Zambia RECOVR Survey Analysis: Learning from Rapid Data to Inform Policy on COVID-19 in Zambia

National Health Research Authority Quarterly Research Scientific Meeting February 24, 2021

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IPA's Research for Effective COVID-19 Responses (RECOVR)



Rapid response surveys to answer critical policy questions (8+ countries)



A global hub that centralizes research and policy lessons



A portfolio of IPA studies to generate rigorous evidence (80+ studies)



Advising 15+ governments on evidence-based approaches



Research-on-Research to strengthen the quality of remote data collection



RECOVR Survey Overview

RECOVR Survey: Key Takeaways



75% of respondents would take the vaccine if available, and 76% would vaccinate their children. There are no significant differences by socioeconomic status or gender in the likelihood of getting vaccinated.



While overall employment did not change significantly from February (Baseline) to June (Round 1) to December (Round 2), respondents were more likely to say that their earnings had increased in Round 2.



To pay for food, healthcare, or other expenses since February 2020, a higher proportion of respondents in Round 2 reported selling off their assets, skipping required payments on loans, and buying fewer inputs than planned.



Poor and non-poor respondents cite various barriers to food access (amount of food, and variety of food) at similar rates.



Zambia Survey Information

<u>Dates of survey:</u> **Round 1**: June 15-July 6, 2020 - **Round 2**: Nov 28-Dec 21, 2020

<u>Sampling method:</u> Random Digit Dialing of a nationally representative sample of phone numbers; panel survey

Sample size: Round 1: 1,278 respondents out of 3,213 call attempts

Round 2: 752 respondents out of 4,073 call attempts

Average respondent demographics:

Indicator	Round 1	Round 2
% Women:	43%	42%
Age	31.9 years old	32.3 years old
% completed secondary school	80%	84%
Household size	5.2 people	5.4 people
% Under national poverty line*	31%	41%

^{* (}baseline)(Estimated with the PPI)



Zambia RECOVR: Survey and Policy Timeline

Jul 16 Aug 16 Mar 16 Apr 16 May 16 Jun 16 Oct 16 Sep 16 Nov 16 Dec 16 lan 1 RECOVR RECOVR **Partial Lockdown** 20 Mar-8 May 13 Jun-21 Jun **Reopening of Public Schools Closure of Public Schools** 21 Sep 20 Mar Closure of restaurants, bars, cinemas, and crossborder commercial travel 27 Mar Facemasks required in public 16 Apr **Suspension of tourist visas** 29 Apr Closure of border with Tanzania Legend 11 May Public Health Measures **Enactment of fiscal measures** 27 Mar Economic Measures **Enactment of additional fiscal measures** 20 Apr IPA RECOVR



Health & COVID-19 Mitigation

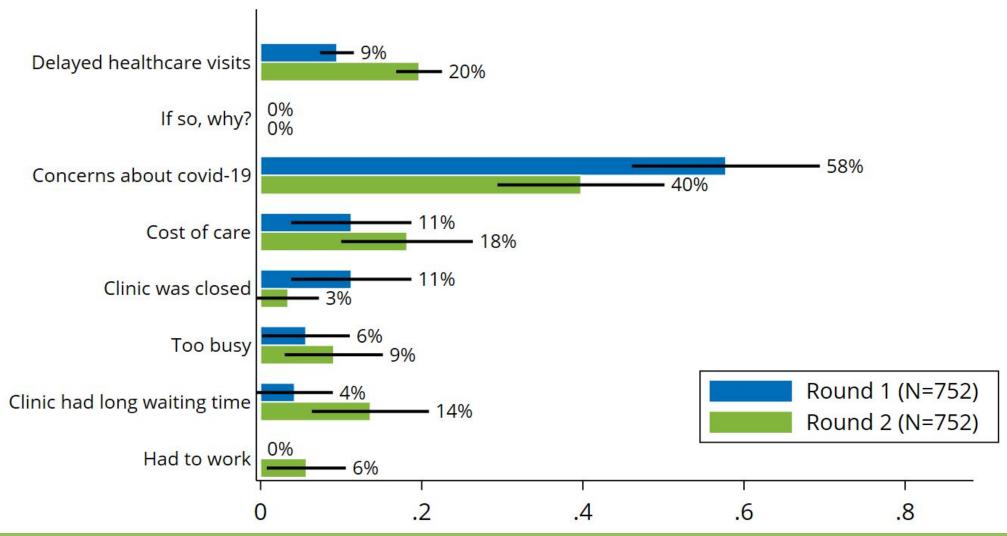
Health & COVID-19 Mitigation: Key Takeaways

- A greater proportion of households delayed healthcare appointments in Round 2 (20%) than in Round 1 (9%), though concerns about Covid-19 seemingly decreased.
- The proportion of respondents that indicate going outside the home every day in Round 2 increased by 41 percentage points. In Round 2, men and women report similar rates of going outside the home everyday.
- The proportion of respondents reporting usage of homemade facemasks decreased by 16 percentage points, while the proportion using medical facemasks increased by 10 percentage points.
 - However, the proportion of those NOT using facemasks also increased by 5pp, with more than half of those perceiving they are not necessary.
- Majority of people trust Television as a source of reliable information about COVID-19
- 75% of respondents would take the vaccine if available, and 76% would vaccinate their children. There are no significant differences by socioeconomic status or gender in the likelihood of getting vaccinated.
- 65% of respondents trust doctors and healthcare professionals for vaccine information.



Are concerns about COVID-19 preventing or delaying other healthcare?

