Appendix
TIMELINE OF COVID-19 IN WINNIPEG

First known case of COVID-19 announced in China
December 31, 2019

First case with community transmission
February 23th

MB Declares State of Emergency; Schools and daycares close
March 20th

First death in Manitoba
March 27th

Canadian Emergency Recovery Benefit (CERB) announced
April 6th

City lays off 674 non-permanent staff
April 15th

311 can now help older isolated adults with groceries, medications and some social assistance (operates til Jun. 6)
April 16th

Province announces multiphase reopening plan
April 29th

Data collection in MB focused on race/ethnicity/Indigeneity and COVID begins
May 1st

First case in Canada
January 25, 2020

First case in Manitoba
March 12th

End Homelessness Winnipeg holds first meeting with community, health and governmental stakeholders
March 17th

MB imposes a rent freeze and a non-essential eviction ban
March 24th

Non critical businesses and in-house dining closed
April 1st

777 Sargent (isolation unit for those without stable housing) opened
April 11th

Travel restricted outside of MB and a travel ban north of the 53rd parallel put in place
April 16th

City lays off 253 Winnipeg transit drivers temporarily
April 24th

City announces reopening plan (focus on outdoor facilities)
April 30th

Non-essential businesses can open
May 4th
People no longer need referral to go to a COVID testing site  
May 13th

Community testing sites open in WPG for those experiencing homelessness or living in a shelter  
May 19th

Groups can gather 25 people indoors/50 outdoors  
May 22nd

Phase 2: Gyms, nail salons, tattoo parlours can re-open  
June 1st

Thunderbird House closed as community testing site because of low numbers  
June 5th

Phase 3 – Travel to Western Canada allowed; Restaurants can open to full capacity  
June 21st

School reopening plan announced  
July 30th

Redeployed city staff return to their City jobs  
August 30th

Winnipeg areas placed under restrictions (gatherings limited to 10 people and mandatory facemasks)  
September 28th

CERB Ends  
October 3rd

Winnipeg placed on Code Red; Restaurants closed/socializing with household only  
November 2nd

Over 10,000 total cases and 6,000 active cases  
November 13th

Test positivity rate for First Nations peoples (on and off reserve) 20%/MB population 13%  
November 29th

the number of active cases drops below 50  
May 15th

Provincial government gives $10 million to community orgs and municipalities to assist in recovery  
May 20th

No hospitalizations due to COVID  
May 25th

$120 Million* to be distributed to frontline workers through Risk Recognition Program  
June 2nd

No new COVID cases  
June 6th – 12th

No new cases, only one active case  
July 1-13th

Masks become mandatory on Winnipeg buses and City-operated facilities  
August 29th

Travel restrictions reinstated to Northern MB  
September 3rd

Eviction ban ends  
September 30th

Gatherings limited to five or fewer (inside and outside)  
October 19th

MB in Code Red  
November 12th

Test positivity rate is 14% for MB  
November 23rd

SUMMER

SOURCES:  
- Chief Public Health Officer of Canada’s Report on the State of Public Health in Canada 2020  

* $90 Million from federal/ $30 Million from Province for workers having worked 20 March – 29 May
Questions for Front-line Staff

Interview Guide:

1. What are the populations that you work with/serve? Have they changed at all during the pandemic?

2. To what extent were/are the populations you serve, or program participants and neighbourhood residents, aware of the unfolding of the pandemic (e.g. large crowd restrictions, phases to reopening) as well as ways to protect themselves and others? What has helped get that information out? What has made that difficult?

3. Among your organization’s program participants and neighbourhood residents, who was usually considered most vulnerable prior to the pandemic (please do not identify any individuals but describe key characteristics that create vulnerability).
   a. Why/what are the factors that create this vulnerability?
   b. What if any effect has the pandemic had on these groups’ vulnerability? Has the pandemic created new vulnerabilities?
   c. Many people speak about the pandemic making the people who were already vulnerable, more vulnerable. What are your thoughts on this? What does this mean amongst the people with whom you work?

4. Does your organization address basic needs? Y/N? If so, which basic needs, and how do you address them?
   a. Thinking back before March 13th (when the state of emergency was declared), what, if any, changes in basic needs have you seen among the people you work with/serve? (e.g. new or emerging basic needs)
   b. How are people meeting their basic needs with social distancing and other pandemic restrictions?
   c. In what ways are people unable to meet their basic needs and/or struggling to do so?

