



COronavirus Vulnerabilities and INFOrmation
dynamics Research and Modelling

Socio-Economic Impacts of COVID-19

Bi-Monthly Report: 10

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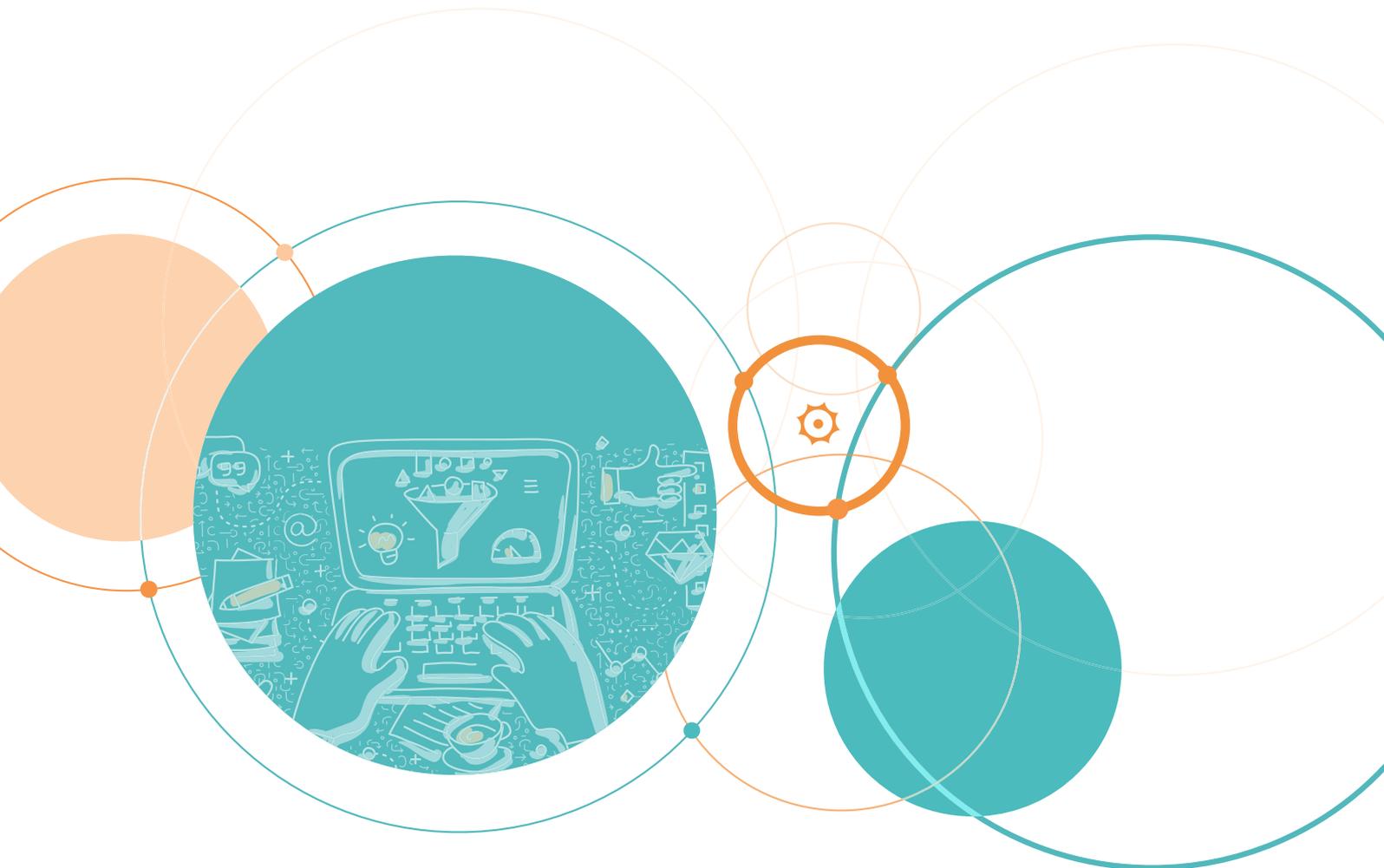
