

The politics of Covid responses in African cities: Lilongwe

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Abstract

This paper analyses the politics of the Covid-19 response in Lilongwe, Malawi's capital city. It describes public policy measures centred around treatment, prevention and mitigation of the pandemic, and then explains how these were shaped by dynamics in the Covid-19 policy domain, an arena in which different actors and ideas competed and cooperated over the appropriate response. It goes on to provide some insights into how the response shaped and was shaped by the country's political settlement. It finds that although the pandemic witnessed some novel responses in social policy, such as urban cash transfers, in general, resource-strapped public institutions struggled to cope with the pandemic's impact. In the policy domain, biomedical professionals tended to have the upper hand, but early attempts to impose stringent social distancing measures were resisted by opposition actors and concerned citizens and overruled by the courts. Meanwhile, some pandemic resources were diverted to patronage and corruption, as one might expect for a competitive clientelist political settlement, although this was exposed by an increasingly active social media and civil society. Lilongwe, as the capital city, holds a special place in Malawi's political settlement and is a political heartland for the current government. However, recent constitutional changes have inclined political parties to seek broader electoral coalitions than hitherto, inclining the ruling coalition not to over-concentrate response efforts on the capital.

Keywords: Covid-19 politics and policy response, Lilongwe, Malawi political settlement

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Acronyms

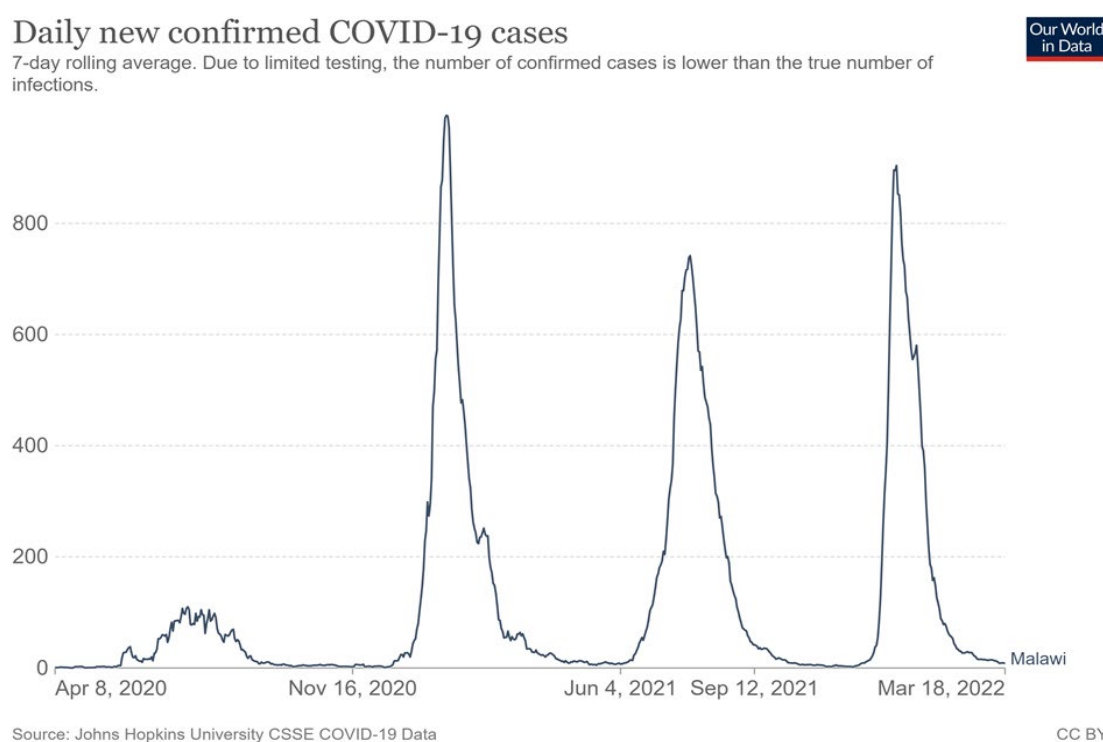
BDH	Bwaila District Hospital
CMST	Central Medical Stores Trust
CSO	Civil society organisation
CRPCI	Covid Response Private Citizens Initiative
CUCI	Covid-19 Urban Cash-transfer Initiative
DODMA	Department of Disaster Management Affairs
DHO	District health office
DPP	Democratic Progressive Party
DPRA	Disaster Preparedness and Relief Act
ETU	Emergency treatment unit
FPTP	First past the post
GOM	Government of Malawi
HRDC	Human Rights Defenders Coalition
ICU	Intensive care unit
KCH	Kamuzu Central Hospital
KII	Key informant interview
LLCC	Lilongwe City Council
LLDC	Lilongwe District Council
LLDHO	Lilongwe District Health Office
MCP	Malawi Congress Party
MCHS	Malawi College of Health Sciences
MDA	Ministries, departments and agencies
MOAM	Minibus Operators Association of Malawi
MOEST	Ministry of Education, Science and Technology
MOGCDSW	Ministry of Gender, Community Development and Social Welfare
MOH	Ministry of Health
MRCS	Malawi Red Cross Society
NCTF	National Covid Task Force

NEOC	National Emergency Operations Centre
NHRL	National Health Reference Laboratory
OPC	Office of President and Cabinet
PHIM	Public Health Institute of Malawi
PAC	Public Affairs Committee
PPE	Personal Protective Equipment
RTPCR	Reverse Transcriptase Polymerase Chain Reaction
SCTP	Social Cash Transfer Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTM	United Transformation Movement
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

1. Introduction

Malawi's first cases of Covid-19 were reported on 2 April 2020. These were three individuals living in one of Lilongwe City's affluent suburbs and one who had recently returned from India.¹ Malawi experienced two waves in the first 12 months of the pandemic. The first wave peaked on 11 July 2020, with 192 cases.² The second wave peaked at 992 cases on 20 January 2021.³ Malawi has since experienced its third and fourth waves.⁴ Figure 1 below shows the evolution of Malawi's confirmed new case numbers on a daily basis, from the onset of the pandemic to date.

Figure 1: Malawi Covid daily cases progression



This paper discusses the Covid response in Malawi's capital city, Lilongwe, examining in detail the responses and how these were shaped by higher-level actors at both city and national levels. Data and information for this study were gathered through official documentation, media reports and 50 key informant interviews (KIIs). Targeted interviewees included well-placed individuals in the Covid policy realm (with a focus on decision-making dynamics), frontline response and oversight personnel, community

¹ The other two were a relation to the recent returnee and the household Malawian maid (Crisis24 2020).

² In the first wave, deaths peaked on 24 July 2020 at 11 (source: worldometers.info/coronavirus/country/malawi/).

³ During the second wave, deaths peaked at 41 on 24 January 2021 (source: worldometers.info/coronavirus/country/malawi/).

⁴ The third wave peaked on 22 July 2021, with 952 cases, while the fourth wave peaked on 30 December 2021, with 995 cases.

leaders and other grassroots individuals affected by the pandemic. In so doing, the paper discusses how both national-level and city-level politics affected and shaped the response through policy formulation, oversight and implementation during the first two waves of the pandemic.

Key findings from this study include the following:

1. When it came to treatment, health workers worked in very difficult circumstances, including shortage of key drugs, lack of equipment, congested wards and inadequate financial and technical resources required for oxygen therapy.
2. Prevention efforts, especially around vaccination, were hampered by fear of stigma and discrimination, myths and incorrect beliefs about Covid-19, as well as a poorly managed policy of handling Malawian returnees largely from South Africa. School closures, especially in the first wave, had negative consequences, which saw a rise in already high incidences of teenage pregnancies and early marriages.
3. To mitigate the effects of the pandemic and policy response, new policies were introduced. This was Malawi's first time implementing urban cash transfers and also the country's first in using mobile phone technology for social cash transfers. Nevertheless, key actors at community level complained about the inadequacy of the response, be it prevention or mitigation. With a fast-rising city population, more resources would have been needed, especially for Lilongwe City Council, to increase visibility and perceptions of effectiveness.
4. In the main Covid policy domain, biomedical professionals appear to have wielded more influence than other actors. However, there is also evidence that political motivations – in line with the logic of Malawi's "broad-dispersed" or "competitive clientelist" political settlement – were also in play, influencing, among other things, the timing and conduct of procurement and expenditure. However, these pressures were to some extent counterbalanced by social media, which has become a powerful tool for disseminating sensitive political or public service messages.

