



Participatory research on citizens behaviors and the use of public spaces in the light of the COVID19 pandemic



Research conducted by:
Shamseya for Innovative Community
Healthcare Solutions, shamseya.org



With recommendations from:
Egyptian Initiative for Personal
Rights, eipr.org

TABLE OF CONTENT

Table of Content	2
A. Abstract	3
B. General Context	4
C. Research aims	4
D. Research Methodology	5
1. The quantitative component	5
2. Community evaluation of public service delivery places component	7
2. The qualitative component	10
E. Study Limitations	11
F. Results	11
1. "Have you heard about the Corona virus epidemic?"	11
2. "To what extent does this epidemic make you worry?"	11
3. "Do you self-isolate at home?"	13
4. "When you go out, where do you go?"	14
5. "After the decision to close public places from 7PM, how does this affect your behavior?"	15
6. The extent of applying infection protection measures in public places	18
G. General Observations	19
1. How aware is the public of the Corona epidemic and how concerned are they about the infection?	19
2. But are people committed to self-isolation? To what extent?	21
3. Do citizens leave their house? Why? when? And to where?	23
4. How did decisions to close public places at night affect the behavior of citizens? And how do social determinants (such as age, place of residence, level of income, and the nature of work) affect citizens' actions and decisions?	23
H. Analysis in light of the national and international context	24
Efficiency	25
Fairness	26
I. Recommendations	27
J. About the Research Team	29

A. ABSTRACT

In response to the COVID-19 pandemic, Shamseya conducted this study to investigate the response to and level of worry of the community about the virus. This research also investigates the infection control measures taken by public spaces to limit transmission. We also present a brief reflection about the curfew measures based on the data we collected and through the lens of efficiency and equity.

For the community response, 464 responses were collected. The commitment of different groups to self isolation, level of worry, reasons for going out were measured.

For the public spaces, 6 service providers answered a questionnaire regarding their views on the curfew policy implemented on the 25th of March 2020.

Data was also collected from salametna.com, a website that publishes ratings and assessments of public spaces based on infection control measures.

The purpose of these investigations is to provide relevant stakeholders and authorities with data regarding the community in order to better shape policy and decision making.

The results of the study show that income levels played a significant role in the level of worry of citizens and commitment to self isolation. The age group 45-60, though one of the most vulnerable to the virus, is the least committed to self isolation. As for service providers, the safety measure least taken is measuring temperature of guests and adequate aeration of the space. In our analysis we provide some context and hypothesis for these findings and relate them to the national as well as the international setting.

Finally, curfew measures should not be implemented and evaluated narrowly, as an individual policy detached from its surroundings, but in the context of parallel accompanying policies reducing its harm and promoting its good.

The study provides recommendations by the Right to Health Program of the Egyptian Initiative for Personal Rights. These recommendations are for relevant authorities, the most important of which is to transparently make accurate information available, disaggregated especially by geographical division of infection rates and available numbers of clinical tests.

Other updated information to be shared with society is the current needs and shortcomings of the government.

The state should also put in place mechanisms that achieve equity for the most economically vulnerable groups, apply clear criteria to combat infection in health facilities, motivate/incentivize health facilities to follow them in preparation for accreditation from the General Authority for Health Accreditation and Regulations, and provide broader protection in all medical services for the elderly and prioritize them, through the law, in places of public services such as government departments, banks, and relevant services.

Finally, the study recommends supporting and encouraging cooperation with civil society and private sector initiatives and providing them with information to carry out projects and initiatives that represent a real need in line with national priorities, to allow society to work hand in hand with the government and to participate in carrying the burden of the response.

B. GENERAL CONTEXT

Corona virus and the current situation

The World Health Organization (WHO) announced on Wednesday (March 11th 2020) the coronavirus as a global pandemic after achieving a widespread outbreak. That declaration sparked a wide range of measures and policies at the national and global levels aimed at reducing the spread of the virus and reducing its harmful effects on public health and the health systems. In Egypt, these measures began on March 16 with the announcement by the Egyptian Prime Minister to reduce the number of employees in government agencies to reduce friction between citizens, and suspend all Egyptian airports and studies in schools and universities, and then a package of more restrictive measures, which included early closure of public places and then a curfew.

Social responsibility

Due to the rapid spread of the virus, it has become necessary to apply unprecedented and exceptional measures. These efforts require the cooperation of all social stakeholders in a coordinated manner to achieve the desired goals. The spread of the virus in many countries has exceeded the capabilities of the traditional health system and has negatively affected government plans to reduce its harm to health. It has become clear to decision makers that citizens should be empowered with tools to help them confront the virus, reduce its losses and transforming them from disease victims to active parties capable of suggesting and implementing solutions.

C. RESEARCH AIMS

This research aims to find prompt answers to the following questions:

1. How familiar is the public with the COVID-19 epidemic and how concerned or worried are they about infection?
2. To what extent do citizens apply self-isolation?
3. Are citizens leaving their homes? Why? when? And to where?
4. How did the decision to close public places at night affect the behavior of citizens?
5. How do social determinants (such as age, place of residence, level of income, and nature of work) affect citizens' actions and decisions?
6. To what extent have employees and officials in public places implemented infection control measures and what difficulties have they encountered in this?
7. To what extent is the curfew policy efficient and fair? and what's next?

D. RESEARCH METHODOLOGY

1. The quantitative component

This study rests on an extensive quantitative methodology that included a sample of citizens with the aim of representing geographical locations, income level, age groups, and the various types of businesses at the national level.

Research tool

A brief questionnaire was developed that can be published and used online and through direct interviews and via telephone conversations. This questionnaire can be found through this link:

https://docs.google.com/forms/u/1/d/e/1FAIpQLSdUKrcZIM_obdRhk39btuGsy6fu_yqmC2NFDL5QDxicgBhW5Q/viewform

Duration of research / timeframe

Participants answered the questionnaire in the week between March 19 and March 26, 2020.

Study participants

A total of 464 valid entries were collected from Egyptians residing in Egypt, and representation of different age groups, places of residence and income levels was guaranteed with a confidence level of 4.55, as follows:

Table 1: Sample disaggregated by age groups

Age Group in years	Number of Participants	Percentage of the total sample
Less than 15	1	0.2%
15 - 29	238	51.3%
30 - 44	164	35.3%
45 -60	52	11.2%
More than 60	9	1.9%
Total	464	100.0%

Table 2: Sample disaggregated by gender

Sex	Number of Participants	Percentage of the total sample
Female	328	71%
Male	136	29%
Total	464	100%

Table 3: Sample disaggregated by governorate

Governorate	Number	Percentage of the total sample
Cairo	163	35.5%
Giza	138	30.1%
Gharbia	70	15.3%
Minya	13	2.8%
Luxor	10	2.2%
Faiyum	9	2.0%
Monufia	8	1.7%
Aswan	8	1.7%
Beheira	7	1.5%
Sharqia	6	1.3%
Dakahlia	6	1.3%
Qalyubia	5	1.1%
Alexandria	5	1.1%
Beni Suef	4	0.9%
Kafr El Sheikh	2	0.4%
Qena	2	0.4%
Sohag	1	0.2%
Port Said	1	0.2%
Asyut	1	0.2%
Delta	100	22%
Upper Egypt	49	10.8%
Greater Cairo	297	65.4%
Coastal Cities	8	1.8%

Table 4: Sample according to type of residential area

Type of Residential Area	Number of Participants	Percentage of the total sample
Town	127	28.0%
City	200	44.1%
New City	67	14.8%
Compound/ Gated Residential Area	32	7.0%
Informal Area	28	6.2%
Total Urban	309	68.06%
Total Rural	145	31.94%

Table 5: Sample by type of occupation

Type of occupation	N.	% of total sample
Housewife	48	10.34%
Business owner	31	6.68%
Student	102	21.98%
Day worker	10	2.16%
Unemployed	43	9.27%
Private employee	121	26.08%
Public employee	109	23.49%
Total	464	100.0%

