

The Socioeconomic Impacts of COVID-19 on Households in Cambodia



Results from the High-Frequency Phone Survey of Households Round 3 (14 October–6 November 2020)¹

Authors: Wendy Karamba, Isabelle Salcher, and Kimsun Tong

INTRODUCTION



The coronavirus disease 2019 (COVID-19) pandemic and its effects on households create an urgent need for timely data and evidence to help monitor and mitigate the social and economic impacts of the crisis on the Cambodian people, especially the poor and most vulnerable. To monitor the evolving socioeconomic impacts of the COVID-19 pandemic and inform policy responses and interventions, the World Bank designed and conducted a nationally representative High-Frequency Phone Survey (HFPS) of households in Cambodia. The survey covers important and relevant topics, including knowledge of COVID-19 and adoption of preventative behaviors, economic activity and income sources, access to basic goods and services, exposure to shocks and coping mechanisms, and access to social assistance. The survey will track the same households over 10 months, with selected respondents—typically the household head—completing interviews every 8 weeks. Monitoring the well-being of households over time will improve understanding of the effects of, and household responses to the COVID-19 pandemic in near-real time.

This brief summarizes the findings of Round 3 (R3) of the HFPS. The information presented is based on a sample of 1,665 households, of which 481 were drawn from the nationally representative Living Standards Measurement Study Plus (LSMS+) survey and 1,184 from the list of beneficiaries of the conditional cash transfer program for pregnant women and children under 2 with an IDPoor equity card (IDPoor sample). IDPoor is Cambodia's national poverty identification program and official targeting mechanism for programs that support the poor. Unless otherwise noted, the results presented are primarily drawn from the LSMS+ sample. To trace the evolution of key indicators, the results of Round 3 (R3) implemented October–November 2020 are compared against results of Round 2 (R2) implemented August–September 2020 and Round 1 (R1) implemented May–June 2020.

HIGHLIGHTS – HFPS ROUND 3

- ❖ The development of a COVID-19 vaccine has been long-awaited as countries worldwide continue their fight against the negative health, economic and social effects of the disease. At the same time, countries are contemplating if their citizens are willing to get vaccinated should an approved vaccine become available. In Cambodia, where there has been relatively little community spread of the disease thus far, most people are willing to get tested for and vaccinated against COVID-19. The HFPS reveals that, at no cost, more than 8 in 10 respondents are willing to get tested for COVID-19, while 9 in 10 are willing to receive an approved vaccine against COVID-19. Relatively fewer are willing to get vaccinated when there is a cost implication, more so for IDPoor households.
- ❖ Access to food staples remained robust as markets continued to function well. Almost all households seeking to buy medicines or access medical treatment were able to do so, even as demand for health services increased.
- ❖ In October, children's engagement in learning activities returned to their pre-pandemic levels as schools reopened after being temporarily closed due to the COVID-19 pandemic. About 92 percent of households with school-age children ages 6–17 reported their children engaged in learning activities in October, compared with 75 percent in August, and 63 percent in May. More households had face-to-face meetings with teachers and fewer relied on remote alternatives such as mobile learning applications or educational TV programs.

¹ Wendy Karamba and Kimsun Tong led the Cambodia High-Frequency Phone Survey (HFPS) team that comprised of Maheshwor Shrestha, Sokbunthoeun So and Isabelle Salcher. Nuppun Research Consulting implemented the survey with technical and financial support from the World Bank. Additional contributions for the HFPS was received from the Public Financial Management and Service Delivery Trust Fund contributed by Australia and the European Union. The Food and Agriculture Organization (FAO) of the United Nations assisted with the analysis of the food insecurity experience scale (FIES). The team benefitted from advice and comments from World Bank Group colleagues including Rinku Murgai, Maria Ana Lugo, Claire Honore Hollweg, Maheshwor Shrestha, and Sokbunthoeun So. The team is also grateful for comments from the Ministry of Economy and Finance.

- ❖ After an initial shock due to COVID-19, employment remained mostly steady between May and August before slightly deteriorating in October. Employment has yet to return to its pre-pandemic level of 82 percent. About 65 percent of the respondents were working in October. Of those working, nearly all remained in the same jobs. In contrast to earlier rounds, seasonality and flooding rather than COVID-19 were the main reasons respondents stopped working.
- ❖ The negative impacts of the COVID-19 pandemic on non-farm family businesses remain substantial although they are slowly diminishing. The share of non-farm household businesses reporting having made “less” or “no revenues” relative to the previous month further declined to 54 percent in October, from 64 percent in August and 81 percent in May. Weak consumer demand continues to constrain business revenues.
- ❖ In October, fewer households reported a decline in household income, but substantial income losses remain. Slowing declines in labor income, remittances, and family or non-family assistance as well as the provision of the government's cash relief transfers to assist poor and vulnerable households during COVID-19 appear to have helped mitigate some losses. However, not all Cambodian households experiencing income losses due to the pandemic are currently covered under the government's assistance program, which might result in increased poverty. The proportion of households negatively affected by the COVID-19 crisis exceeds the proportion of households currently covered under the IDPoor program.
- ❖ Almost two-thirds of households perceive that their current well-being and economic status is lower compared to the previous year, but fewer report a decline since June 2020—when the government expanded its social assistance program. The relief transfer program is perceived to have contributed to the economic well-being of beneficiary households.
- ❖ Since the launch of the nationwide COVID-19 relief transfer program in June 2020, there has been a marked increase in the share of poor and vulnerable households receiving social assistance from the government, mostly in the form of cash transfers. By October, 92 percent of surveyed IDPoor households had received social support and most of them had received multiple payments of the relief cash transfers.
- ❖ Food insecurity declined between August and October. Among the LSMS+ sample, the prevalence of moderate-or-severe food insecurity was 17 percent in October compared to 48 percent in August. Among IDPoor households, the prevalence declined to 38 percent in October from 67 percent in August.
- ❖ Cash is still the predominant payment method in Cambodia, with 86 percent of respondents neither having a bank account nor a mobile money account. This suggests that social assistance disbursed in cash will most effectively reach broad parts of the population.

