SOCIAL ACTION

A Quarterly Review of Social Trends

The Social Impact of COVID-19 Pandemic

A UGC-CARE APPROVED JOURNAL

SOCIAL ACTION
A Quarterly Review of Social Trends

Editor: Denzil Fernandes

THE SOCIAL IMPACT OF COVID-19 PANDEMIC

SOCIAL ACTION
Themes for forthcoming issues

Labour Migration and Economic Development
April-June 2021
(Last date to receive articles : 15 February 2021)

★ ★ ★

Tribal Culture, Political Systems and Social Movements
July-September 2021
(Last date to receive articles : 15 May 2021)

Articles of 4,500-5,000 words are printed on the above themes. To facilitate the processing, please send them by post and soft copy or email to avoid undue delay. Articles should reach the Editor at least two months before the month of publication at the address below. SOCIAL ACTION is published on the 15th of January, April, July and October.

Editor

SOCIAL ACTION
10, Institutional Area
Lodhi Road
New Delhi-110 003
E-Mail : socialaction@isidelhi.org.in

The Social Impact of COVID-19 Pandemic

Over a hundred years ago in 1918, the world experienced a pandemic known as "Spanish Flu", which resulted in the death of millions of people. After over a century, the world is witnessing another pandemic called the Corona virus disease or COVID-19. The origin of the virus was first reported from Wuhan in China in December, 2019. But with millions of people travelling across the globe everyday on different modes of transport, including air travel, the virus spread fast and easily across the globe affecting people of almost every country in the world. The first case of corona virus was detected in India on 30th January, 2020, in students, who had returned to India from Wuhan, which was under a strict lockdown. On the same day, the World Health Organisation (WHO) declared that the corona virus outbreak was a 'public health emergency of international concern'. It was only after WHO declared COVID-19 as a global 'pandemic' on 11 March, 2020, that countries across the globe began to take this health crisis seriously. One of the measures taken by several governments was 'lockdown' or a complete or partial shutdown of travel, business and other outdoor activities. Country after country began announcing lockdowns, which brought their economies suddenly to a screeching halt. The Indian government followed global trends by announcing a lockdown on 24 March with just a four hour notice. The suddenness of the lockdown in a country of over 1.3 billion people caused a great deal of disruption in the lives and livelihoods of millions of people, affecting every section of society. Globally, over 100 million people have been infected and over 2 million people have died after contracting the virus. In India, the suddenness of the lockdown, which prolonged for over two months, followed by a gradual unlocking of the economy, failed to contain the spread of the virus. One year after the first case of the virus was detected in India, over 10 million people have been infected and over 155,000 people have succumbed to the virus. The spread of the virus and the lockdowns imposed by countries, including India, resulted in the contraction of global and national economies. The Indian economy itself contracted by about 24 per cent during the period of the lockdown. This has resulted in widespread losses to businesses and an increase in unemployment. Consequently, the impact of COVID-19 pandemic has been experienced by every section of society and it has exposed the inequalities in society and the vulnerabilities of marginalised communities. Primarily, the COVID-19 pandemic created a health crisis putting pressure on fragile

healthcare systems. There was a shortage of beds in hospitals and ventilators for serious patients. The healthcare professionals, including doctors and nurses, had to work tirelessly to attend to the large number of infected patients, in spite of a shortage of masks and other protective equipment. Several doctors and nurses succumbed to the disease, while others had to endure social stigma and ostracisation from their own communities. Due to the infectious nature of the pandemic, patients had to be isolated and quarantined either at home, quarantine centres or in hospitals, depending on the seriousness of the cases. Patients who succumbed to the disease were buried or cremated by following protocols that restricted the number of people for funerals. Such situations created a great deal of mental agony to the families that were affected by the virus in addition to the social stigma attached to the affected families. The lockdown resulted in huge losses to small and medium industries resulting in job losses or deep cuts in salaries. The unemployment and reduced family income affected consumption expenditure, which was largely restricted to food and essential items. Some institutions tried to continue working by allowing employees to 'work from home' and organising online meetings, programmes and activities. The closure of schools and colleges resulted in disruption in the academic lives of children and students. Various educational institutions resorted to online modes of teaching, which further exposed the digital divide that put children of marginalised communities to a disadvantage. The closure of places of worship resulted in a crisis for a deeply religious people of India. Some religious institutions introduced online prayers and worship in order to address the spiritual needs of devout people. The pandemic exposed the vulnerabilities of certain sections of society, such as the elderly and people with disabilities. The psychological stress caused by the socio-economic impact of the pandemic resulted in an increase in suicides. Women and girls also suffered from increasing instances of domestic violence and other forms of physical and sexual abuses. The most vulnerable people, who suffered the most during the lockdown, were the migrant workers. They lost their jobs, their rental accommodation and were forced to undertake long journeys on foot, before they were provided with some transport to return to their homes. It is estimated that over 10 million migrant workers in India returned to their homes during the lockdown period, making it one of the largest forced movement of people in human history.

