


# People's Agenda for Pandemic Preparedness



Research from 25 countries across six continents by over 50 researchers:  
What do people need to recover from pandemics? How do people think we should prepare and respond differently for the next pandemic?



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# Authors

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Catherine Grant<sup>1</sup>, Pranita Achyut, Grace Akello, Elaine Alam, Matthew Ayegboyin, Moses Baluku, Priyanka Banerjee, Jhabindra Bhandari, Stephanie Bishop, Justin Chery, Jahir Dabroy, Kaseina Dashe, Alice Desclaux, Sonia Dias, Ntungire Dickson, Luiza Gewehr, Tommy Hanson, Esme Kadzamira, Foday Kamara, James K. Kamasitha, Thipyaporn Khempila, Might Kojo Abreh, Tariro Kutadza, Brigitte Iyeli, Sibongeni Maidza, Samba Mbaye, Caroline Mubaira, Paul Isolo Mukwaya, Radhika Nagesh, Damiana Neto, Viola Nuwahereza, Ana Carolina Ogando, Hossain Mohammed Omar Khayum, Nirma Hernández Ramos, Wachara Riewpaiboon, Brigitte Rohwerder, Christopher Rosado, Kelley Sams, Andrew Shepherd, Caroline Skinner, Shalini Sinha, Julie Spray, Donruedee Srisuppaphon, Hakim Sseviiri, Khoudia Sow, Peter Taylor, Giel Ton, Korfii Uebari, Shaheda Viriyathorn, Aditi Vyas, Z. Zayapragassarazan.

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<sup>1</sup> Aside from the lead author, all other authors are ordered in alphabetical order.



# Executive Summary

In May 2023, the World Health Organization (WHO) announced that Covid-19 is no longer a health emergency. Now that the world is in this new period of living with the coronavirus, it is an important time to gather knowledge gained from our experiences. Over 50 researchers from 25 countries across six continents have come together to share the key lessons learned from the Covid-19 pandemic, the policies to mitigate it, and the impacts of these policies. Several resounding lessons emerged from across the globe that seemed to be at the root of many of the issues raised, including: resolving systemic issues; ensuring the most vulnerable are supported; increasing community involvement, and taking pandemic innovations forward for the future.

## Resolving systemic issues

This research has highlighted that there are economic, social, political, and health impacts beyond those caused by the pandemic, which were unequally distributed across the world and have been either exacerbated or abated by the policies of individual countries and regions. Key areas for countries to focus on for the future include:

- Economic recovery and future-proofing of livelihoods: this means more than recovering, there needs to be more investment to reduce the impact of future shocks;
- Health system strengthening for both mental and physical health;
- An end to restrictions: the Covid-19 pandemic marked a period of increased military presence and violent enforcement in some places and now people need a return to normality and usual freedoms.

## Ensuring the most vulnerable are supported

The Covid-19 pandemic has disproportionately affected vulnerable, marginalised, and disabled populations, including those experiencing poverty. They were less able to adapt, had less of a safety net available to them, and the informal sector suffered as this work could not be moved online. To recover from the problems brought about by lockdowns and restrictions, a range of support is required which embodies a holistic approach that addresses the multifaceted needs of individuals and families. The impact of the pandemic varies greatly and ranges from direct impacts on the economy and jobs to indirect impacts such as loss of learning for children and young people. Areas highlighted in the report include:

- Increased support for vulnerable, marginalised and people with disabilities who often had issues accessing assistance;
- Support for children and young people whose life path was derailed by the pandemic;
- Increased social protection: livelihood recovery and sustainability were often compromised by lack of sufficient and effective social protection measures.

## Working with and involving communities for a more effective response

Increased community involvement and localisation of response was suggested by most researchers based on their research with communities. It was frequently highlighted that this would be more effective and help the most marginalised populations. Pandemic response has long followed a top-down approach in governance which creates delivery of initiatives that are contrary to the needs of communities. Meaningful community engagement and collaborations play an essential role in promoting social justice and resilient livelihoods since it facilitates an understanding of community needs and concerns to ensure that responses are inclusive, effective and equitable. If given space people can engage in the mobilisation and organisation of communities, raising awareness about rights and needs, and advocating for policies that promote social justice and resilient livelihoods. The key lessons from this are:

- Increased community involvement: we need a human-centred approach where people are at the centre of our actions;
- Less forceful restrictions, less police and military involvement: coercive government responses to epidemics lead to resentment and mistrust;
- Better communication with the public: local-level communication channels like social networks of local councils and Village Health Teams (VHTs), community radios and door-to-door communication were found to be more trusted and effective.

## Taking pandemic innovations forward for the future

Several innovative ideas were suggested time and time again during this research. These include:

- **Increased use of technology:** Technology and digital literacy were identified as one of the best means of equalisation. Ensuring access to technologies (phone networks, the internet, and the equipment to utilise such networks) for all of society, including vulnerable,

marginalised and rural populations will enhance the ability of individuals to access not only information but also necessary goods and services, including schooling. During the pandemic, technology became essential for people to stay connected, communicate, and access support and services. Additionally, most low-income students were impacted disproportionately by a lack of access to technology, and they were left behind in the whole educational process. We can start now to equalise access to technology so all populations can benefit from the support it brings during pandemic restrictions.

- **Greater interdisciplinarity in policy and different groups working together for a coordinated response:**

Lots of research suggested a need for greater multi-sector and interdisciplinary working to allow for a more coordinated approach. Many issues were created by different sectors working in siloes. Embracing an interdisciplinary approach should include local and indigenous knowledges which offer vital insights, as well as lessons learned from living with and managing multiple intersecting crises. Increasing interdisciplinary working during this post-emergency period will mean the world is better prepared in future.

- **Greater investment in research and planning for the future:**

Governments and international organisations should increase funding for pandemic preparedness, including research and development, public health infrastructure, and emergency response systems. By providing greater funding, the world will be more prepared for future outbreaks.

Preparedness plans were not at their most effective before the Covid-19 pandemic, especially when accounting for the needs of the most vulnerable in society. Moving forwards we can learn from experiences across the globe in order to be more prepared for future pandemics. The future of pandemics is uncertain, but we can plan for uncertainty.

# Introduction

*'The Emergency Committee met for the 15th time and recommended to me that I declare an end to the public health emergency of international concern. I've accepted that advice. It is therefore with great hope that I declare Covid-19 over as a global health emergency'.*

*'The worst thing any country can do now is to use this news as a reason to let down its guard, to dismantle the systems it has built, or to send the message to its people that Covid-19 is nothing to worry about.'*

**Dr Tedros Adhanom Ghebreyesus, WHO Director-General's opening remarks at a media briefing on the 5th May 2023, following the fifteenth meeting of the Covid-19 IHR Emergency Committee which was held the day before.**

On 5 May 2023, Dr Tedros Adhanom Ghebreyesus announced that the Covid-19 virus was now an established and ongoing health issue which no longer constitutes a public health emergency of international concern. Now that the world is in this new phase, it is an important time to collect knowledge gained from our experiences, learn lessons, and act.

Over 50 researchers from 25 countries across six continents have come together to share the key lessons they have found during research in their countries. While lives lost to Covid-19 continue to mount, health, livelihood and wellbeing impacts are becoming an increasing focus. We asked what is needed now to recover during this period. This research has highlighted that there are economic, social, political, and health impacts beyond those caused by the virus, and these were unequally distributed across the world and have been either exacerbated or abated by the policies of individual countries and regions.

In this report, we analyse the needs, approaches and knowledge of different countries and gather thoughts and research from across the globe. Remarkably, there are many similarities in the messages people contributed, with a focus on protecting and supporting the most vulnerable, the need to support people to recover their livelihoods, their mental and physical health, and for young people to be able to regain the path they were taking before the pandemic. Preparedness plans were not at their most effective before Covid-19, especially when accounting for the needs of the most vulnerable in society. Moving forward we can learn from the experiences across the globe to improve in the future. Not all of the knowledge gained about the impact of different policies has been published, so by gathering information from researchers, we can ensure that this learning is not lost and is collected to provide evidence in preparation for the next pandemic.

## Aim

The aim of this report is to collect and share key learning from across the world in the wake of the Covid-19 pandemic and to ensure the knowledge gained is utilised for the future. We aim to show policymakers the impacts

of their preparedness policies and the problems people are facing during this recovery period, as countries begin to negotiate the terms of the WHO global accord on pandemic prevention.

## Methods

Following on from the Covid Collective event *Pandemic Perspectives: Paving a way for Social Science Research* in March 2023, where the idea for this work was conceived by the Pandemic Preparedness Group, we formulated several questions that would help us to write a People's Agenda for Pandemic Preparedness. These were based on what we felt it was most important to collect data on and information that may be unpublished, but that could contribute towards understanding what is needed in this new period. Even though Covid-19 is no longer a global health emergency, it is still a threat, and the aftermath of the emergency and the restrictive policies to mitigate it still need to be dealt with. Reflecting on the lessons learned during this period can help formulate better policies for the future.

The questions asked were:

- What do people who are experiencing poverty or vulnerability need to recover from impacts of the Covid-19 pandemic (and the policy responses to it, e.g., lockdowns, restrictions and other measures)?
- Did they receive any support, and if so from who?
- What do you think needs to be done differently, and by whom, to be better prepared for the next pandemic?

We asked researchers from the Covid Collective, Covid Responses for Equity (CORE), Social Science in Humanitarian Action Platform (SSHAP), Institute of Development Studies (IDS), Chronic Poverty Advisory Network (CPAN), Pandemic Preparedness Project (PPP), Women in Informal Employment: Globalizing and Organizing (WIEGO) and Partnership for Research on Progress and Resilience in Education (PREPARE) to answer several questions and co-write a paper that shared the People's Agenda for Pandemic Preparedness. We also advertised this opportunity on IDS Twitter, Facebook and LinkedIn accounts to enable others to contribute.

The programmes were chosen as we were aware of their excellent contributions towards Covid-19 research, but we wanted to allow others the opportunity to contribute as well. Some details about these programmes are:

- The **Covid Collective** research platform offers rapid social science research to inform decision-making on some of the most pressing Covid-19-related development challenges.
- The **Covid Responses for Equity (CORE)** programme seeks to understand the socioeconomic impacts of the pandemic, improve existing responses, and generate better policy options for recovery.
- **The Social Science in Humanitarian Action Platform (SSHAP)** is a programme of work focusing on the social dimensions of emergency responses.
- **Pandemic Preparedness Project: Local and Global Concepts and Practices in Tackling Disease Threats in Africa** highlights the importance of local perspectives to disease response which have not been fully recognised and supported in global discourses so far. The research examines 'preparedness from below' – the understandings and practices of communities through which they anticipate and manage disease threats on a daily basis.
- **The Chronic Poverty Advisory Network (CPAN)** is a network of researchers, policymakers and practitioners across 17 developing countries focused on tackling chronic poverty and getting to zero extreme poverty and deprivation.
- **Institute of Development Studies (IDS)**: Delivering world-class research, learning and teaching that transforms the knowledge, action and leadership needed for more equitable and sustainable development globally.
- **Women in Informal Employment: Globalizing and Organizing (WIEGO)** is a global network focused on empowering the working poor, especially women, in the informal economy to secure their livelihoods.
- **Partnership for Research on Progress and Resilience in Education (PREPARE)** is a consortium of research institutions who will work together to produce rigorous evidence on the most important education challenges posed by Covid-19.

We received responses from 52 co-authors in 25 countries across six continents, giving a wide range of responses from across the globe. This report contains the information they gave in response to these questions, highlighting the key issues they feel are relevant for their countries, based on their own experience. Aside from the lead author, all other authors are ordered in alphabetical order.

**As this is a collective piece of work, we have written in bold the country name to identify the contributor to each section. The countries and names of the contributors to the information on each country are listed below:**

- **Antigua and Barbuda** – Stephanie Bishop
- **Bangladesh** – Hossain Mohammed Omar Khayum
- **Brazil** – Luiza Gewehr, Damiana Neto and WIEGO
- **Bulgaria** – WIEGO
- **Democratic Republic of the Congo** – Brigitte Iyeli, James K. Kamasitha
- **Ghana** – WIEGO, PREPARE partners
- **Guatemala** – Jahir Dabroy
- **India** – Priyanka Banerjee, Pranita Achyut, Adita Vyas, Z. Zayapragassarazan and WIEGO
- **Indonesia** – Christopher Rosado
- **Kenya** – Brigitte Rohwerder
- **Malawi** – PREPARE partners
- **Mexico** – WIEGO
- **Nepal** – Jhabindra Bhandari
- **New Zealand** – Julie Spray
- **Nigeria** – Kaseina Dashe, Korfii Uebari, Matthew Ayegboyin
- **Pakistan** – Elaine Alam
- **Peru** – WIEGO, Giel Ton
- **Senegal** – Alice Desclaux, Kelley Sams, Khoudia Sow, WIEGO, PREPARE partners
- **Sierra Leone** – Foday Kamara, Tommy Hanson
- **South Africa** – WIEGO
- **Thailand** – Shaheda Viriyathorn, Wachara Riewpaiboon, Donruedee Srisuppaphon, Thipyaporn Khempila, WIEGO
- **Uganda** – Hakim Sseviiri, Paul Isolo Mukwaya, Viola Nuwahereza (these three authors wrote specific contributions from Kampala), Moses Baluku, Grace Akello, Ntungire Dickson
- **United States** – WIEGO
- **Venezuela** – Nirma Hernández Ramos
- **Zimbabwe** – Tariro Kutadza, Caroline Mubaira, Sibongeni Maidza

**Women in Informal Employment: Globalizing and Organizing (WIEGO)** contribution written by: Ana Carolina Ogando, Caroline Skinner, Shalini Sinha and Sonia Dias

**Partnership for Research on Progress and Resilience in Education (PREPARE)** contribution written by Radhika Nagesh, Esme Kadzamura, Might Kojo Abreh, Justin Chery and Samba Mbaye

Some information about each of the researchers involved in this work is available at the end of the document.





People wait for hours in long queues for Covid-19 tests at BSMMU fever clinic near Shahabagh in the capital of Bangladesh. By Saikat Bhadra (Adobe Stock standard license).

## QUESTION 1

# What do people who are experiencing poverty or vulnerability need to recover from the problems Covid-19 brought (and the policy responses to it e.g. lockdowns and restrictions, other measures)?

Despite responses coming from over 50 researchers across 25 countries and six continents, most responses highlighted the same issues and needs of their people. These include:

- Economic recovery and support for livelihoods;
- Support for the most vulnerable in society;
- Access to good health services for both mental and physical health;
- Access to reliable technology;
- Support for young people whose lives were derailed by the pandemic;
- A return to normality;
- Environmental protection.

The Covid-19 pandemic has disproportionately affected vulnerable and marginalised populations, including those experiencing poverty. They were less able to adapt, had less of a safety net available to them and the informal sector suffered as this work could not be moved online. To recover

from the aftereffects of problems brought about by lockdowns and restrictions, people experiencing poverty or vulnerability require a range of support which embodies a holistic approach that addresses the multifaceted needs of individuals and families. The effects of the pandemic vary greatly and range from direct impacts on the economy and jobs to indirect effects such as loss of learning for children and young people. There is hope for this recovery period though, and research has found that people have some positive thoughts for the future. Research in **Bangladesh** found that about half of the marginalised population was moderately hopeful about the government's effort to regain their economic losses (Badiuzzaman *et al.* 2022).

