle Class, Pushes Poverty Up Sharply](#). Pew Research Centre, Washington D.C. 2021. Used with permission.

Despite these largely predictable distributional impacts, few mitigating measures were put in place in good time, as discussed in Chapter 2, perhaps in the mistaken hope that the pandemic would be under control and over quickly, and because of the uncertainties about the nature of the pandemic in the first few months. And as discussed in Chapters 2 and 3, many mitigating measures were stopped too early, well before recovery could take place – a pattern familiar in humanitarian operations, where rehabilitation and recovery are typically neglected. There were some exceptions where measures were medium to long term, but the majority of countries

enacted only very short-term measures lasting a few months. There may well have been national fiscal pressures behind these decisions, and the international community certainly failed to fill the financing gap.

Multiple challenges facing women in poor households

Women felt an especially heavy burden during the pandemic. (Oxfam 2022), experiencing bigger and longer-lasting employment and income losses (ILO 2021b), but also significant additional domestic and employment-based violence (Box 1.C).

Box 1.C: Violence against women in and near poverty during the pandemic



Across the globe, spiralling economic and gender inequities deepened the suffering that girls, women, and non-binary people face. Even before the pandemic, a staggering one in three women experienced physical or sexual violence. The pandemic has made the situation even worse. Economic insecurity due to mass unemployment, directly linked to the pandemic, has increased women's vulnerability to violence in the home. Calls to domestic violence and gender-based violence (GBV) helplines increased and domestic abuse killings tripled during early lockdowns.' (Oxfam 2022)

When men are at home unemployed it is difficult for them to bear everything such as the noises of children etc. So, this has created lots of family conflicts, and family violence has increased (LHI, female).

Called the 'shadow pandemic', violence against women accelerated as women were potentially locked down with their abusers. Surveys in 13 LMICs suggested that one in two younger women and women with children had experienced or knew a woman who had experienced violence during the pandemic, and over a third of older women. Between a tenth and a third of women surveyed had experienced violence or the threat of violence in the home during April–September 2021, and many more felt less safe at home. Public spaces were also widely perceived to have become less safe ([UN Women 2021](#)).

According to a survey of providers in 2020, GBV prevention and response services were also negatively affected by the restrictions, especially community-level services and shelters. Adolescent girls and women with disabilities were identified as especially vulnerable (Roy *et al.* 2022). Reduced funding for law enforcement and women's organisations also affected the level of provision during the pandemic (UN Women 2021). Violence can often be a precursor of separation and divorce, so it would not be difficult to predict that higher rates of separation and divorce would follow a wave of GBV; they are also often pathways to chronic poverty for women headed households. The higher

Continued:

Covid-19 mortality commonly experienced by men would also have contributed to raising the numbers of households headed by women.

More than 90 percent of women workers in developing countries are employed in the informal sector, lacking employment protections and social safety nets such as coronavirus relief payments. With little choice but to continue working, they faced harassment and brutalization by police and military authorities enforcing coronavirus control measures such as checkpoints, quarantines and curfews. Equally, in sectors of the workforce where women are overrepresented, such as the domestic work and healthcare sectors, workers have seen dramatic increases in violence, as have migrant women workers, isolated with their employers and unable to reach family and support networks' (Oxfam 2020).

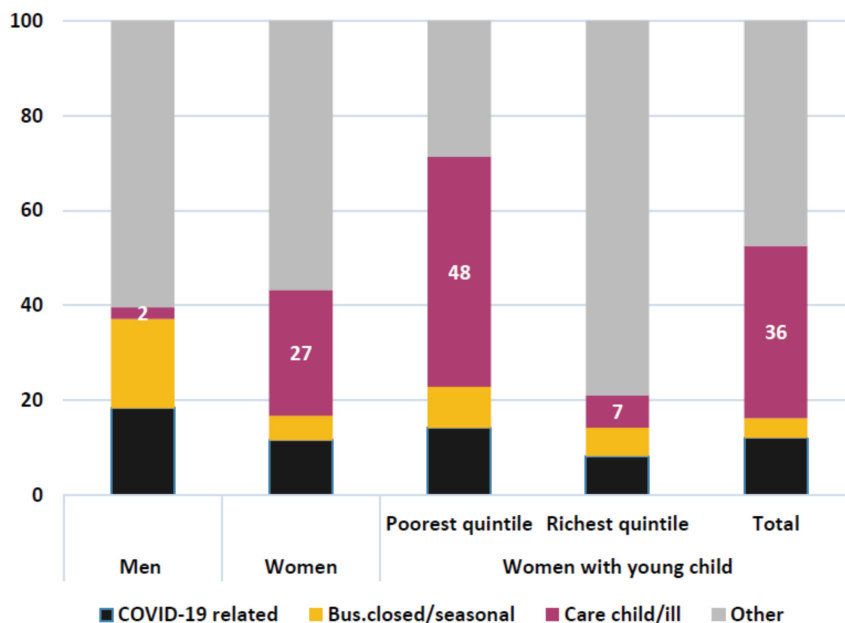
The pandemic and government responses to it seem to have done little to challenge social norms that allocate care roles predominantly to women, despite the often significant periods of time men have spent at home or out of work:

Social norms have entrenched care work as the responsibility of women and girls, who undertake more than three-quarters of unpaid care work. Covid-19 and lockdowns have increased levels of

unpaid care and domestic work at a time when families have fewer resources and even less access to services (*ibid.*).

These consequences are particularly pronounced among women in and near poverty. For example, in the Philippines women in poor households with children under four years of age are often tasked with care work that limits their engagement in paid work (Figure 1.4.3).

Figure 1.4.3: Main reasons for women not working in the Philippines, by quintile



Source: [Impact of COVID-19 on the Philippines' Households : Insights from High Frequency Survey Round 4-May 2022](#) (English). 2022. World Bank. Used with permission, [CC-BY-NC](#).

The impact of the pandemic has accordingly deepened long-standing gender inequalities in the economy:

During 2020, women were 1.4 times more likely to drop out of the labour force, and took on three times more hours of unpaid care work than men' (Oxfam 2020). However, this masked differences in experience: better-off families could prioritise safety and distancing, whereas poor families had to prioritise working outside the home to get income for food. When men fell out of work and came home, poor women were driven to work.

In 2021, there were 13 million fewer women in employment compared with 2019, while men's employment recovered to 2019 levels. The pandemic has disproportionately pushed women out of employment, especially as lockdowns and social distancing have affected highly feminized workforces in the service sectors, such as tourism [or petty trade]. (*ibid.*)

The impacts of the pandemic on poor and vulnerable women and girls and LGBTQIA+ people are likely to be felt far into the future, through reduced lifetime earnings' [and we would add, separations and divorces, and in the formal sector lost contributions to pensions] 'and for girls reduced access to education, early marriage and pregnancy. Governments, however, have generally failed to step up with any bold and ambitious policies to address these concerns (Oxfam 2022).

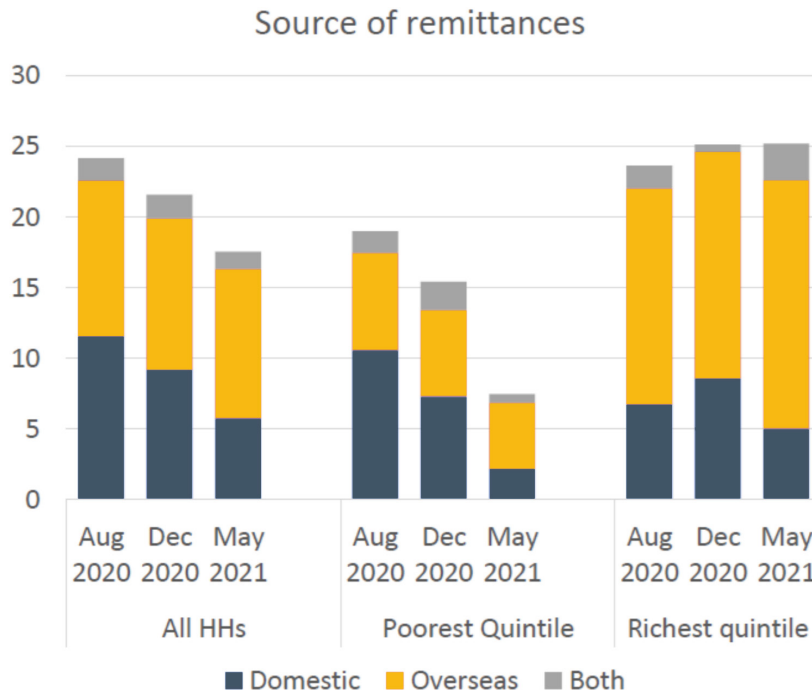
Sometimes governments took repressive measures: for example, women food and vegetable vendors in Dar-es-Salaam and other Tanzanian cities saw their husbands losing their jobs and coming or staying at home, so these women took up the slack by working more. In 2021, the government then cleared them off the streets which led to many losing their regular customers at precisely the same time that their families were more dependent on them for food than previously (CPAN 2022b).

Migrants and remittances harmed through Covid-19 policy responses

International migrants were affected both by the impact of Covid-19 and by part of the response to the pandemic. Migrants in dormitories (e.g. in Southeast Asia) were particularly badly affected by the pandemic directly. In the Philippines, for example, the share of households receiving remittances declined particularly among the poorest quintile due to a fall in domestic remittances (Figure 1.4.4), though by May 2022 the 'share of poor households receiving remittances rose to its pre-pandemic level' (World Bank 2022c). Richer households' remittances in the Philippines were supported by international migration and these were much more stable than poorer households' remittances, which depended on migration in the Philippines.

Declines in international remittances were much smaller than expected, however, and some LMICs experienced increases in 2020 (Box 1.D).

Figure 1.4.4: Decline in remittances faced by poorest and richest households, Philippines (2020/21)



Source: *Impacts of COVID-19 on Households in the Philippines Results from the Philippines COVID-19 Firm Survey Round 3 – May 2021*. World Bank. Used with permission, CC-BY-NC.

+

Box 1.D: Surprising trends in international remittances

After an initial dip in the first half of 2020 (mostly in March and April), remittances appear to have rebounded to pre-Covid-19 rates and historical highs in several countries. For example, Pakistan – where remittance inflows accounted for nearly 8 per cent of the GDP in 2019 – saw the highest amount of monthly remittances historically in July 2020 (State Bank of Pakistan 2020). In countries such as Mexico and Nepal, monthly remittances in the second, third and fourth quarters of 2020 increased to amounts higher than the previous year for the same period. Several factors could be behind this trend: currency fluctuations paired with the effect of countries coming out of strict lockdowns – during which time usual household spending was limited and savings were higher – may have played an important role in the dip and rebound. Emerging economies faced sharp currency depreciation in February-March 2020 whereas the currencies of advanced economies were generally strong during the same period. This may have led to the usual amount of remittances sent getting converted to higher amounts in the receiving countries. The financial behaviour of migrants in times of crises could also be a factor, with migrants sending lockdown savings to support their families in countries heavily affected by the Covid-19 outbreak, but also vice versa, with families supporting migrants in countries affected (World Bank 2021b).

Poor migrants are much more likely to migrate within their own country. The plight of migrants in India during the pandemic was the focus of international attention as sudden lockdown measures in March 2020 stranded millions of migrant workers, many of whom stayed in congested transit camps with limited facilities:

The findings highlight the different plight of the migrants, who had the pressing need to head back home to safety despite the acute financial crisis and the travel problems. The poor quality of the relief camps with meagre rations and lack of facilities especially put the women and children in distress and generated a lot of psychosocial issues. The present study urges the mental health-care professionals to groom themselves for facing the challenges of a surge in mental illnesses by taking necessary measures. It also emphasises the need to establish a strong ethical alliance between the local population, health systems, local government mechanisms, and human rights associations in order to take a relook at the national migration policies (Jesline *et al.* 2021).

Data on migrants is scarce, but a literature survey identified migrants and informally employed workers as India's two most affected groups during the first wave (Dang, Lanjouw and Vrijburg 2021). More than eight out of 10 migrants lost their jobs, and some of the 12 million inter-state migrants had still not found work by October 2020 after lockdowns were lifted. The crowded living conditions in the urban areas where migrants lived offered minimal protection against catching the virus. Migrant workers' access to health services was poor and if they caught Covid-19 they faced high out of pocket expenses. The quote below illustrates the kind of decisions migrants in the informal economy had to make:

We had a good turnover in our

vegetable business in the past, but income flow has reduced significantly during the pandemic due to lack of customers. This colony was earlier full of villagers from outside places [migrants] and my business was heavily dependent on them. With lockdown restrictions in place, many residents of this area went back to their native village. We are now struggling to meet our daily food expenses and are eating only rice and pulses. My children are finding it difficult to get jobs. We came to the city to earn money, but if the situation continues like this we would prefer to go back to our native village (LHI, Male).

Child poverty and intergenerational consequences

The long-term negative effects on children will be massive, not least due to monetary poverty, loss of carers and education, and health deprivations. The long-term effects of being born and experiencing nutritional deficits in a protracted crisis are likely to include stunting, doing less well in school and lower lifetime earnings. We do not know if the worst-affected children are those born during the pandemic, those in pre-school years, or those transitioning from primary to secondary school. This will be an important research agenda to guide future social policy.

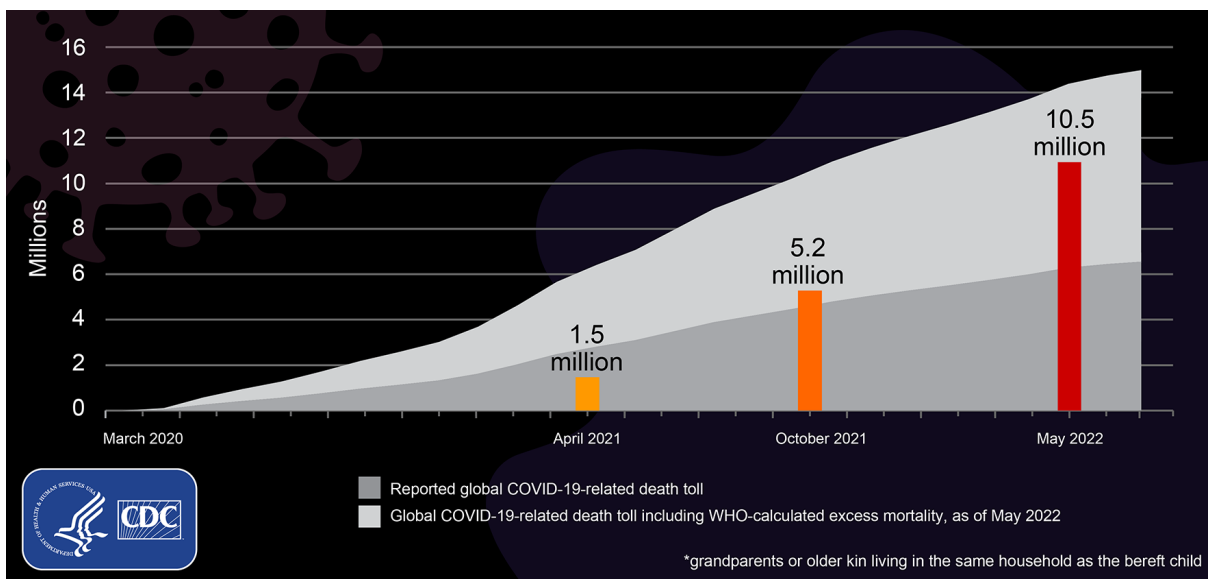
One third of all children (591 million) lived in monetarily poor households prior to the pandemic. The pandemic is estimated to have increased the number of children living in poor households by between 80 and 144 million by the end of 2021. (Fiala *et al.* 2021). A large proportion (one fifth) of children in low- and lower-middle income countries, moreover, lived in households that were not well prepared to withstand a pandemic in terms of quarantining space, adequacy of toilet facilities and hand hygiene, mass media exposure at least once a week, and phone ownership. The poorest and rural

households were less likely to be well prepared (Lu *et al.* 2022).

Over 10 million children have lost a parent or a carer worldwide as a result of the pandemic. There is an increased likelihood of experiencing orphanhood among children living in countries and regions with lower vaccination rates and

higher fertility rates; overall, children are at a higher risk of having lost a father than a mother; and two out of every three affected children are between the ages of 11 and 18' (Hillis *et al.* 2022). Some high-income countries and upper-MICs have responded with regular cash payments for orphaned children; little has been done in LICs and LMICs.

Figure 1.4.5: Global estimates of children affected by Covid-19-associated orphanhood and/or caregiver loss



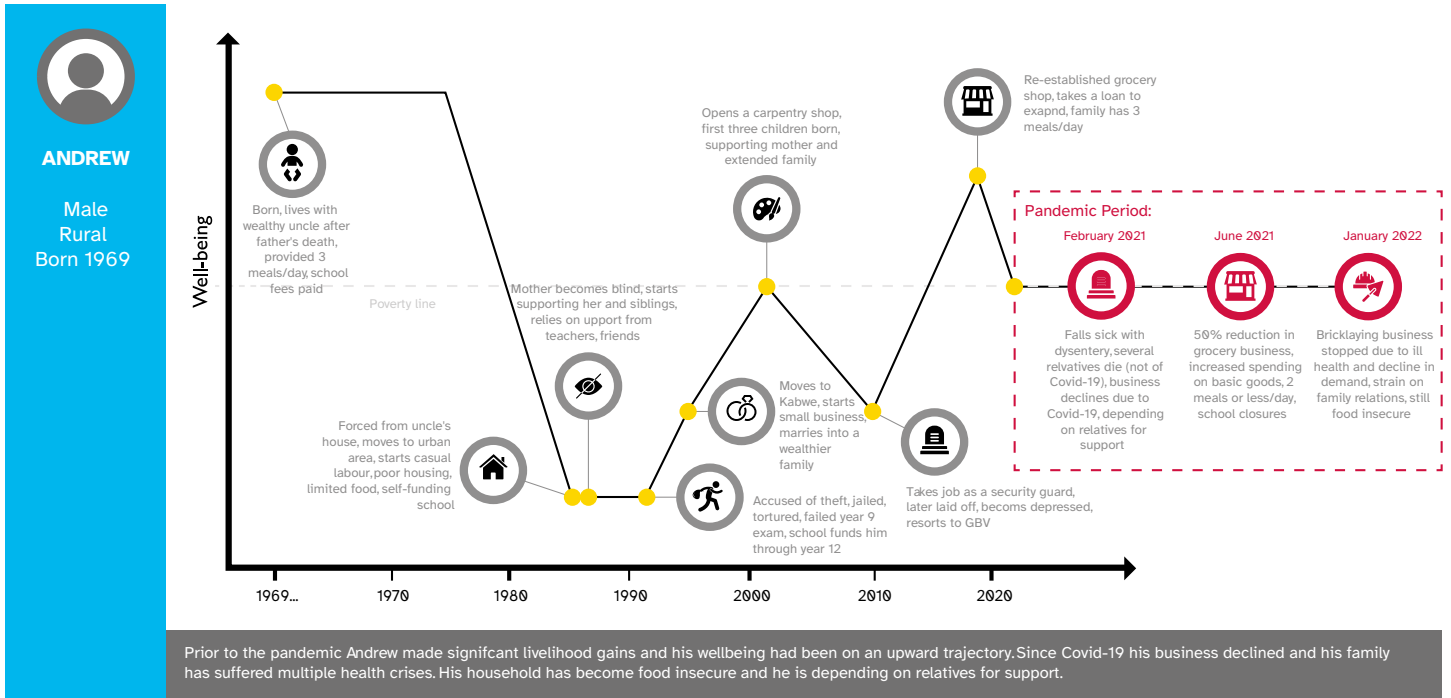
Source: [Global Orphanhood Associated with COVID-19](#). CDC. 2022. Reference to specific commercial products, manufacturers, companies, or trademarks does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention.

There are also wider human development consequences which have intergenerational effects. Learning loss and school dropouts pose a substantial recovery issue, as discussed in Chapter 5. We know that education is a determinant of lifelong incomes, so the effects will be long-lasting. Foregone health care was also significant, mainly for financial rather than Covid-19-related reasons (Kakietek *et al.* 2022). And the pandemic has had a longer tail in low and middle income countries due to the slower spread of vaccines (Mobarak *et al.* 2022), all of which constrain recovery efforts in the long-term.

Hunger and food insecurity

Food insecurity also increased over the pandemic, often a result of erosive or harm-causing coping with the crisis (see life history from Zambia in Life-History Figure 1 below). Even before the pandemic, hunger has been growing since 2014, and healthy diets were out of reach, according to the 2021 State of the World's Food and Nutrition report (FAO *et al.* 2021). We know that food insecurity worsened significantly during the pandemic, as a result of reduced incomes and also disrupted supply chains, leading to inflation.

Life-History Figure 1: Andrew, Zambia



Source: Authors' own.

Table 1.4.1 indicates that food insecurity was sometimes particularly pronounced among households in the poorest quintiles across a number of LMICs. Here is one interviewee in Zimbabwe:

The high costs of food, which most shops at the time sold in United States dollars, accompanied with the increasingly rare instances for casual jobs also linked to the restricted movements during the COVID pandemic, made it difficult to have any surplus to pay off the school fees debt. She indicated that the BEAM scheme in her village was so over-subscribed with children who were double orphans (those with both parents deceased), that it could hardly cover those with one surviving parent. (LHI, Zimbabwe)

during the first lockdown and initial phases of unlocking process. In urban areas, the relatively poor households and migrant households had difficulty in receiving ration as often they did not have ration cards in the current place of residence. This has caused a lot of grievances. The grievance redressal cell of the district received a lot of complain regarding the lack of reach of food grains and daal [lentils] in the urban area. Then the district officials took help of some of the NGOs to distribute ration in urban areas; sometimes with the issuance of tokens. Without the help of the NGOs, it would not have been possible to address the issue of ration distribution in urban areas. (KII, India)

People living in countries whose states were able to distribute food because they had systems up and running already, were in a relatively good position, but there were limits to state action, as in India:

This relief package ensured food security of households in rural areas

Food insecurity could be a direct consequence of stringently enforced restrictions, as in this interviewee's experience in Rwanda:

There is when you were passing without wearing a mask correctly and you meet with police van and then you pay them

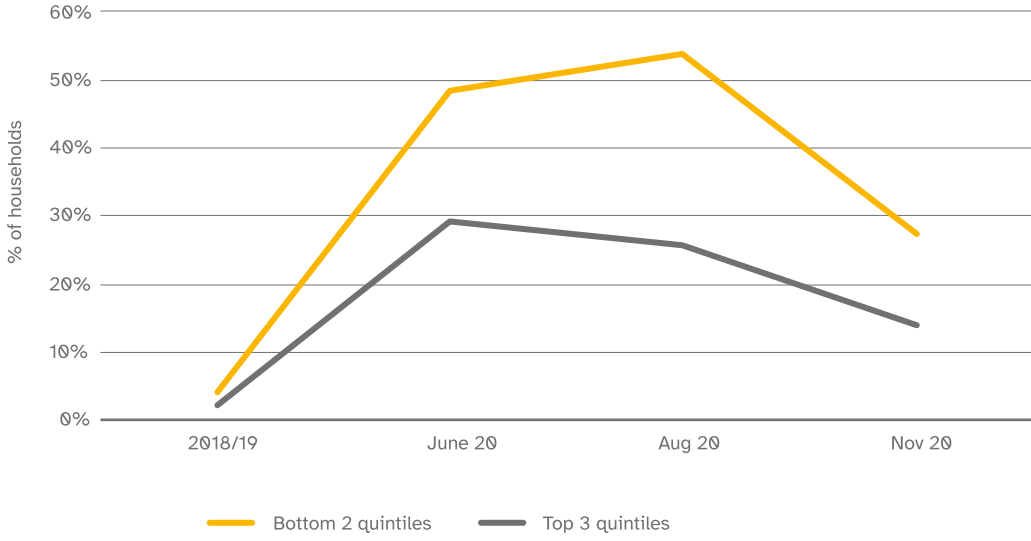
so you gave away the money you were supposed to use for buying food. (LHI, female, rural Rwanda)

negative long-term effects on children’s learning, physical and mental development, and life-time earnings. The food insecurity experienced by a quarter of households with children was significant and not always mitigated.

Food insecurity also has intergenerational consequences. It is well known that temporary food insecurity can have very

Table 1.4.1: Food insecurity across the welfare distribution

Country	Distributional impacts
<p>Cambodia</p>	<p>‘Households especially in the bottom two quintiles were forced to further reduce their consumption in an effort to make ends meet’</p>  <p>Source: Authors’ own. Based on data from Diwakar et al. (2022) Cambodia High Frequency Phone Surveys. CPAN.</p>
<p>Ethiopia</p>	<p>April/May 2020: Food insecurity is higher for poorer households. In particular, 20 percent of the poorest 20 percent of households reported having an adult who went hungry without eating the whole day, compared to just 7 percent of the richest 20 percent of households reporting the same.</p>  <p>Source: Authors’ own. Based on data from Diwakar and Adedeji (2021) Nigeria High Frequency Phone Surveys. World Bank.</p>

Country	Distributional impacts															
<p>Ghana</p>	<p>In a study in Ghana in May/June 2020, poverty was partly defined in terms of going without food, and Covid-19 had negative effects on this as well as other indicators of deprivation. Very high numbers of households were food insecure, especially in urban areas, and poverty was perceived to have increased, especially in rural areas (Bukari <i>et al.</i>, 2022).</p>															
<p>Indonesia</p>	<p>July/August 2020: 'The state of food shortages in most households has returned to pre Covid-19 levels, except households in the bottom 40%, in urban areas, and outside Java'. Food shortages among the bottom 40% = 29%, among middle 20% = 19%, among top 20% = 6% (World Bank 2020f). This suggests that people in poverty in rural areas recovered in terms of food security, which was instead most difficult among the bottom 40%, especially in urban areas.</p> <p>March 2021: 'Food shortages due to resource constraints are significantly higher in the bottom 40% than the top 20% more likely among less educated households, and those outside Java' (World Bank 2020d, 2020e).</p>															
<p>Malawi</p>	<p>May/June 2020: 'The prevalence of moderate or severe food insecurity is highest among adults living in households in the poorest wealth quintile (86%). Adults living in households in the richest wealth quintile are experiencing the lowest levels of food insecurity, yet still more than half are experiencing moderate or severe food insecurity (52%).' (World Bank 2020a).</p> <p>August 2020: 'there was an increase from 33% to 40% in households experiencing severe food insecurity in the poorest quintile', compared to 13-14% across both periods for the richest quintile. (World Bank 2020a).</p>															
<p>Nigeria</p>	<p>Households reporting hunger in the month preceding the survey was especially prevalent among households in the bottom two quintiles in 2020.</p>  <table border="1" data-bbox="406 1377 1441 1915"> <caption>Hunger prevalence in Nigeria by quintile</caption> <thead> <tr> <th>Period</th> <th>Bottom 2 quintiles (%)</th> <th>Top 3 quintiles (%)</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>~5</td> <td>~2</td> </tr> <tr> <td>June 20</td> <td>~48</td> <td>~29</td> </tr> <tr> <td>Aug 20</td> <td>~53</td> <td>~26</td> </tr> <tr> <td>Nov 20</td> <td>~28</td> <td>~14</td> </tr> </tbody> </table> <p>Source: Authors' own. Based on data from Nigeria High Frequency Phone Surveys. CPAN.</p>	Period	Bottom 2 quintiles (%)	Top 3 quintiles (%)	2018/19	~5	~2	June 20	~48	~29	Aug 20	~53	~26	Nov 20	~28	~14
Period	Bottom 2 quintiles (%)	Top 3 quintiles (%)														
2018/19	~5	~2														
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Aug 20	~53	~26														
Nov 20	~28	~14														

Country	Distributional impacts															
<p>The Philippines</p>	<p>May 2022: ‘From August 2020 to May 2022, severe food insecurity fell only 11 percentage points for poor households, while it fell 23 percentage points for the better off ones.’</p> <div data-bbox="491 369 1316 786"> <table border="1"> <caption>Severe food insecurity (Estimated data from chart)</caption> <thead> <tr> <th>Time Period</th> <th>Poorest Quintile (%)</th> <th>Richest Quintile (%)</th> </tr> </thead> <tbody> <tr> <td>Aug-20</td> <td>~58</td> <td>~35</td> </tr> <tr> <td>Dec-20</td> <td>~52</td> <td>~20</td> </tr> <tr> <td>May-21</td> <td>~52</td> <td>~18</td> </tr> <tr> <td>May-22</td> <td>~45</td> <td>~10</td> </tr> </tbody> </table> </div> <p>Source: Impact of COVID-19 on the Philippines' Households : Insights from High Frequency Survey Round 4-May 2022 (English). 2022. World Bank. Used with permission, CC-BY-NC</p>	Time Period	Poorest Quintile (%)	Richest Quintile (%)	Aug-20	~58	~35	Dec-20	~52	~20	May-21	~52	~18	May-22	~45	~10
Time Period	Poorest Quintile (%)	Richest Quintile (%)														
Aug-20	~58	~35														
Dec-20	~52	~20														
May-21	~52	~18														
May-22	~45	~10														
<p>South Africa</p>	<p>Reported hunger among children was greater the poorer the household, according to survey data analysis between May/June 2020 and April/May 2021 (Alaba et al. 2022).</p>															
<p>Uganda</p>	<p>June 2020: ‘households from the poorest consumption quintiles, in particular, the bottom 40 percent, are more likely to experience moderate or severe food insecurity.’ Similar situation by summer 2020 (World Bank 2020b).</p>															

Other forms of coping with the pandemic

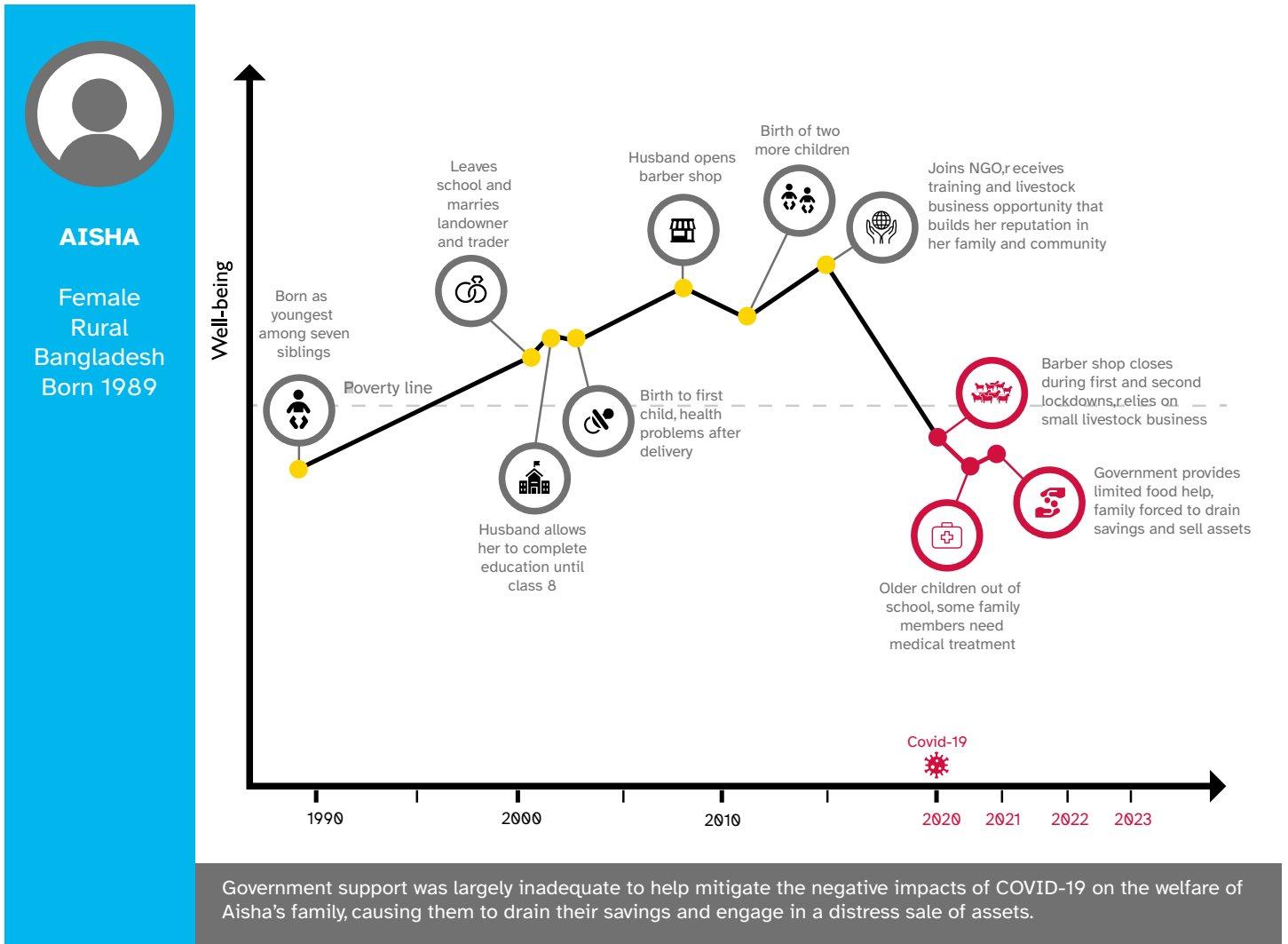
The iterative drawdown on assets over the pandemic waves amid limited institutional support contributed to erosive forms of coping that further drove downward mobility. In Nigeria, distress sales of agricultural and non-agricultural assets were particularly pronounced among households in the bottom two quintiles, increasing over the course of 2020 (Figure 1.4.6). The examples below are from rural Rwanda and Afghanistan, while Life-History Figure 2 is from Bangladesh.

The challenge I told you about is to sell the land not because you have planned that but because of the hunger. You sell it at a low price just to prevent kids to die of hunger, not for you to start another project that will bring benefit, but to see children getting what to eat. (LHI, Male, rural Rwanda)

The challenge was to give away that field which gave children food. It was a challenge even though it was because I wanted to send a child to school. It helped me but now it is gone, don't you think it's a problem? (LHI, female, rural Rwanda)

When my father was ill, beside the income that we have, we spent on his treatment. In the same way, we had one Jirib of land, we sold that land for his treatment. Additionally, we have grape garden, have of that garden we give it on mortgage and still that is on mortgage. Financially, we got so weak and are in debt now. (LHI, Afghanistan)

Life-History Figure 2: Limited social assistance driving adverse coping in Bangladesh

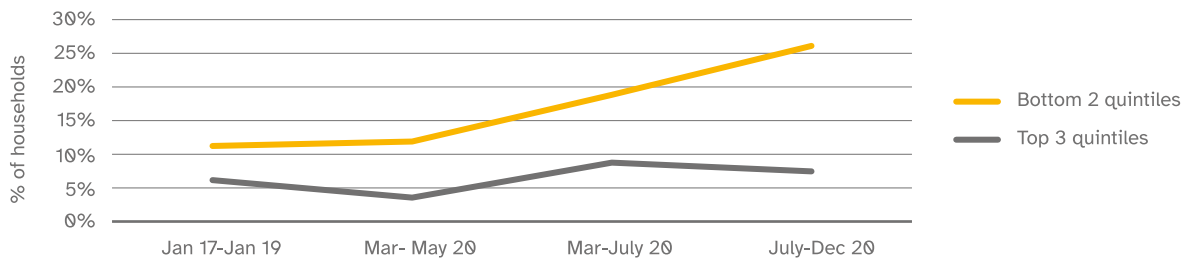


Source: Authors' own.

The consequences of unemployment, which were especially pronounced at the onset of the pandemic, could be far-reaching and devastating in terms of food insecurity, as

discussed above, domestic violence, and – for some women – engaging in selling sex. The worst coping strategies included children selling sex.

Figure 1.4.6: Household sale of (agriculture/non-agriculture) assets in response to shocks in Nigeria



Note: y-axis refers to subset of households experiencing any shock.

Source: Authors' own. Based on data from Diwakar and Adedeji (2021) Nigeria High Frequency Phone Surveys. CPAN

Coping strategies were often work focused, with women joining or increasing participation in the labour force, for example, as mentioned above. Sometimes, extreme negative coping strategies emerged in collapsing societies where the pandemic overlaid pre-existing crises (e.g. child sex workers in Chitungwiza, Zimbabwe, engaging in sex work as well as transactional sex and increasing their number of boyfriends). More frequent coping strategies involved reducing meal quality, reducing the number of meals per day or simply going hungry, as well as reducing non-food consumption. In some contexts, sales of assets (e.g. livestock) was common (Figure 1.4.8 shows a longer list of coping strategies in Afghanistan).

Many people resorted to (usually informal) credit to stay afloat, and sometimes needed to borrow to repay a first or second loan. In Malawi, households in the poorest quintile were much more likely to rely on credit from friends, relatives and money lenders, compared with other wealth quintiles in August 2020 (Figure 1.4.7). In Nigeria, households in the

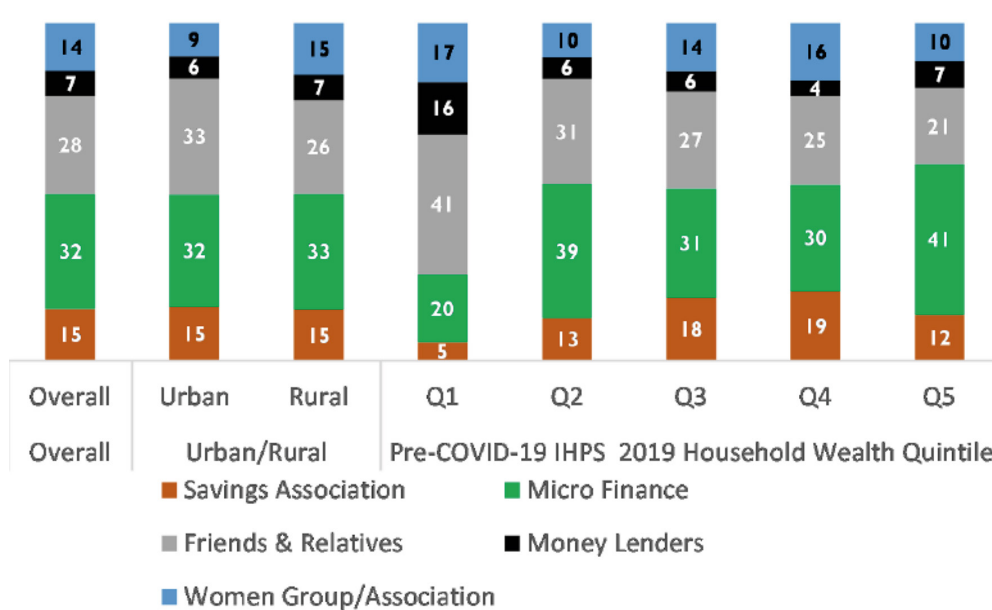
bottom two quintiles were much more likely to borrow to meet food needs, compared with richer households (authors' analysis of High Frequency Phone Survey Phase 2).

In Bangladesh and elsewhere garments factory workers were among those taking loans as factories closed and opened:

During corona lockdown my factory was closed and I took 4000 - 5000 taka loan to buy foods. The factory was closed when there was lockdown; it opened again and then closed again. Suppose it was close for 7 days, then I would not get salary for those 7 days. I would get 2500 taka after lay off. So I was forced to take loan to buy food. (LHI, Bangladesh)

Amid layered crises in Afghanistan, borrowing was also prevalent in contexts of inadequate food in early 2020 (Figure 1.4.8). In Cambodia, borrowing a second and third loan to pay the first one or two was common and the process of selling assets, including land, to pay loans is believed to have increased during the

Figure 1.4.7: Sources of credit since Covid-19 outbreak



Source: COVID-19 Impact Monitoring: Malawi, Round 3. 2020. World Bank. Used under CC-BY-3.0 IGO.

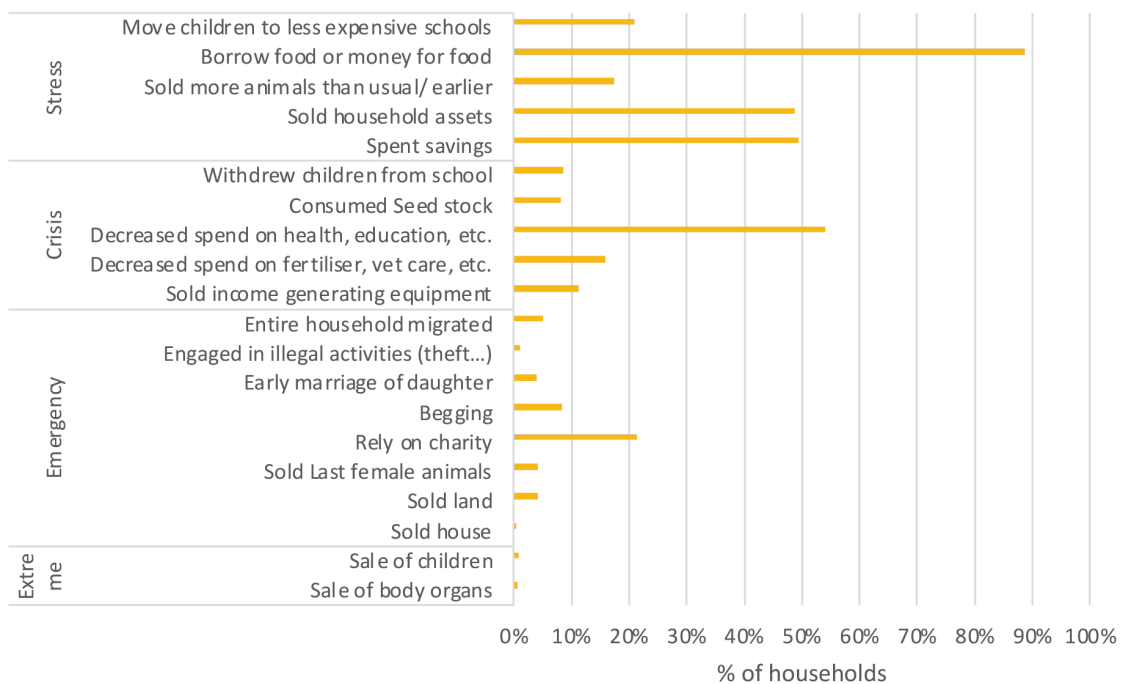
pandemic (Blomberg and Dara 2021). In the Philippines, over 60 per cent of households in the poorest quintile relied on borrowing from family and friends as a coping mechanism in August 2020, compared with less than 40 per cent among the richest quintile (World Bank 2022c). As one interviewee from the PMI notes:

My family was struck twice by the Covid-19 virus. During the second bout of the illness, my wife's absences from work, under the 'no work, no pay' policy of a Job Order from the

local government, put us in debt to relatives and friends so that we could buy medicines for three of us who fell ill. To make matters worse, the practice of delayed salaries at the LGU (local government unit) necessitated that we borrow money again from another party to pay the first party we promised to pay on a particular date. We were doubly indebted. (LHI, Male, Philippines, October 2021)

Debt thus eroded savings, and therefore resilience, and also asset holdings.

Figure 1.4.8: Coping responses to inadequate food in Afghanistan (Jan./Feb. 2022)



Source: Authors' own. Based on data from Diwakar et al. (2022) based on data from PLSA 2022.

Figure 1.4.8 shows the severity of erosive and dangerous coping mechanisms. It can safely be assumed that many respondents have been extremely and persistently poor. This is an example of how the economic effects and restrictions imposed during the pandemic affected the poorest people the most – they suffered poor access to often poor health systems; significant impacts from restrictions on congested urban areas; depressed

markets for labour, commodities and services; and price inflation, especially for food. Informal workers, many of whom are women, and migrants were especially affected, and their children, too. Whatever minimal resilience might have been achieved before the pandemic has been undermined by erosive coping strategies (sale of assets, taking children out of school, consumption of seed stock, etc.) and dangerous, severe impacts have also

been experienced (e.g. transactional sex including children, sale of children and body organs, early marriage, theft, etc.).

1.5 Political economy of decision-making during the pandemic

As the pandemic unfolded in low and middle income countries, there appeared to be substantial gaps in information, understanding and analysis of what it meant for people, how different groups of people were affected and what appropriate policy responses might be. This was especially the case for poor and marginalised people who are socially remote from decision makers, whose lives are often not at the forefront of public discourse, and about whom there are substantial deficits of knowledge, information and analysis. The way the informal sector and migrants were neglected in most countries suggests that such understanding is often limited. significantly greater understanding is needed to develop appropriate policies.

The absence of such analysis was only partly a result of data availability. High-frequency phone surveys were quickly implemented in many countries, often with World Bank support, and this filled an important information gap. However, they did systematically exclude non-phone owners, which would have biased their results against poorer people, older people, people with disabilities, and women, especially in rural areas with poor mobile phone infrastructure. Although the key actors realised this, mitigating measures to avoid such biases were in short supply.

It was also about ‘who is in the room’ demanding analysis and information when decisions are made, and the political economy of what drove those decisions. For example, although decision-making

was centralised, garment workers in Bangladesh were allowed to go back to work whereas others were not because of the organised pressure garment exporters were able to bring on the government. Farmers and farm workers were given passes to move around so that food security could be achieved – the result of a decision of the prime minister, who managed the pandemic herself with just a few senior civil servants who were close to her, rather than let the normal disaster management processes and institutions prevail, based on the rationale that if local political leaders had been involved, corruption would have followed.

A further factor is the degree of decentralisation and deconcentration of decision-making. There can be different mechanisms for transmitting feedback to a central power – formal structures of local government, or political parties which have mechanisms to transmit grassroots reactions upwards in the political structure. Although decisions might be taken centrally, local bodies could be left to decide exactly how to implement them in a local context. Where there was no mechanism to make such adjustments, as in the case of school re-opening, which often waited for Ministry of Health go-ahead, despite highly varied risks within the same country, significant harm resulted; many areas could have re-opened earlier with great benefit for the families of that area.

Cross-sector collaboration was also needed to orient decision-making to the interests of the majority of people. Whereas the decision-making in Bangladesh was centralised in the Prime Minister’s Office, in Cambodia the prime minister was also in charge, but in this case he had the support of technocrats from a wide range of ministries, allowing for more of a portfolio approach to pandemic management. This will have included the agriculture, women’s affairs and social affairs ministries, which would have been in a position to put the

interests of people in poverty, women and rural households on the agenda. As a result, in our view, Cambodia came up with a more balanced, multi sectoral approach to managing the pandemic, even if the effects of the restrictions imposed will be long-lasting especially for informal workers, migrants, and women and children. It also then allowed provincial and local leaders to determine how the directions set by the National Disaster Management Committee would be implemented. Bangladesh experienced a similarly decentralised approach to implementation.

Social distance and communication between elites and people can also make a difference to elite responses. The pandemic itself narrowed this distance, as everyone had to rely on the same national health services – elites could no longer travel to neighbouring countries to access better services (Viens and Eyawo 2020). One would expect to see increased health expenditure as a result during this period. However, it seems that health expenditure increases were much smaller than non health expenditure increases at least during 2020 (Gupta and Sala 2022), and in 2021 and 2022 many low- and lower-middle income countries experienced declines in health spending (Box 1.E) as the macro-economic consequences of the global response to the pandemic intensified.

Whether such a high priority should have been given to vaccination in low- and lower-middle income countries, given the different age structures and vulnerabilities, and given the failure of vaccines to stop transmission (as opposed to their effects on severity of illness and deaths) is a moot point. Outside of health, the gap between elites and people may have widened as children lost access to education and most adults were unable to work from home.

Globally the policy response to the pandemic was set by two main sets of actors: (1) China with its zero-Covid-19 policies and draconian lockdowns, and other east Asian countries, especially South Korea, with its test, trace and isolate approach; and (2), less consistently, Western countries such as Italy, which experienced early severe emergencies and typically imposed a combination of restrictions on freedom and closures of institutions as well as compensation for the income losses of individuals and companies.

WHO later provided important support to globalising the public health responses from these two sources. However, not all of its advice was followed as countries panicked about protecting lives. For example, WHO recommended against border closures in [high-profile advice](#)

Box 1.E: Health spending priorities in low- and lower-middle income countries



Most lower income countries will be unable to finance their share of a Covid-19 vaccine roll-out to halt the current pandemic, *let alone* invest in better preparedness and response capabilities, without an increase in the priority given to health. The expected growth in government health spending during 2021 and 2022 will cover on average only 28% of the countries' cost share of a vaccine roll-out in low-income countries, and 43% in lower middle-income countries. In both low-income and lower middle-income countries, the expected increase in government health spending in 2026 will cover only approximately 60% of the annual investment required to strengthen and maintain public health preparedness and response capabilities ([World Bank 2022a](#)).

from the organisation's director-general on 30 January 2020, based on a 2019 review of evidence of what was likely to work in a pandemic (WHO 2019). More confusingly, its 2019 report did not mention lockdowns once, and yet in a report three months later (25 February 2020), WHO recommended that the Chinese model be applied in all cases. These sources effectively drowned out a potentially context-rich and divergent set of responses that could have emerged in poorer countries where socioeconomic, policy and virus dynamics were significantly different, and where capacities to mitigate the effects of extreme public health restrictions were very limited – and which nevertheless emerged in some of them, as this report documents.

There was a growing appreciation of the costs of lockdowns and other restrictions as the pandemic continued. These are defined and discussed in Chapter 2. This gradually filtered into policy responses, especially in 2021 and 2022. It should hopefully be clear that pandemic preparedness, for which WHO is developing a treaty (WHO 2023), should be balanced between considerations of public health and socioeconomic progress. The policy responses to the pandemic and recovery plans were later submerged by succeeding crises in energy, food supplies and inflation, the last being driven by the pandemic response (Green and Fazi 2023); and despite the substantial negative effects of the pandemic, remain unreconstructed at this point in time. How the world can develop effective responses to multiple, layered or sequential crises – especially in poorer countries where these crises are most challenging – is a final major theme of the report.

On a more positive note, several sources indicate that there was a widespread but not universal increase in trust in institutions during the pandemic, and

that trust in institutions as well as inter-personal trust was important in managing the pandemic.

- There was a significant increase in trust in institutions across most of 27 (high-income/upper middle-income) countries, with some notable declines (including in China and India) (Edelman 2021).
- Institutional trust and benevolence also show signs of increasing more widely (Helliwell *et al.* 2022).
- Trust as well as state capacity correlated with lower excess mortality (Lenton, Boulton and Scheffer 2022; Besley and Dann 2022).
- Adaptive stringency (adapting regulations or guidance rapidly when new waves of the pandemic were starting, linked with state capacity) and trust are correlated with resilience (bringing the peak of infections/deaths down, faster/greater recovery) (Lenton *et al.* 2022).

Given the highly differentiated experience of the pandemic and policy responses to it, it is likely that the outcomes in terms of citizens' trust in institutions will also vary substantially.

1.6 Conclusion

There is significant evidence about the downward mobility and impoverishment so widely experienced in the global South during the pandemic. In addition to being negative in itself, there were deeper consequences for human relationships, within families, and broader social cohesion, though in many societies trust in institutions has increased.

Along the way, in situations where there were no or only weak mitigating measures to compensate for losses, people sold assets and others were forced to cope in ways that eroded their resilience. Women, children, informal workers and migrants in

the bottom half of the income distribution were especially disadvantaged.

Initially, resilience to these processes largely depended on the resources people themselves could muster – their assets, social networks and creditworthiness – and survival strategies. When in the second and third waves of the pandemic these resources were exhausted, this was precisely the time when people needed state support. But mitigating public policy measures were applied mostly in 2020 and petered out in 2021. Stopping relief measures too early will not help people in poverty recover.

Mitigating measures, whether in the economy, or the education or health sectors, and whether in 2020 or 2021, were not much in evidence in the household surveys and qualitative research reviewed here. Even where mitigating measures were in place, these were not enough to prevent negative coping. Recovery measures were broadly non-existent for people in or near poverty. As a result, the effects of the pandemic will be felt for many years.

While some governments built trust with their citizens during the pandemic, others need to work at (re-)building their citizens' trust in institutions, as well as to avoid undermining trust for each other.

Overall, this was an unprecedented and multi-dimensional global shock for which people, governments and international agencies were ill prepared. If it can take ten years or more to recover from the effects of a single bad drought ([Bird and Shepherd 2003](#)) – how much longer-lasting will the effects of the pandemic be? If, as some have suggested, another pandemic could be around the corner, because of the way human beings have so comprehensively interfered in nature, there needs to be some rapid learning from this pandemic, so that future crises are less damaging.

This learning should lead to investments in essential mitigating measures that can be scaled up when the occasion arises, and insurance systems that will prevent the kind of downward mobility and impoverishment that was so evident in the Covid-19 pandemic. Both of these will require innovation: in political ideologies about what states should do; and in financing and in establishing insurance systems in high-risk societies. Investment, insurance and innovation was the theme of the 2022 Human Development Report: *Uncertain times, unsettled lives* (UNDP 2022).

Lessons that can already be felt include:

- The need to work to greatly increase state capacities and strengthen state systems for social protection, health and education, so that they are ready for adaptation and to be built on in a crisis, and ensuring that no one is left behind. In particular, there is a need for much greater investment in health systems and in the adaptability of education systems (see Chapter 6). However, given sluggish economies and heavy debt burdens, how can this strengthening be achieved? It will require shifting resources across public budgets, as well as a significant increase in international financing for social development, which was already in deficit before the pandemic ([Manuel et al. 2019](#)).
- The need to identify context-specific bundles of other resilience-building measures – in particular, the resilience of the financial system and its ability to include the poorest and most vulnerable people needs revisiting.

However, the next crisis will also be different from this one, and what is required for each crisis is a context-specific analysis and policy response. We know now that restrictions need to be tailored to local socioeconomic and demographic conditions: areas with overcrowded

housing are likely to benefit far less from a general quarantine than areas where housing is of better quality and more spacious design, and LICs are likely to have experience more severe health impacts from reduced GDP than high-income countries (Green and Fazi 2023). A generalised, one-size-fits-all model is not suited to the diversity of socioeconomic and demographic environments found across the world.

Moreover, where restrictions are introduced, they may have massive negative effects that need to be mitigated. The response to the Covid-19 pandemic

involved public health-based restrictions on freedoms, sometimes based on experiences of earlier epidemics; but also strong fiscal stimulus measures, which were borrowed from the 2008 financial crisis (with some exceptions, such as in India, which treated the pandemic as a supply rather than a demand shock). However, it must also be borne in mind that the capacity for low- and lower-middle-income countries to provide fiscal stimulus is much lower than in higher-income ones; and, moreover, the long-term impacts on future indebtedness and public service provision may be substantial.



Lives versus livelihoods: the trade-off between public health restrictions and resilience

2

Key messages



In managing a pandemic, the objective of saving lives needs to be balanced against maintaining resilient livelihoods and boosting resilience – wide variation in decision-making structures and processes shapes this balance.