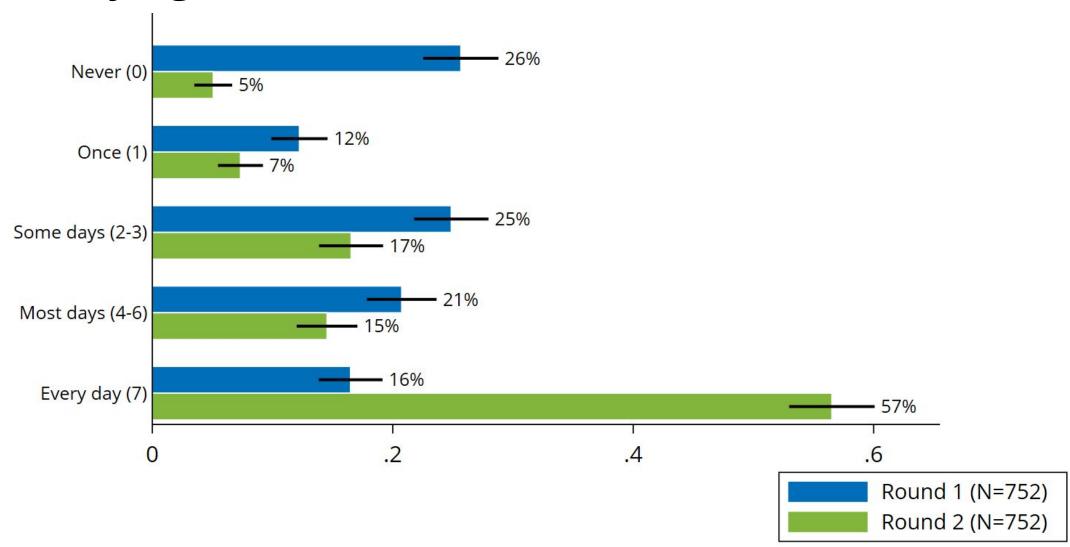
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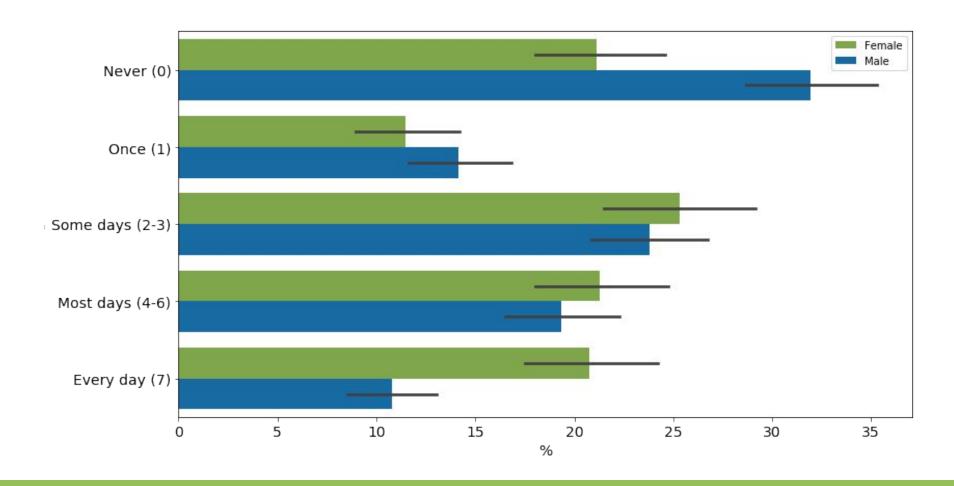
What preventive measures are people taking?

Compared to June, respondents were far less likely to report staying inside in December.



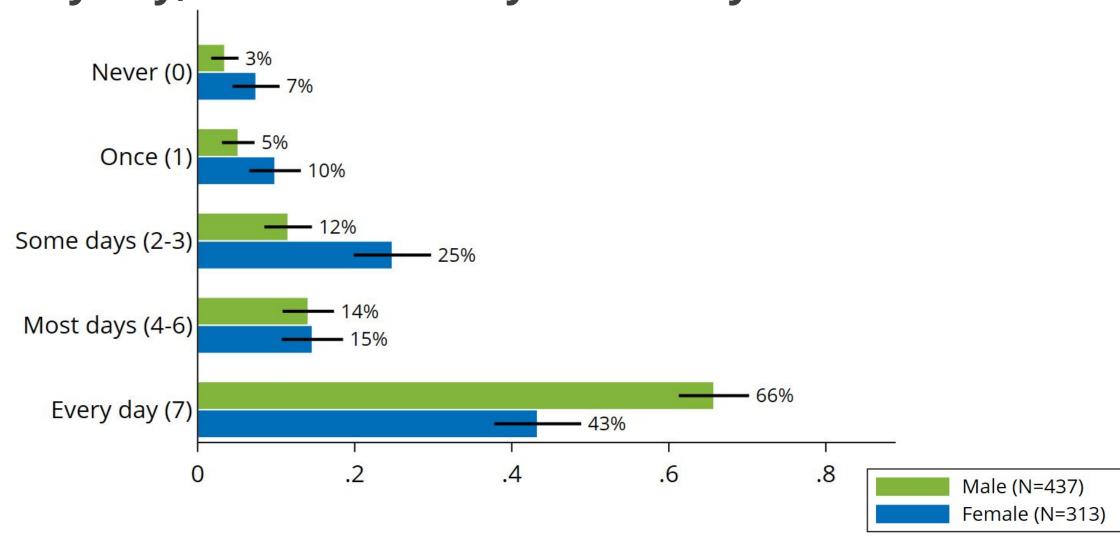


In Round 1, men were more likely than women to never stay home, while women were more likely than men to stay home every day in the past week.





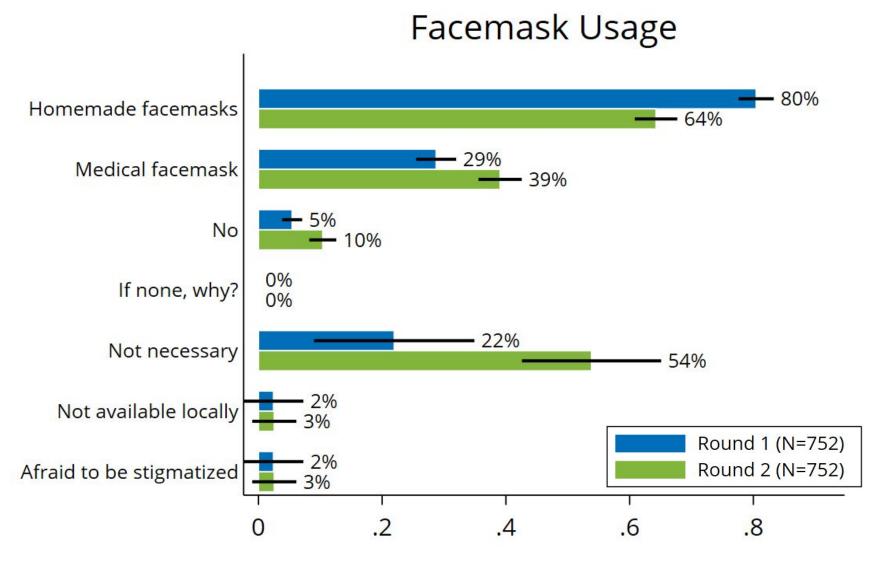
In Round 2, women are still less likely to go out every day, but seldom stay in entirely.





The proportion of respondents reporting usage of homemade facemasks decreased by 16pp, while the proportion using medical facemasks increased by 10pp.

However, the proportion of those NOT using facemasks also increased by 5pp, with more than half of those perceiving they are not necessary.



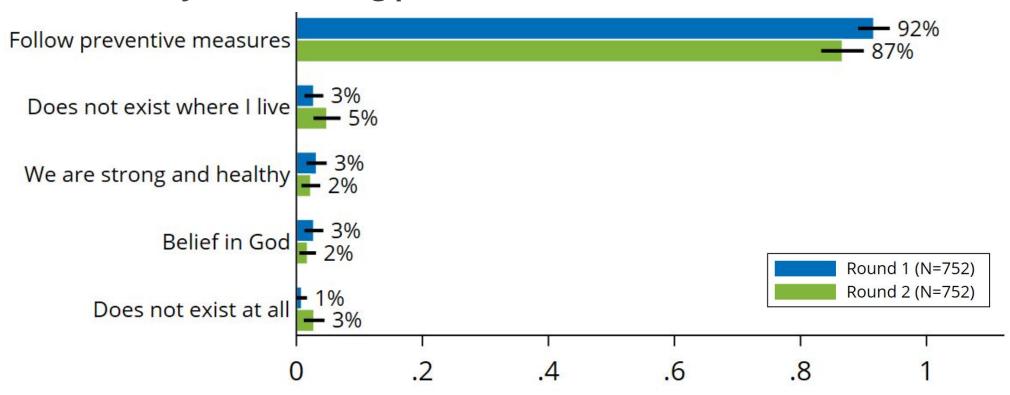


Do people feel at risk of contracting COVID-19?