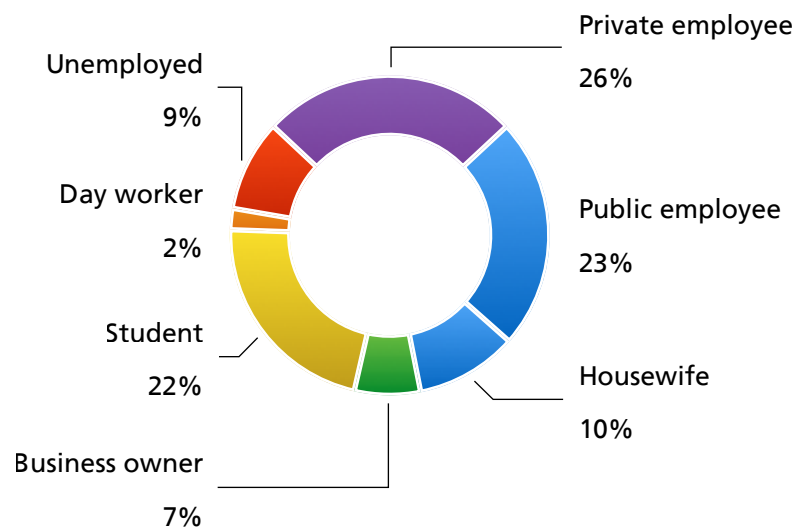


Table 6: Sample disaggregated by monthly income level

Average monthly Income (in EGP)	Number	Percentage of the total sample
Less than 2000	157	33.84%
2000 - 6000	165	35.56%
6000 - 12 000	76	16.38%
12 000 - 25 000	44	9.48%
More than 25 000	22	4.74%
Total	464	100.0%

2. Community evaluation of public service delivery places component

The research includes an analysis of the data collected through the community evaluation method for public services that a team of community residents conducted during field visits to a sample of services providers.

Research Tool

Community assessment mechanisms and data published on Salametna.com were used.

Salametna.com is a participatory site through which the recipients of the various services can evaluate and get informed about the status of infection control in the public places that they deal with. The site provides periodically updated information on the places that apply infection control

standards that contribute to increasing the safety of the place and reducing the risk of infection with the Corona virus.

Knowing the necessity and need of citizens to be present in some public places, the need arose to classify public places based on the degree of their safety and the actual application of infection control measures, which reduces the possibility of transmitting the virus through these public places. It has also become necessary to share this scoring with all citizens to help them avoid dangerous places and organize their lives in a way that reduces the risk of infection.

Assessment Team

In addition to a group of community assessors, [Salametna.com](https://ee.kobotoolbox.org/::N4lhJuYq) is based on an evaluation of more users of services. In this way, our online safety assessment tool is used through this link:

<https://ee.kobotoolbox.org/::N4lhJuYq>

Evaluation Criteria

The evaluation criteria were determined based on previous research work done by experts in medical quality and infection control, through which an upward set of criteria and policies that the management of public places must apply in order to reduce the possibility of transmitting the virus to goers to the place of service, and they are as follows:

1. The place can be entered without touching doors or handles

- If automatic doors are there, they are prepared to open automatically without touching
- In the case of traditional manual doors, the door is opened manually the entire time of service provision

2. Good ventilation

- It is strictly prohibited to provide hookah and all smoking means
- The windows are kept open and ensure continuous ventilation

3. There is no congestion

- Establish a policy that prevents the place from reaching its maximum capacity
- Separate sitting / waiting chairs with distances not less than 2 meters
- Implementing solutions that limit the waiting time of receiving the service and prevent any queues

4. The surfaces are clean and are continuously sterilized

- Training the hygiene team on the principles of proper sterilization, which include all surfaces and points of contact with the service recipient
- Providing the hygiene team with tools and supplies that achieve the highest virus killing rates (alcohol swabs and highly concentrated alcohols)

- Establish an internal system that ensures continuity and follow-up of cleaning efforts

5. Soap and hand sanitizer are available and easy to reach

- Alcohol-based hand sanitizer bottle is provided with a concentration exceeding 70%
- Putting antiseptic bottles in a visible, accessible place that does not require visitors to ask staff for help in reaching the disinfectant
- It is advisable to put up signs that show the locations of the disinfectant and encourage visitors to use it
- Preferably, the antiseptic container does not need to be touched by the user
- In the case of providing services that require contact between the provider and the recipient of the service, the use of antiseptic becomes a mandatory step before and after receiving the service for both the provider and the recipient of the service.

6. Staff are committed to infection control procedures

- All staff are trained in infection control procedures
- Incorporating frequent cleansing as a routine measure between all steps of service delivery
- Establish an internal control system that allows follow up on workers' respect of infection control procedures
- Providing communication channels for site users that allow them to complain if they notice some behaviors that may increase the possibility of transmitting the infection

7. Visitors'/Service Recipients' temperature is measured before entering (or identifying and classification of the most dangerous cases, especially in medical settings).

- Providing entry gates with a thermometer that measures the temperature from a distance
- The employee who measures the temperature of visitors must use gloves

Timeframe of evaluations

The assessments were carried out between March 18, 2020 to April 7, 2020.

It is noteworthy that the evaluations include entertainment places such as cafes and restaurants, all of these evaluations took place before the government decided to impose a curfew and the closure of those places, which was implemented as of March 26, 2020.

Targeting

Community assessments were conducted on a total of 101 public places, whose data and results were published on salametna.com, divided as follows:

Table 7: Places evaluated in the community assessment component

Type of Service provider	Number
Supermarket	34
Restaurant/Café	20
Medical Center	7
Pharmacy	3
Bank	9
Bookstore	4
Services Center	7
Mall	9
Workplace	4
Shop	2
Other	2
Total	101

2. The qualitative component

Focused interviews were also conducted with 6 owners and managers of public places serving the public as follows:

Research tool

We created a tool for qualitative questions briefly and can be disseminated and used by researchers. The survey can be found through this link:

<https://docs.google.com/forms/d/1kN1DuHWbYulBEwPq6lTccsB5Ve57MI-yWnA3H8LJfig/edit>

Duration of study

Interviews were conducted between March 20 to March 23, 2020.

Targeting

The targeted places were chosen to represent each of the following categories:

Table 8: Targeted places for the qualitative component

Regions	Downtown Cairo, New Cairo, Giza, Sheikh Zayed
Types of places	Restaurant, shop, coffee, cafe, clothing store, bakery
Ownership	Independent, a branch of a chain
Numbers of employees	Less than 5, 5 to 20, 20 to 100, more than 100

E. STUDY LIMITATIONS

This study has a set of limits that must be taken into account when reading the results. Difficulty of mobility during the research period (resulting from restrictions like the curfew), and the importance of being able to obtain quick results might limit the ability of the qualitative and quantitative sample to be representative of all targeted groups. Also, this study was bound by a specific period of time characterized by a rapid change in the impressions and behaviors associated with changes in the epidemic curve and therefore it mainly represents this period only.

F. RESULTS

1. "Have you heard about the Corona virus epidemic?"

Of the total sample, only one participant was not aware of a global pandemic. The remaining 99.78% were aware of this.

2. "To what extent does this epidemic make you worry?"

Answers range from 1 (not worried at all) to 5 (very worried). Average of answers was 3.95 which is high.

