



UNITED NATIONS
DEVELOPMENT PROGRAMME



COVID-19
RESPONSE



THE IMPACT OF COVID-19 THROUGH PEOPLE'S NARRATIVES AND PERCEPTIONS

IMPACT OF COVID-19

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Context:

Since March 2020, when COVID-19 became part of our lives in the Republic of Moldova, a series of initiatives related to COVID-19 have been taken by the Government, development partners, the private sector and civil society. These initiatives have been designed to measure the impact of the crisis on different target groups and different aspects of our lives, but also to find ways to navigate the pandemic, meet the changing demands of people and help them to better recover from the crisis. To complement the existing efforts to measure the impact, UNDP explored real-life stories from people about how COVID-19 has affected their lives and the lives of others in their communities.

Research methodology:

UNDP Moldova partnered with Cognitive Edge in a joint effort to answer the question: “What is the impact of COVID-19 on the communities of Moldova?”¹ We used thick data, referred to as micro-narratives, alongside quantitative data gathered through SenseMaker®. We also ran a sense-making community workshop to facilitate further discussion, interpretation and exploration of the data. The combination of quantitative and qualitative data collection, through SenseMaker®, allows for statistical patterns to emerge and for the respondents themselves to use the qualitative data as a narrative explanation for the quantitative data gathered. The responses to multiple choice questions enable further in-depth analysis and the data to be filtered by various demographic and content questions.

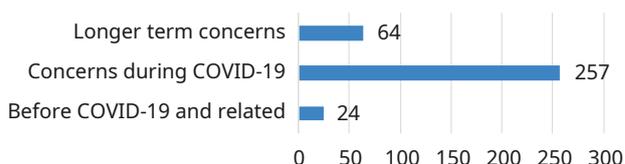
Findings:

A total of 285 stories were collected between June and August 2020, with 99 per cent of the

¹ https://collector.sensemaker-suite.com/?projectID=COVID_Impact&language=ro#Collector

respondents living in Moldova and over 75 percent of the responses coming from women. The age of the respondents varies widely. All but 10 of the households were made up of 1-5 people, and over half of these households contained no school-aged children. The majority of households had an average income. Sixty-six percent of the stories shared were seen as negative, which means there are still, perhaps surprisingly, positive stories in these uncertain COVID-19 time.

Figure 1. This experience relates to...



The main quantitative findings of the impact of Covid-19 on the communities from Moldova include:

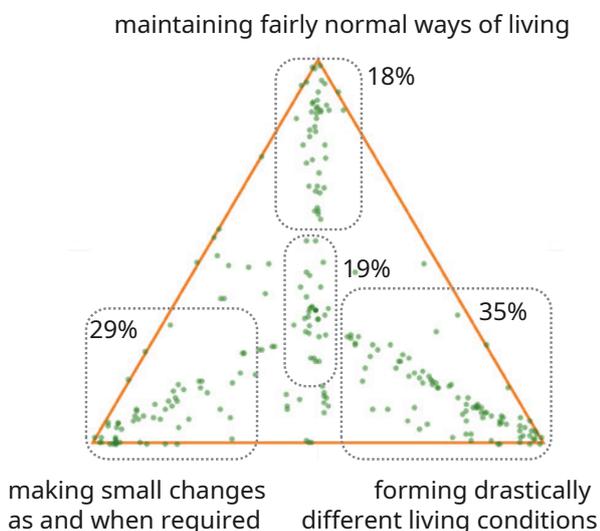
- One-third of the respondents did not receive any help or support during the period in question;
- **Financial stability, health care, and security** were the most important issues at the time of the story. Less important was shelter.
- **Getting the right information and health care, and keeping in touch with people** were the biggest challenges (Figure 2). The least important was access to cleaning supplies.
- COVID-19 mostly affected **personal well-being and relationships**, with slightly different patterns developing depending on the respondents' age. For respondents aged 26-35 years, business and economic health, infrastructure and services were equally important. For people over 65 years, personal well-being and relationships mattered most.

Figure 2. In the shared experiences, the greatest challenges were...



- Despite the nature of the pandemic, a reasonable number of people responded by **maintaining normal living** which could highlight some non-compliance (T2).
- Nearly a third of the respondents believed that the situation could be improved by better **community cooperation**, but a small cluster formed around improving information. This could be a weak signal for the existence of fake news/miscommunication, which is supported by previous findings.

T2. In the experience I shared, people responded by...



