

## **SOCIO-ECONOMIC IMPACT OF COVID-19 ON INDIVIDUAL HOUSEHOLDS IN AFRICA: THE GAMBIA EXPERIENCE**

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### **Abstract**

*People and households are still under the trauma caused by Covid-19 which has devastated the socio-economic structure of households in The Gambia. The study objective is to assess the socio-economic impact of Covid-19 on individual families in the study area. The disruption of societal and individual activities through the restriction of movement of people and the effect of social distance measures on employment, Gender Based Violence (GBV), education, and health service negatively impacted homes. The study utilised a quantitative method and employed a cross sectional study design. A convenient and a snowball sampling technique were employed by this study. A non-restricted sample of working-class residents of the Greater Banjul Area was followed with an online questionnaire. There's a total of 114 respondents' respondent for this survey. Based on the objectives of the study, thematic areas were developed to understand the linkages between Covid-19 and satisfaction of life, household income and finance, societal issues, health, education, food, gender based violence, drinking alcohol and use of tobacco. Overall, the study revealed a positive*

*correlation on the impact COVID-19 and household income, health, education, food availability and consumption and gender-based violence. Even though the impact of Covid-19 was not immense in terms of human cost (mortality) in the Gambia compared to other countries, the study discloses that the consequences of the virus on societal issues and the economy of the country were profound. The social impacts of the pandemic have affected many families. These impacts are enormous on society and may last for a long time before society will recover and get back on its feet.*

**Key Words: Household, Family, Socio-Economic, Impact, COVID-19**

## **1. INTRODUCTION**

Since it was detected in Wuhan China in 2019, the Coronavirus (also called Covid-19) has directly or indirectly affected every living individual not minding where they live with more than twenty-two million and an increasing number of cases already registered in the world so far. It sparked fear and affects global economies, forcing many people and nations into a historic level of economic recession. Although not sparing the developed countries, developing countries such as the Gambia are expected to be much more affected, with the fragile state

of their economies. Social distancing, self-isolation and travel restrictions have led to a reduced workforce across all economic sectors and caused many jobs lost. Food consumption was drastically affected due to panic buying while production and demand for durable manufactured good decreasing globally (WHO 2020). This study is focused on the impact of the Covid19 on individuals and households in terms of lost jobs and income affecting the household's ability to afford a basic standard of living. Social activities were badly affected due to government restrictions of person's movement. By and large, individual businesses and livelihood were affected.

According to the Integrated Household Survey of 2015, almost half of the Gambia's 2million population (48.6%) are living below the poverty line, a large number of the population is still vulnerable to shocks and a crisis like COVID-19 will move most of the vulnerable populations back into poverty while increasing vulnerability for others. This study measured the impact of coronavirus pandemic on individual households in the Gambia in terms of lost jobs and income affecting the household's ability to afford a basic standard of living. Several developments have taken place since the first reported case in The Gambia which has significant implications on

the economy and society of the country. Firstly, the government suspended non-essential travels by government officials, including Ministers, Permanent Secretaries, Managing Directors and Directors of all Ministries, Departments and Agencies. A state of public emergency was declared throughout the country and all public gatherings were suspended. This includes international and local conferences, workshops and seminars to be hosted in The Gambia. Lumos (open markets) and Gamos (special Islamic gatherings) and Church gatherings were all suspended. Besides, all travellers from hotspot countries were isolated for 14 days upon arrival in The Gambia during the peak of the Pandemic. The border between The Gambia and Senegal was closed on Monday 23rd March 2020 but the closure did not affect essential services, such as the movement of security personnel, foodstuff, medical services, related items, and equipment between the two countries. The government of the Gambia had asked all non-essential workers to stay home as measures to contain the spread of Covid-19 continue. The government approved a GMD500 million Covid-19 Emergency Fund bail out to support families and small-scale businesses in the wake of the pandemic. The Government also produced a National COVID19 Response Plan with an indicative budget of

US\$8.8 million to address the situation in the country. A Nationwide food aid packages were facilitated by the government to support the most vulnerable in the society and most families benefited.