Table 9 Answers about the level of worry

Answer	1	2	3	4	5
Number	4	23	127	147	163
Percentage	0.22%	2.51%	20.77%	32.06%	44.44%

Table 10: Average level of worry disaggregated by different social determinants

Social Determinants	Categories	Average Level of Worry (from 1 to 5)
Sex	Male	3.6
	Female	4.1
Age Group (in years)	15 - 29	3.9
	30 - 44	4.1
	45 - 60	3.9
	More than 60	4.0

Social Determinants	Categories	Average Level of Worry (from 1 to 5)
Type of work	Housewife	4.3
	Business Owner	3.6
	Student	3.8
	Daily Worker	3.7
	Unemployed	3.7
	Private Sector Employee	3.9
	Public Sector Employee	4.2
Monthly Income in EGP	Less than 2000	3.9
	2000 - 6000	4.0
	6000 - 12 000	4.0
	12 000 - 25 000	3.9
	More than 25 000	3.7

It is noted that men are less worried than women, although global rates indicate that the death rates for males are more than for women (71% of deaths in Italy are men).

It is also noted that housewives are the most worried, followed by public sector employees. The least worried groups are business owners, daily workers and the unemployed.

It is also noted that the degree of worry decreases as the income level increases, except the least income earning group.

Table 11: Average level of worry disaggregated by regions (ranking from most to least)

Region	Average Level of Worry (from 1 to 5)
Upper Egypt	4.0
Deleta	4.0
Greater Cairo	3.9
Coastal Cities	3.8

Table 12: Average level of worry disaggregated by type of residential area (ranking from most to least)

Type of Residential Area	Average Level of Worry (from 1 to 5)
Compound/ Gated Residential Area	4.1
New City	4.0
Town	4.0
City	3.9
Informal Area	3.8

It is noted that the highest average level of worry was in gated residential compounds, followed by new cities, while informal areas were the least concerned.

As the data shows, everyone is somewhat concerned and relatively worried about the spread of the Coronavirus, across different categories such as gender, age group, socioeconomic class and geographical location.

3. “Do you self-isolate at home?”

In general, 82.54% of the respondents stated that they apply self-isolation at home and do not leave their house except for necessity, while 17.46% of the respondents report that they do not apply self-isolation.

Table 13: Percentage of self-reported commitment to self-isolation according to different social determinants

Social Determinants	Categories	Commit to Self Isolation	Do not Commit to Self Isolation
Gender	Male	67.7%	32.4%
	Female	88.7%	11.3%
Age Group (in years)	15 - 29	77.7%	22.3%
	30 - 44	91.5%	8.5%
	45 - 60	76.9%	23.1%
	More than 60	88.9%	11.1%
Type of work	Housewife	93.8%	6.3%
	Business Owner	67.7%	32.3%
	Student	87.3%	12.8%
	Daily Worker	60.0%	40.0%
	Unemployed	86.1%	14.0%
	Public Sector Employee	80.7%	19.3%
Monthly Income in EGP	Less than 2000	81.5%	18.5%
	2000 - 6000	81.8%	18.2%
	6000 - 12 0000	85.5%	14.5%
	12 000 - 25 0000	88.6%	11.4%
	More than 25 0000	72.7%	27.3%

There is an observable difference between males and females in the applying of self-isolation (67% and 88% respectively).

It is also noted that daily workers and business owners are the least applying self-isolation compared to employees and students.

In terms of age groups, the 30-45 group was the most committed to self-isolation (91.5%) (and was most concerned about the disease's outbreak), then 60+ years group (88.9%), then 15-29 years group (77.7%) and finally 45 60 years group. (76.7)

It is also noted that the commitment to self-isolation increases with increasing the material status of individuals until it reaches the highest income group that corresponds to business owners so decreases remarkably.

Table 14: Percentage of self-reported commitment to self-isolation (from most applied to least)

Region	Commit to Self Isolation	Do not commit to Self Isolation
Coastal Cities	87.5%	12.5%
Greater Cairo	85.5%	14.5%
Delta	81.0%	19.0%
Upper Egypt	67.4%	32.7%

It can be noted that the least commitment for self-isolation is in upper Egypt.

It is also noted that even though coastal cities are the least worried, they are the most committed to self-isolation.

Table 15: Percentage of self-reported commitment to self-isolation disaggregated by type of residential area (from most applied to least)

Type of Residential Area	Commit to Self Isolation	Do not commit to Self Isolation
New City	91.2%	8.8%
Informal Area	85.7%	14.3%
City	84.7%	15.3%
Town	75.8%	24.2%
Compound/Gated Residential Area	75.0%	25.0%

Note that the least commitment to self-isolation was in gated residential compounds.

4. "When you go out, where do you go?"

33% of the respondents said that they never left their house, the rest were a variety of answers to this question, they were divided as follows:

Table 16: Where do people go when they leave home? (in the most frequent order of answers)

Reason for going out	Percentage of answer frequency
Work	20.04%
Home visits	13.60%
Malls and shops	10.55%
“To buy essential household items”	9.48%
“I do not go out at all”	2.33%
Cafés and local coffee shops	5.37%
To receive medical services	1.79%
Restaurants	1.07%
Pharmacy	0.72%
To finish government’s paperwork	0.54%
Sports	0.72%
Just standing in the street	0.18%
Prayer	0.18%
Walking the dog	0.18%

Work is the most common cause of people going out (20%). This is followed by home visits (13.6%), going to shopping malls and stores (10.5%), and 9.5% going to buy essential household items while only 2.3% don't go out at all.

5. “After the decision to close public places from 7PM, how does this affect your behavior?”

Table 17: Change in citizens' behavior after the decision to close public places from 7 pm

Answer	“I will not go out neither in the morning nor in the evening”	“I will go out more in the morning to get back home before 7PM”	“I will go out for essentials and work before 7 PM”	“After 7PM I will do home visits”	“There is no difference, I live life normally”	“I go out for a walk”
Number	266	105	61	20	8	4
%	57.33%	22.63%	13.15%	4.31%	1.72%	0.86%

The majority of respondents (57.3%) said that they will not leave their homes before or after the issuance of the decision to close public places from 7PM. 22.63% of the respondents said that they would leave their homes during the day and return to their homes before 7PM. 13.15% said they would go to work and return before before 7PM.

Table 18: Change in citizens' behavior after the decision to close public places from 7 pm
disaggregated by gender

Gender	"I will not go out neither in the morning nor in the evening"	"I will go out more in the morning to get back home before 7PM"	"I will go out for essentials and work before 7 PM"	"After 7PM I will do home visits"	"There is no difference, I live life normally"	"I go out for a walk"
Female	64.33%	18.29%	12.80%	2.74%	0.91%	0.91%
Male	40.44%	33.09%	13.97%	8.09%	3.68%	0.74%

Table 19: Change in citizens' behavior after the decision to close public places from 7 pm
disaggregated by age group

Age Group	"I will not go out neither in the morning nor in the evening"	"I will go out more in the morning to get back home before 7PM"	"I will go out for essentials and work before 7 PM"	"After 7PM I will do home visits"	"There is no difference, I live life normally"	"I go out for a walk"
15 - 29	60.08%	19.33%	11.34%	5.46%	2.94%	0.84%
30 - 44	63.41%	19.51%	12.80%	3.05%		1.22%
45 - 60	30.77%	44.23%	23.08%	1.92%		
More than 60	33.33%	44.44%	11.11%	11.11%		

The age groups most committed to staying at home all day (before and after the closure of public places) are the ages 30-44 (63.41%) and 15-29 (60.08%).