5. Are there any challenges or barriers your organization is experiencing as it works to support program participants and neighbourhood residents to meet basic needs during the pandemic that you think we should know about?
6. What kind of support do you need in order to be able to do good work in these times?

7. How do you think the pandemic, including health impacts, government responses, business closures, social distancing and stay-at-home restrictions, will affect your organization in the future?

8. What are the types of everyday emergencies faced by program participants and neighbourhood residents that your organization deals with/responds to? E.g. housing displacement, fires, personal crises, etc.

9. Have these everyday emergencies changed throughout the pandemic? Y/N. How has your response changed? Can you give an example of something you are most proud of in the way you responded?

10. How did CBOs network and support each other during the pandemic? When did that not work well? What would be needed to increase support?

11. Are there new or emerging opportunities for your organization in the COVID-19 pandemic? For the inner city more broadly?

12. Is there anything else you would like to share?

Managerial Interview Questions

Interview Guide:

1. What are the populations that you work with/serve? Have they changed at all during the pandemic?

2. To what extent were/are the populations you serve, or program participants and neighbourhood residents, aware of the unfolding of the pandemic (e.g. large crowd restrictions, phases to reopening) as well as ways to protect themselves and others? What has helped get that information out? What, if any obstacles do you see with this information sharing?

3. Among your organization's program participants and neighbourhood residents, who was usually considered most vulnerable prior to the pandemic (please do not identify any individuals, but describe key characteristics that create vulnerability).
a. Why/what are the factors that create this vulnerability?

b. What if any effect has the pandemic had on these groups’ vulnerability? Has the pandemic created new vulnerabilities?

c. Many people speak about the pandemic making the people who were already vulnerable, more vulnerable. What are your thoughts on this? What does this mean amongst the people with whom you work?

4. Does your organization address basic needs? Y/N If so which basic needs, and how do you address them?

   a. Thinking back before March 13th (when the state of emergency was declared), what, if any, changes in basic needs have you seen among the people you work with/serve? (e.g. new or emerging basic needs)

   b. How are people meeting their basic needs with social distancing and other pandemic restrictions?

   c. In what ways are people unable to meet their basic needs and/or struggling to do so?

5. Are there any challenges or barriers your organization is experiencing as it works to support program participants and neighbourhood residents to meet basic needs during the pandemic that you think we should know about?

**At the Organizational Level**

1. How has your organization’s approach to supporting your program participants and neighbourhood residents changed as a result of COVID-19? E.g. new priorities; changes in which programs are offered or how programs are offered.

   a. What prompted these changes?

   b. How is your organization adapting to the Province’s phased opening (phase 1, phase 2, etc.)?

   c. Will you keep these changes once the pandemic is over? Why or why not?

2. Have you been able to maintain a safe work environment for your staff?

   a. If yes — how were you able to do so?
b. If no — why not?
c. For both: What do you wish you could do better?

3. What kind of support do you need in order to be able to do good work in these times?

4. How do you think the pandemic, including health impacts, government responses, business closures, social distancing and stay-at-home restrictions, will affect your organization in the future?

Emergency Planning/Response

1. What are the types of everyday emergencies faced by program participants and neighbourhood residents that your organization deals with/responds to? E.g. housing displacement, fires, personal crises, etc.

2. How do you respond to these emergencies? What if any ways do you prepare for these emergencies?

3. Have these everyday emergencies changed throughout the pandemic? Has how your organization responds/provides support changed?

4. Prior to the pandemic, did your organization have plans in place to deal with a large-scale health emergency?
   a. If no: how did you develop your organization’s response to the pandemic?
   b. If yes: How were these plans originally developed? Did the plans work as expected? How did they need to be adapted to COVID? 
   c. Whose responsibility was it to make these plans/decisions? To implement them?

5. What lessons will you take forward for future emergency response? Emergency planning?

6. What were the most important considerations for your organization in addressing COVID? What about the sector as a whole?

7. How did the different types of government (provincial, municipal, federal, Indigenous) support your organization during the pandemic? (Financially, information, advice)? When did that work well or not work well? What does your organization need from government to carry out its work?
8. How did CBOs network and support each other during the pandemic? When did that not work well? What would be needed to increase support?