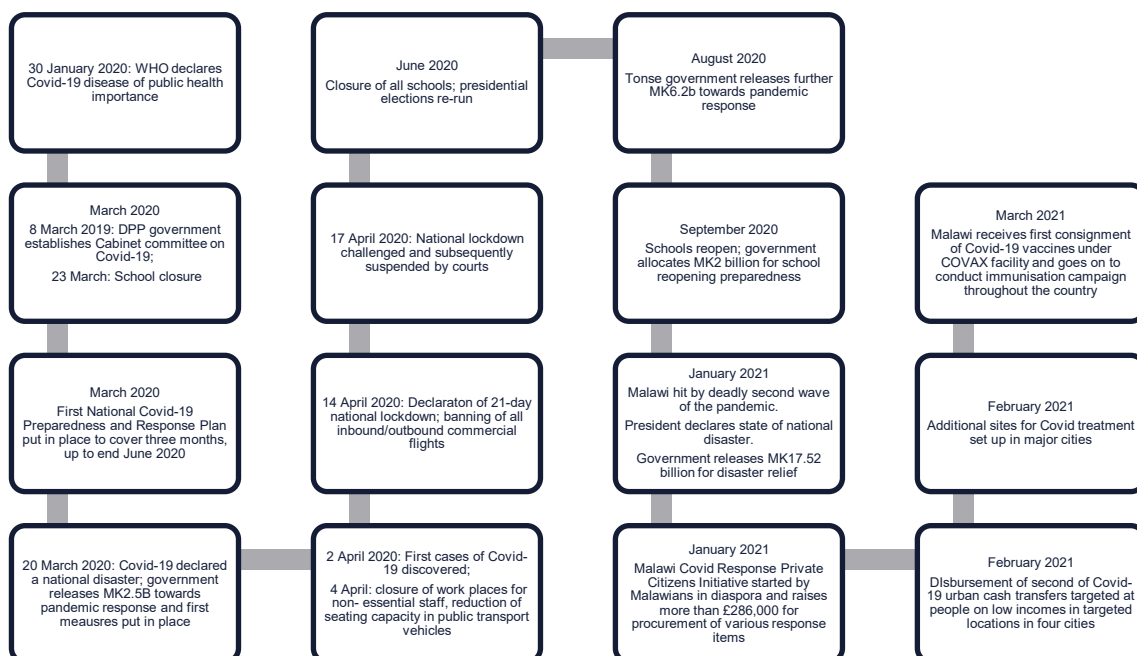
2. The policy response

2.1. Timeline of pandemic and the policy response

As Figure 2 notes, the government established a Cabinet Committee for Covid in early March 2020, declaring the pandemic a national disaster, releasing funds and introducing a range of policy measures, including school closures, later that month. In April, after detection of the first cases, workplaces were closed and restrictions placed on public transport. This was followed by the announcement of a 21-day national lockdown, which was challenged and subsequently suspended by the courts. Presidential elections were re-run in June and in August the new Tonse Alliance government released additional funds to combat the pandemic; schools re-opening the following month. In January 2021, the country was hit by a second wave of the pandemic, a national disaster again declared and additional relief funds released. There was also an initiative to raise funds from private citizens, including in the

diaspora. In February, cash transfers were targeted at city residents on low incomes and additional sites for Covid treatment were established. Vaccines began to arrive from March.

Figure 2: Key timeline and events



In the following sections, we delve more deeply into the Covid response, distinguishing between treatment, prevention and mitigation measures.

2.2. Treatment

Standard treatment guidelines initially began with a dosage of Vitamin C, zinc, at least 15 minutes of sunshine per day, and oxygen therapy for hospitalised patients.⁵ Initial hospitalisations were in the major tertiary hospitals in Malawi's main cities. These were called emergency treatment units (ETUs) and were established in March 2020. For Lilongwe, this was Kamuzu Central Hospital (KCH) and Lilongwe District's secondary referral facility – Bwaila District Hospital (BDH). The latter initially had a four-bed capacity for Covid patients (isolation unit). In June 2020, a 60-bed fistula ward was turned into an ETU and this helped to increase admission capacity, especially during the second wave of the pandemic, which saw a huge increase in admissions. This was further augmented with an additional 25 beds at two new ETU sites.⁶ During the first

⁵ These have not changed since the second wave. "However, during the first wave, it was more of trial and error" (interview, clinician, KCH, Lilongwe, December 2021).

⁶ A Japanese government-built clinic at Biwi location within Lilongwe city (about 6km from Bwaila District Hospital) was turned into an ETU. A second 15-bed ETU was established at Malawi College of Health Sciences (MCHS) Lilongwe campus hostels (5.5km from Bwaila District Hospital).

wave, Kamuzu Central Hospital turned its skin clinic into a 60-bed Covid ETU. Increased Covid cases during the second wave saw a new 200-bed ETU being established at Bingu International Stadium in February 2021.

In all the Lilongwe ETUs, the general tone from frontliners was that “they were overwhelmed”.⁷ Those who came late for treatment, and were already presenting with serious lung damage, did not have good outcomes. A common reason for these delays was initial reliance on herbal concoctions, prompting the Ministry of Health to issue a warning discouraging the public against such remedies and encouraging hospital visits for individuals with Covid-like symptoms. Mandala and Changadeya (2021) observed that stigmatisation and misinformation led to public denial of the disease, consequently resulting in late reporting at hospitals by patients and hence many deaths. Similarly, older males with comorbidities, especially diabetes, fared relatively badly.⁸

During the first wave, there were instances of patients who tested positive in other wards (outpatient or inpatient) fleeing or avoiding admission to ETUs, raising fears that they would continue to spread the disease in communities. In terms of equity, there are allegations that some health workers in one of Lilongwe’s ETUs were favouring high-profile patients, which led to poor care for other patients:

“Actually, some patients missed doses and vital signs were not checked as scheduled. I once peeped in a patient’s (mobile) phone where there was a conversation of a member of staff and that patient, where the patient offered a health worker a sum of money for him to receive better care, despite that patient being very critically ill. High-profile patients could receive comprehensive care.”⁹

However, after a public backlash on the initial inadequate response to the second wave, the response started to improve, with government directing resources towards critical areas, for example, expansion of bed space, ensuring enough oxygen supplies and sufficient medical supplies, among others.

Major challenges in all ETUs included lack of essential accessories and non-functional equipment:

“For instance, we often did not have batteries for blood pressure machines and glucometers for diabetes, so we could miss checking some vital signs for those with comorbidities. We could run out glucometer strips and medications at an awkward hour but we could not have because we waited for the pharmacy to open next day morning.”¹⁰

⁷ Malawi’s death rate for Covid has on average hovered around 3% (source: Ministry of Health Facebook, available [online](#)).

⁸ Nyasulu et al. (2020), in their study on drivers of Covid infection, also concluded that males, older age and urban residence were associated with increased Covid-19 morbidity and mortality.

⁹ Interview, nurse, KCH, Lilongwe, January 2022.

¹⁰ Interview, clinician, KCH, Lilongwe, December 2021.

In other instances, equipment broke down after being used for a short period, due to improper handling.¹¹ There was also limited diagnostic capacity. For instance, there was only one portable X-ray machine for the KCH ETU and there were challenges in the laboratory as well:

“We had challenges with testing at the lab, because we wanted each and every patient to have a baseline for a full blood count, urinalysis and liver function tests, and turnaround for results was sometimes unacceptably long.”¹²

Staff shortages to work the seven-day shifts in the ETU wards, coupled with burnout, sometimes led to poor judgement on patient care. Such staff shortages forced Bwaila District Hospital (BDH) management to get reinforcements from its rural Lilongwe facilities, in the process affecting service delivery in those facilities.¹³

In an unprecedented collective action effort, a group of social media influencers, both in Malawi and abroad, organised themselves into the Malawi Covid Response Private Citizens Initiative (CRPCI). The grouping managed to raise over £286,000 to buy filled oxygen cylinders, ventilators, personal protective equipment (PPE) and other items most needed in public hospitals (Masina 2021). Lilongwe’s two referral hospitals – Bwaila District Hospital and Kamuzu Central Hospital – both of which were admitting Covid patients, benefited from this response.¹⁴

There was also limited bed space during the first and part of the second wave, resulting in congested wards. This also affected critical care patients. For instance, KCH had only six ICU beds available for Covid-19 patients.¹⁵ During the first wave, shortage of oxygen, due to lack of funds, was a major impediment to treatment provision. A single filled cylinder from private suppliers was costing about £80.