Table 20: Change in citizens' behavior after the decision to close public places from 7 pm according to the nature of the work

Type of work	"I will not go out neither in the morning nor in the evening"	"I will go out more in the morning to get back home before 7PM"	"I will go out for essentials and work before 7 PM"	"After 7PM I will do home visits"	"There is no difference, I live life normally"	"I go out for a walk"
Housewife	70.83%	27.08%	2.08%			
Business Owner	35.48%	35.48%	25.81%			3.23%
Student	70.59%	15.69%	3.92%	6.86%	2.94%	
Daily Worker	40.00%	20.00%	20.00%		20.00%	
Unemployed	51.16%	25.58%	16.28%	4.65%	2.33%	
Private Sector Employee	50.41%	22.31%	18.18%	5.79%	0.83%	2.48%
Public Sector Employee	56.88%	22.94%	15.60%	3.67%	0.92%	

Table 21: Change in citizens' behavior after the decision to close public places from 7 pm according to the total monthly income

Monthly Income in EGP	"I will not go out neither in the morning nor in the evening"	"I will go out more in the morning to get back home before 7PM"	"I will go out for essentials and work before 7 PM"	"After 7PM I will do home visits"	"There is no difference, I live life normally"	"I go out for a walk"
Less than 2000	63.06%	20.38%	10.83%	5.10%	0.64%	
2000 - 6000	58.18%	21.82%	13.33%	1.82%	3.64%	1.21%
6000 - 12 0000	61.84%	11.84%	17.11%	5.26%	1.32%	2.63%
12 000 - 25 0000	43.18%	40.91%	11.36%	4.55%		
More than 25 0000	22.73%	45.45%	18.18%	13.64%		

Table 22: Change in citizens' behavior after the decision to close public places from 7 pm
disaggregated by the type of residential area

Type of Residential Area	"I will not go out neither in the morning nor in the evening"	"I will go out more in the morning to get back home before 7PM"	"I will go out for essentials and work before 7 PM"	"After 7PM I will do home visits"	"There is no difference, I live life normally"	"I go out for a walk"
Town	51.56%	30.47%	11.72%	3.13%	3.13%	
City	61.08%	16.26%	16.26%	4.93%	1.48%	
New City	61.76%	20.59%	8.82%	2.94%		5.88%
Compound/ Gated Residential Area	43.75%	37.50%	6.25%	9.38%	3.13%	
Informal Area	60.71%	17.86%	17.86%	3.57%		

Table 23: Change in citizens' behavior after the decision to close public places from 7 pm
according to the geographical region

Regions	"I will not go out neither in the morning nor in the evening"	"I will go out more in the morning to get back home before 7PM"	"I will go out for essentials and work before 7 PM"	"After 7PM I will do home visits"	"There is no difference, I live life normally"	"I go out for a walk"
Delta	55.00%	25.00%	13.00%	5.00%	2.00%	
Upper Egypt	48.98%	30.61%	14.29%		6.12%	
Greater Cairo	59.93%	19.19%	13.80%	4.71%	1.01%	1.35%
Coastal Cities	50.00%	50.00%				

6. The extent of applying infection protection measures in public places

From the results of the community assessment published on salameta.com

Table 24: The extent of application of infection control measures in public places out of a total of 101 places

Indicator	Level of Achievement	Type of places most achieving the standard	Type of places least achieving the standard
The visitor temperature is measured before entry (or the classification of more serious cases, especially in medical settings).	2%	Office	
The place can be entered without touching doors or handles	70%	Service Center	Bookshop
Proper Ventilation	21%	Medical Center	Supermarket
There is no congestion	42%	Mall	Supermarket
The surfaces are clean and constantly sterilized	49%	Shop	Pharmacy
Soap and hand sanitizer are readily available and easily accessible	62%	Shop	Bookshop
Staff are committed to infection control procedures	38%	Medical Center	Workplace

A group of service providers gave their feedback. On average, they reported level of worry of 3.6 out of 5. A service provider reported that during that period, "there was no work at all." Three stated that "traffic had decreased". Someone reported that "business was not affected at all". When business owners were asked about their opinion on the new policy, only two agreed that it was effective. Someone mentioned that the problem is not with restaurants and cafes, and not with public transportation. 2 of the service providers do not agree that this is the best solution to combating the epidemic and that it is ineffective.

101 public places were rated based on 7 safety indicators. Only two places measure visitors' temperatures before entering. It is the least applied standard. Specifically, of the seven medical facilities, only one measured the temperature and none of the pharmacies does. Only 3 out of 7 medical facilities provide a disinfectant / sterilizer for customer use.

In supermarkets, it has been reported that 65% of places are crowded and in only 50% of places employees wear appropriate protective equipment such as masks and gloves. Only 32% of supermarkets regularly disinfect and clean surfaces.

G. GENERAL OBSERVATIONS

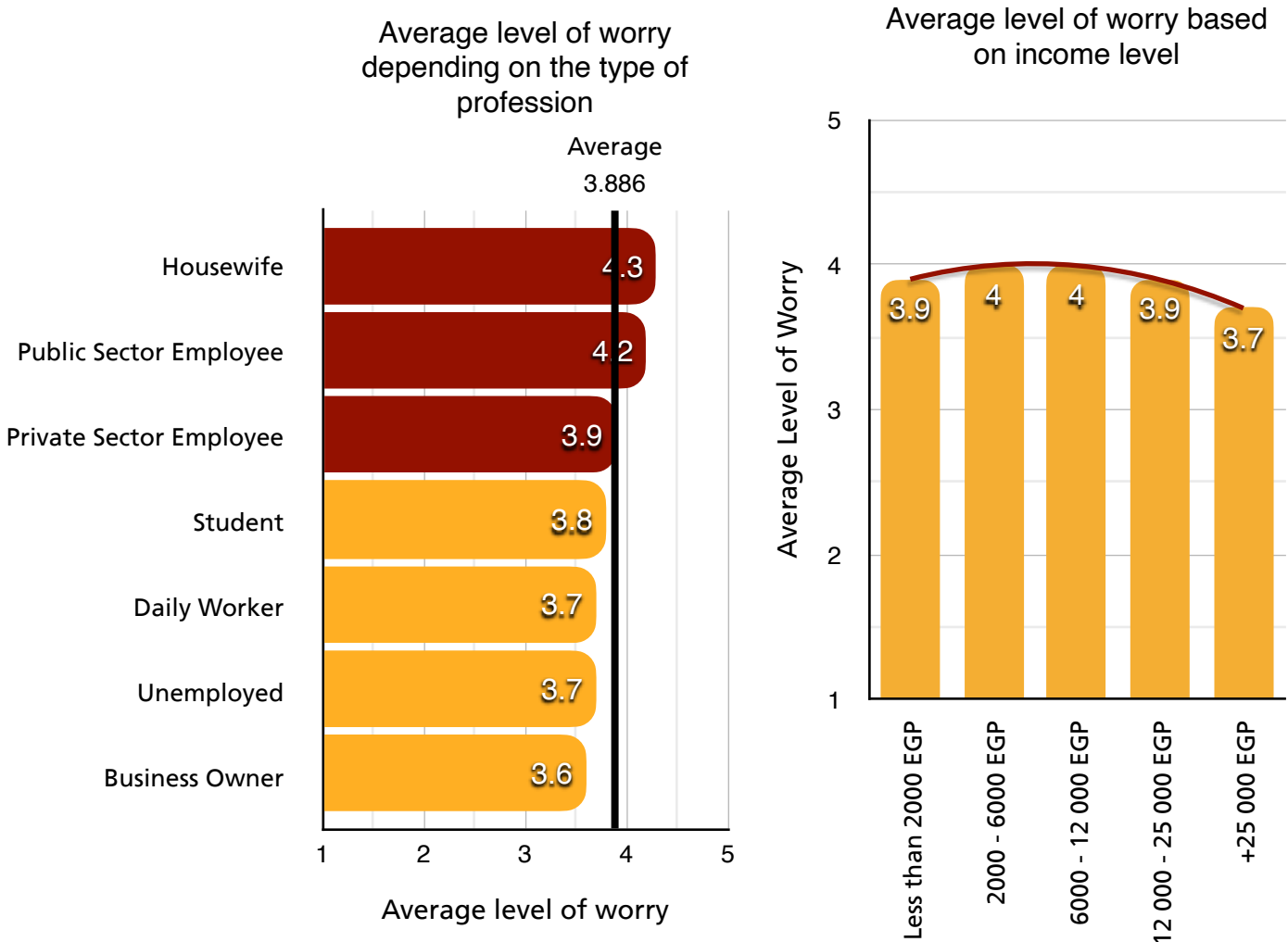
1. How aware is the public of the Corona epidemic and how concerned are they about the infection?