Mitigating measures need significant strengthening in future pandemics and crises more broadly, especially in LICs – decision makers need a menu of mitigating measures that they can adapt to different contexts in future pandemics and crises.



Public expenditure on the pandemic varied greatly – adequate additional aid to fill financing gaps, especially in LICs, was not forthcoming.



Investment in health systems prior to a pandemic will open options for managing a pandemic, as will good macroeconomic management.



Excess mortality was not clearly related to the stringency of restrictions, but in LICs was associated with the strength of mitigating measures – this finding questions any uniform or imposed approach to managing pandemics.

2.1 Overview

The majority of countries across the world responded to the Covid-19 pandemic with a public health rationale, which generally involved restricting people's movement and social interactions to minimise transmission of the virus and loss of life; and, in some cases, with a containment rationale, testing, identifying and isolating cases. Some countries followed these approaches more strictly than others, as measured by the Oxford Coronavirus Government Response Tracker (OxCGRT) project's Stringency Index, which captured nine metrics: 'school closures; workplace closures; cancellation of public events; restrictions on public gatherings; closures of public transport; stay-at-home requirements; public information campaigns; restrictions on internal movements; and international travel controls' (Mathieu *et al.* 2020).

Fewer countries in the global South compared to the global North responded with serious measures to counter or moderate (mitigate) the very considerable (and predictable) impact of these common restrictions on livelihoods and

freedoms, which could have preserved livelihoods and whatever resilience had been achieved, alongside minimising loss of life and prolonged illnesses. We constructed a Mitigation Index, which included indicators of measures to mitigate the effects of the restrictions and have a bearing on the wellbeing of people in the bottom half of the economic distribution in low- and lower middle-income countries, and for which data is widely available:

- The duration of full and partial school closures in the weeks between February 2020 and 30 April 2022) – the emphasis here is the opposite of the Stringency Index measure: the fewer closures, the better.
- The share of children reached through school feeding programmes in 2021.
- Current health expenditures as a share of GDP between 2019 and 2020.
- Covid-19 vaccinations per 100 people (max. value between 2020 and January 2023).
- Provision of cash-based transfers in 2020 and 2022.
- Wage subsidies in 2020 and 2022.
- The breadth of household debt relief in 2020 and 2022.

Box 2.A: Equity in pandemic preparedness



The Institute of Development Studies' report *Pandemic Preparedness for the Real World* (IDS 2023) identifies five priority action areas outlined below.

Priority action areas	Equity considerations acknowledged
'Professionals: Identifying, supporting and rewarding key people in critical infrastructures introduces much-needed reliability into uncertain and complex contexts.'	<ul style="list-style-type: none"> • Draws attention to empowering people • Acknowledges importance of health worker interactions with local government officials, traditional leaders, religious groups and others

Continued:

Priority action areas	Equity considerations acknowledged
<p>‘Knowledge: Creating opportunities and building mechanisms to account for diverse knowledge, expertise and evidence facilitates preparedness which is better adapted and more responsive to local contexts and acceptable to communities.’</p>	<ul style="list-style-type: none"> • Acknowledges class, race, age, occupation and other social dimensions in shaping responses and transmissibility of Covid-19 • Supports amplifying voices of local people, especially those marginalised and in poverty, including through participatory research
<p>‘Resilience: Redressing the inequitable underlying conditions that leave people and communities vulnerable to crises in the first place is the best route to ensuring they can withstand shocks.’</p>	<ul style="list-style-type: none"> • Emphasises the need for long-term structural change to mitigate vulnerability • Supports investments in health and social systems more broadly • Supports collective action
<p>‘Institutions: Addressing the crisis of confidence in state institutions is part and parcel of pandemic preparedness.’</p>	<ul style="list-style-type: none"> • Decentralises decision-making and resources • Addresses human rights, power inequities, exclusionary politics
<p>‘Ethics: Policymaking and decision taking for pandemics necessarily embrace a wider set of issues than accounted for by conventional bioethics and its focus on individual rights.’</p>	<ul style="list-style-type: none"> • Decolonises efforts in global health • Account for context-specific societal issues, including power inequities and resource allocation at different levels

Source: Summarised from *Pandemic Preparedness for the Real World: Why We Must Invest in Equitable, Ethical and Effective Approaches to Help Prepare for the Next Pandemic*. 2023. IDS.

Vaccination was clearly a potentially very important mitigating measure. Global pandemic response leaders in WHO and elsewhere promoted vaccine equity, and the rapid development of vaccines was a triumph for the global scientific and technological communities. Widespread vaccination allowed

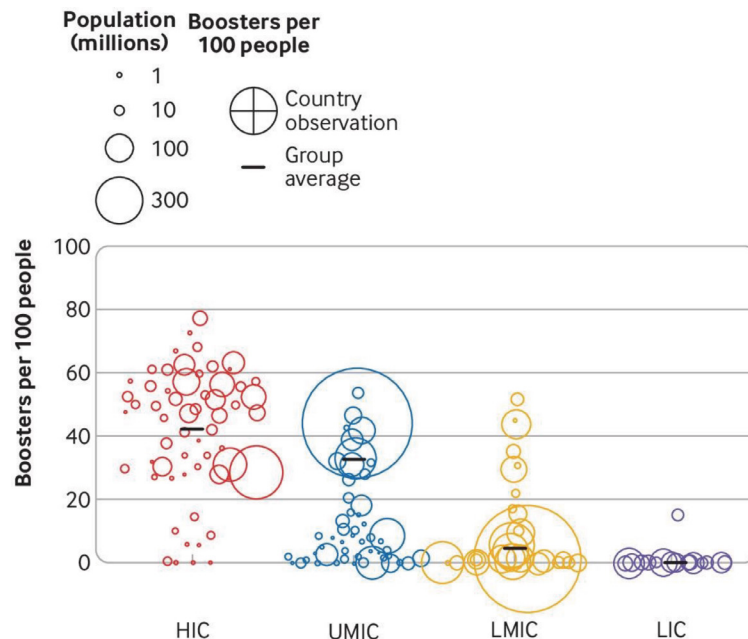
economies and education sectors to be reopened, and provided protection to individuals, averting many potential deaths in the process. However, the wisdom of an exclusive or dominant emphasis on vaccination against Covid-19 compared with other, regular vaccination programmes has been questioned,

given the age structure of low- and lower middle income countries. This is surely a case where a cost benefit analysis could usefully have been carried out.

As Figure 2.1.1 and Box 2.B illustrate, there was an unacceptably high level of inequity among and within countries in the

distribution of vaccines, system of patents and withholding of the formulae for making them. Based on the distribution of mortality (see analysis below), vaccines should have gone first and foremost to LMICs rather than HICs. However, the opposite was in fact the case.

Figure 2.1.1: Vaccine inequity, by country income group



Source: [Booster coverage of population by country, income and population size](#), 2023 Pandem-ic. Used under CC-BY-4.0 licence.

Box 2.B: Vaccine inequity between and within countries



There were inequities in: production – manufacturing was concentrated in HICs, China, India and Cuba; allocation – the international [COVAX scheme](#) was inadequately supported by rich countries and vaccine producers, and faced several internal obstacles; affordability – the cost of vaccines varied significantly more or less inversely to countries' income; and deployment – the capacity of health systems to deliver vaccinations was highly variable. Nicaragua illustrates the inequities: the US refused to supply the country with vaccines for political reasons, but delivered surplus vaccines to other countries in the region, meaning that Nicaragua had to rely on COVAX, leading to a six-month delay compared with its neighbours. But Nicaragua's excellent community-based health system allowed it to both counter misinformation and vaccine hesitancy, and quickly vaccinate the population once vaccines were available.

Inequities in vaccine distribution within countries are less well documented, with the US being the major source of information in a 2022 review (Bayati *et al.* 2022).

Continued:

Different groups were privileged or excluded in different countries: older people and carers were sometimes privileged; there could be gender and urban-rural inequalities. Such micro-level factors were present in many of the countries included in the review; macro-level factors included the presence of vulnerable groups, state of the health system and vaccination infrastructure, higher GDP and human development, and prevailing political opinion.

Combatting global inequities would require: empowering countries to vaccinate the most at-risk groups as a priority, while ensuring that the vaccine programme did not harm existing vaccination programmes against endemic diseases; increasing bilateral donations and donations to COVAX of vaccines that were well within date; intensifying support to low- and lower-middle-income countries' vaccination programmes; and the global decentralisation of vaccine production, with initiatives already underway in South Africa, Kenya and elsewhere.

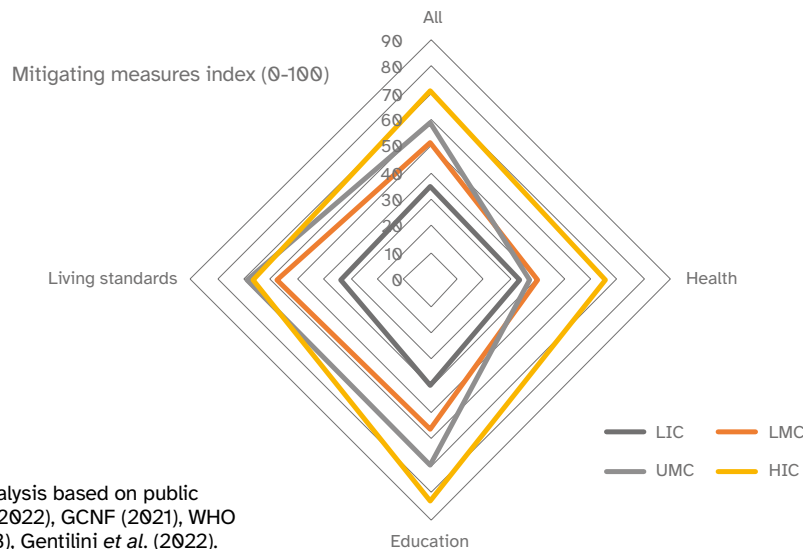
Source: Yamey *et al.* (2022)

Figure 2.1.2 shows the extent of investment in mitigating measures across country income groups compared to the stringency of restrictions imposed. What is remarkable on the mitigation side is that education scores for all countries other than HICs are similarly low, reflecting the enormous challenges all but the richest countries have faced developing teaching and learning systems that do not rely on face-to-face interaction in crowded classrooms. The logistical obstacles to e-learning in LMICs and for people in the

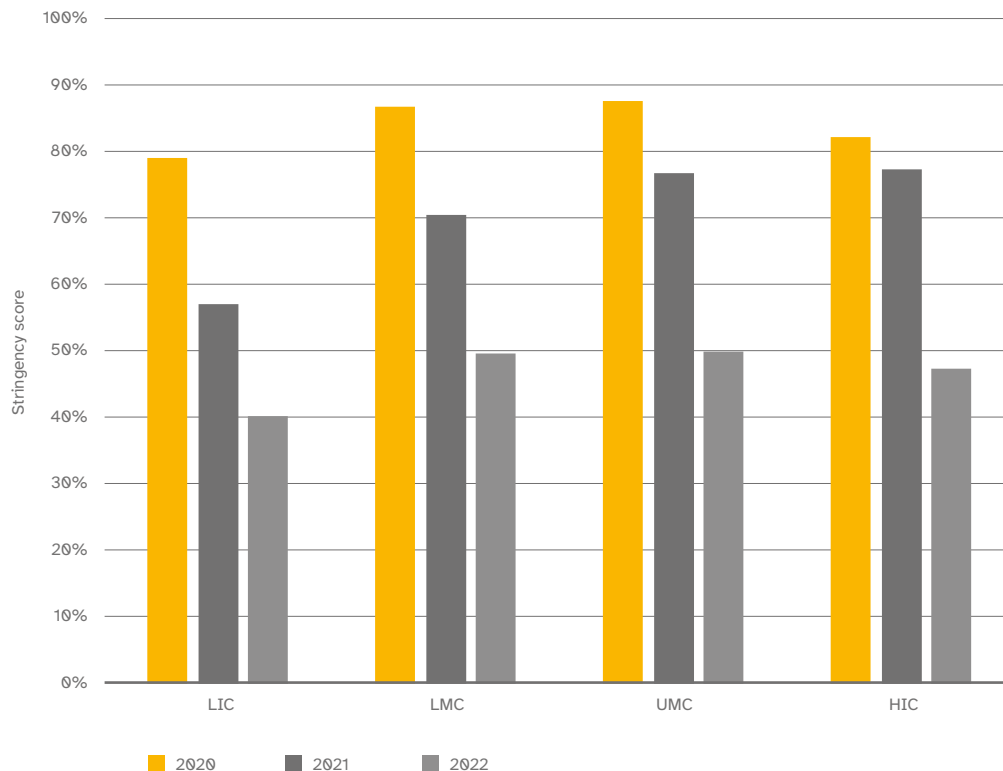
bottom half of the income distribution are massive – in terms of limited electricity, internet and phone access, in particular. The majority of the world's children were not only failed massively in this respect, but many of them subsequently dropped out of education (see Chapter 6).

The range of living standards mitigating measures put in place by MICs were closer to those of HICs, while the LICs fell way behind the MICs.

Figure 2.1.2: Mitigation and stringency scores by country income group



Source: Authors' analysis based on public datasets UNESCO (2022), GCNF (2021), WHO (2022), OWID (2023), Gentilini *et al.* (2022).



Note: LIC = lower-income country; LMIC = lower-middle-income country; UMIC = upper-middle-income country; HIC = high-income country.

Source: Authors' own visualisation based on [OxCGRT \(2022\)](#).

Among LICs, health mitigation measures – identified through vaccinations per 100 people by 2022 and share of health expenditure (as a % of GDP) in 2020 – remain particularly low. This is a major issue for pandemic preparedness (as well as health in general): major efforts to raise health spending are needed. We know that ill health is normally the most common cause of impoverishment and, combined with other shocks, can tip people into years of poverty or greater poverty. Nicaragua is a rare example of a country that invested massively in its hospitals and community health system during the decade prior to the pandemic. This meant that its leaders felt they had more options in pandemic management than those of most other countries (see below).

Pre-crisis investment in health will therefore contribute to building absorptive as well as adaptive resilience and, if significant enough, could be transformative. A major example is

Rwanda's health insurance scheme, which reaches 80 per cent of the population, subsidises enrolment of the poor, and provides a high standard of care due to higher-than-usual government investment in health services for a country at its income level.

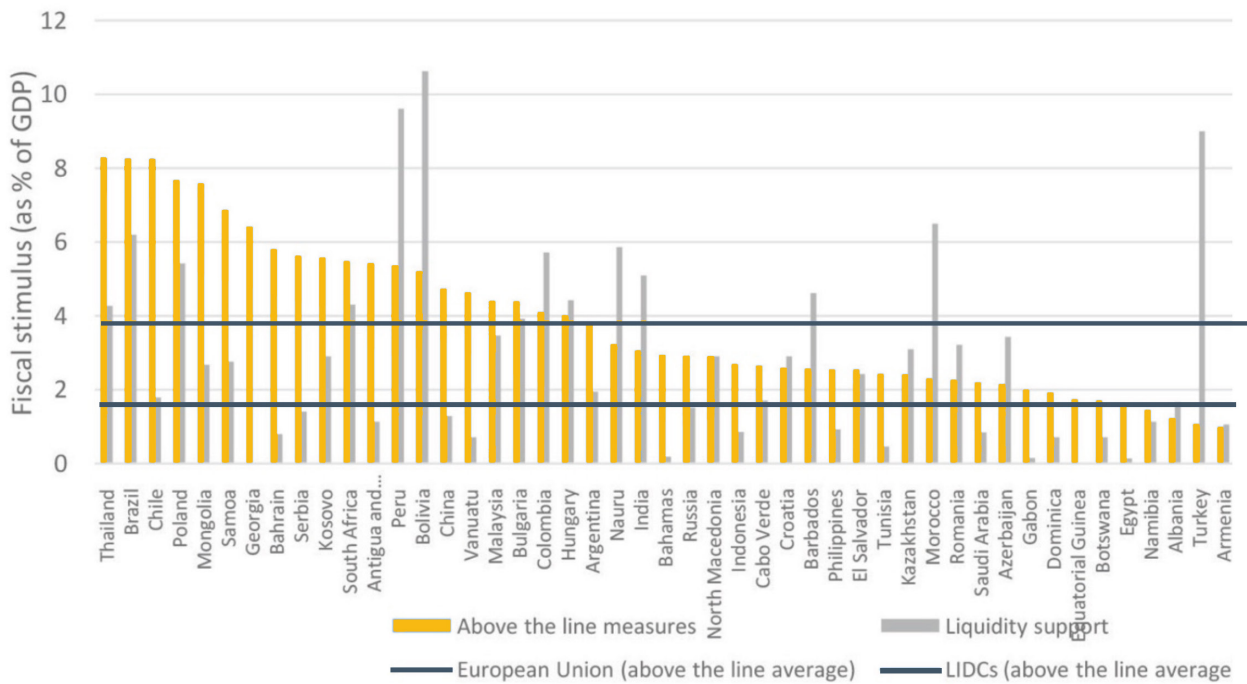
The scale of public finance devoted to the pandemic is clearly an underlying factor in pandemic response performance: in 2020 LICs spent on average 1.6 per cent of GDP, MICs spent 3.6 per cent and HICs spent 12.7 per cent. The low levels in LICs correspond to the underfinancing of progress towards the Sustainable Development Goals, which has been commonly observed (Manuel, Samman and Evans 2019). The financing gap, in the pandemic as with development financing, needs to be made up by aid. However, the assumed global nature of the pandemic (which was in fact highly differentiated among countries), and the retreat to the inward-looking and protectionist politics

and economics of the previous few years, has meant that rich countries preferred to allocate resources first and foremost to their own health services, businesses and populations. Although the absolute amount of aid increased in 2020 and 2021 as a result of spending on vaccines and other Covid 19 related expenses, adequate additional aid was far from forthcoming.

Among MICs there was huge variation (Figure 2.1.3). Clearly, macroeconomic management mattered – this is all

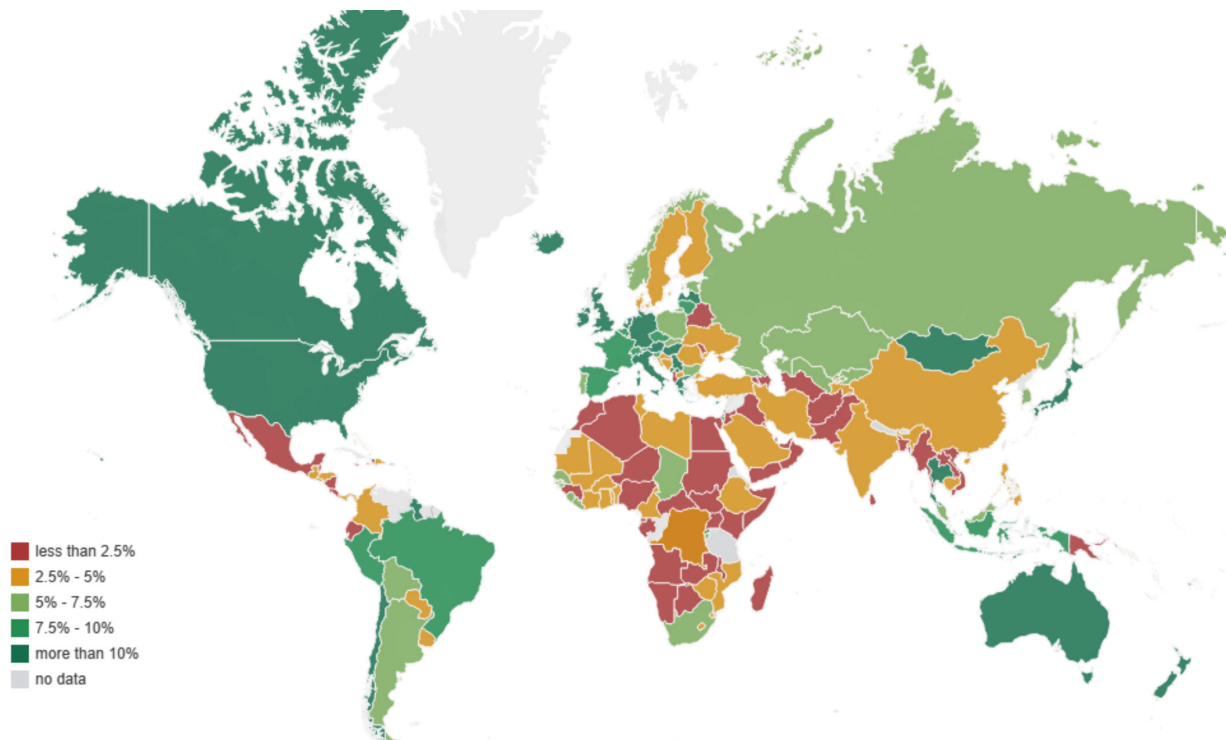
about managing crises, in any case. Countries with fiscal space or borrowing capacity could spend a lot more than others. Chapter 5 illustrates this with a comparison between Cambodia, where there was fiscal space for significant mitigating measures, and South Africa, where borrowing was the solution, though with consequences for the country’s creditworthiness. Fiscal space interacted with political choices about how much countries could afford and capacities in terms of what they could actually deliver.

Figure 2.1.3: MICs’ fiscal stimulus (2020)



Source: The Impact of the COVID-19 Crisis on Middle-income Countries. 2021. © Sage, reproduced with permission via Copyright Marketplace.

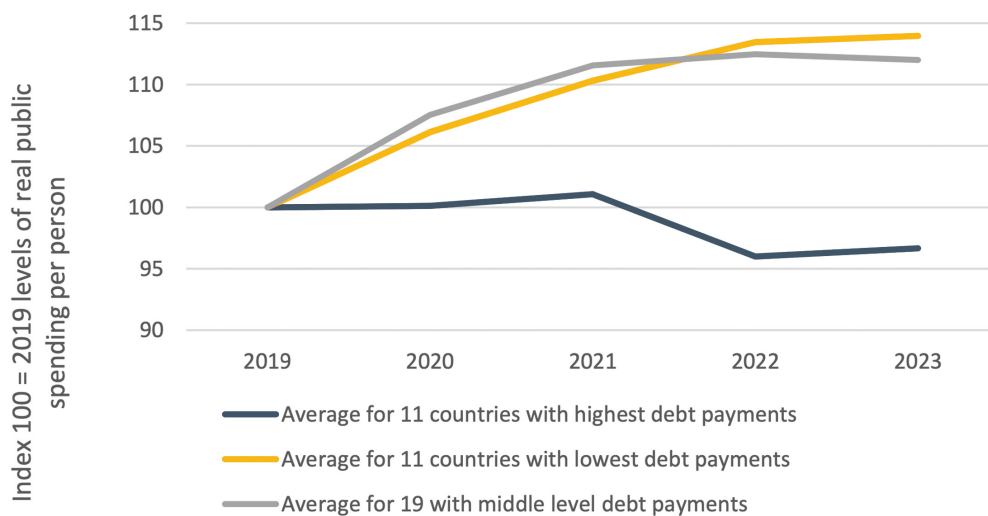
Figure 2.1.4: Additional spending and forgone revenue in response to the Covid 19 pandemic (% of 2020 GDP)



Source: [Fiscal Monitor Database of Country Fiscal Measures in Response to the COVID-19 Pandemic \(October 2021\)](#). 2021. © International Monetary Fund, reprinted with permission.

Fiscal space was related to debt payments, which soared during the pandemic, as illustrated in Figure 2.1.5.

Figure 2.1.5: Index of change in real public spending per person (2019-23)



Note: grouped by the 11 countries with the highest debt payments, 11 countries with lowest debt payments, and 19 countries with middle levels of debt payments.
 Source: [The growing debt crisis in lower income countries and cuts in public spending](#). Debt Justice. Used with permission.

Having the public budget available is one thing; being prepared for a pandemic is another. While this report will not go into detail about the health aspects of preparedness, a summary of the issues that need to be addressed to achieve equitable preparedness is given below. WHO is in the process of developing an international treaty on pandemic preparedness (WHO 2023).

The relative scarcity or low volume of mitigating measures in the global South compared unfavourably with the richer countries of the global North, which provided furlough schemes for citizens who were unable to work, as well as a range of business survival grants from public expenditure, incurring huge public debts in the

process. In the global South, business grants or credit repayment holidays were also quite frequently provided to formal businesses, but these were often on a significantly lesser scale, focused on fewer industries, locations and target groups, and did not reach the micro-businesses that predominate in low- and lower middle income countries.

The only LIC to have broad government debt relief for households was Togo (Table 2.1.1). It was also one of the few LICs to develop a cash-based transfer scheme focused on the informal sector (Debenedetti 2021a; see also Chapter 4). Togo is a dominant-party state (like Cambodia and Rwanda), with a commitment to equity, which includes extending taxation to the rural informal economy, despite its tax

Table 2.1.1: Countries with broad household debt relief in 2020 and 2022, by country income group

High income	Upper middle income	Lower middle income	Low income
Greece	Russian Federation	Papua New Guinea	Togo
Japan	Bulgaria	Kyrgyzstan	
Hong Kong, China (SAR)	China	Sri Lanka	
Croatia	Thailand	Pakistan	
Austria	Guatemala	Mongolia	
Slovakia	Ecuador	Egypt	
Slovenia	Malaysia	Nepal	
Czech Republic		Myanmar	
Spain		Honduras	
Hungary		Lao, People’s Dem. Rep.	
Ireland		Bangladesh	
Singapore			

Note: Broad relief includes: freezing financial obligations for households (e.g. stopping loan repayments, preventing services such as water from stopping or banning evictions); ‘broad’ refers to relief that goes beyond one kind of contract (e.g. stopping loan repayments **and** banning evictions). Source: Blavatnik School of Government (2023)

inefficiency, to persuade big enterprises that they are not the only taxpayers, and to stay in the system (Beach 2018).

Almost as many LMICs as HICs achieved some debt relief, however. In Bangladesh, for example, in addition to debt relief (loan repayment postponement) through banks, NGOs that provide microfinance became strongly involved in relief in parallel with savings and loans, which meant that some clients were able to maintain their businesses (Murshid and Murshid 2022).

Wage subsidies in the formal sector were a lot more varied. A few lower middle income countries (Angola, Egypt, Moldova, Uzbekistan) opted for them in 2020, but had discontinued them by 2022; nine introduced new wage subsidies after 2020 (Benin, Honduras, Lao, People's Dem. Repub., Morocco, Nigeria, Palestine, Tunisia, Ukraine, Vietnam). Only Bangladesh, Cambodia, Lesotho, Mongolia and the Philippines among the lower-middle-income countries introduced wage subsidies that were present in both 2020 and 2022. Among LICs, only Burundi (2022) and Haiti (2020 and 2022) adopted wage subsidies.

In contrast, social protection measures and cash-based transfers, in particular, were prevalent across the majority of countries. These were either extensions of existing schemes (additional money given to existing beneficiaries, coverage of new beneficiaries or both) or new schemes entirely. At both international and national levels in most countries this was the main public policy response to the negative effects of lockdowns and restrictions.

However, social protection provision varied a lot on the ground; many people in need were left out, and payments were often inadequate and one off. Ugo Gentilini's⁴ tracker at the World Bank counted more than 800 new schemes, mostly in middle rather than low-income countries, and over 40 extensions to existing schemes. This is analysed in Chapter 4.

2.2 The trade-off

The trade-off between public health-based restrictions and livelihoods in developing countries, where many people live under or close to the poverty line, was recognised early in the pandemic; for example, in May 2020 with Khan (2020) emphasising a data-/evidence-driven approach and pushing decisions about lockdowns vs opening up down to local level. This 'minority' recognition was not generally translated into effective mitigating measures, perhaps because in many countries the 'right people' were not 'in the room' when policy decisions were made, especially initially. Economic and social decision makers needed to be in the room alongside public health and other medical professions. As the pandemic continued, decision-making processes evolved, more data became available and decentralisation of decision-making on the trade-off did happen in some countries.

Given the very significant impoverishment and reversal of socioeconomic progress in the global South, a major lesson from Covid-19 for future pandemics is the need to balance public health-based measures with livelihood enhancement measures, especially where pandemic management relies on the cruder tool of restrictions rather than precision containment measures. It is not clear why a better balance was not achieved from the outset of the Covid-19 pandemic: a 2019 WHO report on non-pharmaceutical interventions (WHO 2019) aspired to this; lockdowns were barely mentioned, while restrictions were discussed and at times recommended as potentially effective, though the evidence in support of such recommendations was generally low or very low. Green and Fazi (2023) argue that the pandemic was generally managed in this way because it suited the interests of richer countries, with China leading the way, far ahead of the pack

in the stringency of its response, until it collapsed in late 2022.

There were also national factors at play – the decisions made reflected who was empowered to make them. For example, in Zambia, ‘

When covid started, it was challenge because we have 8 neighbouring countries and the number of borders is significant some of the borders don't have official presentation to ensure that the movement of people and goods is controlled... In Zambia we noticed that at the beginning, there was a disjoin in the implementation of policies, first of all, the Ministry of Health was the main institution that quickly saved this issues about the disease and its spread, before other institutions could come in we could see that the interest of the MoH's decision was infringing on the decisions of the other ministries; for example, the interest of the Ministry of Finance was to collect revenue but when the Ministry of Health closed the border, it affected the Ministry of Finance until when the office of the Vice President was tasked to take upon the task, with more authority started to convene meetings to harmonise the decisions of the Ministry and seeing that the office of the Vice President is charged with disaster management and mitigation, that is how the office of the Vice President coordinated the Ministries. (KII in government, Zambia)

Containment measures – contact tracing, testing and quarantining people who tested positive – interrupt economic and social activities less than restrictions. But countries that tried containment, such as South Korea and other East Asian and Pacific countries, after initial success usually found they had to introduce further restrictions at some point as containment failed to suppress the virus, especially with the arrival of the highly transmissible Omicron variant in 2021.

Restrictions were variably imposed and implemented, and strategies varied significantly over time. There were two broad approaches: (1) the ‘zero-Covid’ approach, which aimed to eliminate Covid-19, was largely followed in East Asia and the Pacific, combining strict lockdowns, movement restrictions and closures imposed at progressively lower levels of infection (exemplified by China), with testing, contact tracing and isolation (exemplified by South Korea); and (2) a more common approach that aimed to reduce the incidence of Covid-19 by imposing restrictions and other measures as infection rates increased, and removing them as they decreased (Hale *et al.* 2022) – this could be called ‘adaptive stringency’. To this we might add (3) a more laissez-faire strategy, focused on health sector preparedness, as was pursued in Sweden, and Nicaragua and Tanzania (see below).

Africa had a highly co-ordinated response to the pandemic, guided by the Africa Centres for Disease Control and Prevention, which was formed in 2017. African countries were only too aware of the ravages of epidemics from recent experiences of Ebola and HIV. However, the youthful age profile of African countries in contrast to the older age of vulnerability to Covid-19 meant that relying on previous experience of epidemics to show the way was misguided. Few adjustments were made to WHO or all-African strategies once they had been set in motion.

There were dynamic patterns in decisions to restrict freedoms. International travel restrictions were the first to be imposed; then schools were closed and public events cancelled; then internal movement was restricted; workplaces closed; and, lastly, public transport was shut down. Greater stringency was correlated with having fewer hospital beds and thus the risk of health services being overwhelmed. Developing countries were more stringent

than developed ones (Gustafsson 2020). Again, this was potentially a mistake, as the risks from the virus were so unequally distributed between countries, given their different age structures and climate profiles.

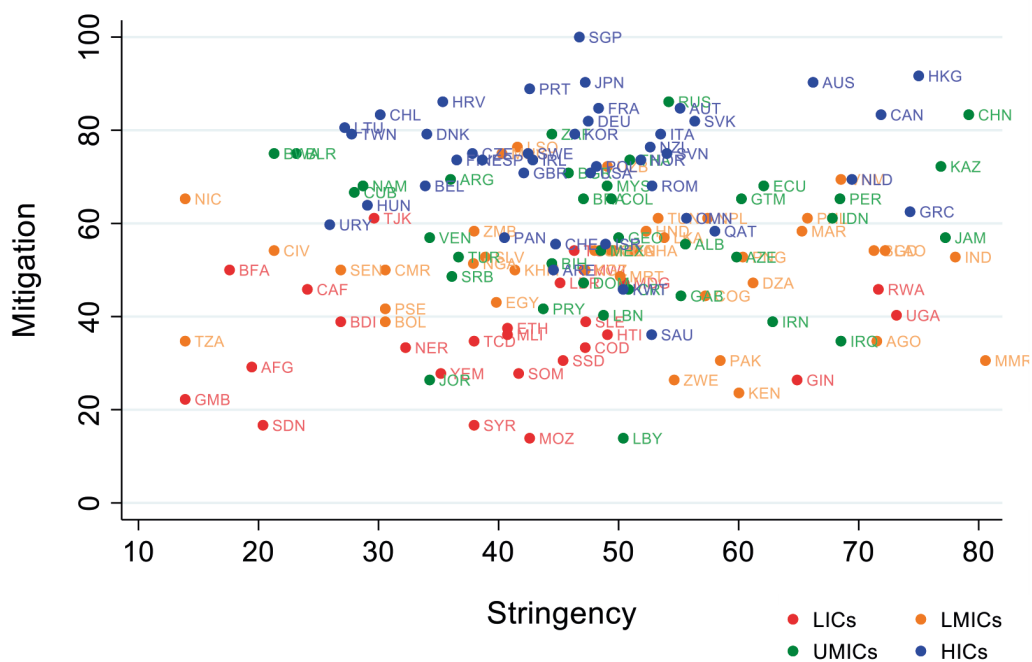
Decision makers in 2020/21 became progressively more sensitive to rates of infection as the pandemic wore on, introducing restrictions earlier in subsequent waves (Hale *et al.* 2022). This sensitivity later reduced as the apparently less acute and much more transmissible Omicron variant dominated in 2021/22.

How did countries score on the Stringency Index against the CPAN Mitigating Measures Index (Figure 2.2.6)? We find no correlation between country income groups' performance in terms of mitigation compared with the Stringency Index reflecting the wide heterogeneity of implementation of both restrictive and mitigating strategies. We observe a spread of stringency scores across country income groups, though LICs typically on average have comparatively

lower stringency measures, with a few exceptions (e.g. Rwanda and Uganda), and lower levels of mitigation (again, with some exceptions). Instead, the widest range in mitigation scores is observed among upper-MICs, with a strong spread of measures available in Russia but almost non-existent in many conflict-affected upper-MICs, including Iran, Iraq, Lebanon and Libya.

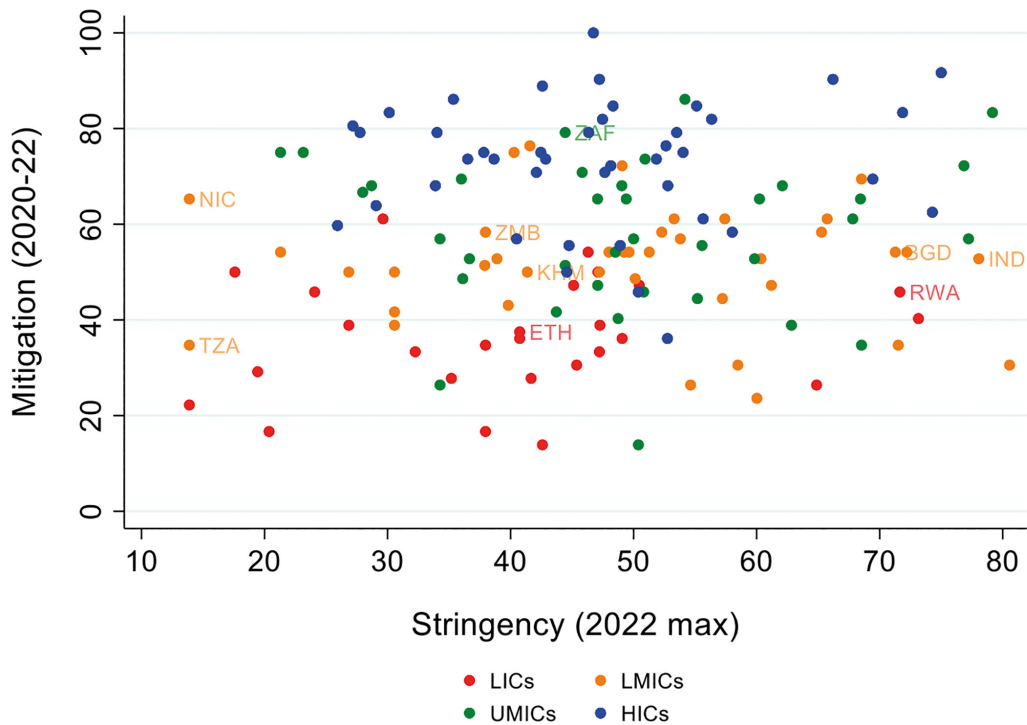
Regionally, many East and Southeast Asian countries (e.g. Australia (AUS), China (CHN), Hong Kong (HKG), Indonesia (IDN), Vietnam (VNM)) had higher stringency scores but these were also often accompanied by stronger mitigating measures. However, there were a few countries in this group that had relatively lower stringency scores and mitigating measures (e.g. especially Afghanistan (AFG); and Cambodia (KHM), moderately). In Africa, there were a few countries with many mitigating measures and comparatively low stringency, such as Botswana (BWA), Lesotho (LSO), Namibia (NAM) and South Africa (ZAF).

Figure 2.2.6: Mitigation vs stringency scores



Notes: for visualisation purposes, stringency index scores refer to their largest value attributed to each country in 2022; LMICs = lower-middle-income countries; UMICs = upper-middle-income countries; country codes are defined in Table A3.1. Source: Authors' analysis based on public datasets UNESCO (2022), GCNF (2021), WHO (2022), OWID (2023), Gentilini *et al.* (2022), OxCGRT (2022).

Figure 2.2.7: Case study countries



Note: LMICs = lower-middle-income countries; UMICs = upper-middle-income countries
 Source: Authors' analysis based on public datasets UNESCO (2022), GCNF (2021), WHO (2022), OWID (2023), Gentilini et al. (2022), OxCGRT (2022).

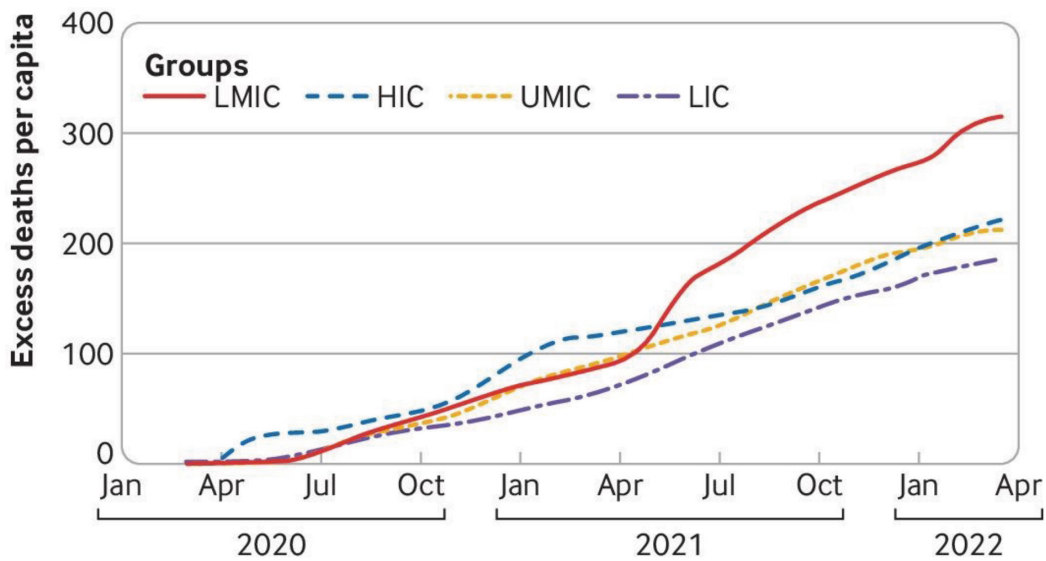
South Africa (ZAF) stands out as high on mitigation and medium on stringency. It had high levels of school feeding, a high government health expenditures, cash-based transfers and wage subsidies, and some form of debt relief at the onset of the pandemic and continuing into 2022. Nevertheless, despite the medium level of stringency, it had a high death rate. Nicaragua is another country featured in our detailed analysis below, which had a range of mitigating measures and low stringency scores, reflecting its high health expenditures, stellar vaccination performance and avoidance of school closures.

2.3 Restrictions, mitigation and 'excess' mortality

Excess mortality is the best available measure of mortality during the pandemic, as the methods used for reported deaths varied so much from country to country. Figure 2.3.1 shows that deaths were highest in lower-MICs and lowest in LICs

There was wide variation not only in estimates of excess mortality, but also in terms of data points available from different sources (the Institute for Health Metrics and Evaluation, WHO and The Economist via Our World in Data n.d.a). The graphs below have used the maximum value for each estimate of excess mortality, with the rationale that it is better to overestimate than underestimate excess deaths given the gravity of the issue.

Figure 2.3.1: Excess deaths in country income categories



Note: LMIC = lower-middle-income country; UMIC = upper-middle-income country
 Source: [Booster coverage of population by country, income and population size, 2023 Pandem-ic](#).
 Used under CC-BY-4.0 licence.

There was wide variation not only in estimates of excess mortality, but also in terms of data points available from different sources (the Institute for Health Metrics and Evaluation, WHO and The Economist via Our World in Data n.d.a). The graphs below have used the maximum value for each estimate of excess mortality, with the rationale that it is better to overestimate than underestimate excess deaths given the gravity of the issue.

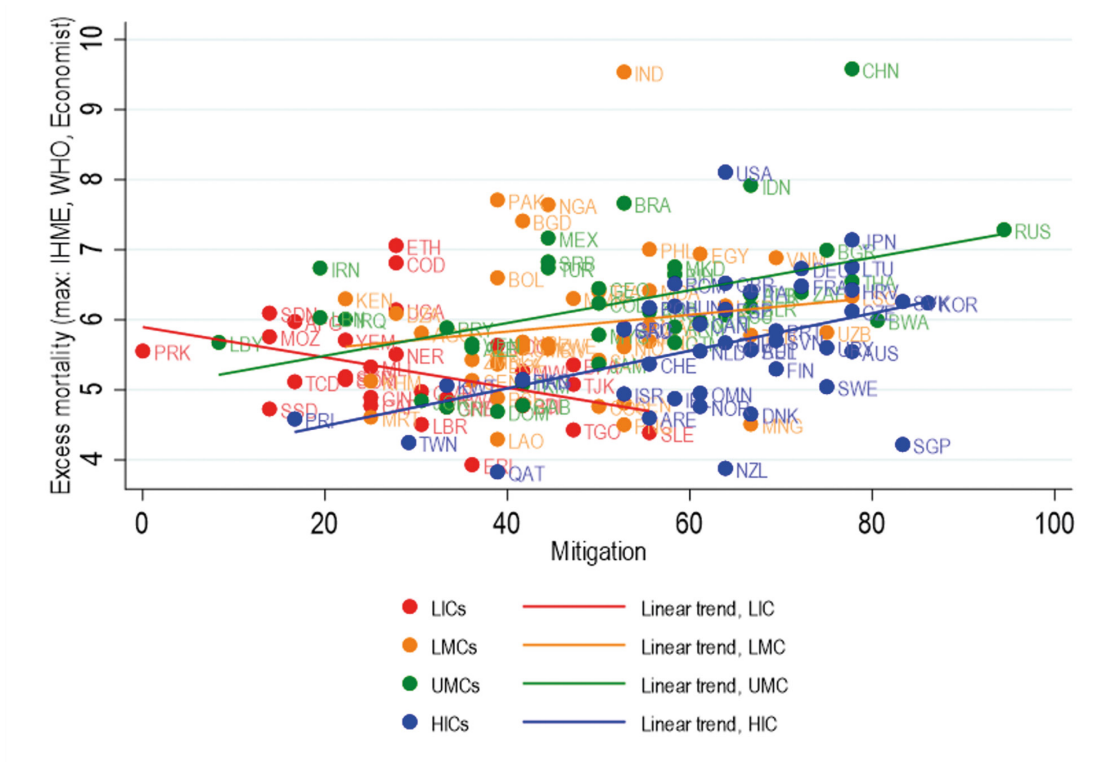
There is a moderate negative correlation between the prevalence of mitigating measures and excess death rates per 100,000 population in LICs (i.e. more mitigating measures typically correlate with lower excess death rates). This suggests that in many LICs, excess deaths were to do with factors other than Covid-19; for example, poverty, food insecurity, and lack of access to health services for other health problems that resulted from the restrictions. Where governments made investments to mitigate the consequences of the restrictions, excess mortality was lower.

This relationship is reversed among upper-MICs and HICs, though. This suggests strong mitigating measures were introduced and implemented in those countries where the effects of Covid-19 were felt strongly in terms of deaths and hospitalisations.⁵

There is no obvious correlation between excess deaths and stringency scores in 2022 (or for other years). This raises a question over the effectiveness of the restrictions in preventing deaths from Covid-19, or during the time of the pandemic, as excess mortality may be caused by other things than Covid-19 infections, not least other diseases and medical problems that remain untreated.

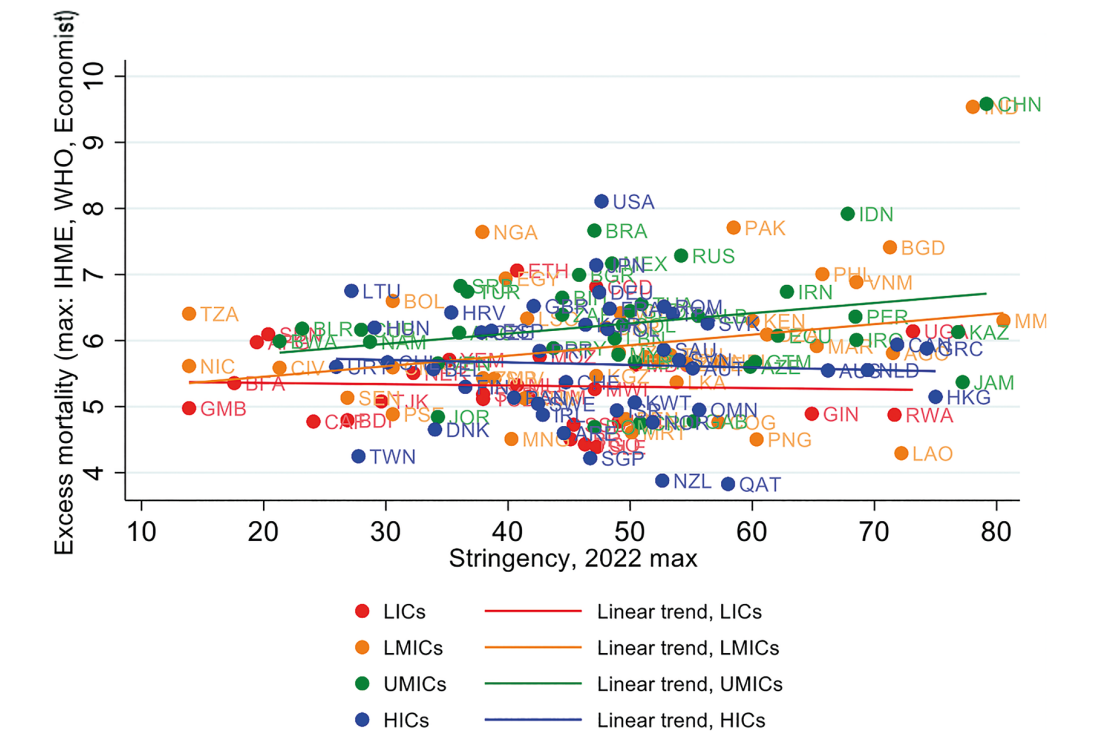
In Chapter 3, we will assess in greater detail the strategies several countries pursued to balance public policy responses in favour of 'saving livelihoods as well as lives', but also reducing the intergenerational costs of a pandemic.

Figure 2.3.2: Excess mortality⁶ and mitigating measures



Note: LMCs = lower-middle-income countries; UMCs = upper-middle-income countries
 Source: Authors' analysis based on public datasets UNESCO (2022), GCNF (2021), WHO (2022), OWID (2023), Gentilini et al. (2022), IHME (2022), The Economist (2022).

Figure 2.3.3: Excess mortality and stringency measures



Note: LMICs = lower-middle-income countries; UMCs = upper-middle-income countries
 Source: Authors' analysis based on public datasets OxCGRT (2022), IHME (2022), WHO (2022), The Economist (2022).

2.4 Conclusion

The overall message of this chapter is the need to balance restrictions and mitigating measures so that livelihoods and resilience are not sacrificed: in poor countries, chronic poverty, ill health and mortality are closely connected. How much to sacrifice livelihoods and resilience is of course a matter of judgement for decision makers, and is a political decision. We should remember that at the beginning of the pandemic little was known about the virus – how transmissible it would be in different settings, how quickly the pandemic would be over. Nevertheless, and with some hindsight, a major lesson in the global South is the need to be much more cautious about sacrificing livelihoods in the name of saving lives in the short term, as loss of livelihoods can also lead to loss of lives, physical health and mental health, and can have many other negative consequences in both the short and longer terms. The warning signs were there soon after the beginning of the pandemic, however, for anyone who chose to see them.

When a multidimensional crisis such as a pandemic occurs, the objectives of saving lives and livelihoods, and boosting resilience, need equally strong treatment: the right economic and social decision makers need to be in the room for that to be achieved. In addition to health experts, economic, social and disaster-management experts and representatives are also needed. Crisis management leadership needs to be dispersed among these relevant stakeholders at various levels of government.

While life as usual may not be possible, and economic and social progress may have to be paused, it is important to hold people, institutions and economies as steady as possible, so that they can quickly bounce back as the crisis passes.

This becomes more challenging as crises overlap and come in rapid sequence. Instead of this, panicked decisions about lockdowns and closures quickly impoverished many people in many countries before functioning mitigations of any sort were in place. In some situations in the global South, not many lives were saved initially.

No crisis is the same as the previous one. The pandemic was not the same as the previous global crisis – the financial crisis of 2007/08. Responses, however, tend to carry over from one crisis to the next: the Keynesian fiscal response to the financial crisis was also widely used in the pandemic. It was relevant, but also may have crowded out more adaptive approaches to a very different type of crisis. At national level, responses were also carried over from previous epidemics, such as SARS and Ebola. In the case of the 2014–16 Ebola outbreak in West Africa, some lessons learnt were not carried over into the Covid-19 pandemic: for example, that lockdowns were ineffective due to Africa's informal economic structures and that social scientists were important in developing appropriate responses. Elsewhere, countries may have been familiar with coping with other types of disasters, such as flooding, but their characteristics were very different to those of Covid-19. To support resilience, each crisis needs to be treated as distinct from previous ones until proven otherwise. This means having a significant 'learning' effort alongside any initial measures.

The response to a global crisis is bound to have a global aspect, but policy responses also need to be differentiated by context; for example, because a single approach to resolving the 'lives versus livelihoods' dilemma is not applicable at all levels of income. During the pandemic, poor countries needed to be free to adapt and innovate. There were limits on this, often imposed by national governments

that were erring on the side of caution. Although they were sometimes relaxed as the pandemic wore on, restrictions wore people down.

There is a need to ‘decolonise’ the global response: for example, by avoiding assumptions about impacts being uniform. In the response to the pandemic, early briefings⁷ assumed that the effects in Africa would be devastating before much was known either about the nature of the virus or the capacity of African countries to respond rapidly and effectively with public health measures, which many did. The pandemic has provided a significant opportunity to reshape power dynamics in the provision of aid and management of an emergency. In practice, actors from the global North were heavily constrained in their ability to control processes and new, hopefully more balanced relationships, have begun to develop. To judge by the emerging

assessment of this issue, there is still a long way to go in creating more equitable systems for deciding on resource allocation as well as programme content.

Given the need to tailor responses to context, evidence and data are critical. Data was scarce on the issues people in the bottom half of the distribution, in particular, faced. To some extent, this situation remained unresolved throughout the pandemic as surveys relied on mobile phone users – the poorest people in many countries do not possess mobile phones, and network coverage is very uneven, so many of the poorest and most disadvantaged people and regions were missed out of surveys. National disaster management agencies are used to collecting data under adverse circumstances; but, alongside national statistical offices, they need better preparation and capacity building for future pandemics.



A comparative lens: country case studies of mitigation measures during Covid-19

3

Key messages



The strength of mitigating measures depended on (1) fiscal space and/or prior macroeconomic management; and (2) political economy or 'political settlements'. These can and did evolve in a crisis.



Decision makers need to be well informed about how people in and near poverty live and survive, so they can make better decisions. Few governments appreciated the pressing need for very substantial mitigating measures – Cambodia and South Africa are two exceptions among our focus countries. In Cambodia this was a whole-of-government approach; in South Africa, insiders in government supported a coalition of civil-society and government interests in lobbying around the social welfare system.



Crises are different – context is important. Any global crisis needs context-specific national and subnational policy responses rather than a one-size-fits-all approach. Top-down guidance and legislation in effect drowned out a potentially context-rich and divergent set of responses that could have emerged in poorer countries where socioeconomic policy and virus dynamics are significantly different, and where capacities to mitigate the effects of extreme public health restrictions were very limited – but which nevertheless emerged in some of them, as this report documents.



Decentralised decision-making has significant potential for well-adapted resource allocation and pandemic management (e.g. for the safe reopening of economic activities or schools), though is dependent on local capacities. Community redistribution can also be a powerful tool, and capable of filling policy gaps, especially when supported by local governments.



The rapid expansion of existing programmes, and design of new programmes, often overlooked the needs of vulnerable groups. Many countries lack comprehensive and up-to-date registers of eligible social assistance beneficiaries and there is a dearth of information on groups structurally excluded from existing social protection schemes – there were some positive examples of effective targeting of harder-to-reach and vulnerable groups from which lessons can be drawn.

3.1 Range of interventions, variations in responses and consequences for poor and vulnerable people

The range of possible interventions is captured in the Oxford Covid-19 Government Response Tracker (Blavatnik School of Government 2023). Interventions include containment measures and restrictions – closures of schools, borders, markets and workplaces, regulation of public events, and social distancing regulations or advice to follow in public places; health measures – vaccination, hygiene measures such as handwashing and mask wearing; and economic measures – fiscal stimuli, furloughs and wage subsidies, additional social protection, waiving or postponing interest payments, tax rebates or postponements, and special credit facilities for companies. Additional measures that are especially relevant for people in and near poverty might include: agricultural support and exemptions from restrictions; agricultural and other value chain interventions to avoid supply chain disruptions; measures to keep informal sector businesses going (such as market relocation), as opposed to closing; health service support measures to enable non-Covid-19 services wherever possible; and a range of educational support measures beyond digital and remote education that are reliant on technologies to which people in poverty barely have access.