Before the Covid-19 pandemic, most of the healthcare infrastructures in The Gambia were in the state of dilapidation.- The Ministry of Health had since formed a taskforce to help prevent the widespread of the virus and has been giving daily briefings to the general public via the television and radio and all social media outlets in the country. Various quarantine and isolation centres were created in some key border installations across the country. The Medical Research Council (MRC) facility at Fajara has been used as a treatment centre for coronavirus patients. However, due to lack and insufficient funding from donor agencies, most of the healthcare expenses are made from out-of-pocket expenditure compared to Europe where the national and regional authorities are responsible for the health policies and expenditure of citizens. Despite the quarantine and other measures adopted to stop the spread of COVID19 in the Gambia, the number of infected cases and deaths were high. This situation mounted unprecedented pressure on the public health system in many parts of the country. This pressured

the government of the Gambia to impose the wearing of face mask in public places mandatory with effect from 24th July 2020. A curfew was also imposed on its citizens restricting people's movements from 10 pm to 5 am. In addition, all shops selling non-essential products in the country were closed for 21 days. Market vendors and some essential service provisions in the country were only allowed to operate from 6 am to 2 pm from Mondays to Saturdays.

### **1.1 Problem Statement**

The COVID-19 pandemic forced a systematic change on how people and businesses operate in the Gambia. The number of restrictions imposed including restrictions on travel to and from the Gambia limit or eliminate the tourism session of 2020 and 2021, setting free most people working in the tourism sector. It is worth noting that a good part of the vulnerable population in the Gambia, especially in the greater Banjul are employed in Tourism related activities, contributing about 22 per cent of the GDP to the Gambian economy. There are number of previous studies analysing the economic impact of global pandemics. A general equilibrium approach is the ideal framework for properly evaluating the economic

impacts of public health emergencies such as pandemic influenza and human coronavirus.

## **2. EMPIRICAL REVIEW**

In Ghana, the first issue of concern from COVID-19 literature is that the virus is taking its highest toll on two factors: (1) the impact of the virus on economic activity and (2) the number of people living close to the global poverty line (Mahler et al., 2020b). Disturbingly, the outbreak of COVID-19 and the non-existence of a cure have several critical implications. First, the pandemic is a threat to the achievement of the Sustainable Development Goals (SDGs), as it is entrenching poverty thereby deteriorating standards of living in most sub-Saharan African countries, including Ghana. Before COVID-19, more than half of the extreme poor lived in sub-Saharan Africa and alarmingly, the number of poor people in the region increased by 9 million (World Bank, 2018). It was projected even in the absence of COVID-19 that, by 2030, nearly 9 out of 10 extreme poor would be in sub-Saharan Africa. Now with COVID-19, current estimates suggest that the world's progress in achieving zero poverty in this region by 2030 will be slog back by seven extra years

owing to COVID-19 (Mahler et al., 2020a). The present study examines how COVID-19 is posing a threat to some of the SDGs, particularly poverty and hunger in Ghana. The most recent estimates from the Ghana Living Standards Survey (GLSS 7) suggests that the battle to end poverty in all its forms everywhere in Ghana is far from over and in some regions, getting harder to achieve as the proportion of Ghana's poor remains unacceptably high (Ghana Statistical Service, 2018a, 2018b).

The second issue of concern from the literature is that COVID-19's impact on poor households is more likely to be heterogeneous across gender with male-headed household better positioned than their female counterparts in dealing with the shock. If this theory holds, then different gender-specific policies are required to tackle post-COVID-19 poverty. It is important to emphasise that poverty-gender heterogeneities have a long-standing history with women continuously being disfavoured (S. A. Grossbard-Shechtman & Neuman, 1988; Betti et al., 2020; Depew & Price, 2018; S. Grossbard-Shechtman & Neuman, 1998). Consequently, the outbreak of the COVID-19 pandemic has received growing concerns (Wenham et al., 2020) that the existing gender poverty gaps are likely to exacerbate given that labour markets and

family obligations often constrain females in competition against men on the economic front (Alon et al., 2020). Others Wenham et al., (2020) underscored that the differential effect of COVID-19 on women results from differences in employment status where most women are engaged in informal care within the household with the consequences of limiting their work and economic opportunities. Most importantly, previous studies suggest that significant differences exist in a household's COVID-19 mitigation or management behaviours and that the typical household does not manage COVID-19 efficiently. In other words, households tend to be short-sighted when making decisions regarding shocks and thus, may be ill-prepared for shocks like COVID-19. At the same time, individual households have been increasingly expected to take responsibility for their COVID-19 security.