“In the first wave, the oxygen plant at KCH had not yet been commissioned. At some point it also broke down after being commissioned. Supply cylinders were coming from Blantyre [340km away] and some patients died whilst waiting because of these logistical challenges or unavailability because of budget limitations.”¹⁶

Bwaila District Hospital complained that during this period of shortage, private suppliers were charging as much as £200 per filled cylinder. This not only significantly ate into their already insufficient budgets, but also reduced the amount they could buy. At

¹¹ Interview, clinician, KCH, Lilongwe, December 2021.

¹² Interview, clinician, Lilongwe, December 2021.

¹³ Interview, medical officer, Bwaila District Hospital, Lilongwe, December 2021.

¹⁴ About three years ago, the Japanese government constructed a clinic for Lilongwe City Council in the Biwi location. Due to lack of capacity, LLCC handed over the clinic to Lilongwe District Health Office (LLDHO). This was also used to admit patients after Bwaila District Hospital reached full capacity in terms of beds (interview, senior civil servant, LLDHO, Lilongwe, December 2021).

¹⁵ Interviews, clinician, KCH; nurse, Bwaila Hospital, Lilongwe, December 2021.

¹⁶ Interview, senior officer, LLDHO, Lilongwe, December 2021.

times, patients who could afford to were buying oxygen cylinders out of their own pockets, which further financially impacted them, due to the high cost.

2.3. Prevention

Prevention encompassed measures such as sensitisation campaigns, testing and contact tracing, masking, closing schools, augmenting handwashing facilities, disinfecting public spaces and providing vaccines. Often these measures were led by national authorities working in conjunction with Lilongwe City Council.

Sensitisation campaigns (led by the National Task Force's Public Communications cluster), started in March 2020. Communication channels used included radio, TV and special teams on vehicles with loudspeakers. In Lilongwe, city officials were conducting visits to various wards sensitising block leaders and key market personnel on preventive measures and how to deal with suspected cases. In general, due to erratic and insufficient funding, Lilongwe City Council's (LLCC) health directorate could not make inspection visits or conduct sensitisation meetings in all wards, as per their schedule.¹⁷ In early January 2021, a ward sensitisation campaign round was postponed in some wards (for example, in Lumbadzi, Mtsiriza and Chinsapo wards), due to a rapid rise in cases during the second wave.¹⁸

When it came to testing and contact tracing, in early March 2020, Malawi had only one Covid testing facility – the National Health Reference Laboratory (NHRL), which is located in Lilongwe and was performing Reverse Transcriptase Polymerase Chain Reaction tests (RTPCR). With the assistance of development partners, this increased to three by the end of March 2020.¹⁹ Usage of available GeneXpert machines (already in use in all of Malawi's secondary health facilities for tuberculosis testing) increased testing sites by a further 37 by the end of August 2020.²⁰ In March 2021, with assistance from UNICEF, Malawi also introduced Sars Cov Rapid antigen tests. These new kits enabled expansion of testing sites to Lilongwe City's three primary health care facilities – Kawale, Area 18 and Area 25 health centres. With this increased capacity, by the end of March 2021, Malawi had conducted a total of 218, 468 Covid tests, with 35, 551 returning positive results.²¹ Contact tracing and case follow-up, however, proved problematic during the first wave, due to stigma associated with the pandemic.

¹⁷ Interview, senior officer, LLCC, Lilongwe, December 2021.

¹⁸ Interview, senior officer, LLCC, Lilongwe, December 2021.

¹⁹ The two additional sites were University of Malawi's College of Medicine and the Malawi-Liverpool Wellcome Trust, both based in Blantyre (see Mzumara et al. 2021).

²⁰ By the end of August 2020, an additional 12 facilities were also offering PCR tests (courtesy of donations and technical assistance from the United States International Development Agency (USAID), bringing the total number of testing sites across the country to 52 (see Mzumara et al. 2021).

²¹ By 31 March 2021, the country had registered 1,117 deaths due to Covid and 134, 289 individuals had been vaccinated (Zwya press release, 1 April 2021, [available online](#)).

“A health worker was beaten by a suspected Covid positive person in Area 25. In Kawale, we were chased away and threatened after we went to investigate a suspected case. It was getting out of hand. We had to involve the police to escort us.”²²

Contact tracing seems to have significantly dampened down during the second wave, due to staff shortages and an exponential increase in the number of cases. Moreover, epidemiologists noted that there was usually a four-week lag between the epidemiological curves of South Africa and Malawi (with the former ahead). With South Africa in lockdown, most Malawian economic migrants in that country opted to come home. Porous borders and insufficient screening meant that a lot of infected returnees slipped through the border nets and spread the infection to relations and friends in their home communities in Malawi. Nyasulu et al. (2020) investigated the question of whether cross-border immigration contributed to rising infections during the first wave of the Covid pandemic. They concluded that cross-border immigration from high-risk areas was a driver for infections.²³

To make matters worse, we found evidence that stigma associated with Covid diagnosis meant that some individuals who had symptoms never adhered to prevention rules:

“I had Covid during the second wave. When I went to watch people playing Bawo [traditional board game], I used to sit far away while wearing a mask. However, I knew other people, who had symptoms similar to mine, were closely interacting around the Bawo board without face masks. I never disclosed my status and neither did those with similar symptoms. We were afraid of being discriminated against.”²⁴

Stigma and fear of catching Covid may also have been responsible for a fall in the number of registered health centre visits in urban and rural Malawi.

“There were unfounded rumours that patients will be mandatorily tested for Covid once they visit a hospital. These were just conspiracy theories, but they scared away patients from making timely visits to health facilities.”²⁵

Others were simply afraid that health facilities were breeding grounds for Covid and so avoided hospital visits:²⁶ “We had people who came in worse condition because they delayed coming here”.²⁷

²² Interview, senior officer, LLDHO, Lilongwe, February 2022.

²³ Lilongwe District Health Office lost two members of staff to Covid. Two of the DHO’s senior staff (directors) both got infected but recovered. Source of infection in all these four cases was a returnees-handling centre in Lilongwe (interview, senior civil servant, LLDHO, Lilongwe, February 2020).

²⁴ Interview, block leader, Mtandire township, Lilongwe, January 2022.

²⁵ Interview, medical officer, Bwaila District Hospital, Lilongwe, February 2022.

²⁶ In Lilongwe City, health workers complained of being refused to board public transport if they were in uniforms. Some landlords began issuing eviction notices to tenants who were health workers. Public and health officials made statements in the press condemning the stigmatisation of health workers due to Covid (Pensulo 2020).

²⁷ Interview, medical officer, Bwaila District Hospital, Lilongwe, February 2022.

Another preventive measure was the procurement and distribution of 5 million masks across the country. This was implemented by all 35 local government authorities across Malawi. All the city's 27 wards received their allocation of these masks, which was 5,000 per ward (average population per ward is 41,709²⁸). However, the masks were all one size, meant for adults, but the majority had to be distributed to school children. All councillors complained that there was no budget "or allowances" for mask distribution within their wards (most are large and span several kilometres in each direction), hence they resorted to "dumping" significant chunks of the masks at high uptake points, such as schools or block leaders' homes.²⁹

Spraying disinfectants in public markets was implemented by all 35 local government authorities across Malawi. In Lilongwe, market disinfection was often done in the bigger and/or well-known markets, for example, those in Old Town were being disinfected twice a month during the second wave. Other markets were only disinfected once in the period spanning the three waves. Some were not disinfected at all:³⁰ "I have a very crowded and quite big marketplace in my ward. They never came to disinfect even once".³¹

As we have seen, schools were closed from late March and a national lockdown briefly declared in April. School closure led to a number of cases of child abuse at home, with some school-going children being subjected to child labour because there was nothing else for them to do. Some secondary school-age boys resorted to beer-drinking and smoking, for entertainment, as they had nothing else to do at home.³² School closure also led to a sharp rise in teenage pregnancies and early marriages in a country which already has a high rate of teenage pregnancies and child marriages. Between March and July 2020, Lilongwe registered 5,675 teenage pregnancies, which was 53% higher than pregnancies registered in the same period in 2019 (MOGCDSW 2020). In the period March to July 2020, Lilongwe registered 1,310 cases of child marriages (MOGCDSW 2020).