### **Economic recovery and support for livelihoods**

Almost all researchers mentioned the importance of support in economic recovery and protection of livelihoods. The pandemic enhanced many of the pre-existing vulnerabilities of people and they suffered both immediate and medium-term economic losses in income, employment and savings. It also negatively affected their ownership and control over assets, financial autonomy,

access to resources (required for food, security or shelter) and access to health services. Many people experienced poverty, job losses, reduced incomes and restrictions affecting their livelihoods. Research conducted by the International Center for Research on Women (ICRW) on informal women workers in **India** under the REBUILD project found that 87 per cent borrowed money during the first phase of the lockdown, but only 6 per cent from formal financial institutions (ICRW 2023). They reported having to mortgage their jewellery or homes and many continue to be in debt. They were also heavily dependent on government relief to manage the financial aftermath of the pandemic. Financial assistance, such as unemployment benefits or direct cash transfers, can help alleviate economic hardships and ensure basic needs are met. Specific suggestions from the research include:

**Financial support for local economic development, strengthening of savings and enterprise creation and livelihood empowerment:** A study in **Kampala, Uganda** (Kampala contributions by Hakimu Sseviiri, Paul Isolo Mukwaya, Viola Nuwahereza) revealed that many individuals and businesses have been adversely affected by the pandemic through reduced incomes, job losses and inability to sustain livelihoods and its prudent to facilitate socioeconomic recovery and build resilience especially for the worst hit. It was established that the short-term intervention to safeguard livelihoods for the urban poor could be direct cash transfers and seed funding while medium- and long-term support can be in the form of loans, grants, subsidies and tax relief to facilitate sustainable recovery. An enabling financial inclusion environment for growth of financial institutions that targets the informal sector should be created and promoted to remove barriers to the access of formal financial services like collateral security, formal documentation and high interest rates, requisites which have for long made it difficult for the informal sector to access credit and savings during times of crisis. Community revolving funds need to be put in place to support savings and capital accumulation that can be leveraged to strengthen supply chains and economic exchange patterns that can foster recovery and resilience of informal workers in the face of current and future crises.

**Formalisation and integration of the urban poor into the urban economy:** Informal workers and vulnerable communities e.g. youths, migrants, refugees, household micro-enterprises market and street vendors in **Kampala, Uganda** reportedly lack legal protections (specifically from loan sharks, enforcement personnel, business losses, and land appropriation) and are increasingly vulnerable to exploitation and eviction from work spaces even when their livelihoods have been worst hit by the pandemic. Given the low levels of education, they are excluded from the highly structured formal employment and business opportunities. The results of the study indicated that incentives for informal workers to register businesses and join the formal economy (albeit with special requirements such as lower tax and accounting burdens) can help provide legal protections and increase access to finances and market opportunities for informal workers in cities.

The formalisation of business operations of the urban poor also provides avenues for meaningful participation and integration into the urban economy that offer opportunities to benefit in highly exclusive service sectors like waste management, environmental protection, water and energy sectors. Through leveraging life skills and on-job training, informal workers can directly offer services and enabling infrastructure in the form of merchandise, technologies and skills to increase access to and provision of such services to the marginalised urban communities and at the same time limit threats of eviction from the urban space.

### Uganda: The issues facing informal workers

The Covid-19 pandemic and its linkage to contemporary challenges of urban sprawl and expansion, gentrification, redevelopment processes, and growing inequality, environmental degradation and climate change presented complex dynamics for the vulnerable groups in **Kampala city, Uganda**. Following the historical settlement and establishment of workspaces in wetland corridors and related marginal spaces such as railway corridors and increased losses and damages attributed to flood events in Kampala, the city authorities in collaboration with Uganda's National Environment Management Authority (NEMA) seemed to also have used the pandemic (as city authorities did with the 'smart city' reforms) to evict people from markets established in Lubigi (in August 2022) and Ggaba (in June 2020) wetlands and catchment areas. Currently, many of the major markets in Kampala like Owino, Nakasero, Kalerwe, Kawempe, Kiseka, Kamwokya and other minor markets are spaces of contention around ownership with city authorities, powerful politicians, well-connected business persons, military personnel and private individuals, derailing the setting up of decent workspaces to accommodate the informal economies and workers.

The Covid-19 pandemic provided an opportunity for KCCA and other state agencies to launch efforts to get rid of informality from spaces of contention when people are facing livelihood hardships that did not allow them to resist or lobby for political support. The interviews conducted as part of this research revealed quite disturbingly that the law was applied selectively to target the urban poor while rich people who had developed properties in wetlands were left unchecked. Market vendors and small business enterprise operators reportedly lost property and incomes due to KCCA and NEMA's joint eviction process at Ggaba and Busega markets. Moreover, there were no safety nets made available to enable recovery and sustainability of the livelihoods for the most affected groups especially the youths and women. Such heavy-handed policies compromised recovery efforts across the informal sector in Kampala city.

**Social justice, services and infrastructure provision and resilient livelihoods:** Efforts promoting social justice and resilient livelihoods need to be prioritised at all levels and within all programs. Issues such as poverty, discrimination,

and dispossession are prevalent in Kampala's informal sector and require long-term solutions to guarantee access and liveability in the urban space. Best practices of urban space allocation, economic empowerment and locally inclusive healthcare service provisioning practices need to be scaled up, analysed and documented to facilitate learning from lessons, experiences, challenges and success stories that can influence policy change and programs in sectors of housing, health care, urban economy, education, and legal support to the benefit of the informal sector.

**Women in Informal Employment: Globalizing and Organizing (WIEGO) research** suggested guiding principles that can protect and value informal workers' livelihoods. These include: immediate financial relief measures to be implemented in crisis situations; recovery support strategies for work and livelihoods; social protection measures; enabling urban policy and legal frameworks, which guarantee access to and the right to work, as well as basic decent work infrastructure; enabling national policy and legal frameworks, which promote economic growth; and fair terms of employment and trade. The summary of demands by informal workers also highlights long standing calls for recognition and dignity as legitimate economic actors who should be involved and have representative voice in policymaking and rule-setting processes. The demand for including informal workers as key stakeholders in determining the terms and conditions of their work takes different forms: from workers in Lima, Durban and Accra demanding the creation of permanent entities for ongoing dialogue with government on issues impacting their livelihoods, to workers in Bangkok demanding statutory representation on existing tripartite labour committees to achieve parity with formal workers and government representatives (WIEGO 2022a: 39).

### Sierra Leone

Ethnographic research in Sierra Leone found that people can only recover from the the impacts of the Covid-19 pandemic if the government provides them with support in their farming operations. Support can come in the form of seeds, fertilisers, and agriculture expertise to teach them sound farming techniques, jobs (in the case of the youths), and provision of loans to boost petty traders. Many suffered during the pandemic as all facets of societies experienced problems.

### Senegal

People working in farming or trading suffered from the restrictions on circulation at national level in 2020. More broadly, people on the informal market suffered but many found strategies to reorganise their activities. There were documented cases of people who spent several weeks in quarantine for being infected with mild or no symptoms, and lost their ability to support themselves financially, their clients, or even their goods due to their time in quarantine.

### Support for the most vulnerable in society

The most vulnerable in society were the most affected by the pandemic and they have the greatest need during the recovery period. Families facing a challenging context continue to suffer the worst consequences of the pandemic. In **Brazil** and many other countries, Covid-19 revealed a fragile situation that already existed, so the most vulnerable were the most affected, and continue to be so. Research in **Venezuela** also pointed out that the informal sectors of the economy, where the majority of vulnerable people move, had greater restrictions and barriers during the pandemic than the formal sector. Several suggestions were made for providing support to people:

**Skills development and training necessary for entrepreneurship and employability of the most vulnerable:** Workers in the informal sector lacked the skills needed to adapt to the changing socio-economic conditions presented by the pandemic. Training programmes that correspond with the dynamics of the job market and economy are necessary to increase the entrepreneurial and employability potentials of the vulnerable communities especially in the informal sector, the majority of unemployed youths and women. In addition, investing in the skills and training can help informal workers easily adapt to the changing economic conditions and easily penetrate the highly exclusive formal employment and business environment during and after crises. Meaningful investment in education and skills training programs can help informal workers and residents gain access to formal employment, establish business enterprises and enrich their productivity and employability of vulnerable communities. Such efforts can be leveraged upon to facilitate shifts in the job market whereby life skills can also be integrated as criteria for recruitment in the public and private sectors.

**Strengthened social protection systems for the most vulnerable groups:** The Covid-19 crisis has significantly showed that informal workers and residents are more vulnerable to the socio-economic shocks, such as those caused by the pandemic and the climate hazards arising from environmental degradation and anthropogenic activities. Findings showed that livelihood recovery and sustainability is compromised by lack of sufficient and effective social protection measures and local level saving schemes to buffer communities from the changing negative economic effects of the crisis. Strong social protection programs such as unemployment insurance and benefits, recovery packages, social security as well as income support need to be put in place to provide safety nets to ensure resilience against shocks and stressors facing the informal sector so as to facilitate recovery and reduce the negative impacts of future crises on the livelihoods of hardly hit communities.

**Address pandemic related gender disparities:** There is a need to prioritise gender responsive programs, closing the gender gap opens opportunities for societal transformation and realising the socio-economic dividends of inclusive growth for meaningful sustainable development.



**Food security:** Access to food has become a challenge for many individuals and families experiencing poverty during the pandemic. Food assistance programmes, such as food banks and meal delivery, can help ensure access to nutritious food. Research in **Bangladesh** revealed that among cross-cutting groups, there was a sharp increase in cutting down of food consumption among female-headed households and disabled households.

**Housing support:** With job losses and reduced income, many individuals and families may struggle to pay rent or afford housing. Support for rent or mortgage payments, eviction prevention, and shelter for those experiencing homelessness is essential (**Nigeria, Uganda**).

## Uganda

The effects of the pandemic were disproportionately distributed across social groups within the informal sector with only a few being somewhat strong enough to cope with the effects of the crisis, and all of these issues have long term effects, which still need to be dealt with now. There were differential manifestations of impact in magnitude and scale, compounded by the spatial differentiation in Kampala. Moreover, the impacts varied even in groups that were considered homogeneous. The most vulnerable groups included hawkers and street vendors; youths and women; widows and single mothers; boda-boda riders; bar owners and operators; casual labourers; the elderly; people with disabilities (PWD) and chronically ill people. Widows and single mothers lost their livelihoods and had no form of support to sustain their families. The elderly and PWDs lacked adequate access to social safety nets to enable them to cope with the crisis, and casual labourers were laid off from work amidst widespread lack of employment opportunities. School going children were pushed into the little employment possibilities that were around which seems to have led to higher levels of school dropouts even when the education sector was allowed to operate normally. School girls, as has been noted, were doubly exposed, pushed into prostitution or being sexually abused leading to more teenage pregnancies.

## Access to quality health services for both mental and physical health

The Covid-19 pandemic affected people's health in many ways, not just from the effects of suffering from the virus. Support is needed to ensure equitable access to health services for ongoing mental and physical health problems. Mental health was highlighted by many researchers. Services and resources, such as counselling and support groups, can help individuals cope with stress, anxiety, and other mental health concerns in order to help people cope with the psychological impact of the pandemic (Moreno *et al.* 2020). A survey conducted by ICRW on informal women workers in **India** showed that over 84 per cent of the women interviewed felt anxious, and 78 per cent felt

depressed during the first wave of the pandemic when the strict lockdown policy was implemented. Many reported physical manifestations of their poor mental health in the form of headaches, sleeplessness, frequent bouts of crying and low blood pressure. The primary stressors for their deteriorated mental health were difficulties in meeting household expenditure (81 per cent), followed by reduction in income (50 per cent), loss of employment (45 per cent) and depletion of savings (25 per cent). Services are needed to support people as mental health conditions may need long-term support and access to services (ICRW 2023).

## Community stakeholder involvement and the devolution of health services delivery at community level can be very effective.

Centralised health systems and response approaches increase vulnerability of informal sector workers and residents. The devolution of health services like vaccination through local health camps, vaccination and awareness campaigns to communities led to collective efforts that involved social and community networks, frontline healthcare providers like Village Health Teams (VHTs) and local governance structures increased uptake of services. Engaging stakeholders in localised health programming and action offers opportunities for clear and consistent public health messaging that not only counters misinformation and disinformation but also promotes best practices. Experience in **Kampala, Uganda** shows that innovative healthcare delivery models like mobile clinics, health bazars and door-to-door health and sanitation programmes generate, produce and disseminate timely, accurate and up-to-date information guidelines for Neighborhood Health Support (NHS) systems preparedness, adaptation, response, recovery and resilience to multiple shocks facing the urban poor. The recovery of the urban poor from the effects of current and future crises requires massive sensitisation, devolution of funds and decision-making, integration of multiple stakeholders in the entire process, recruitment of more frontline workers and bringing vaccination sites closer to the communities from government, community organisations and healthcare providers.

## Additionally research found that there were other health impacts of the Covid-19 pandemic including that intimate partner violence and teenage pregnancies

increased in some places, therefore support to deal with this issue is important. Lockdowns also affected their access to sexual and reproductive health services, particularly those related to pregnancy and delivery. Interviews with informal women workers by ICRW in **India** revealed that access to these services was hampered due to the high volume of Covid-19 cases, particularly in public facilities, diversion of medical services (both public and private) to meet the demands of the pandemic, fear of infection and limited transportation facilities. This either forced people to not/partially access services or access care at a higher cost from private facilities.

**Finally, general health systems strengthening is needed** so that the system is prepared and ready for the next pandemic and the population is strong and healthy when

it comes. During the pandemic, local health systems were further disrupted due to mounting pressures on immediate preparedness and management of the pandemic – timely testing and treatments in the health facilities. The delivery of essential health services was negatively affected due to limited human resources for health and the immediate priorities to manage the pandemic in health facilities and communities. Therefore, there is a need to catch up with services not provided for other health issues during the pandemic.

## Nepal

*'During the pandemic, the most pressing need is the availability of adequately trained health workers in the health facilities. The limited human resources for health, delayed supplies of medicines and vaccines, and poor health infrastructures in remote areas have been major concerns for us to ensure easy access to vaccines and other essential health services in the communities who are poor, marginalised and vulnerable.'* says a Chair of a Rural Municipality

*One of the private health care providers remarked: 'Due to the pandemic and more focus on preparedness and response, essential health care services such as routine immunisation and other out-reach clinics in the health facilities were severely constrained and disrupted, and it not only limited the ability of health workers to provide those health care services for marginalised populations in the health facilities, but also the people's right to health was also in dilemma and at risk.'*

## Access to reliable technology as the Covid-19 pandemic highlighted the importance of staying remotely connected

The use of technology during the Covid-19 pandemic outbreak showed its usefulness and the importance of everyone having access to the equipment needed to use it. With many activities moving online due to lockdowns and restrictions and staying online post-pandemic, access to technology, such as computers and internet access, is essential for individuals and families to access education, healthcare, employment, staying in contact with loved ones and other essential services (**Uganda, Venezuela, Brazil, Nigeria**). This was highlighted as a key strategy for the continuation of schooling and to be able to communicate information effectively post-pandemic. Adequate access to the internet and technology also allows people to access important information, job opportunities, online courses, formulation of CVs and portfolios, and much more.