COVID-19 TESTING AND VACCINATION



Cambodians demonstrate a high willingness to get tested for and vaccinated against COVID-19 when the services are offered for free. Willingness to get tested for COVID-19 at no cost is high with 84 percent of respondents from LSMS+ households and 87 percent from IDPoor households responding in the affirmative. Similarly, if an approved vaccine to prevent COVID-19 was available at no cost, around 90 percent would agree to get vaccinated, regardless of poverty status or area of residence. Concerns about potential side effects, low perceived risk of contracting the coronavirus, and concerns about the safety of the vaccine are the main reasons respondents are hesitant about getting immunized against COVID-19. The willingness to pay for an approved vaccine to prevent COVID-19 is lower among IDPoor than LSMS+ households, possibly reflecting financial constraints poorer households face. When there is a cost implication, the willingness to get vaccinated declines by 31 percentage points for IDPoor respondents and by 22 percentage points for LSMS+ respondents.

Figure 1: Willingness to get tested for COVID-19 at no cost

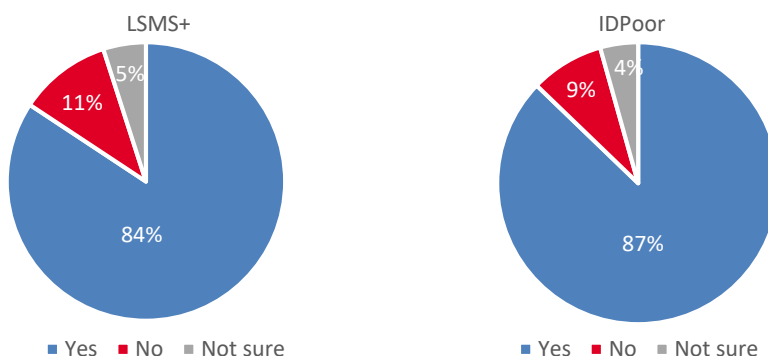


Figure 2: Willingness to get vaccinated against COVID-19 at no cost

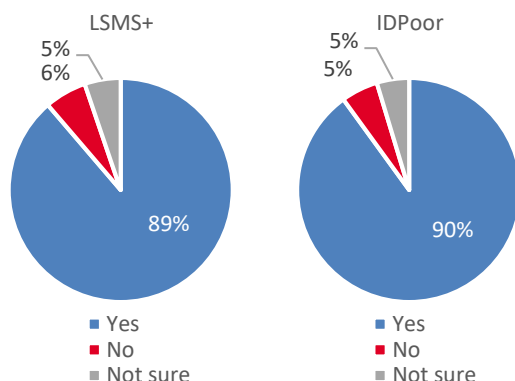
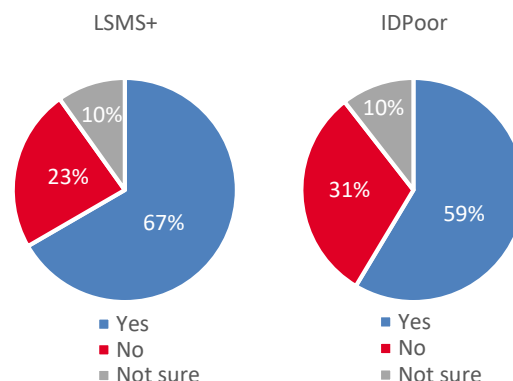


Figure 3: Willingness to get vaccinated against COVID-19 at a cost



ACCESS TO BASIC NECESSITIES

FOOD STAPLES



MEDICINE



Despite the COVID-19 pandemic, markets remain functional and able to supply basic necessities. Since May (R1), almost all households regardless of poverty status and area of residence were able to buy rice, fish/meat, and vegetable/fruit when needed in the 7 days preceding the survey. Access to medicine and health services has also remained nearly universal throughout the duration of the COVID-19 pandemic. Nearly all households that tried to purchase medicine in the 7 days preceding the survey were able to do so since May, even as the share of households demanding medicines increased. Similarly, nearly all households that needed medical treatment were able to access medical services, both relative to the pre-COVID-19 outbreak and the previous rounds, even as demand rose. The need for medical treatment is the same across gender of the respondents, poverty status, or area of residence.