This issue of *Social Action* is an attempt to analyse the different dimensions of the social impact of the COVID-19 pandemic. In the article on "Social Impact of COVID-19 on Sub-Saharan States", John Moolakkattu points out that though the spread of the infection and the mortality rate has been less

than countries in other continents, the poor health infrastructure and weak economies of Sub-Saharan African countries have resulted in a setback to the achievement of Sustainable Development Goals by the year 2030. Deepti Hooda, Nov Rattan Sharma and Amrita Yadava examined the role of 'cognitive flexibility' in predicting 'intolerance of uncertainty' during the period of lockdown imposed to contain the spread of COVID-19 pandemic in their article titled "Cognitive Flexibility as Predictor of Intolerance of Uncertainty, Worry and (Pro)Social Distancing Compliance during COVID-19". They argue that people need to develop greater cognitive flexibility in order to enhance their adherence to social distancing norms and their tolerance of uncertainties caused by COVID-19 pandemic. Nachiketa Singh's article titled "Navigating the Challenges of COVID-19: Civil Society Reactions and State's Responses in India" argues that the COVID-19 pandemic is an opportunity for the Government to address the inadequacies in the healthcare system and improve social security for the marginalised sections of society. He argues that in a post-COVID world, the State, civil society and citizens need to work together in order to face the challenges of the future. The article on "COVID-19 & Migration Commission: Governing Labour Migration in India" by Tasha Agarwal and Kislay Kumar Singh highlights the need for a Migration Commission to govern labour migration in India as the lockdown imposed to contain the COVID-19 pandemic exposed the vulnerabilities of migrant workers in India. The authors stressed on maintaining data on migrants in order to ensure that they acquire necessary skills and benefit from welfare schemes and social security measures. Pushpam M. and Lekshmi Nair presented the challenges of online education for tribal children in Kerala in their article "Education before and during COVID-19: A Study among Tribal Children in Idukki, Kerala". The authors presented evidence of the situation of children of Paliyan tribe in schools of Idukki district that have been conducting online education and the difficulties tribal children face in this regard. Another article on "Impact of COVID-19 on School Education: A Study of Underprivileged Social Groups in Haryana" by Shahid Meo examines the manner in which teachers, parents and children are coping with education by means of various online platforms. Using evidence from two districts of Haryana, the author argues that the efforts of the Government to introduce E-Shiksha Mitra and Mohalla Patshala to facilitate online education is unable to fulfil its purpose for children belonging to marginalised communities. The article by Annu Baranwal and Shashi Mishra titled "The Issues in the Management of Old Age Homes at the time of COVID-19 in Mumbai" presents the challenges faced by

senior citizens and Old Age Homes during the COVID-19 pandemic. Being most vulnerable to COVID-19 pandemic, the author argues that there needs to be greater attention paid to the elderly and the quality of care and amenities provided in Old Age Homes that take care of them, especially during the time of the pandemic. The article on "Impact of COVID-19 on the Livelihoods of Tribes in India" by Eugene Soreng provides case studies of the impact of COVID-19 pandemic and the lockdown on tribals from different parts of the country. The author argues that though tribals are a self-sustaining community, yet due to the epistemological and developmental framework forced upon them, they have become a vulnerable and dependent community.

These articles provide various dimensions of the social impact of the COVID-19 pandemic on different sections of society in India and the world. It is hoped that the lessons learnt from the pandemic will help academicians, social activists, legal practitioners and policy makers to formulate legislations and policies that will address the vulnerabilities of our socio-economic structures so that the post-COVID world may be a better place to live in.