The proportion of respondents who say they feel their household is at risk of contracting COVID-19 increased by 10 percentage points.



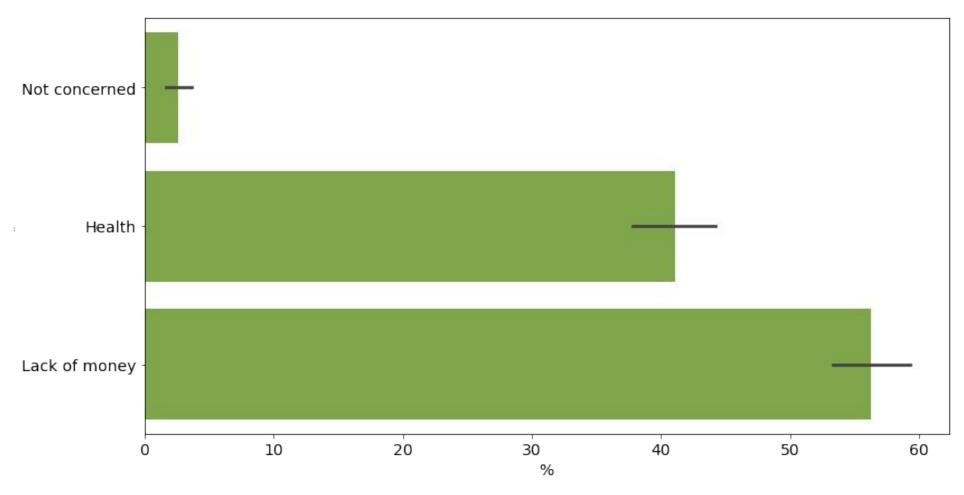
For those who do NOT feel at risk, the majority of respondents maintain that it is because they are following preventive measures.





When it comes to COVID-19, what are people most concerned about?

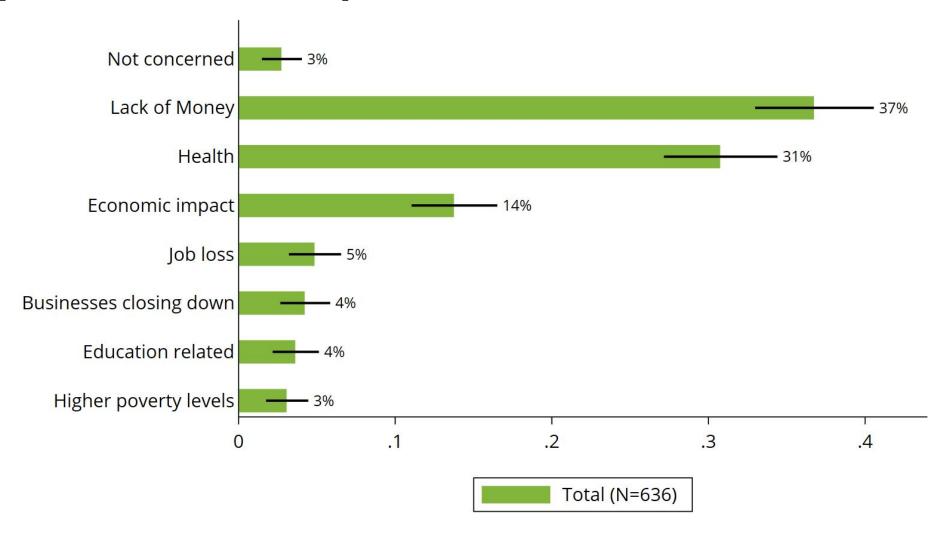
In June, almost 60% of respondents said their main concern related to the coronavirus was lack of money.



Poorer and wealthier households responded similarly to this question.



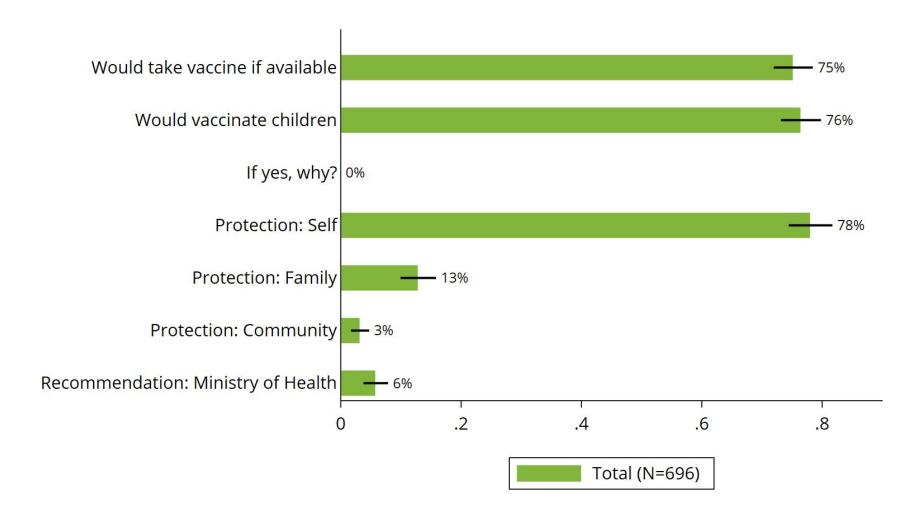
In Round 2, lack of money, health, and economic impact remained top concerns.





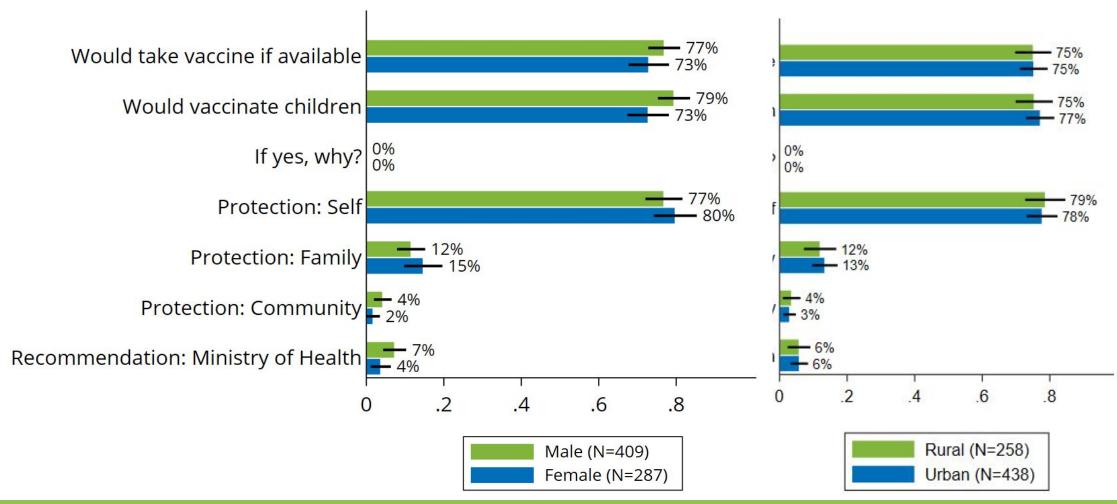
How likely are people to get vaccinated when vaccines become available?

