

**PANDEMIC PERSPECTIVES:  
WHY DIFFERENT VOICES AND VIEWS MATTER**



# IDS Bulletin

**Transforming Development Knowledge**

**IDS Bulletin** The Institute of Development Studies (IDS) delivers world-class research, learning, and teaching that transforms the knowledge, action, and leadership needed for more equitable and sustainable development globally. The *IDS Bulletin* is an open access, peer-review journal exploring emerging international development challenges. It is published in four issues per year and is the flagship publication of IDS. The *IDS Bulletin* aims to transform development knowledge through its unique thematic issues developed by global learning partnerships that bridge academic, practice, and policy discourse.

**Publishing Manager/Bulletin Editorial Coordinator**

Alison Norwood

**Production Editor** Beth Richard

**Marketing and Production Officer** Gary Edwards

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**Advertising enquiries** Gary Edwards, Marketing and Production Officer, IDS Communications and Engagement Unit, [idsbulletin@ids.ac.uk](mailto:idsbulletin@ids.ac.uk)

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# IDS Bulletin

Transforming Development Knowledge

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# Notes on Contributors

**Wajahat Afzal** is a graduate from Lahore University of Management Sciences and is currently pursuing a master's degree in Instructional Technology and Media from Teacher's College, Columbia University, USA. Wajahat specialises in designing and testing innovative pedagogical practices and conducting research and evaluation of educational programmes.

**Susana Araujo** is a Research Officer at the Institute of Development Studies, UK, working on projects related to governance, gender, and politics. She is currently doing her PhD on the politics of backlash and the dynamics of movements and counter-movements around gender equality in Peru. Previously, she worked as a Technical Advisor for UN Women and as a projects officer for the Spanish Agency for International Development Cooperation. Susana is a governance and gender specialist with over 16 years' experience in Latin America within the international development sector, working with multi- and bilateral agencies as well as civil society organisations.

**Shukria Azadmanesh** is a Research Officer at the Kabul-based Afghanistan Research and Evaluation Unit (AREU). She has a BA in English Language and Literature and is pursuing an MA in International Law. Shukria has been working in research since 2009. She has also worked as the coordinator of a women's leadership development programme. Shukria is AREU's focal point for gender-related projects and has worked on transitional justice, girls' education, child migration, the political economy of education, health service delivery, violence against women in elections, women's political participation, and livelihood-related projects. She has co-authored several research papers, taken part in many research projects, and led research projects as a local researcher.

**Lena Morgon Banks** is an Assistant Professor with the International Centre for Evidence in Disability (ICED) at the London School of Hygiene & Tropical Medicine. Her primary research focus is on disability, poverty, and social protection. She is a mixed methods researcher who has worked on a number of projects on disability, including the Foreign, Commonwealth & Development Office (FCDO)-funded Programme for Evidence to Inform Disability Action (PENDA), which is evaluating several interventions that aim to improve the wellbeing of people with disabilities in low- and middle-income countries.

**Bradley Carpenter** is a scientist working in the Gender and Health Research Unit at the South African Medical Research Council. He has an MA in Research Psychology from the University of the

Western Cape and is currently completing his PhD. His interests include research design, analysis techniques, disability, mental health, and individualised treatment.

**Estefanía Charvet** is Head of Programmes at Southern Voice where she oversees the implementation of research projects. Before joining Southern Voice, Estefanía worked for research organisations and thinktanks in South America and Europe. She was responsible for conducting research on political inclusion, gender, participation, and accountability. Estefanía has an MA in Development Studies from the Graduate Institute, Geneva and a BA in Economics from the Pontifical Catholic University of Ecuador.

**Deeptha Chopra** is a feminist social scientist, leading the work of the Institute of Development Studies (IDS) on women's empowerment and unpaid care. Her research interests focus on gendered political economy analysis of policies for the empowerment of women and girls, and its core links with unpaid care work. She has developed and implemented several research projects on social protection and economic empowerment of women and girls, with a focus on South Asia. Deeptha has extensive experience of research with informal women workers and poor women in rural areas through qualitative research design and methodologies.

**Amanda Clyde** is a Research Technologist at the Gender and Health Research Unit at the South African Medical Research Council. She is a Research Assistant for the Forgotten Agenda study which focuses on sexual and reproductive health and rights for young women with disabilities under the Covid-19 pandemic. She particularly focused on the participants who were deaf and conducted interviews using sign language. Previously Amanda studied sign language and later worked for the iCAN Corporate Disability Solutions institution in Durban where she taught deaf students. Her focus was teaching business practice which was taught in full sign language.

**Arjan de Haan** is Senior Program Specialist at Canada's International Development Research Centre (IDRC), based in Ottawa. His current work focuses on supporting Southern-based research that integrates climate and gender equity considerations into policy analysis, in response to the Covid-19 pandemic, and for sustained recoveries and transitions to low-carbon economies. He previously led the IDRC Growth and Economic Opportunities for Women (GrOW) project on women's economic empowerment, and published and taught on social policy in development contexts, labour migration, social inequalities, and the 'aid industry'.

**Vidya Diwakar** is a mixed methods researcher with over a decade of experience working in universities and thinktanks, most recently with the Chronic Poverty Advisory Network. Her research focuses on gender-disaggregated drivers of sustained escapes from



poverty, and the role of armed conflict and fragility in creating poverty traps. Vidya has authored and reviewed a range of reports, book chapters, and journal articles on these topics, and led large multi-partner policy-oriented research and evaluation projects on poverty dynamics in South Asia, Southeast Asia, and Eastern and Western Africa for international agencies.

**Kristin Dunkle** is a Chief Specialist Scientist in the Gender and Health Research Unit at the South African Medical Research Council. She is a social epidemiologist who has been working on gender-based violence and health for over 20 years, and has published widely on connections between intimate partner violence and HIV among both women and men; links between gender-based violence, transactional sex, and poverty; intimate partner violence; sexual violence and health among men who have sex with men (MSM), and others in LGBTQIA communities.

**Stanley Dzimadzi** is Community Data for Change Officer at the non-profit organisation Centre for Community Organization and Development (CCODE) Malawi.

**Max Gallien** is a Research Fellow at the Institute of Development Studies, UK and a Fellow at the International Centre for Tax and Development (ICTD), UK. He is a political scientist specialising in the politics of informal and illegal economies, the political economy of development, and the modern politics of the Middle East and North Africa.

**John Ganle** is a Senior Lecturer at the University of Ghana. His research combines social science and public health theories and methods to examine topics including disability, sexuality, and reproductive health.

**Ihsanullah Ghafoori** works as a Research Manager at the Kabul-based Afghanistan Research and Evaluation Unit (AREU). He has a BA in Islamic Studies from Peshawar and a BA in Law and Political Science from Rana University, Kabul. He has extensive experience in the field of qualitative and quantitative research. Ihsanullah has played an active role in livelihood trajectories, local governance, and urban governance at AREU. His research has contributed to a water management study under the theme of natural resource management. He has also co-authored several studies and contributed to many research programmes.

**Shaffa Hameed** is an Assistant Professor at the International Centre for Evidence in Disability (ICED) at the London School of Hygiene & Tropical Medicine. She is a qualitative researcher who has worked on capturing the in-depth experiences of people with disabilities in low- and middle-income countries including Maldives and Turkey. Her interests also include the sexual and reproductive health and rights of people with disabilities in low- and middle-income countries.

**Jill Hanass-Hancock** is a Senior Specialist Scientist at the South African Medical Research Council. Her work is focused on the sexual and reproductive health and rights of vulnerable populations in Southern Africa including women, youth and adolescents, and people with disabilities. Jill is best known for her contributions to the understanding of the sexual and reproductive health needs of people with disabilities using a variety of research approaches including ethnography, epidemiology, situation and policy analysis techniques, and the development, piloting, and evaluation of several tailored interventions in the health and education sector.

**Lopita Huq** studied cultural anthropology at the New School for Social Research, New York and political studies at Jawaharlal Nehru University, India. She is a Research Fellow at BRAC Institute of Governance and Development (BIGD), BRAC University. She conducts qualitative research on norms and practices related to women's work, marriage, education, adolescence, sexual harassment, and disabilities. Her interests include digitalisation, grass-roots mobilisation, citizenship, and rights. She also engages with the audiovisual medium. Her recent publications include *Material Barriers, Cultural Boundaries: A Mixed-Methods Analysis of Gender and Labour Market Segmentation in Bangladesh* (UNU-WIDER Working Paper 2021-69, co-authored with Naila Kabeer and M.M. Rahaman).

**Zeynep İlkurşun** is a psychologist and sociologist, and currently an MA student in Koç University's Clinical Psychology Programme, Istanbul. She is particularly interested in psychological trauma and the mental health of vulnerable populations. She was involved in two Horizon 2020-funded projects which are the RE-DEFINE project and the STRENGTHS project as a research assistant. She is currently working as a researcher in the Turkey site of the Covid Collective Covid-19 & Disability study.

**Takeemah Inglis-Jassiem** is a physiotherapist with a keen interest and experience in the rehabilitation of neurological dysfunction. She is enrolled as a PhD candidate and has received funding from the South African National Research Foundation and the South African Medical Research Council (Bongani Mayosi National Health Scholars Programme). Her PhD project investigates technology to enhance contextually relevant stroke care in South Africa. She is a part-time researcher in the Department of Health and Rehabilitation Sciences at Stellenbosch University, which investigates rehabilitation in Africa. She is one of the contributors to the book entitled, *Collaborative Capacity Development to Complement Stroke Rehabilitation in Africa* (2020, AOSIS).

**Nusrat Jahan** leads the knowledge management team at the BRAC Institute of Governance and Development (BIGD), BRAC University, develops and implements communication strategies for effective stakeholder engagement, and oversees the



quality of BIGD's external communication. Before joining BIGD, Nusrat worked as a Research Coordinator at the Bangladesh office of Innovations for Poverty Action (IPA) for three years and was involved with fundraising, advocacy, and research communication. Previously, she worked for five years with Traidcraft Exchange – a UK-based charity – as a Programme Manager. Nusrat has an MA in Public Administration–Development Practice from the School of International and Public Affairs (SIPA), Columbia University, USA.

**Umair Javed** is Assistant Professor in Politics and Sociology at the Lahore University of Management Sciences (LUMS) and a Research Fellow at the Mahbub-ul-Haq Research Centre (MHRC), Pakistan. His research focuses on informality, social transformation, and politics and development in urban South Asia.

**Salman Khan** is a PhD candidate in the Department of Sociology at Durham University, UK. He was previously Research Associate at the Mahbub-ul-Haq Research Centre (MHRC) at the Lahore University of Management Sciences (LUMS). His research seeks to ethnographically investigate the interaction of microbial disease (e.g. Covid-19, flu) and chronic disease (i.e. comorbidities) in the 'at risk', multi-ethnic population of cab drivers in the UK.

**Rifat Shahpar Khan** studied literature at the University of Dhaka, Bangladesh. She is a Research Coordinator at BRAC Institute of Governance and Development (BIGD), BRAC University. Her areas of interest include disability and rights, child safeguarding, social inclusion, inclusive education, gender transformative programming, public health, child labour, and policy advocacy. She has experience in both qualitative and quantitative research. Previously, she worked at Sightsavers, AusAID (Dhaka), Humanity & Inclusion, and ActionAid. She co-authored *Defining Disability: A Guideline for Medical Doctors and Primary Health Care Workforce* (2019, Non-Communicable Disease Control Programme, Directorate General of Health Services, Bangladesh).

**Shandana Khan Mohmand** is a social scientist in the Governance cluster at the Institute of Development Studies, UK. Her main area of research is the political economy of public policy and service delivery, focused mainly on empirical analyses of democratisation, local politics, and informal institutions. Her research has increasingly focused on the relationship between political participation, inequality, and accountability. She has contributed to both policy and social science research, using varied methodological strategies to investigate these issues in South Asia, the Western Balkans, and sub-Saharan Africa.

**Paul Knipe** is Director of Consultancy, Impact and Influence at INTRAC. His interests include knowledge brokering, accompanied learning, and locally led approaches to influence policymaking and strengthen civil society. Before joining INTRAC, Paul ran

research, knowledge translation, and learning initiatives at the Institute of Development Studies, including the Knowledge, Evidence and Learning for Development programme (K4D). He worked in Myanmar and Sri Lanka for seven years as a VSO volunteer, as Country Representative with Democracy Reporting International, and as Deputy Officer-in-Charge at Myanmar Institute for Integrated Development.

**Kate Lines** is an independent research and communications consultant based in Copenhagen, Denmark. She has a background in urban development planning and management and is an Honorary Research Fellow at the Global Development Institute, University of Manchester, UK. Her research interests relate to pro-poor urban development and she has collaborated with Slum Dwellers International (SDI) affiliates for several years to explore the ways in which professional communication and documentation can add value to the work of grass-roots urban social movements.

**Mercilene Machisa** focuses on gender-based violence (GBV) in Southern Africa. She has led GBV surveys and qualitative sub-studies in six countries; evaluated the health sector and criminal justice response to sexual violence in South Africa; elucidated the complex structural pathways and intersections between mental ill-health and GBV in Gauteng, South Africa; and conducted formative research, developed, and piloted the Ntombi Vimbela!, a sexual violence risk reduction intervention in South African Higher Education settings. As an honorary lecturer at the University of Witwatersrand's School of Public Health, she supports postgraduate students in conducting GBV and sexual and reproductive health and rights research.

**Imran Matin** is the Executive Director of the BRAC Institute of Governance and Development (BIGD), a research and postgraduate education institute at BRAC University. He leads BIGD with a mission to generate high-quality evidence and insights based on field research on governance and development challenges and interventions. Prior to his current role, he worked with BRAC, Save the Children International, and Innovations for Poverty Action (IPA). Imran has a PhD in Economics from the University of Sussex, UK.

**Diana Mitlin** is Professor of Global Urbanism at the Global Development Institute, University of Manchester, UK. She is also Research Associate at the International Institute for Environment and Development (IIED), and editor of IIED's journal, *Environment and Urbanization*. From 2020, Diana has been CEO of the Foreign, Commonwealth & Development Office (FCDO)-funded African Cities Research Consortium.

**Nomfundo Mthethwa** is a Research Technologist at the South African Medical Research Council and has an MA in Medical Science. Her work focuses on disability, sexual and reproductive

health and rights (SRHR), and gender-based violence. Nomfundo is a project coordinator of the Breaking the Silence Intervention, a project which focuses on access to SRHR for people with disabilities, and includes an evidence-informed curriculum innovation approach to enable educators to provide comprehensive sexuality education in accessible formats. She is also involved the Forgotten Agenda study focusing on young women with disabilities under Covid-19.

**Patience Mudimu-Matsangaise** is Executive Director of Dialogue on Shelter Trust, a non-governmental organisation in Zimbabwe that works in partnership with networks of urban and peri-urban communities in informal settlements. The partnership is an affiliate of Slum Dwellers International (SDI), a transnational network of slum dwellers federations centred around the urban poor in 33 countries and over 200 cities across the global South. The focus of the partnership is to create inclusive communities and cities through supporting social cohesion among marginalised communities. Patience anchors her current work on experience gained in urban development work in Zimbabwe in different capacities over the past 20 years.

**Orzala Nemat** is an internationally known Afghan scholar and thinktank leader. She is an expert in political ethnography, with a PhD in Development Studies from the School of Oriental and African Studies (SOAS), London and an MSc in Development Planning from University College London (UCL). Orzala has over two decades of experience in development practice, activism, women's rights, and research and leads the Kabul-based Afghanistan Research and Evaluation Unit (AREU), Afghanistan's top research thinktank in the Central Asia region and Afghanistan. She provides regular analysis through her writings, talks, media appearances, and scholarly work on conflict, development, and gender.

**Ayanda Nzuzo** is a Research Technologist at the Gender and Health Research Unit at the South African Medical Research Council. She is Project Coordinator for the Forgotten Agenda study which focuses on sexual and reproductive health and rights for young women with and without disabilities under the Covid-19 pandemic. She has an honours degree in Public Policy and a junior degree in Industrial Psychology and Sociology. Previously, Ayanda coordinated the HIV Vaccine Trials Network (HVTN) Initiatives Programme which focused on understanding social and motivational factors of participating in HIV vaccine and monoclonal antibody trials in KwaZulu-Natal. She is a co-author of several publications.

**Andrea Ordóñez** is Director of Southern Voice, a network of 59 thinktanks from Africa, Latin America and the Caribbean, and Asia, leveraging Southern evidence and analysis to promote fair global development debates. An economist by training, Andrea was previously Research Director at Grupo FARO, a

thinktank in Ecuador. Her main research interests are social policy, public finance, financing for development, and international cooperation. Her aim is to ensure that new voices and ideas from the global South are heard across regions.

**Maha Noor Qureshi** is a graduate of the Lahore University of Management Sciences (LUMS). She completed her BSc in Anthropology and Sociology in 2020. Maha is currently working as a Research Assistant at the Mahbub-ul-Haq Research Centre (MHRC), Lahore, Pakistan.

**Atiya Rahman** is an Associate Research Fellow with six years' experience in evaluating development interventions, including BRAC's flagship programmes – the Ultra-Poor Graduation Programme, Skill Development Programme, and Urban Development Programme. She was involved with experimental research to evaluate BRAC's graduation approaches towards poverty alleviation and quasi-experimental research to assess the impact of entrepreneurship or skills training. She has published in peer-reviewed journals based on her research on BRAC programmes, including *Enterprise, Development & Microfinance*, and *Review of Development Economics*. She has also published working papers, reports, newspaper articles, and blogs. She is currently pursuing her PhD at the University of East Anglia, UK.

**Hossain Zillur Rahman** has an MA in Economics (Dhaka University), a PhD in Political Sociology (Manchester University, UK), and is Founder-Chairman of the Power and Participation Research Centre (PPRC), Dhaka, Bangladesh. He was Lead Consultant on the government's poverty reduction strategy (2005), a member of the Independent South Asian Commission on Poverty Alleviation (2003–06), and Commerce and Education Advisor (cabinet minister) in the Caretaker Government of Bangladesh (2007–08). He is currently Chairperson, BRAC Bangladesh. He is also the co-author of *Rethinking Rural Poverty* (1995, SAGE) and *Social Protection in Bangladesh* (2014, University Press).

**Vinodkumar Rao** works at the Society for the Promotion of Area Resource Centres (SPARC), a non-governmental organisation based in India committed to supporting slum dwellers against forced evictions and grass-roots organisation of women from cities in India. Vinodkumar's work and that of SPARC involves undertaking research and action around issues faced by the urban poor living and working in informality. Together, the network pushes for action by governments to address issues of the urban poor, primarily around rightful access to safe habitats and public services.

**Emma Sanchez-Swaren** was a Program Officer with the Democratic and Inclusive Governance Division of Canada's International Development Research Centre (IDRC). Her work has focused on promoting gender equity, particularly in contexts

affected by conflict and migration, and on positioning research for uptake. She continues to work on issues of moving evidence to impact.

**Junior Alves Sebbanja** is Project Manager for the Kampala Jinja Expressway – No One Worse Off project at ACTogether Uganda, which is funded by the African Development Bank and European Union through the Cities Alliance. He has a BA in Urban and Regional Planning from Makerere University, Uganda. Previously, Junior worked with urban planning consultancy firms before moving into the civil society organisation workspace through the Shack/Slum Dwellers International (SDI) network. His interests in work lie in urban design, urban and regional planning, community-based project planning and management.

**Queen Seketi** is a PhD student at the University of Zambia. She has a BA in Development Studies and an MA in Public Health (MPH) in Population Studies from the University of Zambia. A former National United Nations Volunteer, now working under the Local Government Service Commission, she has more than 15 years' experience in the HIV and AIDS sector, to plan, build capacity, and facilitate multisectoral responses to HIV and AIDS at district level. Her PhD research will focus on the Covid-19 and disability nexus.

**Tom Shakespeare** is Professor of Disability Research at the London School of Hygiene & Tropical Medicine and co-director of the International Centre for Evidence in Disability (ICED). He was formerly in the Disability and Rehabilitation team at the World Health Organization where he contributed to the *World Report on Disability* (2011, WHO), and, among other publications, is author of *Disability Rights and Wrongs* (2006, Routledge).

**Tracey Smythe** is a physiotherapist and epidemiologist at the London School of Hygiene & Tropical Medicine. Her mixed methods (quantitative and qualitative) research portfolio advances knowledge on developing and testing interventions to improve the health and wellbeing of people with disabilities. She has a particular interest in providing evidence to inform interventions for children with disabilities and their families in resource-constrained settings.

**Shafaq Sohail** is currently pursuing a PhD in Anthropology at the University of Texas in Austin, USA. She completed her undergraduate degree in Anthropology and Sociology from the Lahore University of Management Sciences (LUMS) in 2019.

**Peter Taylor** is Director of Research at the Institute of Development Studies, UK. Previously he was lead on strategy development and the Think Tank Initiative, at the International Development Research Centre (IDRC), Canada; an IDS Research Fellow; Education Technical Advisor with Helvetas, Vietnam; Lecturer in Agricultural Education at the University of Reading;

and Head of Agriculture in a rural secondary school, Botswana. His research interests are organisational development and capacity strengthening, evaluation, and participatory and social change processes. As Programme Lead of the Covid Collective, he co-edited a 2021 *IDS Bulletin* on 'Building a Better World: The Crisis and Opportunity of Covid-19'.

**Shailaja Tetali** has been an Associate Professor with the Public Health Foundation of India, Indian Institute of Public Health-Hyderabad (PHFI-IIPH) since 2009. She has a PhD (London School of Hygiene & Tropical Medicine) and is a physician, with an MA in Safety Promotion and Injury Prevention (Karolinska Institute, Sweden) and an MA in Public Health (Sree Chitra Tirunal Institute for Medical Sciences and Technology, Kerala). Her interests encompass injury and disability prevention in adults and children. She has been the principal investigator (PI) and co-PI of numerous research projects, with national and international collaborators, and enjoys teaching, training, and mentoring in public health.

**Vanessa van den Boogaard** is a Research Fellow at the International Centre for Tax and Development (ICTD) and a Senior Research Associate at the University of Toronto. She is a political scientist specialising in the politics of taxation and informal institutions and the political economy of informality and development.

**Nicholas Watson** is Chair of Disability Studies and Director of the Centre for Disability Research in the School of Social and Political Sciences at the University of Glasgow, UK. His recent work includes research on disability hate crime, the experiences of disabled people in the criminal justice system, transition for young disabled people, and welfare reform. He is co-editor of the *Routledge Handbook of Disability Research* (2019) and is an active member of the disabled people's movement.

**Jane Wilbur** (PhD) is a Research Fellow at the International Centre for Evidence in Disability (ICED) at the London School of Hygiene & Tropical Medicine, focusing on disability, and water, sanitation, and hygiene (WASH). Jane's doctoral research aimed to investigate the barriers to menstrual hygiene management (MHM) that people with disabilities face, to develop an MHM behaviour change intervention for young people with intellectual disabilities in Nepal, and assess its feasibility. Jane has worked in East and Southern Africa, South Asia, and the Pacific Islands. She has extensive experience in research, designing, implementing, and evaluating inclusive WASH programmes, as well as disseminating research to influence policy and practice.

**Samantha Willan** is a gender-based violence (GBV) researcher and Capacity Development Specialist at the Gender and Health Research Unit at the South African Medical Research Council. Her research focuses on understanding the experiences

of young women in contexts of heightened poverty, patriarchy, and violence, including the role of agency in informing and shifting women's experiences, exploring rape survivors' notions of shame, self-blame, and self-stigma, femininities, GBV, sexual and reproductive health and rights, and adolescents and young women, improving post-rape care as well as pathways to change. She has a PhD in Public Health from the University of KwaZulu-Natal, South Africa.

**Happiness Zidana** is Learning, Compliance and Quality Assurance Officer at the non-profit organisation Centre for Community Organization and Development (CCODE) Malawi.



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# Introduction: Pandemic Perspectives – Doing Research Differently During Covid-19\*

Peter Taylor<sup>1</sup> and Paul Knipe<sup>2</sup>

**Abstract** This article situates, against the backdrop of the Covid-19 crisis and the many systemic inequalities the pandemic has highlighted, challenges and opportunities for researchers and commissioners of research. It provides examples from social science research of how researchers have demonstrated agility and adaptation during the pandemic in a range of contexts. It summarises findings and lessons around access and engagement, consent, ethics and incentives, and power and perspectives. It concludes that research supported by the Covid Collective is providing useful insights for doing research differently, which in turn provides real hope for research to help transform knowledge and transform lives.

**Keywords** Covid-19 pandemic, social sciences, Covid Collective, research, research funding and commissioning, research ethics, power relations, research methods, knowledge ecosystems, research innovation.

## 1 Introduction

The Covid-19 pandemic is a prime example of a universal, or international, challenge (Leach *et al.* 2020). The pandemic is highlighting the world's vulnerability to epidemics and infectious diseases, and the limited capacities for effective preparedness and response (Borgonovi *et al.* 2021). The disease and subsequent public health measures are having dramatic impacts on livelihoods, economies, and societies, with negative effects on those who are already poor and marginalised. It has laid bare systemic inequalities and injustices and raised questions of accountability, governance, and state–society relations.

Responding effectively to the Covid-19 crisis and in ways that address systemic inequalities in the longer term (Taylor and McCarthy 2021), however, raises many challenges – and opportunities – for researchers and commissioners of research.

This *IDS Bulletin* draws on experiences from social science research projects around the world supported by the Covid Collective<sup>3</sup> and provides concrete examples of how researchers have demonstrated agility and adaptation in a range of contexts. It offers insights and lessons for research, conceptually and practically, and provides potential directions for policy and decision-making around research prioritisation, funding, and support. Its aim is primarily to frame, explore, and conceptualise the challenge and opportunity of 'doing development research differently' during the Covid-19 pandemic.

This article introduces and illustrates the research challenges and opportunities arising from doing development research differently. It presents a summary of insights and lessons from emerging literature and the articles in this *IDS Bulletin*, such as lessons around access and engagement, consent, ethics and incentives, and power and perspectives. It indicates how Covid Collective projects are providing useful learning for doing research differently, relevant to researchers as well as commissioners of research, and offers concluding thoughts as a bridge to the articles that follow.

## **2 Doing development research differently – the importance of social sciences and the role of the Covid Collective**

Research is helping to illuminate the multidimensional challenges of the pandemic and providing evidence about responses and potential ways forward. Medical sciences have played a hugely important role in the development of Covid-19 vaccines, epidemiology and the design of public health responses, and diagnostics and treatments. Fundamentally, however, all responses to the pandemic are social, even those that appear to be narrowly medical; social contexts and issues are always implicated. This is why social science is needed to inform all responses, even though those designing policy responses have not always listened to the evidence provided by social science research (Cairney 2021).

As the pandemic has continued, researchers have engaged in research from across the social sciences and arts and humanities, in the UK and internationally, complementing and often intersecting with the goals of important medical research. They have worked creatively, collectively, and collaboratively to ensure that co-created knowledge and evidence is made available to policymakers and practitioners. Undertaking research during such a turbulent period, often in very challenging contexts, has led to innovation and fresh approaches, incorporating different disciplines and a variety of perspectives.

Launched in October 2020, the Covid Collective sought to address emerging social science questions and needs arising in relation to the pandemic. Bringing together initially the expertise of eight partner organisations and coordinated by

the Institute of Development Studies (IDS), the Collective, an initiative developed by IDS and the UK Foreign, Commonwealth & Development Office's (FCDO) Research and Evidence Division, involves 28 partners and supports 56 projects in 34 countries in South America, the Middle East, Africa, and South and Southeast Asia. The Collective focuses on governance, social development and inclusion, conflict, and humanitarian thematic areas, and has two main aims: (1) to demonstrate the enhanced benefits of co-generation of research and evidence addressing the challenges of Covid-19 through a coordinated network of research organisations; and (2) to support evidence-informed action through knowledge curation, learning, and strategic communication.

The Collective has helped to forge new, effective solidarities, relationships, and collective action which can help tackle global development challenges. Its projects address a wide array of issues including, for example, the impact of Covid-19 on poverty; vaccine distribution and uptake; the life experiences of people who are marginalised through disability, exclusion, and displacement; and on the multiple ways in which communities, citizens, and policy actors have responded to the pandemic. Many of its findings are reflecting what is happening in real time in different contexts, whilst projects are also highlighting lessons and directions for mid- and longer-term responses that may help to transform the structural inequalities that have contributed to such a negative impact on people's lives.

Evidence has been generated about resilience in the midst of a pandemic, including new learning on factors that have helped determine more or less effective responses: for example, openness and trust in public authorities; recognition and empowerment of local authority and collectives; and about how social, political, and economic contexts shape what works well, why, and for whom. Projects are identifying and supporting processes of rights-claiming, as citizens are finding ways to gain new rights, as well as emerging citizen-state relations, and ways to promote greater transparency and accountability. It is also generating learning on how to tackle interconnected global challenges (e.g. climate change and biodiversity, poverty and inequalities, gender justice) in socially just ways. Fundamentally, its research seeks to provide evidence that supports transformations in perspective, worldview, and practice – including universality and mutual learning, and a genuine integration of social science within the evidence-informed policy landscape.

In addition to evidence and data on the impact of Covid-19, the projects are providing important findings on how social science research is itself evolving and adapting in the face of both challenges and opportunities. This *IDS Bulletin* highlights examples of what is being learned about processes of research; how researchers are doing research differently; and why this

matters. Its articles describe methodological innovation, and even transformative shifts in relationships between different actors involved in the research process. Each article approaches a different dimension of research, anchors its debate in relevant literature, provides real-life examples of the issues in concrete settings, and includes implications and recommendations for policy and practice. Its contributors are located mainly within the projects that the Covid Collective supports, with the addition also of a perspective from a funder that commissions research.

This *IDS Bulletin* asks and attempts to answer questions about the extent to which the pandemic is causing researchers, and those who support research, to revisit their understanding of 'how research is done', and why. It also explores how doing research differently is having an impact on generating rapid, useful, and credible findings. It considers what is being learned about approaches to research which may challenge existing assumptions about concepts and research methods, about engagement with actors and audiences, and about the value, use, and nature of evidence itself. Several articles reflect on what is being learned about changes in power and perspectives whereby contextual, structural, and intellectual norms are changing and potentially rebalancing knowledge asymmetries between the global South and North, and the extent to which the pandemic has catalysed changes to research commissioning and design. From these lessons, it considers the longer-term outlook of the impact of changes on established research approaches.

### **3 Doing research differently in context: challenges and opportunities from the literature**

The pandemic's lockdowns, border closures, and social distancing restrictions severely affected established research practice. Strategic challenges around the commissioning, design, and leadership of research quickly emerged, along with the logistical challenges of identifying and accessing participants, incentivising research, ethics, and safeguarding, especially among the most marginalised and vulnerable. In response, researchers and commissioners were forced to re-evaluate and adapt. Examples are emerging in the literature of practical and innovative solutions with a greater role for digital technology, flexible funding, and leadership by researchers in the global South (Strachan 2021; Araujo *et al.*, this *IDS Bulletin* and de Haan and Sanchez-Swaren, this *IDS Bulletin*). The success of these solutions indicates their benefit to research approaches beyond Covid-19, and their contribution to broader development research debates around decentralised decision-making, equitable partnerships, and climate sensitivity (Amarante *et al.* 2021; Hall and Tandon 2017; Strachan 2021; Howard and Roberts 2020).

### 3.1 Access and engagement

One of the biggest research challenges has been how to identify and access participants remotely due to restrictions on face-to-face interaction. As well as finding alternative ways to identify participants and undertake sampling, research strategies have also quickly adapted to remote approaches to undertake the research itself, primarily by telephone and online (Hall, Gaved and Sargent 2021), enabling data collection to continue despite lockdowns and distancing. Positive experiences for participants are emerging, for example among people living in poverty who own telephones, indicating potential mainstreaming of the approach in the longer term (Rahman *et al.*, this *IDS Bulletin*). Yet remote approaches can miss participants that do not have access to telephones and the internet, and can lead to ethical and safeguarding issues around safe spaces and data confidentiality. These issues disproportionately affect the most vulnerable and marginalised and are exacerbated in fragile, conflict, and authoritarian situations (UNCTAD 2020; Howard and Roberts 2020; Birchall 2021; Araujo *et al.*, this *IDS Bulletin*).

A number of approaches have been taken to overcome these issues and ensure that vulnerable voices are safely included in remote research. Researchers have used a range of channels (WhatsApp, Line, Facebook, WeChat, etc.), text messages, a cluster of phone numbers around a participant (the participant's spouse, close friends, etc.) to increase ways and success of contact, computer-assisted telephone interviews (where trained interviewers conduct live calls and can support longer questionnaires than other approaches), interactive voice response (a pre-recorded voice system to ask questions), and multimodal platforms (Strachan 2021). The benefits of remote approaches to participation have been noted in the literature, such as text-based focus groups offering greater confidentiality and being used to discuss sensitive topics, audio diaries helping participants to describe and reflect on their experiences, and video conferencing allowing participants to feel more comfortable in their familiar surroundings (Lenhardt 2021; Hall *et al.* 2021).

The range of technical approaches used as research methods which have evolved during the pandemic has underpinned innovative ways to ensure that vulnerable voices are safely included in remote research. For example, to ensure the active participation of people with disabilities, researchers turned to multiple channels (text, email, etc.), trained trusted friends and local authorities such as teachers to take telephone calls and interpret them for the participant, encouraged participants to draw their responses on paper and send them, and ensured that these approaches met with existing standards for disability-inclusive research through trained data collectors, accessible materials, and appropriate safeguards (Banks *et al.* 2021, this *IDS Bulletin*).

### 3.2 Informed consent, ethics, and incentives

In their article, Banks *et al.* (this *IDS Bulletin*) note that evolving research and knowledge-sharing approaches should incorporate advances made pre-pandemic in inclusive, ethical research practice and principles appropriate for vulnerable groups (for example disability-inclusive research). They also observe that emerging lessons on issues of consent and ethics should complement, and in some cases enhance, existing approaches, taking as an example that choosing remote approaches during the pandemic has required adaptations to informed consent processes. The same review of disability-inclusive research found many ethics boards authorising oral responses over written ones, or permitting written consent through other means such as WhatsApp. Researchers have also turned to video dialogues to obtain consent (Strachan 2021).

Remote research can lead to ethical and safeguarding challenges. How to ascertain safety and privacy, especially if researching sensitive topics? Marginalised groups, such as women in some contexts, may be put in dangerous situations without the safeguards of in-person approaches. Examples arise in the literature of women being exposed to increased risk as a result of prolonged interaction on the telephone, or if found to be discussing sensitive topics such as sexual health or politics. The literature highlights that robust safeguarding and risk analysis for remote work is essential, and that the work should not go ahead if the risks to individuals are too great (Mani and Barooah 2020; UN Women 2020; Strachan 2021).

The issue of financial incentives for research participants has also been raised in the literature, given that the pandemic has led to lost livelihoods. There are wider sets of questions around this research issue, with implications for compensation of participants in all types of research in any context. Several Covid Collective projects have highlighted the expansion of using telephones in conducting research during the pandemic for very practical reasons, as some of the articles in this *IDS Bulletin* describe. Researchers have been grappling with questions over whether participants should be compensated for their time, telephone, and data use, and if so, how this can be done remotely. Researchers have found ways to overcome this as telephone use has increased by including mobile money services and reloadable debit cards, the latter being sent to participants and loaded once receipt has been confirmed (Mani and Barooah 2020; Strachan 2021).

### 3.3 Shifts in power and perspectives

Given the restrictions in international travel, the pandemic has opened up space (online and in-person when circumstances have allowed) for researchers to interact. One outcome of the availability of more effective communication platforms (Zoom, Microsoft Teams, WhatsApp) has enabled researchers, and



indeed those with whom they engage, to be better connected than previously. Rather than gathering for meetings and workshops which consumes resources (time, money, carbon emissions), research teams have been able to communicate and engage across time and space. This has meant enhanced opportunities for Southern-based researchers to interact with both Northern and Southern partners; it increases the potential for researchers in the global South to 'enter' research contexts in the global North. Positive experiences of online collaboration are emerging, with online etiquette and chat functions allowing a broader range of voices and perspectives to be raised (Howard and Roberts 2020). This is likely to be an area worth watching for its potential to transform international research partnerships and leadership by researchers in the global South.

For Southern researchers, international travel restrictions and online collaboration has helped to enforce the 'devolution of research activity to local partners' (Howard and Roberts 2020). There are many examples of Southern researchers taking the lead and re-imagining strategic priorities beyond those set by international agendas (Lenhardt 2021; Brooks 2020; Charvet and Ordóñez, this *IDS Bulletin*). Articles in this *IDS Bulletin* (Banks *et al.*, de Haan and Sanchez-Swaren, and Araujo *et al.*) also provide examples of how alternative arrangements around who is present in the fieldwork space are contributing to power shifts, and more equitable research and donor–research partnerships. Araujo *et al.* (this *IDS Bulletin*), for example, found various important factors: equal collaboration from the start; ensuring those in the field are in the driving seat and taking critical decisions with plenty of support; structured project arrangements with clear points of contact from the broader team; and working closely with non-governmental organisations (NGOs) to identify respondents and understand how to work effectively with them.

Another aspect of empowerment identified through the articles involves changing behaviour and access to online approaches, helping to close the digital divide. Given pandemic travel and distancing restrictions, behaviour patterns have shifted towards online approaches and increased optimism for the success of online engagement, alongside a dramatic increase in demand for internet services. This has sped up government and private sector responses to increase coverage, leading to innovations such as Loon's network of giant internet-enabled balloons in Kenya (Strachan 2021). A blog from Feedback Labs noted that 'closing the digital divide for researchers in the global South will offer new opportunities to shift power and decision-making to the global South' (Pinet and Leon-Himmelstein 2020).

Charvet and Ordóñez (this *IDS Bulletin*) also highlight ways in which increased digitalisation has helped to reduce the barriers that many researchers in the global South face within international knowledge ecosystems, in turn supporting

efforts to decolonise knowledge for development by reducing inherently unfair structures that propagate and promote power asymmetries. It is important to acknowledge, however, that challenges still remain around digital divides, and many citizens are still digitally disconnected, or may experience constrained democratic spaces, resulting in those who are most (digitally) marginalised actually being marginalised further.

#### **4 Doing research differently in practice: experiences, perspectives, insights, and lessons**

The articles in this *IDS Bulletin* provide methodological insights for researchers, and many also offer important findings from their research relating to the impact of the Covid-19 virus. Grounded in the overarching context of the Covid-19 pandemic, the articles include reflections, findings, and lessons about the nature of research itself, drawing on the perspectives of the authors and their particular identities and positionalities. This combination of narratives presents, we believe, a unique collection of evidence and experience, which as editors we hope will prove both informative and stimulating to a wide audience.

Rahman *et al.* (this *IDS Bulletin*) describe how, when Covid-19 hit, Bangladesh had been one of the fastest-growing economies in the world (World Bank 2019) with significant improvements to human development indicators. The authors explore observations that indicate where possible reversals to Bangladesh's socioeconomic trajectory are taking place, identifying socioeconomic groups that are being hit the hardest, groups that are showing resilience, and the sources of resilience. They focus on four major domains of development: agriculture, social protection, livelihoods, and education, using a research methodology which involved several rounds of telephone surveys from the onset of Covid-19. This method proved very successful with poor respondents in particular.

They draw a central conclusion: that a country such as Bangladesh must govern each stressful episode of volatility in ways that help systems and institutions emerge stronger than before. They propose that Bangladesh needs governance practices and institutions that constantly innovate and adapt based on first-hand experience and feedback on the ground, particularly through engagement with citizens and civil society. In short, Bangladesh 'must adopt a multi-actor, community-based, integrated model of development that embraces embedded informalities and is appropriate for the challenges of modern times' (Rahman *et al.*, this *IDS Bulletin*: 36).

To achieve this approach, the authors highlight the importance of empowering implementing and downstream agencies, and promoting a culture of learning and improvement amongst local governments, independent agencies, and ministries. They also highlight the critical need for functional systems of

feedback between civil servants, politicians, and communities. Only then can a learning and improving state possessing such characteristics successfully cope with the effects of a systemic crisis such as Covid-19. This understanding has been enhanced by a research methodology that is grounded in real-time iteration of the relationship between knowledge, learning, and action – different from the usual relationship between research and policy, and which has implications for how the research approach evolves.

Looking at a different dimension of Covid-19 impact, Lines *et al.* (this *IDS Bulletin*) explore the challenges informal settlement residents face in accessing vaccines. Their article provides a snapshot of how global vaccine inequalities play out at the local level, with specific focus on the experiences of residents of informal settlements in four major cities in the global South. Their research highlights the context, methodology, and early findings of a three-month survey of community leaders living in 21 informal settlements in Harare, Kampala, Lilongwe, and Mumbai, and they present data that helps uncover real-time trends around vaccination rollout within informal settlements of particularly vulnerable cities, a significant topic of debate globally.