3.1.1 Low stringency, low mitigating measures: Tanzania

Tanzania was an outlier: it abandoned its lockdown after two months but without a Nicaragua-style alternative strategy (see below) in place (ITUC 2020):

On May 18, 2020, the authorities lifted the suspension of international flights into and out of Tanzania. Effective June 1, 2020, the authorities allowed the opening of upper-secondary and tertiary schools and the resumption of sport activities and events. On June 29, 2020 all other educational institutions reopened. As a result, all the restrictions due to Covid-19 have been lifted by July 2020 (IMF 2022).

Cumulative deaths were estimated to be not much different from many other countries in Africa (Imperial College 2022), including Kenya or Rwanda, which had much stricter and longer restrictions. This, of course, raises questions about the utility of the restrictions in the context of sub-Saharan Africa, with its youthful populations and outdoor economies. Uniquely among comparator countries, Tanzania's economy grew during the pandemic, despite the severe decline in its very important tourism revenues, and disruptions to its supply chains and markets. The government's business-as-usual approach focused on macroeconomic management, and growth remained relatively buoyant during the pandemic (Mashindano and Kazi n.d.). There were few, if any, mitigating measures.

CPAN's Poverty Monitoring Bulletins on Tanzania (e.g. CPAN 2022) revealed a less acute picture than all other countries where monitoring took place. There were certainly cases of Covid 19, including some deaths reported by participants, and disruptions to normal health services. What was also noticeable was (1) the significant disruption to agriculture caused by the absence of buyers from neighbouring countries, which depressed markets. Tanzania is an agricultural country, which relies heavily on its exports. Even by March 2022, many foreign traders who used to buy crops in Tanzania had still not returned. And (2) the disruption to the livelihoods of petty traders and

other urban informal sector operators, which was amplified in 2021 by measures to clear them from the streets into designated market areas.

3.1.2 Low stringency, medium mitigating measures: Nicaragua

Nicaragua provides a very atypical response. Its left-wing, Sandinista government decided that it could not impose the kinds of restrictions that its neighbours were implementing, because most of the population were poor and depended on livelihoods that would be disrupted by lockdowns, movement restrictions and closures. It had also built, staffed and equipped 20 new regional hospitals during the previous decade, which provided confidence that the pandemic could be managed. Lockdowns and closures were not imposed, schools stayed open and families were given the choice over whether to send their children to school or not. A result of this strategy was that the economy rebounded quickly, and we can infer that the levels of downward mobility and impoverishment seen elsewhere did not occur in Nicaragua.

Nicaragua also had an excellent community-based health outreach programme, which delivered information about the pandemic to the population, such that the high levels of misinformation about Covid-19 prevalent elsewhere were countered and people knew how to protect themselves. The same system was capable of delivering high rates of vaccination, once vaccines were available. However, the US refused to send Nicaragua vaccines when these were provided to its neighbours; it had to wait for a supply from WHO's COVAX scheme and other sources. Nicaragua's vaccination programme started six months later than in neighbouring countries, but when the programme eventually started, the community-based health system ensured that it quickly exceeded the vaccination rates of its neighbours.

In contrast, neighbouring Honduras and other countries in the region that imposed lockdowns and closures suffered much higher excess death rates than Nicaragua, despite having earlier access to vaccines. Nicaragua's excess deaths were low according to at least two sources on excess mortality during the pandemic, and in comparison with neighbouring countries such as Honduras (Table 3.1.2.1).

Table 3.1.2.1: Different measures of mortality during the Covid-19 pandemic in Latin America, showing the relative positions of Honduras and Nicaragua

WHO (May 2022)		Centre for Economic and Social Rights for Amnesty International (April 2022)		Our World in Data/The Economist (July 2022)	
<i>Excess deaths associated with Covid-19 pandemic (2020–21)</i>		<i>Mortality as % of population from start of pandemic to Feb. 2022</i>		<i>Estimated cumulative excess deaths per 100,000 people during Covid-19</i>	
Country	Excess deaths per 100,000 people	Country	Deaths as % of population	Country	Cumulative excess deaths per 100,000 people
Peru	437	Peru	6.0	Peru	557
Bolivia	375	Mexico	5.9	Mexico	480
Mexico	242	Ecuador	4.5	Bolivia	446
Ecuador	228	El Salvador	3.0	Ecuador	383
Guyana	178	Puerto Rico	2.9	El Salvador	322
Colombia	161	Honduras	2.7	Brazil	320
Brazil	160	Bolivia	2.4	Argentina	320
Paraguay	138	Brazil	2.3	Colombia	319
Guatemala	137	Colombia	2.3	Honduras	299
El Salvador	131	Chile	1.5	Suriname	290
Honduras	113	Argentina	1.4	Paraguay	289
Chile	101	Nicaragua	1.2	Guatemala	238
Argentina	99	Costa Rica	1.0	Guyana	227
Costa Rica	94	Uruguay	0.9	Chile	199
Nicaragua	91	Cuba	0.8	Belize	183
Panama	88	Dominican Rep	0.8	Nicaragua	180
Belize	87	Guatemala	0.0	Venezuela	177
Suriname	62			Panama	166
Uruguay	45			Costa Rica	115
Venezuela	39			Uruguay	99

Note: the three lists include different Latin American countries, depending on data availability.
Sources: WHO (2023); Amnesty International (2022); Our World in Data (n.d.)

3.1.3 Medium stringency, low mitigating measures: Ethiopia

Medium stringency, low mitigation was a common pattern where countries generally followed their public health leads and WHO advice (with the exception of border closures, which WHO advised against but many countries implemented, at least initially), introducing some mitigating measures mainly for the formal sector, but also some social protections. Ethiopia might have done more than this had it not been fighting internal and external wars. This even affected what the regions and zones were able to do: *there was somehow support from the regional and zone administration. However, it was much of organizing, awareness creation than any material support.* (KII, Ethiopia).

Ethiopia also developed many plans to mitigate the effects of its restrictions, including regulating prices of consumer goods, providing credit to microfinance institutions, tax relief on importers and producers, and labour market measures such as prohibiting discontinuation of workers' contracts in the private sector, but these were upset by the conflicts that it was engaged in during the pandemic. This reduced the fiscal space for new measures to close to zero, with the exception of the Productive Safety Net Programme (PSNP), which remained in place, though in some cases may have reduced in scale.

The PSNP's fifth phase (PSNP5, 2020–25) included significant pandemic guidelines: (1) restricting movement and social-distancing measures of PSNP beneficiaries in the first year of PSNP5; (2) a waiver on the necessity of public works, to avoid social contact; (3) making payments under the PSNP as a lump sum so that households were able to prepare for food gaps in good time; (4) strengthening behaviour change communication by supporting necessary communications material; (5) setting up

handwashing facilities in places where public works were organised; and (6) regularly adjusting the wage rate of the programme to match price inflation. However, community-level data from 2021/22 indicates that PSNP5 hardly achieved what it had promised to do in response to the pandemic.

This left local areas to do what they could autonomously. In the Ethiopian communities studied for the PMI, local government officials facilitated efforts to redistribute grain and cash to the poorest people in the community. Local officials took the initiative of mobilising local people to contribute as much as they could to help others who were badly in need of assistance. There were also state-supported efforts to build new classrooms to enable schools to provide space for social distancing.

“The kebele [community] organized support for the poor and vulnerable groups of the community. The community members voluntarily contributed food and money that served to help the needy households at woreda [district] level. Accordingly, our kebele had collected about 70 quintals of grain and 3,500 birr and gave it to the wereda pool ”

(KII, health worker, Ethiopia 2021)

When government support was available, local officials organised committees among local people to mobilise support for those who needed it:

An ad hoc committee was formed to collect a few kilograms of crops from the residents of the kebele, which was later distributed to the vulnerable. An awareness creation campaign was held to protect the people from the pandemic. Otherwise, there is no specific policy or programme by [government] agency to make things better for the vulnerable people in the kebele (Development agent, Amhara Region, January 2021).

In some communities, not only safety net beneficiaries were supported, but also others whose livelihoods were affected by the lockdown. These included day labourers and older people:

The kebele has facilitated the contribution of food and money from the community members that was collected at the woreda level. Then the woreda redistributed the money and the food to the most vulnerable groups of the community in each kebeles of the wereda. In our kebele, 150 daily labourers and 50 elders got support for maize and sorghum. The support was given three times. The quota was 15kg per individual in the household (KII, kebele administrator, Ethiopia, January 2021).

So, although the Federal Government was preoccupied with fighting internal and external wars during this period, which took away fiscal space for responding to the pandemic, the systems in place and political settlement of recent decades enabled an extraordinary (possibly unique) local redistribution and humanitarian effort.

3.1.4 Medium stringency, low-medium mitigating measures: Bangladesh

Bangladesh's policy response was a more organised version of Tanzania's, where restrictions were weakened or abandoned early on in favour of continued economic growth, to avoid large economic losses and expenditure on social protection. Feasible health protection measures were retained with the active involvement of local officials in implementing them, taking into account local circumstances.

The Government of Bangladesh's policy measures were rolled out in two phases: during the first wave of Covid-19 between March and May 2020, and in the second wave from April to August 2021. Initially, the focus was on reducing mobility and closing workplaces, schools and markets to contain the spread of the virus; these restrictions were at first strictly enforced. After only three weeks, garment workers protested as they had no money to live on, and the government allowed factories to reopen with precautions in place; most were open again a month or so after the start of lockdown. Other restrictions were progressively removed during the following month. The restrictions were thus short lived.

During the second wave, the same restrictions were imposed for longer. However, this second lockdown was significantly different for several reasons. Citizens largely ignored directives and health safety rules, and local shops remained open. Although intercity buses were not allowed to operate, cars, auto-rickshaws and rickshaws were widely available. Most importantly, the government took deliberate measures to keep the economy running: government offices, garment factories and private firms remained open on a limited scale, while following the health guidelines issued by the government. Schools and universities, however, remained closed during both the first and second wave lockdowns.

Table 3.1.4.1: Growth- and protection-oriented public expenditure during the pandemic

Growth-oriented economic package		
	Package description	Budgetary allocation (billion Taka)
1	Working capital loans to affected industries and the service sector	
2	Working capital loans to cottage, micro-, small and medium enterprises (CMSMEs)	200
3	Expansion of Export Development Fund	127
4	Pre-shipment credit refinancing schemes	50
5	Agriculture refinancing scheme	50
6	Subsidy for commercial banks' suspended interest during April/May 2020	20
7	Credit risk-sharing scheme for CMSMEs	20
8	Refinancing scheme for CMSMEs	15
	Total	882
	As % of GDP	3.16
	As % of total package	79.7
Protection-oriented economic package		
1	Special fund for salary support to export-oriented manufacturing industry workers	50
2	Special honorarium for doctors, nurses and medical workers	1
3	Health insurance and life insurance	7.5
4	Free food distribution	25
5	Sale of rice at 10 taka/kg to affected poor people (special OMS)	7.70
6	Cash-based transfers to targeted poor people	12.58
7	Expansion of allowance programmes for poor people	8.15
8	Additional procurement of paddy	8.60
9	Enhanced subsidy for agriculture	15
10	Refinancing scheme for lower-income professionals, farmers and traders	30
11	Low-interest loans to rural poor farmers, expatriate workers, and trained youth and unemployed youth	32
12	Safety net programmes for export-oriented industries' distressed workers	15
13	Disadvantaged older people, widows and female divorcees in 150 poverty-stricken upazilas (subdistricts)	12
	Total	224.53
	As % of GDP	0.80
	As % of total package	21.3

Note: OMS = Open Market Sales social protection programme
Source: Adapted from BIGD, BRAC University.

The government thus made the choice over time to allow economic activities to take precedence over the restrictions, defying the recommendations of the health committees proposing the restrictions. At the same time, it introduced a number of policy measures with accompanying public expenditure to promote growth, and other measures to protect the livelihoods of vulnerable people (Table 3.1.4.1). These measures were strongly biased towards growth, which absorbed 80 per cent of the allocated funds, 3.8 per cent of GDP, while the protection-oriented funds were equivalent to just 0.8 per cent of GDP.

The policy choice the government made to reopen the economy early avoided an economically costly lockdown, and the need to mount an expensive entitlements programme for a large proportion of the population. It was also under pressure from both industrialists with export orders to fulfil and industrial workers, who wanted to get paid and protested. Prime Minister Sheikh Hasina was also concerned about food supplies, and wanted to ensure that the agricultural sector could function. As a result, exemptions to restrictions were introduced for farmers and farm workers.

This reopening did not extend to schools and universities, however, which remained closed through both lockdown periods in one of the longest closures in the world (82 weeks). This was on the grounds that schools could be sites where the virus could circulate and be taken home, putting parents and grandparents at risk. Nevertheless, there was growing incredulity at the length of the closures.

How can we understand this policy response? It is partly about the role played by strong, organised lobbies in industry, composed of enterprises and industrial workers, and their relative absence from the education sector; and partly about the government's incentive to maintain its political legitimacy.

The Government of Bangladesh takes actions or policy initiatives that will help it to keep its control over power both with respect to protests, which might get out of hand, and with a view to its legitimacy among the electorate in upcoming elections. If a policy response is necessary for political legitimacy and there is a strong lobby for it, the response will be adopted (e.g. growth-oriented measures).

If the response is necessary for political legitimacy but a strong, organised lobby is absent, the government will reluctantly adopt the policy (e.g. limited social safety measures, support for the farmers). If the response is not necessary for political legitimacy and a strong, organised lobby is absent, then the government will maintain the status quo (e.g. school closures). And finally, if there is a strong, organised lobby but the response will not foster political legitimacy (e.g. supporting growth in the trade-off with people's survival), the response will be to support the lobby.

The hypothesis is that the government would not have achieved anything politically by reopening schools and, in fact, had something to lose if it failed to manage the reopening well. This was part of a narrow decision-making process at the top of government, where the main decisions were taken by the prime minister and various senior civil servants. This is in contrast to Cambodia where Prime Minister Samdech Hunsen led decisions, but with representatives from a wide range of ministries – and therefore interests – in the room (see below), who adopted a more balanced approach between health restrictions, growth and protection.

Implementation of these decisions was delegated to local governments, which enjoyed significant discretion in doing so. Whereas the policy guidelines designed at central level mostly talked about different measures that should be taken to enforce lockdown, maintain social distancing or

support economic activities, they did not provide detailed guidelines on how to implement such measures. Local government officials, especially the deputy commissioner (the government official in charge of a district), the upazila nirbahi officer (the government official in charge of a subdistrict) and other officials of different local government agencies were allowed to make day-to-day operational decisions. In other words, as one respondent noted, ‘from the central level, we were told to make sure that people don’t get out of their home unnecessarily, it was up to us to decide how we are going to make that happen’. And at local level there was a more consultative process:

During the worsening period, we optimized our collaboration with other agencies, particularly the government body. The UNO [upazila nirbahi officer] was helpful in our efforts. Whenever we asked for assistance, he responded quickly. For example, during that time, we faced numerous challenges in gaining access to the community to provide services. UNO assisted us in continuing our work in these situations. We had frequent meetings that lasted until late at night. In some cases, the government sought our assistance, and we did our best to provide it. Our lab technicians worked in the government health complex in registration and

guiding the services (KII, BRAC, Bangladesh).

Another interviewee reported that when he was thinking about closing the border of his district to isolate it from the rest of the country, he asked for permission from the top and was told that he could do so if he felt it necessary. The district administration, with support from the subdistrict (upazila) and union administration could take measures to restrict mobility, provide food support to beneficiaries and take various steps to help farmers or to keep industries open.

This approach to managing the pandemic is consistent with the reliance of the current government (in office since 2008) on local-level officials, more so than local level politicians. Local-level politicians had been involved in food distribution at the beginning of the pandemic, but there were allegations of corruption, which deterred the government from involving them subsequently. So, although decisions were taken narrowly at the top, many people across Bangladesh were involved in implementing those decisions in different ways and with different emphases across the country. This opened the possibility of significant variations in approach based on local circumstances (Box 3.A).

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Box 3.A: Local discretion leading to adaptation to local circumstances and coordinated responses

Local administrators often used their discretion to take into consideration the geographical location, socioeconomic factors and local political reality. For instance, in Chapainawabganj, when Covid-19 cases were rising, the district commissioner decided to isolate the district from rest of the country. However, the district’s geographical location made it easier for him to take the decision as Chapainawabganj had only three entry points – to isolate the district, all he needed to do was to impose restrictions on these three points. In contrast, the local administration of Narayanganj never tried to isolate the district even when Covid-19 cases were rising because geographically it is impossible to separate the district from the rest of the country.

Continued:

The district's major economic activities also played a significant role in determining implementation strategies. For instance, in Chapainawabganj, most of the residents are involved in agriculture and a significant proportion of them have mango orchards. As a result, while reopening and facilitating economic activities, the district administration had to focus more on agriculturally based trade and agricultural production. In contrast, Narayanganj is an industrial district; so, in this district efforts were taken to ensure that the factories were fully functioning, while following Covid-19 health guidelines.

Developing a coordinated response

In both Chapainawabganj and Narayanganj, the district administration succeeded in developing a well-coordinated response strategy. In Chapainawabganj, for example, local government officials from 17 departments worked with the district commissioner and upazila nirbahi (sub-district) officer to monitor the implementation status of lockdown. Each local government official was in charge of 2–3 unions (rural local councils) and through the elected representatives of the unions, they collected information about the status of the residents of those unions. The elected representatives used to visit their constituents' homes regularly and if there were any problems (i.e. if anyone refused to follow lockdown procedures, needed to be tested or required food support), they brought it to the attention of the designated government official. The official then took the necessary action to resolve the problem. Coordination meetings were regularly held using online platforms. Similar organisational arrangements were also followed in Narayanganj.

Reopening industries

In Narayanganj, in response to the Government's decision to reopen the economy, the district administration provided quick and necessary support to factory owners. Masks were supplied to workers and handwashing stations were set up. Moreover, local government officials visited these factories regularly to ensure that health guidelines were properly followed. At the same time, the officials also took different initiatives to resolve problems industrial workers faced. For instance, during the second wave, when the government decided to keep factories open, factory workers in Narayanganj were facing difficulties getting to their workplaces as transportation was not available. On learning of this, the local government administration held discussions with the transportation workers and owners. The transportation workers agreed to support the industrial workers, but in return demanded food support. The administration took the necessary measures to support the transportation workers and the problem was eventually resolved.

Source: KIIs, Bangladesh (Nov. 2022–Jan. 2023)

3.1.5 Medium stringency, medium mitigation: Cambodia, Zambia

Cambodia's exceptional mitigation response for its income level went some way to balancing the restrictions introduced. As the pandemic progressed, decentralisation to the provinces and communes meant that local decision-making interpreted national policies in ways that made sense locally. There were several enabling starting points: (1) Cambodia's political settlement (Box 3.B), which connected its political elite with the interests of ordinary people, including people in poverty, where Buddhism possibly helped – this was characterised by strong trust in institutions and the prime minister, which was reinforced during the pandemic; (2) its macroeconomic management – 'No. 1 in ASEAN' – which meant that it had fiscal space to undertake a range of mitigating measures; (3) its tradition of collaborative crisis management, led by the prime minister, with representation from many ministries, a reserved budget and an evidence-based approach to decision-making; and (4) the decentralisation of its health services, which began in 2019. Cambodia also had pre-pandemic aspirations to go digital, with some reforms already initiated, and which the pandemic response has greatly speeded up. On point (3) it was observed by one key informant from Oxfam that:

According to the relationship with so many research and assessments, the government could no longer ignore the impact of Covid on poverty. They listened to NGOs and others who identified vulnerable groups (e.g., the service sector collapsed almost completely during the pandemic.)”

“There is constant sharing of evidence of the impact and the voice of the community being brought to the table by the government. For example, we brought informal workers to meet with policymakers so that the policymakers could hear by themselves. NGOs bring elderly people and informal sector workers to talk to the government, not just about the pandemic but about the socio-economic status for the longer term. The government is beginning to listen. Advocating for change is easier than it was 3-5 years ago as we had done so much, but the government penetrated little into their decision process. Now, the government is more open. The evidence is overwhelming and relatable. Stronger demand from ‘traditional donors’ (i.e., not China) and bilateral donors demand stronger governance and participation of civil society (required for agreement of donor funding) (KII Oxfam).

What was most remarkable about the Cambodian response was perhaps household debt restructuring; at first, for garment, tourism, transport and construction workers, and later open to all (see Chapter 4). This went well beyond what other countries were doing, and was a product of the government's authority in the financial sector, as well as the fiscal space, which meant that a number of new credit initiatives that focused on for micro-, small and medium-sized enterprises and farmers could be started. However, interviewees did not appreciate the debt rescheduling, as postponing payments did not bring them much benefit; in contrast, they did appreciate cash-based transfers, although they were too small to entirely compensate their loss of income. Such challenges will persist long after the end of the pandemic.

Box 3.B: Cambodia's political settlement



This is said to be of the 'narrow social foundations, concentrated power' variety – narrow social foundations because adherents of the 'leading political bloc' are relatively powerless (power is concentrated at the top) and the social foundations of the opposition are more powerful (and appeared to be strong at elections during the 2010s), but repressed; concentrated power because the leading political bloc is more powerful than the opposition and has effective top-down decision-making powers. The major motivator for the leading political bloc is economic development. This explains why health is given less priority than education, and why it has taken a long time to improve education quality, with pressure from business interests, and the recognition that free movement of labour within the Association of Southeast Asian Nations requires it.

Source: adapted from Kelsall *et al.* (2022b)

Cambodia developed a good Covid-19 tracking system, which meant that outdoor markets could generally stay open, and infected people were provided with food. This provision was not always adequate, however, and there were protests in the capital Phnom Penh when adequate support did not arrive. This especially affected migrant workers locked down in cramped apartments and unable to access enough food through landlords, unions or employers, who acted as distribution channels. While depending on food distribution was accepted in the short term, workers placed great importance of getting their jobs back.

The imposition of restrictions was also decentralised in Cambodia, as in Bangladesh. As remarked by one key informant:

Another important thing [was] the transfer of management power of provincial health department to the provincial level. The decentralization started at the end of 2019, just before Covid-19. As a result, local government can manage the spread of Covid-19 effectively. After the pandemic is [under] control, the economy started opening up dependent on the severity of the Covid-19 in a particular area. (KII, Cambodia).

Cambodia's pre-pandemic 'IDPoor' system of cash-based transfers in 2019 had already expanded coverage to pregnant women until their children were two years old, extending the concept of social protection to include not only those identified as poor, but also vulnerable people.

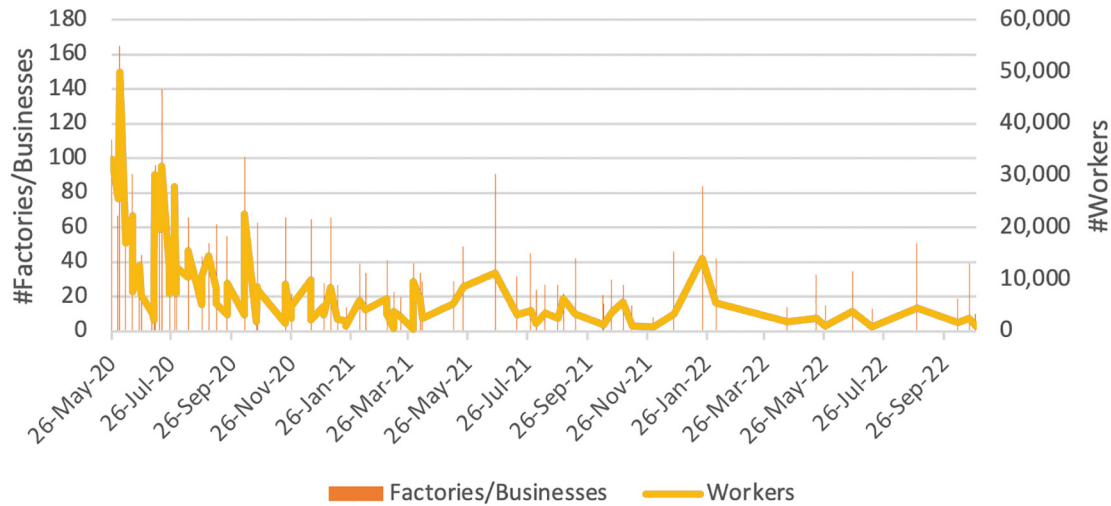
Its management of the pandemic meant that Cambodia could continue exporting more easily than other countries – its competitors Bangladesh and Vietnam, for example, faced many more challenges. Among the key informants interviewed for this report, there was great pride in Cambodia's success in managing the pandemic. Cambodia's main challenges were said to be an inadequate number of crisis management-trained officials to deliver the programmes, as well as inadequately informed citizens.

Conservative macroeconomic management, which included cuts in unnecessary central expenditure during the pandemic, meant that Cambodia was able to spend US\$1,000 million from its reserves on cash-based transfers, as well as providing furlough payments of US\$40 a month to garment and tourism workers (with an additional US\$30 a month to be matched by employers). Some 715,450

workers from more than 3,000 factories and businesses in these two sectors have received assistance under this measure (Figure 3.2.5.1). What is noticeable about the measure is its longevity, compared

to the one-off payments prevalent in many other countries. Some US\$200 million was also allocated to small and medium-sized enterprises (SMEs) through banks.

Figure 3.1.5.1: Cash assistance for workers laid off from the garment and tourism sectors



Source: Authors' own. Consolidated from the [Government of Cambodia's Ministry of Labour and Vocational Training announcements](#).

In December 2022, the government also extended cash-based transfers to people made vulnerable by inflation and flooding, again illustrating the longevity of Cambodia's support. However, many other vulnerable groups, including the many workers in informal sector and migrant workers, did not qualify for either the furlough programme or the cash-based transfer programme for IDPoor households. Given their weaker bargaining position with employers and restricted access to government unemployment benefits, four out of five workers in the informal economy were severely affected by work stoppages (Keo, Abdelhamid and Kasper 2022).

As people returned to depending on agriculture during the pandemic, decision makers realised that agricultural development needed a boost. Although there were few specific measures during

the pandemic – and these concentrated mostly on loans to rice millers to keep the rice value chain functioning, while farmers continued to depend on microfinance institutions for credit – new policies have emerged from the pandemic: during the Covid-19 crisis, in August 2022 council ministers approved the Agricultural Development Policy (2022–2030), which aimed to increase agricultural productivity while increasing climate resilience, reducing and mitigating climate impact. This emphasizes technological change including the application of net-house cultivation, use of water-saving irrigation systems, sowing rice with modern equipment, and less labour-intensive methods including using agricultural drones.

There are many challenges in the agricultural sector, stemming from years of relative neglect. Pandemic restrictions

disrupted value chains and farmers are even more indebted today than before the pandemic. This will have other social knock-on effects in terms of mental health and family breakdowns. Extension systems are not adequate, with more extension staff at province than district level, and a significant gender gap in staffing. Other challenges include: uneven market competition, and market saturation, leading to price declines; droughts and floods; and a high level of vulnerability to climate change. However, the pandemic has apparently signalled a change in attitude among political leaders towards the importance of agriculture.

Cambodia's vaccination programme was second to none in Asia. Around 25 per cent of the global population had received two Covid-19 doses by the end of August 2021. As of August 2021, 88.35 per cent of Cambodia's 10 million prioritised adults had received the vaccination and an intensive programme to deliver booster doses was initiated (Tao *et al.* 2022). The key factors in Cambodia's rapid vaccination success were: (1) trust in the government and the government's active countering of disinformation; (2) setting up over 300 vaccination centres area by area, starting with the cities, then moving outwards, vaccinating everybody in each area; and (3) the important role local governments played in communication and mobilisation.

The relative balance evident in Cambodia's response to the pandemic was not reflected in education. Schools remained closed for 250 days during 2020 and 2021, leading to significant learning losses (UNICEF 2022c). This may reflect similar political calculations to Bangladesh (see above).

The pandemic has been a time of innovation for the Government of Cambodia. It has helped substantially increase expenditure and coverage of social protection, including innovating in

public works programmes and expanding to include near poor people, and those vulnerable to flooding and inflation (from December 2022); expenditure on social protection was 0.9 per cent of the government budget before the pandemic, 10 per cent in 2021 and 14 per cent in 2022.

A substantial attempt to postpone but not reduce household debt was undertaken; however, this did not go far enough to address the structural pre-pandemic problem of indebtedness. But at least the problem has been recognised and may be addressed post-pandemic, especially in the context of the next national election in July 2023. Future plans include continued digitisation (of commerce, citizen services and government); movement to a graduation-based system of cash-based transfers; extension of the cash-based transfer programme until 2030; and the development of a national programme to combat inequality, focused on service delivery. The government has also developed new industrial strategies and remains committed to political devolution, despite the obstacles to transferring power and developing the capacities of local government.

Zambia presents a very different picture. The country enacted a plethora of mitigating measures, but few of these appear to have had much direct impact on its large population of chronically poor and informally employed people. The measures were mainly macroeconomic, aimed at financial and formal firm stability. The country was heavily indebted pre-pandemic and reneged on debt payments in 2021. This meant that fiscal space was extremely limited and few real mitigating measures could be afforded. Other than social protection, most of the measures put in place protected formal-sector companies.

Only social protection was expanded somewhat, both horizontally, with new

coverage of vulnerable households, and vertically, with additional payments, in particular a one-off Covid-19 relief fund (2,400 kwacha (US\$130) and a phone) for those on the social cash-based transfer programme in selected districts. Even this was a significant achievement, given the pre-pandemic collapse of social protection in the wake of a corruption scandal, which had led to donors withdrawing support.

What was also interesting in Zambia, as in Bangladesh, was the importance of lobbying. The Bars and Night Clubs Owners Association was formed during the pandemic and campaigned against the shutdown that had been imposed on the sector. After six months of complete closure, which had devastating consequences for people involved in the sector (despite government promises, no aid had reached the association's members), bars and nightclubs were allowed to partially reopen after a concerted protest and mobilisation of its members by the association.

3.1.6 The high stringency, medium mitigation: India and Rwanda

The stated priority of the Government of India was to save lives. To navigate the uncertain times, it adopted a 'barbell' strategy,² hedging against extreme risk on one end, while remaining agile in policymaking by incorporating feedback mechanisms into policy decisions on the other. The manner in which the lockdown was imposed is illustrative of this strategy. The initial lockdown was announced very suddenly and was for 70 days, at a time when not much was known about the nature of Covid-19, except that it was highly contagious and could be fatal. The initial lockdown was widely seen as a disaster.

As more 'information' on the nature of the virus became known, and because

the country had become 'better' prepared to handle it (e.g. through the provision of testing kits), decision-making on economic lockdowns and movement restrictions was eventually decentralised, with states deciding on their respective lockdowns (Key informant interview (KII)). The long closure of schools was implemented because the Ministry of Health and 'empowered groups' on health were leading decisions on such issues, and because there was no decentralised mechanism for decisions to reopen schools in light of changing circumstances (KIIs). The government was highly resistant to changing how such decisions were made in light of evidence. The consequences of long school closures were devastating for schoolchildren, and for girls who were married as children, in particular.

The Government of India had a unique economic interpretation of the pandemic crisis. Contrary to what many Western economists suggested, the economic hardship during the pandemic was a supply as opposed to a demand shock, and therefore did not require the kind of Keynesian macroeconomic stimulus measures pursued in countries that were able to implement them. Job losses or shutting down businesses were second-order impacts of the pandemic and not the source of the problem, according to the government's eclectic interpretation. The emphasis, therefore, was not to 'reinflate' the economy through additional cash, but rather to provide a 'backstop' (to borrow a term from finance) to the economy through free provision of grains and small amounts of cash through Jan Dhan accounts (KII).³ The demand-driven Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) for employment generation was also suspended during March–April 2020, though part of the reason for its suspension was to prevent crowding at job sites and, hence, the spread of the virus.

Perhaps unsurprisingly, many needy people were left out of this much-needed safety measure. In the case of MGNREGA, many people were missed if they did not have a job card or if the state machinery was inefficient in supplying work opportunities (KIIs). Again, adjustment to the new situation was missing.

At the time, India was short of revenue, so fiscal space to pursue any initiatives was a challenge (Balajee, Tomar and Udupa 2022). This may have limited the government's willingness to be more expansive with its policy response. The strategy was said to be a barbell one – preparing for the worst, but learning along the way. As it became clear that companies would collapse, a second set of measures was put in place to ensure that there was enough liquidity or credit in the financial system to enable companies to survive; 26 stressed sectors were identified to receive assistance. Eventually, these measures were extended to MSMEs, through the Credit Guarantee Fund Trust for Micro and Small Enterprises, but not to household enterprises. From the end of 2020, these measures were supported by new infrastructure investment programmes to enable economic recovery (KIIs).

Despite these measures, the scarring was still there, especially for informal, small household enterprises. Medium-sized industry received good access to credit during the pandemic; micro-businesses were initially under stress, but credit grant schemes eventually benefitted them and, in general, encouraged the flow of credit, which had initially been very poor. Roughly 18 per cent of informal households and enterprises – representing the livelihoods of possibly hundreds of millions of people – failed during the pandemic; not a small number, but one that could have been much larger: 'If these measures were not taken the informal sector would have collapsed completely' (KII). Some businesses may have also failed because

of pandemic deaths. All these schemes had end dates. By the end of 2022, the Reserve Bank of India held the view that the economy could survive without support, even if some supply chains would still take longer to rebuild.

Consistent with the economic rationale mentioned above, and as a major producer of vaccines, including for Covid-19, India put great emphasis on vaccination as a way of reopening the economy, as well as reducing risks for individuals. Its vaccination programme started in earnest at the beginning of 2021 and by the end of 2022 there were high rates of coverage.

When a lockdown was imposed, though there was some appreciation of the consequences for migrants and the vast informal sector, no measures were taken to ease their situation. Initially, employers and state governments wanted migrants to stay (e.g. in Tamil Nadu, which hosted a million migrant workers). But when it became clear that employers would not be able to reopen businesses soon, they were keen to let migrant workers go. However, it was not until May 2020 that 'Shramik Special' trains were organised to enable migrants to get home. Even then, many could not access the trains (Carswell, De Neve and Subramanyam 2022) and had to walk, hungry and thirsty. Civil society organisations organised some relief for them on the way (Anagula 2020). Employers often did not settle outstanding wages or provide advances to enable workers to get home by bus, nor were wage arrears transferred into migrants' bank accounts as promised.

When the government was talking about lives we were talking about livelihoods. Thus, there was a contradiction - people have to move to make money hence putting them under lockdown was not a solution. In Kerala, we focused more on livelihoods, we started giving out money and launched community

kitchen. We handled the internal migration well as even Supreme court told the Delhi government to learn from Kerala government on how they treated migrants... When I talked to some of the migrants they said that they would either die of covid or poverty, starvation. That is where I was concerned about prioritizing lives over livelihoods. The government wants to save lives, but what about livelihoods? How do they provide livelihoods? Migrants usually don't have any savings, they have this hand to mouth existence. Moreover, they were not even informed about the lockdown... the pandemic is not a migration crisis- it was not same as the economic crisis that we had in 2008 or during the Gulf war. It was a health crisis, but through our policies we have converted the health crisis to a migration crisis... I believe all the SDGs can be fulfilled if we allow people to move freely. We know that migrants reduce poverty, they send their children to good schools and they even send their girl child for education. Hence, the only thing that is to be allowed is free mobility and not this controlled border situation which even leads to people dying. Migration is thus going to be a level player in achieving sustainable development goals. Poverty is reduced in many states because of the migration but the government will end up taking the credit (KII, India).

Back at home in Bihar or Uttar Pradesh, joblessness, deepening levels of indebtedness and growing despair were common, though less so where families owned land. In a reversal of the normal pattern, households survived on local casual work performed by migrants' parents:

Assistance from the local state in Bihar and UP [Uttar Pradesh] remained limited to food rations disbursed through the PDS and cash payments of Rs500 in women's Jan Dhan

accounts. While much welcomed, these payments did little to compensate reduced household earnings nor were they available to all. Some said that MGNREGS [Mahatma Gandhi National Rural Employment Guarantee Scheme] work had been restarted in their area, but their households had not benefitted from it. Those who were kept in quarantine on their return were being fed by the government and some – but not all – mentioned that their household had received 5kg of free rice per household member. No one reported any additional support in either kind or cash, while some even mentioned struggling to access rations under the PDS (Carswell et al. 2022).

Promised higher wages, settled wage arrears and offers of transport, migrants had few alternatives but to return to their employers when asked, despite their families' opposition because of the risks of repeating the whole experience (Carswell et al. 2022).

The paucity of reintegrative and supportive measures for migrants has been well documented (e.g. Khan and Arokkiaraj 2021). Despite the sudden and catastrophic movement of millions of migrant workers across state borders as cities locked down, only one central initiative was ever taken to ease their situation throughout the whole pandemic period. This was a skills training programme specifically for returnee migrants (the government's Garib Kalyan Rozgar Yojana initiative). However, this had reached less than 2 per cent of migrants surveyed by the end of 2020 (Gulati, Jose and Singh). States were sometimes more inclusive in their responses. For example, Odisha developed a set of mitigating measures: three months' advance disbursement of transfer payments and ration stocks to entitled beneficiaries; pre matriculation scholarships and advance midday meal rations for three months for students;

Rs2,000 (US\$25) per migrant as an incentive for returnee migrants who had completed mandatory institutional quarantine to return to work; a Rs17,000 crore (US\$2,125,000) stimulus package under the Special Livelihood Intervention Plan to 'provide employment and income generation opportunities to the worst affected section of the society, including migrant workers and farmers' (Naik and D'Souza n.d.); and Rs600 million (US\$7,500,000) for MGNREGA, which aimed to create 200 million person days of additional public works for 460,000 persons, and Rs14 million (US\$175,000) for migrant workers' skills development. Scheduled tribe migrant workers were particularly disadvantaged and received the fewest benefits from these outlays (Naik and D'Souza n.d.).

In 2020, migrants were 'not in the government's agenda' (KII). One argument was that there was no data on which to base initiatives. This discussion has continued as the pandemic response has wound down, but there have been no solid initiatives. It seems the urban informal sector was also not on policymakers' radar, as no attempt was made to develop an urban employment guarantee, despite being suggested in 2021 by respected economist Jean Drèze (Business Standard 2021), or to introduce any other measures.

In terms of the stringency of its Covid-19 policy response, Rwanda was the top African country and seventh in the world during the early months of the pandemic. It adopted a highly restrictive public health approach to managing the pandemic (Binagwaho and Mathewos 2022), led by a Joint Action Committee comprising the Ministry of Health, Rwanda Biomedical Centre and the Epidemic and Surveillance Response division, though this process was moderated on occasion by civil society action (e.g. requesting notice be given of lockdowns or other restrictions, rather than their sudden imposition).

Rwanda's Covid-19 response was modelled on its response to the threat of Ebola spilling over the borders from the Democratic Republic of the Congo (DRC) and Uganda:

Designated Covid-19 centres and screening mechanisms were set up around borders to limit the spread of Covid-19. Measures that were implemented from the Ebola epidemic resurfaced to raise Covid-19 awareness (e.g., communication through radio, television, community leaders, community health workers (CHWs), health facilities, and social media). (Louis *et al.* 2022)

During the pandemic, Rwanda deepened its investment in surveillance and contact tracing. Treatment was provided free. In September 2020, it introduced home-based care, building on an already strong community health worker programme. Soon after, more than 90 per cent of Covid-19 cases were treated at home and this remained the case through to 2022 (WHO 2022b).

The 1994 genocide meant that Rwanda had a fairly unique capacity to support mental health and this was brought to bear in the pandemic.⁵ In 2021, a three-month long 'Green Ribbon' campaign was launched. This recognised that:

the majority of those who need mental health care do not have access to good quality support and services. In addition, the Covid-19 pandemic has increased the demand for mental health services, with grief, isolation, loss of income and fear triggering mental health conditions or aggravating existing ones' (UNICEF 2021).

Some NGOs, (e.g. [Never Again Rwanda](#)) also started providing psychosocial support services, including free counselling to all, whether they were genocide survivors or not.

Rwanda's mitigating measures started very soon after the first restrictions

were introduced; in the capital Kigali, in particular, some 55,000 vulnerable families, mainly informal sector workers, were targeted with food distribution and enrolled in cash-based transfers. A well-structured system of identification and distribution of support was put in place at the lowest local administrative level through representatives of *amatsibo*,⁶ following guidelines from the City of Kigali.

In rural areas, decentralised structures took care of any additional vulnerable people, but these were already covered

by the country’s social assistance system, which continued to operate and expanded significantly. Relief measures are summarised in Table 3.1.6.1. Some pre-existing measures, such as the Vision 2020 Umurenge Programme (a public works programme), were suspended for several months for public health reasons. They were replaced with cash-based transfers, which were expanded to cover up to 200,000 additional beneficiaries, mainly to include informal sector workers in urban areas who were worst affected by the pandemic.

Table 3.1.6.1: Rwanda’s social protection during the Covid-19 pandemic

Relief response	Economic response for recovery under social protection programme
<ul style="list-style-type: none"> Standard public works: 157,852–191,339 household beneficiaries Expanded public works: 40 454–75,000 household beneficiaries Direct support: 116,240–150,000 household beneficiaries Nutrition-sensitive direct support: 30,000–74,021 individuals Extension of food distribution and cash-based transfers: 55,272–212,882 household beneficiaries Stocking of food reserves including logistics: 55,272–157,610 metric tonnes of staple foods 	<ul style="list-style-type: none"> High labour intensive public works (HIMO) projects: 34,415–39,577 household beneficiaries Productive asset transfer: 116,932 metric tonnes of fertilisers and other assets Financial services: target of 35,000 people Toolkits: target of 2,500 toolkits Education support: target of 21,280 children Community-based health insurance support: target of 1,902,740 individuals Shelter assistance: target of 8,758 households

Source: KIIs, and MINALOC and LODA administrative data (June 2020)

Agriculture was largely exempted from restrictions. The May 2020 Labour Force Survey recorded an increase in the proportion of the workforce employed in agriculture from 24 per cent to 29 per cent between February and May 2020, due to secondary school students and people with other occupations returning to farming. Agricultural institutions

worked hard to ensure that land was cultivated, food supplies were maintained and value chains kept functioning.

Rwanda also built a strong vaccination programme based on a highly effective pre existing decentralised vaccination programme:

By July 2021, more than nine million

people – almost 70 per cent of Rwanda’s population – had received the first dose, and more than 8.8 million (67 per cent) had received the second dose. The government had outperformed its original 60 per cent, two-year goal in 17 months. In addition, more than 5.1 million (39%) received a booster shot (USAID 2022).

The pandemic was treated first and foremost as a public health emergency. Restrictions were strictly imposed, with fines and detention for people not observing them. However, the government was also to some extent mindful of social and economic damage; for example, the significant damage to SMEs, 57.5 per cent of which were significantly disrupted by the effects of the restrictions, many of them stopping their activities or going out of business. This led to the development of many private sector-led ‘survive-to-thrive’ programmes to support small businesses by the African Management Institute, the Mastercard Foundation, ESPartners, Equity Bank, among others, to help those starting businesses and those who needed support to enable businesses to thrive. For instance, the Komeza programme, with Equity Bank Rwanda as the financing partner, provided a combination of financial support and technical assistance to 120 SMEs within the tourism and hospitality sector at all stages of maturity, in addition to their value chains.

The programme was established with a commitment of US\$2.5 million from the Mastercard Foundation’s Covid-19 Recovery and Resilience Program.

Such mitigating measures may not have been enough to avoid significant damage to livelihoods, as demonstrated by qualitative interviews undertaken during 2022 (Box 3.C), and surveys that showed significant job and income losses, as well as reduced food consumption and depleted savings (Warren, Parkerson and Collins 2020). Rwanda’s fiscal position was stable following years of reasonable economic growth; arguably, it could have done more.

The political settlement was broad in terms of social foundations and concentrated in terms of power. To maintain that political settlement, the regime needed to undertake policy responses to the pandemic that reinforced existing or introduced new policy instruments that would benefit a broad range of Rwandans. In the event, it relied on existing mechanisms, especially its excellent universal and community-based health provisions and social protection. Social protection and food distribution were expanded to cover the urban informal sector. Education, however, was not a strong focus of support, perhaps because of a history of concern with access and infrastructure over learning outcomes (Kelsall *et al.* 2022b).

Box 3.C: Costs of public health restrictions in Rwanda



Small business owners reported lost earnings and business closures; casual labourers were unable to find work; farmers were unable to travel to nearby fields to cultivate them or to graze livestock; and fishers were not allowed to travel to the nearby lake.

I was a mobile money agent and my husband has a motorcycle transport business. Everything was good. But when they announced the period of lockdown, he stayed at home and I used my capital. (LHI, female, urban Rwanda)

Continued:

If it was not for Covid-19, we would have so many investors, and investors are important to us because they give jobs. But during Covid-19, no one was allowed to come here. Even those who were here stopped their projects and we spent a year without working (LHI, male, rural Rwanda).

Prices for staple goods increased with the onset of Covid-19 and have remained high. With higher prices confronting lower incomes, many people reported reduced consumption of basic goods, primarily food, hygiene products and clothing. Prices appear not to have decreased with the lifting of the lockdown and reopening of markets. Despite many visible signs that the pandemic has ended, most people report prices remain high for basic goods.

Initially, they were saying that it was because of the outbreak of coronavirus where no one is allowed to go out and then later said that it was because of the war in Ukraine. But now for us, we don't know the cause (Focus group discussion, Rwanda).

Some respondents had taken out loans shortly before the pandemic and were unable to repay their debts during the crisis due to lost earnings. This contributed to the sale of assets to cover loan repayments and reduced spending on food. A few respondents commented that they had borrowed shortly before the pandemic to expand their business or to develop rental properties, and they found themselves in a worse position because they had loans to repay without having earned from their investments over the past two years.

Some people that wanted to run a business took a loan in SACCO [saving and credit cooperative society] before Covid-19 came. They had nowhere to run their business and ran a loss. It became hard to pay the loan because running a business in Covid-19 was difficult (Male interviewee, rural Rwanda).

There were consequences in terms of food security:

We used to eat three or two times a day, but during Covid we ate once a day or sometimes we didn't eat the whole day (Male interviewee, rural Rwanda).

I earned money from daily work, but during Covid-19 that stopped. That means that I couldn't provide as before. The way of eating changed... If we were able to cook 1.5kg of rice before, we used 1kg so that life can continue because we didn't have enough money (Male interviewee, urban Rwanda).

We now eat one time per day because of Covid-19. Our cultivation is far; we didn't visit our plants as we were supposed to (Male interviewee, rural Rwanda).

There were also consequences in terms of education. Many respondents reflected on children's lost year of education because of school closures. Many children are now repeating their school year, having missed too many classes to complete their grade. Some parents noted that this has had financial implications, as they are required to pay for an additional year of schooling.

Continued:

If the student was studying in S5 and he or she was supposed to finish studying, the next year they repeated. Their parents have paid for [the] first term, but they were not refunded; they paid twice (Male interviewee, rural Rwanda).

Many expressed concerns about protection issues while children were out of school. Many reported teenage pregnancies and early marriages attributed to the idle period children experienced during school closures:

Girls are the most affected. The boys went back to study, but girls stayed home to raise the child (Female interviewee, rural Rwanda).

Most respondents with school-age children reported difficulties paying school fees and buying school supplies since the pandemic. Some reported getting help from schools, or taking out loans or selling assets to pay school fees. Other coping strategies included reducing food consumption and even begging in response to high prices and additional caring responsibilities.

Some felt that government policies – mainly food distribution and social protection – did not reach any of the respondents. This elicited a fair amount of criticism from them about the targeting process, with some people feeling they had been left out unfairly. In comparison, informal social solidarity was common:

Even if we have struggled a lot, there are some people who were heroes because they shared food like maize flour and rice with those who were not able to get food easily. Some people who own houses were not charging their tenants rent because there was no part-time work (Female interviewee, rural Rwanda).

Other policies people wanted to see are listed below.

Capital for business development and livestock – People with small businesses and farming enterprises that struggled through the pandemic suggested government provision of capital would help them sustainably recover. This was the most common policy suggestion respondents made. Some farmers said direct provision of livestock would also benefit them through manure production to help increase yields.

Improved wealth classification for targeting – Many respondents felt they have been miscategorised under the Ubudehe wealth ranking system used to identify households for government support, and which is used as the basis for setting health insurance premiums. This had a significant impact on households that struggled to pay for health insurance and others who felt they were eligible for transfers but had been overlooked because of their classification.

Support for school fees – Many households struggled to keep up school fee payments during the pandemic, and those whose children are repeating grades will pay for an additional year of schooling. Many respondents suggested they would benefit from more support for education, either through minimising costs or through cash-based transfers to support fees.

Continued:

Debt relief – For those who took out loans shortly before the pandemic, debt repayment has been challenging due to the extended period of lost income. Some respondents recommended the government introduce interest relief or other debt support measures.

Additional food support – This was the most widely reported form of support provided by government during the pandemic. Many households are still struggling with food insecurity and some respondents suggested that further government food support would help.

Source: qualitative interviews

3.1.7 Medium stringency, high mitigation: South Africa

In South Africa, there was much criticism of the country's approach to managing the pandemic. Indeed, most of the voluminous academic and media literature on the pandemic in South Africa is critical of the government's performance. Early arrangements were said to be chaotic,

with businesses protesting against restrictions (Naudé and Cameron 2020); many contracts issued by the government were later the subject of an official corruption investigation, and infection and death rates were high (see below). The African Development Bank's support for South Africa gives some idea of the range of mitigating measures the government was planning for, however (Box 3.D).



Box 3.D: South Africa's approach to Covid-19 – African Development Bank support

The goal of the South Africa Covid-19 Response Support Program was to assist the Government of South Africa in its efforts to respond to the Covid-19 pandemic, and to mitigate its economic and social impacts. The programme's operational policy objectives, which also informed the components, were to: (1) protect lives and promote access to essential Covid-19-related goods; (2) protect livelihoods by preserving jobs, incomes, food security and access to essential public services; and (3) protect firms by supporting formal and informal enterprises to withstand the impact of Covid-19 and prepare for economic recovery. Despite the last component, nearly half of South Africa's businesses had closed by the end of 2020.

The operation was timely, as it provided a much-needed injection of liquidity at a time of economic depression, job losses and heightened vulnerabilities resulting from the pandemic. The programme contributed to efforts by the government and its partners to ensure that the country's social protection and support to business resilience were sufficiently funded to withstand the negative socioeconomic effects of the pandemic. The programme also contributed to enhancing food resilience through support to small-scale agriculture; water, sanitation and hygiene services for poor

Continued:

and vulnerable people in municipalities; and access to essential Covid-19-related goods by supporting the manufacture of personal protective equipment. It thus achieved its expected outcomes, which were reduced loss of life; enhanced social protection and food security; protected livelihoods, income and jobs; enhanced access to public services, especially for women, young people, historically disadvantaged groups, people with disabilities and other vulnerable groups; and boosting the resilience of businesses, especially MSMEs, to withstand the crisis and prepare for economic recovery.

Source: AfDB (2022)

South Africa's was among the most stringent responses to the pandemic in 2020 (Gustafsson 2020). Local governments played a significant role: for example, the City of Capetown's Covid-19 Crisis Coordinating Team in 2020 won the Apolitical's international Global Public Service Team of the Year Award for Covid Rapid Responders for its data-driven approach to pandemic management (Nel *et al.* 2023). However, despite its very high mitigation score, South Africa's mortality was high and excess mortality higher still (Bradshaw *et al.* 2022b), especially in low income communities (Hussey *et al.* 2021). The high mortality rate could potentially be accounted for by the country's higher-than-average age compared with other countries in this group (Adams *et al.* 2021), as well as its high level of inequality (Levy, Hirsch and Woolard 2014). Lockdown curfews confined poorer people in crowded accommodation where the virus could circulate rapidly, whereas they usually spent more time outside. Inappropriate Chinese or European/North American policies were rolled out regardless of local socioeconomic circumstances, with disastrous consequences.

South Africa scored high on the mitigation front as it had high government expenditure on health, and invested hugely in extending its social

protection system for the first time into unemployment insurance, expanding coverage of the population dramatically (see Chapter 3, however, for qualifications to this positive story), and innovating with service delivery. There was overwhelming appreciation of two government services during the pandemic, especially from women and the black community, who bore the brunt of the pandemic's negative effects: the child support grant, which increased during 2020, and gender-based violence services, which were developed during the pandemic in response to heightened rates of domestic and other abuse, and murder (Fraym 2021). Had the lockdowns and restrictions not been in place, such consequences might have been avoided.

There was also a significant governance downside to the emergency powers the government assumed, as elsewhere; for example, 'an official investigation later found that 2,803 contracts worth 14.3 billion rand (US\$800 million) the government issued to suppliers were improperly awarded' (Burkhardt 2023; Agbedahin 2021).

Even before the pandemic, South Africa's fiscal situation and economic growth more generally were very challenging (Burger and Calitz 2020; Arndt *et al.* 2020), so its comparatively positive response to the

pandemic must be explained solely by its political settlement. This has been seen as one where the initial energy to achieve equity following the end of apartheid had waned significantly by the early 2010s, as growth did not deliver inclusion and institutional change reached limits in terms of service delivery (Levy *et al.* 2014). Despite this, the ruling African National Congress (ANC) party was able to hang on to its core support in rural areas, which enabled it to survive the downward spiral of the presidency of Jacob Zuma.

The political settlement shifted over time from narrow (pre-apartheid) to broad in terms of its social foundation, and has been at its broadest under the current, government (since 2018) under President Cyril Ramaphosa, while power has dispersed over time. The proportion of the population who are conditionally loyal to the president has increased compared to those who are reliably loyal. The Ramaphosa government has been less clientelist and repressive, and more programmatic and inclusive than the previous Zuma-led government. To remain in power, significant policy responses to people's problems and issues are needed (Kelsall *et al.* 2022a).

South Africa was not out of danger by the time of the pandemic (Levy *et al.* 2021). The country's disaster management framework did not give significance to the institutions actually involved in disaster management and is in need of reform (Kunguma 2022). However, the crisis presented an opportunity for stakeholders within and outside government to push through a significant expansion in the country's social cash-based transfer programmes and a new unemployment insurance scheme. That the government responded positively to this pressure may be credited to the political realisation that mitigating the effects of lockdowns and other restrictions would be needed to stay in power in a situation of growing political competition. Local government elections

in 2021 saw the ANC's support dip below 50 per cent for the first time, and protests and civil unrest were widespread during that year (Scribante 2022).