Consistent with national lockdown policies, Lilongwe City Council (LLCC) introduced measures (backed by city by-laws) applicable to market centres and drinking joints.³³ These were largely ignored by the public. For instance, markets in low density locations remained open way beyond the 5pm closure time stipulated by the council. Similarly, most pubs and bars continued business as usual – morning till late in the night (with clients drinking on premises), despite restrictions in place, such as opening between

²⁸ The National Statistics Office (NSO) projections puts Lilongwe City's population at 1,126,143 (NSO, 2019: [available online](#)). This, divided by the 27 wards, gives the 55,000 estimate. Almost all of the 27 wards have big informal settlements with high population densities.

²⁹ Interviews, councillors, LLCC, Lilongwe, December 2021.

³⁰ LLCC attributed this to inadequate available budget for the exercise (interview, senior officer, LLCC, Lilongwe, November 2021).

³¹ Interview, councillor, LLCC, Lilongwe, December 2021.

³² Interview, senior civil servant, GOM, 2022.

³³ This stemmed from the council's powers to introduce such measures from the council's bye laws.

2pm and 8pm and a requirement to sell take-aways only. Nevertheless, the six-month-long borders closure (in 2020) effectively cut off Lilongwe's substantial number of cross-border traders from earning income, resulting in household economic hardship. Restrictions on public transport capacity resulted in significant fare hikes, which also hit Lilongwe city commuters badly, without any corresponding increase in their incomes.

The council also announced a programme of inspection of public places (such as markets, banks, government offices, supermarkets, wedding venues) to check and enforce compliance of government communicated measures. Yet there was a capacity challenge here. Few of the council employees have a health background: "We ended up just picking whoever was available and willing in other directorates to beef up our teams. In general, capacity building for epidemic management is non-existent in councils".³⁴

Another prominent preventive mechanism was the roll-out of vaccinations on 11 March 2021, the launch of which saw the current president and his vice president publicly receiving jabs, in order to reassure a hesitant public on the safety of the vaccines. By 31 March 2021, 134,289 individuals had received their first doses of the Astra Zeneca vaccine.³⁵ In general, there has been a slow uptake of vaccination, due to misplaced beliefs and conspiracy theories about the vaccines' origin and "intent by Western countries to reduce African populations through the vaccines"³⁶. Currently, Lilongwe's Covid vaccine coverage stands at a mere 5% and some stocks of vaccines have had to be destroyed.³⁷

2.4. Mitigation

From March 2020 through March 2021, Malawi introduced different socioeconomic responses to mitigate the effects of the pandemic. The most prominent policy responses were around the Social Cash Transfer Programme (SCTP).³⁸ This was being handled by the Department of Disaster Management (DODMA)'s Protection and Social Support cluster with the Ministry of Gender, Children, Disability and Social Welfare (MOGCDSW) leading on coordination. The objectives were: to facilitate promotion of Covid-preventive measures among the then existing 293,000 beneficiaries of Malawi's SCTP; to increase the existing SCTP through a £5/month

³⁴ Interview, senior officer, LLCC, Lilongwe, December 2021.

³⁵ Currently 1,135,654 vaccine doses have been administered, with 863,025 individuals fully vaccinated.

³⁶ Interview, senior officer, LLDHO, Lilongwe, January 2022.

³⁷ The recent introduction of the Pfizer vaccine has added 12-17-year-olds and increased the target range, hence the coverage has gone down from 7.5% to 5% (interview, senior civil servant, LLDHO, Lilongwe, January 2022). Surprisingly, the district with the highest vaccine coverage rate in Ntchisi (37.2%), which is predominantly rural and has poor economic indicators (Chirombo 2022). On vaccine destruction, see Mwai (2021).

³⁸ Other socioeconomic policies introduced included tax waivers, and credit facilities for small and medium enterprises. There was also a reduction in fuel pump prices, after public transport operators protested at the policy to reduce their passenger-carrying capacity by 60% as a Covid preventive measure (Aubi 2020; BBC 2020).

increase for four months, to enable beneficiaries to buy preventive accessories like buckets and soap; to expand the programme beyond peri-urban locations and to introduce urban cash transfers to cover Malawi's four main cities – Lilongwe, Blantyre, Mzuzu and Zomba.

The last goal, operationalised under the Covid-19 Urban Cash-transfer Initiative (CUCI) proved to be very popular, albeit subject to political machinations, as we explain below.³⁹ Beneficiaries received £35/month for three months. This was the first time that Malawi had implemented an urban cash transfer programme. It also embraced modern digital technology, through the use of mobile money platforms for the cash transfer – another first for Malawi. From a donor perspective, it also improved partnerships, through enhanced collaborative effort:

“The flexibility shown by donors to come together and support the CUCI was a plus in a country where donor coordination is sometimes a challenge. The World Bank had to transfer funds from another project to finance CUCI”.⁴⁰

Nevertheless, for the city of Lilongwe there were several challenges. Data mismatches in the CUCI management information system (MIS) resulted in names from other districts appearing as coming from Lilongwe wards, and vice versa, which resulted in payment delays (World Bank, 2021). The mobile payment platform system sometimes failed, due to the huge amounts of cash that went into circulation at almost the same time. And male household heads did not always disclose to spouses that they had received a transfer, despite the SCTP's inclusivity objectives. On this last point, although in most cases beneficiary-household-listing enumerators interviewed women, registration requirements meant that most women submitted their husbands' phone numbers, unaware that these numbers were to be used later for mobile money cash transfers.⁴¹ Some husbands never told their wives they had received money and spent it in their own way:

“I was inundated by complaining women coming here asking that they have heard their neighbours have received cash but not them. Their husbands spent the money on alcohol and other things without their knowledge”.⁴²

3. Covid policy domain

We turn now to a description of the power dynamics and decision-making structures that underlaid the Covid response. On 7 March 2020, the then president of Malawi, Arthur Peter Mutharika, put in place a Special Cabinet Committee on Coronavirus. This

³⁹ Policy was introduced in March 2021 by members of the Cabinet Committee on Coronavirus (Ministers responsible for Health and Social Welfare) under the previous Democratic Progressive Party (DPP) regime (see Kulinji Reporter 2020).

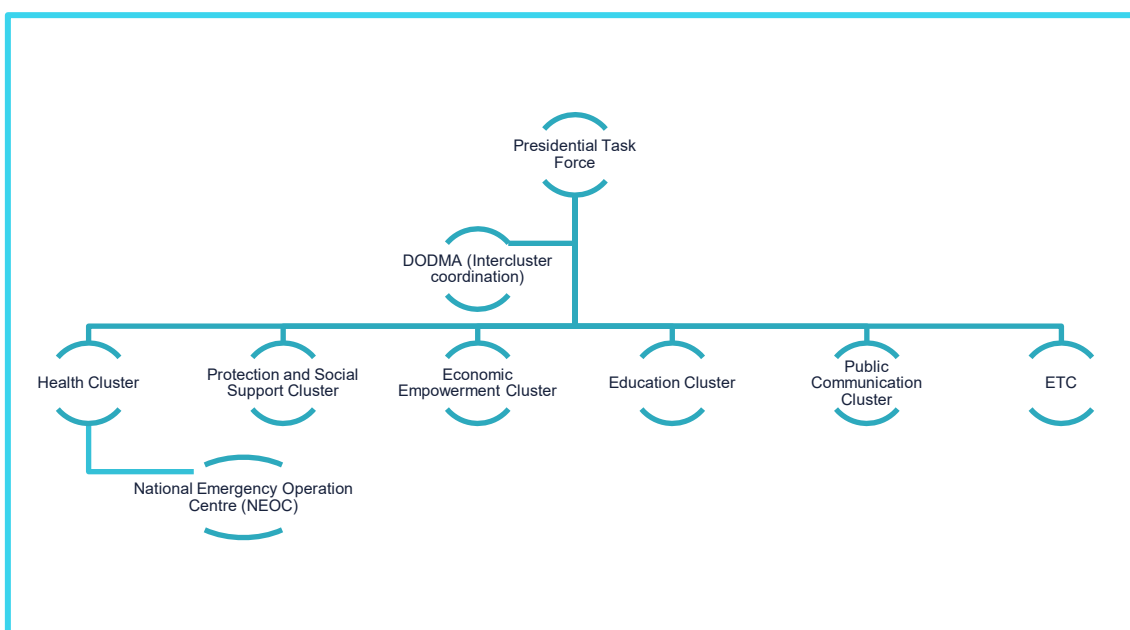
⁴⁰ Interview, senior civil servant, GOM, Lilongwe, February 2022.