Their article also offers a nuanced set of reflections, highlighting the strong support for vaccination by community leaders who often act as local champions promoting uptake. The authors note, however, that these champions' efforts are often undermined by misinformation arising within (and from outside) communities. The ongoing lack of adequate vaccine supplies results in an insufficient number of vaccinated community members who can act as positive role models, and this may also discourage further uptake. Modelling of behaviours and a sustained flow of valid information seem crucial factors driving uptake in all the study settings for which the authors present findings. The article also highlights the evidence revealing that Covid-19 is much more than a health challenge. The authors highlight the point that prioritised access to Covid-19 vaccines is only one of many measures needed to help urban poor people and informal settlement communities recover from the effects of the pandemic and protect themselves against future shocks – health, social, and financial. The article adds to the wider discussion on doing research differently, as it stresses the importance of learning from the contextualised knowledge of local communities, a finding that other articles in this *IDS Bulletin* also emphasise, and which is also a growing focus of other social science research programmes in the context of the pandemic (Lees *et al.* 2001).

Writing on a quite different dimension of the Covid-19 crisis, Nemat *et al.*'s article (this *IDS Bulletin*) describes how the pandemic has affected people's livelihoods in the context of intensified conflict and prolonged drought, in two provinces of Afghanistan – Kandahar and Herat. The article reflects on the

research methods and approaches employed to investigate these overlapping crises, and the applications of these approaches to assessing the livelihoods impacts of Covid-19 in the context of conflict and climate change in Afghanistan.

The authors' reflections on their methodological approach reveal the importance of using longitudinal qualitative methods of analysis to understand the pathways through which layered crises can affect people's lives and livelihoods; whilst also embedding methods within a Q-squared approach to strengthen data triangulation. They note that methodological adaptation in contexts of crisis, coupled with combining complementary approaches, helps generate findings that can aid understanding of complexity marked by overlapping crises. In practice, the research findings indicate more clearly than before a context where Afghan households have suffered accentuated income loss and have often been forced into erosive coping strategies that further drive impoverishment.

The article by Araujo *et al.* (this *IDS Bulletin*) explores how Covid-19 has exacerbated divides and distances between researchers located in and confined to different parts of the world, between researchers and respondents, and between state and people in informal employment. Focusing on a research study in Lahore, Pakistan, the article looks at challenges that these spatial, conceptual, and ethical distances present; the ways in which some pre-pandemic distances between researchers and informal sector workers (including socioeconomic divides and related power dynamics) were exacerbated during the pandemic; and the ways in which research was adjusted to enable the study to proceed. It highlights innovations such as decentralised decision-making within the research team, working with local civil society actors to access respondents, and using multiple approaches to design, pilot, and implement grounded questions on dense and private concepts.

The article by Banks *et al.* (this *IDS Bulletin*) reveals how the pandemic has disproportionately affected marginalised people, especially those who experience multiple intersecting inequalities. People with disabilities have been generally underrepresented in research pre-pandemic, a situation further exacerbated by Covid-19. This article highlights key challenges, opportunities, and strategies for disability-inclusive research during the pandemic, drawing on experiences from ten country studies. In answering the question on how to adapt disability research methods and practices during the pandemic, it provides insights and solutions around research strategy, access approaches, use of technology, and mixed modes of data collection and dissemination. Advances highlighted in this article appear well set to become standard disability-inclusive research approaches beyond the pandemic, given the potential benefits to participants and practitioners. These disability-inclusive practices are also of

more general relevance for conducting research in a pandemic, and with the extremely marginalised. In this sense, disability is a lens that enables a focus on experiences of marginalisation in research, and how research practices can help overcome these.

Charvet and Ordóñez's article (this *IDS Bulletin*) explores research approaches from the perspective of a network of thinktank researchers located in the global South. The network to which the authors belong, Southern Voice, has an express goal to address asymmetries of knowledge production between the global North and the global South, which their article notes still persist. They also highlight that the Covid-19 pandemic has reinforced a wave of uncertainty that already existed, but which is generating increasing demand for different kinds of knowledge worldwide, the global South included. Against a backdrop of global crisis, they note a positive trend, that the digitalisation of international debates is helping to break down some of the barriers for participation and integration in the wider evidence ecosystem.

This article reflects on their review of global South research projects and information from Southern Voice's digital knowledge hub, and argues, drawing on examples, that further recognition from external actors of their work and the possibility to exert leadership sets new precedents for knowledge production and sharing. They conclude on a positive note that the continuation and encouragement of these trends can help lead to a reduction in knowledge asymmetries between the global North and South.

Finally, de Haan and Sanchez-Swaren (this *IDS Bulletin*) reveal how, just as researchers were quickly adapting to Covid-19 restrictions and shifting approaches to data collection, research funders were also re-evaluating approaches and addressing challenges to commission and to enable high-impact research amid rapidly shifting research and policy-influencing contexts. The authors, working with Canada's International Development Research Centre (IDRC), reflect on the experiences of designing and delivering a research programme on a socioeconomic response to Covid-19 collaborating with partners across the global South, sharing learning around the importance of equitable partnerships, flexible methods and systems, and responses to locally driven priorities that supported research and knowledge translation practice.

The article highlights, among other aspects, the benefits that funders can offer to researchers through different forms of flexible funding. They also note the importance of understanding different types of research organisations within their specific contexts, acknowledging that all research organisations combine strengths and weaknesses. They observe that for funders to provide meaningful resources to research in the global South, they should enable researchers to do what they do best – positioning themselves in relation to key audiences and policy landscapes

within their evidence-to-policy ecosystem – whilst also bolstering support to international networks which bring added value by supporting and enhancing the impact of research amid rapidly evolving and uncertain contexts.

### **5 The Covid Collective as a source of learning and reflection for 'doing research differently'**

As indicated earlier in this introductory article, the Covid Collective arose in response to the challenges facing researchers, commissioners, and policymakers and the need for rapid, robust research that looked across a broad range of disciplines and contexts, drawing out, synthesising, and sharing key points and learning. It has intentionally provided research grants for new, innovative ideas from among social sciences, and arts and humanities researchers, particularly in lower- and middle-income countries.

Core to this *IDS Bulletin* are valuable sources of insight and reflection for researchers, and for those who fund research, provided by the Collective. These lessons on 'how to do research differently' have been informed by literature reviews, presentations from project partners that highlight challenges and practical solutions from their research contexts, and regular dialogues such as 'fireside chats'.<sup>4</sup> These varied fora have provided spaces for real-time feedback loops and connections that build into collaborations.

Important lessons have been learned about research processes and methods regarding the three themes highlighted earlier in this introduction: access and engagement; consent, ethics, and incentives; and power and perspectives.

On access and engagement, many of the articles highlight the advantages of research methodologies being grounded in real-time iteration of the relationship between knowledge, learning, and action, and how such approaches offer real opportunities to understand evolving relationships between state actors and citizens. This has helped provide detailed and timely insights on vaccination rollout and uptake, for example, or the emergence of trust between institutions and the communities they serve. Another key insight is the importance of learning from the contextualised knowledge of local communities, a growing focus of many social science research programmes more generally, but particularly in the context of the pandemic. This is important, clearly, when learning from the lived experience of citizens and community members in general, but crucial during the pandemic when researching the experiences and impacts of Covid-19 in very turbulent or dynamic contexts, such as in conflict-affected areas.

On consent, ethics, and incentives, some of the articles describe in detail how methodological adaptations have emerged in order to facilitate research being carried out, but which in turn bring some

potential challenges around ethics and consent. The use of mobile phones in particular is opening up possibilities for researchers to engage with citizen and community members, yet in some cases this may pose additional questions around the potential risks to safety of the research participants, as the article on research with people with disabilities demonstrates (Banks *et al.*, this *IDS Bulletin*). The use of technology offers considerable opportunities for enhanced interaction, but also can raise concerns about data storage, access, and security. Unless addressed very intentionally, these issues could potentially lead to significant harm for research participants should sensitive data be accessed.

On power and perspectives, several articles highlight ways in which relationships within and between research teams and partnerships can be influenced through evolving forms of interaction. As referenced earlier, the article on trust in institutions in Pakistan (Araujo *et al.*, this *IDS Bulletin*) reveals how the exacerbation of distance could create further division and exclusionary processes within a research collaboration. Their research has shown that such divides can be addressed through research approaches, for example by decentralising decision-making within the research team. They also demonstrated the importance of widening the circle of relevant respondents by drawing on relationships of local civil society actors, and indicated thoughtful ways of engaging with respondents on sensitive issues by designing, piloting, and testing questions through an iterative process. Technological and digital innovations are also, in general, having a positive impact on research processes by helping to break down barriers to participation and integration in the wider evidence ecosystem.

The articles in this *IDS Bulletin* reveal implications not only for researchers, but for those who support research, including funding agencies. They suggest that narrow, technical approaches to supporting evidence mobilisation and use are often ill-suited to current contexts, and that funders should offer forms of funding that are more flexible and encourage innovation and adaptation. The articles reveal powerful examples of the ways in which policy change processes are highly politicised, contested, and messy; this implies that research funding should prioritise approaches that encourage mutual learning, support transdisciplinarity, and work across geographic and sectoral boundaries.

The findings in this *IDS Bulletin* also indicate the importance of support to research which puts strengthening research engagement with policy networks at the centre of research processes. This is not a new insight, and indeed, the evidence from articles in this *IDS Bulletin* add to a growing debate and body of evidence around the criticality of knowledge mobilisation, communication, and engagement in the essentially messy, unpredictable, non-linear interactions between evidence and policymaking (Georgalakis 2020) where power and politics play key roles.



The findings also shed light on how to apply a range of techniques and approaches to learn and adapt for impact whilst working to increase awareness and understanding of emerging evidence. They have helped to draw out commonalities, differences, and important learning across disciplines. This in turn is informing the identification of new questions or issues for research to build upon, and for wider, evidence-based engagement with key policymakers and decision makers.

## 6 Conclusions

As noted earlier in this article, this *IDS Bulletin* seeks to achieve several aims. Admittedly ambitious given the scale of the Covid-19 challenge, it intends to frame, explore, and conceptualise the challenge and opportunity of 'doing development research differently'. The articles to which this introduction have referred, and which follow in the rest of this *IDS Bulletin* draw on practical examples which the authors have encountered, and often responded to, in innovative, entrepreneurial, and dynamic ways. The challenges in doing so are not played down, however, as the authors and their research partners have witnessed at first hand the impact of doing research differently in generating rapid, useful, and credible findings. Their articles do indeed challenge many existing assumptions about concepts and research methods, about engagement with actors and audiences, and about the value, use, and nature of evidence itself.

This *IDS Bulletin* also provides perspectives from different actors within the knowledge-to-policy ecosystem. Authors belong to quite different interest groups: researchers, convenors of networks, funders; although it is worth remarking perhaps that they often have multiple identities and positionalities in relation to the issues being explored, the methods used, and the findings articulated. Boundaries between roles, knowledge, voice, and identity are frequently blurred, which perhaps reflects a wider acknowledgement of uncertainty as a prevailing characteristic of contexts where research is carried out. Yet, even in the midst of uncertainty, shifts in practices, behaviours, and attitudes are helping to break down existing boundaries that have excluded researchers in the global South, particularly. Lessons will continue to be learned and may be an important contribution to ongoing efforts to the significant, critical agenda around decolonising development knowledge.

The examples and experiences contained within this *IDS Bulletin* provide a snapshot of doing research differently in real time, in response to the challenges and opportunities of the Covid-19 pandemic. Yet they also allude to doing research differently in the longer term by providing examples and successes, forced by the pandemic, that align with and respond to broader agendas to address asymmetries in research and knowledge exchange, and structural and intellectual shifts. The Covid-19 crisis and associated restrictions will reduce and end; new crises will come

along. But shifts in practice among researchers, policymakers, and donors, grounded in Covid-19 response, are well set to remain and further evolve.

The articles also highlight some important insights and lessons. They shed light on the value of multidisciplinary approaches and multiple perspectives in research, when seeking to understand complex and rapidly evolving problems. They offer examples of how 'development' actors are collectivising and co-creating knowledge in fragile, conflictual, and humanitarian contexts. They reveal a great deal on how researchers are adapting their research methods and approaches in the Covid-19 era. They offer lessons about ethical considerations when conducting research during a pandemic. Ultimately, they offer important insights on how Covid-19 affected research culture and the way in which researchers engage with citizens, communities, policy actors, funders, and fellow researchers through diverse forms of collaboration. In so doing, they raise many further questions, which will continue to be explored.

One further reflection, which the authors themselves have grappled with, is that the lessons being learned through the work of the Covid Collective which demonstrate the need to do research differently, are everyone's responsibility. As researchers, the editors of this *IDS Bulletin* acknowledge that to support the movement towards doing research differently, personal learning and transformation is also needed if we are to influence our own organisations in positive ways, and in turn help transform the institutions that shape so much of our lives. This view is supported by a powerful exhortation recently published by the African writer Ben Okri:

We have to be strong dreamers... We have to go right to the roots of what makes us such a devouring species, overly competitive, conquest-driven, hierarchical. We ought to ask questions about money, power, hunger... Our whys ought to go to the core of what we are. Then we ought to set about changing us. We ought to remake ourselves.  
(Okri 2021)

This *IDS Bulletin* was prepared at a point in time, with the input and generosity of partners, collaborators, and supporters who are committed to working collectively, as they respond to a unique, global challenge which has affected everyone, everywhere. The magnitude of the challenge is well defined, and the scale of the endeavour to continue innovating and adapting is clear. These articles do offer, however, an extremely important sense of hope, that by doing research differently, it may indeed be possible for researchers and those who support research to remake themselves, in order to help transform knowledge and transform lives.

## Notes

- \* This *IDS Bulletin* was funded by the UK government's Foreign, Commonwealth & Development Office (FCDO) through the Covid Collective. The Collective brings together the expertise of UK- and Southern-based research partner organisations and offers a rapid social science research response to inform decision-making on some of the most pressing Covid-19-related development challenges. The Covid Collective cannot be held responsible for errors, omissions, or any consequences arising from the use of information contained. Any views and opinions expressed do not necessarily reflect those of FCDO, the Covid Collective, or any other contributing organisation. For further information, please contact: [covid-collective.net](https://covid-collective.net).
- 1 Peter Taylor, Director of Research, Institute of Development Studies, UK.
- 2 Paul Knipe, Director of Consultancy, Impact and Influence, INTRAC, UK.
- 3 **Covid Collective.**
- 4 The catalogue of rapid evidence syntheses through the Covid Collective can be found here: **Covid Collective Synthesis group** ([ids.ac.uk](https://ids.ac.uk)).

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# Bangladesh and Covid-19: Reversals and Resilience\*

Atiya Rahman,<sup>1</sup> Nusrat Jahan,<sup>2</sup> Imran Matin<sup>3</sup> and  
Hossain Zillur Rahman<sup>4</sup>

**Abstract** This article examines two primary data sets to identify the effect of the Covid-19 pandemic on different sectors and vulnerable populations in Bangladesh. It attempts to identify how the trends in sectors such as agriculture, ready-made garments (RMGs), education, employment among youth, and women's participation have changed due to the pandemic compared to pre-Covid-19 levels. The results show that the agriculture and RMG sectors demonstrated resilience due to sustained government policies. In contrast, the other sectors, such as education, youth employment, and women's participation in the labour market, have been negatively affected, leaving a long-term consequence for the country's development. The article concludes with suggestions for inclusive and targeted policies, and community-based approaches to pre-empt new challenges to make development progress in Bangladesh.

**Keywords** Covid-19, new poor, livelihoods, youth, Bangladesh, women, Covid-19 recovery.

## 1 Introduction

Before the outbreak of the Covid-19 pandemic, Bangladesh had experienced macroeconomic stability for over a decade – sustained high growth, stable single-digit inflation, small budget deficits, and an improved balance of payments. As a result, Bangladesh was one of the fastest-growing economies globally and the second-fastest-growing economy in South Asia (World Bank 2019). Human development indicators also improved significantly – there was a decline in extreme poverty, a sharp increase in life expectancy, and an increase in women's education and economic participation. However, the pandemic has brought significant disruption in this development trajectory, slowing down growth and reversing the poverty reduction trend for the first time in two decades.

Since the onset of the pandemic, the BRAC Institute of Governance and Development (BIGD), BRAC University, and the Power and Participation Research Centre (PPRC) have been jointly conducting a telephonic panel survey on nationally representative rural and urban slum households to capture the changing impact of the pandemic on low-income communities in Bangladesh.<sup>5</sup> This article utilises the three-round telephonic survey on 6,038 households, of which 2,649 are from rural areas and 3,389 are from urban slums. It also utilises the survey conducted by BIGD in February–March 2021, funded by the Covid Collective, with 1,929 young men and women aged 18–25, to understand the impact of the pandemic on youth employment, with an emphasis on female youth.

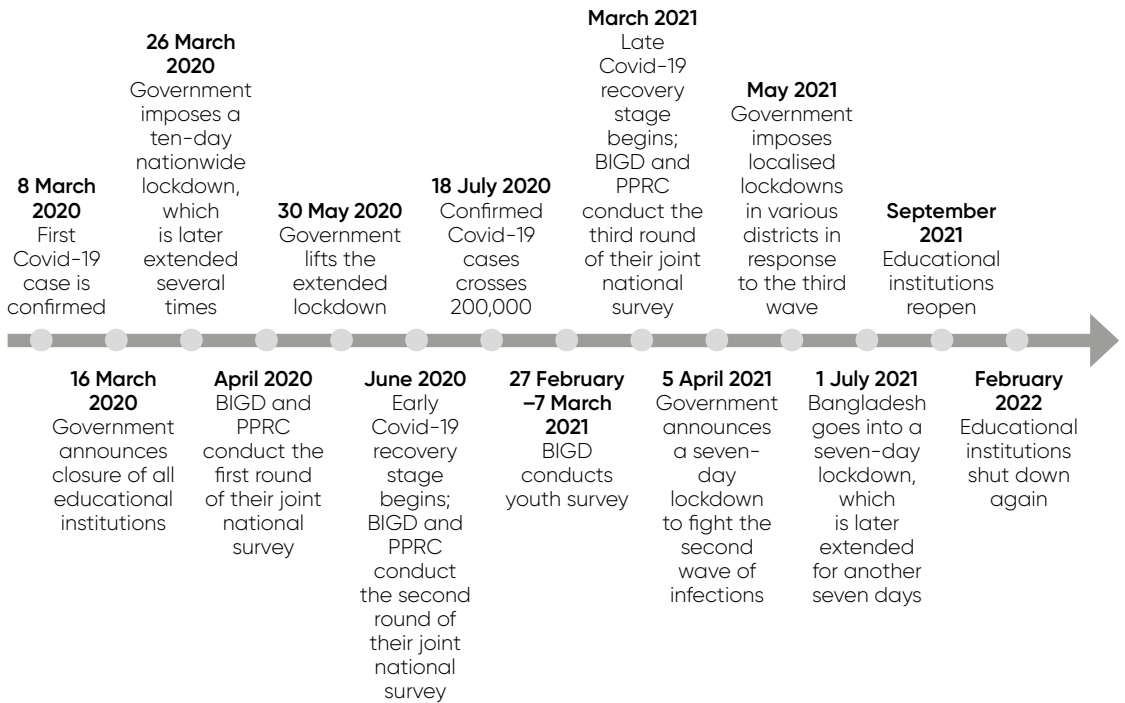
PPRC–BIGD survey findings show that the agriculture sector – which was performing well before the pandemic, partially because of strong, sustained government policies and support – showed resilience against the economic shock induced by the pandemic. However, the pandemic revealed the fragility of vulnerable groups such as the urban poor, women, and young people, for whom support systems have been either missing or fragmented. A significant share of the population who were marginally above the poverty line before the pandemic fell below the line during the pandemic and are yet to recover, indicating the emergence of a possible poverty trap.

Urban slum dwellers are more affected than rural citizens because of the nature of jobs and higher non-food expenditures, notably rent, in cities. Reverse migration is another consequence of the pandemic. Urban slum dwellers are changing locations, possibly to cut expenditures. The youth are also experiencing steeper challenges in recovering their incomes, employment, and skill-building opportunities. Finally, we find that women are facing the brunt of the pandemic: almost a third of young women employed before the pandemic were out of a job as of January 2021, according to a separate youth survey carried out by BIGD on a nationally representative youth sample.

Another major area of concern is human capital accumulation. School closure for almost 18 months, since March 2020, may have long-lasting consequences on children – including learning loss and possible income loss in their adulthood. It may also increase inequality as access to digital learning tools is sensitive to economic status. We also find an indication of nutrition deficiency among urban slum dwellers, many of whom have reduced food expenditure. Children of poorer households may also experience long-term loss of mental and physical capabilities, which may impair their earning potentials in adulthood. The challenge thus is not only about addressing reversals but also building forward pathways more effectively.

The article argues that Bangladesh, with large gaps in its existing system, must build on the unique strengths of that system,

Figure 1 Timeline of the Covid-19 pandemic in Bangladesh



Source Authors' own.

notably a strong grass-roots presence of non-governmental organisations (NGOs), and develop a statecraft that is decentralised, innovative, and in a constant learning mode. The article aims to explore the areas where possible reversals are taking place and identify which socioeconomic groups were hit the hardest, which groups exhibit the resilience to cope, and what the potential sources of resilience are.

The article is structured as follows. In Section 2, the surveys used in this article are discussed. In Section 3, the evidence is presented on the resilient agriculture segment of the Bangladesh economy. Next, in Section 4, the major trends in reversal and emerging traps are explained, while in Section 5, the impact of the pandemic is described from a demographic perspective. Section 6 concludes with final remarks indicating possible pathways to mitigate the challenges.

## 2 The surveys

### 2.1 Livelihoods survey

Figure 1 shows a snapshot of the Covid-19 scenario in Bangladesh over time and when the surveys – used in this article – happened. The figure illustrates the relevance of these surveys in the context of the pandemic. This article primarily uses PPRC–BIGD's nationally representative three-round panel survey on the



livelihoods of Bangladesh's urban slum and rural households in the Covid-19 context. These telephonic surveys started off as a methodological innovation responding to the constraints of in-person surveys under Covid-19 restrictions.

The first round of the livelihood survey conducted in April 2020 included a sample of 12,000 households, equally representing urban slums and rural areas. The urban sample was randomly drawn from BIGD's census from October 2016 to January 2017 with 24,283 households in 35 slums – where BRAC's Urban Development Programme (UDP) had operations – across nine districts in Dhaka, Chattogram, Khulna, Barishal, and Rangpur divisions. The rural sample was drawn from BIGD's nationally representative survey of 26,925 rural households across 64 districts of all eight divisions, conducted between October 2017 and January 2018. We randomly drew 6,000 households from the rural database. Of the total sample, 5,471 households were interviewed over the phone.

For the second round, in June 2020, an additional 6,000 households were drawn from the same data sets – 4,000 from urban areas and 2,000 from rural areas. A larger urban sample was selected to facilitate disaggregated analysis of the urban centres. Of the total sample of 11,471 households – 5,471 previously interviewed and 6,000 new households – 7,545 were interviewed.

The third round of the survey was conducted 11–31 March 2021. The 7,545 households that were interviewed in the second round were resurveyed to see the trend in their circumstances. Out of those resurveyed households, 6,038 households were interviewed, of which 3,549 households were surveyed in all three rounds, while the remaining 2,489 were surveyed in the second and third rounds.

In every round, three standard modules were included in the survey instrument – livelihoods (employment, income, expenditure), coping mechanism, and migration. In the third round, an additional module was included on the educational life of children.

The household head was the respondent in the survey, where 16 per cent of the households are female-headed, which is slightly higher than the national statistics (13 per cent). Since this survey interviewed the household head, an analysis of this data set on groups such as women and youth would not provide a complete picture. For this, we used another nationally representative survey, funded by the Covid Collective, on the young population. The sampling technique of BIGD's youth study is described next.

## 2.2 Youth survey

The sample for the youth survey comes from BIGD's youth survey in 2018, which adopted a multi-stage random sampling technique. We collected information on youth from five regions of Bangladesh, including the north (Rangpur and Rajshahi divisions), south (Khulna and Barishal divisions), northeast (Sylhet division),

southeast (Chattogram division), and central (Dhaka and Mymensingh divisions). Thirty sub-districts were randomly selected from each region. One union – the lowest administrative unit – was then randomly selected from each selected sub-district, and one village/*mahalla* (neighbourhood) was randomly selected from each union. In each village/*mahalla*, 14 youth aged between 15–35 years<sup>6</sup> were randomly selected. Thus, the survey interviewed a total of 4,200 youth, equally distributed across the five regions.

For the youth survey during the pandemic, we utilised the phone numbers of this database and conducted a telephonic survey on those who were 18–35 years as of 2021. BIGD conducted this follow-up survey on 3,795 youths between 27 February and 7 March 2021.

### 2.3 Survey mode

The pandemic has created an urgency for gathering high-frequency data to understand the evolving economic and social changes, and ensuring rapid policy engagement. Since in-person surveys are usually expensive and time-consuming, telephonic surveys can help reach the population and contribute to rapid analysis (Rahman *et al.* 2021). Though telephonic surveys have unique challenges, standard protocols can overcome those hurdles.

Up-to-date telephone numbers are crucial to achieve a standard success rate. Thus, the most recent sample frames can be advantageous. Moreover, we tried to reach out to the samples three times in a row on different days during the survey period to improve the success rate. We created a short, clear, and concise questionnaire and ensured the active engagement of the pre-testing team to finalise it.

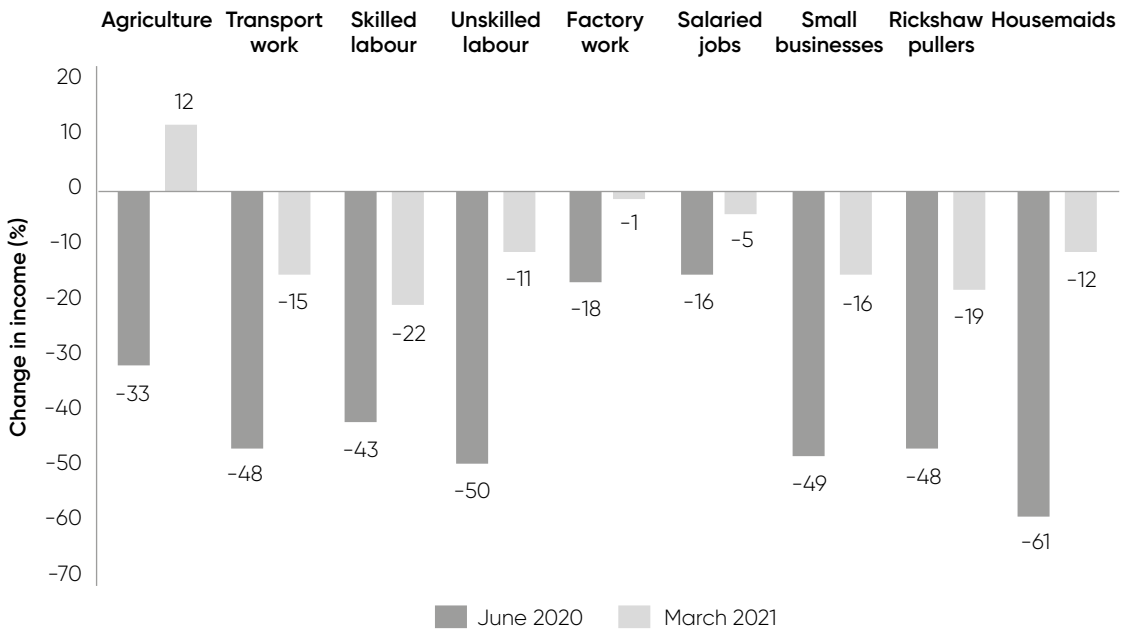
Lastly, to protect privacy, we masked the phone numbers by using a technical programme, SurveyCTO, and stored the data in an encrypted server. Following our data protection protocol, we collected the mobile number, name, age, and other biological information.<sup>7</sup> We have a strong protocol against sharing any data containing personally identifiable information with any external party.

These approaches contribute to collecting reliable, high-quality data, which is crucial to reflect on the rapid changes in this crisis period.

### 3 Resilience in the agriculture sector

Since the relaxation of the nationwide lockdown in June 2020, the economic recovery in Bangladesh has been sluggish and unevenly distributed among all the occupations (Rahman *et al.* 2020b). A change in income from June 2020 (hereafter referred to as the early recovery stage) to March 2021 (hereafter referred to as the late recovery stage), compared to the pre-Covid-19 level, February 2020, shows that agriculture is the only sector that

Figure 2 Percentage change in income by occupation, compared to pre-Covid-19 level



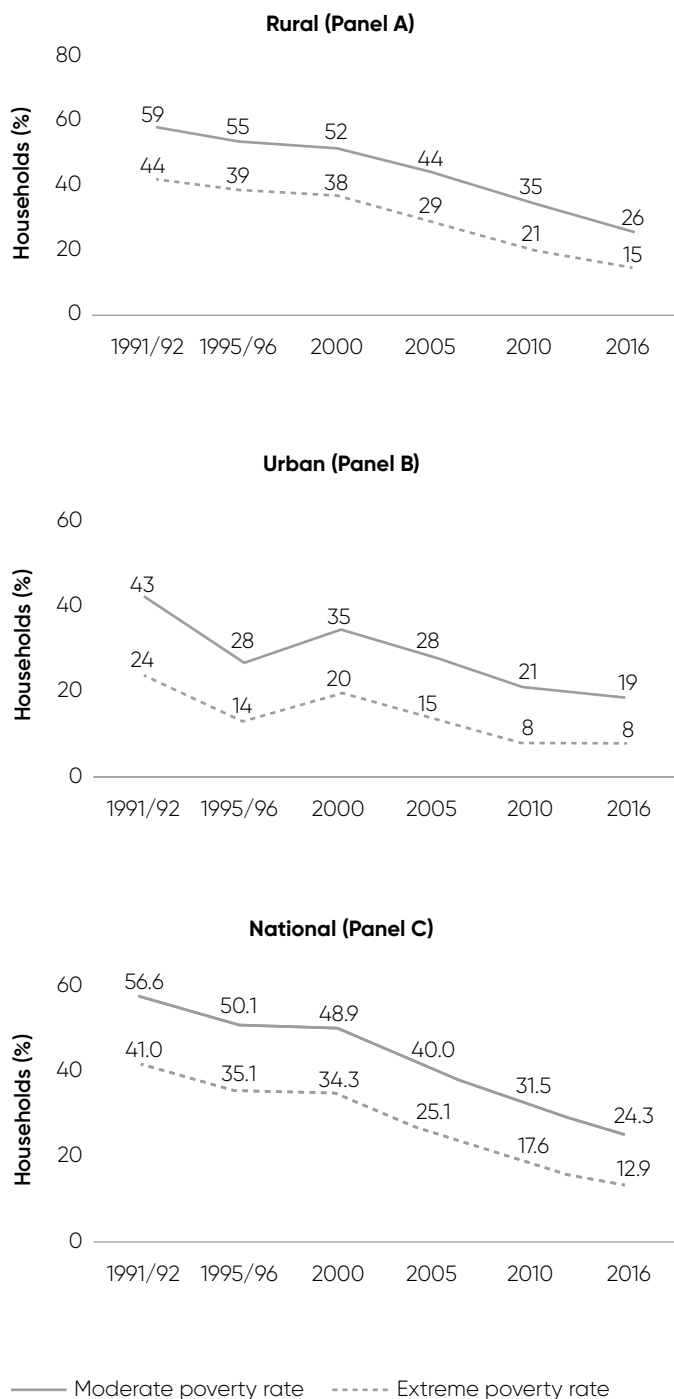
Source Authors' own, based on PPRC-BIGD livelihood survey.

experienced positive growth a year into the pandemic (Figure 2). In other occupational categories, especially among transport workers, skilled labourers, small business owners, and housemaids, income is yet to recover to the pre-Covid-19 level.

The agriculture sector in Bangladesh is expected to be less affected by the pandemic as maintaining social distance is less likely to be a constraint given the nature of the activities. There are several other propositions to explain the resilience of this sector – for example, low connectivity between local agriculture and the global economy, continued inflow of remittances (Malek, Truong and Sonobe 2021), existing social safety net programmes (SSNPs), and the lower infection rate in rural areas during the first wave.<sup>8</sup> However, the agriculture sector did experience delayed harvest due to labour shortages, difficulties in selling products and procuring inputs due to disruptions in transportation, and higher costs. Farm families also saw reductions in remittance and non-farm business sales (*ibid.*), but the government immediately took special measures to ensure enough labour supply for harvesting, transportation for inputs, and marketing (Uddin, Shoaib and Arafat 2020).

Food security is a politically sensitive issue in Bangladesh since the devastating famine in 1974 (Ahmed, Haggblade and Chowdhury 2000; Hossain 2017). The Government of Bangladesh (GoB) has been adopting policies for long-term advancement in this sector through smooth management of input supplies,

**Figure 3 Rural, urban, and national poverty trends in Bangladesh before the pandemic (1991–2016)**



Source Authors' own, based on Household Income and Expenditure Survey (HIES) report, 2000, 2005, 2010, and 2016 (BBS 2007, 2019a).

input subsidies, fair output prices, improving credits, promotion of food and non-food crops, and so forth. As a result, the country achieved self-sufficiency in rice production by the late 1990s (Rahman *et al.* 2014). In 1999, Bangladesh came up with its first comprehensive agriculture policy, with a clear goal of ensuring food security as well as firm incomes. Additionally, a quiet agricultural revolution has taken place in response to natural calamities, sociopolitical changes, population growth, new technology and new opportunities in the rural non-agricultural sector, commercialisation, and changes in macro policy and sector policy reforms (Ministry of Agriculture 2006). Consequently, rice production has increased threefold between 1971 and 2018 (BBS 2019b).

The agriculture sector is the lifeblood of Bangladesh's rural economy. Thus, its resilience has strengthened rural economic recovery. In the late recovery phase, we find that rural households experienced 12 per cent higher income than the pre-Covid-19 level, while the income level was still 14 per cent lower than the pre-Covid-19 level in urban slums.

#### **4 Reversals in socioeconomic parameters**

In this section, we discuss the pandemic-induced reversals in the following areas:

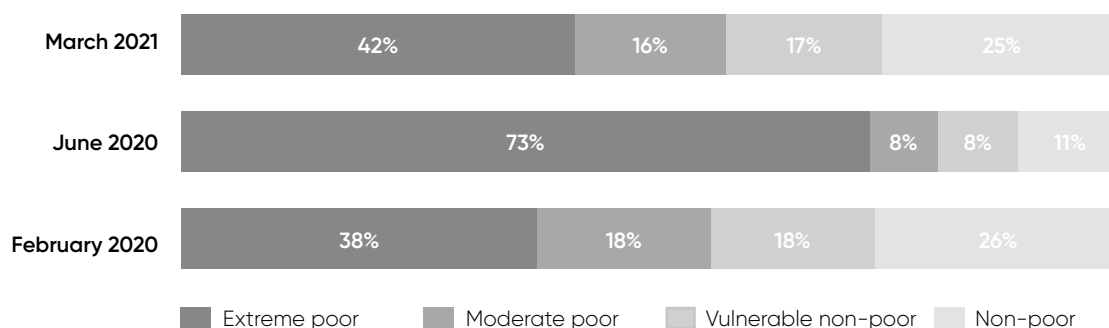
##### **4.1 Reversal in poverty alleviation**

The national statistics show that both extreme and moderate poverty rates in Bangladesh have been decreasing since 1991. The reduction in poverty rate only became sluggish between 2010 and 2016<sup>9</sup> (Panel C of Figure 3). The slowdown is due to the slower reduction of the urban poverty rate (Panels A and B of Figure 3).

The PPRC-BIGD survey shows a two-percentage-point rise in poverty a year into the pandemic. In our urban slum sample, the increase in poverty is eight percentage points, while poverty decreased in our rural sample during the same period.

The reason behind this slow reduction of urban poverty is that rural poor people have migrated from villages to urban slums, resulting in higher population density in the latter. Push factors (i.e. poverty and unemployment in villages) have been more influential than pull factors (i.e. better job opportunities and facilities in cities) in encouraging rural-urban migration (Farhana, Rahman and Rahman 2012), leading to an increase in urban poverty.

Moreover, global evidence shows that the urban poor tend to have less access to national SSNPs, especially cash transfers, compared to their rural counterparts (Gentilini, Khosla and Almenfi 2021). In Bangladesh, the SSNPs are rural-centric; only 11 per cent of urban households received SSNP support, while the rate was 35 per cent among rural households in 2016 (BBS 2019a). Besides, there are inclusion errors; approximately 14.5 per cent of SSNP

**Figure 4 Change in poverty status in one year of Covid-19 across different income groups (% of households)**

Source Authors' own, based on PPRC-BIGD livelihood survey.

beneficiaries receiving the assistance are not eligible for the support (BBS 2011).

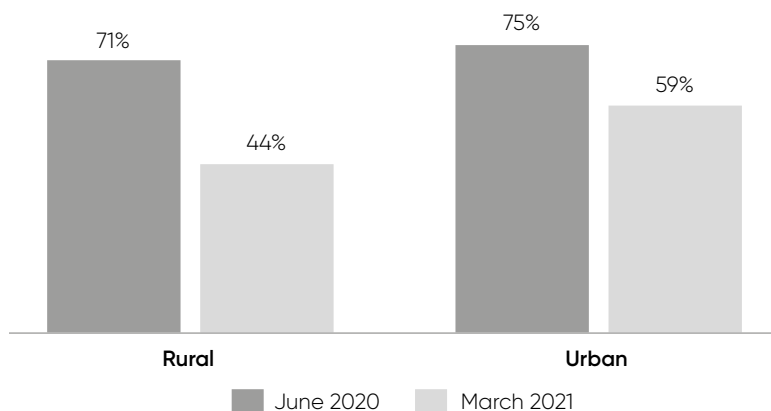
Our survey also looks at the poverty dynamics across four income groups. First, we construct our extreme and moderate poverty groups based on the BBS's lower and upper poverty lines. Second, we define those who were above the upper poverty line and below the median income level as the vulnerable non-poor. Finally, we define the non-poor as those who were above the median income level. Figure 4 shows that the overall proportions of vulnerable non-poor and non-poor households reduced drastically in June 2020, right after the first lockdown, with income falling below the extreme poverty level for two thirds of the population. By January 2020, most of the households were able to recover their income substantially, and the poverty rate dropped. Yet, it was two percentage points below the level in February 2020.

#### 4.2 Emergence of the 'new poor'

Our data points out a possible reversal in the poverty trend. During the early recovery stage, all income groups experienced a drastic drop in their income. However, during the late recovery stage, the scenario did not improve for the pre-Covid-19 vulnerable non-poor. A significant segment of this group remains in the poverty trap, especially in urban areas. Figure 5 shows that 59 per cent of urban slum dwellers who were vulnerable non-poor before the pandemic were now below the poverty line; the rate is 44 per cent in rural areas. We identify this group as the 'new poor', i.e. those who were the vulnerable non-poor prior to the pandemic. The results show a slow recovery of the vulnerable non-poor only because this group is at greater risk of falling back into longer-term poverty.

We calculate a national estimation for the 'new poor' based on the transition of the pre-Covid-19 vulnerable non-poor into poverty. The estimated national poverty rate was 20.5 per cent

**Figure 5 Percentage of pre-Covid-19 vulnerable non-poor who fell below the poverty line in June 2020 and March 2021**



Source Authors' own, based on PPRC-BIGD livelihood survey.

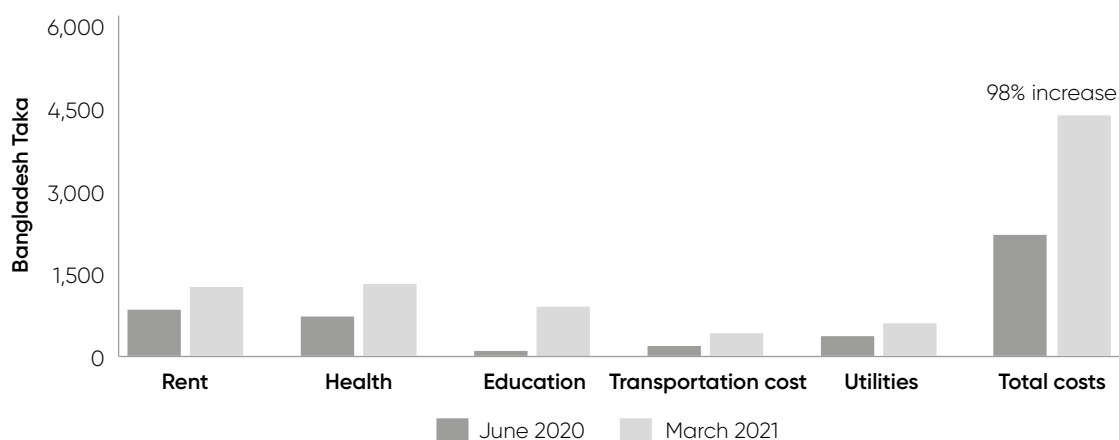
in 2019. Thus, 29.5 per cent of the population are estimated to be in the vulnerable non-poor income group – between the upper poverty line and the median income level – before the pandemic. We find that 50 per cent of the pre-Covid-19 vulnerable non-poor households in our survey fell below the poverty line in March 2021. Thus, the estimate of the national 'new poor' stands at 14.75 per cent,<sup>10</sup> i.e. 24.5 million individuals.

