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PROTECT
MALAWI

# ANALYSIS OF DATA INFORMING GOVERNMENT'S DECISIONS ON COVID 19 RESPONSE

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PROTECT is a partnership for knowledge and learning in three countries – Malawi, Kenya and Myanmar aimed at countering shrinking civic space, easing pressure on independent media and infomediaries, and enhancing transparency through empowered, independent and informed individuals and communities who demand that governments uphold their obligations in a protective and enabling environment.

In Malawi, PROTECT will focus on the unequal participation in society by women and marginalised groups. PROTECT in Kenya will strengthen and promote the ability of women in media and civil society to protect civic and media space and push for accountable and transparent governance at local and national level. In Myanmar PROTECT will tackle the intolerance which has fuelled so much recent violence in the country.

Above all PROTECT will increase the freedom to enjoy free, open and inclusive societies for many and will promote societies that thrive with diverse voices.







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**Foreword**

Hivos is an international development organization that seeks new solutions to persistent global issues. Hivos in a consortium with ARTICLE 19, Internews, and the International Center for Not-for-Profit Law (ICNL) is implementing the PROTECT (Protecting Rights, Openness and Transparency Enhancing Civic Transformation) program. The program is working on shifting the paradigm from unequal and closed societies towards free and open societies with civil society including media organizations, able to help people to hold governments to account.

The government's response to COVID-19 provides an opportunity to interrogate the data being used to inform decision making. Despite a growing understanding of COVID-19, more evidence is needed for successful continued prevention and treatment of infections. The importance of reliable data to address the growing need for data driven decision making cannot be gainsaid.

Hence, based on a study that was constituted in August 2020, this report provides a picture of available data informing government's decisions on the COVID-19 preparedness and response for the PROTECT programme in Malawi. Based on available data, reports, and other forms of resources, the report has presented current state, scope, and nature of data available to informing government's decisions on the COVID-19 pandemic in Malawi. The report has further presented recommendations that should be addressed in order to improve the reliability and availability of Covid 19 data in order to inform decisions that are being made to control the pandemic.

## About The PROTECT Programme

The PROTECT (Protecting Rights, Openness and Transparency Enhancing Civic Transformation) Consortium brings together four leading organisations: ARTICLE 19, Hivos, Internews and the International Center for Not-for-Profit Law (ICNL), working on shifting the paradigm from unequal and closed societies towards free and open societies with civil society including media organisations, able to help people to hold governments to account. The Consortium, alongside local and expert partners, aims at strengthening the foundations for an open society in three target countries: **Kenya, Malawi and Myanmar** by combining their worldwide expertise in the areas of Civic Space, Media Freedom, and Data Transparency.

The PROTECT programme is tackling several challenges in Malawi, one of them being that of the growing public demand for and government commitment to increasing transparency and accountability. However, accessing Open Data or Government Information remains a challenge for citizens, CSOs and the media. Even if data may be available, data literacy is limited in Malawi. As such, government, civil society, media outlets and infomediaries are all generally under-equipped to understand how to work with the data they have access to.

Therefore, PROTECT seeks to translate complex data into actionable information for marginalised groups including women and children, journalists and civil society. PROTECT also tries to address gaps in the available data on gender inequality, building the capacity of journalists and actors from vulnerable groups to access and use information to improve government accountability.

In order to do this, PROTECT is using five approaches to tackle each of the three countrys' context challenges, one of them being the Enabling the Power of Data. At national level many citizens in civil society, particularly women, face obstacles in utilizing the power and potential of data analysis to effect change. To understand gaps in mobilising data, and the gender-based information asymmetries, PROTECT uses a framework to reflect the value chain of public data - flowing from generation, to use, to action, and response. This programme intends to produce practical evidence on challenges facing open societies to inform other activities; support locally driven multi-stakeholder coalitions to bridge the supply-demand gap of data and support infomediaries and media to contextualise and 'translate' complex data into actionable information for broader segments of society and marginalized groups to act upon.

## EXECUTIVE SUMMARY

### (a) Introduction

The government's haphazard response to COVID-19 in Malawi provides an opportunity to interrogate the data being used to inform decision making. Despite a growing understanding of COVID-19, more evidence is needed for successful continued prevention and treatment of infections especially at preparation and decision making levels. Hence, the importance of reliable data to address the growing need for data driven decision making cannot be argued. A study was therefore sought to analyse the data informing government's decisions on the COVID 19 response to determine its reliability and validity. Mainly, the study attempted to a) Source for and examine the data informing government's management of COVID-19, **b)** Scrutinize disclosure of government's COVID-19 response plan, estimated budget and planned revenue, and **c)** Scrutinize the forecasting models and data that is influencing government's strategies, policies and expenditure including its COVID-19 response plan.

### (b) Methodology

In order to achieve the aforementioned research objectives, and being in the COVID-19 pandemic era, a desk-based research study was carried out relying more on usage of secondary data which was obtained from all relevant sources (identified through organogram in Figure 1) by retrieving it from archived data and published/non-published reports. Existing literature (grey and published) relevant to COVID-19 including the 2020 NCPRP were reviewed to identify key issues regarding COVID-19 preparation and response in Malawi and gauge them against guidelines as set by WHO. The desk review provided us with information on development of the protocol and associated data collection tools including interview guides. As such, additional data was captured through KIIs which were done virtually (by telephone interviews) and where not possible, physical meetings were arranged while maintaining social distancing measures. The desk review also helped us gather data on areas such as resource mobilization, allocation, and expenditure, how the government publishes such for public access, re-use and redistribution in accordance to open and **FAIR** data policies.

Any other digitally recorded qualitative data which were captured through KIIs were transcribed verbatim and imported into N-Vivo for analysis. Quantitative data that was captured from identified COVID-19 shared online database and KII questionnaires was exported to Stata for descriptive and inferential statistical analyses.

Further, trend analysis using auto-regressive integrated moving average (ARIMA) time series models have been designed in order to determine the situation of the pandemic in the country to reveal critical spotlights for government's intervention in terms of resource allocation. This has been done via a rapid assessment of potential indicators such as variations and patterns of case distribution across the country.

### (c) Key Findings and Observations

Our research findings were guided by the information sourced through policy documents, reports, webpages, and data gathered through KIIs [questionnaire available in Appendix]. The following are some of the key findings and observations;

- √ Data for decision making in terms of preparedness and response to COVID-19 in Malawi is available, however, not all is easily accessible for public use. It has to be probed, faced with resistance to get the financial expenditure data at national, district or cluster levels.
- √ Existing COVID-19 data is underutilized since most of the government's decisions are based on case trend models as provided by MoH-PHIM. There is lack of more in-depth analysis to the data and non-relatedness with the socio-economic data of the public.
- √ In some extent, part of the available data is cited as not timely and inaccurate.
- √ Information flow is mostly in urban areas and the channel of dissemination has been through social media, and this leaves out some vulnerable like people from the hard to reach areas (where there is no internet), women and the elderly.
- √ There exists some degree of self-interest to the COVID-19 data more especially from the government side unlike development partners thereby posing some barrier to access of information.
- √ The previous NPRP lacked an M & E framework making it difficult to track progress on public expenditure versus planned resources and outputs.

Through the conducted KIIs, it has been noted that a majority of COVID-19 messages are not tailored to address specific needs of the vulnerable for example women and youths.

### (d) Conclusion and Recommendations

Through the power of collective action, development partners have been supporting the government in the fight and response to the pandemic. Data on funds contributed by different donors to different sectors and operational partners has been readily available upon request and has also been shared on open UN platforms. Minutes for meetings for the different clusters (Education, Nutrition, Transport, Logistics and Communication, Agriculture, WASH, Protection, Shelter and Camp management, Health, Risk communication and community Engagement) can also be readily found on a shared database The World Bank in collaboration with the National Statistical Office has recently published (on 7th August) the results and data for the high frequency phone survey on Covid-19 which are expected to inform evidence-based policies that may help mitigate the effects of this disease .

For example, as of August 14, the Office of the UN Resident Coordinator in Malawi had shared on its website their 22nd update on the COVID-19 Situation in the country as well as their 13th update on Covid-19 communications which carried contributions towards work on the pandemic by UN agencies in the country and their NGO partners. The website for the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) also has comprehensive data on financial tracking and other indicators that are being reported by the other UN agencies.

However, this research has established that while a wide range of data exists in Malawi [whether publicly accessible or not], when making decisions, the government relies more on COVID-19 data as displayed by the MoH through PHIM as a guiding tool without doing a thorough analysis of data from other sources which directly address the social and economic well-being of the public. For example, while the government has been on the trying to suppress the rising of cases through ban of public local markets, reports by UNICEF and CFSC seem to indicate that a majority of the Malawians living on wages in urban areas are facing financial challenges due to low turn up of customers at such markets. In addition, there is lack of further in-depth analysis on existing or reported COVID-19 health data in accordance to socio-demographic characteristics. For example, through some data disaggregated analysis we partly demonstrated in this study, we observed that the ratio of testing centres to population density is quite low in highly populated districts such as Mangochi than Likoma signaling a high probability of death due to COVID-19 in the former than the latter district (see Figure 8, Figure 9, and Table 3). Consequently, without such analyses, certain decisions made by the government on resource allocation may lack a more grounded basis.

We therefore recommend that both the government and development partners should put deliberate efforts to promote use of local channels of information such as churches to make COVID-19 data more accessible and re-usable for decision making for everyone. However, let there be an extended study to evaluate authenticity of existing channels of COVID-19 information flow from the government to the public. Further, resistance to provision of data to the public upon request should be condemned as guided by the law (Access to information-ATI) and in accordance to FAIR data principles as signed and endorsed by the global community including Malawi. Lastly, let the majority of COVID-19 messages be tailored to addressing specific needs of the vulnerable for example women and youths and that these two categories of the population be well represented at every planning, execution and decision making stages related to COVID-19.

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https://drive.google.com/drive/u/1/folders/1G3OmakdygLX4KNrxd39-DFsfzIXn-_3n
https://microdata.worldbank.org/index.php/catalog/3766/data-dictionary
https://www.humanitarianresponse.info/en/operations/malawi/hdx-datasets#table/1

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**List of Abbreviations and Acronyms**

| | |
|---|---|
| COM | College of Medicine |
| COVID-19 | Coronavirus Disease 2019 |
| CSO | Civil Society Organization |
| DCE | Domasi College of Education |
| DEHO | District Environmental Health Officer |
| DoDMA | Department of Disaster Management Affairs |
| DSC | Disease Surveillance Coordinator |
| ECM | Episcopal Conference of Malawi |
| EOC | Emergency Operation Centre |
| FAIR | Findable, Accessible, Interoperable, and Reusable |
| FEWS NET | Famine Early Warning Systems Network |
| HCT | Humanitarian Country Team |
| ICCG | Inter-Cluster Coordination Group |
| ICU | Intensive Care Unit |
| INGO | International Non-Governmental Organisation |
| KIA | Kamuzu International Airport |

| | |
|---|---|
| M E | Monitoring & Evaluation |
| MLW | Malawi Liverpool Welcome Trust |
| MoEST | Ministry of Education, Science and Technology |
| MoH | Ministry of Health |
| NCE | Nalikule College of Education |
| NDPRC | National Disaster Preparedness Relief Committee |
| NPRP | National Preparedness and Response Plan |
| OG | Open Government |
| PDD | Public Demand Driven |
| PHIM | Public Health Institute of Malawi |
| PPE | Personal Protective Equipment |
| SARS | Severe Acute Respiratory Syndrome Coronavirus |
| TNM | Telekom Networks Malawi |
| UNICEF | United Nations International Children's Emergency Fund |
| WB | World Bank |
| WFP | World Food Programme |
| WHO | World Health Organisation |

PROTECT

# INTRODUCTION AND BACKGROUND

## 1. INTRODUCTION AND BACKGROUND

COVID-19 pandemic has presented a unique challenge, threatening the lives and livelihoods of millions of people around the world in particular the elderly and pregnant women. Being a novel virus, heretofore unknown in the international health sector, the coronavirus has raised innumerable questions and speculations among people about its nature, functionality, and effects on human beings. Consequently, fear and panic has not only been seen in individuals but also governments globally including Malawi. The increase in panic, however, has led into most governments making decisions haphazardly thereby facing non-compliance and total resistance by the public to follow COVID-19 set precautionary measures or guidelines. Government's decisions have been based on either the rise in reported figures of registered COVID-19 cases or by mere copying of measures implemented by other sister countries without carefully analyzing the problem locally, or even making the public actively participate in decision making process. This has led into exclusion of the citizens, in particular the vulnerable, women and children in accessing data locally and also participating in decision making to address the pandemic.