⁴¹ Most women from qualifying disadvantaged households do not have mobile phones (interview, councillor, LLCC, Lilongwe, December 2021). Clusters comprise interdisciplinary groups of experts and development partners that coordinate the response to disease outbreaks and other disasters (JICA 2021).

⁴² Interview, councillor, Lilongwe, December 2021.

committee was entrusted with the formulation, oversight and implementation of crucial policy decisions in response to the pandemic. On 28 April, the president restructured this committee into a Presidential Task Force on Covid-19. The task force was co-chaired by the minister of health and a public health professor, reporting directly to the president. It comprised professionals from public and private sectors, professors and doctors from the University of Malawi, the Christian Health Association, the leader of the Opposition, the Chairperson of the Public Affairs Committee (PAC) – Malawi's oldest and most respected governance watchdog, comprising all major religious groupings, a senior chief and CSOs.

Figure 3: High-level Covid decision-making structure



As Figure 3 shows, the Covid operational response was led and coordinated by the Office of the President and Cabinet (OPC) through its Department of Disaster Management (DODMA) and the Ministry of Health (MOH). DODMA, in an already existing set up, is organised into multisectoral clusters, comprising interdisciplinary groups of experts and development partners that coordinate the response to disease outbreaks and other disasters. Advantage was taken of this structure to spearhead operational responses to the Covid pandemic. Fifteen clusters were used, including: Public Communication; Health; Water Sanitation and Hygiene (WASH); Protection and Social Support; Economic Empowerment;⁴³ Employment and Labour Force Protection; Education; Security and Enforcement; Food Security; Transport and Logistics;

⁴³ Protection and Social Support (PSP) cluster falls under both the Ministry of Gender, Community Development and Social Welfare (MOGCDSW) and the Ministry of Finance and Economic Affairs (MOFEA). The latter's Economic Planning and Development Directorate (EP&D) works hand-in-hand with MOGCDSW and donors in the cluster technical sub-committee. Economic Empowerment cluster falls under MOFEA, with its own cluster technical sub-committee.

Agriculture; Nutrition; Local Governance; Shelter and Camp Management; and Intercluster Coordination. Each cluster is coordinated by a relevant government ministry, department or agency (MDA). Malawi's main development partners usually participate in these clusters through funding provision to various UN agencies, including the World Health Organization (WHO), the World Food Programme, United Nations Children's Fund, United Nations Programme on HIV and AIDS (UNAIDS), United Nations Development Programme and the United Nations Resident Coordinators Office. During the Covid pandemic response, these partners were key to formulating and implementing policies within DODMA's various clusters.

All these clusters would also report to the intercluster coordinating committee on their activities, recommendations and interaction with the other clusters. Clusters would also present their Covid response plans to the intercluster coordination committee, which was largely responsible for resource mobilisation. The intercluster coordination committee would then forward these recommendations and plans to the Presidential Task Force, where final decisions were made.⁴⁴ An interesting feature of the task force has been the inclusion of Malawi parliament's leader of opposition and the Public Affairs Committee (PAC) – which has often been a critic of successive ruling regimes. These had until this point never been part of Malawi's past responses to emergencies, and this demonstrates how the pandemic in some ways brought some level of collaboration among otherwise antagonistic elements.

Each cluster had key actors responsible for influencing its plans and decision-making. Principal secretaries (PSs) in MDAs responsible for clusters had powers to approve or disapprove plans or activities. However, each PS was reliant on a technical team that operated beneath his/her cluster. Similarly, within the technical teams, various individuals were dominant, depending on the composition of the teams and its sub-technical committees. Nevertheless, technical considerations drove decision-making: "Here technocrats with evidence in combination with subject matter knowledge, prevailed."⁴⁵

Reports suggest that MOH and the health cluster wielded much more influence than others. The minister responsible for health co-chairs the Presidential Task Force, together with a public health professional. This in some ways confers a perception that the supremacy attached to health matters was hard-wired into the design of the task force and in the overall Covid response:

"In general, the biomedical team under PHIM were getting most of the attention from task force members. The task force members appeared to be driven by emotions about shortages of oxygen, personal protective equipment, other medical supplies and medical-related expenditure. They ended up getting their way through, though this came at the expense of other clusters."⁴⁶

⁴⁴ Interview, senior civil servant, GOM, Lilongwe, 2022.

⁴⁵ Interview, senior civil servant, GOM, Lilongwe, January 2022.

⁴⁶ Interview, director, GOM Ministry, task force delegate member, Lilongwe, February 2022.

Nevertheless, in some instances, the interests of other clusters prevailed. For example, in the period just before the June 2020 presidential elections, large entertainment gatherings were banned. However, private promoters had applied to MoH to hold a huge international music festival along Lake Malawi. The Ministry of Tourism (secretariat of the tourism cluster) objected to this. In the end, the festival was given the go-ahead, after it was agreed that MOH would oversee strict adherence to preventive measures. In another example, cross-border truck drivers were being requested to have Covid tests twice (upon exit and entry in border ports) at their own cost and test results could take two days, delaying their trips. The transport sector was against this, after pressure from truck drivers, who had threatened to strike over this, among other grievances. MOH finally made a concession by waiving a requirement for the second test on entry.⁴⁷

International donors and agencies have also always had a presence in DODMA's various clusters. In some instances, a key donor or agency co-chairs (together with responsible MDA) particular clusters, for example, UNICEF co-chaired the health cluster with MOH during the first and second waves. Through this and the "bags of money"⁴⁸ they bring, coupled with their ability to provide guidance on international standard practices and guidance, they have been able to influence certain policies within the DODMA framework. For instance, during the Covid pandemic, donors were able to steer direction on policies in relation to testing, recruitment of additional health workers, and social cash transfers, among others.

The DODMA cluster's structure described at the beginning of this section is repeated at local government authority level, although with some differences.⁴⁹ Lilongwe District Council (LLDC), under which Lilongwe District Health Office (LLDHO) falls, could be described as another arena in which some key decisions related to the Covid response in Lilongwe City were taken. Interviews suggest decisions here were made through consensus:

"Of course, the district health cluster always got allocated significantly higher amounts than other clusters. However, all members of the committee agreed that the health sector was facing huge challenges, since they were serving the city, where numbers were very high, hence deserved such higher amounts. It was not at all about them dominating".⁵⁰

⁴⁷ Other sources suggest this was politically motivated. A strike by truck drivers in the previous months had hurt Malawi's economy and the government had no choice but to accept the drivers' demands (interview, senior civil servant, GOM, Lilongwe, February 2022).

⁴⁸ Interview, senior civil servant, GOM, Lilongwe, January 2022.

⁴⁹ At LGA level, it is called an Emergency Management Committee and draws stakeholders from health, police, immigration, nutrition, Malawi Red Cross Society and CSOs, and executive staff from Lilongwe District Council (interview, civil servant, LLDC, Lilongwe, March 2022).

⁵⁰ Interview, District Health Emergency Management Committee member, LLDC, Lilongwe, March 2021.

As we shall see in the next section, Civil Society Organisations (CSOs) and the judiciary also played a role in the Covid policy domain.

4. National and city politics

Malawi has a “competitive clientelist” political settlement, in which elites agree to compete in periodic elections for control (and subsequent distribution) of the state and its resources, with the elite faction able to command the most support through coalition-building and clientelist networks winning (O’Neil 2020). Its competing factional blocs have comparatively broad and deep social foundations, however, with the implication that competing parties feel under pressure to distribute benefits fairly broadly. Given the comparative weakness of the political centre vis-a-vis its own, lower-level and opposition factions, cooperation typically requires extensive bargaining and side-payment benefit distribution, placing an emphasis on rent-seeking, corruption, and patronage hand-outs, rather than effective public goods provision (see also Chinsinga 2021). However, countervailing pressures do exist. For example, the Malawian courts have demonstrated considerable independence in defending the Constitution. Also, an increasingly active social media has helped to energise civil society and has increased scrutiny of the government. As we shall see, these dynamics can help explain some of the ways in which Lilongwe’s Covid response played out.

For example, early on, the Covid response became mired in election controversy. On 3 February 2020, the Malawi High Court, sitting as a constitutional court, nullified the May 2019 presidential election results and ordered fresh elections, on the grounds of gross anomalies in the election results. The five judges made one significant observation on the way Malawian presidents were declared winners in previous elections using the “first past the post” (FPTP) rule. The key question was on the definition of “majority” in the Presidential and Parliamentary Elections Act and indeed, the Constitution. The court ruled that the spirit of Malawi’s Constitution had in its logic the “50%+1” rule (and not “first past the post”) when it crafted the “majority” legislation. Therefore, going forward, all future presidential elections were to be decided using the “50%+1” rule. This was confirmed by the Supreme Court of Appeal two-and-a-half months later.