Our survey further finds that the households mainly relied on savings, household income, and informal support from neighbours and relatives to meet their food demand during the lockdown period. A negligible number of people reported assistance from the government to meet their food demand. The insufficient amount of assistance and increase in debt has been increasing the vulnerability of the poor group.

#### 4.3 Reverse migration

Between 2000 and 2019, the share of the urban population in Bangladesh increased from 23.6 per cent to 37.4 per cent (World Bank 2022), but this trend seems to have reversed as the Covid-19 virus emerged.

Many people in the big cities moved back to less expensive cities because of the economic distress induced by the pandemic. Our study finds that around 27 per cent of the urban slum dwellers migrated over the past year. Out of the total, 20.5 per cent migrated before June 2020, and an additional 6.8 per cent have followed since. These groups are referred to as early and late migrants, respectively, throughout this article. Of the total number of migrating urban households, 17.5 per cent have already returned, resulting in a net reverse migration of 9.8 per cent from urban areas over the year.

**Figure 6 Changes in average monthly urban non-food expenses from early to late recovery stages**

Source Authors' own, based on PPRC-BIGD livelihood survey.

Forty-three per cent of the early migrants moved to villages, whereas 60 per cent of the late migrants have done the same. This may indicate that the early migrants hoped to find job opportunities in other cities, where the costs were also lower. Indeed, most of the early migrants moved from large metropolitan cities such as Dhaka and Chattogram to lower-cost district towns (Rahman *et al.* 2020b). However, the late migrants adjusted their strategy and moved to their native villages, where their living costs are likely to be the lowest.

The census data on the urban slum dwellers show that about one fifth of the total household expenditure was towards rent and utilities before the pandemic (Figure 6). The non-food expenditure of the urban household has doubled during the late recovery period compared to the early recovery period. The drastic increase in costs is ubiquitous across all categories: rent, utilities, and health costs have gone up by 46 per cent, 51 per cent, and 81 per cent, respectively. This sharp increase is perhaps due to deferred rent payments during the early months of the pandemic. Indeed, the second round of the PPRC-BIGD survey conducted in June 2020 found that 26 per cent of the urban households were not paying rent at that time, indicating that their rent payments were piling up. A similar incidence happens with the utility costs and education costs. We find that the cost of education for urban slum dwellers increased by 33 per cent in March 2021 compared to the pre-Covid-19 level.<sup>11</sup>

#### 4.4 Reversal in human capital accumulation

The schools were closed in Bangladesh from March 2020 until September 2021, and were shut down again in February 2022. The extended closure has had far-reaching consequences, increased risks of learning loss and dropout, as well as growing psychological issues and economic costs. The survey on children's education



focused on a subset of the larger sample of 6,099 households in the third round of the study – 4,940 households in rural areas and urban slums who had children of school-going age.

Before the pandemic, 14 per cent of the primary and 21 per cent of the secondary school-going aged children in the surveyed households were not in school, indicating deficiencies in human capital from the outset. The deficit was more pronounced in urban slums and among children of secondary school age. When Covid-19 hit the world, the school closures affected students in ways that are likely to pose a higher risk of long-term learning loss; namely, not studying at all, pursuing only unsupervised self-study, or studying irregularly in any other mode of study. Thus, in mentioning these scenarios, we define children as being at risk of learning loss. Our findings show that at least 19 per cent of primary and 25 per cent of secondary students face learning loss risk during school closures.

Based on the national statistics of primary and secondary school-going children in 2019 (BANBEIS 2020), our calculation predicts that nationally, approximately 3.42 million primary and 2.50 million secondary students, a total of 5.92 million school-going children, are at this critical risk. The actual learning loss risk is likely to be higher because we only consider the 'unsupervised' self-study component here. The risk is more distinct in urban slums and among secondary school-going children.

Some children completely stopped formal education, whereas other children resorted to alternative mediums of education, including unsupervised self-studying. Besides these two mediums of studying – not studying at all and unsupervised self-study – we find a few more alternative modes of studying during school closures. We categorise them into four groups: studying with family member support (parents, siblings), distance learning (TV, online, internet), coaching/private lessons, and shifting to *madrasas* (Islamic learning institutions that remained open).

Family support to compensate for school closures is higher in primary school students (28 per cent) than secondary school students (7 per cent). Mothers are found to play a significant role in supporting primary school children to study at home. Parental education might be an influential factor in helping children with their studies; however, we have not taken this dimension into consideration for this study.

We further find a low level of compliance with distance learning, including TV, online, and the internet. Overall, only 10 per cent of students reported being engaged in distance learning to compensate for school closure, even though the government started broadcasting distant classes on the national television channel early into the pandemic. Moreover, most of those who reported distance learning mentioned the online classes, which mostly dominates among the high socioeconomic groups.

Market mechanism (coaching/private) has been the prominent alternative to learning at school; 51 per cent of primary and 61 per cent of secondary school children took private classes/coaching. Urban slum children (61 per cent) were found less likely to use the market mechanism than rural children (71 per cent).

Finally, only 4 per cent of primary school students and 1 per cent of secondary school students shifted to *madrasas* during the school closure over one year of the pandemic.

In our youth survey, less than 5 per cent of the youth (aged 15–35) mentioned taking any kind of training since the pandemic started, even though about a quarter of the sample were students who were facing the year-long school closure. This data also indicates the dismal scenario of human capital accumulation in Bangladesh during the pandemic.

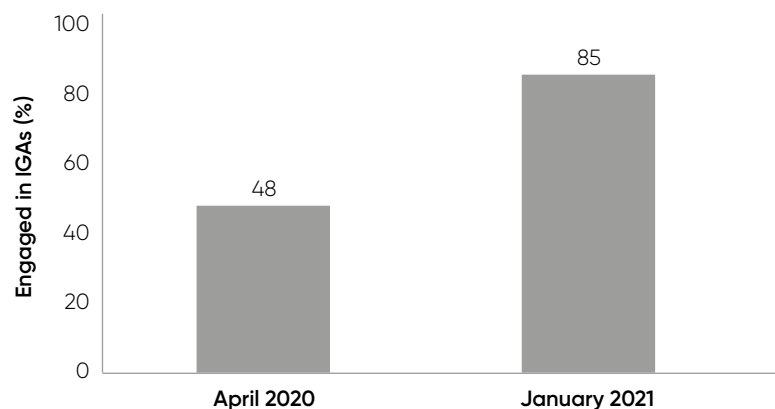
### 5 The predicament of the female population and youth

National statistics show that 11 per cent of the youth were unemployed in 2016–17, and about 36 per cent of working-age women participate in the labour force compared to 81 per cent of working-age men, and the unemployment rate is much higher than that of men (BBS 2018). We utilise BIGD's youth survey, conducted between February and March 2021 during the late recovery stage, to understand the impact of the pandemic on the youth and female populations.

#### 5.1 Impact on youth

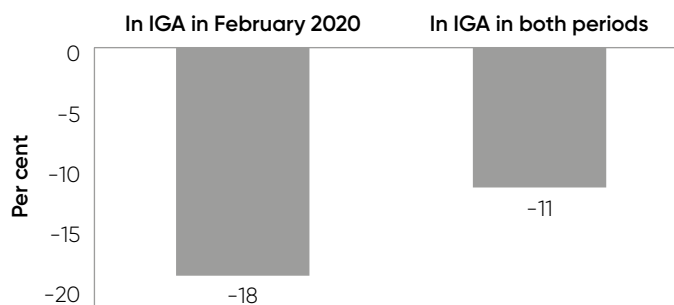
Among the respondents who said they were working before the pandemic, 48 per cent remained in income-generating activities (IGAs) during the first lockdown, and even seven months after the economy resumed, 85 per cent of them got back to IGAs<sup>12</sup> (Figure 7).

**Figure 7** Percentage change in youths' IGA engagement status



Note Respondents among those reporting to be in IGAs in February 2020.  
Source Authors' own, based on PPRC-BIGD livelihood survey.

**Figure 8 Percentage change in youths' average monthly income between February 2020 and January 2021**



Source Authors' own, based on PPRC-BIGD livelihood survey.

This population includes mostly youths working in the education sector – teachers and private tutors. As the educational institutes had been closed since March 2020, we found a high unemployment rate among the teachers and the private tutors. Additionally, many youths making handicrafts or working in private firms and factories remained out of work, possibly because many firms in these sectors produce non-essential products or services (Figure 8). Overall, youths in sectors that involve skilled workers (education, private firms, and crafts) were more affected and faced persistent job loss and underemployment (lower working hours), compared to sectors employing less skilled people (day labourers, agriculture labourers, and transport workers).

The third round of the PPRC-BIGD survey, conducted in 2021, found that per capita income was 7 per cent below pre-Covid levels. We analysed youth's individual income from all occupations in the three time periods. We found that income fell sharply during the lockdown in April 2020. Hence, we compare the average change in individual youth income in two time periods – pre-pandemic in February 2020 and seven months after the resumption of economic activities in January 2021. For the two time periods, we compared the change in average monthly income between two groups: (i) youths in IGAs in February 2020 (could be still working or not working in January 2021) and (ii) youths in IGAs in both time periods.

Youths who were working before the pandemic faced an 18 per cent decrease in the average monthly income between February 2020 and January 2021 (Figure 8). The rate is 2.5 times higher than the general sample in the PPRC-BIGD survey. We found that 15 per cent of youths working before the pandemic were no longer in IGAs. Hence, this figure reflects the fall in the average income of those youths, as well as those who were working in January 2021.

In contrast, the percentage decrease in the average income of youths who were working in both time periods was 11 per cent.

Although lower than the decrease in the full sample, the data implies a substantial income loss even among youths who were working in both time periods, even seven months after economic activities resumed. We also find that youths living in urban areas faced a greater decrease in average income between the two periods.

Almost a third of the employed population in Bangladesh have no formal education, and only 5 per cent have tertiary education (BBS 2018). The high school dropout rate (38 per cent) in the country is still very high (*Daily Star* 2018), and less than 5 per cent and less than 2 per cent of people aged 15 and above have tertiary and vocational training, respectively (BBS 2018).

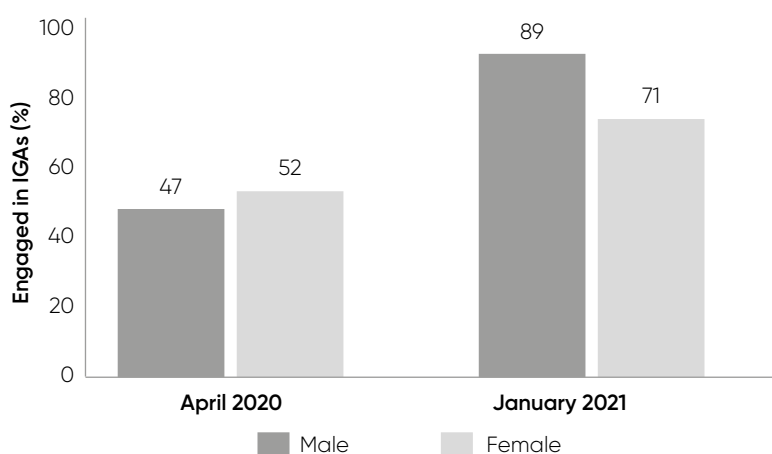
Bangladesh has allocated about 12 per cent of its total budget to education, which stands at just 2 per cent of gross domestic product (GDP) in 2021–22. Globally, the average government expenditure is 4.5 per cent GDP, and the spending in Bangladesh is one of the lowest in the world (World Bank 2021). Even amidst the pandemic, the budget allocation for education remains unchanged in terms of size and percentage of GDP.

The country ranks 116th among 183 countries on the index of quality education for the youth in the Youth Development Index (The Commonwealth 2021). In the Global Competitiveness Ranking, Bangladesh scores poorly in the categories of competitive skills (*ibid.*).

## 5.2 Loss in employment and income of female youth

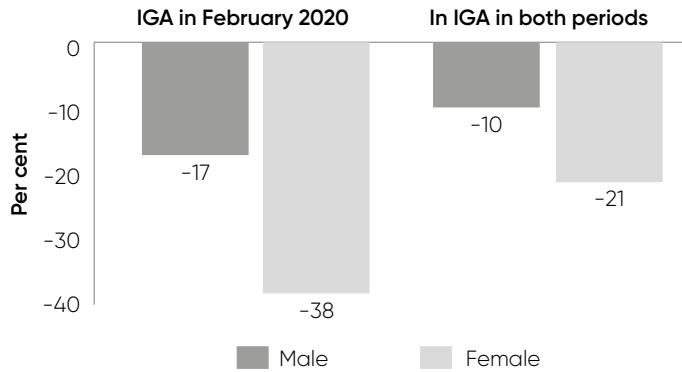
Women's participation is concentrated in certain sectors; 92 per cent of the working women in Bangladesh are employed in the

**Figure 9** Difference in youths' IGA engagement status during April 2020 and January 2021, by gender



Note Respondents among those reporting to be in IGAs in February 2020.  
Source Authors' own, based on PPRC-BIGD livelihood survey.

**Figure 10 Percentage change in youths' average income between February 2020 and January 2021, by gender**



Source Authors' own, based on PPRC-BIGD livelihood survey.

informal sector, whereas the rate is 85 per cent for working men – meaning only 8 per cent of working women are in the formal sector, less than half the rate of working men (BBS 2018).

In Bangladesh, the ready-made garments (RMG) industry is the main source of formal employment for women – 58.30 per cent of RMG workers are women (New Age 2020). With the cancellation of RMG orders when Covid-19 hit, women in the RMG sector lost their jobs. The International Labour Organization (ILO) predicts that many low-skilled women may never get back their job (ILO 2020).

A gender-disaggregated analysis shows a disproportionate impact of the pandemic on young women compared to young men. Forty-seven per cent of the male youths working before the pandemic were still working in April 2020, while the rate is 52 per cent for the female youth (Figure 9). Though a larger percentage of working female youth could retain their livelihoods during the lockdown, the difference was minor.

However, by January 2021, more male youths managed to recover their livelihoods compared to female youths. Of youths who were involved in IGAs before the pandemic, 89 per cent of the young men and 71 per cent of the young women had got back to IGAs by January 2021 (Figure 9). Almost a third of the female youth working prior to the pandemic did not find work seven months after the extended lockdown was lifted. This rate is almost three times as high as the male youth working before the pandemic.

Consequently, we see a disproportionate negative impact of the pandemic on young women's income. Figure 10 illustrates the percentage decrease in income for both groups. Among those who were in IGAs in February 2020, young women's average income decreased by 38 per cent, more than twice as much as their male counterparts who saw a decrease of 17 per cent.

In the case of female youths, jobseekers in both periods – the percentage decrease in average income was more than twice as high as their male counterparts (Figure 10).

Both our result and existing literature depicts a fragile labour market scenario for women. According to BBS (2018), the estimated unemployment rate for young men was 10 per cent, which is much lower than the rate among young women (14 per cent). In the BIGD survey, we also find that only 19 per cent of the young women were engaged in IGAs pre-pandemic, whereas 56 per cent were engaged in housework.

The gendered nature of work across industries may partially explain why the livelihoods recovery among young women is low. According to UN Women (2020), women are overrepresented in many of the hardest-hit industries during the pandemic and this fact is consistent with our survey results where we identify that occupations like private tutoring, teaching, handicraft making, and factory work have greater numbers of female participants and were hit the hardest due to the pandemic. The pandemic has made it more difficult for women to retain employment, leading to the risk of permanent unemployment because of economic and non-economic barriers to getting back to work.

## 6 Conclusion

This article discusses four major domains of development – agriculture, social protection, job creation, and education. Although agriculture, like other industries, was negatively affected by the pandemic initially, the sector recovered quickly because of well-established systems and supportive policies developed over the decades. The RMG sector, too, has followed a similar trend during the course of the Covid-19 pandemic.

The resilience of the agriculture and RMG sectors in the face of the pandemic can be explained by the politics of policy priorities in Bangladesh. Historically, food security has been a priority for all governments. The impetus to avoid crises such as the famine of 1974 has ensured policies that support long-term growth and advancement in the sector. Agriculture is the lifeblood of the rural economy, which in itself has an influential voice in national-level discourse, and the presence of systems and mechanisms that can respond swiftly to disasters has resulted in a quick turnaround despite the pandemic.

The RMG sector, too, has become critical to Bangladesh's economic success in the last two decades. The sector's substantial contribution to GDP, employment, and female labour participation, along with the considerable influence of business owners in matters of policy, has made RMG a priority for governments for a number of years now. As a result, the RMG sector has received timely support from the government, in the form of stimulus packages.

However, this has not been the case for other domains. In Bangladesh, SSNPs are rural-centric. There is no national system to include the urban poor and protection schemes explicitly designed for informal sector workers and vulnerable non-poor, a demographic that constitutes a significant portion of the population. The vulnerable non-poor, in particular, living dangerously close to poverty levels and being almost as likely as the poor to be hit hard by prolonged crisis, flew below the policy radar.

With the high unemployment fuelled by the pandemic, women and the youth are experiencing more challenges to get back into the labour market. While digital platforms have become essential for survival during the pandemic, it is more difficult for women to access digital devices and labour market participation due to the existing gender divide. A youth survey finds that 24 per cent of young women use the internet, while the rate is 56 per cent among young men (Matin *et al.* 2019).

The larger negative impacts of the pandemic highlight the importance of comprehensive social assistance programmes. NGOs have been the custodians of development in Bangladesh, especially in times of crisis. In contrast, state response has often been constrained by limitations of systemic corruption and a lack of compliance and enforcement. Moreover, state responses are often too centralised to reach target populations who are vulnerable to crises. The current pandemic points to the limitations of the existing weak and fragmented system that have become more apparent now. Similarly, the NGO-driven model of disaster response and social support appears to be no longer adequate to effectively address the multifaceted challenges of a global crisis.

Due to the increasing integration into a global economy with its own vulnerabilities, and as the epicentre of climate change, Bangladesh is likely to face more frequent shocks of this magnitude in the future. It must adopt a multi-actor, community-based, integrated model of development that embraces embedded informalities and is appropriate for the challenges of modern times.

The pandemic has shown that a horizontal approach that utilises the strengths of all available actors – from community to NGO – can be successful in delivering life-saving assistance to the most vulnerable. For a rapidly escalating and unpredictable crisis such as the pandemic an adaptive response strategy is needed, which allows for old and new networks of organisations to align and work collectively with minimum loss of lives (Khan *et al.* 2021).

Strong grass-roots-level presence and activity are needed to provide urgent, mass support during a national crisis. Innovations to address some of the practical, operational challenges of

delivery, such as targeting, can be a good point of entry. There is a need to empower local governments, independent agencies, and ministries. Local states must have the operational freedom to customise interventions based on local needs. Adaptive governance processes and decentralised authority can cope with contingent and local needs better.

The prolonged school closure during the pandemic has worsened the education sector and further increased the inequality in learning. This is why learning beyond the classroom is crucial to recover the learning loss. A local community-based learning environment can be an effective solution. Children belonging to a strong peer network find more value in their education and are less likely to drop out. Interventions should emphasise the communal aspect of learning, and promote cooperation and help-seeking behaviour.

Moreover, a hybrid model of both in-person and remote learning is a critical need, as a significant number of students do not have access to digital devices. Educational content and teaching materials need to be improved and interactive. The challenge of dropouts will become prominent as schools reopen. The dropout rate may increase because of students' inability to cope with either the learning or the financial crisis. Thus, catch-up education is going to be crucial. These catch-up classes should be scheduled out of school hours. Additionally, fiscal interventions are a necessary tool to reduce dropouts. Widening student stipends and increasing the amount of the existing stipend will help poor households continue sending their children to school.

What approaches will help vulnerable households fight against unprecedented shocks is an intriguing research question that deserves further exploration. Institutional reforms depend to an extent on the state's capacity to assess risk and vulnerability, a synergy with and among the local communities and other development actors, and the existence of efficient community-based feedback mechanisms. Although the comparative benefits of a community-based, horizontal model of development in Bangladesh have manifested during the pandemic, the mechanisms involved in such a complex, multi-actor system are not understood well yet. There is a scope for further research that explores how to best leverage the strengths of all available actors by adopting a community-driven approach to tackling crisis and adversity.



## Notes

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- 1 Atiya Rahman, Associate Research Fellow, BRAC Institute of Governance and Development (BIGD), BRAC University, Bangladesh.
  - 2 Nusrat Jahan, Head of Communications and Knowledge Management, BIGD, BRAC University, Bangladesh.
  - 3 Imran Matin, Executive Director, BIGD, BRAC University, Bangladesh.
  - 4 Hossain Zillur Rahman, Executive Chairman, Power and Participation Research Centre (PPRC), and Chairperson, BRAC, Bangladesh.
  - 5 For details on sampling, see Rahman *et al.* (2020a) and Rahman *et al.* (2020b).
  - 6 According to the National Youth Policy, 'any citizen between 18 and 35 years of age shall be regarded as Youth'. See ***National Youth Policy 2017: Draft English Version***.
  - 7 The personally identifiable information includes any external, biological, physical, or any other information that can individually or jointly identify the person.
  - 8 The eminent economist, Hossain Zillur Rahman, highlighted these five points as the rationale for the resilience of this sector in an interview (Wasif 2021).
  - 9 The latest Household Income and Expenditure Survey (HIES) was conducted in 2016. The next survey, **HIES 2020–21**, is currently under preparation.
  - 10 Fifty per cent of the size of the pre-Covid vulnerable non-poor (29.5 per cent), equal to 14.75 per cent, which we refer to as the 'new poor'.
  - 11 We inflate the cost of education collected in 2017 (baseline survey) and consider the inflation-adjusted cost as the cost at the pre-Covid-19 level.
  - 12 This percentage is based on the sample of youths who were in IGAs in February 2020, i.e. 41.5 per cent of the entire sample.

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# Positioning Research for Impact: Lessons From a Funder During the Covid-19 Pandemic\*†

Arjan de Haan<sup>1</sup> and Emma Sanchez-Swaren<sup>2</sup>

**Abstract** The Covid-19 pandemic has reinforced the value of robust, policy-relevant research to inform decision-making and heightened the need for evidence-informed responses to address worsening inequalities. While international development research has the potential to contribute to a more equitable world, research funders grapple with how to ensure that their support best enables researchers to respond to evolving evidence demands and influence policy and practice. This article reflects on lessons emerging from one of the International Development Research Centre's (IDRC) rapid-response initiatives and highlights the ongoing experiences of our research partners in influencing policy to address the socioeconomic impacts of the pandemic. We conclude that flexibility of funding, promoting Southern leadership and embedded partnerships, and ongoing support for amplification of research results help to ensure that research is positioned for impact amid constantly evolving priorities. This has implications for research funding practices and underlines the importance of addressing inequities in access to research funding.

**Keywords** international development, Covid-19, research, policy influence, research funding, inequalities, gender.

## 1 Introduction

As Covid-19 engulfed the world in early 2020, decision makers everywhere were faced with a rapidly growing list of challenges, priorities, and policy choices. The pandemic reinforced the value of robust, policy-relevant research to inform decision-making. It also soon became clear that this included the need for evidence-informed policy responses to address long-standing inequalities made worse by the pandemic.

In that context, research funders were challenged to ensure that their support best enabled researchers to respond to evolving

evidence demands and to influence policy and practice. This article reflects on lessons that are emerging from one initiative in the field of development research, by Canada's IDRC. In March 2020, IDRC launched the Covid-19 Responses for Equity (CORE) initiative which provides funding to Southern-based research organisations to generate evidence for more equitable response to and recovery from the socioeconomic impacts of the pandemic. This initiative funds 21 projects across 42 countries,<sup>3</sup> and includes dedicated support for knowledge translation and peer learning.<sup>4</sup> This article documents case studies, contributed by CORE partners, to highlight ongoing experiences of conducting research and informing pandemic-response policy.

Based on this, we reflect on the opportunities and challenges donors face in supporting locally led research, and what practices donors – and research organisations – might prioritise moving forward, including funding modalities, promoting Southern-led research, partnerships, and ongoing support for amplification of research results.

The article is structured as follows. In Section 2, we begin by situating this reflection within the broader context of research funding inequities. We then present four key themes: in Section 3, flexible funding in response to crisis; and in Section 4, positioning knowledge for impact; bolstering community responses; and adapting methods for a rapidly changing context. Alongside these reflections, we include case studies from our research partners of these dynamics in action. Section 5 concludes with lessons that the development research community can take forward from these experiences.

## **2 Unequal access to research funding**

A discussion of Covid-19's role in exacerbating inequalities, and the role of research in addressing this, must recognise the structural and long-standing disparities in access to research funding for Southern organisations. Analysis for Covid-19 research funding globally reveals that only a very small proportion of funding for Covid-19-related research is dedicated to low-income countries and involves local researchers.

A review by the African Academy of Sciences (AAS) of the first seven months of Covid-19 research funding in Africa found that only 5 per cent of funded projects involved at least one African country, and only about 3 per cent of total research funding was directed to research in Africa (Antonio *et al.* 2020).

Global health research has been strongly dominated by Northern institutions, and it is not clear whether this has been reversed during the pandemic. Norton *et al.*'s (2021) analysis of over 10,000 health projects in the database of global Covid-19 research established by the UK Collaborative on Development Research (UKCDR) and the Global Research Collaboration for Infectious

Disease Preparedness (GloPID-R) initiative shows that only 16 per cent of projects involve at least one official development assistance (ODA)-recipient country and only 15 per cent take place exclusively in low- and middle-income countries (LMICs).

In economics, there is a similar Northern dominance, as recently documented by Amarante and colleagues (2021) and Rodrik (2021). Cavanagh and colleagues' (2021) analysis of data from the American Economic Association registry of randomised controlled trials revealed that since the pandemic there had been a decreased proportion of the trials in Africa, and a decreased participation by female researchers.

Moreover, Pinho-Gomes *et al.* (2020) highlight the under-representation of women in article authorship, with lowest representation of African female scholars. Reviews of publication trends pointed to a decline in articles published by women during the pandemic, likely driven by disproportionate increases in care work, disparities in teaching responsibilities, and greater risk aversion with regard to pivoting to new projects (Vigliante 2020).

These inequalities matter more than ever, given the global nature of the pandemic, its unequal impacts, and the need for locally specific responses. We now turn to the IDRC response to support local research.

### **3 IDRC response: flexible funding in response to the pandemic**

Global research funders responded rapidly to the onset of the pandemic in early 2020.<sup>5</sup> IDRC supported six initiatives in response to the crisis, ranging in focus from refugee health to food systems to artificial intelligence.<sup>6</sup> This article draws on the lessons of the CORE initiative, which provides funding to Southern-based research organisations to generate evidence for more equitable response to and recovery from the socioeconomic impacts of the pandemic.

While the scale of the pandemic was unknown when this initiative was launched in March 2020, our assessment was that the severe impacts of lockdowns on livelihoods and inequalities warranted prioritising research on the non-medical dimensions of the pandemic. We focused this on three broad thematic priorities: macroeconomic policies for relief and recovery; supporting the essential economic activity and protection of workers and small producers; and promoting democratic governance and effective, accountable responses to the pandemic. Across the themes, we placed particular emphasis on promoting equitable responses and recovery that takes into account the needs of those most impacted.

Flexibility of funding was key to this initiative. IDRC's targeted call for research proposals offered relatively flexible funding along the above-mentioned broad themes, with few geographic limitations.

Research organisations could use the funds to continue or pivot existing research in light of new Covid-19 constraints or propose new areas of research in response to the crisis. This flexibility was prioritised as – back in spring 2020 – the trajectory of the pandemic was of course unknown.

This flexibility was made possible by two factors. First, IDRC built on its extensive network in the policy–research community in the global South, built up through decades of programming. Second, we took forward the findings of the external evaluation of IDRC's Think Tank Initiative (TTI) – which supported Southern national thinktanks over the course of a decade – which had shown that relatively flexible funding had effectively enabled recipients to engage meaningfully with policymaking and navigate the uncertainty of policy influence.<sup>7</sup> As a rapid-response effort, the CORE initiative did not include the core funding elements of this earlier initiative, but it did take forward these lessons on donor flexibility as key to achieving policy uptake objectives.

Within the initiative's broad thematics, research organisations were able to define context-specific research questions and methodologies and adapt to evolving policy priorities. While Covid-19's impacts vary dramatically across settings, certain common findings are emerging: significant job loss, especially in the informal sector; interruptions to health services and education; increases in women's care burden; rising food insecurity; shrinking civic space; and with exacerbating inequalities across all these.

The flexibility of the research support also promoted collaboration across contexts. Most projects supported under the initiative are multi-country in focus, and several are multi-region. The majority work in consortia of multiple organisations, with some partnerships established from project inception and others emerging as projects progress. Flexibility in the research funding enabled partnerships to emerge organically around pressing research needs and opportunities for comparative learning, while supporting institutions to pivot ongoing work to respond to the pandemic. The networks that have emerged have also enabled the sharing of data and comparing of evidence across contexts, as well as the exchange of good practices for carrying out quality research under the current conditions.

## 4 Findings

### 4.1 Positioning knowledge for impact: embedded partnerships

Positioning research for impact and influence is paramount for all development research and for IDRC.<sup>8</sup> Despite the global nature of the pandemic, the articulation of its impacts and needed policy responses are deeply contextual.<sup>9</sup> Key to embedding research in context is situating it within these policy spaces, and thus creating effective research–policy partnerships.<sup>10</sup> Several CORE projects provide examples of these principles in practice.

The institutions supported by this IDRC initiative range from independent thinktanks to academic institutions to global or regional research networks. Each of these positionalities informs how researchers are seeking to influence policy with the evidence they are generating. Researchers have established direct partnerships with officials at different levels of government and tailored research questions to address their most pressing policy needs. In other instances, researchers were able to align their work with the priorities of the civil society organisations, working to raise the voices of those being left behind in pandemic responses.

The following description of the work by Grupo de Análisis para el Desarrollo (GRADE)<sup>11</sup> in Peru is an example of working with both government officials and civil society. In efforts to address growing food insecurity in the country, GRADE works alongside groups of vendors to amplify their perspectives and seek more inclusive policy responses. Their approach highlights the importance of adapting partnership strategies to address the priorities of different actors – in this case national and municipal policy institutions as well as the private sector.

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### **Case 1: Flexibility to respond to changing policy priorities**

Grupo de Análisis para el Desarrollo (GRADE), a private non-profit and independent research centre in Peru, is bringing a gender lens to understanding the role of food systems, labour markets, and social protection to address socioeconomic impacts of the Covid-19 pandemic. The project supports healthier food systems by developing tools to enable more efficient local food markets and reduce the risk they pose for spreading diseases. The research supports sustained food security by exploring novel ways to ensure that food supplies reach vulnerable groups, especially during the anticipated severe economic downturn. GRADE concentrates on solving immediate problems while creating more efficient and gender-inclusive systems. By taking time to understand the dynamics of their knowledge users, they are able to shift their activities to respond to community and policy needs and priorities.

Initially, GRADE worked with the Ministry of Development and Social Inclusion (MIDIS) to design a national survey assessing whether community-based food security strategies (namely, *comedores* (communal kitchens) and *ollas comunes* (common pots)) were meeting the needs of the most vulnerable. Political changes led to turnover among officials and difficulty progressing this partnership. GRADE then turned to the municipal level, where they worked with the Municipality of Lima to design a protocol for providing support to



*ollas comunes*, which are community-led efforts in poor neighbourhoods to share food in times of disaster. These are located in poorer areas and not subsidised or officially recognised.

The Municipality of Lima was in the process of creating a database to register the city's *ollas comunes*, and to gather food donations from private entities to distribute to them. Recognising this opportunity for evidence to inform this effort, GRADE helped to design and evaluate an additional programme on nutrition management and organisation, aimed at empowering the women who lead the *ollas comunes*. GRADE also resumed work with MIDIS at the national level on a new strategy to identify and prioritise vulnerable areas and determine *comedores/ollas* that should receive food support. GRADE thus supported this new strategy by convening MIDIS, the Municipality of Lima, and the Ministry of Defense to identify synergies and shared objectives.

GRADE also collaborated with groups of women food vendors to develop an online shopping platform with digital payments, which was tested and then rolled out in four markets. Training vendors on the use of the app and digital payment methods is expected to help close gender gaps in financial inclusion, technical skills, and entrepreneurship. To strengthen credibility of this approach and increase the likelihood that it is scaled nationally, GRADE partnered with the Peruvian Bank Association (ASBANC) to systematise and evaluate the results of the digital payments initiative. It has attracted the attention of the Ministry of Production, and GRADE has been made a member of the executive task force for the improvement of food markets.

Gaining proximity to public officials required approaching them from the perspective of understanding what their priorities were and identifying ways GRADE could support those goals, rather than pushing a project agenda. Systematic reviews of protocols and laws clarified the dynamics of these actors and their needs, and built trust. This up-front investment in building and understanding pathways to impact at different levels will better position GRADE to influence policy decisions as the partnership progresses, drawing on their grounding in community efforts.

Contribution by Ricardo Fort, Principal Investigator,  
**Grupo de Análisis para el Desarrollo**

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To ensure that research is likely to have an impact, the research agenda cannot be driven only by assessment of knowledge gaps; priorities need to be shared with users or stakeholders, throughout the research process. Several CORE projects are promoting sustained interactivity through inclusion of policy actors in project-steering groups, to establish feedback loops and ensure that research remains demand-driven as policy needs evolve alongside changing pandemic realities. For one project measuring Covid-19's impact on poverty at a national level, endorsement from inception by government officials allowed researchers to seek their input on the variables to be studied, tailoring these to address specific policy needs. Another project led by the Economic Policy Research Centre focuses on the pandemic's impact on small and medium-sized enterprises (SMEs) in Uganda. It brings government officials from relevant ministries into conversation with representatives from national SME business associations. Project dissemination workshops and steering group meetings ensure that actors deliberate together on appropriate responses and objectives.

In Pakistan, the Sustainable Development Policy Institute (SDPI) harnessed its long-standing relationships with key policy actors to promote mutuality and policy adaptability.<sup>12</sup> SDPI included high-level ministries' representatives in its project advisory group, seeking their input on the project approach from the inception and creating ongoing feedback loops. When government actors declared that a Food Security Dashboard was their top priority, SDPI began to work closely with the Ministry of National Food Security and Research (MNFSR) and the Food Security Advisory Council on a Food Security Dashboard that monitors prices of essential commodities at federal and provincial levels (Alvi 2020). The Dashboard has since been approved by the prime minister and launched with MNFSR. The research has gained traction through SDPI's Public Policy Dialogues, which bring together policymakers, the private sector, academics, and development partners for open dialogue.

The Southern-led research network Partnership for Economic Policy (PEP) further demonstrates the advantage of contextually embedded research in conjunction with capacity building for policy influence. Through its Policy Outreach Committee,<sup>13</sup> PEP supports local teams, often comprising early-career researchers, to develop research that is relevant for and communicated strategically to country-specific stakeholders. By assigning the Policy Outreach Committee members as mentors to these local researchers, PEP builds local capacity and ensures that research addresses current (and evolving) policy questions and is positioned for use.

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### **Case 2: PEP's approach to building bridges between research and policy**

The Partnership for Economic Policy's (PEP) approach is premised on the belief that evidence produced from an in-country perspective, by empowered and engaged local researchers, results in better policy choices, more sustainable development outcomes, and more inclusive policy debates. As a network, PEP facilitates collaboration between local researchers and stakeholders to produce contextualised, policy-relevant evidence while strengthening the capacity of these researchers through training and mentorship programmes, including for policy analysis and outreach.

Through this approach, the PEP-supported team in Pakistan held periodic meetings with officials from the National Planning Commission to share their latest findings and discuss evolving policy needs. Each meeting led to identifying a new set of policy scenarios for the team to analyse. After presenting the results from their third round of simulations, the team found out that their initial findings had helped inform the formulation of the 2021–22 federal budget. Specifically, in light of the team's simulation results, the Federal Bureau of Revenue decided to extend the tax relief programme for another year and introduce a targeted subsidies programme for agriculture. The findings also influenced the National Tariff Commission's decision to reduce tariffs on imports of input and intermediate goods in order to enhance industrial competitiveness.

In Nigeria, the PEP-supported project was integrated into the working agenda of the special Economic Sustainability Committee, created by President Buhari in March 2020 to develop the country's crisis response and recovery plan. The Committee – formed of high-level representatives from various government agencies – not only informs the research agenda, but also monitors progress and results through periodic reports by the PEP-affiliated researcher.

In Zimbabwe, the PEP-supported team's influencing strategy focused on the National Covid-19 Task Force. In June 2021, the lead researcher was invited to present the research and findings to the Chairperson of the Task Force, the Minister of Defence and Security. The Minister immediately presented these findings to the Cabinet and conveyed that the government intends to implement some, if not all, of the resulting policy recommendations.

Contribution by Marjorie Alain, Director of Communication, **Partnership for Economic Policy**

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While the impact of these efforts is still bearing out – and pathways to impact are never fully linear – our programming experience suggests that previously documented strategies for effectively embedding knowledge users in research projects hold true under pandemic conditions. Partnership with knowledge users opens avenues to policy influence through access to national committees and working groups. This access is particularly vital in a crisis context, with its heightened imperative to shorten research to impact cycles, and with its increased demands on policymakers.

The inclusion of CORE-supported researchers in pandemic-response committees and government task forces speaks to the embeddedness of the institutions themselves in the broader policy context and emphasises the value of existing connections between researchers and knowledge users for research uptake. The demonstrated value of this embeddedness underscores the importance of investing in local research and partnering with institutions with existing access to the relevant policy actors.<sup>14</sup>

Even the best designed project feedback loops – through advisory committees or steering groups – can be impacted by political events, shifting political interests, institutional changes, and staff turnover. Adaptability to changing policy contexts has been made possible by the contextual knowledge of the institutions and individuals carrying out the research, including existing in-roads, networks, and capacity to engage. In two of the PEP projects, in Benin and Côte d'Ivoire, the research mentors that support the early-career researchers reported playing a key role in helping the projects adapt to the specific and changing circumstances.

Research funding that prioritises positioning knowledge for impact can support researchers in embedding knowledge users and policy actors in projects. In particular, project design, team composition, and budgets, in our view, should include 'research uptake' or 'knowledge translation' plans, and donors can support learning about the capacity for research uptake.

#### **4.2 Bolstering community responses: research amplifying diverse voices**

The examples above highlight how researchers engaged with government officials responsible for pandemic responses. Ensuring that citizens' and community voices are part of and reflected in the research and policy recommendations is equally critical. The pandemic has demonstrated that this is particularly true in the context of weaker state capacity (and/or 'political will') and, for example, when the most vulnerable, such as migrants and informal sector workers, are invisible to government statistics or thinking.

The CORE-supported project led by WIEGO (Women in Informal Employment: Globalizing and Organizing) points to the

power of partnerships between researchers and civil society groups.<sup>15</sup> Its work shows how researchers can play a key role in connecting community-level priorities and government action. WIEGO's approach is helping to ensure that the needs of those most impacted by the socioeconomic consequences of the pandemic inform policy decisions and create awareness of the commitment and effectiveness (and limitations) of community-based responses. The work includes working with grass-roots organisations and networks to generate the evidence that fuels their advocacy.

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### **Case 3: WIEGO's approach to co-production: grass-roots leadership in research**

Through a longitudinal study spanning 12 cities, the global network WIEGO (Women in Informal Employment: Globalizing and Organizing) is investigating the impact of the Covid-19 crisis on informal workers' livelihoods (WIEGO 2021). Over 90 per cent of workers in developing countries are informally employed, with higher rates of informal employment for women. The pandemic has had catastrophic impacts on these workers. WIEGO uses a mixed-method approach that combines a survey questionnaire with in-depth stakeholder interviews and focus group discussions. To inform responses to this crisis, WIEGO has partnered with membership-based organisations (MBOs) of informal workers.

By conducting research in partnership with MBOs, WIEGO generates results that will be used by their partners in their ongoing advocacy processes that impact on their livelihoods. In Thailand, WIEGO partnered with the Federation of Informal Workers of Thailand and HomeNet to present a targeted list of demands to the Minister of Labour, who in response convened two Ad Hoc Committees. These led to agreements to reduce social security contributions for informal workers, expand access to ministerial rehabilitation centres, and open a Covid-19 check-up centre, as well as to the introduction of a new Informal Worker Law within the National Assembly.

In partnering with MBOs such as HomeNet and the Federation of Informal Workers of Thailand, WIEGO is adopting an approach honed and developed over the years through a range of collaborative, multi-city studies. This approach is characterised by co-production, fostering collective ownership over the research process and results. Through partnership with HomeNet and the Federation of Informal Workers of Thailand, the respondents are included in the survey process via existing relationships. By participating, they

connect with and gain access to a window of support or mutual aid from the partner organisations which they belong to. Organisations involved in the study are generally able to connect respondents to available resources from government or other non-governmental agencies. Also, the MBOs of informal workers are the primary data owners. Data and reporting for their use is prioritised and tailored to meet their needs. The main indication that WIEGO achieves this ownership is the regular use of this data in advocacy with governments for meeting policy demands.