75% of respondents would take the vaccine if available, and 76% would vaccinate their children.





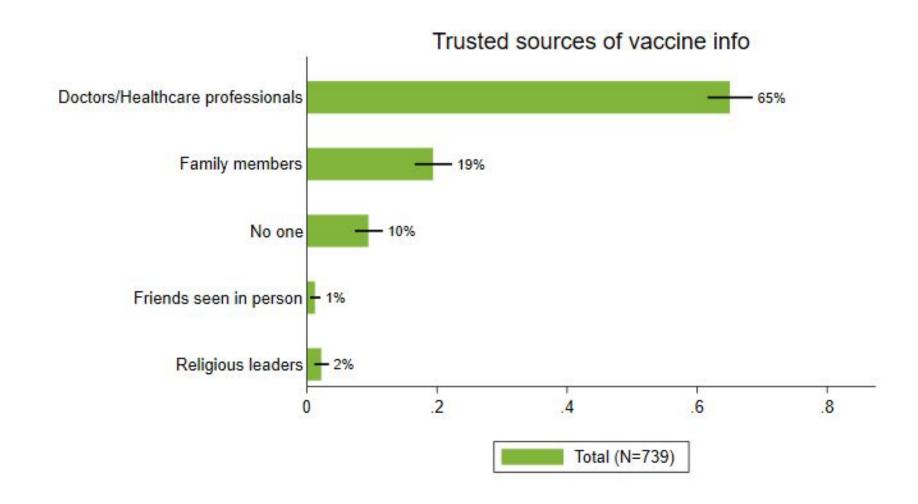
There are no significant differences by gender or geography in the likelihood of taking the vaccine.





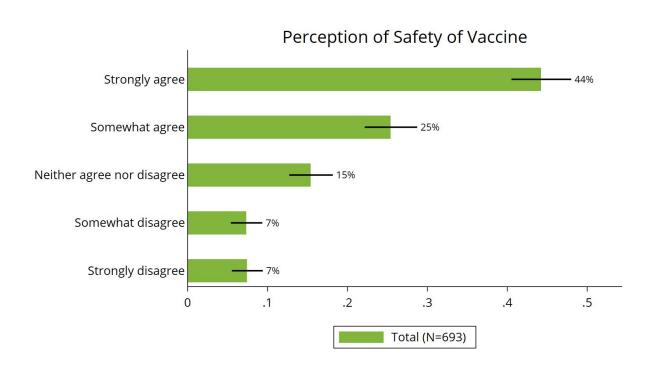
What are the most trusted sources for vaccine information, and how do people perceive vaccine safety?

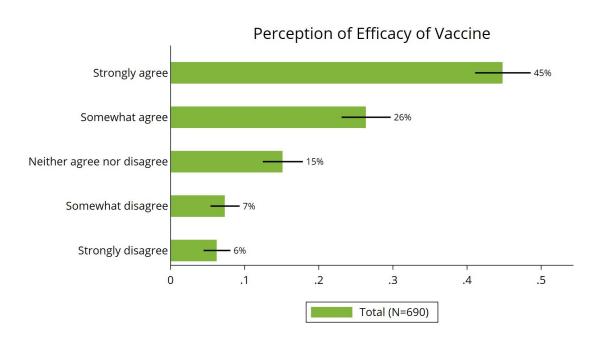
65% of respondents trust doctors and healthcare professionals for vaccine information.





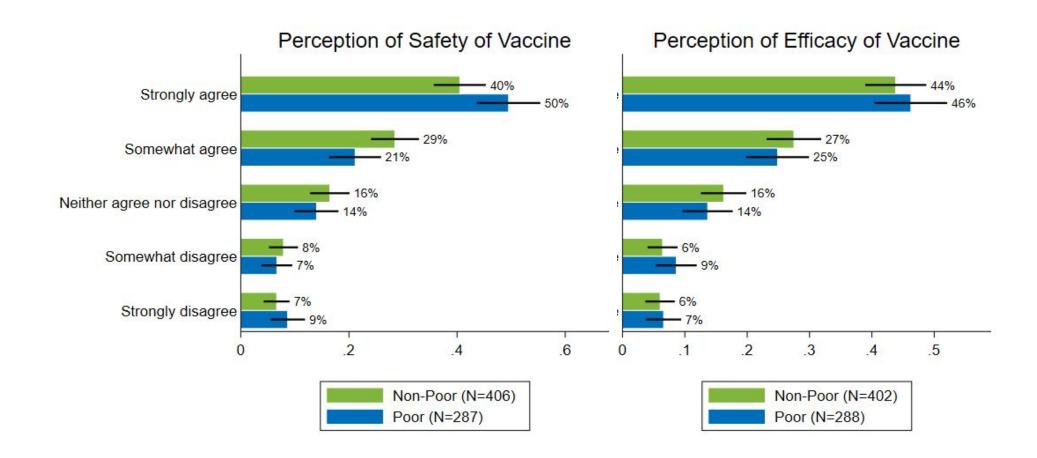
Less than half of respondents strongly agree that the vaccine is safe and effective.







Poor respondents are more likely to strongly agree that the vaccines are safe, though only half strongly agree. Less than half of poor respondents perceive that the vaccine will be effective.





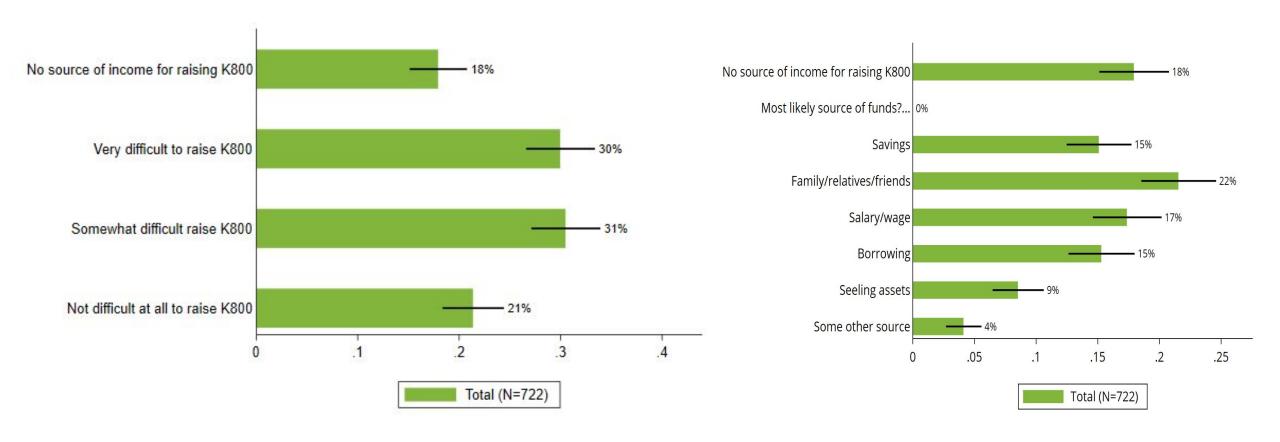
Social Protection & Nutrition

Social Protection & Nutrition: Key Takeaways

- Across rounds, respondents' ability to obtain 800 kwacha for an emergency within the next 30 days remained consistent, as well as the sources for obtaining funds.
- To pay for food, healthcare, or other expenses since February 2020, a higher proportion of respondents in Round 2 reported selling off their assets, skipping required payments on loans, and buying fewer inputs than planned.
- Poor and non-poor respondents cite various barriers to food access (amount of food, and variety of food) at similar rates.