Citizens are very aware of the coronavirus pandemic, all respondents to this questionnaire stated this (except for one) and over 99% said they were somewhat worried while 44% stated that they were very concerned. On average, women are more anxious than men (4.1 and 3.6 out of 5).

From an occupational lens, the most worried are housewives (an average of 4.3 / 5), then public sector employees (4.2 / 5), then the private sector employees (3.9 / 5), followed by students (3.8 / 5), then the unemployed and daily workers (3.7 / 5) and finally business owners (3.6 / 5).

Disaggregating by monthly income, it can be said that the most concerned about the pandemic of the emerging coronavirus are the classes whose income ranges between 2000 and 6000 EGP/month and from 6000 to 12,000 EGP/month. They are followed by the lowest-income class (less than 2000 pounds per month), the most-income bracket (between 12,000 and 25,000 EGP/month), and finally the upper class (more than 25,000 EGP/month).

Diagram 1: Average level of worry about COVID according to income level and nature of work



The geographical division indicates that the most concerned are in Upper Egypt and the Delta (4.0 / 5), then Cairo and the coastal cities (3.9 / 5).

According to the place of residence, residents of gated residential areas/compounds are the most concerned (despite their relative lack of commitment to self-isolation, as the report indicates), then new cities and villages, then cities and finally informal areas.

As the data shows, everyone is concerned with the spread of the Coronavirus, across different categories such as gender, age group, socioeconomic class and geographical location.

2. But are people committed to self-isolation? To what extent?

Nearly 83% of respondents claim to be committed to self-isolation, with the exception of the necessary causes of descent. Women are more self-isolated than men (88.7% and 67%).

In terms of age groups, the 30-45 age group was the most committed to self-isolation (91.5%) (and they were most worried about disease outbreaks), then 60+ years (88.9%), then 15-29 years (77.7%) and finally 45-60 years age group (76.7%).

In terms of occupations, the fewest who adhere to self-isolation are daily workers (40% of them do not adhere), then business owners (32.3% do not adhere to), then private and public sector employees (19.8% and 19.3%, respectively, do not adhere to self-isolation) Then the unemployed (14%), then the students (12.8% do not adhere to self-isolation). Housewives are most committed to self-isolation (about 94% of them adhere to self-isolation).

Diagram 2: Apply self isolation disaggregated by age groups

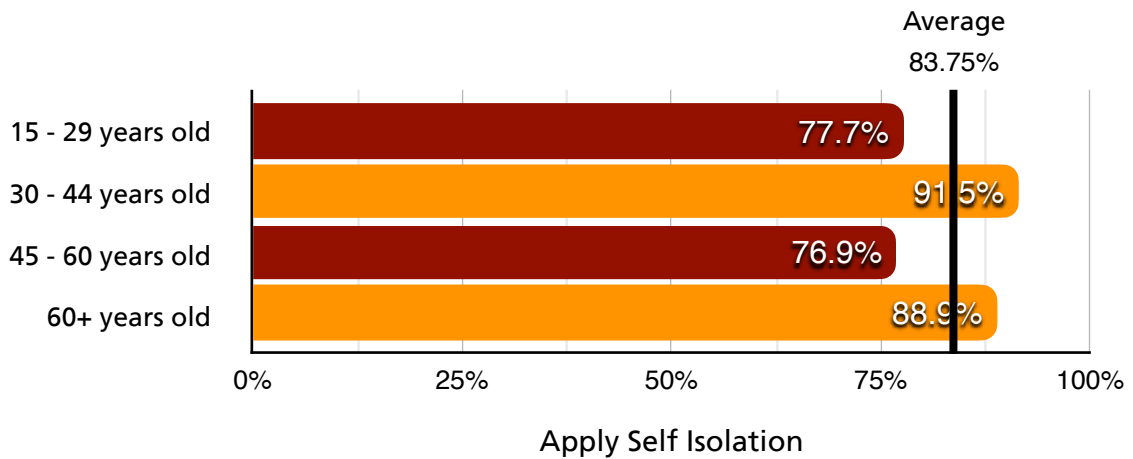
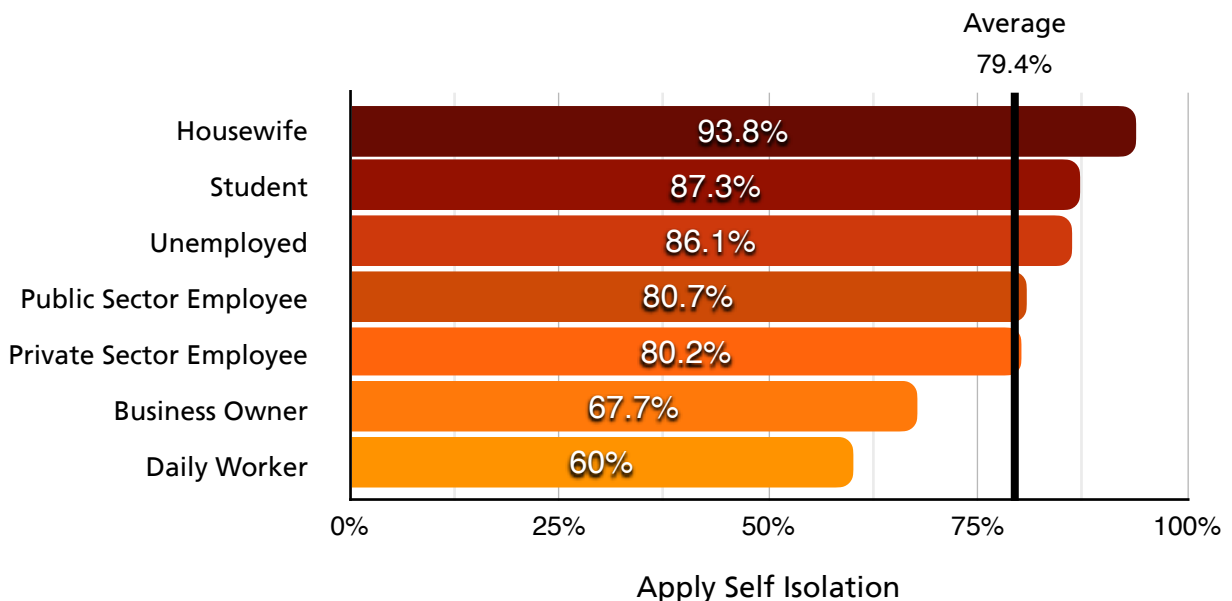
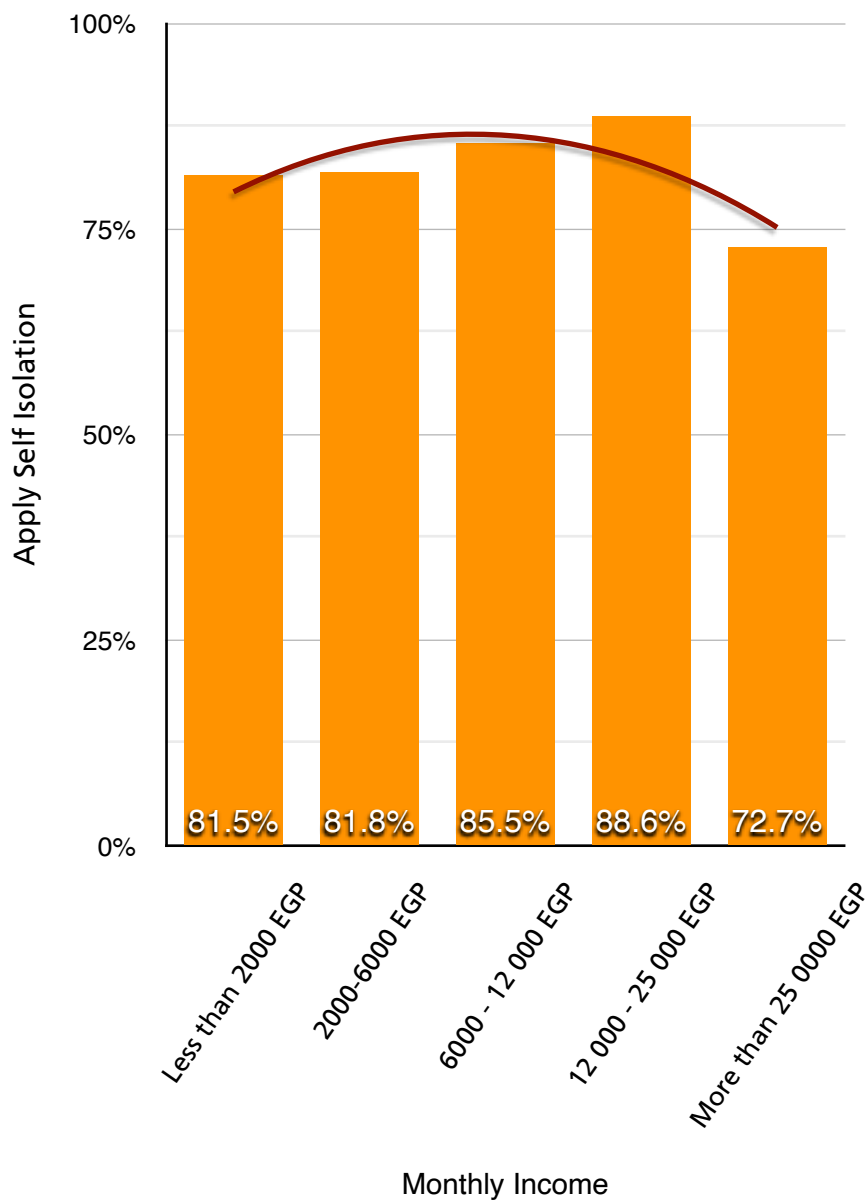