The ruling had significant implications for Malawi’s political landscape. All political parties now faced the reality of venturing into coalitions. Previously, coalitions were hardly important. Votes from their tribal strongholds were often sufficient to retain ruling regimes in power under the FPTP rule. For the June 2020 presidential elections, both the then ruling DPP and the main opposition, MCP, had to reach out and hunt for votes in non-traditional spaces. This partly explains why the DPP never “punished” Lilongwe (an MCP stronghold) in terms of Covid-response-related interventions. Similarly, after winning the elections, the Tonse Alliance administration has not been favouring Lilongwe in relation to the distribution of Covid-related resources. In reality, the MCP is now faced with the challenge of appeasing an increased number of powerful smaller blocs, which it can co-opt going towards the 2025 presidential elections. The constitutional court ruling has thus had an impact on the national political settlement, by

increasing the breadth and depth of the settlement but without necessarily increasing public goods provision.

The elections also impacted the public's attitude to lockdown. There was a feeling among the general populace that the then ruling DPP regime, afraid of losing the June 2020 presidential elections re-run, wanted to justify postponing the elections by politicising the Covid-19 pandemic. The lockdown announcement thus triggered discontent among many social groups, including traders, faith groupings and CSOs. Demonstrations were held in the southern commercial city of Blantyre, with vendors from the city's main business district holding placards complaining that the then ruling DPP regime was ignoring the proposed lockdown's effects on poor Malawians, who live hand-to-mouth: "In the case of us vendors who live from hand to mouth, it would cripple us. If we close the market for even one day, then we will not be able to feed our families".⁵¹

The government responded by announcing further socioeconomic mitigation measures, including soft loans for small-scale traders. Similarly, public transport operators, through the Minibus Operators Association of Malawi (MOAM), protested the reduction on seating capacity by 60%, threatening to strike. They later reached a consensus with government, which announced a reduction in fuel pump prices. In addition, a decision was made (behind the scenes) not to restrict campaign rallies. This was despite Covid numbers rising across the major cities.⁵² This partly explains the failure of urban residents (including in Lilongwe) to adhere to the national lockdown that was declared in April 2020. It did not make sense to them, when it seemed both the ruling DPP and Tonse Alliance (opposition bloc) seemed to have struck a "gentleman's agreement" that election campaigning would continue, despite a restriction on public gatherings being in place.

In the meantime, the Human Rights Defenders Coalition (HRDC) – popular for leading anti-DPP demonstrations in the previous two years – challenged the lockdown in court (on the grounds that it would result in starvation and collapse for Malawian small-scale traders) and obtained an injunction against implementation of the lockdown. A prominent member of the faith community also went to court, challenging the lockdown.⁵³ Both these cases were combined by the court.

Reacting to the court injunction, Mutharika launched a verbal assault on the judiciary alleging that: "Malawi Supreme and High Court judges were participating in an illegal

⁵¹ Ndirande township market chairperson, quoted in Kaunga (2020). Ndirande is one of Malawi's most populous townships. It has been described in the past as Malawi's political barometer (Nyasa Times, 2013). Former president Peter Mutharika's convoy was pelted with stones by angry Ndirande residents just before the nullified May 2020 presidential elections (Chilunga 2020).

⁵² Interview, former Task Force member, Lilongwe, December 2021.

⁵³ The faith community's main argument was that the lockdown would *infringe their constitutional rights to religious liberty, economic activity and development* (Rickard 2020).

regime change in concert with the opposition,” and “were prioritising politics over Malawian lives”:

“Our fight against Coronavirus is being undermined by politics. As President of this country, this is what I have to say. This country must choose between fighting Coronavirus and going to an election. We must choose between life and death. As a country, we must make that choice.”⁵⁴

In August 2020, a month after Mutharika was ousted from power, the constitutional court ruled that the proposed lockdown was unconstitutional – restrictions proposed would have negative consequences on the socioeconomic status of the majority of Malawians and would exert extreme pressures on the rights and freedoms of citizens.⁵⁵

The Covid response was also compromised by allegations of corruption and rent-seeking. For example, DODMA was accused of awarding a £5 million contract to a company belonging to a company with links to a DPP member of parliament and stalwart (VOMI Radars 2020). The purchase included hand sanitisers, which were to be distributed to all government offices. It was alleged that these sanitisers were sold at inflated prices of at least five times the prevailing market price. In May 2021, the Central Medical Stores Trust (CMST) – historically notorious as a rent extraction public institution⁵⁶ – awarded PPE tenders worth at least £5.3 million to members of a grouping of indigenous businesspersons. Key members of this grouping have very strong links to the two main parties in the Tonse Alliance – MCP and UTM.⁵⁷

Even more obviously, in January 2021, a donor-driven audit of Covid expenditures uncovered gross misuse of some £6.2 million worth of funds allocated to the Presidential Task Force on Covid between August 2020 and January 2021. Interviews suggest that the £6.2 million in question was in fact money set aside by the previous Democratic Progressive Party (DPP) for the new Covid Urban Cash-transfer Initiative (CUCI), which they intended to distribute to their political strongholds of Blantyre and Zomba; but it was never distributed, due to donor concerns that the initiative had been politically captured. The current Tonse Alliance administration then inherited the CUCI funds, which, instead of being used for cash transfers, were redistributed to other

⁵⁴ Kaunga (2020).

⁵⁵ Dulani et al. (2020) examined the extent to which the Coronavirus pandemic influenced Malawi’s June 2020 elections. They concluded that, contrary to extant literature on natural disasters, there was little evidence that the pandemic shaped the election. Partisanship was related to views of Mutharika’s trustworthiness and ability to handle the pandemic, but these effects did not translate into greater individual-level support for the incumbent. Moreover, fears about the virus and its economic impact had little to no impact on either abstention or vote choice, suggesting that collapsing Mutharika support reflected initial concerns about his legitimacy, not his handling of the pandemic.

⁵⁶ Interview, investigative journalist, Lilongwe, February 2022.

⁵⁷ Most of those awarded the contracts did not have funds for performance bonds and so ended up engaging Asian-origin Malawian businesspersons, who facilitated the procurement in a move that was allegedly facilitated by Tonse Alliance bigwigs (interview, indigenous businessman, Lilongwe, November 2021).

MDAs through their clusters. Apparently there were no objective criteria for the redistribution:

“It was arbitrary. Give this ministry 20 million kwacha, that ministry 50 million kwacha, and so on. Yes, clusters do present budgets to the task force, but these were not the basis for this distribution. It was strange. Worse still, there were no guidelines for these fund’s usage, hence most of the disbursements ended up being pocketed as allowances in various MDAs.”⁵⁸

The audit also revealed that £1 million of the £6.2 million disbursement was unused and idle, at a time when treatment centres were overwhelmed with inadequate supplies, equipment and bed space, prompting questions into the allocative efficiency of the entire process.

Although in global terms, the amounts were rather small, the “Covid-gate scandal”, as it was called, represented a typical case of government funds being diverted for private goods instead of much needed public goods. Of the disbursed funds, 79.8% went towards allowances – and not the much-needed equipment and supplies which were in critical shortage (Kateta 2021). Wages are lower in the Malawi civil service than in parastatals, NGOs and the private sector. Low wages drive public employees to have outside work and businesses and “hunt allowances” because the cost of living is very high. Often, if officers are not given allowances, they will not devote themselves fully to tasks at hand. “This is not corruption but survival” (Cammack et al. 2018). A 2018 USAID study showed that middle management civil service salaries are 80% below the cost of living in Lilongwe City. This explains why emergencies like the Covid pandemic present an opportunity for civil servants, who are the key implementers of the Covid response, to unethically supplement their income through allowances. Three main factors contribute to facilitating this allowance culture: insufficient controls, management (dis)incentives, and donors’ role and attitudes. It is argued that donors introduced allowances post 1994 – there was nothing like that during dictator Hastings Banda’s era (1964–1994). Strengthening controls alone is unlikely to curb this kind of abuse; the culture of “per diem hunting” needs to be changed as part of a broader reform of the civil service. It has also been argued that successive ruling regimes have nurtured and exploited the “allowance culture” as a means to distribute benefits to political party loyalists who are employed in the public service.⁵⁹

The gravity of the Covid situation in under-resourced hospitals which were unable to cope, and subsequent public anger from the audit findings, prompted the president to act, announcing multiple arrests, suspensions and sackings. Social media has affected Malawi’s politics in ways unimaginable ten years ago. Mutsvairo and Ragnedda (2017) write that after taking office in 2014, President Peter Mutharika reversed a repressive approach against digital activists favoured by previous governments, including the one led by his late brother, Bingu. Mutharika had, according to Freedom House (2015),

⁵⁸ Interview, senior civil servant, GOM ministry, National Covid Task Force delegate, Lilongwe, January 2022.