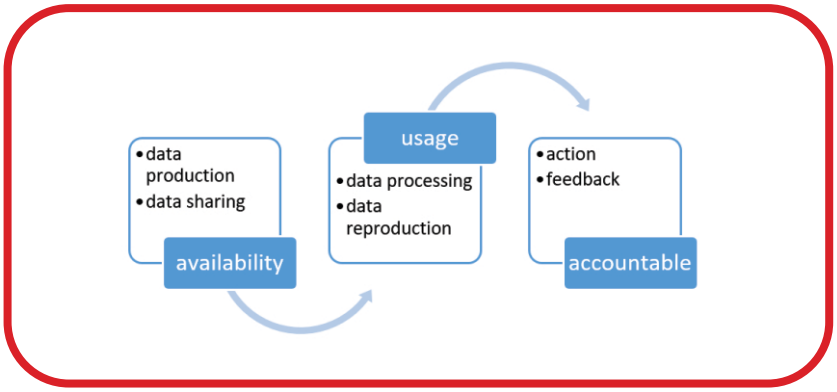



*Figure 1 : Open data framework, Source: Carolan, 2017*

However, research has shown that preparing for and responding to COVID-19 in Malawi will require collaboration between state government, local governments, research universities, technologists, citizen scientists, and other members of the public. In other words, COVID-19 is a global and society issue that requires an open government to address. However, there are issues to address in order to make this a joint success. One key issue is that of making COVID-19 decision making data and any other related data open and FAIR in accordance with data pipeline principles presented in **Figure 1.**

Liu K, Chen Y, Lin R, & Han K. (2020). Clinical feature of COVID-19 in elderly patients: comparison with young and middle-aged patients. *J Infect*. 2020:1–12.

Yan, J., Guo, J., & Fan, C., *et al*. (2020). Coronavirus disease 2019 (COVID-19) in pregnant women: A report based on 116 cases. *American Journal of Obstetrics and Gynecology*, *2019*. https://doi.org/10.1016/j.ajog.2020.04.014

Komesaroff, P. & Kerridge, I. (2020). The coronavirus pandemic is forcing us to ask some very hard questions. But are we ready for the answers? *The Conversation US*. Accessed on 9/6/2020. https://theconversation.com/the-coronavirus-pandemic-is-forcing-us-to-ask-some-very-hard-questions-but-are-we-ready-for-the-answers-132581

Open government (OG) is a system of governance aimed at broader involvement of citizens to public debates and decision-making processes. At the core of OG is transparency, participation and collaboration achieved through data openness. Open data entails free and open access to data, information, knowledge and sources with limited legal and technical restrictions for circulation and reuse. Wider use and easier circulation of public data promotes awareness and distributed ability to interpret complex phenomena i.e. COVID-19, fosters trust in, transparency and accountability of public institutions, collaboration with and participation of multiple stakeholders. According to Vetro et al.[13], infomediaries can interpret data and present them effectively to the general public, increasing access, linkage with other data and opportunity for engagement

Nesmeyanova, S. E., et al. (2018). Open Government and Human Rights. *Russian Juridical Journal Electronic Supplement*, **5**(2018):5-14
Geiger C.P. & Lucke J. (2012).Open Government and (Linked) (Open) (Government) (Data). *Journal of Democracy* **4**(2): 265-278
Carolan, L. (2017). Mapping open data for accountability. Transparency and Accountability Initiative and the Open Data Charter
Vetro, A., *et al*. (2016). Open Data quality measurement framework: Definitions and application to open Government Data. *Government Information Quarterly.* **33**, 325-337
Janssen, M, *et al*. (2012). Benefits, adoption barriers and myths of open data and open government **29** (4) *Information Systems Management* 258 -268. Ulbaldi, B. (2013). Open government data : Towards empirical analysis of open govern data initiatives Technical Report OECD Publishing

and accountability. This makes decisions, actions and their consequences visible and comprehensible. Further benefit includes innovation and economic growth as citizens develop new ideas, products and services due accessible data. This is only possible where the data made available is of high quality that is,fit for use.

While the advantages of OG are many (see **Figure 2**), there may be several challenges for releasing COVID-data as open data for government due to technical, legal and cultural barriers. For example, due to stigma and discrimination faced by the health care providers from community members, the situation is retarding the process of sharing COVID-19 openly to the public. On the technical front, government must format data according to common metadata standards to ensure adequate de-identification. On the legal fronts there are privacy concerns regarding re-identification and exposure of personal details of individuals contravening

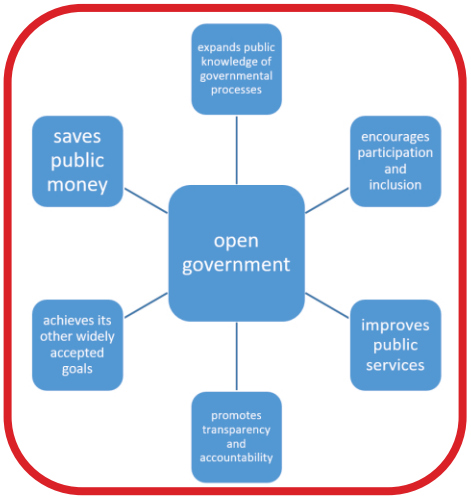



*Figure 2: The Impact of Open Government: Assessing the Evidence*

national privacy legislation. There may also be digital inequalities to access the data and to draw insights from it based on gender and economic inequalities. The other challenge may be the public service culture of secrecy and thus prevent release of public information. For instance, while it was announced that the government would make cash payments ($ 50 each) to support Malawians who normally depend on the markets for their livelihood to help them survive a proposed lockdown, and to persuade vendors to close shops, none of such data of beneficiaries has been put to disclosure.

Motivated by the state of data non-disclosure and exclusion of the public in decision making, this study therefore sought to analyse the data informing government's decisions on the COVID-19 response in Malawi to determine its reliability and validity.

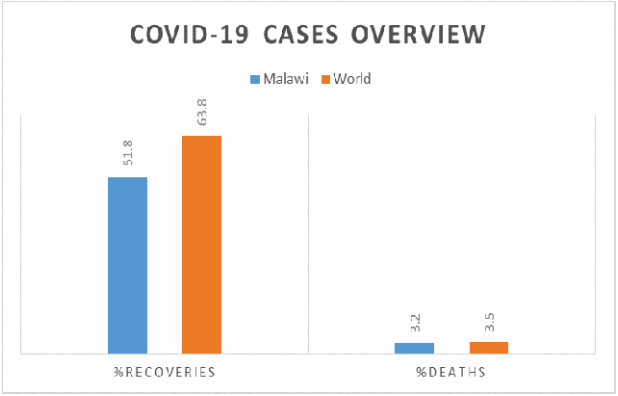
Wang, R., & Strong, D. (1996). Beyond accuracy; what data quality means to data consumers. *Journal of Management Information systems,* **12** (4)
Keiran H. & Alana M. (2016). Opening up government data for Big Data analysis and public benefit. Computer Law and Security Review **33** (1) 33
Masina, L. (April, 2020). Malawi Health Workers Face Stigma, Discrimination over COVID-19. Voice of America. https://www.voanews.com/covid-19-pandemic/malawi-health-workers-face-stigma-discrimination-over-covid-19
Masina, L. (April, 2020). Malawi President Announces New Measures Against Coronavirus. Voice of America. https://www.voanews.com/covid-19-pandemic/malawi-president-announces-new-measures-against-coronavirus

## 1.1 COVID-19 Pandemic In Malawi

Malawi registered its first Covid-19 case on April 2nd, 2020, and as of August 15th, it had confirmed a total of 5026 cases and 157 deaths (See **Figure 1**). Going by the statistics published by WHO on August 15th, Malawi was second to South Africa (587, 000 cases and 11, 839 deaths) in the SADC region with the highest number of COVID-19 cases. Currently, case fatality rate for COVID -19 in Malawi is almost as at global level (3.2% and 3.5% respectively) (see **Figure 3**).

*Figure 3: COVID-19 Cases Overview, Malawi comparing with World reported Statistics as of August 17th, 2020*

| | Confirmed | Recovered | Deaths | %Recoveries | %Deaths |
|---|---|---|---|---|---|
| **Malawi** | 5072 | 2626 | 161 | 51.8 | 3.2 |
| **World** | 21800000 | 13900000 | 773000 | 63.8 | 3.5 |



The disease has not only brought fear, but it also poses a huge burden to the health systems as it requires dedicated personnel, isolation space, personal protective equipment (PPE), oxygen, intensive care unit (ICU) beds, and ventilators among other resources. A lot has changed both in Malawi and worldwide since the emerging of the COVID-19 pandemic. Citizens are forced to embrace a new norm with recommendations in place such as standing at least 1 meter from each other; stop handshakes and staying at home among the many.

Montsho, M. (April, 2020). Malawi records first Covid-19 cases. African News Agency/ANA, https://www.iol.co.za/news/africa/malawi-records-first-covid-19-cases-46071876
World Health Organisation. (Aug, 2020). Coronavirus disease (COVID-19) Situation Report – 208. Accessed on 15/08/2020 https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200815-covid-19-sitrep-208.pdf?sfvrsn=9dc4e959_2
Asmundson, G.J.G. & Taylor, S. (2020). Coronaphobia: fear and the 2019 nCOV outbreak. *Journal of Anxiety Disorders, 70*, 102-196. doi: 10.1016/j.janxdis.2020.102196

### 1.1.1 Preparation For The Pandemic

Learning from neighboring countries and others in sub-Saharan Africa region such as Kenya, , and South Africa which were first to register COVID-19 cases in East and Southern Africa, the Malawi government began preparations for mitigating measures to control the spread of COVID-19 within the country even before the first case was registered. For example, on March 20th, 2020, Malawi declared a State of Emergency and a National Covid-19 Preparedness and Response Plan, budgeted at $213 million (K157 billion) was being developed in consultation with other public and private institutions including developmental partners (see Figure 4) aiming at preventing, detecting and responding to any COVID-19 outbreak in Malawi.

Testing had not yet started then
Government of Malawi-GoM. (March, 2020) National COVID-19 preparedness and response plan: Report. https://reliefweb.int/report/malawi/national-covid-19-preparedness-and-response-plan-march-june-2020

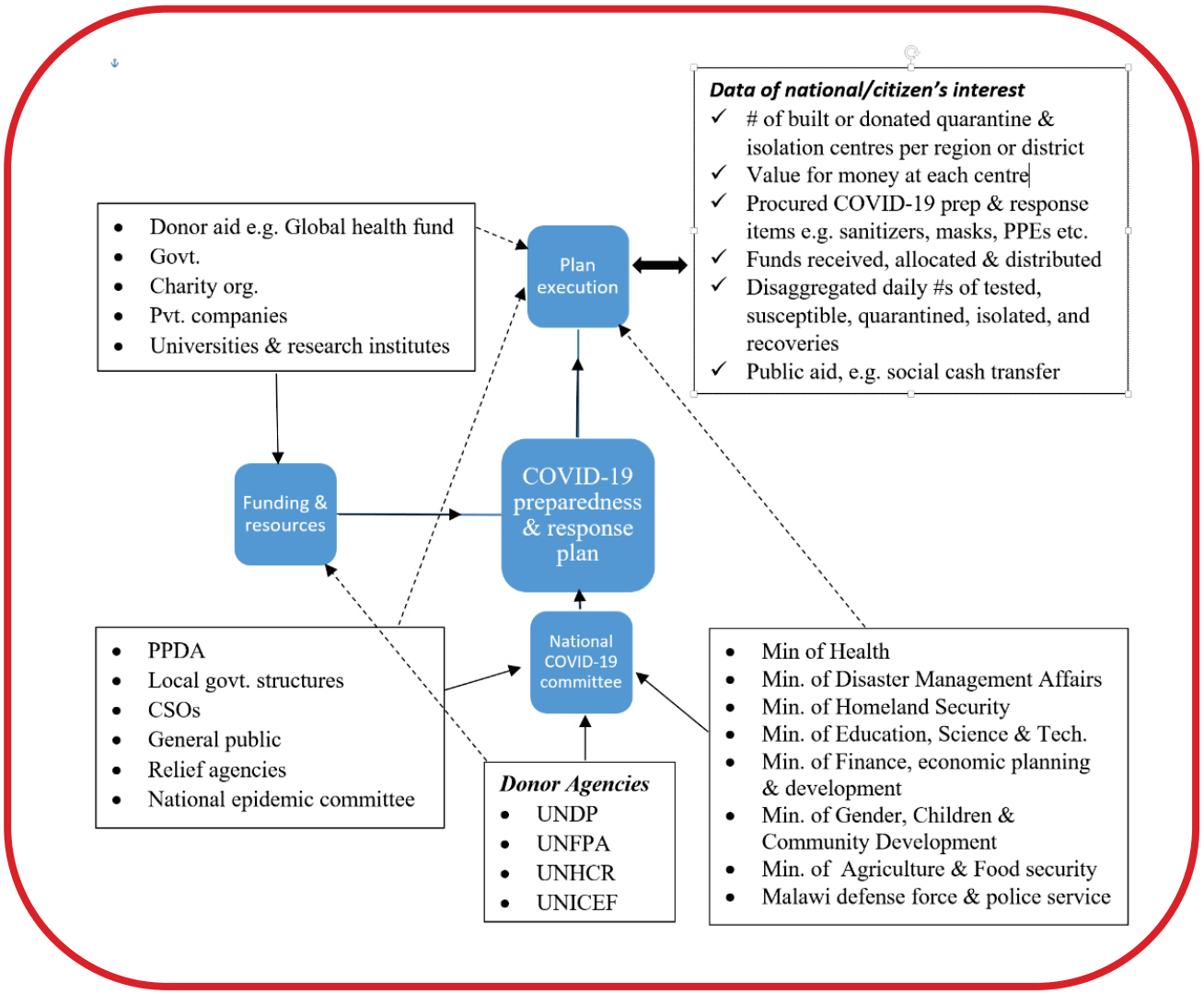



*Figure4: COVID-19 data sourcing strategy and organogram*

The response plan included US$20 million (K15 billion) in spending on health care and targeted social assistance programs, including the hiring of 2000 additional health care workers. The World Bank (WB) approved a US$ 37 million (K20 billion) funding package to cover payments of about US$ 50 (K36, 850) to 172000 households.