However, as Chapter 3 documents, the social protection response has not been as effective or comprehensive at mitigating the effects of the pandemic as might be required to stave off a further decline in the ANC's power. The state of emergency declared during the pandemic allowed elements of clientelism and corruption to return in force, with thousands of the government contracts that were issued coming under investigation. And the high rates of death, business closures, school closures and violence against women indicate that the measures taken were grossly inadequate.

3.1.8 To what extent are different models associated with different excess mortality rates?

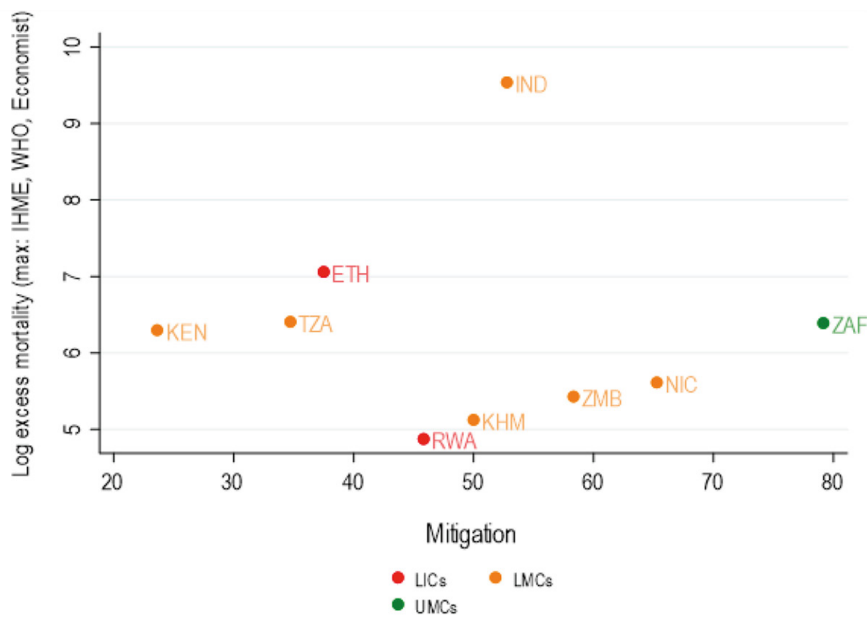
Excess mortality was negatively associated with the extent of mitigating measures in LICs but not in MICs. Figure 3.1.8.1 shows the countries discussed above and their excess mortality rates, as measured by the highest among the various excess mortality datasets examined. Cambodia, Nicaragua, Rwanda and Zambia all had relatively low excess mortality and scored in the upper part of the Mitigation Index.

Based on the qualitative analysis above, further discussion is needed to explain the situation of Zambia as its mitigating measures seemed weaker than in other countries with medium levels of mitigation. The fiscal space for mitigating measures was very limited as Zambia prepared to default on international loans (Geda 2021), and before the 2021 elections its political settlement was not conducive. But it has a very youthful population that was less susceptible to Covid-19, and also had a relatively short

period of school closures, and a school feeding programme; and a significantly expanded – albeit very donor-dependent – social protection scheme (a phoenix rising from the ashes of a corruption scandal), combined with company and household debt management measures (Annexe 1, Table A.2). Health expenditure was not high, but early in the pandemic

a ‘home-based care’ approach was successfully adopted for asymptomatic and mild cases of Covid-19, which prevented the health services being overwhelmed (WHO 2020). However, its vaccination programme had to contend with a high level of misinformation (Mudenda *et al.* 2022).

Figure 3.1.8.1: Excess mortality and mitigating measures in case study countries



Note: LMCs = lower-middle-income countries; UMCs = upper-middle-income countries
 Source: Authors’ analysis based on public datasets UNESCO (2022), GCNF (2021), WHO (2022), OWID (2023), Gentilini *et al.* (2022), IHME (2022), The Economist (2022).

3.1.8 Comparative political economy – an exploration of why there is so much variation

The political settlements of these countries vary considerably; their policy responses and outcomes in terms of excess mortality also vary. A few points of comparison emerge:

- Where decisions were taken with a greater number of interests represented in the room, decisions were more evenly balanced between public health and socioeconomic progress. These were typically the aspiring ‘developmental states’: Cambodia and Rwanda.

- In South Africa’s case, the leading strategy was about containing the virus, which was rampant, and protecting health services, though these objectives were not achieved as the real impacts of the response were highly negative in terms of business collapse, education losses and violence against women. Nevertheless, the crisis still created space for stakeholders in and out of government to greatly expand the provision of social protection.
- A group of countries decided early on that restrictions could not be thoroughly imposed: Nicaragua had made large investments in hospitals

and community based health services in the previous decade, so chose to rely on the health system and sensible measures of behaviour change promoted by community health workers, rather than close the economy and schools; Tanzania's leader abandoned an initial attempt to impose restrictions quickly and in a disorganised fashion, and without the rationality or protective health resources of Nicaragua; and in Bangladesh, protests by industrial workers and pressure from industry owners, as well as great concern about food security, prompted early delegation of authority to respond to the pandemic to trusted local decision makers (administrators).

- Then there were countries whose circumstances prevented an effective response. Ethiopia, with its well-established and potentially adaptive PSNP, was in good position to mitigate the worst effects of the restrictions imposed, but was waging internal and external wars through the pandemic, which limited both its fiscal space and political commitment to mitigation. Some relief was provided by community action to redistribute resources and provide humanitarian responses led by local administrators – a legacy of Ethiopia's attempts to become a developmental state prior to the 2018 election. Zambia's election and change of political party in power in 2021 was a moment when a more balanced response could have emerged, but this was constrained by its very weak fiscal position due to accumulated debt, as well as an overriding pre-pandemic commitment make secondary education fee free. It was left to the United Nations and Zambia's development partners to restart its stalled social protection system as a minimal response to mitigate the restrictions.
- Of the countries in focus in this chapter, India is the outlier in terms

of excess mortality, but its rapidly imposed restrictions were put in place with little anticipation of or concern for their consequences, which may go some way to explaining the country's high excess mortality rate. Apparently, policymakers had not anticipated that locking down would mean migrants returning home in such great numbers. 'This was a high-risk public health action with the potential to seed the outbreaks of Covid-19 in different and far-flung rural areas of India, thus requiring utmost surveillance and rapid containment actions' (Bhatia and Abraham 2021). Like many MICs, India has a sizeable older population (nearly one in ten people are aged over 60) and has a high incidence of diabetes (9% in 2019)⁸ (Pradeepa and Mohan 2021), resulting from obesity and high fat/sugar diets, meaning that a substantial proportion of the population were vulnerable to Covid-19. Vaccination of older and vulnerable people was slow to build in 2021, as the regulator was slow to approve foreign vaccines and the resources to run an efficient supply chain were not made available. The lull after the first wave of the virus was not used as an opportunity to prepare for a second wave, which proved more devastating than the first (Ghosh *et al.* 2021). At the same time, the safety net constructed did not reach everyone who needed it, and neither did it provide substantial enough transfers, whether in kind or cash; and the government proved resistant to the idea that it needed to revise its targeting systems to adjust to changes. While earlier public health interventions in the second Delta-variant wave of 2021 might have reduced transmission, hospitalisation and deaths (Salvatore *et al.* 2022), it is not certain what the consequences on non-Covid-19 ill health would have been. Such modelling is being advocated for future pandemic preparedness and management, and

can definitely contribute, but it needs to look beyond the pandemic virus to all sources of ill health and ill-being.

In terms of managing the pandemic well this analysis leaves three possible options, which could be combined in various ways:

1. Balance any restrictions considered necessary with strong mitigating measures to reduce impoverishment and wider downward mobility that restrictions inevitably lead to. This was open to developmental states and those with the fiscal space and political motivation to protect vulnerable people. However, the need for such restrictions should be re-examined afresh with each pandemic and according to context. No general global directions should be imposed.
2. Rely on previous strong investments in national and regional health services and community-based health provision, both to change behaviour and also to deal with extensive co-morbidities and ill health caused by the virus.
3. Decentralise decision-making to local governments or administrators who can devise and implement the best pandemic responses possible for local areas, within a range of responses legitimated by the central government.

3 Conclusion

The trade-off between saving lives and livelihoods was especially challenging for people in and near poverty in developing countries, informal and casual workers, and women, for many of whom staying and working at home, furlough, social distancing, handwashing and buying masks were either impossible, not available or – at least – very difficult. These challenges intersected most powerfully in urban informal sector settings.

Decision makers in many situations had little understanding of how poor people earn their livelihoods, their precarity, and how cash poor and deprived in multiple dimensions they can be. Developing that understanding in public and public policy discourses before future crises is of great necessity. Among our countries of focus, exceptions to this were in the aspiring ‘developmental states’: Cambodia, South Africa and, to a lesser extent, Rwanda, where concerted efforts went into balancing restrictions with mitigating measures – in Cambodia’s case, through a range of new or reinforced measures; in South Africa’s, through a great expansion of social protection; and in Rwanda’s, through expanding social protection to the urban informal sector.

In other cases, the choice was made to reduce the number of restrictions or shorten their length. Nicaragua refused to go along with the global imposition of restrictions, preferring to rely on its robust pre-pandemic investment in the health sector and community-based health provision, including for vaccination. Tanzania was an extreme case in quickly abandoning any official backing for restrictions and not reimposing them, preferring to go the way of indigenous remedies, which was not a successful strategy in terms of excess mortality; however, its underlying strategy was the same as Nicaragua’s: ‘between 2015 and August 2019, a total of 419 (8.3%) health facilities (Consisting of 350 health centres and 69 District Council Hospitals) were either renovated or constructed and equipped to offer safe surgery services’ (Kapologwe *et al.* 2020). Bangladesh imposed and enforced restrictions for a month, then quickly elected to reopen the economy with behavioural guidelines in place, and delegated decisions on balancing restrictions with mitigating measures to local governments.

These two groups illustrate the main policy choices available to poorer

countries: (1) balance restrictions with strong mitigating measures, which requires the fiscal space, political settlement and political economy to do so, and in the case of health services, a long period of sustained investment; or (2) find other ways of minimising the damage public health-based restrictions can cause by limiting them and their effects.

LICs, in particular, need to be able to boost their mitigation responses in any future pandemic or other crisis. A pandemic needs to be treated as a multidimensional crisis rather than just one of public health, and to involve the full response of disaster management agencies that in LICs and many LMICs are supported by international agencies and significant humanitarian aid. Decision makers saw the Covid-19 pandemic first and foremost as a public health crisis. However, in many poor countries, it was in fact a human-made disaster, resulting from inadequately thought-through public health-led policies. Where it was properly treated as a more complex disaster, where a wider range of relevant issues, indicators and decision makers were brought into the process, results were better.

Such lessons need to be incorporated into crisis preparation at national and local levels. Panic measures should be avoided as far as possible, as should imposing unnecessary restrictions, such as border closures, as both are very damaging to resilient livelihoods. This means sticking to pre-existing evidence-based plans until they are found wanting by new circumstances. Compounding measures, such as clearing the streets of petty traders for planning rather than public health reasons, should also be avoided during a pandemic.

Decentralisation can be an important tool of crisis management, and is enshrined in the WHO Constitution and many of its practical guidelines. Over time, management of the crisis was

decentralised from national to local governments in some countries, as they found that conditions varied across space, and decisions about school and market closures, or lockdowns, were best made locally where decision makers were close to good sources of information. For example, school closures were imposed as blanket national measures at first; but later, some governments realised that schools could stay open where there was low virus prevalence.

This is a major lesson for future pandemics: give local governments a say in decisions from the beginning. Local governments were also well placed to work with companies and informal sector businesses and market operators on whether and how they could remain open, and how value chains could remain operational, providing much needed jobs and self-employment opportunities. The caveat is that much may depend on the capacity and the leadership of individuals. If these are very unevenly distributed, decentralisation can lead to more uneven outcomes than a more centralised approach.

Where the state's responses are limited, as in conflict situations, community responses come into their own, especially where local governments can play an enabling role. Local people are well aware of who is suffering and how, and can play a strong part in developing and implementing mitigating measures. Community based responses were more widely used, especially where there were external agencies facilitating this, as with non-governmental organisations (NGOs) in Bangladesh.

On paper, there may have been many mitigating measures, but in practice they were variably implemented, depending on the capacities of government departments and local authorities. In many cases, they missed poor and vulnerable people who may live in remote areas and without

good means of communication, and may be informally employed or self-employed, and unable to take advantage of support offered. Fiscal space is one determinant of how much mitigation occurs in practice; the evolving character of political settlements is another. Unsurprisingly, the nature and quality of implementation are critical.

There is a need for decision makers to go into the next pandemic or crisis

armed with an adaptable list of mitigating measures that can work for people in and near poverty in different contexts. The subsequent chapters and report conclusions, and accompanying policy note offer this. This discussion should be part of basic training and strategising for NDMA's and – with respect to pandemics and epidemics – ministries of health.



The responsiveness of social protection through the Covid-19 crisis

4

Key messages



Social protection coverage in LMICs was low going into the pandemic. Countries with well-functioning systems were in a better position to respond to the crisis, but funding for social protection is highly inadequate in these countries and a fraction of what HICs spend. Highly unequal investments in people's capacities to withstand and recover from the Covid-19 crisis through social protection will likely contribute to higher global inequalities.



There was a surge in social protection programmes in response to the Covid 19 crisis, but the majority were temporary – many lasted three months and most had concluded by the end of 2021 – and benefits in most countries were too low to prevent impoverishment and destitution among vulnerable households.



Support to businesses and other indirect wage support made up a large share of social protection measures, eclipsing programmes directly supporting individuals, households or informal workers who make up the majority of people in lower-income settings, and those who were worst affected by the pandemic.



Some countries mobilised social protection responses quickly and programme innovations were achieved – particularly in digital disbursement. Positive lessons can be drawn on how to adapt social protection measures in the event of a global pandemic or similar crisis.



The rapid expansion of existing programmes, and design of new programmes, often overlooked the needs of vulnerable groups. Many countries lack comprehensive and up-to-date registers of eligible social assistance beneficiaries and there is a dearth of information on groups structurally excluded from existing social protection schemes – there were some positive examples of effective targeting of harder-to-reach and vulnerable groups from which lessons can be drawn.

4.1 Overview

This chapter begins with a brief overview of the state of social protection globally leading up to the Covid-19 pandemic and the differential preparedness among LMICs. It then examines the range of social protection measures that were introduced, expanded, or innovated over the first two years of the pandemic. We found high heterogeneity in the types, scale and duration of social protection measures adopted during the pandemic, with an overall trend towards liquidity support for firms and short-term cash assistance. The chapter highlights countries that have made significant adaptations to their social protection coverage or delivery approaches and considers lessons that can be learned for medium- to longer-term structural improvements and improved preparedness in the face of future crises.

4.2 Social protection leading up to the Covid-19 pandemic

Social protection is now widely seen as an ‘indispensable’ means of tackling poverty and vulnerability (OECD 2019: 6). Most governments have been actively working on improvements to coverage and delivery of social protection alongside bilateral and multilateral donors, NGOs and community groups. A key informant from Cambodia observed that ‘civil society has been advocating for increased social protection for years, but it took a crisis to create change and trigger attention’. The scale of the shock of the Covid-19 pandemic and its far-reaching health and economic consequences meant that even the best-designed systems would need to adapt to meet new needs and risks that had arisen. Some countries were in a stronger position than others to support

people living in poverty and those at greatest risk of impoverishment.

Going into the Covid-19 pandemic, LMICs had significantly lower social protection coverage than HICs and were therefore confronted with a far greater challenge to protect their populations from direct and indirect effects of the pandemic. Global inequities are likely to increase if vulnerable people in LICs continue to be pushed further behind by global crises or smaller-scale shocks that threaten livelihoods and overwhelm coping strategies. As of 2020, only 8.7 per cent of people in LICs had at least one social protection benefit (excluding health insurance), compared with 24 per cent in lower-MICs and 45 per cent in upper-MICs (based on ILO 2022a).

These gaps in coverage are mirrored by gaps in public spending on social protection. HICs spend 16.4 per cent of GDP on social protection on average (excluding health), twice what upper-MICs spend (8% of GDP), six times as much as LMICs (2.5%) and 15 times as much as LICs (1.1%) (ILO 2021a). People in lower-MICs were also more likely to incur direct costs associated with treatment of Covid 19, given that out-of-pocket spending on health is significantly higher in LMICs (WHO 2018). The risk of impoverishment and destitution linked to Covid-19 was therefore greater in these countries, whether through direct health costs from the pandemic or through the many indirect effects against which most countries had no formal protection.

Some countries have gone against these wider trends. Countries that had achieved higher than average social protection relative to income show that broad-based social protection coverage is possible under diverse constraints. Among lower-MICs, Zambia and Togo had coverage comparable to the lower-MIC average in 2020, with 24.6 per cent and 23.2 per cent of their populations,

respectively, having access to at least one benefit (ILO 2022a). Bolivia and Vanuatu, both lower-MICs, had coverage above the upper-MIC average; and Mongolia, also a lower-MIC, had universal pension and disability coverage in 2020. Brazil and China had 100 per cent social protection coverage for people living in poverty in 2020, as did the Dominican Republic (ILO 2022a).

Emerging evidence on the effects of pre-existing social programmes indicates that well-established programmes cushioned people living in poverty from some adverse effects of the pandemic, at least in its early phase. A survey in Ethiopia's highlands in June 2020 found that recipients of the flagship social protection programme, the PSNP, were less likely to face food insecurity or reduce expenditures on health, education, and agricultural inputs compared to non recipients (Abay *et al.* 2020). Indonesia's expansion of social protection to encompass vulnerable groups was largely done through existing mechanisms, with evidence suggesting that targeting processes were largely effective, building on earlier improvements (see Box 4.A). Existing components of Rwanda's social protection programme were significantly scaled up during the pandemic, particularly the Nutrition Sensitive Direct Support transfer that was extended to 200,000 beneficiaries by the end of 2021, up from 30,000 in 2020 (World Bank 2023).

Countries with limited social protection systems in place struggled to respond to heightened needs, which has been found to be the case in most fragile contexts (Bastagli and Lowe 2021). However, the Covid-19 crisis prompted efforts to improve social protection provision in some fragile and conflict-affected contexts. In Niger, for example, international actors working on social and humanitarian assistance have been exploring ways of joining up interventions

in the longer term (BASIC 2021). And Nigeria's Rapid Response Register, set up in response to Covid-19, has improved access to social protection for displaced people and refugees (*et al.*).

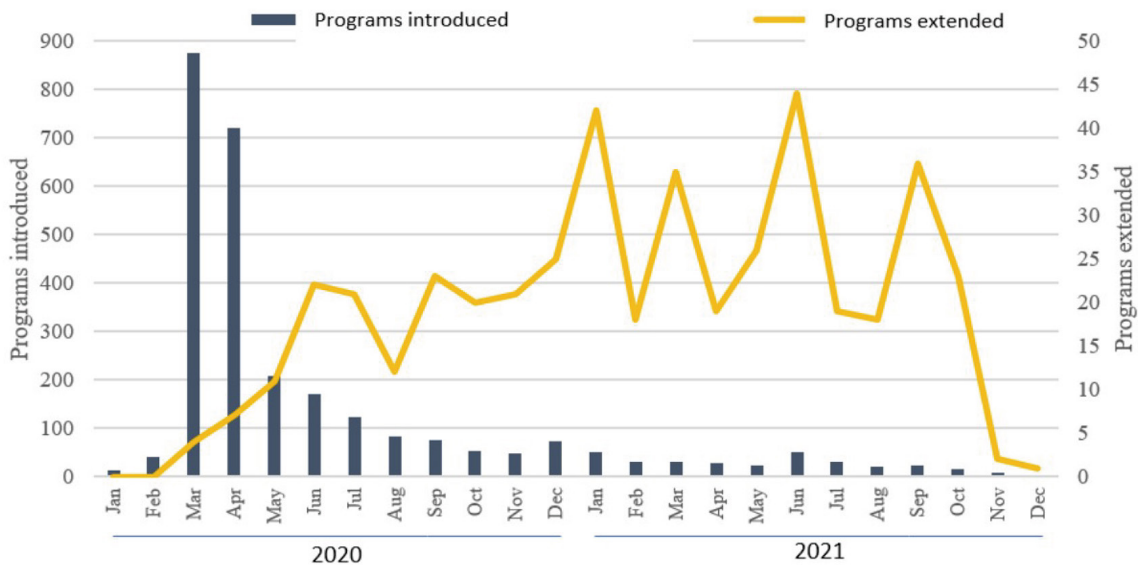
4.3 Overview of the global social protection response

“To distribute money from Dastarkhwan-e Meli [a government programme], a team came to our village, listed the people, and registered them in a biometric system. Later, people who had been registered could go and get their money. This was the only support after Corona Virus. We did not get any other support.”

(LHI, Afghanistan)

There was a rapid upsurge in social protection programmes globally between March and April 2020, though the window of new interventions was short relative to the duration of the pandemic. Most new interventions were introduced in March and April 2020, tapering off significantly from May onwards (see Figure 4.3.1). Some programmes were extended into the pandemic, though only a small number of the total programmes introduced (note the difference in the right- and left-hand scales in Figure 4.3.1). Some programmes were announced but were

Figure 4.3.1: New social protection programmes introduced and extended since the Covid-19 pandemic (no. of programmes, 2020/21)

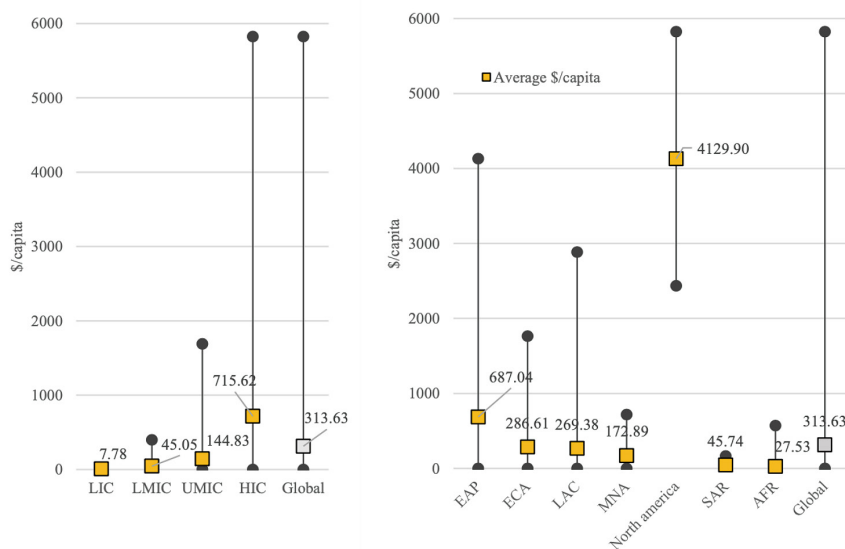


Source: *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*, 2022. World Bank. Used under CC-BY-3.0 IGO.

either not implemented or implemented at a smaller scale than was planned. By December 2021, most social protection programmes introduced in response to the pandemic had largely concluded. The social protection response period was therefore short, despite economic and social disruptions continuing well into 2021, and many households still struggling to recover from the initial disruption.

Social protection and labour spending in the first two years of the Covid-19 crisis varied widely, with a clear relationship between spending and country income status (see Figure 4.3.2). LICs spent 1.3 per cent of GDP on social protection and labour measures between 2020 and 2021, compared with 1.7 per cent in lower-MICs, 2.5 per cent in upper-MICs and 2.1 per cent in HICs (Gentilini *et al.* 2022: 8).

Figure 4.3.2: Social protection and labour spending (\$US per capita, 2020/21)



Source: *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*, 2022. World Bank. Used under CC-BY-3.0 IGO.

These averages are skewed slightly by exceptionally high spending in some countries such as Fiji (a UMIC), which spent 35 per cent of GDP on social protection and labour measures; or Micronesia (a lower-MIC), which spent 11 per cent of GDP on social protection and labour measures (*et al.*).

Social protection coverage increased overall in the early phases of the pandemic; however, disruptions to existing programmes also occurred. A survey in Somalia in September 2020 found that 80 per cent of respondents had experienced a decrease in or stoppage of their transfers largely because cash for work and training activities were suspended due to Covid-19 containment measures that prevented in-person gatherings (Ground Truth Solutions 2020a). School feeding programmes in many countries were also disrupted, exacerbating threats to food security for many children (see Chapter 6).

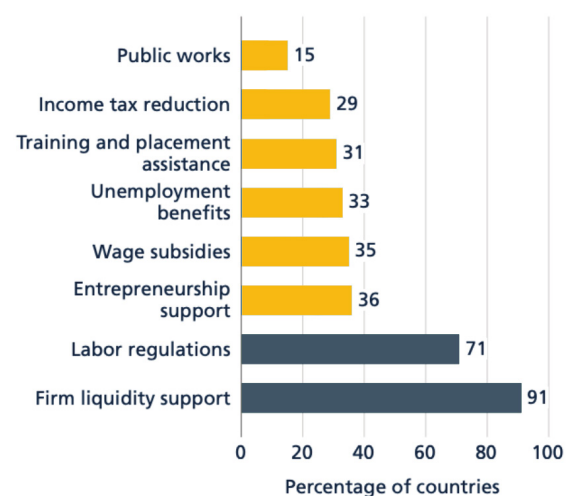
4.4 Labour market measures

“If the government only thinks about the factory owners and not about the common people like us, things will only go south. Not everyone got support and relief during corona; 2–3 people out of every 10 got support.”

(LHI, Bangladesh)

Support to businesses eclipsed direct support to workers in many countries, raising critical questions around how governments support different segments of the economy during times of crises. One review (De la Flor *et al.* 2021) found that 55 per cent of all social protection measures targeted the labour market, followed by 38 per cent targeting social assistance and 7 per cent social insurance. Among labour market support measures, liquidity support for registered firms in the form of loans and credit guarantees, tax relief and postponement of social security contributions were the most widely applied measures across LMICs (see Figure 4.4.1). Changes to labour regulations involved permitting flexible working arrangements (such as teleworking) and modifying labour regulations to increase workplace health and safety (*et al.*: 4). Regulations on dismissal, compensation and leave policies were more mixed, with some policies introduced to prevent firms from dismissing workers or decreasing remuneration, while others allowed temporary cancellation of contracts and remuneration decreases (*et al.*).

Figure 4.4.1: Distribution of Labour market measures, by type (%)



Source: *Taking Stock of COVID-19 Labor Policy Responses in Developing Countries*. 2021. World Bank. Used under CC-BY-3.0 IGO.

Unemployment benefits were largely absent in LICs leading up to the pandemic and there appears to have been little progress made in extending these critical protections for workers. Only 3 per cent of LICs and 13 per cent of lower-MICs had unemployment protections in place prior to the pandemic, compared with 76 per cent of HICs (Djankov and Georgieva 2020). No new unemployment insurance schemes were identified in response to Covid-19, though some existing schemes expanded coverage to previously excluded workers, including domestic workers in Argentina and self-employed people in Jordan.

In the absence of unemployment benefits, many countries introduced wage subsidies to stabilise workers' incomes, though these mainly applied to jobs in the formal sector. The Government of Bangladesh provided wage subsidies to companies in the ready-made garment sector to pay three months' wages. The Government of Cambodia extended payments to workers in the garment, textile and footwear sector to the end of September 2021. South Africa's Temporary Employer/Employee Relief Scheme was limited to formal workers, though emerging evidence suggests lower-wage workers benefited most (Köhler, Hill and Borat 2022).

Vietnam and Morocco are notable exceptions, where wage subsidies were extended to some informal workers. The Government of Vietnam extended social assistance support to informal workers equivalent to that made available to formal workers (1m dong per month for up to three months). Targeted informal workers included street vendors, passenger motorbike and pedicab workers, rubbish and scrap collectors, and self-employed people (World Bank 2021a). However, only around 948,000 of the 5,000,000 eligible informal workers received support, likely because informal workers were not previously on an existing

social protection registry, and because of barriers to joining the registry, such as proof of income and place of work (*et al.*).

Public works programmes were a small portion of labour market measures introduced following the outbreak of Covid-19, but many existing programmes were adapted or expanded to provide temporary work opportunities. India's MGNREGS increased wages and supported returnee migrants who had lost their jobs at the outset of the pandemic. One study estimated that around 7.5 million migrant workers benefited from MGNREGS during lockdowns, securing 28 per cent of the daily income they received before the pandemic (Lokhande and Gundimeda 2021).

The Government of Cambodia introduced a new cash-for-work programme, creating work opportunities in rural infrastructure and agriculture for around 1 million people. Some public works programmes were disrupted during the pandemic, and the crisis has highlighted the need for revisions to long-standing programmes. Key informants from Ethiopia, for example, suggested the PSNP be re-analysed and modifications be made in light of inflation and increasing demand for cash-for-work programmes.

“The only source of income for our household is the money we get from the PSNP [public works programme] and some small fruit we sell from the garden.”

(LHI, Ethiopia)

Many of the labour market measures introduced in response to the pandemic appear to be broadly designed, overlooking longstanding and well known labour market disparities that were exacerbated through the crisis.

Young people were disproportionately impacted by rises in unemployment during the pandemic, but few measures were introduced to extend social protection to this group. People aged 15–24 have experienced higher losses in employment than older workers since 2020 (ILO 2022b). It is estimated that 6 million more young people were unemployed in 2022 compared with 2019, and their rate of inactivity in the labour market have risen significantly (*et al.*). Young people were overrepresented in sectors badly affected by travel restrictions and lockdown measures such as tourism; and weak labour market institutions, such as those supporting transitions from school to work, were ill-equipped to respond to the crisis (Rinne *et al.* 2022). Rinne *et al.*'s review found that many labour market measures introduced in response to the pandemic lacked an explicit focus on young people.

The Covid-19 pandemic had multiple gendered dimensions with widespread impacts on women's participation in the labour market. Like young people, women were over represented in sectors the pandemic affected such as tourism, domestic work and garment manufacturing. Women also bore a disproportionate share of caring responsibilities, including looking after children out-of-school, caring for vulnerable family members or those that became ill which disrupted their labour activity. These factors contributed to more women leaving the labour market than men, even in countries where men's unemployment was higher before the pandemic (ILO 2021c).

According to the United Nations Development Programme's Covid-19 Global Gender Response Tracker, most labour market measures introduced have not been gender responsive. The tracker shows that of the 875 labour market measures adopted in response to Covid-19, only 158 were gender sensitive (UNDP n.d.). Emerging evidence on labour participation as countries have begun to recover indicates that women are being left behind, with women's employment growth lagging behind that of men (ILO 2021c).

Box 4.A: Philippine youth employment strategy adopted as part of the Covid-19 recovery



The Philippines stands out as one of the few countries to adopt a youth employment focused Covid-19 recovery strategy based on the ILO's advised policy framework for responding to the crisis (Rinne *et al.* 2022). Youth unemployment in the country doubled between 2019 and 2020, the result of one of the most stringent lockdown policies, which disrupted jobs, education, and training opportunities. The focus of the youth employment recovery strategy has been on building human capital, with a major component being the extension of training and learning opportunities through distance and blended learning.

The government's JobStart Philippines Program funds ten days of life skills training and includes a daily allowance, and a grant to employers to cover training and administration costs and pays trainees' accident insurance. The programme pre dates the pandemic but has since been modified by moving many functions online, including virtual engagement with trainees and employers. The life skills training component was also adapted into an online course, adding modules on mental health, digital literacy, health and safety, and women's empowerment (ADB 2022).

As the pandemic recedes, governments will need to turn their focus to active labour market policies that get people back into work. It is also an opportunity to implement critical legislative changes and investments in improved labour protection programmes. Improved legislation and attention to workers' rights was largely absent from most government responses to the pandemic, beyond adjustments including shorter working hours, severance payment obligations, modification to leave policies, occupational health and safety, and strengthened rights for remote and teleworking.

At the 109th Session of International Labour Conference hosted by the ILO in 2021, 181 countries unanimously adopted a Global Call to Action for Human-centred Recovery, with a pillar on protection for all workers. It calls for redoubling efforts on adequate wages, limits on working time, occupational safety, and health measures, advancing gender quality, and combating violence in the workplace (ILO 2021b). It also calls for universal access to comprehensive, adequate, and sustainable social protection, including for self-employed people and informal workers (*et al.*). The ILO also developed detailed guidance on the sequencing of policies during Covid-19 and through the recovery period (ILO 2022c).

4.5 Social assistance

“I received 1,000 Kenyan shillings [US\$9] as a covid reprieve from the government and got flour, sugar and soap from well-wishers. I was not on any cash transfer programme before the covid reprieve. I am happy I got this because I could not have managed to line up for food during this time.”

(LHI, Kenya)

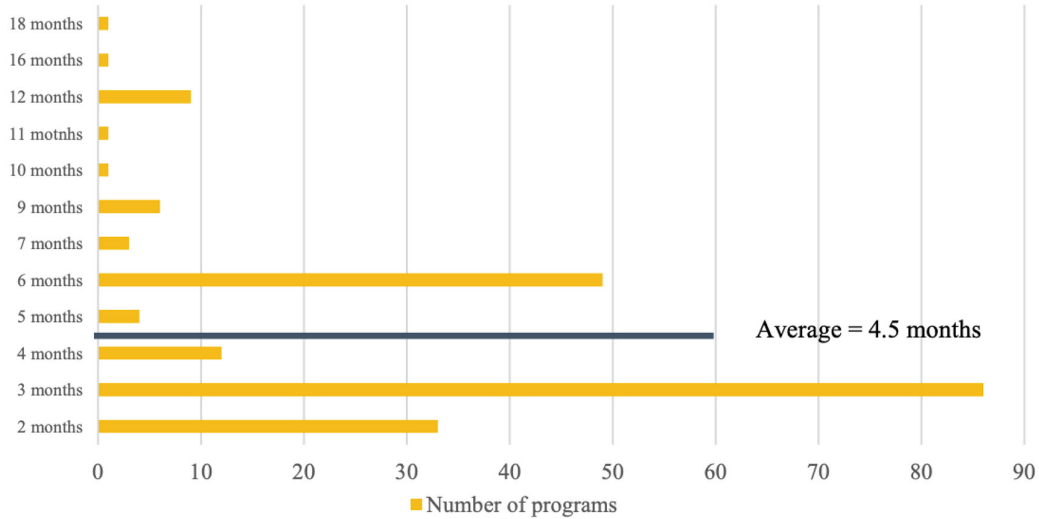
Social assistance in the form of cash or in-kind transfers, social pensions, school feeding, and utility payment waivers or postponements were adopted in most countries as a direct form of support to eligible households. Transfers are one of the most direct and expedient ways to support people through times of crisis, which evidence from the pandemic has begun to confirm. Cash transfers are now the preferred option for many humanitarian assistance providers because they facilitate choice and dignity, allowing people to tailor assistance to meet their individual priorities and multiple needs (EU 2022).

Cash transfers were the most common social assistance programme introduced in response to the pandemic, followed by utility and financial obligation support waivers and postponements, in-kind food and voucher schemes, school feeding and social pensions (Gentilini *et al.* 2022: 10). Most programmes seeking to reach new beneficiaries were new initiatives, with a smaller share of existing programmes expanding coverage (*et al.*: 12). This may be because new programmes or add-ons would be easier to end, thus containing the financial commitment. Around half of

all new programmes globally were one-off cash transfers—as the life history example from Zambia in Life-History Figure 3 also illustrates— while the overall duration of cash transfer programmes was 4.5 months (Figure 4.5.1) (Gentilini *et al.* 2022). Most programmes of longer duration were found in HICs; however, some were extended well

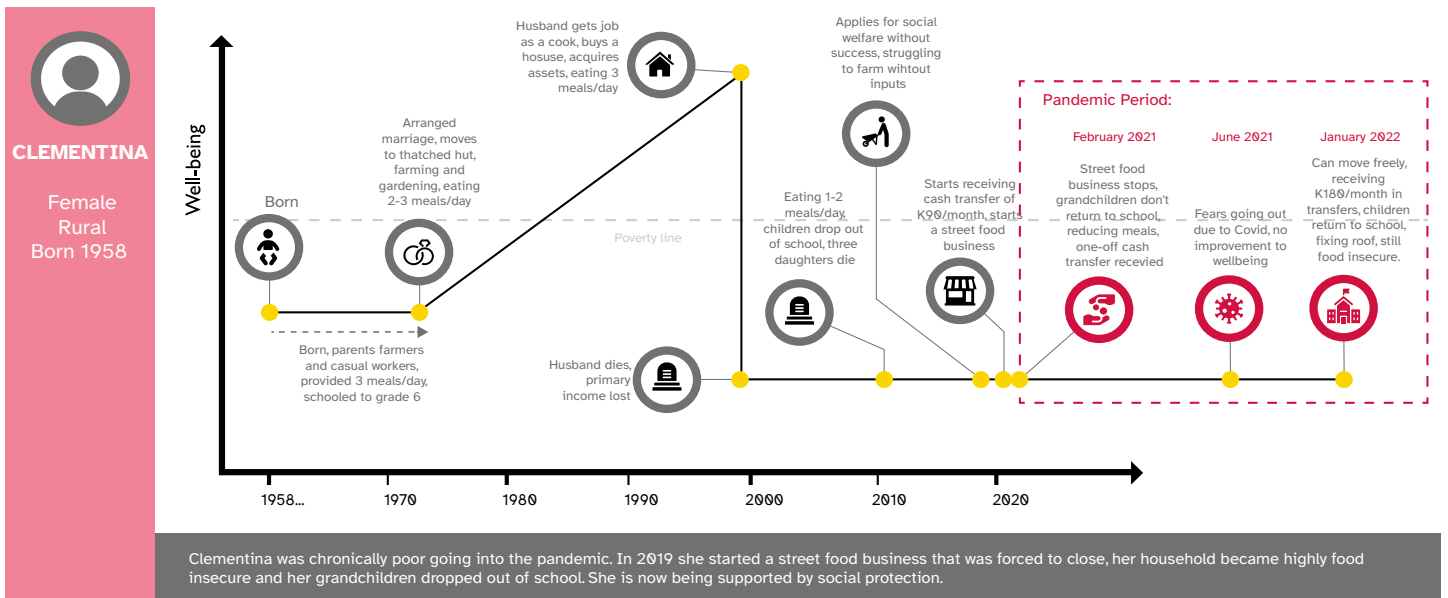
into the pandemic, such as Brazil’s Auxílio Emergencial cash transfer programme, which provided payments of decreasing size up to the end of 2022. Brazil’s early success in reducing poverty through the emergency cash transfer programme has also prompted national discussions about social protection expansion in the longer term.

Figure 4.5.1: Duration of cash transfer programmes (months)



Source: *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. 2022. World Bank. Used under CC-BY-3.0 IGO.

Life-History Figure 3: Clementina, Zambia

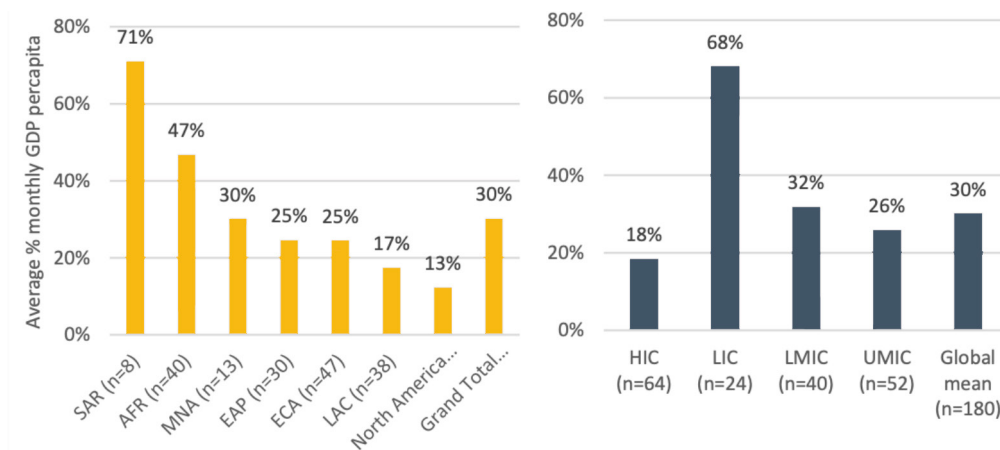


Source: Authors' own.

The value of cash transfer programmes varied widely. Benefit size as a percentage of GDP per capita is one dimension of social protection coverage in which LICs performed well. The

average value of transfers in LICs was 68 per cent of monthly GDP per capita, whereas the global average transfer was 30 per cent of monthly GDP per capita (see Figure 4.5.2).

Figure 4.5.2: Size of cash transfer benefits (% of monthly GDP per capita)



Source: *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. 2022. World Bank. Used under CC-BY 3.0 IGO.

“We couldn’t work for living, but the government supported ...us by providing food.”

(LHI, Rwanda)

In-kind transfers, particularly food transfers, were a key feature of many social assistance responses in LMICs. Food insecurity rose dramatically in 2020, in part driven by Covid-19 lockdown measures, but also due to other crises such as climate shocks and conflict, making food less available or more expensive. The prevalence of undernourishment increased from 8.4 per cent in 2019 to around 9.9 per cent globally in 2020, the first significant increase in five years (FAO 2021). And while moderate or severe food insecurity had been slowly increasing since 2014, the increase in 2020 is estimated to be equal to that of the previous five years combined (*et al.*).

Multipronged approaches that address food security, livelihoods, gender and children have been promoted as highly impactful social protection interventions. Home-grown school feeding initiatives are one such approach. These are designed to provide children with nutritious food sourced from local smallholders. Rwanda’s Vision 2020

Umurenge Program is another promising approach, which employs poor beneficiaries with caring responsibilities as caregivers in home-based early childhood development centres, who are also trained in promoting nutrition and better parenting knowledge and practices (World Bank 2023).

A small number of countries introduced new universal social assistance programmes, but outside wealthier upper-MICs, Timor-Leste stands out as the only country to do so. The Government of Timor-Leste provided a nearly universal monthly basic income for 318,527 households earning less than US\$500 per month, which a representative survey found was primarily used to buy food and clothing, or for health or education purposes (UN Timor-Leste 2021). The survey also found that people were generally happy with the universal approach the government took. The programme was financed through a wider Covid-19 Fund of US\$250m established in April 2020 and involved a transfer from Timor-Leste’s Petroleum Fund.

Peru’s Bono Familiar programme also stands out as nearly universal, aiming to reach households that did not receive any income during the country’s state of emergency, reaching 88 per cent of the population (Gentilini *et al.* 2022: 14). An expansive social register in place prior to the pandemic helped facilitate

rapid extended coverage in Peru, and the government collaborated across ministries and with the telecommunications

supervisory body to communicate with people about eligibility for the programme (Beazley, Marzi and Steller 2021).



Box 4.B: South Africa's big push to expand social protection during Covid-19

The Government of South Africa's social protection response stands out as one of the broadest responses, seeking to expand both vertically (benefit size) and horizontally (new beneficiaries). Rather than relying on one signature cash assistance programme of limited duration, as many other governments did, the government adopted a multipronged approach to its social protection response.

In May 2020, the government introduced a special Covid-19 Social Relief of Distress grant worth R350 per month to expand social assistance coverage. This was the country's first digital cash transfer programme, and the first social assistance grant informal workers and long-term unemployed people were eligible for. Nearly 10 million applications were received for the grant, 6 million of which were approved (10% of the population of South Africa) (Atkins 2021). The government also increased the existing monthly Child Support Grant from R440 (US\$31) to R740 (US\$52).

The Presidential Employment Stimulus was also introduced in April 2020 to augment existing government commitments to employment creation. This employment generation agenda involved the Expanded Public Works Programme (EPWP), Strategic Integrated Projects for infrastructure and the Presidential Youth Employment Intervention (Rinne at al. 2022: 30). Demand for the EPWP increased when the national lockdown was imposed and quickly mobilised participants at community level, expanding existing projects and identifying new ones, including public health activities and care work for vulnerable populations (FAO 2020). However, implementation challenges during lockdown measures meant that the EPWP created fewer work opportunities between April and December 2020 than during the same period the previous year (South African Labour News 2021).

Evidence and perceptions of the Government of South Africa's social protection response have been mixed. A rapid assessment of the Covid-19 Social Relief of Distress Grant found that most recipients found the application process accessible (as did most people whose application was rejected), though some who were eligible reported not applying due to the perception that they needed a smartphone to apply. Targeting concerns have also been raised, with more men qualifying (67.6%) than women (32.1%), and people who completed high-school or above more likely to apply than people who achieved a lower level of education (Department of Social Development, Government of South Africa 2021). Another study identified indirect costs associated with accessing the grants, such as transportation costs to reach a post office to access the funds or corruption among post office workers taking a percentage of the transfer (Megannon 2022). Design features of the grant have been criticised for posing barriers to people living in poverty, which prevented them from applying or being eligible: the grant targeted people who were not receiving another form of government support; it required an ID number, which has associated hurdles; and many eligible people were rejected based on out of date government data (Atkins 2021). The programme was also relatively slow to roll out and payments were often delayed. One key informant indicated that delays in administering the Social Relief Distress Grant 'meant that the grant wasn't able to address the problem it was introduced for'.

Evidence collected during the pandemic found no universal preference for cash over other forms of support, though cash generally appears to have been the preferred modality, at least in cases where markets were functioning and accessible (Lawson McDowall, McCormack and Tholstrup 2021). Analysis of post-distribution monitoring by the United Nations High Commissioner for Refugees

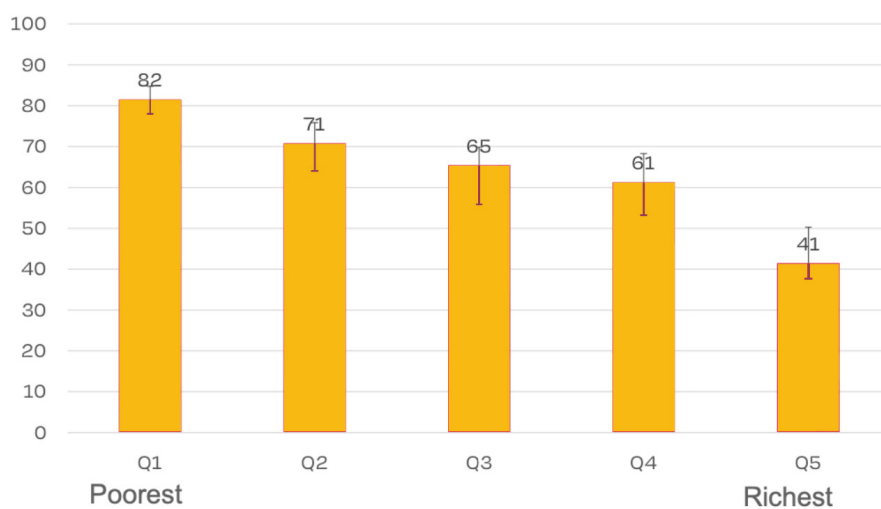
(UN Refugee Agency) in 13 countries, for example, found that 80 per cent of respondents preferred cash assistance and that 88 per cent could find what they needed in their local market (UNHCR 2020). A survey in northern Nigeria, however, found that in-kind support and vouchers were the preferred modality in some areas, largely due to reduced spending power in those areas (Ground Truth Solutions 2020b).

Box 4.C: Broad and efficient targeting of cash transfers in Indonesia

Social protection through cash assistance formed a large part of the Government of Indonesia's Covid-19 response under the National Economic Recovery (PEN) programme. In 2020, the government allocated 230tn rupiah (US\$15.1bn) for expanded social protection programmes under the PEN programme, with new efforts to include vulnerable groups not previously reached by other social protection programmes. The government's budget for social protection further increased between 2021 and 2022, from 148tn rupiah (US\$9.7bn) in early 2021 to 153tn rupiah (US\$10bn) in July 2021 (UNICEF 2022). It is estimated that Indonesia added around 50 per cent of the population as new beneficiaries (World Bank 2021b).

Emerging evidence indicates that social protection coverage was more likely to reach the poorest people than other wealth groups (see Figure 4.5.3). Two recent surveys found that 86.7 per cent of households received at least one form of social assistance in 2020 and 80.2 per cent received some form of assistance in 2021 (UNICEF 2022). People in the poorest quintile were identified as the main recipients of transfers, though one in three households in the bottom 40 per cent did not receive any cash assistance in 2021. Problems with disbursement were also identified by one in four households eligible for assistance (*et al.*).

Figure 4.5.3: Proportion of Indonesian households that received any social assistance or subsidies, by wealth quintile (% , May 2020)



Source: Indonesia High-frequency Monitoring of Covid-19 Impacts. 2020. World Bank. Used with permission, CC-BY-NC. Source: World Bank (2020)

Continued:

Studies on the impact of social assistance programmes in Indonesia suggest they have been effective in mitigating impacts of the pandemic on vulnerable households. Comparing household-level outcomes among social assistance recipients and non-recipients, the United Nations Children’s Fund (*et al.*) found that social assistance mitigated the potential increase of moderate and severe food insecurity by 57.1 per cent, with the greatest impacts observed among households with family members with a disability, female-headed households, households with children and urban households (*et al.*: 53). Another study examining household expenditure changes between September 2019 and September 2020 found that households in the poorest quintile faced a significantly lower decline in expenditure than expected, based on estimations from growth incidence curves (Suryahadi, Al Izzati and Yumna 2021). One factor attributed to Indonesia’s success in rapid and broad expansion to cover vulnerable groups has been the government’s earlier learning on community targeting for social protection. Research in 2008 found that over half of all households living below the poverty line were being excluded from existing social protection programmes (J-PAL n.d.). Based on this finding, the government and its partners trialled three different targeting methods – proxy means testing, community targeting and a hybrid method. An evaluation of these targeting approaches found that proxy means tests were more effective at targeting based on pre-determined categories, but community targeting improved satisfaction and the disbursement process, and improved targeting of people who self-identified as poor. The decision to adopt community-based targeting as part of Indonesia’s Covid-19 response was reportedly based on these earlier learnings (J-PAL 2021).

A range of social assistance measures were adopted to address impacts of the pandemic on children and households caring for children. A small number of upper-MICs introduced targeted support for parents of new-borns to mitigate the cost of raising a child during the pandemic (Gentilini *et al.* 2022: 27). One-time cash transfers for pregnant women and women with children below three years old were implemented in 16 countries, and 82 other countries

provided childcare benefits to parents with children below 18, with various additional criteria (*et al.*). Some countries introduced transfers targeted at maintaining children’s education through lockdowns and school closures. The Government of Malaysia provided cash assistance to purchase digital technologies to enable online learning; and the Government of Botswana provided transfers to cover student’s living expenses (Gentilini *et al.* 2022: 27).

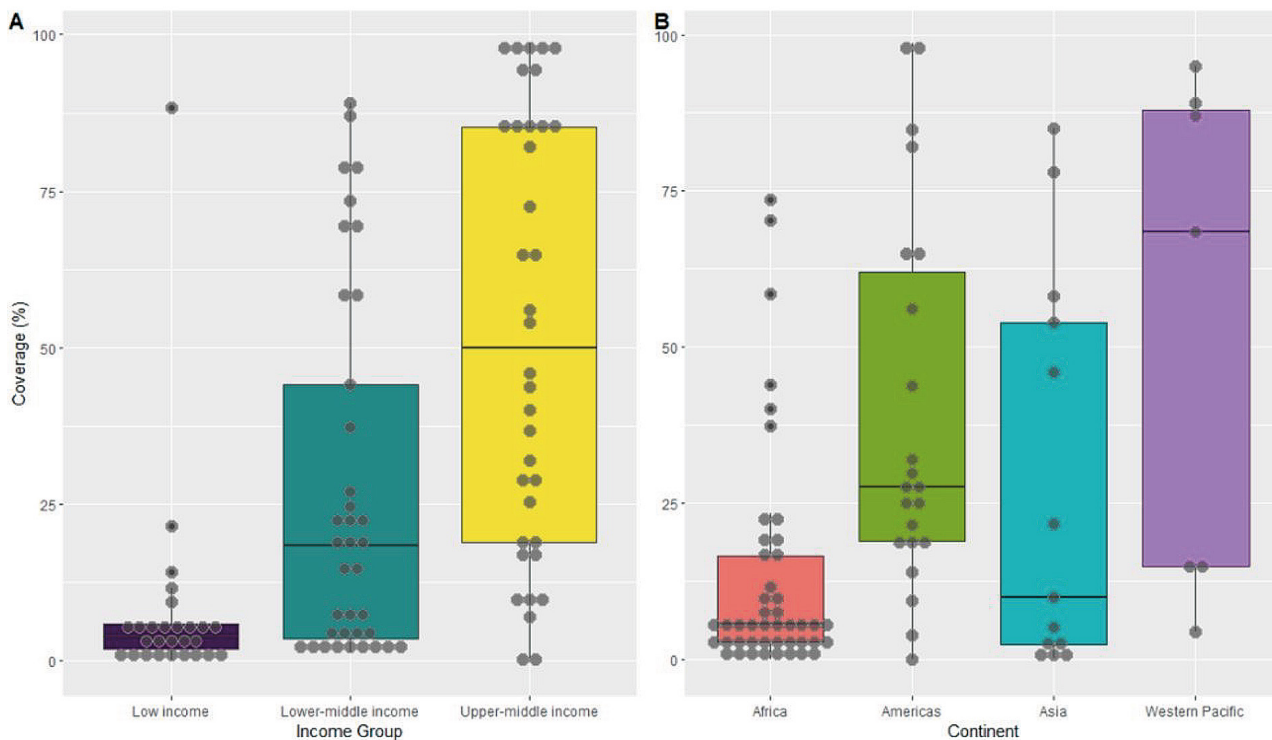
4.6 Social insurance

“I had a business of selling fish... They put us in the third category of ubudehe [welfare categorisation that is not eligible for support] so we had to pay for community-based health insurance. The business stopped, the land I had I sold it so my child could go to school. In general, those things made us fall backwards.”

(LHI, Rwanda)

Insurance mechanisms such as health insurance, paid sick leave, and pensions, in addition to unemployment insurance, as noted above, are critical policy measures needed to prevent impoverishment and promote sustained escapes from poverty. Health insurance and paid leave were particularly important in the context of a public health emergency. Many governments have been working on developing or improving social insurance schemes in recent years; however, coverage by nascent or limited schemes was so low going into the pandemic that most individuals and households in LMICs were not able to rely on these schemes. A recent review of health insurance coverage, for example, found that 7.9 per cent of the population in LICs is covered by health insurance, 27.3 per cent in lower-MICs and 52.5 per cent in upper-MICs (Figure 4.6.1) (Hooley *et al.* 2022). According to Gentilini *et al.* (2022), only 51 countries adopted health insurance support measures in response to Covid 19, making these one of the weakest responses among the measures studied by their review.

