BUILDING A BETTER WORLD: THE CRISIS AND OPPORTUNITY OF COVID-19

IDS Bulletin

Transforming Development Knowledge

institute of development studies

Volume 52 | Number 1 | March 2021

institute of development studies

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

Publishing Manager/Bulletin Editorial Coordinator
Alison Norwood

Production Editor Beth Richard

Marketing and Production Officer Gary Edwards

Publisher The *IDS Bulletin* is published by the Institute of Development Studies, Library Road, Brighton BN1 9RE, UK.
Tel: +44 (0)1273 606261.

Cover photo A woman wears a mouth guard during the Covid-19 pandemic.

Photographer © Jeyaratnam Caniceus, Pixabay.

Online open access This journal is available online at bulletin.ids.ac.uk. Visit the site to search for articles and authors and register for table of contents email alerts.

Information for subscribers The *IDS Bulletin* is published in four issues per year.

Advertising enquiries Gary Edwards, Marketing and Production Officer, IDS Communications and Engagement Unit, idsbulletin@ids.ac.uk

www.ids.ac.uk
IDS is a charitable company limited by guarantee and registered in England (No. 877338).

IDS Bulletin
Transforming Development Knowledge

IDS Bulletin
Transforming Development Knowledge
Volume **52** | Number **1** | March 2021

Building a Better World: The Crisis and Opportunity of Covid-19

Issue Editors **Peter Taylor and Mary McCarthy**

Acknowledgements
In a dynamic and turbulent year, this issue of the *IDS Bulletin* was made possible due to incredibly rapid, effective work by staff members from across the Institute of Development Studies (IDS) and Ireland's Department of Foreign Affairs (DFA) who contributed their time and expertise in the development of its content, and in its preparation and publication. Thanks go to all the authors for rapidly responding to a call for articles that could respond to a universal challenge and make a worthwhile contribution to theory and practice; and to the many reviewers who provided wise, timely, and practically useful feedback on them, and which contributed to their quality and relevance. The Issue Editors appreciate greatly the huge effort that was made by all contributors against the backdrop of a global pandemic and its related impacts.

Funder acknowledgements
This issue of the *IDS Bulletin* has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS, focusing on Social Protection, Food Security, and Nutrition. The collaboration brings together research and capacity development with policy, programmatic, and influencing know-how to support action that more effectively reduces poverty and injustice. The aim of the partnership is to combine cutting-edge evidence and learning to support implementation of Ireland's policy for international development, *A Better World*.

institute of development studies

Irish Aid
Rialtas na hÉireann
Government of Ireland

Vol. 52 No. 1 March 2021:
'Building a Better World: The Crisis and Opportunity of Covid-19'
DOI: **10.19088/1968-2021.100**

Notes on Contributors

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

Abu Conteh is currently the urban health research lead at the Sierra Leone Urban Research Centre and is studying for a PhD at the Liverpool School of Tropical Medicine. His interests include health strengthening through governance, accountability, and intersectional lenses.

Ayako Ebata is an agricultural economist and works at IDS. Her current research aims at understanding how value chain development affects intensification of livestock production and trade, and related impacts on One Health. She investigates how perceptions of risks influence supply chain actors' social and economic behaviours and bottom-up innovations that contribute to public health. Moreover, her research investigates what interventions can mitigate the negative effects of value chain development as well as the methods to evaluate the impacts of such interventions. Her work focuses on South and Southeast Asia as well as Latin America.

Adrian Fitzgerald is the Chargé d'Affaires and Head of Development Cooperation (Embassy of Ireland, Dar es Salaam). Previously, he was Climate Change Policy Lead at Ireland's Department of Foreign Affairs and Trade (DFAT). He has also served as a member of the Least Developed Countries Expert Group under the UN Framework Convention on Climate Change; Head of Development Cooperation at the Embassy of Ireland, Malawi; Lead Development Specialist for Civil Society Funding, DFAT; and Regional Director for Central America for the Irish Agency for Personal Service Overseas. He has over 40 years' experience in development in the Middle East, Africa, and Central and South America.

Stuart Gillespie is a Senior Research Fellow with the International Food Policy Research Institute (IFPRI) with 36 years' experience in nutrition and development. He has led research programme consortia on nutrition, including Transform Nutrition and the policy flagship of the Agriculture for Nutrition and Health (A4NH) programme. Prior to joining IFPRI in 1999, he worked with the

United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Food and Agriculture Organization (FAO), and the World Food Programme (WFP), among other organisations. He has a PhD in Human Nutrition (London School of Hygiene and Tropical Medicine (LSHTM)) and has published over 160 publications, including nine books.

Aiman Haque is a research associate in the Research and Data Vertical at the Self Employed Women's Association (SEWA) Bharat. Her responsibilities include researching the lives and livelihoods of women in the informal sector with a primary focus on women-owned social enterprises within SEWA and more recently, on the effects of the Covid-19 pandemic on female informal workers. She has also been involved in the training of grass-roots teams in data collection and the setting up of a grass-roots research social enterprise in SEWA.

Mary Sirah Kamara is a graduate from Njala University with a BA in Environment and Development and a master's in Environmental Management and Quality Control. She worked previously with Restless Development as a facilitator in Sexual Reproductive Health.

Maryam Kanwer is a human rights activist. Her work focuses on the persecution of marginalised groups based on their ethnic or religious backgrounds. She has worked on youth development through community resilience, peace-building messaging, and conflict resolution. Maryam has been working extensively in human development for over ten years and currently is affiliated with the Al-Khoei Foundation. She is also an International Visitor Leadership Program (IVLP) Alumnus 2015 on countering violent extremism (CVE) and an executive member of a global campaign called Women against Extremism (WaE).

Shandana Khan Mohmand is a social scientist and Research Fellow in the Governance Cluster, IDS. Her main area of research is the political economy of public policy and service delivery, focused on empirical analyses of democratisation, local politics, and informal institutions. She has contributed to both policy and social science research, using varied methodological strategies to investigate these issues in South Asia, the Western Balkans, and sub-Saharan Africa. Her research has increasingly focused on the relationship between political participation, inequality, and accountability, including in her book *Crafty Oligarchs, Savvy Voters: Democracy Under Inequality in Rural Pakistan* (2019, Cambridge University Press).

Joseph Kimani is a trained community organiser and holds a master's degree in Community Economic Development from the Open University of Tanzania. Joseph has worked with civil society organisations for the last 16 years, first in the human rights sector where he trained community human rights defenders,

conducted peace trainings, and was involved with theatre for development. He later joined the development sector, working with various organisations on projects in informal settlements. Since 2015, he has worked with Slum Dwellers International (SDI) Kenya as a programme manager where he is currently overseeing the implementation of projects and programmes at the community level.

Melissa Leach is Director of the Institute of Development Studies (IDS) and an anthropologist with interests in health, sustainability, and science-policy issues. She is currently working on Covid-19 and its implications as Co-Principal Investigator (PI) of the Social Science in Humanitarian Action Platform (SSHAP), PI of a collaborative grant on Pandemic Preparedness in Africa, and as part of the World Health Organization (WHO) research and development (R&D) Roadmap Social Science Expert Group.

Jeremy Lind is a Research Fellow in the Resource Politics and Environmental Change Cluster, IDS and Co-Research Director of the Better Assistance in Crises (BASIC) research programme for the Foreign, Commonwealth & Development Office (FCDO). He is a human geographer of the Horn of Africa, focusing on livelihoods and social protection in relation to conflict, particularly in pastoralist areas. Jeremy has worked closely with governments in the Horn, as well as various national and international organisations and funders. Since 2012, he has led qualitative research for evaluations of Ethiopia's Productive Safety Net Programme (PSNP).

Joseph Mustapha Macarthy is a lecturer in the Institute of Geography and Development Studies at Njala University in Sierra Leone and Director of the Sierra Leone Urban Research Centre. He is a well-established scholar in urban development with a background in urban management and climate change adaptation. He holds a PhD from Newcastle University, UK.

Hayley MacGregor co-leads the Health and Nutrition Research Cluster, IDS and is a clinically trained medical anthropologist. She works on infectious disease and epidemics with a focus on Africa, and co-leads the Social Science in Humanitarian Action Platform (SSHAP). She is a member of the World Health Organization (WHO) research and development (R&D) Roadmap Social Science Expert Group on Covid-19.

Jack Makau is director of SDI Kenya, the support non-governmental organisation (NGO) to Muungano wa Wanavijiji, the Kenyan Slum Dwellers Federation, affiliated globally to Slum Dwellers International (SDI). Jack has been involved in informal settlement enumeration and mapping processes that have registered more than 300,000 households in more than 140 settlements. He has also taken part in baseline surveys in over 400 informal settlements in cities across nine African

countries. Jack's involvement in these processes has variously included research design, tool development, training, research implementation and coordination, analysis and reporting.

Mary McCarthy is currently Nutrition Lead in the Development Cooperation and Africa Division of Ireland's Department of Foreign Affairs (DFA), previously leading the Research and Learning portfolio. With 18 years' experience as a specialist in education and global citizenship policy and practice, in Ireland and overseas, she was Director of WorldWise Global Schools (2013–17), and a member of the Advisory Board for Ireland's National Strategy on Education for Sustainable Development. Having been a teacher and teacher trainer in Rwanda (2005–07), she worked with Suas Educational Development and Léargas on formal and non-formal global education programmes, and as a freelance facilitator and trainer.

Hiwot Mebrate is currently working as Senior Social Protection Programme Manager, Embassy of Ireland, Ethiopia. She is a social development and social science specialist with a master's in Public Policy and Management (School of Oriental and African Studies (SOAS)) and a BA in Management and Public Administration (Addis Ababa University). Hiwot has 18 years' experience working in the development sector, particularly in the areas of safety nets, humanitarian assistance, social services, citizen engagement, capacity development, food security, and integrated development projects. Her biggest accomplishment has been her technical and leadership contributions towards influencing government policies and programmes on social protection and food security.

Jessica Meeker is a public health nutritionist with research interests in malnutrition in all its forms and nutrition-sensitive approaches. She is a member of the Health and Nutrition Research Cluster, IDS, working on research projects in nutrition and agriculture and most recently the Foreign, Commonwealth & Development Office (FCDO)-funded Covid Collective.

Jaffer Abbas Mirza is a researcher. In 2016, he was awarded the Chevening scholarship and pursued a master's programme in Religion in Global Politics at the School of Oriental and African Studies (SOAS), UK. He has been writing and working on countering violent extremism (CVE) and freedom of religion or belief (FoRB). He focuses on civil society engagement and the political economy of violence against religious minorities in Pakistan.

Kim Mwamelo is the Reproductive Health and Nutrition Programme Manager at the Embassy of Ireland, Dar es Salaam. She has seven years' experience working in public health in developing contexts. Previously, she worked at ICAP at Columbia University in Tanzania as a Technical Advisor for Key and

Vulnerable Populations; at the National Institute for Medical Research in Tanzania as a Research Coordinator; and at the Ifakara Health Institute as a Clinical and Research Officer.

Sohela Nazneen is a feminist political economist, leading IDS' work on gender, politics, and governance, particularly focusing on backlash against women's rights. Her research focuses on coalitional politics, feminist movements, women's empowerment and leadership, and violence against women in South Asia and sub-Saharan Africa. Sohela has worked as a consultant for the Food and Agriculture Organization (FAO), United Nations Development Programme (UNDP), UN Women, and the Swiss Agency for Development and Cooperation (SDC) among others. Her recent publications include *Negotiating Gender Equity in the Global South: The Politics of Domestic Violence Policy* (2019, Routledge).

Nicholas Nisbett is a Research Fellow and co-leader of the Health and Nutrition Research Cluster at IDS. His work currently focuses on the political economy of nutrition policy and programming at national and community levels and more generally on bringing critical social theory into the study of nutrition. Trained as an anthropologist and geographer, his doctoral and postdoctoral work focused on the anthropology of internet use and IT-based employment in India. Before coming to IDS, Nicholas worked for the British government, where he led policy teams and projects on agricultural trade reform and food security.

Kilion Nyambuga is a Graduate Urban and Regional Planner (University of Nairobi). Since 2013, Kilion has been a Programme Officer in charge of Data Management and Planning for Slum Dwellers International (SDI) Kenya. He has supported the SDI network (including 17 countries in Africa) in its transition to digital data collection and management. Kilion has also supported peer-to-peer learning exchanges in 17 cities in Kenya and five SDI countries. Kilion has focused on ensuring access to accurate data on slums for planning. He is currently working with Nairobi City County and Mukuru Community members to help develop a Mukuru Integrated Development Plan.

Peter Nyella is currently the Health Programme Manager at the Embassy of Ireland, Dar es Salaam managing the health systems portfolio including the Health Basket Fund, a pooled fund to support Tanzania's primary health care. He has over ten years' experience as a public health specialist having also worked as a medical doctor for several years. Previously he worked at World Vision, as the Health, HIV/AIDS and Nutrition Advisor, Health Programme Manager, and the National Health Training Coordinator. He has also managed several community health programmes including on maternal and child health, malaria vector control, health governance, and HIV prevention.

Keetie Roelen is a Senior Research Fellow at IDS in the Rural Futures Cluster and Co-Director of the Centre for Social Protection. She is a specialist in poverty, social protection, and anti-poverty interventions in relation to children, women, and psychosocial wellbeing. She has worked with many international organisations such as the United Nations Children's Fund (UNICEF), Save the Children, and Concern Worldwide, in Southern and Eastern Africa, Asia, Central and Eastern Europe, and Haiti. Her work has been extensively published in journals, book chapters, working papers, and policy-oriented publications.

Rachel Sabates-Wheeler is a Development Economist with over 25 years' experience working in areas of rural development, institutional analysis, and social protection. A Professorial Fellow at IDS since 2001, and a Co-Director of the Centre for Social Protection, she has published extensively and has worked in many countries (including nine in Africa). Rachel's work explores understandings of risk and vulnerability both conceptually and empirically. She is currently the Co-Executive Director of the Better Assistance in Crises (BASIC) Research programme.

Samuel Saidu is a Research Assistant at the College of Medicine and Allied Health Sciences, University of Sierra Leone. He is currently studying for a PhD at the Liverpool School of Tropical Medicine. He holds a master's in Public Health from the James P. Grant School of Public Health, Bangladesh.

Megan Schmidt-Sane is a postdoctoral researcher at IDS and is trained in medical anthropology and global health. Her research focuses on the political economy of infectious disease in urban Uganda. She is currently working on the Social Science in Humanitarian Action Platform (SSHAP).

Paromita Sen set up and runs the Research and Data team at the Self Employed Women's Association (SEWA) Bharat. She conducts research on women micro-entrepreneurs, women-run collective social enterprises, mobilising and organising by women in the informal sector, and community-led decentralised governance and advocacy. She draws on research and data from academics and practitioners globally, to support SEWA Bharat with organisational development and to plan mobilising and developmental work for the informal sector, with a strong focus on building grass-roots capacity for data and research.

Rosie Steege is a social scientist at the Liverpool School of Tropical Medicine. She works alongside Kenyan partners on the Accountability and Responsiveness in Informal Settlements for Equity (ARISE) consortium which seeks to improve equity and accountability for those living and working in informal settlements. Her research utilises participatory and qualitative methods focused on health systems, community health, gender, equity, and intersectionality. Her doctoral work with community

health workers sought to develop policies to hold governments accountable to gender-equitable approaches in community health service delivery.

Mariz Tadros is Professor of Politics and Development, IDS, and Director of the Coalition for Religious Equality and Inclusive Development (CREID), a UK-funded programme which endeavours to integrate freedom of religion or belief in international development. Her books include *Resistance, Revolt, and Gender Justice in Egypt* (2016, Syracuse University Press), *The Muslim Brotherhood in Contemporary Egypt: Democracy Redefined or Confined?* (2012, Routledge), and *Copts at the Crossroads: The Challenges of Building Inclusive Democracy in Egypt* (2013, American University in Cairo Press). She also co-edited *IDS Bulletin* 51.2 'Collective Action for Accountability on Sexual Harassment: Global Perspectives' with Jenny Edwards (2020).

Peter Taylor is Director of Research at IDS. Previously he worked at the International Development Research Centre (IDRC), Canada, leading strategic planning processes, the Inclusive Economies Program Area, and the Think Tank Initiative, a ten-year programme strengthening policy research organisations in Africa, South Asia, and Latin America. Previously he worked at IDS as a Research Fellow; as Education Technical Advisor with Helvetas (Vietnam); and as Head of Agriculture in a rural secondary school (Botswana). He has interests in organisational development and capacity strengthening, evaluation and learning, and facilitation of participatory and social change processes.

Rachel Tolhurst is a social scientist with a background in gender, development, and health. Her research interests and experience centre on qualitative and participatory research on gender and equity in health systems strengthening and the social determinants of health. Her research has included a focus on health areas including maternal and child health, sexual and reproductive health and rights, gender-based violence, antimicrobial resistance, and communicable and chronic disease (including malaria, tuberculosis, lung disease, and HIV). Her research currently focuses particularly on urban informal settings. Rachel is the Research Director for the Accountability and Responsiveness in Informal Settlements for Equity (ARISE) Hub.

Jane Wairutu is a Programme Officer at Slum Dwellers International (SDI) Kenya. Previously she worked at the Pamoja Trust and Muungano Support Trust and has been involved in innovating and implementing tools for community-led advocacy to secure land tenure in informal settlements in Kenya through community-led data collection. She has led in training and conducting profiling and enumeration in over 70 settlements in Kenya and several SDI-affiliate countries, as well as supporting community development projects. Her current portfolio includes working with the Nairobi County Government on the Mukuru

Integrated Development Plan by coordinating the Health Consortium and Development Sector Plan.

Annie Wilkinson is a Research Fellow at IDS. She is an anthropologist and health systems researcher. She conducts interdisciplinary, participatory, and applied research on health in low- and middle-income countries (LMICs) and has expertise in zoonotic disease; epidemic preparedness and control; drug resistance; and urban health. She co-founded the Ebola Response Anthropology Platform during the West African Ebola outbreak, and she co-leads the Social Science in Humanitarian Action Platform (SSHAP) which mobilises social science networks and evidence for emergency preparedness and response.

'Governance for Building Back Better' article contributors

The article 'Governance for Building Back Better' draws on work from across the Governance Cluster at the Institute of Development Studies (IDS). The following authors contributed significant material for the writing of this article.

Colin Anderson is a Research Officer at IDS. His work focuses on citizen–state relations, including as Research Officer for the Action for Empowerment and Accountability (A4EA) research programme, and the Learning with SPARK (Strengthening Public Accountability for Results and Knowledge) action research programme on civic action for more inclusive fiscal governance. He has particular interests in the development and use of social accountability approaches and their impacts on governance relationships, and the actions of international donors in these relationships. Colin has worked in youth and community development work, civil society advocacy, and public policy management in the UK and Cambodia.

Max Gallien is a political scientist specialising in the politics of informal and illegal economies, the political economy of development, and the modern politics of the Middle East and North Africa. He is a Research Fellow at IDS and the International Centre for Tax and Development (ICTD) and a Senior Fellow with the Global Initiative against Transnational Organized Crime.

Tom Harrison is a Research Fellow in the Governance Cluster at IDS. He is a political scientist whose work focuses on the governance and politics of development. His research interests include the authority and capacity of the state, the politics of bureaucracy, development planning, the role of the centre of government, the politics of climate change mitigation, and non-governmental organisation–state relations. Tom's current research looks at how approaches to thinking and working politically and working adaptively can be applied to our understanding of the politics of bureaucracy.

Anuradha Joshi is a Senior Research Fellow in the Governance Cluster at IDS. She holds a PhD in Public Policy from the Massachusetts Institute of Technology. Her interests lie in understanding state–society relations, on collective action, accountability, and service delivery. She currently co-directs the Foreign, Commonwealth & Development Office (FCDO)-funded five-year research programme focused on social and political action for empowerment and accountability in fragile, conflict-, and violence-affected settings (Action for Empowerment and Accountability – A4EA).

Miguel Loureiro is a Research Fellow and convenor of the MA Governance, Development and Public Policy at IDS. His research primarily focuses on state–citizen communication and state responsiveness. Miguel teaches, trains, and conducts research with and on bureaucrats across sub-Saharan Africa, South Asia, and Brazil.

Giulia Mascagni is Research Fellow at IDS and Research Director of the International Centre for Tax and Development (ICTD). Her research focuses on tax administration and tax policy in low-income countries generally, and in particular on policy evaluation and empirical analysis. Giulia has worked mostly with African countries and has several years of experience in Ethiopia and Rwanda in particular. She is also Associate Fellow at the Bologna Institute for Policy Research, Johns Hopkins University School of Advanced International Studies in Europe, and Research Associate at the Institute for Fiscal Studies.

Giovanni Occhiali is a Research Fellow at IDS and development economist for the International Centre for Tax and Development (ICTD). He works on various projects related to tax administration and compliance, tax and governance, and co-leads ICTD's capacity-building programme. He holds a PhD from the University of Birmingham and prior to joining ICTD, he was a Researcher at Fondazione Eni Enrico Mattei and an Overseas Development Institute Fellow at the National Revenue Authority of Sierra Leone. His research focuses on sub-Saharan Africa, and outside of the field of taxation his main interests are energy economics and industrial policies.

Vanessa van den Boogaard is a Research Fellow at the International Centre for Tax and Development (ICTD), where she leads the research programmes on informality and tax and civil society and tax. She specialises in the politics of informal taxation and revenue generation, the political economy of development, and conflict and state-building. Vanessa is a Senior Research Associate at the Munk School of Global Affairs and Public Policy and received her PhD from the University of Toronto.

This page is intentionally left blank

Introduction – Building Back a Better World: The Crisis and Opportunity of Covid-19*†

Peter Taylor[1] and Mary McCarthy[2]

Abstract The current global pandemic of Covid-19 is a health and broader crisis of overwhelming proportions, threatening livelihoods, economies, and societies, particularly those already experiencing the greatest vulnerabilities. In putting the lives of millions of people at risk, creating uncertainties, heightening existing fragilities, and exacerbating inequalities, it has become a truly global challenge. Crisis also brings opportunity, however, and in addition to short- and mid-term responses, this is a time to explore and work towards a genuine transformation of ideas, policies, programmes, and practices. This may all be encapsulated in the overall notion of 'building back a better world'. Against this backdrop, this article introduces this *IDS Bulletin* issue which asks, fundamentally, how we can collectively and equitably shape – and even transform – our shared future, in the light of experience of Covid-19, and what steps are necessary for us to do so. It draws upon strategic approaches guiding the efforts of two highly engaged organisations: Irish Aid, Ireland; and the Institute of Development Studies, UK. This editorial introduction explores lessons learned from the impact of Covid-19 by highlighting some key viewpoints and evidence provided in the articles[3] that follow. It then offers a number of priority areas for action looking forward, as well as several principles that may help to guide those future actions in efforts to build back a better world.

Keywords health, governance, social protection, freedom of religion or belief, food and nutrition, Covid-19, building back better.

1 A crisis of overwhelming proportions

The current global pandemic of Covid-19 is a health crisis of massive proportions that has also accelerated a series of other crises – economic, social, and political. Now approaching 42 million confirmed cases of Covid-19 and, at the time of

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**.

writing, surpassing 1.1 million deaths[4] related to the disease, it is an unprecedented crisis for development. As well as generating significant uncertainties through its spread and impact, it is both affecting and requiring responses from all countries, albeit in different ways, and to different challenges. As Schmidt-Sane *et al*. (this *IDS Bulletin*) point out, the pandemic, and many of the responses to it, are threatening livelihoods, economies, and societies. Reactions are exposing, and potentially deepening, foundational cracks in society, heightening fragilities and vulnerabilities in systems of all kinds, leading many citizens to feel a loss of direction and even purpose. The impact is, in short, playing out at local, national, and global scales, via an interconnected world where a virus knows no boundaries.

At the same time, dominant development models, which may be problematic for a number of reasons (top down, linear, narrowly focused on economic value, and not taking resilience, sustainability, and equity seriously enough) are being undone (Leach *et al*. 2020). Undoing them may create some disarray for governments and donors, but less for citizens. Most importantly, the undoing of these models creates new spaces and opportunities to engage with complexity, promotes efforts to make connections and break down silos, and allows for different development thinking and action to emerge through engagement with actors whose voices are less commonly heard.

This is a crisis that has demanded responses, from governments, citizens, the private sector, and a range of societal actors. We are reminded constantly in public messaging that Covid-19 is a challenge that affects everyone, everywhere. The world's under-preparedness has also been continuously exposed, even though there had been predictions of a crisis like this for some time. Immediately following the SARS epidemic of two decades ago, in a report of deliberations convened by the Institute of Medicine (US) Forum on Microbial Threats, Monaghan (2004) made a number of predictions for a further SARS-like outbreak. The report noted that whilst globalisation presented opportunities for improving and sharing technology and communication needed to help combat emerging diseases, it also increased the likelihood of global pandemics occurring as pathogens continued to evolve and exploit weak links in human defences, and to spread amidst high human mobility.

This likelihood would be exacerbated by continued environmental degradation and interactions between people and nature that make the spillover of disease more likely, such as encroachment on animal habitats and sales of wild animals. Monaghan (2004) also described a range of implications for society more generally, including likely challenges around quarantine in high-density populated urban areas; the potential for repressive regimes to take advantage of a pandemic to close down civic space; threats to employment and trade; the likelihood of a disease

being more transmissible and lethal in countries with weak health-care systems and vulnerable populations; and the difficulties in achieving coordinated and effective political action and decision-making to respond to a pandemic successfully.

Readers of this *IDS Bulletin* may feel a sense of *déjà vu* when reflecting on the experience of SARS in relation to the current pandemic. There are of course important differences between the two experiences. The SARS outbreak, albeit leading to tragic loss of life, was controlled relatively quickly following an extremely rapid response in the contexts where it spread initially. This was likely due partially to social and political factors, with responses facilitated by relatively tight regulatory frameworks in several key Southeast Asian countries, and a correspondingly strong adaptation in social behaviour. There were also distinct factors relating to the nature of the virus itself, particularly with significant numbers of Covid-19-infected individuals being asymptomatic and inadvertently spreading the disease more widely. There is no doubt, however, that the truly global phenomenon of Covid-19 has demonstrated the need for a global response. Evidence and data from a range of sources and disciplines are now absolutely necessary to deal with the current crisis; and also to prepare for a world where our collective ability to change the underlying conditions that support the emergence of such diseases is transformed significantly.

A collective response to the pandemic has been influenced by many factors. Humanity has many shared preoccupations with other major global challenges, disruptions, and shocks: conflict and disaster and their human fallout, climate justice, migration, inequalities. The list is long. Amongst these challenges, the arrival of Covid-19 on the global scene was initially stealthy. A year later, it is probably the world's greatest single preoccupation, and one which we will be facing for the foreseeable future. It is also a crisis that has challenged how development, fragility, and resilience are understood, and how pathways for change are formulated. The transformative changes needed to make progress against this global backdrop, as laid out in the catalysing vision and framework of the Sustainable Development Goals (SDGs), will only happen through a deeper collective recognition that this is a universal agenda, and that the challenges faced are interconnected and cannot be addressed in isolation. Achieving more equitable and sustainable futures (IDS 2020) will not be achieved without fulfilling commitments to working politically, internationally, and hopefully. As the contributions in this *IDS Bulletin* highlight, lasting solutions will not be found by attempting to retrofit pre-Covid-19 priorities and ways of working to the current, unprecedented situation.

Whilst the world's leaders and nations seek to try to contain the negative impacts of the pandemic, we are reminded that crisis brings opportunity. In addition to identifying the most urgent

strategies and generating approaches to address short- and mid-term needs and challenges, this is also a time to explore and lay the groundwork for genuine transformation of ideas, policies, programmes, practices, and systems. Seeds of hope are emerging for radical transformation of development itself, in the context of the current crisis where basic norms and principles that support key freedoms and enable sustainable development are under threat, and where systems emerge that embrace democracy, transparency, the independent rule of law, and fundamental equalities, including gender equality. There is a sense of collective urgency in fostering collaborative and comparative learning across the experience of different countries and localities; and in finding ways to avoid returning (via recovery) to conditions that fail to foster peace and sustainability – locally, nationally, globally. Responding differently, and radically, to the current reality requires an acknowledgement of what we do not yet know or understand.

This *IDS Bulletin* therefore asks some fundamental questions about the kinds of challenges now manifesting due to the pandemic around health, food equity, social protection, gender equality, governance, and freedom of religion or belief. It explores, through a range of analyses and focused case studies, what vulnerabilities are being experienced in specific contexts, but also assesses the value of different responses to these vulnerabilities. Looking towards the future, it considers what types of investments and systemic changes may be needed to bring about long-term transformations, via multi-pronged approaches to these complex, and often interrelated challenges. This *IDS Bulletin* is a concerted effort to bridge gaps in understanding, and to put forward new solutions and steps in order to respond differently. This may all be encapsulated in the overall notion of a systemic transformation, and is framed here as 'building back a better world'; a world that, in the future, will be different to the one that is experienced – in so many different, and unequal ways – today.

2 Why this *IDS Bulletin* issue

This *IDS Bulletin* reflects, fundamentally, on how a shared future can be collectively and equitably shaped – and even transformed – in the light of experience of Covid-19. This is a question directly relevant to us, as Co-Editors of this issue, as we hope it will be to any reader. In our professional roles we are associated with organisations and institutions that seek to make a positive difference in the world; but we are also citizens, we belong to communities, we have personal stakes in a better future for all. Do we then – whether we are citizens, communities, governments, non-state actors – have sufficient understanding of what has brought us to this point, and do we have a vision of where we hope to go from here? Do we have the knowledge, skills, and tools to interpret our responses and to act differently in the future, based on this understanding? Do we have the commitment, patience, and political will to really engage with complexity and undertake these actions?

We know that many are asking similar questions. Several of the articles in this *IDS Bulletin* are based on work that has emerged through a close collaboration between Irish Aid and the Institute of Development Studies.[5] Some of the articles have evolved from Positioning Papers that were developed as part of that collaboration – with clear indications how issues, reflections, and analyses have developed over the course of 2020 – whilst others are newly prepared. Over several years, both organisations have been exploring the potential of alternative development pathways, particularly relating to social protection, and food and nutrition security, but also in relation to other connected areas such as youth, gender, livelihoods, and integrated approaches to development.

A Better World, Ireland's policy for international development, was launched in February 2019 (Government of Ireland 2019). Building on Ireland's track record in delivering for the poorest and most vulnerable, it seeks to realise the transformational pledge of the SDGs – reaching and delivering for those furthest behind first. The policy's publication took place against a backdrop of increasing global volatility, with unprecedented levels of humanitarian crises and vulnerability. In spite of this context, and new threats that were emerging to peace and security, the unprecedented fallout from a global pandemic that has left no country unaffected, was not foreseen. However, the key areas of intervention outlined in *A Better World* – centred on **Food, Protection, and People** – have been brought even more sharply into focus since the onset of the Covid-19 crisis and the immense impact on the lives of so many, especially those already most marginalised and vulnerable.

Food (including agriculture and nutrition). All 17 of the SDGs rely, to some degree, on healthier, more sustainable, and equitable food systems – making them absolutely central to the achievement of the 2030 Agenda for Sustainable Development. The development of a sustainable food systems approach builds on one of Ireland's flagship foreign policies, to combat hunger and poverty. The importance of coordinating and strengthening global, regional, and national initiatives to successfully adopt an integrated approach to food, nutrition, and health security, and ensure positive outcomes for nutrition, health, and climate, is paramount.

Protection (addressing issues in fragile contexts, effective humanitarian and peace-building interventions, and upholding human rights). Protecting civic space, the right to participation, media freedom, and resilient core institutions is essential, particularly in times of crisis, where humanitarian interventions must prioritise those furthest behind. Focusing on the most marginalised and vulnerable, especially in fragile and conflict-affected states, demands engagement with the local contexts and institutions that determine how development happens and how decisions are made.

People (including health, education, and social protection). Investments in core systems and social sectors that build the capacities and resilience of people and communities are an essential way to maintain progress on multiple SDG targets, at a time when many of these are off-track. Strong social foundations increase preparedness and the capacity to withstand shocks, and must be inclusive of the most vulnerable such as women and girls, minorities, and people living with disabilities.

IDS launched its new strategy in April 2020, with the title of *Transforming Knowledge, Transforming Lives* (IDS 2020) and a vision of a more equitable and sustainable world, where people everywhere can live their lives free from poverty and injustice. It is interesting to observe that the strategy was created in 2019 before the outbreak of Covid-19, and had already stated IDS' intention to respond 'to the shocks and disruptions of our era' (*ibid.*: 5). Several key shocks were identified, namely those relating to health, environment, economies, politics, society, and technologies. The strategy proved both prescient and relevant considering what has happened since its launch, particularly regarding its analysis of the interrelatedness of these shocks, disruptions, and challenges. As the strategy observes:

> We are entering the decade of delivery for the United Nations Global Goals for Sustainable Development (Global Goals). The transformative change needed to make progress against this ambitious framework will only happen through a deeper collective recognition that this is a universal agenda, and that the challenges we face are interconnected and cannot be addressed in isolation. By recognising this, a politics of hope can emerge around what is possible in terms of more equitable and sustainable futures (*ibid.*: 7).

The IDS strategy includes four key commitments: upholding climate and environmental justice; reducing extreme inequities; fostering healthy and fulfilling lives; and nurturing inclusive, democratic, and accountable societies. Critical though each of those commitments are, they are also deeply interrelated, and require joined-up approaches. Regarding healthy and fulfilling lives, the strategy observes that:

> Health is a fundamental right and a prerequisite for individuals, families, communities and societies to thrive. Good health goes well beyond narrow metrics and categories of disease or its absence, to encompass broader physical, mental and social wellbeing. Despite major investments in universal health coverage, health inequities are worsening in many countries, intensified by environmental change, conflict and violence, and social inequalities. Longstanding health problems are being compounded by new ones linked to epidemics, poor diets and nutrition, and social exclusion and stress (*ibid.*: 13).

As both Irish Aid and IDS have observed, the Covid-19 crisis is a stark reminder of the interconnectedness of all our lives. It highlights in the starkest terms that we are global citizens, facing a universal challenge. As with the climate crisis, we are all affected by Covid-19; in all countries, vulnerability to both the disease and the effects of the response have been felt differentially, according to intersecting inequalities around age, race, gender, place, and poverty. Negative impacts are disproportionately felt by those least able to withstand shocks, however. Those living in low- and middle-income countries are particularly at risk. Many of them already have weak health and social protection systems, and even prior to this crisis faced high debt burdens. Many of these countries also bear the brunt of risks such as climate change and political instability. Countries already experiencing humanitarian crises and fragility, hosting large numbers of refugees, struggling with inequalities – and also Small Island Developing States – will be hugely impacted by the health pandemic that is Covid-19, and the economic pandemic that is only now starting to truly reveal itself.

In a recent Knowledge for Development (K4D) report on *Social Impacts and Responses Related to Covid-19 in Low- and Middle-Income Countries*, Rohwerder (2020) observes that health needs are connected to social, economic, and environmental wellbeing, and there is a 'strong environmental sustainability and gender equality imperative to build back better' (UN 2020: 1, 38, cited in Rohwerder 2020). This report highlights several major areas of impact: (a) poor and near-poor people are at greatest risk of extreme poverty; (b) marginalised groups are most affected, and their voices are often not heard due to closing civic space; (c) no, or inadequate, social protection; (d) women and girls are most affected; and (e) a lack of disaggregated data that serves to further exacerbate exclusion. The report's main conclusion is that long-term, universal social protection and protection of health, economic, and social rights are the best defence against global pandemics and their fallout.

The impact of the pandemic on education provides a salutary example going beyond health, and an illustration of the shifting terrain of vulnerability. As individuals, communities, and societies, we have found ourselves moving in and out of different stages of vulnerability, triggered by the pandemic itself or by the responses to it, and by vastly different capacities to withstand shocks. For example, Covid-19 has disrupted learning across the globe, with 91 per cent of students worldwide impacted (Miks and McIlwaine 2020). At one point, schools in 194 countries were closed affecting over 1 billion learners, albeit in multiple different ways.

Experience has shown that children who were marginalised before Covid-19 are at higher risk of loss of learning, permanent drop-out, and increased vulnerabilities. This is especially the case for girls. Girls face particular challenges to continuing their education at home due to increased domestic and caring responsibilities and

the necessity to engage in income-generating activities. School closures increase girls' vulnerability to gender-based violence, risky sexual behaviours, and transactional sex. There is also increased risk of early marriage and early pregnancy jeopardising a return to education. With school closures, girls may also lose other essential services such as food, psychosocial support, health advice, and comprehensive sexuality education. While Covid-19-related disruption to education has presented many challenges, it also provides an opportunity to reimagine education systems so that they are more inclusive, resilient, and gender responsive, and to galvanise the potential of distance-learning technologies to reach vulnerable and out-of-school children.

3 What lessons are we learning from the impact of Covid-19?

Working from the understanding articulated by the World Health Organization's (WHO) Health Emergencies Programme head Michael Ryan that 'no one is safe until we are all safe' (cited in Gataveckaite 2020, unpaginated), reaching and protecting those who are most vulnerable is essential if we are to deal effectively with the pandemic. To respond effectively to the challenge of reaching those furthest behind first requires an understanding of the complex, intersecting, and dynamic factors that create disadvantage and marginalisation. It requires changes and deliberate choices to comprehensively address the fluid and multidimensional aspects of poverty, inequality, and injustice. Barriers to participation and development must be identified, acknowledged, and tackled, and flexible, adaptive approaches adopted in order to address structural and societal norms. Striking a balance between the immediate health, socioeconomic, and humanitarian response, while protecting longer-term development prospects, is critical in working our way through the coming challenging months and years in containing the pandemic. Efforts will be needed in building the resilience of those communities and countries affected by conflict and chronic poverty, whilst also building preparedness and resilience to deal with future shocks, which may include further epidemics.

If this crisis has taught us anything, it is about the importance of not simply reacting to events that have materialised, but also in anticipating and predicting likely future shocks and building in capacity to deal with sudden surges. Many of the articles in this *IDS Bulletin* draw on conceptual and theoretical framings that help us understand better where we have come from and where we may be heading; and offer practical examples of community resilience, experimentation, innovation, and collective action, demonstrating that it is genuinely possible to build forward differently.

Health is clearly our global focus during the pandemic, but as Schmidt-Sane *et al*. (this *IDS Bulletin*) point out, 'the Covid-19 pandemic is more than a health crisis… [It] has exposed fault lines in our societies, and amplified existing inequalities'.

Monaghan (2004) had also pointed out that following SARS, there is clearly still room to strengthen our health systems, since this leads to greater resilience and makes possible a more robust response to external shocks, buying crucial time so that domestic health systems are not overwhelmed. Schmidt-Sane *et al*. (this *IDS Bulletin*) highlight that a strong health system is also better equipped to maintain essential health services during a crisis such as Covid-19, protecting the health of the population and reducing the risk of a backslide on gains made over previous years. But they also note that we need to go further:

> Future global challenges may be equally complex, and we should strengthen our ability to innovate and adapt through tailored solutions that reflect local realities… Such rethinking of public health/development might have core principles such as equity, social justice, resilience, and inclusion at its heart. Further, by demonstrating a commitment to the vulnerable in society, it is possible to build a better post-Covid world that takes care of all. Through these approaches, there is a potential to deliver a more effective and synergised public health and development response… (Schmidt-Sane *et al*., this *IDS Bulletin*).

Social protection is a key focus in this pandemic. Governments around the world have put in place mechanisms to cushion social and economic shocks and protect livelihoods amidst disruption, but community and neighbourhood groups have also filled significant gaps. Learning from these adaptations and innovations will be a key plank in efforts to build back a better world in which those most vulnerable and left behind are prioritised. As Lind, Roelen and Sabates-Wheeler (this *IDS Bulletin*) point out:

> Building back better is about getting back to basics, but also getting the basics right to begin with. This includes operating systems that promote transparency and accountability to citizens, firming up the fiscal base to ensure the sustainability of systems, and inclusion and sensitivity as the bedrock of social protection provision.

Their article makes clear that there is no single one-size-fits-all mechanism, and highlights the need for a continuum of social protection responses that are embedded in the needs and realities of specific contexts, and which are tailored to ensure that existing inequalities and inequities are not further entrenched.

Linked closely to health, but also interconnected with so many other dimensions of human and planetary existence, efforts will be needed to address the many inequities experienced in food systems that have been further exacerbated by Covid-19. In their article on 'Food Systems After Covid-19' (this *IDS Bulletin*), Ebata, Nisbett, and Gillespie describe how measures to slow down the spread of Covid-19 have had profound effects on food and nutrition security for those furthest behind. Through these

measures, pre-existing food system inequities – which were already profound – have frequently been intensified. Highlighting a theme that runs through many of the articles in this *IDS Bulletin*, the authors observe that the measures currently being adopted in response to Covid-19 frequently affect poor and marginalised people more severely than those who are privileged, with serious consequences on long-term food and nutrition security and livelihoods. They recommend the need to strengthen the resilience and equity of food systems by promoting diversified consumption, trade, and production of food, strengthening local innovation systems and institutions to create a market environment that benefits domestic (small and medium) enterprises and agri-food supply chain workers, and by generating policy responses based on the fair representation of the voices of vulnerable people.

Covid-19 also has major implications for gender equality. The pandemic has affected men and women differently, exacerbating existing gender inequalities across a range of areas including health, education, and livelihoods, food security and nutrition, and amidst a backdrop of increased levels of gender-based violence. In their article 'Building Back Better, Gender Equality, and Feminist Dilemmas' (this *IDS Bulletin*), Nazneen and Araujo highlight that without radical action, the progress made to date on women's empowerment and gender equality will be lost. They also explore the question as to whether gender power hierarchies in our economies, politics, and society can be renegotiated, asking: 'What does building back better look like if gender equality was at its core? What kinds of feminist dilemmas arise with respect to how we frame women's voice and agency as we advocate for transformative systemic change?' They propose a series of recommendations on the kinds of interventions, investments, and partnerships that will ensure that the Covid-19 response in the immediate, medium, and long term is gender transformative, in relation to sexual and reproductive health and rights; women's economic empowerment; girls' education; gender-based violence; and women, peace, and security.

As highlighted already in this introduction, those most vulnerable and marginalised are those most likely to be left behind. Religious belief is a significant factor that can contribute to marginalisation, and often oppression. In their article on 'Religious Marginality, Covid-19, and Redress of Targeting and Inequalities', Tadros, Kanwer and Mirza (this *IDS Bulletin*) interrogate the question of whether we should also consider 'religious marginality' as a qualifier, in a way similar to the explorations of gender, ethnicity, and class inequalities when examining Covid-19-related vulnerabilities. The article examines the accentuation of vulnerabilities with differential drivers and outcomes in Pakistan as different religious minorities experience the impact of the interplay of class, caste, ethnicity, and religious marginality in distinct ways. Drawing on the case study of Pakistan as well as evidence from other countries such as India, Uganda, and Iraq, the authors

argue that where religious minorities exist in contexts where the broader political and societal policy is one of religious 'othering' and where religious marginality intersects with socioeconomic exclusion, they experience particular forms of vulnerability that are acute and dire in their consequences, not only for members of the religiously marginalised group but for society at large.

A key lesson from this analysis is that building back better necessitates new forms of accountability, starting with the political economy analysis of inclusion/exclusion in society. The authors suggest that addressing hardships of socioeconomically excluded religious minorities will require more than a compartmentalised approach. Religious equality will need to be recognised as both a means to a socially cohesive society and as an end in itself for the rights of the members of these groups.

As an overlay to all the dimensions discussed above, there is a danger that the Covid-19 outbreak may be used as a pretext for unreasonable restrictions of civil society and further limiting of democratic space in certain countries. Strengthening governance matters fundamentally to a country's capability to self-sufficiently and sustainably eradicate poverty, support inclusive economic growth, and manage shocks over the long term. In their article on 'Governance for Building Back Better', Khan Mohmand *et al*. (this *IDS Bulletin*) describe the pandemic as a crisis of governance. They highlight ways in which Covid-19 has created a set of unique challenges that underscore the need for governments to collect revenue more efficiently and equitably; and to spend it more inclusively, transparently, and accountably, especially on the most vulnerable and marginalised populations. The article suggests a set of governance interventions to help create conditions for building effective and inclusive institutions that can support efforts to build back better, in the shorter and in the longer term.

The above, interconnected, issues are all critical for our collective future, globally; but we are also reminded constantly as the pandemic unfolds that context matters. One-size solutions really do not fit all. In order to understand how each of these dimensions described above plays out in reality, and how the intersections between them manifest in peoples' lives, it is essential to listen, learn, and respond to the lived experiences of those who are directly affected. This *IDS Bulletin* offers an opportunity to learn from lessons on the ground in five countries. Sen and Haque (this *IDS Bulletin*) write from India about the expanding role of grass-roots leaders during Covid-19 to support the state in reaching the most marginalised citizens, thus building a case for a decentralised model of equitable power-sharing between state and community. Conteh *et al*. (this *IDS Bulletin*) explore the Covid-19 response and protracted exclusion of informal residents in Freetown, Sierra Leone. Kimani *et al*. (this *IDS Bulletin*) describe how supporting Nairobi's informal settlements with temporary basic income is helping to build back better.

Mwamelo, Nyella and Fitzgerald (this *IDS Bulletin*) explain Irish Aid's approach to nutrition in Tanzania during the Covid-19 pandemic, highlighting the central importance of building flexibility and adaptability into a multilayered response, combined with local-level engagement and remote monitoring. Finally, Mebrate (this *IDS Bulletin*) describes Irish Aid's experiences on the ground in Ethiopia, working with different development actors on a diverse set of challenges relating to Covid-19. These examples provide several lessons. First, that citizens and communities are often at the forefront of innovations and adaptations that are making a practical difference on the ground, and which provide important learning, evidence, and data for policy and decision-making. Second, that flexible approaches which are grounded in the local context are crucial, given the diverse range of impacts of Covid-19. Third, that intentional efforts are needed to understand exclusion, disempowerment, and marginalisation that may be taking place either indirectly or directly because of the pandemic, and that explicit measures will likely be needed to ensure that those most at risk of being left behind are included in generating knowledge and shaping solutions themselves.

4 Why build back a better world?

The notion of 'building back better' is often traced back to efforts to ensure that infrastructure destroyed by earthquakes or hurricanes is rebuilt in such a way that it will be much more resilient to future shocks. The expression gained currency following the 2004 Asian Tsunami, and whilst first associated mainly with land use, spatial planning, and construction standards through the recovery process, the concept has expanded to include building greater resilience in recovery by systematically addressing the root causes of vulnerability (Hallegatte, Rentschler and Walsh 2018). It is not surprising then that the expression has continued to hold traction within the current pandemic situation (whilst, it should be noted, also gaining political currency around certain ideological stances on nation-building).

Although the expression itself is still evolving, to incorporate ideas about building forward, and differently, there is a clear central message implied: crisis disrupts the status quo, and potentially opens spaces to do things differently. Of course, these opening spaces may close again quickly, as they did after the 2008 financial crisis when similar arguments were made. There is also no single view about what is 'better', and powerful actors may use crises to their advantage, to progress authoritarian or restrictive agendas, or to generate financial profit at the expense of others. Much depends on how, and through whom, power relations are able to be reconfigured. This *IDS Bulletin*, however, takes a particular, normative view on what building back a better world entails: taking coordinated action that will save lives and protect livelihoods now; ensuring that the eventual economic recovery is inclusive and sustainable; taking into account the needs, wishes, experience, and aspiration of all citizens, especially

those most vulnerable; and linking these efforts to building greater resilience to future hazards, particularly at community level.

This *IDS Bulletin* highlights ways in which we may imagine building back a better world, therefore, but emphasises also the need for much deeper structural transformations, which allow the possibility to build differently. For example, our efforts must also address the climate and biodiversity crisis. We are beginning to understand how threats to biodiversity can cause threats to human health, and we understand that communities already weakened by the pandemic are especially vulnerable to climate shocks. This is an opportunity to imagine a greener, more climate-resilient future, but this requires much deeper, systemic transformations, and has significant implications for political will.

As mentioned earlier in this introduction, there are many ways in which the Covid-19 crisis has exposed the fault lines in social, economic, and political systems, and where it presents opportunities for alternative approaches. Drawing on the articles in this *IDS Bulletin*, we see some strands emerging that indicate not only why it is worth building back a better world, but how:

- Those who are marginalised and vulnerable need to be involved in the efforts to address the challenges they are facing. It is crucial to listen to those whose lives are most affected. They have experience, knowledge, hopes, and aspirations that need to be heard, engaged with, and acted upon, involving them in planning, decision-making, and implementation of actions if outcomes are to be truly sustainable. Many examples are shared in this *IDS Bulletin* of engagement with citizens and communities, and the benefits that accrue to all by promoting and facilitating participatory and inclusive development processes.

- People's basic needs must be met in ways that are inclusive. This may require shoring up existing interventions and programmes; for example, social protection, health, and food systems that are severely under strain and may struggle to survive the economic fallout of the pandemic. But it may also require experimenting with new forms of support; for instance, expanding social protection programmes and targeting support to women and girls.

- Those most at risk and vulnerable – for example, people persecuted for their religious beliefs, women and girls at risk of domestic violence, youth, and those working in the informal sector – may need specific, targeted responses that are human rights based. Several articles in this *IDS Bulletin* provide examples of how this can be achieved.

- Institutions that play lead roles in maintaining societal norms and structures through an array of governance mechanisms

need to strengthen how they work, their accountability to those they serve, and the ways in which they access and use evidence, data, and research to inform policies, decision-making, and implementation. Building a strong governance response to the pandemic requires better systems of coordination, data collection and maintenance, and decentralised planning. This will support efforts by governments to collect revenue progressively and efficiently; and to spend it effectively, inclusively, and accountably where it is most needed. As Khan Mohmand *et al*. indicate in their article (this *IDS Bulletin*), actions to support these efforts may involve expanding the capacity of national and local governments through having access to sufficient resources, data, and information. This will then support their efforts to prioritise vulnerable population groups through interventions that are based on good evidence, are inclusively designed, and which respond to their most important needs.