## Support for young people whose lives were derailed by the pandemic

Many young people's lives were derailed by the pandemic. Support for education and training could get them back on track to fulfil their potential. This was mentioned by many researchers, but one key example was highlighted in **Uganda**. In August 2021, the National Planning

Authority (NPA), indicated that only 60 per cent of learners at all levels in Kampala continued learning during the two years when education institutions were closed (NPA 2021). NPA (*ibid.*) indicated that about 30 per cent of the learners (approximately 4.5 million of over 15 million) were likely to be lost from the school system in **Uganda**. In addition, some children had been forced into informal labour markets due to the economic impact of the pandemic on households in informal settlements, with girls more affected compared to boys. The NPA (*ibid.*) estimated a 19–20 per cent increase in the number of young girls becoming breadwinners for their families through sexual exploitation, child labour and early marriages. Teachers too were found to have permanently switched livelihoods. For example, some sought alternative livelihood options and diversified income generating opportunities. Others were unable to return to their workstations since their schools had been transformed into rental housing, and lost jobs due to schools' loan interest accumulations.

**In Malawi (PREPARE partners) and India**, a programme of regular and supervised remediation is urgently needed to enable learners to catch up on learning loss that occurred during the pandemic. Learning loss was mainly due to school closures but also from pre-existing systemic learning loss evidenced by high repetition and large class sizes. These in turn contribute to poor learning outcomes as learners do not receive individualised attention, which is so critical in the early stages of schooling. Teachers, particularly those teaching in lower grades are stretched too thin and fail to provide remediation to learners who need it. Students lost the opportunity to learn due to months-long school closures, and even after reopening, learning loss continued because of measures put in place to decongest schools which resulted in fewer contact hours for most children because of shift schooling and staggering attendance.

In the case of **Ghana (PREPARE partners)**, research underscored that poorer households and geographically disadvantaged children were more vulnerable to dropout and repetition than their colleagues from empowered backgrounds. In the absence of school meal provision, children in some regions were more likely to regularly eat fewer meals during school closures than before the pandemic began. They also found that private school operators, both primary education and ECE providers, some of whom were facing financial challenges already, struggled to meet operational costs and staff salaries once schools were closed. Only half of the ECE centres in the sample were able to re-enrol all students, but this is skewed by ECE centre type. Almost 64 per cent of public ECE schools managed to re-enrol all children after schools were allowed to reopen, compared to only 42 per cent of private ECE centres. But a third of ECE centres report challenges with paying salaries, and therefore not all support staff have been re-hired, which in turn limits the ability of the education system to support children with recovering lost opportunity to learn. There is a need to increase nationwide support for paying taxes, and to incentivise private schools, especially low-cost ones,



to be responsive to building buffer funding so that all schools can be equitably supported in emergencies, as presented by Covid-19.

In **Senegal (PREPARE partners)**, researchers similarly concluded that targeted measures that can support children from lower-income households with learning recovery need to be prioritised. They found that restrictive measures, including school closures, taken to limit the spread of coronavirus had different impacts on the target populations depending on socioeconomic factors. The closure of schools has deprived many students of the means to learn. This situation has reinforced the inequalities between the poorest and the wealthiest segments of the population. Many parents did not have the means to cope with the closure of schools by providing their children with home help that could completely or partially make up for the closure of schools. Nor did they have the educational background to make up for the lack of classes in the schools themselves.

In **Nigeria** it was mentioned that providing access to remote learning resources, such as online classes, can help mitigate the impact of school closures on children's education (Reuge *et al.* 2021). Additionally, offering training and skill-building programmes to adults can help them acquire new skills that can improve their chances of finding work in a post-pandemic world.

## A return to normality

The Covid-19 pandemic marked a period of increased military presence and violent enforcement in some places and now people need a return to normality and usual freedoms. One example from **Uganda** was the welcoming of the border with the Democratic Republic of Congo (DRC) reopening so that villagers can recover from hunger as they can now access their lands and food crops in the DRC. This improved food security at the household level and increased access to firewood from their DRC gardens and they could stop using dry banana suckers, a hard alternative they had resorted to during lockdown. The militarisation of the lockdown, vaccinations and campaigns also led to VHTs feeling marginalised. This could be improved by allowing VHTs political authority to be responsible for health risks at village level.

## Investment in reversing environmental damage

During the pandemic most of the world's focus was on recovery. However, several researchers highlighted the need to correct environmental issues created by the pandemic. For example in **Bali, Indonesia** one major impact that still affects small scale fishers is **the plastic pollution that entered seas during this period**. As the world focused on the pandemic generally prioritising health protocols above environment and economic considerations, plastic waste reduction initiatives were overlooked. The pandemic exacerbated the production and careless disposal of single use plastics such as personal protective equipment, takeout, and delivery packaging. Even before the pandemic, rubbish in the

ocean had been a global problem. In 2015, Indonesia was identified as the world's second largest contributor to ocean plastic which directly affects beaches around Bali with tons of plastic arriving annually during the wet season. At the current rate of plastic waste pollution, 29 million tons of plastic will enter the ocean a year by 2040.



People wait in a queue wearing Covid-19 face masks. By N Felix/peopleimages.com (Adobe standard license).

## QUESTION 2

# What support did people receive and from whom?

During the Covid-19 pandemic, support was provided to poor and vulnerable populations from governments and other organisations, although many received no support, and there were issues around the type and amount of support received. Support came from:

- National government;
- Local government;
- NGOs/civil society;
- Communities supporting each other;
- Private sector;
- Religious organisations;
- International organisations;
- Use of new technologies.

### Many received no support

**In many countries people who needed support did not receive it.** Some examples given by researchers include information from three surveys conducted in **Bangladesh** throughout 2021. The household panel surveys over 1533 households focused on three pre-identified disadvantaged groups; ethnic and religious minority communities, rural communities and urban slum dwellers. Female-headed households and disabled households were considered cross-cutting groups. The rate of support varied from

85 per cent of people receiving no support to 60 per cent of people receiving no support throughout 2021 (Badiuzzaman *et al.* 2022).

A smaller survey in **Nigeria** asked 21 anonymous female respondents from three peri-urban settlements in Abuja, Nigeria's capital city, about the support they received. All respondents agreed that the pandemic, as well as post-pandemic realities has been the most challenging situation they have faced in recent times. Many of them are yet to recover from the resulting economic downturn especially the respondents who are self-employed traders. Of these women, 11 received no support at all and only 2 respondents benefitted from the government intervention. One of the respondents serves as the women leader of the community while the other is a member of the royal household. Relatives, neighbours and good Samaritans provided support to 8 of the women (unpublished survey by Kaseina Dashe as part of research for this paper).

### National government

**Governments provided varying levels of support during the pandemic**, to support households and promoting resilience and recovery in the long term. Many researchers highlighted support measures such as these examples from **Uganda**. However, many highlighted that there was not enough support by governments, especially for the most vulnerable.

## Uganda

Support measures differed during the two waves of the lockdown. Some of the support measures in Uganda included:

- **Food aid:** The government distributed food aid to vulnerable households and milk for lactating mothers in various parts of the country especially urban areas. The food aid consisted of maize flour, beans, and cooking oil.
- **Cash transfers:** The government provided cash transfers to vulnerable families and individuals through the Ministry of Gender, Labour and Social Development (MoGLSD). Coordinated by the Office of the Prime Minister, this was aimed at providing relief to those who lost their income due to the pandemic.
- **Rent waiver calls:** The government requested that some individuals and landlords waive rent payments for tenants operating within their commercial buildings. Individual landlords and plaza owners did so at their discretion, although it wasn't uniform across Kampala city and within buildings.
- **Tax waivers and WASH services:** The city governments waived taxes from public spaces such as markets and parks, to ease the financial burden on traders and vendors. Free water, sanitation and hygiene (WASH) toolkits and infrastructure were set up to protect people from catching and transmitting Covid-19.
- **Healthcare support:** The government provided free Covid-19 testing and treatment to all citizens, including vulnerable populations. The government also set up quarantine centres and treatment centres to manage Covid-19 cases.
- **Education support:** The government provided radio and TV educational programs to enable children to continue learning from home during the lockdown period.

### Social protection

One example of a government policy for social protection came from the Government of **Antigua and Barbuda** who requested support from UNICEF for the temporary expansion and strengthening of the country's social protection systems. Through a partnership between the Ministry of Social Transformation, Human Resources Development, and the Blue Economy and the Social Protection Board, UNICEF supported the twin-island state with the provision of one-off temporary 'Covid-19 Relief Grant' to households, who were largely excluded from national Covid-19 support. A total of 389 households (just over 1200 people) benefited from the Covid-19 relief grant, which had a payout of approximately USD 240,000. The Covid-19 Relief Grant provided an opportunity to test new grievance redress mechanism approaches, with different grievance and complaint channels being effectively put in place to ensure accountability to affected populations (UNICEF 2022 and written contribution to this report).

The Social Protection Response to the Impact of Covid-19 had three parts to its approach: 1. Designing a new

temporary programme that was informed by the emergency, as well as the new social protection legislation 2. Developing a new way to administer the funds, transitioning from a paper-based system to a digital Management Information System (MIS) for the first time. In 2021, the Social Protection Response beneficiaries were re-registered into the temporary Management Information System, which was used to administer the Covid-19 Relief Grant, whilst a national MIS is being developed. 3. Providing a one-off temporary 'Covid-19 Relief Grant' to households, who were largely excluded from Covid-19 support and had been re-registered for assistance, on the new MIS (UNICEF 2022).

### Education

In **Malawi**, although remediation was encouraged after re-opening, lack of resources, as well as lack of support from schools and teachers, hampered its implementation. The Ministry of Education (MoE) with technical support from UNICEF prepared guidelines on how teachers could organise and provide remediation for learners. In addition, the ministry also received support from GPE funding to provide training to Primary Education Advisors (PEAs), headteachers, and teachers during the pandemic on how to respond to the pandemic. The PREPARE study found that although the majority of schools reported using remediation, less than half of the schools reported offering remedial lessons to all students. Despite the learning crisis, which is more pronounced in foundation years, remediation during the pandemic mainly was offered to senior grades.

In the case of **Ghana**, poorer households were supported via funding through the Ghana Accountability for Learning Project estimated US\$15mn to get more kids to schools. The government looked through the Tax Payment status of private schools to provide loans and grants to support registered and tax-paying schools, but just under half of headteachers surveyed reported receiving no financial support. The funding came from Covid-19 recovery grants that the government had accessed. ECE centres did not receive any support, highlighting that pre-primary education delivery needs to be prioritised in government response in future crises.

In **Senegal**, government support was provided for parents and students in the form of remote education of various kinds. Despite these efforts, very few students benefited due to unavailable technological means or knowledge of the existence of these aids or their modes of use.

### Cash grants

During the Covid-19 pandemic, **Women in Informal Employment: Globalizing and Organizing (WIEGO)**, along with its partners in 11 cities, coordinated a multi-city longitudinal study that assessed the impact of the Covid-19 crisis on specific occupational groups of informal workers and their households. The [Covid-19 Crisis and the Informal Economy Study](#) examined the degree and pathways of impact on almost 2,000 informal workers working as home-based workers, domestic workers, street vendors, and waste pickers. In the first three months of the pandemic (April – June 2020), 37 per cent of respondents reported receiving cash relief, compared to 39 per cent of workers between mid-2020 and mid-2021. The fact that only an additional 2 per cent of workers gained access to



this kind of relief might be explained by the decrease in cash grants available in the second year of the pandemic: during the first three months, cash grants aimed at least some groups of informal workers were available in nine of the study cities (Accra, Ahmedabad, Bangkok, Delhi, Durban, Lima, Mexico City, New York City and Tiruppur). Between July 2020 and August 2021, this number decreased to six cities, with Bangkok, Durban, Lima, Plevn, New York City and Tiruppur incorporating cash grants either through social protection or business support programmes into their relief programmes (WIEGO 2022a: 28).

### Sierra Leone

The Government, through the National Commission for Social Action (NACSA) in partnership with some NGOs implemented a cash transfer to many seriously affected during the Ebola epidemic called the Rapid Ebola Social Safety Net (RESSN) with support from World Bank, Plan International and many others. The entire process was monitored by the Anti-Corruption Commission to ensure that the process is transparent, free, fair and credible. This cash transfer is ongoing to the poorest in the country implemented by NACSA now under the Social Safety Net (SSN) to the most vulnerable and those seriously hit by Covid-19. Many households have benefitted from this scheme within the country. It started immediately after Ebola ended.

### Brazil

Brazilian researchers said there was not enough support but detailed a programme for people in situations of poverty and extreme poverty, the federal conditional cash program, Bolsa Família. Bolsa Família has existed since 2002 and plays an important role for low-income families in Brazil, but during the pandemic, another cash transfer program was implemented to help another part of the population, the limited-time Emergency Aid. While Bolsa Família focuses mainly on families (with priority for women and single mothers) with children under the poverty and extreme poverty line, the Emergency Aid was focused on benefiting part of the middle-class population that abruptly lost their jobs during the pandemic because of measures such as lockdowns.

### Food relief

WIEGO researchers explained that government food relief was available in eight of the study cities in the first three months of the crisis, but only in seven cities between mid-2020 and mid-2021. Three of the cities that offered food relief were in India (Ahmedabad, Delhi and Tiruppur), where food aid relied on a pre-existing Public Distribution System (PDS) for food and other essentials. Additionally, food relief was distributed in Durban after the civil unrest in July 2021 that heavily disrupted supply chains into the city. Food banks were available in New York City, and in Mexico City there was some food distribution targeted at the poor. Overall, there was a noticeable drop in access to food relief,

with 37 per cent of respondents receiving government food aid during 2021, compared to 42 per cent during the first three months of the crisis.

### Food relief

The government of Uganda distributed food to the most vulnerable people. In towns and in the city, the state distributed about 6kg of maize floor and 3kg of beans (a one-off distribution) to every individual household member during the second lockdown. The issue of distributing food was later politicised since opposition politicians wanted to use it to gain more popularity.

### Government supported loans

WIEGO researchers found that there were two cities – Durban and Mexico City – in which government-supported loan programmes were available for informal workers from relatively early on in the crisis. Additionally, in June 2020, the Government of India instituted a subsidised-interest micro-loan programme for street vendors, and the Thai government introduced low-interest loans through the state savings bank. In Accra, a loan programme for small businesses was available though, as in Bangkok, it was not designed with informal workers in mind as the bureaucratic requirements were high. Overall, reported receipt of government loans was low. The highest rate was in Bangkok (17 per cent), followed by Accra (15 per cent) and Delhi (13 per cent). Across the sample, receipt was highest among street vendors/market traders (12 per cent).

### Support for the economy and businesses

There were several interesting examples of support for specific industries by different governments, for example in **Indonesia** the fisher community members in Bali, interviewed with stable secondary employment in addition to fishing, had employer provided health insurance (BPJS Kesehatan). The fisher community members interviewed without employer provided health insurance utilise the Indonesian Health Card (KIS), which is a fully subsidised health insurance program under BPJS provided by the Indonesian government to ensure that all Indonesian citizens are protected by comprehensive, fair and equitable health insurance for low-income members. Economic resilience has materialised at community level by leveraging previous experience with economic downturns, job diversification and a holistic local financial support system. The experience from previous economic shocks have made transitioning between livelihoods a familiar practice among the fishers. An intervention to support the economic resilience of the fisher communities took place in December 2020 implemented by the Indonesian government. The Indonesia Coral Reef Garden was launched in Bali installing artificial structures around the island with 7.4 hectares of reef restoration spread across the Buleleng district, engaging thousands of locals in conservation while injecting temporary income to mitigate the impacts of Covid-19 (Rosado, Kurniati and Peck 2022).