Figure 4: Households able to buy medicine in the last 7 days

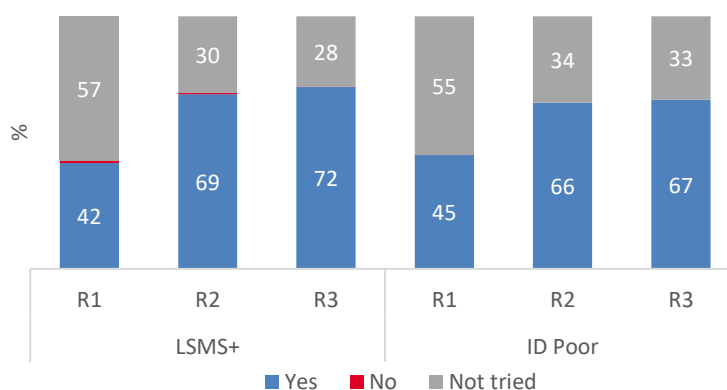
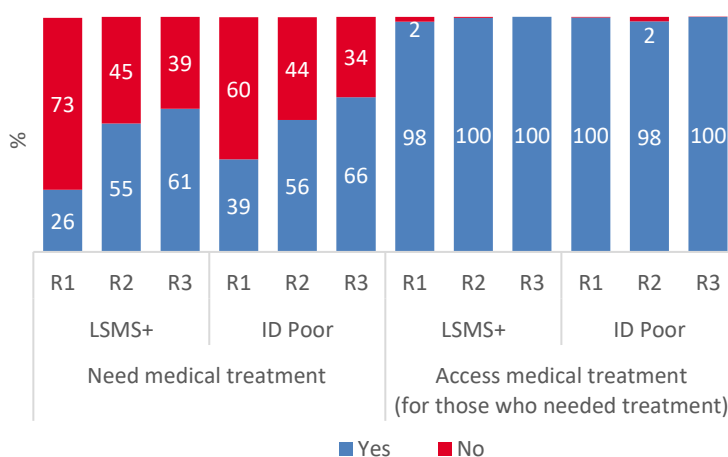


Figure 5: Households needing and able to access medical treatment



SCHOOLING

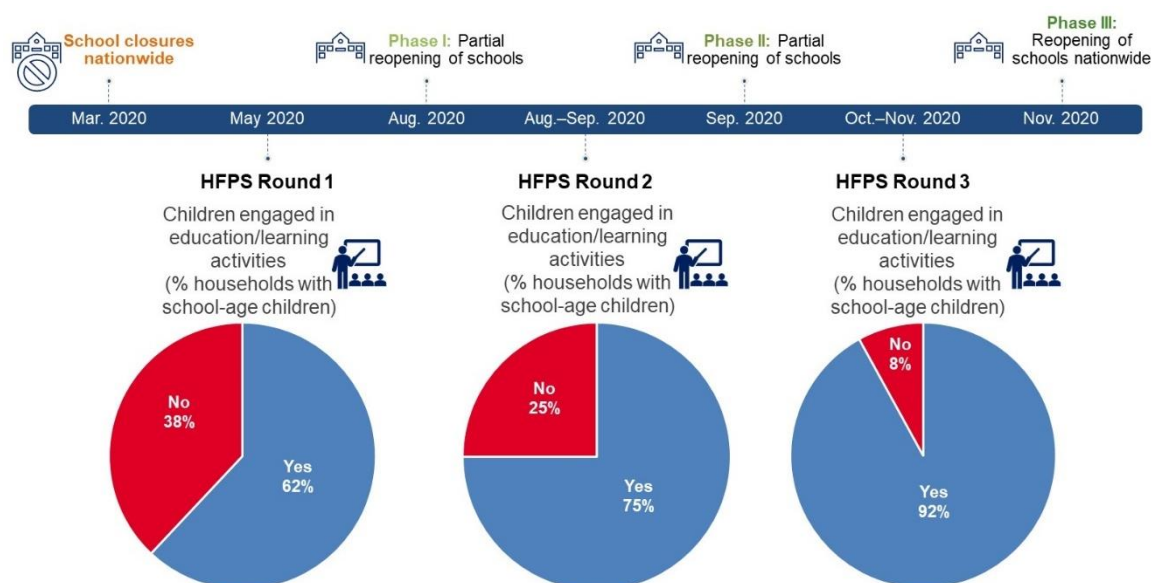


Children’s engagement in learning activities continues to improve as schools reopened after being temporarily closed in March 2020 due to the COVID-19 pandemic. On March 16, 2020, the Ministry of Education, Youth and Sport (MoEYS) directed the closure of all schools nationwide as a result of the COVID-19 pandemic. Since March, students were required to continue their studies remotely with the aid of technology while the country took a phased approach to reopening schools. School reopening was divided into 3 phases. Phase 1 was for schools with the highest safety standards, Phase 2 was for schools with average safety standards and Phase 3 was for schools with minimum safety standards.