Nigeria has been adversely affected by the Covid-19 pandemic. According to a journal published in May 2020 suggested that the first major impact channel is the expected shortfall in federal budget revenue due primarily to the plunge in oil prices. Likewise, on the expenditure side, there are substantial unanticipated spending needs associated with COVID-19 in the form of increased health

costs, new stimulus packages for businesses, and increased social support for vulnerable households.

The second channel is the expected decline in private remittances into Nigeria as COVID-19 affects the well-being of Nigerian workers living abroad and remitting income back home. Nigeria is the largest recipient of foreign remittance incomes in Sub-Saharan Africa, and these comprise about 5% of Nigerian GDP (Nevin and Omosomi, 2019; World Bank, 2018, World Bank, 2019). The Economist (2020) reports that Nigeria relies on “major lockdown economies,” such as Britain, France, Italy, Spain, and the United States of America, for 54% of remittance incomes. Remittances from these countries declined dramatically in early-2020; for example, some payment companies in Europe reported declines of 80–90% in remittance payments to Africa. This result demonstrated how individual households were affected due to the advent of the Covid19 Pandemic.

The third major impact channel includes the direct effects of policies adopted to mitigate the spread of the coronavirus, specifically the 5-week restrictions on movement and economic activity imposed by the federal government on the Abuja Federal Capital Territory, Lagos State, and Ogun State, as well as the extended lockdowns

in other states, such as Kano. These restrictions directly reduce economic output and household incomes for a large share of the residents who are unable to work and earn an income. Consumer demand is also curtailed directly through measures that prevent consumers from spending money on non-essential goods and services. Lockdown measures were not applicable to sectors considered “essential.” The federal government issued exemptions for medical services provided by public and private hospitals and pharmacies, food retail in markets during restricted hours, supermarkets and grocery shops, and prepared foods for delivery. The policies allowed farms, food and drug manufacturers, and food distributors to continue their activities. Other services considered essential, and therefore exempt, included fuel stations, private security companies, and limited financial services to maintain cash availability and to allow for online transactions. The World Bank provides a longer-term perspective, predicting that remittance flows into Nigeria will decline by 25% this year due to COVID-19. This is at the upper-end of the 5–25% range decline anticipated by Kuhlcke and Bester (2020) based on an analysis of remittance flows during the past crises, although they warn that the high proportion of remittances coming

through informal channels makes it difficult to assess the true impact.

According to UNDP report (2020) on policy briefing in Nigeria, the implications of the economic impact of the pandemic could cultivate conditions for disgruntlement and social unrest. Pandemics have a bearing on the social fabric of society - stress initiated by economic losses often result in visible cracks where incidences of once socially unacceptable norms become more frequent. The report also suggests that health related pandemics have the potential to increase the risks of: domestic violence – with police reports in China showing that domestic violence tripled during the epidemic; violence against health workers due to serious stress levels that the pandemic places on patients; and abuse and exploitation of women and girls – especially care givers. Furthermore, frustrations resulting from economic loss could also play into existing regional fault lines within Nigeria.

In the United Kingdom, using de-identified transaction-level data called SaverLife, (Baker et al. 2020) studied how pending of households respond to an Epidemic. Households radically alter their typical spending across several major consumption categories as a number of cases rise while expenditure also sharply decreases with

alternation on spending on different goods (Baker et al. 2020). This is also associated with a high reduction in spending by high-income individuals as shown by on a paper studying COVID-19 and how stabilization policies affect household and individual Spending and Employment.

The evidence tends to emphasise that while household reallocates income to more pressing needs of the individuals such as food and other necessities, there is also a general decline income and consumption as cases rise and employment increase. Although the impact on the poor household is much more noticeable on poor households and individuals (Ardl et al. 2017; Kartseva and Kuznetsova 2020; Nicola et al. 2020; Sohrabi et al. 2020) other households (high-income household) are also grossly affected (Chetty et al. 2020) with income lost, reduction in employment income and a corresponding decline in expenditure and rationing. The reduction in consumption expenditure by all households greatly reduced the revenues of businesses that cater to high-income households and person (Chetty et al. 2020).