This approach to co-production and shared ownership requires flexibility in research design and budgeting. It may involve the need for extra resources for researcher trainings, translations, and even compensation to participating workers as a form of mutual aid. It may also require flexibility with timelines, as worker organisations juggle multiple priorities in addition to the research partnership and may need additional time for data collection. WIEGO aims to strengthen the research, policy analysis, and advocacy capacity of the MBOs they partner with, while rejecting Northern-centred, extractive, or top-down research approaches. Conducting research with partner organisations makes it more likely that results are used in context – often shared back and validated with the respondents themselves.

By embedding research in relationships and in context, the resulting data is richer and more reliable. Tools are often designed in close consultation with local organisations and local researchers. Working in partnership with MBOs means that interviews and surveys with workers are often being conducted by individuals whom the worker knows – or by a representative of an organisation they are a member of. These relationships of trust can facilitate more precise data collection, which WIEGO then analyses with its partners, which is particularly crucial in a rapidly changing crisis.

Contribution by Ana Carolina Ogando, Research Associate; Marty Chen, Senior Advisor; Jenna Harvey, Global Focal Cities Coordinator, **Women in Informal Employment: Globalizing and Organizing**

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WIEGO's experience and the examples shared above underscore the importance of funding locally led research, with organisations that are embedded in the context within which they are seeking to affect change. It also highlights the value of investing in organisational strengthening of these institutions. Their connectedness means that they are best able to respond to emerging issues, as demonstrated in the extreme by the pandemic.

### 4.3 Approaches and methods: research for a rapidly changing context

While the pandemic led to a surge in demand for evidence, both on pandemic impacts and policy effectiveness, health risks and mitigation measures posed limitations on the ability to conduct research. Lockdown and travel restrictions limited collection of empirical data, with telephone interviews and other remote methods replacing regular fieldwork methods.<sup>16</sup>

The pandemic context highlighted the value of a varied set of research approaches and methods. On one side of the methodological spectrum, PEP research applied simulation techniques to assess the impact of Covid-19-related measures and the associated social protection interventions. With a need for rapid insights at national scale and in the absence of reliable household surveys and macroeconomic data, these simulations help answer questions identified by government partners. This approach compares scenarios without and following shocks, with the hypothesised shocks based on labour force or enterprise surveys where available, often relying on telephone surveys.

On the other hand, WIEGO's approach has a participatory emphasis. It uses mixed methods to promote the co-production of evidence (based on existing relationships), and in-depth exploration of the level and depth of the impacts of the pandemic. Qualitative analysis helps interpret and nuance the quantitative data, as it adds the 'human dimension' as well as context to the 'data'. WIEGO applied a longitudinal approach, again facilitated by continued partnerships, to secure a comprehensive tracking of how the multidimensional crisis (with the economic, health, food insecurity, and care crises interlinked) and multi-year crisis (with multiple waves of the pandemic, new variants, repeat restrictions and ongoing recessions) has impacted distinct occupational groups of informal workers.

During the pandemic, virtual methods have predominated, and many research teams have relied on telephone surveys. This inevitably leads to new challenges. For example, it has increased the need for ethical reviews to assess pandemic-related risks for both researchers and research participants. Ensuring that all groups are represented in surveys, and particularly under the circumstances of lockdown, and creating private and safe spaces for research participants has been shown to be particularly important.<sup>17</sup>

The pandemic's impacts on the conduct of research extended beyond the choice of methodology. One project that adopted telephone-based surveys found that they experienced higher refusal rates than pre-pandemic.<sup>18</sup> Lack of internet access in certain locations or among specific groups (e.g. low-income, female-headed households) limited intersectional perspectives being reflected in research samples. Also, capturing data that

disaggregated gender beyond binary categories was more challenging by telephone, where questions of this nature could be considered sensitive or cause offence. The project employed an innovative e-diary approach to gathering qualitative data – which entailed respondents documenting 14 days of their lockdown experience through messages, images, videos, and voice clips shared via WhatsApp – but only people with smartphones could be reached via this method.

To address the lack of visible cues and limited interpersonal connections, WIEGO's research teams worked to establish a sense of empathy and deep listening over the telephone. The inclusion of open-ended questions at the end of the survey allowed respondents to speak freely about concerns they held and challenges they were facing. These open-ended questions not only captured elements of workers' lived experience, but also worked to establish a rapport with the respondents.

None of the changes in methods are out of the bounds of existing methodological approaches, and some may contribute to improvements in research approaches in the long run. Institutions found ways to choose the most applicable methods from their arsenal of methods – such as PEP modelling, GRADE building on earlier work, and WIEGO leveraging their networks. The ability to adapt methods, shift timelines, and, in some cases, pivot research focus has been and will continue to be essential both to obtaining robust data and responding to changing evidence demands. However, the ability to adapt quickly, pivot, and articulate different voices relies on strong, multidisciplinary research capacities. For research funders, this also requires funding modalities that are aligned in terms of both long-term support to build needed capacity and short-term flexibility to respond to circumstances.

## 5 Conclusion

Supporting and carrying out research during and in response to an ongoing pandemic has been an exercise in adaptability and responsiveness. The heightened urgency for solutions, changing policy priorities, and unpredictable research conditions have intensified existing challenges to promoting evidence-based responses to socioeconomic inequalities. The reflections in this article offer a glimpse of how researchers are responding to these extremes, and how funders can support this.

From an IDRC perspective, a call for enhanced support to Southern researchers is neither new nor surprising. The contribution of this article is to show how funding dedicated to supporting Southern research has been able to contribute to locally relevant responses, while also informing global practices and debates. We are doing this with the insights gained halfway into the programme, which allows us to assess how organisations are positioning themselves for impact, with some indications of



successes. This has not been without missteps and challenges. Of course, much more analysis could usefully be done.

At this point, the following themes are emerging as important elements of impactful development research. Mirroring earlier IDRC experience, particularly around the TTI, we are seeing during these exceptional circumstances the value of relatively flexible funding (see also Rose and Estes 2021). Local needs vary and change, and so do opportunities for research to support inclusive policies. While this heterogeneity makes drawing clear-cut conclusions more difficult, we see evidence that a range of stakeholders' needs can be met when research organisations have the flexibility to set research priorities.

We are also learning lessons about the types of research partners and approaches that are effective in positioning evidence for use. Leveraging existing connections and nuanced understanding of policy dynamics in their context, researchers are pursuing a range of strategies for impact: from working closely with government officials, to brokering private–public partnerships and dialogue, to partnering with established civil society and grass-roots organisations. We believe that there is significant value in research funders supporting this diversity of approaches.

Finally, we are seeing the value of sustained support to local organisations. Support over the long term helps promote the embeddedness of research organisations, enabling them to build trust with relevant knowledge users through consistent engagement. It also allows for the strengthening of methodological capacity within institutions over time. These two elements – embeddedness and methodological adaptability – have been key to positioning knowledge for use in the wake of the Covid-19 pandemic.

The global research community has responded to the pandemic with significant efforts to support responses with timely evidence – recognising both the global nature of the crisis and the heterogeneous impacts. However, inequalities in research funding have persisted, across geographies and social differences, including gender. This imbalance predates the current crisis and its implications for pandemic recovery are still emerging. Supporting local policy-focused research will continue to be a priority in the ongoing pandemic and recovery from it.

### Notes

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- † This article has been written by two staff of the International Development Research Centre (IDRC) who were directly involved in the implementation of the initiative described here. The views expressed here are those of the two authors, and do not necessarily represent those of IDRC or its Board of Governors. The article includes direct inputs from IDRC's partners (see boxes in Section 4). The conclusion drawn and errors in the article remain the responsibility of the two authors.
- 1 Arjan de Haan, Senior Program Specialist, International Development Research Centre, Ottawa, Canada.
- 2 Emma Sanchez-Swaren, formerly Program Officer, Democratic and Inclusive Governance Division, International Development Research Centre, Ottawa, Canada.
- 3 See IDRC news story '[New Projects Address Socio-Economic Impacts of COVID-19 on Vulnerable Populations](#)'; this includes grants to organisations and for projects with a network of organisations.
- 4 Southern Voice has created a **digital knowledge hub**, which draws on 700 resources produced by its members; the Institute of Development Studies (IDS) supports IDRC and the research partners to maximise the learning generated across the research portfolio and deepen engagement with governments, civil society, and the scientific community: [Covid-19 Responses for Equity \(CORE\) Knowledge Translation Support](#).
- 5 The response in clinical trials is described in Park *et al.* (2021); a similar overview of socioeconomic research is not available to our knowledge, but, for example, ResearchGate's 'Covid-19 research community' lists 26,352 contributions (as of 10 September 2021).
- 6 **IDRC's response to Covid-19** amounted to a CA\$54.6m investment, in more than 65 countries. The CORE Initiative allocated some 20 per cent of the annual budget, in the first quarter of the financial year.
- 7 This was documented for the Think Tank Initiative (TTI) that IDRC implemented during 2008–19, in the external evaluation by Christoplos *et al.* (2019): 'Flexibility and grantee discretion have been central to achievement of [TTI] outcomes since the choice of what is the most appropriate public policy to adopt on a specific issue at a given time and context is never predictable or straightforward, even under the best of circumstances' (p5). 'The efforts of the TTI grantees reflect a recognition of how policy influencing processes are based on relationships and networks' (p6). See also Rose and Estes (2021).
- 8 IDRC's **RQ+ framework** assesses research quality not only on technical merit, but also on the positioning of the research findings for influence and impact. Assessing the impact of

- research requires qualitative, grounded assessments of local context.
- 9 For example, Adams *et al.* (2021) describe the specific pandemic impacts in Africa, the role of demographic age structure, and stress that pandemic mitigation measures need to consider the multiple impacts and context-dependence of mitigation measures.
  - 10 Georgalakis and Rose (2019) and Georgalakis (2020) highlight three aspects of effective partnerships: bounded mutuality, sustained interactivity (with a focus on engagement from project start), and policy adaptability. See **PEP's approach** to supporting researchers to develop such engagement.
  - 11 **GRADE website.**
  - 12 **SDPI website.** The institute's Covid-19 research is described in its **Covid-19 blogs.**
  - 13 See **PEP Policy Outreach Committee.**
  - 14 This was also a key conclusion from a discussion hosted by the Center for Global Development (CGD) and Innovations for Poverty Action (IPA): both existing policy–research partnerships and the nature of partnerships are critical (Rose and Estes 2021); also, as mentioned, highlighted (pre-pandemic) by Georgalakis and Rose (2019).
  - 15 As far as we are aware, there appears to be a lack of reflection on research process led by advocacy-focused organisations, but see Mayne *et al.* (2018) and Pollard and Court (2005).
  - 16 Strachan (2021) describes the main challenges on research methods caused by the pandemic.
  - 17 UN Women call on local governments to **ensure safe spaces**, including the strengthening and expansion of shelters, helplines, and counselling adapted to the crisis context.
  - 18 See **Research ICT Africa.**

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# Livelihoods and Welfare Amidst Layered Crises in Afghanistan\*

Orzala Nemat,<sup>1</sup> Vidya Diwakar,<sup>2</sup> Ihsanullah Ghafoori<sup>3</sup> and Shukria Azadmanesh<sup>4</sup>

**Abstract** Afghanistan experienced an extraordinary situation in 2021, marked by intensified conflict, the Covid-19 pandemic, and prolonged drought. This article reflects on the research method and approaches employed to investigate these overlapping crises, and the applications of this approach to assess the livelihoods impacts of the pandemic in the context of conflict and climate change in Afghanistan. It relies primarily on field qualitative data collection and analysis from Kandahar and Herat provinces supported by further insights from the quantitative analysis of household survey data in 2019/20, part of which overlaps with the onset of the pandemic. Reflections on the methodology reveal the importance of longitudinal qualitative methods of analysis to understand the pathways through which layered crises can affect people's lives and livelihoods. These research findings are used to develop implications for coherent development of policies and programming to better support poor and vulnerable Afghan people in the context of overlapping crises.

**Keywords** Covid-19, livelihoods, conflict, climate, mixed methods, Afghanistan.

## 1 Introduction

Afghanistan experienced an extraordinary situation in 2021. This situation presents a complex example of how an intensified level of conflict, the Covid-19 pandemic, and an increasing prevalence of drought due to climate change has been affecting people's livelihoods in different ways. Pre-August 2021, the country had experienced record levels of violence across the provinces (UNAMA 2021). This was followed by the gradual fall of districts, provinces, and finally the capital, Kabul, into the hands of the Taliban. Meanwhile, Afghanistan experienced the impacts of the pandemic which hindered people's access to jobs, health care,

and different sources of revenue. Alongside this, the second-worst drought in four years (IFRC 2021) has widely affected the livelihoods of the majority of people who rely on agriculture and livestock as their sole source of income.

There has been limited research into how these situations have combined to affect livelihoods and wellbeing in Afghanistan. This article attempts to advance our understanding of this issue and promote research that investigates these overlapping crises. It is based on research that focused on how the pandemic has affected the labour market and livelihood stability for young Afghans, how have they coped (differentially), and what types of collective action and sources of resilience they have employed during this period.<sup>5</sup>

The article has two key objectives. Firstly, it reflects on the research method and approaches employed, drawing on key lessons learned from conducting research in a time of overlapping crises, marked by a pandemic, in an intense conflict-affected setting, and where there was increased economic uncertainty due to prolonged drought. Secondly, the article assesses livelihoods impacts of the pandemic in the context of conflict and climate change in Afghanistan using field qualitative data from two provinces (Kandahar and Herat) and supported by quantitative research based on the Income, Expenditure and Labour Force Survey (IE&LFS) 2019/20, part of which overlaps with the onset of the pandemic. These research findings in turn are used to develop implications for policies and programming to better support livelihoods of poor and vulnerable Afghan people in the context of overlapping crises.

The article is structured as follows. Section 2 reviews the context, encompassing the pandemic, conflict, and climate change which characterise Afghanistan in recent years, with a focus on Kandahar and Herat provinces. Section 3 then details the methodology adopted for our analysis, including reflections on qualitative data collection in contexts of overlapping crises, and the role of mixed methods to improve our understanding of these complex contexts. Section 4 highlights the overlapping context of intense conflict, the pandemic, and climate change, alongside the resulting coping strategies adopted by households since the onset of the pandemic. Section 5 concludes with policy implications and recommendations stemming from the research results around overlapping crises in these contexts.

## **2 Crises in Afghanistan, with a focus on Kandahar and Herat provinces**

Afghanistan has a predominantly rural population, which is also where the majority of households in poverty reside (NSIA 2021). There are subnational variations to this profile, however. Kandahar Province is the central hub for most of the south and southwestern provinces in terms of migration, commercial and trading activities,

education, and cultural as well as political activities. Kandahar Province holds one of the largest border crossings, the Spin Boldak–Chaman border with Pakistan. The Kandahar Province population in 2021 was an estimated 1.4 million, with a 0.8 million rural population and a 0.6 million urban population (*ibid.*). Herat Province is the commercial, economic, educational, and cultural hub of western Afghanistan, with an estimated population of 2.1 million, of which 1.5 million are rural and 0.6 million are urban residents (*ibid.*). Economically, Herat is frequently represented as one of Afghanistan's most stable and well-off provinces (Huot, Pain and Ghafoori 2016) and Kandahar as the city of power hubs for political elites such as Karzai (Jackson 2015). However, in recent years, this situation has been changing, on account of various crises as detailed in the following sections.

### 2.1 Covid-19

The Covid-19 pandemic reached Afghanistan in the earlier stages of its global spread during the spring of 2020 (Wu *et al.* 2020). Since then, there have been multiple pandemic waves variably affecting different parts of the country. Globally, as of April 2022, there have been over 494 million people who have been infected and over 6.1 million people have lost their lives due to Covid-19 (WHO 2022). One of the main challenges in countries with protracted years of violent conflict and weak management systems is the lack of reliable data, but despite that (and based on official figures), 177,974 Afghans have been infected with Covid-19 and by April 2022, 7,671 had died in the country (*ibid.*) The data collection for this study was conducted during April–July 2021, which was also one of the peak times for Covid-19 spread across Afghanistan, and both Kandahar and Herat were among the provinces with the highest number of positive cases.<sup>6</sup>

Herat Province was where the first Covid-19 test was declared positive in Afghanistan (Mousavi *et al.* 2020). Herat became one of the worst suffering parts of the country during the very first wave of the pandemic in 2020. At the same time, access to verifiable Covid-19 data in Afghanistan has been hugely problematic due to sociocultural stigma; many families would hide suspected cases to begin with, and those with weaker symptoms would rarely attempt testing or treatment (Khudadad *et al.* 2021: 221). Therefore, often the data for the two selected sites are only an estimation of the actual active and confirmed cases of Covid-19 patients, many of whom faced severe health issues or were even hospitalised.

From the early days of Covid-19 being declared as a pandemic, there have been different responses by various actors on the ground in Afghanistan. The non-governmental organisations (NGOs) mostly working on community-based development have designed awareness campaigns about health and hygiene, preventative measures, and have provided some emergency personal protective equipment (PPE) to medical personnel.



The government response, though not highly coordinated, was divided into two parts: the Ministry of Public Health (MoPH) took the lead on the emergency health response by creating Covid-19 treatment centres, testing centres, and provision of PPE to health sector personnel. The Ministry of Rural Rehabilitation and Development (MRRD) and the Independent Directorate of Local Governance (IDLG) jointly with financial support from the World Bank, opened a new project line called Relief Effort for Afghan Communities and Households (REACH), also known locally as Distarkhwan-e-Milli, with a US\$280m budget (August 2020–December 2021) (World Bank 2022). According to a Special Inspector General for Afghanistan Reconstruction (SIGAR) report (2021), the United States Agency for International Development (USAID), the World Bank through the Afghanistan Reconstruction Trust Fund (ARTF), and the Program for Asia Resilience to Climate Change (PARCC) have collectively provided cash support worth US\$253m in response to the pandemic and for drought-affected families (SIGAR 2021). Although the REACH project has been operationalised, the anti-government armed opposition at the time have opposed programme implementation in some parts of the country due to concerns about lack of coordination with them, corruption, and the programme not reaching the neediest people.<sup>7</sup>

## 2.2 Insecurity and climate change

Parallel to the pandemic, Afghanistan has also experienced one of the most challenging phases of its history during this period. First, the worst surge in violence across the country during the first half of 2021 resulted in massive displacement, job losses, and limited access to markets. Second, by mid-August 2021, the entire government, that was mainly depending on external aid funds, had collapsed and the Taliban, which operated as the key military opponent to the government, had taken full control of the country. These developments were followed by the collapse of international development aid flow, closure or further restrictions on borders for trading, and an even worse level of unemployment and humanitarian crisis during the summer of 2021.

Within Afghanistan, both Herat and Kandahar provinces are magnets for internally displaced persons (IDPs) who leave their homes, mostly in the western region and central highlands and southern regions, arriving in the provinces to settle in order to seek assistance and/or seek jobs in the labour market (Mansfield 2021). This happens more intensely during the months of June and July. With a record-level spike in violence in the country during the first half of 2021, both Kandahar and Herat provinces experienced a number of high-profile security incidents. On 13 February 2021, the main port, Islam Qala, was set on fire which cost millions of dollars in losses for businesses and traders. A UN office in Herat City was attacked in July 2021 which was reported in the international media. Kandahar security deteriorated most significantly in the bordering city of Spin Boldak, with reports of 100 people being killed (Aljazeera 2021). In both provinces, there

was daily violence, including the kidnapping of – mostly – traders and businessmen and their relatives for ransom. Ultimately, both Kandahar and Herat provinces were fully captured by the Taliban on 13 August 2021. By that time, the Taliban already controlled the border crossings and most of the districts in both provinces prior to this date.

Another key stressor in Afghanistan has been the prolonged nature of drought, often attributed to climate change. The drought during 2021 was officially declared in January 2021 by the former president of Afghanistan (IFRC 2021). It is the second severe drought in four years. As a result, the wheat crop was estimated to drop by nearly 2 million tonnes and over 3 million livestock were considered at risk of death due to lack of fodder and water (*ibid.*) This situation, combined with an increase in violence as previously mentioned, also resulted in massive displacement of the population and by the first half of 2021, over 600,000 people were displaced due to both severe conflict and drought (*ibid.*).

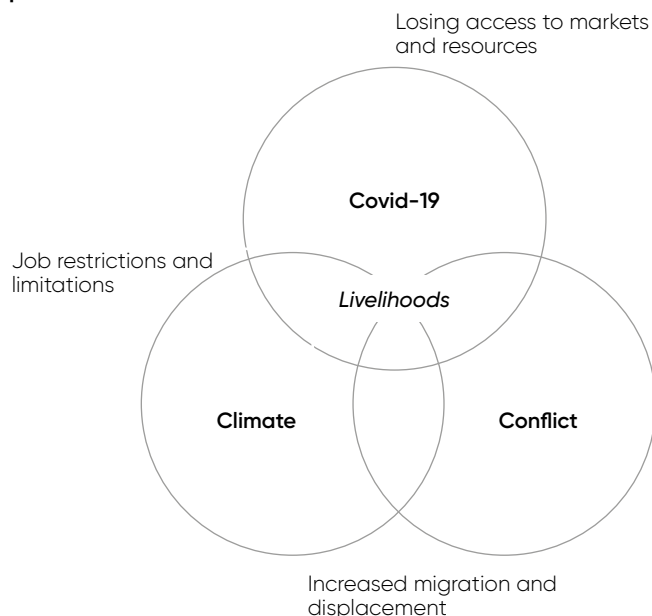
### 2.3 Livelihood strategies

The onset of the pandemic, increased insecurity, and climate change have contributed to changing livelihood strategies. In the last few years, even prior to the pandemic, both provinces were severely affected by having reduced political influence in the capital as well as by severe drought, and even in Kandahar Province, the cropping season has reduced from four to two seasons. Hence, to reduce the effects of drought and limited access to resources, households have diversified income sources including farm and non-farm sources in both provinces, such as through migration and daily wage labour (Huot *et al.* 2016). Migration to Iran has been observed more in Herat Province than in Kandahar Province over the years, often related to repaying past debts or in response to drought. Instead, the economy of Kandahar has been boosted by the cash flow of reconstruction funds that massively inflated the economy (*ibid.*).

Other kinds of income sources common in these two provinces were working in the brick fields,<sup>8</sup> the construction market, seasonal wage labour in the agriculture market, selling the harvest or vegetables for daily consumption, and working in NGOs, or in the private and government sectors. However, there has been a growing reduction in all of these markets, which has meant that people frequently have limited access to daily wage labour, and migrating to Iran has become a very challenging and risky journey since the start of the pandemic. Therefore, in both provinces, the livelihoods, income sources, and lifestyles of people have changed tremendously.

To sum up, as Figure 1 illustrates, the overlapping crises in Afghanistan as observed in the two provinces have resulted in further increases in migration and displacement, job restrictions and limitations, and losing access to markets and resources.

**Figure 1** Overlapping crises and rural livelihoods in Kandahar and Herat provinces



Source Nemat *et al.* (forthcoming, 2022). © AREU and CPAN, reproduced with permission.

### 3 Methods and reflections

This section outlines reflections on how qualitative methods can help inform the design of social science research in crisis contexts, and how qualitative research tools can be combined into mixed methodologies to improve our understanding of complex crises and livelihood and wellbeing consequences.

#### 3.1 Qualitative data collection and analysis

Kandahar and Herat provinces were selected for the field research due to the prevalence of the Covid-19 virus, insecurity, and climate change, as well as practical considerations around past research. On the latter, researchers had already investigated livelihood trajectories in these sites from earlier years (Pain, Huot and Ghafoori 2016; Huot *et al.* 2016; Pain and Huot 2017), thus forming an earlier baseline that helped inform our new data collection and analysis.

The qualitative tool formed part of a Q-squared approach tried and tested by the Chronic Poverty Advisory Network (CPAN) to investigate poverty and wellbeing dynamics (see summary in da Corta *et al.* 2021). This toolkit was selected to inform the key research questions which focused on understanding wellbeing, its dynamics, and the livelihood trajectories that affected these. The qualitative toolkit comprised key informant interviews in Kandahar and Herat provinces, and life history interviews with

women and men in the study sites. Key informant interviews were undertaken to understand the context in relation to the different crises, as well as programmatic and policy constraints and enablers to livelihoods in the study areas, and how these took into consideration the contexts of the crises. Life history interviews, in turn, were selected to understand in-depth sequences and processes through which individuals and households experienced changes in wellbeing, and how these in turn affected and were affected by livelihood trajectories. A gender balance in interviews was sought to understand commonalities as well as differences in perspectives from women and men. A subset of life history interviews furthermore revisited households that were previously interviewed in past studies on livelihood trajectories as noted above, to understand changing wellbeing in more detail over time where a baseline had already been established.

The questionnaire tool was tested on a field site in a rural context near Kabul. The selection of the testing site was based on security, health, and feasibility considerations in that phase, as detailed in Section 2.2. Following the testing process, the research team gathered to assess the results of the testing. Although the results were helpful, researchers were mindful of the diversity in context and the particular characteristics of study localities, which could not be fully captured through a pilot in Kabul.

Qualitative data was collected between June and late July 2021. For the most part, interviews were conducted in person, though in some instances also via mobile phones and with the help of male relatives of the women in the households, given the deteriorating security situation. Researchers completed planned interviews with both male and female members of the selected households in Kandahar and Herat provinces during the months of June and mid-July 2021. There were a total of 37 (26 male and 11 female) interviews in both provinces. Among them, eight were male and female IDP interviews, 20 were household-level interviews, and nine were key informant interviews with actors on the ground who were NGO workers, business owners, and others.

Data in turn were coded through NVivo, with a coding frame developed by CPAN to understand household resources, assets, activities, and shocks. The coding frame was adapted to the Afghan context to ensure contextual relevance, for example by developing nodes on insecurity-related drivers, norms around patriarchy and gendered perceptions, and the presence of compounded crises and coping strategies in response to these. Alongside the coding analysis, process tracing methods were adopted to understand the sequences through which some individuals and households were able to manoeuvre into and out of livelihoods in ways that helped maintain their welfare, while others were instead driven towards impoverishment in the absence of alternatives.

### **3.2 Reflection on qualitative research and the role for mixed methods**

This section outlines key reflections from the qualitative data collection and analysis, derived through multiple debriefs and regular coordination and collaboration between national and international research partners. It embeds this discussion in the existing literature on poverty dynamics, as developed through CPAN's Q-squared approach, and more generally on qualitative methods in conflict contexts, extending this combined focus to the analysis of overlapping crises.

#### **3.2.1 Insights on qualitative data collection in contexts of overlapping crises**

Conducting field research in the context of protracted years of violent conflict has its own complexities. This is only partly due to the security and safety of the field researchers and of the informants and their communities. It is also informed by ethical considerations, and possible biases that can affect methods and approaches in any context, but more specifically in the conflict-affected settings (Campbell 2017). The reason these matters are more important in conflict settings is due to the potential harmful consequences in any stages of research for anyone involved in the study due to the insecurity characterising these environments. In our analysis, given the overlapping crises due to insecurity but also due to the pandemic and climate change, we adopted additional protocols to respond and adapt to the changing circumstances.

Many of the challenges we faced while conducting research were due to the time and place of data collection. The time and place factors are very important in conflict-affected contexts, given the unpredictability of the situation in a short period of time in a given place. As mentioned in Section 2, in the period of field research for this study, the violence had increased to a record level, as the situation had started to change rapidly particularly at subnational level, when districts started to fall one after the other across provinces. Prolonged drought meant that participant availability was also affected as they faced additional income-generation burdens that researchers needed to be mindful of through the timing of the interviews. The pandemic waves also ebbed and flowed, which caused additional challenges in access and safety of participants and researchers. This provided an additional challenge related to 'place', insofar as our site selection covered a multiplicity of crises that was challenging to disentangle.

The assumption of conducting a study in a conflict-affected context is that it is an area of high risk, and so research plans generally aim to ensure that any risks faced by the research team and other human and environmental elements that they come across are safe and protected. Conducting research in the case of Afghanistan, the default situation is one that indicates that

war, violence, and harm to the stakeholders is a likely possibility. Hence, the researchers always accept this risk when they decide to work under such circumstances. To mitigate the risk associated with this, we ensured a range of protocols as detailed below. Even so, this risk may become an issue between the field researchers and external donors and guidelines that they follow. To address this in the course of this study, we adopted regular communications between external donors, partners, and field researchers and ensured full due diligence as an integral part of the implementing partner's protocols.

Moreover, research during the pandemic required research organisations to adapt to an additional new dimension of field assessment in order to ensure that all precautionary steps are taken to protect everyone involved in the process of data collection. With overlapping crises due to insecurity and Covid-19, the Afghanistan Research and Evaluation Unit (AREU), as the lead implementing partner in this study in Afghanistan, added a health assessment component (with a focus on Covid-19 risks) in its usual security protocol. The phased process included (1) an overall assessment of the different regions and provinces selected for the study, in the course of its initial design; (2) a pre-field research health and security assessment, followed by the daily health and security assessment of the locality in which the field researchers were present in the course of the data collection process; and (3) assessment immediately after the team returned from the field to ensure the safety of the informants and to maintain contact with them for the possible need to reconnect for missing information and so forth. It has to be noted that timing was also of crucial importance to this assessment. The team looked into timing in both sites and prioritised visits to a site that had fewer positive Covid-19 cases and lower security incidents at that time.

This two-pronged, phased assessment compared three selected provinces (Kandahar, Herat, and Balkh) and the situation analysis of these to examine the possibility of field research. While access and quality research may be challenging in crises contexts, we were able to rely on our past work in these areas to ensure continued access to gatekeepers and establish a baseline from which to assess changes over time. It was for this reason, alongside selecting sites in keeping with our substantive focus on Covid-19, conflict, and climate change, that these areas were selected. Even so, the overall process of ongoing assessments resulted in long delays and finally between June and late July, two of the three selected sites (Kandahar and Herat) were visited, and interviews were conducted there. This site selection process was thus made flexible, recognising the need to conduct quality research, and not compromise on in-depth findings from qualitative research on account of developing more breadth. These were trade-offs the research team consciously made for this work even prior to conducting the fieldwork.

Unexpected challenges may occur in volatile contexts despite planning, and so flexibility and adaptation are critical for researchers well after the planning stages. In the process of conducting our research, several such challenges occurred, reflecting the context of overlapping crises. First, both of our field researchers were infected with the Covid-19 virus during the April–July 2021 wave, and one even lost a family member. We thus needed flexibility in the timing of data collection to account for these events. In addition, the intense security situation resulted in further challenges. Due to the deterioration in the security situation in the field sites, in Herat, the researchers invited and paid for transportation for the members of households to come to a local guesthouse located in the provincial capital of Herat. In contrast, in Kandahar, the male researcher was able to conduct interviews at the site. In both cases, security as well as health protocols were followed, and interviews were conducted, mindful of participants' availability to limit interruptions to their day-to-day livelihoods, particularly in the context of increased economic uncertainty due to overlapping crises.

Furthermore, related to the insecurity, our female researcher could no longer gain security clearance to visit one of the two sites. This meant further adaptation to the emerging situation and conducting interviews via mobile phones and with the help of male relatives of the women in the households. In the second site, both female and male teams were able to meet most of the interviewees in person and conduct interviews. Finally, the decision to conduct field interviews in the third site (Balkh) had to be called off at the very last minute due to security reasons.

In sum, this section has highlighted some key lessons from the methodological approaches to investigating overlapping crises such as (1) using multiple sources for health and security assessment on a more frequent basis; (2) having the ability to respond rapidly in the case of an emergency and unexpected changes in the field plans; (3) relying on more than one local support network or individual in the field sites; (4) taking more careful measures in terms of Covid-19 sensitivity and respecting the 'do no harm' principle; (5) having flexibility with adapting methods based on the field site situation, such as visiting homes or inviting interviewees to an open-air venue, and regular contact between local, national, and international researchers on all aspects of the fieldwork. All of these factors reiterate that research design is not a static process but full of challenges, issues, and considerations throughout the process, and at times requires systems that enable very rapid decision-making in order to ensure the principles of research as well as protection of all those involved (Goodhand 2000; Allmark *et al.* 2009).

### 3.2.2 The role of mixed methods in researching complex crises

In addition to the in-depth qualitative data collection described previously, we also considered other methods of data analysis

to complement our study findings, increase its generalisability, and promote data triangulation. This process was informed by a Q-squared approach that has been tried and tested by CPAN in its analysis of poverty and wellbeing dynamics in a range of low- and middle-income contexts (see da Corta *et al.* 2021 for an overview). In addition to key informant interviews and life history interviews, this approach generally also undertakes focus group discussions which were ultimately not feasible for the present study given timing and security considerations. CPAN's approach also complements qualitative data collection and analysis with quantitative analysis, typically of household panel survey data, to understand correlates of poverty and wellbeing dynamics.

Given the absence of panel data for our work, we have instead made use of another research study by Diwakar (2022) that relies on analysis of the cross-sectional Income, Expenditure, and Labour Force Survey (IE&LFS) 2019/20 to quantitatively analyse correlates of the probability of poverty and welfare loss in Afghanistan. This survey was undertaken between September 2019 and August 2020, thus overlapping with the early months of the pandemic. Not only is it representative at national and provincial levels, but the stratification design employed also enables analysis by season (NSIA 2021) and accordingly an assessment of welfare changes during the pandemic. Interaction terms in the analysis by Diwakar (2022) offers insights on the relationship between overlapping crises and welfare. To offer a longitudinal perspective, existing secondary research based on quantitative analysis of earlier Afghan household surveys was also consulted.

Where possible, we have attempted to ensure that research findings from the qualitative data and quantitative data are triangulated. This has been done through the tools, methods, and discussions of emerging findings. For example, the tools for qualitative data in this study have been developed in close collaboration with the joint team comprising field researchers who conducted the qualitative data collection as well as researchers who led the analysis of quantitative data. This way, the qualitative tool had elements drawn from some aspects of the quantitative data for further elaboration.

Once the field research had taken place, additional debrief sessions were held with all researchers to discuss emerging issues, with a focus on the overlapping crises, that were then further probed in the quantitative analysis. For example, the qualitative findings pointed to compounded shocks and stressors in a period of insecurity as well as climate change-related shocks and stressors. These in turn were interrogated in the quantitative data in the sister study (Diwakar 2022). This iteration enabled detail from the two sites of qualitative data collection to be generalised to the Afghanistan-wide quantitative analysis.



Even so, there are limitations to our approaches. First, the quantitative data set referred to in this article covers mid-2019 until mid-2020, whereas the qualitative data collection took place in the following year (April–July 2021), just before the shift in the political transition. This is particularly important given the significant changes in the pandemic as well as the security situation taking place in Afghanistan in the last two years. There are also risks of endogeneity in the quantitative data set that are mitigated through relying on qualitative insights to strengthen our understanding of these complex issues and interactions.

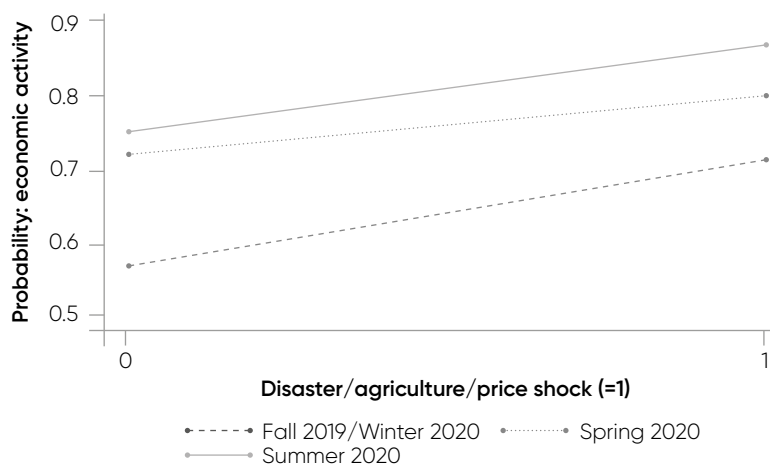
In addition, the quantitative analysis relied on a monetary measure to assess poverty and its correlates, whereas the qualitative analysis adopted a more multidimensional conception of wellbeing. Both also rely on self-reported measures of insecurity and climate change, which may vary from actual events. The aim is not to make direct comparisons between the methods, but to assess complementarities and focus on the strengths of each method and its results. Finally, the quantitative analysis covered a situation-wide analysis across Afghan provinces, while qualitative analysis focused on the selected sites in Kandahar and Herat. It should be emphasised that our goal in the qualitative data was not to generalise to the country or even province levels, but rather to provide in-depth insights on the processes and pathways through which households experienced changes in their wellbeing, and what was responsible for those changes (da Corta *et al.* 2021).

#### **4 Overlapping crises and coping strategies for conflict, climate change, and the pandemic**

This section outlines the application of the methodologies above, in terms of the research results on overlapping crises and coping strategies for these crises. Findings from the mixed methods data points to the series of long-term impoverishment factors that affect the households on the three levels. Firstly, macro-level issues, clustered in the three major challenges of the pandemic, weather instabilities exacerbated by climate change, and political instabilities associated with the political transition and escalating conflict. The macro-level issues associated with the overlap of the pandemic, climate change, and political instabilities create sets of synergies that affect livelihoods and drive impoverishment in Afghanistan.

##### **4.1 Overlapping crises: conflict, climate change, and the pandemic**

The quantitative data analysis pointed to a nexus whereby disasters, insecurity, and a range of negative shocks and stressors during the pandemic months was not only associated with a higher probability of poverty, but also with a higher probability of households self-reporting income loss in the year leading up to the survey (Diwakar 2022). For example, as illustrated in Figure 2, shocks related to disasters, agriculture, or food and farm prices were associated with an even higher probability of poverty and welfare

**Figure 2 Predicted probabilities of welfare loss, by disaster and season**

Source Diwakar (2022). © CPAN, reproduced with permission.

loss (compared to the absence of these shocks) into the summer when cases of Covid-19 and insecurity were mounting (*ibid.*).

In the qualitative study sites in Kandahar and Herat, too, there was a strong relationship between climate change and poverty, primarily through the role of its impact on agricultural livelihoods. For example, drought has had an immense effect on water which is the main source for agricultural activities. In the last few years, drought has harshly reduced the yield and harvest in the agriculture sector and the wheat harvest was forecast to be lower compared with the last five years (OCHA 2018), causing large income loss. Moreover, this income loss was then accentuated severely due to the pandemic. One respondent noted that 'drought has affected our yield. However, drought and Covid-19 accord at the same time'.<sup>9</sup>

Another respondent similarly reflected:

*Due to drought and lack of irrigation resources, I was losing my income. Covid-19 has obliged people who were working in the factory and other manufacturing companies to quit their job as the companies are shut down. The income that we had from outside is now stopped. As a result, it has severely affected our livelihood and economic situation.*<sup>10</sup>

On the one hand, the policy response to the pandemic limited the accessibility of the labour market for families that relied on the daily wage labour. On the other hand, the closing of the borders and the lockdown of commercial hubs and areas caused an increase in food prices. These policy responses exacerbated the socioeconomic impacts of the pandemic on households that

were already suffering due to drought. Indeed, the combination of disasters, as well as agricultural and price shocks observed in the quantitative analysis was associated with a heightened probability of poverty during the pandemic, as noted above from the analysis of quantitative data. In the qualitative data in Herat and Kandahar, this combination in turn limited the ability of workers to support their families. For example, one interviewee noted: 'The drought had affected our harvest and it was a big problem especially in Herat. The rain was so rare; it means that during winter season until the month of April, we had no rain in Herat.'

The same respondent also acknowledged:

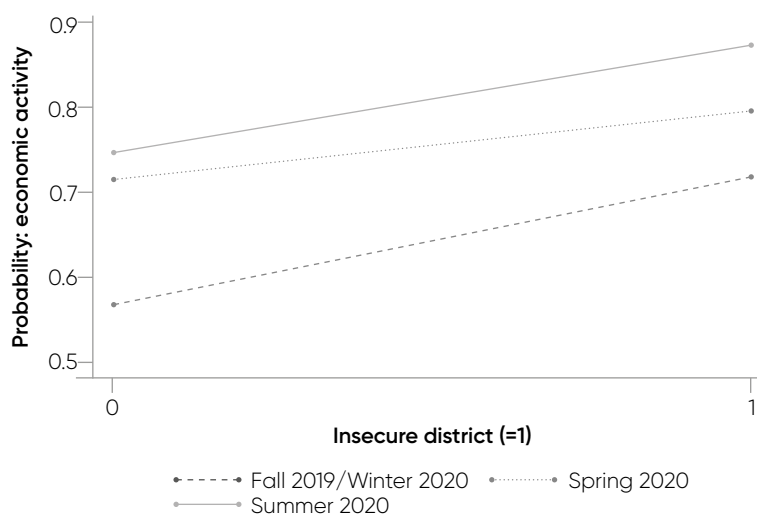
*Nowadays, the Covid-19 pandemic is a problem that affects people's income. Sometimes the market is good but when the disease increases and during the quarantine, markets get closed which has also affected people's economy especially farmers and livestock. When we take our dairy product to the city, we know when Covid-19 is increased, the demand will decrease. Because people are not coming to Bazar and the demand of buying and selling is rare or even totally stopped.<sup>11</sup>*

A rapid change in the security situation especially over the pandemic period and an increase in local crime further reduced access to work in the agriculture sector that was already affected by the drought and rising food prices. One respondent noted how these various shocks converged to heighten food insecurity, economic precarity, and mortality:

*Covid-19 had a severe effect on the spirit of the people, and they were under a lot of stress. In addition to this, in the time of Covid-19, insecurity has increased in the area... In the last one year, the case of theft, robbery, and other criminal activities has reached its peak. We did not have such insecurity in the past. At the village level, people are stealing a mobile from a person... Looking to the economic situation, the insecurity, drought, lack of work, we may have people who died because of hunger.<sup>12</sup>*

Political instability and a change of regime destabilised the economic sector, and reduced income and work opportunities, as well as reducing access to grain and fruit markets both at the national and international level. In the context of already increased food prices, this further reduced the purchasing power of Afghan households.