Denzil Fernandes

Social Impact of COVID-19 on Sub-Saharan African States

John S Moolakkattu*

Abstract

One of the major concerns of health experts and policy analysts across the world is how COVID-19 would impact Africa, a region without a robust health infrastructure already bedeviled by a heavy disease burden. Although the spread of infection and mortality rate did not go far enough as in Europe, it did expose the vulnerabilities of the people and pushed back the economies to such levels that the sustainable development goals set for 2030 appear to be far beyond their reach. This paper looks at the social impact of COVID-19 on the sub Saharan African countries by identifying a number of issues. The paper is entirely based on secondary data and relevant reports prepared by different organisations.

Key words: Sub-Saharan Africa, sustainable development goals, youth, informal sector, pandemic

Introduction

The impact of COVID-19 on countries across the world is not uniform. In market-driven economies, the lockdowns created panic shopping and temporary shortages in goods. In tourism-driven economies, the closure of hotels led to contraction of revenue and fall in agricultural prices. Only those entitled to regular pensions and salaries did not suffer much. Free school meals for children from low-income families, a vital source of child nutrition, could not be provided, and in many places, school dropout rate is likely to increase. Parents are forced to bear childcare costs for families with young children. Many conferences and meetings are being conducted online, including many smaller events such as family meetings. There is an increase in the ability of people to access digital tools, even by those with limited literacy, at least in areas where internet connectivity is available. Healthcare workers are particularly vulnerable, and many of them in rich countries lost their lives. Health has become a major security issue more than ever. In many poor countries, without adequate food reserves or

*Professor, Department of International Relations & Politics, Central University of Kerala, Kasargod. Earlier he was Professor at Mahatma Gandhi University, IIT Madras & University of KwaZulu Natal, South Africa. He is the Chief Editor of *Gandhi Marg*, the Quarterly Journal of the Gandhi Peace Foundation. Email: moolakkattu@gmail.com

distributional networks, food shortages have also become common. Many people in the informal sector lost their jobs. This sector is estimated to account for nearly 40% of the GDP of sub-Saharan Africa (SSA) with some countries like Nigeria having even a greater share. Many who were in the semi-formal sectors were either laid off or their salaries were cut partially. In the informal sectors, women constitute a majority of workers and are more affected by lockdowns and restrictions.

The World Health Organization (WHO) had predicted in May 2020 that 190,000 people would die in the African continent in the event of ineffective pandemic management, but the death toll had not crossed 80,000 by the end of 2020. While low levels of testing and under-reporting are often advanced as reasons for the lower number of deaths, there is no clear evidence to prove it. Yet, it is a fact that Africa has very poor health infrastructure and human resource. Sub-Saharan Africa has the lowest number of physicians globally (2.1 per 10,000), and in some countries like Tanzania, Liberia, Sierra Leone, Somalia and Malawi, it is 0.5 (Mo Ibrahim Foundation, 2020).

This paper attempts to discern the social impact of COVID-19 on Sub-Saharan African countries. The region had lagged behind in Millennium Development Goals and concerted efforts are being made to achieve the Sustainable Development Goals (SDGs). The pandemic has dashed the hopes of achieving them. Sub-Saharan Africa is not new to pandemics. Ebola, yellow fever, malaria, SARS and HIV have ravaged the continent. The region is particularly known for its youth bulge, which is one of the reasons for the reduced severity of the infections. Africa has the lowest fatality rate compared to all other continents (Gondwe, 2020). However, for those who develop serious complications, the health system is not being able to cope because life-support systems like ventilators are unavailable. The persistence of pandemics in African countries has generated a certain degree of preparedness. The continent's relative isolation with few foreign visitors and few people going abroad also turned out to be a blessing. In contrast, South Africa has a high level of contact with the outside world, and therefore has the highest number of COVID-19-related deaths. Three-quarters of Africa's population is aged below 35. Most COVID-19 cases in Africa are in six of the 54 countries in the continent with the infection rate very low compared to the rest of the world. Most countries did not impose very strict stay-at-home or lockdown measures. However, borders were sealed. Since African countries are linked with the global economy through trade and supply chains, when there is a drop in demand, the price

of commodities fall, especially oil and horticulture products (Gondwe, 2020). Western and Asian nations have the wherewithal to increase their production of needed supplies. But, African nations do not have the capacity to manufacture respirators, medicines, or medical supplies.