Diagram 3: Applying self-isolation according to the nature of the work



In terms of income, the higher the income of citizens, the greater their commitment to self-isolation measures, except for the end of the curve, that the largest income earners (more than 25,000 pounds per month) commit less to self-isolation, the more likely this is to their commitment to workers responsible for them.

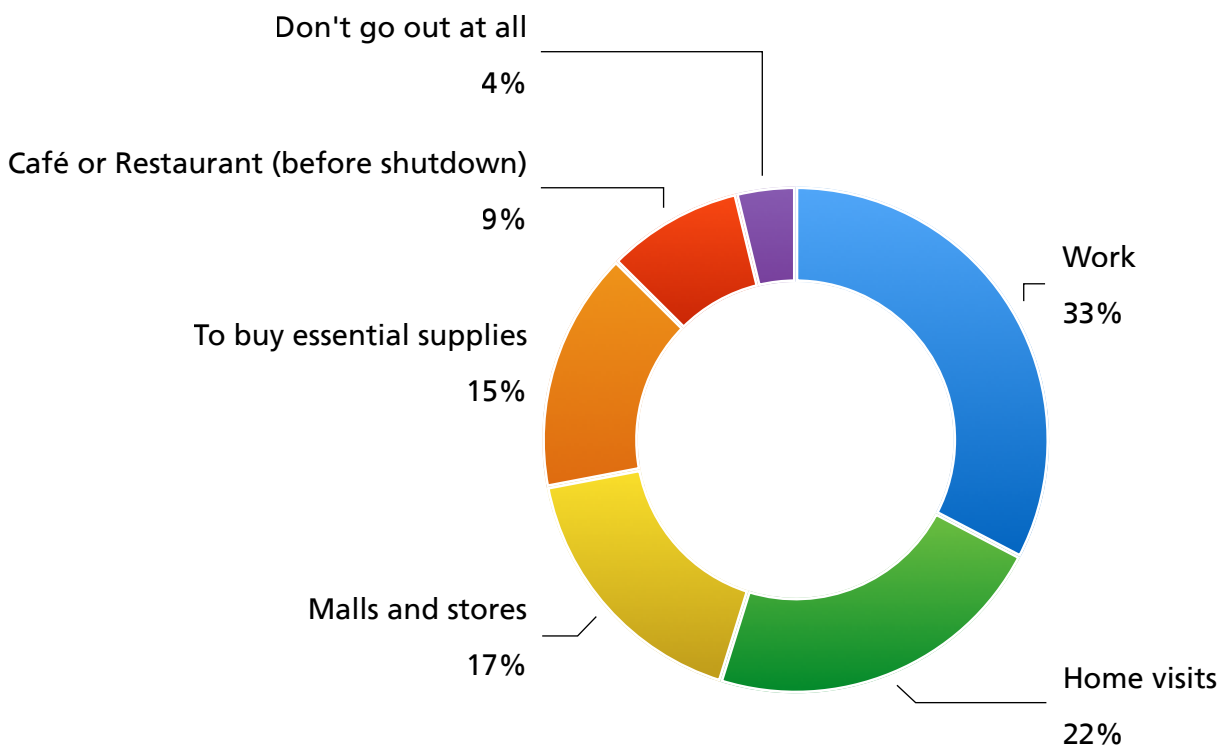
Diagram 4: Self-isolation rates disaggregated by income level



3. Do citizens leave their house? Why? when? And to where?

Work is the most common reason of people going out (20%). This is followed by home visits (13.6%), going to shopping malls and stores (10.5%), and 9.5% going to buy essential household items while only 2.3% don't go out at all.

Diagram 5: Why do people go out?