After a five-month period of school closures, Phase 1 of school reopening commenced in August 2020. A handful of international private schools located in the cities of Phnom Penh, Battambang, and Siem Reap were permitted to reopen provided they follow Standard Operating Procedures (SOPs) set out by the Ministry of Health to prevent the spread of COVID-19. These measures include limits to class sizes, social distancing, temperature screening, hygiene practices, and the use of masks. Phase 2 of school resumption was applied on September 7, 2020, allowing some public and private schools—kindergartens, primary and secondary schools—to resume operation. Schools from grades 9 to 12 could reopen across the country, while schools of all grade levels could only reopen in low-risk provinces. On November 2, 2020, all schools across the country reopened as part of Phase 3. All public and private schools ranging from preschools to high schools were allowed to resume operations.²

During implementation of Round 3 of the HFPS, Phase 2 of school resumption was under effect. The proportion of households with school-age children (ages 6–17) engaged in learning activities rose from 63 percent in May, to 75 percent in August, and 92 percent in October, thereby reaching the pre-pandemic level. Despite this considerable improvement, about 1 in 10 households with school-age children continue to have few learning opportunities. With schools reopening, the proportion of households with school-age children who met with teachers continues to rise. Already prior to a partial reopening, the proportion of households with school-age children that met with teachers had increased from 20 percent in May (R1) to 66 percent in August (R2). In October (R3), during Phase 2 of school resumption, 86 percent of households with school-age children had meetings with teachers. At the same time, households were relying less on remote learning alternatives. In May, 58 percent of households with school-age children used mobile learning applications and 47 percent watched educational television programs. The proportion of households using mobile learning applications declined by 26 percentage points in August and by 22 percentage points in October, while those watching educational television programs decreased by 33 and 11 percentage points, respectively.

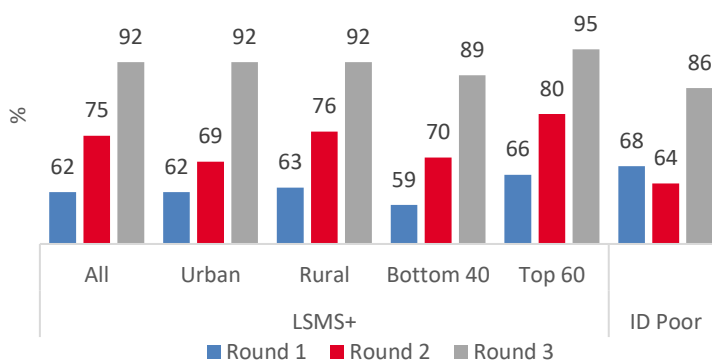
Figure 6: Children engaged in education or learning activities in last 7 days



² A directive of the Ministry of Education, Youth and Sports instructed all public schools across the country to end the 2019/20 academic year on November 30 in response to a local outbreak of COVID-19 on November 28, 2020. Private schools were instructed to temporarily close for two weeks.

School closures disproportionately affected learning activities of the most vulnerable students. While school closures are a logical solution to enforce social distancing within communities, they disrupted learning opportunities of children in households in the bottom 40 percent of the income distribution (“poorest”) more than in the top 60 percent (“richer”). Unequal access to remote learning during school closures likely explains these differences. With the reopening of schools, children in the bottom 40 percent are starting to have more similar access to learning opportunities. The participation gap in learning activities between the bottom 40 and top 60 percent decreased from a 10 percentage point gap in August (R2) to a 6 percentage point gap in October (R3). Starting in August 2020, school-age children in the poorest households were more likely to have met with a teacher than richer households in the week preceding the survey, possibly due to more limited access to effective remote learning alternatives. In October, 92 percent of the poorest households with school-age children had met with teachers, relative to 80 percent of richer households. In May, around 20 percent of all households with school-age children met with teachers; however, while 66 percent of richer households reported using mobile learning applications only 48 percent of the bottom 40 percent did.

Figure 7: Households with school-age children engaged in education or learning activities in last 7 days



EMPLOYMENT PATTERNS AND HOUSEHOLD INCOME



EMPLOYMENT STATUS



Employment has remained mostly steady since May 2020, but has yet to return to pre-pandemic levels. The share of respondents who worked in the last 7 days declined sharply from 82 percent prior to the COVID-19 outbreak to 71 percent in May (R1), then remained relatively unchanged at 70 percent in August (R2) before slightly declining to 65 percent in October (R3). Of those currently working, nearly all (98 percent) respondents worked in the same job as in the previous round, and only 2 percent switched jobs. The share of respondents who stopped working remained at around 10 percent since May. Seasonality in farming (24 percent) and seasonality in employment (19 percent) are the main reasons respondents had stopped working. Flooding that began in early October and affected 14 provinces including Phnom Penh also disrupted work activities.³ The COVID-19 related reasons mostly cited in May, such as business closures or temporary layoffs, have largely disappeared.

³ OCHA Humanitarian Response. 2020. See (<https://www.humanitarianresponse.info/en/operations/cambodia/documents>).