Looking forward, we hope to find opportunity within this unprecedented crisis to build a better, different, world; accelerate our efforts towards meeting the SDGs; and reach those furthest behind. The debates, evidence, and experiences shared in this *IDS Bulletin* suggest the following key principles will be crucial:

- Prioritise those furthest behind first, wherever possible through inclusive, deliberative planning processes;
- Lay the groundwork for transformative approaches in the immediate response;
- Localise, respond to diverse contexts, and collaborate;
- Coordinate with key actors and across sectors, integrating perspectives, methods, and disciplines as needed;
- Pursue and promote flexible, adaptive approaches that respond to uncertainty and complexity; and
- Establish firm foundations for comprehensive social protection, strengthen health systems, and build the resilience of food systems.

By following principles such as these, we believe that more will be learned on how best to tackle interconnected global challenges (e.g. health, climate change and biodiversity, poverty and inequalities, food and nutrition security, social protection, freedom of religion or belief, gender equality) in socially just ways. These principles will also help us to seek and develop prospects for new solidarities and strengthened relationships in building back a better world, that use alternative ways of thinking and acting intentionally. They will help us in drawing out, and using, lessons about resilience at various levels, including new learning on factors that have helped determine more or less effective responses;

for example, openness and trust in public authorities; recognition and empowerment of local authority and collectives; listening and learning from citizens and communities on their experiences as well as their innovations and creativity; and learning about how social, political, and economic context shapes what works well, why, and for whom. They will also enable us to better identify and support processes of rights-claiming, as citizens are finding ways to gain new rights; establishing new citizen–state relations, including new entitlements for social protection programmes, and greater transparency and accountability. Taken together, such achievements might actually enable us to do even more than 'building back a better world'. Perhaps we will see true transformations that enable us to build forward, differently.

These principles will help to guide our efforts; but research, evidence, analysis, and data will also be crucial to collective efforts to seize these opportunities. To help meet the evidence needs associated with this response, a wide array of research is already being carried out in response by researchers across the world – as indicated by the articles in this *IDS Bulletin*. Much of this is looking closely at the deeper dimensions of power and politics that often determine what responses are chosen, and how these will play out in practice. Further work is still needed, however, particularly engaging researchers from the social sciences and arts and humanities, working collectively and collaboratively. There is an urgent need to identify, support, and learn from innovative, creative work, the findings of which are rapidly and effectively synthesised, summarised, and made available for prompt access by policymakers and practitioners. Effective communication will also be crucial so that they reach a maximum targeted audience, whilst minimising the risk of dispersion and atomisation of findings and analyses.

5 Conclusion

In an article in the *Financial Times* during the early days of the pandemic, the writer Arundhati Roy (2020) made a passionate case for why a genuine transformation – a different, better world – is needed. She described how:

> Our minds are still racing back and forth, longing for a return to 'normality', trying to stitch our future to our past and refusing to acknowledge the rupture. But the rupture exists. And in the midst of this terrible despair, it offers us a chance to rethink the doomsday machine we have built for ourselves. Nothing could be worse than a return to normality.

The enormity of the Covid-19 crisis and its response requires a heavy dose of realism, but is also a rallying call for higher-income countries to remain faithful to their global commitments to the SDGs, to ensure there is some prospect of meeting the targets. The Irish concept of community solidarity – *meitheal* – captures the urgent need for committed and collective action by members

of the global community to co-create a better future. This means resisting polarisation and silos, and seeking commonality through a multilateral system that is currently under threat. This was true before the pandemic but will be even more significant in a forthcoming period of rupture and recovery from the virus. Business as usual will not get us to where we need to be in 2030; creativity and collaboration offer a more hopeful and fruitful pathway forward.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Programme Partnership between Irish Aid and IDS on Social Protection and Food Security and Nutrition.

† The authors would like to acknowledge the authors of all the articles which together form this *IDS Bulletin* issue, for the inspiration, insights, and experience they and their many collaborators have provided, and which have informed this *IDS Bulletin* overall, and specifically this Introduction. They also thank the two anonymous referees for their very helpful comments.

1 Peter Taylor, Director of Research, Institute of Development Studies, UK.

2 Mary McCarthy, Nutrition Lead, Development Cooperation and Africa Division, Department of Foreign Affairs (DFA), Ireland.

3 Several articles in this *IDS Bulletin* are based upon previously published Positioning Papers prepared through the IDS and Irish Aid collaboration, highlighted in the relevant texts. These articles each include an Afterword noting updates since the earlier paper was published.

4 **COVID-19 Dashboard, Center for Systems Science and Engineering, Johns Hopkins University** (accessed 30 September 2020).

5 **Irish Aid and IDS Partnership: Building Back Better**.

References

Gataveckaite, G. (2020) '**"None of Us are Safe until All of Us are Safe" – WHO's Dr Michael Ryan says that Covid-19 Could Spread Again after Restrictions Lifted**', *The Independent*, 26 March (accessed 3 December 2020)

Government of Ireland (2019) ***A Better World: Ireland's Policy for International Development***, Dublin: Irish Aid, Government of Ireland (accessed 8 September 2020)

Hallegatte, S.; Rentschler, J. and Walsh, B. (2018) ***Building Back Better: Achieving Resilience Through Stronger, Faster, and More Inclusive Post-Disaster Reconstruction***, Washington DC: World Bank/GFDRR (accessed 4 December 2020)

IDS (2020) ***Transforming Knowledge, Transforming Lives***, Brighton: Institute of Development Studies (accessed 18 February 2021)

Leach, M.; MacGregor, H.; Scoones, I. and Wilkinson, A. (2020) '**Post-Pandemic Transformations: How and Why COVID-19 Requires Us to Rethink Development**', *World Development* 138: 105233 (accessed 14 December 2020)

Miks, J. and McIlwaine, J. (2020) '**Keeping the World's Children Learning through COVID-19**', United Nations Children's Fund, 20 April (accessed 3 December 2020)

Monaghan, K. (2004) 'SARS: Down but Still a Threat', in S. Knobler, A. Mahmoud and S. Lemon (eds), *Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary*, Institute of Medicine (US) Forum on Microbial Threats, Washington DC: National Academies Press

Rohwerder, B. (2020) ***Social Impacts and Responses Related to COVID-19 in Low- and Middle-Income Countries***, K4D Emerging Issues Report 35, Brighton: Institute of Development Studies (accessed 4 December 2020)

Roy, A. (2020) '**The Pandemic is a Portal**', *Financial Times*, 3 April (accessed 3 December 2020)

UN (2020) ***A UN Framework for the Immediate Socio-Economic Response to COVID-19***, New York NY: United Nations (accessed 3 December 2020)

This page is intentionally left blank

Local Covid-19 Syndemics and the Need for an Integrated Response*†

Megan Schmidt-Sane,[1] Melissa Leach,[2] Hayley MacGregor,[3] Jessica Meeker[4] and Annie Wilkinson[5]

Abstract The Covid-19 pandemic is more than a health crisis. It has worse outcomes among individuals with co-morbidities, has exposed fault lines in our societies, and amplified existing inequalities. This article draws on emerging evidence from low- and middle-income contexts to highlight how Covid-19 becomes syndemic when it interacts with local vulnerabilities. A syndemic approach provides a frame for understanding how Covid-19 is amplified when clustered with other diseases and how this clustering is facilitated by contextual and social factors that create adverse conditions. Public health responses to Covid-19 have also exacerbated these adverse conditions as many face social and economic crises as a result of some policies. These multiple challenges generate major implications for both the public health response and for broader development action: first, one size does not fit all and we must attend to local vulnerabilities; second, short-term public health response and longer-term development approaches must be integrated for improved intersectoral coordination and synergy. A synergised public health and development response will allow us to better prepare for the next pandemic.

Keywords Covid-19, syndemic, public health, inequality, vulnerabilities, epidemic response, development response.

1 Introduction

Richard Horton's comment in *The Lancet* in September 2020 (Horton 2020) highlighted what was already becoming apparent. The Covid-19 pandemic, while global in scale and scope, clusters within social groups due to co-morbidities and conditions rooted in inequality. This echoes a view long held by anthropologists studying both disease and epidemics (Farmer 1999; Dry and Leach 2010) and advanced in the **syndemic** framework (Singer 2009).

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

A **syndemic** approach views Covid-19 not as a single issue in need of a narrow approach to epidemic response. Rather, as a syndemic, Covid-19 requires enhanced ways of thinking about epidemic response, through the attention to local conditions of disease and social and economic inequalities. Beyond this, we argue that taking a syndemic approach opens up the possibility of recognising much overlooked intersections between epidemic response and longer-term development practice.

Taking a syndemic approach emphasises that Covid-19 is more than a health crisis. It has exposed fault lines in our societies and amplified existing inequalities. Vulnerable populations are experiencing even more acute pressures within these societal cracks. However, the impact of the pandemic has varied, contoured by country and community contexts, and therefore the syndemic is also localised. The strain of the pandemic is interacting with existing local vulnerabilities, and local manifestations of poverty and marginalisation. Consequently, the pandemic has also become a crisis of social and economic futures. We have a singular opportunity to 'build forward differently' with progressive public health and development approaches that take inequality, adaptation, and collaboration seriously and ensure that no one is left out in this endeavour. Such a response would mean the difference between a protracted long-term recovery and one that builds a better social and economic future.

This article is based on a Briefing written in September 2020 (Leach *et al*. 2020a); it contains an Afterword which provides an update on the global situation in December 2020 and was written in December 2020.

In this article we draw on emerging evidence from the pandemic, especially in low- and middle-income countries (LMICs), to highlight social and economic vulnerabilities in diverse local contexts that have been driving what we also argue is a Covid-19 syndemic (Horton 2020). We then put forth key recommendations to mitigate a syndemic, in the case of Covid-19 but also beyond, focusing on localisation, long-term public health response, and synergies with the development sector to address underlying socioeconomic conditions that make populations more vulnerable.

2 Syndemics

A syndemic approach explicitly recognises the role of macro-level social factors in promoting the clustering of disease at the population level (Singer *et al*. 2017; Mendenhall 2017; Singer 2009). There are several points of synergy in a syndemic. A syndemic focuses on biosocial connections, or how interactions between social and environmental factors enable synergistic disease outcomes (Singer *et al*. 2017). It explains why certain diseases cluster in disadvantaged or vulnerable social groups. However, a

syndemic includes two or more diseases or other health conditions and is about more than co-morbidities. It is about how inequalities shape social, environmental, and economic factors that make populations more vulnerable to multiple disease outcomes. Singer and colleagues define a syndemic as a:

> Population-level clustering of social and health problems. The criteria of a syndemic are: (1) two (or more) diseases or health conditions cluster within a specific population; (2) contextual and social factors create the conditions in which two (or more) diseases or health conditions cluster; and (3) the clustering of diseases results in adverse disease interaction, either biological or social or behavioural, increasing the health burden of affected populations (Singer *et al.* 2017: 942).

In this sense, an individual with two or more health conditions may experience overall worse outcomes precisely because of syndemic pathways. For example, Mendenhall (2012) described the VIDDA syndemic, or how Mexican-American immigrant women experienced a syndemic of violence, immigration-related stress, depression, Type 2 diabetes, and abuse. Immigration-related stress, violence, and abuse were precursors of depression which interacts with diabetes through specific biological pathways to produce worse health outcomes (*ibid*.).

3 Hypothesising Covid-19 as a part of a syndemic

Evidence is still emerging on the specific ways in which Covid-19 might interact with other, existing health and social conditions to cluster in certain social groups and result in an adverse disease interaction or 'severe Covid-19' (Horton 2020). Many epidemic diseases (including influenza and SARS) are syndemic: tuberculosis, smallpox, measles, pneumonic bacteria, HIV/AIDS, and malnutrition – diseases which cluster and synergise with other diseases in socially vulnerable groups (Mendenhall 2017). A Covid-19-linked syndemic would also depend on local vulnerabilities and co-morbidities and so it is very unlikely that the same syndemic with the same components would apply everywhere. As a novel human coronavirus, we are learning more about SARS-CoV-2 each day. Despite this rapidly evolving field, emerging research and experience point to Covid-19 as being part of locally defined syndemics.

Underlying co-morbidities such as hypertension, cardiovascular and cerebrovascular conditions, chronic kidney disease, liver disease, and diabetes are some of the most common identified for any kind of Covid-19 infection (Zhou *et al.* 2020; Yang *et al*. 2020; Zhao *et al*. 2020; Zhang *et al*. 2020; Sanyaolu *et al*. 2020). Co-morbid respiratory disease has been identified as the strongest risk factor for severe Covid-19 outcomes such as severe clinical manifestations, ICU admission, and death (Zhou *et al*. 2020). Hypertension and cardiovascular disease (CVD) are also risk factors for severe Covid-19 and death (Lippi, Wong and Henry 2020;

Borges do Nascimento *et al*. 2020). Emerging data from African settings point strongly to diabetes, especially in older adults (>60 years), as increasing the risk of complications or death from Covid-19. Eighteen per cent of Covid-19 deaths in the region are among people with diabetes.

The age profile for severe Covid-19 cases has been clear from the outset of the pandemic (Daoust 2020; Neumann-Podczaska *et al*. 2020; Shahid *et al*. 2020). An early analysis by the World Health Organization (WHO)–China fact-finding mission found that Covid-19 patients over the age of 60 with co-morbidities had the highest risk of severe illness and death (WHO 2020a). Conversely, there have been relatively fewer cases of severe Covid-19 in countries with very young age profiles (Fairhead and Leach 2020). There is emerging evidence on the clustering of Covid-19 in specific social groups such as low-income African American and Hispanic populations in the United States (Andersen *et al*. 2021; Kim and Bostwick 2020; Cordes and Castro 2020) and urban populations, particularly the urban poor (Wilkinson 2020; Corburn *et al*. 2020).

However, it is difficult to find documented evidence of these synergies, especially among low-income urban residents for whom data on disease prevalence is often unavailable or patchwork in LMIC contexts (Friesen and Pelz 2020). Despite this paucity of data on co-morbidity prevalence in low-income settings, all of the mentioned Covid-19 co-morbidities tend to cluster in socioeconomically disadvantaged groups (Wilkinson, Conteh and Macarthy 2020). Covid-19 vulnerability increases for those with risky occupations, including those who cannot work from home (e.g. informal workers). Additionally, Covid-19 vulnerability is greater in urban areas given challenges to physical distancing, isolation within the home, and higher population density.

4 Adapting public health responses from a syndemic framework

As the Covid-19 pandemic evolves, public health responses have also changed and been challenged by the complexities of containing its spread. Nevertheless, public health approaches have been largely vertical and uniform, especially at the outset of the pandemic when very little was known about what might work (SSHAP 2020; Sominsky, Walker and Spencer 2020). We briefly review key themes from public health responses to Covid-19. We discuss challenges to these responses in light of key social and economic vulnerabilities that are root causes of a syndemic, and articulate ways that responses could better address Covid-19 as a syndemic. These approaches will require further attention in future public health responses to Covid-19, and also provide lessons for responding to future syndemics.

4.1 Adapting to local context and local vulnerabilities

Early learning from the Covid-19 pandemic has shown that a one-size-fits-all approach to the response insufficiently attends to local contexts, which are vital in a syndemic approach

(SSHAP 2020). In Sudan, the government reacted quickly to Covid-19 in March 2020, closing schools and universities, implementing border restrictions, and an isolate, treat, and trace strategy (*ibid*.). This was followed by a blanket stay-at-home order to bolster containment of community transmission (Al-Jazeera 2020). While the government also engaged in risk communication, information sharing was unidirectional. Further, mistrust of the government and government information drove misperceptions of the virus.

Other African countries also reacted quickly to the pandemic, reflecting many years of strengthening epidemic preparedness and response systems on the continent (Makoni 2020; Ihekweazu and Agogo 2020). While these swift responses were lauded for mitigating Covid-19 spread, questions were raised about the feasibility of Covid-19 prevention and response measures in low- and middle-income contexts. Measures such as physical distancing and handwashing were adopted but proved a challenge in contexts of high urban density or water scarcity (Mehtar *et al*. 2020; Nkengasong and Mankoula 2020). In Kenya, early evidence pointed to the impact of movement restrictions on informal settlement residents who were suddenly without income and unable to rely on savings for long (SSHAP 2020). As such, a localised approach to the public health response would be one that is better tailored to context and which considers local assets, needs, and vulnerabilities that drive a syndemic such as Covid-19.

Early evidence from the Covid-19 pandemic in sub-Saharan Africa highlighted the need to build human resources for health to mitigate Covid-19 and co-morbidities (Rollston *et al*. 2020). Community health workers (CHWs) play a key part in public health systems, often being the main point of contact with the health system for rural areas. Yet, preliminary evidence suggested that CHWs had insufficient personal protective equipment and lacked training (*ibid*.). To ameliorate this, Amref (formerly the African Medical and Research Foundation) supported CHWs with Covid-19 training and additional support through mobile phone platforms (Amref n.d.). Amref added WHO-approved content and training to its Leap platform, which reached 54,000 CHWs in Kenya (*ibid*.). Similar efforts may be made with traditional healers and other health system actors, who can be supported with training and linkages to CHWs so that cases of Covid-19 are handled, documented, and referred as needed.

Engaging community-based organisations and stakeholders has been fruitful to build a more localised response. For instance, the local networks of Slum Dwellers International (SDI) in Asia and Africa have been an important bridge between vulnerable residents in informal urban settlements, community leaders, and city authorities (Patel 2020). In some urban areas and cities, these relationships have been established through years of participatory development and advocacy, and local groups

maintain regular dialogue with authorities. Local groups are also better positioned to identify vulnerable populations and key relevant issues that need to be addressed. SDI's chair, Sheela Patel, argued that two major Covid-19 guidelines – on physical distancing and handwashing – were difficult to follow in urban informal settlements (*ibid.*). Many informal settlement homes are multigenerational and distancing proved not to be possible. Further, water and sanitation were already scarce in many informal settlements and water points are usually shared (Wilkinson 2020). Water, sanitation, and hygiene (WASH) interventions were important to the prevention of further Covid-19 transmission (Mushi and Shao 2020). Recent WHO guidance on WASH interventions for Covid-19 prevention underscores a need to enable regular hand hygiene, disinfect water, and manage wastewater (WHO 2020b).

4.2 Building syndemic preparedness and response

The Covid-19 pandemic has exposed gaps in public health systems around the world, signalling the importance of future investments in epidemic preparedness and health systems strengthening (OECD 2020). Existing epidemic responses typically treat disease in silo, whereas a syndemic approach necessitates synergised interventions. What this means in practice will depend on the local context, but might include a more integrated epidemic response within the public health system or better management of chronic diseases. In the future, intersectoral approaches should be built into epidemic preparedness and response to acknowledge the syndemic nature of many diseases, as revealed by the Covid-19 experience.

While the biological synergies between co-morbidities and Covid-19 are still being understood, many chronic diseases remain unmanaged especially in vulnerable settings (Wilkinson, Conteh and Macarthy 2020). This has been hypothesised as a potential driver of severe Covid-19 as some are starting to distinguish between managed and unmanaged co-morbidities and differential effects on Covid-19 outcomes (Pal and Banerjee 2021; Holman *et al*. 2020). Health systems strengthening could serve two key purposes: first, to improve the prevention of chronic disease, and second, to better manage chronic diseases in the future. In the shorter term, the WHO provides guidance on strengthening health systems and reorganising service delivery to respond to Covid-19 while maintaining core essential services, such as the management of diabetes, across the continuum of care (WHO 2020c). How these goals are achieved will be country- and context-specific. What is clear is that stronger health systems can mitigate future outbreaks and enhance global health security for all (Micah, Leach-Kemon and Dieleman 2020).

There are a number of emerging options for longer-term and proportionate public health response. Other potential responses to Covid-19 have included shielding, providing home care, or

focusing on test, treat, and isolate (SSHAP 2020; Schmidt-Sane, Tulloch and Jones 2020; MacGregor and Hrynick 2020). Shielding (a measure to protect extremely vulnerable people from coming into contact with the virus, by minimising all interaction between them and others) has been used in settings to isolate the clinically vulnerable while allowing other members of a community to continue their daily activities (Schmidt-Sane *et al*. 2020; Seifu Estifanos *et al.* 2020; Smith and Spiegelhalter 2020; Butler and Tulloch 2020; Favas, Checchi and Waldman 2020). Shielding may be considered in LMIC contexts that are facing an uptick in Covid-19 cases as an alternative to a full lockdown.

5 Broader impacts of Covid-19

The current pandemic has highlighted complex tensions between a vertical Covid-19 response and the need to also attend to underlying social and economic conditions that produce a clustering of disease in the first place (Hrynick, Ripoll and Carter 2020; Abrams and Szefler 2020). The availability of affordable and cost-effective interventions on non-communicable diseases and other co-morbidities would avert deaths among the world's most vulnerable and would prevent the next syndemic (Horton 2020). However, current responses to Covid-19 fail to recognise these complexities and the broader impacts of a siloed approach to containment. As such, we highlight areas where the Covid-19 response has had an adverse effect on other areas of health and wellbeing.

5.1 Broader health impacts

A vertical public health response that draws all attention to one disease can lead to an increase in morbidity and mortality from other prevalent illnesses, especially in contexts where disease burdens are high (Hrynick *et al.* 2020). A vertical response includes policies, programmes, and implementation solely for the purpose of preventing and mitigating Covid-19, without considering how to continue other services and mitigate potential impacts on broader service delivery (*ibid*.; Atun, Bennett and Duran 2008). In practice, a vertical response affects the wider health system as it draws resources and staff away from other areas of the health system (Atun *et al.* 2008). While a vertical response can be effective to deploy resources quickly for a targeted response, it has long-term implications especially during a protracted crisis such as Covid-19.

In an ongoing epidemic, a diversion of health-care resources and factors such as movement restrictions and fear of contracting disease can lead to a decline in accessing health services (Hrynick *et al*. 2020). In the case of Covid-19, medical supplies and treatment for chronic diseases and conditions have been disrupted; access to safe childbirth has been reduced, leading to an estimated 57,000 additional maternal deaths; nutrition programmes have collapsed; and the detection of new diseases has been delayed (*ibid*.; Pinto and Park 2020; ARISE 2020).

An estimated 500,000 additional AIDS-related deaths are likely in 2020–21 in sub-Saharan Africa due to disruptions in accessing HIV treatment (Jewell *et al*. 2020). Women of reproductive age have had difficulty accessing sexual and reproductive health (SRH) services, with 'non-essential' medical procedures limited during the pandemic (Cousins 2020; Riley *et al*. 2020). For example, lockdowns in Nepal and India forced clinics to close. Disruption in the provision of SRH services has led – and will lead – to unwanted pregnancies, higher maternal mortality, and/or unsafe abortions (Cousins 2020).

Some groups face additional risks under physical distancing measures as a result of their social vulnerability (Anthrologica 2020). Restrictions due to the pandemic disrupted the HIV continuum of care and prevention – that is, testing, pre-exposure prophylaxis, and primary care (Hrynick *et al*. 2020; Riley *et al*. 2020). HIV patients who sought treatment confidentially were no longer able to find safe mechanisms to leave home in pursuit of treatment, which could have long-term and life-threatening impacts (Riley *et al*. 2020; Friends of the Global Fight n.d.). Supply chains have been struggling to continue providing essential medicines such as antiretroviral therapy drugs for the treatment of HIV (Golin *et al.* 2020). In Pakistan, the common management unit for AIDS, TB, and malaria, in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other partners, worked to ensure the uninterrupted supply of antiretroviral therapy for people living with HIV (UNAIDS 2020).

5.2 Exacerbating the syndemic: social difference, synergistic vulnerabilities, and inequalities during Covid-19

While epidemics thrive in societal fault lines, epidemics and epidemic response also reveal a highly unequal world, often the result of long histories of marginalisation (Patel *et al.* 2020). The impact of historical inequalities paved the way for HIV to impact marginalised communities disproportionately, and we are seeing much the same with Covid-19 (Sangaramoorthy 2020). Lessons from the Covid-19 response have highlighted the need to consider health equity, social justice, and human rights alongside the health response (Wang and Tang 2020; Cash and Patel 2020; Fleetwood 2020). A key principle of global health is social justice and equity, yet this has not been at the centre of most country-level Covid-19 responses (Cash and Patel 2020).

Vulnerabilities to Covid-19 and its social and economic effects are synergistic and more acute among marginalised populations (Shadmi *et al*. 2020). Covid-19 has disproportionately impacted minority groups, including racial minorities (Yancy 2020) and religious minorities (Mukherjee 2020), among others. Covid-19 is also syndemic with gender-based violence (GBV), although few measures have been taken to situate GBV responses within the broader response to Covid-19 (ARISE 2020; Stark *et al.* 2020). Thus, as Covid-19 is syndemic, the virus interacts with an array of

non-communicable diseases (Horton 2020), and these conditions cluster within social groups that face greater structural inequalities, further driving the syndemic (Singer *et al*. 2017; Mendenhall 2017).

The impact of Covid-19 in some countries has disproportionately affected urban populations, both in terms of the spread of the disease and loss of informal and formal livelihoods – as evidence from Southeast Asia shows (Schmidt-Sane, Ripoll and Wilkinson 2020). Health staff and carers have been at greater risk of being infected, with these roles more often being undertaken by women (Cousins 2020). Differences and inequalities have emerged in the way people develop Covid-19, whether by age, gender, underlying health conditions, geography, or socioeconomic factors. Some populations have also been left out of a response. For example, marginalised social groups often face stigma from health-care workers (Teo, Tan and Prem 2020; Logie and Turan 2020). Fear of discrimination may mean that they might not seek formal health care even when it is accessible.

Experiences and impact of the Covid-19 pandemic have been more acute for those living at the margins, including religious and ethnic minorities, sexual minorities, and other persecuted individuals (Platt *et al*. 2020; Franco-Paredes *et al*. 2020; Kantamneni 2020). Marginalised populations face multiple, synergistic vulnerabilities, meaning that multiple forms of vulnerability (social, economic, health) contribute to a greater overall vulnerability to Covid-19 (Winchester 2015). In fact, Covid-19 has not always been a priority at all, as individuals have faced more pressing concerns related to livelihood generation and survival (Schmidt-Sane *et al.* 2020). Sex workers, for example, are among the communities most affected by stay-at-home orders and accompanying police enforcement in countries such as Kenya (The Global Fund 2020). The Bar Hostess Empowerment and Support Programme (BHESP), Kenya's oldest sex workers' organisation, reported disruptions in condom distribution, outreach HIV prevention programmes, and violence prevention initiatives (*ibid*.). Sex workers face not only increased precarity, but a loss of income.

6 Building synergies between public health and development response for a Covid-19 syndemic

As introduced at the outset of this article, a Covid-19 syndemic is underpinned by social and economic conditions that facilitate the clustering of both Covid-19 and co-morbidities. Given these multiple and rapidly shifting dynamics between Covid-19, social, and economic drivers, we are seeing further evidence that new approaches are needed which do not just seek to remedy a disease, but also to address its social determinants and impacts of a stringent public health response. Put another way, a syndemic necessitates an integrated response that is social justice-oriented and explicitly and intentionally builds bridges between public health and development sectors. Our approach

to epidemics should not be about immediate crisis but should be part of an intersectoral response to preparation, response, and recovery (Bedford *et al*. 2019). In this final section, we examine examples of responses to the socioeconomic impacts of the pandemic and argue that an integrated approach will be vital to building a 'better future'. We argue that a more inclusive economic and global health agenda could be built through collaborations across the public health and development response, with several key priorities centre stage.

Localisation and collaboration in all responses. The specific dynamics of a Covid-19 syndemic are local and depend on locally manifested vulnerabilities and co-morbidities, even if these vulnerabilities reflect wider structural inequalities. Whether controlling the syndemic, mitigating secondary impacts, or supporting recovery, responses should similarly be localised. This includes acknowledging that communities are experts and can be supported as partners in their own recovery. This includes attention to specific national settings, support for bottom-up, community-led action, and responsiveness to the many locally felt uncertainties pervading the epidemic. Moving away from standard top-down approaches and instead taking a more adaptive, flexible, and collaborative approach, would help in achieving this balance.

Support for programmes to mitigate health and social impacts on the most vulnerable. While the health crisis is wide-ranging, a key consideration for future response is how to maintain essential services while also directing funds to target the social and economic impact of the pandemic (both the outbreak itself, and the impacts of public health and control measures such as lockdowns and prolonged social distancing interventions), aligned with approaches that will build back better in longer-term recovery. By looking beyond immediate Covid-19 public health needs, the global community is well placed to address issues such as food insecurity, loss of livelihoods, and access to basic health services that address wider health issues. This would include improved social protection measures as a key part of epidemic preparedness and response in the future. This intersectoral approach would move beyond addressing only the health aspect of an epidemic and instead attend to underlying vulnerabilities that worsen an epidemic's impact.

Synergies across responses between key actors and across sectors. As we seek to build a better Covid-19 response and post-Covid world, it will be vital for different sectors to coordinate the response and recovery. In planning and resourcing the public health response and mitigation programmes, coordination is essential between agencies and departments (both international and national) to ensure there are no gaps or duplication, to get money to where it is needed, and to improve efficiency of spending (Leiderer 2015).

- **Building inclusive, caring economies:** Covid-19 and the inequalities it thrives on reveal problems with conventional market-led, growth-focused development models, which have not prioritised inclusivity. It highlights the importance of approaches that value and support people's essential wellbeing, socioeconomic needs, livelihoods, and the relationships – between people, and with the environment – on which these depend. There are needs and opportunities to foster more collaborative, caring economies that factor in a wider range of values than growth alone, and which build on informal as well as formal economic practices and community-level solidarities.

- **Building more equitable societies:** the Covid-19 crisis has revealed the significance of multiple, intersecting inequalities. The effects of the disease, control measures, and secondary impacts have been felt unevenly across societies, feeding off and amplifying structural differences and vulnerabilities linked to gender, class, ethnicity, age, disability, geography, and more. A post-Covid recovery should ideally focus centrally on fostering more equitable societies, through investments that target gender and other forms of equality, and which actively seek to prioritise the needs and interests of those furthest behind.

- **Adaptive, plural learning approaches:** the uncertainties, rapid dynamics, and diverse contexts affecting the unfolding Covid-19 situation have proved a poor fit with top-down, linear, blueprint-style approaches to development and planning. Instead, they highlight the need for more flexible, adaptive approaches attuned to particular contexts and which can evolve iteratively over time as things change. There is also a need for plural forms of knowledge and expertise (from both social and natural/medical sciences, and vitally, the local knowledge of people living at the margins or otherwise 'behind') to inform continuous learning and the navigation of uncertainties.

7 Conclusion

In this article, we have argued that Covid-19 is a part of a syndemic that is locally defined based on local vulnerabilities and co-morbidities. Public health responses to Covid-19 have often been siloed and have sometimes exacerbated underlying social and economic vulnerabilities. The Covid-19 syndemic and its social and economic impact represents a watershed moment, and how we respond may have implications for generations to come. Future global challenges may be equally complex, and we should strengthen our ability to innovate and adapt through tailored solutions that reflect local realities. Covid-19, treated as a syndemic, thus offers lessons not just for rethinking approaches to epidemics, but to development more generally (Leach *et al*. 2020b). Such rethinking of public health/development might

have core principles such as equity, social justice, resilience, and inclusion at its heart. Further, by demonstrating a commitment to the vulnerable in society, it is possible to build a better post-Covid world that takes care of all. Through these approaches, there is a potential to deliver a more effective and synergised public health and development response, both to Covid-19 and to other syndemics into the future.

Afterword

This article is based on an earlier publication that was primarily a Positioning Paper. The article builds on that previous work, but has also incorporated additional analyses, framing, and evidence. As authors, we have seen additional evidence emerge that better positions Covid-19 as part of a syndemic as we see differential effects of the virus depending on local co-morbidities and vulnerabilities. As such, we have extended our previous work to focus on a syndemic approach and how that could be addressed by a more integrated public health and development response.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.

† The authors would like to extend their appreciation to Irish Aid, for its support in developing an earlier version of this text.

1 Megan Schmidt-Sane, Postdoctoral Researcher, Institute of Development Studies, UK.

2 Melissa Leach, Director, Institute of Development Studies, UK.

3 Hayley MacGregor, Research Fellow and Co-Lead, Health and Nutrition Cluster, Institute of Development Studies, UK.

4 Jessica Meeker, Knowledge Officer, Institute of Development Studies, UK.

5 Annie Wilkinson, Research Fellow, Institute of Development Studies, UK.

References

Abrams, E.M. and Szefler, S.J. (2020) '**COVID-19 and the Impact of Social Determinants of Health**', *The Lancet: Respiratory Medicine* 8.7: 659–61, DOI: 10.1016/S2213-2600(20)30234-4 (accessed 27 January 2021)

Al-Jazeera (2020) '**Sudan Begins Easing Coronavirus Lockdown Measures**', 8 July (accessed 11 December 2020)

Amref (n.d.) ***Coronavirus: Stop the Spread*** (accessed 30 September 2020)

Andersen, L.M.; Harden, S.R.; Sugg, M.M.; Runkle, J.D. and Lundquist, T.E. (2021) '**Analyzing the Spatial Determinants of Local Covid-19 Transmission in the United States**', *Science of the Total Environment* 754: 142396, DOI: 10.1016/j.scitotenv.2020.142396 (accessed 27 January 2021)

Anthrologica (2020) ***Compliance with Physical Distancing Measures for COVID-19 and Implications for RCCE in Eastern and Southern Africa***, Brighton: Social Science in Humanitarian Action Platform (accessed 11 December 2020)

ARISE (2020) ***Secondary Impacts of COVID-19 on Informal Urban Settlements***, blog, 30 October (accessed 9 December 2020)

Atun, R.A.; Bennett, S. and Duran, A. (2008) ***When Do Vertical (Stand-Alone) Programmes Have a Place in Health Systems?***, Copenhagen: WHO Regional Office for Europe (accessed 11 December 2020)

Bedford, J. *et al*. (2019) 'A New Twenty-First Century Science for Effective Epidemic Response', *Nature* 575: 130–36 (accessed 27 January 2021)

Borges do Nascimento, I.J. *et al.* (2020) '**Novel Coronavirus Infection (COVID-19) in Humans: A Scoping Review and Meta-Analysis**', *Journal of Clinical Medicine* 9.4: 941, DOI: 10.3390/jcm9040941 (accessed 27 January 2021)

Butler, N. and Tulloch, O. (2020) ***Considerations and Principles for Shielding People at High Risk of Severe Outcomes from COVID-19***, Brighton: Social Science in Humanitarian Action Platform (accessed 11 December 2020)

Cash, R. and Patel, V. (2020) '**Has COVID-19 Subverted Global Health?**', *The Lancet* 395.10238: 1687–88, DOI: 10.1016/S0140-6736(20)31089-8 (accessed 27 January 2021)

Corburn, J. *et al*. (2020) '**Slum Health: Arresting COVID-19 and Improving Well-Being in Urban Informal Settlements**', *Journal of Urban Health* 97: 348–57, DOI: 10.1007/s11524-020-00438-6 (accessed 27 January 2021)

Cordes, J. and Castro, M.C. (2020) '**Spatial Analysis of COVID-19 Clusters and Contextual Factors in New York City**', *Spatial and Spatio-Temporal Epidemiology* 34: 100355, DOI: 10.1016/j.sste.2020.100355 (accessed 27 January 2021)

Cousins, S. (2020) '**COVID-19 has "Devastating" Effect on Women and Girls**', *The Lancet* 396.10247: 301–2, DOI: 10.1016/S0140-6736(20)31679-2 (accessed 27 January 2021)

Daoust, J.-F. (2020) '**Elderly People and Responses to COVID-19 in 27 Countries**', *PLOS ONE* 15.7: e0235590, DOI: 10.1371/journal.pone.0235590 (accessed 27 January 2021)

Dry, S. and Leach, M. (eds) (2010) *Epidemics: Science, Governance and Social Justice*, London: Routledge

Fairhead, J. and Leach, M. (2020) '**One Size Fits All? Why Lockdowns Might Not Be Africa's Best Bet**', *African Arguments*, 22 April (accessed 9 December 2020)

Farmer, P. (1999) *Infections and Inequalities: The Modern Plagues*, Berkeley CA: University of California Press

Favas, C.; Checchi, F. and Waldman, R.J. (2020) ***Guidance for the Prevention of COVID-19 Infections Among High-Risk Individuals in Urban Settings***, London: London School of Hygiene & Tropical Medicine (accessed 11 December 2020)

Fleetwood, J. (2020) '**Social Justice, Food Loss, and the Sustainable Development Goals in the Era of COVID-19**',

Sustainability 12.12: 5027, DOI: 10.3390/su12125027 (accessed 27 January 2021)

Franco-Paredes, C. *et al.* (2020) '**COVID-19 in Jails and Prisons: A Neglected Infection in a Marginalized Population**', *PLOS Neglected Tropical Diseases* 14.6: e0008409, DOI: 10.1371/journal.pntd.0008409 (accessed 27 January 2021)

Friends of the Global Fight (n.d.) ***How COVID-19 is Affecting the Global Response to AIDS, Tuberculosis and Malaria*** (accessed 30 September 2020)

Friesen, J. and Pelz, P.F. (2020) '**COVID-19 and Slums: A Pandemic Highlights Gaps in Knowledge About Urban Poverty**', *JMIR Public Health and Surveillance* 6.3: e19578, DOI: 10.2196/19578 (accessed 27 January 2021)

Golin, R. *et al.* (2020) '**PEPFAR's Response to the Convergence of the HIV and COVID-19 Pandemics in Sub-Saharan Africa**', *Journal of the International AIDS Society* 23.8: e25587, DOI: 10.1002/jia2.25587 (accessed 27 January 2021)

Holman, N. *et al.* (2020) '**Risk Factors for COVID-19-Related Mortality in People with Type 1 and Type 2 Diabetes in England: A Population-Based Cohort Study**', *The Lancet: Diabetes and Endocrinology* 8.10: 823–33, DOI: 10.1016/S2213-8587(20)30271-0 (accessed 27 January 2021)

Horton, R. (2020) '**Offline: COVID-19 is Not a Pandemic**', *The Lancet* 396.10255: 874, DOI: 10.1016/S0140-6736(20)32000-6 (accessed 27 January 2021)

Hrynick, T.; Ripoll, S. and Carter, S. (2020) ***Broader Health Impacts of Vertical Responses to COVID-19 in Low- and Middle-Income Countries (LMICs)***, Brighton: Social Science in Humanitarian Action Platform (accessed 30 September 2020)

Ihekweazu, C. and Agogo, E. (2020) '**Africa's Response to COVID-19**', *BMC Medicine* 18: 151, DOI: 10.1186/s12916-020-01622-w (accessed 27 January 2021)

Jewell, B.L. *et al.* (2020) '**Potential Effects of Disruption to HIV Programmes in Sub-Saharan Africa Caused by COVID-19: Results from Multiple Mathematical Models**', preprint (accessed 30 January 2021)

Kantamneni, N. (2020) '**The Impact of the COVID-19 Pandemic on Marginalized Populations in the United States: A Research Agenda**', *Journal of Vocational Behavior* 119: 103439, DOI: 10.1016/j.jvb.2020.103439 (accessed 27 January 2021)

Kim, S.J. and Bostwick, W. (2020) '**Social Vulnerability and Racial Inequality in COVID-19 Deaths in Chicago**', *Health Education and Behavior* 47.4: 509–13, DOI: 10.1177/1090198120929677 (accessed 27 January 2021)

Leach, M.; Meeker, J.; MacGregor, H.; Schmidt-Sane, M. and Wilkinson, A. (2020a) '**Covid-19: Key Considerations for a Public Health Response**', *Briefing*, Brighton: Institute of Development Studies (accessed 8 March 2021)

Leach, M.; MacGregor, H.; Scoones, I. and Wilkinson, A. (2020b) '**Post-Pandemic Transformations: How and Why COVID-19**

Requires US to Rethink Development', *World Development* 138, DOI: 10.1016/j.worlddev.2020.105233 (accessed 27 January 2021)

Leiderer, S. (2015) '**Donor Coordination for Effective Government Policies?**', *Journal of International Development* 27.8: 1422–45, DOI: 10.1002/jid.3184 (accessed 27 January 2021)

Lippi, G.; Wong, J. and Henry, B.M. (2020) 'Hypertension and its Severity or Mortality in Coronavirus Disease 2019 (COVID-19): A Pooled Analysis', *Polish Archives of Internal Medicine* 130.4: 304–9

Logie, C.H. and Turan, J.M. (2020) '**How Do We Balance Tensions Between COVID-19 Public Health Responses and Stigma Mitigation? Learning from HIV Research**', *AIDS and Behavior* 24.7: 2003–6, DOI: 10.1007/s10461-020-02856-8 (accessed 27 January 2021)

MacGregor, H. and Hrynick, T. (2020) ***COVID-19 Considerations for Home and Community-Based Care***, Brighton:Social Science in Humanitarian Action Platform (accessed 30 September 2020)

Makoni, M. (2020) '**COVID-19 in Africa: Half a Year Later**', *The Lancet: Infectious Diseases* 20.10: 1127, DOI: 10.1016/S1473-3099(20)30708-8 (accessed 27 January 2021)

Mehtar, S. *et al*. (2020) '**Limiting the Spread of COVID-19 in Africa: One Size Mitigation Strategies Do Not Fit All Countries**', *The Lancet: Global Health* 8.7: E881–E883, DOI: 10.1016/S2214-109X(20)30212-6 (accessed 27 January 2021)

Mendenhall, E. (2017) '**Syndemics: A New Path for Global Health Research**', *The Lancet* 389.10072: 889–91, DOI: 10.1016/S0140-6736(17)30602-5 (accessed 27 January 2021)

Mendenhall, E. (2012) *Syndemic Suffering: Social Distress, Depression, and Diabetes Among Mexican Immigrant Women*, London: Routledge

Micah, A.E.; Leach-Kemon, K. and Dieleman, J.L. (2020) '**Health-Systems Strengthening in the Age of COVID-19**', *Think Global Health*, 25 August (accessed 30 September 2020)

Mukherjee, S. (2020) 'Disparities, Desperation, and Divisiveness: Coping with COVID-19 in India', *Psychological Trauma* 12.6: 582–84

Mushi, V. and Shao, M. (2020) '**Tailoring of the Ongoing Water, Sanitation and Hygiene Interventions for Prevention and Control of COVID-19**', *Tropical Medicine and Health* 48: 47, DOI: 10.1186/s41182-020-00236-5 (accessed 27 January 2021)

Neumann-Podczaska, A. *et al*. (2020) '**COVID 19 – Clinical Picture in the Elderly Population: A Qualitative Systematic Review**', *Aging and Disease* 11.4: 988–1008, DOI: 10.14336/AD.2020.0620 (accessed 27 January 2021)

Nkengasong, J. and Mankoula, W. (2020) '**Looming Threat of COVID-19 Infection in Africa: Act Collectively, and Fast**', *The Lancet* 395: 841–42 (accessed 23 February 2021)

OECD (2020) ***Strengthening Health Systems During a Pandemic: The Role of Development Finance***, 25 June (accessed 30 September 2020)

Pal, R. and Banerjee, M. (2021) '**Are People with Uncontrolled Diabetes Mellitus at High Risk of Reinfections with COVID-19?**',

Primary Care Diabetes 15.1: 18–20, DOI: 10.1016/j.pcd.2020.08.002 (accessed 27 January 2021)

Patel, J.A. *et al.* (2020) '**Poverty, Inequality and COVID-19: The Forgotten Vulnerable**', *Public Health* 183: 110–11, DOI: 10.1016/j.puhe.2020.05.006 (accessed 27 January 2021)

Patel, S. (2020) '**Community Based Organizations are Key to COVID-19 Response**', *Sanitation and Water for All (SWA)*, 15 June (accessed 30 September 2020)

Pinto, R.M. and Park, S. (2020) '**COVID-19 Pandemic Disrupts HIV Continuum of Care and Prevention: Implications for Research and Practice Concerning Community-Based Organizations and Frontline Providers**', *AIDS and Behavior* 24.9: 2486–89, DOI: 10.1007/s10461-020-02893-3 (accessed 27 January 2021)

Platt, L. *et al.* (2020) '**Sex Workers Must Not Be Forgotten in the COVID-19 Response**', *The Lancet* 396.10243: 9–11, DOI: 10.1016/S0140-6736(20)31033-3 (accessed 27 January 2021)

Riley, T.; Sully, E.; Ahmed, Z. and Biddlecom, A. (2020) '**Estimates of the Potential Impact of the Covid-19 Pandemic on Sexual and Reproductive Health in Low-and Middle-Income Countries**', *International Perspectives on Sexual and Reproductive Health* 46: 73–76, DOI: 10.1363/46e9020 (accessed 27 January 2021)

Rollston, R. *et al*. (2020) '**COVID-19: Africa Needs Unprecedented Attention to Strengthen Community Health Systems**', *The Lancet* 396.10245: 150–52, DOI: 10.1016/S0140-6736(20)31532-4 (accessed 27 January 2021)

Sangaramoorthy, T. (2020) '**From HIV to COVID19: Anthropology, Urgency, and the Politics of Engagement**', *Somatosphere*, 1 May (accessed 30 September 2020)

Sanyaolu, A. *et al*. (2020) '**Comorbidity and its Impact on Patients with COVID-19**', *SN Comprehensive Clinical Medicine* 2.8: 1069–76, DOI: 10.1007/s42399-020-00363-4 (accessed 27 January 2021)

Schmidt-Sane, M.; Ripoll, S. and Wilkinson, A. (2020) ***COVID-19 Management in Marginalised Populations in Southeast Asia***, Brighton: Social Science in Humanitarian Action Platform (accessed 30 September 2020)

Schmidt-Sane, M.; Tulloch, O. and Jones, L. (2020) ***Emerging Evidence on Shielding Vulnerable Groups During COVID-19***, Brighton: Social Science in Humanitarian Action Platform (accessed 30 Sepember 2020)

Seifu Estifanos, A. *et al*. (2020) '**"I Exist Because of We": Shielding as a Communal Ethic of Maintaining Social Bonds During the COVID-19 Response in Ethiopia**', *BMJ Global Health* 5.7: e003204, DOI: 10.1136/bmjgh-2020-003204 (accessed 27 January 2021)

Shadmi, E. *et al.* (2020) 'Health Equity and COVID-19: Global Perspectives', *International Journal for Equity in Health* 19.1: 1–16

Shahid, Z. *et al*. (2020) '**COVID-19 and Older Adults: What We Know**', *Journal of the American Geriatrics Society* 68.5: 926–29, DOI: 10.1111/jgs.16472 (accessed 27 January 2021)

Singer, M. (2009) *Introduction to Syndemics: A Critical Systems Approach to Public and Community Health*, San Francisco CA: Jossey-Bass

Singer, M.; Bulled, N.; Ostrach, B. and Mendenhall, E. (2017) 'Syndemics and the Biosocial Conception of Health', *The Lancet* 389.10072: 941–50

Smith, G.D. and Spiegelhalter, D. (2020) '**Shielding from Covid-19 Should be Stratified by Risk**', *BMJ* 369: m2063, DOI: 10.1136/bmj.m2063 (accessed 28 January 2021)

Sominsky, L.; Walker, D.W. and Spencer, S.J. (2020) '**One Size Does Not Fit All – Patterns of Vulnerability and Resilience in the COVID-19 Pandemic and Why Heterogeneity of Disease Matters**', *Brain, Behavior, and Immunity* 87: 1–3, DOI: 10.1016/j.bbi.2020.03.016 (accessed 28 January 2021)

SSHAP (2020) ***One Size Does Not Fit All: COVID-19 Responses Across African Settings***, Brighton: Social Science in Humanitarian Action Platform (accessed 6 December 2020)

Stark, L. *et al.* (2020) '**The Syndemic of COVID-19 and Gender-Based Violence in Humanitarian Settings: Leveraging Lessons from Ebola in the Democratic Republic of Congo**', *BMJ Global Health* 5: e004194, DOI: 10.1136/bmjgh-2020-004194 (accessed 28 January 2021)

Teo, A.K.J.; Tan, R.K.J. and Prem, K. (2020) '**Perspective Piece: Concealment of Potential Exposure to COVID-19 and Its Impact on Outbreak Control: Lessons from the HIV Response**', *American Journal of Tropical Medicine and Hygiene* 103.1: 35–37, DOI: 10.4269/ajtmh.20-0449 (accessed 28 January 2021)

The Global Fund (2020) '**Sex Workers in Africa Are More Vulnerable During COVID-19**', 4 June (accessed 30 September 2020)

UNAIDS (2020) '**Keeping HIV Treatment Available in Pakistan During COVID-19**', 15 April (accessed 30 September 2020)

Wang, Z. and Tang, K. (2020) '**Combating COVID-19: Health Equity Matters**', *Nature Medicine* 26: 458, DOI: 10.1038/s41591-020-0823-6 (accessed 28 January 2021)

WHO (2020a) ***Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)*** (accessed 11 December 2020)

WHO (2020b) ***Water, Sanitation, Hygiene, and Waste Management for SARS-CoV-2, the Virus that Causes COVID-19,*** Interim Guidance, 29 July (accessed 30 September 2020)

WHO (2020c) ***Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context***, Interim Guidance, 1 June (accessed 30 September 2020)

Wilkinson, A. (2020) '**Local Response in Health Emergencies: Key Considerations for Addressing the COVID-19 Pandemic in Informal Urban Settlements**', *Environment and Urbanization* 32.2: 503–22, DOI: 10.1177/0956247820922843 (accessed 28 January 2021)

Wilkinson, A.; Conteh, A. and Macarthy, J. (2020) '**Chronic Conditions and COVID-19 in Informal Urban Settlements: A Protracted Emergency**', *Cities and Health*, DOI: 10.1080/23748834.2020.1813538 (accessed 28 January 2021)

Winchester, M.S. (2015) '**Synergistic Vulnerabilities: Antiretroviral Treatment Among Women in Uganda**', *Global Public Health* 10.7: 881–94, DOI: 10.1080/17441692.2015.1007468 (accessed 28 January 2021)

Yancy, C.W. (2020) '**COVID-19 and African Americans**', *JAMA* 323.19: 1891–92, DOI: 10.1001/jama.2020.6548 (accessed 28 January 2021)

Yang, J. *et al.* (2020) '**Prevalence of Comorbidities and its Effects in Patients Infected with SARS-CoV-2: A Systematic Review and Meta-Analysis**', *International Journal of Infectious Diseases* 94: 91–95, DOI: 10.1016/j.ijid.2020.03.017 (accessed 28 January 2021)

Zhang, J. *et al*. (2020) '**Risk Factors for Disease Severity, Unimprovement, and Mortality in COVID-19 Patients in Wuhan, China**', *Clinical Microbiology and Infection* 26.6: 767–72, DOI: 10.1016/j.cmi.2020.04.012 (accessed 28 January 2021)

Zhao, Q. *et al.* (2020) '**The Impact of COPD and Smoking History on the Severity of COVID-19: A Systemic Review and Meta-Analysis**', *Journal of Medical Virology* 92.10: 1915–21, DOI: 10.1002/jmv.25889 (accessed 28 January 2021)

Zhou, Y. *et al.* (2020) '**Comorbidities and the Risk of Severe or Fatal Outcomes Associated with Coronavirus Disease 2019: A Systematic Review and Meta-Analysis**', *International Journal of Infectious Diseases* 99: 47–56, DOI: 10.1016/j.ijid.2020.07.029 (accessed 28 January 2021)

Building Forward Better: Inclusive Livelihood Support in Nairobi's Informal Settlements*†

Joseph Kimani,[1] Rosie Steege,[2] Jack Makau,[3] Kilion Nyambuga,[4] Jane Wairutu[5] and Rachel Tolhurst[6]

Abstract For the large population living in Nairobi's informal settlements, the long-term effects of Covid-19 pose a threat to livelihoods, health, and wellbeing. For those working in the informal sector, who are the lifeblood of the city, livelihoods have been severely supressed by Covid-19 restrictions such as curfews, pushing many into further poverty. This article draws on community data, meetings, and authors' observations as community organisers, to explore the challenges posed by existing government responses from a community development perspective. We found that poor accountability structures and targeted income support only for the 'most vulnerable' exacerbates tensions, mistrust, and insecurity among already vulnerable communities. We draw on a rapid desk review of existing literature to argue that community-led enumeration to validate entitlement claims, improved accountability for distribution, and widening income support is required to build solidarity and improve the future resilience of these communities.