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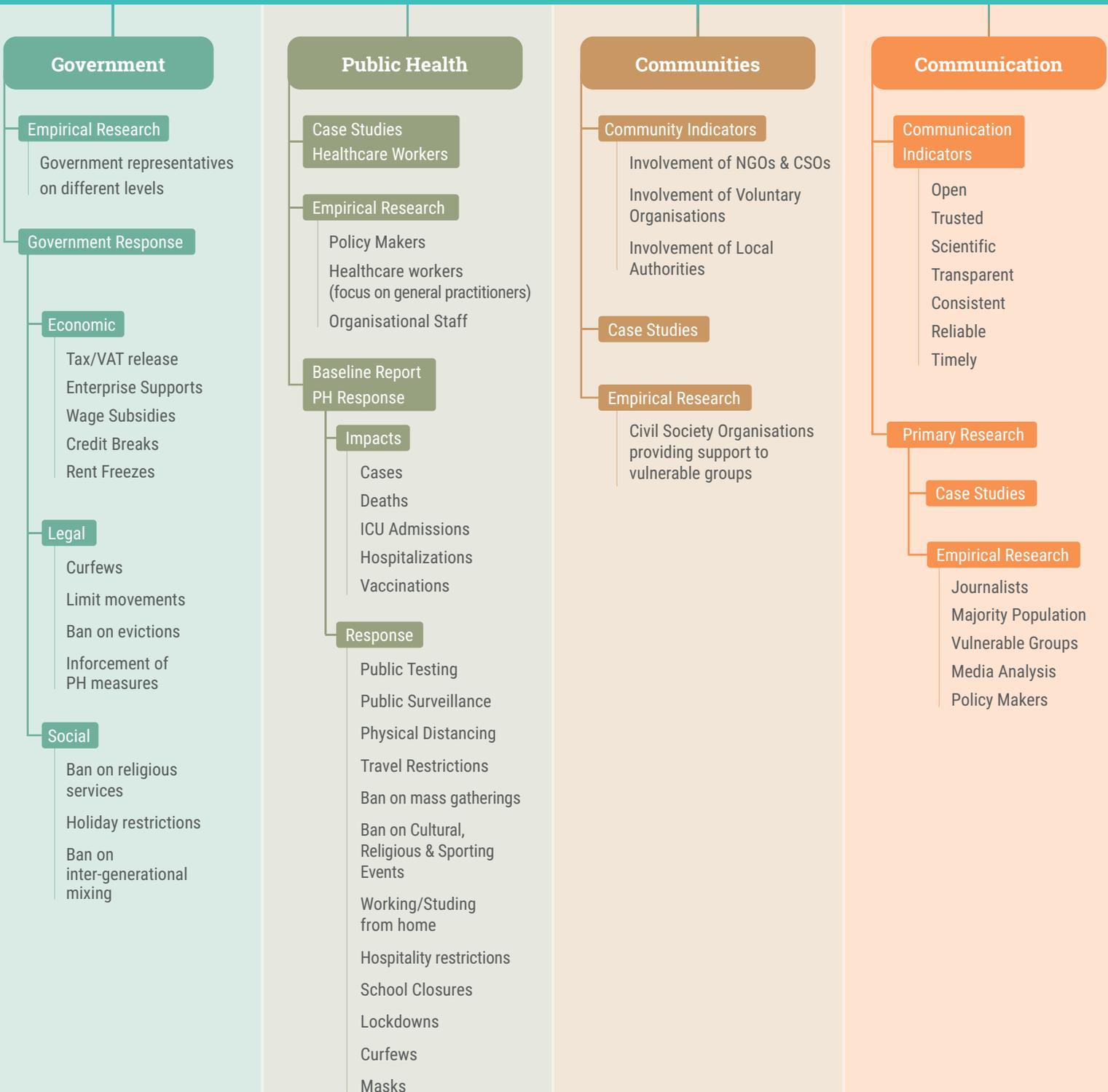
The COVINFORM project aims to investigate the socio-economic impact COVID has had different domains of populations and societies, namely governments, public health, specific communities, and communication.