Figure 8: Respondents working in the last 7 days

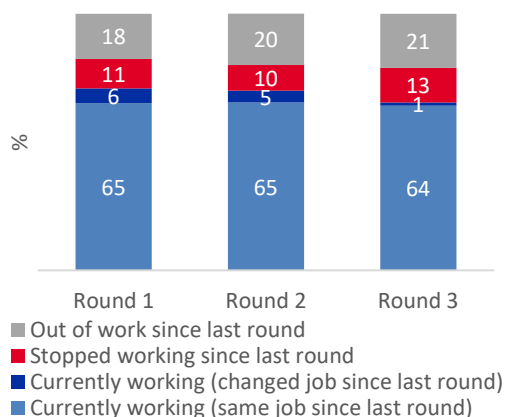
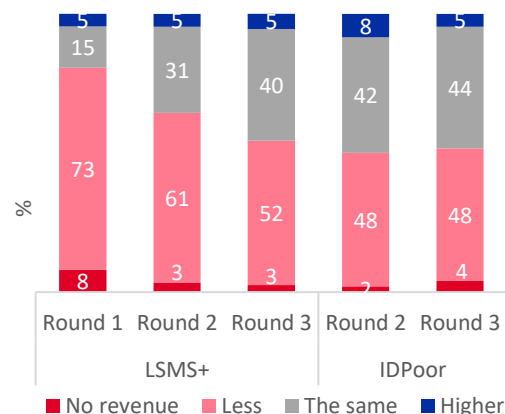


Figure 9: Changes in sales revenues in non-farm household businesses relative to last month



The negative impacts of the COVID-19 pandemic on non-farm family businesses remain substantial but have been slowly diminishing. The share of non-farm household businesses reporting having earned “less” or “no revenues” relative to the month prior continued to decline. About 54 percent of households reported having made less or no revenues in October compared to 64 percent in August, and 81 percent in May. The share of households reporting that their business revenues “stayed the same” increased to 40 percent in October, after having more than doubled since May. About half of the businesses operated by IDPoor households faced lower revenues, however, there had been no further deterioration since August. Note, about one-third (30–32 percent) of LSMS+ households operate a non-family business and one-tenth (13 percent) of IDPoor households do so. The share of households operating a non-farm family business has remained relatively unchanged for LSMS+ household during May–October and IDPoor households during August–October. However, there has been a shift in sector. In October and August, around 80 percent of the operated businesses were in retail, up from 67 percent in May. The pandemic appears to have disrupted revenues in services more than in manufacturing. In October, 66 percent of household businesses in the services sector reported “less” or “no revenues” compared to 42 percent in the manufacturing sector.

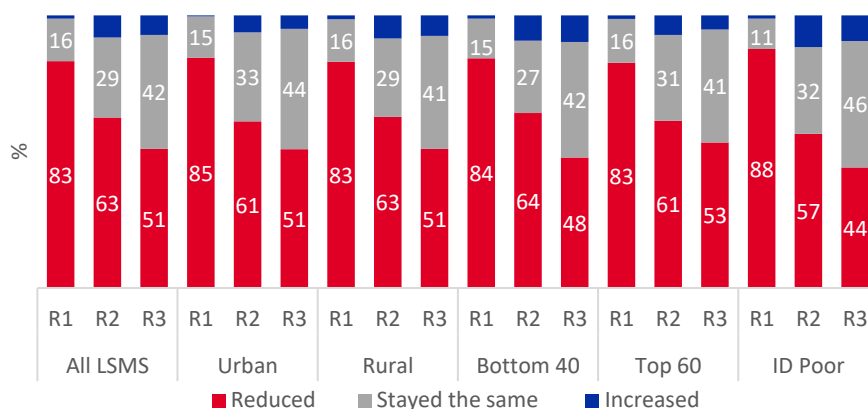
Weak consumer demand continues to drive revenue losses for non-farm family businesses. Having fewer or no customers, as reported by 84 percent of households with a non-farm business, is the primary reason their businesses are not generating income. Lower demand is disproportionately affecting household businesses that are operating in urban areas but is not affecting households differentially based on their poverty status.

While widespread decline in household income continues irrespective of poverty status or area of residence, there are signs of amelioration with fewer households experiencing declines. In R3, 51 percent of households experienced declines in income from August to October. This is compared to 63 percent that experienced declines between May and August in R2 and 83 percent between the COVID-19 outbreak and May/June in R1. With households reporting an average reduction in total household income of 41 percent in R2 and 39 percent in R3, the amount of income loss is assumed to be considerable. More households report that labor income, remittances, and family or non-family assistance “stayed the same” since the previous round, suggesting that declines in these income sources have further slowed since the onset of the COVID-19 pandemic. Increased assistance from government and non-governmental organizations (NGOs) also might have helped moderate losses in household income. Among households that had received income from the government or NGOs in the last 12 months, 70 percent reported that their income from this source “stayed the same” between August and October. This comes after 42 percent of households that source their income from government/NGO assistance reported an increase in August, which had been a 10-fold increase from May (4 percent). This likely reflects both increased coverage of the relief cash transfer program and consistency in the disbursement of payments.

INCOME

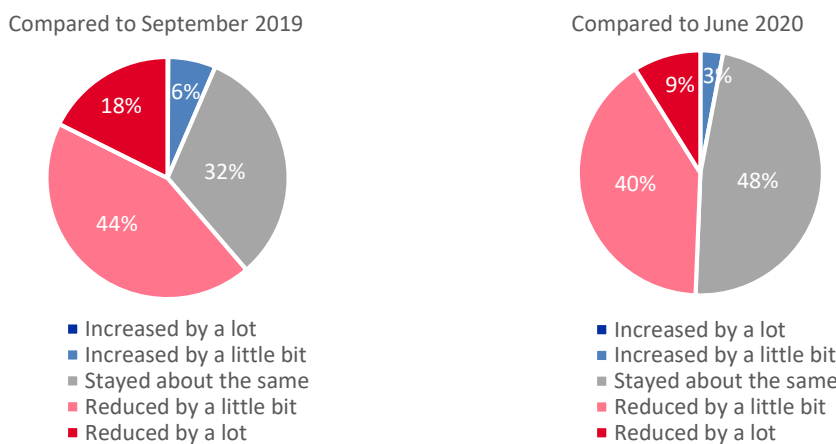


Figure 10: Changes in total household income between May, August and October 2020