The Gambia is one of the smallest countries in the world, particularly in West Africa. According to the World Population Review (2019), The Gambia has an estimated

population of 2.3 million inhabitants. The Gambia in 2017, recorded the value of 0.460 human development index (UNDP 2018). This report positioned The Gambia in the lower category of human development. Poverty remains a challenge in The Gambia, predominantly in rural areas. The Gambia Demographic and Health Survey (GDHS) 2013, shows that rural communities are at the bottom place in the country's wealth index, educational attainment, advanced risk of food security, and raised fertility (GBoS, 2013). In The Gambia, the health care system continues to be one of the most sectors that the government focuses its attention on most with annual expenditure equivalent to 6% of the GDP compared to the Ministry of Finance & Economic Affairs and Ministry of Trade, Regional Integration, Industry, and Employment 4% and 2% respectively (MOFEA, 2020). However, this is not substantial enough, given the situation of the health care system in the Gambia. Current health conditions in The Gambia is a major attraction to multiple development partners such as World Bank, Global Fun, African development Bank as well as projects under health like primary health care. Furthermore, the country has six major hospitals of which two are in the capital city, two in the West Coast region, one in North Bank region, and one in the Central River Region.

Similarly, the Gambia Demographic and Health Survey (GDHS) 2013 shows that The Gambia has a very serious public health care problem resulting from infectious and parasitic diseases (GBoS, 2013). Insufficient investment and lack of trained health personnel also remains an added obstacle. Most of the qualified doctors are those on technical assistance from countries such as Cuba. Currently, there are 145 Cuban doctors on assistance (Sine, Jeffrey, Patrick Pascal Saint-Firmin, 2019). Importantly, the government in its endeavour to better health care delivery has developed a national health policy 2012-2020. The health policy seeks to make quality health care reachable to all Gambians at all levels with adequately trained, skilled, and motivated personnel. Its implementation is expected to reduce morbidity and mortality concerning major diseases, promotion of healthy lifestyles, reduces health risk, and exposure to environment negative issues.

In Africa, where families are much valuable, with a high prevalence of poverty and other social vulnerabilities, the effect of the pandemic can be a lot more pronounced. The impact is magnified by a very poor beginning, with bad health systems, and limited preparedness for such situations. On Understanding its Economic Implications

of the coronavirus pandemic for Africa, Ataguba, 2020, shows that the COVID -19 will have both long term and short term effect on African economies which can impose a lasting impact on urban facilities and therefore households. Also, due to the significant costs associated with the COVID-19 pandemic, the COVID-19 will particularly affect less developed economies where health care systems are less developed and population density is high (Ataguba 2020; Kartseva and Kuznetsova 2020; Nicola et al. 2020; Renjen 2020; Sohrabi et al. 2020).

Given the nature of urban residents, global pandemics affecting global business activities are more likely to impact urban as compared to rural residents. (Bonaccorsi et al. 2020) shows that the coronavirus pandemic affects urban dwellers by restricting their movements, affecting their employability and income. This effect is not much pronounced in rural settlements where populations are less dense and employment is likely to be self, and primitive. Adverse economic events such as recession more often affect men more than women especially when it comes to employment. This could be because for those employed; men are also more likely to be engaged in highly vulnerable employment. What is clear is that the severity of COVID-19 on economy will be more evident

in the medium term after the suspension of lockdowns and commencement of economic activities. At aggregate level, precise export revenue losses, government expenditure deficit, unemployment levels will determine the severity of the pandemic on the African continent. Currently, the impact is perceptible in the tourism sector on account of cancelled international hotel bookings and flights. At a microlevel, restricted supply chains have disrupted access to inputs which has increased the cost of production, scarcity of essentials and a surge in prices. Business closures have resulted in job losses, low liquidity levels and compromised household consumption. The economic downturn will linger on in the medium term and will take government fiscal adjustments and reforms to curb the setbacks.

The current COVID-19 pandemic is still ongoing, and it is concerning that we still do not know how long it will last and what long-term effects it will have. Despite the successful development of vaccines, the medical capacity to completely treat this disease is still limited. Non-pharmaceutical interventions (NPIs), such as increasing handwashing, reducing physical contact, wearing masks in public places, maintaining social distance, quarantine, and isolation, are still the main strategies for handling this

pandemic (Van Bavel et al., 2020; Gössling et al., 2021). The social and economic consequences of the pandemic are devastating: almost half of the global workforce is at risk of losing their livelihoods, tens of millions are at risk of falling into extreme poverty, and millions of companies are facing existential threat (Alauddin et al., 2021). In addition to the pandemic itself, the economic impact of the crisis brings heavy psychological stress to individuals, causing mental health problems, and may trigger long-lasting behaviour changes. Other pandemic-related factors may also cause psychological distress, including mandatory use of face masks (Wang et al., 2020a), lockdowns (Le et al., 2020), lack of access to medical services (Hao et al., 2020; Tee et al., 2021), dissatisfaction with health information (Tee et al., 2021), perceived discrimination (Wang et al., 2021), and stress about returning to work (Tan et al., 2020).