- A high proportion of people were focused on creating **coping strategies** to get them through, rather than on curiosity and finding meaning. But given the prioritized challenges and largely negative nature of experiences, these coping strategies could be maladaptive.
- People did not state that they trusted **scientific reports** which, accompanied with previous findings about information, could again signal an issue with miscommunication. People were more likely to **trust the community than governance**.
- The findings also show more of an **atomistic culture**, in which people were focused on themselves and close family members rather than their communities and even less on the economic wellbeing of the country.

The analysis of people's stories revealed that the **most talked about topics** were around the following:

- Fear of COVID-19 infection, both for themselves (the storytellers), as well as for their family members. People talked less about fear and care for others outside their families;
- Frustrations related to other people not respecting the COVID-19 related safety norms;

- Financial insecurity, particularly as a result of job loss;
- Fear and confusion created by an overload of negative and partial information, isolation and depression;
- Difficulties accessing health support related to health problems other than COVID-19;
- Difficulties for parents with children to cope with the situation, covering remote learning, multitasking, and lack of psychological support;
- Positive experiences with social assistance, and family and community support, especially for the elderly.

At the same time, the stories clearly depict people's experiences of dealing with COVID-19 in different ways. This highlights the **two poles of people's experience through the pandemic**. These differences were:

- On one side were people who had a lot of free **time**, and on the other side people who were extremely busy and overwhelmed with chores, children, jobs and family members;
- The experience of people **staying at home**, specifically of those who had spare time, was on both sides: on the one hand there were people who experienced isolation, frustration, depression, lack of activity and adoption of bad habits, and on the other side there were people who used the time to engage in their hobbies (such as painting or photography), learn new skills, and invest in personal development and in building family relationships. Some people felt alone, isolated and socially distant, while others built connections with people around the world and were more engaged socially in the lockdown;
- From the stories, some people **observed the rules and cared for themselves and others**, while others did not observe the rules and did not care for themselves and others.

The above thick data summary invites us to look into possible data correlations, find meaning in these phenomena, and look into possible programmatic solutions and responses.

NEEDS AND CHALLENGES

Specific challenges arising from the data analysis and interpretation in the sense-making workshop include lack of trust in scientific information, lack of access to quality and consistent information, lack of specific support for the most affected and vulnerable groups, the often individualistic nature of people, and weak community engagement motivation, among others.

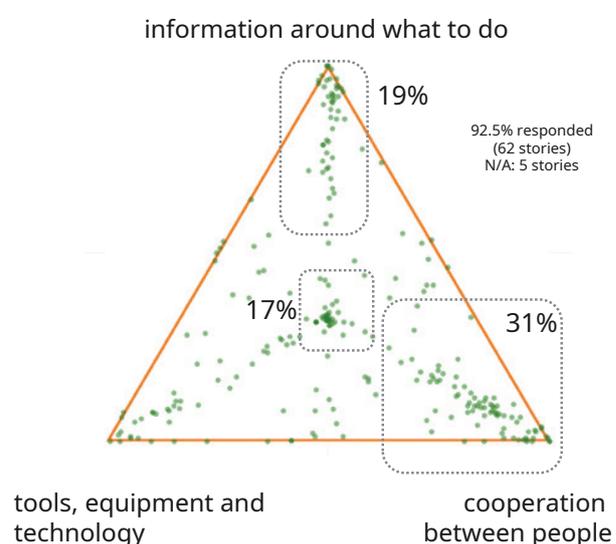
Access to information

Although getting the right information was the greatest challenge for respondents, the importance of information was not given high priority. Information was not seen as an important means of improving the situation: 19 per cent of people believed there should be clearer information, compared to 31 per cent who believed better cooperation between people could improve the situation (T4).

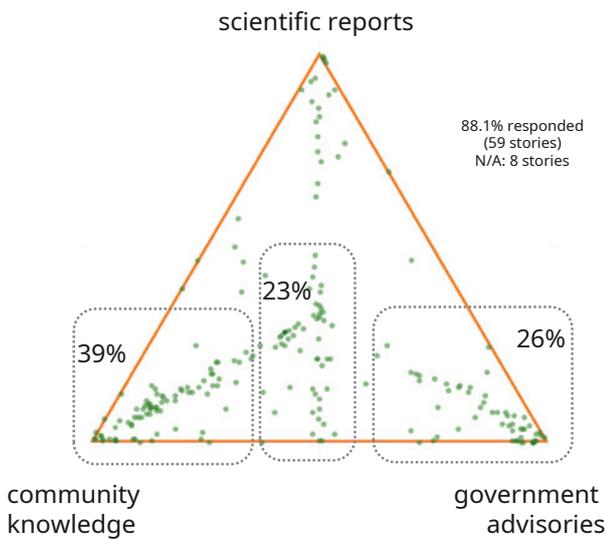
There are no suggestions in people's narratives of how communication could be improved. The stories refer to an overload of information which is hard to filter, the negative load and confusion of the information that it carries, psychological exhaustion and frustration with people who do not follow the safety norms.