The lockdown and other restrictive measures have prevented people from going out for work to eke out a life of bare necessities. Informal trading, street hawking, newspaper vending, rag picking and cleaning the dustbins of the rich are activities undertaken by the poor for daily survival. Closed schools added to the misery of parents. It is no wonder that people in Africa fear death due to hunger as a greater danger than COVID-19 (Melber 2020). Remittance flows to Sub-Saharan Africa are estimated to have decreased by 23.1 percent, compared to a global average of 20 percent, according to the World Bank. In recent years, Africa has made remarkable progress towards SDGs relating to good health and wellbeing, mortality of children under five, water and sanitation, reduction in inequalities and protection of marine life and coastal areas. The strain on the health systems caused by the pandemic has affected all health-related SDGs. Efforts towards peace, justice and robust institutions (SDG16) in some countries also have been thwarted. Elections are being postponed and even some basic civil rights are denied or restricted. Of all the SDGs, the most crucial one for Sub-Saharan Africa is SDG 1 and SDG 2 relating to poverty and hunger (Mishra, 2020).

Poverty and Inequalities

It is estimated that 26 to 58 million people in Sub-Saharan Africa will fall into extreme poverty with most of the affected being in West and Central Africa, more particularly Nigeria and the Democratic Republic of Congo. Apart from the rural poor surviving on farming and pastoralism a new form of impoverishment in the urban areas among people engaged in different types of self-employment is likely to arise. Of the estimated 170 million people who make up the African middle classes, 8 million are likely to become poor due to loss of jobs or lack of other forms of social security (Casola, 2020). Social inequalities are also increasing due to the lockdowns, lack of access to social networks, and due to stoppage of remittances by African immigrants from countries like France, Italy and Spain (Niang & Taylor, 2020). The stimulus packages that some African countries announced is a mere 0.8 per cent of GDP compared to 8 per cent in developed countries. Their impact is therefore bound to be minuscule (Ossome, 2020).

Unemployment

Africa faces an acute employment problem. Most of the workers are in the informal sector and many of them have lost their jobs during the pandemic. In some countries like South Africa, the unemployment problem has become so acute that fresh bouts of xenophobic attacks on Africans from other countries are likely in cities. South Africa's economy has contracted to the extent of 50 per cent, according to some estimates. South Africa is known for its high degree of violence towards women and children. As many as 8,700 incidents of such violence were reported from March 26, 2020, when the lockdown began, to April 3, 2020. However, lockdown and non-availability of alcohol have brought down other types of crimes in the country. Because those living in overcrowded huts tend to come out to escape the dankness, they are more likely to engage in tussles with the local police and the army, who keep constant watch over the congregation of people (Sekyere et al., 2020). The role of the government in welfare is not so pronounced in most African states. Governments are therefore in no position to help those who are affected by lockdowns. With the informal sector of the economy being the mainstay, there are many who either work on daily wages or are engaged in some form of self-employment (Gondwe, 2020). In other words, it is bare life that is under threat. Further, in most African countries, it is the women who engage in small time business enterprises, being the main providers of the family. Few countries have the capacity to implement stimulus packages. The exceptions include South Africa, which set up US$ 8.4 billion for the unemployment insurance fund besides granting tax subsidies to small businesses. Senegal has established a relatively small response and solidarity fund and prepared a contingency plan (Gondwe, 2020).

Asante and Mills (2020) say that while uninterrupted imports to the continent will begin after the pandemic, local farmers would supply a substantial part of basic food items. However, this surge in agricultural production can be sustained only if there are enabling policies coming from the national and local governments. While the concept of self-reliance has gained traction in many parts of the world in response to the pandemic, it can only be sustained if there is a ready market for such locally produced goods. Beyond producing primary goods, most sub-Saharan African countries do not have the ability to take up manufacturing in a significant way. In 2019, 37 per cent of the continent's population lived in extreme poverty. Even if there is global economic recovery in 2021, 35 per cent of the continent's population will continue to remain in that state. The share

of Africa's undernourished population is also set to increase, and by 2030, infant mortality will be three times higher than the targets envisioned in the SDGs (Cilliers et al., 2020).