Figure 4.6.1: Health insurance coverage, by country income category and region (%)



Source: Health insurance coverage in low-income and middle-income countries: progress made to date and related changes in private and public health expenditure. 2020. BMJ Health. Used under CC-BY-NC 4.0

It is unlikely that any significant health insurance measures could have been introduced as an immediate response to the pandemic to extend support to people affected by the disease; however, the pandemic should be a stark reminder to governments that have yet to prioritise and invest in universal health insurance. The onset of the pandemic marked 20 years since African governments committed to spend 15 per cent of their national budgets on health, a target only a small number of countries have met, though none have maintained this level of investment over any significant period.

Some countries with limited health insurance coverage did introduce temporary insurance-like measures in response to Covid-19 that, while not systematic, may be indicative of commitments to prevent impoverishing health costs due to Covid-19 and beyond. The DRC, for example, extended free treatment for Covid-19, though health service provision has deteriorated, with the country facing multiple health crises (World Bank 2022). However, treatment costs in many contexts

were passed on to Covid-19 patients. In some countries, such as Nigeria, Ghana and Cameroon, Covid 19 patients were required to pay for oxygen (Davies, Mednick and Onwuzoo 2020).

Countries with health insurance schemes in place going into the pandemic were in a better position to rely on existing schemes or adapt them to reach vulnerable groups affected by the pandemic. In Thailand, one of the only upper-MICs with universal health coverage and with strong health service provision, financial protection against health expenses was extended to both nationals and legal residents, including migrant workers. This enabled patients to seek treatment at public or private hospitals free of charge (ILO 2021a). The Government of Indonesia issued 3tn rupiah (US\$ 66m) to finance contributions to the national health insurance scheme for 30 million non-salaried workers (Gentilini *et al.* 2022). The Government of Cambodia extended access to free public health services for households that were identified in poverty categories 1 and 2 (Box 4.D).

Box 4.D: Building on efforts towards universal social protection in Cambodia



When the Government of Cambodia, led by the President's Office, developed its social protection measures under the Master Plan for Covid-19 Response, it had recent institutional developments to build on. In 2017, the government had outlined a commitment to provide universal social protection (both assistance and insurance). The National Social Protection Policy Framework set out an expansive set of priorities, including emergency relief, school feeding and workplace injury compensation; and sought to coordinate the complex social protection landscape in Cambodia, which had become a patchwork of policies and programmes. A National Social Protection Council was formed to create a high-level interministerial body responsible for delivering social protection (GIZ 2022).

One area that the government had been working on was improved social protection targeting instruments. The Ministry of Planning in 2006 launched the IDPoor Programme as a mandatory standard tool for targeting pro-poor measures. The programme involves a combination of community-based targeting and proxy means testing, with an elected village representative group responsible for implementing the proxy means test. The programme regularly updates information on households living in poverty and makes the information available to the government and NGOs, which provide services and assistance. Households are categorised into four poverty levels: Poor Level 1 (very poor), Poor Level 2 (poor), At risk and Non-poor. Poor Level 1 (very poor), Poor Level 2 (poor), At risk and Non-poor.

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Adaptations to the IDPoor categorisation system contributed to the speed and reach of the government's Covid-19 social transfer scheme. The Ministry of Health authorised a separate ID questionnaire that was administered in health posts to determine if patients were poor but had not previously been assigned to an IDPoor category. If patients were identified as poor at a health centre, they would be eligible for free health services, transportation costs and a daily food stipend (*et al.*). An on demand process was also introduced, whereby households could request to be assessed for social protection coverage outside of standard targeting updating cycles. Health insurance provision was also extended to some informal workers by a 2017 regulatory change, though many were still not covered in 2020 (Kolesar *et al.* 2020).

In Rwanda, the government made amendments to health insurance to remove the processing period for accessing medical services through the Community Based Health Insurance Scheme (Box 4.E).



Box 4.E: Rwanda's health insurance coverage – a safety net during Covid-19

Rwanda had the highest rate of health insurance coverage in Africa going into the Covid-19 pandemic, estimated to cover 78.7 per cent of the population in 2014 (Barasa *et al.* 2021). The Community Based Health Insurance Scheme, which is centrally organised, is mandatory for all informal workers and contributory, with the highest contributions of US \$8 per member, and the lowest at \$2, with the cost subsidized for the two poorest categories of the population. Rwanda's investments in health and coordination of health insurance are unique among LICs and have been attributed to the dominant political settlement in Rwanda, with the ruling party making access to health care a central feature of its core ideology (Chemouni 2018).

Of course, health insurance is only meaningful to the extent that services are available for people to access. The Government of Rwanda's recent investments in health infrastructure have also helped households access treatment. Health posts have been expanded throughout the country to reduce the distance people have to travel to access advice and treatment. This proved significant during Covid-19 lockdown measures, as the number of visits to local health posts increased by 260 per cent between July 2019 and June 2020 compared to a 15 per cent decline in visits to the smaller number of more widely spaced health centres (UHC-Partnership 2021).

Pensions made up a slightly larger share of social insurance measures compared with health insurance measures adopted globally in response to the pandemic. Older people were recognised as highly vulnerable to Covid-19 infection and among some of those most affected by lockdown measures, which restricted social interaction and upset informal support networks on which many vulnerable older people rely. According to Gentilini *et al.* (2022), 63 countries introduced social pension measures in response to the pandemic. Countries such as Peru and Chile provided early access for the withdrawal of pension savings to provide immediate relief; some countries provided one-off top-ups and one-off payments through existing pension schemes; and four countries (Cameroon, Egypt, Georgia and Uzbekistan) introduced permanent pension increases (Gentilini *et al.* 2022: 17). Access to pension support was uneven in many contexts. In India, for example, migrant workers from scheduled castes, scheduled tribes and other backward classes faced barriers to accessing pensions (Naik and D’Souza 2021).

4.7 Innovations and improved targeting of vulnerable and hard-to-reach groups

Despite the many shortcomings of social protection measures introduced in response to the pandemic, some areas of innovation and expanded coverage offer insights into what is possible in times of crisis, and learning for social protection more broadly.

4.7.1 Immediate response

A critical factor determining whether social protection measures effectively support those living in poverty and those at risk of impoverishment through periods of crisis is timeliness of implementation. Transfers and subsidies need to reach individuals and households quickly to avoid people resorting to negative coping strategies such as reducing food intake, selling assets or taking out loans to meet basic needs. Some programmes announced shortly after the pandemic was declared took months to implement, leaving individuals and households with no support during the most stringent lockdown period. Others were introduced remarkably quickly and with positive effects. Gentilini *et al.* (2022) found that new programmes took 26 days on average to move from announcement to implementation, but with significant variation in range either side of this. Paraguay’s top-up to the existing Tekoporã programme was implemented the same day it was announced, whereas the longest delay identified was 119 days (*et al.*: 16).

A review by Bastagli and Lowe (2021) identified examples of programmes that moved quickly from announcement to implementation. These included Togo’s Novissi cash transfer programme (targeting informal workers, which was introduced less than a week into curfew restrictions and began making payments within a day of the programme launch (Box 4.F). Peru’s Bono Yo Me Quedo en Casa emergency cash transfer programme was announced the same day as a nationwide lockdown and payments were made within ten days. In India, the state of Kerala’s community kitchens, which aimed to ease the caring burden on women, were operational within a week.

An important factor driving the immediacy of responses was the presence of existing systems on which to build, even where new programmes were introduced.

Countries with an existing register responded within 11 days on average (Gentilini *et al.* 2022: 15). But programme design and the rollout of new programmes or new targeting approaches took months in some cases. The Government of Nigeria announced its intention to provide cash transfers to urban areas using a new targeting approach in April 2020. However, due to implementation challenges, it was not rolled out until January 2021 (Lowe *et al.* 2021). Malawi's Covid-19 Urban Cash Intervention was announced in April 2020, but payments were not made until February 2021 (UN 2020).

4.7.2 Technological innovations

Both out of necessity and efficiency, the Covid-19 pandemic prompted many social protection providers to adopt technological options to communicate with recipients and support remote identification, registration, verification, data collection and monitoring (Lawson-McDowall *et al.* 2021). Countries with digital systems already in place were in a stronger position to scale up existing platforms.

While technological adaptations present an opportunity to roll out transfers and information quickly and efficiently, these approaches risk exacerbating the digital divide, given that the poorest households

are those least likely to have a mobile phone, adequate mobile signal coverage and access to a bank account. Digital programmes also need to be aware of gender dynamics, given that fewer women have access to mobile phones or bank accounts than men (*et al.*).

4.7.3 Informal workers

Extending social protection coverage to informal workers became a key area of intervention for many governments during the pandemic, as this group – the majority of whom were from lower-income settings – were particularly vulnerable to the health and socioeconomic impacts of the pandemic, and tended to be excluded from existing programmes. Many positive examples can be noted. Peru's Bono Independiente and Bono Familiar Universal cash transfer programmes targeted households with independent and informal workers. South Africa's Social Relief of Distress grant was the country's first social assistance grant made eligible to informal workers and the long-term unemployed. The Government of Togo introduced the Novissi mobile transfer programme (Box 4.F), which used a mobile phone app to reach half a million workers within one month (ILO 2021a), although a national election scheduled for 2023 may have helped drive this intervention.



Box 4.F: Togo's Novissi emergency cash transfer – quickly reaching informal workers

The Government of Togo's technological innovation and remarkably rapid rollout of the Novissi emergency cash transfer programme has garnered global attention. In April 2020, immediately following its declaration of a national state of emergency, the government announced a new monthly unconditional cash transfer programme to support informal workers, representing 90.4 per cent of the total workforce (Debenedetti 2021). The base-level benefit was benchmarked against the minimum wage. The first phase was financed primarily through the National Solidarity and Economic Recovery Fund, which predated the pandemic but which the government

Continued:

used to mobilise significant resources. Further multilateral funding and a partnership with NGO GiveDirectly allowed the programme to be extended in October 2020. The first phase provided cash transfers to 572,852 workers in the informal sector, 65 per cent of whom were women (World Bank 2021c).

Novissi was implemented using a newly designed contactless platform that combines mobile money, high resolution satellite imagery, nationally representative data and machine learning. The system was designed to select the poorest villages and neighbourhoods using high-resolution satellite imagery and nationally representative household consumption data. Within those locations, the poorest households were identified using machine learning algorithms, mobile phone metadata and phone surveys (*et al.*). The algorithms were trained to predict consumption for 5.7 million people, based on which 57,000 new beneficiaries were identified and issued cash transfers. The government also engaged in citizen outreach to inform the public about how to register for the programme, advertising it through various media channels and partnering with the post office, whose staff could act as extension agents, converting transfers into cash (*et al.*).

The rapid mobilisation of the programme has been attributed to a dedicated team, headed by a senior economic advisor to the president and the minister of digital economy and digital transformation, who worked with an interministerial committee that was set up to coordinate the emergency response to Covid-19 (*et al.*). The government worked with mobile phone providers to upgrade their platforms, and within one week 450,000 eligible beneficiaries received payments (*et al.*). The World Bank, GiveDirectly and academic partners provided financial and technical support (World Bank 2021c). In an opinion piece in the Financial Times, President Faure Gnassingbé wrote, 'other African leaders could also use similar mobile-based, cash transfer schemes. Enrolment is quick. Funds can be transferred rapidly. The system is transparent and easy to audit' (Gnassingbé 2020).

4.7.4 Urban expansion

Before Covid-19, social assistance in urban areas covered 39 per cent of the poorest quintile, compared with 46 per cent in rural areas (Gentilini, Khosla and Almenfi 2021). The Covid-19 pandemic prompted a renewed focus on the need to expand social protection in urban areas. Urban residents were highly vulnerable to Covid-19 transmission due to overcrowding, and poor hygiene and sanitation, as well as loss of livelihoods and increased costs of housing and basic goods. Some government interventions targeted urban areas directly with new social assistance

programmes. The Government of Nepal in 2021 introduced the Nepal Urban Governance and Infrastructure Project as part of its economic recovery plan, bringing labour-intensive public works, small-scale community infrastructure and rehabilitation employment through cash-for-work schemes. Peru's Bono Yo Me Quedo en Casa cash transfer programme targeted urban households negatively affected by lockdowns. Nigeria's Rapid Response Register used satellite imagery and SMS (text message) communications to identify eligible social protection beneficiaries in high-poverty urban neighbourhoods (Roelen, Archibald and Lowe 2021).

4.7.5 People with disabilities

Going into the pandemic, one in five people with a significant disability globally did not have access to disability benefits (UNPRPD 2021). Being among the most vulnerable to Covid-19 itself, as well as its social and economic effects, social protection responses explicitly targeted people with disabilities in around half of all countries that introduced new measures (*et al.*). Most measures involved temporarily increasing benefit levels in the first few months of the pandemic, though some countries expanded horizontally to reach more people. The Government of Sri Lanka expanded its disability allowance programme to 35,000 people with disabilities who were on a waiting list prior to the pandemic. Rwanda expanded coverage to include families of people with disabilities, those experiencing critical illness and older people. The Government of Kenya expanded social protection for people with disabilities vertically and horizontally. A one-off top-up of 8,000 Kenyan shillings (US\$74) was made to existing recipients, and an additional 33,000 people with disabilities received a three-month transfer (UNPRPD 2021: 11).

4.7.6 Migrant workers

Migrant workers face additional barriers to accessing social protection and were among those most affected by early disease containment measures due to job losses and measures that required the workers to return to their country of origin or left them stranded in destination countries (ILO 2021d). According to Gentilini *et al.* (2022), 28 per cent of labour market policies they reviewed were aimed at migrants. Mauritius and Panama, for example, extended employment permits for migrants for up to one year, while Mongolia, Senegal, Timor Leste and a few other countries supported stranded citizens with financial assistance (*et al.*: 28). The Government of India in June 2020 launched the Garib Kalyan

Rojgar Abhiyaan rural public works scheme to provide livelihoods opportunities for returnee migrants. The scheme aimed to give 125 days of employment to 670,000 workers across six states (Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Odisha and Jharkhand). The state of Bihar introduced a cash transfer programme for migrant workers using a digital app, verification and payment approach, reaching over 2 million people (Lawson-McDowall *et al.* 2021). While no longer-term targeting strategies for migrants were identified, 'the pandemic has underlined the need to extend labour and social protection through integrated approaches that include migrant workers in national social protection responses' (ILO 2021d: 4).

4.8 Conclusion

Effective, comprehensive, and adaptive social protection has proven to be an indispensable component of pandemic preparedness. In contexts where social protection was present or introduced in a timely and proficient way, governments were in a better position to mitigate some of the most damaging health and economic effects of the pandemic for the poorest and most vulnerable people.

Perhaps no other policy area speaks more explicitly to the trade-off between lives and livelihoods; social protection can address both simultaneously and thus avoid having to make this trade-off. Comprehensive health insurance (coupled with well-financed and accessible health systems) means people have access to potentially lifesaving treatments, while also avoiding catastrophic health spending in the event of infection. Labour market protections that include health safety measures, as well as unemployment and wage protections, ensure people are not forced to work in conditions that risk exposure to disease to maintain their livelihoods. And cash

or in-kind transfers that support people struggling to meet basic needs through crises mean that people are not forced into economic conditions that risk their health or require them to sell assets or take on debt, or engage in other negative coping strategies, which could lead to longer-term impoverishment.

The Covid-19 crisis has reinvigorated the global conversation on universal social protection. While questions remain around appropriate and effective system design, targeting and inclusion strategies, modes of implementation and adaptability, the need to move quickly towards universal coverage has never been clearer. Lessons learned from the wide variation of experiences across countries studied in this section include the following.

Well-established social protection systems in place prior to a pandemic are better equipped to respond quickly and effectively.

Adaptions will most certainly will be required to respond to new or overlapping crises (see Chapter 6), but having well-functioning and adequately financed systems ready to respond is critical. Countries should start to work on building, expanding or deepening their social protection architecture and coverage now to be ready to act in the event of future crises. Financing these changes now, in times of relative stability, will help to avoid damaging trade-offs between lives and livelihoods later.

Universal coverage is non-negotiable; with some exceptions among the extremely wealthy, everyone's lives and livelihoods are at risk during a pandemic. Needs will differ across country contexts depending on the structure of the economy, demography, exposure to the disease and other factors, but protections are potentially needed for all segments of the population and across geographies to protect lives and livelihoods through social protection measures.

Targeted measures are also required to address the needs of vulnerable groups and those that fall outside of existing social protection measures, at least in the short to medium term, as systems move towards universal coverage. In the case of Covid-19, targeted measures were needed to support people with disabilities and older people who were disproportionately at risk of the adverse health effects from the disease. Targeted measures were also needed for women and young people, whose livelihoods were disproportionately affected, or for those who faced greater caring responsibilities. Migrants who were not previously eligible for health coverage or employment protections required targeted measures that facilitated their inclusion into wider social protection programmes.

Social protection systems need regular updating, and technologies are available that can help to overcome some of the administrative and practical hurdles that continue to exclude people from accessing protection or make delivery costly and inefficient.

The expansion of mobile phone access over the past decade has meant that registration and payments can be more easily facilitated, bearing in mind the poorest people are still less likely to have mobile access or data coverage. Examples of good practice in extending social protection to informal workers and micro-business owners are more readily available than ever before, based on experiences from the pandemic, showing that countries that have struggled to do this in the past should revisit their approaches. The pandemic also revealed how urgently outdated targeting systems need to be updated to avoid excluding those most in need of social protection as and when crises occur.



Economic impact and policy responses

5

Key messages



There was significant variation in policy responses to the pandemic, determined by the quality of pre-pandemic macroeconomic management, as well as political commitments.



Macroeconomic management really matters – where the macroeconomy had been well managed, there was a possibility of a balanced policy response, with additional public support to health services and social protection, without recourse to heavy borrowing. Cambodia, which had recently become an MIC, was able to make furlough payments, providing additional social protection coverage and depth, and other public expenditures, as a result of its prudent fiscal management.



It is clear from interviews across 12 countries during the pandemic that poor and vulnerable people would have appreciated policy responses beyond the macro-level and beyond social protection.



Many governments provided financial and tax reduction support to formal businesses. However, measures directly targeting the informal economies where most poor and vulnerable people work were badly needed but neglected, with the exception of some measures supporting smallholder farming and financial services.



Women are frequently in informal employment or self-employment, and their jobs and occupations were especially badly affected by the restrictions and recovered slowly – there were few measures aimed at ameliorating their challenging situations. They also experienced significantly increased SGBV.



A ‘New Deal’ for the informal economy is therefore needed, following the pandemic, as proposed by the WIEGO network.



Financial services made at best modest responses to the needs of many people in and near poverty to borrow money to survive during the pandemic. Mobile money was extremely useful, and could usefully be more widely extended. Some institutions postponed repayments but continued charging interest. There could be significant learning from the US where interest was frozen.



A review of financial services, including micro-finance, is urgently needed following the pandemic to avoid future household over-indebtedness prior to any emergency. Additional regulation may be required.

5.1 Overview

Pandemic health interventions (e.g. medical support and vaccines) took a toll on the fiscal health of LMICs, and on the medical costs, ill health and mortality people on low incomes faced. However, economic policy choices restricting the movement of people and goods arguably had a more substantial economic impact on LICs' economies and on vulnerable non-poor and chronically poor informal sector workers, micro-businesses, and marginalised people who had to work during lockdowns. These economic policy choices included, for instance, the length and stringency of lockdowns; national border controls restricting the international movement of people and goods; the global pandemic's impact on international supply chains; and the response to the war in Ukraine. These choices often contributed to driving reduced household incomes and increased household costs.

Yet, with the exception of social protection measures, few governments acted directly to support livelihoods. Indeed, of all the areas of policy responses covered in this report, economic policy responses to the pandemic are the most poorly documented. Even where information about initiatives exists, they have rarely been evaluated, meaning that there is limited information even about the extent of implementation. In this chapter, we:

- Summarise the economic effects of the pandemic
- Review areas where countries faced challenges in funding effective economic policies including limited fiscal space. For some, this led to a reliance on creditors and higher interest rates, and repayment schedules drove cuts to public services just when beleaguered economies were facing imported inflation (because of dysfunctional global supply chains, the war in Ukraine, etc.).

- Examine the spread and innovation of pro-poor policies during the pandemic in selected countries.
- Conclude with a discussion on the importance of pro-poor economic policies and programmes to establish resilience before the outbreak of a pandemic.

The aim of this analysis is to identify the extent to which policies were pro-poor and specifically how they benefitted people in chronic and extreme poverty. We do this by drawing on evidence from CPAN and the PMI qualitative evidence, supplemented by additional KIIs at national level and the international literature.

5.2 What were the economic effects of the Covid-19 pandemic?

The economic effects of the Covid-19 pandemic were both immediate and spread out over time, and affected people differently based on their livelihood activities, location and initial level of wellbeing. Rapidly putting mitigating measures in place required a good understanding of what was happening in the economy and being able to predict the likely distributional effects of any change. This required a good understanding of how change transmits through the economy. Unfortunately, this understanding was often limited, and governments were slow to design and implement mitigating measures, particularly measures that targeted the poorest producers, workers and consumers, most of whom operate in the informal economy.

In Zimbabwe, for example: 'Cursi laments the negative impact Covid-19 has had on their livelihoods. The lockdowns terribly

disrupted their chicken cuts business as they could no longer travel to buy the chicken cuts at Surrey Butchery. The pandemic also affected all their 3 children who are vendors' (INT 27, Cursi, TE, urban site).

Box 5.A gives insight into how macro-, trade- and value chain related shocks transmitted through to household and sub-household levels.

Box 5.A: Economic and wellbeing impacts – key transmission channels



The main transmission channels included:

- **Falls in consumer demand in the global North** resulting in reduced exports, reduced foreign exchange earnings; worsening exchange rates; pressure on US dollar-denominated international loan repayments; increased prices for internationally traded goods entering the economy; and inflation.
- **National value chains fractured by domestic lockdowns**, resulting in reduced market integration (over time and space), driving seasonal price volatility, localised gluts and scarcity; reduced farm-gate prices; increased retail (consumer) prices; increased farm input costs (particularly agro chemicals and purchased seeds); reduced availability of labour and paid work; squeezed farm profit margins; job losses or reduced hours and incomes in trade, and squeezed household budgets (e.g. reduced income earnings, increased costs across a basket of goods).
- **International value chains fractured by border closures**, contributing to fractured national and international value chains (reducing business incomes and tax take, and foreign exchange earnings, driving scarcity and inflationary pressures across the economy); and job losses for both migrant workers, petty traders and workers throughout the domestic economy (reducing household incomes and effective demand and tax take).
- **Fall in enterprise profits driven by reduced income** (public health measures reduced effective demand) and increased costs, which drove retrenchments, salary cuts and business closures, with implications for unemployment; reduced household wellbeing; reduced service provision; reduced tax take and supply-side disruption, with implications for market integration (over time and space); and inflation.
- **Constrained household budgets, reduced discretionary expenditure** (e.g. enterprise profit squeeze; job losses, reduced work hours and income; reduced remittances; food, utility and agricultural input price inflation), which drove demand-side disruption; reduced household wellbeing; and delayed impacts on businesses and employment across the economy.

Source: Lok Sabha Secretariat (2022). *The Journal of Parliamentary Information: Vol. LXVIII, No.1.*

5.2.2 Macroeconomic effects

The pandemic travelled through economies, with macroeconomic impacts. Across countries, inflation was a major component of the economic shock the Covid-19 pandemic triggered. This was partly imported inflation, with global fuel and food price inflation; some was a consequence of scarcity caused by bottlenecks in national and international value chains that resulted from closures, travel restrictions and other lockdown measures.

Many countries experienced fiscal pressure, with a reduction in tax take just as pressure to spend increased. Lower business profits led to reduced corporate tax take; reduced retail sales led to lower value added tax (VAT – sales tax) revenue; and reduced trade flows cut revenue from both import and export duties. This pressure is illustrated by two thirds of LMICs cutting education spending during 2020 (Al Samarrai *et al.* 2021).

A widespread response to the fiscal squeeze (reduced tax revenue, increased budgetary pressure) was to increase domestic and international borrowing; the debt burden of more than 70 LMICs increased by a record 12 per cent to US\$860bn (£630bn) during 2020 (World Bank 2022i). Looking across all LMICs, we see that the rise in external indebtedness at this time was faster than any rise in economic and export growth (with external debt-to-gross national income rising from 37 per cent in 2019 to 42 per cent in 2020; and the debt-to-export ratio rising from 126 per cent in 2019 to 154 per cent in 2020 (World Bank 2021b).

Where countries could access concessionary lending, net inflows from multilateral donors increased to US\$117bn during 2020, the highest level in a

decade, with net debt inflows of external public debt to LICs increasing by 25 per cent, to UN\$71bn, also the highest level in a decade (*ibid.*).

Many countries experienced reduced foreign exchange reserves during the pandemic. Border closures and other measures (e.g. Covid-19 testing at borders, immunisation ‘passports’ and other requirements) increased barriers to trade. Disruption of international value chains, including increased prices of key imports (e.g. fuel, fertiliser and chemical inputs) had an immediate effect on small farmers and the rural economy. The effects were compounded by reduced demand for key commodities. Many countries experienced a dip in exports; falling commodity prices greatly affected Nigeria and Zambia, for example, drastically weakening their revenue position (Gupta and Liu 2020).

This occurred alongside an increase in the volume and value of imports (e.g. demand for PPE; fuel and food price inflation), which squeezed foreign exchange reserves. Such a squeeze may increase the costs of borrowing, lengthen the repayment period, and stifle both investment and economic growth (Fukuda and Kon 2010). The erosion of foreign exchange reserves also limits their ‘shock absorber’ function against factors that can negatively affect a country’s exchange rate, which may then experience volatility. Exchange-rate risk increases transaction costs and reduces gains to international trade, which can otherwise be an important driver of economic growth (Poncet and Hericourt 2013).

These macroeconomic and trade effects were transmitted through the economy, driving wage cuts, job losses, enterprise failures and increases in household costs.

Box 5.B: Impact of the pandemic on the economy, India



India's real GDP is estimated to have contracted by 6.6 per cent during 2020/21. The government estimated in 2020 that GDP would grow at 8.9 per cent in 2021/22, with real GDP surpassing the pre-Covid-19 level of 2019/20.

The gross value added of the manufacturing sector is estimated to have contracted by 0.6 per cent in 2020/21, but in 2020 was estimated to grow by 10.5 percent in 2021/22

Industrial production (measured using the Index of Industrial Production) fell between April 2020 and January 2021, declining by 12 per cent, but then rebounded between April 2021 and January 2022, growing by 13.7 per cent.

Employment fell during the pandemic, but grew rapidly as the economy reopened. Taking net payroll data from the Employees' Provident Fund Organisation as a proxy for formal employment, data for February 2022 shows that new subscribers to the fund increased from 7.71 million in 2020/21 to 9.24 million in April–December 2021/22.

Source: Lok Sabha Secretariat (2022). [The Journal of Parliamentary Information: Vol. LXVIII, No.1.](#)

Box 5.C: Impact of the pandemic on the economy, Bangladesh



Prior to the pandemic, Bangladesh experienced rapid economic growth, averaging GDP growth of more than 6 per cent from 2010/11 and reaching 8.1 per cent by 2018/19. Income per capita grew from US\$754 to US\$2,064 between 2009/10 and 2019/20. The poverty headcount fell steadily from 48.9 per cent in 2000 to 31.5 per cent in 2010 and 20.5 per cent in 2023; and extreme poverty fell from 17.6 per cent in 2010 to 10.5 per cent in 2023 (World Bank 2019). Covid-19 disrupted the domestic economy and the global recession affected Bangladesh 'through trade, foreign direct investment, and remittance linkages', with estimates suggesting that the economy could lose 4.3–6.6 per cent of GDP (ADB 2020), equivalent to between US\$13bn and US\$21bn (Cabinet Division and GED 2022).

The lockdown disproportionately negatively affected poor, vulnerable and marginalised population groups, with informal sector workers, day labourers, part time workers, industrial workers and workers outside government salaried roles finding it extremely difficult to survive. Urban slum dwellers were so badly affected that reverse migration started to occur, with urban informal sector workers beginning to migrate back to rural areas.

The government had to respond to macroeconomic challenges and ensure that the economy continued to grow. It also needed to put in place measures to support the wellbeing of badly affected groups, including through expanding existing social protection schemes and introducing new ones.

5.2.3 Job losses and increases in unemployment

The majority of enterprises around the world experienced a profit squeeze during the pandemic as consumer confidence dipped, value chains were disrupted, imported inflation led to an increase in input costs, and transporting goods became more complex and costly. This led many businesses to cut staff wages, reduce workers' hours or shed staff. The need to keep working to survive during the pandemic meant that the 2estimated number of working hours lost was lower in LICs than in other parts of the world (Parisotto and Elsheikhi 2021) (-13.9% compared with -17.3% from the fourth quarter of 2019 to the second quarter of 2020). However, because this was largely an uninsured income loss, that affected people with limited savings and alternative sources of resilience, the wellbeing decline was inevitably higher among the poorest people in the poorest countries. Labour markets have recovered more slowly in poor countries, too, with informal sector workers struggling the most (ILO 2022, cited in Das and Susantono 2022)

Certain groups were particularly vulnerable to retrenchment, job losses and the impacts of enterprise suspension or failure. Those particularly badly affected were: migrants, shuttle traders or (informal) cross-border traders (in the Southern African Development Community region, these are disproportionately women); manufacturing enterprises with value chains ending with consumers in the global North (e.g. the garment sector); the urban informal sector (Box 5.D and 5.E); and casual labourers (e.g. agricultural labour, construction, informal sector employees). Some of these had managed to escape or stay out of poverty pre-pandemic, but the restrictions changed their situation, as in this example from Cambodia:

Right now, with little earnings made, it

could only support little school children and food spending. Such decline happens since the beginning of the Covid-19 outbreak. For example, in the past, his truck carried a full load of ice blocks and such amount sometimes did not meet local demands. Right now, his truck carries only half of the ice blocks and the remaining is delivered back to the stall. In 2018, their business was doing good. They could sell and supplied up to 100 ice blocks per day. At present time, only 8 ice blocks are sold and the remaining 8 ice blocks are stored at the stall. There is a big difference between now and before. The decline of ice supply jumps to 90% (LHI, Cambodia).

5.2.4 Rural non-farm economy

The rural non-farm economy played an important role in absorbing labour, generating livelihoods and incomes, and providing access to crucial goods and services, even at the height of the pandemic. Lockdowns, and travel and transport restrictions placed constraints on the non-farm rural economy in many countries at various points during the pandemic. This situation was accompanied by tightening supply for wholesalers and retailers, which translated into price rises for consumers (e.g. of food, fuel, agricultural inputs). Nevertheless, it appears that the rural informal sector, and the rural non-farm economy in general, were more resilient than the urban equivalent, as they were often (though not always) less exposed to virus transmission, and also less affected by restrictions. This may help to explain why so many urban workers returned to their 'rural homes' during the pandemic. Some people managed to maintain a degree of resilience enabled through economic diversification during the pandemic (Life-History Figure 4). However, more commonly, others had escaped or stayed out of poverty pre-pandemic, but the restrictions in 2020 then changed their situation, as in this example from Cambodia.

Life-History Figure 4: Dara, Cambodia



Source: Authors' own.

5.2.5 Migration and remittances

Migration is an important source of livelihood diversification. It has been a reliable pathway out of poverty for some and an adverse coping strategy for others (Diwakar and Shepherd 2022), depending on factors driving their decision to migrate, their level of education and agency, and the quality of employment at their destination.

During the pandemic, migrants were often treated poorly. In India, a short-term programme lasting 125 days was launched in June 2020 to attempt to mitigate the impact of mass return migration during

lockdown. The US\$6.1bn Garib Kalyan Rojgar Abhiyaan programme sought to boost employment and livelihood opportunities for return migrants in rural areas by providing immediate employment and livelihood opportunities, while improving public infrastructure and livelihood assets in affected villages. The programme had the dual goals of resolving an immediate employment and wellbeing crisis, while also boosting livelihood opportunities over the longer term. The programme focused on 116 districts across the six states of Bihar, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh, bringing together 25 schemes from across

12 central government ministries and departments.³

There were some other examples of good practice, but much within-country migration is into the urban informal sector and migrants received limited policy support (see below). Examples of good practice include: Thailand, which provided full access to health care, irrespective of immigration status (Ginn and Keller 2020); Peru, which provided temporary health coverage to migrants and refugees suspected of having Covid-19; and the Philippines and Chile, both of which provided stipends to eligible migrant families (Duigan 2020).

More broadly, however, within-country remittance flows fell in many countries as increased precarity reduced migrants' ability to support their extended families. As the pandemic continued, enterprise failure and retrenchments drove up unemployment. Urban living requires an income – to cover rent payments, to buy food and water and to pay for basic services. Without a job or an income, and unable to move into street vending or other urban survival activities in the midst of the pandemic, some poor urban workers responded to job loss by relocating to rural areas. This drove high levels of urban rural migration, with people returning to their rural homes. Some were recent migrants to cities, but others were long established, with very urban in lifestyles and preferences. Their return migration provided the migrants with improved (and more affordable) access to food, housing and water, but placed additional pressure on the rural component of their kinship networks at a time when they faced reduced remittances.

Remittances to many rural households ended as relatives lost jobs in manufacturing (garments), services (tourism), construction or the urban informal sector, and the newly unemployed relocated to rural areas, attracted by

the lower costs of living, swelling rural populations. Urban relatives, who had previously sent remittances, were absorbed by their kinship networks, and rural household budgets came under increasing pressure, as the fall in remittances was accompanied by increased household costs (inflation) and a greater number of mouths to feed (return migrants).

5.2.6 Agriculture sector

The agricultural sector absorbed some of the excess labour noted above, as farmers were often able to continue working even during wider lockdowns or travel restrictions, and rural households commonly provided not just accommodation, but also a small plot of land to cultivate.

However, it came with its own set of challenges, as pandemic-related lockdowns reduced market integration, with many agro-traders unable to travel, particularly across borders (e.g. between Vietnam and Cambodia). This led to localised gluts, wastage and price collapses, leaving farmers with unsold produce, or forcing them to sell at below production costs. Many were unable to repay seasonal loans; evidence from Cambodia indicates that some farmers had to borrow informally (from moneylenders) to repay seasonal input loans. The crisis drove up the debt burden at household level, with some households becoming dangerously indebted, triggering distress migration to urban centres and illegally across borders. Cambodia is an extreme case in terms of household debt, building on its pre-pandemic levels of debt; but the same was true in many countries on a lesser scale.

Imported inflationary pressures, border closures, national and subnational transport bans, and bottlenecks in international value chains furthermore

drove up the cost of key agricultural inputs, including fertiliser, pesticides and herbicides, petroleum products and hybrid seeds.⁴ Some small-scale farmers responded to these pressures by withdrawing from the market and producing solely for home consumption, or for home consumption with localised sales of any surplus. This contributed to food shortages elsewhere, driving up the cost of the household basket of goods for net consuming households.

Despite the combination of input price inflation, fractured national and international value chains, and reduced effective demand suppressing farm-gate prices, all of which drove up producer debt, the agricultural sector fared less badly than other sectors in many countries – it absorbed some labour. However, rural unemployment and under-employment also increased, with casual agricultural labourers commonly being replaced by household labour. Demand for very low-wage domestic labour also declined, with labourers who had previously washed dishes or clothes in rural and peri-urban areas replaced by household labour, and share croppers and agricultural

tenants displaced by landowners who took over cultivation of the land (e.g. in Afghanistan). Agriculture still also supported the wellbeing of landowning households, absorbing return migrants and enabling households to survive, even while value chains collapsed, as they could withdraw partially or fully from the market to cultivate food for home consumption.

5.2.7 Urban informal sector

The pandemic greatly affected the urban informal sector. This matters because of the importance of the informal sector in many LMICs. In Africa, for instance, the informal sector absorbs 86 per cent of workers (on average), the majority of them women (Saha and Abebe 2020). At the start of the pandemic, governments were advised to build resilience and capabilities, and therefore safeguard informal sector firms and workers by swiftly implementing a mixture of context specific, short-term, and medium- to longer-term measures (*ibid.*). Unfortunately, as we have seen, few governments provided support to either enterprises or workers in the informal sector.

Box 5.D The impact of Covid-19 on informal workers: decreased employment, increased poverty



In late April 2020, the ILO estimated that 1.6 billion people employed in the informal economy – 80 per cent of the global informal workforce and nearly half of the total global workforce – could see their livelihoods destroyed due to the decline in work, working hours and earnings brought about by lockdowns or other restrictions to curb the spread of Covid-19 (ILO 2020: 1). This prediction was in marked contrast to the widely held assumption in previous economic crises that the informal economy offered ‘a cushion to fall back on’ for formal workers who lost their jobs; with little, if any, consideration paid to the impact of crises on informal workers and their livelihoods. Since the onset of the pandemic, a growing body of studies on the impact of the Covid-19 policy responses on informal workers has confirmed the ILO prediction.

For instance, in mid-2020 and mid-2021, the WIEGO network undertook a panel study on the impact of Covid-19 policy responses on informal workers in 11 cities across five regions of the world (Asia, Africa, Latin America, North America and Eastern Europe).

Continued:

For instance, in mid-2020 and mid-2021, the WIEGO network undertook a panel study on the impact of Covid-19 policy responses on informal workers in 11 cities across five regions of the world (Asia, Africa, Latin America, North America and Eastern Europe). The study findings confirm that the Covid-19 policy responses had a major negative impact on the work and earnings of the nearly 2,000 informal workers in the study sample. In April 2020, during peak lockdowns or restrictions across the 11 cities, 74 per cent of the informal workers in the study sample were not able to work. By mid-2021, when the lockdowns or restrictions had been lifted or eased, 21 per cent of the informal workers were still not able to work; and the average days of work per week and average earnings of those able to work were lower than before the pandemic. Also, most of the sample had not been able to repay the loans they had taken out to survive the pandemic, rebuild the savings they had depleted, replace the assets they had sold or pawned, or pay the rent or school fees they had deferred since the onset of the pandemic. In short, even many of those who were able to work in mid-2021 were still stuck in a deep pandemic hole (WIEGO, 2022).

National data from Latin America and South Africa⁵ confirms that the pandemic, and associated restrictions and recession, had a major impact on total employment and a disproportionate impact on informal employment, apart from in Peru where the losses were greater in formal employment (except in metropolitan Lima). Further, women workers suffered higher percentage losses of numbers employed than men in the five countries. However, the difference in employment losses was greater between formal and informal workers than between women and men workers in all countries apart from Chile where the loss gaps between informal and formal workers and between women and men workers were roughly the same.

Source: Chen (2023)

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Box 5.E: India's informal sector

According to Periodic Labour Force Participation Survey of India 2017–2018 estimates, over three quarters of employment in India (77.1%) was 'non-regular' or informal, with workers either self-employed or casual (Walter 2020).

Around 80 per cent of informal workers lost their job during the pandemic (Action Aid 2020) and more than 400 million informal workers were pushed deeper into poverty. Some 100 million workers returned to their rural homes, along with their families. Their urban worksites were closed and employers failed to pay their wages (*ibid.*).

Informal workers are the most vulnerable category of workers because they are not covered by government benefits and social protection. They do not have income saved for immediate sickness and lockdown. Unlike the formal sector, workers in the informal sector do not have the option to work online and stay at home (UNDP 2020).

Continued:

In India, MSMEs are the largest source of employment outside agriculture, employing over 110 million workers. MSMEs contribute 29 per cent of India's GDP and generate almost half of its exports (Sharma 2020). There may be more than 63.3 million MSMEs in India, 63 million (99.4 per cent) of them micro enterprises in the informal sector (Soni 2020).

Some 122 million Indians lost their jobs during the Covid-19 lockdown (estimates from Centre for Monitoring Indian Economy 2023). More than three quarters of those who lost their jobs were casual labourers and petty traders, but a significant number were salaried workers. Around 18 million businesspeople lost employment, indicating that job losses due to lockdowns reflected the impact on enterprises (The Hindu 2020), and 60 million entrepreneurs were adversely affected.

Farming became the livelihood of last resort, absorbing some of the unemployed, with the number of farmers increasing in April 2020.

5.2.8 Women's engagement in labour markets

Women's engagement in labour markets is also an important source of livelihood resilience and escape from poverty. It generates instrumental benefits through greater investments in children's education and health-seeking behaviour, and a stream of intrinsic benefits, including greater self-efficacy and agency of women and girls, a more equitable conjugal contract, and more collaborative household decision making (Bird 2018; Diwakar and Shepherd 2022; Diwakar *et al.* 2023).

During the pandemic, women's engagement in paid labour markets became more severely constrained, with restrictions affecting activities in which women are strongly represented (e.g. tourism, garment factories, domestic work) and declines in demand in international value chains driving income loss and retrenchments among women. This occurred particularly during lockdown periods, when schools were closed, as women took on the bulk of childcare across country contexts.

In India, women bore the brunt of job losses because they tend to be highly concentrated in risky, hazardous and stigmatised jobs, as waste pickers, domestic workers, home-based workers and street vendors. Much of their work is informal and invisible. They do not receive the minimum wage specified by the government and were disproportionately adversely affected by the lockdown (Raveendran and Vanek 2020). The unequal gendered division of domestic labour, already one of the most unequal in the world (own calculations using the National Time Use Survey (1998–99))⁷ deepened during the pandemic, with lockdowns worsening the situation.

In LICs, most women and girls work outside the formal sector; for example, as smallholder farmers or casual agricultural labour, and as petty traders, selling food or second-hand clothes, or providing small-scale and low-cost services. When migrant men lost their urban jobs in either the formal or informal sectors and returned to their rural homes, women had to find ways to support their families and this was often in agro-processing

(e.g. processing vegetables in Afghanistan) or petty trade (e.g. in many countries in Africa).

Household consumption and wellbeing were negatively affected. The reduction in earning power also contributed to a worsening of gender relations in many contexts. Anxieties about money and social isolation created exceptional conditions, and SGBV increased. Policies to mitigate SGBV might include giving survivors mobility exemptions during pandemics, so they can move to a place of safety (e.g. women's refuges or their family of origin). An important preventative measure would be to strengthen women's rights through legislation around marriage, divorce and child support, as well as ensuring equal access to education, employment and ownership, and inheritance of assets.

Post-pandemic, women's earnings have taken longer to return to their pre-pandemic

levels; and in some labour markets, there has been a partial rolling back of the gains made in gender equity in the formal sector (e.g. hiring practices, promotion prospects, pay and conditions). This is particularly true for workers in the formal sector – for example, those working in the garment and tourism sectors – and probably also for women engaging in urban labour markets.

Many women who were part of the 'vulnerable but not poor' group were impoverished after losing their jobs during the pandemic. This has had longer-term consequences for them, as many have yet to return to pre-pandemic levels of employment or income, with implications for their workloads, as they have had to engage in multiple livelihood activities to attempt to regain their former income levels. Unemployment and loss of income have also had implications for gender equality, with women's agency tracking downwards with reduced income.

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Box 5.F: Women street vendors and the pandemic

Micro- and small-scale food vending is a very common livelihood among poor and extremely poor women in Africa, including cooked food (from small sweet doughnuts to entire meals) and fresh vegetables. The women's families depend on their trading earnings and this dependence increased as men lost their jobs during the pandemic.

Women food vendors lost customers and their income fell steeply or stopped completely due to lockdowns and social distancing. Even when restrictions loosened, their former clients often remained resistant to buying food from others out of fear of health risks. The closure of markets (e.g. Iringa market in Tanzania) and businesses whose customer bases the women relied on further exacerbated their loss of custom. Finally, disruptions in supply chains led to rising prices of ingredients in the food they cooked (e.g. wheat, sugar, oil).

Recovery was difficult for many, as they lost the capital they needed to continue trading when lockdowns ended. In Tanzania we found that 'vulnerable but not poor' traders were very slowly rebuilding their businesses (e.g. tiny restaurants) 'chair by chair'; but the chronically poor, who lost income and often had to spend their working capital on food for their families, found it difficult or impossible to resume trading when the economy reopened; they will need support to resume trading (CPAN 2022a).

Female vendors in Dar es Salaam were particularly affected when the government

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banned street vendors, forcibly clearing the streets, ostensibly to improve urban hygiene and reduce the risk of Covid-19 transmission, but possibly also to enforce zoning regulations, bring the informal sector under control and ease urban traffic. This prevented street vendors trading from their normal locations. Women who became the sole breadwinners after their husbands lost work reported having to move their trading pitches daily to avoid the authorities' attention, losing their regular customer base (*ibid.*).

5.3 Economic policy responses: an overview

In response to Covid-19 and its economic effects, some macroeconomic policies were designed to address national economies and larger businesses, with the expectation that these would indirectly support people in poverty – these included quantitative easing to create liquidity in the economy, policies to support business debt and public spending on infrastructure projects. These were expected to support people experiencing poverty indirectly through ‘trickle-down’.

They were combined with microeconomic policies that targeted people in poverty and poor economies – including cash transfers, working capital for SMEs, and food security. These also included support for poor microeconomies; for instance, by supporting small businesses and labourers, which created effective demand for work and goods in slums and informal settlements, and villages reliant on exportable crops. It is important to recognise that the line between this type of social protection and economic policies is slim, and even cash transfers and food rations can be part of poor households' diversified livelihood portfolio, as they make trade-offs between buying food, ring-fencing capital for their micro-enterprise and meeting school expenses. Social protection is discussed elsewhere in this report (Chapter 4).

In this chapter we focus on economic and enterprise-related policy interventions.

The portfolio of pre-pandemic economic policies, particularly targeted macroeconomic and microeconomic policies, varied across LMICs. So did the range of policies, policy innovation during the pandemic and implementation of these policies. Few of these policies have been evaluated but we have some qualitative insights from people's lived experiences of them from CPAN's PMI. One thing that is clear is that the political ideology of a country's government, and political settlements underlying that ideology, had an impact on the type of policies the government chose and their implementation. But implementation also depended on the government's financial and institutional capacity, and the effectiveness of delivery mechanisms. It is also clear from interviews across ten LICs and lower-MICs during the pandemic⁸ that there was demand for policies and programmes beyond social protection, in particular to help with running or setting up a micro-business. However, the economic policy response to the pandemic was largely slow to emerge, with many governments acting first through macroeconomic policy, quantitative easing and support for large enterprises. This tended to be in the form of tax breaks and soft credit (e.g. reduced interest payments, delayed repayments). Some countries used the rhetoric of supporting people in poverty,

despite their policies also leaning towards supporting big businesses, alongside the protective potential cash transfers, loans and employment guarantees offered. There are important exceptions, including Bangladesh, India and Cambodia, but the impact of their policy programmes has yet to be evaluated.

As evidence emerged of the widespread job losses and worsening consumption levels among the poorest people, governments began to respond, seeking to develop interventions that directly targeted saving the livelihoods and wellbeing of the poorest people. However, in many cases this was around at least six months into the pandemic. Taking policies from initial formulation through to funding and implementation tends to be slow, and the delay in designing policies aimed directly at people in poverty and their businesses meant that many targeted policy innovations were never properly funded or implemented, limiting the mitigation they could offer. This is important because cross-country evidence shows that economic policies that targeted people experiencing poverty directly were more likely to support their livelihoods and local economies compared with policies that focused on macroeconomic and business support, which only indirectly supported people living in poverty through uncertain trickle-down effects. Moreover, economic support channelled through mechanisms with more opportunities for elite capture, corruption or discrimination (e.g. based on gender or religion) were less likely to support people in poverty.

Countries entered the pandemic experiencing different macroeconomic situations. Having adequate fiscal space for public expenditure on health, education and social protection was critical to countries developing positive mitigating measures, as this impacted their room for manoeuvre in formulating and delivering a policy response, both in

terms of health promotion and protection (e.g. social-distancing policies, PPE, immunisation) and their livelihood and economic responses. However, for policies not only to be developed but also delivered, supportive pro-poor political arrangements were required.

It is also worth noting that a country's fiscal position and political economy were not the only determining factors, as some countries were able to mitigate their poor fiscal position by borrowing internationally, despite poor macroeconomic indicators. So, Cambodia had a very different experience to South Africa, Zambia and Bangladesh, which went into the pandemic with structural budget deficits.

The following sections provide an overview of country responses in terms of macroeconomic management, as well as in relation to economic and livelihood mitigation.

5.4 Macroeconomic management

5.4.1 Fiscal balance

The policy response to the pandemic delivered a seismic shock to the global economy. HICs responded with aggressive macroeconomic policies and financed substantial packages of mitigating measures, borrowing at very low interest rates. This enabled them to stabilise household incomes and financial markets (UN DESA 2023). Limited budgets and an inability to borrow at scale prevented LMICs from developing economic mitigation packages at similar scale, despite international support.

The poorest countries were commonly unable to borrow on international markets or faced very high borrowing costs, and were forced to 'cut spending in areas

critical to the SDGs, including education and infrastructure', as they faced 'shortfalls in revenues at a time of greater needs' (*ibid.*). Those that borrowed from the International Monetary Fund and other international financial institutions faced making repayments in 2022/23 at exactly the time they were tackling imported inflation triggered by the war in Ukraine and trying to support their economies to recover from the pandemic. Meeting repayments had an impact on funds available for public services, resulting in reduced services at just the point when they were needed most.

Looking at two contrasting examples, we see how countries responded to demand for public spending. In Cambodia, prior to the pandemic, government policy had been that public borrowing should be kept low and reserved for capital projects. Budgetary discipline meant that there was a budgetary surplus that could be drawn on rapidly when the pandemic emerged in China, and before the first cases of Covid 19 were announced in Cambodia. Many other countries had more limited fiscal space and their responses differed (e.g. India and South Africa).

In South Africa, the government borrowed to maintain wellbeing. Even prior to the pandemic, South Africa's debt-to-GDP ratio was forecast to be 65.6 per cent for 2020. However, the government breached the spending limits it had previously set and the forecast debt-to-GDP ratio rose to 80.5 per cent for 2020 (Bhorat and Baskaran 2021). Some view borrowing to support expenditure like this to be reckless, because high debt-to-GDP ratios can impair a country's future growth.⁹ However, others recommend setting this risk against the impact that poverty increases will have on dampening growth, as well as their impact on inequality and wellbeing.

Seeking to mitigate the impact of the pandemic has driven public debt in many

of the poorest countries to critical levels; in early 2022, three out of five of the poorest countries were at high risk of or already in debt distress, and one in four MICs were at high risk of fiscal crisis (UN DESA 2023).

Since February 2022, the war in Ukraine has affected global financial markets, with increases in interest rates, energy and food prices placing increased pressure on the fiscal and external balances of commodity-importing countries (*ibid.*). Poor countries typically face relatively high borrowing costs, commonly paying interest rates three times those of rich countries (*ibid.*). High repayment costs translate into reduced fiscal space, so they have an immediate impact on post-pandemic reconstruction and recovery. Despite these constraints, a number of countries implemented fiscal stimulus measures to support their economies. These included tax relief for businesses and households, public spending on infrastructure projects to create jobs and stimulate economic growth, and cash transfers.

5.4.2 Taxation policy

Many countries feared the long-term economic and social impacts of widespread business failure and introduced a raft of policies to soften the tax burden on enterprise. These policies sought to support household consumption and halt the demise of retail and service enterprises, under pressure from reduced effective demand. Measures included reductions in the standard VAT rate, and in rates of personal and corporate income tax, and turnover tax (Kenya); support for hotels, restaurants, and transport, including suspension of VAT paid by these sectors (Senegal); and a waiver on import duty on medical equipment (Bangladesh, Nigeria and Zambia) (Gupta and Liu 2020). These measures rarely directly supported informal sector

workers, highlighting the limited policy toolbox governments drew on, and how governments tend to bypass directly targeting the informal sector and the poorest people.

In India, time limits were extended for tax compliance; interest on late income tax payments was reduced for delays from March to the end of June 2020; tax rates were reduced (by 25 per cent between mid-May 2020 and the end of March 2021 for specified non-salary payments); individuals and cooperatives were offered reduced tax rates from 2020; US\$15.5bn in corporate tax was refunded to over 200,000 businesses (between April 2020 and the end of February 2021); and tax on dividends was reduced from 2020 to make India's equity market more attractive to investors. To boost both employment and manufacturing output, a reduced rate of corporation tax (15 per cent, down from 35 per cent) was offered to new manufacturing companies in India (starting manufacturing outputs between October 2019 and the end of March 2023) (Lok Sabha Secretariat 2020–22). It is unlikely that much of this expenditure directly benefited the poorest people and a longer-term legacy of the pandemic is likely to be a rise in inequality between the rising wealth of the global rich and a corresponding fall in the livelihoods and income of middle income and poor groups. Oxfam has identified potential equalising policies; for example, with a suggestion that progressive fiscal policies include a one off windfall tax for India's new 'Covid billionaires' (Tarfe 2023).

In Cambodia, temporary tax breaks were offered to formal sector enterprises in the tourism and garment sectors (including footwear and bag manufacturing) (February 2020) and airlines were offered tax exemptions (April 2020–June 2021), indicating targeting of labour-intensive and vulnerable sectors.

5.4.3 Monetary policy

Macroeconomic policy response to the pandemic initially centred on reducing interest rates to stimulate borrowing and investment. This focus sought to buffer businesses – particularly big businesses – from the impact of low effective demand. Central banks also introduced quantitative easing. This approach notably tends to disproportionately support wealthy people and those with assets, though people in poverty may benefit from spillover or transmitted effects. There were also some targeted lending programmes to ensure adequate liquidity in their financial systems, which had a more direct impact on people in poverty. Later, inflation rose and some central banks raised interest rates to address inflation.

Countries responded differently to inflation, with some governments responding to the increased cost of the consumption basket solely by increasing social protection transfers for target groups. Other governments instead sought to use monetary policy as a tool to support wellbeing during the pandemic, by controlling interest rates (monetary policy), by intervening directly in key markets, or by mitigating the impact of inflation on the poorest people through social protection.

Intervening in key commodity and food markets by imposing price controls occurred in some countries where the government has high surveillance capacity and a willingness to intervene in this manner. Maize price controls (e.g. in some African countries) and price floors (e.g. India) sought to limit the pandemic's impact on poor consumers and producers.

Other countries' governments intervened in financial services markets to drive down interest rates on borrowing, in response to high levels of enterprise and household indebtedness, and as protection from widespread business failures.

Policy – and sometimes revised regulations – encouraged debt restructuring and, in some countries, the freezing of interest payments. Where offered, this was generally restricted to enterprises and rarely extended to household borrowing or the informal economy. In Cambodia, however, households could apply for debt restructuring, with repayments paused and the deadline for repaying the principal and capital sum extended, though interest continued to accumulate throughout the extended life of the loan. This suggests that the focus of many governments was on business failure, mostly in the formal sector, with the likely short-run impact on employment and longer-run impact on economic growth, rather than on household indebtedness and household wellbeing, particularly among the poorest people. Across countries, we see an

attempt to use increased liquidity to support domestic food supply, reducing reliance on imports, and ensuring the continuity of essential goods and services.