## Support for domestic workers

In **Pakistan** domestic housekeepers especially those who had more experience working as cooks, shifted towards homebased work and sought support from family members and others to access digital platforms through which they could market their products and items. One of the policy measures which helped build advocacy for enhanced measures for the domestic workers was the Domestic Workers Act. The advocacy was pushed by the Domestic Workers Union and the Pakistan Workers Federation based on the recent legislations which calls for decent work conditions and fair wages and employment processes for domestic workers. The DWU and PWF worked closely with the Punjab Employees and Social Security Institution (PESSI) to plan and announce benefits such as education.

The REBUILD study conducted by ICRW on informal women workers in **India** found that while there was no specific measure or guidelines announced for domestic workers during the pandemic, the Government of India launched a loan/credit scheme for street vendors called the Prime Minister Street Vendor's AtmaNirbhar Nidhi (PM SVANidhi) The scheme was meant to facilitate collateral-free working capital loans of up to INR 10,000/- of one-year tenure, to approximately 50 lakh street vendors, to ensure that they resume their businesses in the urban areas, including surrounding peri-urban/rural areas. As of 30 November 2022, 31.73 lakh street vendors have availed benefit of the first loan of Rs 10,000. Out of these, 5.81 lakh have availed benefit of second loan of Rs 20,000 and out of those who have availed the second loan, 6,926 street vendors have availed benefit of third loan of Rs. 50,000.

However, the scheme did not have the intended results, due to mixed reception from the intended beneficiaries. Firstly, only licensed street vendors were allowed to avail the loan, leaving a large number of street vendors outside the purview of the scheme, particularly women workers who operate family vending carts or shops, or take up carts on rent. Secondly, street vendors had suffered a massive drop in income, due to the drop in sales during the pandemic and were highly sceptical of their ability to pay back a loan amount and reluctant to apply for it, as shared during an interview – *'the government was giving Rs. 10,000 as a loan, we used to get phone calls from the bank to apply for a loan, but we did not take it. How can we repay the loan when we do not have work, when my vegetables are not selling?'* The scheme was thus viewed by many as adding financial burden, rather than alleviating financial distress. Data also shows that vendors found it more convenient to borrow money from friends/relatives with less or no interest and more favourable repayment terms, than taking on a loan from the government. Thirdly, the process of applying for this scheme was found to be cumbersome, as many vendors mentioned frequent visits to banks at the cost of their business hours, challenging. Even after sanctioning of loans, it took more than two weeks for the amount to be received by beneficiaries. This time consuming process compelled them to borrow money from informal sources. Lastly, due to poor digital and financial literacy, vendors found it challenging to carry out digital transactions considering the technicalities involved.

In **Uganda**, there have been livelihood and economic empowerment initiatives to support vulnerable social groups hit hard by the pandemic. The interaction with leaders, technocrats and communities in Kampala revealed that there exist a number of government programmes and projects like the Uganda Women Entrepreneurship Programme (UWEP), Community Driven Development (CDD), National Special Grant for Persons with Disabilities (NSG-PWDs) and Social Assistance for the Elderly (SAGE) that were leveraged upon to support people in their communities to recover from the crisis effects. It was reported that communities are always trained in business and financial management and supported on how to manage the grants provided by the government. It was identified that many female market vendors, traders, HIV positive people and youth groups were mobilised to form groups and establish or boost business enterprises in trade and service sectors respectively. The cash grants disbursed to such groups by the Ministry of Gender, Labour and Social Development (MGLSD) and Kampala Capital City Authority (KCCA) have been able to establish economic resilience and transform their livelihoods following the economic challenges arising from the Covid-19 pandemic crisis. Such funds were reportedly small and couldn't reach out to all the mass populations highly vulnerable to the economic shocks of the crisis.

The government launched a series of new programs, business recovery initiatives and skills development opportunities for informal workers and residents in **Kampala, Uganda** (and this was also the case in **Brazil**) to enable resilient recovery and sustainability of livelihoods of urban residents. Interviews indicated that the Government of Uganda secured loans from the World Bank and African Development Bank (ADB) to recover small businesses from the crisis related economic effects and shocks. For the urban youths, school dropouts and teenage mothers, several skills development programs were launched at different centres in the city where the young girls and boys could go and reach out for training in vocational skills like hairdressing, tailoring, carpentry, cosmetology, electronics and mechanics.

Currently, the Parish Development Model (PDM) is being rolled out as a multi-sectoral strategy and program to create socio-economic transformation through supporting local enterprise development. Informal workers and residents are being encouraged to form groups where funds to support economic empowerment should be channelled by the government and city authorities. Whereas the programs have potential to support economic resilience of the informal workers and residents, they are challenged by exclusionary tendencies that manifest in their implementation. Findings revealed that the recovery loans were only accessed by medium and large-scale



enterprises, leaving out the micro and small enterprises that are predominated by informal workers and residents. The PDM is also more focused on business enterprise development amongst especially the unemployed youths and women compared to empowering existing business enterprises that can create opportunities for employment and growth. Such government initiatives are currently changing people's attitudes towards the violence inflicted on them during the enforcement of Covid-19 directives during lockdowns and are gradually positioning individuals to leverage the existing and planned opportunities towards economic transformation.

**Venezuela:** The State continued social assistance strategies, already established before the pandemic, through direct transfer of money to beneficiaries and delivery of food bags. In April 2021, it implemented economic measures to extend labour immobility, a prohibition on executing credit guarantees, an exception for the payment of income tax for small and micro-enterprises, solidarity support bonds in cash transfers for workers of private companies and self-employed workers. (Uribe 2021).

### Health services

#### Government health services provided key support during the pandemic

In **Brazil**, the Brazilian Public Universal Health System (SUS) has an important role in guaranteeing access to health services to low-income families and communities, the local government was an important part of the articulation and management of the high demand during and after the Covid-19 pandemic.

The **Indonesian** health insurance system has been socialised to most of the community and, with that, familiarity, and confidence in the health system. Indonesia has a National Health Insurance program called Jaminan Kesehatan National (JKN), which is administered by the Healthcare and Social Security Agency (BPJS). The availability of the National Health Insurance programs prior to the Covid-19 pandemic allowed the government to leverage established communication channels, familiarity with health care providers, and trust in the medical services available (Rosado *et al.* 2022).

**Ugandan** researchers gave some good examples of interdisciplinary working amongst the health workforce at national, city and community levels. For example following the capacity building efforts on vaccination, testing, contact tracing and treatment of the Covid-19 virus by Ministry of Health (MoH) and Kampala Capital City Authority (KCCA), the National Slum Dwellers Federation of Uganda (NSDFU) Health and Hygiene (H&H) officers and youths in communities across Kampala worked with the Village Health Teams (VHTs) to offer health services at local level. The combined effort of H&H officials and VHTs increased awareness of the Covid-19 symptoms and containment measures, while at the same time

improved testing, screening and vaccination processes through active participation the lobbying, mobilisation and sensitisation of residents and workers to embrace uptake of vaccines and adherence to containment measures when all activities were fully operating. The trained H&H supported VHTs to conduct a series of door-to-door sensitisation sessions for the Covid-19 testing and vaccination programmes that were available in low-income communities. Such an approach opened opportunities for more localised community health services support activities from both the city authorities and Ministry of Health. For example, VHTs and H&H groups were found collectively implementing child vaccination exercises launched by the Ministry of Health (MoH), performing community-based surveillance, home-based care for the chronically ill and malaria patients as well as reminding people about the scheduled community level Covid-19 vaccination within the communities. Local level communication channels like social networks of local councils and VHTs, community radios and door-to-door communication were found to have increased massive sensitisation about the pandemic, preventive measures and influenced uptake of vaccines by different groups of society especially the youths. These efforts for collaborative health services provisioning and extension at community level and between formal government structures and community led organisations lay the foundation for effective, inclusive and sustainable long term health services at local levels. Moreover, the initiative was appreciated by several community study participants due to its capability to promote equitable, inclusive and just services for the marginalised communities in Kampala.

### Support for people with disability

#### Support for people with disability in Thailand

- The government supported persons with disabilities (PWD) by means of 1,000 Thai Baht direct transfer to every registered PWD's accounts. Some other cash supports were also provided, e.g. 5,000 Thai Baht vulnerability support and 3,000 Thai Baht cash support for PWDs who were infected with the Covid-19 virus, with the online registration system.
- Under PWD's fund management, debt payment suspension were approved for 2 years. Emergency interest-free 10,000 Thai Baht PWD loans were also introduced for ten months.
- Some Covid-19 specific services for PWD were launched by Ministry of Public Health in cooperation with disabled people organisations (DPO), e.g., field hospital for PWD, community isolation for PWD, vaccination service for PWD.
- Many DPOs supports their members with disabilities in kind, e.g., mask, alcohol gel, food, and information and a hotline for Covid-19 care.

## Local government

**Nepali research highlighted the key role of local government.** Researchers stated that discussions with local government officials, health workers and the communities reveal that the role of local governments is crucial in prioritising pro-poor health policies and allocating adequate resources for essential health care services, including vaccines for poor and marginalised populations so that their access is significantly improved.

*'Despite the provision of some financial incentives from local governments to the marginalised and vulnerable populations, a few of them have access to it and utilised. This needs to be scaled up and mobilised more resources effectively to reach out those who are still left out for essential health care including vaccines.'* said a civil society activist.

Mapping of poor and vulnerable populations is critically needed to identify the populations who are left behind for ages, and hence the local governments should focus on campaigns and mobile health camps in the rural and remote communities to reach out the unreached populations.

*'If there are any populations or groups yet to be vaccinated, the ward office is ready to help those for the vaccines in coordination with health post. We plan to go their communities or homes for vaccinations so that no one is left behind for accessing the health care and vaccines.'* said a Chair of a Municipality.

### Local government as a key communication and financial resource in Indonesia

The community was initially made aware of recommended prevention protocol by the local government and Pukesmas (village level health centres) through weekly loudspeaker announcements in the morning at the local wet market. Local government further reinforced health protocols through banners which were displayed along main roads, police stations and schools in the village. The local government in coordination with NGOs and community groups also provided aid during the initial lockdowns in the form of rice, cooking oil and other essentials to villagers.

An additional layer of community resilience came from the various options available to secure credit locally. The village economy has different forms of credit available that allows people to take out loans with favourable and flexible terms that considers local context. The fisher groups are the most common sought-after provider of small loans for fishers because of their understanding of the fishing sectors challenges during the Covid-19 pandemic. An example of this flexibility is the decision by some of the fisher groups to defer full payments and only collect the interest on outstanding loans.

**Bangladeshi research showed that not all groups received equal support from local government.** Among the households that mentioned receiving support, the majority received it from the 'local government,' as it was the most commonly used conduit for the government. However, there was a marked variation in accessing support among different groups - while 54 per cent of ethnic groups residing in the Chittagong Hill Tracts (CHT) received help from the local government, the corresponding figures from the rural poor, plainland ethnic communities, and urban slum households were just 25 per cent, 20 per cent, and 12 per cent, respectively. Overall, 55 per cent of households had expectations to access social safety net support, and 51 per cent to get livelihood support. Households' expectations of receiving financial support ranked top across groups, followed by social safety net (except for plain-land ethnic communities), livelihood support, and skill development support. The increasingly preferred channel for receiving government financial support was 'mobile banking' (96 per cent) (Badiuzzaman *et al.* 2022).

Dissatisfaction with the government's support programmes was highest for ethnic plainland communities (73 per cent), followed by slum dwellers (67 per cent), rural communities (61 per cent), and CHT households (45 per cent). Among cross-cutting groups, 66 per cent of female-headed households reported dissatisfaction, followed by households with persons with disabilities (57 per cent). Lastly, only 19 per cent of the marginalised households were satisfied with the government's beneficiary selection process in the third round and 17.9 per cent and 14.6 per cent in the second and first rounds, respectively (Badiuzzaman *et al.* 2022).

### NGOs/civil society

NGOs and civil society worked to fill the gaps left by government support. Help included delivery of basic food items (e.g. **Brazil, Venezuela, Nigeria**), medical supplies and equipment to healthcare workers (e.g. **Nigeria**, Amzat *et al.* 2020), financial transfers, loans for small businesses, and healthcare (e.g. **Bangladesh, Venezuela**), psychological and medical assistance to homes, hygiene kit distribution and violence mitigation (**Venezuela**). They also empowered poor and marginalised communities to access vaccines and other essential health services more easily and comfortably (e.g. **Nepal**).

*'Empowering marginalised communities is an effective and sustained strategy to ensure their rights to health and social justice. It is high time to strengthen the capacity of community-based organisations, social networks, human rights activists and humanitarian organisations to work collectively for robust pandemic as well as humanitarian response'* says a human rights activist.

Many researchers provided examples of the importance of NGOs and community organisations, which nicely illustrate the big impact they can have. Local grassroot organisations continued to play a crucial role in responding to the Covid-19 crisis effects through

particularly supporting socio-economic resilience and inclusive local economic development within informal settlements. Grassroot organisations were reported to have provided emergency assistance to informal workers and residents who have been affected by the pandemic even after the reopening of the economy. It was revealed that, despite the fact that individuals had access to cheap food during the extended lockdowns amidst lack of incomes, the effects of the Covid-19 pandemic after reopening the economy hit the residents and workers due to rise in essential commodity prices and the widespread poverty and unemployment. Civil Society Organisations (CSOs) like Action For Fundamental Change And Development (AFFCAD), Uganda Youth Development Link (UYDEL) and ACTogether provided support in the form of food, water, sanitation and hygiene kits that were necessary in limiting the spread of the virus when business activity and mobility was re-activated across the entire city. Uganda Red Cross Society (URCS) on the other hand mainstreamed Water, Sanitation and Hygiene (WASH) in all their programming, planning and implementation of initiatives within the communities.

Some humanitarian actors like CARE, Bailor Uganda and ICRC played a great role in supporting communities to cope with the effects of the Covid-19 pandemic. For instance, CARE distributed 'mother kits', for women in antenatal clinics who had just given birth. The kits contained cotton wool, soap, gauze and a basin. ICRC trained VHTS and equipped them to disseminate information about the Covid-19 virus. The information was to be disseminated to all people at risk in villages.

Collective support initiatives have been put in place to necessitate recovery and resilience to the effects of the Covid-19 pandemic. Informal sector workers resorted to collective bargaining to negotiate for better inclusive policies targeting access to urban workspaces. The boda-boda riders and taxi operators were found to have formed associations that were critical in boosting their negotiating and bargaining power against the KCCA laws aimed at decongesting the city by putting a ceiling on several riders and stages that can operate in the city. Similarly, market and street vendors were revealed to have enriched their voices against the exclusive security, as well as KCCA enforcement operations that aimed at chasing them off the streets. Many informal workers' associations came together to overcome the eviction efforts related to the 'Smart City Campaign' that mostly targeted informal workers in the transport and market vending sectors. Several transport operators and vendors revealed that multiple associations of informal workers were able to collectively push efforts for inclusive planning for workspaces that accommodate them in the city. At the same time, such collectives have become conduits for enhancing collaborations and networking among informal sector residents and workers towards resources sharing, knowledge and skills uptake. Findings revealed that a number of formerly disorganised groups in the informal sector transport and vending enterprises have come together to necessitate collaborations around

innovative resource pooling in form of savings, access to financial support and protection or advocacy against exclusionary city authority or government policies and actions so as to recover from the pandemic related effects arising from evictions.