Keywords informal settlements, Nairobi, Covid-19, income support, urban, informal, youth.

1 Introduction

In Nairobi, approximately 70 per cent of residents (2.5 million people) are estimated to be living in around 200 informal settlements, occupying just 6 per cent of the city's land (APHRC 2012). People living in informal settlements experience many vulnerabilities due to a lack of secure tenure, basic amenities, and infrastructure. Data collected by Muungano wa Wanavijiji,[7] the Kenyan federation of 'slum dwellers', found that in Nairobi's informal settlements, an average of 230 households live in an acre of land – an area less than the size of a football field. Residents face multiple deprivations, including crowding, with families often

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

sharing a single room, and inadequate access to water, sanitation, and hygiene and other vital services (Corburn *et al.* 2020).

This article draws on the observations and experiences of community organisers (employed by the non-governmental organisation (NGO) SDI Kenya) working with federations of the urban poor through Muungano. It explores community experiences of livelihood insecurity and access to government income support during the Covid-19 pandemic, based on formal and informal data collection with community members. These include a 'coronavirus situation tracking' survey, in which mobilisers were asked to interview five people in their village (a sub-unit of a settlement) every two to three days in May and June 2020 (Muungano wa Wanavijiji 2020; Banyai-Becker, Mwangi and Wairutu 2020). This is supplemented by information reported to staff (i.e. the authors – Kimani, Wairutu, Makau, and Nyambuga) at SDI Kenya from community-based organisations, during meetings. Drawing on a rapid desk-based literature review, the article considers the case for providing a temporary basic income to informal settlement residents during shocks such as Covid-19.

2 Livelihood and wellbeing shocks due to Covid-19

Crowding and a lack of water, sanitation, and hygiene (WASH) facilities make adherence to government guidelines for preventing Covid-19 transmission, such as quarantining, physical distancing, and handwashing, difficult for people living in informal settlements. Beyond the health risks posed by Covid-19 to these communities, by far the most enduring risk is the loss of livelihoods. It is estimated that Kenya's informal sector accounts for 83.6 per cent of total employment (Kinyanjui 2020). The informal sector not only creates jobs but is of vital importance to the country's economy because many households rely on it for their basic needs; for example, the fresh vegetable trade is largely informal (*ibid*.).

In 2017, an estimated one fifth of the annual revenue attributed to Nairobi County was generated through the informal economy of one settlement – Mukuru (Corburn *et al*. 2017). Informal work is often the only option for the urban poor. Yet, those in the informal sector typically rely on low, daily wages for subsistence (Corburn *et al.* 2020). The Covid-19 pandemic has illustrated the implications for disease transmission: residents of informal settlements often work throughout the city (for example, in city transport, as domestic workers, and as street vendors) and are unable to either work from home or desist from working. Covid-19 response measures, such as curfews, severely constrain already limited access to resources for the urban poor. Reduced livelihood opportunities, together with price increases mean that at least 43 per cent of the Kenya informal settlement population face high levels of acute food insecurity (IPC 2020). As in many low-income countries, social protection systems are weak and largely exclude informal workers (Molina and Ortiz-Juarez 2020).

The impacts of the pandemic have exacerbated long-standing failures in urban governance and existing social inequalities. For example, since the onset of the pandemic, residents living in Nairobi's informal settlements, such as Korogocho, Mathare, Kibera, and Mukuru, have reported an escalation in human rights violations including extrajudicial killings, police violence and aggression, and harassment of small and micro business operators (MSPARC 2020). At the same time, residents continued to experience forced evictions and high rates of juvenile crime. Sexual and gender-based violence, especially against women and girls, has also increased during the pandemic (Ngunjiri *et al*. 2020).

3 Lack of accountability and attention to the 'moral economy' in current social protection approaches

The Covid-19 pandemic is exposing well-worn social fault lines. The government, along with businesses, corporations, and civil society initiatives has provided a range of support to people living in informal settlements, such as emergency food and water. However, this has largely been insufficient to meet needs, and income support has been limited (IPC 2020; Muungano wa Wanavijiji 2020).[8] The response to date has relied largely on collective strategies from community members, and their ability to mobilise and self-organise to distribute resources. Drawing on these collective strengths, Muungano has been among those community-based organisations working together to provide essentials such as Covid-19 information materials and handwashing stations at key locations within settlements such as Korogocho and Mathare (Wairutu 2020). Limited income support distributed by government and NGOs such as GiveDirectly focuses on 'vulnerable households' in the informal settlements. These include elderly people, people with chronic illnesses such as HIV/AIDS, people with disabilities, and orphans (Ministry of Gender, Children and Social Development 2011).

There are three major challenges with existing support. First, there is a lack of transparency in the selection of beneficiaries for support via community leaders, which creates suspicion and mistrust; this is communicated through community-based organisations such as Muungano.[9]

Second, such narrowly targeted income support seeks to categorise certain groups as homogenously vulnerable, ignoring the complex realities of intersections between these markers of disadvantage and others such as gender, sexuality, ethnicity, or citizenship. In particular, the substantial young population experience vulnerabilities that they feel are overlooked. Young people from their mid teens onwards often experience relatively little support from their natal families, where there is little space in crowded rooms. With limited job opportunities and social capital, they struggle to generate income to rent a room and to meet other costs of living, which are high in informal settlements due to the 'poverty premium' (Lines and Makau 2018). Young men in

particular are often drawn into crime, worsening insecurity for the whole community.

Disaffected young people are increasingly pursuing multiple strategies to demand accountability for improving their situation, ranging from petitions and demonstrations to community and local authorities, to more 'rude' accountability tactics (Hossain and Scott-Villiers 2017) such as disrupting development projects that do not engage with their needs. These dynamics have worsened during the Covid-19 pandemic.[10]

Third, many community members' livelihoods fall below the poverty line even outside of periods of shock. For example, an estimated 60 per cent of households in Korogocho are poor (Shifa and Leibbrandt 2017). To these vulnerable communities, targeted support can feel arbitrary, which exacerbates existing disaffection and divisions.

A major challenge experienced in the distribution of all support in informal settlements has been the identification and authentication of recipients. There is no official register of informal settlement residents. Thus, support has relied on lists generated by area administrators and civil society project data, which are often inaccurate, exacerbating suspicion and tensions within the communities. For example, the Kazi Mtaani (National Hygiene Programme) aimed 'to provide a form of social protection for workers whose prospects for daily or casual work has [*sic*] been disrupted by the containment policies put in place to limit the spread of Covid-19'[11] through paid work in community clean-up activities. However, youth in Mathare perceived that the process of recruitment of people to take part was unfair and corrupt, and expressed this in a letter to local chiefs and County Commissioners, with the support of SDI Kenya.

The narrowly targeted approach to income support and lack of transparency in distribution in the face of severe shocks are thus at odds with the social realities and 'moral economy' of communities (Hossain and Kalita 2014). Lack of verifiable information on residence further compounds the challenges to making claims against existing entitlements.

4 A way forward? The case for community-led enumeration and temporary basic income for informal settlement residents

In this context, there is a clear need to improve transparency and accountability in the distribution of current entitlements, as well as expand income support entitlements for the urban poor during times of economic shock. Without unprecedented measures to support livelihoods in the informal sector, large numbers of vulnerable households will be driven further into poverty. Moreover, efforts to limit the spread of the disease will be undermined when slum residents have to undertake unacceptable occupational risks to meet the basic costs of survival. How the government chooses

to respond to the Covid-19 pandemic, and how communities are able to hold governments to account in their response will certainly shape the future of these communities and Nairobi as a city.

The urgent need to strengthen transparency and accountability with regard to the distribution of existing entitlements for people designated as vulnerable, highlights the crucial role of credible information in legitimising their claims. Local community-based organisations, such as Muungano, are able to collect and verify information through trusting social relationships (Lines and Makau 2018).

Beyond this, advocacy for wider support to people with vulnerable livelihoods is required. Evidence suggests that the provision of a 'temporary basic income' for people living in informal settlements through unconditional cash transfers is a potential approach to meeting basic rights such as food security. There is strong evidence for the positive short- and long-term impacts of unconditional cash transfers (Bastagli *et al*. 2016). A randomised controlled trial of the short-term impacts of unconditional cash transfers (through the NGO GiveDirectly) in Kenya identified a positive meaningful impact on consumption, food security, assets, revenue from self-employment, and psychological wellbeing, with a reduction in incidents of sexual and gender-based violence (Haushofer and Shapiro 2016).

Long-term national evidence, at scale, from a universal cash transfer scheme for families with children under five in rural Zambia also shows increasing independence over time (Handa *et al.* 2018). This study indicated that by allowing people to meet their essential consumption needs, cash assistance could lead to the accumulation of productive assets and the diversification of livelihoods (*ibid*.). A recent United Nations Development Programme working paper calculated that it would be feasible to implement temporary basic income in sub-Saharan Africa with between 0.76 per cent and 2.71 per cent of the region's gross domestic product (GDP) (Molina and Ortiz-Juarez 2020). The costs for Kenya varied from 0.72 per cent of GDP to 'top up' to international poverty lines and 3 per cent of GDP for a uniform lump sum transfer (*ibid*.).

Although as yet untested in informal settlements and crisis conditions, a more universal approach to income support at the community level has the potential to support community efforts to promote inclusion and solidarity and to 'build forward better', promoting future resilience by cushioning vulnerable people from shock.

5 Conclusion

For the large population living in Nairobi's informal settlements, the immediate and long-term effects of Covid-19 pose a threat to livelihoods, health, and wellbeing. We have argued that the

absence of a transparent, accountable system that can be leveraged by community members to claim against entitlements is deepening mistrust in already insecure communities. Further, enforcing Covid-19 restriction measures in the absence of a financial safety net contributes towards suffering for most informal settlement residents. Current models of targeted support are insufficient to meet population needs and foster division, disaffection, and insecurity within communities. The Kenyan government's response to Covid-19 needs to recognise its moral obligation to support all vulnerable populations and to take into account the realities for those living and working in informal settlements. Efforts are required now to prevent even more people falling into poverty, threatening the attainment of Sustainable Development Goal 11 'to make cities and human settlements inclusive, safe, resilient and sustainable'.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.

† Slum Dwellers International (SDI) Kenya engagements in Mathare informal settlement and writing of this article were funded by the Global Challenges Research Fund (GCRF) Accountability and Responsiveness in Informal Settlements for Equity (ARISE), which is a UKRI Collective Fund award, reference ES/S00811X/1. The authors would also like to acknowledge the contributions of: Muungano wa Wanavijiji and Akiba Mashinani Trust; COVID response Sub-Committee on Community Engagement for MoH Kenya; MSPARC members, especially Mathare Social Justice Centre (MSJC), Ghetto Foundation (GF), Naipolitan and Kounkey Design Initiative (KDI); Mary Kipkemboi; Know Your City TV (KYCTV); Mathare Muungano Network; ARISE Hub members, especially Liverpool VCT Health (LVCT Health) and the African Population and Health Research Center (APHRC); reviewers of Covid-19 response challenge fund proposal.

1 Joseph Kimani, Programme Manager, Slum Dwellers International, Kenya.
2 Rosie Steege, Research Associate, Liverpool School of Tropical Medicine, UK.
3 Jack Makau, Director, Slum Dwellers International, Kenya.
4 Kilion Nyambuga, Programme Officer, Slum Dwellers International, Kenya.
5 Jane Wairutu, Programme Officer, Slum Dwellers International, Kenya.
6 Rachel Tolhurst, Reader, Liverpool School of Tropical Medicine, UK and Research Director, ARISE Hub.
7 Muungano wa Wanavijiji means 'united slum dwellers' in Swahili. Often referred to simply as 'Muungano', it is a network

of community-based organisations of the urban poor people from cities and towns across Kenya, totalling around 100,000 people from nearly 1,000 groups. For further information see the **Muungano wa Wanavijiji website** and Lines and Makau (2018).

8 For example, the Muungano Coronavirus Tracking survey in informal settlements in Nairobi found less than 35 per cent of interviewees said basic needs support was provided for vulnerable people in their village between April and June.

9 For example, minutes of the Mathare Special Planning Area Research Consortium (MSPARC) meeting of 7 May 2020 recorded Muungano members expressing concern regarding the lack of clarity about the distribution of government income support and mistrust about whether this has actually been received by anyone.

10 Based on observation by SDI Kenya staff.

11 According to State Department of Housing and Urban Development Principal Secretary, Charles Hinga, quoted in Capital News (2020).

References

APHRC (2012) *Population and Health Dynamics in Nairobi's Informal Settlements: Report of the Nairobi Cross-Sectional Slums Survey (NCSS) 2012*, Nairobi: African Population and Health Research Center

Banyai-Becker, W.; Mwangi, C. and Wairutu, J. (2020) ***The Power of Data in a Pandemic: Repurposing Muungano's Data-Collection Expertise to Fight Covid-19 in Kenya***, Muungano wa Wanavijiji blog, 24 September (accessed 11 December 2020)

Bastagli, F. *et al*. (2016) *Cash Transfers: What Does the Evidence Say? A Rigorous Review of Programme Impact and of the Role of Design and Implementation Features*, London: Overseas Development Institute

Capital News (2020) '**Thousands of Youth to Benefit from Kazi Mtaani Project**', *Capital FM*, 10 July (accessed 4 January 2021)

Corburn, J. *et al*. (2020) 'Slum Health: Arresting COVID-19 and Improving Well-Being in Urban Informal Settlements', *Journal of Urban Health* 97: 348–57

Corburn, J. *et al.* (2017) ***Situational Analysis of Mukuru Kwa Njenga, Kwa Reuben and Viwandani***, Technical Paper, Nairobi: UC Berkeley, University of Nairobi, Muungano Alliance, Strathmore University and Katiba Institute (accessed 22 January 2021)

Handa, S.; Natali, L.; Seidenfeld, D.; Tembo, G. and Davis, B. (2018) 'Can Unconditional Cash Transfers Raise Long-Term Living Standards? Evidence from Zambia', *Journal of Development Economics* 133: 42–65

Haushofer, J. and Shapiro, J. (2016) 'The Short-Term Impact of Unconditional Cash Transfers to the Poor: Experimental Evidence from Kenya', *Quarterly Journal of Economics* 131.4: 1973–2042

Hossain, N. and Kalita, D. (2014) 'Moral Economy in a Global Era: The Politics of Provisions During Contemporary Food Price Spikes', *Journal of Peasant Studies* 41.5: 815–31

Hossain, N. and Scott-Villiers, P. (eds) (2017) *Food Riots, Food Rights and the Politics of Provisions*, London: Routledge

IPC (2020) ***Kenya: IPC Acute Food Insecurity Analysis Urban August–December 2020***, Nairobi: Integrated Food Security Phase Classification (accessed 11 December 2020)

Kinyanjui, N. (2020) '**How the COVID-19 Pandemic Will Affect Informal Workers: Insights from Kenya**', *The Conversation*, 22 March (accessed 28 September 2020)

Lines, K. and Makau, J. (2018) 'Taking the Long View: 20 Years of Muungano wa Wanavijiji, The Kenyan Federation of Slum Dwellers', *Environment and Urbanization* 30.2: 407–24

Ministry of Gender, Children and Social Development (2011) *Kenya National Social Protection Policy*, Nairobi: Republic of Kenya

Molina, G.G. and Ortiz-Juarez, E. (2020) *Temporary Basic Income: Protecting Poor and Vulnerable People in Developing Countries*, New York NY: United Nations Development Programme

MSPARC (2020) 'Minutes of the Mathare Special Planning Area Research Consortium (MSPARC) Held on 7 May 2020', unpublished

Muungano wa Wanavijiji (2020) ***22–23 June 2020: Coronavirus Situation Tracker for Kenyan Informal Settlements***, 24 June (accessed 11 December 2020)

Ngunjiri, A.; Otiso, L.; Mwaniki, A.; Omondi, C. and Thiomi, J. (2020) *Violence Against Women and Girls Amidst COVID-19 Pandemic: LVCT Health Experience*, Nairobi: LVCT Health

Shifa, M. and Leibbrandt, M. (2017) 'Urban Poverty and Inequality in Kenya', *Urban Forum* 28: 363–85

Wairutu, J. (2020) *COVID-19 Response Informal Settlements Sub-Committee Updates Report*, Presentation at Ministry of Health Workshop, 10 August

Social Protection, Covid-19, and Building Back Better*†

Jeremy Lind,[1] Keetie Roelen[2] and Rachel Sabates-Wheeler[3]

Abstract The Covid-19 pandemic has brought sweeping changes for economies and societies, with the most devastating consequences for individuals and groups with pre-existing vulnerabilities. As attention shifts from addressing urgent humanitarian needs to long-term response, it is time to think about the role of social protection as part of a longer-term solution to living with Covid-19, as well as supporting efforts to build back better. This article considers how social protection can offer support and be supported in short-, medium-, and long-term responses, under different scenarios for how the pandemic might unfold. Based on a secondary literature review, we argue that planning must anticipate the possibility of an enduring pandemic and that the expansion of social protection should not be limited to a short-term response. Rather, Covid-19 presents a necessity and opportunity to establish firm foundations for more comprehensive social protection systems for years to come, including leveraging greater domestic expenditure and international assistance.

Keywords Covid-19, social protection, build back better, continuum of response, systems.

1 The implications of Covid-19 for alleviating poverty and vulnerability

The Covid-19 pandemic has had far-reaching consequences for poverty, food security, and livelihoods around the world. It threatens to undo many decades of progress towards the global commitments and achievements to reduce poverty, hunger, and other forms of ill-being (e.g. FSIN 2020; Sumner, Hoy and Ortiz-Juarez 2020). The number of people falling into extreme monetary poverty due to the pandemic is projected to range from 49 million (Mahler *et al*. 2020a) to as many as 419 million worldwide (Sumner *et al*. 2020). The rise in poverty may be even higher when considering multidimensional poverty,

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

with simulations indicating that 490 million people may fall into multidimensional poverty (OPHI and UNDP 2020).

Economic forecasts reflect how rapidly the crisis has escalated, as well as the differentiated consequences of the pandemic for regional and national economies, with the extent of projected contractions varying for different parts of the world. The World Bank estimates an economic contraction in sub-Saharan Africa of between -2.1 and -5.1 per cent this year, costing the region between US$37bn and US$79bn in lost output (Calderon *et al.* 2020). In Asia, the International Monetary Fund (IMF) projects growth to be -0.6 per cent in 2020 for Indonesia, Malaysia, the Philippines, Thailand, and Vietnam (IMF 2020b).

While provision of basic needs in the wake of sudden and unanticipated shocks traditionally sits within the remit of short-term humanitarian response, social protection – a regular medium- to long-term safety net to enable people to manage threats to livelihoods – has been a core response to Covid-19 and its socioeconomic consequences (ILO 2020a: 2). By July 2020, 200 countries and territories across the world had introduced more than 1,000 social protection measures in response to the pandemic (Gentilini *et al.* 2020), albeit disproportionately in high-income countries. The majority constituted some form of social assistance and focused on expanding coverage, making benefits more generous or simplifying administrative requirements (*ibid.*).

Innovative programming in recent years has enabled social protection in different contexts to scale up assistance in response to large covariate shocks that affect groups of households, communities, regions, or entire countries. The rapid response within established social protection programmes for managing the impacts of what is an acute and unanticipated shock, places Covid-19 social protection responses squarely within the shock-responsive social protection (SRSP) agenda (O'Brien *et al.* 2018). Shock responsiveness in social protection is facilitated by targeting systems and contingency funding that provide programmes with the ability to respond more quickly to acute needs in a crisis than conventional humanitarian responses.

Despite Covid-19 being a 'wake-up call alerting the global community to the urgency of accelerating progress in building social protection systems' (ILO 2020a: 1), much of the response has focused on design and implementation of immediate to medium-term measures (see, for example, Vaziralli 2020). The longer-term ramifications of Covid-19 present a conundrum with respect to social protection: while need for support will grow and remain high for years to come, the resources to provide such support will become increasingly constrained.

This plays out against the backdrop of great unevenness in terms of social protection coverage. Even before the pandemic,

approximately 55 per cent of the world's population – as many as 4 billion people, including two out of every three children – were not covered by any form of social protection (UNICEF 2020c). The consequences of this limited reach have been exposed as Covid-19 has continued to spread across new geographies, and with particularly devastating impact for those populations who were already the furthest behind due to various existing disadvantages, exclusions, and forms of marginalisation. Owing to fiscal and capacity constraints, social safety net programmes often cover only a small proportion of the poor and are concentrated in rural areas where chronic poverty is highest (Bodewig *et al.* 2020). As the immediacy of the crisis wanes in some places, and attention shifts from addressing urgent humanitarian needs and crafting quick response systems to long-term solutions, it is time to think about the role of social protection as part of a longer-term solution to living with Covid-19, as well as supporting efforts to build back better.

Based on secondary literature review, this article looks ahead and considers how social protection can offer support and be supported in building back better from the Covid-19 pandemic. It focuses on the role of social protection as part of wider responses to the pandemic. We focus on two scenarios for how the pandemic might unfold and, therein, explore the role of social protection within three phases: the immediate term, medium term, and longer term. In doing so, we bring into focus components that have long been part of efforts to strengthen social protection, including continuum of response, fiscal space, administrative capacity, strong accountability, cross-sectoral linkages, and ensuring inclusion and equality.

2 Social protection and building back better

'Building back better' is a phrase that has a history in humanitarian and disaster studies, describing the link between recovery and building greater resilience – especially at the community level – to future hazards (GFDRR n.d.). Crucially, it implies not just recovering to the previous status quo but using 'crisis as an opportunity' to link recovery to change and transformation towards better systems that cover substantial parts of the population, offer harmonised support, and are well coordinated.

The notion of building back better is twofold in terms of social protection. First, social protection will have an essential role in addressing the consequences of Covid-19 and vulnerabilities relating to the virus in the medium term, when societies, governments, and multilateral institutions will be focused on recovery. Second, Covid-19 presents an opportunity to strengthen and build better social protection systems, with the possibility of leveraging greater domestic expenditure on, and international assistance for, social protection over the long term.

Box 1 Scaling up social transfers in Ethiopia through the Productive Safety Net Programme (PSNP)

In Ethiopia, the immediate response to Covid-19 included planning of various actions. The rural Productive Safety Net Programme (PSNP) prepared a directive for regions to adjust programme activities to respond to the Covid-19 pandemic. The key actions proposed for regions were: (1) to provide beneficiaries with three months' cash and/or food transfers in one go; and (2) to find alternative approaches to activities that required large gatherings, such as waiving or minimising public works, and replacing community Social and Behavioural Change Communication sessions with one-to-one consultations. In urban areas, beneficiaries were allowed greater access to savings opportunities; in rural areas, the benefit value was increased. These measures were in place for three to six months. Smaller schemes at regional and municipal levels also included food transfers and prolonged leave for government employees who were at high risk of infection.

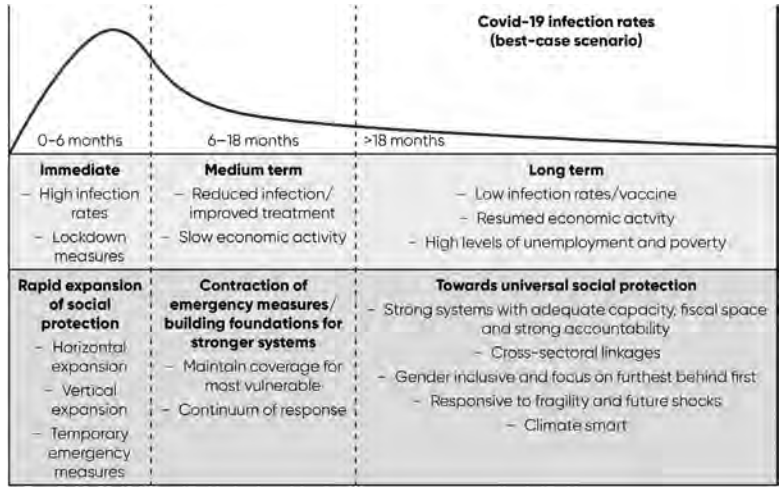
Source Based on Gentilini *et al.* (2020).

There are many unknowns in thinking about the future, including when the vaccines will be deployed at scale, particularly to the poorest and most hard-to-reach populations. Planning must anticipate the possibility that Covid-19 could remain for many years to come, circulating among the world's population. Thus, the expansion of social protection should not be limited to a short-term response to immediate needs but should be seized on as an opportunity to establish firm foundations for comprehensive social protection systems, including fiscal space, institutional arrangements and administrative structures, delivery capacities, and accountability mechanisms.

We consider two scenarios, with different assumptions about how the pandemic unfolds in the medium and long term and therefore different implications for social protection needs and capacities in relation to building back better.

Both scenarios reflect that in the immediate term, many countries experienced rapid spread of the virus with public health measures focusing on reducing the infection rate, and economic and social policy interventions aiming to mitigate the effects of such measures. In low- and middle-income countries, the effects of restrictions on movement, the loss of employment, and income insecurity are compounded by inadequate health systems, high population densities in urban areas, rural–urban migration, large informal economies, and high reliance on export-oriented markets, putting people at greater risk of contracting Covid-19 and losing livelihoods (Vaziralli 2020; Siwale 2020).

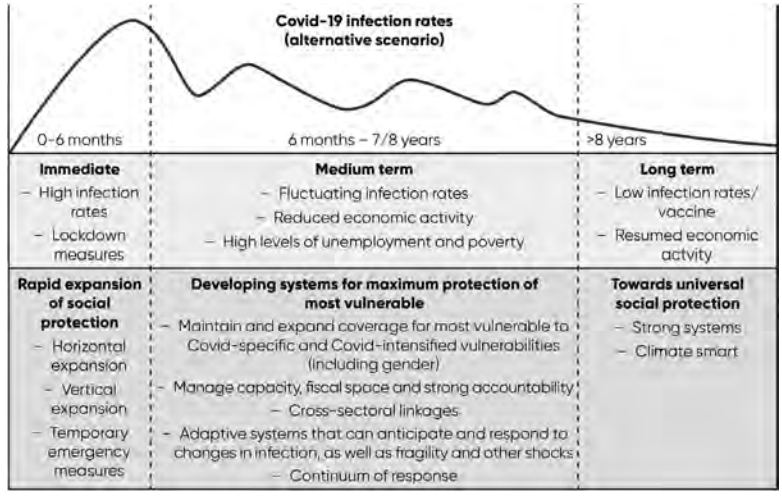
Figure 1 Immediate, medium-, and long-term social protection response to Covid-19: best-case scenario



Source Authors' own.

The abrupt and unprecedented disruption to lives and livelihoods has required countries to quickly scale up existing social protection programmes and/or design new programmes to patch existing gaps in social assistance, which in some countries are considerable (Box 1). Programme extensions through horizontal and vertical expansions[4] enable rapid coverage and delivery of benefits. As noted above, most countries have adopted at least one social protection measure in response to immediate needs

Figure 2 Immediate, medium-, and long-term social protection response to Covid-19: alternative scenario



Source Authors' own.

(Gentilini *et al*. 2020). By June 2020, 15 countries in sub-Saharan Africa had introduced social protection responses to Covid-19 (*ibid*.). In countries with more limited infrastructure to support cash payments, as pertains in many fragile and conflict-affected settings, in-kind support through direct distribution of food can provide relief to the poor.

As we move into the medium- and long-term phases of the Covid-19 crisis, it is vital to consider different options for how the pandemic unfolds further and what its implications are for social protection in building back better.

Figure 1 shows the best-case scenario, which assumes an accelerated timeline for Covid-19 therapies and prevention within the first 18 months of the pandemic, occurring alongside a sustainable reduction of the infection rate and allowing for a quicker pivot to building back better systems in a post-pandemic period.

Figure 2 shows an alternative scenario, which assumes a protracted period before effective therapies and vaccines are identified and deployed. It entails a longer medium-term phase, during which a 'new normal' may persist for many years, when the virus spreads unevenly in different places and at different times (hypothetically up to seven or eight years, as depicted in Figure 2).

It is important to note that the two scenarios present two ends on a continuum, ranging from an optimistic best-case scenario to a more pessimistic alternative scenario. The reality will likely lie somewhere along the continuum and will inevitably differ by country and context.

Much of the debate about policy responses to Covid-19 appears to be premised (either explicitly or implicitly) on events resembling the best-case scenario. Given the time it takes to develop, trial, approve, and manufacture a widely available and effective vaccine, a more conservative scenario that assumes a longer medium-term phase before a vaccine is found and made widely available is deemed more probable (McDonnell *et al*. 2020).

2.1 Medium-term response

The phase of medium-term response can be characterised by growing control over infection rates, lower community transmission, health systems being better able to cope, and lockdown measures largely being relaxed. During this period, the focus shifts from immediate crisis management towards continuing efforts aimed at economic and social stabilisation, as well as supporting livelihood recovery while keeping the virus suppressed.

Economic activity will resume but restrictions on movement, sub-nationally, nationally, and internationally, may still be in place. Some may be able to return to work; others will continue to struggle due to lack of demand or disruptions in supply

chains that they were employed in. The continuing lack of work, depletion of food stocks, and disrupted food chains will cause deepening levels of poverty and the growing spread of hunger. This medium-term phase presents a critical juncture for social protection.

In the **best-case scenario** – which dominated many discussions in the initial months of the pandemic, on economic and social recovery from Covid-19 – this phase is expected to last roughly 12 months, at which point a vaccine is identified and widely deployed in ways that effectively build immunity and enable a turn to post-pandemic efforts. The assumption is a linear evolution of the pandemic, with effective systems to manage periodic outbreaks and rising caseloads in hotspots.

In terms of social protection, this means that the measures put in place or expanded in response to the immediate crisis may be scaled back to pre-crisis proportions, much in line with the rationale of SRSP. SRSP by and large focuses on the ability of a social protection system to temporarily scale assistance up and down following a shock, either by increasing the level of assistance for existing beneficiaries or by expanding coverage to non-beneficiaries affected by the shock. This has created opportunities for using social protection to deliver a continuum of assistance by integrating the delivery of humanitarian assistance into its system.

In the **alternative scenario**, the medium-term recovery phase is expected to last much longer, with the pandemic continuing to unfold in a non-linear way, with smaller and larger outbreaks happening in different places over many years. Virologists and epidemiologists, in part based on their experience of other communicable diseases and coronaviruses, caution that vaccine development – and therefore the ability to reduce and manage infection rates – may be a long way off (McDonnell *et al*. 2020), and that the best-case scenario is too optimistic. Instead, it is more likely that the development of a vaccine that is effective for the large majority of the population may take many years, meaning that governments and international organisations must prepare for a protracted period during which the risk of wider transmission of the virus remains, necessitating ongoing constraints on mobility and economic activity, as well as high levels of poverty and vulnerability. Crucially, systems and programmes will have to be flexible to respond to increases in infection rates in sub-national and localised areas.

This scenario presents a conundrum for social protection. The need for support will be greater for much longer, yet the resources and capacity to deliver such support will also be under strain. Instead of focusing on building back better, this scenario may necessitate a focus on striving for maximum coverage of the most vulnerable and may require a continuum of response for

Box 2 Strengthening social protection systems by expanding coverage to vulnerable groups

In Sri Lanka, UNICEF is advocating for emergency universal child, disability, and old-age benefits in order to offer support to the most vulnerable. It is doing so with the prospect of economic recession as a result of Covid-19 and against a backdrop of limited coverage by and capacity within existing social protection schemes. The establishment of categorical cash transfer schemes could be implemented relatively quickly and easily within existing infrastructure, reaching much of the population. In addition to responding to the immediate and medium-term consequences of the crisis, the establishment of these types of benefits can also help to strengthen a social protection system 'that is more capable to help avoid, mitigate, withstand and recover from crises in the future'.

Source Based on Daniels (2020).

much longer (Box 2). Some aspects that may be categorised as 'long term' in the best-case scenario will need to be addressed in the medium term if this phase is of a more protracted nature. This entails elements of systems strengthening, such as building and strengthening capacity, fiscal space, and accountability to the greatest extent possible.

2.2 Social protection and building back stronger in the long term

In the long term, once effective therapy and prevention regimes are in place and deployed at scale, economic activity is likely to rebound and the movement of people and goods will accelerate. Employment and income-generating opportunities can be expected to pick up again, but against a backdrop of severely depleted resources and intensified levels of poverty and inequality. It is in this phase that social protection contributes to building back better and/or that social protection is built back better. Clear momentum exists for investing in more comprehensive systems that will also include previously excluded groups, such as workers in the informal sector and other less visible groups (Box 3). Complementary efforts are needed to safeguard basic social protection functions: food security and basic needs provision.

A future with a protracted and/or enduring Covid-19 pandemic means that returning to normal is not an option and necessitates different ways to adapt and strengthen both states and societies. Public expenditure on social assistance was very limited across developing countries before the crisis, even more so in countries experiencing various forms of fragility and conflict. By one estimate, low-income countries annually spent US$247m on social

Box 3 Social protection for informal workers in Vietnam

Acknowledging that informal workers, among others, had a reduced capacity to earn an income because of Covid-19, the government in Vietnam put in place various income support packages. Eligible households received a monthly allowance of between VND 500,000 (US$21) and VND 1,000,000 (US$43), depending on their poverty status. This support was approved for a period of three months (until the end of June 2020).

Source Based on Gentilini *et al.* (2020).

assistance, compared to US$50bn in middle-income countries and US$488bn in high-income countries (Gentilini *et al.* 2020). This uneven spread is likely to be compounded as the Covid-19 crisis unfolds.

While acknowledging pressures on resources at national and international levels, governments have an opportunity to prioritise social protection expenditures as they revisit and review national budgets. The foundations must be anchored in national legal and policy frameworks that prioritise long-term poverty reduction and be financed in an equitable and sustainable manner. Complementary efforts at the international level must address what will be highly uneven efforts at building back across the globe, with the aim of protecting food security and basic needs. This could include finding ways of connecting proposals for green recovery packages (OECD 2020) with innovative financing for social protection as a key contribution to resilience-strengthening in the long term.

3 How to get there

At least for the time being, the pandemic has dispelled deeply held beliefs that constrained coverage of social protection programmes to the poorest of the poor, an option of last resort that was inaccessible to a large proportion of the population that included many who were poor or had other vulnerabilities (Lavers 2020). There is an opening to push for badly needed reforms and investments to deepen and extend the reach of social protection, even though many countries will face contracting economies, dampening fiscal space. This section examines both how social protection may contribute to building back better, and how the Covid-19 crisis may be seized as an opportunity to further build social protection systems. Doing so brings into focus long-standing areas of work within social protection and ways of strengthening systems. Strong social protection systems represent:

> the idea that social protection instruments can be integrated into a more comprehensive system of policies and programmes

> that not only tackle poverty and vulnerability over the life cycle, but also strengthen pro-poor and inclusive economic growth and social development (EC 2015: 9).

Key components for building back better with social protection include establishing a continuum of response, adequate fiscal space, and administrative capacity; strong systems of accountability so that the most vulnerable are more likely to be included; and cross-sectoral linkages so that sectors such as health and education can augment the social protection provision (e.g. Robalino, Rawlings and Walker 2012; UNICEF 2020b).

3.1 Offering a continuum of response

The focus on building social protection systems in contexts of recurring humanitarian crises and climate-related shocks has led to a recognition of the overlap in mandate, institutions, and target groups between the 'humanitarian' and the social protection sector. Building on existing best practice and lessons learned around the continuum of response from humanitarian aid to social protection, new short-term social assistance measures should build on and improve existing national administrative and delivery structures of social protection systems (ILO 2020a).

Clearly, different social protection contexts exist. Even when countries have government-led or -supported social protection programmes, this does not indicate their potential to become shock responsive. Depending on existing capacity, it might make more sense to first strengthen the core protective functions they provide to routine recipients, before aiming to add shock-responsive elements to them, as experience from previous crises shows (Ulrichs and Slater 2016).

Ultimately, the ambition is to build national social protection systems that can scale and flex to respond to any new emerging crisis, but the way and speed at which these will be built will be context dependent. Over time, the protracted nature of the Covid-19 crisis may mean that schemes may be scaled down in terms of the amount and intensity of support that they provide but cover a larger number of people.

3.2 Creating fiscal space

Without doubt, addressing fiscal capacities is at the top of the agenda to maintain momentum for social protection. The rapid expansion of social protection is happening in countries that face existing substantial fiscal constraints, including debt burdens, and which lack the room for manoeuvre to sustain responses to the longer-term nature of Covid-19 (Box 4). For example, public debt exceeds 80 per cent of gross domestic product (GDP) in Egypt, Mozambique, Pakistan, Sudan, and Zambia (WFP 2020: 6). Bilateral and multilateral development assistance provides, on average, 55 per cent of social safety net financing in most African countries (Calderon *et al*. 2020). Yet not only is the need for social

Box 4 Finding fiscal space during the economic squeeze

The case of Zambia highlights the double predicament in terms of finding fiscal space for expanding social protection. The increased need for social protection plays out against high levels of public debt, which pre-dated the crisis, and falling levels of domestic revenue and foreign exchange due to falling prices in key commodities such as copper. The mining sector has already lobbied for a stimulus package to cushion the effects of the pandemic. Availability of fiscal resources will necessitate access to international emergency funds, as well as a restructuring of debt and – in the long term – diversifying the economy away from its dependence on copper.

Source Based on Siwale (2020).

protection greater, and could be for some time to come, but state fiscal capacities to fund social assistance programmes will be less.

Thus, a legacy of the crisis could be the need to identify ways of linking new instruments for taxation at the global and national levels (including implementing tax laws already in place, as detailed by Khan Mohmand *et al*., this *IDS Bulletin*) with fiscal expansion supporting deeper and wider social assistance for the furthest behind. International finance and multi-year commitments are necessary to maintain the adequacy and reach of social protection systems over the medium to longer term.

In addition to the G20 moratorium on the bilateral debt of low-income countries, it is essential to consider extending debt relief beyond 2021 as part of a wider raft of financing measures to sustain social protection responses in low-income countries. Political will is indispensable to ensure that the requisite fiscal space is created for large-scale investment in social protection, both in the short term and over a longer period of economic uncertainty and contraction unleashed by the pandemic.

Various development banks and international development cooperation agencies have pledged US$1.35tn to assist countries to tackle the health and socioeconomic effects of the crisis (ILO 2020a). The World Bank Group is deploying up to US$160bn in long-term financial support in 2020 and 2021 to help countries protect the poor and vulnerable from the pandemic, support businesses, and bolster economic recovery (Calderon *et al.* 2020). Yet, thus far, only a limited proportion of global funds have been allocated to countries, mostly in the form of concessional and non-concessional loans. It is critical that pledged support reaches countries, and that a further stimulus is planned that allows for sustained social protection support at scale.

3.3 Strengthening administrative capacity

The crucial job of implementation will depend on state and sub-national political administration, which already function minimally with extremely restricted capacities. According to the International Labour Organization (ILO): 'Building government capacities to provide social protection to their populations is essential for long-term recovery strategies, especially in contexts of protracted fragility' (2020a: 7). Administrative capacities are well worn in many lower-income countries, and at times altogether missing in some fragile settings. Covid-19 accentuates these deficits as capacity is spread even thinner in a crisis.

Building back from Covid-19 in the medium to longer term is an opportunity to scale up innovations and build capacities that could ensure the continued provision of basic assistance to a wider population in need long after the pandemic is over. The opportunity in the Covid-19 crisis includes expanding the accessibility and use of digital technologies, such as promoting e-payments. At the same time, such innovations should be implemented with care and avoid excluding already marginalised groups, such as through digital exclusion (Strohm and Goldberg 2020). Similarly, earlier lessons regarding strengthening administrative capacity for social protection have highlighted that this should not result in simply reallocating staff, such as moving social workers away from provision of statutory social services to administration of cash transfers, or relying on vast cadres of community volunteers (Kardan *et al*. 2017). Instead, increased demand for social protection should be met through a cadre of well-trained staff with the support of volunteers as appropriate and with strong horizontal and vertical coordination (*ibid*.).

3.4 Establishing accountability mechanisms

The establishment of strong accountability mechanisms is key to well-functioning social protection systems, and investments in such systems after the pandemic should be directed in such a way so as to promote accountability. This entails accountability from a social justice perspective, with governments being held accountable for upholding citizens' rights (Sabates-Wheeler *et al.* 2017); and from a financial point of view, with governments being held accountable for using funds transparently and appropriately (Browne 2014).

As Khan Mohmand *et al*. (this *IDS Bulletin*) outline, it also encompasses identifying tools to enable citizen engagement, and political processes that empower citizens to monitor state performance. A wide range of tools exists for implementing accountability, ranging from complaints and grievances to financial audits (*ibid.*). Covid-19 may exacerbate the need for strengthening accountability mechanisms because the speedy introduction of new measures as part of the immediate response poses challenges to transparent forms of implementation.

3.5 Creating cross-sectoral linkages

The need for social protection to link to and across sectors is well established (Roelen *et al.* 2017). The multidimensional nature of needs and vulnerabilities requires social protection interventions to provide more integrated forms of support (such as through 'cash plus' models) or to be coordinated with other services. The Covid-19 pandemic exemplifies the need for a cross-sectoral response, with people in and at risk of poverty being less able to protect themselves against the risk of infection or to withstand the health and economic consequences of contracting the virus. Although the risk of infection will substantially reduce in the long term, this group is likely to bear the brunt of any remaining risk.

One could draw a parallel with HIV-sensitive social protection, referring to interventions that support those who are affected by HIV, either by reducing their risk of infection or supporting them to manage the health and socioeconomic implications if infected (Miller and Samson 2012; Tirivayi *et al.* 2020). While Covid-19 is unlike earlier pandemics, lessons can also be learned from the SARS, MERS, and Ebola epidemics, which all highlight the need to combine health and social protection interventions so that people can take action towards prevention and adequate treatment (ILO 2020c; Wiggins *et al.* 2020).

Buttressing social protection through cross-sectoral linkages is significant not only as a response to Covid-19 but as an enduring way of strengthening resilience to other large covariate shocks and stressors, including climate. The incorporation of climate considerations in social protection systems, programmes, and projects was patchy before the pandemic. Yet, a scalable safety net with national coverage must be coupled with policies and investments in the other foundation stones of building back better: public goods such as infrastructure, education, and health systems. Linking the implementation of social protection programmes with a range of complementary support and services can help to strengthen climate resilience as a defining challenge of the twenty-first century.

3.6 Ensuring inclusion and equality

Covid-19 and its socioeconomic consequences do not affect everyone equally. Mobility restrictions, and economic contraction coupled with identification requirements for accessing support and services means that marginalised groups such as migrants and ethnic minorities are likely to see their disadvantaged positions exacerbated by the pandemic (World Bank 2020). The Covid-19 response has disproportionately affected women and led to the reinforcement of gendered roles and responsibilities (Nesbitt-Ahmed and Subrahmanian 2020; see also Nazneen and Araujo, this *IDS Bulletin*). Unpaid care work has become more important due to school and childcare services being closed, basic health services having become unavailable, and (in some instances) greater need for health care. Women, disproportionately, carry

the burden of such work (*ibid.*). Social protection in a post-crisis period must therefore reverse new patterns of exclusion and inequality and address long-standing ones.

The short-term horizontal expansion of social protection has been greeted with enthusiasm regarding the potential for such expanded measures to stay in place in the medium to long term (Tirivayi *et al.* 2020). Widely excluded from social protection, yet highly vulnerable to the continued economic fallout from Covid-19, informal workers are a large group who stand to win or lose from shifts in vertical versus horizontal coverage in the move from short- to medium-term response. Much of the support provided to informal workers may be inadequate, marred by design and implementation issues, and its duration only lasts three to six months (WIEGO 2020b). As noted by the ILO, social protection support to informal workers will be vital during medium-term recovery (ILO 2020b). A return to pre-pandemic prioritisation of target groups may mean that informal workers will lack support when it is most needed (WIEGO 2020a), highlighting that the expansion of social protection to informal workers in the immediate response needs to be maintained into the future to ensure inclusion of a group that is particularly vulnerable to economic shocks.

4 Towards more effective social protection during and after the pandemic

The unprecedented scale and global impact of Covid-19 should serve as a wake-up call for governments and multilateral organisations to accelerate efforts to strengthen social protection systems now and for years to come. States and societies will both pull through the pandemic. But how will they look on the other side?

Responses now and in the coming months and years can lay the groundwork to build back better, as well as ensuring the most vulnerable and furthest behind are prioritised. The reality is that social protection, while it had expanded in the poorest countries in recent years, was woefully inadequate in its coverage and reach, with many left behind even before the arrival of Covid-19.

Social protection is an investment not only in basic welfare but also in a cohesive, productive, and well-functioning society. Building back better is about getting back to basics, but also getting the basics right to begin with. This includes operating systems that promote transparency and accountability to citizens, firming up the fiscal base to ensure the sustainability of systems, and inclusion and sensitivity as the bedrock of social protection provision.

It also means that social protection needs to be shock responsive to flex horizontally by reaching more households and vertically by increasing cash transfer amounts, offering a continuum

of response. At the same time, governments, along with their development and social partners, should advance a reform agenda to expand the reach and adequacy of social protection systems so that those in need are not left without support when emergency measures are scaled back.

Crucially, building back better means re-engaging with and accelerating the positive changes that were moving ahead in the field of social protection before the pandemic. This includes understanding the nexus between humanitarian and social protection, and building and facilitating a continuum of response. In addition, efforts to build social protection systems must be fully cognisant that the social and economic impacts of Covid-19 will be experienced and felt unequally across the globe and within communities, and hits those who are already poor and marginalised the hardest. Those planning social protection responses must be alert to these unequal effects so as to avoid entrenching such inequalities. Context will determine pathways to and processes of how these systems are built, with some conflict-affected and fragile states leaning on humanitarian platforms to plant the seeds of future social protection systems.

Finally, the enormity of the Covid-19 crisis and its response requires a heavy dose of realism, but is also a rallying call for higher-income countries to remain faithful to their global commitments to the Sustainable Development Goals (SDGs) – and even to be willing to increase their funding commitments to ensure there is some prospect of meeting those targets. Investments in social protection are a way of trying to maintain progress on multiple SDG targets. This was true before the pandemic but will be even more significant in a forthcoming period of rupture and recovery from the virus.

Afterword

This article builds on an earlier paper that is publicly available, and that was developed in the early months of the Covid-19 crisis from April to June 2020 (Lind, Roelen and Sabates-Wheeler 2020). Clearly, many things have changed since then that have a bearing on the content of this article. Fluctuations in Covid-19 infection rates around the world have given credence to the 'alternative scenario', emphasising the need for social protection to maintain its response to the pandemic's socioeconomic consequences in an adequate and appropriate manner in the medium to long term. This is particularly pertinent as while the number of social protection interventions continued to increase into the third quarter of 2020 – totalling more than 1,200 measures that were either announced or implemented by mid-September – the large majority of these interventions were only short term and have come or will soon come to an end (Gentilini 2020).

Meanwhile, global and regional economic assessments and forecasts continue to show the daunting scale of the crisis and

impacts that are likely to last for many years to come. India has suffered its first technical recession since independence, with its Central Bank projecting the economy to shrink by over 9 per cent this year. In the Middle East and Central Asia, the IMF Regional Economic Outlook indicates that five years from now, countries in the region could be 12 per cent below the GDP level suggested by pre-crisis trends (IMF 2020a). In sub-Saharan Africa, an estimated 50 million people have been pushed into extreme poverty since the beginning of 2020 – the largest single year change ever recorded in absolute or percentage terms (UNICEF 2020a). Thus, even though developments in vaccines and therapeutics provide hope that the health consequences of the pandemic will be curbed soon, the impacts on poverty and livelihoods will take longer to address.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.

† This article was presented at two learning events with representatives of Irish Aid, Ireland's Department of Foreign Affairs and their civil society partner organisations, as well as at a meeting of the European Union Social Protection Coordination Group. We thank participants at these events for the rich discussion and feedback that has helped to shape our thinking. We also thank two anonymous reviewers for their useful comments. Finally, we thank Aileen O'Donovan, Policy Lead for Social Protection for Ireland's Department of Foreign Affairs, who was closely involved in developing the research and analysis from the very start.

1 Jeremy Lind, Research Fellow, Institute of Development Studies, UK.

2 Keetie Roelen, Senior Research Fellow, Institute of Development Studies, UK.

3 Rachel Sabates-Wheeler, Professorial Fellow, Institute of Development Studies, UK.

4 O'Brien *et al*. (2018: iv) define horizontal expansion as 'the temporary inclusion of a new caseload into a social protection programme, by either extending geographical coverage, enrolling more eligible households in existing areas, or altering the enrolment criteria'. They define vertical expansion as 'the temporary increase of the value or duration of an intervention to meet beneficiaries' additional needs'.