This impact of insecurity and an increase in local crime not only broke the working cycle for farmers but it also limited their access to the market. As a result, farmers were unable to sell their harvest on time, causing low returns from their land and in many cases, loss of fixed assets. Restrictions in food trading due

**Figure 3 Predicted probabilities of welfare loss, by insecurity and season**

Source Diwakar (2022). © CPAN, reproduced with permission.

to local Covid-19 lockdowns put additional pressure on people's livelihoods and access to the market for their day-to-day consumption and, most importantly, for the daily wage labour:

*After the start of Covid-19, the price of petrol has reached 57 AFN [Afghan afghani]. When we ask shopkeepers why the price is so high, they said that borders are closed. There is no transportation between the countries that has an impact on the import and exports. Therefore, the prices are getting higher day by day.<sup>13</sup>*

Furthermore, to overcome the scarcity of and accessibility to food items, in some parts of the country the government had opened markets at night-time. However, the same respondent noted a concern around deteriorating insecurity during the night markets, which made them fear that traders would be less likely to visit their area, thus further depressing local markets.

Just as we see these processes in the qualitative data in Herat and Kandahar, we also observe a relationship between insecurity during the pandemic and welfare loss more generally across the country. Indeed, Figure 3 indicates that households in the country residing in an insecure district during the summer of 2020 marked by the onset of the pandemic had a particularly high probability of welfare loss relative to those residing in safer areas of the country. The qualitative data above suggests that Covid-19-induced price volatility also interacted with this insecurity, suggesting that the price shocks channel observed in the quantitative data analysis above would also apply to contexts of insecurity.

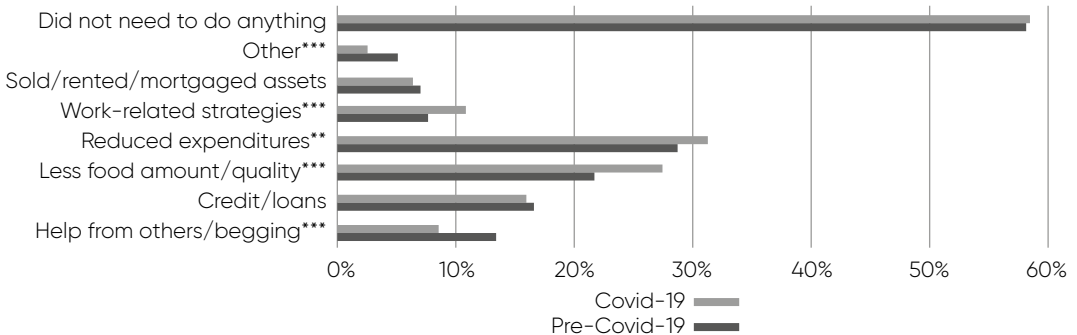
The overlap of climate change, insecurity, and the pandemic discussed previously has created several factors which drained household resources and contributed to poverty and welfare loss. Indeed, though the poverty rate from the 2019/20 survey stood at 47.1 per cent of the population, this figure was higher during the onset of the pandemic in the spring season, when poverty rose to 52.3 per cent of the population. Self-reported welfare loss was also much higher during the pandemic. For example, 34.3 per cent of the population interviewed in the summer of 2020 felt that their economic situation at the time of the survey was much worse compared to the preceding year. In contrast, just 19.7 per cent of the population interviewed during the autumn of 2019 felt that their situation was much worse compared to a year preceding their survey (Diwakar 2022).

**4.2 Blocked coping responses**

These crises and their impacts were met with international and local responses, but these were often inadequate to address the compounded nature of the crises. Despite a range of international and programmatic funding being dedicated as outlined in Section 2, the research team on the ground found very limited evidence of what was actually received by people in the study sites. Widespread corruption, the deterioration of the security situation across the country and to an extent, the politicisation of the national REACH project by the president’s office have resulted in limited outreach of the government-led, donor-funded Covid-19 response in the pre-August 2021 context of the country. It is worth noting that the military opposition government at the time when the field research was conducted did not have any specific response or programmes to support Covid-19- and/or drought-affected communities.<sup>14</sup>

As a result, in response to negative shocks and stressors, households were sometimes forced to adopt a variety of often erosive coping strategies that further prompted welfare

**Figure 4 Coping responses to negative shocks**



Note Asterisk indicates statistically significant difference between groups, where \*\*\* p<0.01. \*\* p<0.05. \* p<0.1. Source Diwakar (2022). © CPAN, reproduced with permission.

loss. As summarised in Diwakar (2022), many households in Afghanistan in 2019/20 reduced expenditures, contributing to heightened food insecurity especially during the period corresponding to the pandemic (Figure 4). Other differences in coping strategies disaggregated by the months prior to and during the pandemic included a reduced reliance on potentially diminishing community-level social capital and a corresponding increase in work-related strategies perhaps in response to this (*ibid.*). However, migration as a work-related strategy itself was constrained given lockdowns and border closures.

We further examine these coping strategies in the qualitative data below.

#### 4.2.1 Credit and lack of access to social networks

The most common coping strategy used to cope with the household-level crisis is to access capital via social networks from family and friends. Traditionally, this type of coping strategy is well established throughout Afghan communities. However, with long-term impoverishment, we observe that this type of coping strategy has declined. On the one hand, there are very few households with enough resources that can be lent to others, and on the other, due to displacements, some of the social networks have been disrupted.

*However, when [we] displaced to Herat Province, everything changed. I don't know anyone in this place. Therefore, in the time of need, I cannot ask for help or a loan from the people in my neighbourhood. When I do not know someone, I cannot ask for a loan.<sup>15</sup>*

*One day ago, I gave one of the ditches of this garden to my father-in-law on mortgage for 90,000 AFN. The ditch was given on mortgage because I was short of money which I needed for buying fertilisers for the gardens and house expenses.<sup>16</sup>*

In addition, debts also put a huge impact on households' income resources, not always due to the crises discussed above. Instead, wedding costs, bride price, funeral costs, medical expenses or treatment, daily expenses, and some cultural-religious practices are issues which people take loans for in general. Respondents from Kandahar and Herat provinces elaborated their reasons for taking a loan:

*We got 150,000 AFN to pay the pishkash [bride price] of our daughter-in-law. Her total pishkash was 500,000 AFN. We took loan of 50,000 AFN for our daily expenses, we had no money to provide daily expenses (including food, medicine, etc).<sup>17</sup>*

*I am in debt of 210,000 AFN. I took 100,000 AFN for my father's funeral, 50,000 AFN for my children's treatment and 60,000 AFN for my wedding ceremony.<sup>18</sup>*

People can return these kinds of loans through long-term labour, which takes years to repay, or they must sell properties and assets which are a source of income in their turn. For example, one of the respondents mortgaged part of his farmland to provide for his son's wedding. Another respondent sold a piece of his land and cow to repay his debt and to help marry his eldest son.

#### 4.2.2 Substituting work strategies and risky work strategies

In a time of hardship, economic constraints, and the pandemic, families identified other sources of income. Some women engaged in handicraft work, families sent their children to collect used paper and plastic, and some families who could not find daily wage labour in other sectors like agriculture or construction instead migrated to work in the brick fields. This transition has reduced their hardship, though sometimes it has had negative consequences; for example, child labour. Such strategies were helpful in the short term, but the consequences are catastrophic and exacerbated their livelihood problems in the long term. For instance, working in the brick fields required huge physical effort and a long period undertaking this kind of work could cause permanent physical injuries, while children cannot attend school because of their work.

*I went to find a daily wage labour yesterday. I found wage labour, I have to take soil from a person's home. In the end, he gave me 150 AFN for the whole day. First, it is pretty challenging to find daily wage labour. Second, when I see wage labour, the wage is meagre. My other brothers are young, but during the day, they collect script paper and sell it.<sup>19</sup>*

*Since we have come here, our problems have increased. 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? If I don't send them, what to eat, we will die in poverty before dying by Corona.<sup>20</sup>*

#### 4.2.3 Displacement and migration

Displacement within the country had significantly increased due to intense violence in many districts of Kandahar and Herat. As mentioned earlier, in the first half of 2021 alone, over half a million people had been displaced internally in Afghanistan. While internal displacement has risen, migration to bordering countries such as Iran and Pakistan has declined during the pandemic due to border closures and/or restrictions. Migration was one of the best ways to complete debt repayments. Remittance from Iran and other countries is more generally considered to be an important aspect during times of family crisis, marriage, and other events. People, mainly from Herat, go to Iran to work there and support their families. However, since the pandemic began, the Iranian government has deported thousands of migrants

back to Afghanistan (Rahimi 2021). This has limited their access to resources and the labour market.

*The situation was worse for labour workers. There were some jobs, but due to war, people were not able to work. So, people were jobless most of the time. All over Shindand had the same situation. He [her husband] just came back some months ago. He stayed in Iran only for three months last time. He came back because his father was killed, and there was no man at home. So, he had to be back.<sup>21</sup>*

*One of my sons went to Iran for work but was deported back. He returned home at the end of March 2021. He was deported after 40 days. He went to work in Iran to earn some money, as we got 150,000 AFN as loan to pay the pishkash of his wife. So, we are not able to repay that loan up to now.<sup>22</sup>*

*When I migrated from the Arghandab district [Kandahar], contrary to other people, I did not wait for daily wage labour. Instead, I looked to a famous place like a car washing centre or hotel and asked them for work.<sup>23</sup>*

## 5 Conclusion and recommendations

This article has highlighted the overlapping crises caused by the Covid-19 pandemic, conflict, and climate challenges that have affected rural livelihoods in Afghanistan. It has elaborated on how rural and semi-rural populations' livelihood strategies have evolved and changed during a very traumatic period in their lives, with the widespread prevalence of the Covid-19 virus, an intense level of violence, and an ongoing drought situation. The article has also reflected on qualitative research embedded within mixed methods and their applications to analyse people's livelihoods amidst overlapping crises within the country. Furthermore, the factors added by the aftermath of regime change at a later phase (post-August 2021) created a unique environment in which the usual system of coping strategies, such as the system of credits based on social networks, alternative work strategies, and migration, are also severely restricted, further driving impoverishment throughout the population.

With regard to the reflections on methodologies for investigating overlapping crises, the article has underlined the sensitivities of working in an intense context of protracted and increased violence, as well as a large surge in Covid-19 cases. It has unpacked the process of operationalising a mixed methods research study in an intensely complex environment and how researchers can operate and adjust assessments accordingly to ensure ethical, safety, and other aspects of the research while upholding the quality of the primary data collection. These processes were enabled through systematic coordination between national and international teams.



Some of the key lessons learned in terms of the methodological approach are summarised as follows:

- Use multiple sources for health and security assessment on a more frequent basis.
- Be able to rapidly respond in cases of emergencies and unexpected changes to plans in the field.
- Take careful measures in terms of Covid-19 sensitivity and respect the 'do no harm' principle.
- Rely on more than one local support network or individual in the field sites.
- Have flexibility in adapting methods based on the field site situation such as changing plans about the location of interviews; bringing interviewees to a location as opposed to visiting the actual sites; conducting interviews in the open air versus inside their houses and so forth.
- Have more systematic contact between local, national, and international researchers on all aspects of the research design and the fieldwork. For instance, it was very important for the quantitative research team to review the qualitative interview tool and to ensure that there is coherence between the interview questions.

The article has also noted a number of limitations that were faced in this process:

- There was a difference in the time frame for the quantitative survey and qualitative data.
- The quantitative analysis relied on a monetary measure to assess poverty and its correlates, while the qualitative analysis adopted a more multidimensional conception of wellbeing.
- Both also relied on self-reported measures of insecurity and climate change, which may vary from actual events.

Consequently, the article reiterates the point that the research design process should not be seen as static but rather as an alive and dynamic process where all participants need to be involved, from design to operationalisation, and to finalisation of the process.

The article has highlighted the unique nature of Afghanistan's experience with the pandemic being combined with overlapping crises such as intense conflict and an ongoing drought. The study found that these multiple crises have not only broken the cycle of work for most people's rural livelihoods, but they have also deprived them of basic access to the market, trading, and social

networks. The article identified key factors that converged to drive impoverishment in study sites in Kandahar and Herat. This included not only the overlapping crises but their consequences as seen through the effects of inflation, an increase in food prices, family-level crises, coping strategies, and displacement and migration effects. These examples all point to strong linkages and intersections between the triple challenges of conflict, the pandemic, and climate change that affected people's livelihoods.

Above all, this article highlights the already grim and tense situation that Afghans were living in before the mid-August 2021 changes. The aftermath of the political shift since last year, added to economic restrictions, border closures, and the massive collapse of development aid has worsened even further the situation for everyone in the country.

The analysis and findings from this study are also important for humanitarian and development policymakers and programme implementing agencies. Therefore, we present a number of recommendations as follows:

- There is a need for acknowledging the overlapping crises and for a collective crisis management and response to the issues, especially when dealing with humanitarian crises in the context of protracted violence and instability such as in Afghanistan. A more holistic livelihood response will not only help with a better understanding of the context and responses to it, but will also address the issues in the longer term and more effectively.
- Looking at the evidence from this study in the current context, there is a clear need to further strengthen linkages between humanitarian and development responses to the crisis. While the present priority for Afghanistan's people is a humanitarian response from most of the international aid agencies, this alone will not succeed without addressing longer-term development aid-focused responses.
- The findings from this study highlight how youth-headed households were more prone to food insecurity and poverty during the period of the Covid-19 pandemic. Therefore, future humanitarian and development programmes need to keep youth-headed households in consideration.
- Aid providers need to consider the key characteristics of each context before planning the delivery of services. A clearer understanding of people's livelihoods can help in better provision of immediate, short-, and longer-term assistance.
- There is a critical need to continue studies on livelihood trajectories in order to observe the changes in people's coping strategies and how those could be aligned with the provision of possible jobs and services that the assistance community offers.

- More specifically, donors are encouraged to use the overlapping crises such as the pandemic, conflict, and climate change as a framework for analysis in commissioning poverty monitoring studies, as this will help highlight not only the linkages and overlaps between the three, but also helps with deeper understanding of poverty and poverty reduction strategies.
- The pandemic has still not been declared over, and therefore aid and assistance programmes need to consider addressing its impacts on people's livelihoods. Research organisations also need to maintain effective procedures from both ethics and 'do no harm' perspectives while conducting research during the time of a pandemic.
- The key lessons on methods and studies on livelihoods and poverty in a conflict-affected context at the time of a pandemic highlight the importance of assessing, planning, and executing field research and data collection processes through the lens of overlapping crises. This means that the assessment and planning of research should consider the pandemic, conflict, and climate change as overlapping factors that will affect the data collection and execution of the research itself.

### Notes

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- 1 Orzala Nemat, Director, Afghanistan Research and Evaluation Unit (AREU), Afghanistan.
- 2 Vidya Diwakar, Deputy Director, Chronic Poverty Advisory Network, Overseas Development Institute (ODI), UK.
- 3 Ihsanullah Ghafoori, Research Manager, AREU, Afghanistan.
- 4 Shukria Azadmanesh, Research Officer, AREU, Afghanistan.
- 5 This research was part of the Covid Collective partnership between the Afghanistan Research and Evaluation Unit (AREU) and ODI's Chronic Poverty Advisory Network (CPAN) and was funded by UK Aid through Institute of Development Studies (IDS). See the **Covid Collective website** for a broader scope of the research.
- 6 See OCHA and WHO (2021).
- 7 *Daily Afghanistan* (2021) reported on 21 January 2021 that the REACH programme was halted in some parts of the country by the Taliban. **The Daily Afghanistan quotes the Taliban spokesperson:** 'In fact, our conditions for these programmes is that it has to be coordinated with us, there should be

transparency and poor people should be identified by impartial people and distributions should be conducted by them. If these conditions are not met, there is possibility of theft, corruption and we will not allow it.' [translated from original text in Persian].

- 8 Brick kilns.
- 9 Household head (HH) interviews, Herat, 2021.
- 10 Household head (HH) interviews, Herat, 2021.
- 11 Household head (HH) interviews, Herat, 2021.
- 12 Household head (HH) interviews, Herat, 2021.
- 13 Household head (HH) interviews, Herat, 2021.
- 14 Based on the field research team observation and interview with key informants. See endnote 5.
- 15 Household head (HH) interviews, Herat, 2021.
- 16 Data from earlier study, Herat, 2015.
- 17 Household head (HH) interviews, Herat, 2021.
- 18 IDP interview, Herat, 2021.
- 19 IDP interview, Herat, 2021.
- 20 IDP interview, Herat, 2021.
- 21 IDP interview, Herat, 2021.
- 22 Household head (HH) interviews, Herat, 2021.
- 23 IDP interview, Herat, 2021.

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# Covid-19 Vaccine Rollout: Challenges and Insights from Informal Settlements\*†‡

Kate Lines,<sup>1</sup> Junior Alves Sebbanja,<sup>2</sup> Stanley Dzimadzi,<sup>3</sup>  
Diana Mitlin,<sup>4</sup> Patience Mudimu-Matsangaise,<sup>5</sup>  
Vinodkumar Rao<sup>6</sup> and Happiness Zidana<sup>7</sup>

**Abstract** The Covid-19 pandemic's health impacts on low-income urban communities have not been insignificant, but the results of state responses and shutdowns implemented without adequate consideration of poverty consequences have been very serious. In this context, vaccination is one way – among many and varied actions needed – in which people can reduce risk of further exclusion. This article summarises early findings from a study focusing on the experiences of communities in informal settlements in four major cities in the global South – Harare, Kampala, Lilongwe, and Mumbai – which was conducted in partnership with national affiliates of Shack/Slum Dwellers International (SDI). By providing a snapshot of how global vaccine inequalities play out at the local level, we aim to contribute to understanding the challenges faced by low-income residents in informal settlements in accessing Covid-19 vaccines and their perceptions of those challenges, and to generate insights about good practices to help ensure more equitable vaccine distribution.

**Keywords** informal settlements, Covid-19, access to vaccines, India, Malawi, Uganda, Zimbabwe, pandemic, urban, community insights.

## 1 Introduction

The Covid-19 pandemic has been hugely disruptive, socially and economically, and its impacts experienced unequally and compounded by existing inequities. Established vaccine programmes in wealthier countries mean that for many, a return to normal life is well under way, albeit within a flawed status quo that could be challenged by new variants. However, the

prospect of vaccines supporting recovery efforts in low-income countries (LICs) is very different, where on average 14 per cent of populations have been vaccinated – as compared to 58 per cent in lower-middle-income countries (LMICs), 81 per cent in upper-middle-income countries, and 79 per cent in high-income countries (Our World in Data n.d., as at 9 March 2022).

Lack of access to effective vaccines means a slower recovery for economies. For people, it means the available protection measures against new waves of infection continue to be limited to controls such as curfews, social distancing, closing businesses and markets, and restricting mobility and public transport. Over the course of the pandemic, these measures to restrict human interaction have been particularly devastating to communities living and working in informal settlements in cities and towns in the global South. Livelihoods, education, businesses, relationships, and care responsibilities have all been severely affected, disproportionately so for young people, women, migrants, and informal and self-employed workers (ILO 2021). The new 'new poor' – the 150 million people driven into extreme poverty in the past two years – are more likely to live in urban areas and be drawn from the 1 billion people worldwide who live in informal settlements (Sánchez-Páramo 2020).

Drivers of impoverishment affecting informal settlement communities during the pandemic have included lost income and employment, travel restrictions limiting access to markets and earning opportunities, and the rising cost of staples (Lenhardt 2021). First lockdowns in particular brought a huge share of many cities' economic activity to a halt almost overnight, leaving people suddenly without a way to make a living. For example, in Harare and Nairobi, informal markets on which communities depend for income and food were demolished or closed. An April 2020 survey in Mukuru informal settlement in Nairobi found 90 per cent of households to be food insecure, mostly due to insufficient income and lower availability of food (Shupler *et al.* 2021). Even the requirement to wear a mask to participate in social or economic activities creates an additional financial burden (Braham and Ogando 2021).

Communities living with insecure land tenure have been especially badly hit. They are more likely to lack basic services such as water and electricity or be forced to pay relatively higher prices for these to informal suppliers, further undermining capacities to manage pandemic pressures (Corburn *et al.* 2021). It is harder for authorities to establish impacts and plan responses in undocumented areas, and communities with perceived illegal residence may not be factored into formal relief efforts or qualify for social safety nets (Cities Alliance 2021). Eviction – either because households can no longer afford to pay rent or through demolitions – worsens Covid-19 transmission risks when households resort to sharing cramped spaces

with friends and relatives, or migrants return to rural homes (Dupraz-Dobias 2020).

When Covid-19 vaccines are available, the World Health Organization (WHO) advises countries to ensure priority access for groups at risk of experiencing greater burdens from the pandemic (WHO 2020), including homeless people and those living in informal settlements. However, this latter group is so large that it makes prioritisation difficult. In terms of health burdens, vaccination can help protect communities living and working in high-risk conditions: at high densities in underserved areas lacking or sharing basic services such as water and sanitation. In terms of socioeconomic burdens, vaccination allows people to safely participate in their own and their community's economic recovery – by returning to jobs, trading again in markets, and travelling to work and school on public transport.

The pandemic's health impacts on low-income urban communities have not been insignificant, but the results of state responses and shutdowns, implemented without adequate consideration of poverty consequences, have been very serious. Governments urgently need to assess and address the effects of infection control measures – both already taken and likely needed in future – and in this context vaccination is one way in which people can reduce risk of exclusion.

The purpose of this article is to contribute to understanding the challenges faced by low-income residents in informal settlements in accessing Covid-19 vaccines, and their perceptions of those challenges. It provides a snapshot of how global vaccine inequalities play out at the local level, with specific focus on the experiences of residents of informal settlements in four major cities in the global South. The article summarises the context, methodology, and early results of a three-month survey of community leaders living in 22 informal settlements in Harare, Kampala, Lilongwe, and Mumbai. By uncovering real-time trends around vaccination rollout within informal settlements of particularly vulnerable cities, the project aims to generate evidence and insights about good practices which can help ensure more equitable vaccine distribution. In each city, the research is conducted in partnership with national affiliates of the global network Shack/Slum Dwellers International (SDI).

In the next section (Section 2), we discuss the broader context for the study, with a focus on the dynamics of Covid-19 vaccine inequity observed at global and in-country levels. Section 3 outlines the study methodology. In Section 4, we focus on each city in turn to summarise early findings, drawing on initial survey data. Section 5 concludes.



## 2 Context

### 2.1 Global dimensions of vaccine inequity

Vaccine access has become the principal fault line along which the global recovery splits into two blocs, those that can look forward to further normalization of activity later this year (almost all advanced economies) and those that will still face resurgent infections and rising Covid-19 death tolls. The recovery, however, is not assured even in countries where infections are currently very low so long as the virus circulates elsewhere.  
(IMF 2021)

The scandal and short-sightedness of global Covid-19 vaccine distribution to LICs is well documented and vaccine nationalism continues to exacerbate global inequities. By buying up future stocks, rich countries outcompete others and undermine global solidarity efforts such as Covid-19 Vaccines Global Access (COVAX), the programme that they are financing to deliver doses to poorer countries (Horner 2021). India's mid-2021 decision to halt vaccine exports was a further setback, cutting COVAX's access to the Indian manufacturers on which it was overly reliant. The African Union's African Vaccine Delivery Alliance also had limited success (Jerving 2021).

Resultant costs to LICs are high, in relative and absolute terms. Covering the costs of vaccinating 70 per cent of the population requires LICs to increase their health-care spending by 57 per cent on average; for wealthy countries this figure is 0.8 per cent (UNDP n.d.). Delayed vaccine timelines expose populations to greater risks from new waves or variants and mean lost economic growth from a delayed recovery as well as less easily quantifiable missed economic opportunities such as the effects of protracted lockdowns on schooling.

In late 2021, when our study took place, Covid-19 vaccine supply to LICs through COVAX appeared to be slowly ramping up, as wealthy countries began donating more doses, India relaxed its export ban, and efforts had begun to be made to tackle underlying issues such as patent restrictions and the need to diversify vaccine manufacture by bringing more low- and middle-income countries into the supply chain (Schiffing 2021). A few months later, as this article was finalised, the picture of global recovery was changing more rapidly. The emergence of the Omicron variant has made it apparent that vaccines do not prevent Covid-19 infection *per se*, leaving vulnerable people exposed. Despite such constraints, the global North continues to open up, in an uneasy status quo where the potential for things to close down again is in part linked to the possibility of new variants – which are most likely to emerge in contexts of still-high rates of infection and low rates of vaccination.

This should present an even stronger logic for prioritising vaccination in LICs and LMICs, but it remains to be seen whether these even clearer links between North and South in the context of Covid-19 will translate to a recognition that success in the North depends on social justice in the South, or if the context will continue to be a failure to act, on self-interest grounds.

Meanwhile, most African and some Asian countries will still not achieve widespread vaccine coverage until well into 2023 (Economist Intelligence Unit 2021). The need is therefore even more pressing for local and national governments to work to understand the impact of the Covid-19 virus on vulnerable groups, support organised community efforts to build or recover lost resilience, and to put evidence-based policies in place to mitigate the effects of likely future control measures.

## **2.2 In-country dimensions of vaccine inequity**

Where lives and livelihoods have been disproportionately affected by pandemic control measures, and pre-existing physical or socioeconomic factors compromise capacities to recoup losses or weather further shocks, prioritising vulnerable groups in Covid-19 vaccine rollout becomes an economic and social justice issue. And when global vaccine supply issues continue to limit national progress, policy that prioritises these groups for vaccination can therefore help them to recover faster, mitigate further exclusion, and become more resilient to future lockdowns.

Mandates or restrictions based on vaccination status can encourage uptake but exacerbate inequalities, especially where supply or distribution is an issue. In the context of the Covid-19 virus, these are likely to draw on existing policy approaches around established vaccines, require compulsory vaccination for groups such as health workers, or restrict unvaccinated people's access to public spaces or activities. In some contexts, private companies are also requiring their employees to be vaccinated. Monitoring the effects of measures to encourage uptake could help avoid disproportionately penalising already hard-hit and vulnerable groups.

Governments must also tackle local-level inequalities in vaccine accessibility – for example, where vaccine clinics are located and their opening hours, and how and what information is disseminated. Informal or casual workers, and self-employed people in particular, face both direct costs and lost earnings in travelling to vaccine centres or waiting in long queues. And studies of Covid-19 vaccine uptake have found a strong nexus between information gaps and the digital divide among marginalised groups, who are less likely to have access to the technology needed to book vaccine appointments or get reliable information about availability, venues, and side effects (Badiuzzaman and Akter 2021).

### 2.3 Hesitancy

Globally, Covid-19 vaccine development has been characterised by unavoidable medical uncertainty, governments interpreting health risks differently in different country contexts, and widespread public misinformation. This means that public hesitancy also exists in LICs and LMICs, as it does in richer ones – although in most cases supply and distribution still appear the bigger challenges. Influencing factors on hesitancy vary between and within contexts and cultures. Surveys in Togo and Bangladesh found low trust in government to be a major reason for Covid vaccine hesitancy (Brackstone *et al.* 2021; Badiuzzaman and Akter 2021). A perception study across 15 African countries found widespread concerns about the safety of Covid-19 vaccines as compared to established vaccines, with scepticism highest in young people, women, urban dwellers, and unemployed people (Africa CDC 2021). Misinformation and disinformation are widespread: half of respondents in the Africa CDC study believed Covid-19 to be a 'planned event by foreign actors' (*ibid.*: 5). However, these findings are very different from early discussions with SDI federation leaders from Ethiopia, India, Kenya, South Africa, and Zimbabwe about vaccine perceptions, which concluded that communities were more concerned about potential costs and securing access to vaccines than with threats to uptake from hesitancy and scepticism (Mitlin *et al.* 2020).

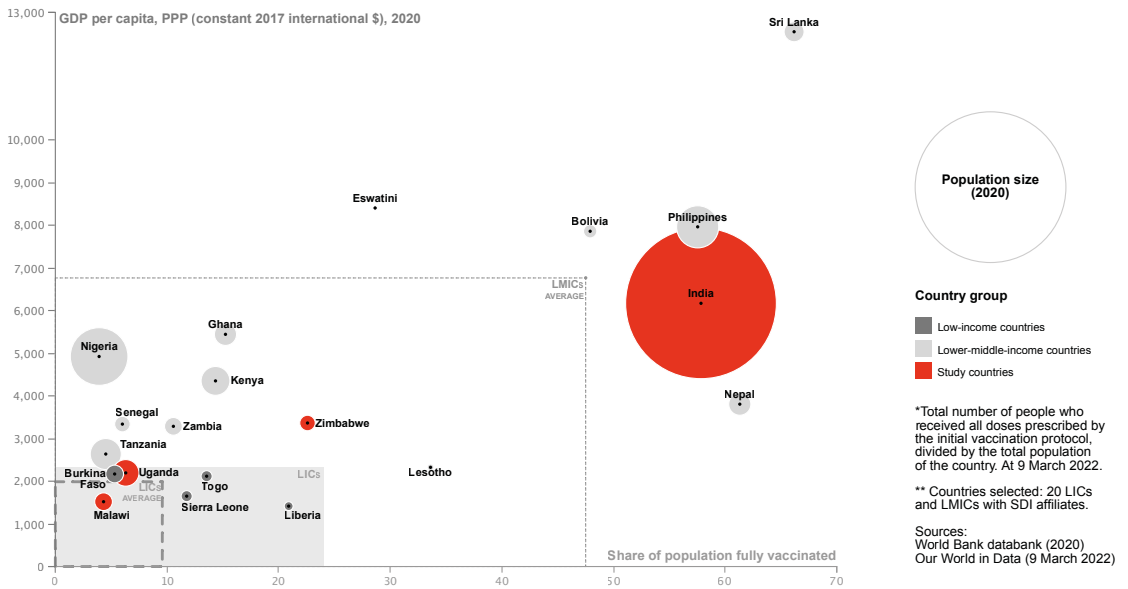
### 3 Research methodology

Survey cities were selected in consultation with SDI's secretariat because (1) they represented a diversity, (2) the country affiliates (or 'partner organisations') were keen to take part and considered the study to be particularly relevant in their context, and (3) we had the opportunity of going directly to trusted community leaders who were familiar with the research process. In addition, all countries had begun to roll out Covid-19 vaccination.

The study was designed as a pilot which, if valuable, could be extended to other cities or over a longer time frame. The picture may well differ in low-income communities in other countries or regions depending on many considerations, not least the national vaccination rate, itself a factor of a country's access to vaccines and its local distributional capacities. Figure 1 compares the four study countries' vaccination rates with selected others.

The phase of research described in this article was conducted concurrently in each city over a period of three months, August–November 2021, with data collected fortnightly (i.e. six iterations in total) using a semi-structured questionnaire. In the fast-changing context of Covid-19 vaccine supply and rollout, we considered that there was a potential for tracking change every two weeks – for example, in vaccination levels or availability at venues – but that more frequently would not be cost-effective.

**Figure 1 Comparing income, population size, and Covid-19 vaccination rates for selected LICs and LMICs**



Source Authors' own, based on data from World Bank (2020, 2022) and Our World in Data (n.d., as at 9 March 2022).

Each of the four SDI affiliates selected five to six informal settlements in their city to be study areas. The 21 settlements selected represent a geographic spread within each city and a context-specific range of settlement types. In each, there is a strong SDI federation presence or relationship with the neighbourhood. Partner organisations, supported by federation leaders, then recruited around 15 survey respondents from each settlement (i.e. 75 in each city and 300 across the entire study). Respondents were interviewed individually by local professionals or community-based data collection experts.

Our survey sample was not selected at random, and we do not seek statistical validity with this sample size. Rather, the objective was to support SDI affiliates in tracking the situation in several settlements, for which they identified a range of trusted community leaders who could be expected to have a good sense of what is going on in their communities. We defined 'community leader' broadly and in each settlement sought to speak to a diversity of traditional leaders, youth leaders, community health-care workers, religious leaders, and SDI federation leaders, among other groups, both male and female and across a range of ages. Choice of sample size also relates to affiliates' earlier experiences of dropout due to the scale of pandemic-related disruption.

A draft questionnaire was circulated for comment within partner organisations and to federation leaders, the feedback process ensuring that phrasing and terminology were locally appropriate

and that data collection objectives aligned with affiliates' own objectives. The Mumbai team translated the questionnaire into Marathi; all others were in English. Before launch, the survey and participant consent processes were tested by a handful of community leaders in each city, who provided valuable feedback that led to some adjustments.

We used open and closed questions to capture both qualitative and quantitative information. Respondents were asked some questions about themselves and some about their community. The survey was designed such that if necessitated by Covid-19 restrictions, interviews could be carried out by phone, but in the end it was possible to conduct most interviews face-to-face. Data entry was online using the Qualtrics platform.

During the period of data collection, we also compiled local research teams' observations about changes and developments in their local vaccine rollout efforts, in order to place the survey data in a wider setting. However, with limited project resources, we rely for further context on other studies and documentation, including other Covid Collective research.

#### **4 What is going on in each location?**

In this section, we focus in on each city in turn to summarise early findings by drawing on data from our first two surveys, run concurrently in each of the 21 settlements in late August and again in mid-September 2021. We present the discussions below as a snapshot of what was happening in each location at this time. To give context to the survey data analysis, accompanying external figures date from roughly the same time period.

##### **4.1 Harare, Zimbabwe**

###### **4.1.1 Zimbabwe national context**

As our third survey began, Zimbabwe was among only 15 African countries to meet the WHO target to fully vaccinate 10 per cent of the population by October 2021,<sup>8</sup> with 20 per cent of the population (3.1 million) vaccinated at least once and 15 per cent (2.3 million) fully vaccinated (Our World in Data n.d., as at 30 September 2021). Official national cumulative Covid-19 figures for the same period were 130,500 reported cases (8,600 per million population) and 4,600 deaths, with excess deaths estimated at 16,000–41,000 (*The Economist* 2021, as at October 2021). The country's first three waves had roughly tracked those of South Africa, where 2–5 million Zimbabweans are estimated to live, and between which there is significant traffic, both legal and illegal. Current control measures were among the more stringent of the study countries, with many vaccine mandates in place (discussed in Section 4.1.2).

Zimbabwe has stronger international relations with China than with Western governments and geopolitics has clearly contributed to the choice of Covid-19 vaccine. As our study took

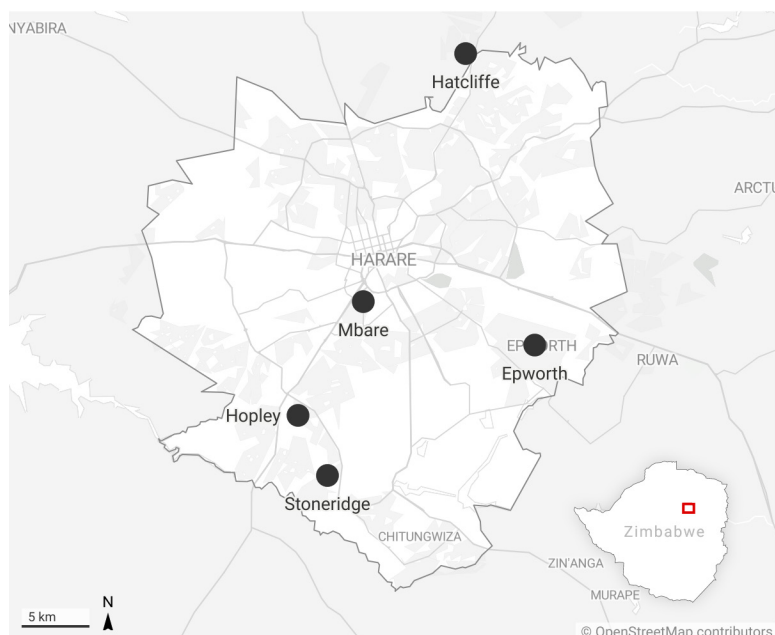
place, the country had purchased around 12 million doses of Chinese-made vaccines, with more planned (Kyobutungi 2021), and our survey respondents reported Sinovac and Sinopharm as the main types available in their communities. COVAX had recently delivered its first consignment to Zimbabwe of 1 million doses of Sinopharm, stating that 'for consistency' it would continue to be the main vaccine Zimbabwe received through the programme (COVAX 2021). Barring a few distribution hitches, vaccines continue to be available, with ongoing government campaigns to encourage uptake.

#### 4.1.2 Early survey findings

We surveyed male and female youth leaders, federation leaders, religious leaders, and community health-care workers from five informal/slum settlements across Harare, including some in peri-urban areas (Figure 2). Three-quarters of respondents are self-employed and 10 per cent are casually employed. On average, 90 per cent said that the pandemic had negatively affected their income.

Many factors are contributing to the pandemic's impact on jobs and livelihoods in informal settlements in Harare. Informal dwellers' incomes have been particularly affected, directly and indirectly, as business slowed and companies retrenched. Wholesale

**Figure 2 Harare informal settlements in the study**



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farmers' markets were closed, cutting off vendors' access to fruit, grain, and vegetables for resale. Market stall demolitions left many self-employed people jobless. Stringent lockdown measures restricted movement even within the city, cutting off workers from workplaces, and vendors were not classified as essential services providers and so could not get travel permits.

Official government Covid-19 vaccine rollout available to communities had begun in the survey areas between February and July 2021. National and province vaccine statistics are shared daily by the government, but there are no government sources providing city-level information, let alone a settlement or local centre. In terms of take up, there was little agreement among the few community leaders willing to estimate the scale of vaccine uptake in their settlements in the two weeks immediately prior to the survey – for example, Hopley settlement estimates ranged from 300–2,500 people.

In four of the five areas, vaccination was taking place in or near to the settlement, albeit with discouragingly long queues at many centres. Vaccination centres were ordinarily set up in existing health facilities and so in Stoneridge, where there is no health centre, residents had to travel outside the local area. In some of the other settlements, leaders knew no one who had gone elsewhere; while in others, people were travelling further to find shorter queues or being vaccinated in workplaces as government employees (e.g. civil servants, health workers, soldiers).

At the time the survey took place, all adults were eligible for free vaccination. However, the long queues come with costs – time away from jobs or businesses and infection risks in crowded health centres, or walking time or bus fare to travel to centres where queues are shorter. For those who can afford it, private health facilities had recently been permitted to offer vaccination for a fee (under US\$5), which was expected to reduce queues in government centres. However, there was little awareness of this option among the community leaders, unsurprising since the study settlements are predominantly served by government health-care facilities.

We asked respondents to reflect on gendered dimensions of vaccine uptake in their communities. A third of community leaders saw little difference in uptake between men and women, while others related observed differences in men's and women's motivations regarding vaccine mandates aimed at particular segments of the local economy. Men were more likely to be formally employed and required by employers to be vaccinated. Women spend more time both trading and shopping in informal markets, where vaccination was also required for traders.

Vaccination in Zimbabwe was officially voluntary, but the growing number of mandates meant that this is not necessarily how it

has been experienced on the ground. Vaccines were required for state employees, for those visiting government offices and travelling on buses, for market traders, and many other areas of life. Nevertheless, the reported long queues suggested demand still exceeding supply, thereby constraining people who would have liked to be vaccinated but could not from participating in social and economic life (Matimire 2021). At the time of writing, the country's biggest trade union was taking to court both the government and private companies, challenging mandatory employee vaccination (Chingono 2021).

We found differences across Harare settlements in the availability of public health information about Covid-19 vaccines and vaccinations. In many areas, people's only information sources were nationwide Ministry of Health campaigns on social media, radio, and television, with little local information disseminated. A few communities received locally specific information via non-governmental organisation (NGO)-led awareness campaigns, community health workers, and nearby clinics.

Hesitancy appeared generally low but concentrated in particular groups. Early in the pandemic, informal settlement residents in Harare reported that, although misinformation and conspiracy theories were being pushed on social media, in general, people are not convinced by them and most want access to vaccines for the end of the health and economic emergency (Mitlin *et al.* 2020). We found this to still be the case. Of the four study cities, Harare community leaders were the most positive about Covid-19 vaccines. They knew people who had died and wanted to protect their own health, feel safe in public, and attend their churches, which had vaccine mandates. In their communities, hesitancy was more significantly present: 16 per cent of respondents knew someone who had recently refused a vaccine, many of whom belonged to Apostolic faith groups where attitudes to vaccines are often negative.<sup>9</sup> However, our Harare researchers also observed an encouraging number of Apostolic church leaders promoting vaccination to their congregants.