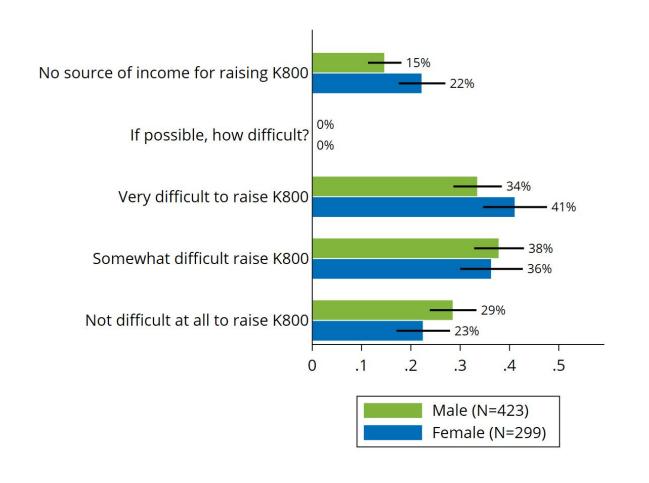


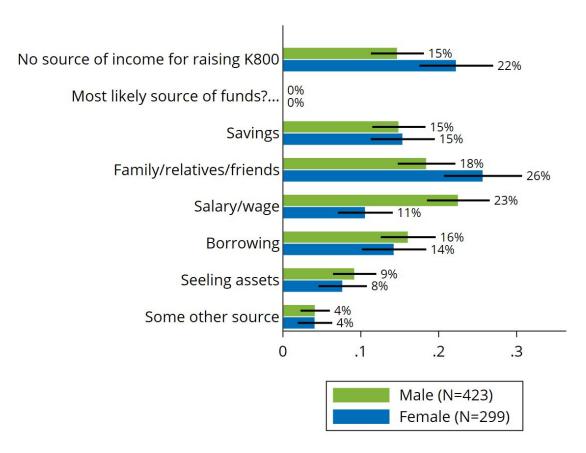
48% of respondents said it would be either impossible or very difficult to raise K800 if needed.





Female respondents are more likely to report that they could not raise K800, and more rely on social connections rather than wages as a source of funds.

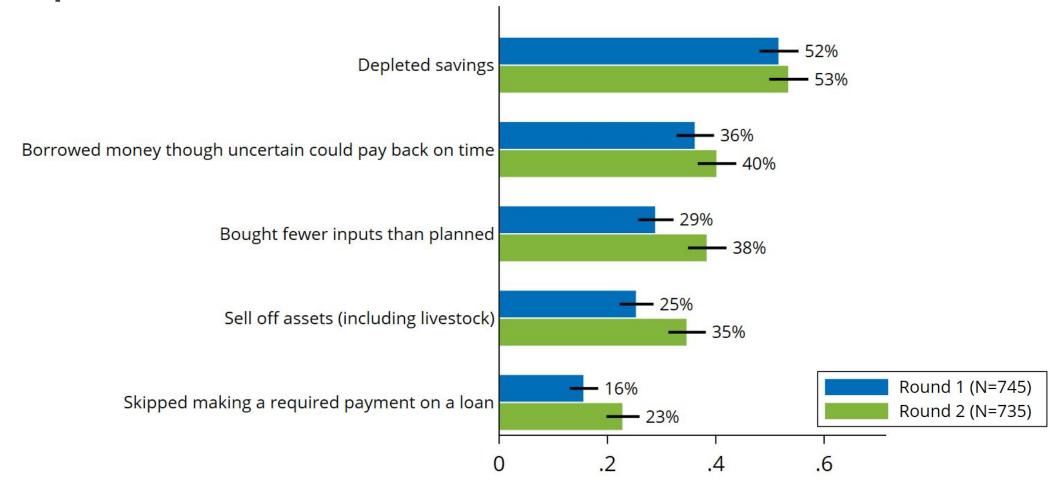






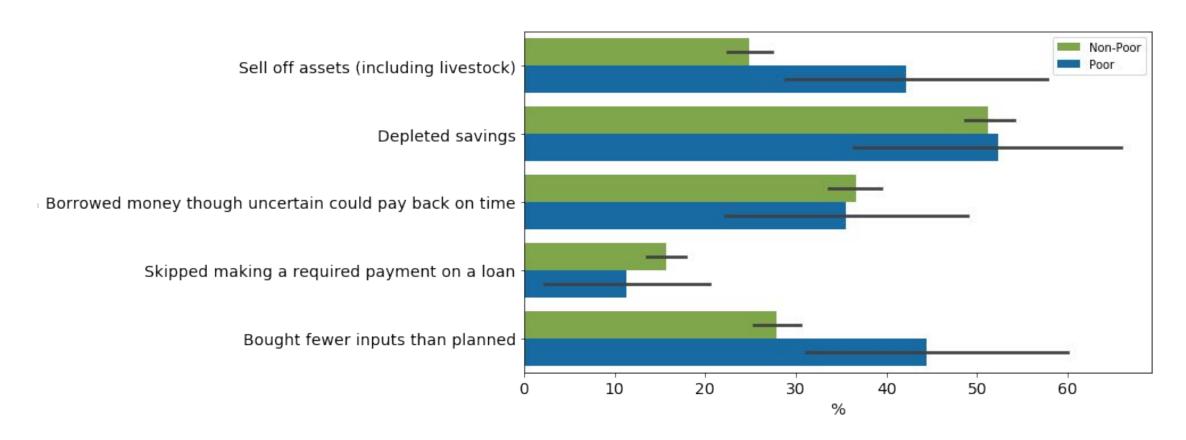
How are households dealing with the crisis?

To pay for food, healthcare, or other expenses since February 2020, a higher proportion of respondents in Round 2 reported selling off their assets, skipping required payments on loans, and buying fewer inputs than planned.