References

Bodewig, C.; Gentilini, U.; Usman, Z. and Williams, P. (2020) ***COVID-19 in Africa: How Can Social Safety Nets Help Mitigate the Social and Economic Impacts?***, World Bank Blogs, 24 April (accessed 27 July 2020)

Browne, E. (2014) ***Social Protection Accountability***, Birmingham: Governance and Social Development Resource Centre, University of Birmingham (accessed 27 July 2020)

Calderon, C. *et al.* (2020) ***Africa's Pulse*** 21, Washington DC: World Bank, DOI: 10.1596/978-1-4648-1568-3 (accessed 27 July 2020)

Daniels, L.M. (2020) ***Economic Recovery Begins with Children (and Older People, and People with Disabilities): The Urge for Universal Lifecycle Cash Transfers as a Response to COVID-19***, Development Pathways Blog, 15 May (accessed 27 July 2020)

EC (2015) ***Supporting Social Protection Systems***, Tools and Methods Series, Concept Paper 4, Brussels: European Commission (accessed 27 July 2020)

FSIN (2020) ***Global Report on Food Crises 2020***, Rome: Food Security Information Network Secretariat, World Food Programme (accessed 21 May 2020)

Gentilini, U. (2020) ***Social Protection Response to Covid-19, Episode 9***, Poverty Unpacked Podcast (accessed 23 February 2021)

Gentilini, U.; Almenfi, M.; Dale, P.; Lopez, A.V. and Zafar, U. (2020) ***Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures***, 'Living Paper' Version 9, Washington DC: World Bank (accessed 27 July 2020)

GFDRR (n.d.) ***Building Back Better in Post-Disaster Recovery***, Global Facility for Disaster Reduction and Recovery, Washington DC: World Bank (accessed 27 July 2020)

ILO (2020a) '**Social Protection Responses to the COVID-19 Pandemic in Developing Countries: Strengthening Resilience by Building Universal Social Protection**', *Social Protection Spotlight Brief*, Geneva: International Labour Organization (accessed 10 July 2020)

ILO (2020b) '**Pillar 1: Stimulating the Economy and Employment**', *ILO Policy Brief on COVID-19*, Geneva: International Labour Organization (accessed 27 July 2020)

ILO (2020c) '**Social Protection Responses to the Covid-19 Crisis: Country Responses in Asia and the Pacific**', *Spotlight Brief*, Geneva: International Labour Organization (accessed 27 July 2020)

IMF (2020a) ***Regional Economic Outlook: Middle East and Central Asia***, October, Washington DC: International Monetary Fund (accessed 23 February 2021)

IMF (2020b) ***World Economic Outlook, April 2020: The Great Lockdown***, Washington DC: International Monetary Fund (accessed 27 July 2020)

Kardan, A.; Wyatt, A.; Attah, R. and Quarles van Ufford, P. (2017) *Assessing the Capacity of Local Administration and Community Structures to Deliver Social Protection Programmes*, Working Paper, Oxford: Oxford Policy Management

Lavers, T. (2020) ***Covid-19 and the Politics of Social Protection***, Effective States and Inclusive Development Blog, 11 May (accessed 27 July 2020)

Lind, J.; Roelen, K. and Sabates-Wheeler, R. (2020) ***Social Protection and Building Back Better***, Positioning Paper, Brighton: Institute of Development Studies (accessed 23 February 2021)

Mahler, D.G.; Lakner, C.; Castaneda Aguilar, R.A. and Wu, H. (2020a) ***The Impact of COVID-19 (Coronavirus) on Global Poverty: Why Sub-Saharan Africa Might Be the Region Hardest Hit***, World Bank Blogs, 20 April (accessed 21 May 2020)

McDonnell, A. *et al.* (2020) *COVID-19 Vaccine Predictions: Using Mathematical Modelling and Expert Opinions to Estimate Timelines and Probabilities of Success of COVID-19 Vaccines*, Washington DC and London: Center for Global Development

Miller, E. and Samson, M. (2012) ***HIV-Sensitive Social Protection: State of the Evidence 2012 in Sub-Saharan Africa***, Cape Town: Economic Policy Research Institute and UNICEF (accessed 27 July 2020)

Nesbitt-Ahmed, Z. and Subrahmanian, R. (2020) ***Caring in the Time of COVID-19: Gender, Unpaid Care Work and Social Protection***, UNICEF Blog, 23 April, New York NY: United Nations Children's Fund (accessed 27 July 2020)

O'Brien, C. *et al.* (2018) ***Shock-Responsive Social Protection Systems Research: Synthesis Report***, Oxford: Oxford Policy Management (accessed 1 June 2020)

OECD (2020) ***Building Back Better: A Sustainable, Resilient Recovery After COVID-19***, Paris: Organisation for Economic Co-operation and Development (accessed 10 June 2020)

OPHI and UNDP (2020) *Global Multidimensional Poverty Index 2020 – Charting Pathways out of Multidimensional Poverty: Achieving the SDGs*, Oxford and New York NY: Oxford Poverty and Human Development Initiative and United Nations Development Programme

Robalino, D.A.; Rawlings, L. and Walker, I. (2012) ***Building Social Protection and Labor Systems: Concepts and Operational Implications: Background Paper for the World Bank 2012–2022 Social Protection and Labor Strategy***, Social Protection and Labor Discussion Paper 1202, Washington DC: World Bank (accessed 27 July 2020)

Roelen, K. *et al.* (2017) ***How to Make 'Cash Plus' Work: Linking Cash Transfers to Services and Sectors***, Innocenti Working Paper WP-2017-10, Florence: UNICEF Office of Research (accessed 27 July 2020)

Sabates-Wheeler, R.; Abdulai, A-G.; Wilmink, N.; de Groot, R. and Spadafora, T.R. (2017) ***Linking Social Rights to Active Citizenship for the Most Vulnerable: The Role of Rights and Accountability in the 'Making' and 'Shaping' of Social Protection***, Innocenti Working Paper WP-2017-14, Florence: UNICEF Office of Research (accessed 27 July 2020)

Siwale, T. (2020) ***The Structural Constraints Limiting Zambia's Economic Response to COVID-19***, International Growth Centre Blog, 22 April (accessed 27 July 2020)

Strohm, R. and Goldberg, N. (2020) 'Key Decisions for COVID-19 Social Protection in Low- and Middle-Income Countries:

Who Benefits and How?', *IPA Policy Brief*, Washington DC: Innovations for Poverty Action

Sumner, A.; Hoy, C. and Ortiz-Juarez, E. (2020) ***Estimates of the Impact of COVID-19 on Global Poverty***, UNU-WIDER Working Paper 43, Helsinki: United Nations University World Institute for Development Economics Research (accessed 21 May 2020)

Tirivayi, N. *et al.* (2020) ***A Rapid Review of Economic Policy and Social Protection Responses to Health and Economic Crises and Their Effects on Children: Lessons for the COVID-19 Pandemic Response***, Innocenti Working Paper WP 2020-02, Florence: UNICEF Office of Research (accessed 27 July 2020)

Ulrichs, M. and Slater, R. (2016) ***How Can Social Protection Build Resilience? Insights from Ethiopia, Kenya and Uganda***, Building Resilience and Adaptation to Climate Extremes and Disasters (BRACED) Working Paper, London: Overseas Development Institute (accessed 27 July 2020)

UNICEF (2020a) ***COVID-19: A Catastrophe for Children in Sub-Saharan Africa. Cash Transfers and a Marshall Plan Can Help***, Summary Note, New York NY: United Nations Children's Fund (accessed 23 February 2021)

UNICEF (2020b) ***UNICEF's Global Social Protection Framework***, New York NY: United Nations Children's Fund (accessed 27 July 2020)

UNICEF (2020c) ***UNICEF Social Protection Response to COVID-19***, New York NY: United Nations Children's Fund (accessed 19 May 2020)

Vaziralli, S. (2020) '**A Social Protection Response to COVID-19 in Developing Countries**', *IGC Policy Brief*, London: International Growth Centre (accessed 27 July 2020)

WFP (2020) ***COVID-19: Potential Impact on the World's Poorest People: A WFP Analysis of the Economic and Food Security Implications of the Pandemic***, Rome: World Food Programme (accessed 23 February 2021)

WIEGO (2020a) ***Impact of Public Health Measures on Informal Workers' Livelihoods and Health***, Manchester: Women in Informal Employment: Globalizing and Organizing (accessed 27 July 2020)

WIEGO (2020b) ***Government Responses to COVID-19 Crisis***, Manchester: Women in Informal Employment: Globalizing and Organizing (accessed 27 July 2020)

Wiggins, S.; Calow, R.; Feyertag, J.; Levine, S. and Löwe, A. (2020) ***Rapid Evidence Review: Policy Interventions to Mitigate Negative Effects on Poverty, Agriculture and Food Security from Disease Outbreaks and Other Crises***, London: Overseas Development Institute, APRA and SPARC (accessed 27 July 2020)

World Bank (2020) '**Poverty and Distributional Impacts of COVID-19: Potential Channels of Impact and Mitigating Policies**', *World Bank Brief*, Washington DC: World Bank (accessed 27 July 2020)

This page is intentionally left blank

Community Leaders and Decentralised Governance: Tales from the SEWA Field*†

Paromita Sen[1] and Aiman Haque[2]

Abstract The Covid-19 pandemic and subsequent lockdown in India resulted in women informal economy workers being out of jobs and with no social security blanket to rely on. Women community leaders therefore worked with the state to reach out to the most vulnerable and marginalised populations. This resulted in decentralised units where decisions are made at the community level in a collective fashion including critical and diverse stakeholders, in collaboration with state authorities. This model works best where locally developed networks with high levels of community trust exist that enable community leaders to reach communities in distress quickly and effectively, ensuring that relief and aid is delivered to those who need it the most. Additionally, women coming together to advocate for themselves **as women workers** allows for us to build back better with a key focus on marginal populations such as women at the bottom of the pyramid.

Keywords grass roots, informal sector, women workers, decentralisation, SEWA, community, leadership, Covid-19.

1 Introduction

Anuben, a street vendor from Gujarat, had not worked in four months as of August 2020, and could barely find enough food for her family of ten. They had been given a ration from the Public Distribution System (PDS)[3] but it was insufficient and had insects in the staples. She had not received any financial help or compensation from the government, and added to this, there was also anxiety about the spread of Covid-19.

Anuben exemplifies the struggles of workers in the informal economy.[4] A study on the preparedness of the informal economy (SEWA Bharat 2020) for a potential lockdown found that an overwhelming majority of families employed within it would have

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

been unable to sustain their current status quo if a lockdown were in effect for longer than a week due to not being able to afford basic amenities such as electricity and rent, amongst other things. India's lockdown, however, extended another five months. During this time, food became a scarce commodity for most families, access to primary health care was limited, and finances to afford access to better facilities was non-existent.

The nature of informal settlements (Singh, Sharma and Nagpal 2020), which house over 45 per cent of the Indian population, further complicated the ability of the population to prepare for this indeterminate and prolonged lockdown and health pandemic. While the Covid-19 lockdown made it difficult for the government to reach populations almost literally on the margins of society, even at the best of times, the social security net in India is erratic and missing for those on the absolute periphery. Through the lockdown, the state was unable to reach most citizens in need of assistance, even where social security measures were theoretically available. What **did** work, however, in these unprecedented times, was the stepping up by community members to safeguard the interests and needs of the informal economy.

2 Lessons from the Self Employed Women's Association (SEWA)[5] model: decentralisation and community-based governance

We look to West Bengal (India) for an example of the successful mobilisation by community members to supplement a weak state apparatus to take care of community needs. Informal economy women workers were left with no way to feed themselves and their families and in need of building back their homes after Cyclone Amphan became an additional crisis.[6] After waiting on rations and relief to reach their rural community for a few weeks, the workers realised that help and support was still a while away and mobilised themselves to approach their local *panchayat* (village council). After a series of negotiations, the *panchayat* agreed to contract out mask-making for the community to these women. The women learned how to stitch masks from each other and the elder women in their families, and began selling these in bulk to bring resources and thereby food back into their community.

This raises the key question for us: how can communities become more participatory in their own governance and thereby bridge the gap between the state and vulnerable populations? Drawing on the examples set by SEWA's cadre of grass-roots leaders (called Aagewans), we note here lessons for community-oriented governance rooted in equitable **power-sharing** through processes of decentralisation (SEWA Bharat 2020).

2.1 Women movers and shakers

A leader among their peers, Aagewans share the same precarious conditions as the informal economy women workers they represent and mobilise. These grass-roots leaders have, over the last five decades, built up community leadership models

(*ibid*.) that draw on solidarity networks to ensure that the state is able to reach every citizen, thus filling the gaps that have emerged on account of a democratic deficit on the part of the state. In SEWA's case, it is the Aagewans who have stepped forward to carry on the work that their communities need, and become advocates and champions for the women around them; and by extension, their families, enabling the market and the state to reach those who would be neglected otherwise.

Aagewans have been doing organisational, developmental, and entrepreneurial work across India for the last five decades. Through the Covid-19 lockdown, Aagewans have played an (additional) critical role in identifying areas of need within communities, leading relief efforts, and strengthening support networks to build a broader platform for lobbying with the government on behalf of those in the informal economy. They have also continued their year-round work in ensuring that communities have adequate documentation related to social security, are integrated into the financial and banking system, and can access community resources such as clean water and waste disposal, all made even more critical by this crisis.

For instance, banking correspondents in Punjab took over the additional responsibility of documentation and linkage work in border areas of India–Pakistan, where the reach of government services is minimal. Through their interactions with the communities in these areas, the correspondents realised that these communities were being neglected in all relief efforts due to a lack of documentation on their part. The correspondents helped bridge the gap between citizens and government services by supporting them in getting the required paperwork in place for pensions and welfare benefits and submitting insurance documentation on behalf of communities. Jayantiben, a banking correspondent under the SEWA-Sarthak programme in Uttarakhand,[7] has been helping the community around her to access banking services as well as benefits from government schemes, despite the lockdown and the difficulties that arise in commuting due to the state being hilly. She has even gone to the extent of providing doorstep banking services to people who could not come to her Customer Service Point by getting a pass under the SEWA-Sarthak programme and visiting them using her own family car (Jayantiben 2020).

In another example, which highlights the need for these leaders to be women, Aagewans were the first to notice within a week into the nationwide lockdown, that access to menstrual hygiene products was increasingly becoming a challenge due to a strangled supply chain.[8] SEWA Aagewans and staff mobilised and collaborated with private sector organisations to arrange for the distribution of over 75,000 sanitary napkins across six states in India, proving to be critical essential frontline workers.

2.2 Changing dynamics of the Covid-19 lockdown

The condition of migrants was another major concern in India with a large percentage of them unemployed due to the lockdown and left with no means of returning home (Iyer 2020). As migrants by definition are not rooted in a community due to the precarious nature of their employment and residential situation, a decentralised model would presumably not work to safeguard their interests. However, what we noted through our primary interviews is the ability of a decentralised and community-based governance model to work in tandem with large-scale operations such as the safe transportation of migrants, across large distances, back home. Sarabjit Kaur, who lives in Punjab, for instance, identified needy migrant families, specifically those who were not surveyed by locally elected officials, to ensure that food rations reached them, and due to this, these families received ration kits on a priority basis. In yet another example of organising and mobilisation, the national network of Aagewans communicated amongst themselves to make sure that migrants and those stranded away from home for work were looked after and their needs met. Staff members from SEWA Rajasthan and SEWA Delhi ensured that immigrants from Bihar were housed and fed, until transportation back home could be arranged for them by their families or by the government.[9]

What is of significance here is not the absence of state power but instead, decentralised units where decisions are made at the community level in a collective fashion, and stakeholders making the decisions that affect their lives. This is done **in collaboration with** state authorities (mostly sub-national but with the potential to become scalable).

We draw examples of successful collaboration of the state with both SEWA (with the Odhisha state government) as well as non-SEWA actors (the NRLM-SHG model) to showcase the effectiveness of such partnerships. The Odisha state government[10] is a great example of a proactive approach to tackling hunger through the lockdown, by relying on local community sources of leadership. Being unable to reach every citizen on its own with limited resources through the crisis, the Odisha government handed over power and resources to the local *panchayats*[11] to ensure that cooked food was provided to all who needed to be fed. This was done as *panchayats* have the most relevant information about what their community's needs are, especially during a crisis such as the Covid-19 lockdown where state representatives cannot visit any local sites.

Aagewans in Badhigaon (Odisha) partnered with the *panchayat* and took over the responsibility of collecting the rations, feeding and distributing amongst the community, all the while maintaining health directives. Meanwhile, the *panchayat* could focus on negotiations with the state, setting up directives for economic activity, and channelling community concerns and feedback

to the state government. Our interviews with the Badhigaon community revealed very little hunger through the lockdown and a quick resumption of local business, exemplifying the potential of this decentralised, power-sharing model that centres people and ensures that the marginalised are able to access their schemes.

The NRLM-SHG[12] model is yet another example of this kind of public–civic collaboration that allows for civic society to close the last-mile gap that the state is hard pressed to do. This cadre across states like Jharkhand and Chhattisgarh have been the 'barefoot' responders through this crisis in many parts of India – mobilising *en masse* to stitch and distribute masks, running awareness campaigns on social distancing and other preventive measures, working with ASHA/ANM[13] workers to ensure health outreach, responding to domestic violence reports, and in some cases, supporting state governments in data collection (e.g. skill assessments of returning migrants) (Kejrewal 2020).

3 Conclusion and recommendations

This is not to say that the model works perfectly all the time. We see much higher success in areas where SEWA has been working for around five to ten years, the community is very engaged with their leaders, and the leaders in turn have built very strong relationships with local bureaucracies to enable smooth execution and implementation of policy and government schemes. These result in locally developed networks with high levels of community trust that enable SEWA to reach communities in distress quickly and effectively, ensuring that relief and aid is delivered to those who needed it the most.

What must be noted is that these developed local networks are not related to pre-existing mobilised political cadres at the grass roots (e.g. Kerala and West Bengal due to their communist legacies). This is due to the fact that the organising being done here is **by women, for women**. Women coming together to advocate for themselves **as women workers** is still a radical notion, and even more during crises when women return to work at much lower rates than men. For instance, in the past, women from low-income households have typically entered the labour force, while women from rich households have often exited the labour market in response to economic crises. In contrast, men's labour force participation rates have remained largely unchanged (Sabarwal, Sinha and Buvinic 2010). This has only been compounded during Covid-19 where

> while men are more likely to see their working hours reduced (54 per cent of men vs 50 per cent of women), more women have lost their jobs or businesses as a result of Covid-19 (25 per cent of women vs 21 per cent of men) (Azcona *et al.* 2020: 5).

It, therefore, becomes even more critically important in these times to bolster community participation by women workers, and

increase their interface with the government, to ensure that their voices are included in efforts to build back a better world, post pandemic, and allow the gains from these times to sustain in times of peace.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.

† We gratefully acknowledge the support of Max Gallien and Vanessa van den Boogaard at the International Centre for Tax and Development (ICTD), as well as the editorial guidance of Renana Jhabvala (SEWA). We are also grateful for the editorial support from Saba Ahmed (SEWA Bharat), Vaishakhi Shah (SEWA Bharat), and Karina Atkins (University of Virginia).

1 Paromita Sen, Research Manager, SEWA Bharat, India.

2 Aiman Haque, Research Associate, SEWA Bharat, India.

3 India provides staple foods at subsidised rates to economically weaker individuals in India via the PDS.

4 Informal economy workers can be defined as those who do not receive a fixed contract/salary for the work they do and neither do they have access to social security benefits. Examples of informal labour would be the work done by domestic workers, construction workers, and street vendors amongst others.

5 The Self Employed Women's Association (SEWA) is a movement of women who make a living in the informal sector of India's economy. Since its founding, SEWA has relied on a decentralised model to mobilise women workers and address their needs, especially those that are being neglected by the market and the state, by investing power in local communities (see **SEWA website**).

6 All data represented are drawn from a series of data collection done over eight states, 15+ trades, and 70 Aagewans (community leaders). It is a part of ongoing data collection efforts for research and programmatic purposes.

7 A programme implemented by **SEWA Bharat**, in partnership with the State Bank of India, to employ and train banking agents.

8 Additionally, menstrual hygiene products were not initially labelled as essential products in India (Business Wire India 2020).

9 Similarly, SEWA Bengal and SEWA Kerala mobilised resources to support Bengali immigrants working and stranded in Kerala.

10 Building on decades of successful disaster mitigation and relief strategies.

11 Local governing bodies in villages in India.

12 National Rural Livelihood Mission-Self Help Group.

13 Accredited Social Health Activists/Auxiliary Nurse Midwives.

References

Azcona, G. *et al.* (2020) *From Insights to Action: Gender Equality in the Wake of COVID-19,* New York NY: UN Women

Business Wire India (2020) ***Sanitary Napkins: An Essential Commodity for Women During COVID-19 Lockdown***, 25 March (accessed 8 January 2021)

Iyer, M. (2020) '**Understanding Impact of Lockdown on Migrants in India**', *The Logical Indian*, 13 June (accessed 8 January 2021)

Jayantiben (2020) '**A Day in the Life Of: A Banking Correspondent**', *India Development Review*, 29 June (accessed 8 January 2021)

Kejrewal, N. (2020) '**E-Governance Push: Leveraging Social Capital of SHGs: NRLM's Response to COVID-19**', *IWWAGE*, 21 September (accessed 8 January 2021)

Sabarwal, S.; Sinha, N. and Buvinic, M. (2010) *How Do Women Weather Economic Shocks? A Review of the Evidence*, Policy Research Working Paper 5496, Washington DC: World Bank

SEWA Bharat (2020) ***Gendered Precarity in the Lockdown***, Delhi: SEWA Bharat (accessed 8 February 2021)

Singh, S.; Sharma, S. and Nagpal, S. (2020) '**Covid-19: Five Lessons India Should Learn from the Crisis to Make Cities More Liveable for Workers**', *Scroll.in*, 6 June (accessed 8 January 2021)

This page is intentionally left blank

Food Systems After Covid-19*†

Ayako Ebata,[1] Nicholas Nisbett[2] and Stuart Gillespie[3]

Abstract Measures to slow down the spread of Covid-19 have had profound effects on the food and nutrition security of poor and marginalised households and communities. This article provides an overview of the effects of Covid-19 on food systems across low- and middle-income countries using resilience and political economy lenses, before proposing approaches to build back resilient and equitable food systems. First, future interventions need to target structural issues that limit people's agency in accessing nutritious and diverse food and production capital. Second, local innovation systems and institutions require investment to create a market environment that benefits domestic (small and medium) enterprises and agri-food supply chain workers without jeopardising the environment. Third, interventions need to be informed by a diverse set of opinions that include the voices of the most marginalised.

Keywords food systems resilience, Covid-19, equity, vulnerability, food security, nutrition security, livelihoods.

1 Introduction[4]

Measures to slow down the spread of coronavirus (Covid-19) have had profound effects on the food and nutrition security of households and communities in low- and middle-income countries (LMICs). More than 820 million people were living with hunger and food insecurity prior to Covid-19 (FAO *et al.* 2019). These people – and millions more who have become impoverished during the pandemic – are at high risk of long-term food insecurity and malnutrition (UN 2020). The current crisis in food systems is not one of falling food availability (Thurlow 2020), but rather one of limited food access for the world's poorest and most vulnerable people as livelihoods are disrupted in order to slow the spread of infection (Tiensin, Kalibata and Cole 2020).

Recent work on inequity in the food system, highlighted by the Global Nutrition Report (Independent Expert Group of the Global Nutrition Report 2020, hereon Global Nutrition Report), reveals

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

that going into the crisis, experience of such vulnerability was already far from uniform, and differentiated not only on the basis of social position such as gender, ethnicity, or disability, but also due to underlying political processes that structure access to food systems, exposure to 'commercial determinants', and the right to a voice in how food systems are governed. Covid-19 is only likely to have exacerbated such processes of inequity, but urgent work is needed to understand who has been affected and how.

In this article, we provide an overview of the impact of Covid-19 on food systems – particularly how the pandemic is affecting people's access to viable livelihoods and to nutritious food. Our analysis seeks to understand systemic issues that contribute to inequality in livelihood, food security, and nutrition outcomes between different households and communities within LMICs.

The structure is as follows. Section 2 outlines the methods employed. Section 3 presents the results of the review of effects of Covid-19 on food systems. In Section 4, we analyse systemic factors that drive disproportionate effects of Covid-19 and discuss ways to build more resilient and equitable food systems after Covid-19. We conclude in Section 5 by suggesting three overarching approaches to build resilient and equitable food systems that leave no one behind.

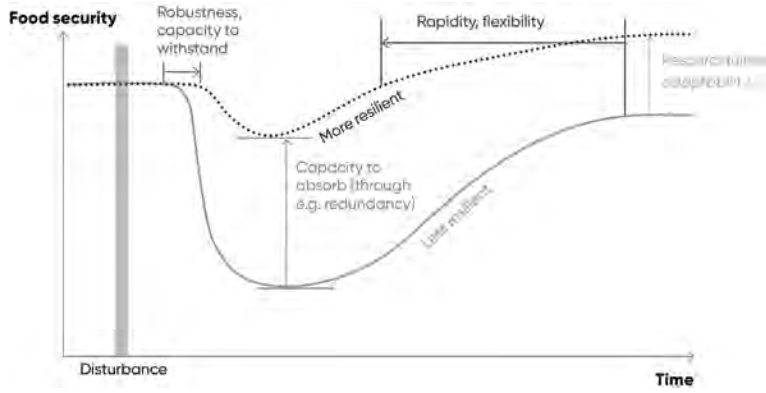
2 Methods

2.1 Literature search

We undertook a desk-based review of the impacts of Covid-19-related measures within LMICs between April and July 2020. We searched for programmes, organisations, and research groups that were documenting the effect of Covid-19 on food systems, food systems jobs, and food and nutrition security in LMICs on Google with search terms such as 'Covid-19' and 'agri-food jobs', 'food security', 'food aid', and 'nutrition'. We included blogs, opinion pieces, research papers, reports, and databases that documented evidence on how Covid-19-related public health measures were affecting food access, particularly to vulnerable populations, and employment and income-generating activities in food systems in LMICs. We excluded evidence from high-income countries as our focus was on LMICs. We also included articles and evidence that link Covid-19 to past experiences of similar pandemics such as the West Africa Ebola crisis (2013–16) and the SARS outbreaks in Asia (2002–03).

Our review was subsequently targeted on organisations that had been key to food and nutrition security as well as ensuring sound working conditions and labour rights prior to Covid-19, and those that actively generated evidence on the effects of Covid-19 on food systems at the time of the review. These include international institutions such as the Food and Agriculture Organization of the United Nations (FAO); the World Food Programme (WFP); the World Bank; the International Labour Organization (ILO); the

Figure 1 Food system resilience



Source Tendall *et al*. (2015). © Elsevier 2015. Reprinted with permission.

United Nations Children's Fund (UNICEF); and the World Health Organization (WHO). In addition, we expanded our literature search to the International Food Policy Research Institute (IFPRI), the Global Alliance for Improved Nutrition (GAIN), the Agriculture for Nutrition and Health (A4NH) programme of CGIAR (formerly the Consultative Group for International Agricultural Research), and thinktanks.

2.2 Analytical frameworks

2.2.1 Resilience

To structure our analysis of the impact of the Covid-19 response on food systems, we employed the analytical framework of food systems **resilience** and incorporated work on the **political analysis** of food system change (Leach *et al.* 2020). While many have applied the resilience concept to different segments of food systems (Ifejika Speranza, Wiesmann and Rist 2014; Tyler *et al.* 2013), Tendall *et al.* introduce the following holistic definition that speaks to the four dimensions of food security, namely, availability, access, utilisation, and stability:[5]

> Capacity over time of a food system and its units at multiple levels, to provide sufficient, appropriate and accessible food to all, in the face of various and even unforeseen disturbances (2015: 19).

A resilient food system, Tendall *et al*. (2015) suggest, has four characteristics: (1) robustness and capacity to withstand the shocks; (2) capacity to absorb the shocks; (3) rapidity and flexibility to recover from the shocks; and (4) resourcefulness and adaptability to recover from shocks (see Figure 1). Resilience is a continuous variable, where systems exhibit degrees of resilience, not a dichotomous state, where systems are or are not resilient. Figure 1 shows how a less resilient system would be more impacted by a disturbance and have less capacity (and need

more time) to reinstate the pre-shock state than a more resilient system.

Resilience can manifest at multiple levels; for example, global/regional/farm/field (Bullock *et al*. 2017) or system/agent/institution (Tyler *et al.* 2013). Within each level, more resilient systems tend towards greater **diversity**. At the field/plot level, a diversity of crop cultivars or animal breeds with distinct genetic attributes can improve resistance to external shocks (Urruty, Tailliez-Lefebvre and Huyghe 2016). Similarly, crops and livestock can be rotated in an integrated system to increase diversity (Bullock *et al*. 2017). Landscape management and the pursuit of diversity within a region can also enhance resilience of the production system in a local area (Urruty *et al*. 2016).

In addition to diversity, fostering the **adaptive capacity** of the system is critical. At the farm level, this may mean keeping animal or crop breeds that are able to adapt to the changing environment (Urruty *et al*. 2016). At a broader spatial scale, for example global/regional (Bullock *et al*. 2017) or system level (Tyler *et al*. 2013), adaptive capacity relates to the extent to which key actors can access information and knowledge, build necessary capacity, self-organise to cope with shocks, and influence policymaking to increase resilience (FAO 2015; Ifejika Speranza *et al*. 2014). Adaptive capacity is also closely linked to redundancy in the system (Ifejika Speranza *et al*. 2014), which may be perceived as inefficiency (Cabell and Oelofse 2012). Redundancy applies to physical, human, natural, financial, and social capitals that allow individuals and groups to respond to shocks (Ifejika Speranza *et al*. 2014).

Another recurring theme in the resilience literature relates to the ability to learn from previous shocks (Cabell and Oelofse 2012; FAO 2015). The way in which a particular system is organised today depends on its past experiences of responding to shocks (Cabell and Oelofse 2012). Ideally, such shocks remain small and frequent so that they do not push a system beyond its limit (FAO 2015). Even in fragile contexts such as Sierra Leone, evidence suggests that the experience of a past epidemic (in this case, Ebola) informed an effective response to Covid-19 (Kamara 2020). 'Careful exposure' to small and recurring shocks can help build a resilient system where investment can be made to cope with similar disturbances in the future (Cabell and Oelofse 2012).

2.2.2 Political economy

While the above framework is helpful in analysing the resilience of food systems, it omits critical aspects of political economy that determine **whose** resilience is prioritised. Without explicit consideration of the poorest or most marginalised groups, the resilience framework risks being anti-poor (Béné *et al*. 2012). For instance, landless labourers may be seen as a reserve of human capital, ready to migrate to where labour is needed. This contributes to redundancy, but is bad for equity. To address this,

Box 1 4Ds for food

1 What **Directions** are different pathways headed in? What goals, values, interests, and power relations are driving particular pathways?

2 Is there a sufficient **Diversity** of pathways? Are these diverse enough to prevent lock-in, build resilience in the face of uncertainty, and respond to a variety of contexts and values?

3 What are the implications for **Distribution**? Who gains and loses from current or proposed pathways?

4 What are the implications for **Democracy**, which encompasses equity of opportunity for voice and inclusion, and processes that enable and enhance this?

Source Leach *et al.* (2020).

therefore, we draw on the work of Stirling (2009), the STEPS Centre (2010), and Leach *et al*. (2020) to highlight the implications of choosing different pathways to food system resilience. Pathways will differ with regard to the way power relationships are configured (Leach *et al*. 2020). To address this, we will pay explicit attention to the '4Ds' shown in Box 1 (for further explanation see Leach *et al*. 2020).

3 The effect of Covid-19 and other public health shocks on food systems

3.1 Immediate effects

We first discuss the short-term effects of Covid-19 on food systems in LMICs. Consumers have faced **food price increases** because of temporary food shortages and increased demand. An analysis of 136 countries, for example, indicates that the prices of common food items – such as bananas, tomatoes, onions, eggs, bread, and rice – have increased in 118 countries, ranging from less than 2 per cent in Bangladesh and Nigeria to 23.5 per cent in Rwanda (Nordhagen 2020). This resembles the experience during the 2013–16 West Africa Ebola crisis, where rice and cassava prices went up by 30 per cent and 150 per cent in the region, respectively (FAO 2020a). Increased food prices may particularly affect consumers who are suffering from a fall in remittances. For 2020, the World Bank predicts a 20 per cent fall in global remittances (World Bank 2020a). The ILO estimates an alarming 81 per cent decline of earnings in the African informal sector (ILO 2020), severely affecting consumers' ability to afford food.

Measures to close schools have been widely adapted across LMICs in an effort to slow down the transmission of coronavirus

(WFP 2020). As a result, **access to school meals** has been restricted for 368 million children, some of whom rely on school meals for regular intake of healthy and nutritious food (FAO 2020a). Concerns that schools may become infection hotspots as appropriate physical distancing and hygiene measures are impossible (*ibid*.) can disincentivise parents from sending children to school, despite the epidemiological evidence in this area still being uncertain. This may affect their nutritional status as well as education opportunities, with long-term consequences on human capital.

Decreased **access to healthy and nutritious food for key groups**, such as pregnant and lactating women and young children, can lead to serious nutritional deficiencies with short- and longer-term implications on child health (A4NH 2020). There are also concerns that obesity and associated non-communicable diseases (e.g. diabetes) will increase due to an increased (absolute and relative to whole diet) dietary consumption deriving from ultra-processed foods, combined with restrictions on physical activity (WHO 2020).

Access to **food aid in conflict-affected areas** has been restricted e.g. food aid for refugees and internally displaced persons (IDPs) in Iraq (Karasapan 2020). Yemen, for instance, relies on imports to supply 90 per cent of its food (Alles 2017). Weak infrastructure and inefficient institutions hamper trade, resulting in high food prices. Protracted conflict also destroys livelihoods (Tandon and Vishwanath 2020) and subsequent purchasing power. Covid-19-related disruption of food imports will likely make the situation worse for the 24 million people who currently require humanitarian assistance (Karasapan 2020). In Egypt, Lebanon, and Libya, Covid-19 has reduced food imports by 31 per cent, 39 per cent, and 36 per cent respectively (Laborde, Mamun and Parent 2020). The negative effects of the pandemic on health care and food access in conflict-affected areas will be borne disproportionately by women (ICG 2020).

On the supply side, food systems in LMICs suffered from a **decline in output**. Rapid country studies show that in Nigeria and Rwanda, agri-food gross domestic product (GDP) decreased by 18 per cent and 27 per cent following periods of lockdown measures lasting five and six weeks, respectively (Thurlow 2020). Falling consumer income (including from remittances) and purchasing power was a major driver behind this rapid decline in agri-food GDP. Low-income households were particularly hard hit. The same studies show that while non-poor urban households in these countries experienced a 41 per cent income decline, the poorest quantile experienced a 23 per cent income decline (*ibid*.). Such an income shock will potentially be devastating for the poorest households across Africa, who have limited savings and assets to respond to the economic contraction from Covid-19.

The harvesting and transportation of agricultural produce has been disrupted by **labour shortages**, as occurred in the SARS and Ebola outbreaks (FAO 2020a). Farmers were unable to sell produce at all, or sold it at a loss, affecting their long-term income. Transportation restrictions led to **input price increases** (*ibid*.). Because farm inputs may be imported, supplies of seed, animal feed, fuel, machinery, and chemical inputs can be hampered (*The Economist* 2020).

Due to the **closure of retail markets**, many small-scale retailers lost outlets for their businesses, while consumers were unable to access fresh produce (FAO 2020a). In some countries, the policy response to Covid-19 disadvantaged informal retailers (Battersby 2020), many of whom are women (Kawarazuka, Béné and Prain 2018; Skinner 2016). This affects not only the retailers themselves but also downstream value chain actors such as traders, processors, and farmers.

Where producers rely on **export markets to sell fresh produce**, disrupted international trade has led to commodity price crashes, significantly decreasing farmers' income (*The Economist* 2020). Because perishable vegetables and fruits are more vulnerable to transportation restrictions and supply chain disruption than grains (FAO 2020a), strict controls on transportation have prevented effective sales of these healthier food items. As a result, Covid-19-related lockdowns can lead to greater food waste (*The Economist* 2020) and increased consumption of processed food (WHO 2020).

Shrinking international trade and foreign direct investment (FDI) may contribute to **short-term food shortages and price spikes** of key commodities. Some national governments have placed export bans on key food items, such as Cambodian and Vietnamese government bans on rice exports (Laborde *et al.* 2020). As of 28 April 2020, one estimate found that African countries were unable to import up to 39 per cent of their imported calories (*ibid.*).

3.2 Longer-term effects

Economic shocks triggered by lockdowns could have enduring **impacts on poverty** and hunger. In Nigeria and Rwanda, for instance, Thurlow (2020) estimates that national poverty rates will increase by 15 and 27 percentage points, respectively. Overall, the number of hungry and food-insecure people could double due to livelihood and income loss, and food price inflation from Covid-19-related measures (*The Economist* 2020). This includes remittances lost from disturbances in domestic, regional, and international migration, and shrinking FDI leading to job losses (Seric and Hauge 2020). Poorer households rely more on remittances from domestic migrants than richer households, highlighting the importance of internal migration for particularly vulnerable people (Adhikari 2020). The longer the lockdown,

the higher the risk of people losing income and being forced to consume or **sell agricultural assets** such as livestock and seeds for the next cycle of cultivation (FAO 2020b). This has long-term consequences for poverty, access to nutritious food and, therefore, the overall health of millions of people.

Long-term agricultural productivity is also at risk. Government funding is being reallocated from 'non-essential' service provision to efforts to tackle the spread of the coronavirus (FAO 2020a). As a result, **agricultural extension** services that farmers rely on might be temporarily or permanently closed. Small-scale, resource-poor farmers who keep non-cash crops or livestock tend to rely on public extension services more than medium- and large-scale farmers who might have better access to private sector service providers (Muyanga and Jayne 2008). This will have a significant impact on the uptake of new, improved practices and long-term productivity. In turn, this could affect the livelihoods and income of marginalised farmers and their long-term health and nutritional status.

Countries affected by **environmental disasters** prior to the Covid-19 outbreak are particularly vulnerable. In Ethiopia, Kenya, and Somalia, almost 12 million people were affected by failed harvests due to severe droughts and outbreaks of desert locusts (FAO 2020b). Pastoralist communities were forced to move to other areas in search of feed for their animals, increasing the risk of conflict between pastoralists and local residents (*ibid.*). In Burkina Faso, decreased food production has led to conflicts and internal displacement (A4NH 2020).

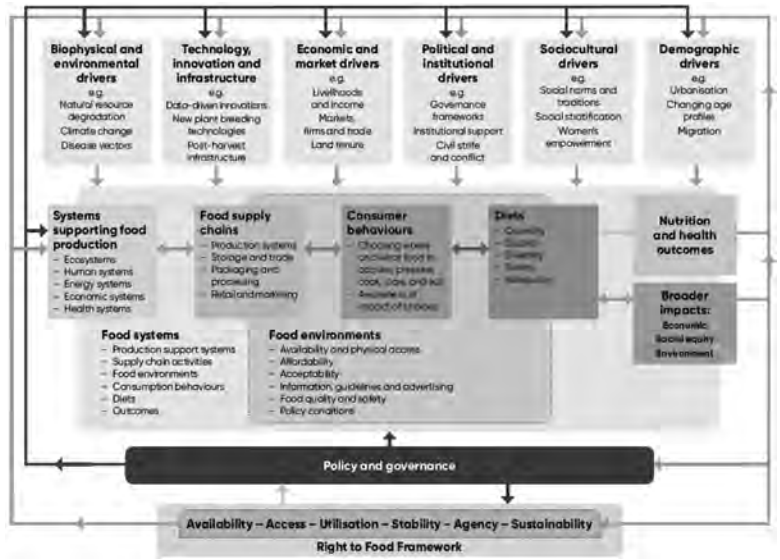
4 Strengthening food systems resilience: power, equity, and agency

The evidence presented in Section 3 shows how the measures to curtail the spread of Covid-19 are affecting poor and vulnerable groups and individuals in LMICs more significantly than others. We argue that this is because food systems across LMICs lack **resilience** and **equity**. In order to reduce such vulnerability during crises, we now assess common approaches for addressing food and nutrition insecurity with regard to their effects on resilience and equity of food systems.

4.1 Tackling malnutrition in all its forms

Covid-19-related shocks have highlighted the vulnerability of food systems in many LMICs. A population that is chronically food insecure and/or malnourished has little capacity to withstand and recover from shocks. Many LMICs are now grappling with a double burden of malnutrition (DBM) in which undernutrition (e.g. wasting, stunting, and micronutrient deficiencies) coexists with overweight, obesity, and diet-related non-communicable diseases (Black *et al*. 2016; Popkin, Corvalan and Grummer-Strawn 2020). In the 2010s, Uganda, Rwanda, Tanzania, and Malawi all experienced DBM with more than 30 per cent of

Figure 2 **Determinants of healthy eating**



Source ©HLPE (2020: 10). Food Security and Nutrition: Building a Global Narrative towards 2030. Reproduced with permission.

adults overweight. Malnutrition can also be perpetuated across generations: obesity in pregnant and lactating women can exacerbate the early growth and development of their children, particularly when the mothers were undernourished in their early life (Wells *et al*. 2020). The long-term impacts of Covid-19 on malnutrition across the life course have yet to be fully understood, but we emphasise that food system vulnerabilities need to be understood with sensitivity to malnutrition in all its forms, lest it be assumed that only those living in situations of acute food insecurity are the most affected. This is particularly so given that the relationship between obesity and the vulnerability and severity of Covid-19 remains a key concern and area of further research (Kassir 2020).

In order to employ the concepts of resilience and the 4D framework across the food system, we refer to the work by the High Level Panel of Experts on Food Security and Nutrition (HLPE) (see Figure 2), which highlights six dimensions of food and nutrition security: availability, access, utilisation, stability, agency, and sustainability (HLPE 2020). Beyond the relationship between systems supporting food production and people's immediate food environment and consumption habits, their work draws attention to neglected factors of the 'missing middle' between farms and consumers (Béné *et al*. 2019) as well as broader social, economic, and political drivers such as levels of natural resource degradation, innovation, and social norms. Such an understanding needs to be coupled with frameworks

focusing on malnutrition (rather than broader food system issues) (e.g. UNICEF 2019) which show the interrelationship between food, care, and broader health and sanitation environments in determining nutritional status.

As well as food-related factors, nutrition is influenced by care, health, and sanitation environments – and by wider structural drivers. For instance, unemployment and precarious employment make it more difficult for individuals to spend time on shopping, cooking, and sharing food with their family members (Friel *et al*. 2017). Likewise, vulnerable and marginalised people are at a higher risk of food-related illnesses partly because of their living environment influenced by their access to financial, human, physical, and social capital (Black *et al*. 2016). Basic water, sanitation, and hygiene (WASH) is often lacking in their homes (Prüss-Ustün *et al*. 2014), making food cooked at home unsafe. This can lead to diarrhoea or other gut conditions which weaken the body's immune system and make it harder to absorb and assimilate nutrients (Havelaar *et al*. 2015). These social and structural determinants are key to improving individuals' nutrition status.

Many responses to food and nutrition insecurity, however, fail to address systemic drivers of malnutrition (Friel *et al.* 2015). This may be due to underlying power relationships that influence both consumers and producers across food systems (Global Nutrition Report 2020). Powerful actors within food systems – agribusinesses, multi-national food corporations, and international donors and policymakers – influence the ways in which governments and international agencies fund agricultural research and development (R&D) and intervene in food systems. This influences how food systems are structured in individual countries, and the conditions under which individual families and people are able to select what they eat, when, and how much (*ibid*.).

For example, at a global level, agricultural production and R&D are often **directed** towards increasing the productivity of staple grains (Pingali 2015). CGIAR allocates half of its funding to staple crops (Hawkes *et al*. 2020). At a national level, Malawi is an example of a country where agricultural policies focus heavily on maize because of its perceived importance for national food security and political stability (Chirwa and Chinsinga 2015). This, in turn, skews government policies and donor-funded interventions that farmers receive towards staple grains, closing down the pathway to **diversifying** people's diets as well as livelihoods (Hawkes *et al.* 2020). This may also increase the availability of oily processed food and animal products (*ibid*.). Livestock and aquaculture can generate more income than grain (Belton, Filipski and Hu 2017). A shift away from grains could help diversify production systems and economic activities, increasing the resilience of food systems overall.

Regarding **distribution** and equity, in order to ensure that food systems support the nutritional status of the poorest members of societies, there is a need to go beyond targeting individual knowledge and attitudes to improve food environments. Value chains create winners and losers, the latter often living and working in precarious conditions (Barrientos, Gereffi and Rossi 2011). While international trade can help **diversify** food sources and thereby contribute to resilience (Marlow and de Souza 2020), the goal of accelerating economic development and GDP growth usually favours large-scale businesses and FDI, and marginalises small- and medium-sized businesses across LMICs (Thow and McGrady 2014).

Without effective regulation, many for-profit actors would not act in the interest of public health (Ebata *et al*. 2019; Baker *et al*. 2020). Limited market competition gives oligopolists lobbying power over national governments and can lead to worsening public nutrition and health outcomes (Thow and McGrady 2014). The negative effects of increasing industry influence can be mitigated by governance that develops transparent and accountable value chains – thus improving **democracy** – and pressures from consumers in both domestic and international markets (Dallas, Ponte and Sturgeon 2019; Lema, Rabellotti and Gehl Sampath 2018).

4.2 Fostering adaptive capacity and resource access by addressing power relationships

A key aspect of resilient systems is effective communication and opportunities for learning. The quality of information and users' trust in extension workers was found to be critical in improving food security for vulnerable groups such as female-headed households in Kenya (Kassie, Ndiritu and Shiferaw 2012). However, these very groups may be prevented from accessing high-quality and timely extension services due to remoteness and prejudice. Female farmers in Malawi, for example, are regarded as illiterate and ignorant by many extension workers, hampering their access to information and knowledge (Mudege *et al*. 2017). Similarly, a study of the Fulani pastoralist community in rural Nigeria showed how it was cut off from timely veterinary services because of remoteness and persistent miscommunication and misunderstanding between veterinary extension workers and the pastoralists (Okello *et al*. 2014). Engaging with these marginalised actors in a dialogue with decision makers can foster a **diversity** of perspectives that contribute to designing pathways that build resilient and equitable food systems. This was evident in Sierra Leone, where experiences of Ebola motivated the early engagement of local leaders and cross-party cooperation in their initial Covid-19 response (Kamara 2020).

Another challenge for poor and marginalised people is the lack of access to the unequal **distribution** of production resources such as land (Fischer, Gramzow and Laizer 2017; Pritchard *et al*. 2019)

and low-interest credit (Ebata *et al*. 2020). In Myanmar, for instance, farmers are able to access low-interest government loans only if they possess a title to rice fields (*ibid.*). As most farmers do not own the fields they cultivate and/or they earn income from non-rice crops or animal keeping, they are forced to turn to private high-interest loan providers. This depletes their financial capital and, as a result, traps them in persistent poverty. Limited access to assets is consistently shown to hamper the adoption of production technologies that are profitable and/or resilient to climate change (Cavanagh *et al*. 2017; Deressa, Hassan and Ringler 2011; Serfilippi, Carter and Guirkinger 2020). Lifting such systemic barriers is absent from many efforts to increase investment in agricultural technology. Again, this will require a dialogue with policymakers to facilitate smallholder access to production inputs.

Fostering local innovation systems is another critical vehicle to increase learning opportunities for local businesses. Insertion into global value chains has the potential to improve the GDP of LMICs (Lee, Szapiro and Mao 2018). However, the local innovation capacity crucially determines the **distribution** of such benefit, i.e. whether businesses in LMICs can benefit from participating in global value chains that often impose higher quality and production standards than domestic markets (Lema *et al*. 2018). It is critical to invest in agricultural R&D in sustainable production methods, product quality and safety improvement, and the processing of primary agricultural commodities. A multi-stakeholder innovation platform, such as the East Africa Dairy Development (EADD) in Kenya, is one example where challenges and opportunities in the current agricultural innovation systems can be identified (Kilelu, Klerkx and Leeuwis 2013).

In promoting international trade, the welfare implications for participants in global value chains need to be carefully monitored. In some cases, female casual workers can increase their income by working for an export farm (Maertens and Swinnen 2012). However, labour conditions, occupational safety, and labour rights need to be carefully evaluated to achieve inclusive growth (ILO 2017). Government regulations, consumer pressures for fair working conditions, and effective accountability mechanisms can foster global and local governance that ensures the **democratic** processes of value chain development (Dallas *et al*. 2019).

Finally, international agencies and donors are powerful in setting **directions** for food system development in LMICs. In this political process, the voices of poor people are usually silenced and marginalised in policymaking and implementation. A political economy analysis of the response to the Avian influenza outbreak in 2008, for example, indicated that a common policy response to a public health crisis may disproportionately affect poor members of our societies. In China, policymakers were quick to claim that the Avian influenza outbreak was driven by small-scale poultry

farmers and traders despite science being inconclusive about the cause (Scoones and Forster 2008). The standard advice by international organisations such as the Food and Agricultural Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE) to install the mass culling of animals disproportionately affects poor and marginalised actors in food systems while large-scale producers have assets to survive the crisis (Pongcharoensuk *et al*. 2012). These power imbalances must be carefully tackled to ensure that food systems are equitable and leave no one behind.

5 Conclusions

Responses to curtail the spread of Covid-19 have exposed the vulnerability in food systems – both on the consumption and production sides – that had pre-dated the epidemic. These responses disproportionately affect poor and marginalised people.

Applying a food system resilience concept through a political economy lens, we suggest ways to build back resilient food systems that are equitable. First, future interventions need to target structural issues that limit people's agency in accessing nutritious and diverse food, and production capital – not only physical, but social and human – that help them move out of persistent poverty and tackle climate change. Second, investment needs to be made to strengthen local innovation systems and institutions – both formal and informal – to create a market environment that benefits domestic (small and medium) enterprises and agri-food supply chain workers without jeopardising the environment. Third, interventions need to be informed by a diverse set of opinions that include the voices of the most marginalised.