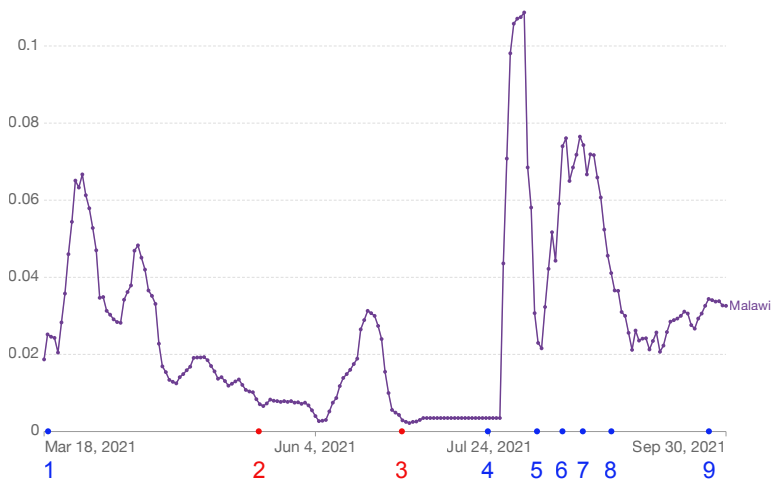
## 4.2 Lilongwe, Malawi

### 4.2.1 Malawi national context

At the end of September 2021, 4 per cent (820,000) of Malawi's population had received at least one Covid-19 vaccination, with 2.5 per cent (500,000) fully vaccinated; cumulative reported cases were 61,580 (3,134 per million) and official deaths 2,282 (Our World in Data n.d., as at 30 September 2021). Excess death estimates in October 2021 set Malawi's real figure at between 2,400 and 36,000 people – an indication of the size of the data gap. Barring the early weeks of the pandemic, lockdown measures had been relatively few and community leaders reported that restrictions were only loosely enforced or observed. Vaccine mandates were not widespread, although some unvaccinated government workers were required to work from home and a small number



**Figure 3 Timeline of Malawi's Covid-19 vaccine supply events mapped onto national Covid-19 vaccination rates\***



\* Rolling seven-day average vaccine doses administered per 100 people in the total population; for vaccines that require multiple doses, each individual dose is counted).

Note Timeline numbers 1 and 4–9 represent vaccine consignments of 115,200–360,000 doses, mostly from global North governments via COVAX. Timeline numbers 2 and 3 represent selected supply events: at 2, Malawi incinerated expired AstraZeneca doses to reassure the public about vaccine safety; at 3, just as vaccine uptake improved, supply ran out (at this point 385,000 people had received a first dose).

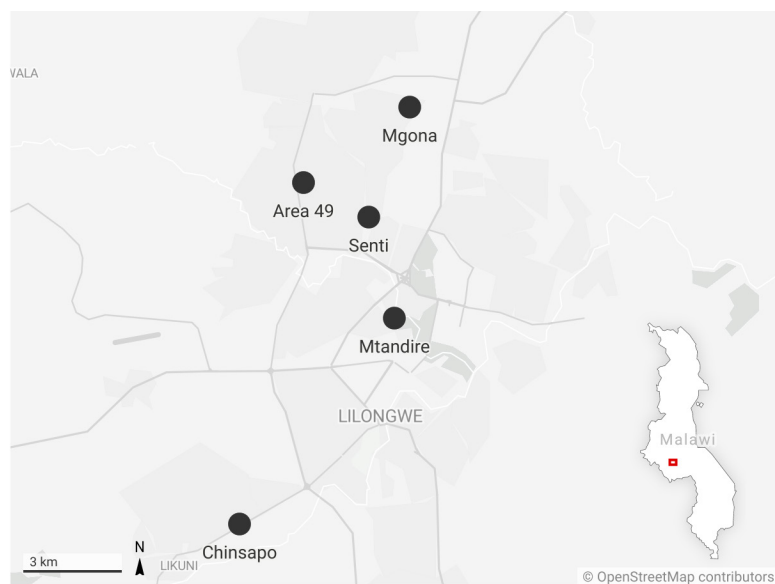
Source Authors' own, based on data from Our World in Data (n.d., as at 30 September 2021) and United Nations Malawi (2021).

of private companies were incentivising their employees to be vaccinated.

Malawi is a low-income country that relies on COVAX and largely Western donors for Covid-19 vaccines. At the time our study took place, Malawi's vaccine rollout had been repeatedly challenged by issues of low and inconsistent supply – having at that point received only 1.6 million doses, mostly through COVAX, and in nine different consignments from at least six different countries. Figure 3 compares Malawi's fluctuating supply with vaccination rates (Our World in Data n.d., as at 30 September 2021; Kyobutungji 2021).

#### 4.2.2 Early survey findings

We spoke to community leaders from five inner-city informal settlements in Lilongwe (Figure 4). They were male and female traditional leaders, youth leaders, community health-care workers, federation leaders, and religious leaders, aged 22–63 years. Sixty per cent were self-employed, 22 per cent casually employed, and 13 per cent formally employed. On average, 87 per cent said their own income had been negatively affected by and during the pandemic.

**Figure 4 Lilongwe informal settlements in the study**

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Informal settlement communities in Lilongwe are focused on recovering from economic shock and we found that, for many people, getting a Covid-19 vaccine was simply not a priority. Although Malawi itself had imposed relatively few lockdown restrictions, international travel restrictions compounded by the global economic crisis have hit hard. Self-employed people in the survey areas have lost businesses and capital due to price rises and associated lack of supply of many everyday commodities (for example, cooking oil) which are imported from countries such as South Africa and China to be resold in informal settlements. Impacts are citywide, because many residents of wealthier areas also depend on Lilongwe's informal markets. In settlements near industrial areas, retrenchments have affected casual labourers and vendors catering to workers. And in the general economic downturn, people living in settlements situated near wealthy residential areas have lost jobs as domestic workers and security guards.

Covid-19 vaccination began to be rolled out in the survey areas between March and July 2021. As the survey took place, vaccination was free and universally available. There appeared to be no alternatives to government rollout, legal or illegal, although vaccination certificates could reportedly be obtained for a bribe. There was little certainty about the scale of vaccine uptake. Of the few community leaders willing to give estimates, numbers were low and wide-ranging – between 4 and 70 people in an area in the two weeks immediately preceding the survey.

Of the four cities, Lilongwe communities were least able to access vaccines close to where they lived. Two settlements, Chinsapo and Mtandire, are near to vaccinating hospitals, but residents of others must walk or travel to public health centres at discouragingly long distances. Despite this, but in line with overall low vaccination rates, only four respondents knew of anyone who had got a vaccine outside of their local area – male government employees at their workplace, and women neighbours who had travelled further away because their local centre had run out of doses.

When asked about gender differences in vaccine uptake in their settlement, community leaders' responses varied. Women were perceived to be more easily put off by misinformation, but also more comfortable following official health advice. Men are more likely to be formally employed and subject to employee vaccination requirements but have less (or less flexible) time than women to queue at health centres. A Lilongwe community leader stated, 'Women are so used to other injections during pregnancy or family planning... so this vaccine is not anything new'.

Superficially, vaccine hesitancy in Lilongwe communities appears widespread, fuelled by misinformation. The community leaders reported a culture of secrecy, where many who do get vaccinated do not advertise their decision to friends and neighbours. Many respondents personally knew someone who had refused a Covid-19 vaccine, for example because they believed messages from church leaders that the vaccine led to devil worship. Several community leaders themselves expressed concern about health and fertility risks, and others did not feel it was a priority.

However, the vast majority of community leaders (83 per cent) were positive about Covid-19 vaccines – they dismissed the conspiracy theories, many had already been vaccinated, and they were working to keep the issue live in federation discussions during routine activities such as savings group monitoring and settlement profiling exercises. One Lilongwe community member shared, 'Two of my friends were open enough to say that they went for vaccination. Most people are going for vaccination in secret because of the conspiracy theories and at the same time, they want to be protected'.

New vaccine types can reignite public fears about safety. In Malawi, initial uptake was low when the vaccine rollout launched with AstraZeneca vaccines, and in May 2021 the government destroyed 20,000 recently expired doses, hoping to increase public confidence (Figure 3). Uptake improved, then declined again in August after the country's first Johnson & Johnson consignment, as people again chose to wait for evidence of the new vaccine's safety.

We found information disseminated in Lilongwe communities about Covid-19 vaccines and vaccinations varied by settlement.

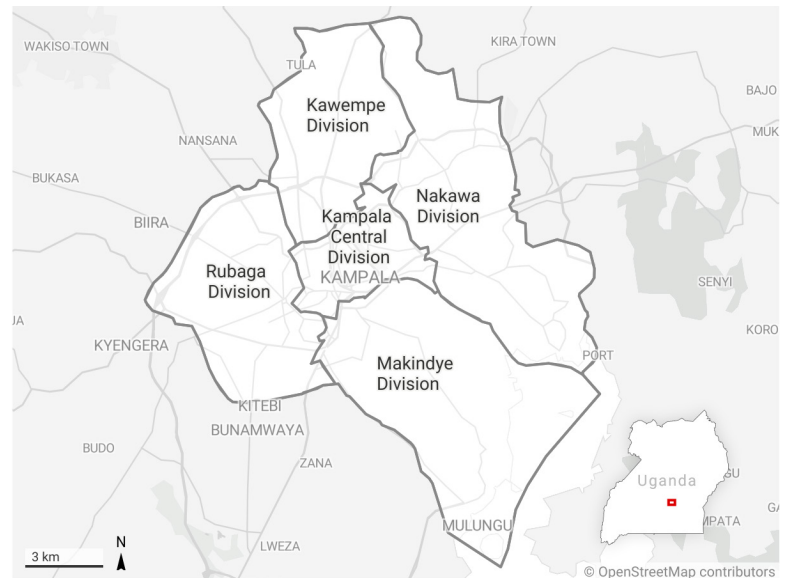
As in Harare, respondents reported a dearth of practical and locally specific official information. The only vaccination statistics publicly shared are at country level by the national government. Locally specific reports – for example, numbers vaccinated daily at a particular health centre – could provide evidence and reassurance to hesitant communities that many people in their area are getting vaccinated without adverse consequences. Practical information was also reported to be lacking, for example about different vaccine types, where to go, and availability at local centres.

### 4.3 Kampala, Uganda

#### 4.3.1 Uganda national context

As our study began, Uganda had the lowest vaccination rate among the study countries: 3.5 per cent of the population had received at least one dose (1.64 million people) and under 1 per cent were fully vaccinated (416,000) (Our World in Data n.d., as at 30 September 2021). Official cumulative figures at this time were 123,572 cases (2,622 per million population) and 3,152 deaths (67 per million population), with a wide estimate of excess deaths between 2,300 and 68,000 (*The Economist*, as at October 2021). A second wave in June 2021 led to a countrywide lockdown for over a month, and a curfew remained in Kampala throughout the study period. Public transport was operating at restricted capacity and people were required to wear masks and observe

**Figure 5 Kampala study areas**



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social distancing, although observance and enforcement were reportedly low.

As of September 2021, Uganda had received a total of 1.8 million doses, in eight consignments consisting of four different vaccine types, and from at least six different countries (direct donations or through COVAX). When our study started, vaccines were publicly administered, with the country reportedly considering options for private channels, and Uganda was the only study country yet to announce universal eligibility for adults (this happened in late January 2022). People due a second dose and high-risk groups continued to be prioritised (health-care workers, security personnel, over-50s, teachers, those with underlying health conditions). Community leaders also reported vaccine mandates in place in Kampala for teachers, some market vendors, and hospital staff.

#### 4.3.2 Early survey findings

We spoke to community leaders from informal areas in each of Kampala's five divisions (Figure 5): male and female traditional leaders, youth leaders, federation leaders, religious leaders, and (nearly one-third) community health volunteers; aged between 18 and 69 years. On average, 90 per cent said that their income had been affected negatively by and during the pandemic. Sixty-two per cent are self-employed, 23 per cent casually employed, and 9 per cent formally employed.

A relatively high proportion of respondents (25 per cent) said that no official vaccine rollout was taking place in their city. Most others said it had only just started, in August or September 2021. In four of the five survey areas, vaccination was happening in or near to settlements, in churches, hospitals, health centres, and municipal offices. The communities who lived in Kampala Central Division had to travel outside their local area to be vaccinated.

There was little knowledge of local levels of uptake. Among the few leaders willing to estimate the number of people from their settlement who had been vaccinated in the two weeks immediately preceding the survey, uptake was thought to be low: between 6 and 100 people in a settlement. Many noticed no gender differences in uptake in their community, while some observed that men were more likely to be subject to employment-related vaccine mandates, for example as market vendors, government workers, and truck drivers, or as motorcycle taxi drivers who want to enter areas requiring vaccine certificates. Women were also seen to be motivated for livelihood-related reasons and because they take the health risks to themselves and their families more seriously.

Kampala community leaders were vocal that they wanted lockdown measures to end. The pandemic has hit livelihoods hard, and vaccination rollout is understood as one path towards

reopening the economy. Most said that if a Covid-19 vaccine was made immediately available to them, they would definitely get it<sup>10</sup> and several respondents also talked about their responsibility as leaders to set an example in their community. At the same time, hesitancy and the effects of misinformation were clearly present among some survey respondents, as well as reportedly being pervasive in their communities, with concerns around safety and side effects of particular vaccine types, and a general lack of faith in government.

*I was eligible... I was told that if I get vaccinated, I cannot die of Covid-19. I had fear and I was told that in case you have some complications in the body, it's not good to get vaccinated.*

(Community leader, Rubaga Division, Kampala)

Most respondents said some information was being disseminated in their communities, mostly national and local government encouraging them to protect their health and the health of their families. Radio, television, and local NGOs were the main sources. Many of the leaders had themselves been involved in the vaccine rollout in their communities – for example, in vaccine administration, sensitisation, and information-sharing (including touring settlements with megaphones informing people about vaccine availability at nearby centres), door-to-door visits with government-sponsored 'village health teams', and as SDI federation task forces trained in handling Covid-19 health emergencies in their communities.

#### **4.4 Mumbai, India**

##### **4.4.1 India national context**

When our study took place, India had vaccinated 47 per cent of its population with at least one dose, with 17 per cent fully vaccinated (Our World in Data n.d., as at 30 September 2021). Much of the unvaccinated population also have Covid-19 antibodies, having been exposed to the virus during the huge second wave that began in March 2021 (Dasgupta 2021). Cumulative official figures were 33.8 million cases (24,233 per million population) and 448,000 deaths (322 per million), with much higher excess death estimates, between 1.1 million and 6.9 million (*The Economist* 2021, as at October 2021).

India was the only study country manufacturing Covid-19 vaccines, making the picture of access very different. The April 2021 export ban drastically diminished supplies elsewhere, notably for the COVAX programme, but allowed the country to speed up administration to over 5 million doses a day (Our World in Data n.d.). Supply and distribution issues nevertheless persist, and the situation has varied widely across states and cities. Dimensions of inequity characterising India's Covid-19 vaccination rollout have included: (1) to rural and remote locations; (2) people lacking access to the technology needed to navigate the online

registration system; and (3) a gender gap which has emerged with more men than women being vaccinated.

During the study, vaccines were also available privately and at a (capped) cost. Indian manufacturers could sell 10 per cent of their doses on the Indian private market and the remaining 90 per cent at a far lower price to the federal government, which then made allocations to states. If, for example, federal allocations did not meet public demand, states could also purchase on the private market – in competition with private hospitals, for instance, which pass on costs to patients.

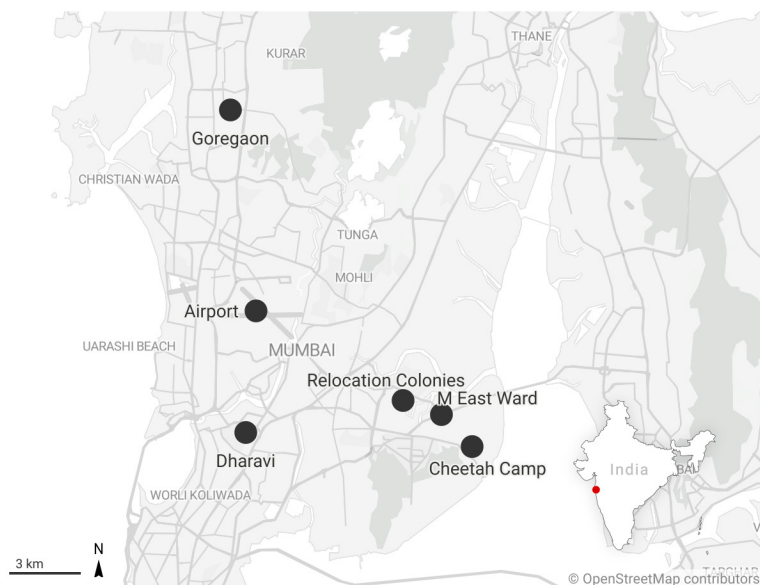
#### 4.4.2 City context

Adequate local-level data was not available for the three African cities; however, it is possible to provide some city-level context for Mumbai. As our study began, the city's vaccination rates were among India's highest: 90 per cent of the adult population had received one vaccination, with around half fully vaccinated (Debroy 2021). By October 2021, 13.6 million doses had been administered through both public and private channels, at an average of about 49,000 per day (MCGM 2021a).

Including Mumbai in our study allows us to examine a successful vaccine rollout in a context with a large number of informal settlements. However, it is in many ways a very different case – not least in the scale of vaccine challenge, having a core city population about the size of Zimbabwe, set within a wider municipal area, and with commuter transport links to large peripheral metropolitan regions.

In terms of how people access vaccines, although routine vaccines are conducted under India's health system, Covid-19 vaccination in Mumbai is a political event delivered through structures and budgets controlled by elected representatives and taking place in specialist centres often advertising the name and face of the local political leader who facilitated their establishment. This has given much energy to the process and led to the establishment of a large number of vaccination centres: by September 2021, Mumbai municipality had 322 free, state-run centres (MCGM 2021b) and 95 private hospitals vaccinating for a cost of INR 780 (about US\$10) (Pinto 2021). Smaller centres dispense around 200 doses each day and larger ones around 2,000 a day.

Political power in Mumbai is very grass roots and half of the city lives in informal settlements, so representation and voice of low-income communities is correspondingly greater. There have therefore been efforts to make Covid-19 vaccine delivery fairer, not least for political reasons. Examples include reducing the proportion of vaccination appointments that could only be made online, or only allowing in-person booking or walk-ins at centres within informal settlements often – although the latter

**Figure 6 Mumbai study areas**

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has also led to problems. In one instance, where infection risk was being increased by heavy demand resulting in crowds around a vaccination centre, local women set up a registration desk where people could leave phone numbers on a first-registered-first-served basis. Local SDI federation groups have also been involved in facilitating online registration for those in their communities who need help using technology.

Many Indian politicians understand that vaccinating informal workers is a key step towards economic recovery. Nationally, the informal sector comprises 90 per cent of India's labour force (in urban areas the proportion is 80 per cent) (Raveendran and Vanek 2020). It has been hit hard by and during the pandemic and impacts of earlier restrictions continue to be felt: many migrant workers left cities for rural areas and have not returned, leading to a fall in the remittances upon which much of India's rural economy depends. Politicians have urged private companies to help finance the vaccination drive, for example by covering the costs of low-income people to be vaccinated at private hospitals, and amendments to laws governing corporate social responsibility obligations allow vaccine rollout to also be funded through this channel. An emerging trend in Mumbai is for charitable donors and philanthropists to purchase private market vaccines and donate them to local government or NGOs, for free or discounted public administration.



Very early in the pandemic, travel on local trains was restricted to essential workers. Subsequent state government decisions to impose a vaccine mandate on public transport were therefore big drivers of vaccine uptake, finally allowing a fully vaccinated general public to travel again. This has led many to lobby their local political representatives to improve vaccine access by, for example, establishing a local centre. Other control measures during the study period including face masks in public, but our survey respondents reported no lockdowns or curfews.

#### 4.4.3 Early survey findings

We spoke to male and female community leaders from six informal settlements or slum resettlement colonies in Mumbai municipality (Figure 6), including traditional leaders, youth leaders, federation leaders, community health-care workers, women's group leaders, and area society leaders; aged between 25 and 67. Twenty-nine per cent were self-employed, 36 per cent casually employed, and 10 per cent formally employed. On average, 76 per cent said their income had been negatively affected during the pandemic, the lowest of the study cities, although this varied considerably by settlement; overall, 22 per cent said their income had not been affected.

Covid-19 vaccine rollout had begun in most areas between April and July 2021. All adults were eligible and Covishield was the type most available to communities. Vaccines were available in or near most settlements, although many respondents flagged low supplies and long queues. Venues included public and private hospitals, health centres, schools, and community halls. Only a few respondents from Relocation Colonies and M. East Ward reported that vaccines were not available in their local area. Overall, 20 per cent of Mumbai community leaders knew someone who had received a vaccine outside of the local area, either at work or forced to travel because of overcrowding and long queues at closer centres. Many Mumbai employers offer to pay for employees and employees' immediate family to be vaccinated at private centres, including in informal employments such as domestic work, drivers, and carers. Many respondents knew people who had paid for vaccination at private hospitals, and they are likely referring to these kinds of cases.

Informal settlements in Mumbai are large, and those chosen for the survey have a minimum of 5,000 households each. Airport settlement is estimated at 80,000 households and Dharavi, one of Asia's largest slums, has a population of nearly 1 million. Most respondents could estimate roughly how many people in their local area had recently received a Covid-19 vaccine and more than half of those who did said that over 2,500 people (in one case, 8,000) had been vaccinated in their local area in the two weeks immediately preceding the survey.

Respondents observed few gendered differences in uptake in their communities, despite that, overall during the study, women made up 42 per cent of those vaccinated in Mumbai (Indian Ministry of Health and Family Welfare 2021). Official city statistics present a dynamic picture of Mumbai vaccination by age, gender, and social segment, but local breakdowns are not publicly available. During the study, specific days were being reserved for vaccinating women, teachers, and students aged over 18, frequently timed to the reopening of educational institutions.

Survey results revealed little hesitancy. Community leaders were overwhelmingly positive about Covid-19 vaccination, and few knew of anyone in their communities who had recently refused a Covid-19 vaccine. Early in the city's vaccine rollout timeline, misinformation had circulated widely, with hesitancy even among initially eligible essential workers. However, uptake improved after the vaccination was made available to all adults in May 2021, and many of the earlier rumours melted away. Our researchers found that the little hesitancy still remaining in communities largely related to adverse side effects, but most people were eager to get vaccinated.

## 5 Conclusions

### **Vaccine availability constrains the room for good policy decisions**

The cities in our study exemplify, in different ways, that vaccine availability constrains the room countries have to make good policy decisions about low-income communities. In Mumbai, India's vaccine manufacturing status guarantees a steady supply, giving local politicians confidence to invest their own reputations in administering the rollout. In Lilongwe and Kampala, as our study took place, political will was likely undermined by low and unreliable supply due to patent restrictions and geopolitical issues. However, in the weeks following our study, Uganda's situation changed dramatically. The government took delivery in mid-September 2021 of 2.5 million doses of a fifth vaccine type (Johnson & Johnson) and announced that a further 18 million doses of China's Sinopharm were expected in phases from October 2021. The subsequent rollout shows what a sufficient and reliable supply might achieve, with Uganda's vaccination rate increasing over the next four months from 3.5 per cent to 29 per cent (share of population receiving one dose; Our World in Data n.d., as at 9 March 2022), overtaking Zimbabwe in February 2022.

Wider geopolitical alliances are also part of the vaccine supply picture and likely influence countries' future capacity to manage the Covid-19 virus as the pandemic continues to develop. In the case of Uganda, it perhaps cements the established turn of much of sub-Saharan Africa towards relationships with China. In the case of Zimbabwe, the government has stronger international relations with the Chinese government than with Western governments and has had long-standing and relatively reliable access to Chinese-made vaccines since quite early in the global rollout.

### **The effects on vulnerable communities of restrictions based on vaccination status**

In Mumbai, with good vaccine supply and a relatively strong political voice for low-income communities, vaccine mandates have given some democratic impetus to the rollout. Residents, keen to use public transport again, lobbied local politicians, resulting in the establishment of huge numbers of local vaccination centres including in informal settlements. However, communities may be subject to restrictions based on vaccination status even when they face challenges accessing vaccines. In Lilongwe, where low national supply limited local availability, only a few company or government employees were reported to be subject to such restrictions. In Kampala, vaccine mandates for some groups including teachers and hospital workers were in place at the time of our study, despite very limited access. And in Harare, where communities were subject to many mandates, local distributional challenges put a high cost on getting a vaccine for some people. As our study took place, rollout in Harare was mostly through existing public health-care providers and survey respondents' reports of queues at local clinics and people travelling long distances indicate that these were not always meeting demand. In Zimbabwe, there has been some pushback against state management and mandates; for example, the trade union actions mentioned above.

Harare has imposed vaccination mandates on informal sector activities, including informal traders, raising questions of what this might mean for relationships between authorities and informal operators in other or general contexts if such practices become more widespread.

### **Gender implications in vaccine access and uptake are important**

Where disaggregated data is available, gender differences in vaccine uptake are observed differently in several contexts. Differences include relating to challenges in accessing vaccines and in experiences of Covid-19 health risks and vaccine mandates or restrictions. In South Africa, official statistics showed that many more women than men are getting vaccinated; suggested explanations include that women tend to dominate professions with high infection risks (such as health care, teaching, and informal street traders) and men are more put off by long queues (Gibbs 2021). In contrast, India's data showed more men getting vaccinated, as traditionally patriarchal households prioritised vaccination for men and because women have poorer access to the technology and information needed to register for a Covid-19 vaccine or are unable to go to centres alone especially where these are not nearby (Guha 2021).

Our respondents' perspectives on gender dimensions to uptake were interesting. Broadly, at least in the African cities, it seems that women tend to be more willing and more comfortable with health-care systems, and that men, who are more often in formal

employment, are more likely to be subject to both mandates and opportunities to be vaccinated at work. Mumbai respondents observed few differences.

### **Information is lacking about who is being vaccinated in communities and cities**

In general, people had little sense of who and how many were vaccinated in their communities. In Mumbai, knowledge was better: local-level statistics are more readily available and the process for distributing vaccines to centres is more transparent. In the three African cities, during our study period at least, little city information was available, let alone more granular information. For instance, in Lilongwe, broader vaccine supply issues appeared to be compounded by challenges of public hesitancy, misinformation, and a lack of trusted, practical, and locally specific information about the vaccination rollout. Accessible information from sources that communities listen to is perhaps especially crucial to encourage vaccination uptake in contexts such as Lilongwe, where communities are generally subject to few vaccine mandates, where the health risks are perceived to be low, and where many people do not prioritise getting vaccinated as a route towards economic recovery.

Allowing communities to begin to see evidence of local uptake with their own eyes by making local-level statistics about vaccine uptake available (for example, the past week's numbers posted at health centres or information disseminated through local groups or radio stations) might help tackle hesitancy and dissolve circulating myths more effectively than national statements tweeted by the Ministry of Health.

### **Hesitancy**

Public Covid-19 vaccine hesitancy is clearly not just a barrier to uptake in rich countries, and it is important that research on the harm misinformation causes looks at how it is spreading differently around the world. Misinformation appeared widespread in many of the study areas, particularly in Lilongwe and Kampala. Some people had religious reasons, some had safety concerns fuelled by real medical uncertainty, or lack of access to reliable and culturally useful sources of information. Others just did not see it as a priority in light of their other struggles, exacerbated by the pandemic. Our survey also revealed many people who would like to have a job that cannot get one, a situation Mumbai has managed to overcome.

The community leaders are highly attuned to the nuances of motivation and hesitancy in their communities. Some were actively conducting awareness drives, sharing information, and busting myths door-to-door or at community gatherings. Several were motivated to get vaccinated in order to set an example. They also understand the kinds of barriers communities face when they do want to get vaccines: long queues; unfamiliar, inadequate, or

corrupt health systems; travel costs or walking time; lost earnings being away from work; and lack of reliable information about when and where vaccines are available near them.

The examples from Mumbai also show how local leaders and organised community groups are playing crucial roles in facilitating the vaccine rollout in their areas. They understand the practical arrangements necessary to make sure that people can access vaccines when they are on offer and are an important source of local knowledge upon which governments can draw to improve uptake in informal and low-income urban areas, to ensure that rollout is equitable, and that those hardest hit by the pandemic are protected first.

Mumbai's success, in terms of scale of effort and number of centres – many strategically placed close to informal settlements or relocation colonies – was driven by a combination of reliable supply and high levels of willingness from political leaders, making the connection between vaccination, economic recovery, and protecting the informal sector from further lockdowns. Some of the other national contexts in which our study took place often had a limited or inconsistent vaccine supply, in the face of overwhelming demand for the first or subsequent specific jabs. One question is how public attitudes will change if and when vaccine rollouts gain momentum and people's chances improve of actually being able to receive a Covid-19 vaccine if they want one.

### **Final thoughts**

The voices coming from our survey are clear that informal settlement communities have been hit hard and badly want the pandemic to be over. On average and across the four cities in our study, over half of respondents said that 'nearly all' or 'most' people in their informal settlement who usually worked informally were no longer working; and a quarter said that 'nearly all' or 'most' of those in formal employment had been laid off. Speaking of themselves, 85 per cent said that their own incomes had been negatively affected – rising to 88 per cent of women, 95 per cent of self-employed respondents, and 94 per cent of community health workers. Of those who belong to a savings group, 90 per cent said that their savings and those of their group had been negatively affected.<sup>11</sup>

The leaders we spoke to understand access to vaccines as one measure among many needed towards their communities' health, social, and economic recovery. Among others, the pandemic has highlighted the importance of mutual support networks, such as savings groups, as critical grass-roots safety nets that cushion the urban poor in times of shocks. Throughout, federations across the global SDI network have worked to address basic sanitation needs, collect data to tailor responses, strengthen safety nets through networks of women-led savings groups, and raise awareness online and in neighbourhoods – demonstrating the

central role that organised communities can play in responding to crises and ensuring local humanitarian efforts reach those in need (Cities Alliance 2021). But this is in the absence of access to social protection (although in Peru, South Africa, and more recently Kenya, some efforts appear to have been made, e.g. Alfery *et al.* 2020). Governments and humanitarian relief efforts must draw on local knowledge to understand and support communities in their efforts to recover and rebuild resilience and must work to resolve the underlying inequities that led to this disproportionate devastation through, for example, provision of adequate basic services, health care, and tenure security.

### Notes

- \* This *IDS Bulletin* was funded by the UK government's Foreign, Commonwealth & Development Office (FCDO) through the Covid Collective. The Collective brings together the expertise of UK- and Southern-based research partner organisations and offers a rapid social science research response to inform decision-making on some of the most pressing Covid-19-related development challenges. The Covid Collective cannot be held responsible for errors, omissions, or any consequences arising from the use of information contained. Any views and opinions expressed do not necessarily reflect those of FCDO, the Covid Collective, or any other contributing organisation. For further information, please contact: [covid-collective.net](http://covid-collective.net).
  - † Our thanks to the city-based researchers in Harare, Kampala, Lilongwe, and Mumbai who were involved in the study. In Harare (all Dialogue on Shelter), these were George Masimba (research coordinator), Thomas Karakadzai, Anna Teurai Nyamangara, Sheila Muganyi, Rudo Chikumbindi, and Artwell Nyirenda. In Kampala, these included Loubega Edris, and in Mumbai, Sharmila Gimonkar, among others. We are grateful to the 300+ community leaders who were our respondents for some or all of the six survey rounds, for their patience and willingness to share their knowledge and answer our questions every fortnight. Lastly, our thanks to the leaders and members of national federations of the urban poor in each city, for linking the research teams to the interviewees. In Harare: Zimbabwe Homeless People's Federation. In Kampala: National Slum Dwellers Federation of Uganda (NSDFU). In Lilongwe: Malawian Federation of the Rural and Urban Poor. In Mumbai: Mahila Milan and the Indian National Slum Dwellers Federation (NSDF). Thanks also to Beth Chitikwe-Biti at Shack/Slum Dwellers International (SDI) for steering in the design stages.
  - ‡ This study was funded by the UK Foreign, Commonwealth & Development Office (FCDO) as part of the University of Manchester's involvement in the Covid Collective research platform.
- 1 Kate Lines, research consultant and Honorary Research Fellow, Global Development Institute, University of Manchester, UK.
  - 2 Junior Alves Sebbanja, Project Manager, ACTogether Uganda, Uganda.

- 3 Stanley Dzimadzi, Community Data for Change Officer, Centre for Community Organization and Development (CCODE) Malawi, Malawi.
- 4 Diana Mitlin, Professor of Global Urbanism, Global Development Institute, University of Manchester, UK.
- 5 Patience Mudimu-Matsangaise, Director, Dialogue on Shelter for the Homeless Trust, Zimbabwe.
- 6 Vinodkumar Rao, Programme Manager, Society for the Promotion of Area Resource Centres (SPARC), India.
- 7 Happiness Zidana, Learning, Compliance and Quality Assurance Officer, CCODE Malawi, Malawi.
- 8 Most other African countries to have met this goal have relatively small populations and many are small island developing states.
- 9 As much as 37 per cent of Zimbabwe's population belongs to Apostolic communities (US Embassy in Zimbabwe 2020).
- 10 Based on a question asked in a multi-country survey by Imperial College London and YouGov; see **YouGov Covid 19 Behaviour Tracker Data Hub**.
- 11 Figures are average responses across cities and surveys. The relevant questions were asked twice, once in mid-August and once in late November 2021. As expected, responses relating to the pandemic's overall impact on respondents' own incomes and savings showed little change between August to November, while responses relating to the current status of informal and formal workers in the surveyed communities indicated that employment prospects for both groups improved somewhat over the interval, although with variation and some counter trends at city and settlement levels. A full report on the study's data findings will be published later in 2022 on the Covid Collective website.

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# The Distances that the Covid-19 Pandemic Magnified: Research on Informality and the State\*

Susana Araujo,<sup>1</sup> Wajahat Afzal,<sup>2</sup> Deepta Chopra,<sup>3</sup> Max Gallien,<sup>4</sup> Umair Javed,<sup>5</sup> Salman Khan,<sup>6</sup> Shandana Khan Mohmand,<sup>7</sup> Maha Noor Qureshi,<sup>8</sup> Shafaq Sohail<sup>9</sup> and Vanessa van den Boogaard<sup>10,11</sup>

**Abstract** What does research on informal sector workers and the state entail in the time of Covid-19? The pandemic has limited possibilities for in-person interactions and required adaptations in research approaches. These challenges are exacerbated when the subjects of the research are informal sector workers with limited access to technology and undefined spaces of work. In this article, we argue that the Covid-19 pandemic has magnified distances: between researchers located globally; between researchers and respondents; and between the state and people within informal employment. However, these distances also create new ways of working and opportunities for doing research. We discuss the challenges faced in the field, document the adaptations introduced to ensure robust research in difficult settings, and set out the limitations that remain. We also examine the ethical dimension of confronting dangerous misinformation related to the pandemic while conducting interviews, and the questions it raises about the distance between research and prescriptive advocacy in academia.

**Keywords** informal sector, Covid-19, qualitative methods, study design, gender inequality, state-citizen relations, Pakistan.

## 1 Introduction

In the middle of the Covid-19 pandemic in the summer of 2020, we developed a proposal to study the impact of the crisis on informal sector workers in a major metropolis of the global South. There were several reasons for this. The informal sector defines a majority of the workforce in such cities, and informal sector workers often overlap extensively with the poorest

populations (Chen and Carré 2020). Informal workers have been particularly vulnerable to the health and economic impacts of the pandemic worldwide. Not only are they often at greater risk of infection because of their public-facing jobs or inability to adapt workplaces, but they also tend to have less access to social protection and a shallower safety net upon which to rely in hard times (Gallien and van den Boogaard 2021; WIEGO 2021). Evidence suggests, for instance, that almost 1.6 billion informal workers worldwide were affected by containment measures, while working in some of the hardest-hit sectors (ILO 2020; Schotte *et al.* 2021). For female workers, the pandemic also exacerbated their unpaid care work burdens because of school and creche closures, which in turn affected their ability to work (Boatang-Pobee *et al.* 2021).

Despite this greater risk, the voices and experiences of informal workers during the pandemic have largely been excluded from common research approaches. Phone surveys – the most relied upon technique during the pandemic – are particularly likely to exclude low-income populations, while informal workers often work in less visible spaces, while being represented, if at all, by associations that are less likely to be contacted by researchers. The corresponding risk is that greater policy attention is paid to the better-documented and more visible experiences of formal workers – and, indeed, evidence suggests that informal workers have often been neglected by policy responses to provide relief and social protection (Gallien and van den Boogaard 2021; van den Boogaard *et al.*, forthcoming 2022).

Recognising this, we believed that it was critical to capture the experiences of informal workers to come to a more complete understanding of the impacts of the pandemic and the implications for engagement with the state and, in turn, for public health outcomes. Informal sector workers' engagement with state institutions are tenuous in regular times, and we expected that this may have worsened during the pandemic, with important implications for levels of trust and, consequently, for compliance with pandemic containment measures such as lockdowns, vaccines, and social distancing measures.

We situated our research in Lahore, Pakistan's second largest city, in a partnership between the Institute of Development Studies (IDS) and the Lahore University of Management Sciences (LUMS). Calculations based on the Government of Pakistan's Labour Force Survey estimate that 70 per cent of all waged and own-account work in the city takes place as part of the informal economy (Pakistan Bureau of Statistics 2018). Necessitated by Covid-19, we originally considered undertaking remote data collection through phone interviews and dividing roles within the team between design and data collection. Principal investigators in the United Kingdom, Canada, and Lahore, most with restricted travel opportunities, would lead on conceptual and methodological

design, and Lahore-based research assistants would lead on data collection in the field. Both strategies have been a common feature of pandemic-era research projects (Archibald *et al.* 2019; Strachan 2021).

As work started during the pandemic, the limitations of this research design quickly became obvious, and we found that several 'distances' had to be bridged to continue our research. First and foremost was the spatial distance necessitated by the pandemic – between researchers and respondents because of lockdowns and barriers to using technology, and between different members of an international collaborative research team.

The second distance was between theoretical concepts, such as 'the state' and 'gender inequality', and the quotidian ways in which expressions and language are experienced by informal workers and then shared with researchers. This is a pre-pandemic conceptual 'distance', but we argue that it has been exacerbated during the pandemic, not least because of researcher positionalities and their possibly very different experience of the pandemic even when they share the same urban spaces as research participants.

A third distance was between research and prescriptive advocacy in academia, highlighted in this case by the ethical question of how a researcher should respond when confronted with dangerous misinformation related to the pandemic while conducting interviews.

In this article, we look at the challenges that these spatial, conceptual, and ethical distances present; the ways in which some pre-pandemic distances between researchers and informal sector workers (including socioeconomic divides and related power dynamics) were exacerbated during the pandemic; and the ways in which we adjusted aspects of our research to enable our study to proceed. Our main responses to these challenges included decentralising decision-making within our research team, alongside regular debriefs with the entire team; working with local civil society actors to access respondents; and using multiple approaches to design, pilot, and implement grounded questions on dense and often personal concepts.

We believe that the ways in which our research changed and adapted speak in important ways to some emergent and more prevalent issues within research. In contrast to the newly received wisdom of pandemic-era research, we ultimately saw in-person interviews as necessary because technology-led research methods are not ideal for in-depth research involving vulnerable populations with little access to technology.<sup>12</sup> This finding reflects similar conclusions from researchers in conflict-affected settings, another usual candidate for distanced research (Bond, Lake and Parkinson 2020; Taylor *et al.* 2020). We found that these

discussions also help to highlight and problematise inequalities and hierarchies in research processes by stressing the need to situate decision-making with in-person researchers rather than with distant project leads. They also bring to the fore the need to engage with respondents' own perceptions and understanding of theoretical concepts rather than centring pre-conceived ideas about what these mean (Abedi Dunia *et al.* 2020).

The remainder of this article is structured as follows. We set out current methodological debates around pandemic-era adaptations in Section 2 and look at the challenges of doing this in Lahore with informal sector workers. In Section 3, we describe how our project changed and adapted throughout the pandemic. Section 4 concludes with a short discussion of implications and of the challenges that remain.

## **2 Researching informality in times of Covid-19 in Lahore**

Globally, the most common adaptations, or methodological 'fixes' in conducting research during the pandemic, have been phone interviews and online surveys, which have defined much of the work published in 2020 and 2021, as well as some adaptations to conduct qualitative and ethnographic research mediated by technology (Hall, Gaved and Sargent 2021; Howard and Roberts 2020; Howlett 2021; Krause *et al.* 2021; Reñosa *et al.* 2021). These adaptations have ensured the continuity of research efforts during a time when the world was essentially 'closed for business' – thereby enabling critical insights into how people were faring at this unprecedented time and capturing the ways in which their lives and livelihoods were being impacted by the pandemic and state responses to the pandemic.