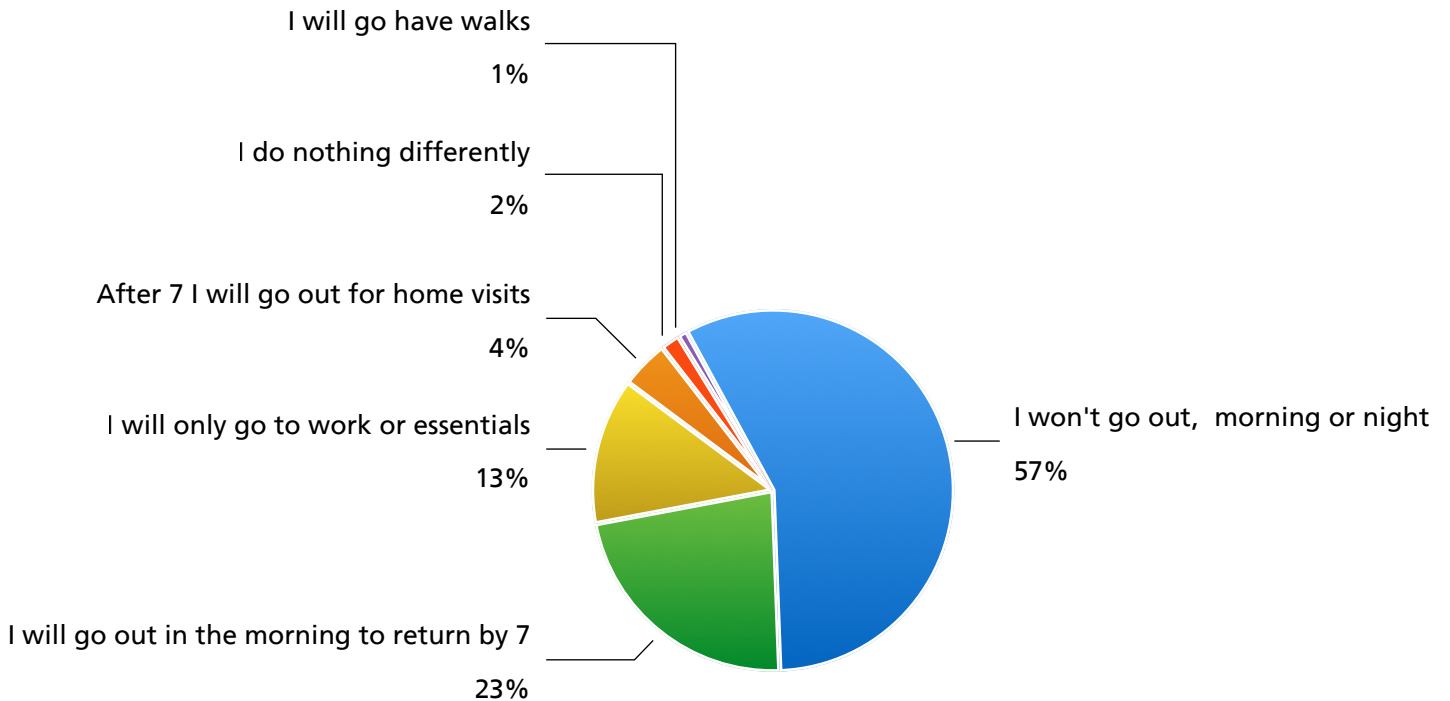


4. How did decisions to close public places at night affect the behavior of citizens? And how do social determinants (such as age, place of residence, level of income, and the nature of work) affect citizens' actions and decisions?

The majority of respondents (57.3%) said that they will not leave their homes before or after the issuance of the decision to close public places from 7PM. 22.63% of the respondents said that they would leave their homes during the day and return to their homes before 7PM. 13.15% said they would go to work and return before 7PM.

The age groups most committed to staying at home all day (before and after closing public places) are age groups 30-44 (63.41%) and 15-29 (60.08%)

Diagram 6: How did the government restrictions on mobility at night affect behaviors



63.06% of those who earn less than 2,000 pounds per month reported that they remain at home before and after the closure decision. Among the people earning over 25,000 pounds per month, only 22.73% completely cut themselves off before and after the closure decision. Those who lived in apartment and closed compounds were less likely to stay at home all day (43.67%). While 60.71% of those living in informal areas said they would stay in their homes all day long.

H. ANALYSIS IN LIGHT OF THE NATIONAL AND INTERNATIONAL CONTEXT

According to the Central Agency for Public Mobilization and Statistics, 32.5% of Egypt's population lives below the poverty line¹, while the World Bank estimates that "about 60% of Egypt's population are either poor or vulnerable"², and poverty levels can reach 81.7% in Egypt's poorest villages. Our research shows that those who earn 2,000 pounds per month or less are among the most anxious groups, registering an average (3.9 out of 5) in the anxiety level. Only 60% of daily worker participants are self-isolated, highlighting the fact that it may not be realistic for them to isolate themselves.

¹ Expenditure and consumption survey for the period 2017/2018 by the Central Agency for Public Mobilization and Statistics

² "World Bank Group to Extend Current Strategy in Egypt to Maintain Momentum on Reforms", World Bank, 30/4/2019

The government forces citizens to stay in their homes by imposing a partial curfew, and violators may be fined up to 4,000 Egyptian pounds. Is this appropriate given the importance of mobility and work for some groups?

According to our survey, those who earn more (more than 25,000 pounds per month) were the least concerned about the corona pandemic, indicating that concern about corona includes concern about the economic consequences of this. Besides daily work, business owners were the least committed to self-isolation. Business owners and daily employers scored relatively low in commitment to staying home all day. One theory for business owners may be that it is necessary for them to go to work every day because their companies and employees depend on them.

It is also assumed that the reason behind the high number of deaths in Italy is due to the fact that adults and the elderly make up most of the population. The proportion of the population over the age of 40 in Italy is more than twice the percentage of the same age group in Egypt (about 60% and 26.2% in 2019 respectively). As our survey indicates, it appears that the 45-60 age group is less committed to self-isolation and less likely to stay at home all day, which may shed some light on future projections of mortality in Egypt and that the 60+ age group also has a relatively low rate (30 %) of staying home all day. This underscores the need for further measures to address the risk faced by these vulnerable groups.

Knowing that the curfew policy was applied during the conduct of this research, it is also appropriate to analyze this policy and provide constructive opinions that contribute to the public debate on the issue. Compared to European countries, where more stringent measures have been taken, as in Italy, France and Spain, where closings are implemented all day, the curfew is not strict and people are still allowed to leave. While this is required to reduce the number of cases, it is not always appropriate for low-income groups and daily labor. This highlights that a curfew alone is not enough. This is especially evident in South Korea, Singapore and China, where the restrictions have been coupled with a rigorous testing of every possible suspect. In Singapore, for example, extensive efforts have been made to interview patients and to track contacts of injured people in order to test all possible injuries.

An article from QUARTZ Africa recommended, among other things, a curfew rather than a total movement ban / complete closure.³ Many countries (the Middle East, North Africa and Europe) have adopted this approach in order to restrict movement and limit the spread of the disease such as Egypt, Saudi Arabia, Iraq, Jordan, Kuwait and Greece, or at least consider the decision like Bahrain and Germany. Is this a good solution?

Public policies are usually evaluated through two main axes: efficiency / effectiveness and equity.

Efficiency

Is curfew an efficient way to deal with this global health crisis? Is it the best way to deal with the current situation? It is difficult to answer with simple straightforward answers. The best way to think about it is to take it according to the time frame, in the short and long term. The imposition of the curfew is a relatively ineffective idea compared to the total nationwide lockdowns that many countries like China, Argentina, Belgium, Australia and Norway are taking - among other countries, of course. The simple logic is that people who are secured are largely prevented from spreading the infection, compared to relaxation and freedom of movement with no restraints. This is alleged to have had results as in China, where "[it is] the only model that succeeded" and

³ W. Gyude Moore, "Curfews are a safer plan than total lockdowns to slow Covid-19's spread in informal economies", QUARTZ AFRICA, 11/4/2020, <https://qz.com/africa/1836458/curfews-not-lockdowns-will-slow-covid-19-spread-in-africa/>

"things started to return to normal"⁴ and where the procedures were firm and temporary for a certain period and then gradually loosened.

However, many articles try to explain why a full shutdown is not the answer.⁵⁶ The complete lockdown procedure is successful when bound in certain areas for specified limited periods. It is a burdensome and costly measure for people and governments to almost completely shut down their economies. This is why the curfew solution is the best long-term solution. It consumes and costs less than individuals and governments.

Although it can be argued that curfew is a better long-term solution, it is important to see what our survey data say about participants' mobility in response to the curfew decision. 22% of the participants said they would go out before 7 pm in order to return before the closure. A large portion of the respondents claim that their movement will increase (for unnecessary reasons), indicating that the curfew is counterproductive for some residents. Policymakers should take this vision into account to design a more efficient policy.

Fairness

Is the curfew policy fair? Do they serve the low and high income groups equally?

It is widely claimed that the COVID19 epidemic affects us all the same. After all, "the virus does not differentiate between the prince and the daily worker". In fact, this is a distorted vision of reality. In crises like this, those with the least (social and material) capital are the most affected.