## Communities supporting each other

**Several examples were given of communities supporting each other.** The World Giving Index 2022 (CAF 2022) showed that **Sierra Leone** achieved the highest proportion of people (83 per cent) who helped someone they did not know. It was closely followed by **Venezuela** (82 per cent), **Jamaica** (80 per cent) and the United States (80 per cent). Five of the top ten countries where the most people helped a stranger were located in **South and Central America** (*ibid*). People also worked together to keep their businesses afloat, for example a **Ugandan** researcher gave the example of three women they interviewed deciding to move the few commodities they had to one shop so that they will share space and therefore monthly rent.

### Indonesia

Resilience materialised from social networks, diversified economic opportunities and strong cultural community-level governance with villagers adjusting social, economic, and religious behaviours to mitigate spread of the Covid-19 virus. The transformation of activities to adjust to the new 'Covid-19 normal' have been supported by religious, government and informal networks, creating a community culture built around health protocols. The ability to utilise social capital and mobilise villagers in implementation of health safety protocols provided a level of stability during difficult times. Mobilisation of the Pecalang Balinese traditional guards incorporated the islands cultural governance system, and with it the trust and support of the local communities.

## Private sector

There were a few examples given of private sector support, for example in **Nigeria** some private sector organisations provided support to communities affected by the pandemic (Otu *et al.* 2021). Several companies donated medical equipment and supplies to healthcare facilities, while others provided financial support to vulnerable communities. This could be an area to be investigated for future pandemics.

## Religious organisations

Many researchers mention religious organisations providing support, for example in Sierra Leone The Church of Jesus Christ provided a bag of rice, oil to all their members in the church.

## International organisations

The important role of international organisation in providing financial support was mentioned by many researchers including **Nigeria** and **Venezuela**.

**Venezuela** was included in the United Nations Global Response Plan for Covid-19. The available funds covered 48 per cent of the required resources (UNOCHA 2020). These were aimed at strengthening the capacities of the Public Health System and the joint response with local partners to deal with the emergency.

Examples from **Kampala, Uganda** include greatly reconfigured funding resources and support for operations tailored to strengthening community resilience to the socio-economic and health shocks created by the pandemic. As the crisis hit many donor institutions across the world, like Slum Dwellers International (SDI), Plan International, European Union (EU), Cities Alliances, the World Bank and United Nations Agencies (especially the International Organisation for Migration (IOM), The United Nations Human Settlements Programme (UN-HABIT), the support for strengthening the organisational and operational capacities of National Slum Dwellers Federation of Uganda (NSDFU) savings and skills development initiatives were drastically affected, especially from late 2021 onwards. While funding cuts were reported to have been cancelled, there was also repurposing of funding to Covid-19 support and recovery. For instance, there were on-going World Bank and Cities Alliance supported skilling and local economic development programs that were being implemented in Kampala, whose funds were diverted to provision of sanitation and hygiene kits. In addition, savings capitalisation funds from Cities Alliance were repurposed to support recovery of small, micro and medium enterprises in three cities in Uganda. However, the IOM support wasn't enough to complete capacity building and skills training for rehabilitated youth gangs in Kawempe division, Kampala.

Following the two-year worst experience of the pandemic, Cities Alliance through Slum Dwellers International (SDI) was revealed to have supported existing saving groups under the Build Back Better (BBB) programme. This composed part of the immediate relief response to the most vulnerable and affected slum dwellers after the reopening of the economy, and supported youth training that enabled the creation of 'startup capital improvisation groups' that are essential in boosting livelihoods of individuals and saving groups in the city and the country at large. For Kampala city, a total of 110 groups were supported with startup capital to stimulate local economic enterprise development and livelihood opportunities for youths and women. Currently, ACTogether and the NSDFU programming team are embarking on remobilisation of existing saving groups, encouraging members to revitalise saving and devising means of repurposing saved funds into livelihoods diversification, enterprise development, and asset accumulation at both group and individual levels with the aim to elevate the community capacities to cope with future socio-economic and livelihood effects of the pandemic.

## Use of new technologies

We can learn from new technologies used that helped people during the pandemic. Here we provide some examples from **Uganda**. Multiple pathways to income enrichment and diversification are being devised by the urban poor:

- Informal workers and residents are leveraging technology to take up digital practices around financial inclusion, business transactions and savings management as a way of realising recovery, sustainability and resilience to the multiple shocks.
- There is an increased uptake and utilisation of digital platforms like mobile money, social media, ride hailing apps and online meetings to facilitate economic exchange.
- Some boda-boda riders reported to have joined digital ride hailing companies like Safe Boda and Uber.
- Most food vendors, restaurant operators, saloon owners and merchandise dealers revealed to have increasingly embraced digitally mediated business transactions, especially on making orders, deliveries and payments using phone calls, WhatsApp and Facebook with their clients across the city.
- The digital economy has also led to diversification of income streams amongst informal workers and residents towards financial resilience. Informal workers and residents indicated to have diversified their income streams by engaging in multiple businesses and alternating with different economic activities respectively.
- Majority of the youths and women revealed to have diversified their merchandise and goods for sale to clients secured on digital platforms, and yet casual workers also indicated to have switched across different employment opportunities that has enhanced their skills and expertise especially in boda riding and truck driving, cookery or catering, construction, electronic and mechanics to improve their livelihoods and wellbeing.

This approach was revealed to have helped them to reduce their reliance on a single source of income and build resilience against economic shocks through necessitating savings, investments in business and assets as well as proofing against risks such as sickness and loss of income. Whereas the digital economy offers opportunities for economic independence to multiple shocks, the higher costs of transaction through internet and mobile money tax as well as the digital divide amongst informal sector residents and workers coupled with the fragile digital technology infrastructure, remain longstanding challenges to augmenting innovative enterprise development and local economic development within the informal sector.

## Issues accessing support and with the amount of support received

It is worth noting that while various forms of support were provided, there were also challenges in the implementation and distribution of support measures.



For example, some individuals and communities faced difficulty in accessing support due to issues such as discrimination, bureaucracy, or inadequate infrastructure (e.g. **Nigeria**). Researchers mentioned lack of transparency, hoarding of relief items (**Nigeria**) and drug shortages for existing medical conditions (**Zimbabwe**). There were also issues with how support was provided, for example in **Peru** there was mostly support for food markets under public ownership but the majority of markets are vendor-owned and these did not receive the financial instruments to pay for the prevention investments meaning lower adoption of measures and thus more health risk for consumers and vendors (Ton, Espinoza and Fort 2023). Policies need to be thought through so that they have the maximum benefit.

**WIEGO** researchers also found that relief measures declined between mid-2020 and mid-2021 (**Thailand, India, Ghana, Senegal, South Africa, Peru, Mexico, USA and Bulgaria**). Other key issues and barriers to accessing loans, highlighted by WIEGO researchers included low awareness-raising, complex online application procedures and digital illiteracy barriers, and even hesitancy from workers to take out loans, fearing they would be unable to repay debt. While relief measures helped cover household expenses, they were insufficient to cover the economic losses experienced by informal workers during the crisis (WIEGO 2022a). Nevertheless, it should be noted that there were important city-level differences. In India, for example, food relief in mid-2020 had some impact in Delhi and Ahmedabad, with recipients somewhat less likely to report incidents of hunger than those who did not receive food aid (Delhi 27 per cent versus 33 per cent, Ahmedabad 32 per cent versus 26 per cent) (*ibid.*). Researchers in **several African countries** mentioned that support was politically motivated and not distributed fairly.

## Pakistan

The Covid-19 pandemic brought unemployment on several households in Pakistan, this hit was especially bad with domestic housekeepers who work in urban households for low wages. Several domestic workers lost their jobs during lockdown in particular, with no alternatives at the time. Only a handful of employers were still ready to give a small part of the salary as a gesture of support. A policy response made by the government then was to support low-income families with ration support and a small support grant. However, many still complained that they either didn't receive it though they fulfilled eligibility criteria, and some could not access this support since they either needed to send an SMS or use an app on a smartphone.

## India

Findings from the REBUILD study on informal women workers in India by ICRW found that limited access to relevant government documents negatively impacted informal female workers in India as their eligibility to be included for different services and entitlements was not able to be proven. In order to cope with their situation of economic precarity, women workers were forced to borrow heavily, very often from family members, peer circles and moneylenders to make ends meet. Women who had ration cards mentioned accessing government subsidised ration, which helped mitigate the food crisis at home to a significant extent. However, for those without government identity documents, which was a sizable number, access to government ration or other benefits was deeply challenging, making their situation more precarious.

## Senegal

Regarding the socio-economic consequences of the Covid-19 pandemic and public health measures, a National Covid Fund fed by public fundings and private donations was devoted to help people, including through food support to be given to the poorest households. However, a financial evaluation showed that the distribution was not equitable everywhere and a part of the fund had been redirected for private aims. A limitation of this redistribution was due to inflation starting in 2021, increased by the international context in 2022 and 2023. Generally said, formal and large companies were in better situation to receive support than informal small entrepreneurs and households.





A crowd of people walking in the street wearing masks during the Covid-19 pandemic. By blvdone (Adobe Stock standard license)

## QUESTION 3

# What do you think needs to be done differently, and by who, in order to be better prepared for the next pandemic?

Pandemic preparedness plans could have been more effective in many countries, especially when considering the needs of vulnerable, marginalised and disabled populations. Many approaches were top-down and biomedically dominated. The researchers contributing to this report suggested social, economic and political priorities which would contribute towards future preparedness which considers local contexts, populations and needs. It was also suggested that involving communities and ensuring their participation in the mapping of vulnerabilities for preparedness and in the process of follow-up regarding the distribution of food support and emergency funds would ensure more targeted and useful support.

The most common responses to the pandemic, according to the Oxford Covid-19 Government Response Tracker, included school closing, travel restrictions, bans on social gatherings, emergency investment in healthcare, new forms of social welfare provision, augmented health systems and management of economic consequences of these actions (Blavatnik School of Government 2023).

Responses from the researchers to the question of what needs to be done differently and by who in order to be better prepared focused on the following areas:

- Increased community involvement and localisation of response;
- Reduction of police and military presence;
- Increased awareness of and support for disabled, marginalised and vulnerable populations;
- Health systems strengthening, training and capacity building;
- Better communication and awareness of misinformation and social media;
- Awareness of environmental concerns;
- Increased social protection to protect livelihoods;
- Interdisciplinarity;
- Greater investment in research and planning, increased funding and greater international support;
- Increased use of technology.

### **Increased community involvement and localisation of response would be more effective and help the most marginalised**

Increased community involvement and localisation of response was suggested by most researchers based on their research done with communities. It was particularly highlighted that this would be more effective and help

the most marginalised populations. **Ugandan** research asked for future pandemics to embrace community engagement and collaboration. Pandemic response has long followed a top-down approach in governance which creates delivery of initiatives that are contrary to the needs of communities. Meaningful community engagement and collaborations plays an essential role in promoting social justice and resilient livelihoods since it facilitates an understanding of community needs and concerns to ensure that responses are inclusive, effective and equitable. If given space by city authorities, community leadership structures, informal settlement residents and workers, informal sector associations and grassroots organisations can fundamentally aid in mobilisation and organisation of communities, raising awareness about rights and needs and advocating for policies that promote social justice and resilient livelihoods.

To give an idea of the large scale of researchers highlighting this issue, we have included some examples below. Different research highlighted different benefits of this approach including:

- In **Indonesia**, research showed that high-level solutions may not always align with the local context. There is a need to understand specific types of vulnerabilities and allow health officials to plan and allocate accordingly.
- Research from the **Democratic Republic of Congo** termed this 'a human-centred approach', arguing that people must be at the centre of our actions. *'This action must, from its genesis, be based on the needs and problems of man so that with his participation at all stages we can identify 'tailor-made' solutions to complex problems'*.
- In **Uganda** researchers pointed out that if communities were engaged in disease control and health programming, then they would be able to engage in 'early detection, early referral and prevent themselves from exposure'.
- **Sierra Leonean** research found that top-down approaches are less effective than bottom-up approaches. They suggested that more community health workers (CHWs) be trained and sent to catchments in far reaching areas of the country.
- Research from **Nepal** suggested building the capacity of local governments and civil society organisations in mobilising the local communities for enhancing their capacity in preparedness and response of health emergencies, and also create community demands for health care through participatory research, advocacy and networking
- Research from **Uganda** and **Zimbabwe** highlighted the importance of translating the term 'preparedness' in local languages. The idea of what preparedness means in villages needs to be explored further, together with other concepts such as enduring, certainty, uncertainty, crisis, vulnerability, chronic.
- In **Sierra Leone** it was highlighted that the involvement of local authorities such as Paramount chiefs, religious and traditional leaders could be improvement and that

*'most of the talking and implementations are done practically in Freetown and some district headquarter towns whiles the villages are seldom considered and supported logistically and financially'*. Community ownership should be key next time with accountability and transparency for the people. Proper coordination of actors would prevent duplications of activities and proper education needs to be done with the involvement of locally trusted stakeholders as this could make a big difference in the future

- **WIEGO** and **Ugandan** research found that local governments can support the institutionalisation of multi-stakeholder forums that foster deeper engagements and deliberations, where informal workers are key actors in determining the terms and conditions of their work. This could serve as a pathway for stimulating local economic development and enhancing workers' livelihoods. City authorities should emphasise formal and informal sector mainstreaming and integration as a way of building a sense of community belonging and shared responsibility, making them more resilient in the face of crises that affect cities. The already existing informal networks and platforms like Slum Dwellers Collectives, settlement, city, municipal and National urban forums as well as CSOs can be optimised to enable informal workers and residents to connect, share information and collaborate on projects or initiatives that can help build their recovery, resilience and promote social justice.

### WIEGO: a multi stakeholder participatory forum with waste pickers in Belo Horizonte, Brazil

Belo Horizonte's Municipal Waste and Citizenship Forum including multiple stakeholders has been central in guiding essential emergency actions during the Covid-19 pandemic. The latter illustrates the potential of the forum in terms of the co-production of knowledge and actions among workers, the state and civil society. Ensuring structures are in place to support informal workers could be a useful strategy to enable community participation in future pandemics (WIEGO 2022b).

### Bali

Small scale fishers are deeply entrenched in the community, providing food security and stewardship of local marine resources. These fishers need to be engaged when designing responses to not only match their vulnerabilities but leverage resilience. The recommendations that emerge from engagement with coastal communities suggest the urgent need to strengthen fishing communities with targeted policies.