"COVID-19 created a lot of stress for me, from listening daily to the high flow of information, both true and false. We, the elderly, are unable to

T4. The situation could have been improved with better...



T6. This experience describes how people placed their trust (for better or worse) in...



select true information. That is why, I try to only listen to the recommendations from specialists who I trust.” Woman, 71 years.

“During the pandemic I observed how a lot of people are indifferent about what is being communicated with regard to protection measures (disinfectants, mask and, social distancing).” Woman, 20 years.

This suggests that having more focused, consistent and trustworthy information, combined with positive examples, could improve people’s wellbeing in the time of crisis, as well as improve national respect of safety norms.

Less than 10 percent of the respondents referred to trusting scientific reports in the pandemic (T6), which could be a signal of the lack of trust in

scientific information, lack of scientific messages in the media, or a combination of the two. The sense-making exploration led us to conclude that limited trustworthy, consistent and neat information led to people basing decisions on personal judgements, rather than looking themselves for scientific evidence. When we explored the differences between how males and females understood trust, we found that of 65 male respondents, only 3 placed their story up towards trusting in scientific reports. This could be a weak signal for some gender-based fake news or misinformation.

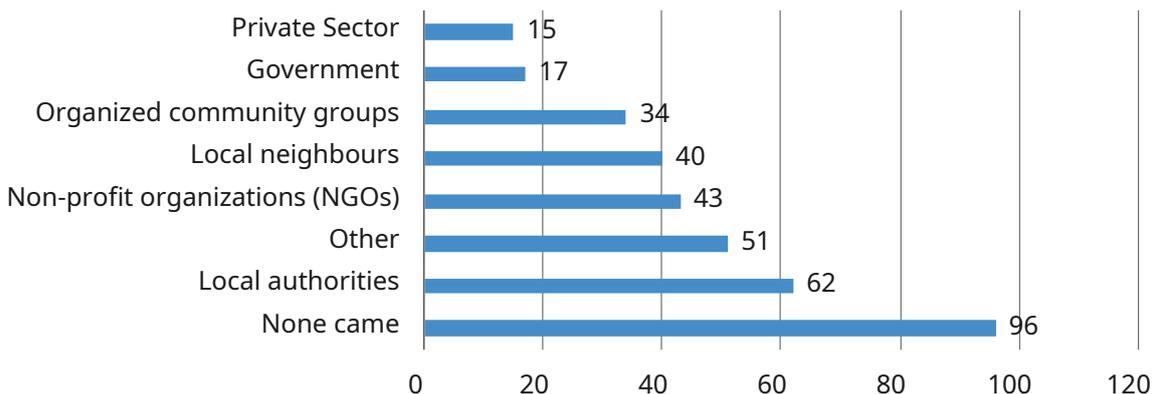
This suggests that including more scientific evidence in the communication about COVID-19 could improve people’s trust in scientific evidence and increase compliance with the restrictions. In the medium to long term, encouraging a research and analytic mindset among the population through public debates, education and civic participation would support this shift.

Access to help and support

Another important challenge is access to solutions and help, in a context where a third of the respondents said that no solution or help came (Figure 3). The narratives tell us that people faced a lack of support services and limited access to basic services, including with regard to health, education, and social payments.

Support from the Government was perceived by the respondents as indirect support, it was perceived as the results following Governmental decisions, among which increased attention to teachers’ role, increasing role of IT solutions and related improvements. The stories reveal

Figure 3. In my experience, solutions and help came from...



that people expected the Government to help, though little direct help came.

Over half of the respondents (58 percent) said COVID-19 affected their personal wellbeing and relationships, with higher incidence of this amongst the elderly population. Younger respondents said COVID-19 also affected their businesses and economic wellbeing. This could mean that people needed solutions and help to maintain a healthy wellbeing during the pandemic, with differentiated solutions needed for various age groups.

The narratives showed that challenges differed between age and vulnerability groups. Therefore, support interventions should be designed to meet the specific needs of different groups (such as youth, vulnerable women, young mothers, the elderly, persons with disabilities and persons living with HIV).