Prior behavioural science research focuses on perceived threats, stress, and coping (Van Bavel et al., 2020). In the early stages of the pandemic, the physical health risks associated with the COVID19pandemic have received extensive attention from the academic community (Mehta et al., 2020; Odayar et al., 2020), and there is growing research attention on the risks of mental health associated

with the spread of the pandemic (Auerbach and Miller, 2020; Xiong et al., 2020; Wang et al., 2020a). The focal attention since the outbreak of the pandemic has been the psychological distress because of the pandemic itself (Jungmann and Witthoft, 2020) or the adverse economic impact of the pandemic (Bierman et al., 2021). However, it is still unclear how the pandemic control measures cause mental health problems through economic impact (Murakami et al., 2021). Many scholars believe that the measures taken during the pandemic may cause people to suffer more economic losses and fall into economic difficulties, thereby causing serious mental health problems (Timming et al., 2021), while some scholars believe that although the pandemic may cause huge economic losses, people's mental health status has not decreased (Murakami et al., 2021). Therefore, it is necessary to conduct a conceptual analysis of the economic impact of the pandemic and mental health by synthesizing the relevant findings in existing literature (Ali et al., 2021).

### **3. METHODOLOGY**

This study adopted a cross sectional design to measure the impact of Covid19 on resident of the greater Banjul Area (GBA). This study focused on the greater Banjul area of the Gambia. This area includes Banjul and Kanifing and the urban part of the West Coast Regions of The Gambia. It encompasses the main urban centres of the Gambia, which is densely populated and highly commercial for most Gambians. Both primary and secondary data types were used. More importantly, secondary data from research results obtained from a review of literature on the impact of the Covid19 pandemic and other relation materials was obtained for this study. Primary data was collected from resident of greater Banjul area through filing the online questionnaire. Primary data helped to validate or invalidate results from the review of literature and opinions and expectation of the researcher(s). These data are also derived from obtaining key information specific to this area of the Gambia (The Greater Banjul Area). Information such as, demographic, social and economic characteristics, social and economic impact, and mitigation strategies during the Covid-19 pandemic were impact result of these data.

#### **4. RESULTS FROM THE FINDINGS OF THE STUDY**

The study interviewed thematic 114 respondents in the greater Banjul area. An online Google form was filled in by participants of this study. Based on the objectives of the study, areas for analysis of study finding were developed. The thematic areas were developed to answer the study objectives. Among the 114 respondents of this study, 85 (74.1) were male and 29 (29.5%) were female. Most of the respondents were between the ages of 27 and 40 years (31 between 27 to 33 and 32 between 34 to 40 years); at least 50% of the respondents were between this ages cohort. The other largest group of respondents was between the ages of 40 to 46. Only 2 respondents were aged 60 and above. Respondents were asked about the number of people living in their households. The study found out that the average household size among the respondents of this study was 7. At least 50 of the respondents said that their household size was between 3 and 7 person per household. Respondents were asked about the attendance of school amongst their households' members. At least 92.1% said that a member of their household is currently attending school while only 7.9% of the respondent claimed that their household members are currently not attending school. Respondents were

asked to rate their satisfaction with life from a scale of 0 to 10, where 0 means not satisfied with life and 10 means very satisfied with life. The study found out that 16 of the respondents from the 114 said they are not satisfied with life while 12 from the 114 said they are happy with life. Overall, at least 50% of the respondents were not somehow happy with their life these days.

The study found out that a good number of the respondents were satisfied with the financial situation of their households. However, 14 of the 114 respondents expressed dissatisfaction with their household financial situation. The personal relationship with other people including household members was assessed by the study. The study found out that majority of the respondents was satisfied with the personal relationship they have with other people or member of their families. On the respondents feeling of a depression, about 29.8% of the respondents said they somewhat felt depressed during the past days, 41.2% of the respondents said that the depression they felt was little and 28.1% said they have not been depressed during the past days. Not feeling nervousness, the respondents, majority of the respondents said they did not feel nervous. Majority of the respondent were happy during the past four weeks in 64.5%, while

28.1% said happiness was all the time. 5.6% of the respondents as little happiness during the period while 1.8% said none of the time felt lonely during the past 24 hours. However, a survey was carried out during the past 4 weeks to find out the level of loneliness amongst the respondents. 32.5% said had no time at all while 42.4% majority submits that they had little loneliness. 25.4% said some times. 1.7% minority were found to say that, they were lonely all the time.