Conflicts and Transitional Justice

Africa is known for a large number of conflicts of an ethnic nature. While wars between countries are rare after the end of the Cold War, civilian rebellion and terrorism are common. COVID-19 has not brought a respite to that. New conflicts have surfaced and old conflicts continue to fester. In countries like Somalia, the Democratic Republic of Congo, and Mali, medical services, electricity, potable water sources, and internet connectivity are all in a poor state. Many coronavirus deaths in conflict zones and rural areas are unlikely to be diagnosed and the enormity of the pandemic burden may never be fully known.

Africa has several Internally Displaced Persons (IDPs) produced by years of conflict, and it will be difficult to implement social distancing measures in IDP camps, where people live in a huddled-up manner. Africa is also not known for a culture of savings. Some countries like Nigeria, which had resources like oil saw a price decline of nearly 55 per cent between the end of 2019 to March 2020. Because the oil sector accounts for 65 percent of the state's revenue and 90 percent of all state exports, the impact of this decline on the economy and the state's capacity for providing relief is severely undermined. Most countries in sub- Saharan Africa adopted the same type of COVID containment measures followed by high-income countries, such as enforced lockdowns, restricted transport, closed borders and even closed businesses. According to one estimate,the COVID-19 containment measures have pushed 9.1 per cent of the region's population into extreme poverty. Of the 873 million people, 19.3 per cent can no longer afford their pre-COVID-19 level of food consumption. The same estimate says that 3.9 million children under 5 years old face acute food deprivation (Teachout & Zipfel, 2020). Past or continuing repression and conflicts in many countries of the region have debilitated government institutions and heightened the economic vulnerability of societies struggling to come to terms with the legacy of mass atrocities.

The pandemic is not only a public health emergency in Sub Saharan Africa but also a human rights and justice issue. The pandemic came at a time when several countries were engaged in activities such as revision of constitution, preparations for elections and the implementation of peace agreements. The political dialogue between governments and the

opposition, which is needed for social cohesion and stability, has been stalled by the pandemic exposing the poor capacities of the former to face the crisis and the trust deficit between government and opposition. There has also been conflict, especially in border areas, involving armed groups engaged in drug trafficking and the running of parallel economies. The COVID-19 pandemic has created a more enabling environment for such activities. In Togo, the Office of the High Commissioner for Reconciliation and National Unity (HCRRUN) had to cut down its activities due to the pandemic, thereby delaying payment of compensation to those eligible. The pandemic has also brought in new cases of human rights violations in countries passing through a period of transitional justice. Those who criticize the government's response to the pandemic are charged with treason and are subjected to arbitrary prosecutions (IDEA, 2020).

Alternative Medicine

Adoption of alternative medicine is common in many African countries for prevention and management of COVID-19. Recovery rates have also increased. Fatalities have come down in countries that have adopted the use of local medicines alongside regular medication for COVID-19. Over 80 per cent of the African population relies primarily on traditional medicine for prevention or management of COVID-19. It has enhanced human immunity and reduced the susceptibility to COVID-19 infections. Africa's use of local medicines alongside observing WHO guidelines is a kind of glocalisation. Herbal remedies, including the drinking and inhalation of boiled water containing substances such as garlic, cloves, lemon, turmeric and ginger was found to be yielding positive results in some treatment centres (Iwuoha et al., 2020). Most of these were also used in Kerala (India) as part of the treatment regime, a state known for a strong Ayurvedic tradition.

Urban Planning

Health crises, such as Ebola, cholera and malaria, have not altered urban planning practices. It was the cholera epidemic in the 19th century that led to better urban sanitation systems. Likewise, respiratory infections in congested slums of industrial towns helped create modern housing regulations to improve the situation. Urban planning was also used for slum clearance and upgradation of infrastructure in countries such as South Africa (1927) and Nigeria (1928). In some countries, urban planning by colonialists was driven by the motive of cultural and structural isolation as in Ghana, socioeconomic segregation as in Congo and Nigeria, and segregationist development in apartheid South Africa. In the post-colonial

era, most of these systems of the colonial era were retained with the net result that the urban spatial inequalities created by segregation persist. Urban planning tends to focus on the formal communities, where the rich live, to the neglect of the informal communities, where most of the poor Africans live. Traditionally, urban planning in Africa is not directed at yielding health outcomes. The COVID-19 pandemic has highlighted the importance of urban green spaces in managing emergencies (Cobbinah et al., 2020).