For example, as per database reports shared by UN-Malawi on Malawi Emergency Appeal financial tracking, it had been documented that since the onset of COVID-19, Malawi planned for US$ 345 million (K254 billion) across all the 10 clusters for operationalization. As of August 18th, US $ 261.3 million (K193 billion) (75.7 %) was reported as funded by either donors or operational partners (see**Figure 5**).

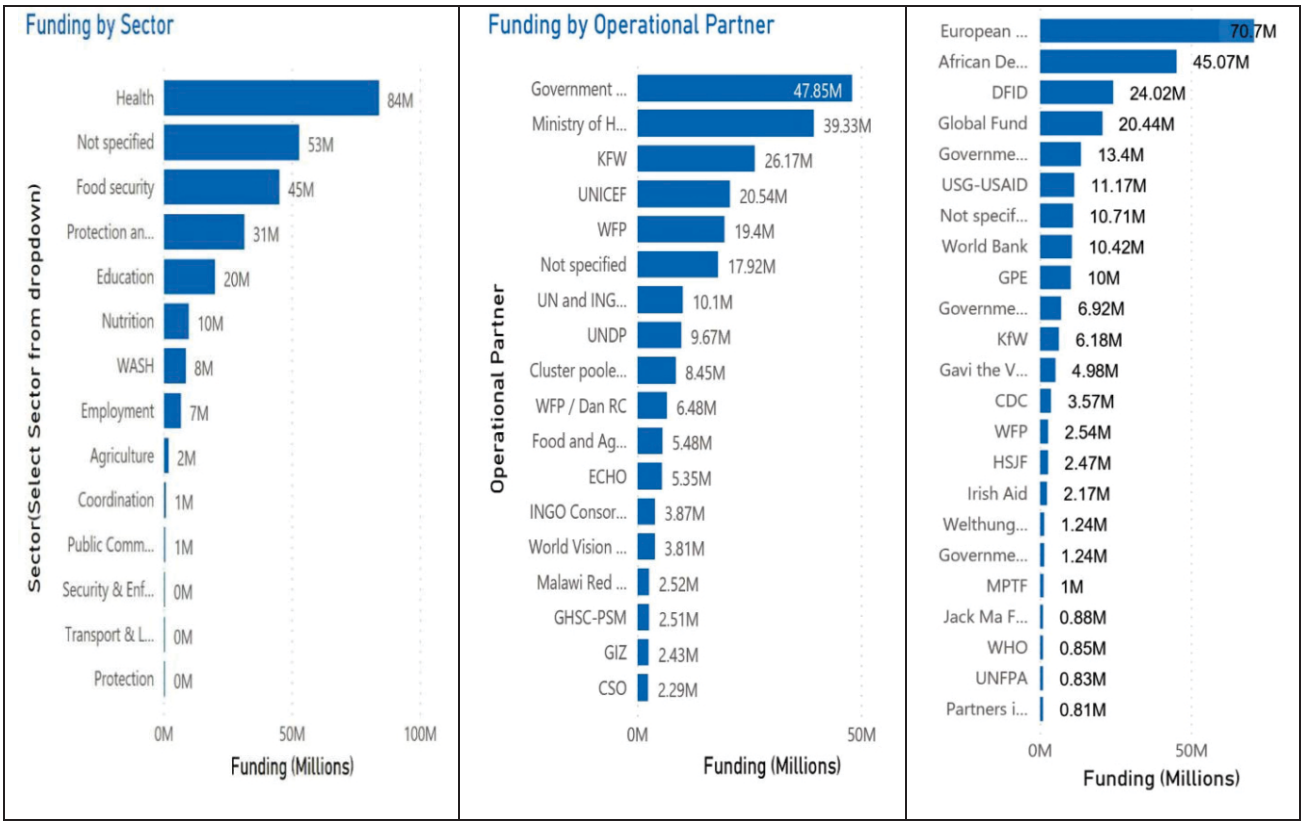



*Figure 5: Malawi Emergency Appeal Funding as reported by sectors, funded by operational partners, and funded by donors, respectively (Left to Right), source: UN-Malawi, as at August 18,* 2020

### 1.1.2 Response To The Pandemic

Despite having such a comprehensive and well detailed March-June 2020 National Covid-19 Preparedness and Response Plan (NCPRP), however, going through different sources of COVID-19 preparation and response data, our research found out that even though the first case was recorded in April 2020 in Malawi, serious implementations of the NCPRP did not begin earlier as it was expected by the public. Evidently, an open database for UNICEF indicates COVID-19 procurement of PPEs to support Malawi started in June 2020. This is not surprising since the first records of cases had coincided with an unstable political environment, following the nullified May 2019 presidential elections results which had polarized the country along regional, ethnic and political partisanship lines. During the three months of April, May and June, the political issue had further weakened and frustrated efforts and the mandate of the then government to effectively implement further-spread-prevention measures. Despite daily increase in cases and

https://drive.google.com/drive/folders/1oxoTo3sg4QjvCXxI1ow-KmRLboNC4Prv

Chitete, S. (2020) Malawi top court annuls presidential election results. Aljazeera, 3 February 2020. Accessed on 9/6/2020 from https://www.aljazeera.com/news/2020/02/malawi-top-court-annuls-presidential-election-results-200203060112731.html

publication of such information (cases), people including politicians went about attending and holding political mass rallies with very minimal regard to prevention measures like social distancing, frequent hand washing and wearing of masks, up until the voting day of June 23rd.

Because of the political polarization, Ministry of Health's taskforce committee on COVID-19 was not fully embraced by the general public, therefore weakening the authority of the information from the committee even when measures of lockdown, mandatory wearing of face masks, and social distancing were proposed. For example, an injunction against government's proposed 21 day-lockdown was invoked by the courts to minimize the economic impact it would bring on people. As such, the willingness of the people to seriously observe social distancing and consider wearing of face masks in public as COVID-19's first safety measures was eventually reduced. Due to laxity, evidently, the potential impact has been a steady rise of reported cumulative COVID-19 cases and deaths and an increase in community transmission beginning June 2020 (see **Figure 6).**

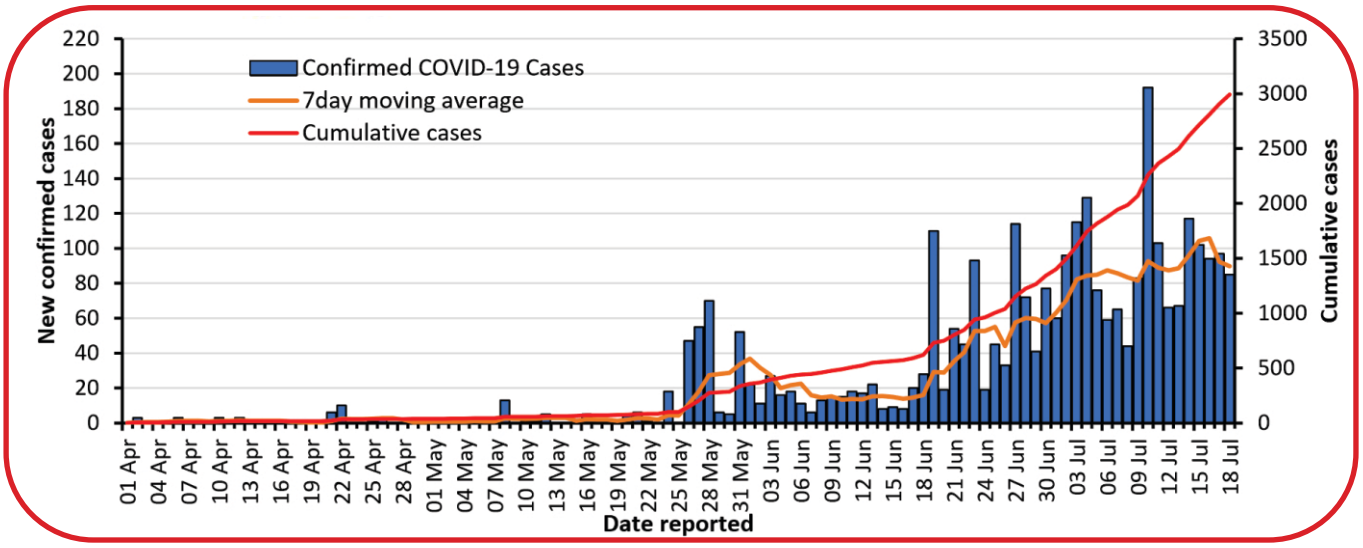



*Figure 6: New and cumulative confirmed COVID-19 cases in Malawi, Source: PHIM COVID-19 situation report*

Even though the government had faced resistance to some of its proposed decisions, such as a proposal to have the country under lockdown to restrict movements and public gatherings soon after the country had registered the first three cases on April 2nd, 2020, Malawi began looking into its National Covid-19 Preparedness and Response Plan to start responding to the pandemic. Such responses have been in form of procurement and distribution of PPEs with the help of development partners such as UNICEF and also making decisions at both individual and sector levels.

Gatenby, V. (April, 2020). Malawi: Workers relieved as court blocks COVID-19 lockdown plan. Aljazeera, 20 April, 2020. Accessed on 30/07/2020 https://www.aljazeera.com/news/2020/04/malawi-workers-relieved-court-blocks-covid-19-lockdown-plan-200420092511551.html

International organizations have also stepped in the COVID-19 fight . For example, UNICEF has since provided hand washing supplies, hygiene and medical kits to health facilities. It also engaged the media and stakeholders to tackle misinformation so that children, pregnant women and their families know how to prevent COVID-19. UNICEF has also supported the installation of 66 latrines at emergency treatment units, hospitals, returnee holding centres and border posts in some districts as part of the infection prevention and control measures.

Initially, COVID-19 testing was being done at College of Medicine (COM) and Malawi Liverpool Welcome Trust (MLW) both in Blantyre, but with support from UN partners, Malawi has at least 43 COVID-19 testing centres across the country. This sets an opportunity of wide testing of COVID-19. Returnee holding centres and isolation centres such as DCE have also been setup. Despite the problem of misinformation channeled by the public through social media, such as Facebook and WhatsApp, at the beginning of the outbreak in Malawi, the media (state and private broadcasters including registered Newspapers) has been a great resource in educating the population on the causes, prevention, and treatment of the disease. In addition, two giants network and service providers namely TNM and Airtel Malawi companies teamed up with MoH in providing platform for Toll-free numbers for the public to freely request for further information or ask for testing of the virus.