Researchers from **Bangladesh** conducted surveys in 2021 to understand the effects of the pandemic, the state responses, and marginalised communities' lived experiences. They suggested the following improvements to community involvement and localisation of response:

- Aid distribution ought to be localised and administered through local public representatives or government officials, which would address detachment concerns by ensuring that those within the community's sphere of interaction are at the helm of distribution services. This would garner trust and ensure that aid is provided to the most marginalised, as identified by authorities closest to the problem. Localising and decentralising aid distribution services would also ensure that more individuals in remote locations are given access to aid services.
- Local civil society and government actors should share details about how and to whom aid is distributed. Sharing this information allows aid providers to ensure that no one receives the same support multiple times while others are left out, optimising aid provision efforts and enhancing efficiency.
- Different communities often depicted different policy needs. A broad-brush approach to policy making must be replaced with nuanced policy making, informed by local community leaders who are more familiar with local necessities.

### WIEGO: Community Action Groups

Community Action Groups (CAGs) promoted by Mahila Housing Sewa Trust (MHT) in settlements like Savda Ghevra on the outskirts of Delhi, India where a large number of urban poor reside, have played a key role in the provision of relief during the Covid-19 crisis. A CAG consists of 8-12 women leaders, representing about 250 households in a settlement. During the Covid-19 crisis, CAG members proved to be vital links between their communities and local government institutions. One of the critical roles that the CAGs played was to ensure access to food for all community members. They helped to disseminate timely information about the availability of dry ration and cooked food and created a system to ensure that every family received food support along with ensuring social distancing was maintained at the distribution centres. In addition, CAG leaders created lists of those families who were eligible for the government-sponsored e-coupons for the migrants and applied on their behalf through the government's e-portal. CAGs thus emerged as a bridge linking communities with critical information, emotional and moral support, and government schemes and programmes. During this global pandemic, these linkages have directly contributed to the efficacy and efficiency of life-saving government relief. The critical role played by the grassroots women leaders in making the last mile linkages in service delivery makes for a strong case for institutionalizing this role in future policies, plans, and schemes for crisis support and disaster relief measures for the urban poor. The support of such groups could be useful in future pandemics.

### Involving children in community participation in New Zealand

It is important to recognise and support grassroots health promotion that children and young people generate and create structures that incorporate child-centred thinking into policy design and decision-making. The Office of the Children's Commissioner in New Zealand has recommendations for this and can connect organisations and government departments to children's views. Children's advisory boards facilitated by adults trained in how to interpret children's voices could be set up for District Health Boards and other organisations involved in public health promotion. Often children's inclusion can be superficial, tokenistic or weighted towards the views of older children or adolescents. We can all put pressure on government and other authorities for greater transparency around whether and how children have been consulted, what was heard from children, and how children's views and needs have been taken into account. Also, it is important to provide support and communication with families to help children by understanding the stress they feel and how it impacts their physical, social, and emotional wellbeing (Spray 2022)

### Reduction of police and military presence would be beneficial to increase trust in authorities

Researchers also pointed to the need to refrain from using police, security and military units to enforce policies. Coercive government responses to epidemics lead to resentment and mistrust. During the Covid-19 pandemic, it has been argued that its impact had been exacerbated by military involvement, for example comments from South Africa argued that the 'heavy cross' of Covid-19 had been made heavier by military involvement (Grant and Sams 2023). Others referred to the Covid-19 pandemic as a ruse for increased control of the population. There were many examples of violent enforcement of lockdowns and other restrictive policies. For example, before there was any official communication or local experience of the Covid-19 virus, a **Ugandan** village experienced extreme social unrest; 'this corona is making our people be beaten by the Army men' (*ibid.*).

During the Covid-19 pandemic, heavy-handed 'preparedness from above' forced people to 'prepare' in a way that impacted them negatively. Covid-19 measures in **Uganda** included a succession of restrictive and militarised lockdowns and forced hospitalisations, in a context of political oppression and national elections, during which time Covid-19 cases and mortality in Uganda remained very low (Parker *et al.* 2020). This damaged livelihoods and increased resentment and distrust amongst local populations (Grant forthcoming).



## Country example- Uganda

For example, on market day the district military and police authorities chased market attendees away to avoid congestion. Those who were defiant were beaten in order to disperse the overcrowding populations in the market. As a result, people returned to the village having lost their merchandise and property.

Another key issue is that for many villagers their lives cross the Uganda/DRC border daily as they work farmland on the DRC side. Due to the Covid-19 pandemic, the border has now been closed and people cannot officially get to their farms to earn their livelihood. This is being strictly enforced and our local fieldwork has discovered women being beaten with canes, men being fined and wondering if these are official fines or to line the pockets of the military) and facing extreme threat to their livelihoods due to this action.

Their presence creates fear, tension and mistrust amongst communities, city authorities and state agencies, leading to social unrest and resistance. In addition, using police, security and military units compromise the potential of community engagement. It is instead recommended that city authorities and other stakeholders adopt and engage in participatory processes that involve communities, CSOs, and local governance structures. Such an approach can potentially lead to better outcomes, social acceptability, increased trust and more resilient communities.

## Women in Informal Employment: Globalizing and Organizing (WIEGO)

Women in Informal Employment: Globalizing and Organizing (WIEGO) research conducted over 11 cities found that arbitrary violence, including evictions, confiscations and destruction of informal workers' worksite or productive assets, undermines local and national government objectives of containing public health crises, leading to greater mistrust and scepticism of government.

## Increased awareness of and support for disabled, marginalised and vulnerable populations

Most researchers highlighted that the pandemic exacerbated existing inequalities and had a disproportionate effect on disabled, marginalised and vulnerable populations. Reducing inequality in society was suggested by several researchers as a long term aim for the future. Research in **Uganda, Bangladesh, Kenya, Nepal and Nigeria** found that people with disability reported the same

feelings, difficulties and impacts as others, reported in other literature, but often their pre-existing disadvantages have been exacerbated by the pandemic, including poverty, gender and impairment related stresses and discrimination, inaccessible services or relief, and exclusion from government initiatives (Wickenden *et al.* 2021). This was mentioned very prolifically in the responses and we have included case studies in this section that show many examples of this.

- Homeless people in **Venezuela** working with official and religious institutions to set up one-day shelters that allow them access to facilities to attend to basic needs, could improve the provision of humanitarian assistance. Talking with humanitarian personnel allowed them to better understand what was happening in the face of information pollution and the fear generated by the pandemic.
- Consider rapid integration measures for returned migrants in **Venezuela**, in centres that allow them to be closer to their communities and their families. The isolation of border shelters and the stigmatisation of migrants, often designated as 'sources of contagion', 'biological weapons' and 'bioterrorism' in discourses encouraged illegal return (UNDP 2021).
- Research in **Bali, Indonesia** on fisher communities suggested supporting fishers in seeking assistance from relevant agencies to secure insurance, financial and other social support to secure their livelihoods. The extended economic slow-down caused by the Covid-19 pandemic has drained savings and/or increased the debt of fisher households. One pathway for meeting the needs of small-scale fishers would be for local government to provide the fisher groups formal recognition. This would not only be beneficial in getting a clearer idea of numbers of fishers but also information on ecosystem health, fishing practices and local supply chain.
- **Nepal:** There is an urgent need to plan for specific and targeted pro-poor health interventions such as mass campaigns and mobile health camps to reach the unreached populations in the rural and urban areas who are poorest of the poor, marginalised and vulnerable populations (e.g., women and children, elderly, disabled communities, migrant workers, people living with HIV, TB or other chronic diseases etc.)
- **Nigeria:** People living with disabilities in each of the communities should be adequately captured under the umbrella of their various associations. Government should avoid using law enforcement agencies to arrest and criminalise people during pandemic especially when the vulnerable people are faced with hunger issues. Rather, government should appeal to people to obey some restrictions and measures put in place to curtail the spread of such pandemic. There should be policy development and formulation specifically showing the country preparedness for future outbreaks by spelling out duties of individual's right



and duties from the government to the citizens. Policy implementation should be adequately carried out in respected ways.

- A survey from **Bangladesh** found almost 90 per cent of the respondents claimed to have suffered psychological distress (Badiuzzaman *et al.* 2022). This highlighted the need for increased investment in mental health services especially for marginalised populations. A special allocation needs to be made in the healthcare budget to ensure that individuals with disabilities are specially catered to. This would also provide the safety net to ensure that when resources are redirected to tackle concerns like the pandemic, persons with disabilities are not deprived of their necessary support structures.
- **India:** Specifically, for street vendors, the creation of street markets run exclusively by and for women street vendors is essential to allow them to operate with a sense of safety, encourage greater participation and solidify their livelihoods and income. It is also important to encourage higher participation of women street vendors through greater representation in Town Vending Committees (TVCs) to ensure that women leaders are able to express themselves better and raise their concerns and issues. Currently, there is little understanding of women workers' experiences in schemes or the differentiated challenges faced by them. All government policies must include a gender lens with gender specific interventions and outreach to ensure equitable and inclusive development. Additionally, greater grassroot interactions by government officials and gender disaggregated data collection to understand the difficulties faced by informal female workers is necessary (Findings from the REBUILD study on informal women workers in India by ICRW).
- **Zimbabwean** and other researchers also mentioned the importance of support for young people, especially vulnerable people. An example from **Zimbabwe** details how, when schools closed in late March 2020 the number of reported cases of Gender Based Violence (GBV) against girls more than doubled. Only a third of survivors received appropriate health and psychosocial services and far fewer ever see justice. For most, that was the end of their education. World Vision and partners called the government of **Zimbabwe** to provide re-entry support to pregnant girls and young mothers, to urgently ensure continued learning for marginalised learners provide non-formal pathways for girls who do drop-out to achieve skills and qualifications and monitor and enforce the Education Amendment Act (World Vision 2020). These lessons can be carried across the globe, identifying key policies to support vulnerable groups return to education.

## Brazil

It is necessary to consider issues of gender, race, place of residence, age, education, among other information that show that this vulnerability is the result of a process that is related to 'racism and machismo' of a racist and patriarchal Brazilian society. It is also necessary to recognize that the damage caused by the pandemic are also consequences or remnants of the 'enslavement' that left black women and black men on the margins of society and who over the years have lived in the worst places, with the worst social conditions, receiving the lowest wages, for example. With the pandemic, this vulnerability was heightened (economic and financial precariousness, lack of basic sanitation, low access to health services, among others) and is concentrated among traditional, indigenous and black peoples (quilombolas, riverside, rural and forest peoples, among others), who are generally the poorest, being the most affected, because, as we said, they have already experienced this context of violations in the history of segregation in Brazil.

## New Zealand

The contributing New Zealand researcher pointed out the role of children in pandemic preparedness and the importance of representing children's perspectives and not just their parents. It is important to avoid erasing children from 'the public,' for example, by omitting them from vaccination targets or dropping health measures while children are left unprotected. A solution is to create child-centred public policy which recognises children as active members of the 'public'. In order to uphold the rights of children during a public health crisis, we need explicit, child-centred approaches. New Zealand received international acclaim for the government's public health response and communications early in the pandemic. It is important to ensure that public health measures account for children, and that this consideration is deep, rigorous, and informed by their views as interpreted within the contexts in which they live. Some examples include:

- Masks have been designed for adult faces and children's mask wearing has often been an afterthought in policy. Viewing children as members of the public means making efforts to design PPE that fits children, meets their needs for breathability and comfort, and is easily accessible to children in the spaces they occupy and travel through.
- Ensure that children's spaces (i.e. schools) are safe and resourced to promote health (e.g. through ventilation).
- Include children's perspectives in cost-benefit analyses, especially their views on what constitutes wellbeing.

## Key considerations for a disability-inclusive response in Kinshasa, DRC

In order to fight against the Covid-19 virus, the WHO had put in place preventive measures which have been adopted for urgent application by the States. However, we found that in the DRC, the Response Committee applied them in a top-down manner to the entire population as a whole, without taking into account vulnerable groups, including people with disability. Such behaviour aroused our curiosity and pushed us to understand how this category of people, generally more vulnerable than others, experienced these conditions of response to the Covid-19 pandemic. To do this, we interviewed public authorities, several leaders of associations of people living with disabilities and scientific bodies. The analysis of the data has led us to highlight the following key findings and considerations in order to prepare well for the next pandemic. It also led us to conclude that these measures had further discriminated against and stigmatized people with disabilities at the same time as they had caused them to be exposed to coronavirus contamination.

### Key findings and considerations

- Communications could be adapted for people with disabilities.
- Ensure people with disabilities are part of committees and they are meaningfully participating.
- Consider options for deaf people to understand those wearing masks.
- People with disabilities are often among the poorest so may struggle to buy necessities and need greater assistance.

## Thailand

- The information from the government agencies should be communicated in more disability-friendly, e.g., captions or sign language interpreter for the deaf. In addition, information, measures, and policies on disease prevention should be provided in accordance with the lifestyle of these specific groups, e.g., the social distancing measure for people who need caregivers, hand hygiene for the blind who needs to touch everything, mask wearing strategies for the deaf who need to read facial expressions for communication, and the online education protocol tailored for children with learning disabilities and autistics.
- The registration system for cash support from the government should consider the limitation in technology access and information technology literacy of vulnerable groups, especially PWD. The information and technology inaccessibility renders PWD, who are among the most vulnerable groups of people unable to access the support provided.
- The infection prevention and treatment measures should take into account the specific needs of PWD, e.g., a barrier-free environment for wheelchair users in community isolation unit or field hospitals, the prioritization of PWD and their caregivers in receiving vaccines and the mode of transportation for vaccination, the availability of sign language interpreter for the deaf at every interface with the healthcare providers.
- Improving transportation to be more user-friendly for PWD by the government because it is an important link to access public services. For example, blind people faced some problems when they travelled by sky train or subway as it has no guiding block. People with physical impairment also experienced difficulties in transportation even in normal situations before the spread of the Covid-19 virus, while the pandemic created more limitations of getting around.
- The supports both in cash and in kind and the policy by the government should consider a country-wide scale, not only specific model in some areas. For example, the online education system for children with disabilities, should be introduced at country level. The focal point for PWD's health in managing emergency health issue in each province should be pinpointed or the specific healthcare for PWD would only be available in Bangkok and the perimeter.
- The government should cooperate with major organizations for each type of disabilities. These disabled people's organizations (DPOs) have up to date data of their disabled members, and they are expert to special needs of disabilities. Moreover, DPOs can support governmental agencies to offer help directly to PWDs in each area.

## Health systems strengthening, training and capacity building

Health system strengthening was championed by the majority of researchers, who stated that a strong health system is much better equipped to deal with a pandemic, and they often highlighted that their countries were already struggling, even before the pandemic (e.g. **Brazil, India, Nepal, Guatemala, Nigeria, Zimbabwe, Uganda, Sierra Leone**). Countries also need to invest in public health infrastructure, including diagnostic laboratories, disease surveillance systems, and healthcare systems and equitable access for poor and marginalised populations. This will enable faster detection and response to pandemics. Improving the health information system to collect data about long-term patients, orientate them and providing them with support and care, as recommended by WHO, would also be beneficial.

### WIEGO: Informal workers

Governmental ministries of health must implement inclusive public health strategies, in order to control a pandemic and protect the health of both informal workers and the general public. This should entail the provision of full access to health care for informal workers, including the roll-out of Covid-19 testing, treatment and vaccination for workers, and dissemination of clear and accurate information on the Covid-19 virus using lay language. This must be underlined by sensitivity to informal workers' circumstances and a commitment to end stigma and discrimination against them. (Braham and Ogando 2021)

*'Primary Health care should be continuous and not only motivated by an event'* (**Ugandan** researcher) and be focused on the *'foundations of universal health coverage, grounded in human rights and gender equality'* with *'adequate human resources for health, adequate health infrastructure, robust supplies and logistics'* (**Nepalese** researcher). There is also a need to prioritise community and health systems strengthening initiatives to management of essential medicines, vaccines and medical equipment at the local level.