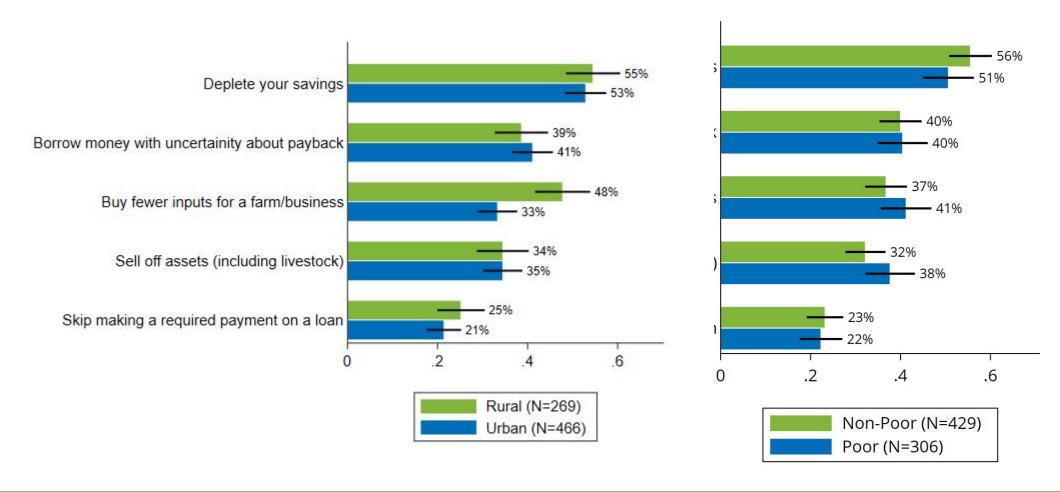


In Round 1, poorer respondents were more likely than wealthier respondents to say they had to sell off assets or buy fewer inputs to pay for food, healthcare, or other expenses since February 2020.





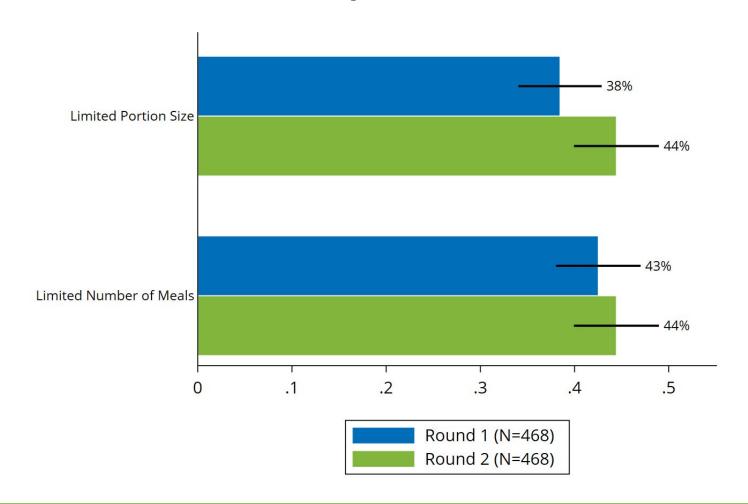
40% of respondents indicated borrowing money with uncertainty about paying it back.





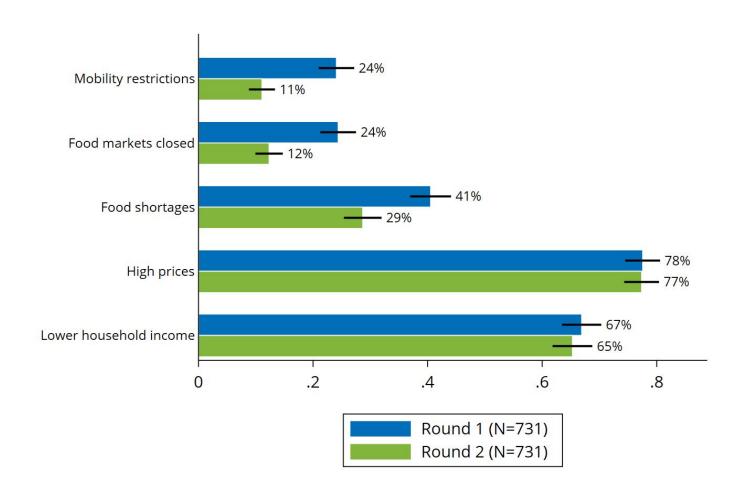
To what extent are households experiencing food insecurity?

Almost half of respondents who answered these questions indicate that they or someone in their household have had to limit portion sizes or number of meals in the past week.



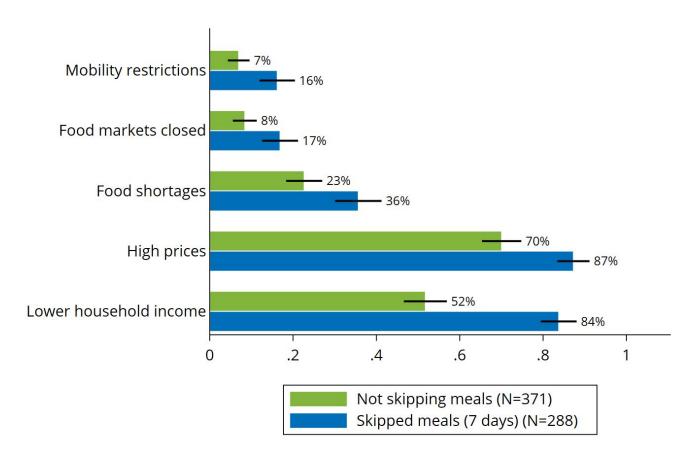


Affordability remains overwhelmingly the most important factor to food availability, but market disruptions (e.g. closures & shortages) were less common by December.





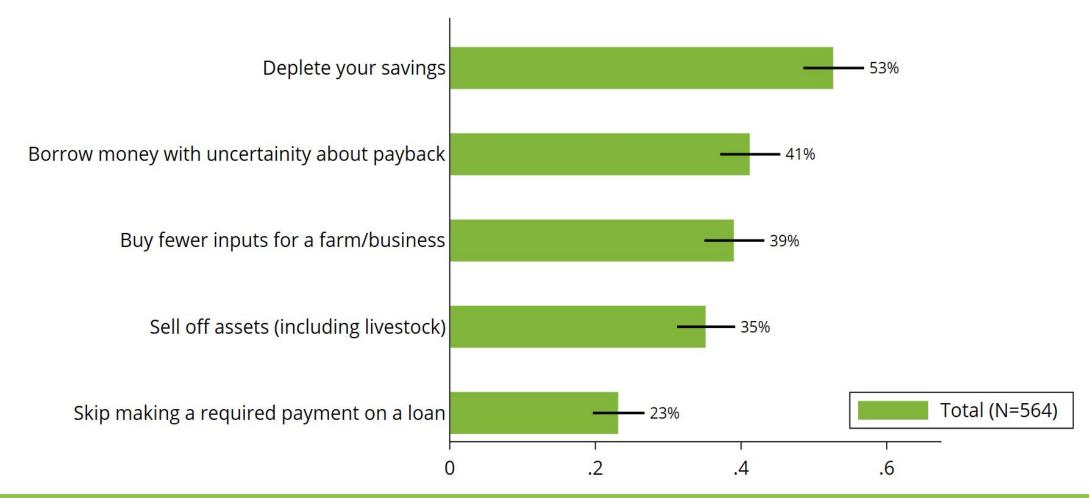
Those who report skipping meals in the past week cite each barrier in higher proportions compared to those who did not skip meals, but affordability is the predominant barrier for both groups.