Yet, the use of these methodologies assumed and required access to technology. Online surveys require both more advanced technology (such as smartphones at the least) and some level of technological literacy and comfort with online platforms. This is still limited in parts of the world (UNCTAD 2020). The growth of mobile phone coverage over the last decade means that phone interviews can reach a wider population, but these too have limitations. Alongside patchy network connectivity, people may not trust those on the other side of a cold call; within households, women may have more limited access and less privacy during interviews; and patience with long conversations may be limited so that phone interviews are best suited to conducting short surveys. Researchers have also spoken of phone interviews being extractive and 'lacking emotions which social science research needs' (Banerjee 2021).

A group that is particularly hard to research through these methodological fixes are those that work in the informal sector in urban centres. Research with informal sector workers has presented challenges even in pre-pandemic times (Gallien 2021; Tellado, Lepori and Morla-Folch 2020; Vershinina and

Rodionova 2011). Common issues have, for example, included difficulties in identifying and accessing the workers, creating a space for conversations that is safe and confidential, navigating demands on workers' time, and the complex power relationships between researchers, workers and, at times, interlocutors such as worker organisations or non-governmental organisations (NGOs). These challenges are particularly relevant for women, who are overrepresented in informal and insecure jobs in many low-income countries (Moussié and Staab 2020). Women's time availability and mobility are limited due to their greater burden of unpaid care work and exclusionary gender norms (Hassan and Farooq 2015).

During the pandemic in Lahore, we found that informal sector workers' lack of access to technology – in particular with phones falling victim to asset sales during the crisis – discomfort with phone interviews, and undefined spaces of work made them a particularly difficult group to identify and research. Yet, this varied considerably by sector and the socio-spatial context of workers within it. As is the case in comparable cities of the global South, the bulk of informal workers – approximately 71 per cent in this case – are associated with informal retail such as market vending, subcontracted home-based manufacturing, transportation, and domestic and community work (Pakistan Bureau of Statistics 2018). These four sectors formed the focus of our research, and we planned to interview 25 respondents from each of the four sectors, eventually using periods between lockdowns to have socially distanced, in-person interviews in open spaces with respondents.

This was fairly easy to manage with men who work in the street-vending and transport sectors. They remained publicly engaged in their respective trades, making it easier to approach and recruit them for interviews when the retail and public transport sectors were not closed because of lockdowns. The public-facing nature of their work also meant that conversations with our researchers fell in with the usual activity of socialising with colleagues and clients at central hubs. However, these hubs – usually large commercial centres spread across the city – made it difficult to carry out sustained conversations on a range of complex issues.

A different set of challenges was encountered in the case of domestic and home-based workers, in large part due to the female-dominated gender profile of the two sectors. Interviewing domestic workers in their places of work is often neither possible nor appropriate, highlighting important power dynamics of the interactions between informal workers, employers, and us as researchers. Home-based workers, on the other hand, operate out of low-income residential neighbourhoods across the city and can only be reached through employment intermediaries or a small set of NGOs and associations working for the rights of such

workers. In these instances, we found that it was also more difficult to speak to informal workers privately, with family members often present. To speak with workers in these sectors, we waited for periods when Covid-19 rates were low and sought consent to speak in the offices of our civil society partners. This did not, however, deal with all the 'distances' we faced in doing this research. We detail these distances next and outline the ways in which our research strategy was responsive to our ever-changing context.

### **3 Spatial, conceptual, and ethical distances during the pandemic**

#### **3.1 Negotiating spatial distance – the need for innovation and flexibility**

Early in the research process, we abandoned the idea of doing qualitative research on the phone, our only mediated option given the lack of access to online technology and platforms by informal sector workers in Lahore. Phone coverage in Lahore is extensive but unequal between women and men. Nevertheless, in keeping with the newly received wisdom of pandemic-era research, we tried conducting some interviews on the phone when we first started this research and Covid-19 rates had spiked in April 2021.

Differences between these and initial pilot interviews conducted face-to-face during an easing of distancing measures in March 2021, confirmed that the difference in quality was too extensive to make telephone interviews a feasible option. On the phone, respondents provided very brief answers, could not be drawn into more open-ended conversations, and seemed to be unsure and in a hurry to end the call. Phone calls were also characterised by the frequent breaking of voice, lags in reception, and dropped calls. There was little opportunity to ask for clarification or get deeper into conversations because respondents quickly grew frustrated with follow-up questions. Their unease with these interviews was summed up well by one respondent who remarked after a moderate-length call with an unclear connection, 'My ears have given up and so has my arm'.

We thus decided to stick to our preferred research strategy – in-person semi-structured interviews that would allow deep conversations with respondents – and realised early on that we would need to adjust our research timelines to allow for face-to-face interviewing, as and when this became possible through the rise and fall in Covid-19 rates in Lahore. While this raised the ethical concern of doing research in settings where people had not been vaccinated fully, we considered and debated these issues in detail, ensuring that all researchers followed public health guidelines such as social distancing and masking, that interviews were conducted in open or well-ventilated spaces, and that all respondents and all researchers were comfortable with having such contact at this time. Research was paused multiple times to ensure that we were following national guidelines.

However, conducting in-person interviews was not straightforward. For example, the first interview with an informal worker in the transport sector went as follows. Team members had decided that the most accessible way to identify such workers for the pilot phase would be to interview rickshaw drivers at the stand outside LUMS. Two researchers went across to the campus but found that the rickshaw stand had been deserted due to campus closure. They then stopped a driver looking for rides nearby and asked if he would be willing to be interviewed. He agreed, but given that the university gates were closed, he offered to drive them to a park nearby. As soon as the interview started, security guards patrolling the neighbourhood arrived and asked them to leave because parks too were closed due to social distancing measures.

With no other available option, they conducted the interview while seated on a road divider, the only accessible patch of grass in the vicinity, with traffic passing on both sides, making it difficult for them to hear each other clearly or take notes with ease. Roadside conversations such as these were a regular feature of interviews with male workers in the street-vending and transport sectors (conducted mostly by male researchers in the field team, given their own ease of mobility and gendered access to respondents in commercial hubs). This was both because few other options were available during the pandemic, and because respondents usually insisted on having conversations on the spot rather than committing to a later time.

Interviews with women (conducted exclusively by female researchers in the field team because of gendered norms around access to respondents) presented a different set of challenges during the pilot phase. We accessed women workers in the domestic and home-based contracting sectors through NGO partners that work regularly with them. For domestic workers, the intermediary suggested that the most accessible location for the interviews would be their office spaces, with social distancing measures, masks, and good ventilation maintained. However, team members sensed that respondents were not at ease, possibly because of the formality of a conference room setting for what were meant to be informal conversations, and which would, in other times, have been conducted as close to their own familiar spaces as possible.

They therefore decided to move interviews closer to workers' homes. We agreed to avoid their own homes, both because this was unfeasible during the pandemic, and because there was little privacy available with most family members spending more time at home due to school and work closures. An option was the larger home of a schoolteacher in a neighbourhood that our NGO partner identified as one with many home-based women workers. Many of their children attended the school where the teacher was employed, so she was a familiar and trusted



person for our respondents. This worked, and it was clear that respondents' familiarity with the teacher and her house made them comfortable and relaxed.

Interestingly, the most relaxed and deepest interview our team of female researchers had during the pilot phase was one conducted with a woman in a shrine. The setting simultaneously provided an open-air space and one where women sitting together over an extended period did not attract attention (social norms restrict women's mobility in most public spaces in Lahore). A team member reflected:

*One respondent mentioned how difficult it is to step outside her house, for all the harassment that happens on the streets. But the comfort with which our respondent occupied space within the shrine made it evident that they are used to this space and so our interviews went smoothly. This was also the most comfortable I had felt during any of our interviews. I recognise that being allowed in the shrine comes with certain restrictions, such as an informal gender segregation and dress codes, but a visitor to the shrine is barely ever asked (overtly or covertly) to justify their presence within that space, even during Covid-19.*

Our ability to do in-person interviews during the pandemic thus depended on three critical factors. First, we had to remain flexible as to how we were going to do this research, recognising, as have most researchers during this time, the need for contingency planning and that the best laid plans might mean little in the field (Krause *et al.* 2021). Second, we worked closely with NGOs both to identify respondents in the informal sector and to understand how to ensure their safety and comfort during the pandemic. Third, our terms of collaboration and engagement within the team were equal from the start – research assistants based at LUMS were part of the core design team and defined the terms of field engagement.

We realised in the pilot phase that members of the team who would be in the field in Lahore would need to be in the driving seat for field-based decisions, even if they were junior members of the research team. Team leads thus focused on an intensive online training process that ensured a high level of familiarity and comfort with the interview guide; ensured an extended pilot phase; developed a schedule of regular interactions and bimonthly debrief sessions; and designed a debriefing template that the Lahore team filled out after each interview. Beyond this, our field research team took the lead in making most of the critical decisions that would ensure the success of our research strategy in a difficult context, with others available to collaboratively find solutions to sticky challenges in biweekly sessions.<sup>13</sup>

### 3.2 Reducing conceptual distance – adapting dense concepts to respondents' realities

A substantial, pre-existing distance between researchers and respondents in the informal sector is defined by how ideas of 'the state' and 'gender inequality' are conceptualised by the former and experienced in everyday life by the latter. Our earliest pilot interviews quickly revealed that our interview guide embedded assumptions about, for instance, which state actors were central to the respondents' lived experiences that did not resonate with the reality encountered by the field researchers. For informal sector workers in Lahore, the 'surface area of the state' (Heller 2013: 9) is limited in general and shrank further for most during the pandemic – informal workers were less likely than normal to interact with state representatives, as public services were cut back or went online. Frequent lockdowns in commercial localities also meant that spaces for interactions with the state were reduced further.

We needed to better understand and connect with the quotidian ways and language in which informal workers experienced and understood their interactions with state actors and institutions during the pandemic. The same applied to how they understood and experienced gender inequality both inside and outside their homes. This conceptual challenge was not unique to the pandemic context but heightened as the surface area of the state shrank and the pre-existing knowledge base on this was limited. The first step was to work with civil society partners through 'scoping interviews' to improve our understanding of interactions that take place between workers and the state.

We heard that informal workers, particularly men working in transport or as street vendors, interact mainly with the state through 'coercive' regulatory or law enforcement authorities, and that this has remained unchanged or even intensified during the pandemic, with police authorities checking retail and transport sectors for compliance with lockdowns and social distancing regulations. However, interaction with other state representatives, such as at municipal offices and public hospitals, has been limited by the pandemic. An option was to use these details to make our interview questions more specific. However, our field researchers had a different idea.

We revisited the interview guide, but with the field team in the lead so that they could draw on their experiences from pilot interviews. They decided on a shift in approach. As one member reflected, 'Our approach to better conceptualise the state involved a crucial shift from demarcating and animating the state via our interview questions to allowing our respondents to sketch an image of the state for themselves'. This meant moving away from questions that focused too narrowly on what respondents thought of pre-identified branches and institutions of the state, their interactions with them, and changes in their views and opinions about these institutions during the pandemic.

Instead, we decided to offer respondents the space to define and interpret the presence or absence of the state in whatever way made most sense to them. This brought to the fore variation in how informal workers across different sectors interact with the state now and how they have done so in the past. It also alerted us to the unevenness of state capacity when it comes to regulation and redistribution. For example, in the complete absence of any code of regulation and a system of granting licences, street vendors are frequently targeted by anti-encroachment operations in commercial and residential districts of Lahore.

In contrast, a relatively higher degree of organisation within the informal transport sector gives some informal workers greater political power, with relatively frequent strikes and collective action against traffic authorities and regulatory interventions. Within the 'privatised' form of work seen in the domestic work and home-based sectors, interactions with the state remain unstructured, though with reports of frequent harassment by police authorities. Such contextual variations in state interaction and regulation became more tangible through the narration of personal interactions with the state by informal sector workers.

Allowing conversations to be led by respondents' own interpretations of the state and for interviews to become more co-constructed in the participatory tradition (Lyons and Chipperfield 2000) led to an improvement in the type of responses we got and a higher comfort level of our respondents. Earlier, respondents had seemed to get visibly shy or uncomfortable with some questions, which team members took to indicate some embarrassment connected to a lack of opinion or knowledge about institutions of the state that we were asking about. This was especially true of female respondents, who seemed reluctant to deal with questions about interacting with the state, insisting that they do not leave their homes to interact with state actors.

To help illustrate our point and elicit responses, the team initially tried to disaggregate 'the state' into everyday activities, such as getting an ID card made or paying bills. However, with the ID card process largely standardised and bill payments taking place via mobile services like easypaisa, we realised that there was virtually no face-to-face interaction with state actors. However, when we moved beyond questions about actual interactions to instead open up space to reflect on perceptions of the state, its visibility in their lives, and its responsibilities towards citizens and workers during the pandemic, women became far more vocal. Their expectations, disappointment, and at times even their rage, were communicated more clearly through this approach.

Similarly, we found male respondents were particularly closed to discussing gender inequality, especially if this called for reflection

on how women experience the state and informal sector work differently. We were interested in drawing out both men and women on their perceptions of gender inequality, but this proved difficult. We shifted strategy again, but in the opposite direction of what we did in asking about the state – instead of asking about perceptions, we asked now about actual practice and personal experience. So instead of asking whether they thought there was gender inequality in interactions, we talked to men and women about their own experiences of work, the state, care responsibilities, and changes in these during the pandemic.

Researchers started by asking conversational questions about the household and their children and how things had changed for them during the pandemic, and then transitioned towards asking how women in the household had been affected, especially in terms of their care responsibilities. This worked to some extent in having men discuss the links between greater and gendered care burdens, strained incomes, and increased tensions at home, including talking about estrangement and divorce in some cases.

The concept of trust was equally elusive, and the solution here was to ground it in questions about the pandemic and vaccines. The initial plan to ask about how institutional trust had changed during the pandemic did not work for the reasons discussed above – broad questions about trust led to generic and abstract answers about a lack of satisfaction with state actors and institutions. It was also difficult for respondents to separate out their perceptions before and during the pandemic. However, we found that questions about the pandemic, the effectiveness or necessity of lockdowns, and willingness to get a vaccine quickly led to quite focused answers about levels and types of trust. Respondents talked easily about beliefs, disbeliefs, and conspiracies around the pandemic. We followed these tracks to ask why they held particular beliefs, their sources of (mis)information, why they thought state actors might be involved in any conspiracies they mentioned, and how wide-ranging they thought these beliefs were.

In summary, our ability to conduct research on dense and sensitive concepts in a difficult context depended on an additional three critical factors, including learning from the pilot phase to adapt each of our central theoretical concepts to the reality and language of our respondents; emphasising narratives of respondents' experiences and allowing these to lead the interview; and delegating more agency to the field research team in redesigning the question guide and our research strategy. While some of the challenges were heightened during the pandemic, our experience points to important lessons for researchers in 'normal' times, including the value of input from research participants at early stages of research to better capture how they understand, experience, and articulate research concepts.

### 3.3 Confronting the distance between research and practice

In conducting interviews during a pandemic, we have been confronted with a particularly intriguing ethical question that is inherent in much research but became particularly visible in this context: to what extent should, or can, researchers as theoretically 'neutral' observers of data remain distant from advocating for behavioural change when confronted by a fast-moving crisis? We were led to reflect on the traditional distance between researchers and advocates when we found that research participants were regularly sharing misinformation about the pandemic and vaccines with us in interviews. We were careful in ensuring that our field researchers were not responsible for introducing any conspiracies or misinformation about the pandemic to respondents.

However, many times, our respondents would discuss harmful or wrong information about Covid-19 and the vaccine. This misinformation became evident through vignettes of the vaccine being magnetic, made of human organs, and reducing life spans (a particularly pervasive belief was that people who got the vaccine would die within two years). Some questioned why vaccines were being given to healthy adults instead of to Covid-19 patients, some argued that the vaccine was useless because they knew someone who had contracted the virus despite getting a dose, while others claimed that the government was grotesquely exaggerating numbers to receive aid that they were subsequently misusing.

This trend of misinformation reflects broader challenges of rumours and misinformation around public health crises (e.g. Chigudu 2020; Wigmore 2016; Wilkinson and Leach 2015), though the structural inequalities, power dynamics, and histories of marginalisation of informal workers may make them particularly distrustful of the state and related public health information.

Being confronted with this misinformation raised an important question to us as researchers: do we have a duty to correct misinformation on vaccines when health outcomes are at stake? Field researchers described 'an invisible burden' on their shoulders to correct harmful misinformation, though simultaneously they felt unsure about their role in doing so as researchers rather than advocates, doctors, or public health officials. As our research centrally explores the concepts of trust in relation to the state and public health measures, there was also the concern that sharing or correcting information about the vaccine would unduly bias responses to interview questions.

After extensive discussions within the team, we decided to incorporate a discussion of vaccines and misinformation, including sharing public health guidelines on vaccines, the personal decisions of researchers to get vaccines when available, and information regarding vaccination centres, as well as honestly answering any questions that respondents posed about vaccines

and public health guidelines. However, we deferred all questions and discussions about this to the end of the interview to ensure that they did not bias responses in any way. Respondents' reactions to these conversations varied – while many reacted in a broadly positive and friendly manner and said that they would consider the perspectives offered, others remained unconvinced. Some became noticeably quieter and unresponsive, reinforcing for us the importance of leaving this conversation to the end of the interaction.

#### **4 Implications and limitations**

In this article we have discussed key challenges that we faced in studying informality and the state through an international collaboration during a pandemic, reflected on some of the ethical challenges it presents, and documented some of the strategies we undertook to pursue robust research in difficult contexts. This has included changing data collection and interview strategies to allow for more flexibility, cooperating closely with civil society organisations, and building new partnerships. Bridging conceptual divides has required an iterative process of revising our language and emphasising different narrative structures to better capture the reality of the state and state interactions in terms of how research participants experience them.

By way of a conclusion, we reflect on the limitations that remain, as well as their implications. There are at least three limitations that are important to highlight. First, the work in this project is ongoing – what we present in this article represents reflections across the team based on what we have learned so far. Further issues may – and likely will – arise, including with some of the strategies we have adopted. Finding robust answers to our research questions will remain a challenge going forward. On top of that, communicating these answers and engaging with policymakers, including by pushing back against harmful policies and suggesting alternatives, is in itself a part of what this project can offer some of the communities it has engaged with, and where delivery is still outstanding.

Second, what we describe here are changes and adaptations in our efforts to close the various distances inherent in this type of research – we do not imply that these distances have been overcome. There are a range of ways in which these distances remain and are structurally embedded in the spaces in which we research, and the ways in which research is conducted.

Third, both the research itself and the adaptations discussed here are embedded in and structured by the wider constraints of our research project – this includes the changing context of the pandemic in Lahore, the availability of our funding, and the timeline associated with it. We hope that some of these discussions are of interest to other researchers during this time, without implying that they are universally applicable.

The adaptations that we have used throughout our research highlight some wider and perhaps more hopeful implications about doing qualitative research during this difficult time. We highlight two in particular. The first implication has been that the traditional divisions between roles and responsibilities within research teams are sometimes more easily adjustable and traversable than is sometimes argued. Extending conversations about key theoretical aspects of projects beyond research leads and expanding the input of more junior researchers beyond implementation questions are possible, especially in a context where technology enables conversations across distances at little cost. With some publishers, widening authorship is not a difficult conversation – as evidenced by the authorship of this article. This is of central importance beyond the context of the pandemic, not merely because it is a part of changing hierarchies and exploitative practices in knowledge production, but also, as highlighted above, because forming research questions and concepts in conjunction with a wider research team and research participants can help bridge conceptual distances and sustain better research beyond the pandemic context.

The second implication is that complex qualitative work remains possible, even in the context of the pandemic. Given the difficulties involved in doing many 'traditional' forms of in-person fieldwork during the pandemic, much research has recently either pivoted to questions that can be answered with already available data or turned to 'quantitative fixes' – forms of data collection that do not require face-to-face interaction, such as online surveys or computer-assisted telephone interviews. While we recognise the virtues of such tools to answer some questions, and especially to conduct 'rapid response assessments', relying on these tools alone can exclude vulnerable populations and limit the types of questions we can ask.

There are substantial trade-offs and difficulties in conducting conceptually complex qualitative work in these contexts, as we have highlighted throughout this article, and may experience again when we seek to publish our findings. However, there is an imperative to finding 'qualitative fixes' and developing methodologies that can maintain participatory and inductive aspects, even in difficult contexts. This is because only such work can both keep inherently qualitative questions at the centre of academic debates and engage with populations that are already at a geographic, administrative, technological, political, or conceptual distance from more easily available methodologies.<sup>14</sup>

### Notes

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- 1 Susana Araujo, Research Officer, Institute of Development Studies, University of Sussex, UK.
- 2 Wajahat Afzal, Research Assistant, Lahore University of Management Sciences, Pakistan.
- 3 Deepta Chopra, Research Fellow, Institute of Development Studies, University of Sussex, UK.
- 4 Max Gallien, Research Fellow, Institute of Development Studies, University of Sussex, UK.
- 5 Umair Javed, Assistant Professor, Lahore University of Management Sciences, Pakistan.
- 6 Salman Khan, Research Associate, Lahore University of Management Sciences, Pakistan.
- 7 Shandana Khan Mohmand, Research Fellow, Institute of Development Studies, University of Sussex, UK.
- 8 Maha Noor Qureshi, Research Assistant, Lahore University of Management Sciences, Pakistan.
- 9 Shafaq Sohail, Research Assistant, Lahore University of Management Sciences, Pakistan.
- 10 Vanessa van den Boogaard, Senior Research Associate, University of Toronto, Canada.
- 11 Authors are listed in alphabetical order and include the full research team involved with this project.
- 12 See Baczko and Dorronsoro (2020) for a more detailed discussion of the need to return to in-person fieldwork.
- 13 Naturally, there are still substantial challenges in managing a research team across multiple countries during a pandemic, ranging from arranging online trainings to the limitations of virtual workshops. These challenges have been the subject of many discussions in the past few months, so we do not expand on them here.
- 14 See here for a discussion of this **in the context of studying informality during the Covid-19 pandemic in Buenos Aires**.

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# Adapting Disability Research Methods and Practices During the Covid-19 Pandemic: Experiences from the Field<sup>\*†</sup>

Lena Morgon Banks,<sup>1</sup> Samantha Willan,<sup>2</sup> Gakeemah Inglis-Jassiem,<sup>3</sup> Kristin Dunkle,<sup>4</sup> John Ganle,<sup>5</sup> Tom Shakespeare,<sup>6</sup> Rifat Shahpar Khan,<sup>7</sup> Shaffa Hameed,<sup>8</sup> Mercilene Machisa,<sup>9</sup> Nicholas Watson,<sup>10</sup> Bradley Carpenter,<sup>11</sup> Tracey Smythe,<sup>12</sup> Nomfundo Mthethwa,<sup>13</sup> Queen Seketi,<sup>14</sup> Jane Wilbur,<sup>15</sup> Ayanda Nzuzi,<sup>16</sup> Zeynep İkkurşun,<sup>17</sup> Shailaja Tetali,<sup>18</sup> Lopita Huq,<sup>19</sup> Amanda Clyde<sup>20</sup> and Jill Hanass-Hancock<sup>21</sup>

**Abstract** People with disabilities are often excluded from research, which may be exacerbated during the ongoing Covid-19 pandemic. This article provides an overview of key challenges, opportunities, and strategies for conducting disability-inclusive research during the pandemic, drawing on the experience of research teams working across ten countries on disability-focused studies. It covers adaptations that are relevant across the project lifecycle, including maintaining ethical standards and safeguarding; enabling active participation of people with disabilities; adapting remote research data collection tools and methods to meet accessibility, feasibility, and acceptability requirements; and promoting inclusive and effective analysis and dissemination. While this article is focused on adaptations during the pandemic, it is highly likely that the issues and strategies highlighted here will be relevant going forward, either in similar crises or as the world continues to move towards greater digital communication and connectedness.

**Keywords** disability, inclusion, ethics, Covid-19, research practices, accessibility.

## 1 Introduction

The ongoing Covid-19 pandemic has brought disruptions to all spheres of life, including research. Notably, in-person data collection – a common practice for social science research

pre-pandemic – has often not been possible or has had to be altered given restrictions on movement and face-to-face meetings (Lupton 2020; Rohwerder *et al.* 2021b; Wickenden *et al.* 2021b). However, social science research is critical to understand the implications of the pandemic on people's lives and to inform policy and planning.

Research must be inclusive of people with disabilities, who constitute approximately 15 per cent of the world's population depending on the methods used (Loeb, Eide and Mont 2008; WHO and World Bank 2011). People with disabilities are defined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) as including 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (OHCHR 2006: 4). Pre-pandemic, people with disabilities faced systemic barriers to inclusion in areas such as education, health, employment, and social participation (UN 2019). Existing evidence indicates that the direct and indirect impacts of the pandemic may have widened these inequalities (Brennan 2020; Rohwerder *et al.* 2021a; Shaw *et al.* 2021; Thompson *et al.* 2021; Wickenden *et al.* 2021a, 2021b).

People with disabilities have often been underrepresented in research even before the added challenges brought by the pandemic (Yeo and Moore 2003; Groce and Mont 2017). Studies conducted during the pandemic have highlighted additional challenges in collecting data on disability during the pandemic, including concerns about the accessibility of technology and tools for remote data collection, recruiting hard-to-reach populations, and maintaining ethical standards, particularly for studies on sensitive topics (Brennan 2020; Wickenden *et al.* 2021b). Without concerted efforts, the pandemic risks further excluding people with disabilities from research, which means their experiences and concerns may not be reflected in outputs designed to inform policy and planning.

Consequently, this article will explore the critical question of how to adapt disability research methods and practices during the pandemic. It will consider how research teams can adjust to Covid-19 regulations and restrictions, including adaptations needed for different subgroups (e.g. by impairment type, children vs adults) or different research focuses (e.g. involving sensitive topics).

The remainder of this article is as follows. Section 2 describes the underlying research studies that ground the learnings of this article. Section 3 discusses the overarching principles of disability research. The next three sections explore the challenges of and strategies for inclusive research during the pandemic including upholding ethical standards (Section 4), adapting data collection (Section 5), and ensuring inclusive and effective analysis and dissemination (Section 6). Section 7 provides concluding remarks.

## 2 Background to this article

This article draws on the experience of several teams conducting research with people with disabilities during the Covid-19 pandemic in the UK, South Africa, Zimbabwe, India, Zambia, Bangladesh, Turkey, Cambodia, Vanuatu, and Ghana (see Table 1). These studies represent a diversity of settings and research questions, although the study designs were primarily qualitative. They also reflect a range of adaptations made in response to different Covid-19 restrictions in place at the time of data collection. Research teams, including team leads and multiple authors on this article, included people with disabilities. Although all included studies were disability focused, the learnings from the research teams could be applied to non-disability-focused studies as well.

**Table 1 Overview table of studies led by authors**

Country (project)	Study topic	Participants	Study design	Date of data collection	Covid-19 restrictions in place at the time of data collection
<b>South Africa</b> (Forgotten Agenda)	Sexual and reproductive health and rights under Covid-19	Women aged 18–25 with and without disabilities (impairment types: physical, sensory, and intellectual)	Longitudinal case studies applying mixed methods including PhotoVoice,* series of interviews collecting qualitative and quantitative retrospective and prospective data	July–September 2021 (further rounds planned)	Varying levels of restrictions included stay-at-home orders, compulsory mask-wearing, social distancing, and restrictions on social gatherings; additional civil unrest and several full team isolation events.
<b>South Africa</b> (Stroke care services in the South African public health system)	Preferences and experiences of people with stroke of stroke care in South Africa	People with disabilities linked to stroke (adults 18+ years, 24 months post-incident)	Qualitative, in-depth interviews (conducted in person and remotely)	August–October 2020	National lockdown, movement restrictions, closure of schools and non-essential businesses, mandatory mask-wearing, social distancing, limitations on social gatherings.
<b>Turkey</b> (Covid-19 and disability study)	Experiences of people with disabilities during the Covid-19 pandemic	People with disabilities (all ages, physical, sensory, intellectual/ cognitive, and psychosocial impairments)	Qualitative, in-depth interviews (conducted remotely)	May–August 2021 (further rounds planned)	Mandatory mask-wearing in public indoor and outdoor spaces, social distancing.

cont./

Table 1 Overview table of studies led by authors (cont.)

Country (project)	Study topic	Participants	Study design	Date of data collection	Covid-19 restrictions in place at the time of data collection
<b>Bangladesh</b> (Covid-19 and disability study)	Experiences of people with disabilities during the Covid-19 pandemic	People with disabilities (ages 10+, physical, sensory, intellectual/ cognitive and psychosocial impairments)	Qualitative, in-depth interviews (conducted remotely)	April–August 2021	Nationwide lockdown, mandatory mask-wearing to receive services, border closures, police presence/fines enforced restrictions, closure of schools and non-essential businesses.
<b>Ghana</b> (Covid-19 and disability study)	Experiences of people with disabilities during the Covid-19 pandemic	People with disabilities (all ages, physical, sensory, intellectual/ cognitive, and psychosocial impairments)	Qualitative, in-depth interviews (conducted in person and remotely)	May–July 2021 (further rounds planned)	Mandatory mask-wearing (indoor and crowded outdoor spaces), closure of some non-essential businesses (e.g. clubs, cinemas), limits on large social gatherings.
<b>UK</b> (Covid-19 and disability in the UK)	Experiences of people with disabilities during the Covid-19 pandemic	People with disabilities (all ages, physical, sensory, intellectual/ cognitive, and psychosocial impairments)	Qualitative, in-depth interviews (conducted remotely)	Round 1: June–August 2020  Round 2: February–April 2021	Round 1: mandatory mask-wearing in indoor spaces, social distancing (meetings of up to six people); gradual easing towards July.  Round 2: national lockdown, movement restrictions, closure of schools and non-essential businesses, mandatory mask-wearing in indoor spaces, strict social distancing (no indoor meetings outside of household/support bubble; outdoor meetings only for exercise with one other person not in household/support bubble).

cont./

**Table 1 Overview table of studies led by authors (cont.)**

Country (project)	Study topic	Participants	Study design	Date of data collection	Covid-19 restrictions in place at the time of data collection
<b>Cambodia and Bangladesh</b> (Translating disability-inclusive WASH policies into practice)	Inclusion of disability in water, sanitation and hygiene (WASH) policies and practice	People with disabilities (>18 years, physical, sensory, intellectual/ cognitive impairments) and caregivers	Qualitative, in-depth interviews (conducted remotely in both countries)	Cambodia: February–July 2021  Bangladesh: August 2021–present	National lockdown, movement restrictions, closure of schools and non-essential businesses, mandatory mask-wearing, social distancing, limitations on social gatherings, face-to-face business meetings banned in both countries.
<b>Vanuatu</b> (Shifting humanitarian norms)	Exploring the menstrual health experiences of people with intellectual impairments in a humanitarian context	People with intellectual impairments (15–24 years) and caregivers	Qualitative, PhotoVoice and ranking, observation, in-depth interviews (conducted in person)	October 2020–March 2021	Vanuatu's borders closed, no restrictions within the country outside encouragement to follow hygiene and social distancing practices.
<b>Zambia</b> (PENDA PhD research)	Experiences of people with disabilities during the Covid-19 pandemic	People with disabilities (all ages, physical, sensory, intellectual/ cognitive, and psychosocial impairments)	Qualitative, in-depth interviews (conducted remotely and in person)	July–November 2021	Mandatory face masks in public settings, closure of schools and non-essential businesses, restrictions on large social gatherings.
<b>India</b> (Covid-19 and disability study)	Experiences of people with disabilities during the Covid-19 pandemic	People with disabilities (all ages, physical, sensory, intellectual/ cognitive, and psychosocial impairments)	Qualitative, in-depth interviews (conducted remotely)	December 2020–March 2021 (further rounds planned)	Movement restrictions, mandatory mask-wearing, school closures, restrictions on social gatherings.
<b>Zimbabwe</b> (Building back better)	Access to health among people with disabilities	People with disabilities (all ages, physical, sensory, intellectual, and psychosocial impairments)	Qualitative, in-depth interviews (conducted in person)	May–June 2021	Mandatory mask-wearing (indoor and crowded outdoor spaces), closure of some non-essential businesses (e.g. clubs, cinemas), limits on large social gatherings.

Note \* PhotoVoice is a qualitative and participatory research methodology, in which participants are asked to use photography to demonstrate their point of view or experiences in relation to a research question.  
Source Authors' own.



### 3 Applying overarching principles of disability research

There is a growing literature predating the pandemic describing how to conduct research with people with disabilities that is inclusive, ethical, robust, and relevant to different contexts (Shakespeare 1996; Barnes and Mercer 1997; Oliver and Barnes 2010; Mji *et al.* 2011; Owusu-Ansah and Mji 2013; Kyegombe *et al.* 2019). 'Nothing about us, without us' is an overarching principle of disability research, underscoring the necessity of meaningful participation of people with disabilities throughout the research project lifecycle (Charlton 1998). This participation, at a minimum, should include consultations with people with disabilities and disabled people's organisations/organisations of persons with disabilities (DPOs/OPDs) and, where possible, involvement of people with disabilities in the research team. Involvement of and leadership by people with disabilities in research processes is not only in line with a human rights approach (*ibid.*; Smith-Chandler and Swart 2014), but improves the quality and external validity of findings (Rios *et al.* 2016; Kuper *et al.* 2020).

Research on disability must also support the direct involvement of people with disabilities as research participants. Involving caregivers either for supplemental information or as a core part of the research study can be helpful depending on the research question (Richardson and Laird 2013; Zuurmond *et al.* 2019), but in most instances should not serve as a substitute for direct participation of people with disabilities. In some cases, caregivers may have to give proxy consent or interviews for children, adults with severe intellectual impairment, and those who cannot communicate with available accommodations (Kyegombe *et al.* 2019).

However, participants with disabilities must be given the opportunity to speak for and represent themselves as much as possible. Supporting direct input may require adaptations to research methodology or ethical protocols and training of data collectors. For example, data collection tools and methods, informed consent procedures, and research outputs must be made accessible (e.g. sign language, easy-to-read formats, screen reader compatibility, held in physically accessible venues) (Wickenden and Kembhavi-Tam 2014; Kyegombe *et al.* 2019; Rohwerder *et al.* 2021b). Further, data collectors must be trained and have a clear protocol for establishing the capacity to consent, in line with national definitions of legal capacity (where available) (Kyegombe *et al.* 2019).

Disability may also overlap with other characteristics that require consideration in the study design. For example, children with disabilities may require support due to both age and disability (e.g. child- and disability-friendly data collection tools, caregiver consent and disability-inclusive child assent procedures, child safeguarding protocols with referrals to accessible services) (Zuurmond, Mahmud and Hartley 2018; Kyegombe *et al.* 2019).

Meanwhile, additional ethical standards – such as researcher training to minimise risks, protection of participant privacy and confidentiality, and development of referral pathways – need to be implemented for vulnerable subgroups that face double or triple marginalisation (e.g. women with disabilities who live in poverty, people with disabilities who are ethnic or religious minorities) and on sensitive topics (van der Heijden, Harries and Abrahams 2019; Wilbur *et al.* 2021).

It is essential to continue following these principles, although adaptations have often been needed during the pandemic and other crises. The following sections discuss our experiences addressing the challenges and opportunities of conducting disability research during the pandemic.

## **4 Upholding ethical standards in inclusive research during the Covid-19 pandemic**

### **4.1 Balancing risks and benefits of remote vs in-person data collection**

Many national Covid-19 regulations have prohibited or discouraged face-to-face meetings, which affected most of the research projects. In addition, even where local regulations allowed in-person meetings, researchers had to consider that some underlying health conditions and characteristics common among people with disabilities are associated with an increased risk of severe Covid-19 disease (e.g. older age, Down's syndrome, presence of chronic conditions, diabetes) (Williamson *et al.* 2021). Therefore, the research teams had to carefully balance the risks and benefits of in-person meetings, taking into account shifting national Covid-19 guidelines; risks to the study participants and research team, including risk of severe Covid-19 outcomes given the specific study population; and coverage of vaccination among the study population.

Researchers also had to assess the feasibility of remote data collection, which included considerations of coverage of mobile technology in the study population; sensitivity of the research topic; participants' preferences; and ability to provide needed accommodations. In projects based in Ghana and South Africa, mixed approaches were used: while many meetings were conducted remotely, people who lacked access to needed technology or faced accessibility or safety concerns with remote meetings were interviewed in person once it was safe to do so.

When in-person meetings were possible, researchers had to implement precautions for the research team and participants. These precautions included providing personal protective equipment (PPE) to the research team, study participants, and their households in all settings that had in-person data collection. Vaccination and regular testing of the research team is an important strategy to minimise risk. However, in many settings, these services were not available at the time of data

collection. PPE also had to be adapted in some cases, such as for participants using lip-reading to communicate. Adaptations in Ghana and one of the South African studies included using clear face shields or having interviews behind a transparent barrier.

#### 4.2 Adapting informed consent in remote research

Choosing remote approaches required adaptations to the informed consent process. Typically, written informed consent is the preference of ethical review boards; however, given the shift to remote data collection, recorded oral consent was permitted by most of the ethics boards. In the South African study on sexual and reproductive health (SRH), written consent was required by the ethics board, but permission was granted to use WhatsApp to obtain it.

Both forms of informed consent had to follow ethical standards of confidentiality, non-coercion, and providing complete information of the study purpose, risks, and benefits. Adaptations were needed to meet these standards and to ensure that processes accounted for both impairment-specific accessibility needs and participants' access to and familiarity with needed technology.

Previous studies have noted that determining capacity to consent is complex and not always clearly defined in national laws and ethical review board protocols (Iacono and Murray 2003; Kyegombe *et al.* 2019), and that checks are needed to ensure adaptations such as easy-to-read formats actually lead to the acquisition of the required information (Hurtado, Jones and Burniston 2014). Determining capacity to consent was further complicated with remote data collection. For example, providing some adaptations to the consent process, such as sign language interpretation or use of easy-to-read information sheets with pictures, was challenging when participants only had standard phones without video or image capabilities, which was common in many settings.

Further, almost all projects reported instances of gatekeeping, in which the listed contact was for another household or family member who prevented direct communication with the person with a disability. Data collectors were instructed to always assess an individual's capacity to consent for themselves rather than rely on the reports of others; however, this was not possible in some instances when the point of contact refused to allow the person with a disability to talk to the researchers.

Deciding on how much information to provide caregivers and the use of proxies was more complicated for sensitive topics. There were concerns that the process of seeking consent or describing the study to a caregiver could breach confidentiality or result in harm to the participant; for example, for studies on violence, if the caregiver was a perpetrator or participants were recruited through services or programmes that caregivers were unaware of.

Consequently, training was provided to data collectors on how to engage with caregivers if they were present. Case studies were used to illustrate when and how to identify appropriate proxies and implementing principles to support decision-making.

Familiarity with needed technology also presented a challenge to the informed consent process. For example, some participants faced difficulties filling in written consent forms sent via email because they did not have or were unfamiliar with software for viewing PDFs, could not add signatures, or simply did not have emails. In the South African SRH study, which required written consent, WhatsApp chat was used in some instances to obtain written consent as at least young people were more familiar with this application.

#### **4.3 Maintaining confidentiality and referral pathways**

With remote data collection and Covid-19 regulations (e.g. lockdowns), many participants took calls from their homes, making it difficult or impossible to maintain privacy from other family members. For example, the study in Turkey focused on Syrian refugees. Many participants in Bangladesh (Covid-19 study) were recruited from informal settlements. In these and other settings, participants often lived in crowded homes where few people had separate rooms or spaces to take a private call.

These limits on confidentiality were especially challenging for sensitive topics (e.g. sexuality or gender-based violence). Even discussing disability could carry risks for the participant. For example, research teams in several project sites reported needing to be cautious in asking questions about a person's impairments when they were not in a private space due to the risk of accidental disclosure to others of conditions that were not always visible but were highly stigmatised (i.e. psychosocial impairments).

Consequently, research teams had to adapt their methods to enable some degree of sensitive data collection. For example, in the South African SRH study, the team asked questions on sensitive topics that the participant could answer with yes/no and then could opt to provide more details if they were comfortable and in a private enough space. This approach enabled some degree of data collection on sensitive topics. Still, it held the potential for breaches in confidentiality should the participant be overheard when providing more detailed information. Similarly, in most settings, participants were first asked to describe their disability or health conditions themselves in order to choose the labels they were comfortable being identified with.

Although not used in any included studies, other projects have used 'quick exit' buttons to shut down websites and applications if there is a breach of privacy. However, the accessibility of these measures is not known (National Network to End Domestic

Violence n.d.). Still, even with these adaptations, monitoring confidentiality was more challenging with remote data collection. It was guided by the participant's comfort in the absence of directly observing who was present during interviews.

Furthermore, ensuring appropriate referrals was affected by disruptions in services (e.g. counselling, protective services) due to the pandemic in both these and other study settings (Brennan 2020). One South African study employed counsellors within the research team to address these challenges who developed new procedures for remote counselling, referral pathways, and follow-ups. Similarly, in Turkey, Zimbabwe, and other settings, researchers compiled a list of available and accessible services operating during the pandemic and contacted them to identify a named point-person.