COVID-19 and Religion

Religion is part and parcel of African life. Christianity and Islam are the major religions. There are also a sizeable number of people who practise traditional religions. Even those who practise Christianity and Islam do not shy away from using the services of traditional healers. Since African societies are known for their vibrant social life, it is difficult to impose social distancing norms, especially during funerals. People violate such norms when food and water are shared. The practice of washing of hands in one basin after the funeral is also not a healthy one. Singing in funerals is common and many pay scant attention to wearing masks. Since singing is loud, droplets can spread the virus easily. In countries like Tanzania and Kenya, religion is often seen as more important than health. In Kenya, the president hosted a national prayer before suspending all gatherings. Some religious leaders went against government directives and announced that their places of worship would be open to the public. Institutional religion is severely affected by COVID-19. The religious leaders are losing the power that they commanded in society. Praying together is also a means of forging social cohesion, which has been affected by the pandemic. There are religious groups who resort to rituals and practices aimed at invoking the divine and such people may be quite careless about following the public health guidelines. The President of Kenya's call for prayer is also a political act in that it is aimed at humouring such constituencies. Witchcraft in African societies is aimed at identifying the cause of diseases and misfortunes (Chacha & Kungu, 2020).

COVID-19 has belied the practice of predictions by religious leaders about upcoming occurrences. For example, in Nigeria, after the outbreak of the pandemic, one Pentecostal pastor came up with the theory that the virus was caused by the introduction of 5G technology and invoked biblical reference to Anti-Christ to explain the phenomenon. Another pastor predicted that the pandemic would end on 27 March 2020. When it did not happen in Nigeria or anywhere in Africa, he revised his prediction and said what he meant

was the end of the pandemic in its source of origin, China. In the Muslim North of the country, a cleric dismissed the virus as non-existent and a ploy of the West. A traditional religionist even issued a sixteen-day ultimatum to the virus to vacate from the face of the earth even though he continued to wear facemasks. In sum, most Nigerians were disappointed with the failure of their religion and religious leaders to provide answers and succour to people when they were most needed. Whether this would undermine their faith in the post-COVID situation remains to be seen (Alao, 2020)

Solidarity Economy and Ubuntu

The COVID-19 pandemic has, however, highlighted the shared nature of vulnerability cutting across classes. It has enhanced the importance of certain occupations such as nurses, domestic workers, teachers, laboratory technicians, cleaners, doctors and garbage collectors. Crises often motivate people to act more altruistically and empathise with those facing similar situations. Concerted efforts to help the marginalised are seen in several countries in Sub-Saharan Africa. Philanthropic organizations and individual volunteers have joined the efforts of the government to provide emergency relief alongside the government (Struwig et al., 2020).

The African continent has not recovered from the legacy of the Structural Adjustment Policies (SAPs) of the 1980s and 1990s, which reduced the capacity of the states to invest in social welfare programmes. From a care economy tied to agriculture, "the economy has been converted into a caretaker economy in a neoliberal state" (Ossome 2020). As stated by Ossome (2020, p. 9).

The gradual shift from agriculture, as a basis for national income, towards manufacturing and industry belies the still largely agrarian structure of much of the continent, in particular, the reliance on land and landed resources for survival and livelihoods in lieu of wages and income from the formal sector. The gross inadequacy of the response of African states to COVID-19 shows precisely such a disarticulation between the agrarian economy of care and the caretaker neoliberal capitalist state, and also the enduring links between the care economy and the agrarian structure.

Sub-Saharan Africa is predominantly home to the Bantu race. The Bantu people are known for their relational worldview that recognizes the humanity of fellow beings and is informed by a caring ethic, known as "ubuntu". The concept is based on dignity of all human beings by virtue of their capacity for community, solidarity and compassion. The concept

of ubuntu embodies post-materialistic and emancipatory values and is built on concern for the welfare of others, and there is no space for any form of exclusiveness. This has also a very strong Gandhian tenor about it. Pandemics are situations when the spirit of solidarity of the people is challenged. In a survey held in South Africa after the outbreak of COVID-19, participants were asked whether they would be more united and supportive of each other or more suspicious and distrusting of each other during the pandemic. The survey was conducted in two rounds. While 48 per cent of the participants felt that the pandemic would strengthen social bonds during the first round, it fell by 14 points during the second round when the lockdown restrictions were relaxed. (Struwig et al., 2020). In other words, while expressions of solidarity abound in times of acute crisis, when the people no longer feel the severity of crisis, chinks can be created in their commitment to the solidarity ideal.