If this is not taken into account, the policies facing COVID19 may be equally unfair. In a country where most Egyptians workers work more than 40 hours / week, workers are likely to use night hours to increase their income levels to meet their needs. Moreover, it is very likely that individuals with higher incomes are more inclined to work from home due to the nature of the work they do, while poorer workers - and illiterate people - need to physically be at their workplace or driving. This is especially true in sectors that are excluded even from curfews such as public construction and the private industrial sector, which threatens the safety of workers exposed to infection and material need.⁷

A policy of such importance should not be unidimensional. It must be accompanied by parallel policies to ensure that no one is left vulnerable and in need. A major policy recommendation is to suspend work while protecting workers with the money they need. The government has already started distributing 500 pounds to registered informal workers, which also feeds the state's goal of

⁴ M Geraci, "Italy's Coronavirus Lockdown: Draconian or Practical?", France 24, 10/3/2020, <https://www.france24.com/en/video/20200310-italy-s-coronavirus-lockdown-draconian-or-practical>

⁵ L. Bernstein and T. Craig, "Unprecedented Chinese quarantine could backfire, experts say", The Washington Post, 25/1/2020, https://www.washingtonpost.com/health/unprecedented-chinese-quarantine-could-backfire-experts-say/2020/01/24/db073f3c-3ea4-11ea-8872-5df698785a4e_story.html

⁶ M. Shankar and A. Bhan, "Why Lockdown is Not an Absolute Panacea for Coronavirus Spread in India", News 18, 22/3/2020, <https://www.news18.com/news/buzz/why-lockdown-is-not-an-absolute-panacea-for-coronavirus-spread-in-india-2546625.html>

⁷ "The dead do not go to work", Egyptian Initiative for Personal Rights, 9/4/2020

absorbing unregistered employment / the informal economy to the formal economy⁸. But 500 pounds is simply not enough for individuals to survive with this economic slowdown and inflation rate. According to expert opinions, governments can support the private sector to keep jobs while off work, or protect workers through monetary and unemployment insurance policies.⁹

Our suggestion is, if the emergency response to COVID cannot be funded due to the state's budget deficit - a proposal shown to be feasible¹⁰-, using the funds donated by the Egyptian people to the Tahya Misr Fund (from President Abdel Fattah el-Sisi to institutions such as the Syndicate of Journalists¹¹ to individual and ordinary citizens who responded to the national call for donation). This fund was established in 2014, and it was created to "support the economy ... The Presidency issued a statement saying: This comes in appreciation of the delicate moments that the country is going through and the critical economic and social conditions that necessitated Egyptians' positive feelings towards the country. It also highlighted the national resolve and the real will of the masses of the great Egyptian people in the inevitability of crossing our beloved Egypt into prospects for a promising future worthy of the legacy of its past and the sacrifices of its children."¹² The fund contains a wide range of programs that work as parallel support for ministries that are underfunded and disempowered to create strong systems, and to address files such as social support, economic empowerment, health care, and crisis management.

The Tahya Misr Fund was used in part to finance the quarantine of Egyptians coming from abroad and their stay in hotels in Cairo (such as Le Meridien airport branch) and in El Alamein, which is an appropriate solution where it was not evident that the Egyptians could afford to stay there as long. It is valid to presume that over the past four years, funds have been collected from sincere Egyptians who have generously given, within their capabilities, and it is time to make the best use of these resources in the current crises taking into account the less fortunate people who need more the intervention, because of their dire economic situation, and for the safety of all of us. This policy recommendation is relevant to the scope of work of the Tahya Misr Fund (Crisis Management, Social Support and Health Care / or Public Health to be more precise) and it addresses exactly what is needed at this time to stop the spread of COVID19 by, as previously mentioned, supporting the private sector (stopping work and postponing projects while maintaining employment).

I. RECOMMENDATIONS

Firstly: Recommendations to the relevant authorities

⁸ Ministry of Manpower News, <http://www.manpower.gov.eg/news.html>

⁹ Gad M., "What does the international experience tell us about protecting the working class from the economic repercussions of Corona?" Alternative Policy Solutions Project at the American University in Cairo, 9/4/2020

¹⁰ "The dead do not go to work", Egyptian Initiative for Personal Rights, 9/4/2020

¹¹ MENA, "Journalists Syndicate donates EGP 100,000 to Tahya Misr Fund", Egypt Today, 11/4/2020, <https://www.egypttoday.com/Article/2/84551/Journalists-Syndicate-donates-EGP-100-000-to-Tahya-Misr-Fund>

¹² "Who are we?", Tahya Misr Fund, <https://tahyamisrfund.org/about-us/>

1. Personal protective equipment is necessary, should be free of charge, and available in common places and transportation.
2. To provide transparent and accurate information on each of the following:
 - A. Infection and death rates disaggregated by governorates and regions
 - B. Available numbers of laboratory tests
 - C. The needs and shortcomings that the society and communities can support the official bodies through (protective devices, ventilators...)
3. Linking periods of isolation, restrictions on mobility and closure to real and societal prevalence rates. Especially on holidays and the like.
4. Providing higher protection for health teams by providing them with early and periodic tests and other protective equipment such as clothing and the like.
5. Establish mechanisms that achieve equity to protect the poorest groups when they have to work. Such as cleaners, electricity, water and the like.
6. It is necessary to design technical and educational mechanisms to reduce anxiety levels and provide psychological support mechanisms provided by the Ministry of Health more generally.
7. Providing and applying clear standards of infection control in health facilities and incentivizing health facilities to adopt them in preparation for their approval by the Accreditation and Quality Authority.
8. Broader protection in all medical services for the elderly. Prioritizing for them, by the law, places of public services such as government departments, banks and similar services.
9. To support, encourage and cooperate with civil society initiatives and the private sector and provide them with information to carry out projects and initiatives that represent a real need in line with national priorities.

Secondly: Recommendations to civil society and the private sector

1. Expanding the design of simple and appropriate preventive awareness models
2. Ensure that workers and their income sources are protected in a way that provides equity to the poorest or most vulnerable groups.
3. Ensure that workers are protected from the risks of infection when they are forced to work, and provide adequate equipment and tools to protect them and their families.

Thirdly: Research recommendations

1. The expansion of research regarding social stigma and bullying and its reflection on the delay in seeking help for some, and sometimes denial, which causes the high mortality rates.
2. Conducting frequent and periodic studies and compare the results continuously to obtain more comprehensive results.

J. ABOUT THE RESEARCH TEAM

This research was carried out by the researchers team in Shamseya for Innovative Community Healthcare Solutions, which is a non-profit that provides solutions to the health sector challenges. Shamseya's work spans seven years in the health sector. During which they undertook various projects with patients, directors of health facilities and development institutions, with the aim of finding effective and innovative solutions to the problems most in need.

Shamseya has important work in the field of community engagement in designing and implementing sustainable solutions to health challenges, foremost of which is the eghospitals.com community evaluation portal project. This project, which enables and provides citizens with information that enables them to better manage their health needs, depends on conducting periodic and community assessments of hospitals through citizens representing their local communities, then presenting it through a portal that enables the community to monitor and evaluate the quality of services in Egyptian hospitals, since Shamseya has developed a tool to evaluate hospitals centered on Mainly about the patient.

eghospitals.com not only works to define challenges in every hospital and directly measure hospital performance, but also enables communities to push health service providers to become responsible for improving the level of services they provide.

As of November 2019, this portal has included community assessments of more than 650 hospitals covering 16 provinces. The work of this tool has also been extended to Tunisia through the "Youth-Friendly Services" project. Shamseya's team is now working on a "Women-Friendly Services" project through the community assessment mechanism.

To complement this role and in response to the global pandemic of Corona, Shamseya's worked to produce a set of tools that would support individuals, institutions and the country to confront this epidemic and reduce its harms. This includes:

1. A specialized public awareness campaign and responding to citizens' questions in line with the state's plan and procedures
2. Creating salametna.com, a participatory website created especially for this critical moment, through which the recipients of the various services evaluate the status of infection control in the public places that they deal with. The site provides periodically updated information on the places that apply real infection control standards that contribute to increasing the safety of the place and reducing the risk of infection with the Corona virus. Through this site, infection control measures are evaluated based on 7 basic criteria that simulate the requirements of the World Health Organization and the Egyptian Ministry of Health.
3. Providing a "El Nase7" [The Witty]'s mechanism for a rapid response to those who lack access to medical services.
4. Carrying out field and community research to identify the extent to which citizens and institutions have implemented infection control measures.
5. Supporting companies and other organizations in providing comprehensive solutions to the most important challenges facing citizens and the state in these circumstances.

To find out more about Shamseya you can visit shamseya.org and to support these efforts, and you may contact us at info@shamseya.org