Afterword

This review was originally commissioned to provide a rapid conceptual and empirical take on the Covid-19 crisis in relation to food security, vulnerability, and resilience, based on the materials available up until July 2020. As we revise this at the end of this tumultuous year, a wealth of new material and analysis on Covid-19 has been published as global and national actors and researchers take stock of the immediate and medium-term impacts of the pandemic on food systems and the most vulnerable. Our intention in this short Afterword is not to further review these studies, but to note that many of the trends identified earlier in the year and summarised in this study continue, with some trends clearer and yet others still uncertain. While the global trade in agri-food products and agri-food production have not yet been significantly affected by the pandemic, (see, for example World Bank 2020b), the wider issues of poverty, power, equitable livelihoods, and access to public services that were highlighted in this review are coming to the forefront in many analyses.

Data gathered from rapid phone surveys, for example, demonstrate now that income has been affected in around 62 per cent of households surveyed, while 36 per cent of people surveyed stopped working completely between April–July (*ibid.*). Other reports have highlighted the gendered power dimensions to the crisis, with women subject to additional care burdens and expectations, growing levels of domestic violence, livelihood disruptions and, in some countries, restrictions on their mobility and livelihoods out of line with those experienced by men (Fuhrman *et al*. 2020). Hunger is on the rise in many countries (World Bank 2020b), with 30 per cent of the respondents to one phone survey in Malawi noting that they 'went without eating for a whole day because of lack of money or other resources' (*ibid*., unpaginated); similarly 18 per cent in Nigeria and 16 per cent in Kenya (Carreras, Saha and Thompson 2020).

Several reports have noted how children have been particularly affected by the crisis, not only due to family food or income difficulties, but also because of the significant detriment to essential health services and education – with UNICEF reporting that around one third of 140 reporting countries had a drop in coverage for routine vaccinations (UNICEF 2020). While some health services, including routine child vaccinations, have resumed near to normal service in many (though not all) countries, education – a key long-term determinant of nutritional status and food environments – remains severely disrupted (*ibid.*). In some contexts, predatory commercial actors have made use of the crisis to break international codes on the promotion of breastmilk substitutes, which can have devastating impacts on child mortality and morbidity (van Tulleken *et al*. 2020). Meanwhile, other reports have highlighted the special plight of IDPs and other migrants; or people living in situations of broader political instability and conflict (IOM and WFP 2020).

While it will take years before the full impacts of the Covid-19 crisis on the food system, food system resilience, and lives of the most vulnerable are fully known, we underline the need for such studies to be undertaken with serious consideration of the multiple ways in which the world's poor are vulnerable to Covid-19. These are not always revealed in aggregate attention to food supply or price data, and with proper attention to impacts across an array of structural determinants, including gender, power, equity, and the role of commercial and market forces in people's broader food environments.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.

† The authors are thankful for the funding received from Irish Aid that made this work possible. Also, we thank Moneeba Mahmood for her support in developing the manuscript and Chris Somerville, Ben Siddle, Mary McCarthy, Peter Taylor, and Melissa Leach for providing constructive comments in finalising the article. This work was funded by Irish Aid.

1 Ayako Ebata, Research Fellow, Institute of Development Studies, UK.

2 Nicholas Nisbett, Research Fellow and Co-Leader, Health and Nutrition Cluster, Institute of Development Studies, UK.

3 Stuart Gillespie, Senior Research Fellow, International Food Policy Research Institute, UK.

4 This article is based on a Positioning Paper written in July 2020; it contains an Afterword which provides an update on the global situation as at the time of revision in November 2020.

5 See ***Report of the World Food Summit***, 1996.

References

A4NH (2020) ***COVID-19, Food and Nutrition in West Africa: Potential Impacts and Resources***, Agriculture for Nutrition and Health, 14 April (accessed 31 May 2020)

Adhikari, S. (2020) ***COVID-19 is Reducing Domestic Remittances in Africa: What does it Mean for Poor Households?***, World Bank Blogs, 9 June (accessed 21 July 2020)

Alles, L. (2017) '**Missiles and Food: Yemen's Man-Made Food Security Crisis**', *Briefing Note*, Oxford: Oxfam GB (accessed 7 September 2020)

Baker, P. *et al*. (2020) '**Ultra-Processed Foods and the Nutrition Transition: Global, Regional and National Trends, Food Systems Transformations and Political Economy Drivers**', *Obesity Reviews* 21.12: e13126 (accessed 24 January 2021)

Barrientos, S.; Gereffi, G. and Rossi, A. (2011) '**Economic and Social Upgrading in Global Production Networks: A New Paradigm for a Changing World**', *International Labour Review* 150.3–4: 319–40 (accessed 24 January 2021)

Battersby, J. (2020) '**South Africa's Lockdown Regulations and the Reinforcement of Anti-Informality Bias**', *Agriculture and Human Values* 37: 543–44 (accessed 7 September 2020)

Belton, B.; Filipski, M. and Hu, C. (2017) *Aquaculture in Myanmar: Fish Farm Technology, Production Economics and Management*, Feed the Future Innovation Lab for Food Security Policy Research Paper 52, East Lansing MI: Michigan State University

Béné, C. *et al*. (2019) 'When Food Systems Meet Sustainability – Current Narratives and Implications for Actions', *World Development* 113: 116–30

Béné, C. *et al*. (2012) ***Resilience: New Utopia or New Tyranny? Reflection about the Potentials and Limits of the Concept of Resilience in Relation to Vulnerability Reduction Programmes***, IDS Working Paper 405, Brighton: Institute of Development Studies (accessed 7 September 2020)

Black, R.; Laxminarayan, R.; Temmerman, M. and Walker, N. (2016) ***Disease Control Priorities, Third Edition (Vol. 2): Reproductive, Maternal, Newborn, and Child Health***, Washington DC: World Bank (accessed 7 September 2020)

Bullock, J.M. *et al*. (2017) '**Resilience and Food Security: Rethinking an Ecological Concept**', *Journal of Ecology* 105.4: 880–84 (accessed 7 September 2020)

Cabell, J.F. and Oelofse, M. (2012) '**An Indicator Framework for Assessing Agroecosystem Resilience**', *Ecology and Society* 17.1: 18 (accessed 7 September 2020)

Carreras, M.; Saha, A. and Thompson, J. (2020) ***Rapid Assessment of the Impact of Covid-19 on Food Systems and Rural Livelihoods in Sub-Saharan Africa***, APRA COVID-19 Synthesis Report 1, Brighton: Future Agricultures Consortium (accessed 8 February 2021)

Cavanagh, C.J.; Chemarum, A.K.; Vedeld, P.O. and Petursson, J.G. (2017) '**Old Wine, New Bottles? Investigating the Differential Adoption of "Climate-Smart" Agricultural Practices in Western Kenya**', *Journal of Rural Studies* 56: 114–23 (accessed 7 September 2020)

Chirwa, E.W. and Chinsinga, B. (2015) 'The Political Economy of Food Price Policy in Malawi', in P. Pinstrup-Andersen (ed.), *Food Price Policy in an Era of Market Instability*, Oxford: Oxford University Press

Dallas, M.; Ponte, S. and Sturgeon, T.J. (2019) '**Power in Global Value Chains**', *Review of International Political Economy* 26.4: 666–94 (accessed 24 January 2021)

Deressa, T.T.; Hassan, R.M. and Ringler, C. (2011) '**Perception of and Adaptation to Climate Change by Farmers in the Nile Basin of Ethiopia**', *Journal of Agricultural Science* 149.1: 23–31 (accessed 7 September 2020)

Ebata, A.; MacGregor, H.; Loevinsohn, M. and Win, K.S. (2020) '**Why Behaviours Do Not Change: Structural Constraints that Influence Household Decisions to Control Pig Diseases in Myanmar**', *Preventive Veterinary Medicine* 183: 105138 (accessed 24 January 2021)

Ebata, A.; MacGregor, H.; Loevinsohn, M.; Win, K.S. and Tucker, A.W. (2019) '**Value Chain Governance, Power and Negative Externalities: What Influences Efforts to Control Pig Diseases in Myanmar?**', *European Journal of Development Research* 32: 759–80 (accessed 7 September 2020)

FAO (2020a) '**Keeping Food and Agricultural Systems Alive – Analyses and Solutions in a Period of Crises – COVID-19**

Pandemic', *Novel Coronavirus (COVID-19)*, Food and Agriculture Organization of the United Nations (accessed 13 May 2020)

FAO (2020b) ***COVID-19: Our Hungriest, Most Vulnerable Communities Face 'A Crisis Within a Crisis'***, Food and Agriculture Organization of the United Nations (accessed 17 May 2020)

FAO (2015) ***Self-Evaluation and Holistic Assessment of Climate Resilience of Farmers and Pastoralists (SHARP)***, Food and Agriculture Organization of the United Nations (accessed 23 February 2021)

FAO, IFAD, UNICEF, WFP and WHO (2019) ***The State of Food Security and Nutrition in the World, 2019: Safeguarding Against Economic Slowdowns and Downturns***, Rome: Food and Agriculture Organization of the United Nations (accessed 12 May 2020)

Fischer, G.; Gramzow, A. and Laizer, A. (2017) '**Gender, Vegetable Value Chains, Income Distribution and Access to Resources: Insights from Surveys in Tanzania**', *European Journal of Horticultural Science* 82.6: 319–27 (accessed 7 September 2020)

Friel, S.; Hattersley, L.; Ford, L. and O'Rourke, K. (2015) '**Addressing Inequities in Healthy Eating**', *Health Promotion International* 30.suppl 2: ii77–ii88 (accessed 7 September 2020)

Friel, S. *et al*. (2017) '**Using Systems Science to Understand the Determinants of Inequities in Healthy Eating**', *PLoS ONE* 12.11: e0188872 (accessed 7 September 2020)

Fuhrman, S. *et al.* (2020) ***Left Out and Left Behind: Ignoring Women Will Prevent Us From Solving the Hunger Crisis***, Policy Report, CARE International (accessed 10 December 2020)

Havelaar, A.H. *et al.* (2015) '**World Health Organization Global Estimates and Regional Comparisons of the Burden of Foodborne Disease in 2010**', *PLoS Medicine* 12.12: e1001923 (accessed 7 September 2020)

Hawkes, C.; Ruel, M.T.; Salm, L.; Sinclair, B. and Branca, F. (2020) '**Double-Duty Actions: Seizing Programme and Policy Opportunities to Address Malnutrition in All its Forms**', *The Lancet* 395.10218: 142–55 (accessed 7 September 2020)

HLPE (2020) ***Food Security and Nutrition: Building a Global Narrative Towards 2030***, A Report by the High Level Panel of Experts [HLPE] on Food Security and Nutrition of the Committee on World Food Security, Rome: HLPE (accessed 30 June 2020)

ICG (2020) '**COVID-19 and Conflict: Seven Trends to Watch**', *Crisis Group Special Briefing* 4, New York NY and Brussels: International Crisis Group (accessed 29 July 2020)

Ifejika Speranza, C.; Wiesmann, U. and Rist, S. (2014) '**An Indicator Framework for Assessing Livelihood Resilience in the Context of Social–Ecological Dynamics**', *Global Environmental Change* 28.1: 109–19 (accessed 7 September 2020)

ILO (2020) ***COVID-19 and the World of Work***, International Labour Organization (accessed 30 June 2020)

ILO (2017) ***Food and Agriculture Global Value Chains: Drivers and Constraints for Occupational Safety and Health Improvement, Volume 1 – Perspectives from Relevant Research Areas***, Geneva: International Labour Organization (accessed 7 September 2020)

Independent Expert Group of the Global Nutrition Report (2020) ***Global Nutrition Report: Action on Equity to End Malnutrition***, Bristol: Development Initiatives (accessed 10 December 2020)

IOM and WFP (2020) ***Populations at Risk: Implications of COVID-19 for Hunger, Migration and Displacement***, Geneva/Rome: International Organization for Migration and World Food Programme (accessed 10 December 2020)

Kamara, A.B. (2020) ***Responding to COVID-19 in Fragile States: The Case of Sierra Leone***, International Growth Centre blog, 27 May (accessed 26 June 2020)

Karasapan, O. (2020) ***Middle East Food Security Amid the COVID-19 Pandemic***, The Brookings Institution, 14 July (accessed 29 July 2020)

Kassie, M.; Ndiritu, S.W. and Shiferaw, B. (2012) '**Determinants of Food Security in Kenya: A Gender Perspective**', paper presented at the 86th Annual Conference of the Agricultural Economics Society, Warwick University, Coventry, UK, 16–18 April, (accessed 23 February 2021)

Kassir, R. (2020) '**Risk of COVID-19 for Patients with Obesity**', *Obesity Reviews* 21.6: e13034 (accessed 25 January 2021)

Kawarazuka, N.; Béné, C. and Prain, G. (2018) '**Adapting to a New Urbanizing Environment: Gendered Strategies of Hanoi's Street Food Vendors**', *Environment and Urbanization* 30.1: 233–48 (accessed 7 September 2020)

Kilelu, C.W.; Klerkx, L. and Leeuwis, C. (2013) '**Unravelling the Role of Innovation Platforms in Supporting Co-Evolution of Innovation: Contributions and Tensions in a Smallholder Dairy Development Programme**', *Agricultural Systems* 118: 65–77 (accessed 7 September 2020)

Laborde, D.; Mamun, A. and Parent, M. (2020) ***COVID-19 Food Trade Policy Tracker***, data set, Washington DC: International Food Policy Research Institute (IFPRI) (accessed 7 September 2020)

Leach, M. *et al.* (2020) '**Food Politics and Development**', *World Development* 134: 105024 (accessed 7 September 2020)

Lee, K.; Szapiro, M. and Mao, Z. (2018) '**From Global Value Chains (GVC) to Innovation Systems for Local Value Chains and Knowledge Creation**', *European Journal of Development Research* 30: 575 (accessed 7 September 2020)

Lema, R.; Rabellotti, R. and Gehl Sampath, P. (2018) '**Innovation Trajectories in Developing Countries: Coevolution of Global Value Chains and Innovation Systems**', *European Journal of Development Research* 30: 345–63 (accessed 7 September 2020)

Maertens, M. and Swinnen, J.F.M. (2012) '**Gender and Modern Supply Chains in Developing Countries**', *Journal of Development Studies* 48.10: 1412–30 (accessed 7 September 2020)

Marlow, I. and de Souza, A. (2020) ***What it Will Take to Avoid a Global Food Shortage***, Bloomberg Green, 9 June (accessed 7 September 2020)

Mudege, N.N.; Mdege, N.; Abidin, P.E. and Bhatasara, S. (2017) '**The Role of Gender Norms in Access to Agricultural Training in Chikwawa and Phalombe, Malawi**', *Gender, Place and Culture* 24.12: 1689–1710 (accessed 7 September 2020)

Muyanga, M. and Jayne, T.S. (2008) '**Private Agricultural Extension System in Kenya: Practice and Policy Lessons**', *Journal of Agricultural Education and Extension* 14.2: 111–24 (accessed 7 September 2020)

Nordhagen, S. (2020) ***Covid-19 and Food Prices: What Do We Know So Far?***, Nutrition Connect blog, 14 May (accessed 17 May 2020)

Okello, A.L.; Majekodunmi, A.O.; Malala, A.; Welburn, S.C. and Smith, J. (2014) '**Identifying Motivators for State-Pastoralist Dialogue: Exploring the Relationships between Livestock Services, Self-Organisation and Conflict in Nigeria's Pastoralist Fulani**', *Pastoralism* 4: 12 (accessed 7 September 2020)

Pingali, P. (2015) '**Agricultural Policy and Nutrition Outcomes – Getting Beyond the Preoccupation with Staple Grains**', *Food Security* 7: 583–91 (accessed 7 September 2020)

Pongcharoensuk, P. *et al.* (2012) '**Avian and Pandemic Human Influenza Policy in South-East Asia: The Interface between Economic and Public Health Imperatives**', *Health Policy and Planning* 27.5: 374–83 (accessed 7 September 2020)

Popkin, B.M.; Corvalan, C. and Grummer-Strawn, L.M. (2020) '**Dynamics of the Double Burden of Malnutrition and the Changing Nutrition Reality**', *The Lancet* 395.10217: 65–74 (accessed 7 September 2020)

Pritchard, B.; Vicol, M.; Rammohan, A. and Welch, E. (2019) '**Studying Home Gardens as if People Mattered: Why Don't Food-Insecure Households in Rural Myanmar Cultivate Home Gardens?**', *Journal of Peasant Studies* 46.5: 1047–67 (accessed 7 September 2020)

Prüss-Ustün, A. *et al.* (2014) '**Burden of Disease from Inadequate Water, Sanitation and Hygiene in Low- and Middle-Income Settings: A Retrospective Analysis of Data from 145 Countries**', *Tropical Medicine and International Health* 19.8: 894–905 (accessed 7 September 2020)

Scoones, I. and Forster, P. (2008) ***The International Response to Highly Pathogenic Avian Influenza: Science, Policy and Politics***, STEPS Working Paper 10, Brighton: STEPS Centre (accessed 7 September 2020)

Serfilippi, E.; Carter, M. and Guirkinger, C. (2020) '**Insurance Contracts When Individuals "Greatly Value" Certainty: Results from a Field Experiment in Burkina Faso**', *Journal of Economic Behavior and Organization* 180: 731–43 (accessed 7 September 2020)

Seric, A. and Hauge, J. (2020) ***Foreign Direct Investments Could Contract by 40% this Year, Hitting Developing Countries Hardest***, World Economic Forum, 2 June (accessed 23 February 2021)

Skinner, C. (2016) ***Informal Food Retail in Africa: A Review of Evidence***, Consuming Urban Poverty Working Paper 2, Rondebosch: African Centre for Cities, University of Cape Town (accessed 7 September 2020)

STEPS Centre (2010) ***Innovation, Sustainability and Development: A New Manifesto***, Brighton: STEPS Centre (accessed 7 September 2020)

Stirling, A. (2009) ***Direction, Distribution and Diversity! Pluralising Progress in Innovation, Sustainability and Development***, STEPS Working Paper 32, Brighton: STEPS Centre (accessed 7 September 2020)

Tandon, S. and Vishwanath, T. (2020) '**The Evolution of Poor Food Access Over the Course of the Conflict in Yemen**', *World Development* 130: 104922 (accessed 7 September 2020)

Tendall, D.M. *et al.* (2015) '**Food System Resilience: Defining the Concept**', *Global Food Security* 6: 17–23 (accessed 7 September 2020)

The Economist (2020) '**Keeping Things Cornucopious – The World's Food System Has So Far Weathered the Challenge of Covid-19**', 9 May (accessed 7 September 2020)

Thow, A.M. and McGrady, B. (2014) '**Protecting Policy Space for Public Health Nutrition in an Era of International Investment Agreements**', *Bulletin of the World Health Organization* 92: 139–45 (accessed 14 July 2020)

Thurlow, J. (2020) ***COVID-19 Lockdowns are Imposing Substantial Economic Costs on Countries in Africa***, IFPRI blog, 8 May (accessed 15 May 2020)

Tiensin, T.; Kalibata, A. and Cole, M. (2020) ***Ensuring Food Security in the Era of COVID-19***, Project Syndicate, 1 April (accessed 17 May 2020)

Tyler, S. *et al.* (2013) *Climate Resilience and Food Security: A Framework for Planning and Monitoring*, IISD Report, Winnipeg: International Institute for Sustainable Development

UN (2020) ***UN Working to Avert Dual Crises as COVID-19 Hits Hunger Hotspots*** (accessed 7 September 2020)

UNICEF (2020) ***Averting a Lost COVID Generation: A Six-Point Plan to Respond, Recover and Reimagine a Post-Pandemic World for Every Child***, New York NY: United Nations Children's Fund (accessed 10 December 2020)

UNICEF (2019) ***The State of the World's Children 2019: Children, Food and Nutrition: Growing Well in a Changing World***, New York NY: UNICEF (accessed 2 February 2021)

Urruty, N.; Tailliez-Lefebvre, D. and Huyghe, C. (2016) '**Stability, Robustness, Vulnerability and Resilience of Agricultural Systems: A Review**', *Agronomy for Sustainable Development* 36.1: 1–15 (accessed 7 September 2020)

van Tulleken, C.; Wright, C.; Brown, A.; McCoy, D. and Costello, A. (2020) '**Marketing of Breastmilk Substitutes During the COVID-19 Pandemic**', *The Lancet* 396.10259: e58

Wells, J.C. *et al.* (2020) '**The Double Burden of Malnutrition: Aetiological Pathways and Consequences for Health**', *The Lancet* 395.10217: 75–88 (accessed 4 February 2021)

WFP (2020) ***Global Monitoring of School Meals During COVID-19 School Closures***, World Food Programme (accessed 15 May 2020)
WHO (2020) ***COVID-19 Could Deepen Food Insecurity, Malnutrition in Africa***, World Health Organization, 14 May (accessed 31 May 2020)
World Bank (2020a) ***World Bank Predicts Sharpest Decline of Remittances in Recent History***, 22 April (accessed 21 July 2020)
World Bank (2020b) ***Food Security and Covid-19***, 14 December (accessed 25 January 2021)

This page is intentionally left blank

Covid-19 Response and Protracted Exclusion of Informal Settlement Residents in Freetown, Sierra Leone*†

Abu Conteh,[1] Mary Sirah Kamara,[2] Samuel Saidu[3] and Joseph Mustapha Macarthy[4]

Abstract Freetown has over 1 million residents, many of whom live in about 68 crowded informal settlements. Residents of these settlements struggle daily to access basic services such as water, sanitation, and health-care services. We found that the government's Covid-19 response measures (curfews, lockdowns, and travel restrictions) excluded informal residents from contributing to its design, and the implementation of these measures prevented these residents from accessing basic services. Like the urban planning processes in Freetown, the Covid-19 response planning was done with the limited inclusion of informal residents, and not considering how these response measures would affect their livelihood priorities. The economic conditions of already vulnerable people such as those living with disabilities, beggars, and women heads of households worsened as a result of these measures. While these challenges were dire, communities were resilient in reversing the spread of Covid-19 through tailor-made messaging and by supporting the most vulnerable with food and basic needs. In this article we argue that the inclusion of the urban poor in decision-making and urban planning processes can improve service delivery and their ability to cope with health shocks.

Keywords exclusion, informal settlements, Covid-19, vulnerability, resilience.

1 Introduction

Covid-19 is an escalation of the daily crisis that informal settlement residents in Freetown undergo to survive health, environmental, and economic vulnerabilities. Since the country's first confirmed case on 31 March 2020, and eventual spread into communities, residents of these informal settlements faced the risk of infection, the loss of livelihoods, and worsened access to health

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

care, water, and sanitation. This was due to the government's restriction on movement through lockdowns, curfews, and inter-district travel restrictions which did not prioritise the participation of marginalised urban dwellers and their needs. Although Sierra Leone had two lockdowns, in April and May (lasting three days each), these restrictions impacted the livelihoods of informal settlement dwellers relying on different informal employments such as stone-breaking, small food businesses, fishing, and sand-mining. Curfews implemented over a six-month period between April and October 2020 affected small food businesses and people in the supply chain such as drivers, boat owners, and boat captains.

Similarly, inter-district travel restriction implemented from April affected food access in Freetown's informal settlements, since food supplies are mainly from the rural villages and towns. The exclusion of informal settlement residents in Freetown from participating in the planning of the Covid-19 strategy mirrors their exclusion from urban planning processes and has a long historical trajectory.

In this article, we argue that the inclusion of informal dwellers in planning is needed to utilise their knowledge of local environmental and social dynamics to better conceptualise disease pathways and effective disease prevention. People living in informal spaces in Freetown have experienced various disease outbreaks, including cholera in 2012 and the 2014–16 Ebola outbreak, and they must also contend with daily risks such as smoke from waste-burning, flood waters, rodents, mosquitoes from decomposing waste, and dust (Macarthy *et al*. 2018). As such, their inclusion in urban planning and epidemic response planning is imperative for designing an appropriate response to disease outbreaks.

The lack of inclusion of Freetown's urban poor in urban planning has a long history, dating back to the colonial period, when the city was divided along wealth and racial lines (Lynch, Etienne and Binns 2020). This pattern of excluding the urban poor has crossed into Sierra Leone's post-war and current marginalisation of informal settlement residents who have little say in state-led urban planning and epidemic response. Their exclusion from urban planning continues to affect the ways in which the city's services are distributed. For example, settlements around congested suburbs in eastern Freetown's precarious coastal lowlands are less serviced by the national water grid, so people look out for ingenious ways to access water.

However, this is different in the planned areas of the city where water is accessed from the national grid, and mostly at no cost (Freetown WASH Consortium 2013). Sometimes, informal service providers in these informal settlements may dig up wells or prepare a ring fence around spring-water sources from the

hills, which they make available to residents for small fees. The money collected from the users of water sources is used to pay caretakers or buy tools for cleaning those water sources. These service access constraints take place against a backdrop of continued lack of recognition of the rights of informal settlements to exist by city authorities. The threat of eviction hinders the potential for inclusive infrastructure development for health, water, and sanitation services.

In the rest of this commentary, we reflect on how these historical trends and the resulting inadequate service provision have played out in the Covid-19 response. We report on some initial findings from remote interviews done in the first three months of the Covid-19 outbreak in Sierra Leone. Although these interviews have yet to be analysed in full, we observed that informal settlement dwellers responded in a range of ways to meet their own needs, including providing support for vulnerable groups such as those living with disabilities, women heads of households, beggars, and old people. With this article we hope to add our voice to those arguing that the exclusion of informal settlement residents disempowers them and reduces their capacity to cope with health shocks.

2 Methods

We conducted telephone-based interviews in Freetown between April and July 2020 in two hillside communities (Moyiba and Dwarzark) and a coastal community (Cockle Bay), to understand how residents were coping with the lockdown measures, curfews, and inter-district travel restrictions. The three communities collectively experience poor access to health and sanitation services, extreme poverty, and exposure to environmental and sanitation risks, but geographic differences such as topography affect how these health vulnerabilities are experienced. Two sets of interviews were conducted as follows:

Interviews with co-researchers:[5] In total, six co-researchers resident in the communities were interviewed (two from each community) during the country's two lockdowns on questions related to the suitability of response measures, access to services, and livelihood challenges.

Interviews with community residents and co-researchers: A total of 48 telephone-based interviews were done with 12 co-researchers and 36 community residents from different socioeconomic backgrounds. Samples selected for each of the communities included:

- four co-researchers;
- three women and three men below 35 years; and
- three women and three men above 35 years.

Data from the telephone interviews were jointly analysed with co-researchers to identify community challenges and plan collective action. Data from these interviews are still being analysed and what is reported here are the initial reflections on emerging findings.

3 Emerging findings and reflections

Our interim findings highlight how people felt excluded from the planning of the Covid-19 response measures and how the implementation of these measures affected access to services such as health care, water, and sanitation. We further describe how response measures affected people's means of livelihood and how this increased food access vulnerabilities and other wellbeing challenges. We describe how service access vulnerabilities and loss of livelihoods affected people with social characteristics such as having a disability, being a single woman and head of household, and being an elderly person. Finally, our findings show that community resilience proved useful to the local response and helping vulnerable people cope with hardships.

3.1 Reduced access to health care

Poor access to health care is a harsh outcome of the Covid-19 outbreak in Freetown's informal settlements. Access to formal health care pre-Covid was a challenge for people across all ages and gender, although comparatively, access was better for beneficiaries of the free health-care initiative (pregnant and breastfeeding women, and children under five).[6] However, access to these health services during Covid-19 has become more challenging, not only because people do not have money to pay for services, but due to other factors including a restriction on movement and fear of contracting Covid-19 within health-care facilities. For example, there were fears about the deliberate spread of Covid-19 by health workers and the government which increased fear about seeking medical treatment. This perception was aided by the lack of messaging from government to address misinformation in informal settlements. Restrictions on movement also affected health-seeking for people in the rugged hillside areas of the Dwarzark and Moyiba communities, which are only accessible by footpath, motor bike, or *okada*.[7] A pre-Covid-19 study shows how informal care pathways including self-medication with patent drugs and herbal remedies bought from drug peddlers and herbalists is common (Macarthy *et al.* 2018). Covid-19 restrictions meant that people relied further on these informal providers and practices.

Stigma against people infected with Covid-19 was also a barrier to health-seeking. For example, people were worried about the stigma of Covid-19 and would not seek care for conditions such as malaria because they did not want to be diagnosed with Covid-19 or stigmatised. Fears about being stigmatised were linked to the Ebola epidemic, when Ebola patients were stigmatised. A resident of the Cockle Bay community describes how this affected health-seeking in the community:

> *Most people are afraid of going to the hospital due to the experience they got from Ebola outbreak. Majority prefer buying drugs from pharmacies or being treated at home by a health-care practitioner*. (CBY-015)

Local residents who recognised the misconceptions around Covid-19 engaged in the dissemination of messages to prevent transmission and improve health-seeking. Community health workers (CHWs), chiefs, and youths volunteered to provide door-to-door messaging about health-seeking and preventive measures. Addressing these misconceptions requires collaboration among communities and epidemic response teams to improve health-seeking during epidemics. This can be done by engaging with different local actors to develop context-specific and community-led response (Leach *et al*. 2020).

3.2 Food and livelihood challenges

Many informal residents in Freetown do not have a sustained means of livelihood, and their sources of income are informal (Rigon, Walker and Koroma 2020). Informal employments are unregulated by the state and mostly lack recognition (ILO 2002). During the Covid-19 outbreak, informal workers have been affected by a loss of income due to public health measures which restricted them from working (Moussié, Alfers and Harvey 2020). For many informal workers reliant on food-based livelihoods – for example, selling street food – Covid-19-related restrictions affected them severely, and this was attributed to the government not being mindful of how response measures such as inter-district lockdowns and curfews would affect their livelihoods, as expressed by an elderly community member in Dwarzark:

> *Business-people are more affected because the inter-district lockdown has prevented them from going into the provinces where they buy goods for their businesses. So, they suffer, and we the customers suffer as well*. (DWK 015)

In addition, low-income earners who depended on street foods for their evening meals lost secure access to food. People experiencing severe food insecurity were usually stone miners and other informal income earners who could not afford the high cost of food ingredients to prepare a daily meal. For people who could not save food within their homes, the lockdowns made the food situation worse, particularly when they had limited time to prepare. The second lockdown in May coincided with the Muslim month of fasting which caused a rapid increase in food prices. The fasting month is typically a period when there is high demand for food by people who share food with their Muslim friends, family, and neighbours. In many instances, female heads of households, particularly widows, found it difficult to cope with the food situation. A widow and a mother of five at Moyiba community who sells charcoal to make a living remarked about her ordeals to cope with food insecurity:

> *As a widow and a single mother myself, it was not easy putting together food for my children to last for the three days. People are not happy, and the prices of food items are going up rapidly, so how can you manage to stock up food for a three-day lockdown?* (MYB-CLPI-01)

In Dwarzark, homeless children and disabled residents were concerned that their food needs were not being met. Many of these disadvantaged people relied on non-governmental organisations (NGOs) and community groups for help, but many could not receive help during the lockdown because the NGOs themselves seemed to be struggling to support thousands of people who had been made homeless or vulnerable during the Covid-19 crisis.

For the homeless children, hunger became so dire that they broke movement regulations by begging in the neighbourhoods for food. Recognising this challenge, community elders arranged for shelter at the community centre, and asked people with surplus food to help. People with disabilities, particularly street beggars, became more vulnerable to hunger because the begging from which they made a living had been disrupted due to restrictions on gathering. People who used to help them within their communities were suffering economic hardship too.

3.3 Water and sanitation

Persistent lack of access to water and sanitation services are the everyday realities confronting informal residents. While they expressed a fear of being infected with Covid-19, accessing water was among their immediate concerns. Because most informal settlements are not connected to the national water grid, people access water from sources that are sometimes considered unfit for consumption. In some communities, water tanks provided by the government since the Ebola epidemic some five years ago have not been refilled. These access concerns became more severe during the lockdowns and coincided with seasonal access challenges. In Dwarzark, for example, most of the wells dried up at the peak of the dry season in April, so thousands of residents relied on a solar-powered tank which rationed water for a small fee. As a hillside community, Dwarzark residents face acute shortages of water during the dry season, when seeking water from unprotected wells and streams polluted with human waste becomes the only option (Macarthy *et al.* 2018). Similar access challenges apply to the Moyiba community, which has a few public taps but not enough to serve the growing population:

> *Water supply was a bit better before now when I was doing business, because I could purchase it without any difficulty; but now I have to either prioritise safe drinking water or food because the cost of five or six jerry cans of water is enough to prepare meal for the home*. (MYB-004)

The long-term challenges of accessing water meant that people were unable to follow basic Covid-19 guidance around handwashing and social distancing. As the water situation became acute, people searching for water ignored social distancing regulations. Hundreds clustered around the few water access points. In Moyiba, youths known as 'tap collectors' developed a strategy for enhancing fair distribution of water and to prevent people from clustering in one area. This allowed them to identify people collecting water to prevent them from receiving more than the quantity agreed for everyone. Those who could not withstand the huge crowds travelled to other communities where they felt access was relatively easier.

Access to sanitation was also a challenge since private indoor facilities are less common. The use of shared public toilets or open defecation in streams is widespread. This was a concern for maintaining social distancing because of the way people gather around these facilities. Moreover, outdoor toilets often expose women and girls to sexual exploitation and abuse, and this is also a concern because violence against women and girls has been shown to increase during conflicts and health crises such as Covid-19. Therefore, the provision of sanitation services for women and girls during a crisis must consider privacy and security to enhance utilisation (Winter, Dreibelbis and Barchi 2019). Improved data and training are required to address gendered violence around sanitation services for girls and women during health crises.

3.4 Security concerns

The state's response to security – including health security in informal settlements – is often informed by the notion of the residents' 'illegal tenure' status and assumptions that residents are unruly and to blame for their own problems. These views justify the use of violence against them. A police and military presence was noticeable in these communities, which caused fear. Checkpoints were mounted around the markets and main roads with frequent patrols. Some residents reported incidents of beatings and arrests of people who went in search of food and water during lockdowns. Women and girls were more likely to experience violence from security forces since they were the main collectors of household water. As a result of these vulnerabilities, there is need for a different approach, starting with a dialogue between security forces and communities to identify their priorities and build on the strengths of those communities to self-organise and self-regulate. This is particularly important during uncertain periods such as the current Covid-19 crisis (Gupte 2020).

4 Community resilience: lessons for future responses

Across different contexts, informal settlement dwellers experience immense pressure to meet their daily food and livelihood needs. Yet, their needs are not well considered in urban policy and planning. Within these circumstances of exclusion, and livelihood and service access constraints, the urban poor show much

resilience especially in the face of health crises and imminent death (Rashid, Theobald and Ozano 2020). Covid-19 is an escalation of the daily crises they undergo to survive health, environmental, and economic vulnerabilities. The current Covid-19 response has shown the limited involvement of informal residents in its planning, resulting in restrictions that have caused severe hardships, particularly for already vulnerable groups such as people with disabilities, single women heading their own households, and the elderly. A lack of inclusion in urban planning and the Covid-19 response has affected their ability to meet their livelihood needs and to access health, water, and sanitation services.

In Freetown, while informal residents are excluded from urban planning processes, they have shown much intuition in responding to the current Covid-19 outbreak. With their own resources, communities have provided relief in the form of food and water for their counterparts most in need of help, and they have disseminated messages on Covid-19 to community residents (Osuteye *et al*. 2020). They have also organised the fair distribution of essential but scarce resources such as water in accordance with social distancing regulations. While some support has been provided by the state and city authorities, it has mostly come through state institutions and health professionals, not community organisations. This shows that there is a need for greater collaboration between the state and communities to address overlooked vulnerabilities in epidemic response, daily health risks, and service access. Without proper consultation, response measures (as in the 2014–16 West African Ebola outbreak) can have harmful effects on livelihoods, health, and wellbeing, particularly for people working and living in informal settlements (Wilkinson 2020).

5 Conclusions

We argue that an inclusive city planning and epidemic response are related, and that both are imperative for a socially just and resilient city. If empowered, communities can demonstrate considerable capacity to organise themselves and provide locally appropriate and tailored responses during future emergencies. Such community local actions have been amply demonstrated in Freetown's informal settlements during this Covid-19 response. We conclude that inclusive urban planning systems can empower urban informal residents and put them in control to address their own daily health risks and access to health and related services.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.
† This article was written with support from funding from the UK Global Challenges Research Fund (GCRF), and through

collaboration with the Accountability and Responsiveness in Informal Settlements for Equity (ARISE) Hub. Many thanks to Annie Wilkinson (Institute of Development Studies) and Laura Dean (Liverpool School of Tropical Medicine) for editing the draft and providing relevant insights. Special thanks to all co-researchers who participated in data collection and analysis.

1 Abu Conteh, Urban Health Research Lead, Sierra Leone Urban Research Centre, Sierra Leone.
2 Mary Sirah Kamara, Junior Researcher, Sierra Leone Urban Research Centre, Sierra Leone.
3 Samuel Saidu, Research Assistant, College of Medicine and Allied Health Sciences, University of Sierra Leone, Sierra Leone.
4 Joseph Mustapha Macarthy, Lecturer, Institute of Geography and Development Studies, Njala University, Sierra Leone and Director, Sierra Leone Urban Research Centre.
5 Co-researchers are community residents recruited from disadvantaged population groups for the purpose of Community Based Participatory Research.
6 Pregnant women, lactating mothers, and children below five years are beneficiaries of the free health-care initiative implemented by the Government of Sierra Leone in 2010.
7 *Okadas* are motorbikes providing easy access to non-motorable and high traffic areas.

References

Freetown WASH Consortium (2013) ***Freetown WASH Consortium Final Phase I Narrative Report*** (accessed 10 December 2020)

Gupte, J. (2020) ***The Emerging Lessons on Urban Vulnerability and Safety from Covid-19 in Low and Middle-Income Countries***, Brighton: Institute of Development Studies (accessed 15 December 2020)

ILO (2002) ***Women and Men in the Informal Economy: A Statistical Picture***, Geneva: International Labour Organization (accessed 10 December 2020)

Leach, M.; Meeker, J.; MacGregor, H.; Schmidt-Sane, M. and Wilkinson, A. (2020) '**Covid-19: Key Considerations for a Public Health Response**', *Briefing*, Brighton: Institute of Development Studies (accessed 15 December 2020)

Lynch, K.; Etienne, N. and Binns, T. (2020) '**"Transforming Freetown": Dilemmas of Planning and Development in a West African City**', *Cities* 101: 102694 (accessed 15 December 2020)

Macarthy, J.M.; Conteh, A.; Sellu, S.A. and Heinrich, L. (2018) *Health Impacts of the Living Conditions of People Residing in Informal Settlements in Freetown*, Freetown: Sierra Leone Urban Research Centre

Moussié, R.; Alfers, L. and Harvey, J. (eds) (2020) ***Informal Workers in the COVID-19 Crisis: A Global Picture of Sudden Impact and Long-Term Risk***, Manchester: Women in Informal Employment: Globalizing and Organizing (accessed 10 December 2020)

Osuteye, E.; Koroma, B.; Macarthy J.M.; Kamara, S. and Conteh, A. (2020) '**The People Versus the Pandemic: Community**

Organisations in the Fight Against Covid-19 in Freetown, Sierra Leone', *Urban-KNOW*, 30 April (accessed 10 December 2020)

Rashid, S.F.; Theobald, S. and Ozano, K. (2020) '**Towards a Socially Just Model: Balancing Hunger and Response to the COVID-19 Pandemic in Bangladesh**', *BMJ Global Health* 5.6: e002715 (accessed 15 December 2020)

Rigon, A.; Walker, J. and Koroma, B. (2020) '**Beyond Formal and Informal: Understanding Informalities from Freetown**', *Cities* 105: 102848 (accessed 15 December 2020)

Wilkinson, A. (2020) '**Local Response in Health Emergencies: Key Considerations for Addressing the COVID-19 Pandemic in Informal Urban Settlements**', *Environment and Urbanization* 32.2: 503–22 (accessed 15 December 2020)

Winter, S.; Dreibelbis, R. and Barchi, F. (2019) 'Women's Sanitation Practices in Informal Settlements: A Multi-Level Analysis of Factors Influencing Utilisation in Nairobi, Kenya', *Global Public Health* 14.5: 663–74

Building Back Better, Gender Equality, and Feminist Dilemmas*†

Sohela Nazneen[1] and Susana Araujo[2]

Abstract The Covid-19 pandemic has affected men and women differently, exacerbating existing gender inequalities across a range of areas including health, education, and livelihoods. Globally, the levels of gender-based violence have increased. Consensus exists in policy circles that emergency response and recovery plans should consider both the immediate and longer-term gender impact of Covid-19, and without effective measures, the progress made to date on gender equality will not be sustainable. But has this crisis led to a moment when gender power hierarchies in our economies, politics, and society can be renegotiated? In this article, we explore: what does building back better look like if gender equality was at its core? What kinds of feminist dilemmas arise with respect to how we frame women's voice and agency as we advocate for transformative systemic change? We start with a vision for building back better with a gender lens; and move on to discuss the gender-specific impacts of Covid-19 that exacerbate the vulnerabilities of women and girls. In connection with the latter, we discuss the feminist dilemmas that arise with respect to discourse on women's agency, representation, participation, and the key issues that we need to consider for transforming systemic gender power hierarchies.

Keywords gender equality, build back better, Covid-19, feminist dilemmas, unpaid care work, gender-based violence, women's agency, women's participation.

1 Introduction

Globally, women and girls experience significant gender inequalities. About 330 million women and girls live on less than US$1.90 a day – 4.4 million more than men (UN Women 2018). Evidence collected on previous public health emergencies, such as the 2014 Ebola epidemic in West Africa, shows that crisis exacerbates existing gender inequalities (Rasul *et al*. 2020; Ryan and Ayadi 2020; UN Women 2020a). The impact of Covid-19 on women and girls is far deeper. It has affected men and women

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

differently with respect to health, education, loss of livelihoods, and women and girls experiencing increased levels of gender-based violence (GBV) (UN Women 2020a). If measures are not taken to address both the immediate and longer-term impact on women and girls, progress made to date on gender equality will potentially be reversed.

The pandemic highlighted key roles played by women and girls in sustaining human society, as the continuation of health care, education at home, and the wellbeing of families rely on the unpaid labour of women and girls. There is much debate within feminist policy circles and social media (UN Women 2020a; Gender and Covid-19 n.d.; SOAS Blog n.d.) regarding if this is a moment to renegotiate and transform gender power hierarchies that exist in our economies, politics, and society. So, we ask: what does building back better look like with gender equality at its core? What kinds of feminist dilemmas arise as we reframe women's voice and agency and advocate for transformative systemic change?

We draw on academic literature on the gendered impact of past crises; and rapid responses and policy briefings produced on the gendered impact of Covid-19 by multilateral agencies. We use insights offered by gender experts on Covid-19 based on our interviews and exchanges with donor agency staff, academics, and research partners in the global South.[3]

While the gender impact of Covid-19 in developed countries is significant, we focus on lower- and middle-income countries in the global South. These countries are in a difficult position as they address the gender-specific impacts of the pandemic while grappling with resource constraints, inadequate public health delivery, and ineffective governance systems. These capacity gaps create additional layers of challenges. We start with a brief definition of what building back better is through a gender equality lens. Section 3 then discusses the gender-specific impacts of Covid-19 and what has been the global response. Section 4 discusses feminist dilemmas that arise with respect to women's agency, participation, and state–citizen relationships as current narratives around building back better are constructed, and Section 5 identifies key issues that need to be considered for transforming systemic gender power hierarchies.

2 Building back better with gender equality at its core

The concept of building back better was formed as an approach to post-disaster recovery to reduce vulnerabilities to future disasters. This approach emphasises building community resilience to address health, environmental, and economic shocks, and incorporates environment, governance, and gender as cross-cutting themes (GFDRR 2020). It gained currency in discussions on post Covid-19 recovery to emphasise that the response and recovery efforts with respect to Covid-19 are

not about recovering back the status quo. The approach links recovery to addressing the underlying causes of vulnerability and marginalisation for building resilient systems, inclusive economies, and equitable societies.

Building resilient health and governance systems, and creating inclusive economies and equitable societies requires us to address the structural causes behind gender inequality. With respect to gender equality, building back better means: (a) mitigating gender-specific vulnerabilities through targeted support in the provision of health, welfare, education, and other forms of services to meet the differing needs of the most vulnerable women and girls; (b) using recovery as an opportunity to address biased social norms, and change discriminatory laws and policies; and (c) creating care-sensitive economies and gender-inclusive governance systems (adapted by the authors based on UN Women 2020b).

Undeniably, building back better as a concept has transformative potential and highlights that the pandemic also offers an opportunity for restructuring current systems. Before we engage with this concept further with respect to the key areas where we can bring gender-equitable changes, we first discuss the gender-specific impact of Covid-19.

3 Immediate impact of Covid-19: increased gender-specific vulnerabilities

Structural inequalities exacerbate the immediate impacts of Covid-19 on gender-specific vulnerabilities, and these impacts in turn deepen gender inequalities in economic, social, and political systems (UN Women 2020b). Gender disparities in access to education, health care, jobs, and protection under the law, coupled with the increased hours spent on unpaid care work as social provisioning of care is reduced under lockdown, increases vulnerabilities and creates poverty traps for women and girls. UN Women estimates that by 2021, an additional 47 million women and girls will be pushed into poverty as a result of Covid-19 (Azcona *et al*. 2020c). The remainder of this section discusses gender-specific vulnerabilities in health, education, and the economy, increased GBV, the burden of unpaid care, and the policy response to these.

3.1 Impacts on sexual and reproductive health (SRH) and maternal health

Efforts to contain outbreaks divert resources from essential health services, particularly those that focus on SRH (Ahmed and Sonfield 2020; Gender in Humanitarian Action 2020). Maternal mortality increased tenfold due to the direct effect of Ebola, as resources were diverted and women avoided health facilities (Rasul *et al*. 2020; Ryan and Ayadi 2020). Covid-19 has disrupted the supply chains of modern contraceptives and the delivery of maternal and essential health services, leaving around 47 million

women in low- and middle-income countries without access to them (Roberton *et al*. 2020). The disruption of essential SRH services, including family planning, and maternal and newborn health services, have significant impacts on women and girls, especially those most vulnerable.

Unmet needs for contraception will lead to unintended pregnancies in low-income countries (LICs), and disruption of essential SRH and maternal care services increases the risk of more women dying in childbirth or from undergoing unsafe abortions (Busch-Hallen *et al*. 2020; Roberton *et al*. 2020; UNFPA 2020a). During the 2014 Ebola outbreak in Sierra Leone, antenatal care services decreased by 22 percentage points as well as facility delivery by eight percentage points (Sochas, Channon and Nam 2017). In addition, the loss of livelihoods and the disruption of the food supply chain will leave pregnant and lactating women more vulnerable to intergenerational malnutrition (Ebata, Nisbett and Gillespie 2020). Covid-19 also revealed many women's lack of autonomy over decisions on SRH in LICs (Unnithan *et al*. 2020). In many lower-income countries, community health-care workers provide contraception to women; but during lockdowns, this service is disrupted, making it difficult for women to access contraception in cases where their partners are unwilling to use any (*ibid.*).

3.2 Impacts on women's economic participation

Covid-19 created a challenge for sustaining levels of women's economic participation. Women are overrepresented in the sectors most affected by the pandemic: accommodation and food services; real estate; business and administrative activities; manufacturing, especially the garment sector; and wholesale/retail trade (ILO 2020a). Job losses are higher among women compared to men in all countries (ILO 2020b). In LICs such as Bangladesh, Ethiopia, Senegal, Timor-Leste, Uganda, and Yemen, losses are mainly concentrated in low-skilled jobs where women are overrepresented – tourism, construction, manufacturing, restaurants, retail, transport, agriculture, and mining (ILO 2020c). Women in these countries are facing job cuts as global supply chains are disrupted and consumer demand falls (ILO 2020d). Many women in lower middle-income countries are self-employed or owners of micro and small enterprises, and facing difficulties in accessing capital and loans (ILO 2020a). Evidence from crisis studies shows that recovery for women is harder as the economic insecurity lasts much longer for women as compared to men (ILO 2020d; Moussié and Staab 2020).

The economic impact of the pandemic is greater on women in the informal sector, female farmers, and migrant workers than for women in formal sector work, and as compared to men (Moussié and Staab 2020). In LICs, women are overrepresented in informal and insecure jobs (*ibid.*). For example, in sub-Saharan Africa, 74 per cent of women who are in non-agricultural jobs

are in informal employment (UN Women 2020b). In urban areas of the global South, women work as domestic workers, market traders, street vendors, home-based workers, and so forth. Apart from a few exceptions such as female market vendors in Ghana (UN Women 2020c), women informal workers are not unionised to demand that national emergency responses address their needs (Moussié and Staab 2020). Usually, men and women working in informal sectors are not targeted by social protection programmes in LICs, which would protect them from economic shocks (Durant and Coke-Hamilton 2020).

In sub-Saharan Africa and Southeast Asia, women migrate for work to urban areas, other African and Middle Eastern countries, and Organisation for Economic Co-operation and Development (OECD) countries (Andall 2018; DESA 2019) as agricultural workers, and domestic and health-care workers. They experience multiple forms of discrimination because of restrictive migration policies and insecure employment (UN Women 2020d). As Covid-19 hits, they are experiencing loss of income and increased health risks as workplaces lack safety measures. As remittances sent by them fall, the wellbeing of their families is adversely affected (*ibid*.).

In rural areas, given travel restrictions, opportunities for women farmers to market produce are limited (Ebata *et al*. 2020), and as a result, their incomes have fallen and savings are depleted (World Bank 2020a). In Latin America, indigenous women are facing additional threats to their livelihoods as governments lift environmental restrictions to boost the economy (Bolaños 2020). With less savings to draw upon, female farmers are likely to struggle to buy inputs needed for the next planting season (Decker, Van de Velde and Montalvao 2020). Worldwide, women represent less than 15 per cent of the landholders. In some sub-Saharan African countries, for example in Niger, women's formal land ownership is lower, only 9 per cent (Stand for Her Land n.d.). Lack of land ownership limits the opportunities to secure credit and investment to sustain their land and farms throughout the crisis period (Namubiru-Mwaura 2014).