Human Security

Most countries, with the notable exception of South Africa, have tried to limit the impact of restrictions on people earning their daily income, recognising the trade-off between protecting public health and social stability. In Nigeria, markets were allowed to remain open with reduced hours during a five-week lockdown in Lagos. In Congo (DRC), the authorities opted to only shut down the wealthiest district of the capital Kinshasa rather than low-income neighbourhoods. Most governments were also quick to relax lockdowns from the end of April, recognising that the policy was economically untenable. Ghana on 20 April was among the first countries to lift a three-week stay-at-home order in Greater Accra and Kumasi amid signs cooperation was beginning to decline. Faced with a growing popular backlash, several majority-Muslim countries such as Niger or Burkina Faso re-opened mosques during the Muslim holy month of Ramadan (Favaro, 2020). For example, steep price increases have been reported in the Congolese cities of Goma and Lubumbashi, heavily dependent on trade with Rwanda and Zambia respectively.

The closure of schools will impact more heavily on girls. Since they do not have access to school, they are more likely to be exposed to harm within their communities with higher likelihood of teenage pregnancies. Digital literacy and internet facility is so poor in many countries that most children are completely cut off from the schools and teachers. For example, internet access in countries like Liberia, DRC, Congo and Guinea-Bissau is less than 3 per cent. Many young boys in conflict-ridden regions are likely to be recruited by insurgents putting an end to their schooling altogether. The

Mo Ibrahim foundation conducted a survey among the youth and found that the biggest challenges identified by three fourths of the respondents (79%) is economic instability followed by unemployment (66%) (Mo Ibrahim Foundation, 2020). Health challenges were placed way behind these two.

African societies are known for their collective orientation. This is not only in terms of the way the society is organized but also for meeting its survival needs. Social distancing has created ruptures in this sociality and individual families will find themselves overly stressed to cope with it. Much of the health system is in disarray and not resilient enough to cope with a pandemic situation. It is the families and the community, which provide a safety net in such circumstances. Women constitute the pillars of such an arrangement. Interpersonal relationships are transformed with social distancing, and there is less physical proximity between family and community members. Individuals or nuclear families cannot provide for all vital needs in the African context, especially in poor communities.

Conclusion

Where does Sub-Saharan Africa stand in the midst of all the troubles caused by the pandemic? The pandemic has not created a panic-like situation in Africa already plagued by deadly diseases. But the COVID-19 upset the lives of the people more than any other previous pandemic. It has brought economic and livelihood-related activities to a standstill. It has exposed the fragile nature of the state to contain the virus and initiate welfare measures. It has dampened peace-building efforts in the conflict-ridden regions. In much of Sub-Saharan Africa, international agencies and NGOs brought relief to the people, not the state. The social distancing norms are ideal for individualistic societies, but for community-oriented societies in Sub-Saharan Africa, such measures break the very foundation of their existence. Ultimately, the pandemic has destroyed the social fabric of most countries, especially in the urban areas. It can provide a fertile ground for recruitment of unemployed youth by armed gangs. The impoverishment of a large number of people in the urban areas can contribute to the re-emergence of xenophobic attacks on African migrants in countries like South Africa. Unless Sub-Saharan Africa develops the resilience needed to cope with pandemics by drawing on its own community values and resources represented by the spirit of Ubuntu, it will not be possible to address the reversals the continent has suffered in the wake of the pandemic.

References

Alao, A.(2020). Understanding and Fighting Pandemic in the 'spirit': Religion and COVID-19 in Nigeria, *African Leadership Centre, Op-Ed Series*, 4 (5). July 30. Retrieved from https://www.africanleadershipcentre.org/index.php/covid-19-research/658

Asante, L.A., & Mills, R.O.(2020). Exploring the Socio-economic Impact of COVID-19 Pandemic in Marketplaces in Urban Ghana, *Africa Spectrum* 00(0) 1–12. Retrieved from https://www.researchgate.net/publication/343191709_Exploring_the_Socio-Economic_Impact_of_COVID-19_Pandemic_in_Marketplaces_in_Urban_Ghana

Casola, C.(2020). The Social Impact of the COVID-19 Crisis in Africa, Commentary, *Italian Institute for International Political Studies*, October 2. Retrieved from https://www.ispionline.it/en/pubblicazione/social-impact-covid-19-crisis-africa-27642