The impact of Covid-19 on health condition of the respondents showed that 37.7 % majority said the Covid-19 affected their health while 25.4% said the Covid-19 affected their health marginally. Those extremely affected were 28.9% and 7.9% said the Covid19 did not at all affect their health. Respondent were asked whether they were concerned about the health of their relative or friend because of the Covid-19. Overwhelmingly, 91.2% of the respondents said they were concerned about the health of their relatives or friends. It was found out that only 8.8% of the respondents were not concerned about the health of their relatives or friends from Covid-19 pandemic. The impact of Covid-19 on maintaining social ties with friend and families was assessed among respondents in the study. As shown on the chart below,

about 90.3% of the respondents said Covid-19 has affected their ability to maintain social ties, although to a varying degree. Only 9.6% said the Covid-19 did not affect their ability to maintain social ties with family or friends. About 90.4% of the respondents said the Covid-19 has interrupted their education or their household members. Only 9.6% said the Covid19 did not affect their education of household members.

The findings shows that 83.4% of the respondents were impacted with stressed as a result of the house confinement due to Covid-19. The stressed as a result of the house confinement was reported in a varying degree, 27.2% were extremely stressed, 36% were somewhat stressed and 20.2% were much stressed. Only 16.7% said they were not impacted with stressed because of the house confinement due to the Covid-19. The study found out that at least 71.1% of the respondents claimed they were not affected with a domestic violence in their homes. However, a good number of the respondents said they were affected with domestic violence because of the Covid-19 measures. About 5.2% of the respondent said that violence was extreme during the Covid-19, 11.4% said they were very affected by domestic violence and the 12.3% said the violence was somewhat in their homes.

The study found that 92.1% of the respondents do not drink alcohol, 5.1% said that the Covid-19 did not change amount or frequency of drinking of alcohol and the 2.8% said drinking alcohol has decreased. The study found out that none of the respondents has increased in drinking of Alcohol. The impact of Covid-19 on the use of tobacco among respondents was measured in this study. Majority of the respondents (97.1%) do not use tobacco. From those that use tobacco, the study found out that majority said the Covid-19 did not change their tobacco use. However, only 2.9% of the respondents said that their tobacco use has increased.

The study found about 89.5% of the respondents said they are employed and currently engaged in work duties. About 5.6% are unemployed and 3.4% are employed, in receipt of employment income and not carrying out duties, while 1.5% is others. Only 13.2% of the respondents are currently working from. Of the 13.2% currently working from home, 86.8% said it is as a result of the Covid-19 pandemic. 97.4% says no to the question if they normally work from home before introduction of Covid-19 restrictions in the Gambia. Respondents were asked to describe how Covid-19 impacted their households to meeting their financial obligations. From the responses,

about 67.5% of the respondents said that the Covid-19 has impacted their household's ability to meeting their financial obligation and 32.5% said Covid-19 has not impacted the ability of their household to meeting their financial obligation.

## **5. CONCLUSION**

Even though the impact of Covid-19 was not devastating in terms of human cost (mortality) in the Gambia when compared to other countries, albeit, this study has found out that the consequences of the virus on societal issues and economy of the country was profound. The social impacts of the pandemic have affected many families. These impacts are enormous on the society and may last for a long time before society will recover and get back to its feet. In the literature, the pandemic has further increased vulnerability of African countries including the Gambia, where families are much valuable, with a high prevalence of poverty and other social vulnerabilities, the effect of the pandemic can be a lot more pronounced. The impact is magnified by a very poor beginning, with bad health systems, and limited preparedness for such situations. The social and economic wellbeing of the people was affected due to Covid-19. With this reality in mind, individual households and families are making to

recover in the Post-Covid-19 era. With small scale businesses springing up, hope is not lost at all. Deliberate governmental and non-governmental efforts in easing the stress will help a great deal.

## **6. RECOMMENDATIONS**

The study recommends that:

- i. The Government through the National Disaster Management Agency should provide immediate financial assistance to poor households
- ii. The government should support small and medium scale business enable to continue employing people to lessen the impact of Covid19 on the economy
- iii. The government should strengthen the behavioural change communication on Gender Based Violence.

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