Masina, L. (May, 2020). UN in Malawi Launches Emergency Appeal for COVID-19 Response. Voice of America. https://www.voanews.com/covid-19-pandemic/un-malawi-launches-emergency-appeal-covid-19-response

World Vision Malawi. (2020). COVID-19 Response: The case of Malawi. https://www.wvi.org/stories/covid-19-response-case-malawi

Online Journalist. (July, 2020). UN Urges "One-Country-Approach" to Fighting Surging Covid-19 in Malawi. Zodiak Malawi Online, https://www.zodiakmalawi.com/nw/national-news/65-news-in-central-region/2157-un-urges-one-country-approach-to-fighting-covid-19-in-malawi

UNCT Malawi. (July, 2020). UN and partners scale up Covid-19 response in Malawi. The ReliefWeb. https://reliefweb.int/report/malawi/un-and-partners-scale-covid-19-response-malawi

Kainja, S. (2020). Misinformation on Covid-19. The Nation Newspaper available at https://www.mwnation.com/misinformation-on-covid-19/

Myers, M. (2011). Voices from Villages: Community Radio in the Developing World. A Report to the Centre for International Media Assistance, National Endowment for Democracy. Washington, D.C.

### 1.1.3 Decisions To Curb The Pandemic

#### 1.1.3.1 Individual level

Government, with guidance from WHO, has imposed a not less than 1-meter distance between individuals. Droplets from a coughing person might not travel as far as a meter, hence reducing the risk of reaching other individuals. However, the 1-meter rule does not apply only when one is coughing, it must be adhered

to at all times. This is quite a challenge for people who are used to interacting at much closer distances than this as per Malawian cultural values and norms.

In light of this, it is now mandatory to wear face masks in public places failing which an individual is liable for a fine of MK10, 000. An infected individual can transmit the virus even while not showing any symptoms. The virus can get transmitted into an individual via the eye, mouth or nose[11]. So, with the idea that "everyone is a suspect", wearing a mask either protects you or others from getting infected at all times.

Further, public gatherings of greater than 10 people are prohibited with the exception of churches and funerals which can have up to 100 people in attendance. Restaurants have been temporarily closed for on-serving customers but instead only allowable to serve takeaway while bars are given limited time of operations. Law enforcement agencies have been engaged to impose these sanitary regulations.

#### *1.1.3.2 Sector level*

Ministry of Health (MoH) started screening all travelers coming into the country either via incoming flights or by road. Due to an increase in COVID-cases, currently, the government has amplified screenings at the two international airports; Kamuzu International Airport (KIA) and Chileka International Airport, with now the former (KIA) being the only allowable entry and exit point whilst Chileka remains closed. Further, the MoH has intensified its screening of incoming passengers (both, by air and road) using a medical health questionnaire that all arriving passengers need to complete and get tested of COVID-19 within 48 hours upon arrival. Earlier on, symptomatic returning residents with a travel history to high risk countries in the preceding 14 days were taken to an isolation room at the airport for further medical investigation. Asymptomatic returning residents were referred for self-quarantine either at home or public designated isolation centres at Nalikule College of Education (Lilongwe), Kameza (Blantyre) or Domasi College of Education (Zomba), and be kept under daily check-ups for 14 days. However, from now onwards, the government plans to keep all returnees at specified hotels for 48 hours awaiting COVID-19 test results before being dispatched for either self-or-mandatory 14 day quarantine or in worst case, designated isolation centres.

Kizzi, A. (Aug, 2020). Coronavirus Cases on the Rise: New Strict COVID-19 Regulations in Malawi. AfricaNews. Accessed on 17/08/2020 https://www.africanews.com/2020/08/10/new-strict-covid-19-regulations-in-malawi/

Kalimbuka, S. (Aug, 2020). Communities plan to block South Africa returnees at Domasi Isolation Centre. Malawi24. https://malawi24.com/2020/08/05/communities-plan-to-block-south-africa-returnees-at-domasi-isolation-centre/

In education system, all schools, both private and public, including early childhood development centres, primary schools, secondary schools and universities have remained closed ever since the State of Emergency declaration on 20th March 2020. Number of officers in public offices has been limited to 20% (specifically to those that provide critical services). Despite caution by health experts , recently, the sitting president announced that learning institutions that would meet government's safety standards on coronavirus prevention should re-open by early September 2020 since their indefinite closures in March . However, this announcement comes barely few weeks after the same government, through Ministry of Justice (MoJ), gazetted laws to prohibit any gathering of more than 10 people including churches which saw a complaint by the Episcopal Conference of Malawi (ECM) of exclusion of church leaders in making such decisions .

Going by such government's dynamic and abrupt decisions in responding to COVID-19, except for the record of cases, it has not been clear to the public on which data is used in Malawi to inform government's decisions on the directives being put in place to manage the spread of the disease. Continued exclusion of the public in decision making during this pandemic has resulted into some form of resistance by the public to follow government's set COVID-19 measures such as mandatory wearing of face masks, non-public gatherings such as weddings and churches, social distancing, and even temporary lock-down.

It is against such background that our next series of assignments in this consultancy is to source for and examine data that the government is using to make decisions and strategies in preparation for and response to COVID-19 in Malawi. In particular, we set to probe for existence of public inclusiveness during decision making in line with required principles of Open government. In an OG, decisions are meant to be public demand driven (PDD) in order to empower the community's participation.

Faiti, O. (Aug, 2020). Expert urge caution over re-opening of schools in Malawi. NyasaTimes News. Accessed on 18/08/2020 https://www.nyasatimes.com/expert-urge-caution-over-reopening-schools-in-malawi/

Masina, L. (Aug, 2020). Malawi President Announces Plans to Reopen Schools in September. Voice of America News. Accessed on 18/08/2020 https://www.voanews.com/covid-19-pandemic/malawi-president-announces-plans-reopen-schools-september

M'bwana, L. (Aug, 2020). We were not consulted on new Covid-19 measures, but will comply"-Malawi catholic church. The Maravi Post. https://www.maravipost.com/we-were-not-consulted-on-new-covid-19-measures-but-will-comply-malawi-catholic-church/

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# COVID-19 DATA INFLUENCING GOVERMENTS DECISIONS IN MALAWI

# 2 COVID-19 DATA INFLUENCING GOVERNMENT'S DECISIONS IN MALAWI

## 2.1 Data Sources

We identified several possible data sources with the potential of leading the government in planning and responding to COVID-19 pandemic in Malawi. These sources that have been identified are either in form of online accessible platforms or in form of policy reviews and reports. Table 1 provides a picture of the status of available data that may influence government's decisions on preparation and response to COVID-19.

*Table 1: Data sources available for decision makers on COVID-19 planning & response in Malawi*

| Sr # | Data source | Link | Data description | Data type |
|---|---|---|---|---|
| 1 | PHIM under MoH | COVID-19 Dashboard by the Ministry of Health https://covid19.health.gov.mw/ | Daily # of COVID-19 tests, cases, recoveries and deaths | Excel-machine readable Online accessible |
| 2 | UN-RCO | Financial tracking tool | Emergency funds | Excel-machine readable Online accessible |
| 3 | UN-RCO | G-suit repository | Unknown, Google drive link | Excel-machine readable Online accessible |
| 4 | UN-RCO | 5W template | Who is Doing What, Where, When and with Whom | Excel-machine readable Online accessible |
| 5 | UNICEF | https://drive.google.com/drive/folders/1G3OmakdygLX4KNrxd39-DFsfzIXn-_3n | Resource procurement, support, & tracking | Excel-machine readable |

| | | | | | |
|---|---|---|---|---|---|
| 5 | UNICEF | https://drive.google.com/drive/folders/1G3OmakdygLX4KNrxd39-DFsfzIXn-_3n | Resource procurement, support, & tracking | ✓ Excel-machine readable<br>✓ Online accessible | |
| 6 | OCHA services | https://www.humanitarianresponse.info/en/operations/malawi/hdx-datasets#table/1 | Consumer price index | ✓ Online accessible | |
| 7 | CFSC | http://www.cfscmalawi.org/bnb.html | Commodity price data | ✓ PDF-Not machine readable<br>✓ Online accessible | |
| 8 | UNDP | https://www.mw.undp.org/content/malawi/en/home/library/malawi-covid-19-situation-update-.html | Emergency appeal data | ✓ PDF- Not machine readable<br>✓ Online accessible | |
| 9 | WB | http://documents.worldbank.org/curated/en/835161595529532367/Malawi-Economic-Monitor-From-Crisis-Response-to-a-Strong-Recovery | Economic monitor data | ✓ Online accessible<br>✓ PDF-Not machine readable | |

## 2.2 Data Disclosure

Analysis of identified data sources was done mainly to scrutinize whether such data sources are disclosed to the public or not. Here, disclosure was measured by the ability of the data source to be either open or FAIR.

### 2.2.1 Secondary data

- COVID-19 data as published by MoH through the PHIM. Through our research, we observed that such Epidemiological data is collected through various testing centers across the country. This data is then sent to the district focal team Disease Surveillance Coordinator (DSC) in the office of District Environmental Health Officer (DEHO) for consolidation and then gets transferred to the central team at national level. The national level then consolidates the data and disseminates it through various channels including social media, radio and TV. However, when shared to the public, this data is segregated only by sex and age.

- Unpopulated open source UNICEF database documenting the support they provide to Malawi across all the listed clusters. We found such platform rich with data related to efforts taken by development partners in addressing the pandemic. Of advantage, the platform remains open, with raw data being accessible and re-usable by everyone in machine readable format.
- The Malawi Emergency Appeal financial tracking tool as provided by UN-Malawi which is useful for comparison of any data we might get on financial support going down to COVID-19 clusters under various ministries including Health and Food security. Although we found such a database interactive through visuals, raw data was not accessible and therefore makes the platform data non-reusable or non-redistributable. However, upon request, access to such data remains possible.
- An open source platform on consumer price indices for the country, before and during the pandemic as shared by OCHA services also provided a comparison with our developed financial forecast models. Raw data is made available for download.

### 2.2 Policy Documents/Reports

- Key Informant Interviews with key informants responsible for different 10 clusters as listed in the 2020 NCPRP namely Education, Health, Communication, Food Security, WASH, Protection and socia support, Transport and Logistics, Employment and Labour force, Security, and Coordination was conducted. However, without probing, such data remains closed, inaccessible, and non-reusable because it is being possessed by the individuals and not available on cluster's digital platforms in machine readable form.

- Malawi population and housing census data as shared by the National Statistical Office. This is crucial for analyzing proportions of structured testing and isolation/quarantine centres versus the population density so as to provide guidance on whether the said COVID-19 preparation and response structures are optimally located or distributed across the country. Such data was accessible only upon request as most of it is still available in form of pdf reports. In other words, while the data is accessible, it is not directly in raw form for re-usability.

- Data of commodity prices [available with NSO and Centre for Social Concern] for Malawi basic commodities such as Maize, Beans, G/nuts etc. NSO runs economic surveys across the country that

https://drive.google.com/drive/folders/1G3OmakdygLX4KNrxd39-DFsfzIXn-_3n
https://app.powerbi.com/view?r=eyJrIjoiOGYwNmY2NDktNDM3Yi00NWU3LTlmYTItN2U2NjNiOTg4ZmM5IiwidCI6ImIzZTVkYjVlLTI5NDQtNDgzNy05OWY1LTc0ODhhY2U1NDMxOSIsImMiOjh9
https://www.humanitarianresponse.info/en/operations/malawi/hdx-datasets#table/1
http://www.cfscmalawi.org/bnb.html

aim at giving a snapshot of the major economic developments that have taken place in the last one year and gives a glimpse of what is to come ahead in the short to medium term. On the other hand, CFSC runs monthly "Basic Needs Basket" (BNB) survey [for both rural and urban areas] to assist for example government and parliamentarians use BNB as a tool for reviewing certain policies and basing their debate in Parliament on the performance of the Malawi economy. With CFSC, one can as well find data on budget tracking/monitoring and social auditing of cash transfers programmes which are targeting the poorest (the ultra-poor) who fail to acquire minimum daily food requirements. However, both urban and rural BNB data is only accessible in form of Microsoft word or PDF and not in machine readable format as monthly publications in two newspapers and circulated via e-mail to various organizations, including selected government ministries, and individuals. In addition, most of the available data is that BNB surveys conducted in the four major cities including Karonga and Mangochi, lacking data from other districts which are dominated by the rural community such as Dowa and Neno. Therefore CFSC data platform does not meet open and FAIR principles for public re-usability.

- Data from World Bank (WB) Malawi Economic Monitor (MEM) in form of reports are shared to the public via their webpage. However, such reports are only provided in form of PDF formats, such that no raw data is easily made available. For access to the statistics, the public has to sign up for it with login credentials. However, such reports contain data that both the government and public would access for re-usability in preparation for and response to COVID-19 economic impacts such as carrying out policies aimed at protecting the lives, livelihoods, and future of Malawians as the economy slows down due to COVID-19.