Cooperation, community engagement and judgement

The data shows that in the experiences shared, people generally reacted based on their own attitudes and behaviors (69 percent) rather than community and culture (31 per cent). The stories shared mostly reflected personal perspectives, based on personal judgements and emotions, with limited reflections about community and national-level perspectives. There was little or no reference to evidence or data in support of the narrated events and conclusions. This is a signal that people tend to see things from their own point of view, leading to criticism of systems and lack of empathy towards others (for instance employees have difficulty understanding the employers' perspectives) and avoiding cooperation at community level. People were also more concerned about finding solutions for themselves and close family members, rather than for their communities; this signals weak community engagement motivation and care.

A larger proportion of the respondent group think that the situation could be improved by cooperation between people (T4), though the shared stories did not refer to how cooperation could be improved.

These findings suggest that improving cooperation among people would increase community-level peer support in crisis situations, and possibly better adherence to safety norms. Community-level channels could also be used to improve promote scientific evidence and increase trust in scientific reports. Promotion of community engagement initiatives and volunteering work are also areas of improvement.

Positive experiences

Although 66 per cent of the stories shared were negative experiences, we considered it worth exploring positive experiences to map the solutions that are already on the ground and practiced by people as coping strategies. Although the initial screening of the stories did not provide evidence of how to increase community-level cooperation or improve access to evidence-based information, we found interesting examples of people coping with isolation, loneliness, use of available free time and more.

"During the lockdown I learned to take photos by participating in several learning seminars on applying specific photo shooting techniques. It was useful and interesting training." Young woman.

"I decided to confront the pandemic and got involved in community projects. I met local activists and supported people most affected by the pandemic. I helped them to complete the online application for the unemployment benefit, delivered food and hygiene packages, and supported the collection of questionnaires." Young mother of two children.

"Being in isolation, the loneliness did not affect me at all because I read and communicated with friends on social media. The free internet traffic which was offered by the telecommunications company helped me." Young man.

Some of the stories marked as positive include reflections on coping during hard times. This led us to assume that perceptions of negative or positive experiences are linked to people's mindset, a positive perspective being linked to a growth mindset in people. However, it could be quite hard for people passing through emotional exhaustion to embrace a growth mindset, and additional support would be needed.

DIRECTIONS OF INTERVENTIONS AND SOLUTIONS

The derived insights from the data analysis and the sense-making workshop suggest a need for the development of specific interventions, or alignment of current initiatives, to meet people's needs and respond to challenges in the crisis situation and beyond.

Design and implement group-specific support programmes:

- Given that challenges differ between age groups and vulnerable groups, the support interventions should be designed to meet the specific needs of different groups (youth, vulnerable mothers, elderly people, persons with disabilities, persons living with HIV and others).

Promote community engagement and enforce peer-support initiatives, including:

- Improve collaboration among people, and collaboration between people and local government, and involve local government in promoting quality and consistent information. Improve the mechanisms for local authorities to engage the community at the local level and showcase engagement examples;
- Encourage people to ask for help, and support them to learn to ask for help;
- Build trust at community level and combat isolation (particularly for the elderly population);
- Support voluntary groups and initiatives, promote voluntary work, identify and pilot innovative solutions promoting volunteering;
- Encourage discussions and debates at community level, bringing different perspectives about certain issue, thus increasing empathy and wider perspectives in people's judgements.

Increase access to and trust in evidence-based and scientific information:

- Improve access to scientific-based information, increase the quality and consistency

of public information, increase the role of the mass media in distributing evidence-based information and educating analytic thinking among media users, and reduce misinformation. Encourage a research and analytic mindset among the population through public debates, education and civic participation to increase demand for evidence-based information.

Empower family doctors and extend their role in the context of COVID-19 and beyond:

- Given the important role that family doctors have, they need to be supported with quality knowledge and technical endowments. They can also play a role in fighting disinformation and misinformation through the transfer of science-based information to patients.

Showcase positive examples and promote wellbeing:

- Look into examples of coping strategies, map existing solutions and promote them at the community level to stimulate a growth mindset. Support people to find individual coping strategies through psychological support programmes, community engagement and other means. Promote healthy lifestyle solutions and increase wellbeing during the crisis.

WAY FORWARD

- Use the thick data from the micronarratives to complement existing efforts to analyse the impact of COVID-19, including Socio-Economic Impact Assessment efforts;
- Refer to the needs, challenges and solutions identified in the development of policy and programmatic interventions related to COVID-19 and other crises. The dataset is available for further analysis to respond to more specific questions
- Continue looking into people's experiences and perceptions during the upcoming period, and compare the findings with the actual analysed dataset.



For more information:

Dumitru Vasilescu, Jana Midoni and **Danu Marin**, UNDP Moldova

U N

Aliona Ursoi, State Chancellery of the Republic of Moldova

D P

Emma Jones, Cognitive Edge

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