⁵⁹ Interview, senior civil servant, GOM, Lilongwe, December 2021.

pursued an internet-friendly regime, with social media platforms freely available in the country.

As explained in Section 2.2., a group of Malawian social media influencers formed themselves into the Malawi Covid Response Private Citizens Initiative (CRPCI). The group's leaders are well known critics of incumbent governments. Their efforts were largely done via the Facebook platform and formation was triggered by news of an overwhelmed and under-resourced public health system that was unable to cope with rising cases during the second wave. As the response progressed, public discourse shifted to a comparison of the funds' mobilisation and usage transparency and accountability that was associated with the CRPCI, versus the at times opaque and non-accountable government response. In this sense, proliferation of social media and other activists (and their large number of followers) in general can be seen as a sign that the social foundation of Malawi's political settlement is widening – with the addition of powerful sections of society who can influence the settlement. Groups like CRPCI are acting as a force to apply pressure on the government to provide more public goods. At the same time, they can be viewed as having the effect of reducing the power concentration of ruling elites – through an increase in the number of powerful groups with a progressive ability to influence public opinion, resulting in eventual regime change through elections.

In February 2021, the president fired all members (but one⁶⁰) of the new task force and former Labour minister – Ken Kandodo Banda.⁶¹ Further, 45 controlling officers (including ten principal secretaries) within the civis were suspended to pave the way for thorough investigations. Stating that the “whole system is corrupt and in need of cleanup” (Nyasa Post 2021), President Chakwera also set up a Public Service Systems Reforms Task Force, headed by the vice president. The task force's mandate was to review procurement, HR management, pensions and allowances systems and report back to the president within 90 days. Subsequently, 168 individuals were arrested and arraigned in court. The majority were civil servants, although private sector suppliers were also on the list. Amongst the latter was a clergy cum businessman who belonged to the president's church and was alleged to be known to his family. He was arrested for inflating office fumigation prices, in collaboration with senior officials in the OPC (AllAfrica 2021).

However, all the interdicted civil Servants are now back working after being cleared of wrongdoing. A significant proportion of civil servants arrested are also back working.⁶²

⁶⁰ Only Minister of Health, Khumbize Chiponda, who was co-chairing the taskforce with public health academician, John Phuka, was spared (Gwede 2021, China.org.cn 2021). She is great grandniece of former strongman, Hastings Banda (Khamula 2018).

⁶¹ He is sister to Khumbize Chiponda and great grand-nephew of Malawi's first president, Hastings Banda (Masina, 2011).

⁶² The individuals in this group whom we interviewed claimed they were reinstated after audit queries in their respective institutions were ably answered during hearings by the parliamentary Public Accounts Committee, and hence they were cleared of wrongdoing. (Source: interviews, two previously interdicted civil servants, Lilongwe, February 2022).

Further, the president made a U-turn and exonerated the former labour minister.⁶³ The Public Service Systems Reforms Task Force submitted its report ahead of its 90-day schedule, on 1 May 2021. Yet, ten months down the line, the report findings and recommendations had not been made public nor action taken to implement its recommendations. There are allegations that key MCP members advised the president against adopting the recommendations, for political reasons. First, successful implementation of the recommendations would accrue political points to the vice president (task force chair) who comes from the United Transformation Movement (UTM) – MCP’s main partner in the Tonse Alliance. Current prospects are that the two will divorce ahead of the 2025 elections (Daily Times 2022). Second, the scale of the reforms would alienate a significant portion of public servants who rely on allowances or other unethical means to make ends meet, due to low pay in government.⁶⁴

In January 2021, the government released a further £17.2 million for the Covid response. Mismanagement of the £6.2 million raised many questions (particularly on social media) about how the £17.2 million would be used (Makossah, 2021). The government advised all spending agencies to send back the money to the Treasury with reports (and supporting documents) on how much they had received and spent so far. There were allegations that misprocurements (fraud and corruption) related to this tranche involved contractors and businesspeople affiliated to the current administration.⁶⁵ An audit report related to the same revealed that £3.8 million was abused and mismanaged (Chimjeka and Pondani nd). Hopes that the pandemic may have broken the mould of Malawian politics appear, then, to have been overoptimistic.

4.1. Lilongwe City and the national political settlement

With an estimated population of 1.1 million, Lilongwe is a key presidential election vote battleground and has the largest number of registered voters for any city in Malawi. However, the MCP enjoys majority support emanating from the city’s location in the Chewa tribe belt, in which the party has its roots. During the 2019 disputed presidential election, Lilongwe voted overwhelmingly for the MCP candidate. Nevertheless, there is a sizeable DPP vote base within the city, most notably southerners who work or do business in Lilongwe. As a result of the constitutional court’s “50% + 1” ruling, in the run-up to the 2020 presidential elections re-run, the then ruling DPP regime still had to “invest” in the Lilongwe city campaign. They had to maintain their vote base in the city as well as try to woo voters from other parties in the city.⁶⁶ Further, before the 50%+1 ruling, the DPP redistributed rents with impunity. As one Malawian social media

⁶³ Some analysts observed that the president was afraid of a political backlash, since Kandodo comes from one of Malawi Congress Party’s strongholds – Kasungu District (Mkandawire 2021).

⁶⁴ Interview, political analyst, Lilongwe, March 2022.

⁶⁵ Interview, investigative journalist, Lilongwe, March 2022.

⁶⁶ This was despite allegations that during registration for the Covid-19 Urban Social Cash Transfer (CUCI), DPP-affiliated block leaders in Lilongwe were being prioritised. Even within their wards, they had instructions to prioritise “DPP” households (source: interviews, councillor and block leader, Lilongwe, November 2021). The disbursement never took place though.

influencer put it, “The DPP never hid the fact that they were a government of crooks, stood for crooks, and run by crooks ... at least they were honest crooks.”⁶⁷

After the court ruling, however, they seemed to have changed tactics. A good illustration was the DPP’s “behind the scenes” strategy to “defend” cities in their southern region stronghold through attempts to surreptitiously prioritise the initial Covid-19 Urban Social Cash Transfer (CUCI) – before the June 2020 presidential election re-run to these southern cities. The whole scheme was eventually abandoned and never took off. The first National Covid Preparedness and Response plan was implemented in the last three months of the DPP administration. In this period, Lilongwe and Blantyre city councils received £40,000 each. Similarly, Lilongwe and Blantyre district councils received £85,000 each (see Office of the Ombudsman 2020: Table 2B, final annex). This was despite the fact that Blantyre city and district are a DPP stronghold and Lilongwe City and District are an MCP stronghold.⁶⁸

In addition to its votes, Lilongwe as the seat of government is a key source of rents for politicians, as all major government contracts are decided here. A significant portion of the country’s elites live in Lilongwe.⁶⁹ Their focus, though, is on the national political settlement, where they provide political party financing and also act as a robust conduit of rents for ruling regime elites. Another powerful grouping in the Lilongwe context are elite public servants (all based in the city). Foot dragging by the state in implementing public service reforms recommended by a special presidential task force in the wake of gross abuse of Covid-19 response funds has been interpreted in some quarters as an attempt by the ruling Tonse Alliance administration not to antagonise this important public service elite constituency.⁷⁰

Following the June 2020 presidential elections re-run, the Tonse Alliance appears content that Lilongwe is “largely in their bag”. We did not come across evidence of bias in distribution of Covid response funds towards Lilongwe post-June 2020. Rather, what has been more evident are efforts by the ruling administration to distribute these across the country, in an attempt to “please” various powerful groups across the country, which is in tandem with Malawi’s broad-dispersed political settlement.⁷¹

The Covid response initiatives were largely centralised, with a larger chunk of procurements done centrally and local authorities (such as Lilongwe City Council) only delegated very small sums to handle (Office of the Ombudsman 2020). This was

⁶⁷ Danwood Chirwa, Law Professor and Dean of the Law Faculty, University of Cape Town, South Africa.