In addition, female-headed households are at risk of falling below the poverty line. Usually, these households lack another income-earning adult to supplement the loss of income and formal property titles. Evidence from Kenya, Nigeria, and South Africa shows that adverse economic impact is heavier on female-headed households because women's incomes are more likely to decrease than men's and the size of the household is usually larger than average (Hunter, Abrahams and Bodlani 2020).

3.3 The increased burden of unpaid care work

The Covid-19 pandemic has highlighted the importance of the care economy. The increased burden of care may constrain women's participation in the market. Even before Covid-19 hit,

globally women shouldered a disproportionate share of unpaid care work and unpaid work (in family farms, small shops, and businesses; UN Women 2018). Women try to balance all these forms of work through the adoption of harmful strategies, such as multitasking, intergenerational transfer of care tasks to younger girls, and by limiting their own leisure and sleep (Chopra and Zambelli 2017). In the long run, it leads to physical and emotional depletion (Chopra *et al*. 2020; Rai, Hoskyns and Thomas 2014).

As schools remain closed and family members fall sick from Covid-19, the demand on women's time to provide care has sharply increased (UNDP and UN Women 2020; World Bank 2020b). A study on the impact of Covid-19 on women informal workers in India found that 66 per cent of the respondents experienced an increase in domestic unpaid work, and 36 per cent an increased burden of child and elderly care (Chakraborty 2020). Studies in Sierra Leone on the Ebola outbreak show that women face a higher risk of infection as they lack protective gear and are in contact with infected persons at home (Nkangu, Olatunde and Yaya 2017).

As the pandemic continues, girls are affected differently from boys as they assume carer roles within families (Burzynska and Contreras 2020; World Bank 2020a) and girls' education is disrupted. Plan International's research on girls reveals that the burden of care was the most common explanation offered by adolescent girls in South Sudan and the Lake Chad Basin for absence from school (Plan International 2020).

3.4 The disruption of children's education (specific focus on girls)

The lockdown, school closures, and disparities in access to digital technology and financial resources have created several interconnected challenges to the continuity of education. As of June 2020, nationwide school closures affected 771 million children in developing countries (GPE 2020). The United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that 20 years of gains made in girls' education could be reversed if responses do not prioritise the needs of adolescent girls (Giannini and Albrectsen 2020). Evidence from previous public health outbreaks shows that school closures, especially in low-income settings, exacerbate existing inequalities in education, including gender equalities (*ibid*.). In Mali, Niger, and South Sudan, school closures have disrupted the education of over 4 million girls (*ibid*.).

The digital gender disparity, including girls' more limited access to phones and the internet in many countries, also means that they are disproportionately disadvantaged in accessing online education (World Bank 2020a). Evidence on previous crises shows that adolescent girls are considerably less likely than boys to return to school following a prolonged absence (Plan International n.d.).

Families may marry girls off early because of additional economic pressures during a health pandemic (*ibid*.). This may lead to a rise in unwanted early pregnancies and forced marriages (*ibid*.). The United Nations Population Fund (UNFPA) estimates that between 2020 and 2030, an additional 13 million child marriages will take place, given the disruption of schooling (UNFPA 2020a). This will have a long-term impact on girls' engagement in income-generating activities, health outcomes, and levels of participation in the public sphere (UNESCO 2020).

School closures have also led to a rise in malnutrition among children in low-income families who often rely on school meals for their daily nutrition. In Bangladesh, almost 3 million children (51 per cent are girls) were missing out on school meals during the lockdown (WFP 2020). The devastating impact of Covid-19 on poverty and hunger has led to the rapid expansion of social protection in many countries (Lind, Roelen and Sabates-Wheeler 2020), but these programmes need to address gender inequities with respect to access to food and its consumption. Lower- and middle-income countries have implemented schemes such as food packages or cash transfers to mitigate the negative effects on children; however, these schemes often rely on women as carers to handle collection and monitoring procedures (Bourgault and O'Donnell 2020), which increases women's workload.

3.5 The other pandemic: high levels of sexual and gender-based violence

Globally, women and girls are experiencing high levels of violence during the pandemic, and despite the scale and severity of it, protection and prevention measures are under-resourced. Emerging data show that reports of violence against women, particularly domestic violence, have increased (Nazneen 2020). In Argentina, emergency calls have increased by 25 per cent since the beginning of the lockdown in April 2020 (UN Women 2020b) as women are unable to leave the family home (UN Women 2020e). UNFPA projects that if violence increases by 20 per cent there would be an additional 15 million cases of intimate partner violence in 2020 for an average lockdown duration of three months (UNFPA 2020b).

As resources are diverted to address Covid-19-related emergencies, services provided to survivors of violence are being cut, as well as funding for awareness-raising programmes on GBV (UN Women 2020e). This jeopardises the progress made to date on reducing GBV – including harmful practices such as female genital mutilation (FGM) and child marriage. UNFPA (2020b) predicts that as programming on FGM slows down, about 2 million more cases could occur over the next decade.

As law and order conditions worsen, refugee women and girls in camps, in conflict-affected areas, and undocumented migrant women workers are vulnerable to trafficking and face increased

Table 1 **Number and type of measures by region**

Region	All measures	Gender sensitive	Violence against women	Women's economic security	Unpaid care
Africa	437	150	83	59	8
Americas	634	281	190	65	26
Asia	613	206	157	35	14
Europe	721	294	224	16	54
Oceania	112	61	50	2	9

Source UNDP and UN Women (2020).

risks of rape, sexual assault, intimate partner violence, and early and forced marriage (UN Women 2020e; Naraghi Anderlini 2020).

3.6 Are policy responses sufficient and adequate?

Most countries are failing to adequately protect women and girls' rights during the pandemic (UNDP and UN Women 2020). The new United Nations Development Programme (UNDP)-UN Women Covid-19 Global Gender Response Tracker registers about 2,500 policy measures implemented by 206 governments around the world to address the gender-specific impact of Covid-19. It collates information on national measures that directly address women's economic and social security needs – including those that address unpaid care work and violence against women and girls; and measures to sustain participation and access to labour markets (Table 1).

The Global Tracker reveals that government responses remain inadequate and uneven across regions (Staab, Tabbush and Turquet 2020). About 135 countries have implemented 704 measures to address GBV. Most of them aim to provide services such as shelters, helplines, and access to courts, but the majority of them are not central in the Covid-19 response plan and remain underfunded (*ibid*.). The tracker also shows that only 10 per cent of all social protection and labour market measures directly address women's economic security. The majority of these measures are cash transfers and food assistance programmes that target women (*ibid*.). Some countries such as Argentina, Togo, Egypt, Georgia, and Morocco have also implemented measures to support women entrepreneurs and informal traders.

The tracker reveals that two-thirds of the countries have **not** adopted any measure to directly address unpaid care. Some countries are providing family leave and paid sick leave to care for others (40+ countries); cash for care (12); childcare services (10); and long-term care services for older persons and persons with disabilities (10); most of these are in Europe and Latin America, Australia, and New Zealand.

4 Feminist dilemmas

So far, we have discussed the gender-specific impact of Covid-19 and how women and girls are disproportionately affected by the existing inequities in accessing health, education, economic relief, social welfare, and protection offered by the law. Their voices are also marginalised in the current decision-making systems. Undeniably, men and boys are also vulnerable depending on their class, caste, ethnicity, disability, race, and other social positionings. However, the evidence shows that women and girls have borne much of the brunt of states failing to provide essential services, legal protection, and care.

Much of the discussion between feminist academics and international development agencies with respect to gender equality has been on what the different elements are of care-sensitive economies, gender-inclusive governance, or gender-equitable health, welfare, and legal systems. The discussion with respect to gender equality in official policy briefings, rapid response guides, and reports on Covid-19, have been framed normatively, in terms of what should be done (admittedly many of these include best practice examples). What has been left out of these public documents, and rightly so, are dilemmas that arise from the narratives that are constructed on women's voice, agency, participation, and representation. These dilemmas emerge not because there is disagreement over what should be done (content) but on how it can be done and on what kind of politics is needed to push gender equality at the core of building back better.

The first dilemma that arises is related to: how should women and girls' agency (to provide care, work, and cope) be framed or understood in the current context? Undeniably, women and girls have exercised agency to ensure that households coped with various shocks, that care was provided within the family, and that they played a key role in arranging community-level care. Women health-care workers and other essential workers (domestic workers/social care) were lauded as being indispensable by governments. The policy rhetoric and public documents highlight these forms of agency. But the danger behind highlighting women's ability to cope and making constrained choices to survive and sustain their families, particularly choices that stretched their work hours and led to physical and emotional depletion (because of lack of support) needs to be interrogated.

On the one hand, it is important to ensure that in the policy and public narratives (for example, in the various response briefings and development agency reports), women and girls are not rendered as actors without agency or are portrayed only as 'victims' because they have been disproportionately affected. But on the other hand, it is important to draw attention to the fact that not all forms of agency lead to women's empowerment – i.e. being able to make strategic life choices (Kabeer 1999), and that some forms of agency in the long run have an adverse

impact on an individual's quality of life and wellbeing. However, striking a balance between these two positions as we construct narratives on women's agency and the gender-specific impact of Covid-19 is a delicate act.

Related to how women's agency is framed in public and policy narratives is the fear that recovery plans may take women's labour, particularly time spent on unpaid care work, as an infinite resource. This may push forward the agenda for 'reprivatising' or in other words, not addressing women's unpaid care work in the design and implementation of social protection programmes, which have increased in number to respond to the challenges posed by the pandemic. In addition, essential services for women are being cut or defunded to divert resources to mitigate a public health emergency. This is the case in Mexico, where the government has implemented austerity measures while violence against women has surged (Agren 2020).

Apart from spending cuts, states may limit their responses to social care to provision of direct childcare only, and not take measures to provide public services – clean piped water, gas, emergency food supplies (UNDP and UN Women 2020; CDP 2020) – as women have been shouldering the responsibility for collecting fuel, water, and/or food rations. While the need for employing care-sensitive measures has been stressed, the discussion in Section 2 showed that state initiatives have been meagre and mostly adopted in the West and in Latin America. In many cases, successful measures have been rolled back, reinforcing gender norms and the role of women as being responsible for unpaid care work. For example, Australia adopted a fiscal package to support childcare providers at the beginning of the pandemic, but it was soon phased out.[4]

This, then, of course raises the need for understanding what makes policy measures stick and in which context and under what conditions. Given the intensity of this crisis and the knowledge gap that exists in the mainstream on how to design care-sensitive economies or gender-sensitive safety nets, most of the feminist energies have been so far focused on identifying what works in different contexts. However, the risk of rollback reveals that there is a need to unpack the politics behind what ensures that measures are sustained in the long run.

Another key dilemma that exists is around the emphasis placed in public narratives on women's participation in policy, planning, and implementation processes. This is because there are risks associated with nominal participation. This is not to say that women should not participate – but it is about in what kind of space and the quality of participation and the politics of representation (i.e. which women have access to these spaces and who speaks for women). Representation is a concern as there are power hierarchies within feminist movements and among

women's rights organisations (WROs). Given that women are not a homogenous block, the existence of intersectional inequalities among different groups of women means that certain groups may be excluded from these processes.

Evidence shows that while women are being included in early detection, and in frontline health-care provision, they have very limited voice in decision-making. In Pakistan, the Lady Health Workers were essential for community sensitisation, but their demands for safety were ignored by the state.[5] In fact, UNFPA (2020c) pointed out that while women represented nearly 70 per cent of health-care workers globally, attention to their needs in terms of protection and workload is limited and they are underrepresented in planning emergency responses.

Evidence also shows that collective organising by women is essential – that female informal workers have lost out on negotiating with the state during lockdowns in countries where they were not unionised (Moussié and Staab 2020; Chakraborty 2020). WROs have engaged where possible with states, particularly on issues of domestic violence and GBV. But how effective these engagements are depends on the nature of the space, the power and influence of the state agency concerned, and whether gender equality is perceived as a significant agenda by the political elite. The risk exists that mere participation by WROs in these consultative forums (and given that public protests are contained because of safety) will count as consent.

The emphasis on participation also assumes that women's rights groups have infinite time and resources to sit on committees, offer technical expertise to comb through data, and write reports and guidelines, which they may lack. Linked to this issue is that the resources available to WROs have decreased over time, given changes in the international funding agenda since 2005. This has translated into scenarios where WROs have over the years found it hard to sustain women's rights mobilisation/organising work (Pittman *et al*. 2012). There are concerns about how Covid-19 will affect funding for WROs, as funding may be diverted for other measures.

The issues raised here are not new. Debates over issues such as women's participation does not mean consent (Fierlbeck 2008); how to interpret constrained agency and choice (Agarwal 1994; Jackson 2002); or the risk of states promoting 'reprivatisation' of its responsibility (Moser 1989; Goetz 2020) have come up again and again in feminist writings, and these have been magnified during crisis periods (Gender and Covid-19 n.d.). So the question that arises is how do we build back better in a way that allows for gender power hierarchies in our economies, politics, and society to be renegotiated?

5 Key issues for consideration to build back better from a gender perspective

Building back better – by sustaining the gains in women's empowerment, and creating gender-inclusive health, legal, governance, and economic systems – depends on how states and multilateral agencies respond to Covid-19 with respect to gender equality in the long run. This means responses by these actors need to address not just immediate survival requirements, but aim to change biased social norms, cultural practices, laws, and policies, through developing tailored and specific responses that consider context specificity and how gender intersects with other forms of inequalities. In this section, we provide a brief summary of the critical issues that should be considered to build back better with a gender lens.

First, women and girls' unpaid care burden needs to be addressed when designing economic recovery programmes to allow women to participate on an equal footing and shift gender norms (Chopra and Zambelli 2017). Social protection programmes and public work schemes in many countries have successfully integrated childcare components to reduce the burden on women from lower-income groups, such as in the Karnaly Employment Programme in Nepal (Roelen and Karki Chettri 2016). These programmes may also target men, to shift the burden of care at home and the perception that childcare is a woman's or a girl's task (Lutrell and Moser 2004).

Second, national emergency response plans and future global strategies need to be grounded in strong gender analysis and adopt an intersectional approach so that interventions do not perpetuate or exacerbate gender inequalities. Programmes that address economic shocks need to be cognisant of intersectional inequalities and implement targeted relief for women and girls belonging to the most disadvantaged groups. Paying attention to women and girls among certain categories such as female-headed households, adolescent girls, elderly women, refugee women, internally displaced women, women informal sector workers, migrant women in precarious employment, women and girls with disabilities, and sex workers, is key. To increase the effectiveness of services that address GBV, training social and health-care staff, police, and the judiciary on how the crisis increases the risk of GBV for different groups of women, depending on their class, race, ethnicity, age, disability, sexual orientation, and location, is critical.

Third, emergency response plans also need to consider context specificity and tailor programmes to the realities and opportunities that exist in local contexts. For example, in fragile and conflict-affected settings, providing targeted relief, menstrual hygiene products, and contraception, maternal health-care and education services, and establishing infrastructure to supply water and sanitation for women and girls in camps can reduce

gender-specific vulnerability in terms of health care, ensure continuity of education for girls, and reduce the burden of unpaid care.

Fourth, the unprecedented crisis caused by the Covid-19 pandemic requires governments and development actors to develop innovative solutions and build new private–public partnerships to assist the most affected women and girls and build resilient systems (ECOSOC 2020). A good example of innovative practice is the UNFPA's distribution of 'dignity kits' to women and girls in Mozambique, Palestine, and Timor-Leste, consisting of reusable menstrual pads and hygiene products. This enables the most disadvantaged women and girls to use their limited resources to purchase other important items needed in an emergency, such as food (UNFPA 2020a). Mobile technology can also be used to provide these services. In Mozambique, a new project implemented in partnership with mobile companies will distribute mobile phone e-vouchers to women and girls, enabling them to purchase their own sanitary and menstrual hygiene materials (*ibid*.)

Fifth, it is critical to invest in community-level responses and inclusion of women's voices in these processes. WROs and community groups play a critical role in channelling the voices of women and girls on what their key needs are and how these can be met. Engaging local and national WROs in planning the recovery response provides insights into how gender-specific constraints operate in different contexts. In conflict-affected settings, women's organisations have experience in community engagement and can play a critical role in raising awareness among the youth, women, and community leaders as part of the Covid-19 response (Kinyanjui 2020). Ensuring WROs' engagement means that donors need to provide flexible and adaptive funding, so that they are able to function. Development actors need to partner with, scale up, and maintain funding to sustain the work of issue-based organisations (such as informal women workers' unions) and networks (such as those addressing GBV or women peacekeepers) to support women's voice and agency in planning the Covid-19 response and holding governments to account. A good example of flexible funding is the UN Trust Fund that is providing additional financial assistance to 44 civil society organisations (CSOs) with a primary focus on institutional strengthening, risk mitigation, and survivor recovery in the context of the Covid-19 pandemic (UNTF 2020).

Sixth, as the global economy is hit hard and poor families face economic and social insecurities, countries will have to make difficult choices in balancing the expansion of social welfare with regenerating the economy. Economic response and recovery plans provide an opportunity to strengthen women's participation in the economy and create inclusive economic systems. At the national level, economic response and recovery

planning processes need to engage WROs and feminist scholars to understand how financial systems may address vulnerabilities experienced by different groups of women – informal workers, women farmers, and female migrant workers (UNCTAD 2019). Interviews with Irish Aid staff in Sierra Leone[6] revealed that donor coordination was critical to link state actors and WROs which influenced decisions to provide targeted credit relief, access to financial investment, and inputs and extension services for women small business owners and farmers. Recovery plans need to include specific opportunities for women-owned farms and businesses to link up with global supply chains and for informal sector or migrant workers to reskill themselves (World Bank 2020a). In Uganda, the provision of subsidised inputs, such as sweet potato vines to women farmers, have encouraged investment and improved the food security of their families (Decker *et al*. 2020).

Creating inclusive economies also means protection from shocks for vulnerable groups while boosting productivity. This means cash transfer programmes, pensions, or social insurance that specifically target informal workers, migrant workers, women farmers, and female-headed households (ILO 2020d; Moussié and Staab 2020). In Mali, cash transfer programmes implemented before the pandemic hit have demonstrated positive outcomes in terms of productivity among female farmers (Decker *et al*. 2020). Many women in LICs are not registered in national databases. Transferring cash through self-help groups or grass-roots WROs may help to address this gap in access (Moussié and Staab 2020). In India, savings and credit association groups were used as delivery channels for government services aimed at 'hard-to-reach' women (Lemmon and Vogelstein 2017). Unconditional social protection programmes that do not make women responsible for meeting targets should be promoted, as well as generating employment through public work programmes for returnee migrant women (Cookson 2018; Özler 2020).

Lastly, it remains critical to support programmes that tackle the root causes of GBV, and at the same time ensure the provision of essential GBV services. This means that programmes should seek to identify and challenge gender stereotypes and roles, as well as social norms around GBV, while promoting prosocial and equitable behaviour engaging with various key stakeholders: women and girls, men and boys, and faith-based leaders. To ensure the continued provision of services to tackle GBV, these need to be designated as 'essential services' by national governments. Governments also need to adapt service delivery using digital technology. For example, promoting remote practices for initial case management, supporting individual rather than group counselling sessions, and issuing protection orders digitally to ensure due processes that protect victims of violence (Grey Ellis 2020). In Mozambique and Zimbabwe, the EU Spotlight Initiative is providing mobile GBV clinics to support service provision in rural communities. Engaging WRO staff, who

are working at the frontline providing legal aid and support, is essential in long-term planning on how to tackle GBV at the community level. Development actors also need to provide funding to WROs to monitor national efforts to tackle GBV.

6 Conclusion

We started with the premise that during the pandemic women and girls have played a key role in sustaining human society, as the continuation of health care, education at home, and wellbeing of families rely on their labour. We have shown how the pandemic is affecting women and men differently, exacerbating existing gender inequalities across different sectors such as health, education, and livelihoods; and worsening current levels of GBV. We argued that building back better requires governments and development actors to address the structural causes of gender inequality and create care-sensitive economies and gender-inclusive governance systems, and detailed some measures that may help to attain this goal.

However, in order to make the most of the opportunity this crisis has created for renegotiating the contract that exists between female citizens and the state, building back better with gender equality at its core needs to be everyone's concern, not just that of the gender units, WROs, and feminist academic circles. What can be gleaned from public statements made by international agencies and the various governments is that gender equality is a key concern. This is different from how gender equality featured during other public health crises. But public rhetoric is not enough. We have seen that policy measures by governments remain insufficient for transformative change. A stronger policy response from these actors requires them to invest in building their own internal capacity to integrate a gender lens, and the political will to work with partners and across coalitions based on solidarity and taking into consideration the long-term cost of doing business as usual.

Afterword

The data presented and issues discussed in Sections 3.1 to 3.5, and Section 5 (the impact of Covid-19 and key considerations for promoting gender equality) are based an earlier publication, Ireland's Positioning Paper *Gender Equality and Building Back Better* (Nazneen and Araujo 2020). We have removed specific data provided by the Government of Ireland and our advice to the same government in this article. We have also added data from articles and reports published since July 2020; and added two new sections on policy response using the Global Tracker, and feminist dilemmas.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.

† This article uses material from Ireland's Positioning Paper on *Gender Equality and Building Back Better*, written between May and August 2020 (Nazneen and Araujo 2020), which was funded by the Government of Ireland. We would like to thank our interviewees, and the reviewers for their insightful comments.

1 Sohela Nazneen, Research Fellow, Institute of Development Studies, UK.

2 Susana Araujo, Research Officer, Institute of Development Studies, UK.

3 In June 2020, ten IDS experts working on gender equality and 13 Irish Aid staff at headquarter and Mission level were consulted by the authors for inputs for Ireland's Positioning Paper *Gender Equality and Building Back Better* (Nazneen and Araujo 2020). A learning event with 30 Irish Aid staff was also conducted. We draw on insights from: 20 gender experts based at international non-governmental organisations (INGOs), multilateral agencies, and research organisations who regularly participate in the bi-monthly Care and Covid-19 discussion group, and 20 academics who participated in various roundtables hosted by IDS on the impact of Covid-19.

4 Care and Covid-19 group discussion, 30 June 2020.

5 Action for Empowerment and Accountability (A4EA) webinar on Covid-19, 1 April 2020.

6 Interview, Ireland Mission staff, 9 June 2020.

References

Agarwal, B. (1994) *A Field of One's Own: Gender and Land Rights in South Asia*, Cambridge: Cambridge University Press

Agren, D. (2020) '**Femicides Rise in Mexico as President Cuts Budgets of Women's Shelters**', *The Guardian*, 22 July (accessed 8 December 2020)

Ahmed, Z. and Sonfield, A. (2020) ***The Covid-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights***, Guttmacher Institute, 11 March (accessed 8 December 2020)

Andall, J. (2018) ***Intra-African Female Labour Migration: Common Issues, Work and Rights***, Economic Development in Africa Report 2018, Background Paper 1, Geneva: UNCTAD (accessed 8 December 2020)

Azcona, G. *et al*. (2020c) ***From Insights to Action: Gender Equality in the Wake of COVID-19***, New York NY: UN Women (accessed 23 February 2021)

Bolaños, O. (2020) ***Latin America's Indigenous and Afro-Descendant Women Face a 'Triple Pandemic'***, Thomson Reuters Foundation, 9 July (accessed 8 December 2020)

Bourgault, S. and O'Donnell, M. (2020) '**Ensuring Women's Access to Cash Transfers in the Wake of COVID-19**', *Center For Global Development*, 30 June (accessed 8 December 2020)

Burzynska, K. and Contreras, G. (2020) 'Gendered Effects of School Closures During the COVID-19 Pandemic', *The Lancet* 395.10242: 1968

Busch-Hallen, J.; Walters, D.; Rowe, S.; Chowdhury, A. and Arabi, M. (2020) 'Impact of COVID-19 on Maternal and Child Health', *The Lancet Global Health* 8.10: e1259

CDP (2020) ***Development Policy and Multilateralism After Covid-19***, CDP Policy Note, New York NY: Committee for Development Policy (accessed 8 December 2020)

Chakraborty, S. (2020) ***Impact of COVID-19 National Lockdown on Women Informal Workers in Delhi***, New Delhi: Institute of Social Studies Trust (accessed 8 December 2020)

Chopra, D. and Zambelli, E. (2017) ***No Time to Rest: Women's Lived Experiences of Balancing Paid Work and Unpaid Care Work***, Brighton: Institute of Development Studies (accessed 15 December 2020)

Chopra, D.; Saha, A.; Nazneen, S. and Krishnan, M. (2020) ***Are Women Not 'Working'? Interactions between Childcare and Women's Economic Engagement***, IDS Working Paper 533, Brighton: Institute of Development Studies

Cookson, T.P. (2018) *Unjust Conditions: Women's Work and the Hidden Cost of Cash Transfer Programs*, Oakland CA: University of California Press

Decker, A.; Van de Velde, P. and Montalvao, J. (2020) ***Covid-19: A Pivotal Moment to Support Women Farmers***, World Bank blogs, 3 June (accessed 8 December 2020)

DESA (2019) ***International Migrant Stock 2019***, United Nations Department of Economic and Social Affairs (accessed 8 December 2020)

Durant, I. and Coke-Hamilton, P. (2020) '**Covid-19 Requires Gender-Equal Responses to Save Economies**', *UNCTAD*, 1 April (accessed 8 December 2020)

Ebata, A.; Nisbett, N. and Gillespie, S. (2020) ***Food Systems and Building Back Better***, Positioning Paper, Brighton: Institute of Development Studies (accessed 8 December 2020)

ECOSOC (2020) ***Report of the High-Level Political Forum on Sustainable Development Convened Under the Auspices of the Economic and Social Council at its 2020 Session***, Geneva: United Nations (accessed 8 December 2020)

Fierlbeck, K. (2008) *Globalizing Democracy: Power, Legitimacy and the Interpretation of Democratic Ideas*, Manchester: Manchester University Press

Gender and Covid-19 (accessed 8 December 2020)

Gender in Humanitarian Action (2020) '**The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific**', 19 March (accessed 8 December 2020)

GFDRR (2020) *Building Back Better in Post-Disaster Recovery*, Washington DC: Global Facility for Disaster Reduction and Recovery

Giannini, S. and Albrectsen, A.-B. (2020) '**Covid-19 School Closures Around the World Will Hit Girls Hardest**', *UNESCO*, 31 March (accessed 8 December 2020)

Goetz, A.M. (2020) 'The Politics of Preserving Gender Inequality: De-Institutionalisation and Re-Privatisation', *Oxford Development Studies* 48.1: 2–17

GPE (2020) ***Education Data Highlights***, Global Partnership for Education (accessed 8 December 2020)

Grey Ellis, E. (2020) '**Tech is a Double-Edged Lifeline for Domestic Violence Victims**', *Wired*, 28 April (accessed 8 December 2020)

Hunter, R.; Abrahams, M. and Bodlani, L. (2020) '**The Detrimental Effects of Covid-19 and Lockdown on the Livelihoods of Female-Headed Households in Kenya, Nigeria and South Africa**', *Cenfri*, 25 May (accessed 8 December 2020)

ILO (2020a) '**The COVID-19 Response: Getting Gender Equality Right for a Better Future for Women at Work**', *ILO Brief*, Geneva: Geneva: International Labour Organization (accessed 8 December 2020)

ILO (2020b) ***ILO Monitor: COVID-19 and the World of Work. Sixth Edition. Updated Estimates and Analysis***, Geneva: International Labour Organization (accessed 8 December 2020)

ILO (2020c) ***COVID-19: Tackling the Jobs Crisis in the Least Developed Countries***, Geneva: International Labour Organization (accessed 8 December 2020)

ILO (2020d) ***ILO Monitor: COVID-19 and the World of Work. Fifth Edition. Updated Estimates and Analysis***, Geneva: International Labour Organization (accessed 8 December 2020)

Jackson, C. (2002) 'Disciplining Gender?', *World Development* 30.3: 497–509

Kabeer, N. (1999) 'Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment', *Development and Change* 30.3: 435–64

Kinyanjui, N. (2020) ***COVID-19: A Double Burden for Women in Conflict Settings***, LSE Women, Women, Peace and Security blog, 23 April (accessed 8 December 2020)

Lemmon, G.T. and Vogelstein, R. (2017) ***Building Inclusive Economics: How Women's Economic Advancement Promotes Sustainable Growth***, Washington DC: Council on Foreign Relations (accessed 8 December 2020)

Lind, J.; Roelen, K. and Sabates-Wheeler, R. (2020) *Social Protection and Building Back Better*, Positioning Paper, Brighton: Institute of Development Studies

Lutrell, C. and Moser, C. (2004) *Gender and Social Protection*, London: Overseas Development Institute

Moser, C. (1989) 'Gender Planning in the Third World: Meeting Practical and Strategic Gender Needs', *World Development* 17.11: 1799–1825

Moussié, R. and Staab, S. (2020) '**Three Ways to Contain COVID-19's Impact on Informal Women Workers**', *UN Women*, 18 May (accessed 8 December 2020)

Namubiru-Mwaura, E. (2014) *Land Tenure and Gender: Approaches and Challenges for Strengthening Rural Women's Land Rights*, Women's Voice, Agency, & Participation Research Series 6, Washington DC: World Bank

Naraghi Anderlini, S. (2020) ***Women, Peace and Security in the Time of Corona***, LSE Covid-19 blog, 15 May (accessed 8 December 2020)

Nazneen, S. (2020) ***Covid-19 and Domestic Violence: Caring States?***, Effective States and Inclusive Development blog, 30 April (accessed 8 December 2020)

Nazneen, S. and Araujo, S. (2020) *Gender Equality and Building Back Better*, Positioning Paper, Brighton: Institute of Development Studies

Nkangu, M.N.; Olatunde, O.A. and Yaya, S. (2017) 'The Perspective of Gender on the Ebola Virus Using a Risk Management and Population Health Framework: A Scoping Review', *Infectious Diseases of Poverty* 6.1: 135

Özler, B. (2020) ***What Can Low-Income Countries Do to Provide Relief for the Poor and the Vulnerable During the COVID-19 Pandemic?***, World Bank blogs, 19 March (accessed 8 December 2020)

Pittman, A.; Arutyunova, A.; Vidal Degiorgis, V. and Shaw, A. (2012) '**2011 AWID Global Survey "Where is the Money for Women's Rights?"** ', paper presented at the Resource Mobilization Hub 12th AWID International Forum, Istanbul, 19 April (accessed 8 December 2020)

Plan International (n.d.) ***How Will COVID-19 Affect Girls and Young Women?*** (accessed 8 December 2020)

Plan International (2020) *Living Under Lockdown: Girls and COVID-19*, Woking: Plan International

Rai, S.M.; Hoskyns, C. and Thomas, D. (2014) 'Depletion: The Cost of Social Reproduction', *International Feminist Journal of Politics* 16.1: 86–105

Rasul, I.; Goldstein, M.; Buehren, N.; Bandiera, O. and Smurra, A. (2020) ***What Happens After the Lockdown Ends? Lessons from the 2015 Ebola Epidemic in Sierra Leone***, International Growth Centre (IGC) blog, 25 May (accessed 8 December 2020)

Roberton, T. *et al.* (2020) 'Early Estimates of the Indirect Effects of the COVID-19 Pandemic on Maternal and Child Mortality in Low-Income and Middle-Income Countries: A Modelling Study', *The Lancet Global Health* 8.7: e901–e908

Roelen, K. and Karki Chettri, H. (2016) *Improving Social Protection's Response to Child Poverty and Vulnerability in Nepal*, Helsinki: Save the Children Finland

Ryan, N.E. and Ayadi, A.M.E. (2020) 'A Call for a Gender-Responsive, Intersectional Approach to Address COVID-19', *Global Public Health* 15.9: 1404–12

SOAS Blog (accessed 8 December 2020)

Sochas, L.; Channon, A.A. and Nam, S. (2017) '**Counting Indirect Crisis-Related Deaths in the Context of a Low-Resilience Health System: The Case of Maternal and Neonatal Health During the Ebola Epidemic in Sierra Leone**', *Health Policy and Planning* 32.suppl 3: iii32–iii39

Staab, S.; Tabbush, C. and Turquet, L. (2020) ***Global Gender Response Tracker Assesses COVID-19 Measures for Women***, UN Women, 28 September (accessed 8 December 2020)

Stand for Her Land (n.d.) ***Women's Land Rights in Africa*** (accessed 8 December 2020)

UNCTAD (2019) ***The Least Developed Countries Report 2019: The Present and Future of External Development Finance – Old Dependence, New Challenges***, Geneva: United Nations Conference on Trade and Development (accessed 8 December 2020)

UNDP and UN Women (2020) ***COVID-19 Global Gender Response Tracker Fact Sheets***, New York NY: United Nations Development Programme and UN Women (accessed 8 December 2020)

UNESCO (2020) ***Adverse Consequences of School Closures*** (accessed 8 December 2020)

UNFPA (2020a) ***COVID-19: A Gender Lens: Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality***, Technical Brief, New York NY: United Nations Population Fund (accessed 8 December 2020)

UNFPA (2020b) ***Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-Based Violence, Female Genital Mutilation and Child Marriage***, New York NY: United Nations Population Fund (accessed 8 December 2020)

UNFPA (2020c) ***Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan Revised June 2020***, New York NY: United Nations Population Fund (accessed 8 December 2020)

Unnithan, M. *et al.* (2020) *Submission of Research Evidence on Sexual Reproductive Health Rights and COVID-19: Unequal Impact*, Brighton: Centre for Cultures of Reproduction, Technologies and Health (CORTH)

UNTF (2020) ***PRESS RELEASE: Spotlight Initiative, European Union and UN Trust Fund to End Violence Against Women Announce Additional USD9 Million for Women's Organizations During COVID-19 Pandemic***, UN Women, United Nations Trust Fund to End Violence against Women, 7 May (accessed 8 December 2020)

UN Women (2020a) 'Is This Time Different? Covid-19, Inequalities and the Prospects for Structural Transformation', webinar report, unpublished, Geneva

UN Women (2020b) '**Policy Brief: The Impact of COVID-19 on Women**', New York NY: UN Women (accessed 8 December 2020)

UN Women (2020c) ***Accra's Female Market Traders Blaze a Trail on Childcare***, 16 July (accessed 8 December 2020)
UN Women (2020d) ***Addressing the Impacts of the COVID-19 Pandemic on Women Migrant Workers***, Guidance Note, New York NY: UN Women (accessed 8 December 2020)
UN Women (2020e) '**COVID-19 and Ending Violence Against Women and Girls**', *EVAW Covid-19 Brief*, New York NY: UN Women (accessed 8 December 2020)
UN Women (2018) ***Facts and Figures: Economic Empowerment*** (accessed 8 December 2020)
WFP (2020) ***Global Monitoring of School Meals During COVID-19 School Closures***, World Food Programme (accessed 8 December 2020)
World Bank (2020a) '**Coronavirus Live Series: The Impact of the Pandemic on Women and Girls**', *World Bank Live*, 15 May (accessed 8 December 2020)
World Bank (2020b) ***World Bank Gender: Guidance for Health COVID-19 (Coronavirus) Response Projects***, Washington DC: World Bank (accessed 8 December 2020)

This page is intentionally left blank

Beyond the Crisis: Irish Aid's Approach to Nutrition in Tanzania during the Covid-19 Pandemic*†

Kim Mwamelo,[1] Peter Nyella[2] and Adrian Fitzgerald[3]

Abstract Malnutrition remains a major public health challenge in Tanzania, driven by complex factors such as water stress, gender inequality, and poor access to services. Irish Aid in Tanzania supports nutrition through a multisectoral approach to address nutrition-sensitive and specific challenges in regions of focus. After the first case of Covid-19 was reported in Tanzania, Irish Aid adapted a two-pronged approach to ensuring continuity of nutrition services before and during the Covid-19 pandemic. Through adapting its existing partnerships and engaging new partnerships, Irish Aid contributed to (1) mitigating the impact of the pandemic in Tanzania, and (2) safeguarding essential services, including nutrition. This article summarises Irish Aid's approach and provides recommendations for building back better.

Keywords nutrition, resilient systems, gender equality.

1 Background

Malnutrition remains a major public health challenge in Tanzania, where an estimated 32 per cent of children under five are stunted, 29 per cent of women of reproductive age are anaemic, and 30 per cent of women of reproductive age are obese or overweight (MoHCDGEC 2018). While the country overall is food sufficient, pockets of food insecurity exist: unpredictable weather, pests, and reduced use of agriculture inputs, especially fertiliser, further threaten food availability (Ministry of Agriculture 2019). Tanzania is also highly vulnerable to climate change due to its reliance on natural resources. Trends show that temperature increases, changes in precipitation, and extreme weather events are becoming more frequent. Tanzania recently became a water-stressed country (World Bank 2017). The increased burden of not only sourcing water for domestic use, but also coping with lower yields in food crops and reduction in firewood availability falls disproportionally on women and girls.

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

Gender dynamics are a key challenge: women and girls carry a disproportionate labour burden (including during pregnancy and lactation), lack decision-making power and control of family resources, and face high rates of gender-based violence (GBV). Rates of teenage pregnancy are high, with 27 per cent of girls aged 15–19 having begun childbearing (MoHCDGEC 2016). Further, pregnant schoolgirls are not allowed to continue attending public schools, potentially trapping both mother and child in a cycle of poverty and poor nutrition. Access to basic health care remains a challenge – only 61 per cent of women delivered their last child in a health facility, and only half of women sought treatment for their child's fever (*ibid*.). This article summarises Irish Aid in Tanzania's approach to nutrition, before and during the Covid-19 pandemic.

2 Irish Aid's approach to nutrition in Tanzania

Recognising the complex nature of malnutrition, Irish Aid's support to nutrition at the local level in Tanzania combines multiple services – nutrition, primary health care, GBV response, and sexual and reproductive health (SRH) – to holistically address the needs of women and children, focusing on the most vulnerable, including women and children in the country's underserved regions. Its approach aims to build sustainable systems that prioritise prevention, community ownership, and positive behaviour change, to help improve nutritional outcomes among women and children. This comprehensive approach combining nutrition-sensitive and specific interventions was developed in the Ruvuma Region in Southern Tanzania, and over four years resulted in a reduction in stunting (44 per cent to 33 per cent), acute malnutrition (8 per cent to 5 per cent), and an increase in facility deliveries (70 per cent to 91 per cent) across the three programme districts (COUNSENUTH 2019). Overall, the region saw a 7 per cent decline in stunting over the same period (MoHCDGEC 2018). Irish Aid has scaled up this approach in three regions of Tanzania.

Irish Aid has supported the roll-out of 557 community health workers (CHWs) in seven districts across the country, who are an accessible source of preventive and basic curative services. Together with village leaders and health-care providers from the nearest health facility, CHWs organise village health and nutrition days, which combine primary care services (child growth monitoring and promotion, antenatal services, immunisation) with social behaviour change communication, including cooking demonstrations using locally available ingredients, showcasing model home gardens, and information on the importance of dietary diversity. CHWs act as the link between communities and primary health facilities, including follow-up and referral of any malnourished children and pregnant women.

To address gender barriers to nutrition, Irish Aid supports an innovative, community-led approach to local planning known as the Transformative Reflective Leadership Approach (TRLA). The TRLA brings together village leadership and key community members

(including religious and traditional leaders, teachers, medical providers, CHWs, and youth representatives) in a participatory process that allows them to identify key challenges within their communities, understand how it impacts the health and wellbeing of women and children, and identify practical solutions to address these challenges using their own efforts and resources.

Key to ensuring good nutrition is to address GBV and teenage pregnancies. Ireland supports capacity building of structures that respond to GBV at a district level (such as police, social welfare, and medical departments) and local level (through village and ward leaders, teachers, and community members). Simultaneously, Ireland raises community awareness of GBV and challenges social norms that enable such violence to take place. To prevent adolescent pregnancy and childbirth, and its associated health and nutrition risks to both mother and infant, Ireland supports sexual and reproductive health and rights (SRHR) education for adolescents and young people, with a strong focus on keeping girls in school.

3 Response to Covid-19

On 16 March 2020, the first case of Covid-19 was reported in Arusha, Tanzania. The Government of Tanzania's initial response was swift, closing primary and secondary schools, instituting mandatory quarantine for travellers, and expanding sanitation measures. Large gatherings were prohibited, though marketplaces and places of worship remained open. The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) developed a Covid-19 National Response Plan which aimed to expand a number of key services, most notably: surveillance, risk communication, and community engagement; laboratory services and case identification; case management and water, sanitation and hygiene; coordination, operations, and logistics; and psychosocial support to communities as well as frontline workers. Development partners, including bilateral and multilateral agencies, were invited to contribute technically and financially to the National Response Plan.

Ireland's approach to Covid-19 was twofold: (1) to mitigate the impact of the pandemic, and (2) to safeguard essential services particularly for women and children. This was achieved by adapting its existing programmes and partnerships, as well as engaging new strategic partners, taking into account duty of care to partners and beneficiaries alike. In order to mitigate the impact of Covid-19, urgent support to the health-care system to scale up testing, surveillance, and case management was needed, alongside the protection of frontline workers. Evidence from other contexts has found high rates of Covid-19 infections in health-care workers (Felice *et al*. 2020; Jeremias *et al*. 2020). Considering the underlying deficiencies in the Tanzanian health-care system – which has an approximately 50 per cent staffing gap – the need to protect health-care workers was particularly urgent.

Additionally, the maximum capacity for intensive care units (ICUs) nationally is about 500 beds, and there is very little availability of oxygen concentrators (and even fewer ventilators). In partnership with UNICEF and the World Health Organization (WHO), and in support of the government's Covid-19 National Response Plan, Ireland supported the procurement of personal protective equipment for health-care providers, as well as expanding case detection and surveillance respectively. Addressing the human resources for the health gap was crucial. By adapting its existing programmes that are designed to strengthen community and primary health-care systems, Ireland supported the hiring of 68 health-care workers and a further 334 CHWs to support the case management and community surveillance of Covid-19. Aligning Ireland's support to the National Response Plan allowed for better and streamlined coordination of responses, putting its support into context and allowing for the identification of areas that required more support.

Evidence from previous pandemics has found a reduced utilisation of essential services during such outbreaks, including reproductive and child health services (Wilhelm and Helleringer 2019). In order to safeguard essential services, reprogramming was undertaken in collaboration with partners and local government authorities. The goal of reprogramming was to ensure that the provision of key services was sustained, including community and primary health-care services and GBV prevention and management, as an already strained health-care system is forced to divert resources to support the Covid-19 response. Ireland maintained its support to primary health care through the Health Basket Fund (Development Partners Group Tanzania n.d.), the largest on-budget grant to the MoHCDGEC to support primary health-care facilities. While most local-level interventions were based on large community events, these were immediately scaled down to one-on-one outreach events but were maintained throughout the pandemic to ensure the availability of community-based growth monitoring and promotion and SRHR services.

Funds were reprogrammed to expand the availability of clean water in strategic locations such as health facilities and village government offices, to ensure the continuity of service provision while also supporting Covid-19 prevention. During this time, an increase in GBV and violence against children was anticipated, partly as a result of children and girls being at home due to the school closures, and also due to the economic challenges faced by households. Messaging on GBV was developed and disseminated on local radio channels and in the public spaces that remained open (such as markets and places of worship). Support to GBV prevention and response structures was expanded to include handwashing facilities and soap, to ensure that both the responders and survivors were protected. To assist schoolgirls to remain engaged in school activities, Ireland supported the development of radio sessions that provided classes remotely.

4 Beyond the crisis – building back better

The outbreak of Covid-19 in Tanzania, as in other parts of the world, is still developing. As of January 2021, only 509 cases and 21 deaths had been officially reported. No new official numbers have been reported since May 2020, and preventive measures have since been relaxed with schools opening in June. However, the Ministry of Health continues to encourage preventive measures and provides regular messaging through various channels. Ireland continues to participate in the coordination structures of the Covid-19 response plan, providing technical support and ensuring the needs of the most vulnerable are not ignored.

The Covid-19 pandemic has shed light on the need to go beyond interventions that address a single aspect of nutrition, and rather, build resilient local systems that can be harnessed to respond to shocks such as disease outbreaks. Local interventions should holistically address the needs of the most vulnerable. As governments and development partners continue to plan on building back after the crisis, it is essential to strengthen local-level engagement so that structural barriers, such as gender dynamics, are addressed.

Coordination and collaboration with national and local governments is also critically important. Alignment with government plans and interventions is essential for better coordination and sustainability, to ensure that supported interventions are relevant to the needs of the community. By providing technical support to governments, bilateral and multilateral organisations can also help to ensure that plans and policies address the needs of the furthest behind first, including women, youth, and children.

The pandemic has highlighted the importance of building flexibility and adaptability into development programmes, both in terms of service delivery (the need to adapt from large community-based events to one-on-one activities), and in embracing new ways of working (such as remote monitoring and teleworking). Ireland's adaptive programming has helped to maintain health and nutrition services, and expand GBV messaging and support, whilst responding to the pandemic. Key donor requirements such as monitoring and oversight can be fulfilled remotely, provided that all stakeholders are willing to work differently and adapt to the changing context – highlighting the importance of strong communication and trust as a foundation for all partnerships.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.

† The authors would like to thank the Government of Tanzania, and the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC). We would also like to thank our partners working in health and nutrition: UNICEF Tanzania; UNFPA Tanzania; WHO Tanzania Country Office; the Centre for Counselling, Nutrition and Health Care (COUNSENUTH); Amref Health Africa and the Benjamin Mkapa Foundation. Funding to support our programming is provided by Ireland's Department of Foreign Affairs.

1 Kim Mwamelo, Reproductive Health and Nutrition Programme Manager, Embassy of Ireland, Dar es Salaam, Tanzania.
2 Peter Nyella, Health Programme Manager, Embassy of Ireland, Dar es Salaam, Tanzania.
3 Adrian Fitzgerald, Chargé d'Affaires and Head of Development Cooperation, Embassy of Ireland, Dar es Salaam, Tanzania.

References

COUNSENUTH (2019) *End of Term Impact Evaluation of Lishe Ruvuma Programme in Tunduru, Songea and Madaba Districts – Ruvuma Tanzania*, Dar es Salaam: Centre for Counselling, Nutrition and Health Care

Development Partners Group Tanzania (n.d.) ***The Health Basket Fund*** (accessed 4 January 2021)

Felice, C.; Di Tanna, G.L.; Zanus, G. and Grossi, U. (2020) '**Impact of COVID-19 Outbreak on Healthcare Workers in Italy: Results from a National E-Survey**', *Journal of Community Health* 45: 675–83, DOI: 10.1007/s10900-020-00845-5 (accessed 8 January 2021)

Jeremias, A. *et al.* (2020) '**Prevalence of SARS-CoV-2 Infection Among Health Care Workers in a Tertiary Community Hospital**', *JAMA Internal Medicine* 180.12: 1707–09, DOI: 10.1001/jamainternmed.2020.4214 (accessed 8 January 2021)

Ministry of Agriculture (2019) *Volume 1: The 2018/2019 Preliminary Food Crop Production Assessment for 2019/2020 Food Security*, Dodoma: Ministry of Agriculture, Government of Tanzania

MoHCDGEC (2018) *Tanzania National Nutrition Survey 2018*, Dar es Salaam: Ministry of Health, Community Development, Gender, Elderly and Children, Government of Tanzania

MoHCDGEC (2016) *2015–16 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS)*, Dar es Salaam: Ministry of Health, Community Development, Gender, Elderly and Children, Government of Tanzania

Wilhelm, J.A. and Helleringer, S. (2019) '**Utilization of Non-Ebola Health Care Services During Ebola Outbreaks: A Systematic Review and Meta-Analysis**', *Journal of Global Health* 9.1: 010406, DOI: 10.7189/jogh.09.010406 (accessed 1 February 2020)

World Bank (2017) *Tanzania Economic Update, November 2017: Managing Water Wisely*, Washington DC: World Bank

Religious Marginality, Covid-19, and Redress of Targeting and Inequalities*†

Mariz Tadros,[1] Maryam Kanwer[2] and Jaffer Abbas Mirza[3]

Abstract This article interrogates whether we should consider 'religious marginality' as a qualifier much like the exploration of how gender, ethnicity, and class inequalities are explored when examining Covid-19-related vulnerabilities and their implications for building back better. Drawing on a case study of Pakistan as well as evidence from India, Uganda, and Iraq, this article explores the accentuation of vulnerabilities in Pakistan and how different religious minorities experience the impact of the interplay of class, caste, ethnicity, and religious marginality. The article argues that where religious minorities exist in contexts where the broader political and societal policy is one of religious 'othering' and where religious marginality intersects with socioeconomic exclusion, they experience particular forms of vulnerability associated directly or indirectly with Covid-19 consequences that are acute and dire in impact. Building back better for religiously inclusive societies will require both broad-based as well as more specific redress of inequalities.

Keywords religious equality/inequality, freedom of religion or belief, Covid-19, leave no one behind, Pakistan, Iraq, Uganda, India.

1 Introduction

Does religious affiliation work in the same way as gender, class, and ethnicity as a qualifier in determining vulnerability to Covid-19 infection and in worsening pre-existing inequalities? What does building back better mean for fostering religiously inclusive societies? This article tackles these questions, drawing on the extensive scoping of the impact of Covid-19 on religious minorities and religiously marginalised groups undertaken by the Coalition for Religious Equality and Inclusive Development (CREID). The article interrogates whether we should also consider 'religious marginality' as a qualifier much like gender, ethnicity, and class when examining Covid-19-related vulnerabilities.

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

The article argues that belonging to a religious minority *per se* does not automatically translate into greater susceptibility to being negatively affected by the pandemic more so than other vulnerable groups in the community. However, where religious minorities exist in contexts where the broader political and societal policy is one of religious 'othering' and where religious marginality intersects with socioeconomic exclusion, they experience particular forms of vulnerability that are acute and dire in their consequences.

Section 2 elucidates the use of concepts such as religious minority, religious othering (see Tadros 2020), the methodology behind this article, and highlights some of the operational tensions in framing faith, religion, and religious equality in relation to the effects – direct or indirect – of Covid-19. Section 3 highlights the dynamics of how several religious minorities, differently situated in Pakistan, were affected by Covid-19 directly or indirectly. Section 4 draws empirical evidence on the intersection of religious marginality with socioeconomic and political inequalities from many contexts. Section 5 offers an analysis of the implications of these particular forms of targeting of religious minorities on social cohesion, security, and wellbeing in particular in terms of building back better.