Conventional policy responses to inflation centre on monetary policy. However, some countries – as well as heterodox economists – have sought to expand the toolkit. This experience suggests that experimenting to find alternative approaches to inflation management can be successful, particularly when looking at inflation in the basket of goods most commonly consumed by people in the bottom two deciles. What we see is that when inflation damages the wellbeing of the poorest people, they benefit from having expanded agency and institutions they can participate in, which may help reduce costs and/or provide some protection from the impact of inflation.

Box 5.G: Mitigating the impact of inflation on the poorest people



Experiments to mitigate the impact of inflation on the poorest people could include subsidising the food basket when inflation rises; for example, through vouchers to purchase a given quantity of key staples, legumes and fish to prevent longer-term impacts on children's health.

This is similar to experiments in 'helicopter drops',¹⁰ when central banks provide money directly to households as a form of quantitative easing to stimulate the economy and can address the argument that quantitative easing disproportionately benefits wealthier individuals who hold a larger share of financial assets. This can involve central banks creating new money and using it to finance fiscal measures that benefit lower-income households directly; for example, by financing social welfare schemes, funding targeted tax rebates or direct cash transfers (Blyth and Lonergan 2014).

These measures come with risks, such as inflation or currency depreciation, if not managed carefully. It is important for governments and central banks to consider the specific context and economic conditions when designing and implementing unconventional monetary policy measures (*ibid.*).

An alternative entry point for governments, was to focus on alleviating the negative consequences of high inflation and to protect the consumption levels of poor

people by expanding social protection, with an enlarged pool of recipients and an expanded set of benefits (see Chapter 4).

5.4.4 Net trade and balance of payments

The impact of Covid-19 on Chinese export levels and the availability of key inputs into manufacturing production around the world concerned business leaders and governments. Reduced demand for key commodities around the world saw their prices drop and reduced demand for consumer items affected businesses throughout global value chains. Countries responded to this challenging business environment differently. The Government of India was relatively interventionist and engaged in close interaction with Indian export promotion councils and trade bodies, particularly in the pharmaceutical, electronics and automobile sectors where supply chains sourced imports from China. These agencies contacted Indian trade abroad to secure and transport inventories available with existing suppliers. Missions were asked to identify alternative sources of supplies of raw materials to support India's domestic production (Lok Sabha Secretariat 2020–22).

Again in India, during the early months of the pandemic (March–May 2020), the government sought to mitigate the negative effects of the pandemic by making trade as frictionless as possible;¹¹ for instance, requesting that customs stations and testing labs worked around the clock and to showed sensitivity when dealing with cargo from affected areas in China, waiving late fees for delayed documentation (*ibid.*).

5.5 Economic and livelihood mitigation

Many governments implemented both quantitative easing and policies, and interventions targeting enterprises, livelihoods and value chains owned by or

employing people in poverty. The relative emphasis matters, in terms of attention and resources given to macroeconomic management and quantitative easing vs targeted interventions to protect the livelihoods and enterprises of people in poverty. However, what we see is that many governments tended to focus their attention and resources on large enterprises. Bangladesh, for example spent US\$13bn (3.96% of GDP) on economic support during the pandemic, but nearly 80 per cent of this funding went to growth-oriented interventions and large enterprises, with only 20 per cent going towards protection (see Chapter 3). The widespread focus on macroeconomic management and large enterprises appeared to be based on the assumption that by doing this it would protect the economy as a whole and maintain the food security, employment and wellbeing of the poorest people. This approach discounts the importance of the informal sector and indicates the limited policy toolbox that policymakers were drawing on to support enterprises and workers in the informal sector during the pandemic. Some examples of good practice in the timely development and delivery of mitigating measures were in proto-authoritarian states (e.g. Cambodia, Rwanda), suggesting that their form of governance enabled them to respond quickly to the pandemic.

5.5.1 Economic and business support

Some governments provided support to business, aware of the pressures companies were under through the combined impact of broken international and national value chains (e.g. lockdown measures, transport restrictions), reduced effective demand in domestic and international markets, increased input costs (e.g. food, fuel, utility prices), exchange rate pressures and tightening credit markets. Bangladesh therefore provided substantial financial support

to all MSMEs and large enterprises from 2020 (costing 3.96% of GDP). In Senegal, tax concessions and additional spending on business support were estimated to be likely to increase the fiscal deficit by 2.4 per cent of GDP in 2020 (Gupta and Liu 2020). Early in the pandemic, India announced a US\$265.8bn economic stimulus package (Aatma Nirbhar Bharat Abhiyan), which included funds for liquidity support, fiscal measures and monetary policy actions. It is impressive that India allocated more than 13 per cent

of GDP to pandemic policy in comparison with Bangladesh's 3.96 per cent.

The nearly US\$5bn India spent to support the livelihoods and employment of the poorest people was overshadowed by the US\$265.8bn economic stimulus package announced for 2020/21. With 70 per cent of the population absorbed by the informal sector, we might have expected a higher proportion of the stimulus package to have been allocated to supporting the livelihoods of the poorest people.

Box 5.H: Economic and livelihood mitigation policies, India



The economic stimulus package sought to correct supply-side shock and keep supply chains open, while compensating the 'demand-side shock' created by the pandemic, by boosting the resources of the poorest people. For example, the budget for the MGNREGA programme, to support wage employment, was increased by US\$4.86bn and the minimum wage for manual workers for 2020/21 was increased from Rs182 per day to Rs202 per day (from US\$2.20 to US\$2.50).

The government announced a US\$6.1bn boost to the Garib Kalyan Rojgar Abhiyaan programme across six states, which provided livelihood opportunities for rural workers. To create employment and boost the rural economy, India's stimulus package also invested in housing,¹² roads,¹³ peri-urban growth poles¹⁴ and women's self-help groups.¹⁵

Source: Lok Sabha Secretariat (2022)

Box 5.I: Economic and livelihood mitigation policies, Bangladesh



The government introduced 21 economic support packages, with an overall value of US\$13bn (3.96% of GDP) (Osmani and Siddiquee 2021), with nearly 80 per cent of funding going to growth-oriented interventions and only 20 per cent to protection:

- 8 growth-oriented support packages – to support enterprises badly affected by the economic collapse brought by the lockdown to revive economic growth.
- 13 protection-oriented support packages – targeting households and individuals who had lost their entitlements to food and other essentials of life as their livelihoods disappeared due to economic collapse, providing social protection to support food security and to reduce deprivation stemming from the loss of livelihoods. (See Chapter 3 for more details of these packages.)

Box 5.J: Support for business, the Garment Industry, Bangladesh

The government on 25 March 2020 announced that it would allocate US\$624m for a stimulus bailout package to the factory owners in the garment sector to pay garment workers' salaries. There were around 800 Bangladesh Knitwear Manufacturers and Exporters Association factories prior to the pandemic. Of these, 519 factories received 'clearance certificates' from the association to apply for stimulus loans; 99 were refused. Of the 519, 420 received government stimulus loans. They worked relatively well, with eligible factory owners gaining prompt access to the stimulus and using it to pay workers.

Some have suggested that this fund, routed through industry owners, supported the owners more than it supported workers. Another criticism is that industrial workers and transport sector business owners found it difficult to access the stimulus fund.

Source: The Business Standard, 2021; CPD- Shojag Coalition, 2021.

5.5.2 Support for the informal sector

Few governments provided comprehensive livelihood or economic support to the informal sector, with funding commonly focusing on maintaining consumption

through entitlement support and social protection. Bangladesh provided a one-off cash transfer to informal sector workers, India sought to stimulate job creation (and formalisation – Box 5.L) and Cambodia provided grants for informal sector workers.

Box 5.K: Support for informal sector workers, Bangladesh

Informal sector workers and those not covered by existing safety net programmes were eligible for a one-off cash transfer. US\$120m was allocated, targeting people in poverty, mostly in rural areas.

A critique of the cash transfer process provides lessons for future pandemics. There was inadequate pandemic preparedness: ward committees had to rapidly prepare beneficiary lists of people living in extreme poverty, which did not exist previously; the committees verified the status of self-identifying applicants, then the lists were consolidated and digitised. This was a time-consuming process, and local committees were not given sufficient time or support to complete the process.

Lists were also found to have various anomalies, among them the inclusion of names of government officials and pension recipients, individuals listed more than once, people listed due to their political affiliation and so on. Lists were sent back to Upazila (district) level for rectification. Despite attempts to correct them, substantial targeting errors remained, with leakage to non-target groups and failure to reach people in need.¹⁶

In addition, the value of the one-time cash transfer (US\$23) was inadequate and funds could only be transferred through a mobile device, despite a significant proportion of beneficiaries not having a mobile phone or bank account.

Source: Cabinet Division & GED, 2022; Siddiquee *et al.*, 2022

The general absence of mitigating measures for informal economies, despite early acknowledgement of their vulnerabilities to both Covid-19 and the effects of lockdowns and restrictions, is indicative of the low

status and limited political importance of the informal economy – despite employing very large numbers of people and producing a substantial proportion of GDP.

Box 5.L: Job creation, India



Returnee migrant employment and livelihood programme (Garib Kalyan Rozgar Abhiyan)¹⁷ – aimed at migrants returning to their rural villages. In Uttar Pradesh, 31 districts out of 75 were identified as being adversely affected by a very substantial influx of migrants who returned during the lockdown.

Job creation and formalisation scheme (Pradhan Mantri Rojgar Protsahan Yojana)¹⁸ – sought to provide employers with incentives to create jobs and bring informal workers into the formal workforce. The government has committed to pay employer contributions (12% of the employees' salary) for three years to the Employees' Provident Fund and Employees' Pension Scheme.

Job creation and social security benefits (Aatmanirbhar Bharat Rozgar Yojana)¹⁹ – provides employers with incentives to create new jobs, providing social security benefits and seeking to restore jobs lost during the pandemic. Under this scheme, the government has committed to pay both employer contributions (12%) and employee contributions (12%) for two years, or only the employees' share, depending on the size of the registered company.

This analysis suggests that the informal economy needs a New Deal following the pandemic. 'Historically, mainstream economists have tended to remain ambivalent, negative or hostile towards the informal economy: viewing informal workers (especially the self-employed) as non-compliant and non-productive – a problem to be tackled – and blaming the persistence of informality on informal workers themselves or on labor regulations and social policies that allegedly create perverse incentives for firms and workers to operate informally. Very few mainstream economists, with some notable exceptions, have given much thought to how economic policies – micro, sectoral and macro – impact the persistence and productivity of informal firms and workers.

The Covid-19 pandemic shone a spotlight on the essential goods and services provided by informal workers – from food to health and childcare, to transport and waste collection; and also exposed the disadvantages and inequalities workers faced in accessing health services and relief aid, in pursuing or restarting their livelihood activities and in receiving financial or other recovery support to rebuild their livelihoods and assets. In this post-Covid-19 moment, the policy question or challenge is whether going the informal workforce will face:

- **the Bad Old Deal** – ongoing exclusion from economic policies and social protection plus adverse integration into supply chains;
- **a Worse New Deal** – intensified destruction of their workplaces and

- further erosion of their commercial and employment arrangements; or
- **a Better New Deal** – inclusion in economic policies, social policies and supply chains on an equal footing with formal firms and workers.

A Better New Deal for informal workers is essential to reduce poverty and enhance economic growth. It would need to give priority to informal firms and workers in economic recovery efforts and in future economic policies. But this would require a shift in the dominant narratives in economics about the informal economy: from stigmatising and penalising informal workers to seeing them as the broad base of the economy that provides essential goods and services; and from focusing on what policies drive informality to what policies would enhance informal workers' productivity and earnings. Without such a shift, existing policies will continue to make it difficult for working poor people in the informal economy to dig themselves out of their pandemic hole and, more so, to work their way out of poverty.

A new policy approach that promotes a Better New Deal for informal workers would have to address what all informal workers want and need – notably, recognition of their economic contributions, social and legal protection,

access to public goods and a collective voice in policymaking processes; and what specific groups of informal workers want and need – for example, housing tenure and basic infrastructure services for home-based workers, regulated access to public space and protection of their natural markets for street vendors, and the right to access waste and bid for solid waste management contracts for waste pickers (Chen 2023).

5.5.3 Support for agriculture

Agriculture is another source of resilience. Many governments were highly motivated to enable the resilience of the agricultural sector, as they recognised its crucial role in supporting domestic food markets and the food security of self-provisioning households, but also in keeping export markets functioning during the pandemic. There was also recognition of the role the sector played as a provider of livelihoods of last resort and as a safety net.

In Bangladesh, farmers and workers were exempted from movement restrictions and the government ensured that restrictions did not impede the functioning of the mango value chain, to ensure that mangoes reached the market rather than rotting in the fields (see Box 5.M).



Box 5.M: Support for agricultural production and marketing, Bangladesh

Refinancing: US\$460m was allocated to the agriculture refinance scheme and US\$280m for the low-income refinancing scheme for low-income professionals, farmers and traders. These schemes have not been evaluated.

Seasonal input subsidy: farmers were provided with seed and fertiliser subsidies to enable them to maintain food production.

Markets: moved to open spaces, but the process was not properly planned, and markets were moved to locations where it was difficult to maintain social distancing during the first wave. This had been resolved by the second wave, when markets were moved to open fields (e.g. in Chapainawabganj special market places were established

Continued:

for the sale of mangoes), illustrating the learning that was absorbed from the first wave and applied to the second.

Local government interventions: local governments (district administrations) implemented various agriculture support measures.

Mobility: in Chapainawabganj, farmers were exempted from mobility restrictions and issued with mobility passes to allow them to move freely; transport was made available to enable them to travel between districts.

Transport: transport was limited and prices increased dramatically. During the harvest season, transport was arranged for agricultural day labourers. Also during harvest season, mango traders in Chapainawabganj could not transport their mangoes to markets in towns and cities. District administrations intervened, holding discussions with the railway authority, which introduced a special mango train service.

Source: KIIs, Bangladesh

Farm households fared differently through the pandemic, depending on what they grew and how they grew it. The food security of farmers who produced food crops (e.g. staples, legumes and even vegetable gardens in peri-urban areas) was somewhat protected, as they could consume their own produce and engage in local markets, so were less exposed to price shocks commodity exporters experienced. In Tanzania, for example, maize farmers were greatly protected by the established practice of identifying household food needs for the year and storing this quantity before marketing the surplus. In some countries (e.g. Afghanistan, India), adopting or expanding vegetable

cultivation and trade during the pandemic provided an important source of income. However, farmers who were heavily reliant on purchased inputs (e.g. in Afghanistan, Bangladesh, Cambodia, India, Pakistan) were extremely vulnerable to variations in price and availability, contributing to indebtedness. Widespread increases in the cost of fertiliser around the world (especially after the start of the war in Ukraine) impacted the profitability of agriculture, with many farmers' incomes falling. Specialised livestock rearing (e.g. of broiler chickens) depends on purchased feed and, again, margins were affected by disruption to value chains and increases in transport costs (fuel).

Box 5.N: Interventions in agriculture, India



Agriculture is the responsibility of states in India, so state governments lead on delivering agriculture-related interventions. However, the national government put together the Garib Kalyan Package to pay 87 million farmers in the first week of April 2020 (Government of India 2020). The stimulus package for farmers included an additional US\$3.66bn in an emergency working capital fund for 30 million farmers to meet post harvest requirements.

Continued:

A programme to provide US\$2,440 in concessional credit to 2,500,000 farmers and fishers and to refinance US\$3.66bn in seasonal agricultural bank loans was developed. In addition, US\$13bn in investment funds were made available for farmers to invest in farm-gate infrastructure (SIRU 2020).

The government also instituted three agricultural reform bills that aim to increase farmers' incomes: The Farmers' Produce Trade and Commerce (Promotion and Facilitation) Act, the Farmers' (Empowerment and Protection) Price Assurance and Farm Services Agreement and the Essential Commodities (Amendment) Act. These aimed to counter restrictive trading practices and cartels, and enable farmers to engage in agribusiness markets (IBEF 2020).

5.5.4 The financial services sector

Borrowing emerged across countries as an important coping strategy across wellbeing groups. In Cambodia household debt increased dangerously.

+

Box 5.O: Impact of lockdown on unemployment and household debt, India

Acute distress was identified among informal workers, particularly migrant workers, with extremely high levels of livelihood loss (78%) and indebtedness (53%) (a longitudinal survey by Action Aid, round 1, 11,530 workers interviewed, across 21 states in May 2020). Months later, around 48 per cent of workers reported that they were still unemployed, and nearly four in ten were still in debt (39%) (round 2 of the Action Aid survey, August–September 2020, across 23 states and five union territories, covering 16,961 informal workers). Recovery was highly dependent on the sector and type of work, with construction being the slowest to recover and agriculture the fastest. But nearly 42 per cent of those who restarted work were underemployed (Action Aid 2020).

Borrowing rose in response to unemployment and livelihood collapse during the pandemic. But formal credit providers – banks and co-operatives – could not cater to poorer households. Instead, people borrowed from informal networks, such as friends, relatives and neighbours, and private moneylenders (World Economic Forum 2020). Most borrowed to meet food and healthcare costs.

Approaches to minimise household debt were trialled in the US, but LMIC examples are scarce. In India, concessional credit was provided to farmers and fishers (see Box 5.P) and the restructuring of bank loans was supported

by the government stimulus package (see Box 5.H). Micro-enterprises were offered access to collateral-free loans, fully guaranteed by the government, with 'subordinate debt' for stressed micro-enterprises, partially guaranteed

by the government. A credit facility was also established for street vendors, and the collateral-free credit limit for self-help group members under the National Rural Livelihood Scheme was increased

from US\$12,000 to US\$24,000 (Lok Sabha Secretariat 20–22). Farmers were also offered concessional credit (*ibid.*). Unfortunately, the implementation of these measures has not been evaluated.

Box 5.P: Rescheduling domestic debt in the US



Between March and October 2020, loan payments worth US\$2tn were rescheduled in the US, with the largest cumulative payments rescheduled being for mortgage repayments (US\$3,200) and car repayments (US\$430) (average values). An estimated 60 million borrowers rescheduled debt repayments worth US\$70bn by the end of the first quarter of 2021, reducing household distress and loan ‘delinquencies’.

In value terms, better-off households benefitted more, with 60 per cent going to above-median income borrowers, but the proportion of low-income borrowers who rescheduled their borrowing was higher.

Interestingly, one third of borrowers who had rescheduled their loans continued to make full payments, suggesting that rescheduling acted as a credit line, allowing borrowers to ‘draw’ on payment deferral only if needed.

Source: Cherry *et al.* (2021)

Box 5.Q: Mobile money and pandemic preparedness



People in poverty benefited from having access to an established mobile money infrastructure during the pandemic as they were able to save, borrow and access social protection payments. This suggests that an important element of pandemic preparedness would be for governments to establish this financial and digital infrastructure now, including through leveraging partnerships with the private sector.

An example of where mobile banking was highly effective during the pandemic is Zambia, where mobile money infrastructure kiosks – called agent networks or agent banking – were crucial in improving financial inclusion, particularly in rural and remote areas with limited access to formal banking services. Access to mobile money enabled people in poverty to save small quantities every day, even during the pandemic, keeping track of their account using a mobile phone they or someone in their household owned and withdrawing cash on demand from local mobile money kiosks. These savings schemes supplemented their membership of village-level savings or ‘friendship credit groupings’ and helped unbanked extremely poor people to quickly access cash transfers and formalise their savings.

For those without phones, they might access mobile money through a relative with a mobile phone or through local-level government agents who support local working

Continued:

extremely poor people to save small amounts from their daily wage via mobile money kiosks.

Measures to include people in extreme poverty in mobile money networks during normal times is perhaps one way to secure pandemic preparedness for cash transfers for the most vulnerable people. Cash transfers were disbursed during the pandemic through mobile money networks in Ghana, Kenya, Nigeria, Pakistan Rwanda and Togo. This included support to older people, orphans and people with disabilities. The Togolese government launched the Novissi emergency cash transfer programme during the pandemic, using mobile money to provide financial support to informal workers affected by the pandemic

Source: IMF (2020)

5.5.5 Debt restructuring and debt forgiveness

This section explores household and micro-enterprise debt and financial services. Effective management of debt is important to enable post-crisis recovery to occur, contributing to future resilience. However, in many countries, unsustainable levels of household and enterprise debt have been allowed to develop, with borrowing enabling households to survive even when their income fell (paying for food and medicines), making seasonal investment in agriculture and enterprise start-ups or funding working capital and investment. This was rarely matched by compensatory savings or insurance. So, when households face life-cycle or other shocks, or when there are negative shocks or trends in the wider economy, the vulnerability of heavily debt-exposed households and enterprises precipitates a crisis, with households and enterprises adopting the rapid accumulation of arrears or adverse adaptation to maintain payment schedules.

This begs the question of whether financial services need to be better regulated, to ensure that indebtedness

is tightly contained and credit provision balanced; and with savings and insurance products offered proactively by private sector financial services institutions to support resilience. Further, governments and the financial sector need to learn lessons to allow the development of creative approaches to rescheduling and writing off debt in times of crisis, with write-offs supported by industry-wide insurance or other mechanisms. The African Development Bank's portfolio of loans to financial institutions across Africa is insured; innovative approaches could extend insurance to financial instruments, benefiting micro-enterprise and the informal sector (AfDB 2018).

In Cambodia, to reduce debt distress financial institutions in March 2020 were instructed by government to offer loan restructuring to borrowers who were severely affected by the pandemic across four sectors: tourism, garment, construction, and transport and logistics. By the end of April 2021, loan restructuring had directly benefited 421,935 people, to the value of US\$4.9bn (Amarthalingam 2021). However, Cambodia's measures were not sufficient to prevent an increase in debt-related distress.

International financial institutions restructured loans and extended loans at preferential rates to some recipient governments to enable them to respond to the pandemic. Many governments also sought to restructure their own domestic borrowing, and some introduced new legislation or regulations that required financial services providers to restructure loans.

Many governments preferred to implement measures to support businesses rather than household debt. Some governments put considerable effort into enabling debt restructuring for MSMEs; but despite this, micro-enterprises and enterprises in the informal sector rarely benefited. Loan forgiveness was rare and individual domestic borrowers seldom had interest frozen, meaning that although loan repayments might have been suspended and repayment dates postponed, interest on the capital sum continued to accumulate and be compounded, increasing the cost of repayments overall. Many households could not afford to reschedule the loans they held and went to extraordinary lengths to continue repayments, even at the height of the pandemic.

5.5.6 Furlough schemes

In Cambodia, workers who had lost jobs in the garment or tourism sectors (from formal enterprises only) were offered a monthly payment of US\$40 from December 2020 to June 2021. This is one of the few examples internationally of an equivalent of the furlough schemes provided in HICs, such as the United Kingdom. It is both interesting and commendable that it was developed by a relatively poor lower-MIC such as Cambodia. Cambodia was able to deliver this programme as it had the fiscal space, created by years of fiscal conservatism, which ensured that there was a national budget surplus.

Bangladesh and Botswana also funded furlough schemes. In Bangladesh, the government sought to safeguard jobs by allocating US\$600m to subsidise loans for exporting companies in the ready-made garment sector to pay the wages of 4 million workers for up to three months. In Botswana, the government provided 50 per cent of monthly wages (US\$75.26–188 per month) for workers in private businesses across the economy for up to three months (only citizens were eligible, not migrants) (ILO 2021d).

5.6 Conclusions and recommendations

We need to learn several lessons from the experience of managing the tension between saving lives and protecting livelihoods.

Firstly, lockdowns and other restrictions were launched as public health measures during the pandemic, but rapidly became de facto economic policies. Given their impact, it is perhaps surprising that economic policymakers did not have a higher profile in meetings at which decisions were taken to impose the restrictions WHO and the public health community was recommending. What is clear from the evidence presented in this report is that the least impoverishing policy combination appears to have been short lockdowns and strong pro-poor recovery; for example, Bangladesh suffered fewer economic consequences than India, which had much more stringent and long-lasting lockdowns and restrictions.

Secondly, macroeconomic management is critical. Governments with strong fiscal and foreign exchange positions unencumbered by massive debts were in a much better position to mitigate the disastrous economic and social

effects of the pandemic and the global policy response to it. Many governments' hands were tied, unable to borrow enough because their macroeconomic management had not been good enough leading up to the pandemic. They were limited in the mitigating measures they could offer citizens and businesses, and were also limited in the extent to which they could impose restrictions for long periods without huge penalties in terms of economic growth. These governments also tended to have shorter lockdowns (e.g. Malawi, Tanzania, Zambia); targeted the most vulnerable people with their limited resources; opted for food assistance programmes where these already existed and could be built on, such as food distribution or subsidised food prices; and encouraged local or community-based initiatives such as community kitchens, food banks and mutual aid networks, avoiding the need to create new programmes from scratch. They also sought financial support from international organisations, such as the International Monetary Fund, World Bank and international NGOs.

However, where macroeconomic positions were stronger a much more balanced policy response was possible. Cambodia is a case in point; now an LMIC but until recently an LIC, it was able to offer furloughs and additional social protection coverage, engage with financial service providers to delay repayments, and roll out a very active and speedy vaccination programme (national-level KII).

Thirdly, a global review of inclusive financial services is badly needed. Financial services organisations and their government regulators were reluctant to embark on structural renegotiation of household debts during the pandemic, with priority seemingly given to business debt. This mattered because coping strategies were so constrained across countries that poor households resorted to borrowing to survive during the crisis, driving indebtedness up sharply and unsustainably.

Creativity will be needed to rethink financial sector regulation and sources of consumption smoothing, so that the poorest people do not enter unsustainable debt during crises, and so that people in poverty are better able to borrow to invest in small business start-ups. Currently, many people in sub-Saharan Africa (e.g. in Malawi, Tanzania, Zambia) fear borrowing even small amounts due to predatory lending practices, including excessive interest rates and 'securing' the assets of clients who have fallen into arrears.

Fourthly, flexibility in the application of pandemic lockdown measures should include mobility passes for informal sector workers who need to work to meet basic needs, agricultural wage labourers and women at risk of SGBV.

Fifthly, pandemic preparedness needs to be multi-sectoral, ensuring macroeconomic stability; building the resilience of the poorest people; regulating mobile banking and financial services and investing in transport and health services. Greater awareness is needed of the irreversibility and intergenerational transmission of poverty generated by reduced consumption by people in poverty, so that future pandemic policies include greater attention to economic oriented mitigations.

Finally, a longer-term perspective on recovery is needed. International attention is needed now to mitigate the impact of post-pandemic austerity on public services, investment in human capital, women's equality and empowerment, and the assets and investments that enable the livelihoods of people in poverty. This need is urgent and also needs to be sustained.



Delivering pro-poor education: lessons from Covid-19

6

Key messages



The pandemic disrupted access to education globally, resulting in school closures, rising learning poverty, dropouts and various health consequences, all with intergenerational effects.



The future increase in poverty due to learning losses is likely to outweigh the current estimated increase in poverty due to loss of livelihoods, additional deaths and illness. There are also a host of intergenerational consequences, aggravated by large losses in early childhood care and education, and children falling 'off track' in their early development.



The length of school closures varied considerably across countries. While the logic of extended closures was to protect older family members, schools should be kept open or otherwise closed for shorter periods of time, with revised criteria for closures.



Delivering additional resources (e.g. financial, staff, learning materials, etc.) to enable uptake of learning modalities among vulnerable students, or developing a multimodal strategy to ensure pro-poor access, were both supply-side interventions to promote equitable learning. Given prolonged school closures, some governments made modifications to curriculums and implemented remedial education and re-enrolment campaigns. There were comparatively fewer examples of adaptations to teachers' professional development to support learning among marginalised children.



A range of conditions enabled pro-poor education during school closures, including access to electricity and connectivity, and coordination around information sharing to support marginalised children. Underpinning these interventions were efforts to improve data infrastructure to better capture dimensions of marginalisation.



Low- and no-tech means of promoting distance learning was observed to improve access to learning for marginalised children when combined with interventions that involved the support of families and communities in learning. Communities also played a remarkable role in financially supporting the education of marginalised children. These interventions were often more effective when coupled with measures to support caregivers.



Significant mental and physical health effects (e.g. absence of school meals, child abuse) combine to create intergenerational effects. School feeding is especially important for poor children's physical, cognitive and educational development, but seems to have been a casualty of school closures, and has been less prevalent in LICs. A big focus is needed on school feeding, especially in LICs, and working out the best ways of continuing to feed children if schools close. Support for socioemotional learning is also important to address intergenerational effects.

6.1 Overview

This chapter presents a brief overview of key challenges in education among marginalised children during the pandemic. It then considers how governments responded to enhance pro-poor education delivery, the enabling conditions for this, and their links with community and household support to deliver equitable access to education and learning.

6.2 Challenges in education among marginalised children

The pandemic disrupted access to education globally. At the **peak of the pandemic, 94 per cent of students were out of school** (World Bank 2020b). Between February 2020 and February 2022, schools were closed for 141 days on average. School closures were particularly high in South Asia and Latin America and the Caribbean, where they lasted on average for 273 and 225 days, respectively, and were also high among LICs compared to other country income groups (UNESCO *et al.* 2021). At the same time, there were variations to this; among LICs and lower-MICs, for example, Nicaragua did not have any full school closures (but 15 weeks of partial closures),

while Tajikistan, Burundi and Belarus did not have any full or partial closures.

There is a variety of related evidence on the effectiveness of school closures to control the spread of the virus (Walsh *et al.* 2021), which in turn further questions the need for the draconian school closures observed in many contexts. Several interviewees also questioned the need for school closures:

The closure of schools was not necessary because infection rates among pupils were very low. The government should have not closed all the schools, given that restaurants and pubs remained open, seeing that it is very difficult to contain such places (KII, Zambia).

The lack of decentralised decision-making was the reason [for long school closures]. For example, [they should have said] let the school community and their parents ...decide when this particular school should open, but we have no such mechanism for decision-making even at the block level (KII, India).

Although in some countries learning losses were low or unobserved at certain levels as a result of school closures (Box 6.A), more broadly, **70 per cent of 10 year olds in LICs and MICs are estimated to be unable to read or understand a simple text, a 17 percentage point increase from pre-pandemic levels** (Figure 6.2.1).

Box 6.A: Learning outcomes in Burkina Faso during the pandemic



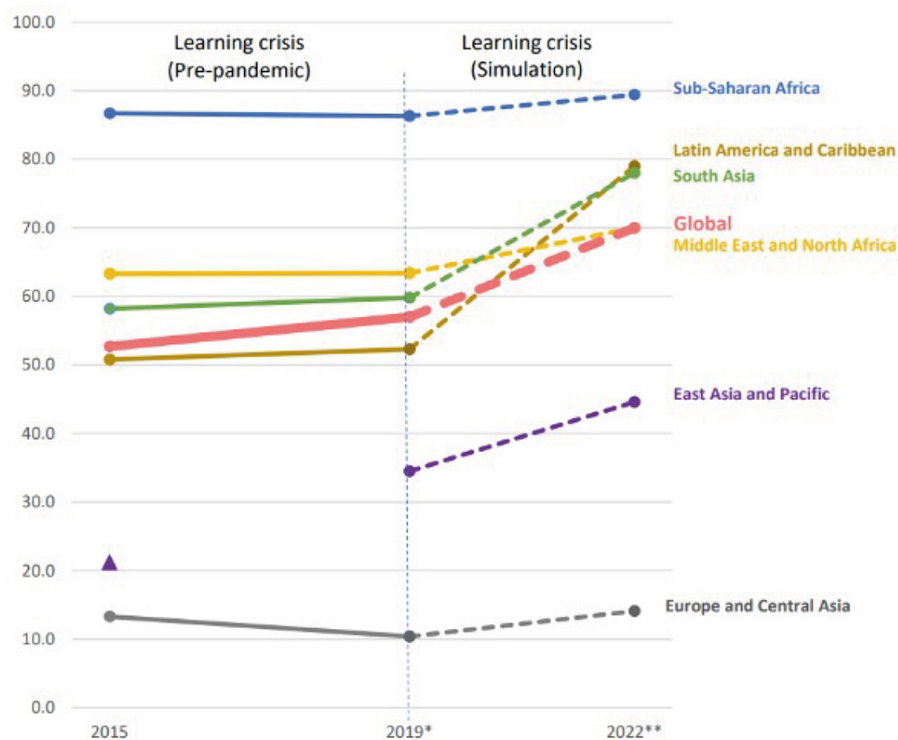
The Covid-19 Monitoring Impacts on Learning Outcomes (MILO) study in Burkina Faso, Burundi, Côte d'Ivoire, Kenya, Senegal and Zambia found no statistically significant difference between pre-pandemic and 2021 reading assessments. For mathematics, students in Kenya experienced learning loss, but Burkina Faso saw an increase in the share of students meeting the Minimum Proficiency Level test at the end of primary school. What might have contributed to improved learning in Burkina Faso?¹

Continued:

- **Multimodal strategies:** ‘Learning content, including for television, radio and online... were developed and made available to students in primary and secondary school.’
- **Priorities for exam years:** ‘Learners in examination classes, which included the target grade for MILO, were given priority access to learning materials.’
- **Translation of learning materials:** ‘Learning materials were translated into national languages to facilitate access by a range of students, including those in rural areas... Burkina Faso was the only country to provide support for students who speak minority languages.’
- **Multipronged mitigation measures:** across the six countries, Burkina Faso consistently had the highest rate of students attending schools where principals reported strategies to minimise the impact of Covid-19 on teaching and learning, especially through communication between staff and families (56% compared with 44% as the MILO median); providing additional staff professional development (54% compared with 41%); and offering digital resources to teachers and students (72% compared with 64%).
- **Shorter school closures:** after Burundi, Burkina Faso also reported lower numbers of Covid-19 cases and deaths, and had shorter school closures.
- **School feeding:** in addition, Burkina Faso also had the highest rate of school feeding during the pandemic among the six countries.

Source: UNESCO Institute for Statistics (2022), unless otherwise stated

Figure 6.2.1: Estimates of learning poverty during the pandemic



Source: World Bank *et al.*, and UNICEF, 2022.

Learning loss was also particularly pronounced among children in poor households (Table 6.2.1), aggravated by limited digital access and low digital literacy among children, parents and teachers (Nicolai *et al.* 2022). During school closures, digital and broadcast

remote learning programmes did not reach at least 463 million children around the world (31% of schoolchildren), three quarters of whom were in rural areas and/or from poor households, and more prevalent in LICs (UNICEF 2020).

Table 6.2.1: Learning loss among children in poor households during early months of the pandemic

Country	Quintile-disaggregated results																		
Ethiopia	<p>May/June 2020: ‘Over half of children from the poorest 40 percent of the population listen to educational radio programs compared to 26 percent of the richest 60 percent... whose children are more likely to complete assignments provided by the teacher, watch educational TV (probably because richer households are more likely to own a TV), and use mobile learning apps.’</p> <p>Figure 3: Student Educational Activities During School Closures, R2, by Bottom 40%, Percent, Percent</p> <table border="1"> <caption>Data for Figure 3: Student Educational Activities During School Closures, R2, by Bottom 40%, Percent, Percent</caption> <thead> <tr> <th>Activity</th> <th>Bottom 40%</th> <th>Top 60%</th> </tr> </thead> <tbody> <tr> <td>Session/meeting with lesson teacher (tutor)</td> <td>24.7</td> <td>23.5</td> </tr> <tr> <td>Used mobile learning apps</td> <td>3.7</td> <td>12.9</td> </tr> <tr> <td>Watched educational TV programs</td> <td>7.6</td> <td>21.0</td> </tr> <tr> <td>Completed assignments provided by the teacher</td> <td>21.4</td> <td>41.1</td> </tr> <tr> <td>Listened to educational programs on radio</td> <td>50.9</td> <td>26.0</td> </tr> </tbody> </table> <p>Source: Monitoring COVID-19 Impacts on Households in Ethiopia. 2020. World Bank. Used with permission, CC-BY-NC.</p>	Activity	Bottom 40%	Top 60%	Session/meeting with lesson teacher (tutor)	24.7	23.5	Used mobile learning apps	3.7	12.9	Watched educational TV programs	7.6	21.0	Completed assignments provided by the teacher	21.4	41.1	Listened to educational programs on radio	50.9	26.0
Activity	Bottom 40%	Top 60%																	
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Watched educational TV programs	7.6	21.0																	
Completed assignments provided by the teacher	21.4	41.1																	
Listened to educational programs on radio	50.9	26.0																	
Indonesia	<p>May/June 2020: ‘Lack of a supporting device affects significantly more students in the bottom 40% and outside Java, preventing them from engaging in online learning.’ Even for those engaging in online learning, lack of supporting device was a more pronounced constraint among the bottom 40% (World Bank 2020c).</p>																		
Malawi	<p>May/June 2020: ‘Even in the wealthiest quintile only 25% of households are participating in any type of learning activity. The comparable estimate was 7% in households in the bottom 20 percent of the pre-Covid-19 wealth quintile.’ (World Bank 2020d).</p>																		
Philippines	<p>August 2020: Among the poorest quintile, only 11% of school aged children were engaged in learning activities during the pandemic, compared to 34% in the richest quintile (World Bank 2020e)</p>																		
Uganda	<p>June 2020: ‘After the closures, the share of households with any child attending any remote learning activity stands at 59% and is distributed very unequally. For example, it ranges from 44% among the poorest quintile to 74% among the richest quintile.’ (World Bank 2020f).</p>																		

Dropout rates also considerably increased as a result of school closures (Favara *et al.* 2021), though again with variation across LICs and MICs. Assuming just five months of school closures, simulations suggest that at least 24 million children around the world might never return to school (World Bank 2020). Of these, some estimates suggest that by the end of 2022 as many as 9 million additional children may have been pushed into child labour due to increased financial pressures (World Bank *et al.* 2021). Girls are especially at risk, vulnerable to violence, child marriage and adolescent pregnancy. The pandemic is estimated to have put an additional 10 million girls at risk of early marriage in the next ten years (*et al.*). Older children are also more likely to drop out. In rural Kenya, the risk of dropout increased threefold among secondary school-age girls compared to pre-pandemic levels (Zulaika *et al.* 2022). In the Philippines, by May 2022, 27–38% of households in the poorest quintile had children who had dropped out of school, compared with 11 per cent of households in the richest quintile (World Bank 2022c). Similar findings were observed in South Africa, with dropout rates especially high among the poorest households (Spaull *et al.* 2021), reflecting intersecting inequalities based on wealth, gender and age.

School closures also have various health consequences. School closures have affected children’s mental health, contributing to depression and increased risk of abuse (World Bank 2020). In addition, ‘more than 370 million children globally missed out on school meals during school closures, losing what is for some children the only reliable source of food and daily nutrition’ (UNICEF 2022b). Some scenarios project that an additional 40 million children will suffer from wasting and an additional seven million children from stunting by 2030 due to inadequate nutrition (UNICEF *et al.* 2021). Health services were also disrupted

during lockdowns, due to declines in spending, service reductions and demand-side reductions in the number of people seeking healthcare (WHO 2022). These disruptions have contributed to a reduction in child vaccination and antenatal care, based on analysis in sub-Saharan Africa (Shapira *et al.* 2021). Partly a result, disruptions were estimated to have increased child and maternal mortality in 18 countries analysed (Ahmed *et al.* 2022).

As a result of the multiple pathways of impact on education, the intergenerational effects of the pandemic are alarming. With worsening learning poverty, and without remedial catch-up action to get children back in school and to pre pandemic levels, people are likely to be less educated, with reduced ability to use education as a key source of resilience in pathways out of poverty. Indeed, learning loss and increased dropouts historically have led to higher rates of poverty among adolescents and young people (Favara *et al.* 2021). To make matters worse, not only are LICs and MICs typically underinvesting in education (UNICEF 2022a), but two thirds of LICs and lower-MICs have cut their public education budgets since the start of the pandemic, compared to just one third of upper-MICs and HICs (Al-Samarrai *et al.* 2021).

Moreover, pointing to strong intergenerational dimensions to poverty, in most countries, ‘the simulated future poverty increase due to learning loss exceeds the measured short-run increase in poverty’ (World Bank 2022: 6). Simulations estimate, for example, that the pandemic resulted in ‘19.01 billion person-days of early childhood care and education (ECCE) instruction lost, [and] 10.75 million additional children falling “off track” in their early development’ (McCoy *et al.* 2021). This has implications for economic growth. Some estimates suggest that the

closure of pre-primary programmes in 140 countries during the pandemic has cost as much as 5.9 per cent of GDP in lower-MICs and 2.4 per cent of GDP in LICs, when considering future earnings foregone due to reduced pre-primary participation (López Bóo, Behrman and Vasquez 2020). When considering the current generation of students, this figure rises to 14 per cent of global GDP lost in lifetime earnings because of school closures (World Bank *et al.* 2021). Weak school-to-work transitions and poor access to remedial and non-formal education for those already in the labour market further amplify these losses:

It is challenging to ask people who are already in the labor market to learn. So, they implement [interventions] with the Ministry of Labour. This includes non-formal education – evening classes, etc., to compensate for education losses and flexible classes. However, this is not well implemented yet (KII, Cambodia).

6.3 Supply of equitable learning opportunities during Covid-19

Schools around the world shifted to remote education during prolonged school closures. **This contributed to a ‘remote learning paradox’, where globally ‘60 percent of national remote learning solutions rely exclusively on on-line platforms. Yet, almost 47 percent of school students do not have access to the internet at home’** (Aedo *et al.* 2020). This reflects limited policy preparedness on how to implement distance-learning strategies, as well as limited consideration of how these strategies might amplify pre-existing poverty and inequality (Jones *et al.* 2021).

At the same time, **pro-poor access to education was possible in some**

contexts. This was often the case where a multimodal strategy was present (Table 6.3.1), or where additional resources (e.g. financial, staff, learning materials) enabled uptake of learning among vulnerable students. The Cambodian government provided paper-based learning materials for vulnerable students alongside SMS (text) messages for follow-up interactions between teachers and students in a multimodal approach. This was done in recognition of high mobile penetration rates including in rural areas of the country (Muñoz-Najar *et al.* 2021). Zambia, building on a history of radio instruction, also steered towards mitigation strategies relatively quickly and in April 2020 began strengthening its radio learning programme, distributing solar radios and training teachers on distance learning (GPE 2020). In Brazil, a multimodal remote learning programme in São Paulo included horizontal information sharing (e.g. among teachers and families) on learning activities through social media, vertical information sharing (e.g. between the state education secretary and teachers in the state) and a task force to contact households with students who were out of reach (Barron Rodriguez *et al.* 2021).

Table 6.2.1: Learning loss among children in poor households during early months of the pandemic

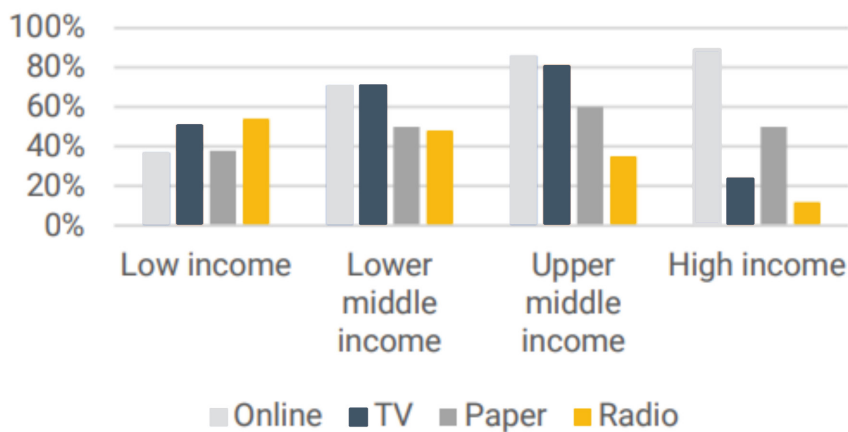
Connectivity level	Mitigation response
No access to device	<ul style="list-style-type: none"> • Paper-based packages for remote learning
No digital connectivity	<ul style="list-style-type: none"> • Support for access to technology (computers, laptops, tables, smartphones), with access to offline content
Radio access	<ul style="list-style-type: none"> • Pre-recorded radio instruction
TV access	<ul style="list-style-type: none"> • Live or pre-recorded lessons • ‘Edutainment’ programmes
Telephone access	<ul style="list-style-type: none"> • Phone-based parent-teacher-student links • Audio calls for tutoring, mentoring and teaching • Messaging apps for feedback • Hotlines with free numbers for technical assistance and socioemotional learning

Source: Summarised from Muñoz-Najar *et al.* (2021)

However, **multimodal approaches may be technically demanding where they require more resources and training to implement**, especially if capabilities to deliver remote learning (e.g. through staff or existing multimodal strategies) do not already exist (UNESCO 2020). For example, Figure 6.3.1 indicates that the

modality of remote learning changed considerably depending on country income level. In particular, LICs were often least able to rely on online means of remote learning, due in large part to limited enabling conditions for their uptake, as discussed in section 6.4.

Figure 6.3.1: Share of countries responding to school closures with different forms of remote learning, by income group



Source: The World Bank’s Education Response To COVID-19. World Bank. Used with permission, [CC-BY-NC](#).

Given prolonged school closures, some governments also made modifications to their curriculums, and implemented remedial education and re-enrolment campaigns to make up for lost learning. Some measures targeted vulnerable children who may have dropped out or performed poorly on exams (Box 6.B). In pre-pandemic periods, such cases tend to be particularly prevalent among children in low-income households. In Mozambique, the government expanded its ‘catch-up’ programme in the summer of 2020 to

enable students to reintegrate into school after dropping out (Barron Rodriguez *et al.* 2021). In Rwanda, a diagnostic assessment was rolled out for primary and lower-secondary schools; subsequently, students with low scores, with a poor rate of academic progress and those at risk of repetition or dropout were targeted for a remedial learning programme (*et al.*). Finally, the World Bank has also financed re-enrolment campaigns focused on girls and students from marginalised communities in Madagascar, Ethiopia and Pakistan (World Bank 2020).

Box 6.B: Preventing school dropout and learning loss in India



Dropout: the Ministry of Education in July 2020 issued guidelines for identification, a smooth admission process and continued education of migrant children, requesting states to identify and enrol all such children without any procedural formalities. Identification of out-of-school children was supported by conducting door-to-door, and helpdesk- and app-based surveys, and creating nodal groups at village/town level to implement Covid-19 action plans. In addition, scholarships were offered to better-performing students from marginalised groups through the National Means-cum-Merit Scholarship Scheme to help prevent dropout in the transition to secondary levels.

Private-public school transitions: through the Samagra Shiksha scheme for states and union territories, new schools at primary and lower-secondary levels were developed, while free uniforms and textbooks, transport allowances and other features were offered to government schools. These provisions as a pull factor, alongside depressed household incomes as a push factor, drove many households to switch from private to public schools.

Private tuition and learning loss: although there has been a fall in learning levels in India since the pandemic, this has varied greatly across states, partly linked to the penetration of private schools vs private tuition across the country: ‘Education has been severely impacted due to this pandemic. Since he has been concerned about his children’s education, he put his children for private tuition as an alternative’ (PMI interviewee).

Northwestern states (e.g. Punjab, Rajasthan, Uttar Pradesh, Himachal Pradesh and Uttarakhand) have many private schools and low rates of private tuition, compared with eastern states, which have low rates of attendance in private schools but high rates of private tuition. The drop in learning levels in eastern states has been smaller, which is attributed to the more local and flexible tuition sector, which allowed parents to negotiate with tuition providers during school closures. At the same time, poorer households may not have been able to afford tutors.

Source: KIIs, India

There were comparatively few examples of continuing professional development of teachers to support the education of marginalised children.

In Rwanda, new measures ensured that teachers allocated three hours a week to continuing professional development (UNESCO *et al.* 2021). Smartphones and digital cards pre-loaded with videos of teaching practices were also rolled out in Kenya and Rwanda to support teacher training in low-income contexts (Save the Children 2021). In India, the Digital Infrastructure for Knowledge Sharing platform for school education was primarily used by teachers to increase their digital literacy and training during the pandemic (KII). More broadly, however, there was a relative dearth of professional development support for teachers working in LICs or with marginalised children. There were also regional variations, where fewer than three in ten countries in sub-Saharan Africa provided additional support to teachers, compared to nine in ten countries in East and Southeast Asia (UNESCO *et al.* 2021).

6.4 Enabling conditions for education amid school closures

There are various enabling conditions at the macro level that can help mitigate education disruptions among children in poor and vulnerable households.

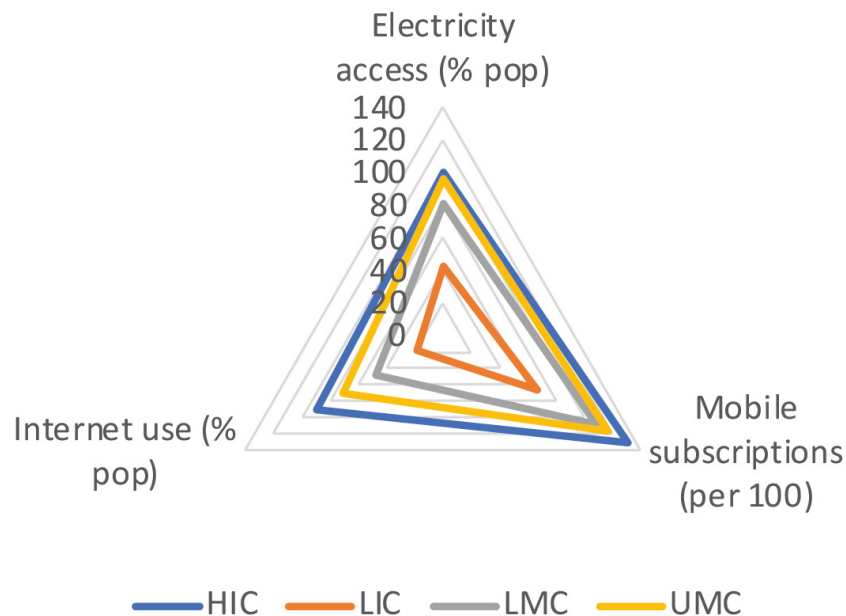
Electricity and connectivity are often important enabling infrastructure that countries were able to leverage in the Covid-19 response, which was typically less prevalent among LICs (Figure 6.4.1). However, there was wide variation within country income groups, as well. For example, Malawi adapted an existing interactive radio instruction programme

during the pandemic (Gondwe 2020). To enable uptake among children in areas with limited access to electricity, the government also disbursed solar-powered radios to vulnerable households (Global Partnership for Education 2020). Similarly, the Rwanda Education Board, in collaboration with Save the Children Rwanda, provided 950 solar-powered radios to disadvantaged families to help children access remote learning through the radio. It also constructed 22,505 additional classrooms and 31,932 toilets in less than three months to comply with social distancing in classes and prevent the spread of Covid 19 (MINEDUC 2020).

“Her children did not have access to smartphones since she and her husband had ordinary cell phones. So her children not only missed school when even they were sent home ‘to collect the fees’, and also on days they had to do casual work, and then also missed out on the ‘online’ lessons sent out on the smart cell phones teachers assumed they had access to whenever schools were forcefully closed in response to the Covid pandemic.”

(LHI, Zimbabwe, 2022)

Figure 6.4.1: Access to electricity, mobiles and internet connectivity



Source: Authors' own analysis based on WDI (2023).

In this process, **coordination around information sharing helped support marginalised children.** This included vertical coordination – for example, at different levels of governance – to strengthen information sharing. Low pupil re-enrolment rates in Kenya prompted the creation of a government inter-ministerial task force that resulted in community-based mobilisation of households, prompting re-enrolment (UNESCO *et al.* 2021). A study of Nairobi, Kisumu, Kilifi and Wajir counties in Kenya suggests that 87–94% of adolescent boys, and 81–94% of adolescent girls re-enrolled in 2021 (Population Council 2021). Horizontal coordination through partnerships between the public and private sectors also enabled effective responses in Nigeria. In particular, the Edo-BEST@Home programme, implemented by the government and private sector, delivered a mobile phone-based learning programme at no cost to students or teachers (Box 6.C). Such examples of financing, whether

through the programme examples above or more targeted scholarships, could thus help disadvantaged groups continue to access education in times of distress.

Underpinning these interventions were efforts to improve data infrastructure to better capture dimensions of marginalisation. Indeed, it is important to understand who marginal groups are and where they are located, the prevalence of enabling infrastructure such as electricity, and availability of financing. All of this can be used to design and deliver a pro-poor response. An example is the Giga initiative, a public-private partnership launched in 2019, which supported the response to Covid-19 by strengthening connectivity in schools. The initiative ‘maps connectivity in schools around the world, works with governments to find financing and delivery models and partners with industry to advise on technical solutions to help connect all schools’ (UNESCO *et al.* 2021).

Box 6.C: Remote learning during the pandemic in Edo state, Nigeria

Access to devices and connectivity needed for remote learning varies across Edo state; 46 percent of households possess a radio, 69 percent have a television, and 91 percent have a mobile phone (NPC/Nigeria and ICF 2019). The Edo BEST@Home program took these constraints into consideration by focusing on delivering content and learning activities through mobile phones (De Simone *et al* 2020). By mid-July 2020, Edo's remote learning program reached 930 out of 1,000 primary schools in the state and over 7,000 virtual classrooms were created to deliver remote education. However, only 29 percent of Edo's primary school population had accessed the program's interactive mobile-based platform. According to government officials, the main reason for the low take-up was that working parents have to use their mobile phones for their jobs and, if they have more than one child, it can be unfeasible to share one device among many children (Muñoz-Najar and Oviawe 2020).⁷ This suggests considerable scope for testing out and refining programme design expectations to improve take-up.

Source: Muñoz-Najar *et al.* (2021)

6.5 Community and household support for learning

In the absence of stronger government support to educate marginalised children, especially during school closures, many communities and households increased their level of support for learning. This was also an important strategy, more broadly, to strengthen outcomes of distance learning among children facing socioeconomic barriers. The discussion here is not one about cost-effectiveness, on which limited studies exist (Nicolai *et al.* 2023), but rather about the ability to reach marginalised children. In this regard, some research suggests that low- and no-tech means of promoting distance learning is observed to support learning among marginalised children when combined with interventions that involve engaging families and communities in learning (UNICEF 2020). For example, community support was especially important in enabling young children and children whose parents had limited

literacy and numeracy to progress with their learning. In Cambodia (Box 6.D), small local-level study groups were formed to deliver learning. This enabled students at similar levels to share technology. In some countries, existing infrastructure such as through NGOs BRAC in Bangladesh and Pratham in India offered volunteer-delivered, in-person tutoring before the pandemic that continued during Covid-19 (Hassan *et al.* 2022). In parts of Africa, the African Union is working with traditional and religious leaders to create platforms to share best practices to promote girls' and women's education on the continent (Ravat 2021).