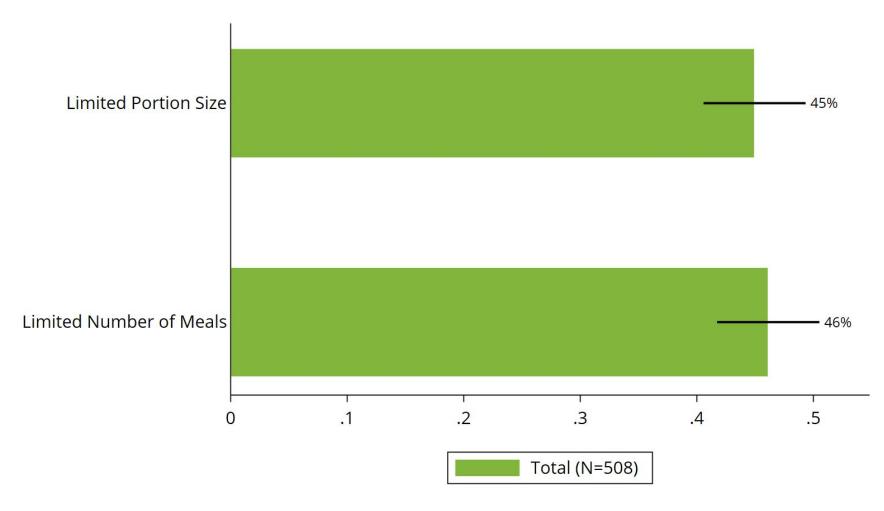
How are households with school-aged children dealing with the crisis?

Respondents with school-age children reported reducing investment and taking risky loans to pay for food or healthcare since February 2020.



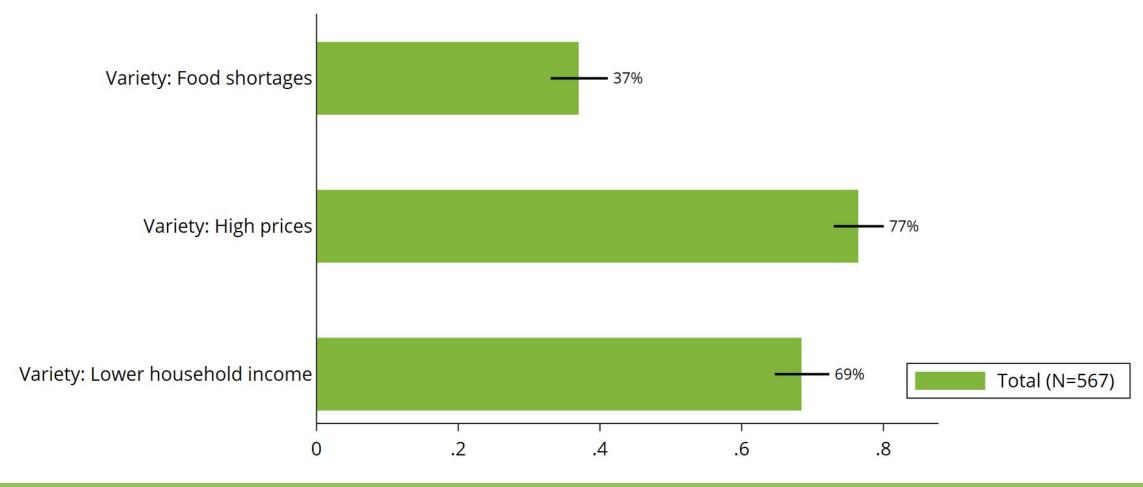


Respondents with school-age children reported limiting portion sizes and reducing the number of meals in the past week.



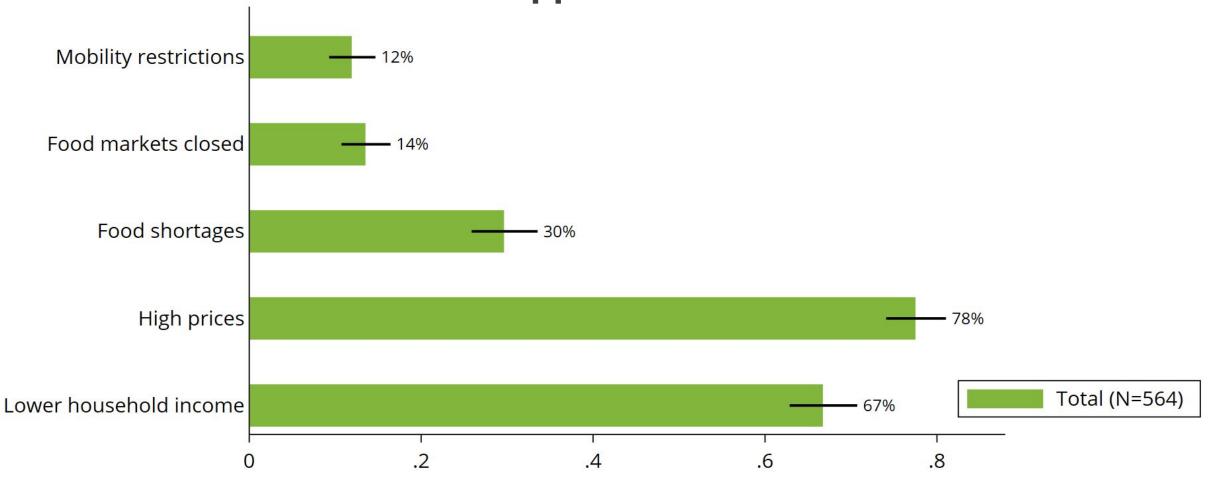


Respondents with school-age children reported having had difficulty buying the variety of food they usually buy because of high prices or lack of income.





Respondents with school-age children reported having had difficulty buying the amount of food they usually buy because the price of food was too high or because household income has dropped.





Policy Implications to Consider

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- As cases continue to rise in Zambia, it is important to maintain clear, concise and actionable public health messaging.
 - Doctors and healthcare professionals are by far the most trusted source of information about COVID-19.
 - While a higher proportion of respondents perceive the virus to be a risk, a higher proportion of people are going out everyday compared to mid-2020.
- 75% said they would take a COVID-19 vaccine if available, mainly to protect themselves and their family. The majority believe vaccines are safe and effective.
- Economic fallout from the pandemic continues to affect Zambians, as noted by increases in the proportion of respondents selling off assets, skipping loan payments, or borrowing money to cover basic expenses.