2 Conceptual framing and operational tensions

Covid-19 is no equaliser. There are multiple ways in which Covid-19 directly or indirectly has affected and been affected by existing power hierarchies and inequalities such as class, gender, geographic location, and ethnicity (UN 2020; Vogels *et al*. 2020; Blundell *et al.* 2020). Ethnicity, for example, in the UK has proven to be an important factor when exploring the disproportionate number of deaths experienced by people from black and minority ethnic groups (BAME). BAME people accounted for 11 per cent of those hospitalised with Covid-19 but over 36 per cent of those admitted to critical care (Butcher and Massey 2020).

Yet it seems that it is not being of an ethnic minority in and of itself that correlates positively with Covid-19 'targeting'; rather, the intersection of belonging to an ethnic minority with a number of other factors. Public Health England (2017) identified geographic location, inequitable access to health care, being disproportionately in public-facing occupations (such as frontline health workers), and historic racism. The latter means that where people are discriminated against in health care, they are less likely to seek health care or 'as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or risk' (Butcher and Massey 2020). The question is whether similar parallels exist for religious minorities in vulnerability to the detriments of Covid-19. To categorically determine such a question, we would need to have disaggregated data on religious affiliation and such data has not been collected whether for the UK or the contexts in which CREID has operated.

The United Nations definition of 'minority' informs our own, as authors:

> A group numerically inferior to the rest of the population of a State, in a non-dominant position, whose members – being nationals of the State – possess ethnic, religious or linguistic characteristics differing from those of the rest of the population and show, if only implicitly, a sense of solidarity, directed towards preserving their culture, traditions, religion or language (OHCHR 2010: 2).

This definition is important in that it suggests that majority/minority demarcation is not only based on numbers but a relationship of non-dominance; in other words, a relationship where large numbers of a religious group experience power inequalities. This is critical for our enquiry since empirically being a numerical minority is unlikely on its own to be a marker of increased vulnerability. For example, in Syria, the ruling regime headed by President Assad are Alawites, a religious sect within Shia Islam. Although they are a numerical minority (the majority are Sunnis), it is highly likely that their preferential access to political, economic, and health resources would put them in a less susceptible position than other religious groups in Syria (Chatty 2017).

However, where being a numerical minority intertwines with major power hierarchy differentials, the outcome can be exposure to targeting on account of being the religious other. Religious 'otherisation' entails discriminating against those who share a different faith to the majority, not being 'one of us'. Religious otherisation occurs when there is a narrowly defined conception of belonging such that having the same faith is considered a prerequisite for full membership in a community as an equal (Tadros 2020). Article 18 of the Universal Declaration of Human Rights offers a broad and helpful definition of freedom of religion or belief:

> Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance (UNGA 1948).

On account of the politicisation of the concept of freedom of religion or belief (Tadros and Sabates-Wheeler 2020), here we refer to religious equality and inequality. This allows us to examine how religious equality/inequality intersects with other qualifiers such as gender, class, ethnicity, and so forth. The case study on Pakistan in Section 3 shows clearly how such intersections are critical for our understanding of the interplay of religious marginality with other factors.

In this article, our focus on religious marginality is not of the marginalisation of the religion itself, or its doctrine or precepts, but the **people** whose religious background makes them subject to marginalisation. The UN Special Rapporteur for Freedom of Religion or Belief, Dr Ahmed Shaheed, cautions that the right to freedom of religion or belief belongs to individuals, not religions (Shaheed 2020). This differentiation is critical since we, as authors, and also as researchers in CREID,[4] focus on subjects as excluded members of religious minorities, not defending their religions as such. The strength of CREID's framing of religious inclusivity in terms of religious equality and not freedom of religion is manifest *vis-à-vis* the debates on Covid-19 and religion more broadly. In the US, some religious conservative groups (both Christian and Jewish Orthodox) have challenged official restrictions on mass gatherings on account of their infringement on freedom of religion. Such an appropriation of the term for political ends is deemed redundant when we replace the term 'freedom of religion' with 'religious equality'. When public policy is applied to all religious groups, independently of the faith they follow, there is no infringement on the principle of religious equality. In other words, the importance here is the consistency with which it is applied to all faith groups to show government application of the principle of treating all groups of different faiths equally. We will now discuss this in the context of Nigeria and Iraq.

At the outset of the Covid-19 pandemic, an active member of an indigenous faith in Nigeria contacted CREID with the view of promoting the idea that the restrictions on mass gatherings are harmful towards small indigenous religions because in the absence of the ability to practise their faith, adherents may join one of the two large Abrahamic religions followed in Nigeria. However, the same restrictions were imposed on followers of the two Abrahamic faiths, and CREID's concern is for championing a redress of violations experienced against people of faith (and no faith) rather than ensuring that a religion is alive and well – even if such a religion was facing an existential threat.

In Iraq, there are a multitude of religions, including those that are despised and demonised by the majority Muslim population such as the Kaka'i faith, Zoroastrianism, and Sabaeans. In many cases, people have had to hide their faith on account of the intolerance displayed towards those who follow these religions which has led to an increasingly small pool of adherents in Iraq (Minority Rights Group 2018). However, in the context of Covid-19, the Iraqi government and Kurdish authorities in Kurdistan pressed people of all religious faiths to desist from participating in collective religious ceremonies because such gatherings increase the risk of those most susceptible to large-scale Covid-19 infections. Those that belong to the Kaka'i faith, whose followers have faced severe persecution, may feel that their religion is disproportionately affected since it is already a religion under attack. However, the Kaka'i leadership did comply with the restrictions on gathering:

> At the start of the COVID-19 outbreak, Nasradeen Haydari, the religious leader of the Yarsanis (which Kaka'is belong to), forbade all social and religious gatherings for his followers as a preventive measure. The Kaka'is in Daquq District heeded the call and have halted all social and religious gathering ever since… All social gatherings like weddings and birthdays have been halted. This is one of the social aspects of the effects of the Coronavirus pandemic on the religious minority, next to the health, economic and security aspects (*Kirkuk Now*).

The fact that the Kaka'is as a tiny sect will be deprived of practising a faith that is facing an existential threat is unfortunate. However, it should not be considered a right that people who follow the Kaka'i faith be given exemptions from the prohibition on mass gatherings because their religion is at risk. Ultimately, concern for the safety and health of the people of the Kaka'i faith, all faiths, and no faiths trumps concern for the preservation of the religion itself, as was demonstrated by the Kaka'i religious leader in the quotation above. Herein lies the distinction between protecting religious equality for a people and protecting the religion itself, even though the demarcations are not always so clear cut.

The research presented in this article draws on the work undertaken by CREID during February–September 2020 in documenting the experiences of religious marginality intersecting with other inequalities as recorded by members of the communities, activists, researchers, and development practitioners. At the outset of the Covid-19 pandemic, CREID asked its partners in some select countries (Pakistan and Iraq in particular) to document how their work with people living in religious marginality is being affected and how people's lives are being shaped by the pandemic and how they are responding to it. Further, we sought documentation of the impact of Covid-19 on religious minorities from development practitioners based in other countries in which CREID has partners, such as India.

Much of this data have been published in the form of blogs; other findings are shared in papers which were still under peer review at the time of writing. The blogs are from India, Pakistan, Iraq, and Uganda, and some draw on other global contexts. The empirical evidence has been complemented with some secondary data analysis that primarily comprises grey literature in view of the limited academic scholarship on religious marginality and Covid-19 that was yet to be released at the time of writing. The dynamics of how Covid-19 has affected the status and situation of religious minorities were analysed, taking into consideration the presence of religious minorities of different faiths and their historical relations with the majority. However, they all experience vulnerability on account of the intertwining factors at hand.

The empirical case study on Pakistan is informed by primary data in the form of semi-structured interviews, stories, and a

survey. During Covid-19, we interviewed members of the Christian community in Lahore, Shia Hazaras in Quetta, and Hindus in Karachi through community interlocutors belonging to these communities. Section 3 also relies on the interviews and blogs produced by Ravadar.[5] Ravadar's information gathering included one-to-one and telephone semi-structured interviews with members of Christian, Hindu, and Shia communities living in Lahore (Punjab), Islamabad (federal territory), and Karachi (Sindh). The interviews were conducted by the interlocutors belonging to the same communities between August and October 2020.

The case of Pakistan was chosen on account of the diversity of experience and drivers of targeting towards the Shia minority which is rooted in political economy, as well as historical, ideological, and geostrategic factors. However, Pakistan is not an anomaly in how the official handling of Covid-19 and societal responses to the pandemic have accentuated the vulnerability of religious minorities to religious otherisation, as will be discussed in Section 3.

3 Pakistan

Muslims constitute 96.28 per cent of the population in Pakistan (PBS n.d.), of which Shias constitute 15–20 per cent (Rieck 2016: 363). Religious minorities comprise: Christians 1.59–2.5 per cent (Mounstephen 2019: 20), Hindu 1.60 per cent, Ahmadiyya Muslims 0.22 per cent, and Scheduled Caste 0.25 per cent, respectively (PBS n.d.). Although there are no official data on people of no faith or atheist, according to one survey conducted in 2012, 2 per cent of the people from the sample size of 2,705 identified themselves as 'a convinced atheist' (WIN-Gallup International 2012: 14).

Although the constitution of Pakistan guarantees protection to minorities, in the last 70 years, religious minorities in Pakistan have often been denied fundamental rights enshrined in the constitution. The declaration of Ahmadis as 'non-Muslims', the misuse of the blasphemy law against Christians, forced conversions of Hindus in Sindh, and violence against Shias are some of the examples of the persecution of religious communities in Pakistan.

Prior to the outbreak of Covid-19 in Pakistan, although terror incidents by religious militant groups against religious minorities had declined, the situation of religious minorities was disturbing. According to a report published on 16 March 2020, on religious-inspired violence targeting religious minorities between July 2018 and February 2020, there were an estimated 31 deaths, with 58 people injured, and 25 blasphemy cases reported (Mirza 2020a). In the case of the Shia Hazaras in Baluchistan in the southwest part of Pakistan, their demonisation has been on account of the intersection of religious marginality with ethnicity, socioeconomic exclusion, and geographic locality. For example, in their vicinity, Covid-19 was referred to as the 'Shia virus' (Mirza 2020b).

In the case of Hindus in Sindh Province, their ostracisation has been on account of religion, caste (belonging to the *dalits*), class (socioeconomically deprived), and geopolitics (the conflict between Pakistan and India). In the case of Christians in Pakistan, there are similar dynamics: while they too live in geographically deprived parts of the country, they also experience vilification on account of religion, caste (belonging to the *dalits*), class (socioeconomically deprived), and profession (they are associated with what society considers 'dirty' jobs such as cleaners and sewage workers).

3.1 Stigmatisation of Hazaras

Shia Hazaras, who mainly live in two areas, that is, Mariabad and Hazara Town, in Quetta, are one of the most persecuted religio-ethnic minorities in Pakistan. They have unique Mongolian features which make them easily identifiable among different ethnicities residing in Balochistan. According to official data, from 2013–18, at least 509 Hazaras lost their lives (NCHR 2018: 2). The gruesome killings of Hazaras even forced the former chief justice of Pakistan, Saqib Nisar, to admit that the killings are 'equivalent to wiping out an entire generation' (Shah 2018).

In February 2020, Hazaras were in the news, but this time as culprits not victims. On 28 February, the Pakistani authorities had to re-open the borders for Shia Hazaras, returning pilgrims who were stranded on the Balochistan–Iran border as the virus engulfed Qom and Mashhad (two holy sites for Shias) on the other side in Iran (Aamir 2020). According to one report, only Shia pilgrims (both Hazara and non-Hazara Shias) were initially held in quarantine camps, and around 1,704 non-Shia and non-Hazara returnees such as traders and tourists were allowed entry after a minor temperature check (*ibid.*). Since Covid-19 cases were increasing in Mashhad and Qom, it seems authorities had assumed that the virus in Iran was only restricted to these two cities and, therefore, only Shias could be the carriers. Nevertheless, due to abysmal conditions in the camps, pilgrims were sent back to their respective provinces. However, in Balochistan, Hazaras – despite constituting a small proportion of the returnees from Iran (Changezi 2020) – were disproportionately targeted and stigmatised as the transmitters of the virus.

Even before the announcement of any lockdown in Balochistan or any study that mentions the 'hotspots' in the province, some public departments decided on their own to stop Hazaras coming to work. In one notification by the Inspector General of Police, Balochistan, policemen belonging to the Hazara community were asked not to come to work for two weeks, fearing they could transmit the virus (Akbar 2020). However, after pressure from the community and civil society, the Inspector General withdrew the notification on 12 March and instructed that only those policemen (including non-Hazaras) who came from Iran in the last 15 days should isolate.[6] A similar notification

issued by the Water and Sanitation Authority had instructed the restriction of Hazaras in their two localities (*Naya Daur* 2020a). Eventually, the Chief Secretary, the most senior administrative authority in the province, announced that two Hazara areas would be cordoned off from the rest of the city (*Daily Balochistan Express* 2020). In private offices, public hospitals, and banks, Hazara employees were either sent on forced leave or asked not to come in (Mirza 2020b).

The government's mishandling of the Covid-19 spread and the singling out of Hazaras seems to have influenced ordinary people, particularly their view of the Hazara community. In one of the unpublished surveys, we asked 100 non-Hazara people in Quetta if they thought the virus spread was due to Shia pilgrims coming from Iran. Thirty-nine per cent of the respondents answered positively while 25 per cent remained neutral or undecided. Though the sample is not an accurate representation of the entire city, it signals that some people still attach the stigma of the spreading of the virus to the whole Hazara community. As a consequence, Hazaras have been denied access to medical facilities as non-Hazaras have viewed the community as a potential transmitter of the virus (Aman 2020).

3.2 Unprotected and unpaid Christian frontline workers

The persecution of Christians in Pakistan is multilayered. They are either called or considered 'dirty' or 'untouchable' on account of the intertwining of religious marginality and caste, given that many belong to the *dalit* population. In Pakistan, they have, subsequently, been limited to sanitation or janitor jobs (Shoaib and Mirza 2019: 41). Moreover, Christians have been often framed with false blasphemy charges under 295-C of the Pakistan Penal Code XLV 1860.[7] According to one source, there are around 200 active blasphemy cases (Lehner and Pontifex 2019)[8] against Christians and an estimated 40 of them are on death row (USCIRF 2018: 4).

On 29 March 2020, during a food relief drive, Christians were barred from receiving aid as one Sunni cleric instructed volunteers that the aid is for 'Muslims only' (Khokhar 2020). In another incident, a Christian woman confirmed in a video that she was asked to embrace Islam in order to receive food aid (Mirza 2020c). In Sandha Village in the Kasur district of Punjab, a Muslim man helped 100 Christian families who were initially denied aid, again on the instruction of a Sunni cleric, on the basis of their Christian identity (*International Christian Concern* 2020). The majority of these kinds of cases were not even formally reported; that is, where faith-based organisations were involved. Christians had complained that they were discouraged to apply for aid, as the aid was for Muslims only. In one case, one organisation even put a board out discouraging 'non-Muslims' to come to the tent where aid was being distributed (Mirza 2020c).

Most of the sanitation workers in Pakistan (75–80 per cent) belong to the Christian community. Given their role as frontline fighters against the spread of the disease, scant attention has been paid to their safety and protection during the pandemic (Aqeel 2020). In one revealing report, when many were avoiding going near quarantine camps where Shia Hazaras were held, Christian sanitation workers were forced to go there with no PPE (*ibid*.).[9] To accentuate their repression, they were compelled to work long hours while being denied the timely disbursement of their wages. Many of the Christian women, who mostly work as domestic helps or at beauty salons, were let go by their employers who were concerned that they were carriers of the virus. This occurred in places such as in Islamabad, where some Christian women, particularly those who worked as maids, had lost their jobs in the first wave of Covid-19 (Ravadar 2020b). No consideration was made for their survival as they faced dispossession following their loss of income, which was compounded in many cases by the loss of income also faced by male members of their families.

3.3 Covid-19 accentuating unequal access to welfare benefits for Hindu women

Hindus experience multiple intertwining sources of vulnerability in Pakistan. Hindus are seen as 'Other', a group which is 'different' from Muslims.[10] Where Hindus are *dalits*, they are ostracised on account of caste by non-*dalit* Hindus as well as the broader Pakistani society where caste and class prejudice is widespread. It is important to mention that Hindus in Pakistan exist in an uneasy situation where their loyalties always remain in question due to the neighbouring Hindu majority and Pakistan's arch-rival, India. This mindset has often provided impunity to hardliners to discriminate against Hindus as some sort of revenge against India.

One of the Ravadar project's ongoing investigations is exploring, at the onset of Covid-19, the economic loss of Hindu women vendors who sell mainly nuts and dry fruit at Empress Market in Karachi. In late April 2020, when the Sindh government announced a strict lockdown, financially marginalised groups, particularly daily wage earners, had no other option but to defy the rules and look for opportunities. Hindu women vendors, with no other economic opportunities, continued to set up their stalls in Empress Market. As a result, police raided and confiscated all their belongings. Later, when the government had eased restrictions, however, police did not return Hindu women their confiscated possessions, based on the testimonies given by six Hindu women. This has made them assetless and thrown them into debt because the assets had been purchased on loan (Ravadar 2020a).

There is concern that against the backdrop of the international community being fully preoccupied with a focus on countering Covid-19, political society in many countries will seize the

opportunity of attention being deflected elsewhere in order to push for a further religious homogenisation of society and politics. For example, in July 2020, the Punjab Assembly passed an anti-Shia bill, the Protection of Islam Bill (Malik 2020), which was promoted by MPA Muavia Azam, son of the late Azam Tariq who was the leader of an anti-Shia militant organisation, Sipah-e-Sahaba Pakistan. The bill imposes the Sunni version of history on Shias (Mirza 2020d).

Similarly, a senior minister, Ali Muhammad Khan, openly called for the beheading of blasphemers (making reference to the Ahmadis) (*Naya Daur* 2020b). There is no concrete evidence that in the absence of Covid-19, the same policies would not have been advanced. However, the authors of this article interrogate the nature of the timing of their campaign with respect to the current precarious and volatile environment. The issues we have seen arising in the Pakistan case study are not isolated; they connect strongly with behaviours and responses to religious otherisation observed in other contexts around the world, as will be discussed in Section 4.

4 Accentuating religious inequalities and underlying drivers

The attribution of blame to religious minorities for infecting the religious majority with Covid-19 has been a centuries' old process of associating pandemics and plagues with the presence or role of maligned religious or ethnic minorities. During the plague, thousands of Jewish communities were utterly decimated across Spain, France, down the Rhineland, and throughout Eastern Europe (Morthorst 2020). In Pakistan, the broader majority call Covid-19 the 'Shia virus' (as mentioned in Section 3). In India, Covid-19 has been called the 'coronajihad' by those who blame Indian Muslims for actively seeking to infect the Hindu community, and various other terms such as 'bio-terrorists' and 'the Muslim virus', among others (Nazeer 2020).

These are not simply words in circulation: their widespread sharing has a snowball effect, generating with each sharing more rumours and misinformation. Other than creating rifts and consolidating stereotypes, the snowballing of hate speech does spill over into acts of violence at a community level. In India, Nazeer (*ibid.*) notes a string of attacks, for example:

> Another attack, caught on video, shows a Muslim being beaten up with a bamboo stick by a man asking him about his conspiracy to spread virus. In Gorakhpur, Abdulrahman, a *muezzin* (one who calls to prayer), was attacked and assaulted, along with others who came to his rescue, for continuing the call prayer during the lockdown. In Humnabad, Imam Hafiz Mohammed Naseerudin believed he was assaulted by a police officer because he 'looked Muslim' and was blamed for the spread of the disease (*ibid.*).

The terms used and accusations made while these Muslims were attacked are exactly those that have been in circulation on social media.

The question is, what drives this blaming and vilification? It is difficult not to see this phenomenon as the interface between historically cumulative tensions seething under the surface and the political opportunity seized by power holders to shift the blame from themselves to a religious minority that is already despised. In other words, when people are looking for answers to difficult questions such as why a pandemic is happening, and who is responsible for it, power holders may find it easier to deflect attention from giving account of their own actions/policies by participating in the blaming of a despised group. For example, one Bharatiya Janata Party (BJP) leader, Suresh Tiwari from Uttar Pradesh in India asked Hindus to boycott the purchase of food from Muslims: 'Do not buy from Muslims' as they 'infect vegetables with saliva' to spread the virus (*ibid*.).

If the health hazards associated with Covid-19 and the economic costs to the population at large deepen, the temptation to blame religious minorities for people's suffering may increase. This may have serious ramifications for social cohesion and for spillovers of violence. Building back better can only happen if the power holders arrive at the conclusion that using the mobilisation of hate tactics may contribute to an escalating situation. Building back better requires the identification of perpetrators of rumours and hate speech and holding them to account, but it also requires a more systemic handling of actors who have been emboldened by the Covid-19 crisis to express and act on their visions of religious-inspired supremacy, such as the Hindutva movements in India.

4.1 Differential access to health information and services

Responding to the Covid-19 pandemic independently of how socially cohesive countries are, or the nature of the kind of inequalities they experience, ultimately requires the forging of a common narrative around the idea that everyone is susceptible, and only when we recognise our interdependence can we organise a concerted effort to address the pandemic (Tadros 2020). In many countries, leaders have called upon representatives of stakeholders to join in consultations on how to address this international pandemic. However, who is included and excluded on the list of official invitations to consultations is often simultaneously reflective of prejudices as well as power hierarchies.

In Uganda, in response to the Covid-19 crisis, President Yoweri Museveni held a consultative meeting with the leaders of Uganda's major religions, under the umbrella of the Inter-Religious Council (IRC) of Uganda. Yet the officially recognised IRC is exclusionary, acknowledging only seven of the main religions

practised in Uganda and excluding others, such as many of the indigenous religions (for example, groups who live in the Rwenzori Mountains and who believe the mountains to be the home of their god Kitasamba) as well as smaller groups such as the Baha'is (Muhumuza and Kaahwa 2020).

Smaller religious minorities have been excluded from platforms such as the radio, where allotments of radio time have been accorded to other religious groups to disseminate messages and information to their followers on protective measures against Covid-19 and how to get help. In a context where collective action is deeply circumscribed, there has been an absence of official endorsement to smaller religious minorities to extend community outreach, with the health and economic measures needed to deal with the effects of Covid-19, and which in contrast, have been accorded to larger religious groups.

This official prejudice may have been reflective of the absence of political clout of smaller religious groups rather than an ideological position *per se*. However, its outcome is likely to be far-reaching. Not only does it circumscribe efforts to contain Covid-19, but it is likely to create deep fissures within communities around equality and inclusion. Building back better necessities creating more inclusive representative platforms and spaces, as well as a collective effort to ensure that at all levels of engagement, those on the margins of mainstream religions are accorded the same recognition, representation, and access to participation.

Class and income inequalities have always affected people's access to information and health services independently of their faith or non-faith. However, in many contexts, this also intersects with religious affiliation when citizenship experiences are mediated by whether the person belongs to the religious majority or minority (Leach and Tadros 2014). In Iraq, where the health system has already been run down by decades of conflict and instability and shortage of funds, responding to a pandemic of this scale puts immeasurable pressure on frontline workers responding to the needs of the population at large. While all Iraqis suffered, there were particular groups who experienced a distinct set of intersecting vulnerabilities on account of their positioning in Iraq.

Iraqis living in camps for displaced persons are disproportionately composed of religious minorities who were displaced from their homes with the onslaught of ISIS. There are 86 camps for displaced persons in Iraq, in which some families have been living for the past five years and others for longer (Aziz 2020). The absence of the most elementary rule of law and security has meant that it has been several years now that they have been living in these camps. The response to Covid-19 has affected Iraqis living in camps for displaced persons in very distinct

ways because unlike other Iraqis who could at least travel to a pharmacy or health clinic in their vicinity, those in camps have been unable to travel outside them because of a strict curfew enforced on their mobility.

In a context of a severe shortage of health supplies and sometimes the existence of only one health clinic in the camp serving several thousands, this has further accentuated displaced people's suffering on account of its accentuation of pre-existing socioeconomic vulnerabilities. Building back better necessitates going beyond making masks available in camps for displaced persons or building a new health clinic. It fundamentally requires dealing with the political economy drivers and security deficits that have led to thousands of Iraqis living in these camps. It means providing safety and security to displaced citizens so that they can rebuild their lives and livelihoods in areas where they presided prior to the onslaught of ISIS.

5 Concluding reflections: nuancing the debates

In response to Covid-19, the role of religious repertoires[11] becomes very important, not least in terms of the role of faith leaders in shaping faith adherents' responses to the disease or in the role of faith for sense-making and resilience. However, discourses of religious supremacy – the assumption that adherence to a particular religion places followers in a privileged position in comparison to non-followers with respect to susceptibility – run counter to ideas of humanity's interdependence in overcoming Covid-19 (Tadros 2020). On the other hand, we have also witnessed many leaders of all faiths encouraging followers to draw on religious heritage traditions of adaptation and innovation in order to practise their faiths while adhering to the 'new normal' in protective measures (*ibid*.). Religious leaders who follow the same religion, and sometimes the same denomination in the same context, at the same point in time, can draw on repertoires of a religious nature to endorse contradicting positions on responding to Covid-19. Hence, the issue is not whether religion in and of itself is anathema to countering Covid-19, since there are religious repertoires in the form of doctrine, tradition, and practices that can be appropriated for all kinds of messages in relation to Covid-19.

Yet if building back better necessitates taking the interconnectedness of humanity seriously, then religious inequalities need to be brought into the equation, much like we engage with ethnic, class, or gender inequalities. In fact, the prospects of building back better are most enhanced if religious inequalities are examined in their relationship or interplay with these other inequalities. The scapegoating of religious and ethnic minorities for the presence and spread of the pandemic (as was illustrated in calling Covid-19 the 'Shia virus' in Pakistan or 'coronajihad' in India) suggests that building back better will require much more than a set of health interventions to contain

the devastation caused by the pandemic. Another form of devastation is at stake, and that is the escalation into communal violence and ruptures in social cohesion. As long as power holders consider blaming religious minorities as a way of gaining popular support or as a way to deflect attention from their own failures, the prospects of building back better will be far removed.

The experiences of different religious minorities in Pakistan described in this article shed light on the multiple ways in which religious marginality intersects with pre-existing political, economic, and social inequalities. The intersection of religious and ethnic marginality in the case of the Hazara Shias was amplified in responses to Covid-19, with discourses and practices that treat them like ticking bombs, a concept altogether common historically in political projects aimed at eliminating peoples under the pretext that they are the carriers of disease. It may be argued that, in the case of Christians in Pakistan, it is the intersection of religious, class, and caste marginality that has meant that the Pakistani government has treated them like disposable human beings.

The historical assignment of poor *dalit* Christians in Pakistan to low-paying socially stigmatised cleaning professions was further amplified under Covid-19 as they were pressed to assume frontline work – without the PPE gear needed to protect them. The impact is not only in terms of heightened vulnerability to infection, but psychological: the notion that they do not deserve the credit, recognition, or resources to undertake roles that no one else will touch. The intersection of religious and caste marginality for the Hindus of Pakistan also exposed ways in which their pre-existing socioeconomic vulnerability placed them in a position where access to resources to mitigate the negative economic effects of Covid-19 became subject to conditional food for abandonment of their faith practices.

These examples from Pakistan, Iraq, and Uganda show that building back better will also necessitate new forms of accountability. First, regarding the government narrative around the drivers of the pandemic and how to contain it. It must show a zero-tolerance policy for those that engage in blaming and singling out minorities (religious or otherwise) for the spread of a pandemic and for its prevalence among its ranks, be they senior or junior.

Second, there needs to be a dissemination of a counternarrative to hate speech against religious minorities for all those committed to social justice within civil society. International development actors engaging in political economy analysis of inclusion/exclusion in society and vulnerability to pandemics need to be mindful of religious marginality in religiously heterogenous communities where there are religious inequalities. It starts with international development actors asking questions such as:

- 'To what extent have the religiously marginalised been consulted on measures to ensure that no one is left behind?';
- 'To what extent are measures to mitigate vulnerability taking into account spatial, ideological, and socioeconomic barriers to adequate community outreach?'; and
- 'To what extent is the broader increased suffering of a population potentially going to spill over into blaming religious minorities and potentially spilling over into violence?'.

It is important to note that religious minorities' vulnerability to experiencing Covid-19 effects in an amplified manner is often on account of indirect international or government actions. In other words, addressing hardships of socioeconomically excluded religious minorities requires more than a compartmentalised approach. It necessitates exploring, for example, the degree of social spending by a government in general on education, health, and welfare in times of precarity; of how the health system as a whole functions and is equipped for crises; and how it is supporting those with precarious livelihoods.

These broader sets of policies in and of themselves, unless they are sensitive to religious inequalities, may miss the mark of affecting those experiencing religious marginality. Conversely, policies under a 'new normal' that do not shield the vulnerable are most certainly going to have religiously marginalised members of the community, as well as having the unintended consequence of increasing the blaming of religious minorities for hardship. Any new normal will have to simultaneously address the wellbeing concerns of all the population, as well as engage with policies that directly address the specificity of the vulnerabilities of religious minorities where they exist.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.
† The research undertaken for this article was funded by CREID (The Coalition for Religious Equality and Inclusive Development), which is funded by UK aid.
1 Mariz Tadros, Director of the Coalition for Religious Equality and Inclusive Development (CREID) and Professor of Politics and Development, Institute of Development Studies (IDS).
2 Maryam Kanwer, human rights activist and development professional.
3 Jaffer Abbas Mirza, independent researcher.
4 **CREID** is a consortium convened by the Institute of Development Studies, comprising three key partners (Minority

Rights Group, Al-Khoei Foundation, and Refcemi) and more than 30 partners from faith-based and non-faith-based, human rights, development, and academic backgrounds. CREID endeavours to make development more aware of, and responsive to, religious inequalities faced by people living in poverty and experiencing multiple intersecting inequalities.

5 The Al-Khoei Foundation, London, in collaboration with HIVE Pakistan, Islamabad, is currently implementing a research-based development project called Ravadar under the CREID programme. Ravadar also has a blog component on which we draw, which provides a platform to local activists/community interlocutors belonging to three different religious minorities, i.e. Shias, Hindus, and Christians. The primary focus of Ravadar is to document and explore issues, including economic losses, discrimination, and violence, faced by these three communities during the Covid-19 pandemic.

6 **Sajjad H. Changezi tweet**, 13 March 2020.

7 ***Pakistan Penal Code***.

8 According to one study, between 1987 and 2018, there were 1,572 blasphemy cases: 728 Muslims, 516 Ahmadi Muslims, 253 Christians, and 31 Hindus. The religious identity of the remaining 44 people was not known (U Din 2019: 29).

9 It is important to note that all sanitation workers in Pakistan are Christian and Hindu, on account of the intersection of caste and religious minority status. They are despised by both the Sunnis and Shias who see them as 'unclean'. These camps happened to be occupied by the Shias.

10 The All India Muslim League advanced the two-nation theory, the basis of the 1947 Partition, which framed Muslims and Hindus as two separate nations.

11 The resources of a religious or spiritual nature that people draw on to survive and cope.

References

Aamir, A. (2020) '**Who is Responsible for the Disaster in Taftan?**', *The Friday Times*, 20 March (accessed 4 October 2020)

Akbar, M. (2020) 'کرونا: ہزارہ برادری پھر نشانے پر', *Independent Urdu*, 2 April (accessed 4 October 2020)

Aman, M. (2020) ***Go In Disguise to Receive Medical Treatment' – Religious Discrimination in Pakistan***, Religious Inequalities and the Impact of Covid-19 blog, 9 July (accessed 10 October 2020)

Aqeel, A. (2020) ***Unprotected, Unpaid or Unrecognised: Christian Workers on the Frontline in Pakistan's Fight Against Covid-19***, Religious Inequalities and the Impact of Covid-19 blog, 28 May (accessed 10 October 2020)

Aziz, A. (2020) '**Coronavirus: Shortage of Protective Equipment Endangers Thousands of IDPs**', *Kirkuk Now*, 30 April (accessed 22 February 2021)

Blundell, R.; Costa Dias, M.; Joyce, R. and Xiaowei, X. (2020) '**COVID-19 and Inequalities**', *Fiscal Studies* 41.2: 291–319, DOI: 10.1111/1475-5890.12232 (accessed 18 January 2021)

Butcher, B. and Massey, J. (2020) '**Why are More People from BAME Backgrounds Dying from Coronavirus?**', *BBC*, 19 June (accessed 18 January 2021)
Changezi, S.H. (2020) '**Social Boycott?**', *Dawn*, 29 March (accessed 6 October 2020)
Chatty, D. (2017) *Syria: The Making and Unmaking of a Refuge State*, London: Hurst & Company
Daily Balochistan Express (2020) '**Coronavirus: Balochistan Govt Decides to Cordon Off Hazara Town and Marriabad Areas**', 26 March (accessed 4 October 2020)
International Christian Concern (2020) '**Muslim Activist Provides Critical Aid to Pakistani Christians Amid COVID-19 Pandemic**', 14 April (accessed 4 October 2020)
Khokhar, S. (2020) '**Coronavirus: Karachi NGO Denies Food to Poor Hindus and Christians**', *AsiaNews.it*, 30 March (accessed 4 October 2020)
Kirkuk Now (2020) '**Coronavirus Stifles Social and Religious Gatherings for Kaka'is**', *Kirkuk Now*, 27 September (accessed 22 February 2021)
Leach, M. and Tadros, M. (2014) 'Epidemics and the Politics of Knowledge: Contested Narratives in Egypt's H1N1 Response', *Medical Anthropology* 33.3: 240–54
Lehner, T. and Pontifex, J. (2019) '**Pakistan: Nearly 200 Cases of Christians on Blasphemy Charges**', *Independent Catholic News*, 23 January (accessed 4 October 2020)
Malik, A. (2020) '**Punjab Assembly Passes Tahaffuz-E-Bunyad-E-Islam Bill**', *Geo TV*, 23 July (accessed 4 October 2020)
Minority Rights Group (2018) ***Iraq*** (accessed 18 January 2021)
Mirza, J.A. (2020a) '**Religious Minorities in "Naya Pakistan"**', *The Diplomat*, 16 March (accessed 4 October 2020)
Mirza, J.A. (2020b) ***Pakistan's Hazara Shia Minority Blamed for Spread of Covid-19***, Religious Inequalities and the Impact of Covid-19 blog, 17 April (accessed 4 October 2020)
Mirza, J.A. (2020c) '**COVID-19 Fans Religious Discrimination in Pakistan**', *The Diplomat*, 28 April (accessed 4 October 2020)
Mirza, J.A. (2020d) '**The Changing Landscape of Anti-Shia Politics in Pakistan**', *The Diplomat*, 28 September (accessed 4 October 2020)
Morthorst, L. (2020) ***Scapegoating of Religious Minorities During Covid-19: Is History Repeating Itself?***, Religious Inequalities and the Impact of Covid-19 blog, 29 June (accessed 4 October 2020)
Mounstephen, P. (2019) ***Bishop of Truro's Independent Review for the Foreign Secretary of FCO Support for Persecuted Christians*** (accessed 10 October 2020)
Muhumuza, M. and Kaahwa, M. (2020) '**Uganda's COVID-19 Neglect of Minorities is Bad for Everyone**', *African Arguments*, 22 June (accessed 22 February 2021)
Naya Daur (2020a) '**Quetta's Water & Sanitation Authority Issues Order to Confine Hazara Employees to "Their Areas"**', 14 March (accessed 4 October 2020)

Naya Daur (2020b) '**Minister Ali Muhammad Khan Says Blasphemers Should Be Beheaded**', 30 April (accessed 4 October 2020)

Nazeer, A. (2020) ***India's Muslim Minority Experiences Increased Targeting and Violence During Covid-19***, CREID blog, 4 June (accessed 22 February 2021)

NCHR (2018) ***Understanding the Agonies of Ethnic Hazaras***, Islamabad: National Commission for Human Rights (accessed 4 October 2020)

OHCHR (2010) ***Minority Rights: International Standards and Guidelines for Implementation***, New York NY and Geneva: Office of the United Nations High Commissioner for Human Rights (accessed 2 February 2021)

PBS (n.d.) ***Population by Religion***, Pakistan Bureau of Statistics (accessed 12 October 2020)

Public Health England (2017) ***Public Health Outcomes Framework: Health Equity Report: Focus on Ethnicity***, London: Public Health England (accessed 18 January 2021)

Ravadar (2020a) '**Plight of Hindu Women Vendors of Empress Market**', 14 September (accessed 4 October 2020)

Ravadar (2020b) '**Christian Househelp Suffers at the Hand of COVID-19**', 3 September (accessed 4 October 2020)

Rieck, A.T. (2016) *The Shias of Pakistan*, Oxford: Oxford University Press

Shah, S.A. (2018) '**Hazara Killings Tantamount to Wiping Out an Entire Generation, Says Chief Justice**', *Dawn*, 11 May (accessed 5 October 2020)

Shaheed, A. (2020) ***Report of the Special Rapporteur on Freedom of Religion or Belief: Gender-Based Violence and Discrimination in the Name of Religion or Belief***, United Nations General Assembly (accessed 3 February 2021)

Shoaib, A. and Mirza, J.A. (2019) 'Exploring and Understanding the Intersecting Inequalities in Everyday Life Faced by Shias of Mochi Gate, Lahore, and Christians of Youhanabad, Bahar Colony, Joseph Colony (Lahore) and 66 Quarters (Islamabad)', report commissioned by Coalition for Religious Equality and Inclusive Development, unpublished

Tadros, M. (2020) ***Invisible Targets of Hatred: Socioeconomically Excluded Women from Religious Minority Backgrounds***, CREID Working Paper 2, Brighton: Institute of Development Studies (accessed 25 February 2021)

Tadros, M. and Sabates-Wheeler, R. (2020) ***Inclusive Development: Beyond Need, Not Creed***, CREID Working Paper 1, Brighton: Institute of Development Studies (accessed 22 February 2021)

U Din, N. (2019) ***Challenges in Exercising Religious Freedom in Pakistan***, Lahore: Centre for Social Justice (accessed 6 October 2020)

UN (2020) ***UN Research Roadmap for the COVID-19 Recovery: Leveraging the Power of Science for a More Equitable, Resilient and Sustainable Future***, New York NY: United Nations (accessed 28 November 2020)

UNGA (1948) ***Universal Declaration of Human Rights***, Resolution 217A, United Nations General Assembly (accessed 18 January 2021)

USCIRF (2018) ***Tier 1 USCIRF-Recommended Countries of Particular Concern***, Washington DC: United States Commission on International Religious Freedom (accessed 4 October 2020)

Vogels, E.; Perrin, A.; Rainie, L. and Anderson, M. (2020) '**53% of Americans Say the Internet Has Been Essential During the COVID-19 Outbreak**', *Pew Research Organization*, 30 April (accessed 27 November 2020)

WIN-Gallup International (2012) ***Global Index of Religion and Atheism*** (accessed 4 October 2020)

This page is intentionally left blank

Tackling Covid-19 and Building Back Better: The Case of Ethiopia*†

Hiwot Mebrate[1]

Abstract The Covid-19 pandemic struck Ethiopia at an important juncture in its development and political path. Following impressive progress in poverty reduction and human development in recent decades, driven by a state-led model, it is transitioning towards a more democratic governance structure and a more liberal economic model. This article examines the country's response to the pandemic, focusing on social protection and health systems. Ethiopia's experience demonstrates the importance of building shock-responsive systems for social protection, including pre-identification of vulnerable groups and a financing strategy to trigger an immediate response. It also highlights how the health sector capacity can be further strengthened in anticipation of future health emergencies. For example, the government could identify and build the health sector industry capacity before future shocks occur in order to quickly scale up the response. Covid-19 had a disproportionate impact on women and girls due to the closure of schools; limited access to gender-based violence and health services; and the economic impact on informal sectors. The article concludes by sharing key lessons for developing countries on how prioritisation of vulnerable groups and ensuring strong political commitment can support a more effective pandemic response.

Keywords Covid-19, safety net, health system, education, women and girls, social protection, capacity, political leadership.

1 Introduction

In recent decades, Ethiopia has been held up as a development success story while still confronting immense challenges and ongoing fragility. It has experienced some of the highest growth rates globally, largely owing to the government's commitment to pursue a development approach focused on industrialisation and improving basic services. Poverty and human development indicators have mostly outpaced those of its neighbours and

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

comparable countries. Ethiopia is one of the fastest-growing economies in sub-Saharan Africa, with an average gross domestic product (GDP) growth rate of 8.2 per cent between 2000 and 2011 – significantly higher than the sub-Saharan average (4.7 per cent) or the East African average (6.7 per cent) over the same period. Its reduction in maternal mortality is also a notable achievement, decreasing from 676 deaths per 100,000 in 2011 to 401 per 100,000 in 2017. Under-five mortality and infant mortality per 1,000 live births has also reduced from 123 and 77 in 2005 to 59 and 47 in 2019, respectively.

More recently, political turbulence has led to dramatic change and Ethiopia is in the midst of a bumpy transition from a restrictive developmental state towards more liberal and democratic governance. The political landscape is uncertain; internal ethnic conflict has escalated; institutional reforms are at nascent stage; and building state–citizen trust remains a challenge after years of authoritarianism. Maintaining its positive development trajectory during a transition while at the same time recovering from Covid-19 will test the limits of its progress.

Familiar challenges also endure. Ethiopia continues to face climate-related shocks due to the dependency on rain-fed agriculture and a high level of vulnerability in lowland areas. A recent World Bank poverty assessment (Bundervoet *et al*. 2020) asserted that, despite a decline in all measures of national poverty, inequality at the national level has increased over time – suggesting that deeper investment in social protection is warranted as the country liberalises further. The Gini coefficient at national level was 0.29 in 1996, rising to 0.3 in 2011 and to 0.33 in 2016 (Araya and Woldehana 2019), indicating that there are relatively fewer economic gains for lower-income households from recent growth (UNDP 2015). In addition, the growing service sector, where women are the majority, is predominantly informal and unprotected – characterised by low returns, low productivity, and with limited potential to transform the lives of those employed in the sector.

Ethiopia's health system came into particular focus as it responded to Covid-19. Luckily, significant gains had already been realised in the health sector over the past decade due to massive investment, placing it in a relatively strong position. The government's Health Extension Programme, which has focused specifically on women and children, has more than 38,000 health extension workers (the majority of whom are women) deployed throughout the country. One example of the significant health gains is a decrease in stunting rates from 58 per cent to 38 per cent between 2000 and 2016. Ethiopia also maintains a relatively low death rate compared to other sub-Saharan African peers, largely due to efforts in curbing the spread of communicable diseases (Ministry of Health 2019). The country has been successful in reducing deaths related to communicable, maternal, neonatal,

and nutritional deficiency diseases and injuries by 65 per cent, despite rates of maternal and neonatal mortality that remain unacceptably high (Misganaw *et al*. 2017).

Despite its impressive achievements, Ethiopia still has a lot to do in terms of creating health systems that can withstand shocks. The country registers a very high morbidity and mortality from the triple burden of diseases (common infection, undernutrition, and maternal mortality). The quality of health care in terms of improving patient safety, effectiveness, and patient-centredness is often inconsistent and unreliable. A health workforce shortage, low in-country capacity in pharmaceutical manufacturing, and limited regional collaboration on transboundary diseases and outbreaks are a few of the challenges that the country continues to face.

The impact of Covid-19 on education also threatens Ethiopia's human development gains. Over 26 million primary- and secondary-level students have been out of the classroom due to school closures since March 2020. Although some children have been able to access online and distance learning, many – especially those in rural areas – have not, due to the wide infrastructure/digital divide. Prolonged school closures risk further worsening the country's already weak learning outcomes. The longer poor and marginalised children stay out of school, the more likely they are to drop out. Children from the poorest households are already almost five times more likely to be out of primary school than those from the richest (Khodr 2020). In Ethiopia, the closure of schools has deprived about 1 million children from the poorest families of school meals, which are a valuable source of nutrition. It has also deprived vulnerable children of a safe and secure environment free from dangers they may face in their homes or communities. By staying home for a prolonged period, children are more at risk of violence and abuse, and economic pressures have reportedly led to an increase in forced child marriage (*ibid.*).

Covid-19 has amplified existing inequalities, in particular for women and girls. Their incomes and economic opportunities have been disproportionally impacted as they are employed more in the informal sector. This includes Ethiopians working abroad as domestic workers, who have had to return after losing their precarious jobs. The findings from an assessment on *The Market-Reach of Pandemics: Evidence from Female Workers in Ethiopia's Ready-Made Garment Industry* (Meyer *et al*. 2021) documented the significant changes in female employment in the sector. The garment industry, once a source of majority-female formal employment, was hit by a sharp drop in labour demand, meaning that women are no longer working and have migrated away from urban centres of employment to rural areas which are known for high levels of food insecurity (*ibid*.). Covid-19 mitigation measures have also inadvertently put women and girls at increased risk

of intimate gender-based violence and forced marriage, and paused campaigns for sexual reproductive health rights and access to health services that many women rely on, including access to contraceptives (UN Women Ethiopia 2020).

2 General Covid-19 response

After Ethiopia reported its first Covid-19 case in March 2020, the government took a number of preventive and mitigating steps to contain the impact of the pandemic. It declared a five-month state of emergency,[2] officially postponed parliamentary and presidential elections indefinitely, adopted significant economic response measures to support its citizens,[3] and granted a pardon for more than 20,000 prisoners. The prime minister, Abiy Ahmed, also prominently advocated for debt relief for African nations in advance of the anticipated economic impact of the crisis.

At the beginning of the pandemic, there was limited gender analysis carried out and the possible impact on women and girls and potential supports was not set out. However, subsequently, the government and civic groups did take a number of positive measures. Even though the Federal Court was partially closed to contain the pandemic, it decided to accept charges of domestic violence as urgent cases in response to reports of an increase in domestic violence during the state of emergency. Setaweet, a feminist organisation, provided free telephone services for women experiencing violence. Ethiopia's popular artists also started a campaign to raise awareness on violence against women and girls called #Zim Alilim ('I will not keep quiet').

Despite limited government capacity, a strong political and cross-party commitment helped to curb the pandemic by ensuring no legislative barriers to implementation. In addition, significant extra resources were mobilised including emergency financing from multilateral development banks; capacity was built quickly within the health sector; and an effective coordination mechanism amongst key stakeholders was put in place. Timing was also on Ethiopia's side compared to other countries, as the two months' delay in having the first cases and relatively slow onset gave the government and the public health system valuable time to absorb best practice and strengthen national systems for public health emergency preparedness.

While these efforts worked to stem the spread of the virus, Ethiopians have still suffered greatly. As of 5 October 2020, there have been 78,819 confirmed cases of Covid-19 and 1,222 deaths (EPHI 2020), making it the fourth highest African country in terms of total numbers.

2.1 Social protection and building back better

In order to respond to the persistent poverty and recurring shocks that have historically affected the country in recent decades, Ethiopia has designed and implemented two major social

protection programmes (rural and urban safety nets) that cover close to 9 million extremely poor and vulnerable people. While this is the largest social protection programme in sub-Saharan Africa, due to resources constraints, the majority of people living below the poverty line are still excluded (World Bank 2020). The development of institutions that can manage these massive programmes effectively has taken time and is continuously improving (Ministry of Agriculture 2014).

As it became clear that the pandemic would impact not just health but the wider economy and livelihoods, the government directed both the urban and rural safety net implementing agencies to adjust programme activities in response to the impact of Covid-19 (Teshome 2020). Implementers were instructed to provide lump sum payments in order to limit gatherings of beneficiaries when they receive their monthly cash/food transfers. Public works activities tied to programmes were temporarily halted. All activities that went ahead followed strict social distancing and preventive measures. The urban programme was able to provide sanitation resources to clients and scale up transfers to vulnerable households in response to the impact of the pandemic on the urban poor and vulnerable.

While these directives were quickly sent out to the authorities managing implementation, one weakness was that the government was not able to mobilise resources quickly enough to scale up the rural safety net, despite this being part of the national Covid-19 emergency response plan. This shortcoming emphasises the importance of expediting ongoing work to invest in and develop a truly shock-responsive social protection system. Such a system is needed to scale up rapidly in response to shocks, including pandemics such as the one we are currently confronting. It should cover existing clients, but also pre-identified additional vulnerable populations. A financing plan also needs to be in place before shocks hit, to ensure that there is no delay while resources are sourced.

Confronting financing constraints and a social protection coverage gap, the prime minister also initiated an approach called 'Sharing Table', which mobilised resources from civil servants, investors, and diaspora to provide basic food and cash assistance to the most vulnerable populations (*ibid.*). This was supplemented by a strong community response across Ethiopia – with youth and women volunteers mobilising resources to support the most vulnerable in urban areas. As with many developing countries, such informal community-led responses are critical and this approach was quickly mobilised in response to Covid-19. Building on this to extend informal support beyond the immediate response could play an important part in the recovery.

2.2 Health and building back better

During the initial phase of the Covid-19 pandemic, Ethiopia had no testing centre; thus it had to send all test samples to South Africa. The Ethiopian Public Health Institute established 51 laboratories for Covid-19 testing across the country, with a total capacity to test 25,000 samples per day, although that has fluctuated due to a restricted supply at times of the chemicals needed for testing. Local garment factories also converted to producing personal protective equipment (PPE) as export opportunities dwindled. More recently, the government has initiated the production of Covid-19 test kits in the country, demonstrating further an important move towards self-reliance and with the ambition of exporting to other African countries (ENA 2020).

The initial readiness assessment of the World Health Organization (WHO) documented several gaps and weaknesses in intensive care capacity for Covid-19. With support from development partners, the government significantly increased the availability of mechanical ventilators in treatment centres. It stepped up readiness for the outbreak by converting schools, public gathering halls, and hotels into temporary Covid-19 isolation or treatment centres. Since then, the government has established contact-tracing capacity and isolation centres for return migrants as Ethiopians abroad found themselves out of work. Thousands of health-care providers received training on case management, the government introduced life insurance coverage for Covid-19 health-care workers, and it developed several implementation guidelines and protocols.

The health system in Ethiopia significantly shifted priorities towards the Covid-19 pandemic response over the past seven months. However, the country also quickly recognised that the same health systems must continue to provide essential health services to avert preventable morbidity and mortality from commonly known conditions such as maternal and child health issues, and communicable and non-communicable diseases (Mohammed *et al*. 2020). To this end, the Ministry of Health has given due emphasis for ensuring that facilities continue to provide essential health services while responding to the pandemic. Accordingly, the Ministry of Health published and distributed a directive to all regions and city administrations on prioritisation and continuity of essential health services while the country is responding to the pandemic (Ministry of Health 2020). This has minimised the impact of Covid-19 on the service uptake of other essential health services, and placed the country well to build services back once normality returns.