- Data from United Nations Development Programme (UNDP) in form of reports as shared to the public via their webpage. However, as is the case with WB webpage, data for COVID-19 preparation and response which either government or the public may use is only available in form of PDF reports. No raw data is openly shared. Further, except for the on-openly accessible April 2020 and May 2020 Malawi COVID-19 situation updates available on UNDP's webpage, we found no recent reports related to procurement or supply of essential health products (EHP). Yet, UNDP is a member of UN family that is supporting countries including Malawi in response to COVID-19 through including the procurement and supply of EHP, under WHO's leadership, strengthening crisis management and response, and addressing critical social and economic impacts.

- Data of consumer price indices as shared by OCHA Reliefweb Services with a compliment of PDF reports on COVID-19 influence on food and income gaps in Malawi urban areas. Despite the publishable PDF reports indicating that poor households in urban and peri-urban areas of Blantyre, Zomba, Lilongwe, and Mzuzu continue to face food and income gaps due to disruption of their normal livelihood activities during the COVID-19 pandemic as a result of revised guidance issued by the government including reiterating social distancing protocols, suspending mobile markets, and strengthening enforcement of other measures, such reports do not provide room for access to raw survey data for re-usability. Nonetheless, FEWS NET provides food security classification data, dating back to June 2009, which is available for download as regional GIS shapefiles and images.

http://www.cfscmalawi.org/bnb_pub.html
Saldarriaga, N., Miguel, A., Hettinger, P.S., Nyirenda,Y. L. (2020). *Malawi Economic Monitor: From Crisis Response to a Strong Recovery (English).* Washington, D.C.: World Bank Group.
http://documents.worldbank.org/curated/en/835161595529532367/Malawi-Economic-Monitor-From-Crisis-Response-to-a-Strong-Recovery
World Bank. (July, 2020). Malawi Economic Monitor: In Times of COVID-19, Protecting the Lives, Livelihoods and Future of Malawians. https://www.worldbank.org/en/country/malawi/publication/malawi-economic-monitor-in-times-covid-19-protecting-lives
World Bank. (July, 2020). New Economic Analysis for Malawi Forecasts Slow Growth Due to COVID-19. https://www.worldbank.org/en/news/press-release/2020/07/24/new-economic-analysis-for-malawi-forecasts-slow-growth-due-to-covid-19

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# DATA SCRUTINY

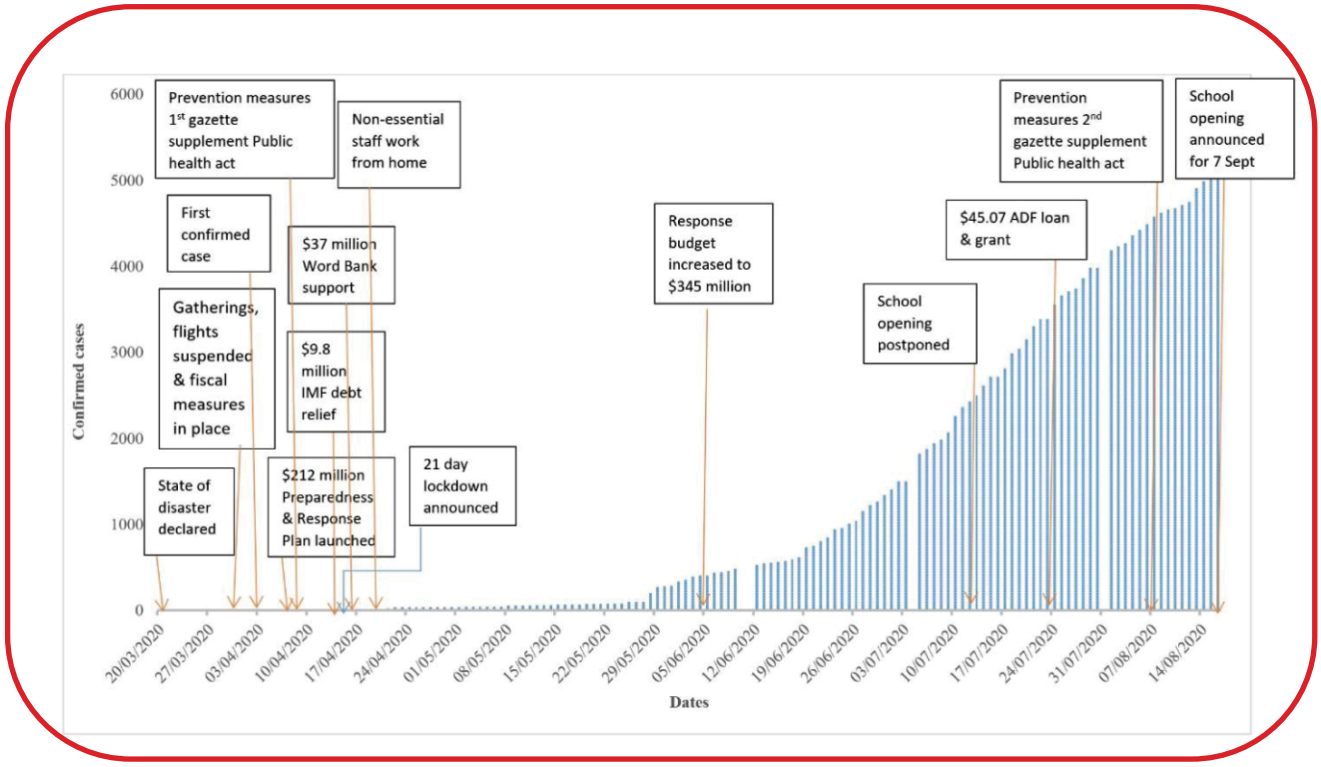
## 2.3 Data Scrutiny

### 2.3.1 COVID-19 data and Decision making

As earlier mentioned, a majority of government's announcements in form of decisions as regards to preparing and responding to COVID-19 in Malawi is based on COVID-19 case tracking by PHIM. This is clearly indicated by the analysis of the trend of recorded cases versus the decisions being taken since the on-set of the pandemic in Malawi (SeeFigure 7).

https://www.mw.undp.org/content/malawi/en/home/library/malawi-covid-19-situation-update-.html
https://www.mw.undp.org/content/malawi/en/home/coronavirus.html
https://www.humanitarianresponse.info/en/operations/malawi/hdx-datasets#table/1
https://reliefweb.int/report/malawi/malawi-key-message-update-impacts-covid-19-cause-food-and-income-gaps-urban-poor-july
https://reliefweb.int/sites/reliefweb.int/files/resources/Malawi%20-%20Key%20Message%20Update_%20Thu%2C%202020-07-30.pdf
https://fews.net/fews-data/333

*Figure 7: Daily timeline for confirmed COVID-19 cases and major policy responses, 20 March to 14 August 2020*



However, the decisions taken by the government have been so dynamic, raising eyebrows by the public as to whether such decisions are indeed data driven or not. For example, according to our analysis (Figure 7), a COVID-19 NPRP with a budget of US$ 212 million (K156 billion) was prepared in March and launched on April 8, as supported by the International Monetary Fund (IMF) approving debt service relief of US$ 9.8 million (K7.2 billion) on April 13, and the World Bank approving a US$ 37 million (K27 billion) package of COVID-related support on April 15 for Malawi. Thereafter, by June 4, the budget for the NPRP was increased to US$ 345 million (K254 billion), of which around three-quarters remain unfunded.

On April 14, the president announced a 21-day lockdown starting at midnight of April 18, a decision which was immediately challenged by the Human Rights Defenders Coalition (HRDC) through seeking of an injunction through the Malawi High court on April 17. Arguably, HRDC cited non-consultations with the public as the reason to stop such a decision which could harm to the poorest and most vulnerable of society. Due to an increase of COVID-19 reported cases by the end of June 2020, the plans of opening schools on 13th July were postponed. However, due to prolonged period of stay at home measure, resulting in an increase in numbers of reported unwanted pregnancies, through Ministry of Education, Science and Technology (MoEST), as of 27th August, the government announced the plans of school resumptions on 7th September reference to COVID-19 health guidelines and safety procedures for both learners and teachers.

### 2.3.2 COVID-19 Data Analysis

An increasing trend of COVID-19 cases in Malawi is not only the indicator for making decisions as rightly observed by the government. We noted some gaps which can help the government make well informed decisions using the very same COVID-19 data as collected and displayed by the MoH through PHIM. We conducted a few analyses to establish whether government is much cautious on how optimally resources such as PPEs or even planned revenue is allocated. These analyses are categorized as follows;

#### 2.3.2.1 COVID-19 Testing Centres Ratio Analysis

According to identified data sources, overall, the country has a total of 43 laboratories (COVID-19 testing centres). With a total human population of 17,563,749, the current estimated centre to population ratio is at 0.0024 per 1000 population. In other words, about 408,460 people per centre. Statistically, higher ratios (i.e. higher number of testing centres) may suggest high likelihood of the population within the area to access the testing centres within a short time or more conveniently. However, based on the values we found, the picture is different which may alert the government on the need for establishing more COVID-19 testing centres just as how the HIV epidemic is being handled. Further, we found that Northern region has the highest ratio at 0.0035 per 1000 population suggesting that it has more capacity to serve a higher proportion of its population than other regions (see **Figure 8**).

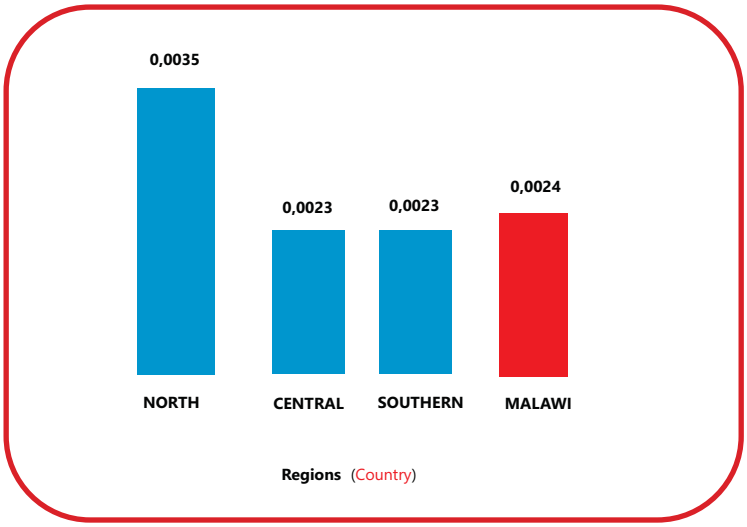



*Figure 8: Testing Centre to Population Ratio (per 1000) by Region and Country*

Going by district, Likoma registers a higher access ratio (0.0688 centres per 1000 population) than other districts (**Figure 9**). This result is not surprising because Likoma has the smallest population size (14,527 persons) and land size, compared to other districts, and this works to its advantage as any testing centre geographically planted over the island is easily accessible by the majority. However, Mzimba (in the north), Kasungu (in the central) and Mangochi (in the south) have the lowest access ratios. For example, Mangochi has the centre to population ratio of 0.0009 per 1000 population with a population of 1,148,611. This impliesthat the majority of the individuals in such districts may have difficulties to seek for COVID-19 testing either voluntary or by MoH arrangements. Consequently, there would be underreporting of confirmed COVID-19 data in such districts.