### Uganda

In Uganda during a Pandemic Preparedness Project dissemination seminar in Kasese in April 2023, one of the participants asked: *During Covid-19, we had challenges transporting patients who needed specialised care, including Oxygen. But the entire district had no ambulance. Up now we have no ambulance. Are we really prepared for the next pandemic even if we boast about big surveillance teams, District Task Force and good information about pandemics?*

## Need for equitable access globally to health response e.g. vaccines and tests

**Venezuelan, Zimbabwean and other** researchers also focused on the need to provide diagnostic materials and vaccines in the most fragile countries. The unequal access to health, in which the cost of the tests, as well as of the treatments, became a barrier that may have contributed to the underreporting of cases among the poorest who did not have the money to pay for them. **Nigerian** research showed that long queues at health facilities is unfavourable and may discourage people from taking treatments. Similarly, offering such treatment at a cost will also deter participation. Additionally, there is a need for the government to come up with a better mechanism for distributing items equitably rather than hoarding them to the point of expiration. The pandemic has exposed vulnerabilities in global supply chains, including for medical supplies and personal protective equipment (PPE). Governments and businesses need to work together to strengthen supply chains and ensure the availability of critical supplies during pandemics. Providing financial support to quarantined people for the maintenance of their activities during and after their retention was a further useful suggestion.

## Better communication and awareness of misinformation and social media

Almost all researchers suggested ways to improve communication with populations in order to raise awareness and reduce misinformation. Clear and effective communication is crucial during pandemics. Governments, health organisations, and media should work together to provide accurate and timely information to the public and consider specialised communications for disabled and marginalised communities.

## Social communication

Local public representatives, including local government actors, community leaders, and religious leaders, should be enabled and empowered to carry forward cohesive messages devised by the authorities. This would go a long way to ensuring that such messages and policies are received and acted upon by the community that puts faith in such leadership. In **Antigua and Barbuda** it was suggested that different methods of communication and feedback should be explored to ensure all vulnerable populations have a chance to be heard and have their concerns addressed. Sensitivities arise regarding the perception of messaging and culturally and socially sensitive messaging is key and best informed by individuals who are from the community. **Nepalese** and **Nigerian** research supported the need to mobilise the media and others to advance social and behavioural change communications based on the local context, language, culture and traditions. **Venezuelan** research also championed the role of community workers and people stated that 'they guide us'. This role of community orientation must be valued and integrated not only in the execution of orders but also in the planning of humanitarian response activities.

## New Zealand

Make sure that public health information is created and tailored for children, disseminated in ways that children can find and access (ideally without relying on adult whānau gatekeepers), and presented more than once (children often need messages repeated as they gain experience, develop their understandings and become ready to incorporate new information at different times). Recognise that children share health information and help them make that information accurate.

## Social media

Technology and social media were used on a vast scale to keep people informed, productive, and connected during the Covid-19 pandemic. This also contributed to an infodemic and spreading of misinformation that continues to undermine the global response and jeopardise control measures (Grant and Sams 2023). In **Indonesia** the most prevalent source of information is personal interactions using phones and face-to-face communication with friends, family and neighbours who often pass along updates. The villagers are familiar with social media, commonly used to coordinate events and share news about family and friends. The most used social media platform among fisher households is Facebook and during the Covid-19 pandemic, Facebook posts about news, government announcements and local awareness videos were shared.

## Democratic Republic of Congo

In the Democratic Republic of Congo, researchers highlighted that misinformation can be dangerous, if not more dangerous than the epidemics and misinformation included *'white people want to kill black populations to reduce their population growth and therefore their rise in power; they want to separate families to weaken them and seize their lands'*. This kind of misinformation has led to scenes of violence against aid workers, even causing the death of some. Another example given was that *'they want to make the population sterile; this vaccine is a mark of the beast (in reference to the biblical account of the book of the apocalypse) thus claiming that whoever is vaccinated will not see God; this vaccine causes cancer; they want to kill more blacks in Africa to reduce migrants in Europe, because how do you explain the fact that in one year we manage to produce a vaccine when usually it is a process that takes several years? And malaria has been killing in Africa for several decades but they have never produced a vaccine against it,...'* and the spread of these views contributed to low vaccination rates.

Social media plays a role in amplifying and gaining access to different voices and narratives that emerge during crisis situations, especially during lockdowns when normal social communication is hindered. Social media will likely play an

increasingly prominent role in keeping people connected and (mis)informed and social listening and awareness of this can help provide timely information on what people are thinking, discussing and sharing about pandemics. There have been many innovative uses of social media during this pandemic such as crowdsourcing campaigns to gain access to opinions on policies, and as social media grows in Africa, these could be usefully incorporated into the continent in future pandemic preparedness plans (Grant and Sams 2023). **Nigerian** research also argued that awareness on issues could be provided in a timely manner using a variety of media such as community announcers, radio and TV jingles, social media messaging, SMS and other technology and the Government should aim to dispel myths and misconceptions.

## Awareness of environmental concerns

Another strong argument was the importance of integrating environmental considerations into sustainable recovery and avoid rolling back regulations as a short term means to stimulate economic growth.

## Bali, Indonesia

During the pandemic, the Job Creation Act in late 2020 was met with calls for annulment by fishers, environmentalists, and law experts. Criticism revolved around the law allowing for degradation of coastal and marine systems for the sake of infrastructure development, tourism and allowing foreign fishing vessels to operate in Indonesian waters. Trash has been a big problem in Bali for many years especially evident on beaches and in the ocean. The reduction in tourists has reduced the amount of trash produced on the island, but the increased use of single use plastic and personal protective equipment pose a threat to coastal ecosystems in the future. Waste management has taken back seat to Covid-19 focused policy. Strengthening the waste management systems should be included in the Covid-19 recovery strategy as the increase in associated plastic waste will eventually find its way to the ocean. Addressing this could also be the opportunity to create green jobs.

## Increased social protection could protect livelihoods in future pandemics

Many researchers highlighted the need to balance the protection of livelihoods, the economy and business and private sector interests with prioritising health concerns during pandemics. In **Venezuela** researchers found that lockdowns had a high impact on the livelihoods of vulnerable groups and social protection services need to be provided to the most vulnerable. A **Brazilian** researcher argued that one of the main lessons from the Covid-19 pandemic was the importance of social protection policies such as cash transfers, especially for families in extreme poverty impacted by unemployment. In **Brazil**, the conditional cash transfer program Bolsa Família was crucial



to help families cope with consequences of the pandemic, such as food insecurity.

**Indian** research by ICRW highlighted some improvements to the system for this that could be made for next time including the need to create awareness and facilitate access to essential government documents (ration card, health card, vending certificate for street vendors), entitlements and services, especially among informal workers. This can be done through promotional campaigns in regional languages, on news channels and through social media (WhatsApp and Facebook), visits by representatives to explain the processes, and capacity building of community leaders. Additionally, it is important to link women to banking and financial institutions.

**Nigerian** research argued the private sector could play a key role in the future in supporting public health research and action.

**WIEGO** focused on the difficulties for informal workers and found that local and national governments need to invest in the livelihoods of informal workers by facilitating access to grants, loans, business capital, skills training and procurement quotas. At the same time, governments should promote an enabling policy and legal framework that includes measures such as inclusive urban planning for the self-employed, minimum wages or piece rates, fair working hours, and health and safety requirements for employees and dependent contractors. (WIEGO 2022a: 40).

**Indian** research highlighted that female informal workers are the most vulnerable and suggested registration of informal women workers on the national database for unorganised workers in India (E-Shram) as useful.

It is also key to ensure improved techniques for allowing all to register for assistance e.g. migrant workers and grassroots organisations and better financing can play a key role in this (Alfers, Ismail and Valdivia 2020). This was confirmed by research from **Antigua and Barbuda** which found a need for greater strengthening of social protection systems across the region to include marginalised populations, for instance indigenous groups and migrants/refugees as they are not always registered in national systems. Training and capacity building for community-based volunteers and relevant Ministry staff is also required to ensure the sustainability of this programme.

## Interdisciplinarity

Several researchers including those from the **Democratic Republic of Congo, Nigeria and Nepal** spoke of the need for greater multi-sector and interdisciplinary working to allow for a more coordinated approach.

### Nepal

While Nepal has successfully rolled out vaccines with support from the WHO and other development partners at all levels, there are still areas where the governments, civil society, development partners and private sectors can work together in a more coordinated approach to optimize the vaccine uptake and sustain the efforts at the local level.

## Greater investment in research and planning, increased funding and greater international support will provide a solid base for future preparedness efforts

Governments and international organisations should increase funding for pandemic preparedness, including research and development, public health infrastructure, and emergency response systems.

## Increasing the use of research and knowledge can allow for better planning for future outbreaks

Several **African** researchers pointed to the need for increased investment in research and development of infectious diseases, including new technologies for diagnostics, therapeutics, and vaccines. This will improve the ability to respond quickly to emerging pandemics. It is also important to normalise data driven action, programming and policy development. Moreover, governments should increase funding for research and development in the field of public health. This will help in developing vaccines, drugs, and other medical technologies needed to manage pandemics. **Zimbabwean** researchers suggested that government have a specific budget set aside for pandemics to enable them to quickly react to an outbreak.

## Ugandan research: Strengthen social protection programs targeting the most vulnerable

A multi-stakeholder approach to resilience building through social protection should be adopted to foster inclusive resilience amongst different groups of society. The government should prioritise social protection programs and increase funding for these programs to ensure that vulnerable groups, such as the elderly, people with disability, and low-income households, have access to basic needs during a pandemic. CSOs should work closely with the government to identify vulnerable communities and provide support including; distributing food and basic supplies, providing financial assistance, and offering health education and counseling services. The private sector can contribute to social protection efforts by supporting employee health and safety, offering financial assistance to vulnerable communities, and donating supplies and resources. Further, local community organisations can play a critical role in identifying vulnerable individuals and families and providing them with support as a way of disseminating health education information and promotion of healthy behaviors. Individual community members can also contribute to social protection efforts by following public health guidelines, supporting local businesses, volunteering, and donating resources and supplies to those in need.

## The importance of collecting data

It is essential to collect and analyse data on the informal sector to develop effective policies and strategies that address the inclusive recovery and resilience needs of the sector. New studies to address the gaps and reinforce opportunities are required for effective incorporation of data and evidence into policy making processes that are data and evidence driven, effective and responsive to the needs of the informal sector. In the case of **Ghana**, there is a clear need to collect more data at the household level countrywide to inform better programming. With targeted data on the current state of learning among primary school children, especially those who had lower access to learning opportunities during school closures, targeted interventions at a sub-national level can be delivered. Policy responses should also consider the range of services that schools provide, including essential social protection mechanisms such as school feeding, and devise ways to continue this support for parents in the event of crises. Research on strategies that support resilience for the Ghana school feeding programme is currently underway and has the potential to address some of the systemic challenges faced by schools and service providers in this space.

## Increased funding invested in strong social structures

Researchers pointed to the need for strong societal structures that are adequately invested in to ensure societies are prepared for the next pandemic.

## Bangladesh

Research from Bangladesh showed that surging food prices forced many marginalised individuals to reduce their food consumption. They suggested that resources need to be allocated to subsidising food supplies across the country. This can be done by either allocating more money towards food subsidisation through the Trading Corporation Bangladesh (TCB), which is currently charged with distributing subsidised food to vulnerable communities, or by providing administrative or logistical support to the organisation or any other organisations with a similar mandate. A specific allocation can be made in the budget to support this programme.

## Better planning for pandemics

**Brazilian** researchers pointed to the need for local governments and society in general needs to be more prepared for the next pandemic with a clear plan of lockdown rules and procedures for different sectors of society. **Nigerian** researchers suggested governments develop and implement a comprehensive emergency response plan for pandemics. This should include measures such as early detection and reporting, rapid response teams, quarantine protocols, and contact tracing.

## Senegal

In Senegal, better crisis management approaches need to be instilled in government responses. When the Covid-19 pandemic first broke out, hesitation and inefficient allocation of resources meant that the most in-need populations did not receive support. The crisis units of the different ministries were faced with unprecedented situations for which they were unprepared. This is why, after the darkest hours of the crisis, the government launched a large-scale consultation to better prepare the public health, education, and other systems to be more resilient in the face of multifaceted crises such as the coronavirus.

## Increased global cooperation and international partnerships

Several **African** researchers pointed to the need for support and partnerships with international organisations such as the World Health Organization to strengthen health systems and pandemic response capacity. They argue that the pandemic has highlighted the need for the international community to work together to develop a coordinated response to future pandemics, including sharing data, resources, and expertise. Overall, it will require a coordinated effort by governments, international organisations, businesses, and communities to be better prepared for the next pandemic.

## Increased use of technology could be very useful, especially for education

Researchers in **Bangladesh** identified technology and digital literacy as one of the best means of equalisation. Ensuring access to technologies (access to phone networks, the internet, and the equipment to utilise such networks) for all of society, including vulnerable, marginalised and rural populations will enhance the ability of individuals to access not only information but also necessary goods and services, including schooling.

The use of technology for education in future pandemics: **Brazilian, Zimbabwean** and **Indian** researchers agreed that it is necessary to strengthen access to the Internet and technology, especially for students. During the

pandemic, the majority of low-income students were impacted disproportionately by the lack of access to those important tools, and they were left behind in the whole educational process. In the case of **Malawi**, there is a need to address systemic issues affecting primary education, which include low internal efficiency, low learning outcomes, and poor quality of schooling provided for the system to become resilient to future pandemics. Research from **New Zealand** highlighted the importance of making use of children's and young people's spaces, including digital spaces during pandemics to strengthen communication with children (Spray 2022).

## Uganda

Invest in digital infrastructure, entrepreneurship and economy for meaningful recovery and resilience. Informal sector resilience also requires investment in the digital infrastructure to boost social networking, communication and economic exchange within and between individuals. Given the accelerated adoption of digital technologies, there exist many opportunities for individuals to get employed in e-commerce, remote work and online knowledge and information sharing. Building individual capacities in digital literacy and access to enabling infrastructure can help increase resilience of informal residents and workers by creating access to new markets and opportunities, strengthen social networks and cohesion, access to information while at the same time sustaining the work routines during the crisis.



Health care workers inspect their personal protective equipment before interacting with a patient suspected of having Covid-19 at Bole-Chefe isolation center. By UNICEF Ethiopia/2020/Mulugeta Ayene (CC BY-NC-ND 2.0)

## Conclusion: planning for uncertainty

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This month, the WHO declared that the Covid-19 virus no longer represents a 'global health emergency' but also warned that *'The worst thing any country can do now is to use this news as a reason to let down its guard, to dismantle the systems it has built, or to send the message to its people that Covid-19 is nothing to worry about.'* (Dr Tedros Adhanom Ghebreyesus, 5th May 2023). This shows that now is an important time to act and reflect, we have entered a new period of dealing with the Covid-19 virus and should consider and collect lessons learned from around the world to enable us to prepare for future pandemics.