Chacha, B. K. & Kungu, J. N.(2020). Religious Cocubinage, COVID-19 and the Moral Economy of Witchcraft in Kenya, *European Journal of Social Sciences Studies*, 5(3), 86-99.Retrieved from https://oapub.org/soc/index.php/EJSSS/article/view/858/1443

Cilliers, J., Oosthuizen, M., Kwasi, S., Alexander, K., Pooe, T. K., Yeboua, K. & Moyer J.D. (30 June, 2020). *The poor lose again: Impact of COVID-19 on Africa*, Institute for Security Studies. Retrieved from https://issafrica.org/iss-today/the-poor-lose-again-impact-of-covid-19-on-africa.

Cobbinah, P. B., Erdiaw-Kwasie, M. & Adjei, A. E. (2020). COVID-19: can it transform urban planning in Africa?, *Cities & Health*, DOI: 10.1080/23748834.2020.1812329. Retrieved from https://www.tandfonline.com/doi/full/10.1080/23748834.2020.1812329

Favaro, T. (2020) COVID-19 – *the security impacts in Africa, Control Risks*. Retrieved from https://www.controlrisks.com/our-thinking/insights/covid19-the-security-impacts-in-africa

Gondwe, G. (2020). *Assessing the Impact of COVID-19 on Africa's Economic Development*. UNCTAD. Retrieved from https://unctad.org/system/files/official-document/aldcmisc2020d3_en.pdf

IDEA. (2020). *Transitional Justice and Social Cohesion (re)Construction in African Countries during the COVID-19 Pandemic*. Strömsborg: International Institute for Democracy and Electoral Assistance. June. Retrieved from https://www.idea.int/publications/catalogue/transitional-justice-and-social-cohesion-reconstruction-african-countries

Iwuoha, V. C., Ezeibe, E. N., & Ezeibe C. C. (2020). Glocalization of COVID-19 responses and management of the pandemic in Africa, *Local Environment*, 25(8), 641-647.Retrieved from https://doi.org/10.1080/13549839.2020.18

02410

Melber, H.(2020) Covid-19 and Southern Africa, *The Round Table*, 109:4, 476-477, DOI: 10.1080/00358533.2020.1790776

Mishra, A (2020). *Africa and COVID19: Impact, Response, and Challenges to Recovery*, ORF Occasional Paper, Sept. 28, Retrieved from https://www.orfonline.org/research/africa-and-covid19-impact-response-and-challenges-to-recovery-74209/

MO Ibrahim Foundation.(2020). *COVID-19 in Africa What does it mean for young people?* July 2020, Retrieved from https://mo.ibrahim.foundation/covid-19

Niang , A., & Taylor P. (2020). *Covid-19's impact on social divides – a spotlight on Africa,* Opinion, Institute of Development Studies, Retrieved from https://www.ids.ac.uk/opinions/covid-19s-impact-on-social-divides-a-spotlight-on-africa/

Ossome, L. (2020). The care economy and the state in Africa's Covid-19 responses, *Canadian Journal of Development Studies*. Retrieved from https://www.tandfonline.com/doi/full/10.1080/02255189.2020.1831448

Sekyere, E., Bohler-Muller N., HongoroC., & MakoaeM.(2020). *The Impact of COVID-19 in South Africa*, Africa Program Occasional Paper, Wilson Centre. Retrieved from https://www.wilsoncenter.org/sites/default/files/media/uploads/documents/The%20Impact%20of%20COVID-19%20in%20South%20Africa_0.pdf

Struwig, J., Roberts Benjamin J., & Gordon S. L.(2020).'Dark Cloud with a Silver Lining'? The Prospect of a Rise in Material Values or a Post-Material Turn in Post Pandemic South Africa, *International Journal of Sociology*. Retrieved from https://www.tandfonline.com/doi/pdf/10.1080/00207659.2020.1826106?needAccess=true

Teachout, M., & Zipfel, C. (2020). *The economic impact of COVID-19 lockdown on Sub-Saharan Africa*, International Growth Centre, Policy Brief, May. Retrieved from https://www.theigc.org/wp-content/uploads/2020/05/Teachout-and-Zipfel-2020-policy-brief-.pdf

❑❑❑