2018 Population and Housing Census

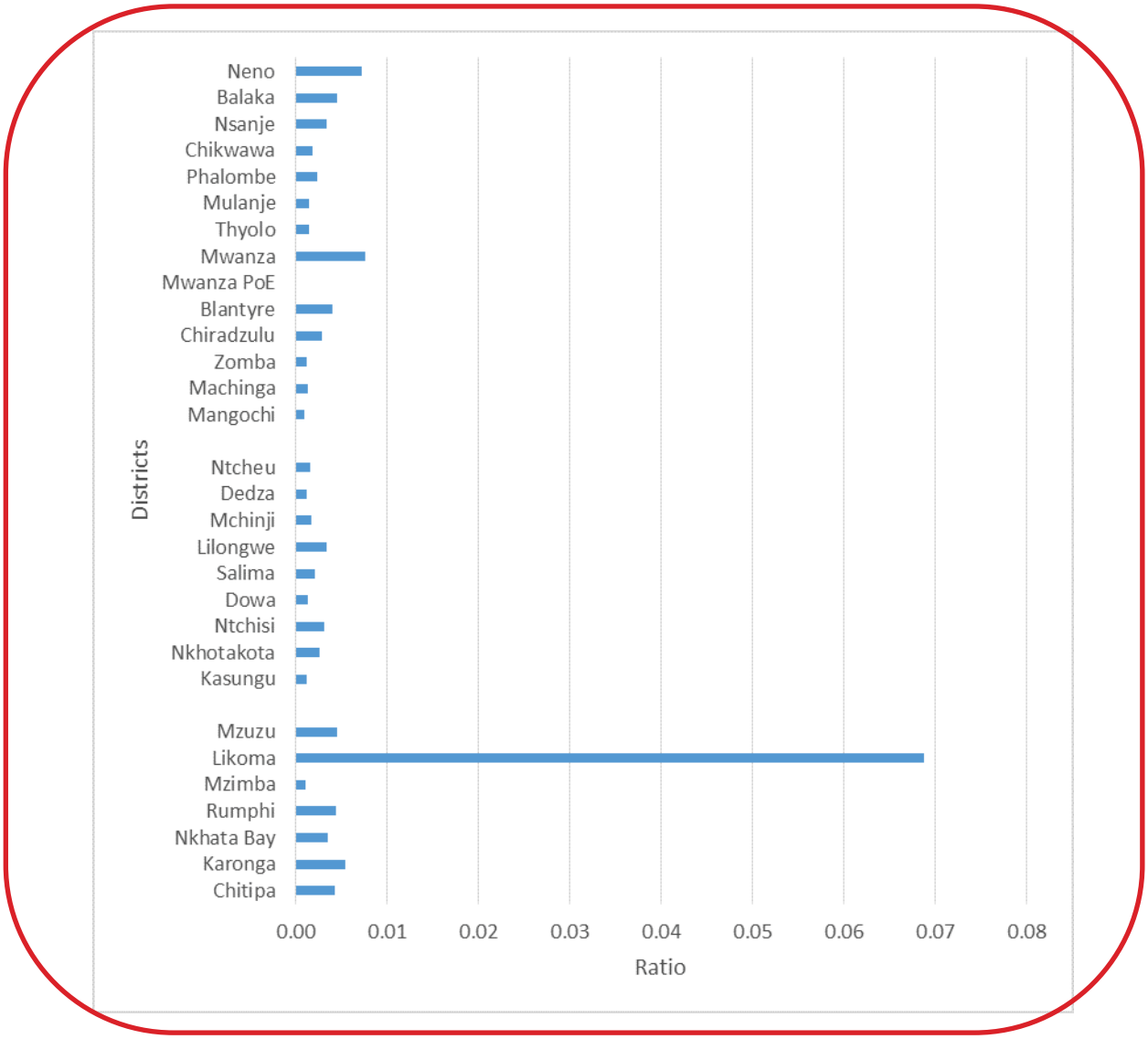



*Figure 9: Testing Centre to Population Ratio (per 1000) by District*

### 2.3.2.2 Covid-19 Risks Analysis

As of 26th August, 2020, there were a total of 5,474 confirmed Covid-19 cases. Out of these confirmed cases, 19.42 percent were recorded in the Northern region, 30.18 percent in the Central region, and 50.42 percent in the Southern region. This would be expected since according to 2018 MPHC, there is a higher population proportion in the Southern, then Central then Northern region. Of the reported confirmed cases by such a date, 3,073 were recorded as recoveries representing 56.14 percent recovery rate at national level. However, going by regions, Northern region has the highest recovery rate, so far, at 64.25 percent (see**Table 2)**

Table 2

*Table 2: COVID-19 Recovery Rate by Region*

| Region | Confirmed | Recovered | Recovery Rate |
|---|---|---|---|
| North | 1,063 | 683 | 64.25 |
| Central | 1,652 | 833 | 50.42 |
| Southern | 2,759 | 1,557 | 56.43 |
| **Malawi** | **5,474** | **3,073** | **56.14** |

Going by the districts, Salima has the highest recovery rate at 97.87 per every 100 persons with Chiradzulu having the lowest at 35.90 persons per 100. It has to be noted, however, that there are still more active cases. A good and more informative analysis would require complete information on date tested and follow-up time for each individual. Further analysis (see Table 3) indicates that the odds (probability) of dying for those tested positive in the Central region (0.04) is higher than the odds of dying both in the Northern (0.03) and Southern regions (0.03).

*Table 3: Deaths, Death Rate and Odds of Death by Region*

| Region | Confirmed | Deaths | Death Rate | Odds of Death |
|---|---|---|---|---|
| North | 1,063 | 29 | 2.728 | 0.03 |
| Central | 1,652 | 59 | 3.571 | 0.04 |
| Southern | 2,759 | 85 | 3.081 | 0.03 |
| **Malawi** | **5,474** | **173** | **3.160** | **0.03** |

The current Likoma's highest death rate (50 percent) may not give a good representative of the reality for the district because the number of cases is too small (4 cases). However, we note that Rumphi (9.38), Phalombe (9.09), and Mchinji (8.20), have the highest death rates as compared to other districts (see ). This suggests that the odds of dying for people tested positive with Covid-19 in Rumphi is 0.10 as compared to the odds of living.

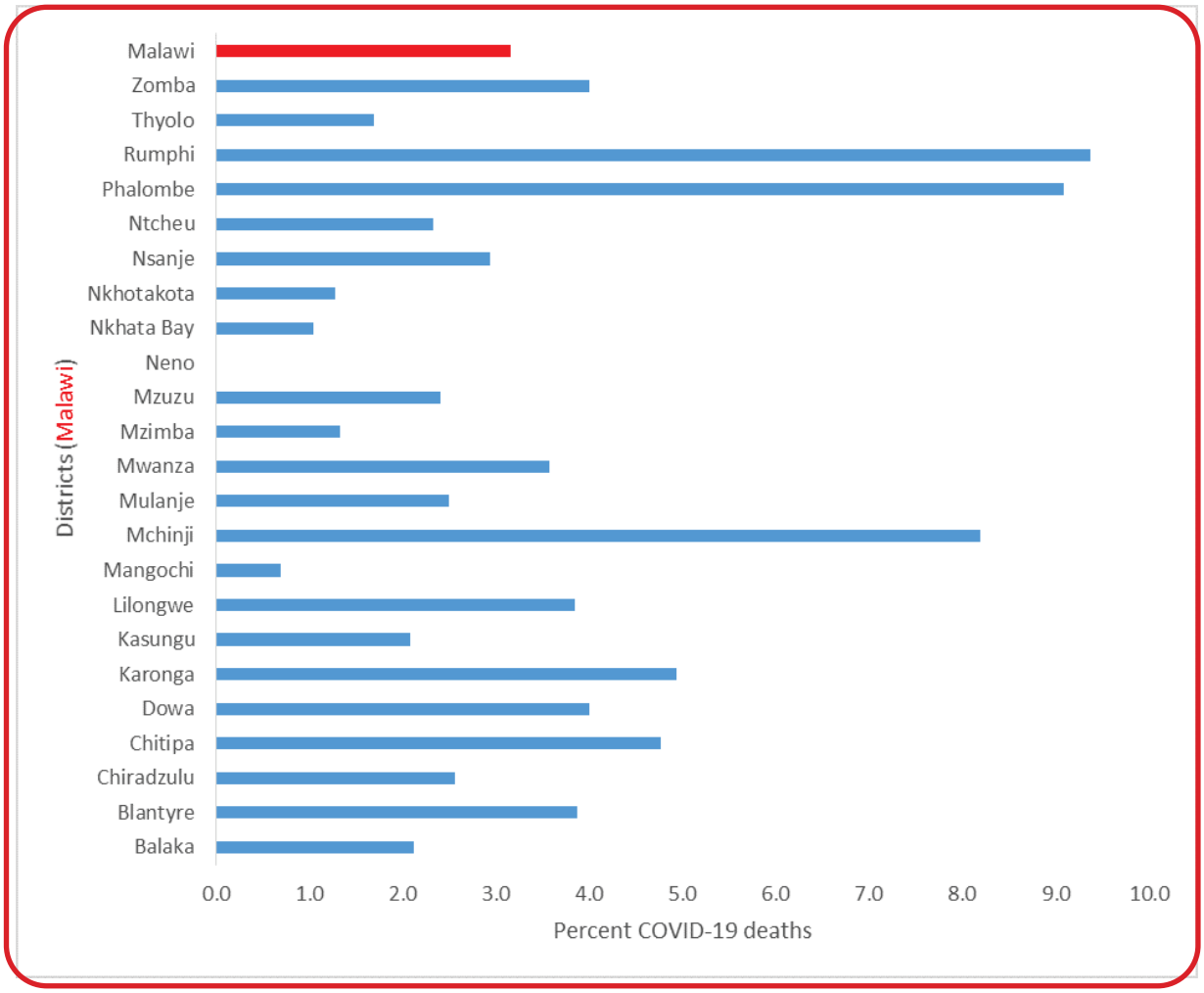



*Figure 10: COVID-19 death rates in Malawi by District*

Such in-depth analysis of data provides a good picture to guide the government on COVID-19 strategies, policies and expenditure including its COVID-19 response plan implementation. However, such type of analysis is lacking in the published PHIM reports such that government's decisions are merely led by the reported numbers.

### 2.3.2.3 Socio-economic Data

Decisions taken by the government to control the pandemic such as banning of mobile markets, limiting time of opening bars and recreation centers, have negatively affected the socio-economic livelihood of the public more especially those with small business enterprises. Such is the case because almost 60 % of the population in Malawi depends on either small businesses, casual labor or domestic works for their day to day living. The limiting of opening bars and recreation centers has made several young women who work in such places as waiter or bar attenders to lose income and becoming sex workers. Economic stress on families due to the outbreak can also put children, and in particular girls, at greater risk of exploitation, child labour and gender-based violence.

To address such an impact, the government, through the social support hub cluster, decided to implement an emergency cash transfer programme for urban and peri-urban hotspots in the cities of Zomba, Lilongwe, Blantyre and Mzuzu with every beneficiary to receive an equivalent of MK 35,000 minimum wage targeting women and the elderly. In addition, several government partners including PLAN international and Red Cross are also providing food assistances in cases where access to food is unaffordable or inaccessible. While implementation of this programme is heavily dependent on the resource mobilisation efforts and adopted in line with prevailing conditions, lack of thorough socio-economic data puts the government at non-evidenced based decision.

As such, we analysed data on maize prices across several markets in Malawi in order to find out if the social cash transfer plan reflects with a response to the changes in maize price. We specifically focused on Maize because it is on average consumed countrywide in raw or processed form. Any shortage of maize or slight increase in prices result in starvation and greatly impacts on the economy as it entails households spending more on it while diminishing expenditures on other necessities. We used data of January 2019 to July 2020 sourced from CSC-BNB so that we detect spikes in prices (see Figure 11). Of more interest were the periods where the first case of COVID-19 was reported to the time government implemented several measures to reduce its transmission.

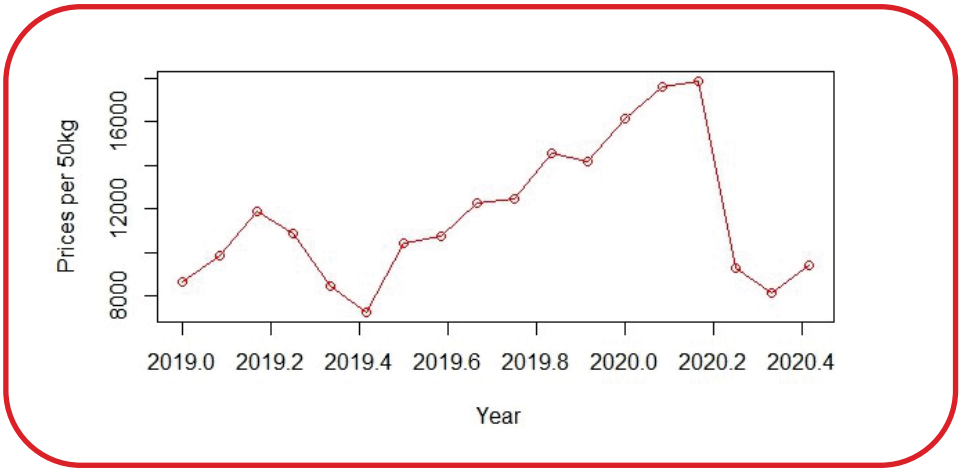



*Figure 11: Trend line of Maize prices per a 50kg bag, Data Source: CSC-BNB survey 2020*

Plan International. (May, 2020). 'Shadow pandemic' unfolding as girls' health, rights and freedoms erode. https://plan-international.org/news/2020-05-27-shadow-pandemic-unfolding-srhr

Our analysis deduced that while June 2019 had a record of lowest maize price (MK7250 per 50 kg), being the maize harvest period such that the crop is usually readily available on the market, the situation was different with June 2020 (MK9425 per 50 kg) indicating a 30% increase. This price is also greater than the price of Maize in May 2020 which may be attributed to measures which were taken by the government to ban all mobile markets (see Figure 7). Further, despite March to July being the maize harvest and stocking period in Malawi, the sharp rise in prices of maize commodity from May to June 2020 can as well be attributed to increasing number of COVID cases (Figure 6) and the fear/rumour that the government would impose strict measures such as lockdown. This may have increased demand for the commodity which in turn caused spikes in the prices when it was supposed to be going down since farmers had just harvested the yield. We can as well deduce that there were similar patterns in other commodities like beans, rice, fish, and meat which form the backbone of foodstuffs in Malawi.