Over 50 researchers from 25 countries, across six continents have come together to share the key lessons they have found during their research in their countries. Not all of the knowledge gained and information about the impact of different policies has been published, so by gathering information from researchers, we can ensure that this learning is not lost and is collected together to provide evidence for the next pandemics, improve preparedness plans and enable learning about which policy decisions were successful and how to improve in future. The future of pandemics is uncertain but we can plan for uncertainty by building our capacity for developing appropriate solutions and ensuring countries and institutions work together to share diverse perspectives and develop solutions based on mutual learning and knowledge.



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## Lead author

**Catherine Grant:** Catherine Grant is a Researcher at the Institute of Development Studies, University of Sussex. Her recent research includes anthropological and interdisciplinary projects on preparing for and responding to disease outbreaks in Africa, and addressing how people currently understand and deal with health events and threats, with a particular focus on Covid-19. Catherine has worked in Sierra Leone, Ghana, Ethiopia, Kenya, Mexico, Zambia, Cote D'Ivoire and South Africa. She is a member of the Pandemic Preparedness Project. E-mail: [c.grant@ids.ac.uk](mailto:c.grant@ids.ac.uk)

## Contributing authors

**Pranita Achyut** is Director of Research and Programs at ICRW Asia. She has over 20 years of experience in the sector and is a member of both the Global and Asia Senior Management Teams and plays a key role in institutional strategic planning and decision-making.

**Grace Akello** is an Associate Professor in Medical Anthropology. She is convener of the pioneer Masters Program in Medical Anthropology in East and Central Africa. Her research focusses on humanitarianism, pandemic preparedness and health interventions during complex emergencies. She is a member of the Pandemic Preparedness Project.

**Elaine Alam** is an experienced development sector specialist with a demonstrated history of working in the civic and social organisation industry. Skilled in Development Management, Research, Governance and Public Policy, Human Rights, Project Management, Peacebuilding Programming, Policy Implementation, and Strategic Planning. Strong operations professional and technical advisor to the Ministry for Human Rights & Minorities Affairs, Government of the Punjab.

**Matthew Ayegboyin** is a Researcher, Consultant, Quantitative and Qualitative Data Analyst from Ibadan, Ogun State, Nigeria.

**Moses Baluku** is a researcher at Gulu University in Uganda. He works on the Pandemic Preparedness Project and is currently based in a village community observing the daily lives and livelihoods of the people and how they are coping with the Covid-19 pandemic. He read his first degree in Education at Makerere University and later pursued a Master of Public Health at Kampala International University.

**Priyanka Banerjee** is a Consultant for ICRW Asia. Priyanka brings over 8 years of experience in the thematic areas of health equity, gender-based violence and women's economic empowerment.

**Jhabindra Bhandari:** Jhabindra Bhandari is presently a research scholar in the Central Department of Anthropology, Tribhuvan University, Kirtipur, Kathmandu, Nepal. His contribution in this report is a part of anthropological research to explore access to Covid-19 vaccines among indigenous and ethnic minorities in rural areas of Nepal. He was a former consultant with WHO, UNAIDS and other international NGOs in the health sector in Nepal and South East Asia Region. He is interested in anthropological research in health systems, governance, gender, human rights and pandemic preparedness.

**Stephanie Bishop** is a communications specialist, humanitarian practitioner and SSHAP fellow working with UNICEF in the Eastern Caribbean Area. Her recent research examines the impact of Covid-19 on children and adolescents; considerations for engaging young people during pandemic preparation and response; and monitoring the situation of children across the Caribbean region. Email: [stephanie.bishop@mail.com](mailto:stephanie.bishop@mail.com)

**Justin Chery** is based at the Research Center for Economic and Social Development (CRDES), Senegal.

**Jahir Dabroy** is the ASIES Coordinador del Departamento de Investigaciones Sociopolíticas DISOP, <http://www.asies.org.gt/>

**Kaseina Dashe** from Abuja, Nigeria. Her contribution details feedback received from 21 anonymous female respondents from three peri-urban settlements in Abuja, Nigeria's capital city. All respondents agreed that the Pandemic brought about by Covid-19 as well as post-pandemic realities has been the most challenging situation they have faced in recent times. Many of them are yet to recover from the resulting economic downturn especially all respondents who are self-employed traders.

**Alice Desclaux** is a medical anthropologist working at Institut de Recherche pour le Développement (TransVIHMI, IRD, INSERM, Montpellier University) and based at Centre de Recherche et de Formation de Fann (CRCF), Dakar (Senegal). She has worked during last ten years on the anthropology of pharmaceuticals, transformations in health systems, gender and infectious diseases and emerging epidemics in West Africa. She is a member of the Pandemic Preparedness Project.

**Sonia Dias** has been WIEGO's Waste Specialist since 2008. A sociologist by training, Sonia refers to herself as a 'garbologist' who specialises in solid waste management. She has been active in this field since 1985 in Brazil – long one of the world's most progressive countries in integrating waste pickers into formal solid waste management systems. Sonia's has focused her work on integrating social aspects into the technical planning of waste collection and recycling. She has promoted social inclusion, gender equity and occupational health in waste forums worldwide.

**Ntungire Dickson** is a member of the National One Health Platform in Uganda and is a student at Makerere University, School of Public Health studying Public Health Disaster Management.

**Luiza Gewehr** is a researcher on International and Sustainable Development, Public Policy, and Multidimensional Poverty, with experience in the Brazilian public sector of social assistance and the non-governmental sector.

**Tommy Hanson** is a lecturer at Njala University, Sierra Leone. He is a member of the Pandemic Preparedness Project.

**Esme Kadzamira** is based at the Centre for Educational Research and Training (CERT), Malawi.

**Foday Kamara** is a Research Officer at Njala University in Sierra Leone. He works on the Pandemic Preparedness Project and is currently based in a village community observing the daily lives and livelihoods of the people and how they are coping with the Covid-19 pandemic. He read his first degree in History and later pursued a Masters degree in Public Administration at Njala University.

**James K. Kamasitha** is a medical doctor and infodemic manager from the Democratic Republic of Congo.

**Thipyaporn Khempila** is a research assistant who is visually impaired. She works for the health security and policy evaluation team at the International Health Policy Program, Thailand. She is studying for her PhD about the Quality of Life's Development for Persons with Disabilities.

**Might Kojo Abreh** is based at the Institute for Educational Planning and Administration (IEPA), Ghana.

**Tariro Kutadza** is the lead investigator based in Zimbabwe responsible for conducting a survey that is being carried out in 10 countries across the globe. Tariro and Caroline Mubaira lead the Zimbabwean Team in the project: Building on Citizen Science Intelligence for Pandemic Preparedness and Response: Needs Assessment and Pilot Implementation.

**Brigitte Iyeli** is a Researcher, Assistant professor and doctoral student in Anthropology at the Faculty of Administrative and Political Social Sciences at the University of Kinshasa, DRC. She is co-funder and Executive Director of Cenoper asbl (Centre Nouvelles Perspectives), she has strong experience in psychosocial support for vulnerable people, capacity building of civil society organisations, management of organisations and projects in the fields of governance, sustainable development, social and economic justice. Recent research as INTRAC's consultant focused on shifting the power in practice for an equitable relationship between the INGO and CSOs in developing countries throughout the world. Brigitte is part of the SSHAP program and has been interested in the impact of Covid management for people with disabilities.

**Sibongeni Maidza** is from Support 4 Socialisation Zimbabwe.

**Samba Mbaye** is a member of the Partnership for Research on Progress and Resilience in Education (PREPARE).

**Caroline Mubaira** is a Co-investigator based in Zimbabwe responsible for conducting a survey that is being carried out in 10 countries across the globe. Tariro and Caroline lead the Zimbabwean Team in the project: Building on Citizen Science Intelligence for Pandemic Preparedness and Response: Needs Assessment and Pilot Implementation.

**Paul Isolo Mukwaya** holds a PhD in Geography from Makerere University Kampala Uganda. He received his B.A. in Geography from Makerere University and a Masters of Philosophy degree in Social Change [Specialising in Geography] from the Norwegian University of Science and Technology in Trondheim Norway. He also coordinates the Urban action Lab (UAL) activities at local, national and international levels. He has broader research interests in: Geography and Society, Development of Geographical Thought; Institutional aspects of environmental change, Human-Environment Interactions Environmental Planning and Design, Traffic and Transport/Infrastructure Planning, Emissions Pathways, Urban Systems Analysis, and climate Change Adaptation/Mitigation. Email: [pmukwaya@gmail.com](mailto:pmukwaya@gmail.com)

**Radhika Nagesh** is based at the Global Development's (CGD) [Partnership for Research on Progress and Resilience in Education \(PREPARE\)](#). This is a consortium of research institutions that work to produce rigorous evidence on the most important education challenges posed by Covid-19.

**Damiana Neto**: Researcher and Doctoral student in the Medicine Program at the University of Valencia (Spain)

**Viola Nuwahereza** is a Civil Engineering graduate from Makerere University and a research assistant at the Urban Action Lab (UAL). She also supports activities of Glocal Progressive Goals (GPG)- a student oriented and youth led initiative towards delivering transformative solutions to societal transformation and resilience across scales. She has expertise in flood modeling, spatial analysis and planning, community engagement and capacity building and building infrastructural designs for civil works and water projects. Viola has recently modeled the implication of land use patterns and dynamics, and solid waste management on flood hazard events in Kinawataka, Kampala city. Further, she has supported the assessment of heat risk and adaptation communication approaches for low-income settlements and business corridors of Kampala. Email: [violanuwahereza@gmail.com](mailto:violanuwahereza@gmail.com)

**Ana Carolina Ogando** is WIEGO's Research Coordinator. Her research interests include gender, qualitative and participatory methodologies, action research, and participatory governance. She also led the qualitative research component of WIEGO's Covid-19 Crisis and the Informal Economy Study. She is based in Belo Horizonte, Brazil and holds a PhD in Political Science from the Federal University of Minas Gerais.

**Hossain Mohammed Omar Khayum** is a researcher at the Centre for Peace and Justice, Brac University. His recent research includes quantitative understandings of governance in emergency situations, sociological concerns

in humanitarian contexts, and equitable access to health. Alongside quantitative modeling, Omar also has a keen interest in interpretative and observational approaches to policy questions. E-mail: [hmomarkhayum@gmail.com](mailto:hmomarkhayum@gmail.com)

**Nirma Hernández Ramos** is a communications specialist and researcher with extensive experience in grassroots community organisations. Guest researcher at the Communication Research Institute (ININCO) of the Central University of Venezuela and currently Coordinator of the Human Promotion Organization, APROHUM. She is working on an ethnographic study related to volunteerism and resilience in Venezuela and had designed a studies case series about the impacts of COVID on the most vulnerable groups, Cash Transfer in the Hyperinflation Scenario, Covid and informational disorders, and Operational Conditions of Humanitarian Organizations in her country. She has collaborated as a Consultant for NGOs and UN agencies.

**Wachara Riewpaiboon** is based at the Faculty of Medicine Ramathibodi Hospital, Mahidol University in Thailand.

**Brigitte Rohwerder** is a researcher at the Institute of Development Studies. Brigitte joined IDS in 2013. She currently works mainly on Inclusion Works! and Disability Inclusive Development, two DFID funded programmes implemented through consortiums led by Sightsavers.

**Christopher Rosado** is a behavioral scientist and development practitioner focused on the intersection between marginalised communities and environmental sustainability. His work supports public, private and non-profit organisations on change management initiatives as well as conservation and social justice programs.

**Kelley Sams** is a post-doctoral researcher with the Institute of Research for Development in Marseille, France. She is also an affiliate member of the University of Florida's Center for Arts Migration and Entrepreneurship and contributing faculty at Walden University (USA). Her research uses visual methods and ethnography to examine the social experiences of global health programs. She is a member of the Pandemic Preparedness Project.

**Andrew Shepherd** is Director of the Chronic Poverty Advisory Network (CPAN).

**Caroline Skinner** is WIEGO's Urban Policy Director and a Senior Researcher at the [African Centre for Cities](#) at the University of Cape Town. For over two decades, Caroline's work has interrogated the informal economy and processes of informality with a view to generate new knowledge and to inform advocacy processes, livelihood-centred policy, and planning responses.

**Shalini Sinha** is the Urban Asia Lead and Home-based Work Sector Specialist in the Urban Policies Programme at WIEGO.

**Julie Spray** is a New Zealand medical and childhood anthropologist who has conducted extensive research with children about health issues, including the Covid-19 pandemic. Currently a lecturer in Children's Studies at the University of Galway, her research focuses on children's perspectives on and engagement with health care, policy and interventions.

**Donruedee Srisuppaphon** is based at the Sirindhorn National Medical Rehabilitation Institute, Ministry of Public Health in Thailand.

**Hakimu Sseviiri** is a researcher at the Urban Action Lab (UAL) and Centre for Climate Change Research and Innovations (MUCCRI). He holds a Masters in Geography and is currently pursuing a PhD in Geographical Sciences at Makerere University. He works on interdisciplinary studies on climate change, urban resilience, urban infrastructure, humanitarian crises, urban mobility, energy, food systems, disasters, spatial planning, and informality. He is supporting projects focused on socially inclusive and resilience urban development, migration integration and economic development, health systems resilience, climate mobilities and off-grid water, energy and sanitation infrastructures among others. Email: [hsseviiri@gmail.com](mailto:hsseviiri@gmail.com)

**Khoudia Sow:** With 15 years of experience in the field of public health, Khoudia Sow has held various positions at the Senegalese Ministry of Health, she worked as a national HIV and Tuberculosis adviser at the Office of WHO in Dakar and is currently working at the Regional Center for Clinical Care and Training of the Infectious Diseases Department of the Fann Hospital in Dakar, where she carries out her research in health anthropology on HIV and on the issue of access. anti-retrovirals. She is a member of the Pandemic Preparedness Project.

**Peter Taylor** is Director of Research at the Institute of Development Studies.

**Giel Ton** is a Research Fellow at the Institute of Development Studies, Director of the Centre for Development Impact and also leads the Covid Collective. He specialises in the design of mixed-methods research on agricultural value chains and private-sector development.

**Korfii Uebari** has a Master's degree in Environmental Chemistry and several certificates in health-related courses and training. He is an expert in monitoring, evaluation, and data management, with over five years of experience supporting health projects in Nigeria. He has worked on implementing high-quality monitoring and evaluation systems for HIV/AIDS programs. He is currently the monitoring & evaluation officer at Safe Heaven for the Rights and Well-Being of Vulnerable Persons. He is also the lead research consultant at Study Plus Hub.

**Shaheda Viriyathorn** is a researcher from the International Health Policy Program Foundation. Her works focus on the health system and financing. She is a key responsible person for the Thailand National Health Accounts (NHA). She also interested in universal health coverage (UHC) and involved more in this research area.

**Aditi Vyas** is the Assistant Director of Gender, Youth, and Development at ICRW Asia. Aditi brings over 13 years of experience in gender, adolescents and empowerment, and education. Her areas of expertise include program design and management, qualitative research, curriculum development and review, trainings and communication.

**Z. Zayapragassarazan** is Professor and Head of the Department of Medical Education at Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, India. My special interest in Covid-19 is to obtain insights into the influence of Covid-19 on higher education students' learning and what unique learning settings contributed to their learning.