Perceived household well-being and economic status have deteriorated. Compared to the previous year in September 2019, about two-thirds of households perceive their well-being and socioeconomic status to have fallen, while one-third of households perceive it to have stayed the same. This indicates that the COVID-19 pandemic has hit households hard and that disruptions to employment and livelihoods have led to a perceived deterioration in well-being. However, compared to a more recent period in June 2020, fewer households report a perceived reduction in well-being and socioeconomic status. Nearly half of the households perceive their well-being and status to have decreased, while nearly as many perceive it to have remained the same. On the one hand, this signals that perceived well-being and status continue to deteriorate, either due to COVID-19 or other factors such as the flooding experienced in October. On the other hand, social assistance provided by the government starting in June 2020 might have helped slow down this reduction.

Figure 11: Changes in household well-being and economic status



On June 24, 2020 Cambodia launched a nationwide cash relief program to support poor and vulnerable households during the COVID-19 pandemic. The program provides cash transfers to households identified by the government as part of the Identification of Poor Households Program, known as “IDPoor.” The program is a temporary measure intended to alleviate the economic hardships that the poor and vulnerable face because of COVID-19. The government initially intended to provide cash payments to households covered under the IDPoor program for 7 months (June–December 2020). As the pandemic continues, the Prime Minister announced that the relief program will be extended until March 2021. In June 2020, Prime Minister Hun Sen had announced that the program would spend US\$25 million a month to support IDPoor households and would benefit around 560,000 families.⁴ In October, the government spent US\$28.8 million to support more than 640,000 households (2.6 million people).⁵

SOCIAL ASSISTANCE



⁴ Associated Press. June 24, 2020. “Cambodia to provide cash to poor hit by COVID-19 outbreak.”

⁵ Presentation by the Ministry of Social Affairs, Veterans and Youth Rehabilitation on October 22, 2020.

Since June 2020, there has been a marked increase in the share of IDPoor households receiving social assistance from the government. The share of IDPoor households that received social support increased considerably from 50 percent to 91 percent between June and August 2020, and remained high at 92 percent in October. The government provided almost all of the assistance (94 percent), which was mostly in the form of cash transfers (90 percent). The COVID-19 relief cash transfers for poor and vulnerable households accounted for 65 percent of the social assistance programs that beneficiaries reported, while the conditional cash transfer for pregnant women and women with children under the age of 2 accounted for 26 percent.

Figure 12: Share of social assistance beneficiaries among IDPoor households

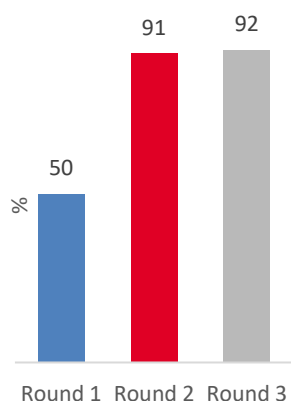


Figure 13: Main source of social assistance

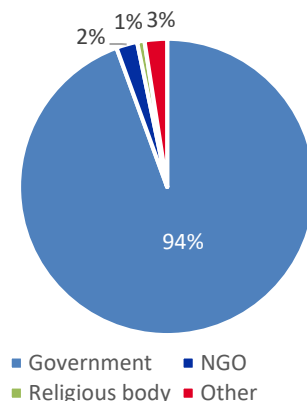
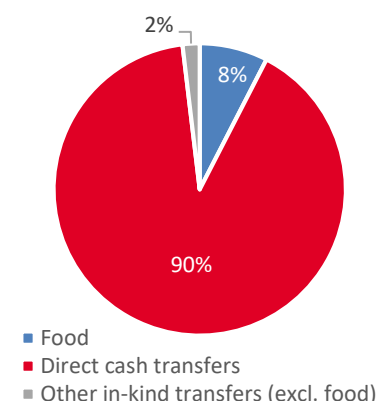


Figure 14: Types of social assistance received



Most IDPoor households had received 4 to 5 installments of the COVID-19 relief cash transfers by Round 3, averaging a total of US\$182. Those who verified the validity of their equity card with the local authorities immediately following the launch of the program would have received about 5 installments around the time R3 of the HFPS was implemented. Among the cash transfer beneficiary households, 31 percent had received 5 transfers, 48 percent 4 transfers, and 16 percent 3 transfers since the launch of the program in June 2020. Only 6 percent reported having received only 1 or 2 transfers, likely due to later registration. Since the launch of the COVID-19 relief cash transfer program, poor households have received an average of US\$182. As expected, the average total cash transfer per households is positively correlated with the reported frequency of receipt.