Box 6.D: Clustered learning in rural Cambodia



Education was delivered flexibly during the pandemic through digital and clustered learning. Clustered learning typically involved several components as outlined below. Alongside this, to encourage children to stay in school, the Ministry of Education, Youth and Sport also focused on providing school meals for children in rural-poor schools, and a ‘one village, one school’ initiative that sought to build more schools to reduce the distance pupils/learners had to travel.

Cascading teacher training

The ministry identified national master trainers for selected schools (e.g. generation and networks schools) and local trainers to deliver ‘blended learning’. This resulted in more than 1,000 teachers and principals being trained with digital tools.

Group formation

The ministry encouraged teachers to choose around ten students, organising them into small groups to provide them with education. The teachers travelled by motorbike to where the students were, improving access for children in poor households.

Decentralised approach

The teacher would assign students to groups, deciding how often and what content to teach them. Teachers provide homework and need strong participation and support from the community and parents to provide education to children.

Blended learning

Teachers adapted technology by assigning a leader in each group with access to technology to send homework through smartphones to disseminate to the rest of the group. The teachers would then collect and grade homework.

Note: Blended learning combines face-to-face teaching with digital tools. It is different from multimodal learning, which instead more broadly employs more than one mode of teaching.

Source: Authors’ own based on analysis of CPAN key informant interviews in Cambodia.

Communities also played a role in financially supporting the education of marginalised children. In Ethiopia, communities provided targeted support to pay poor students’ school fees (Box 6.E). In Liberia, a women’s rights organisation (WRO) implemented a programme that supported cost free digital learning to

enable continuity of learning during school closures. Moreover, when the Ministry of Education in Liberia launched its ‘Teach by Radio’ programme for learning, many WROs raised funds to purchase mobile phones with radio access for girls in low-income communities (Feminist Humanitarian Network & Partners 2021).

Some of these efforts were also reflected in the policy sphere; Rwanda, Malawi and Ghana, for example, had measures in their national education plans to reduce

gender-related barriers to studying during school closures, or to re-integrate adolescents who were pregnant or mothers into education systems (UNESCO *et al.* 2021).

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Box 6.E: Community mobilisation to promote education of marginalised students in Ethiopia

There were considerable community interventions to support the education of poor and marginalised students in Ethiopia before the pandemic. Prior to the war in Tigray, which began in November 2020, there was a village network system in place, influenced by the government, which during the Covid-19 lockdown was mandated to provide group support. Community mobilisation resulting from this network included:

- **Building 16 classrooms in one community in the Southern Nations, Nationalities, and Peoples' region, ordered by the regional education bureau:**
We used the additional classrooms and made the school half-shifts (1–4 in one shift; 5–8 in the other shift), changing every week. There is no water in the school. We had brought water from the nearby area to maintain the hygiene of the students.
- **School feeding:**
We organised a resource mobilisation to support the poor students. The programme is called “one kilogram”. One student was asked to bring 1kg of grain; it could be teff, maize, sorghum or wheat. Then we sold the grain for 11,756 birr. Then we used the money to buy a uniform, pen, pencil and exercise books for 64 students from poorest families. With the remaining money and some contributions from teachers, we bought two chickens for each one of the 38 poorest students in the school, whose family cannot afford schooling costs of their children. The objective was to take them home and to breed them at home to cover their future schooling costs.

Even with these efforts, many students ended up dropping out: ‘*There was a lot of pressure on the children to do family agricultural activities. Some of them did not come again. We had 1,329 students in pre-Covid-19. During the reopening, only 1,297 returned*’. For those who did re-enter schooling, quality of education was compromised as students were promoted regardless of skill level. A reduction in class size to maintain Covid-19 precautions meant that multiple shifts were required, which also posed additional stress on resource needs; for example, for chalk and other teaching material. The shift programme also changed weekly, which made it difficult for children in poor households to combine income-earning activities with schooling, and so attendance also dropped.

Source: summarised from KII with school principal, Ethiopia (2022)

Interventions were often particularly effective in reaching marginalised children when coupled with measures to support caregivers. In India, Pratham formed mothers' groups during the pandemic to support learning

in several parts of the country. The Maharashtra state government then adopted the strategy across the state, so that all primary schools would have this complementary resource as part of the government's Foundational

Literacy and Numeracy strategy – a key focus of the New Education Policy released in 2020 (KII).

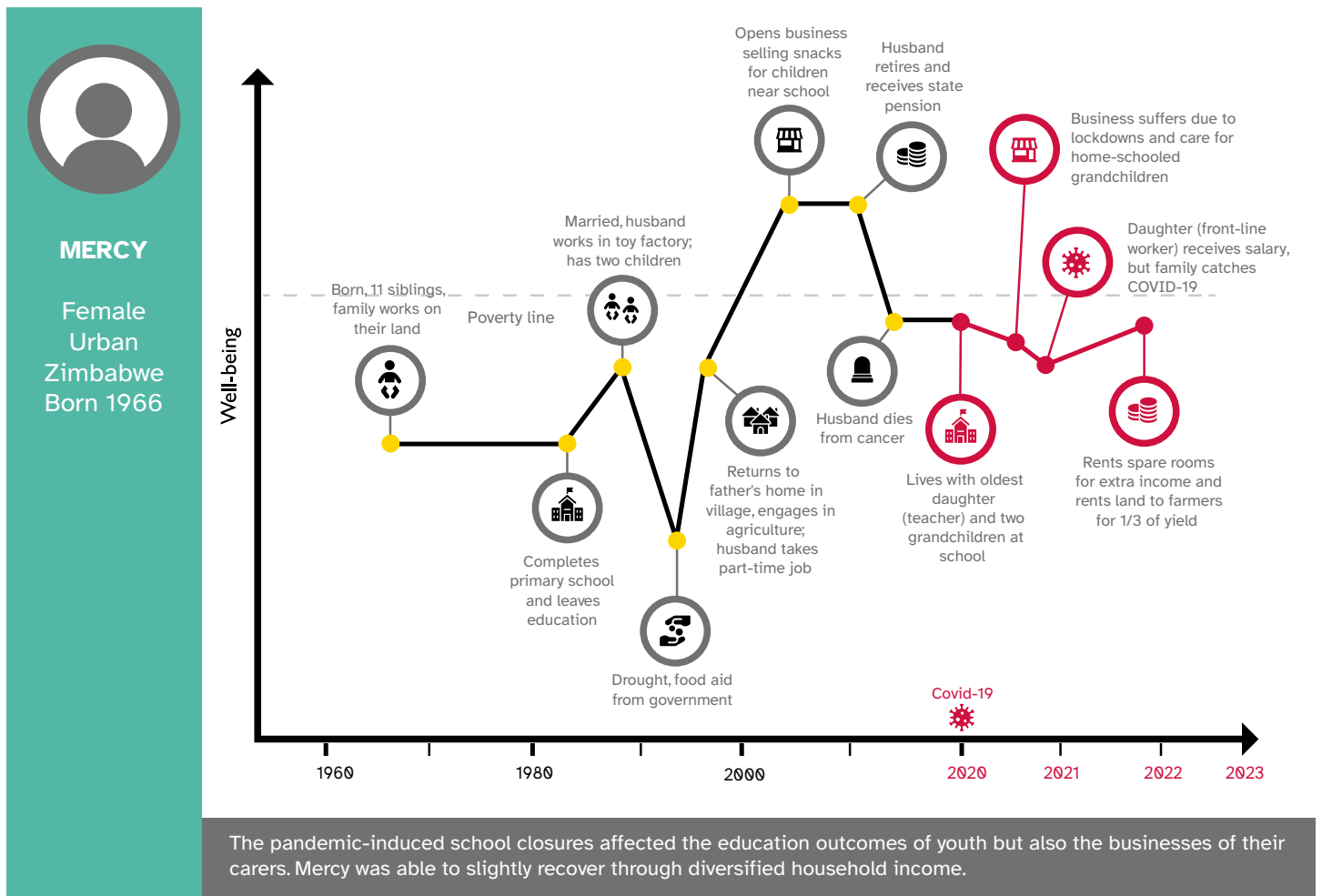
families with illiterate caregivers’ (UNESCO *et al.* 2021).

In Bangladesh, an over-the-phone learning support intervention to mothers and children included student volunteers from local public universities, who acted as mentors, setting weekly timetables for home schooling, collectively solving problems and advising mothers on how to help with homework. The intervention in turn resulted in improvements in parenting ability among poorer households and mothers who had attained low levels of education (Hassan *et al.* 2022).

Yet despite these examples, 39 per cent of LICs did not introduce measures to support parents and caregivers in learning at home during school closures (UNESCO *et al.* 2021). This might relate to resource prioritisation among governments and education ministries in LICs, and inevitably prompted impoverishment amongst many households (see Life-History Figure 5 below). Moreover, there is limited evidence more broadly on high-quality cost data and how it relates to the effectiveness of interventions on education (Gustafsson-Wright and Lee 2021). Perhaps as a result of these constraints, **many programmes worked exclusively with schools rather than the learning environment as a whole; for example, including interactions with and within families and communities** (KII).

In rural Kenya, an intervention that ‘provided low-literacy households with culturally and linguistically appropriate books and dialogic reading training for caregivers increased reading frequency and the quality of caregiver–child interactions for pre-school-aged children, including for

Life-History Figure 5: Impoverishment amongst households common amidst multiple crises



Source: Authors' own.

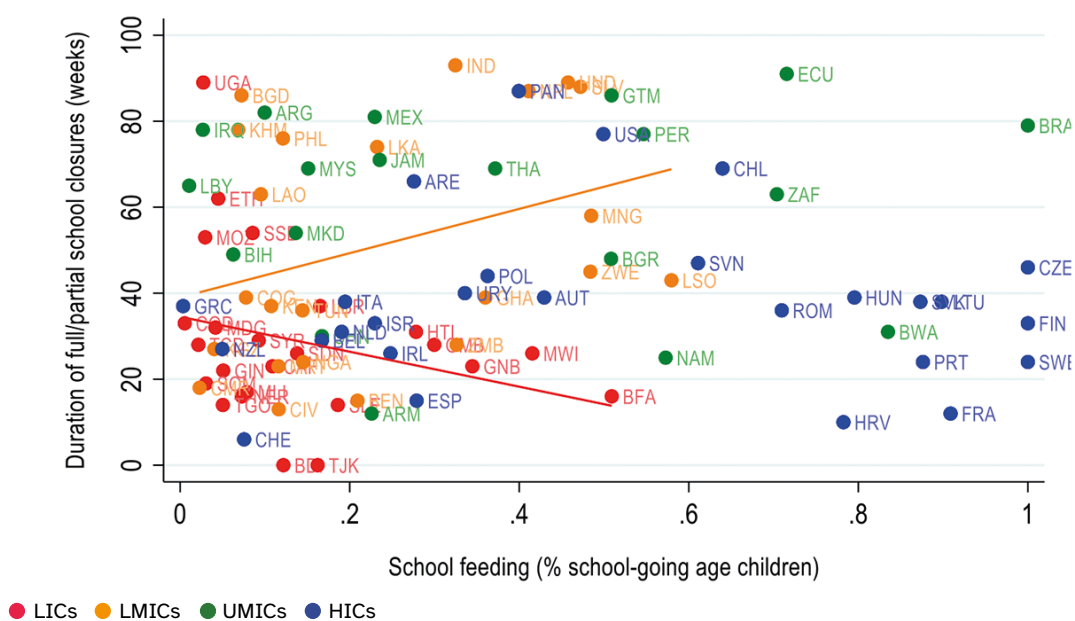
6.6 Multidimensional support for marginalised learners

Certain interventions also provided multidimensional support to learners directly. For example, school feeding programmes often aimed to improve enrolment, attendance and learning, rather than focusing on nutrition exclusively. These programmes saw considerable expansion during the pandemic, with an estimated 330.3 million children receiving food through school feeding programmes in the school year beginning in 2020 (GCNF 2022). Some school meal programmes were universal, typically among HICs and upper-MICs. Among targeted programmes, many focused on areas with high levels of poverty, food insecurity and malnutrition, while others targeted students based on household income or membership of a marginalised group (*ibid.*).

Yet the majority of school feeding

programmes were concentrated outside of LICs. **Just 10 per cent of primary- and secondary-school age children in LICs received school meals, compared with 27 per cent in lower-MICs, 30 per cent in upper-MICs and 47 per cent in HICs** (*ibid.*). Moreover, as Figure 6.6.1 indicates, LICs with longer school closures – such as Uganda, Ethiopia and Mozambique – sometimes had lower rates of school feeding; school closures lasted over 50 weeks, yet school feeding programmes reached less than 10 per cent of school-age children. However, Burkina Faso and Malawi are examples of LICs with higher rates of school feeding, supported primarily through the government and the World Food Programme (WFP) with wider coverage even prior to the pandemic, and comparatively lower duration of school closures (see Box 6.2.1 on Burkina Faso). Regionally, just 16 per cent of children in sub-Saharan Africa received school meals, compared to 55 per cent in Latin America and the Caribbean (*et al.*). Finally, most programmes targeted primary school-age children, leaving pre-primary and older students without support (*ibid.*).

Figure 6.6.1: School closures (2020–22) and school feeding (2021) across LICs and MICs



Source: Authors' analysis based on public datasets UNESCO (2022), GCNF (2021).

There was some, albeit limited, support for social and emotional learning (SEL) during the pandemic; for example, by strengthening students' social skills, emotional regulation and self-efficacy, and mental health and wellbeing, more broadly (Yorke *et al.* 2021). They are, thus, multidimensional, improving mental health and learning simultaneously. One study suggests that female teachers were more likely to foster SEL among grade 6 students in Ethiopia, which could help mitigate the poorer mental health and wellbeing observed during the pandemic amid social distancing, school closures, household economic instability and health-related trauma (Favara *et al.* 2021). In Kenya, the GPE Covid-19 Learning Continuity in Basic Education Project supported reopening schools for vulnerable students through the National School Meals programme, monitoring student attendance and providing online or in-person psychosocial support services (World Bank 2020). An interviewee from Cambodia emphasised the benefit of this approach to SEL and linked mental health support more broadly:

In school, we only think about physical needs but not mental health. For children living in poverty or family violence, there should be a service for those children. Children might learn [more] slowly than their peers because of their personal problems, so there should be a programme based on that, which could be in school or out of school, to target all children. I think it is the government's [responsibility] to improve education in their public service that covers all angles for all students (KII, Cambodia).

6.7 Recommendations

Lessons learned from the pandemic response that are generally helpful to improve access to education, learning and prevent dropouts among children in poor households are presented in

Table 6.7.1, disaggregated by whether the areas of intervention relate to the macro-level enabling context, community and household factors, or schools and teaching. The intervention areas are further categorised into measures to strengthen absorptive resilience capacities, adaptive capacities and transformative capacities. A key takeaway from this framing is around the benefits that derive from strengthening resilience across levels, not necessarily in ways that are specific to a pandemic crisis, but which strengthen pro-poor education more broadly.

An important learning from the Covid-19 responses is the need to keep schools open, or otherwise close them for shorter periods of time, while revising the criteria for school closures. More broadly, the recommendations in Table 6.7.1 are expansive, but overall point to the need for complex programmes of support to schools, teachers and students based on a holistic commitment to transform education and learning for the most marginalised children (Unwin *et al.* 2020), in line with the resilience focus noted above.

Beyond this, a life-cycle approach is needed, focused on interventions in early childhood development, for school-age children, young people and wider human development systems to sustainably counter the erosion of human capital that has occurred during Covid-19 (Schady *et al.* 2023). There are constraints to all of this, not least because measures need to be taken during a pandemic in the contexts of scarce resources and quickly shifting understandings of the virus. However, the cost of inaction is likely to be monumental, especially when considering the lifetime and intergenerational effects that may otherwise persist.

Table 6.7.1: Lessons learned from the Covid-19 pandemic to strengthen access to education and learning of children in poor households

Level	Absorptive	Adaptive	Transformative
Macro context	<ul style="list-style-type: none"> • Public financing for disadvantaged groups (e.g. bursaries/ scholarships for rural girls, poor households, in remote and hard-to-reach areas) • Disaggregated data (e.g. by gender, socioeconomic status, disability, ethnicity, geography, etc.) and monitoring to identify gaps and at-risk students • Strengthened, integrated data infrastructure across levels of education governance • Contingency planning to manage education response to local outbreaks 	<ul style="list-style-type: none"> • Access to electronic devices (and multiple devices in households with more children) • Electricity and network connectivity • Horizontal cooperation (e.g. between central government, and ministries of education and health, to target funding and support socioemotional learning among marginalised children) • Vertical information sharing (governments, districts, community leaders, school administration and teachers, etc.), with decision-making strengthened at local level 	<ul style="list-style-type: none"> • Gender equality and social inclusion policies • Education sector plans targeting marginalised groups • Inclusion of interventions focused on the poorest, most marginalised groups • Inclusion of interventions focused on the poorest, most marginalised groups • School to work transitions strengthened through labour market reforms • Debt relief to free up resources for social services including education
Communities and households	<ul style="list-style-type: none"> • Local stakeholder engagement in design of strategies, including religious/traditional leaders to work with families to encourage girls' learning • Village savings and loan associations to improve household liquidity and savings • Efforts to support social networks, including through remittances, which are often used to support education needs 	<ul style="list-style-type: none"> • Open learning spaces and community study circles • Donation of electronic devices and other learning tools • Low-cost digital tools (e.g. interactive handbooks) • Support (e.g. through information campaigns, equipment, etc.) and guidance for parents and caregivers, to engage them in the learning process and support SEL • Volunteer networks to engage in mentoring, tutoring and content delivery support 	<ul style="list-style-type: none"> • Targeted support to girls' education and empowerment • Gender norms challenged, including around who holds technology, and also care and domestic responsibilities • Consideration of holistic needs (physical, socioemotional, mental health)

Level	Absorptive	Adaptive	Transformative
School environment	<ul style="list-style-type: none"> • Risk-informed school policies and infrastructure (e.g. water, sanitation and hygiene facilities) • School feeding, with easy-to-access distribution sites during school closures • (Un)conditional cash transfers targeting children at risk of school dropout, girls at risk of gender-based violence, boys at risk of forced labour and children in the poorest households 	<ul style="list-style-type: none"> • Keep schools open, or close them for shorter periods of time, revising criteria for closures • Multimodal learning options that are fit for purpose, using different types of contextually relevant technology (and offline options) among teachers and students • Use of mobile phones (where appropriate) for two-way communication between students, teachers and parents 	<ul style="list-style-type: none"> • Expansion of pre-primary education programmes for marginalised groups • Approaches to mainstream socioemotional learning at all levels of education • Development of digital and pedagogical tools for blended learning • ‘Teach at the right level’ learning programmes to help students of different abilities to catch up

Source: Authors’ analysis, summarising this chapter



Equitably responding to and recovering amid polycrisis

7

Key messages



The pandemic was only one of multiple intersecting or sequential crises in many contexts, though responses to these were often focused on single hazards. This may limit the effectiveness of interventions, at best, or create additional sources of risk and vulnerability that cause impoverishment.



There are three traditions of policy and practice from which insights can be drawn on how 'polycrisis' can be responded to better: the humanitarian-development-peace (HDP) nexus, disaster risk management (DRM) and social protection.



Poverty-reduction strategies from development agencies in conflict contexts sometimes explicitly or implicitly acknowledge and respond to polycrisis, by considering and responding to evolving needs. During the pandemic, there were examples of manging the conflict-climate nexus by identifying multiple hazards through early warnings and releasing contingency funds.



Strategies to integrate Covid-19 considerations into disaster risk reduction (DRR) were often supported through existing DRM funds. Risk assessments and trigger designs (e.g. an anticipatory action undertaken once an event occurs or a pre defined threshold is reached) were also modified during the pandemic.



Social protection was sometimes used to respond to Covid-19 and disasters. However, cash transfers need to continue for long enough and be big enough to deal with back-to-back crises in such a way that the payments help re-establish modest resilience in beneficiary households.



Where responses to multiple crises were inadequate, many households and communities relied on micro-level coping strategies. Community-level responses to working 'on' polycrisis benefitted from localised knowledge of population risks and needs, and the ability to quickly reorient existing platforms (e.g. social movements or institutions) to respond.



Responding effectively to polycrisis requires disciplined government amid strong multilateral partnerships, adopting a multisectoral, multidisciplinary approach to respond to both equity and risk. Digitalisation was a key modality enabling these efforts, as was the degree of flexibility of the fiscal space and funding sources. It is often a combination of these responses that increase the effectiveness of working 'in' and 'on' polycrisis.

7.1 Overview

This chapter outlines disadvantages of responding to singular hazards amid multiple, intersecting global crises – now known as polycrisis – before interrogating how different actors and agencies have addressed polycrisis by centring or drawing attention to equity alongside risk in their responses. It examines insights from DRM, the HDP nexus and social protection, viewed largely through a resilience lens. The reality is that many poverty-reduction strategies operate in parallel to or ‘despite’ polycrisis.

The chapter argues that, where slightly effective, most responses during the

pandemic managed to work ‘in’ polycrisis, by being sensitive to the context of intersecting challenges. However, even in this effort, pandemic responses by and large fell short of attempting to mitigate harm in this process, as observed through the discussion of the health-economy policy dilemma in Chapter 2. Less evident still were attempts to work ‘on’ polycrisis simultaneously to manage sequential or contemporaneous crises in ways that could help avoid impoverishment, downward mobility and destitution. Figure 7.1 outlines this focus on working ‘despite’, ‘in’ and ‘on’ crises,¹ while the analysis focuses on positive examples of equitable, risk informed responses to and recovery amid polycrisis.

Figure 7.1: Working ‘despite’, ‘in’ and ‘on’ polycrisis



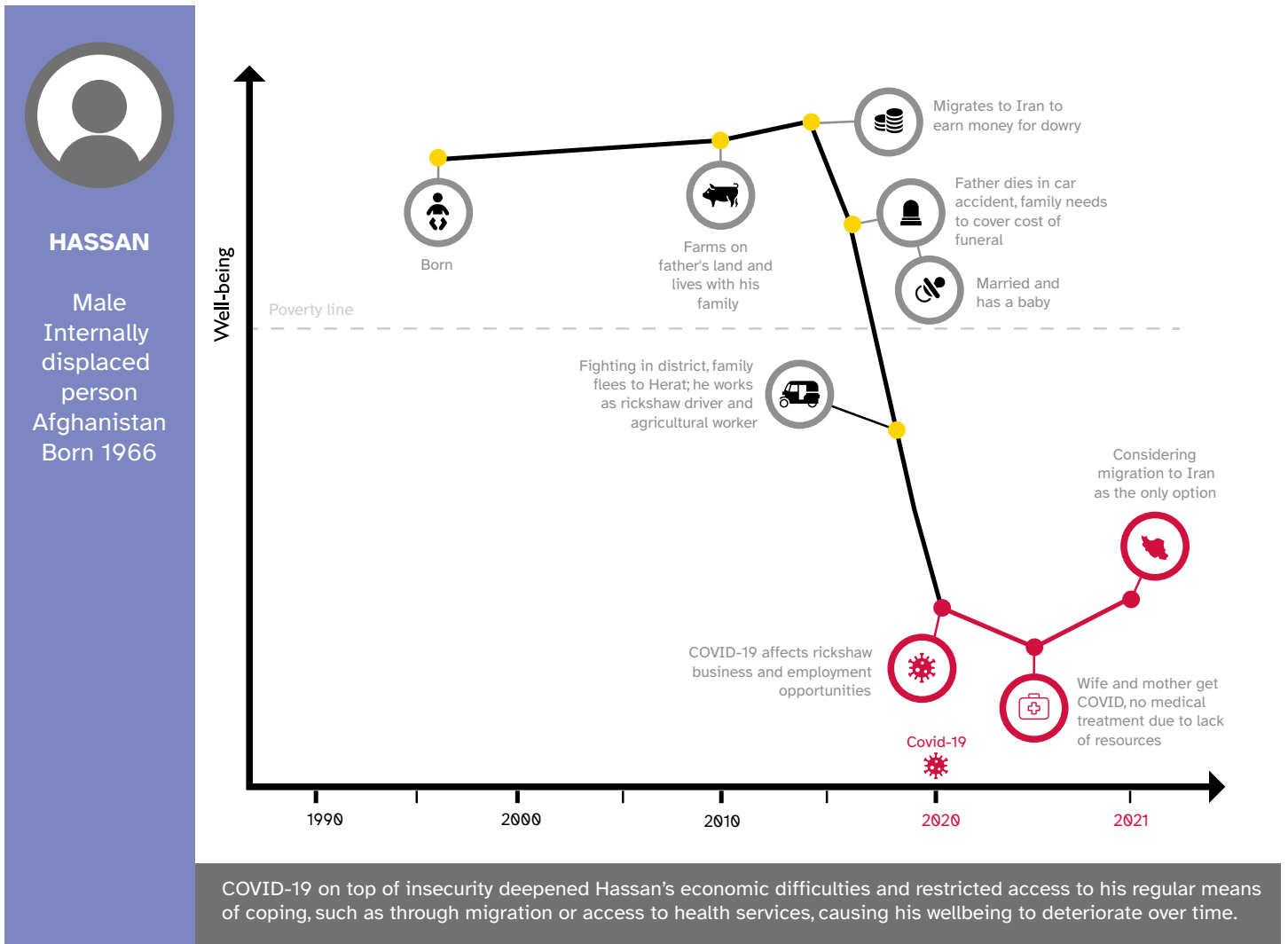
Source: Authors’ own adapted from [Diwakar et al. \(2021\)](#).

7.2 Single-hazard approaches are inadequate amid polycrisis

The pandemic itself may be considered a polycrisis. It was a global health crisis, but lockdown responses also

contributed to soaring prices and inflation that characterised the economic crisis. At the same time, **the pandemic was only one of multiple layered or sequential crises. For example, several countries experienced natural hazard-related disasters (‘disasters’) over the pandemic period, while others remained or became newly embroiled in violent conflict, not least**

Life-History Figure 6: Hassan, Afghanistan



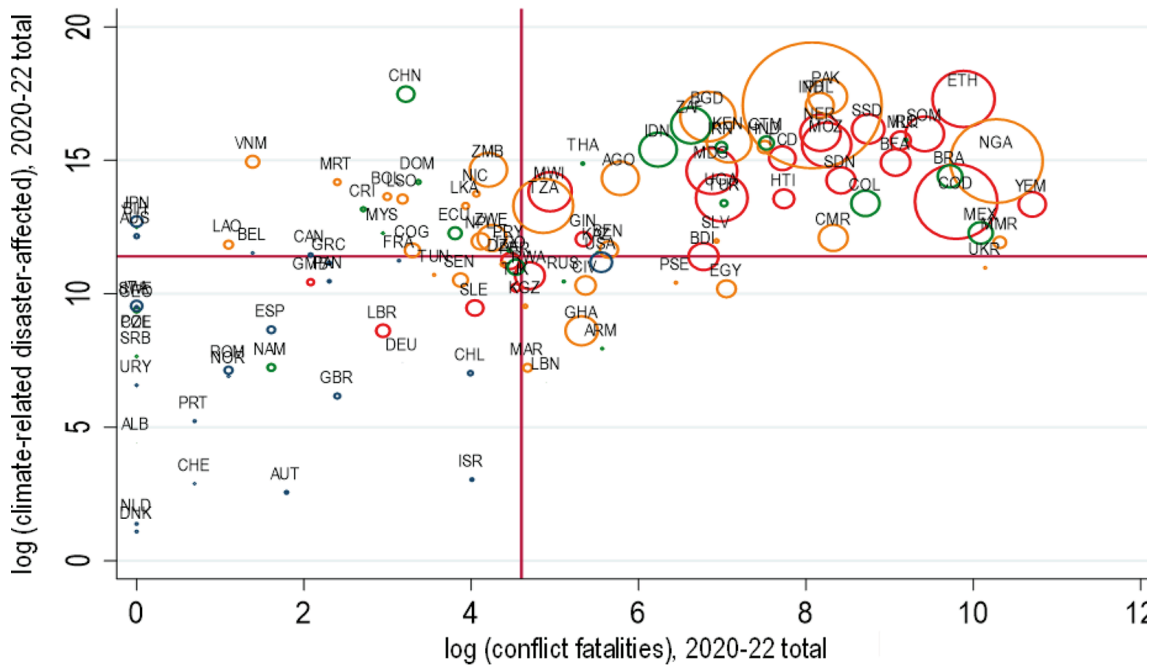
Source: Authors’ own.

the Russia-Ukraine conflict which further intensified the global economic crisis. Life-History Figure 6 provides an example of how sequenced crises prompted impoverishment and then destitution in Afghanistan.

Figure 7.2.1 plots the number of people affected by climate-related disasters against the number of fatalities due to political violence or protests in 2020–22. There is a clear correlation between countries where large numbers of their populations are directly affected by disasters and violent conflict, shown in the top right quadrant. Moreover, the correlation is strongest among LICs, where large shares of people continue

to live in poverty, reflecting a mutually reinforcing dynamic between crises and poverty. It is worth noting, though, the familiar refrain that correlation is not causation. Even so, there is a wealth of evidence on the relationship between low disaster risk-governance capacity in conflict-affected contexts, which impedes the ability of citizens and governments to put in place the necessary risk management measures required to address disaster risk and impacts (ICRC 2020).

Figure 7.2.1: Populations affected by climate-related disasters and violent conflict (aggregate, 2020–22)



Note: weighted by number of population in poverty before the pandemic (based on latest available year after 2010)
Source: Authors' own based on Diwakar (2023) analysis of ACLED (2020–22), EMDAT (2020–22), and World Bank PIP (2022).

Despite these layered relationships, common responses to crises typically focus on single hazards. This was also the case before the pandemic, where only a small number of countries adopted a risk-informed process to prioritise responses to critical risks when they emerged, and a small subset in turn mapped interdependencies across sectors in responding to risks (OECD 2018). More fundamentally, many countries did not have established, systematic and collaborative or inclusive processes for devising and revising a risk register.

During the pandemic, this trend continued, where DRM and public health systems often treated Covid-19 in a unidimensional way, adopting a relatively homogenous toolkit of measures to curb transmission

of the virus. This inherently meant that they were working 'despite' polycrisis, when intersecting crises emerged. The challenge with this approach is that it can lead to less effective interventions, at best, or create additional sources of risk and vulnerability that cause impoverishment and destitution.

Thus, DRM strategies to move populations to evacuation shelters – for example, during floods, hurricanes or wildfires – could increase Covid-19 transmission rates if not accompanied by social-distancing measures (Janzwood 2020). In addition, inadequate responses to Covid-19 drove the creation of new conflict risks in the absence of mitigation measures (Hilhorst and Mena 2021), as discussed in the next subsection.

7.3 Lessons from policies and programmes in conflict-affected contexts

There have been a suite of international principles to improve coordinated responses amid crises. Often applied to conflict-affected areas (though this is changing), the HDP nexus aims to work coherently before, during and after crises, and focuses on promoting collective outcomes as common objectives. What differentiates the nexus from its predecessors – such as the relief-to-reconstruction continuum, Linking Relief Rehabilitation and Development, and

the HDP nexus – is its focus on system change, placing people at the centre of the approach, integrating gender, climate change and other considerations, stressing the importance of conflict sensitivity and peacebuilding, and promoting more formal commitments; for example, through the Organisation for Economic Co-operation and Development Development Assistance Committee's recommendations to its donors and UN signatories (OECD 2019). However, **despite principles and 'new ways of working' that in theory render the HDP nexus particularly well placed to provide a coordinated response, practical implementation and evidence on HDP nexus action is limited in general, especially in response to polycrisis, including the pandemic** (ALNAP 2022; Peters 2023) (Box 7.A).

Box 7.A: Leveraging the HDP nexus during the Ebola crisis in the DRC

Context	Response	Lessons learnt
In 2019, the DRC was grappling with Ebola, forced displacement, violent conflict, and community resentment against the internationally funded system developed to respond to Ebola.	The World Bank's State and Peace-building Fund supported technical assistance and dialogue to develop the pilot emergency cash-for-work programme, to: strengthen community resilience, address gaps in infrastructure that were blocking humanitarian and medical responses, improve acceptance of medical teams, and help rebuild trust.	The World Bank's support helped build HDP partnerships with public health agencies, humanitarian actors and peacekeeping forces. This included working with WFP, the United Nations Children's Fund, United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) peacekeepers, UN Humanitarian Air Service, and experts in geo-enabling for monitoring and supervision to: facilitate aid personnel's access to local communities, help monitor the situation, share data on violence and adjust implementation strategies in response. The model is now helping support continued investments in the DRC's social protection system through public works, unconditional cash transfers and technical assistance, including creating a social registry for use during crises.

Source: summarised from Ticzon (2021)

Nevertheless, there is scope to learn from humanitarian and development actors operating in conflict-affected contexts during Covid-19 and other pandemics. Box 7.A illustrates one such example of working ‘on’ polycrisis through systems strengthening. Another example, the Afghanistan Humanitarian Needs Overview (HNO) in January 2023 drew attention to intersecting drivers of humanitarian needs to predict the evolution of needs. Of interest in working ‘in’ polycrisis, the HNO incorporates consideration of (OCHA 2023):

- **Changes between years** – The HNO adopted a longitudinal analysis, recognising that intersecting risks were shifting from Covid-19 and conflict in 2021, to drought, climate change and economic shocks in 2022. It accordingly calculated needs with a stronger emphasis on the more recent crises.
- **Seasonality** – Within the year, the HNO also recognised seasonal influences on needs such as ‘the onset of winter, rainfall patterns, agricultural planting and harvest seasons, and others’ (*et al.*).
- **Inter-sectoral assessment** – It adopted an intersectoral approach based on joint planning assumptions of needs across sectors in response to intersecting crises.
- **Horizontal and vertical disaggregation** – The overview estimated needs disaggregated by sector, severity of needs, location, and markers such as age, sex and disability, thus foregrounding equity considerations in assessing needs.
- **Commitment to flexibility** – Recognising the uncertainty inherent in its assumptions, the HNO committed to updating the needs assessment continuously, as conditions change.

Many humanitarian crisis contexts are protracted examples of polycrisis. For example, **Yemen was already facing armed conflict, drought and economic collapse when the 2016/17 cholera epidemic began. The humanitarian response was to a ‘crisis within a crisis’, in which agencies responded primarily with a more intense form of ongoing activities** (UNICEF 2018). Priority districts were identified and the plan was revised as the epidemic spread. Eventually, the targeting strategy was sharpened to identify hotspots within districts for rapid response to reduce transmission. Reliance on existing systems was the norm due to the government and humanitarian actors adapting slowly, constrained by limited access permissions resulting from conflict-related insecurity in certain areas (*et al.*; KII). In this context, limited preventive action working ‘in’ polycrisis constrained the government’s efforts to respond when additional crises struck.

Poverty-reduction strategies from development agencies in conflict contexts also sometimes explicitly or implicitly acknowledge and respond to polycrisis, highlighting crisis sensitivity in their responses, and thus collectively responding to equity and risk. A review of several projects in sub-Saharan Africa before the pandemic, implemented by German development agency GIZ, highlighted the importance of responding to multiple risks over time, many of which overlap (Diwakar, Shepherd and Salomon 2020). Box 7.B provides an example of a GIZ project in South Sudan that considered multiple fragilities that overlap with conflict in its business case, including how it sought to equitably address this polycrisis.

Box 7.B: Working 'in' conflict amid high prices and inflation



GIZ's engagement in South Sudan through its rural development and food security project implicitly identifies a vicious cycle of armed conflict and poverty.



In response, advisory services and training are provided to improve food security and agricultural livelihoods, alongside access to agricultural inputs, thus mitigating the negative effects of high prices. A focus on building human capacity through providing advisory services and training is potentially also helpful as a way of protecting gains of the intervention against the effects of conflict and other crises, by building human capital as an intangible asset that can offer resilience. Finally, the project also adopts flexible responses and sequencing to adapt to conflict and risk.

Source: Authors' own adapted from [Diwakar et al. \(2021\)](#).

Overlaps between conflict and disasters (including those that are climate related) offer another area of learning. **Before the pandemic, a growing literature on the conflict-disaster nexus and, more recently, an upsurge in interest in climate related disasters in contexts of fragility, conflict and violence, suggest priority actions to integrate conflict considerations into DRR programming** (Box 7.C). These recommendations span project cycles, from design-phase considerations of conflict within DRR

strategies, to adapted implementation of DRR tools and approaches that are people centred, and which bring together operational learning from contexts of fragility, conflict and violence. Rather than simultaneously addressing conflict and disasters, such approaches have focused instead on conflict sensitivity within DRR programming. Integrating equity considerations alongside these conflict-risk dimensions could help more effectively respond to polycrisis related to the conflict-disaster nexus.

Box 7.C: Encouraging DRR in, and adapted to, conflict settings

- Integrate conflict considerations into DRR strategies.
- Invest in DRR activities in contexts affected by fragility, conflict and violence.
- Develop an integrated cadre of DRR and conflict specialists.
- Adapt DRR decision-making processes, tools and approaches to include greater consideration of conflict conditions and indicators.
- Harness operational learning to deepen understanding of the benefits and limitations of DRR in contexts of fragility, conflict and violence.
- Learn from affected people's experiences and coping capacities and how they deal with linked disaster and conflict risk.

Source: summarised from KII with school principal, Ethiopia (2022)

During the pandemic, there were additional examples of managing the conflict disaster nexus; for example, by identifying multiple hazards through early warning systems and accordingly releasing contingency funds. Such early warning systems operated at multiple levels. In Karamoja, Uganda, elders forecast severe hunger in 2020, 2021 and 2022, which they attributed to the effects of multiple hazards on their livestock and crops (Cullis and Lotira Arasio 2022). At subnational level, the Pro-Resilience Action (Pro-ACT) Early Warning System project implemented by WFP and the Food and Agriculture Organization similarly found that 'the livestock sector continues to be affected by parasites and tick-borne diseases, coupled with raids and livestock theft', thus recommending in its *Consolidated Karamoja Drought Bulletin* in 2022 that contingency funds be activated (Cullis and Lotira Arasio 2022).

At international level, Famine Early Warning Systems Network and Integrated Food Security Phase Classification reports for Karamoja identified multiple hazards, including erratic rainfall or drought, floods, locusts, African armyworm, Covid-19, high food prices and cattle raiding affecting the population's crop- and livestock-related livelihoods (Cullis and Lotira Arasio 2022). However, there was a lag of 18 months between communication of crises in 2020 and receipt of humanitarian assistance,

driven partly by reduced humanitarian assistance internationally, and the crowding out of crisis support in the context of the Horn of Africa drought crisis (*et al.*).

In many conflict-affected contexts during the pandemic, governments sought to strengthen authoritarian control; for example, by suppressing social protest. Participants in social protests were arrested in the Philippines and Zimbabwe, which authorities argued was necessary to control the transmission of Covid-19 (Hilhorst and Mena 2021). Bangladesh may have also kept colleges and universities closed longer than necessary in part to prevent outbreaks of protests (KII). At the same time, as discussed in section 6.5, social movements could play an important role in responding to the pandemic's negative socioeconomic impacts.

Another response by governments was to pass legislation to further increase their control over conflict-affected areas. This was observed, for example, in Zimbabwe where a registration and tax system was implemented that required informal traders to register their business and pay tax, including if they were low-income workers; and in the Philippines, which passed the Anti-Terrorism Act of 2020, further strengthening the government's ability to silence opposition voices (Hilhorst and Mena 2021).

7.4 DRM for polycrisis

DRM is a natural entry point for responding to polycrisis. The Sendai Framework for Disaster Risk Reduction 2015–2030 encompasses a broad range of threats and hazards; and, as a separate but related process, the subsequent hazard definition and classification review expanded this to include societal hazards (ISC and UNDRR 2020; Peters *et al.* 2019). Reflecting this, **some countries acknowledge a range of natural hazards and other hazards in their DRM frameworks.** For example, Indonesia’s Law No. 24/2007 on Disaster Management describes a ‘non natural disaster’ as a ‘non-natural event or a series of non-natural events such as technological failure, modernization failure, and epidemic’ (GFDRR and World Bank 2020). Cambodia similarly differentiates between disasters related to nature and others caused by humans. It seeks to manage both through a national-level National Committee for Disaster Management (NCDM), with the prime minister as its director, subnational committees and disaster management members in other ministries. This meant that during the pandemic, the prime minister was able to quickly create a management committee on Covid-19 with the NCDM as its facilitator, and with provincial- and commune-level committees headed by commune chiefs (KIIs). Cambodia’s response operated primarily as a technocratic, information-driven, centralised decision-making process that enabled a rapid response (KII). However, at local level, interviews with villagers revealed that many people were unaware of support from DRM committees, suggesting that increased information sharing vertically would have improved its effectiveness.

In some cases, the Covid-19 response was supported through existing DRM funds, illustrating a partial means of

working ‘on’ polycrisis. Flood-prone rural areas in Nepal relied on DRM funds to distribute face masks and soap, and engage in community sanitation and public-awareness campaigns about Covid-19 transmission risks. However, there are trade-offs to this approach, as it comes with the risk of crowding out other disasters (Allan, Connolly and Tariq 2020). Indeed, in the Philippines, responses to climate related disasters in 2020 were smaller and more localised, given the overarching focus on Covid-19. Instead, many other disasters in the country were supported through existing infrastructure contained within the Pantawid Pamilyang Pilipino Program, a government conditional cash transfer programme (Donoghoe *et al.* 2022). Even so, there were exceptions to these trends; for example, assistance to Typhoon Rolly victims in November 2020 was provided through the Philippines’ Covid-19 Adjustment Measures Program (Farhat and Borja 2021). Finally, in other contexts, some interviewees from Kenya felt that the pandemic was dealt with purely as a health crisis, with DRM agencies brought into the response too late, and thus had difficulty fitting into the response agenda. Moreover, a post-disaster recovery plan to support businesses and communities was absent (KIIs), reflecting how disaster recovery in its entirety was largely neglected (AU and UNDP 2022).

During the pandemic, strategies to integrate Covid-19 considerations into DRR as well as peacebuilding were commonly observed, clear examples of working ‘in’ polycrisis. For example, the Government of Bangladesh’s Cyclone Preparedness Programme was adapted to improve its ability to combat cyclones during the pandemic. Adaptive measures included modified dissemination of messaging through public announcements and digital platforms, combining early warning with Covid-19 prevention and protection messaging, use of PPE, accessibility of handwashing facilities,

and quarantining of suspected Covid-19 cases in different buildings (Lux 2020). Similarly, national Red Cross and Red Crescent Societies adapted their actions to Covid-19 guidelines to ensure safe implementation, and adjusted targeting of populations to include Covid 19 risk factors (de la Poterie *et al.* 2022). In terms of conflict, peacebuilding coordination hubs were used to undertake Covid-19 assessments and support pandemic responses in Yemen (Saferworld 2020).

Risk assessments and trigger designs (e.g. where a pre-identified triggering mechanism is used to release pre-positioned financing) were also modified to account for the pandemic, which was often more ambitious than simply including Covid 19 sensitive protocols into DRM

(de la Poterie *et al.* 2022), and offering additional insights on ways of working ‘in’ polycrisis. In Bangladesh and India, a composite risk matrix approach was developed that considered Cyclone Amphan in May 2020, as well as Covid-19, to develop a system of dispersed evacuation shelters (Box 7.D), which included moving some evacuees to public buildings such as marriage halls (Potutan and Arakida 2021). In Mozambique, early actions to respond to cyclones were adopted at lower thresholds than those that had already been established, to allow for adequate time to respond to disasters during the pandemic (de la Poterie *et al.* 2022). Even so, many mechanisms continue to focus on certain triggers rather than others, which can limit their effectiveness when unanticipated crises occur (KII).

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Box 7.D: Composite risk matrix to design multi-hazard programming

During Cyclone Amphan in 2020, a composite risk matrix approach was developed, which included the impact parameters of the cyclone, as well as those of Covid-19. This helped design a complex system of evacuation shelters for 3 million people, informed by specific vulnerabilities (Srivastava 2020). Additional support was required because Cyclone Amphan and floods were identified as increasing the risk of Covid-19 transmission (Donoghoe *et al.* 2022). During the response, the significant advance warning to the cyclone, combined with impact based forecasts, allowed authorities in India and Bangladesh to repurpose shelters as quarantine facilities in some cases. Where the risk of Covid-19 transmission was high, shelters were half full to facilitate social distancing, whereas shelters in areas with highest exposure to the cyclone operated at full capacity. Ultimately, impact-based, risk-informed early warning systems guided the complex response, including a large-scale evacuation, which saved lives (Srivastava 2020).

In other instances, provision of enabling infrastructure intentionally or unintentionally contributed to addressing polycrisis. For example, Disasters Emergencies Committee water, sanitation and hygiene activities in Bangladesh were intended to raise awareness about Covid-19 and the importance of frequent handwashing with soap, as well as social

distancing at tap stands and other crowded venues (Proaction Consulting 2022), but are also implicitly helpful in reducing transmission of vector-borne diseases prevalent during floods. Similarly, in Ghana provision of free water and subsidised electricity to people in 2020 to mitigate the pandemic’s impact was also observed to reduce the negative effects

of flooding on people's welfare. Specifically, in a context where floods contributed to electrical failures that required costly preventive maintenance for households, provision of subsidised electricity made it easier for households

to cope (Turay 2022). This helped address risk, but also considered equity through providing continued access to electricity for people who would otherwise have faced difficulties in paying for electrical repairs.

Box 7.E: DRM and agriculture in Cambodia



Covid-19 exacerbates the existing vulnerability of the agriculture sector, which is already prone to floods and droughts, lack of market access, rising agricultural input costs and lower market prices. The pandemic and border closures disrupted agricultural value chains, resulting in rising agricultural input prices and demand shocks reported in rural study sites. Plant and crop cultivation was paused, further affecting local markets and small businesses. This was followed by devastating floods including in October 2022, which caused severe damage to rice paddy fields and other crops in 22 provinces. In response, the NCDM in Cambodia and the agriculture ministry collaborated to rescue flood victims and distribute flood-tolerant seed to them. The new rice seed could be planted year-round, reducing costs and producing greater yields, thus improving farmer's absorptive resilience capacities to climate change, and their ability to adapt and improve welfare amid Covid-19 legacy effects on agricultural prices and value chains.

Source: Authors' own analysis of KIIs in Cambodia.

7.5 Social protection responses to polycrisis

As noted in Chapter 3, social protection was significantly bolstered globally in response to the pandemic. There are promising examples of social-protection approaches that have been used to respond to Covid-19 and disasters. For example, analysis from the Philippines and India reveals that both countries modified their eligibility criteria for social protection, developed their identification systems of people who qualified for support and made existing programmes more flexible (Donoghoe *et al.* 2022). However, interviewees in India question the extent of this, noting that modification of beneficiary lists was largely inadequate, resulting in many people in need being unable to access support. Cambodia's

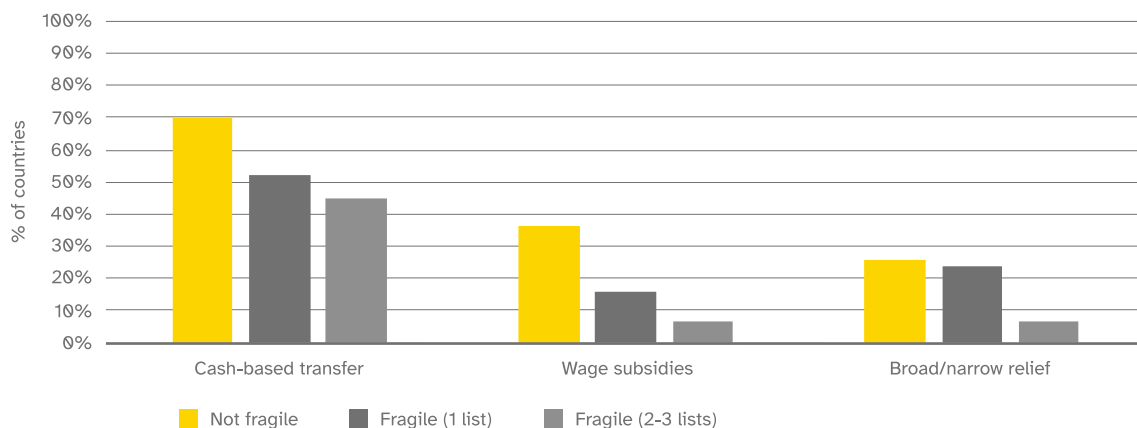
response to flooding and inflation also reflected targeting based on polycrisis (Box 7.F). Ethiopia's PSNP modified its schedule of cash transfers to provide them all in one go, instead of being spread over several months, and suspended public works requirements. However, marginalised groups received no special attention, nor was there any expansion of coverage to reach the new poor. Vertical expansion of rural and urban PSNPs was also delayed by months, potentially due to a lack of clarity about mandates for shock-responsive social protection, as well as donor financing, which required lengthy negotiations to raise funds (Maintains 2021); and the fiscal squeeze caused by conflict more broadly as discussed in Chapter 2.

Social protection was also scaled up in conflict-affected contexts during

the pandemic, sometimes in recognition of coinciding threats, such as violent conflict, the pandemic and food insecurity resulting from these crises. The World Bank's Yemen Emergency Crisis Response Project provides 'short-term employment and access to selected basic services to the most vulnerable and preserves the implementation capacity of two service delivery programs', namely the country's Social Fund for Development and Public Works Project (World Bank 2019). The Emergency Crisis Response Project is another attempt to operationalise the HDP nexus (Al-Ahmadi and de Silva 2018; Ghorpade and Ammar 2021), building on

the examples provided earlier. To help cope with the pandemic, the benefit size of its Emergency Cash Transfer also grew by 45 per cent relative to pre-Covid-19 levels through a one-time top-up in June 2020 (Gentilini *et al.* 2022). However, although an evaluation of the humanitarian response in the country described the scale-up as impressive, it still identified weaknesses, including in its targeting of the most vulnerable people (IAHE 2022). More broadly, fewer fragile states benefitted from social-protection interventions during the pandemic, when compared to other countries (Figure 7.5.1).

Figure 7.5.1: Cash transfers, wage subsidies, and debt relief by state fragility (2020–22)



Source: Authors' own analysis based on Gentilini *et al.* (2022), World Bank (2023), OECD (2020) and FFP (2022).

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Box 7.F: Polycrisis management through a cash transfer programme in Cambodia

The Government of Cambodia in December 2022 expanded coverage of its cash transfer programme in recognition of inflation and flooding. The programme targeted 'at-risk' groups, namely households near the poverty line that are either:

home to a disabled person, [have] one child under 2 years old, elders older than 60 years old, if a woman is the only breadwinner and is living without a husband, and if there are no members between 19 and 59 years old (Seavmey 2022).

Poor and vulnerable households already receiving assistance under the special scheme to tackle Covid-19 effects did not receive support under this initiative.

Continued:

As part of the initiative, the Ministry of Planning identified around 350,000 families (1.3 million people) who were near-poor but did not pass IDPoor identification. The first phase included monthly cash transfers for populations experiencing flooding, while two subsequent phases were scheduled for April and July 2023, during which identification of at-risk households would also continue through inflationary relief aid. Specific support provided by the programme is outlined below.

Flooding

The government is targeting at-risk groups in 16 provinces, with each poor household receiving around US\$20, and an additional US\$4 for at-risk members identified above. People will be eligible to receive subsidies three times from 2022 to 2023.

Inflation

At-risk groups will be given cash subsidies covering three main areas: Phnom Penh, urban and rural areas, with subsidies of US\$20–25 per household, depending on location, and an additional US\$5–7 per household member.

Source: KIIs; Seavmey (2022)

Some sectoral responses were linked to social protection, such as the focus on school feeding programmes highlighted in Chapter 5 that addressed hunger, and promoted education and gender empowerment with positive implications for economic growth. Food assistance for populations in need more broadly, where those in need are identified through consideration of polycrisis, is another example of working ‘in’ polycrisis,

as the WFP case study in Box 7.G outlines. Such efforts are particularly useful in promoting equity during the cost of living crisis and food price inflation, which have compounded the effects of the pandemic. Where supported with measures to strengthen institutional capacity and food systems, for example, they also provide some evidence of trying to effect change in wider systemic processes of risk, thus working ‘on’ polycrisis.

Box 7.G: WFP’s evolving response to polycrisis (2020–22)



WFP in 2020 developed a Global Response Plan to Covid-19. Its June 2020 update acknowledged rising food insecurity in the four years preceding the pandemic, which it attributed to armed conflict, climate change and economic downturn. The pandemic then disproportionately affected LICs and MICs through loss of jobs, declines in remittances and disruption of food systems (WFP 2020). In response, WFP scaled up its operations, in part to reach excluded groups, thereby involving equity considerations. In this process, it focused on people who were already in IPC 3 and 4 who were not receiving assistance, especially in fragile contexts, and certain groups such as refugees and migrant populations that relied on the informal sector and were often beyond the purview of national social protection programmes (WFP 2021).

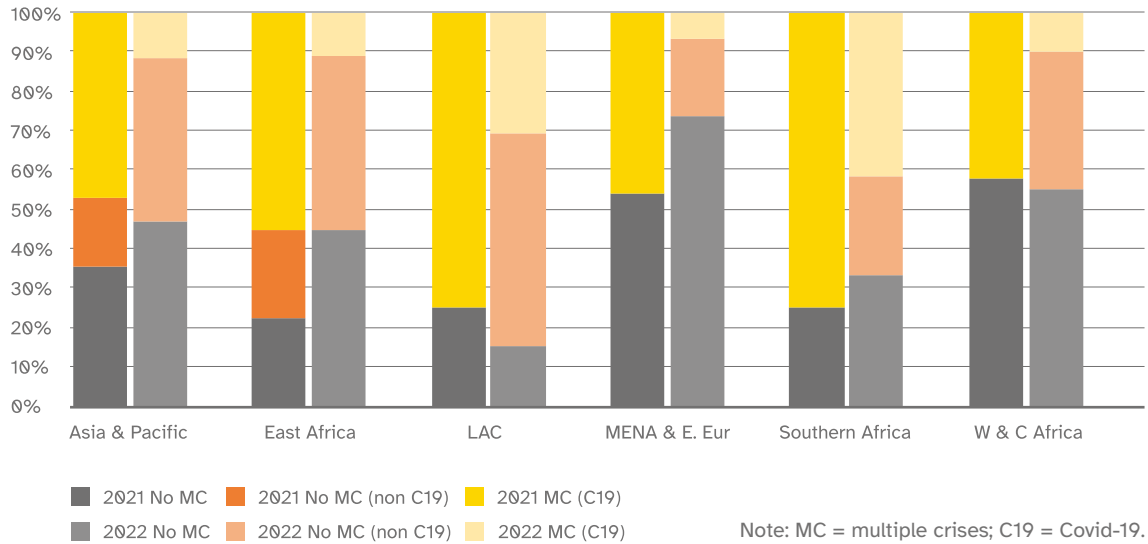
Continued:

How did its response evolve over time?