## **5 Adapting to data collection challenges during the pandemic**

### **5.1 Choosing and adapting platforms for remote data collection**

Remote data collection was used in almost all settings for at least some of the data collection. It was the only option in several sites given project timelines and the Covid-19 regulations and infection rates at the time. The feasibility and acceptability of remote data collection – and which technology to use (e.g. phone, video calls such as Zoom, WhatsApp) – varied by setting, impairment type, age, and mobile phone literacy.

A significant challenge for remote data collection was the lack of access to needed technology. Access to mobile phones and the internet is generally lower among people with disabilities than people without disabilities (UN 2019). Even in the UK, national data from 2018 found that 56 per cent of non-internet users were people with disabilities (ONS 2019).

Older adults with disabilities, people with disabilities living in poverty and in remote areas, and people whose impairments affect the use of standard mobile technology (e.g. people with hearing or intellectual impairments) are particularly at risk of exclusion; other studies have noted the poor availability of needed technology among migrants and homeless populations (Nind, Meckin and Coverdale 2021). For example, many settings reported that participants could access a basic phone. Much fewer had smartphones or computers and strong enough internet/network connections to support video calls. A video connection was essential for people who are Deaf and communicate by sign language. Similarly, having a device that could receive images was needed to support some people with intellectual impairments. Further, some people, particularly older adults, had an internet connection or smartphone within the home but needed support using it. Finally, phone data was costly in several settings, which affected both data collection and recruitment.

Participants' preferences were also a key consideration. Most participants in the UK reported that they preferred or were at least neutral about remote vs in-person data collection, with some pointing to benefits such as reduced travel and more control over the interview process (i.e. ability to leave interviews easily). Some participants with autism or other neurodiversity preferred email to either in-person or Zoom/telephone interviews. In contrast, many people who were Deaf preferred face-to-face meetings to better read sign language. WhatsApp was a popular choice in India, South Africa, and other settings. It is widely used among young people, allows for video calling with multiple people and sending pictures, has safety features (e.g. end-to-end encryption), and low data usage to reduce costs. Standard phone calls were primarily used in Ghana, Turkey, Cambodia, and Bangladesh due to the participants' limited access to other technology.

## 5.2 Recruiting the needed sample

Remote data collection carried both challenges and opportunities for recruitment. It increased the geographic reach in settings such as the UK and Bangladesh (Covid-19 and disability study) to rural or remote areas that would have been logistically and financially difficult to reach with in-person meetings. However, there were trade-offs in that selected participants had to be reachable through a phone or other form of remote technology, which as described above likely led to the underrepresentation of people with disabilities living in poverty, in areas with poor internet/phone coverage, and with certain impairments (e.g. profound hearing loss, intellectual impairments). Other studies have similarly noted recruitment challenges during the pandemic, such as for migrant and homeless populations (Nind *et al.* 2021).

Sampling strategies had to be adapted for remote data collection during the pandemic because house-to-house or similar in-person approaches were not possible in settings with stricter restrictions. In some instances, such as in Bangladesh (Covid-19 study) and Zambia, participants were recruited through previous population-based surveys that included questions on disability (e.g. Washington Group Short Set) and permission to contact participants for further research, as well as through non-governmental organisations (NGOs) and DPOs/OPDs.

However, most included projects used purposive recruitment through DPOs/OPDs, NGOs, community-based leaders, peer networks, or social media. For example, participants were recruited through DPO/OPD networks in the UK, Cambodia, Bangladesh, Turkey, and other settings. In Ghana and the South African SRH study, snowball sampling was used whereby seed participants were identified through DPOs/OPDs and other sources. These seeds then recruited other people with disabilities through a peer-recruitment approach. In the South Africa stroke

care study, participants were recruited through both community-based organisations and advertising on Facebook.

Recruitment through these organisations and networks carried both limitations and opportunities. On the one hand, DPOs/OPDs, NGOs, and peer networks strengthened the partnerships and trust between the research team and the disability community. For example, in Zambia, Zimbabwe, and other settings, potential participants were cautious about speaking to unfamiliar researchers and were distrustful about how their information would be used; having links with a known organisation helped to reassure them that the study was legitimate and that they could have confidence in the study's data protection measures. Further, organisations were in some cases able to facilitate access to needed technology and accommodations (e.g. sign language interpretation, internet connection) for study participants.

On the other hand, recruitment through organisations carries risks of selection bias. For example, selected participants may be more politically active and connected or have better access to services than is typical for most people with disabilities in the study setting (Young, Reeve and Grills 2016; Grills *et al.* 2020). In the UK, people volunteering to participate through OPDs/DPO recruitment were predominantly white. Further, few older adults with disabilities were identified by NGOs and other organisations in many settings. The extent to which participants linked to organisations were perceived to represent the broader population varied by setting. For example, Bangladesh has a very high concentration of NGOs across the country (Haider 2011); consequently, being linked to an NGO or another organisation in Bangladesh was typical and carried less of a risk of bias. In contrast, in Ghana, the ethics board raised concerns on the representativeness of OPD and NGO recruitment. Consequently, snowball sampling was used to reach additional people not associated with these organisations.

For both forms of recruitment, non-response rates in remote data collection were often higher than in-person data collection pre-pandemic, which has been noted in other Covid-19 studies (Silverwood and Ploubidis 2020). For example, phone numbers on record were frequently disconnected or no longer in use. It was more challenging to address concerns and hesitations when not face to face. Additionally, in many countries, phones belonged to other family members, particularly for women and people with certain types of impairments (e.g. intellectual, psychosocial impairments, Deaf) and people living in poverty. Consequently, the phone owners could act as gatekeepers, preventing access to the person with a disability or influencing their decision to participate. Further, data collection in one Bangladesh study and the Indian study took place during periods of very high Covid-19 incidence. As such, many participants either refused or delayed enrolment because they or other family members were sick for several weeks.

Studies used a range of strategies to reduce non-response and improve access for underrepresented groups. For example, more extended recruitment periods with multiple call-backs were used, and trusted sources assisted recruitment (e.g. OPDs/DPOs, NGOs, peers). Additionally, in Ghana and South Africa, mixed modes of data collection were used, whereby in-person meetings were used for people who were unable or uncomfortable with participating remotely during periods of reduced Covid-19 restrictions. Several studies also have planned rounds of follow-up data collection. Multiple phone numbers and alternative forms of communication less likely to change (e.g. Facebook, email) have been recorded to minimise loss to the follow-up.

### **5.3 Enabling active participation of participants with disabilities**

Capturing the voices of people with disabilities directly is a crucial principle of inclusive research. Therefore, all procedures – from recruitment to consent to data collection – had to be accessible to participants with different types of impairments. New adaptations for remote interviews were needed in addition to standard accessibility procedures used before the pandemic (e.g. documents in easy-to-read, picture formats; availability of sign language interpretation). For example, teams experimented with how to ensure the inclusion of people who are Deaf, given low access to videoconferencing applications and unreliable network/internet connection, such as through text communication over email or messaging applications (e.g. WhatsApp, Facebook, standard texting), or having a household member or in a few cases, a teacher, interpret in person and translate over the phone.

Similarly, a participant in the UK study compiled helpful guidelines for teleconferencing with people with dementia, which included recommendations such as avoiding distracting backgrounds (no bright colours, blurring filters; no or minimal pictures/other objects); encouraging participants to use a pencil/paper to write down their thoughts; keeping questions concise; sending any supporting materials (e.g. PowerPoint files) in advance; and allowing for breaks every 30–45 minutes. Supporting accessibility needs required training of the data collectors, tailoring tools and methods (e.g. simplified information sheets, pictorial representations), and feedback from participants during recruitment on their communication preferences. The involvement of people with disabilities in the research team and advisory groups was essential to identifying and meeting accessibility requirements. The accessibility requirements of staff with disabilities also needed to be implemented (e.g. team video calls with sign language interpretation, closed captioning).

Some studies allowed for the limited use of caregivers, either as a proxy or to support the communication of the person with a disability. For example, caregivers assisted with communication for people with severe communication or intellectual impairments and



people who are Deaf but do not know a standard sign language. Some have developed informal means of communication, particularly in settings where inclusive education and other services are lacking. However, communication through these strategies is often limited and was more difficult over a standard phone call without video or image capabilities. Additionally, proxy caregiver interviews were used instead of direct interviews for people with very severe intellectual or communication impairments who could not participate with existing support.

Teams tried to limit the use of proxy interviews as much as possible by verifying the capabilities of the person with a disability themselves (e.g. asking questions to check for understanding). However, remote data collection made these checks more difficult as there were instances in most projects of the family member who controlled the phone insisting that the person with a disability could not participate (e.g. they would be unable to understand or speak to the research team) and limiting access of the team to the individual to check for themselves. Further, it is important to note that caregivers could have disabilities themselves; in which case, it was essential to provide adaptations for the caregiver's communication and other support needs.

#### **5.4 Ensuring quality standards**

Phone or online calls felt more impersonal and were sometimes disrupted by poor internet/network connection or privacy concerns. These factors can impede rapport- and trust-building, which, when done ethically (Duncombe and Jessop 2002), are vital for qualitative data collection and research on sensitive topics. Therefore, the teams had to develop flexible data collection methods such as multiple shorter calls to build rapport and overcome losses in connectivity or concentration or have some in-person meetings if possible.

Additionally, observations are an essential part of qualitative data collection, allowing the researcher to capture details that can add to or triangulate the participants' verbal responses – such as the dynamics between the participant and other household members, their home and neighbourhood, and the severity of their disability. This type of data was largely lost with remote methods, especially when video calls were impossible, although researchers noted down what they observed or heard during a call. In the South African SRH study, PhotoVoice was integrated into the research methods, enabling participants to provide visual information about their current life experiences. These strategies provided important context information but could not replace direct observation.

Finally, recording and transcribing/translating interviews is often used for qualitative interviews. The quality of recordings was sometimes affected by poor phone/online connections. Detailed notes therefore helped fill in gaps. Ideally, video recordings of sign

language should be reviewed to check that the live interpretation matches what the participant signed. However, this was not possible in many cases due to the limitation in video recording (e.g. when conducted over an audio-only call, where a family member/other person was present with the participant to assist with interpretation). Hence in some studies, debrief reports were used as an alternative to compile data, cut out repetition of questions (because of communication challenges), and using direct quotes and summaries of the conversation.

### **5.5 Adhering to timelines and budgets**

The unpredictable nature of the pandemic had significant implications for project timelines and budgets. The teams experienced disruption due to changing Covid-19 restrictions and infection rates. In South Africa, periods of civil unrest and violence also affected data collection. These challenges could lead to changes in the mode of data collection. For example, the Covid-19 Bangladesh study shifted to remote data collection due to the emergence of the Delta variant. In the WASH studies in Cambodia and Bangladesh, PhotoVoice was originally planned, but could not be implemented due to movement restrictions and safeguarding concerns that limited the ability of the research team to deliver and collect cameras. Similarly, timelines were affected, such as by challenges in recruiting during periods of high infection or unrest. In Cambodia and Bangladesh (WASH study), data collection was delayed by six months because of surges in Covid-19 cases and tighter restrictions, resulting in a project extension.

Remote data collection led to some savings due to reduced travel budgets and new costs for alternatives (e.g. data and/or internet for both participants and home-based researchers). Adequate reimbursement of participants was also essential, given the high costs of data and phone minutes in some settings and the economic challenges faced by many people with disabilities, particularly during the pandemic. There were also changes to how reimbursements were provided, such as bundling payments or using electronic services to avoid having participants frequently travel to ATMs. In-person data collection carried additional costs for PPE (for the research team and participants and their households) and, where available, testing services.

### **5.6 Ensuring the welfare of the research team**

Research under crisis, on sensitive topics, and with particularly marginalised groups increases the strain on a research team. Reports of distress increased due to the pandemic, which was potentially worse for people with disabilities who reported exacerbation of pre-existing exclusion, including severe lack of access to services, food insecurities, and experiences of violence or abuse. Further, researchers themselves were dealing with the consequences of the pandemic through witnessing the illness or death of close relatives, friends, or colleagues, having to work in isolation at home while juggling work, childcare, and other

responsibilities, and in some cases managing their own health and safety after contracting Covid-19 and in times of civil unrest.

Research team members with disabilities may have increased stress during this time, due, for example, to a heightened fear of severe Covid-19 outcomes (ONS 2021), challenges in adapting to Covid-19 protocols and regulations that are non-inclusive (e.g. inaccessible information, lack of support for carrying out preventative measures, disruptions to essential health and social services), and in hearing triggering testimonies from research participants with disabilities.

The need for debriefing and counselling among researchers has been previously highlighted (Jewkes *et al.* 2000; Dickson-Swift *et al.* 2008), as has the importance of ensuring that support is inclusive and appropriate for people with disabilities and other marginalised groups (Kara 2018; Boynton 2020). However, some services (e.g. counselling, in-person debriefs) were disrupted due to the pandemic. Consequently, teams adapted strategies, including creating WhatsApp groups for the research team to share their experiences, challenges, and solutions; providing in-person or remote wellness sessions; mapping mental health services available during restrictions; and having regular online debrief sessions. These strategies had to consider the requirements of research team members with disabilities, both in terms of accessibility (e.g. provision of sign language interpretation, links to accessible services) and scope (e.g. consideration of wellbeing needs that are specific or more prevalent among researchers with disabilities).

#### **6 Ensuring inclusive and effective analysis and dissemination**

Remote working has also led to changes to the analysis process. In-person meetings with the entire research team to discuss findings and develop analysis plans have shifted to online in some instances, as have meetings with DPOs/OPDs and study participants to share emerging findings for feedback, validation, and to co-produce recommendations. Hosting these larger group meetings online has involved continuous learning to ensure that they are productive and support active participation from all attendees.

Some helpful strategies include using breakout rooms for smaller group discussions that are fed back to a larger group; scheduling multiple shorter meetings to keep concentration and engagement; and seeking feedback from participants on what is and is not working with online meetings. Ensuring accessibility throughout is also vital, and accessibility requirements should be sought from participants beforehand so that they are in place for the meeting. Still, hosting group meetings with study participants for validation and feedback was particularly challenging given the lack of access to the required technology in most settings (i.e. internet connection, smartphones for group calls).

Further, teams are critically assessing how some of the challenges in data collection during the Covid-19 pandemic may have affected findings when interpreting study results. For example, remote data collection may lead to high non-response rates and the underrepresentation of certain groups (e.g. people living in poverty, people with certain impairments). Teams will have to consider the extent to which these risks were mitigated and the impact on the quality and validity of results.

Given the restrictions on large gatherings, many disseminating events were replaced by online events during the pandemic. The move to online modes of dissemination has improved access for people with disabilities who have reliable internet connections and would have challenges attending face-to-face events (e.g. physically or financially inaccessible spaces or transportation, the need for someone to accompany). Nevertheless, webinars and online meetings must be accessible (e.g. sign language interpretation where the interpreter is pinned for the duration of the webinar, closed captioning).

Further, many people, particularly people with disabilities and in low- and middle-income countries, lack access to reliable internet and technologies. Therefore, communicating results back to study participants and widespread dissemination within the disability community has required mixed strategies, such as leaflets with pictograms, text/WhatsApp notifications, and linkages to websites or YouTube recordings. Engagement with OPDs and NGOs is also essential to reach people with disabilities. As restrictions ease, teams are planning for mixed modes of dissemination, including in-person events with live recording to build off the advantages and reduce the disadvantages of each strategy.

Research teams also had to consider safety and confidentiality when using online dissemination formats. Dissemination events ideally provide a space for study participants or their representatives to speak for themselves. However, online events are accessible to many people. This broader participation can be of concern for sensitive topics such as gender-based violence or sexuality. Research teams, therefore, had to develop approaches on how to enable this representation safely. These approaches included a careful analysis of risks and benefits and discussion of these with participants.

In many cases, mainly where recordings were used, participants had to provide additional consent. For sensitive topics, some teams also choose to pre-record part of an online session and review and approve the footage with the participants before it goes online. Other approaches include presenting without video, statements read out by another person, and closed events without online publication.

## 7 Conclusion

This article provides an overview of key challenges, opportunities, and potential mitigation strategies implemented by several research teams during the Covid-19 pandemic. While its focus is on adaptations to disability research methods and practices made due to the pandemic, these strategies will likely be relevant going forward. For example, remote communication is still common even as some countries are removing Covid-19 restrictions. With increasing technological advances and connectedness, people with disabilities must not be left behind.

Additionally, the challenges and strategies outlined could apply to future outbreaks or emergencies where similar restrictions may be in place (e.g. natural disasters, humanitarian contexts). Further, some of the innovations from research during the pandemic, such as the use of mixed modes of data collection and dissemination to reach different groups, can be used to overcome barriers to inclusion in research that were present before the pandemic. Although this study drew from lessons learned from disability-focused studies, other studies that are not necessarily disability focused should still consider the challenges and adaptations discussed – in addition to guidelines for other groups at risk of exclusion (Nind *et al.* 2021) – to ensure that their research does not exclude the experiences of people with disabilities.

## Notes

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- 1 Lena Morgon Banks, Assistant Professor, International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, UK.
- 2 Samantha Willan, Gender-Based Violence Researcher and Capacity Development Specialist, South African Medical Research Council, Gender and Health Research Unit, South Africa.
- 3 Gakeemah Inglis-Jassiem, Physiotherapist, PhD candidate, Department of Health and Rehabilitation Sciences, Stellenbosch University, South Africa.
- 4 Kristin Dunkle, Chief Specialist Scientist, South African Medical Research Council, Gender and Health Research Unit, South Africa.
- 5 John Ganle, Senior Lecturer, University of Ghana, Ghana.
- 6 Tom Shakespeare, Professor, International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, UK.
- 7 Rifat Shahpar Khan, Research Coordinator, BRAC Institute of Governance and Development, BRAC University, Bangladesh.
- 8 Shaffa Hameed, Assistant Professor, International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, UK.
- 9 Mercilene Machisa, Specialist Scientist, South African Medical Research Council, Gender and Health Research Unit, South Africa.
- 10 Nicholas Watson, Professor and Chair of Disability Studies, University of Glasgow, UK.
- 11 Bradley Carpenter, Scientist, South African Medical Research Council, Gender and Health Research Unit, South Africa and University of KwaZulu-Natal, School of Health Science, South Africa.
- 12 Tracey Smythe, Assistant Professor, International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, UK.
- 13 Nomfundo Mthethwa, Research Technologist, South African Medical Research Council, Gender and Health Research Unit, South Africa.
- 14 Queen Seketi, PhD student, University of Zambia, Zambia.

- 15 Jane Wilbur, Research Fellow, International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, UK.
- 16 Ayanda Nzuzwa, Research Assistant, South African Medical Research Council, Gender and Health Research Unit, South Africa.
- 17 Zeynep İkkurşun, MA student, Koç University, Turkey.
- 18 Shailaja Tetali, Associate Professor, Public Health Foundation India, India.
- 19 Lopita Huq, Research Fellow, BRAC Institute of Governance and Development, BRAC University, Bangladesh.
- 20 Amanda Clyde, Research Assistant, South African Medical Research Council, Gender and Health Research Unit, South Africa.
- 21 Jill Hanass-Hancock, Professor and Senior Specialist Scientist, South African Medical Research Council, Gender and Health Research Unit, South Africa and University of KwaZulu-Natal, School of Health Science, South Africa.

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# The Covid-19 Pandemic as an Opportunity for Leveraging Global South Research and Knowledge\*

Estefanía Charvet<sup>1</sup> and Andrea Ordóñez<sup>2</sup>

**Abstract** The Covid-19 pandemic brought a wave of uncertainty that created a demand for different kinds of knowledge worldwide, the global South included. The digitalisation of international debates unleashed some barriers to participation and facilitated the integration of global South researchers. This article reflects on the review of global South research projects and information from Southern Voice's digital knowledge hub. It shows examples and argues that further recognition from external actors of global South research and findings and the possibility of exerting leadership set new precedents for knowledge production and sharing. We conclude that the continuation and encouragement of these trends can help to reduce the knowledge asymmetries between the global North and the global South.

**Keywords** knowledge generation, research, global South thinktanks, leadership, inclusive debates, Covid-19.

## 1 Introduction

The Covid-19 pandemic disrupted all aspects of life. Against this backdrop, timely knowledge became crucial to set a course of action for the response and recovery from the pandemic.

Knowledge producers, including thinktanks, which are the focus of this article, responded differently to the Covid-19 crisis according to their context. Thinktanks are organisations that aim to bridge research and policymaking processes. They can be catalysts for new ideas and conveners of a range of perspectives. Scientific research capability is crucial to foster economic development and, therefore, to prompt a healthier recovery from the pandemic (Albanna, Handl and Heeks 2021). Thus, the role of thinktanks and other knowledge generation actors is even more crucial in times of crisis when new perspectives can provide solutions that make a life-or-death difference.

Knowledge producers had to adapt their research and policy analysis strategies due to a demand for swift answers. For thinktanks in the global South, the pandemic period became a testing ground for new ways of collaborating with foreign stakeholders, including donors, global decision makers, and other researchers. This article focuses on the latest knowledge production and dissemination approaches among global South thinktanks triggered by the pandemic. Among the factors affecting the functioning of these organisations are the limitation of international travel, the need for rapid responses, and the consolidation of online events. This article argues that the Covid-19 crisis empowered global South researchers to play a more active role in generating and disseminating knowledge.

We assert that, due to the pandemic, actors at different levels became more aware of the importance of knowledge produced in the global South and became more frequent consumers of it. This was reflected in the increased number of demands of experts from the global South that Southern Voice – a network of 59 organisations across Africa, Asia, and Latin America – received and the success stories from the network member organisations. The pandemic created opportunities for thinktanks to take on leadership roles to set their research priorities and respond to policy challenges. We argue that if these trends persist and are further encouraged, they can help to balance the knowledge generation ecosystem and bring in much-needed new perspectives from the global South that inform better evidence-based policies at all levels. This article builds up on the experiences of the 59 thinktanks of the Southern Voice network.

## **2 What are we missing when global South knowledge is missing?**

International development research is overwhelmingly produced by researchers based in the global North (Amarante *et al.* 2021). Similarly, global South researchers have a low participation in international development policy debates. For example, only 12 per cent of contributors to the United Nations Development Programme's *Human Development Report* (1990–2020) were working in lower-middle-income countries at the time of its publication and the percentage was even lower for the World Bank *World Development Report* (1978–2020). Out of these numbers, most global South contributors were rather activists or politicians as opposed to researchers, which was not the case for global North contributors (Ranconi *et al.* 2021). These findings suggest that bringing global South perspectives and research contributions is an unfinished business.

According to Karlsson, Srebotnjak and Gonzales (2007), the lack of inclusion of global South perspectives in research reduces intellectual capital, influences research priorities, and prioritises some views over others. Also, it affects how research is designed, interpreted, and applied. Increasing the number of quality contributions from the global South is pivotal to ensure that

Southern researchers' perspectives, ideas, and solutions are not overshadowed and to foster inclusive and, hence, better and impartial knowledge (Blicharska *et al.* 2017).

Also, when global South knowledge is missing, society is missing out on local and global expertise. Global South thinktanks from the Southern Voice network across Africa, Asia, and Latin America reacted swiftly to urgent and changing evidence needs. They provided data and timely analysis and engaged in digital platforms for dialogue. During the critical stages of the pandemic, global South thinktanks provided policymakers with short-term solutions to alleviate its consequences, such as mechanisms to target beneficiaries of food assistance programmes (Southern Voice 2021a).

Considering that local knowledge provides holistic solutions to a specific problem (Kolawole 2015), it is decisive to ensure accurate and context-specific answers crafted to face the Covid-19 crisis and recovery; hence, the importance of providing developing countries' policymakers and other stakeholders with solutions led by local researchers. While global South knowledge is relevant to crafting targeted solutions, it is worth recognising that it is more than just local knowledge. An internal review of the research produced by thinktank members of Southern Voice reveals that, despite the diverse settings, there are significant commonalities in the issues countries have been facing across the global South. This suggests substantial opportunities for knowledge aggregation and sharing to inform international debates.

### **3 Covid-19 disruptions and opportunities**

The pandemic has disrupted knowledge production and shed some light on alternatives to doing things differently. While it is unrealistic to think that this disruption affected knowledge generation trends once and for all, it might have fostered changes in practical factors, such as access to funding or leadership in North–South research partnerships. Donors are crucial actors when talking about doing things differently. They often set the pace and the agenda of these partnerships in either academic research or international development cooperation (Carbonnier and Kontinen 2014). Similarly, overfocusing partnerships on Northern organisations neglects national or regional research networks (Tan–Torres Edejer 1999) and influences agenda-setting and research prioritisation. Even though quantitative literature is rather silent on the impacts of these practical factors, one could argue that they have the potential to remove barriers for more inclusive knowledge generation.

This article does not pretend to assess the influence of global South researchers in national, regional, or global research and discussions. Instead of narrowing the analysis to scientific publications, we propose focusing on other types of knowledge or evidence outputs. Rigorous analyses, reports, case studies,

and other publications from researchers across the network have broadened the knowledge of the pandemic's impacts on different economic and social sectors and elucidated the role of these practical factors.<sup>3</sup> This article is based on informal discussions with some of our member organisations and is complemented by information from Southern Voice's projects.

#### **4 Global South leadership in Covid-19 times**

The pandemic gave global South thinktanks an opportunity to exert new forms of leadership by identifying problems in a timely manner, providing evidence of policy issues, or envisioning future solutions.

This leadership was visible through the ideas that thinktanks have brought forward. For example, when lockdowns started in Peru, Grupo de Análisis para el Desarrollo (GRADE) raised early alarms about how traditional marketplaces were potential sources of contagion. With rapid geospatial analysis and existing evidence from research projects, it was possible to identify the riskiest markets in Lima's vulnerable neighbourhoods. With this evidence, GRADE positioned this issue in the public domain. They raised awareness of the problem while at the same time facilitated discussions on alternatives to prevent the spread of the virus in high-risk places.

In India, preliminary results from a study by the Centre for Budget and Governance Accountability (CBGA) provided feminist organisations, women's rights groups, and civil society organisations with the necessary evidence to author a position paper on making remote learning accessible to girls. This information also allowed the organisations to propose measures to make policies on teacher training and teacher and student welfare more gender responsive.<sup>4</sup>

Furthermore, thinktanks also provided new visions for the future. For example, Espacio Público (Chile), in alliance with Ethos (Mexico) and Transforma (Colombia), seized the momentum of the pandemic to begin discussions about the necessary transformation to foster resilient and fair economic recovery. Recommendations were very context specific and emphasised the need to implement measures without sharpening regional social, environmental, and economic crises (Latinoamérica Sostenible 2020).

These are just a few examples of how the pandemic enabled global South thinktanks to take a leading role in providing ideas to better respond to Covid-19 and propose solutions to face the challenges.

#### **5 What are the factors enabling more leadership?**

Three enabling factors to exert more leadership stand out: flexibility on new funding or ongoing projects; new partnership arrangements; and innovation opportunities.

First, the pandemic fostered the allocation of somewhat more flexible international funding and the quick adaptation of current projects. Beyond new grants, researchers had to adapt ongoing projects to the reality of the pandemic. An On Think Tanks survey (2020) corroborates that early on in the pandemic, most thinktanks approached their donors to discuss more flexibility in their funding arrangements. New flexible funding materialised only a few months after the lockdowns started. When funding was flexible, thinktanks set their research agendas based on national priorities. A survey shows that most thinktank members of the Southern Voice network adapted their plans to the Covid-19 context (Southern Voice 2021b), including the thematic focus of their work and approaches. A Southern Voice Covid-19 Hub review revealed that thinktanks responded creatively to the pandemic by repurposing research tools to answer new questions and using previous evidence to inform new issues. As highlighted by a Peruvian thinktank, the pandemic successfully tested their capacity to respond to emerging needs swiftly (On Think Tanks 2020).

Research partnerships were ubiquitous during the pandemic. Some research projects required thinktanks to apply for international funding as a consortium, which encouraged South–South and North–South collaborations. The proliferation of these partnerships empowers those who participate in them, increases information sharing, speeds up innovation (Hagedoorn, Link and Vonortas 2000), and enhances collaboration with less well-known organisations. These partnerships diversify and strengthen research findings and allow thinktanks to develop national and global potential solutions. For example, the Centre for Policy Dialogue (CPD), together with the Institute of Policy Studies (IPS), two thinktanks located in Bangladesh and Sri Lanka respectively, crafted global recommendations to tackle the problem of the garment value chain. They convened private sector stakeholders and suggested that market players in the global apparel value chain consider a distributive approach to ensure that a minimum required number of orders and income is sourced from suppliers (Moazzem *et al.* 2021).

The adoption of virtual modalities for meetings also reduced the time and costs of partnerships. In the experience of Southern Voice, members have been successful despite the restrictions on in-person meetings. While in-person meetings have significant benefits, not having that expectation reduces costs and opens new possibilities for collaborations.

In the context of the pandemic, thinktanks had the opportunity to innovate in their work and explore a diversity of mechanisms to remain relevant. For example, Grupo Faro (Ecuador) prepared fact sheets to inform citizens about a range of topics, including public finance and macroeconomic stability and shared them through WhatsApp groups. This channel of communication



worked in both ways. People interacting in these groups used this information and provided thematic suggestions for upcoming fact sheets.<sup>5</sup>

Many thinktanks in the global South were able to implement diverse solutions on the ground and study their outcomes. One example is how the Centre for the Study of the Economies of Africa (CSEA), a Nigerian thinktank, in an effort to research and propose education solutions for underprivileged children, paid low-cost private schools to provide supplementary teaching to support these children (Obiwulu 2021). Also, during the pandemic, when access to hygiene products and services was key to fight against the spread of the virus, BRAC established handwashing stations across Bangladesh and disseminated hygiene practices. This innovative approach allowed them to generate evidence that promoted better hygiene behaviour (Clark *et al.* 2021). These are just a few examples of innovative research projects that were developed to respond to the crisis.

### **6 Greater recognition of global South knowledge**

Alongside leadership, greater recognition of the importance of global South knowledge is indeed another practical factor playing a role in the drive for more inclusive knowledge generation. We argue that since the pandemic, there has been greater recognition from global actors of global South knowledge. This was possible thanks to the opportunities brought by the pandemic and was evidenced in an increased demand for solid analysis and targeted information.

#### **6.1 The bright side of the pandemic**

The pandemic made in-person meetings impossible and online dialogues the norm. International development fora were cancelled or changed to a virtual setting. This new arrangement was an opportunity for global South researchers to participate in these debates. This change resulted in fewer participation constraints caused by planning and logistical arrangements (e.g. obtaining visas) or lack of travel budget. It therefore boosted the number of researchers participating in these spaces. Online collaborative platforms, such as We the People, were also crucial tools to capture and feature the views of a broader audience in written format (Igarapé Institute 2021). While it is difficult to track the impact of participation in these dialogues, one could argue that global South researchers reached out to a greater audience than in previous years, made their views known, and got more opportunities to position their findings and opinions.

In addition, thinktanks manage to convene larger national and international audiences using less resources. Regardless of the level of involvement of global South researchers in international debates, the extent to which these debates reflect their views, whether at the global or regional levels, is still unclear.

## 7 Turning the pandemic into an opportunity for more voice

There is evidence of increased awareness about the need to have a balanced set of speakers in various international development fora, from academic conferences to global consultative processes, such as Our Common Agenda.<sup>6</sup> The rising number of speaker recommendation requests that Southern Voice receives confirms this. There seems to be more awareness that a global discussion is incomplete without the participation and perspectives of the global South. In other words, there is a general understanding that the Covid-19 virus is a global problem and as such, it demands global solutions that include the views of both the global North and the global South. Therefore, cooperation between the global North and the global South is essential if we are to solve this and future global challenges (Buitendijk *et al.* 2020).

### 7.1 More inclusive and better-quality global debates

We claimed above that global South perspectives strengthen and improve the quality of the policy debates. Take as an example the discussion about the future of work. The Centre for the Implementation of Public Policies Promoting Equity and Growth (CIPPEC) in Argentina has been leading the development of perspectives grounded in the realities of the global South.<sup>7</sup> The researchers identified that the main arguments and narratives on the global discussion of the future of work were irrelevant for the global South. While in the global North the focus is on how artificial intelligence will make specific jobs obsolete, in the global South, the debate focuses on the 290 million people who will be joining the labour market in these regions. Similarly, it is impossible to talk about the future of work in the global South without considering the 75 per cent of the population from the least developed countries who are not connected to the internet (ITU 2021).

Global South researchers know their context well and are better positioned to inform about local developments and enrich global discussions. The pandemic made this statement clearer. During the adoption of lockdown and social distancing measures worldwide, it was noticeable that the effectiveness of these measures varied from one place to another. Some global South scholars provided inputs to refine these measures and respond to challenging contexts. These contexts were often characterised by populations earning a living in the informal economy, dependent on daily wages to feed their families, and with children unable to meet their nutritional needs (ILO 2021; UNICEF 2021). This knowledge of the local situation and needs strengthens the value of global South knowledge generation. Organisation members of the Southern Voice network reported that their outputs were well received and often triggered more collaborations with policymakers and other stakeholders.

## 8 Conclusions and recommendations

Going beyond the role that global South thinktanks played at the national level, one could argue that leadership and recognition are also desirable qualities to integrate global South perspectives into international debates. While recognition comes from other actors such as national and global policymakers alike, leadership is an intrinsic quality of each organisation. Greater recognition of global South inputs creates demand and therefore allows room for other perspectives. Global South thinktanks have shown the potential to establish priorities and lead initiatives if they are provided with the right setting. Increased recognition and leadership could be considered global South levellers that help strengthen knowledge generation on the grounds of structural inequalities.

This new configuration, with more virtual spaces, the possibility to adapt the research agenda, and high receptiveness, among other factors, has made room for global South researchers' ideas and priorities. While the added value they bring as providers of local knowledge to craft policies and contextualise measures is unquestionable, their role as knowledge trend-makers remains unresolved. This transformation lies in a paradigm change rooted in the need to recognise the value and potential influence that global South knowledge could exert on global issues. And this change is manifested in how global South knowledge is perceived and then applied by other actors.

The following are some general recommendations for different stakeholders on what we believe is crucial to maximising the benefits of the current setting in the years to come:

- **For thinktanks:** take advantage of digitalisation. Even when events go back to in-person meetings, we can maximise the benefits of both formats and create hybrid spaces of dialogue that incorporate the best of both in-person and virtual configurations.
- **For global international development actors:** demand global South perspectives. Only a holistic range of perspectives legitimates global discussions. Global events genuinely interested in discussing global problems and finding solutions need to incorporate global South knowledge.
- **For donors:** provide global South thinktanks with the space needed to shape their research agenda and exert more leadership in North–South research partnerships.

## Notes

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- 1 Estefanía Charvet, Head of Programmes, Southern Voice.
  - 2 Andrea Ordóñez, Director, Southern Voice.
  - 3 Please visit [Southern Voice's digital knowledge hub](#).
  - 4 P. Kundu, unstructured interview, 2021.
  - 5 M.C. Ortiz, unstructured interview, 2021.
  - 6 The ***Our Common Agenda report*** looks to the next 25 years and represents the Secretary-General's vision on the future of global cooperation and multilateralism.
  - 7 See ***Future of Work in a (Post)Pandemic World – A FoWiGS Dataset***.

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## Glossary

- AAS** African Academy of Sciences [Kenya]  
**ADB** Asian Development Bank Institute [Japan]  
**AHRC** Arts and Humanities Research Council [UK]  
**ARC** Accountability Research Center [USA]  
**AREU** Afghanistan Research and Evaluation Unit  
**ARTF** Afghanistan Reconstruction Trust Fund  
**ASBANC** Asociación de Bancos del Perú [Association of Banks of Peru]  
**ATM** automated teller machine  
**BBS** Bangladesh Bureau of Statistics  
**BIGD** BRAC Institute of Governance and Development [Bangladesh]  
**CBGA** Centre for Budget and Governance Accountability [India]  
**CCODE** Centre for Community Organization and Development [Malawi]  
**CEPR** Centre for Economic Policy Research [UK]  
**CGD** Center for Global Development [USA]  
**CIPPEC** Centro de Implementación de Políticas Públicas Promotoras de Equidad y Crecimiento [Centre for the Implementation of Public Policies Promoting Equity and Growth, Argentina]  
**CORE** Covid-19 Responses for Equity  
**COVAX** Covid-19 Vaccines Global Access  
**CPAN** Chronic Poverty Advisory Network [UK]  
**CPD** Centre for Policy Dialogue [Bangladesh]  
**CSEA** Centre for the Study of the Economies of Africa [Nigeria]  
**DPOs** disabled people's organisations  
**FCDO** Foreign, Commonwealth & Development Office [UK]  
**GBV** gender-based violence  
**GCRF** Global Challenges Research Fund [UK]  
**GDP** gross domestic product  
**GHRU** Gender and Health Research Unit [South Africa]  
**GloPID-R** Global Research Collaboration for Infectious Disease Preparedness [France/UK]  
**GoB** Government of Bangladesh  
**GRADE** Grupo de Análisis para el Desarrollo [Group for the Analysis of Development, Peru]  
**GrOW** Growth and Economic Opportunities for Women  
**HIES** Household Income and Expenditure Survey  
**HVTN** HIV Vaccine Trials Network  
**ICED** International Centre for Evidence in Disability [UK]  
**ICTD** International Centre for Tax and Development [UK]  
**IDLG** Independent Directorate of Local Governance [Afghanistan]  
**IDP** internally displaced person  
**IDRC** International Development Research Centre [Canada]  
**IDS** Institute of Development Studies [UK]

**IE&LFS** Income, Expenditure and Labour Force Survey [Afghanistan]  
**IFRC** International Federation of Red Cross and Red Crescent Societies [Switzerland]  
**IGA** income-generating activity  
**IIED** International Institute for Environment and Development [UK]  
**IIPH** Indian Institute of Public Health [India]  
**ILO** International Labour Organization [Switzerland]  
**IPA** Innovations for Poverty Action [USA]  
**IPS** Institute of Policy Studies [Sri Lanka]  
**ITU** International Telecommunication Union [Switzerland]  
**LIC** low-income country  
**LMICs** low- and middle-income countries  
**LMICs** lower-middle-income countries  
**LUMS** Lahore University of Management Sciences [Pakistan]  
**MCGM** Municipal Corporation of Greater Mumbai [India]  
**MHM** menstrual hygiene management  
**MHRC** Mahbub-ul-Haq Research Centre [Pakistan]  
**MIDIS** Ministry of Development and Social Inclusion [Peru]  
**MNFSR** Ministry of National Food Security and Research [Pakistan]  
**MoPH** Ministry of Public Health [Afghanistan]  
**MRRD** Ministry of Rural Rehabilitation and Development [Afghanistan]  
**MSM** men who have sex with men  
**NGO** non-governmental organisation  
**NSDF** National Slum Dwellers Federation [India]  
**NSDFU** National Slum Dwellers Federation of Uganda  
**NSIA** National Statistics and Information Authority [Afghanistan]  
**OCHA** United Nations Office for the Coordination of Humanitarian Affairs [USA]  
**ODA** official development assistance  
**ODI** Overseas Development Institute [UK]  
**OHCHR** Office of the United Nations High Commissioner for Human Rights [Switzerland]  
**OPDs** organisations of persons with disabilities  
**PARCC** Program for Asia Resilience to Climate Change  
**PENDA** Programme for Evidence to Inform Disability Action [UK]  
**PEP** Partnership for Economic Policy [Kenya]  
**PHFI** Public Health Foundation of India  
**PI** principal investigator  
**PII** personally identifiable information  
**PPE** personal protective equipment  
**PPRC** Power and Participation Research Centre [Bangladesh]  
**REACH** Relief Effort for Afghan Communities and Households  
**RMG** ready-made garments [sector]  
**SAMRC** South African Medical Research Council  
**SDI** Shack/Slum Dwellers International [South Africa]  
**SIGAR** Special Inspector General for Afghanistan Reconstruction [USA]  
**SIPA** School of International and Public Affairs, Columbia University [USA]

**SLRC** Secure Livelihoods Research Consortium [UK]  
**SME** small and medium-sized enterprises  
**SOAS** School of Oriental and African Studies [UK]  
**SPARC** Society for the Promotion of Area Resource Centres [India]  
**SRH** sexual and reproductive health  
**SRHR** sexual and reproductive health rights  
**SSNP** social safety net programme  
**TTI** Think Tank Initiative  
**UCL** University College London  
**UDP** Urban Development Programme  
**UKCDR** UK Collaborative on Development Research  
**UKRI** UK Research and Innovation  
**UN** United Nations  
**UNAMA** United Nations Assistance Mission in Afghanistan  
**UNCPRD** United Nations Convention on the Rights of Persons with Disabilities  
**UNHCR** United Nations High Commissioner for Refugees [Switzerland]  
**USAID** United States Agency for International Development  
**WASH** water, sanitation, and hygiene  
**WHO** World Health Organization [Switzerland]  
**WIEGO** Women in Informal Employment: Globalizing and Organizing [UK]



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'This *IDS Bulletin* seeks to answer questions about the extent to which the pandemic is causing researchers, and supporters of research, to revisit their understanding of "how and why research is done". It draws out lessons learned about approaches to research which may challenge existing assumptions about concepts and methods, about engagement with actors and audiences, and about the value, use, and nature of evidence itself.'