Figure 15: Number of times cash transfers were received

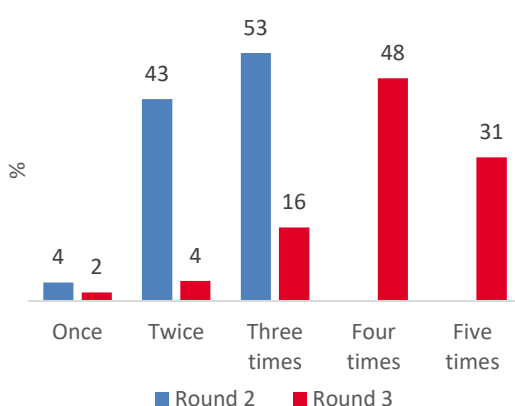
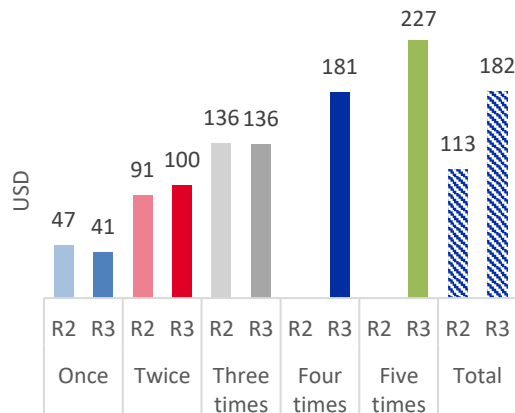
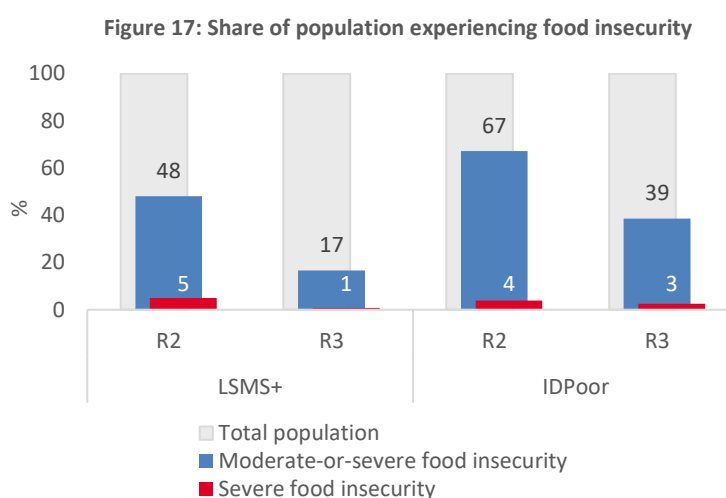


Figure 16: How much cash was received in total, by number of times cash transfers were received



Food insecurity declined between August and October 2020 after the launch of the relief cash transfer program in June 2020. Among IDPoor households, the prevalence of moderate-or-severe food insecurity during the previous 30 days prior to the survey dropped from 67 percent (± 4.29) in R2 to 39 percent (± 4.13) in R3, while the prevalence of severe food insecurity decreased from 4 percent (± 1.41) to 3 percent (± 2.52). In R3, IDPoor households mostly “worried about not having enough food to eat” (86 percent of households), “ate only a few kinds of foods” (53 percent), and “ate less than usual” (50 percent) because of lack of money or other resources. Compared to May (R1), more severe experiences of food insecurity, such as “ran out of food” and “hungry but did not eat” declined. The COVID-19 relief cash transfer program, whose poor and vulnerable beneficiaries largely spent their cash on food, likely helped reduce food insecurity. Food insecurity also declined among the LSMS+ surveyed households, albeit from a lower base. Among the LSMS+ sample, 48 percent (± 6.7) of the population had experienced moderate-or-severe food insecurity in the past 30 days in August (R2), of which 5 percent were affected by severe food insecurity.⁶ In October (R3), only 17 percent (± 5.34) of the population experienced moderate-or-severe food insecurity, of which 1 percent were affected by severe food insecurity.



The relief transfer program is perceived to have contributed to the economic well-being of beneficiary households. Around 45 percent of IDPoor households receiving the relief cash transfers report that the program has been “extremely important” for their household's economic well-being, while another 44 percent report that it has been “very important.” As a result, the relief program is perceived to have had an impact on the economic well-being of beneficiary households and made a “big difference” for 46 percent of these households.

Figure 18: How important was the relief transfer for household economic well-being?

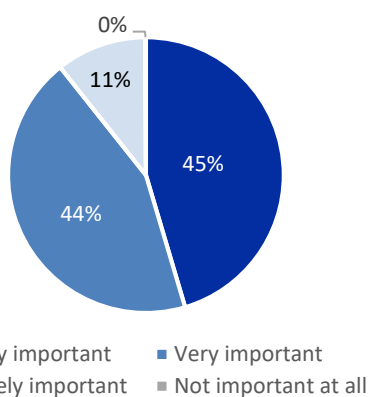
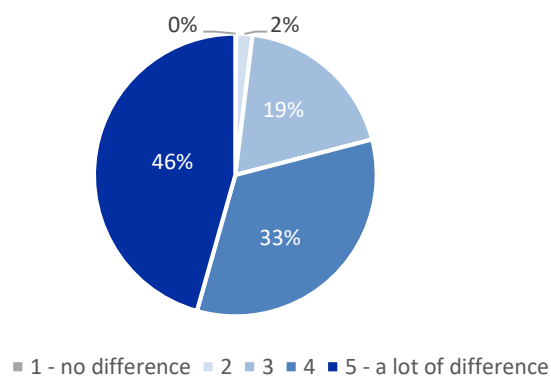


Figure 19: How much of a difference (on a scale from 1 to 5) did the relief transfer make to household economic well-being?