Through an auto-regressive AR(1) model of price movement description represented as

$$r_t = 11195.42 + 0.6597 r_{t-1}$$

where $r_t$ represents current price for the month, we can forecast an increase in the price of maize with a constant trend. This means government has to plan well if it has to mitigate the effects of such spikes. Therefore, the government's plan of providing cash-outs to counter price increases would have also been driven by the sharp rises in basic commodities. However, such has not been the case. Consequently, the measures imposed by the government to prevent the spread of COVID-19 such as ban of mobile markets may not be a success while in danger of facing hunger.

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# SWOT ANALYSIS ON DATA SOURCE AND AVAILABILTY FOR DECISION MAKING

# 3 SWOT ANALYSIS ON DATA SOURCES AND AVAILABILITY FOR DECISION MAKING

## 3.1 Strengths

- Existence of the Presidential Taskforce and National Disaster Preparedness Relief Committee (NDPRC) to provide oversight leadership during the response.
- The government through DoDMA leading in coordinating the response through the cluster coordination mechanism.
- Government's approval of the humanitarian access corridor to ensure continued movement of humanitarian persons and cargo during the times of travel restriction. For example, WFP has humanitarian flights coming in two times a week.
- UN's strengthening of chain management by establishing and operationalizing the supply portal aimed at validating and prioritizing national supply requests.
- Establishment of the National taskforce [comprising the government, the UN in Malawi, Donors and INGOs] on supply chain system led by the MoH to review and approve supply requests.
- Regular information flow amongst stakeholders through weekly meetings at the Humanitarian Country Team (HCT) and cluster level.

## 3.2 Weaknesses

- Non-compliance to the preventive measures on COVID-19 due to low awareness levels.
- Irregular meetings for the Inter-Cluster Coordination Group (ICCG)
- Shortage of test kits mainly due to funding gaps
- Provision of incomplete funding data by the Humanitarian partners in the 5W template
- Lack of disaggregated data coupled with delays to receive the data during reception of returnees.
- Lack of an M & E framework in the previous NPRP making it difficult to track progress
- Lack of coordination between national and district level on broader humanitarian issues including COVID-19
- Parallel communication mechanisms either through inter-cluster or through Emergency Operation Centre (EOC) making the information sharing among partners difficult.

### 3.3 Opportunities

- Development of the three-month NPRP, the Flash Appeal and Standard Operation Procedures for safe handling and management of returnees by DoDMA.
- Ability of humanitarian partners to make request on the online Supply Portal and the National taskforce to make the approvals
- Existence of calendar of meetings, group mailing lists for clusters, a repository to store and share information, a 5W interactive dashboard on the COVID-19 response, and financial tracking tool by DoDMA in conjunction with RCO.
- Availability of weekly situation reports and disaggregated data by sex and age as published by the PHIM under the MoH through the website available here.

### 3.4 Threats

- Increase in stigma for those people tested COVID-19 positive and related fear among people.
- Myth and misinformation making people not to believe that COVID-19 exists.
- Irregular meetings for the ICCG
- Shortage of test kits mainly due to funding gaps
- Humanitarian partners providing incomplete funding information in the 5W template
- Lack of disaggregated data coupled with delays to receive the data during arrival of returnees.

PROTECT

# OBSERVATION BASED ON KIIs

## 4 OBSERVATIONS BASED ON KIIS

As stipulated, the COVID-19 NPRP is divided into 10 operational clusters, namely: Health, Inter-cluster coordination Protection and Social Support, Water, Sanitation and Hygiene (WASH), Education, Food Security and Transport and Logistics. Communication, Economic Empowerment and Enforcement are included as ad hoc. In view of data sources which the government uses to make COVID-19 pandemic preparation and response plan, we conducted a number of Key Informant Interviews with stakeholders involved in the response plan implementation. These informants mainly came from departments and institutions from different clusters. Among others, were from MoH (from Rumphi, Nkhotakota and Neno district focal persons), Development partners (UN), CSOs (Center for Social Concern) and DODMA. Primarily, these informants were providing their opinions on 4 key areas: Are government's decisions on COVID-19 Preparedness and Response Plan data driven? Is the available data related to COVID-19 in Malawi reliable? Is there robust public engagement? Is there enough disclosure of COVID-19 response plan particularly on budget and planned revenue raising measure and spending?

### 4.1 Usage of Available Data for Decision Making

On whether the government had used available evidence to come up with COVID-19 response plan in Malawi, most key informants do not agree and most rated "poor" on governments use of available data to make decisions on the COVID -19 response. On challenges associated with this status quo, respondent identified that data is readily available for decisions to be made on, however, politics takes center stage when deciding. Others suggested that it would be better if politicians let medical and public health professionals be entrusted with the decisions.

*"Government based its scenarios on the mathematical modelling of COVID-19 in Malawi done by KUUNIKA data for Action. However, the plan failed to include assumptions on the implication of the reception of returnees on COVID-19 in Malawi"*
**Development Partner**

*"There is data available that government could have used, but I think the main barrier was that government copied and pasted other countries policies".*
***District Focal Person***

### 4.2 Data Quality Assessment

Data quality related to COVID-19 was also accessed through respondents on 5 areas - Availability, Reliability, Accessibility, Accuracy and Timeliness. The majority of respondents mentioned that data was available, reliable and accessible. However, they said it was not timely and accurate.

Access to information is a fundamental right and it's essential to modern governance and core part of the Open data. Access to information allows the public to follow government decision making and they participate in ensuring better decisions, and hold the government accountable. When it comes to access to information by the public (demand side) respondents were generally satisfied that information was available to the public. However, some cited that mostly, information is found in urban and channel of dissemination has been through social media, and this leaves out some vulnerable populations like people from the hard to reach areas (where there is no internet), women and the elderly.

*"I don't think many people in the rural areas know about these things. Its people in urban areas that know these things. Imagine few weeks ago I went for outreach clinic in some rural area, and an old man came to ask me why he was seeing many people wearing piece of cloths covering their mouths. He did not know about face masks. You see,..."*
**District Focal Person**

Some views were also sought on whether government makes it possible for the public to access the data sources that it uses to make decisions on COVID-19 responses. Since most of the respondents of this questionnaire are directly involved in the implementation of the plan, the Consultant was aware of some bias that could come from direct questions trying to rate their performance. A general question was asked instead, not specifically on budget and spending of revenue.

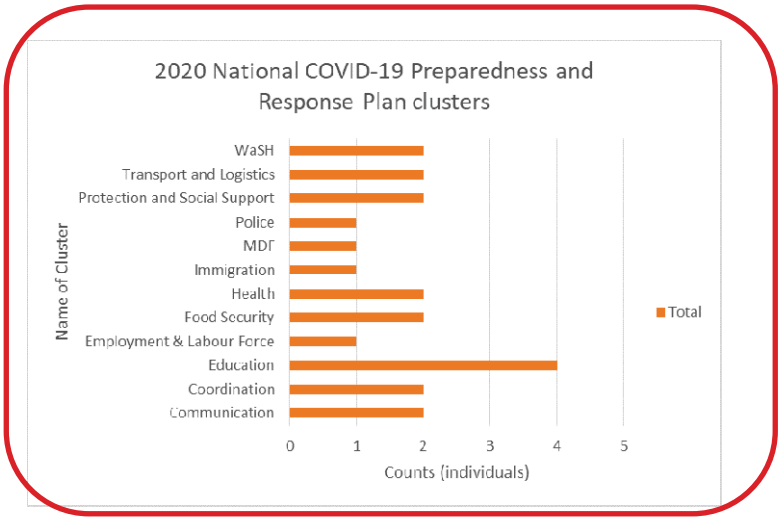
### 4.3 Gender Mainstreaming In Covid-19 Preparedness & Response Plan

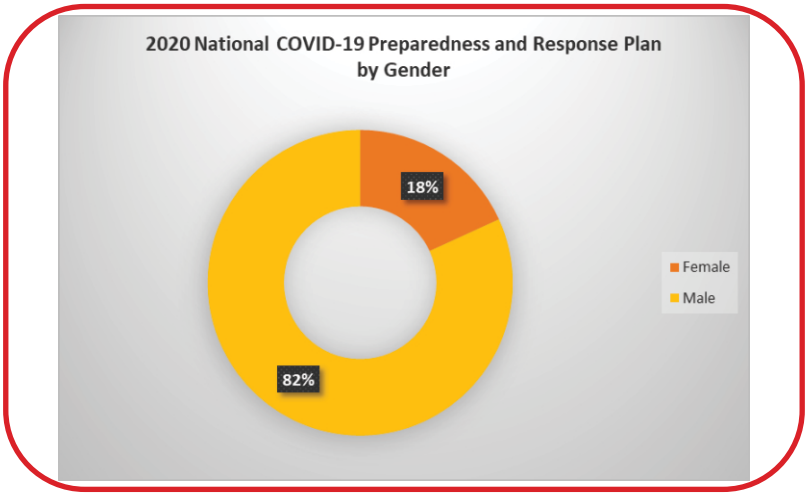
Just like other countries in sub-Saharan Africa, women are at a disadvantage to access many social services in Malawi. For example, 84 % of the women population in Malawi are known to be in informal sector and earn less income compared to men, but at the same time, they are having more social and household responsibilities to fend for their families and therefore pandemics like COVID-19 are likely to affect women more as compared to men.

During this research, we therefore conducted a brief analysis on how COVID-19 has affected women and how gender has been mainstreamed in the response plan. The assessment was done through KIIs and other secondary collected data. We managed to source views from two of the female cluster leaders included the COVID-19 NPRP and other male counterparts. The focus was on impact of COVID-19 on women while seeking sexual reproductive health services, access to information, measures put in place to cushion adverse effects on livelihood (economic), response plan to mitigate or reduce potential increase of GBV cases during the pandemic.

Our findings noted that, women inclusiveness has not been openly implemented both at planning and response stages of COVID-19, limiting further their access to information. For example, the composition of cluster leaders (contact persons) we had identified from the March to June 2020 COVID-19 NPRP was not very gender sensitive. According to Figure 12, only 4 out the entire leading team of 22 members were females (18.2%).

*Figure 12: 2020 National COVID-19 Preparedness and Response Plan by Cluster & by Gender*



While acknowledging that the government had included several organisations and departments to form the key clusters on COVID-19 response plan (see Figure 12), KII female respondents indicated that women leaders were actually not well engaged.

Hyder, A., & Behrman, J. R. (2014). Female economic activity in Rural Malawi. Journal for development and leadership. Nelson Mandela Metropolitan University, 3(1), 1–10.
GoM. (March, 2020) National COVID-19 preparedness and response plan: Report. **Annex 1, pp. 73**
https://reliefweb.int/report/malawi/national-covid-19-preparedness-and-response-plan-march-june-2020

*"Engagement has not been there because plans are done by clusters where there are different groups of organizations but actual consultation with women leaders has not been there".*
Female Respondent

The COVID-19 restrictions have a potential to affect women's economic livelihood and income levels, because, most income generating activities, can be heavily affected by prevention measures such as stay homes and social distancing. Facing this scenario, the government in its response plan, out to have put in measures to support the vulnerable population, in which case women and children were meant to be prioritised. For example, research has shown that during crises such as COVID-19, girls and women are disproportionately affected. Despite so many interventions proposed by different local and international NGOs to end child marriage and gender based violence (GBV) all over the countries, in particular in developing countries such as Malawi, the presence of COVID-19 pandemic brings in complex challenges that can likely contribute to increase in child marriage and GBV.