9. Are there new or emerging opportunities for your organization in the COVID-19 pandemic? For the inner city more broadly?
Re: Open letter to the Manitoba Government: Urgent action needed to avoid humanitarian and poverty crisis in Manitoba

Dear Premier Pallister and Minister Stefanson:

Make Poverty History Manitoba (MPHM), is a multi-sectoral collaborative coalition committed to changing public policy to achieve a Manitoba without poverty. We are calling for urgent action to support those struggling with poverty during the COVID-19 pandemic.

There is broad consensus that COVID-19 disproportionately affects people living in poverty as income is a social determinant of health. MPHM is concerned that the Manitoba government is making matters worse by implementing policies that will exacerbate poverty and homelessness, and the spread of COVID-19, as the pandemic surges.

1) Employment and Income Assistance Claw Back

In April, the Province decided to claw back Employment and Income Assistance (EIA) for those who received the Canada Emergency Response Benefit (CERB). The same claw back is being applied to CERB’s replacement, the Canada Recovery Benefit. Some CERB recipients were unaware of the claw back and have had their benefits held back or cut. This has left many unable to pay the rent and put food on the table, leaving them at greater risk of homelessness.

Increasing homelessness at this time is particularly alarming as we approach the cold weather months and as COVID-19 infection rates continue to rise.

The federal government was clear that the CERB was intended to build upon provincial income support programs so that people would be better off. Provinces typically deduct some federal benefits
from social assistance dollar for dollar, but the CERB was an exceptional emergency measure put in place during exceptional times. British Columbia, Yukon and Northwest Territories agreed, and exempted CERB from social assistance claw backs. It is not too late for Manitoba to do the same. Clawing it back serves only to save the Manitoba government money while leaving the most vulnerable at risk.

2) Increase EIA rates and move to a Liveable Basic Needs Benefit

The desperation that led some EIA recipients to apply for the CERB should come as no surprise. EIA rates have been inadequate for too long.

People who have no choice but to depend on EIA as their only source of income live in a state of emergency most of the time. This includes many people with disabilities, seniors, and single parent households. For example, the $800 a month ($9,600 annually) received by a single person on EIA provides an annual income that is only 53% of the poverty line ($18,272 based on Statistics Canada’s Market Basket Measure). It is barely enough to rent an apartment let alone cover the cost of basic needs that lead to stability and financial independence. The basic needs budget (food, hygiene etc) for those on EIA has not been increased in many years.

Many people on EIA rely on non-profits to access things like food, telephone, internet and laundry facilities. The majority of these services have been either shut down or drastically reduced during the pandemic. Like others who have been provided supplements due to their heightened vulnerability during the pandemic, people on EIA need additional financial support now more than ever. The vast majority are not eligible to apply for the CERB.

MPHM recommends single adults on EIA receive an increase of $383 per month and people with disabilities an increase of $236 per month to bring their annual incomes to 75% of the poverty line. Thanks to federal benefits, parents on EIA have incomes closer to the poverty line. We also recommend changing the EIA claw back on earned income from 70% to 30% of each dollar earned. This would reduce the welfare wall and increase the incentive to find employment for those on EIA who are able to find work. These recommended amounts for a Liveable Basic Needs Benefit are also recommended by the Canadian Centre for Policy Alternatives Manitoba 2020 Alternative Budget.

3) Eviction ban

Housing insecurity is closely aligned with the inadequacy of income. This is a problem for low-income Manitobans at the best of times but potentially life threatening during a pandemic. In March, the Manitoba Government implemented an eviction ban to prevent people from losing their housing if unable to pay the rent. Despite an increase in the number of individuals testing positive for the virus, the ban was lifted on October 1st. An estimated 5,456 – 7,882 tenants and their households are now at risk of eviction and homelessness. Dedicated isolation spaces for people who do not have a home to isolate in have reached their capacity putting a greater number of people at risk of contracting and spreading the virus.
The Government of Manitoba can reduce poverty and homelessness and stop the spread of COVID-19 through immediate action:

1. Fully exempt the CERB, CRB and other federal COVID-19 recovery measures from EIA claw backs to ensure EIA benefits are not interrupted or reduced.

2. Increase the EIA allowances for single adults by $383 per month and for people with disabilities by $236 per month and transform EIA into a Liveable Basic Needs Benefit.

3. Reinstate the provincial eviction ban to prevent homeless during the COVID-19 pandemic.

Thank you for your attention on this matter. MPHM is available to meet with you and representatives of your government.

Sincerely,

Provincial Working Group,
Make Poverty History Manitoba
For contact: chair@makepovertyhistorymb.com