⁶ Food insecurity prevalence rates are based on the application of the Food Insecurity Experience Scale (FIES), an experience-based metric of food insecurity severity that relies on people’s direct responses to eight questions about their access to food. People experiencing moderate food insecurity will typically eat low-quality diets and might have been forced to also reduce the quantity of food they would normally eat at times, while those experiencing severe levels would have gone for entire days without eating, due to lack of money or other resources to obtain food. See (<http://www.fao.org/in-action/voices-of-the-hungry/sdgs/en/>).

The relief cash transfer program has reached many IDPoor households and registration has increased, but a small proportion still remain uncovered. Only 8 percent of households with an equity card had yet to receive the cash transfers in October. Most of these households (60 percent) had not registered at the commune council because they did not know that the cash transfers were for them or because they were not aware of the program.⁷ While general awareness of the program has increased, 59 percent of those that had not registered still did not know the cash transfers were for them. More targeted and detailed information campaigns might therefore be needed. Nonetheless, the reach of the program at 92 percent of IDPoor households is high and registration among those that had not received transfers increased by 14 percentage points from 26 percent in August to 40 percent in October. The beneficiaries find the registration process to be simple. About 92 percent of registered IDPoor households that received cash transfers reported that the registration process for the relief transfer program had been “easy” or “very easy”.

PAYMENT METHODS



Most Cambodians still only use cash to make payments. Only 11 percent of respondents have a bank account and 4 percent have a mobile money account, while 86 percent have neither payment account. Mobile money accounts are more common among IDPoor households, with 19 percent of these respondents reporting having such an account. Around 9 in 10 respondents solely use cash to make payments and most of them are not interested in any other payment methods. Those not interested in payment methods other than cash mention difficulty to use as their primary reason. On the other hand, convenience and safety motivate those using bank cards or mobile phones to make payments, or those who are currently using cash but would be interested in other payment devices. This suggests that social assistance disbursed in cash will be most effective to reach broad parts of the population.

⁷ Registration or validation of the equity card with the commune council is a prerequisite for receiving the relief cash transfers.

BOX: SURVEY METHODOLOGY

The COVID-19 HFPS consists of two separate samples: (a) Living Standards Measurement Study Plus (LSMS+) and (b) IDPoor households. LSMS+ is a nationally representative household survey implemented October–December 2019 by the National Institute of Statistics (NIS) with technical and financial support from the World Bank. LSMS+ consists of 1,512 households, of which 1,364 have a phone number. The phone survey successfully reached and completed interviews for 700 of 1,364 households in May, generating a response rate of 51 percent. In August, 612 households were successfully re-interviewed. In October, 469 households were successfully re-contacted from August, while 437 households were interviewed in all three rounds. No replacement households have been included. Sampling weights were adjusted according to the steps outlined in Himelein, K (2014) to obtain unbiased nationally representative estimates from the sample.⁸ LSMS+ sample weights were computed to ensure representativeness at the national and urban/rural level.

To monitor and evaluate the Cash Transfer Program for Poor and Vulnerable Households during COVID-19, which was launched in June 2020, an additional 1,000 IDPoor households were sampled. Before selection, the beneficiary list of the conditional cash transfer for pregnant women and women with children under the age of 2 was assigned into five strata: (i) Phnom Penh and other urban areas, (ii) Plain, (iii) Tonle Sap, (iv) Coastal, and (v) Plateau and Mountain. The sample was randomly selected proportional to the number of IDPoor households in each stratum. The phone survey successfully interviewed 984 households in June. In August, 784 households have been re-interviewed and 271 replacement households were added. Of these, 841 were successfully reached again in October, with 527 interviewed in all three rounds. In Round 3, 558 replacement households were also included. Sampling weights for the IDPoor sample were computed to ensure the representativeness of IDPoor households at the national and regional level.

The HFPS was implemented using Computer-Assisted Telephone Interview (CATI) techniques and the questionnaire was programmed using the Survey Solutions CAPI software package. Enumerators used mobile phone devices. Enumerators were given data bundles, allowing for internet connectivity and for daily data transfer and synchronization with the server. Field supervisors reviewed the survey responses with enumerators via one-on-one calls daily and addressed concerns that arose immediately following enumerators interview. At the same time, a Research Analyst was in charge of checking the uploaded data daily to identify errors so as to inform the field supervisors and enumerators.

Data collection parameters, LSMS+ Round 3

- ❖ Data collection period: 14 October–6 November 2020
- ❖ Completed interviews: 481 households (143 urban; 338 rural)
- ❖ Average duration of interview: 24 minutes

Data collection parameters, IDPoor Round 3

- ❖ Data collection period: 14 October–6 November 2020
- ❖ Completed interviews: 1,185 households (69 urban; 1,116 rural)
- ❖ Average duration of interview: 24 minutes



⁸ Himelein Kristen (2014), Weight Calculations for Panel Surveys with Subsampling and Split-off Tracking, *Statistics and Public Policy*, 1:1, 40-45.