Another important lesson was how the domestic industrial sector adapted to support the health response – first through producing PPE and then Covid-19 testing kits. Such capacity of industries could be identified before future shocks occur, ready to quickly

scale up in response. It will also support the recovery as factories continue to feed domestic and international demand for Covid-19 equipment.

3 Conclusion

Covid-19 has demonstrated the importance of building the systems for a shock-responsive safety net, including the pre-identification of vulnerable groups and a financing strategy for triggering an immediate response. The lesson from the health sector is that the pandemic has provided an opportunity to build the capacity of health sector institutions and industry (i.e. the establishment of laboratories and testing kit production factories). This can be extended beyond the current crisis and used for future health emergencies.

Ethiopia is facing the Covid-19 pandemic while the country's political landscape is fragile and undergoing major economic, social, and political reforms. In addition, its health system faces challenges, and its social protection system is at a nascent stage with limited coverage for the extreme poor. The prolonged school closures risk further worsening the country's already weak learning outcomes, particularly for poor households. Due to the constrained fiscal space and coverage of social protection, poor households, particularly women affected by Covid-19, could not access temporary income support. Despite these issues and with room for systemic improvements and better gender analysis from the outset, progress made over the past two decades is evident in its effective response to the pandemic.

The government's approach has prioritised those most vulnerable, created a coordinated system, made efforts to respond to violence against women and girls, and ensured that the health sector continues to provide essential services. Looking towards recovery, the government will need to focus on building a shock-responsive safety net that can quickly scale up when crises hit. Informal networks and institutions should also be leveraged, including women's rights groups, to advocate for a gender-sensitive response and recovery mechanisms. The health system is also already better prepared in many ways, with domestic production of equipment and a more robust institutional capacity, although further development of this sector will support increased self-reliance.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.
† I would like to express my deep and sincere gratitude to my supervisor, Cormac Mangan who has provided me with

invaluable guidance and support in reviewing the article. I would also like to thank Mary McCarthy who initiated this work and guided me throughout the write-up. Finally, sincere thanks to my colleague Tizita Abate, who provided excellent research support.

1 Hiwot Mebrate, Senior Social Protection Programme Manager, Embassy of Ireland, Ethiopia.
2 Which limited public gatherings, ordered schools closures, directed high-risk civil servants to work from home, closed borders, suspended flights to 120 countries, and restricted mass public transport.
3 Deferral of corporate tax and interest; waiver of 30 per cent rental tax for education institutions, and micro and small enterprises; waiver of four months' employment tax of workers.

References

Araya, M. and Woldehana, T. (2019) 'Poverty and Inequality in Ethiopia, 1995/6–2015/16', in F. Cheru, C. Cramer and A. Oqubay (eds), *The Oxford Handbook of the Ethiopian Economy*, Oxford: Oxford University Press

Bundervoet, T. *et al*. (2020) ***Ethiopia Poverty Assessment: Harnessing Continued Growth for Accelerated Poverty Reduction***, Washington DC: World Bank (accessed 9 December 2020)

ENA (2020) ***Ethiopia to Start Manufacturing COVID-19 Testing Kits***, Ethiopian News Agency, 6 September (accessed 9 December 2020)

EPHI (2020) ***COVID-19 Pandemic Preparedness and Response in Ethiopia: Weekly Bulletin***, Bulletin 23, 5 October, Addis Ababa: Ethiopian Public Health Institute (accessed 9 December 2020)

Khodr, A. (2020) '**The Case for Safely Reopening Schools in Ethiopia**', UNICEF, 1 October (accessed 9 December 2020)

Meyer, C.J.; Hardy, M.; Witte, M.; Kagy, G. and Demeke, E. (2021) '**The Market-Reach of Pandemics: Evidence from Female Workers in Ethiopia's Ready-Made Garment Industry**', *World Development* 137: 105179 (accessed 15 December 2020)

Ministry of Agriculture (2014) *Disaster Risk Management and Food Security Sector. Food Security Coordination Directorate: Productive Safety Net Program Phase 4 (PSNP4) Design Document*, Addis Ababa: Ministry of Agriculture

Ministry of Health (2020) ***National Comprehensive COVID19 Management Handbook***, Addis Ababa: Ministry of Health (accessed 9 December 2020)

Ministry of Health (2019) ***National Assessment of the Ethiopian Health Extension Program. Dissemination Workshop: Abridged Report***, Addis Ababa: Ministry of Health (accessed 9 December 2020)

Misganaw, A. *et al*. (2017) '**National Mortality Burden Due to Communicable, Non-Communicable, and Other Diseases in Ethiopia, 1990–2015: Findings from the Global Burden of Disease Study 2015**', *Population Health Metrics* 15: 29

Mohammed, H. *et al*. (2020) '**Containment of COVID-19 in Ethiopia and Implications for Tuberculosis Care and Research**', *Infectious Diseases of Poverty* 9: 131

Teshome, A. (2020) '**Does Ethiopia Have a Social Protection System to Respond to COVID-19?**', *Future Agricultures*, 18 June (accessed 9 December 2020)

UNDP (2015) '**Financing for Development: Issue Brief**', United Nations Development Programme, 2 February (accessed 9 December 2020)

UN Women Ethiopia (2020) '**COVID-19 and Ending Violence Against Women and Girls in Ethiopia**', *EVAW Covid-19 Policy Brief*, Addis Ababa: UN Women Ethiopia (accessed 9 December 2020)

World Bank (2020) *Strengthen Ethiopia's Adaptive Safety Net Project: Appraisal Document*, Washington DC: World Bank

This page is intentionally left blank

Governance for Building Back Better*†

Shandana Khan Mohmand[1]
with contributions from Colin Anderson, Max Gallien, Tom Harrison, Anuradha Joshi, Miguel Loureiro, Giulia Mascagni, Giovanni Occhiali and Vanessa van den Boogaard

Abstract The pandemic is in many ways a crisis of governance. It has created a set of unique challenges that underscore the need for governments to collect revenue more efficiently and equitably; and to spend it more inclusively, transparently, and accountably, especially on the most vulnerable and marginalised populations. In this article, we suggest a set of governance interventions to help create conditions for building effective and inclusive institutions that can support efforts to build back better. We propose that the impact of the pandemic can be dealt with through a mix of some interventions that deal with the immediate impacts of the crisis, and other interventions that can transform development in the longer term.

Keywords governance, Covid-19, inequality, vulnerabilities, build back better, institutions, transformative change.

1 Covid-19 is a crisis of governance

The pandemic is in many ways a crisis of governance. Its magnitude and mitigation are determined by the nature of policy responses and crisis management by leaders and governments. Also, existing socioeconomic inequality has led to a disproportionate impact on some groups. The pandemic has created a set of unique challenges that underscore the need for governments to collect revenue more efficiently and equitably; and to spend it more inclusively, transparently, and accountably, especially on the most vulnerable and marginalised populations. These population groups may be defined differently across contexts but will in most cases include women; racial, ethnic, and religious minorities; migrant populations; and workers in the informal sector.

These challenges are not new, though the pandemic has increased the proportion of the population that can be defined

The *IDS Bulletin* is published by Institute of Development Studies, Library Road, Brighton BN1 9RE, UK
This article is part of *IDS Bulletin* Vol. 52 No. 1 March 2021 **'Building a Better World: The Crisis and Opportunity of Covid-19'**; the Introduction is also recommended reading.

as vulnerable, as more groups find themselves in economically precarious situations. However, the governance challenges created by Covid-19 require governments to increase their expenditure, especially on health-care and social protection systems, at a time when they are being advised to tax less in order to bolster the economy. Governments are also expected to be able to deliver more – and more efficiently – but with reduced and affected staff that has impacted state capacity, especially at the frontlines. The implications of these challenges within the broader political context are that it may be harder for governments to manage public behaviour, issue credible messages, or be seen as responsive or accountable to citizen needs at a time of crisis.

Covid-19 has revealed the extent of the fragility of state–citizen relations around the world, and turned renewed attention – from both citizens and scholars – towards the fact that many states have limited capacity to respond to their vulnerable populations, even in middle- and higher-income countries. The pandemic has occurred in a global political context that is defined by recent studies as one where institutional trust levels were already declining[2] and political polarisation was increasing (Macdonald 2019; Levitsky and Ziblatt 2018; see also Brück *et al*. 2020). A further weakening of state–citizen relations could have very serious implications for governments' ability to govern effectively at a time when it is most needed.

This article argues that the pandemic has underscored the need to revisit a set of fundamental governance interventions that can strengthen state–citizen linkages by ensuring that governments work more effectively and inclusively. The aim of these reforms is not just to mitigate the immediate impact of the pandemic, but also to create conditions for positive change in 'building back better'. The article advances the premise that the challenges outlined above require governments to pursue the twin goals of building (a) effective and (b) inclusive institutions that are able to mitigate the impact of the crisis on all population groups, especially those who are the most vulnerable and marginalised, and may bear the disproportionate burden of the Covid-19 crisis. The two goals essentially work together – effective institutions need to work for all, and inclusion is best achieved when institutions are working well – but they call attention to different aspects of state–citizen relationships.

The goal of building effective institutions that can reach and adequately serve all parts of the population requires the need for state institutions to have: (a) the administrative reach and capacity; (b) the requisite information and data on population groups; and to be (c) well resourced. These are fairly obvious institutional requisites, but they continue to define what is missing in many states' response to the crisis, especially in more fragile contexts. The goal of building inclusive institutions that deliver

services equitably focuses on the need for state institutions to: (a) have transparent and inclusive decision-making processes; (b) be gender inclusive in particular; and (c) be responsive and accountable to people's needs. A key consideration in building inclusive institutions is to pay attention to power dynamics – where are decisions made; who gets to participate in these forums; and whose knowledge matters in crafting policy responses.

2 Opportunities and risks created by Covid-19

As a 'critical juncture', we can expect that Covid-19 will re-order a number of relationships. Much of the global turn towards right-wing populism over the last decade, for example, is attributable to the 2008 financial crisis and the fragile contexts it created. A similar downturn now may provide its own set of political repercussions and increasing fragility, especially as states continue to exercise powers gained during a national emergency. The vulnerability of marginalised groups in particular may be exacerbated in the aftermath of the Covid-19 crisis if they are unable to make individual or collective claims on the state. Job losses, restrictions on mobility, and reduced space for participating in public life during the pandemic may have longer-term impacts: on people's ability to organise; on household and community relations; and on attitudes towards service delivery, civic and spontaneous action, and social and institutional trust. There are attendant risks but also some opportunities for institutionalising transformative change. The pandemic has thrown into sharp relief the fact that policymakers will need to manage impact in three interrelated areas.

The first of these is **redistribution and the need to reduce inequality**. Inequality has regularly featured in analyses over the last few months as one of the most important determinants of the pandemic's impact (see, for example, Fisher and Bubola 2020; Sen 2020; Siddique and Grierson 2020). There is now enough evidence to show that Covid-19 has impacted certain population groups more than others. Minority groups in the UK and the US, and poorer groups who live in dense slums and informal settlements in different parts of the world, are more affected by the pandemic and its social and economic repercussions. There are also reports from across the world of women facing harsher living conditions and domestic violence during the pandemic (Lewis 2020). There is evidence that informal workers in many African countries are not only taking up new unregulated loans in order to survive lockdowns, but also negotiating advance payments from their employers, raising the risk of bonded labour.

The second area is **institutional trust**. The danger of leaving some population groups further behind than others is exacerbated by initial suggestive evidence that the pandemic has revealed trust deficits, testing already fragile relationships between states and citizens in many countries (see Ingraham 2020). It has called into question the extent to which decision-making processes of

state institutions are inclusive of, and accountable to, citizens. Citizens in China and Pakistan have expressed frustration at the lack of transparency in government decision-making. Leaders in Brazil and the US have appeared dismissive of the gravity of the crisis even as it has affected large proportions of their populations. State aid in India is frequently conditional on workers having ration cards that many do not possess. And leaders in Madagascar, the US, and elsewhere have peddled untested medicines and remedies to suffering populations. There is a sense that governments have chosen to set up a false dichotomy between health risks and livelihoods. Citizens have been made vulnerable, evidenced by a second wave of the pandemic, because governments ended lockdowns too early or chose not to enforce regulations in order to prioritise the economy, and people fending for themselves rather than choosing to strengthen social protection measures (Khan *et al*. 2021).

However, observations of how institutional trust has worked out over the last few months have suggested a need to carefully nuance any conclusions – while institutional trust in established democracies such as the UK, Brazil, or India has visibly reduced, it seems to have increased in countries that are less democratic such as South Korea, Vietnam, and Singapore (Kye and Hwang 2020). What we do know is that institutional trust is a responsive phenomenon – it responds to the behaviour of state institutions and the types of decisions they make – so that the performance of states over this period may have longer-term implications for state–citizen relationships (Harring, Jagers and Löfgren 2021; OECD 2017).

The third area is a related **trend over the past decade that has seen democratically elected governments on all continents curtail civil liberties** (Lührmann *et al.* 2020). Governments have used increasingly authoritarian practices to impinge on citizens' rights even in countries that are formally democratic. These practices include restrictions on civil society actors; reduced rights of speech, assembly, and association; arbitrary arrests and the detention of political activists; restrictions on the media; and increasing regulation of online spaces.

These three correlated trends create a set of risks for effective and inclusive governance. Policy implementation is deeply embedded in unequal social and economic structures and relations. It therefore runs the risk of reproducing and exacerbating existing inequalities, and of leaving some groups behind in the process of building back. Low institutional trust, combined with polarisation, has implications for the adoption of interventions and recovery programmes that governments may now want to adopt, and for which they might find low uptake. This is already visible in states' variable ability to insist on the usage of face masks, especially in politically polarised contexts (Allcott *et al*. 2020). It may, in extreme conditions, also affect people's willingness to accept a vaccine when it becomes available.

As the relationship between states and people becomes more fragile, states may adopt more repressive ways to implement policies. Though much still needs to be investigated in terms of what worked in different countries, early lessons from Africa and Southeast Asia seem to suggest that the pandemic has been better managed through more top-down, coercive state action than through new forms of accountable engagement with citizens. If states hold on to such measures beyond the global crisis, there is a concern that the recent tendency towards autocratisation may further increase. There are concerns in particular that control of the pandemic may make way for greater state surveillance at a time when civic spaces were already shrinking across parts of the world.

At the same time, these trends present opportunities for achieving transformative change. Covid-19 has brought the impact of glaring socioeconomic inequalities into sharp relief and nudged, to some extent, the political narrative towards more explicitly recognising and closing these gaps. It has also pushed both researchers and policy actors to bring discussions of trust and accountability centre-stage, and to focus on the fact that how governments respond to a growing financial and economic crisis has political repercussions that go well beyond the immediate hardships. We have already seen some positive signs here. Trust in state institutions at both the local and national level have increased in South Korea (Kye and Hwang 2020). In Europe, the pandemic seems to have weakened the appeal of far-right parties that have tried to politicise government responses to the pandemic, with recent reports suggesting that their popularity has declined where trust in the effectiveness of state responses has increased (Samaras 2020).

Whether the pandemic will strengthen the trend of 'autocratisation' or force it to reverse as disillusionment with right-wing and populist regimes sets in remains to be seen. In the meantime, institutional changes that strengthen state capacity for delivering services effectively and inclusively may positively impact state–citizen relationships in ways that may mitigate these risks and build on the opportunities. We turn to look now at what these may be.

3 Governance reforms for building back better

The goal of building effective and inclusive institutions requires some interventions that can be implemented in the short term to deal with the immediate impact of the crisis and to lay the foundations for building back better; and other longer-term efforts that are aimed at transforming development.

3.1 Priorities in the shorter term

3.1.1 Ease financial pressure on vulnerable groups

Tax policy and fiscal measures to support people and businesses during the crisis have become key policy areas under discussion in many countries, especially as concerns have grown around

governments' ability to expand fiscal space to strengthen social protection measures for those furthest behind. While governments in emerging economies do not have the same fiscal space as those in more developed countries, almost all of them have provided some form of tax relief, ranging from extending filing deadlines to reducing tax rates, or exempting particular groups altogether. For many tax-registered small and medium businesses, tax relief might make the difference between going bankrupt or staying afloat. However, a large number of people and businesses are outside of the tax net, and therefore are naturally not affected by such measures; for example, in Kenya, only 12 per cent of the workforce are active payers of personal income tax, and in Rwanda, only 3 per cent (Moore 2020). Those unaffected by such measures are also likely to be the most vulnerable groups: informal workers, street vendors, etc. (Gallien and van den Boogaard 2020a).

The most important form of relief in low-income countries will necessarily be on the spending side, through cash transfers and other forms of support to households, workers, and businesses, at the national and local levels. Efforts also need to be gendered, given that the crisis has disproportionately impacted informal women workers.[3]

Many states have instituted unconditional cash transfers, targeting low-income groups that have included informal workers. While this has been an effective measure in providing some support, targeting mechanisms have often been imprecise. In India, for example, some state aid has been conditional on workers having ration cards, which many migrant labourers had left in their home states. At other times, efforts are constrained by a lack of data and information, or simply, by resources. The Government of Pakistan was able to respond quickly to the economic impact of the pandemic because of a well-established social safety net system, the Benazir Income Support Programme, through which it expanded coverage from 4 million poor women to almost 12 million. However, by some accounts, this still falls short of providing for the estimated 25 million households that may require such assistance in the aftermath of the pandemic, both because of a lack of resources and because the current database may not be able to identify the additional households. The Covid-19 crisis presents an opportunity not just to expand social protection in the short term but to establish firm foundations for more comprehensive systems in the long run (see Lind, Roelen and Sabates-Wheeler, this *IDS Bulletin*).

3.1.2 Build state capacity and adaptability

States' ability to respond on the spending side is tied to their capacity to coordinate responses – especially in terms of how they make, implement, and communicate decisions – and adapt current practices around the crisis. In a rapidly changing and highly uncertain situation, states' ability to adapt is critical

(Andrews, Pritchett and Woolcock 2017). Adaptation in a crisis is different from at other times – governments have no choice but to adapt and they have little time to reflect on the best response. Adaptation is inevitable, but the effectiveness of such adaptation is not. The need to act quickly increases the danger that organisations will fall back into their institutional comfort zone, favouring policy approaches in which they have prior experience (Peters 2020) – building back the same, rather than building back better. The scope to make such adaptations will vary between countries, depending on how the bureaucracy is regulated and managed; for example, how quickly financial resources may be redeployed, the extent of centralisation, and the nature of political influence on the bureaucracy (Sharp and Harrison 2020).

Rapid and enforced adaptation requires governments to create spaces for bureaucrats to reflect quickly on evidence, reach appropriate conclusions, and communicate them effectively, often based on information that is both limited and liable to change. In this context, decisions are likely to be influenced as much by instinct as by evidence. The question then becomes whose instinct is trusted, who influences and informs decision-making, which decisions are likely to be taken through informal channels, and which are likely to require formal approval (Dasandi, Marquette and Robinson 2016). Allowing bureaucrats the autonomy to experiment and learn goes against hierarchical administrative cultures, but is critical for crisis management.

Although many studies suggest that adaptation in lower-income countries exists mostly in 'islands of effectiveness' or is facilitated by donor interventions, examples of bureaucratic adaptation can be found in many areas of government activity (Crook 2010; Harrison and Kostka 2019). China's approach to adaptive development has been described as 'directed improvisation', highlighting the importance of allowing for experimentation in achieving national objectives (Ang 2016). Management of the Covid-19 response drew on local branches of the Chinese Communist Party and a grid management system going back to the Mao era, adapted for current needs.

3.1.3 Build capacity of local governments

The pandemic has shown the importance of local context related to both epidemic control measures and the impact of those control measures on social and economic outcomes. Local governments have been at the forefront of efforts against Covid-19. They have had to respond through local health systems, caring for frontline workers, as well as ensuring compliance with lockdowns and social distancing measures, with best practices emerging, for example, from rural India (Dutta and Fischer 2021). However, local authorities are also the level of government that is usually most constrained in terms of resources, capacity, and access to good data.

State capacity and the adaptability of frontline workers and 'street-level' bureaucrats are of particular importance in a context in which demand for their work has risen while their numbers have diminished due to illness, shielding, or self-isolation. Different governments are currently trying different approaches depending on their context: some countries have redeployed municipal staff across departments; others have enhanced linkages with civil society actors, either creating small armies of volunteers or working with local non-governmental organisations (NGOs) in the field; while countries with strong one-party rule have further increased frontline workers' strong connection with local ruling party cadres.

There are a number of ways that local governments' ability to deal with citizens' needs can be strengthened, especially in the aftermath of a crisis. Key within these is strengthening their capacity to reach and engage with the most vulnerable and marginalised groups within their jurisdictions. This involves: (a) providing local governments with access to reliable and updated information; and (b) training them on how to equitably aggregate demands from across diverse population groups, how to collect and process information, and how to design effective responses. This is particularly important for newer or redeployed frontline staff who do not have the advantage of the intuition of more experienced staff, and so might resort to heuristic thinking based on biases and profiling in dealing with vulnerable groups.

3.1.4 Enable inclusive service delivery by improving access to data and ICT

Information can play a vital role in getting relief and services to the most marginalised populations, and to monitor how effective various relief packages actually are. For example, effectively targeting cash transfers and other benefits at those people who need them most (especially without needing formal documentation, which the most vulnerable often lack) requires that governments have complete, up-to-date, and usable data on the entire population. This is often not available in low-income countries. Data are scarce, irregularly collected, and often hard to match across units. Local governments may hold data for differently defined units from those used by higher-tier state departments, while the census office may use an altogether different demarcation.

It may sometimes take weeks (if not longer) to reconcile all this information in effective and usable formats, and can be a real constraint during emergencies. Even where good data exist, they may be governed by unnecessary red tape or secrecy laws, leading agencies and civil society actors to spend time and resources replicating them. The lack of good-quality, easily accessible, and disaggregated data can constrain the work of government departments. But, equally, it affects the ability of other groups, such as civil society actors or the private sector,

to play their part in recovery efforts. Government capacity to collect regular and reliable information in usable formats that are available to everyone, especially in relation to enabling the identification of vulnerable population groups, is therefore a key reform. But information is political, and interventions that seek to provide more accessible and complete data to citizens may find opponents in state institutions.

A related issue is the use of technology and the extent to which different state departments and agencies have had access to technology or the capacity to shift to using it under lockdown and social distancing rules. The availability of ICT solutions not only determined differences in tax and user fee collection during the Covid-19 crisis, but also the extent to which central governments are able to coordinate action with regional/provincial and local governments.

The spread of mobile phones and the popularity of social media across the world means that technology can also be used to set up complaint mechanisms and follow-up systems that can help better connect states and citizens (Porumbescu 2017). However, in doing so, it is important to be aware that technology and e-governance can sometimes entrench marginalisation by playing up differential access across groups. This is both because marginalised populations have limited access to the internet, computers, and mobile phones, and because the format in which governments communicate information may not be accessible to more vulnerable populations.

3.1.5 Enable evidence-based policy through engaged research

Our understanding of how states function, especially in low-income countries, has largely ignored the question of how and to what extent they make use of scientific data, evidence, and expertise. Equally worrying is the origin of these data and evidence, and that they may often be unreliable and of poor quality (Jerven 2013). A key intervention in building state capacity would be to enable evidence-driven policy solutions by increasing engaged research that focuses on understanding processes of change and transformation. It is important not just to expand the evidence and knowledge base for transformative policy, but also to communicate this knowledge in usable formats to relevant policy audiences.

This involves two specific challenges. The first challenge is to expand the sources from which governments receive scientific advice. In some countries, this may be heavily influenced by power dynamics, norms, belief systems, and even patronage networks – the 'political economy of knowledge'. The issue here is not just to connect governments to more credible sources that produce more rigorous evidence, but to also consider why such information is not being accessed already and how these constraints may be dismantled. Possible reforms range from developing training programmes that enhance the interface

between policy researchers and policymakers to co-constructing knowledge and evidence through collaborative research. An example of the latter is the research co-constructed between researchers and revenue authorities in Ethiopia, Nigeria, Rwanda, and Uganda on improving tax compliance.[4]

The second challenge is to ensure that policy solutions are deeply contextualised, especially in their understanding of fragility and the vulnerabilities it creates. The pandemic and the response to it has stimulated context-specific discourse on public expectations of authorities, crucial trade-offs, and the interests at play in how the post-Covid future is imagined. Understanding these contextual factors requires sharper and more rapid political and social analysis that takes greater account of public discourse and popular claims. This kind of analysis is critical to understanding how policy initiatives conceived at the centre are likely to 'land' at the local level.

3.2 Transformative governance in the longer term

3.2.1 Progressive taxation

As governments across the world seek to raise additional revenue to deal with the costs of the crisis, there are concerns that the informal sector is likely to become the target of new efforts to raise public revenue in the medium term. In some countries, such as Algeria, this has already been part of the government discourse on financing the recovery (Hamadi 2020). Expanding taxation of the informal sector not only introduces an additional burden on economic sectors that have been hit hardest by the crisis, but it is also inefficient and the revenue potential is limited (Gallien and van den Boogaard 2020b).

Instead, guided by an equity principle, governments should focus on taxing the rich, who are often largely untaxed. Recent research has shown that many high net worth individuals (HNWIs) in Africa are not registered taxpayers and, even when they are, they do not pay all the tax that they should, by law, be liable for. The Covid-19 crisis presents a compelling case for governments to focus on taxes that target the richest segments of society, such as property taxes or personal income tax, while exempting other groups through the introduction of minimum thresholds: research suggests that exempting the bottom 50 per cent from property tax payment would only reduce revenue by 10–15 per cent. Some argue that this could also be extended to up to 80 per cent of households being exempted from taxes during a crisis (Moore and Prichard 2020). Tax revenue from the rich has proved to be a good and stable source of funding in countries that have tapped it. Uganda, one of the few African countries to actively engage in taxing HNWIs, collected over US$5.5m within the first year of establishing an HNWI unit.[5]

This may also be a good time to introduce progressive tax measures for climate change, such as taxes on damaging

carbon emissions and other pollutants that are long overdue. They could be designed to raise new revenue for governments through businesses that have been stable or even grown during this time, while minimising costs to more vulnerable households or businesses through rebates or other supports.[6]

3.2.2 Inclusive and networked decision-making

Inclusive governance speaks to two distinct but related processes: (a) ensuring that the voices of vulnerable and marginalised groups are heard within decision-making arenas to ensure that policies work for them; and (b) that decisions are made collaboratively with a variety of actors from the state, civil society, and the private sector.

On the inclusion of marginalised voices, local governments are especially well placed to connect states and citizens, and to plan inclusively. Mechanisms for the inclusion of marginalised groups in decision-making processes can vary by context and the particular politics of exclusion. What works in one place may not work effectively in another, and what may work well for one excluded population group may not work for another. Such variation reduces the value of centralised planning and requires more contextualised and differentiated policy responses, possibly designed at lower tiers of government – but this is where capacity is lowest. Local governments' ability to inclusively aggregate demands through locally elected representatives, and ensure that these match the objectives and design of local public service delivery, can be strengthened either through the reform of local government systems or through capacity building (Khan Mohmand 2018).

An important principle here is to ensure that participation is encouraged by local governments not for the sake of participation, but for the sake of contributing to actual decision-making. Such initiatives work better if they have the support and recognition of, and closer engagement with, civil society organisations (CSOs) that have strong links with local communities. A study conducted in Brazil on public services implemented by local governments, such as health, education, and social assistance, found that certain dimensions of state capacity are associated with variations in levels of human development. Three dimensions of state capacity stand out in particular: the ability to plan, the number of participatory forums, and the extent of collaboration with other municipalities and non-state actors. In other words, the results suggest that human development indicators are higher in municipalities where local bureaucrats plan locally and inclusively, and where they build networks of cooperation with NGOs, local CSOs, and the private sector (Coelho, Guth and Loureiro 2020).

Evidence suggests that networked governance – regular and consistent deliberation and alliances across state, civil

society, research institutions, and the private sector – can help advance goals of inclusive decision-making and transformative development (Aceron and Isaac 2016). Network governance depends on sustaining or building space for civic action independent of the state in the first place. However, civic space has been shrinking under pressure from authoritarian practices around the world. The aftermath of the pandemic, as a crisis, may provide opportunities for collaborative action and coalition building around emerging opportunities for reforms that might work to mitigate the impact of authoritarian practices. For example, the Pyoe Pin programme in Myanmar was instrumental in establishing a highly resilient cross-sector coalition of national NGOs and grass-roots CSOs to engage with the government during its transition from military rule. Based on local staff knowledge, issues were carefully selected that were expected to find support among reformists in government at different levels. The programme identified tangible issues that coalitions for change could be built around to improve governance relationships even within difficult political conditions (Anderson, Fox and Gaventa 2020).

3.2.3 Feminising the bureaucracy

A particularly positive change could be the feminisation of decision-making spaces through increasing the number of women and 'femocrats' (feminist bureaucrats) within the bureaucracy (Goetz and Jenkins 2016).[7] Having more women involved in public policy design and implementation, particularly in service delivery, has multidimensional value. There is instrumental value, because women in bureaucracy help improve services for female users by being more responsive to their needs and encouraging women to access services more. In fact, women as service providers improve access to services for both women and men, with several examples in education, health, water and sanitation, and agriculture showing that their impact is greater than that of men (Joshi 2012).

There is also intrinsic value to the feminisation of decision-making (see Nazneen and Araujo, this *IDS Bulletin*). Increasing the number of women in bureaucracies can help make organisational culture more gender sensitive, as well as influencing the perspectives and thinking of male colleagues. Finally, a greater number of women visible as service providers can encourage other women to aspire to public service, making it more acceptable as a career option, especially in more patriarchal countries where women's access to public spaces is severely constrained.

3.2.4 Accountable authorities

Accountability relationships between citizens and states lie at the heart of governance processes. Accountability means that states deliver on the social contract, and people are able to monitor performance – concepts that have been called into question during the pandemic. Efforts to strengthen accountability need

to work both on the technical side of creating the right tools for engagement and ensuring capacities to deliver (as above), and also on the political processes and underlying incentive systems for connecting with citizens. Reforms that are likely to be successful will require working on these aspects together: strengthening the post-pandemic social contract through increasing capacities and the legitimacy of state institutions, as well as enabling societal actors to take on the task of monitoring the state.

Following the fracturing effects of the pandemic, lessons can be drawn from the literature on post-conflict rebuilding of state–society linkages. A recent review of approaches to governance in post-conflict contexts suggests that actions that strengthen delivery of public goods are important in strengthening both the accountability and legitimacy of state institutions (Justino 2018). This might be particularly important in contexts where the pandemic has seen a surge in alternative authorities filling service provision gaps left by state actors. The crucial caveat is that such provision must be demonstrably fair and arrived at through inclusive decision-making to avoid exacerbating or creating conflict between different groups.[8]

Interventions in this area could include a focus on three specific mechanisms to strengthen accountability. First, political processes of accountability could be strengthened by enhancing the capacity of people and civic groups to engage with authority. This would include ensuring freedom of speech and association, and an independent media. Second, credible sites of engagement could be established. These could be 'invited spaces', such as citizen assemblies that are set up at the local level to invite citizen input on budgeting processes. Mechanisms could also include systems for making public complaints and claims, such as rights to petitions, referendums, public debates, citizen initiatives, and citizen assemblies. This can work especially well for marginalised groups. Evidence from Brazil and India shows that local assemblies or meetings that gather citizens with the explicit purpose of planning municipal priorities are attended more by marginalised social groups; and that organising such deliberative spaces can improve the targeting of delivery and resources to those who need them the most.

Finally, institutions that act unaccountably have to face sanctions for accountability processes to be credible. Thus, investigatory bodies, grievance-redressal mechanisms, and even perhaps court processes need to be expanded and amended to make space for enforcement to happen. We have evidence from around the world that courts can be a strong tool for enforcing accountability.

4 Looking ahead

Building a strong governance response to the pandemic requires that governments collect revenue progressively and efficiently; and that they spend it effectively, inclusively, and accountably where it is most needed. The suggested actions in this article are closely related to one another. They outline a space for action on expanding the capacity of national and local governments through having access to sufficient resources, data, and information to be able to prioritise vulnerable population groups through interventions that are based on good evidence, are inclusively designed, and which respond to their most important needs. Overall, they converge on the central need for better systems of coordination, data collection and maintenance, and decentralised planning.

Afterword

This article builds on a Positioning Paper (Khan Mohmand 2020), written in August and has a broadened focus beyond interventions largely targeted at funder agencies, which was a central focus of the previous paper. It deepens the exploration of the ways in which we expect state–citizen relationships to be impacted by the pandemic, especially in political contexts impacted by inequality, polarisation, and shrinking civic spaces. This article examines the vertical and horizontal relationships between state institutions, between governments at different levels, and between these institutions and people, and how they interact to create a set of risks and opportunities for effective and inclusive governance.

Notes

* This *IDS Bulletin* issue has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. It was produced as part of the Strategic Partnership between Irish Aid and IDS on Social Protection, Food Security and Nutrition.

† The author would like to thank Irish Aid for financially supporting this analysis, and two anonymous referees for their very helpful comments.

1 Shandana Khan Mohmand, Research Fellow, Institute of Development Studies, UK.

2 There is some debate around this (see Rauh 2020) but one that also indicates that trust levels are connected to recent events.

3 See ILO (2020) for a discussion on women in the informal sector in India.

4 See McCluskey and Nalukwago Isingoma (2017) for details of this collaboration.

5 See Kangave *et al*. (2018) for details of the Uganda case.

6 See Christensen (2020) and Moore and Prichard (2020) to read more on this.

7 A 'femocrat' is a feminist bureaucrat, that is, a bureaucrat who believes in gender equality and does something to achieve it on a personal, political, economic, and social level.

8 See McCullough *et al*. (2019) on why service provision may not always buy the state legitimacy after a crisis.

References

Aceron, J. and Isaac, F. (2016) ***Going Vertical: Citizen-Led Reform Campaigns in the Philippines***, Making All Voices Count Research Report, Brighton: Institute of Development Studies (accessed 4 December 2020)

Allcott, H. *et al.* (2020) 'Polarization and Public Health: Partisan Differences in Social Distancing During the Coronavirus Pandemic', *Journal of Public Economics* 191: 104254

Anderson, C.; Fox, J. and Gaventa, J. (2020) ***How Do Donor-Led Empowerment and Accountability Activities Take Scale into Account? Evidence from DFID Programmes in Contexts of Fragility, Conflict and Violence***, IDS Working Paper 536, Brighton: Institute of Development Studies (accessed 4 December 2020)

Andrews, M.; Pritchett, L. and Woolcock, M. (2017) *Building State Capability: Evidence, Analysis, Action*, Oxford: Oxford University Press

Ang, Y.Y. (2016) *How China Escaped the Poverty Trap*, Ithaca NY: Cornell University Press

Brück, T.; Ferguson, N.T.N.; Justino, P. and Stojetz, W. (2020) *Trust in the Time of Corona*, WIDER Working Paper 2020/82, Helsinki: UNU-WIDER

Christensen, R.C. (2020) ***Covid-19 and the Fight Against Tax Havens: Opportunities and Risks for Developing Countries***, International Centre for Tax and Development Blog, 7 May (accessed 13 August 2020)

Coelho, R.; Guth, F. and Loureiro, M. (2020) 'Capacidades Governamentais Municipais e Desenvolvimento Humano Local no Brasil' [Local State Capacity and Human Development in Brazil], *Revista do Serviço Público* 71.4: 778–808

Crook, R.C. (2010) 'Rethinking Civil Service Reform in Africa: "Islands of Effectiveness" and Organisational Commitment', *Commonwealth and Comparative Politics* 48.4: 479–504

Dasandi, N.; Marquette, H. and Robinson, M. (2016) ***Thinking and Working Politically: From Theory Building to Building an Evidence Base***, DLP Research Paper 37, Birmingham: Developmental Leadership Program (accessed 13 August 2020)

Dutta, A. and Fischer, H.W. (2021) 'The Local Governance of COVID-19: Disease Prevention and Social Security in Rural India', *World Development* 138: 105234

Fisher, M. and Bubola, E. (2020) 'As Coronavirus Deepens Inequality, Inequality Worsens Its Spread', *New York Times*, 16 March

Gallien, M. and van den Boogaard, V. (2020a) ***To Fight Covid-19, Only the Formal Economy is Getting Tax Breaks. The Informal Economy May Be Asked to Foot the Bill***, International Centre for Tax and Development Blog, 8 April (accessed 13 August 2020)

Gallien, M. and van den Boogaard, V. (2020b) ***Unpacking Formalisation: The Need for a New Research Agenda on***

Taxation and the Informal Economy, International Centre for Tax and Development Blog, 21 April (accessed 13 August 2020)

Goetz, A.M. and Jenkins, R. (2016) ***Feminist Activism and the Politics of Reform: When and Why Do States Respond to Demands for Gender-Equality Policies?***, UNRISD Working Paper 2016-13, Geneva: United Nations Research Institute for Social Development (accessed 13 August 2020)

Hamadi, R. (2020) '**Régularisation de l'informel: un chantier colossal et vital**', *Algeria-Watch*, 3 May (accessed 13 August 2020)

Harring, N.; Jagers, S.C. and Löfgren, Å. (2021) 'COVID-19: Large-Scale Collective Action, Government Intervention, and the Importance of Trust', *World Development* 138: 105236

Harrison, T. and Kostka, G. (2019) 'Bureaucratic Manoeuvres and the Local Politics of Climate Change Mitigation in China and India', *Development Policy Review* 37.suppl 1: O68–O84

ILO (2020) ***COVID-19 Response: SEWA Cooperative Federation on Health, Livelihood and Social Protection Strategies for Immediate and Long-Term Relief among Informal Women Workers***, International Labour Organization, 29 March (accessed 13 August 2020)

Ingraham, C. (2020) 'Coronavirus Will Undermine Trust in Government, "Scarring Body and Mind" for Decades, Research Finds', *Washington Post*, 5 July

Jerven, M. (2013) *Poor Numbers: How We are Misled by African Development Statistics and What to Do About It*, Ithaca NY: Cornell University Press

Joshi, A. (2012) *Women at the Frontline of Service Delivery: A Concept Note*, New York NY: United Nations Development Fund for Women

Justino, P. (2018) 'Governance Interventions in Conflict-Affected Countries', *Journal of Development Studies* 55.7: 1364–78

Kangave, J.; Nakato, S.; Waiswa, R.; Nalukwago, M.I. and Zzimbe, P.L. (2018) '**Taxing High Net Worth Individuals: Lessons from the Uganda Revenue Authority's Experience**', *ICTD Summary Brief* 14, Brighton: International Centre for Tax and Development (accessed 4 December 2010)

Khan, M.; Roy, P.; Matin, I.; Rabbani, M. and Chowdhury, R. (2021) 'An Adaptive Governance and Health System Response for the COVID-19 Emergency', *World Development* 137: 105213

Khan Mohmand, S. (2020) ***Governance and Building Back Better, Positioning Paper***, Brighton: Institute of Development Studies (accessed 8 March 2021)

Khan Mohmand, S. (2018) '**Making Local Governance Inclusive for the "Leave No One Behind" Agenda**', *SDC-IDS Briefing Note* 5, Brighton: Institute of Development Studies (accessed 4 December 2020)

Kye, B. and Hwang, S.-J. (2020) 'Social Trust in the Midst of Pandemic Crisis: Implications from COVID-19 of South Korea', *Research in Social Stratification and Mobility* 68

Levitsky, S. and Ziblatt, D. (2018) *How Democracies Die: What History Reveals About Our Future*, London: Viking

Lewis, H. (2020) 'The Coronavirus is a Disaster for Feminism', *The Atlantic*, 19 March

Lührmann, A.; Gastaldi, L.; Hirndorf, D. and Lindberg, S.I. (eds) (2020) *Defending Democracy against Illiberal Challengers: A Resource Guide*, Gothenburg: Varieties of Democracy Institute/University of Gothenburg

Macdonald, D. (2019) '**Trust in Government and the American Public's Responsiveness to Rising Inequality**', *Political Research Quarterly* 73.4 (accessed 23 February 2021)

McCluskey, R. and Nalukwago Isingoma, M. (2017) '**ICTD Partnerships with African Revenue Authorities: Collaborating for Impactful Research**', *ICTD Summary Brief* 8, Brighton: International Centre for Tax and Development (accessed 4 December 2020)

McCullough, A. and Toru, S., with Syed, R. and Ahmed, S. (2019) *Why Services Won't Always Buy Legitimacy: Everyday Experiences of the State in Swat, Pakistan*, Working Paper 82, London: Secure Livelihoods Research Consortium, Overseas Development Institute

Moore, M. (2020) ***How Can African Tax Collectors Help Cope with the Economic Impacts of Covid-19?***, International Centre for Tax and Development Blog, 8 April (accessed 13 August 2020)

Moore, M. and Prichard, W. (2020) ***How Should We Tax After the Pandemic?***, International Centre for Tax and Development Blog, 26 May (accessed 13 August 2020)

OECD (2017) *Trust and Public Policy: How Better Governance Can Help Rebuild Public Trust*, OECD Public Governance Reviews, Paris: OECD Publishing

Peters, B.G. (2020) 'Designing Institutions for Designing Policy', *Policy & Politics* 48.1: 131–47

Porumbescu, G. (2017) 'Linking Transparency to Trust in Government and Voice', *The American Review of Public Administration* 47.5: 520–37

Rauh, J. (2020) 'Is Trust in Government Really Declining? Evidence Using the Sequential Probability Ratio Test', *Acta Politica*

Samaras, G. (2020) '**Has the Coronavirus Proved a Crisis Too Far for Europe's Far-Right Outsiders?**', *The Conversation*, 17 July (accessed 13 August 2020)

Sen, K. (2020) '**Five Ways Coronavirus is Deepening Global Inequality**', *The Conversation*, 18 August (accessed 18 January 2021)

Sharp, S. and Harrison, T. (2020) 'Adaptive Bureaucracies', in H. Fischer, M. González de Asis and A. Schneider (eds), *Changing Dimensions of the International Development System: New Realities and Working Differently to Overcome Delivery Challenges*, Berlin: Lit Verlag

Siddique, H. and Grierson, J. (2020) 'Historical Racism May Be Behind England's Higher BAME Covid-19 Rate', *The Guardian*, 16 June

This page is intentionally left blank

Glossary

A4EA Action for Empowerment and Accountability [UK]
A4NH Agriculture for Nutrition and Health [USA]
APHRC African Population and Health Research Center [Kenya]
APRA Agricultural Policy Research in Africa [UK]
ARISE Accountability and Responsiveness in Informal Settlements for Equity [UK]
ASHA/ANM Accredited Social Health Activists/Auxiliary Nurse Midwives
BAME black and minority ethnic groups
BASIC Better Assistance in Crises
BHESP Bar Hostess Empowerment and Support Programme [Kenya]
BJP Bharatiya Janata Party [India]
BRACED Building Resilience and Adaptation to Climate Extremes and Disasters
CDP Committee for Development Policy [USA]
CEPR Centre for Economic Policy Research [UK]
CHW community health worker
CORTH Centre for Cultures of Reproduction, Technologies and Health [UK]
COUNSENUTH The Centre for Counselling, Nutrition and Health Care [Tanzania]
CREID Coalition for Religious Equality and Inclusive Development [UK]
CSO civil society organisation
CSP Customer Service Point
CVD cardiovascular disease
CVE countering violent extremism
DBM double burden of malnutrition
DESA Department of Economic and Social Affairs [USA]
DFA Department of Foreign Affairs [Ireland]
EADD East Africa Dairy Development [Kenya]
EC European Commission [Belgium]
ECOSOC Economic and Social Council [USA]
ENA Ethiopian News Agency
EPHI Ethiopian Public Health Institute
FAO Food and Agriculture Organization of the United Nations [Italy]
FCDO Foreign, Commonwealth & Development Office [UK]
FDI foreign direct investment
FGM female genital mutilation
FoRB freedom of religion or belief
FSIN Food Security Information Network [Italy]
GAIN Global Alliance for Improved Nutrition [Switzerland]
GBV gender-based violence
GCRF Global Challenges Research Fund [UK]
GDP gross domestic product
GF Ghetto Foundation [Kenya]

GFDRR Global Facility for Disaster Reduction and Recovery [USA]
GPE Global Partnership for Education [USA]
GSDRC Governance and Social Development Resource Centre [UK]
HIV human immunodeficiency virus
HLPE High Level Panel of Experts
HNWI high net worth individual
ICG International Crisis Group [Brussels]
ICT information and communications technology
ICTD International Centre for Tax and Development [UK]
ICU intensive care units
IDP internally displaced person
IDRC International Development Research Centre [Canada]
IDS Institute of Development Studies [UK]
IFPRI International Food Policy Research Institute [USA]
IGC International Growth Centre [UK]
IISD International Institute for Sustainable Development [Canada]
ILO International Labour Organization [Switzerland]
IMF International Monetary Fund [USA]
INGO international non-governmental organisation
IOM International Organization for Migration [Switzerland]
IPA Innovations for Poverty Action [USA]
IPC Integrated Food Security Phase Classification [Kenya]
IRC Inter-Religious Council [Uganda]
ISIS Islamic State of Iraq and the Levant
ISST Institute of Social Studies Trust [India]
IVLP International Visitor Leadership Program [USA]
K4D Knowledge for Development
LIC low-income country
LMICs low- and middle-income countries
LSE London School of Economics and Political Science [UK]
LSHTM London School of Hygiene and Tropical Medicine [UK]
MERS Middle East respiratory syndrome
MoH Ministry of Health [Kenya]
MoHCDGEC Ministry of Health, Community Development, Gender, Elderly and Children [Tanzania]
MSJC Mathare Social Justice Centre [Kenya]
MSPARC Mathare Special Planning Area Research Consortium [Kenya]
NCHR National Commission for Human Rights [Pakistan]
NCSS Nairobi Cross-Sectional Slums Survey [Kenya]
NGO non-governmental organisation
NRLM-SHG National Rural Livelihood Mission-Self Help Group [India]
ODI Overseas Development Institute [UK]
OECD Organisation for Economic Co-operation and Development [France]
OHCHR Office of the United Nations High Commissioner for Human Rights [Switzerland]
OIE World Organisation for Animal Health [France]
OPHI Oxford Poverty and Human Development Initiative [UK]
PDS Public Distribution System

PI Principal Investigator
PPE personal protective equipment
PSNP Productive Safety Net Programme [Ethiopia]
R&D research and development
SARS severe acute respiratory syndrome
SDC Swiss Agency for Development and Cooperation
SDG Sustainable Development Goal
SDI Slum Dwellers International [Kenya]
SEWA Self Employed Women's Association [India]
SLURC Sierra Leone Urban Research Centre
SOAS School of Oriental and African Studies [UK]
SPARC Supporting Pastoralism and Agriculture in Recurrent and Protracted Crises [UK]
SRH sexual and reproductive health
SRSP shock-responsive social protection
SSHAP Social Science in Humanitarian Action Platform [UK]
TDHS-MIS Tanzania Demographic and Health Survey and Malaria Indicator Survey
TRLA Transformative Reflective Leadership Approach
UDHR Universal Declaration of Human Rights
UNAIDS Joint United Nations Programme on HIV/AIDS [Switzerland]
UNCTAD United Nations Conference on Trade and Development [Switzerland]
UNDP United Nations Development Programme [USA]
UNESCO United Nations Educational, Scientific and Cultural Organization [France]
UNFPA United Nations Population Fund [USA]
UNGA United Nations General Assembly [USA]
UNICEF United Nations Children's Fund [USA]
UNRISD United Nations Research Institute for Social Development [Switzerland]
UNSCN United Nations System Standing Committee on Nutrition [Italy]
UNTF United Nations Trust Fund [USA]
UNU-WIDER United Nations University World Institute for Development Economics Research [Finland]
USCIRF United States Commission on International Religious Freedom [USA]
V-DEM Varieties of Democracy
WaE Women against Extremism [UK]
WASH water, sanitation, and hygiene
WFP World Food Programme [Italy]
WHO World Health Organization [Switzerland]
WIEGO Women in Informal Employment: Globalizing and Organizing [UK]
WRO women's rights organisation

This page is intentionally left blank

institute of development studies

IDS Bulletin

Transforming Development Knowledge

Periodical ID statement The *IDS Bulletin* (ISSN 0265-5012 print) is published in four issues per year. Mailing agent: Gary Edwards, Institute of Development Studies, Library Road, Brighton BN1 9RE, UK. Tel: +44 (0)1273 606261 idsbulletin@ids.ac.uk

Postmaster Send all address changes to *IDS Bulletin*, Gary Edwards, Institute of Development Studies, Library Road, Brighton BN1 9RE, UK. Tel: +44 (0)1273 606261 idsbulletin@ids.ac.uk

Journal customer services For ordering information, claims and any enquiry concerning your journal subscription please contact Gary Edwards, Institute of Development Studies, Library Road, Brighton BN1 9RE, UK. Tel: +44 (0)1273 606261 idsbulletin@ids.ac.uk

Print details Printed in the UK by Nexus Design & Print Ltd, Studio 38, Adur Business Centre, Little High Street, Shoreham-by-Sea BN43 5EG, UK.

Delivery terms and legal title Prices include delivery of print journals to the recipient's address. Delivery terms are Delivery Duty Unpaid (DDU); the recipient is responsible for paying any import duty or taxes. Legal title passes to the customer on despatch.

ISSN 0265-5012 (print), 1759-5436 (online)

institute of development studies

Building a Better World: The Crisis and Opportunity of Covid-19

Editors **Peter Taylor and Mary McCarthy**

Volume 52 | Number 1 | March 2021

IDS Bulletin
Transforming Development Knowledge

'In response to Covid-19, business as usual will not get us to where we need to be. Creativity and collaboration offer a more hopeful and fruitful pathway forward. In addition to identifying urgent strategies and generating approaches to address short- and mid-term needs and challenges, this is also a time to explore and lay the groundwork for genuine transformation of ideas, policies, programmes, practices, and systems.'

ISSN 0265-5012 (print), 1759-5436 (online) DOI: 10.19088/1968-2021.100