While the initial aim of the WFP response plan to Covid-19 focused on the pandemic, its operational plan in 2021 included many countries where the pandemic was not mentioned within its regional overview of countries. By region, Southern Africa and Latin America and the Caribbean had the largest share of countries with a WFP presence that referred to multiple crises, including the pandemic, in its operational plan. However, in the Middle East and North Africa and Eastern Europe, and in West and Central Africa, fewer than half of countries with a WFP presence referred to multiple crises in 2021 in their operational plans. Interestingly, one in five countries in East Africa with a WFP presence referred to multiple crises, but did not include the pandemic.

By 2022, even fewer countries acknowledged Covid-19 alongside other crises. Part of this was due to the indirect legacies of the pandemic; for example, in contributing to rising food and fuel prices, which were mentioned rather than Covid-19 itself. Only in Latin America and the Caribbean, however, was there an increasing share of countries that acknowledged multiple crises more broadly. Although this analysis is partial, relying only on evidence presented in WFP’s Global Operational Response Plans, it nevertheless points to a general trend in the recognition of polycrisis across contexts.

Figure 7.5.2: References to polycrisis and Covid-19 in WFP’s operational plans, by region (2021–22)



Source: Authors’ own analysis based on WFP (2020, 2021, 2022).

Table 7.5.1: Examples of WFP references to and support for polycrisis including Covid-19, by region

Year	Asia and Pacific	East Africa	Latin America and the Caribbean
2021	<p>Indonesia</p> <p><i>Covid-19:</i> support government response in line with the Humanitarian Response Plan</p> <p><i>Natural hazards:</i> technical assistance for National Logistic Cluster's capacity to coordinate and respond to Covid-19 and natural hazards, use of early warning for adaptive social protection</p>	<p>Rwanda</p> <p><i>Congolese refugees, Burundian refugees and returnees:</i> life-saving support, critical food and nutrition assistance</p> <p><i>Covid-19:</i> technical assistance for expanding social protection</p>	<p>Haiti</p> <p><i>Impact of Covid-19, socio-political turmoil, below average harvests in 2020 for consecutive year:</i> scaleup direct food assistance, reinforce safety net and resilience activities to sustain livelihoods and safeguard nutrition, mitigating further emergency food assistance needs</p>
	<p>Middle East and North Africa and Eastern Europe</p>	<p>Southern Africa</p>	<p>West and Central Africa</p>
	<p>Lebanon</p> <p><i>Economic crisis and Covid-19:</i> expand assistance to vulnerable households through National Poverty Targeting Programme with in-kind assistance transitioning to cash assistance and implementation of Emergency Social Safety Net programme</p>	<p>Zambia</p> <p><i>Covid 19, weak public finances, deteriorating purchasing power, Congolese refugees, political tension ahead of August general elections:</i> assistance, support of safety net mechanisms and on-demand logistics support</p>	<p>Nigeria</p> <p><i>NE – IDPs, NW – refugees, S – vulnerable populations in urban hotspots affected by Covid-19:</i> promote access to food, improved nutritional status of children, and pregnant or lactating women</p>

Year	Asia and Pacific	East Africa	Latin America and the Caribbean
2022	<p>Afghanistan</p> <p><i>Conflict, extreme climate shocks, severe economic decline, global food and fuel crisis:</i> scale up food, nutrition, livelihood assistance and cash-based transfers, pre positioning food in areas inaccessible during winter; new satellite offices to support early warning and anticipatory action</p>	<p>Burundi</p> <p><i>Climate change, disasters leading to massive internal displacements, inflationary effect of Ukraine crisis, market supply disruptions resulting from Covid-19 containment measures:</i> basic food requirements of refugees, returnees, vulnerable people, and improving resilience</p>	<p>Ecuador</p> <p><i>Challenges in recovering from impact of Covid-19, inflation, socioeconomic pressures, migration:</i> transitioning to new Country Strategic Plan 23, focused on crisis response, reducing malnutrition, sustainable food systems and service provision</p>
	<p>Middle East and North Africa and Eastern Europe</p>	<p>Southern Africa</p>	<p>West and Central Africa</p>
	<p>Armenia</p> <p><i>Covid-19 socioeconomic impact, Ukraine crisis, military hostilities border with Azerbaijan and in Nagorno-Karabakh, increased food price:</i> respond to immediate humanitarian needs, enhance national capacities and mechanisms for resilient social protection systems and strengthen food security systems</p>	<p>DRC</p> <p><i>Conflict, economic decline, high food and fuel prices, lingering impact of C19, conflict disrupting agricultural activity:</i> unconditional in-kind and cash assistance, school feeding, nutrition, large-scale resilience activities</p>	<p>Cape Verde</p> <p><i>Covid-19 impacts, soaring food prices:</i> expanding Limited Emergency Operation to include direct assistance and capacity strengthening to support school feeding programme</p>

Source: WFP (2021; 2022)

At the same time, the low value and short duration of social assistance during the pandemic (as discussed in Chapter 3), made it largely inadequate in response to the multiple waves of the pandemic and the layering of crises over time. Even so, by 2022 there had been additional measures in response to food price shocks. This may be observed as a more longitudinal form of equitable support in the face of sequential crises. Some of these measures also consider other forms of risk and crises. In Cambodia, for example, a cash transfer programme is targeting poor households that are affected by floods, and others that are affected by inflation (see Box 7.F). However, the response to food and energy price crises more broadly has been less striking in terms of countries implementing measures focused on food and cash transfers or subsidies (World Bank 2022), as noted in Chapters 4 and 5.

7.6 Households and communities coping with polycrisis

In this context, many households and communities rely on micro-level ways of coping. These are responses that are often to additional or layered crises, rather than the pandemic itself. Indeed, many people interviewed as part of the CPAN PMI across a spread of LICs and lower-MICs noted that the pandemic was not the main risk they were concerned with. This points to the need to better take into account individual and community priorities when addressing polycrisis. Their coping strategies were varied, as outlined in Chapter 1, with responses to conditions of polycrisis often dependent on households' initial conditions, such as their livelihood diversification, area of residence and asset holdings; demographic attributes, including age, gender and other dimensions of difference; and access to socio political networks and social protection.

As Boxes 7.H and 7.I elaborate, in contexts of polycrisis, many households were forced to repeatedly draw down on their assets, reflecting conditions of underlying vulnerability. This is understandable, given that vulnerability to crises as well as coping responses are in large part conditioned by people's systemic marginalisation and pre-existing social inequalities (Mangubhai *et al.* 2021; Few *et al.* 2020). Instead, as Box 7.I highlights, multi-sectoral programming to strengthen multiple resilience capacities offers examples of working 'on' polycrisis by addressing root causes and factors that maintain poverty and vulnerability.

Box 7.H: Coping with multiple crises – examples from the PMI

- **Ethiopia, August 2021** – Several respondents with limited livelihood alternatives or assets such as land, expressed concerns about the duration of Covid-19, compounded by drought and conflict. Many were driven to adverse coping strategies such as child marriage, child labour and reduced food intake. Traditional support networks were strained:

People could not support each other because most of the people are poor and many of them are buying food items from the market. So, it is difficult to support poor people as the poverty and food shortage is affecting everyone in the community (LHI, female, Ethiopia).

- **Rwanda, 2023** – Price rises and climate change have continued to affect people's attempts to recover from Covid-19:

Imagine the one who was doing a business bar, he/she has spent all most one year and a half without opening, and those who used to work there at the bar as a part-time job were not able to work and then after that price increased without any saving to his/her. Finally, after the coronavirus, it was a time of making recover ourselves, but now we are facing the problem of climate change at even the war in Ukraine (KII, Rwanda).

As a result, some interviewees were driven to distress land sales to cope with resulting hunger:

The challenge I told you about is to sell the land not because you have planned that but because of the hunger. You sell it at a low price just to prevent kids to die of hunger, not for you to start another project that will bring benefit, but to see children getting what to eat (LHI, male, rural Rwanda).

- **Zimbabwe, May 2022** – Hyperinflation, Cyclone Ana, drought and livestock disease ('January disease') have had particularly negative effects on farmers and contributed to food insecurity. In early 2022, the most common coping response was to reduce the number, size and quality of meals. A male interviewee in Bindura spoke of '*reduced meals and resorting to poor quality food obtained after engaging in casual labour. These strategies have worked but it impacted on the health and wellbeing of my family.*' Other forms of coping include migrating and diversifying livelihoods, and '*urban agriculture; subletting urban homes; borrowing; reverse migration from urban to rural areas; illegally circumventing lockdown rules and transactional sex*' (Bird et al. 2023).
- **India, summer 2021** – Many crops are often wasted as a result of erratic climate patterns, but also have been because of lockdowns. Analysis of household interviews in India indicates that there was no systematic way to recover this loss, on the whole; however, a small share of better-off households were covered by crop insurance, which has offered potential for mitigating the negative effects of multiple crises during the pandemic and climate-related disasters.

Source: insights from CPAN PMI

Box 7.I: Resilience to polycrisis in Niger and Burkina Faso through multi sectoral programming



The Resilience in the Sahel-Enhanced Initiative (2014–19) sought to improve resilience to shocks among chronically vulnerable populations in the Sahel. Common crises over the initiative period included climate-related disasters (droughts and floods), violence (civil insecurity, theft by armed terrorist groups, displacement) and Covid-19, all of which contributed to the increased incidence of food price inflation and unemployment.

Coping strategies in polycrisis

To deal with multiple shocks, households ‘intensified and shifted their coping strategies’. This was done mainly through selling livestock, as well as borrowing (from friends, relatives and moneylenders), reducing food consumption, drawing on savings, and migration. Many households diversified livelihoods into lower-return activities including day labour and petty trading. Amid prolonged crises, coping strategies became more frequent, including adverse coping strategies (e.g. withdrawing children from school to engage in labour, selling assets, borrowing from moneylenders, reducing food consumption).

Inflation

The endline evaluation of the Resilience in the Sahel-Enhanced Initiative developed a measure of ‘comprehensive resilience programming’ (CRP), where households participated in at least seven of eight interventions relating to agriculture production, livestock rearing, natural resource management, markets, financial services, human capital, DRM and governance. It found that exposure to CRP was associated with an increase that was 9.9 percentage points smaller than would have otherwise have occurred by the endline, and positive impacts on household absorptive and adaptive capacities. However, it had no significant impact on poverty.

Source: summarised from Smith *et al.* (2022)

There were a range of community-level responses to working ‘on’ polycrisis and centring equity in this response, which benefitted from more localised, in depth knowledge of population risk profiles and needs, as the Ethiopia example in Box 7.H notes. For example, in Nepal, community disaster management committees had highly gender disaggregated data on groups that were vulnerable to hazards that overlapped with many groups at high

risk from Covid-19, such as older people, people with disabilities, pregnant and lactating women, and children (Okura *et al.* 2020). These committees identified a range of stakeholders to coordinate with in the Covid-19 response during disasters, spanning ward and municipality offices, international NGOs and women’s groups (*et al.*).

Given existing links with and knowledge of the communities they serve, WROs often

acted as first responders, prioritising those most in need (Njeri and Daigle 2022). Certain WROs in Bangladesh had access to the Chittagong Hill Tracts area, which otherwise requires additional government approval to access communities in need. As a result, though many government and international humanitarian response actors were absent from the area during the pandemic, the WROs reached communities that were otherwise often excluded from support (Feminist Humanitarian Network and Partners 2021). Similarly inclusive results were observed when using peacebuilding coordination hubs to deliver pandemic responses, as noted above.

There were also community-level responses to the pandemic in conflict affected contexts that relied on reorientation of social protest movements that existed prior to Covid-19, which in turn offered a platform to then respond to the pandemic while prioritising equity

(Hilhorst and Mena 2021). For example, *ollas comunes* ('common pots') were created in Chile during the Great Depression in the early 1900s, and then resurfaced during the country's economic collapse in 1982. These operated in poor neighbourhoods as communal kitchens and shared food with families in need, but they were also a symbol of discontent with the dictatorship of Augusto Pinochet (Rivera 2020). The *ollas comunes* have resurfaced a few times in between, including during the country's crises in 2018 as a means of social mobilisation, and during the pandemic (Hilhorst and Mena 2021). Social cohesion in these responses is important, along the continuum of pre-disaster, acute, post-disaster and recovery phases in building resilience to conflict and disaster. Social cohesion

can be supported through government interventions, including communication with the public; for example, through public information campaigns, and community-led recovery efforts (Jewett *et al.* 2021).

A variety of push and pull factors strengthened such community-level responses through increased localisation at multiple levels,

both in terms of international staff devolving increased responsibility to in-country staff during travel bans, and in-country staff similarly devolving responsibility to community-level actors. For example, during lockdown, Bangladesh Red Crescent Society staff relied on community supervisors and community member volunteers to distribute hygiene kits and raise awareness about Covid-19 and the importance of social distancing and handwashing (Proaction Consulting 2022). This also necessitated increased advance training, and training of volunteers, which further improved local capacity.

Enabling such measures once again requires 'ex-ante funding and a focus on prepositioning goods as locally as possible offer strategies for navigating multi-hazard scenarios where stable, global, or national supply chains cannot be assured' (de la Poterie *et al.* 2021). At the same time, some argue that in increasingly prevalent contexts of protracted crises, much more community engagement is needed within humanitarian agendas compared to what relief-focused models tend to allow for, even with localisation (KII). In addition, in many contexts the shift towards localisation was reversed as lockdown restrictions eased, when international actors returned to direct-delivery modes of operation similar to pre-Covid-19 (KII).

7.7 Governance and ways of working amid polycrisis

Part of the challenge in responding to polycrisis is that different parts of the government or donor community prioritise different elements, sometimes related to sectoral competencies. This in turn contributes to interministerial competition for funds and political attention. In this context, **a disciplined government able to manage coordination across sectors and prioritisation is critical to working ‘in’ and ‘on’ polycrisis in ways that centre both equity and risk.** This can be supported through multisector frameworks. For example, the National Disaster Risk Reduction and Management Authority in Nepal coordinated with the Ministry of Health and Population to ‘harmonize pandemic response measures with disaster response measures in the three tiers of the government (i.e., at the federal, provincial, and local levels)’ (Potutan and Arakida 2021). Similarly, the Department of Social Welfare and Development in the Philippines provided social assistance and a range of social services to respond to disasters more comprehensively (Donoghoe *et al.* 2022). It is not intended that national DRM agencies should lead or coordinate a pandemic response in particular, but rather that where health services deliver the response, close coordination with DRM authorities and capacities is critical, especially given the context of layered crises.

The presence and strength of pre-existing institutions was also an important factor in the ability of countries to respond effectively to Covid-19 and develop equitable mitigation strategies to the pandemic and layered crises. For example, Ethiopia, Kenya and South Africa relied on systems established in response to the HIV/AIDS pandemic to expand their

coverage quickly during the Covid-19 pandemic, while the DRC adopted learning from its Ebola response during the Covid-19 pandemic (FAO 2020). In the Philippines, existing social registries and payment-delivery methods were built on during the pandemic, with coverage under an emergency subsidy programme that extended to low-income families and households working in the informal economy, and additional payments for households most affected by continuing restrictions in certain industries and sectors. This helped adapt identification of people who qualify for support to be more responsive to people’s changing vulnerability, and to create new programmes to provide additional benefits for certain groups, such as informal sector workers (Donoghoe *et al.* 2022; Gentilini *et al.* 2020).

A key modality enabling these efforts to respond to complex crises was digitalisation. Digitalisation had a dual purpose, not only in disseminating information and resources during the pandemic (e.g. delivering funds, promoting early warning messaging), but also in strengthening contact tracing and monitoring movements of those signed up to the digital systems. This was the case with India’s National Migrant Information System, developed by the National Disaster Management Authority, which supported migrants’ movement between states, while also helping to monitor Covid-19 transmission, and enabling users to access information about treatment facilities, food and shelter homes in their vicinity (Potutan and Arakida 2021). However, these efforts require further consideration of equity, given that many people do not have access to the internet or connectivity. Learning from such models through a centralised database of hazards and procedural information promotes uptake of best practices (de la Poterie *et al.* 2021) and strengthens coordination of stakeholders in responding to polycrisis.

Flexibility of funding sources that can be rapidly reallocated for crisis mitigation (including by donors, reflecting the ear-marked nature of donor funding), and flexibility of fiscal space more generally, are also critical in responding to polycrisis.

Given challenges in formalising modifications to their disaster protocols, only two of 14 Red Cross and Red Crescent national societies (in Bangladesh and the Philippines) examined in one study attempted to revise their Early Action Protocol budgets (de la Poterie *et al.* 2021). Legal contract amendments took many months to secure in the Philippines, or in the case of Bangladesh were not completed ahead of Cyclone Amphan. In this context, teams relied instead on funds from other stakeholders to meet needs (*et al.*). However, the focus on Covid 19, especially during 2020, meant that it often proved difficult to secure additional funds for other disasters. Instead, the example from Mozambique noted earlier of executing actions relying on lower thresholds than had previously been established, enabled actors to respond with agility and quickly move funds to mitigate crises. Other means of shortening timelines include: contracts that enable rapid procurement of additional materials or logistical support, national or international anticipation-specific rosters for paid staff, and the ability to rapidly train and deploy additional volunteers – or recruit them from other areas of the country – when local volunteers are insufficient, unable, or unwilling to act (*et al.*).

The responses and modalities noted above all require adequate resourcing and funding for DRM and resilience interventions more broadly. Yet DRM, especially its anticipatory action support, has been grossly underfunded; in 2021, 12 per cent of overseas development assistance went to DRR-related sectors, of which just 3 per cent went towards early recovery (Peters and Weingaertner 2023). Its absence severely undermines

the ability of governments and societies to pursue known preventative and mitigation actions for disasters, and by extension, polycrisis. The situation is particularly challenging in certain conflict-affected contexts, where disaster risk governance capacities and systems are, in general, insufficiently staffed and funded. As an interviewee in Zambia noted:

The way the [disaster risk management unit in the country] responds to disaster, we still feel there is still need for capacity to be built and a lot of funding for them to expand their operation. Even on paper they have a wider scope of how they define disasters but when it comes to what they respond to [it] is still very limited because of the resource constraints (KII).

It is often a combination of the responses above that increase the effectiveness of working ‘in’ and ‘on’ polycrisis in ways that centre both equity and risk management. For example, in India and Bangladesh, the: ‘combination of early warnings for Tropical Cyclone Amphan, an effective disaster management governance structure, sound community-based response strategies, and careful monitoring of migrants’ movements enabled disaster-affected areas to contain the spread of Covid-19’ (GFDRR and World Bank 2020).

Learning from past crises, ‘countries with better governance, stronger and well-coordinated institutions – backed by sufficient fiscal space... are better able to muster the multi-sectoral responses needed to mitigate damage’ (Lind, Roelen and Sabates-Wheeler 2021). Complementing this is digital development access to finance, improved state-citizen relations, global and regional policy coordination, and collaboration among different stakeholders in the public and private sectors (*et al.*).

7.8 Recommendations

So what can be done? **Political and economic governance structures require flexibility and reform by strengthening multilateralism and partnerships, and adopting a multisectoral and multidisciplinary approach** (Singh 2021). Strengthened resilience of governments during crises is in turn also contingent on high levels of societal trust, low corruption and high-quality political leadership (Brown 2022). This political leadership should extend to adequate cabinet oversight of crises and their intersections, supported by coordinated institutional strengthening (e.g. of data collection, coordination and crisis response), which improves the speed and consistency of crisis management and strengthens resource mobilisation (World Bank 2022). Indeed, countries that had invested in cross-sectoral coordination before crises were often more successful in scaling up responses during the pandemic (Donoghoe *et al.* 2022).

However, coordination is needed not just horizontally (e.g. sectorally) but also vertically (e.g. between international, national, subnational and local actors). The benefits of shifting decision-making and resources to the local level and supporting vertical coordination was observed through the in-depth knowledge, more equitable access and flexible responses community actors and local-level stakeholders provided amid polycrisis.

Delivering a coordinated response is also contingent on the availability of funding, financing mechanisms and – considering the pandemic context amid polycrisis – also on the digital systems in place. Integrating financing mechanisms, and enabling them to be flexible and sustained amid changing dimensions of polycrisis, is important to deploy these tools effectively (*et al.*).

Flexibility can be enhanced, for example, by using contingency funds that can be quickly mobilised if early warning thresholds are crossed, supported by streamlined protocols for surge capacity, in place of prolonged bureaucratic approvals (de la Poterie *et al.* 2021). This is, then, about the fiscal space, as well as leadership and the ability to cut through red tape for rapid action. Digital solutions can also enable faster action, especially when information is coordinated within centralised and accessible databases that offer a high level of disaggregation (e.g. in terms of gender, age and disability, but also severity of need, degree of polycrisis exposure, etc.).

Monitoring and learning through feedback loops to ensure the effectiveness of digital tools and interventions more broadly can also enable more effective responses to polycrisis. These recommendations are certainly not new, deriving from the history of work on adaptive management and use of cash in humanitarian responses. What was particularly new during the pandemic was the potential that was recognised for digital innovation, if managed safely, to strengthen the absorptive and adaptive resilience capacities of wider systems.

Ultimately, then, to work ‘in’ and especially ‘on’ polycrisis inherently requires a shift from focusing on single hazards to systemic risk and resilience, and adopting equity- and risk-informed approaches in response. Indeed, without effective risk management systems, the whole premise of dealing effectively with polycrisis is undermined: ‘A systems approach for disaster risk reduction would necessarily begin with a focus on all facets of risk reduction, including preventing hazards, reducing exposure and vulnerability and building adaptive capacity’ (UNDRR Stakeholder Engagement Mechanism 2021: 8).

This requires ‘gaining familiarity with the most probable impacts of interactions between particular hazards, and if possible, how to prevent them’, which can help practitioners develop interventions that address polycrisis (de la Poterie *et al.* 2021). This will often mean that interventions, whether from DRM, social protection or HDP nexus actors, typically need to continue for much longer than they currently do, and support household and community responses over the longer term. At the same time, beyond often largely technocratic solutions, a systems approach requires analysing structural political-economic conditions alongside the wider complexity and context specificity of crises (Leach *et al.* 2021). Indeed, this reflects research from other crises, which also highlights the risk that the role of power and politics contributes to incorrectly targeted interventions and social inequities (Few *et al.* 2020).

In light of this discussion, **there is considerable value in integrating DRM, the HPD nexus and social protection to ensure an equitable, risk-informed response to working ‘in’ and ‘on’ polycrisis.** Embedding these programmatic focal points within a framework of resilience also has considerable potential, allowing programmes to explicitly focus work ‘on’ polycrisis. Moreover, one of its values as a framework is that resilience inherently reflects compound, complex shocks and stresses, and the need to work in the near term ‘in’ and in the longer term ‘on’ polycrisis. An interviewee in Zambia highlighted the benefits of strengthened resilience: *‘There is a lot that has to be done in prevention, invest more in early warning systems, invest more in resilience building and monitoring communities for resilience and any threats towards that we respond appropriate’* (KII). Another interviewee in Cambodia echoed this sentiment: *‘Some policies can solve the pandemic problems. However, we do not know the uncertainties in the future, which needs resilience as protection’* (KII).

There is great scope for these programmatic areas to be explicitly coordinated, especially where this coordination makes use of each area’s respective strengths, while protecting the humanitarian imperative. As noted earlier, coordination across these domains when responding to uncertainty and risk, and delivering equitable outcomes, is important. This could draw on the HDP nexus’ commitment to collective outcomes and collaboration to more effectively foster poverty reduction amid complex crises, while also being grounded in its commitments to ‘do no harm’. DRM agencies have the tools to adapt during crises, which can be expanded to more centrally consider polycrisis that include but are not limited to climate-related disasters, which are usually the agencies’ main focus.

Finally, integrated social protection systems can act as a cornerstone to help tackle chronic poverty and destitution processes during polycrisis, while also preventing new households from falling into poverty. Examples of bringing these three sectoral entry points together are outlined in Table 7.8.1, underpinned by consideration of equity- and risk-informed approaches as integrative conceptual mechanisms for polycrisis response.

Table 7.8.1: Examples of working ‘in’ and ‘on’ polycrisis from the perspectives of DRM, the HDP nexus and social protection responses

Entry point	Working ‘in’ polycrisis	Promoting resilience working ‘on’ polycrisis
DRM	<ul style="list-style-type: none"> • Develop (sub)national impact scenarios through a multi-hazard approach (e.g. integrate geospatial Covid-19 platforms with disaster risk and conflict data platforms) • Consider impacts of non-natural and societal hazards on anticipatory/ adaptive capacities of DRM actors • Establish clear information for responding to intersecting hazards, ensuring these do not destabilise each other 	<ul style="list-style-type: none"> • Absorptive: support community based disaster preparedness actors (incl. elders, WROs and other leaders) to consider effects of polycrisis • Adaptive: adapt national and local emergency management systems (incl. early warning systems) to consider non-natural disasters • Transformative: use DRM as an entry point to address other societal issues, such as intercommunity conflict, or to pursue peace, to enable longer-term effective responses to non-natural rapid-/ slow-onset disasters
HDP nexus	<ul style="list-style-type: none"> • Collate the latest evidence on risk and resilience factors for conflict and violence from (cross-/sub-) national mixed methods research • Organise periodic multi stakeholder discussions to understand changing risk factors and polycrisis trajectories • Develop a framework on how to incorporate ‘do no harm’ principles 	<ul style="list-style-type: none"> • Absorptive: build networks of trusted relationships, including with community and customary leaders, exploiting synergies and supporting a plurality of stakeholders • Adaptive: combat wrongful exclusion through a multipronged approach, targeting potential excluded groups, and developing anti discrimination measures • Transformative: promote peacebuilding activities within or alongside poverty reduction
Social protection	<ul style="list-style-type: none"> • Consider whether/how social protection mechanisms may amplify pre-existing inequalities in contexts of polycrisis • Adapt vulnerability definitions, considering risk factors amplified due to polycrisis • Develop understanding of impacts of polycrisis to inform real-time updating of social registries 	<ul style="list-style-type: none"> • Absorptive: strengthen shock responsive social protection to respond to polycrisis through its integration with disaster, conflict and social welfare sectors and agencies • Adaptive: expand coverage of social protection to vulnerable non-poor people • Transformative: investigate the scope for universality to respond to polycrisis (e.g. universal basic income, universal coverage during emergencies)

Annexe

Table A.1: Variables included in the Mitigation Index

Dimension	Variable	Source	Timeframe	Transformation
Education	Duration of full and partial school closures in weeks	UNESCO (2022)	2020-22	0 = quartile of countries experiencing longest school closures 1 = second-longest school closures 2 = second-shortest school closures 3 = quartile of shortest school closures
	Number of children reached through school feeding programmes	GCNF (2021)	2021	0 = quartile of countries with lowest school feeding rates (number of students over share of children aged 6-18 years) 1 = second-lowest school feeding rates 2 = second-highest school feeding rates 3 = quartile of highest school feeding rates
Health	Current health expenditures as a % of GDP	WHO (2022)	2019-20	0 = share of health expenditure that decreased or did not increase in 2019-20 1 = share of health expenditure that increased in 2019-20, but by 2020 remained under 3% 2 = share of health expenditure that increased in 2019-20, and by 2020 was over 3%
	Vaccinations per 100 people	Our World in Data (n.d.b)	2020-23	0 = fewer than 25 vaccinations per 100 people 1 = 25-49 vaccinations per 100 people 2 = 50-74 vaccinations per 100 people 3 = 75-89 vaccinations per 100 people 4 = more than 90 vaccinations per 100 people

Dimension	Variable	Source	Timeframe	Transformation
Living standards	Cash-based transfers (CBTs)	Source: Gentilini <i>et al.</i> (2020, 2022) GCNF (2021)	2020-22	0 = no CBT in 2020 or 2022 1 = CBT in 2020 or 2022 2 = CBT in both 2020 and 2022
	Wage subsidies		2020-22	0 = no wage subsidy in 2020 or 2022 1 = subsidy in 2020 or 2022 2 = subsidy in both 2020 and 2022
	Debt relief		2020-22	0 = no government debt relief for households in 2020 or 2022 1 = narrow debt relief in 2020 or 2022 2 = narrow debt relief in 2020 and 2022, or broad debt relief in one of the two years 3 = narrow debt relief in one year, but broad debt relief in the other year 4 = broad debt relief in both 2020 and 2022

Note: for comparability, variables were transformed and rescaled to follow a process similar to the construction of the OxCGRT Stringency Index.

Table A.2: Country mitigation indicator scores

Country		Full or partial school closure (weeks)	6–18 year olds school fed (%)	Current health spend (% GDP, 2019)	Current health spend (% GDP, 2020)	Vaccinations per 100 people (2022)	Cash-based transfers		Wage subsidy		Debt relief	
							(2020)	(2022)	(2020)	(2022)	(2020)	(2022)
Afghanistan	LIC	61		14.83	15.53	27.86		1			1	0
Burkina Faso	LIC	16	50.91	5.38	6.72	19.26		1			0	0
Burundi	LIC	0	12.18	6.54	6.50	0.22		1		1	1	1
Central African Rep.	LIC	23	10.88	7.83	9.40	35.58		1			1	0
Chad	LIC	28	2.15	4.48	5.41	21.16					2	1
Congo, Dem. Repub.	LIC	33	0.54	3.54	4.05	9.24		1			2	0
Korea, Dem. People's Repub.	LIC	39										
Eritrea	LIC	50		4.46	4.09			1			2	0
Ethiopia	LIC	62	4.49	3.23	3.48	34.94		1			2	0
Gambia	LIC	28	29.97	3.16	2.61	20.28		1			0	0
Guinea	LIC	22	5.08	4.07	4.04	43.92	1	1			2	0
Guinea-Bissau	LIC	23	34.47	8.35	8.41	30.41		1				
Haiti	LIC	31	27.82	4.29	3.31	3.44	1	1	1	1	1	0
Liberia	LIC	37	16.53	8.43	9.50	73.62		1			0	0
Madagascar	LIC	32	4.16	3.78	3.88	7.09	1	1			1	0
Malawi	LIC	26	41.54	5.14	5.43	22.48	1	1			2	0
Mali	LIC	17	7.86	3.88	4.31	14.62		1			1	0
Mozambique	LIC	53	2.95	7.95	7.62	56.36		1			0	0
Niger	LIC	16	7.29	5.67	6.20	23.17		1			2	0
Rwanda	LIC	51		6.33	7.32	76.75	1	1			2	0
Sierra Leone	LIC	14	18.60	8.85	8.76	50.18	1	1			1	0
Somalia	LIC	19	3.04			42.76	1	1			1	0
South Sudan	LIC	54	8.55	4.66	5.25	20.64	1	1			0	1
Sudan	LIC	26	13.79	4.63	3.02	22.41		1			0	0
Syria	LIC	29	9.26			14.37		1			0	0

Country		Full or partial school closure (weeks)	6–18 year olds school fed (%)	Current health spend (% GDP, 2019)	Current health spend (% GDP, 2020)	Vaccinations per 100 people (2022)	Cash-based transfers		Wage subsidy		Debt relief	
							(2020)	(2022)	(2020)	(2022)	(2020)	(2022)
Tajikistan	LIC	0	16.21	6.95	8.18	53.37	1	1			1	0
Togo	LIC	14	5.03	5.64	5.96	25.34	1	1			2	2
Uganda	LIC	89	2.73	3.80	3.96	39.93	1	1			2	1
Yemen	LIC	19				2.98		1			0	0
Algeria	LMC	24		6.25	6.32	17.46	1	1			2	1
Angola	LMC	46		2.66	2.91	42.12	1	1	1		2	0
Bangladesh	LMC	86	7.23	2.62	2.63	87.12	1	1	1	1	2	2
Benin	LMC	15	20.91	2.32	2.59	27.69		1		1	1	2
Bolivia	LMC	90		6.89	7.86	60.22	1	1			1	0
Cambodia	LMC	78	6.85	6.90	7.51	90.90		1	1	1	0	0
Cameroon	LMC	18	2.29	3.65	3.77	13.08	1	1			1	1
Congo, Repub.	LMC	39	7.77	2.57	4.47	11.65	1	1			2	0
Côte d'Ivoire	LMC	13	11.62	3.30	3.33	46.69		1			2	0
Egypt	LMC	19		4.84	4.36	48.41	1	1	1		2	2
El Salvador	LMC	88	47.22	8.50	9.85	73.43	1	1			2	0
Ghana	LMC	39	36.00	3.39	3.99	36.33		1			2	0
Honduras	LMC	89	45.75	7.30	9.04	61.76		1		1	2	2
India	LMC	93	32.46	2.94	2.96	72.48	1	1			2	1
Kenya	LMC	37	10.74	4.36	4.29	26.31	1	1			1	0
Kyrgyzstan	LMC	27	4.02	4.49	5.26	24.69	1	1			2	2
Lao, People's Dem. Repub.	LMC	63	9.52	2.60	2.69	78.21		1		1	2	2
Lesotho	LMC	43	57.95	11.41	11.78	43.29	1	1	1	1	2	0
Mauritania	LMC	23	11.59	3.35	3.36	44.32	1	1			2	0
Moldova	LMC	16		6.37	6.78	33.74	1	1	1		1	1
Mongolia	LMC	58	48.49	4.16	4.94	66.88	1	1	1	1	2	2

Country		Full or partial school closure (weeks)	6–18 year olds school fed (%)	Current health spend (% GDP, 2019)	Current health spend (% GDP, 2020)	Vaccinations per 100 people (2022)	Cash-based transfers		Wage subsidy		Debt relief	
							(2020)	(2022)	(2020)	(2022)	(2020)	(2022)
Morocco	LMC	37		5.37	5.99	66.78	1	1		1	2	0
Myanmar	LMC	78		4.68	4.62	64.19	1	1			2	2
Nepal	LMC	87	41.10	4.45	5.17	90.24		1			2	2
Nicaragua	LMC	15		8.56	8.63	88.76					0	1
Nigeria	LMC	24	14.50	2.99	3.38	33.11	1	1		1	1	0
Palestine	LMC	60				38.34	1	1		1	2	0
Pakistan	LMC	61		2.84	2.79	65.59	1	1			2	2
Papua New Guinea	LMC	6		2.33	2.53	3.60					2	2
Philippines	LMC	76	12.12	4.17	5.11	67.81	1	1	1	1	2	1
Senegal	LMC	22		4.50	5.15	11.26		1			2	0
Sri Lanka	LMC	74	23.23	3.66	4.07	78.53	1	1			2	2
Tanzania	LMC	15		3.87	3.75	47.62		1			0	1
Tunisia	LMC	36	14.42	5.47	6.34	58.41	1	1		1	2	1
Ukraine	LMC	31		7.09	7.62	39.73	1	1		1	1	1
Uzbekistan	LMC	14		5.43	6.75	61.46	1	1	1		1	2
Viet Nam	LMC	46		5.03	4.68	92.10	1	1		1	1	0
Zambia	LMC	28	32.61	5.32	5.62	53.97		1			1	1
Zimbabwe	LMC	45	48.39	3.66	3.43	39.45	1	1			0	0
Albania	UMC	29				47.22	1	1		1	2	1
Argentina	UMC	82	9.97	9.47	9.98	91.01	1	1	1	1	2	1
Armenia	UMC	12	22.59	11.38	12.24	40.63		1	1	1		
Azerbaijan	UMC	49		4.07	4.61	51.88	1	1	1	1	0	2
Belarus	UMC	0		5.86	6.41	68.36	1	1		1	0	0
Bosnia and Herzegovina	UMC	49	6.26	9.05	9.84	29.18	1	1		1	1	2
Botswana	UMC	31	83.50	6.12	6.19	64.14		1	1	1	2	0

Country		Full or partial school closure (weeks)	6-18 year olds school fed (%)	Current health spend (% GDP, 2019)	Current health spend (% GDP, 2020)	Vaccinations per 100 people (2022)	Cash-based transfers		Wage subsidy		Debt relief	
							(2020)	(2022)	(2020)	(2022)	(2020)	(2022)
Brazil	UMC	79	100.93	9.61	10.31	87.57	1	1	1		1	0
Bulgaria	UMC	48	50.83	7.09	8.52	31.03	1	1	1	1	2	2
China	UMC	30	16.73	5.35	5.59	91.68	1	1	1		2	2
Colombia	UMC	77		8.12	8.99	82.72	1	1		1	2	1
Costa Rica	UMC	82		7.22	7.86	88.54	1	1			1	1
Cuba	UMC	76		11.08	12.49	95.60		1	1	1	2	0
Dominican Repub.	UMC	55		4.24	4.94	65.01	1	1	1	1	0	0
Ecuador	UMC	91	71.55	7.82	8.48	85.08	1	1			2	2
Gabon	UMC	21		2.77	3.43	13.02		1		1	2	0
Georgia	UMC	35		6.66	7.60	44.19	1	1	1	1	1	0
Guatemala	UMC	86	50.89	6.19	6.47	49.63	1	1	1	1	2	2
Indonesia	UMC	92		2.90	3.41	73.89	1	1		1	1	2
Iran	UMC	77		5.95	5.34	73.53	1	1			2	1
Iraq	UMC	78	2.67	4.26	5.08	25.47	1	1			1	0
Jamaica	UMC	71	23.54	6.10	6.61	29.83	1	1	1	1	1	0
Jordan	UMC	54		7.57	7.47	42.72	1	1		1	1	1
Kazakhstan	UMC	52		2.79	3.79	55.93	1	1			1	0
Lebanon	UMC	49		7.90	7.95	49.92	1	1			2	1
Libya	UMC	65	1.06			33.89					0	0
Malaysia	UMC	69	15.11	3.84	4.12	82.87	1	1	1	1	2	2
Mexico	UMC	81	22.95	5.45	6.24	77.70	1	1			2	1
Namibia	UMC	25	57.26	8.45	8.90	23.48	1	1		1	1	0
Paraguay	UMC	74		7.16	7.58	58.63	1	1			2	0
Peru	UMC	77	54.66	5.21	6.30	88.74	1	1		1	2	1
Russian Federation	UMC	19		5.65	7.60	60.58	1	1	1		2	2

Country		Full or partial school closure (weeks)	6–18 year olds school fed (%)	Current health spend (% GDP, 2019)	Current health spend (% GDP, 2020)	Vaccinations per 100 people (2022)	Cash-based transfers		Wage subsidy		Debt relief	
							(2020)	(2022)	(2020)	(2022)	(2020)	(2022)
Serbia	UMC	49		8.67	8.73	48.81	1	1	1	1	1	1
South Africa	UMC	63	70.39	8.24	8.58	40.02	1	1	1	1	2	1
Thailand	UMC	69	37.16	3.86	4.36	79.51	1	1	1		2	2
Macedonia	UMC	54	13.64	7.07	7.89	40.81	1	1		1		
Turkey	UMC	49		4.36	4.62	67.89	1	1	1	1	2	0
Turkmenistan	UMC	4		5.68	5.68	57.97		1			1	0
Venezuela	UMC	74		2.19	3.82	78.29	1	1	1	1	2	0
Australia	HIC	46		10.23	10.65	84.94	1	1	1	1	2	0
Austria	HIC	39	42.94	10.48	11.47	77.14	1	1	1	1	2	2
Belgium	HIC	29	16.71	10.66	11.06	79.48		1		1	2	0
Canada	HIC	52		10.95	12.94	90.02	1	1	1	1	1	1
Channel Islands	HIC											
Chile	HIC	69	63.98	9.33	9.75	92.24	1	1		1	2	0
Croatia	HIC	10	78.25	6.81	7.77	57.58		1	1	1	2	2
Czech Repub.	HIC	46	103.13	7.60	9.24	66.49		1	1	1	2	2
Denmark	HIC	35		10.12	10.53	81.41			1	1	2	0
Finland	HIC	33	115.88	9.17	9.61	81.65		1			1	1
France	HIC	12	90.89	11.10	12.21	80.57	1	1		1	2	0
Germany	HIC	38		11.70	12.82	77.80	1	1	1	1	1	2
Greece	HIC	37	0.35	8.20	9.51	76.38	1	1		1	2	2
Hong Kong	HIC					92.25	1	1		1	2	2
Hungary	HIC	39	79.54	6.30	7.25	64.42				1	2	2
Ireland	HIC	26	24.81	6.67	7.10	81.75	1	1	1	1	2	2
Israel	HIC	33	22.96	7.47	8.32	71.14		1		1	2	1
Italy	HIC	38	19.45	8.66	9.63	86.17	1	1	1	1	2	2
Japan	HIC	11		10.75	10.90	84.35	1	1		1	2	2

Country		Full or partial school closure (weeks)	6–18 year olds school fed (%)	Current health spend (% GDP, 2019)	Current health spend (% GDP, 2020)	Vaccinations per 100 people (2022)	Cash-based transfers		Wage subsidy		Debt relief	
							(2020)	(2022)	(2020)	(2022)	(2020)	(2022)
Korea, Repub.	HIC	79		8.14	8.36	86.54	1	1	1	1	1	1
Kuwait	HIC	79		5.36	6.31	80.93		1		1	1	1
Lithuania	HIC	38	89.82	7.00	7.54	71.14		1	1	1	2	2
Netherlands	HIC	31	19.06	10.14	11.14	72.74	1	1	1	1	2	0
New Zealand	HIC	27	4.96	9.48	10.03	82.92	1	1	1	1	2	1
Norway	HIC	29		10.54	11.42	79.99		1		1	0	0
Oman	HIC	66		4.39	5.33	71.18					1	0
Panama	HIC	87	39.95	8.33	9.66	79.81	1	1			2	0
Poland	HIC	44	36.26	6.45	6.49	57.33	1	1	1	1	1	2
Portugal	HIC	24	87.63	9.51	10.55	95.19	1	1	1	1	2	0
Puerto Rico	HIC							1			2	0
Qatar	HIC	60		3.51	4.18	105.75		1	1		1	0
Romania	HIC	36	70.97	5.74	6.27		1	1		1	2	1
Saudi Arabia	HIC	68				74.03		1	1	1	1	0
Singapore	HIC	16		4.42	6.05	91.49	1	1	1	1	2	2
Slovakia	HIC	38	87.32	6.95	7.23	46.00	1	1	1	1	2	2
Slovenia	HIC	47	61.09	8.52	9.45	59.71	1	1		1	2	2
Spain	HIC	15	27.89	9.14	10.71	86.91	1	1			2	2
Sweden	HIC	24	137.80	10.83	11.38	74.09		1		1	1	1
Switzerland	HIC	6	7.54	11.29	11.80	69.74		1		1	1	0
Taiwan	HIC					91.36		1		1	1	2
UAE	HIC	66	27.58	4.30	5.49	105.83					2	0
UK	HIC	27		9.87	11.98	79.71	1	1	1	1	2	1
US	HIC	77	49.92	16.68	18.82	80.88	1	1			1	0
Uruguay	HIC	40	33.59	9.39	9.15	87.77		1	1	1	2	1

Note: LMC = lower-middle-income country; UMC = upper-middle-income country; few school feeding shares >100% in HICs
Source: UNESCO (2022); GCNF (2021); WHO (2022); Our World in Data (n.d.b); Gentilini *et al.* (2020, 2022)

Table A.3.1 Country names and codes

LICs Code	Country name	LICs Code	Country name
AFG	Afghanistan	SYR	Syrian Arab Republic
BFA	Burkina Faso	TJK	Tajikistan
BDI	Burundi	TGO	Togo
CAF	Central African Republic	UGA	Uganda
TCD	Chad	YEM	Yemen
COD	DR Congo		
PRK	DPR Korea		
ERI	Eritrea		
ETH	Ethiopia		
GMB	Gambia		
GIN	Guinea		
GNB	Guinea-Bissau		
HTI	Haiti		
LBR	Liberia		
MDG	Madagascar		
MWI	Malawi		
MLI	Mali		
MOZ	Mozambique		
NER	Niger		
RWA	Rwanda		
SLE	Sierra Leone		
SOM	Somalia		
SSD	South Sudan		
SDN	Sudan		

LMICs Code	Country name
DZA	Algeria
AGO	Angola
BGD	Bangladesh
BEN	Benin
BOL	Bolivia
KHM	Cambodia
CMR	Cameroon
COG	Congo
CIV	Côte d'Ivoire
EGY	Egypt
SLV	El Salvador
GHA	Ghana
HND	Honduras
IND	India
KEN	Kenya
KGZ	Kyrgyzstan
LAO	Lao PDR
LSO	Lesotho
MRT	Mauritania
MDA	Moldova (Republic of)
MNG	Mongolia
MAR	Morocco
MMR	Myanmar
NPL	Nepal

LMICs Code	Country name
NIC	Nicaragua
NGA	Nigeria
PSE	Occupied Palestinian Territories
PAK	Pakistan
PNG	Papua New Guinea
PHL	Philippines
SEN	Senegal
LKA	Sri Lanka
TZA	Tanzania (United Republic of)
TUN	Tunisia
UKR	Ukraine
UZB	Uzbekistan
VNM	Viet Nam
ZMB	Zambia
ZWE	Zimbabwe

Table A.3.1 Country names and codes

UMICs Code	Country name	UMICs Code	Country name
ALB	Albania	LBN	Lebanon
ARG	Argentina	LBY	Libya
ARM	Armenia	MYS	Malaysia
AZE	Azerbaijan	MEX	Mexico
BLR	Belarus	NAM	Namibia
BIH	Bosnia and Herzegovina	PRY	Paraguay
BWA	Botswana	PER	Peru
BRA	Brazil	RUS	Russian Federation
BGR	Bulgaria	SRB	Serbia
CHN	China	ZAF	South Africa
COL	Colombia	THA	Thailand
CRI	Costa Rica	MKD	FYR Macedonia
CUB	Cuba	TUR	Turkey
DOM	Dominican Republic	TKM	Turkmenistan
ECU	Ecuador	VEN	Venezuela
GAB	Gabon		
GEO	Georgia		
GTM	Guatemala		
IDN	Indonesia		
IRN	Iran (Islamic Republic of)		
IRQ	Iraq		
JAM	Jamaica		
JOR	Jordan		
KAZ	Kazakhstan		

HICs Code	Country name	HICs Code	Country name
AUS	Australia	NOR	Norway
AUT	Austria	OMN	Oman
BEL	Belgium	PAN	Panama
CAN	Canada	POL	Poland
CHI	Channel Islands	PRT	Portugal
CHL	Chile	PRI	Puerto Rico
HRV	Croatia	QAT	Qatar
CZE	Czech Republic	ROM	Romania
DNK	Denmark	SAU	Saudi Arabia
FIN	Finland	SGP	Singapore
FRA	France	SVK	Slovakia
DEU	Germany	SVN	Slovenia
GRC	Greece	ESP	Spain
HKG	Hong Kong, China (SAR)	SWE	Sweden
HUN	Hungary	CHE	Switzerland
IRL	Ireland	TWN	Taiwan Province of China
ISR	Israel	ARE	United Arab Emirates
ITA	Italy	GBR	United Kingdom
JPN	Japan	USA	United States
KOR	Korea (Republic of)	URY	Uruguay
KWT	Kuwait		
LTU	Lithuania		
NLD	Netherlands		
NZL	New Zealand		

Note: LIC = lower-income country; LMIC = lower-middle-income country; UMIC = upper-middle-income country; HIC = high-income country.

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Endnotes

Summary

¹ In this report mitigating measures refer to those which relieve the negative effects of restrictions introduced to manage the spread of the virus. Restrictions refers to the workplace, market, school, border, and public space closures and movement restrictions, which were (variably) imposed across the world in response to the pandemic. The stringency of restrictions measures how strongly these restrictions were imposed.

² Countries where key informant interviews were carried out or where there were particular lessons to learn, included: Bangladesh, Cambodia, Ethiopia, India, Kenya, Nicaragua, South Africa, Zambia, and Zimbabwe.

Chapter 1

¹ <https://www.who.int/news/item/05-05-2022-14.9-million-excess-deaths-were-associated-with-the-covid-19-pandemic-in-2020-and-2021>

² <https://www.chronicpoverty.org/covid-19>

³ The International Labour Organization calculates working hours lost, then converts that number into full-time equivalent jobs lost. Some of these will be jobs lost; others will have reduced working time

Chapter 2

¹ In this report non-pharmaceutical measures to contain the virus are referred to as restrictions, as that is what they were. In the biomedical literature they are often referred to as mitigations, so there is potential for confusion. In this report we use mitigations or *mitigating measures* to refer to initiatives that compensated for or moderate the effects of the restrictions, or allowed social and economic life to return to normal.

² An Oxford economic support index records measures such as income support and debt relief: <https://www.bsg.ox.ac.uk/research/covid-19-government-response-tracker> (Blavatnik School of Government 2023). It is calculated using all ordinal economic policies indicators. However, the CPAN index is composed of indicators that are especially important for poorer people. Other Oxford indices include a health and containment index, which overlaps with the Stringency Index, and an overall response index, which includes all the indicators.

³ It is worth stressing that the Mitigation Index only covers a small share of potential mitigation strategies with available cross-country data.

⁴ Ugo Gentilini is the Global Lead for Social Assistance with the Social Protection and Jobs Global Practice at the World Bank.

⁵ However, if we rely on the lowest estimate across data from the IHME, WHO and *The Economist*, these correlations across country income groups become weak.

So, the result is dependent on the assumptions made.

⁶ The measure is the highest value among the three sets of calculations, the log of deaths per 100,000 people.

⁷ For example, by the London School of Hygiene & Tropical Medicine.

Chapter 3

¹ The authors are grateful to John Perry (personal communication) for this table.

² In investment, this is a mix of high-risk and no-risk investments in a portfolio.

³ These are savings accounts the government opened for people without bank accounts; see: www.pmjdy.gov.in/scheme.

⁴ There was a debate about targeting during 2021 (Lloyd-Sherlock *et al.* 2021).

⁵ With regard to mental health, initially help targeted survivors of the genocide against ethnic Tutsis, but this increasingly became a national programme, with interventions from government and other stakeholders.

⁶ *Itsibo* (*amatsibo* in plural), is a group of up to 25 households located in the same neighbourhood, with a team leader who reports to a village leader. A village consists of around 100 households.

⁷ There are various definitions of this, but all include state-led economic planning, as applied in East Asian countries in the late twentieth century.

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8725109/#:~:text=%5B1%2C12%2C13%2C,million%20in%20the%20year%202045>.

Chapter 5

¹ <https://www.cgs-bd.com/cms/media/documents/ceb38082-af72-4071-85c7-91d277e55cd1.pdf>

² <https://openknowledge.worldbank.org/handle/10986/32755>

³ These included four schemes from the Ministry of Rural Development, namely: MGNREGS, Pradhan Mantri Awaas Yojana-Gramin, Pradhan Mantri Gram Sadak Yojana and Shyama Prasad Mukherji Rurban Mission.

⁴ For example, the cost of a key fertiliser, diammonium phosphate (DAP), rose more than 400 per cent at the height of the pandemic. Prices on international commodity markets rose from US\$238.16/metric tonne in December 2019, to US\$388.50/metric tonne in December 2020, and US\$954/metric tonne in April 2021 (Baffes and Chian Koh 2022)

⁵ As part of its work on the impact of the pandemic on informal workers, the WIEGO network also commissioned analyses of recent national labor force data in Brazil, Chile, El Salvador, Mexico and Peru (Chen and Vanek forthcoming); and undertook a separate analysis of South African data on employment losses and gains during Covid-19 (Rogan and Skinner forthcoming).

⁶ Globally, according to figures from 2012, informal employment is a greater source of employment for men (63%) than for women (58.1%); but in India, a higher proportion (90%) of women were in informal employment than men (87.7%) (ILO 2018).

⁷ National Time Use Survey (1998–99): <http://www.microdata.gov.in/nada43/index.php/catalog/140>

⁸ See <https://www.chronicpovertynetwork.org/covid-19> for multi-country insights from CPAN's PMI.

⁹ A World Bank study (Braga *et al.* 2011) found that emerging markets could expect a loss of annual real growth of 0.02 per cent for each percentage point over a 64 per cent debt-to-GDP ratio.

¹⁰ The term was coined by economist Milton Friedman and refers to a central bank giving money directly to households, rather than routing it via banks or the government. People are likely to spend the money, stimulating economic activity and increasing aggregate demand. This approach has been discussed as a potential tool to address deep economic crises, but has been rarely implemented.

¹¹ The Central Board of Indirect Taxes and Customs.

¹² Providing assistance to eligible rural households (under the Pradhan Mantri Awaas Yojana-Gramin programme) to construct 29.5m ‘pucca houses’ (solidly built with bricks, tile or concrete floors and tile or tin roofing) with basic amenities.

¹³ Boosting the construction of rural roads under the Pradhan Mantri Gram Sadak Yojana programme and building 25,943km of road in 2020–21.

¹⁴ The Shyama Prasad Mukherji Rurban Mission invested in 300 peri-urban growth poles, boosting investment, increasing economic activities included in the programme and seeking to improve programme implementation.

¹⁵ Deendayal Antyodaya Yojana–National Rural Livelihoods Mission (DAY-NRLM) aims to reduce poverty by organising the poor rural women into self-help groups and enabling them to access credit from the formal banking sector to invest in productive assets and micro-enterprises.

¹⁶ Targeting errors were widespread during the pandemic. In India, urban migrants were excluded from beneficiary lists, which were based on ration card holders, because they had no official residence in the city in which they lived. Extremely poor people, without homes or permanent residence, were also excluded.

¹⁷ <https://rural.nic.in/en/press-release/garib-kalyan-rojgar-abhiyan>

¹⁸ <https://www.india.gov.in/spotlight/pradhan-mantri-rojgar-protsohan-yojana-pmmpy>

¹⁹ <https://labour.gov.in/brief-note-abry>

Chapter 6

¹ Although the student response rate for participating in MILO was lower in Burkina Faso (84%, compared with 93–98% in other countries), the increase in achievement in the country was not accounted for by changing wealth between 2019 and 2021 (UNESCO Institute for Statistics 2022).

Chapter 7

¹ Note: this is an adaptation of working ‘in’ and ‘on’ conflict as argued in Diwakar *et al.* (2020), drawing on GIZ’s framing of the poverty-conflict interplay, and as elaborated in Diwakar, (2023) to polycrisis.

² The Integrated Food Security Phase Classification has the following categories of food insecurity: (1) minimal/none; (2) stressed; (3) crisis; (4) emergency; and (5) catastrophe/famine (IPC n.d.).



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