Desk research has been conducted for each area to identify issues, problems and indicators useful for analysis. Specific case studies and empirical research are being carried out to study specific consequences on certain categories of populations pertaining to the four domains.

COVINFORM INDICATORS & PRIMARY DATA COLLECTION

Examples of vulnerable groups identified

- Healthcare Workers
- Migrant Workers
- Asylum Seekers
- Single/Lone parents
- Clinically Vulnerable
- Women Victim of Domestic Violence
- Homeless and Drug Dependent
- Gypsy & Traveller Community



The COVID-19 pandemic has had a variety of consequences on the various systems that constitute today's societies. Government systems have faced the development of measures to counter the virus. Health systems have experienced increased hospitalizations with major consequences on daily services. Family, community, and organization systems faced social, economic consequences of movement restrictions, in addition to those of the virus itself. The information system has been challenged by misinformation.

Some specific consequences of the pandemic have affected more than one sector of society simultaneously.

COVID-19 AND SOCIETY: THE IMPACT ON DIFFERENT SYSTEMS

Changes in population demography

Reduced Physical Interaction, loss of social connection



Family System

Changes in family daily organisation, daily lifestyle and childcare

Increase in individual stress / Decreased mental health

Increased inequalities (deaths, isolation, education...)

Economy drop and unemployment increase



Organisations' System

Change in employment and families economy

Change in organisations (products, processes, structure, revenues...)

Decreased physical health control - reduced quality of life

COVID-19 Medical devices, medicine and PPE

Increased stress and decreased quality of life of healthcare workers

Public Perception towards Health Care Workers



Health System

Disruption in daily services

Change in organisation, processes...

Increase in hospital admissions and ICU

Change in traveling



Government System

New regulation aiming to pandemics' mitigation

External organisations (UN, WHO, EU)

New services Psychosocial support phone lines, Vaccination Task Force

Actions to enforce national regulations

Crisis management structures

Media dissemination of COVID-19 impact and mitigation measures

Misinformation



Information System

Mitigation measures (PPE, testing, vaccination, financial \ support...)

COVID-19 Risk Perceptions

Ethnic discrimination (asian)



Community System

Anti - COVID 19 movements

Social media groups

Sense of community activated - solidary actions (led by CSO's or citizens)

GOOD PRACTICES



The pandemic, in addition to the numerous challenges, has also enabled the development of good practices.

Organization



- Ability to detect an upcoming crisis
- Well-functioning formal and informal networks: the importance of national-local communication
- Ability of organizing crisis responses and a clear chain of command
- Collaboration between different units

Technology



- Important public investments to improve network infrastructures, support distance learning and teleworking, improve forms of communication with citizens. Strong development of software and apps

Solidarity



- Towards native and immigrant populations in conditions of poverty and marginality or people with a drug addiction, sex workers, and homeless people
- Organisation and regulation of food banks, psychological support, information activities

Culture and respect for diversity



- Different solutions for different communities
- Cooperation with local leaders with high credibility (churches and mosques)
- Involving VIP also to combat the many fake-news on the social media and texting mobile apps
- Increase internet usage in those communities less familiar with technology

Cooperation



- Towards native and immigrant populations in conditions of poverty and marginality or people with a drug addiction, sex workers, and homeless people
- Organisation and regulation of food banks, psychological support, information activities

Door to door



- 'mobile clinics' travelling around the city
- 'vaccine vans' driven to particular sites where particular groups congregate

The COVINFORM project

Acronym	COVINFORM
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