Further, analysis of reports from UN Women and other agencies have shown that in some countries, the COVID-19 pandemic is already having devastating impact on families and communities. Different players have therefore concluded that the pandemic will increase the vulnerability of girls and women to child marriage and GBV, respectively. The assumption is that COVID-19 will deepen poverty caused by the loss of livelihoods and this is likely to influence many families to marry off their daughters early in return for money and property such as via "Lobola" system. Additionally, as numbers of registered cases keep on rising and social distancing and "stay at home" measures are being pushed for, it is very likely that the pandemic will cause significant delays in programmes to end child marriage due to pro-longed school closures. In addition, the pandemic will make it difficult to carry out certain girl child activities due to COVID-19-phobic.

On a positive note, this research study has noted that government included the Protection and Social Support Cluster in the 2020 NCPRP, whose expected overall goal is "To reduce Protection threats for affected populations and to protect all vulnerable groups from violence, exploitation and abuse and neglect during disasters and ensure that human rights are respected". Under this cluster, among its target population are women and children. While a lot of measures were planned, including deployment of social cash transfer programmes, however, it has been found out through KIIs that such vulnerable category has not been supported. And while the response plan indicted mitigation plans on job losses due to COVID 19, particularly women package was not included. This was vital, however, because women in Malawi contribute to the high statistics of people under informal employment, with more unstable jobs and low

2020 National Covid Response Plan

income, hence the need to have deliberate package to safeguard women against GBV or even Sexual Based Violence (SBV).

For example, on response plan to mitigate or reduce GBV cases during the crisis, one female key informant indicated that, "SOPs were developed for staff, referral pathways for community members in case of any cases and provision of mental health and psychological support and psychosocial First Aid, awareness and some extend perpetrators facing the law". This was encouraging to learn because, as indicated above, women, especially young girls become victims of SBV due to poverty and social economic vulnerability. Already in Malawi, there has been reports of increased cases of teenage pregnancy during this pandemic.

Women's access to health information in Malawi is associated with many factors, such as illiteracy and social cultural norms. When asked whether they think men, women, boys and girls in the community have same access to information about COVID-19, all respondents said NO. Among several reasons cited, was that because most of the information is provided on social media and Radio/TV, some rural based people, especially women do not have access to it. Some Key Informants suggested that Radio listening clubs, dissemination of information through public address systems and use of community gatherings like funerals can improve access to information for women and girls. On appropriateness of the messages on COVID-19 to pregnant and breastfeeding women, one female respondent said messages were not appropriate for women.

*"The message has to be in an appropriate language, picture codes that simplify concepts and facts, it has to be age appropriate, involve them in the developing of the messages to some extent".*
**Female Respondent**

)astly, health workers (respondents) were also asked if they thought COVID-19 has had any effect or impact on access to health care for women, men, girls, and boys. Two health workers (respondents) said, mostly it is women affected with a high low turn up rate to access sexual and reproductive health services particularly contraceptives.

*"At our clinic, we have restricted number of women coming to access family planning by having reduced opening times to only half a day. The number of health personnel allocated to the clinic has also been reduced. We report in shifts. In addition, since some of our colleagues were reported of having the COVID-19, clients started shunning from attending clinics. This has ultimately led to reduced number of women accessing reproductive health services."*
**Female Respondent-Health Worker**

## 5 CONCLUSION & RECOMMENDATIONS

In light of the pandemic at hand, the most pressing health, social and economic policy questions for the government have been finding ways of reducing the negative consequences of COVID-19 on all aspects of the population. Guided by WHO and UN policies, governments across the world including Malawi have been advised to consider key policy and reform choices that aim at striking a balance between the need to respond to the crisis through protecting lives which requires containing the spread of the disease through smart containment measures and putting in place the measures needed for the prevention, detection, and treatment of the disease and by protecting livelihoods through a process of ensuring that essential trade continues where food markets and trade continue while managing the available limited resources.

Even if such government's decisions are to be guided by data and evidence, as a novel virus, COVID-19 has a high degree of uncertainty regarding its infectiousness. This has made many countries including Malawi to make estimates and decisions on the go without necessarily consulting the public or using locally available data to make a situational analysis as a benchmark for decision making. That is why in Malawi, the initial policy steps to contain the spread of the pandemic were the issuance of regulations on prevention and safety measures and to address the health and economic impact of the epidemic were expansion of social protection, fiscal and monetary measures, as well as steps to support the financial sector and the expansion of mobile money services. However, based on our study analysis, these measures are not locally data dependent.

Nonetheless, we found out that for the most part, data on regulations and general plans put in place by the executive arm of the government, parliament and city councils in Malawi is readily available both on government websites and in various news outlets as well as on stakeholder databases such as UNDP. However, most of data sources are accessed online (see Table 1), limiting to only the public that has access to internet for either directly downloading or requesting the same via email from the responsible institutions. In addition, specific information especially on budget breakdown for the Preparedness and Response Plan as well as the disbursement plans of funds for the emergency cash transfer program was not readily available. Such challenges are accelerated by several threats such as incomplete funding information in the 5W template as provided by the humanitarian partners and also lack of disaggregated data coupled with delays to receive the data during arrival of returnees. Through SWOT analysis, we also identified three key weaknesses hindering the progress of making data sources authentic for decision making. Mainly, we have observed that the previous NPRP lacked an M & E framework making it difficult to track progress. This was revealed during the conducted KIIs where lack of coordination between national and district level on

https://drive.google.com/drive/u/1/folders/1G3OmakdygLX4KNrxd39-DFsfzIXn-_3n

broader humanitarian issues including COVID-19 and existing parallel communication mechanisms either through inter-cluster or through EOC were observed making the information sharing among partners difficult.

Through KII, we have also noted that a majority of COVID-19 messages are not tailored to address specific needs, for example vulnerabilities and risks of women, boys and girls. From other countries, open data has become a key to facilitate a collective and informed pandemic response during COVID-19 pandemic. It is therefore recommended that professionals in various fields be involved in developing tailor made messages in IEC materials to speak to the needs and vulnerability of women and these should target rural women, in their languages. Further, the government through DoDMA should prioritize economic support activities for women such as capacity building initiatives to help women recover and rebuild from COVID-19 stress. In addition, DoDMA should ensure an increase in coordination and collaboration among clusters on GBVs and SBVs with other vulnerable focused clusters like UNICEF, Security and parent Ministry of Gender Children Disability & Social-welfare (MoGCDS). Such collaboration should as well be extended to MoJ and human rights organisations to ensure vibrant legal assistance through established pathways to help vulnerable and abused women. Lastly, decisions on COVID-19 response in Malawi should be driven by data as demanded by the public through deliberate efforts of making data locally available and with no restrictions.

**Appendix: KII Questionnaire**

## KEY INFORMANT INTERVIEW GUIDE (DECISION MAKERS)

**Introduction and Background**

Hivos is an international development organization that seeks new solutions to persistent global issues. Hivos in a consortium with ARTICLE 19, Internews and the International Center for Not-for-Profit Law (ICNL) is implementing the PROTECT (Protecting Rights, Openness and Transparency Enhancing Civic Transformation) program. The program is working on shifting the paradigm from unequal and closed

Societies towards free and open societies with civil society including media organizations, able to help people to hold governments to account.

The government's response to COVID-19 provides an opportunity to interrogate the data being used to inform decision making. Despite a growing understanding of (COVID-19), more evidence is needed for successful continued prevention and treatment of infections. The importance of reliable data to address the growing need for data driven decision making cannot be gainsaid.

You are being requested to take participate in this short interview, because you are one of key decision makers in government. We would like to gain more insights from you on data that informed government's decision on the COVID 19 Response in Malawi.

The findings of this survey will help government and its partners to use valid and reliable data to make its decision on the COVID 19 response. It will also help determine accountability, transparency and robust public engagement, value for money and prevention of corrupt practices.

All information that will be collected from you will be treated with high level of confidentiality and privacy. Your identity will not be linked to data/information that will be collected from you.

**Section A: Demographics**

Sex: Dept: Position: How long on position:

What role in COVID-19 response plan interventions:

**Section B: General**

1. Overall, what are the major perceived successes during the COVID 19 response?
   (a) Probes: What went well and why did it go well?
2. What are some of the main challenges of the response?
   (a) Probes: Why were they a challenge?
3. Where do you think improvements are still needed?
   (a) Probes: What would be needed to make these improvements happen?
4. What are the specific actions to be taken now in order to improve future response capacity?

**Section C: Data Sources**

5. What are data sources available for decision makers on COVID-19 response?
   Probe: Where, at what level, accessibility etc.

**Section C: Data Sources**

5. What are data sources available for decision makers on COVID-19 response?
   Probe: Where, at what level, accessibility etc.
6. Do you disaggregate data by sex, age, and disability and analyze this desegregation in order to understand differences in terms of infection and mortality rates and possible social factors causing this?
7. Does government have an existing database of all related COVID 19 Data in Malawi (Infections, Deaths, Transmissions, Recoveries, etc. )

(a)If yes, where, what is the actual content, is it accessible, by who, who maintains - feeds into the data base?

8. When coming up with COVID 19 Preparedness and Response Plan, do you think the government based its decisions on available evidence on escalation and pattern of infection?
9. How would you rate government's use of available data to make decisions on the COVID-19 Response in Malawi?

(a)Very good (b) Good (c) Poor (d) Very poor

**ONLY ASK THESE Questions if rate is poor/very poor on govt.**

10. What are some of the challenges that affect decision makers to use of data?

(a) Probes: Are challenges with data makers (Data availability), or decision makers (Data use)

(b) Probe why this is the case

11. Which of these barriers most influenced the way govt. used evidence during the Response Plan? and Why?
12. How can these challenges be overcome?
13. What are some of the data sources that you know government used to make its decision on COVID 19 Response in Malawi?
14. How would you rate qualities of data related to COVID 19 in these areas? (Tick appropriate)

| Quality/Scale | Very Good | Good | Poor | Very poor |
|---|---|---|---|---|
| Availability | | | | |
| Reliability | | | | |
| Accessibility | | | | |
| Accuracy | | | | |
| Timeliness | | | | |

15. How would you rate accessibility of data sources that government uses to make decisions on COVID-19 responses by the public?
(a) Very accessible (b) Accessible (c) Somehow accessible (d) Not accessible

**Section D: Gender**

16. Are both women and men equally consulted and participating in the design of the COVID 19 responses?
(a) Probes: Are women rights organizations, women leaders and other groups being engaged?
17. What measure have been in place to cushion adverse effects, especially on groups likely to be most affected in their livelihoods?
18. What has been done in the response plan to mitigate or reduce GBV cases during the crisis?

**Section E: Access to Information by the public - (Demand side)**

19. Do men, women, boys, and girls in the community have the same access to information about COVID-19 and prevention/response efforts?
a)Probes: If not, who has more access? And how can access to information be improved for all?
Note: women and girls are less likely to have access to information. Probes: what modes of communication e.g. radio, text messages, etc. can be used to improve access to information?
b)How can messaging on COVID-19 be tailored to address the needs, vulnerabilities, and risks of women, men, boys, and girls?
c)Is information tailored to the needs of pregnant and breastfeeding women, people living with HIV, persons with pre-existing conditions, and older persons?

**Section F: KII Questions for Health Personnel:**

20. What is the impact of the COVID-19 crisis on access to healthcare for women, men, girls, and boys?

a) Probes: Do men, women, boys, and girls have access to sexual and reproductive supplies, such as contraception?

b) How has the COVID-19 crisis affected the attendance of women, men, girls, and boys at health facilities?

c) What other major specific challenges are faced by adolescent girls and pregnant/lactating women during the COVID-19 crisis?

d) Do pregnant women in quarantined areas have access to care?

21. Do healthcare facilities have an adequate stock of PPEs and other COVID related supplies?

(a) Probes: on what is available and what is not

22. Was there a national inventory and mapping of the available resources (financial, personnel, medical equipment, facilities etc) before the response plan was developed to incorporate what was available (data use)

a) If yes, which sectors participated?

b) During the pandemic, how are these being assessed, monitored and reported at district, regional and central level?

c) How are shortages addressed and communicated/reported?

**Section G: Surveillance**

23. Is there COVID-19 surveillance system in place?

(a) Probes:

a) If so, is it organized? Is data base established?

b) What is the flow of the epidemiological information?

c) Are surveillance objectives clearly defined?

d) What was 'turn around' time for the tests conducted

e) What percentage of completeness for key variables related to COVID-19 Surveillance?

f) How representative is surveillance for COVID- 19

g) How was the epidemiological data analyzed and used to enable responses?

h) How was data collected (paper, surveillance software application etc) and how was it shared? (Physical transfer,
or automated)

i) How will the surveillance system detect change or decline or end to COVID-19 outbreak?

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