⁶⁸ Further to this, the DPP, together with their electoral ally, United Democratic Front (UDF), were donating Covid relief items, such as buckets and soap, to major market centres in Lilongwe city (source: interviews, market chairpersons, Lilongwe, December 2021).

⁶⁹ In fact, Lilongwe is home to the country’s five top political party financiers (source: interview, investigative journalist, Lilongwe, March 2022).

⁷⁰ Interview, political analyst, Lilongwe, March 2022.

⁷¹ For post-June 2020 Covid-related ORT disbursements, each of the country’s 28 district health offices (DHOs) got equal amounts per disbursement (£100,000) (source: interview, senior officer, MOH, GOM, Lilongwe, February 2022).

compounded by the fact that in the decentralisation law and policy, Malawi has a single tier system of local government. Districts and cities are geographically distinct and should deliver the same set of functions. In practice, however, this does not occur, with Lilongwe District delivering health services in the geographical area over which LLCC has jurisdiction. This occurs because only districts are allocated conditional transfers for health services to cover staff costs and operations, and not city councils. Conversely, districts are delivering services in urban areas where their councillors do not have jurisdiction and authority. To the extent that local accountability matters for service delivery, these arrangements pose a problem.

Lack of fiscal decentralisation in the Covid response demonstrates how national-level elites are able to have a stranglehold on resource control and distribution. Central-level procurements are by themselves large and enable the national elites to get bigger chunks, which they later re-distribute or use to personally enrich themselves in a highly inegalitarian fashion. Nevertheless, the patronage benefits distribution element of the national political settlement has always been present in the LLCC configuration. For instance, a few months after the nullified 2019 tripartite elections, DPP “foot-soldiers” had illegally shared land (reserved by LLCC) in the prime location of Area 9.⁷² It had to take bold action by LLCC’s secretariat staff to remove these illegal land grabbers. Had the land grab not been thwarted by LLCC, the “foot soldiers” would have simply sold the prime land pieces to wealthy investors and pocketed the proceeds – something which they had been doing in the past.⁷³

It is also worth noting that the Covid-19 pandemic hit Malawi during a period in which Lilongwe City Council was undergoing an intense struggle internal to the ruling Tonse Alliance coalition, which holds all the council’s seats. The struggle was between followers of the previous mayor and deputy-mayor. From May 2019 through mid-2021, there were allegations that members of the faction behind the deputy were marginalised by the mayor, who distributed opportunities to members of her own faction. With funding from the World Bank, toilets and other sanitary amenities (part of donors’ Covid response) were constructed in several marketplaces across the city. At least one ward councillor from the then deputy mayor’s faction alleged that toilets which were initially earmarked for this particular ward relocated elsewhere, for unclear reasons.⁷⁴ In last December’s (2021) mayoral election, the previous deputy mayor turned the tables and won the mayoral election against the then incumbent. The new mayor is being hailed as a “unifying” figure who has worked to heal divisions that existed in the council. Nevertheless, some councillors who were seen to be close to the former mayor still complain of being marginalised in the current set-up.⁷⁵

⁷² It is alleged, this was initiated by some DPP councillors in the previous council (2014–2019) just before their tenure came to an end in May 2019 (Nyasa Times 2019; Nyale 2019).

⁷³ Interview, councillor, Lilongwe, December 2021.

⁷⁴ Interview, councillor, Lilongwe, December 2021.

⁷⁵ Interviews, councillors, Lilongwe, March 2022.

5. Conclusions

Malawi's Covid-19 response took place in challenging circumstances. These include an election and subsequent government change, resource challenges for key front-line workers, a weak health system, and an underperforming economy, among others. Major areas of policy interventions focused on prevention, treatment and mitigation. Despite difficult circumstances, treatment and prevention teams did what they could with resources at hand. Mitigation measures, especially Malawi's first ever urban social cash transfer initiative (funded by donors) went some way in alleviating economic pressures for urban residents. At the same time, some policy interventions, such as school closures, induced negative consequences, the effects of which will be felt for years to come. These include children who dropped out of school due to pregnancies and early marriages.

The response was also characterised by alleged misuse of response funds. It must be said, this misuse of Covid funds reflects a general trend of public financial mismanagement in Malawi's public service. Nevertheless, during the pandemic, this was accentuated by some arbitrary decisions by influential politicians in the Covid policy domain (including lack of strict guidelines specifying usage of funds). The budgetary process lacked allocative efficiency, in the sense that actors in areas crucial to the response, for example, treatment and prevention, often complained of inadequate resources in a period when significant amounts were spent on per diems and when 16% of disbursed funds remained idle. In a country which experiences disasters and emergencies annually (for example, floods, drought, hunger), this raises questions about the efficiency and capabilities of public service responses to emergencies in general.

There is evidence that under the current Tonse Alliance administration, scientific and technical considerations were driving some key decisions in the policy domain. On the other hand, there were more politically driven motivations in the same domain under the DPP regime. This would be expected, since the DPP handling of the Covid response coincided with a period a few months away from an election in which it was obvious they would lose.

A key area on which this study focused was assessing potential effects of the pandemic on Malawi's political settlement or, indeed, vice versa. There is evidence that the response also appears to have been inflected by the national political settlement, with both DPP and Tonse Alliance regime actors using Covid-19 related expenditures to either extract rents or reward their loyalists, at the expense of public goods provision. Lilongwe as government headquarters takes a special leading position in this, since the majority of these rents or allowances are extracted here. At the same time, the pandemic also brought to the fore new powerful groups and sections of society – for example, social media activists and their followers who have stepped in to fill the accountability gap in the face of a weak civil society post the June 2020 elections. Cracks in the ruling Tonse Alliance administration (Times Group Malawi 2022) and the February 2020 constitutional court ruling on adoption of the "50%+1" rule, and related

dynamics, seem to have combined and pushed Malawi's competitive clientelist political settlement into an even more "broad dispersed" situation, with a dilution in power concentration and an increase in emerging constituencies which cannot be ignored without potential electoral consequences.⁷⁶

In this increasingly broad-dispersed set-up, and knowing that Lilongwe city has always been their stronghold, the ruling Tonse Alliance administration (particularly MCP) appears to be more worried (and focused) on ensuring appeasement (and co-optation) of other powerful constituencies. These include the Lilongwe-based part of the current opposition bloc,⁷⁷ elite public servants and other groups across Malawi, especially in the "swing block" northern region.⁷⁸ For the DPP regime, although Lilongwe city was a very challenging terrain, in which the majority voted for the then opposition MCP in the nullified 2019 presidential election, they still had to ensure the city had an adequate Covid response. First, they had to defend their sizeable vote base in the city. Second, whatever additional votes they could get here would be important in a "50%+1" era. Unfortunately for the DPP, even though attempts were made to reward and maintain the party's voting base (and entice others from different parties, in order to increase it) in the city, these never materialised into anything concrete. In the end, the DPP's waning legitimacy and entrenched tribal politics saw MCP and the Tonse Alliance getting a majority of the votes in Lilongwe City during the 2020 presidential election re-run.

The additional power dispersion occasioned by the 2019 "50%+1" court ruling has had significant implications for how politicians have approached the pandemic response for Lilongwe. For the DPP, they could not ignore Lilongwe in favour of cities in their southern region stronghold. For the Tonse Alliance, despite Lilongwe being their stronghold, they have also had to avoid overtly favouring it at the expense of other cities.

⁷⁶ Under the previous "first past the post" rule for determining presidential election winners, there was little or no incentive to reach out to constituencies beyond a presidential candidate's region of origin (Silungwe 2014; Sangala 2020).

⁷⁷ The main opposition DPP is divided into two factions. One is loyal to the party president and former country president, Peter Mutharika. The other faction is led by the DPP's regional vice president for the south, Kondwani Nankhumwa. The two factions are fighting for leadership of the party (Sabola 2022). It is alleged that MCP is fuelling this instability (and ensuring a weak opposition) by supporting Nankhumwa, including ensuring that he maintains his position as leader of opposition in parliament (source: interview, political analyst, Lilongwe, March 2022).

⁷⁸ It is becoming more and more apparent that MCP and UTM will not maintain alliance for the 2025 elections (source: interview, political analyst, Lilongwe, March 2022; see also Times News (2022); and africannewsagency.com/times-group-malawi/pac-meets-over-alliance-cracks-7359d4e0-424f-5282-896c-2ebca65de080/%20 (paywall)).

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