Cash transfers for food & income security

- Cash transfers have a <u>proven track record</u> across multiple contexts
- Cash boosts <u>food security</u> (significantly improving both the quantity. and quality of diets) and overall <u>economic well-being</u> for the poor
- Many countries are already <u>rolling out cash transfers</u> as part of their pandemic response.
 - Cash transfers can also be leveraged to increase <u>uptake of</u> <u>preventive behaviours.</u>



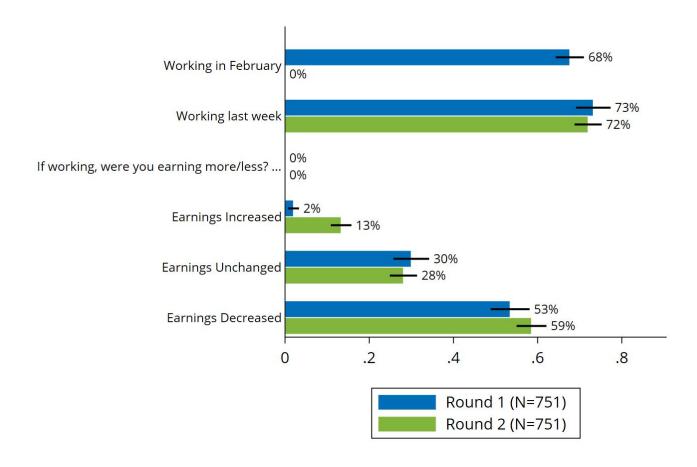
Thank you



https://www.poverty-action.org/recovr

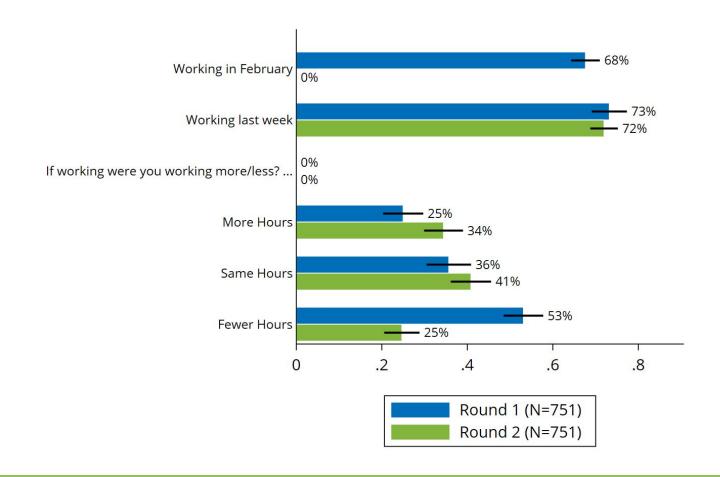
How have households' employment and income patterns fared during COVID-19?

While overall employment did not change significantly from February (Baseline) to June (Round 1) to December (Round 2), respondents were more likely to say that their earnings had increased in Round 2.





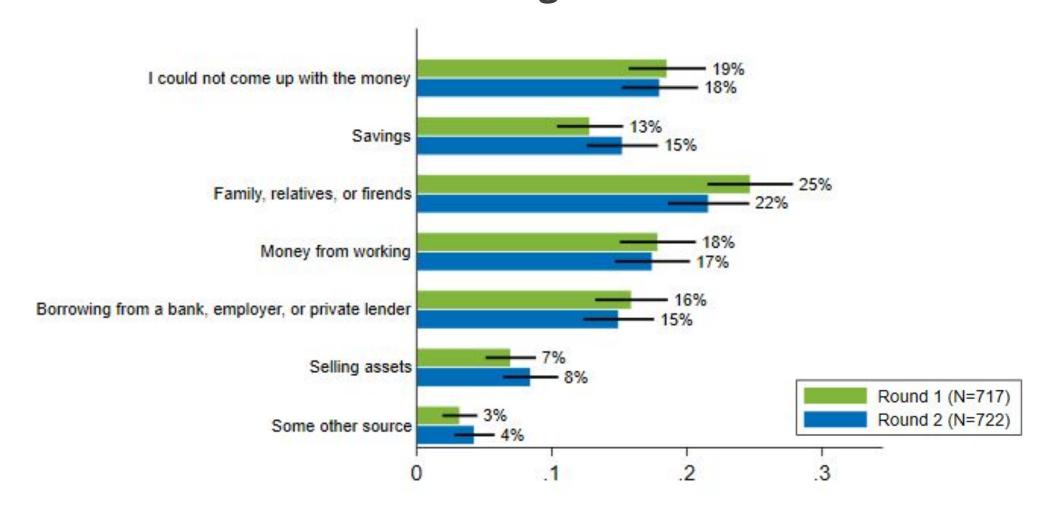
While overall employment did not change significantly from February (Baseline) to June (Round 1) to December (Round 2), in Round 2 respondents were less likely to be working fewer hours compared to February.





Do households have access to emergency funds?

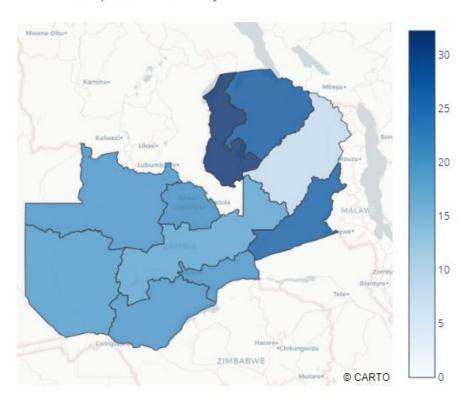
Across rounds, respondents' ability to obtain 800 kwacha for an emergency within the next 30 days remained consistent, as well as the sources for obtaining funds.





Households in Luapula, Eastern, and Northern provinces report the most difficulty in finding emergency funds

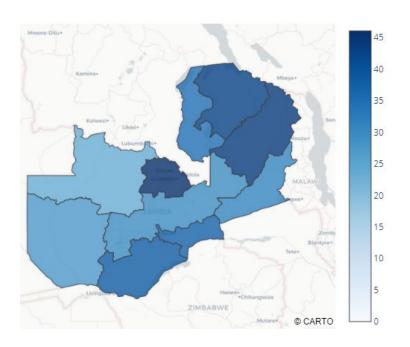
Main source for emergency: I could not come up with the money





Limiting portion sizes at meal times or reducing the number of meals at least once in the past week was more common in Copperbelt, Northern and Muchinga Provinces

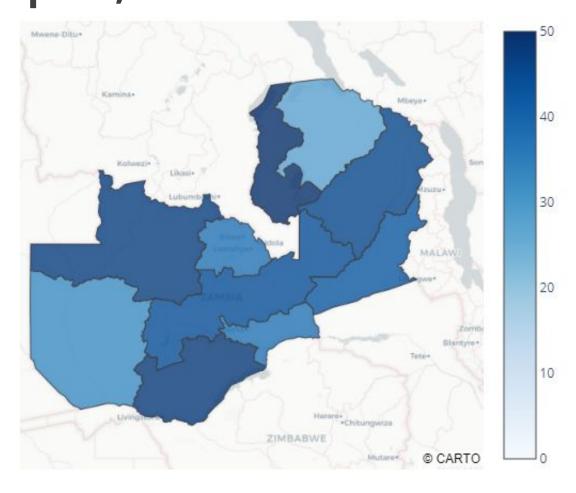
Food Security: Reduced Number of Meals





Having difficulty buying the usual amount of food because the price of food was too high was more common in Luapula, Southern and North-Western

Provinces





Mobilizing mobile money

- Mobile money is the <u>fastest and cheapest option</u>, especially because access and usage have been increasing in many parts of the world
- Research shows that growing reliance on mobile money has already reduced poverty rates and strengthened women's agency under ordinary circumstances
- In many places, vulnerable households may lack the required forms of identification to open an account or cannot afford the transaction fees. Temporarily, these restrictions could be loosened or the transaction fees could be waived

