

# Monitoring COVID-19 Impact on Households in Zimbabwe



## Results from a High-Frequency Telephone Survey of Households

### INTRODUCTION



The COVID-19 pandemic created an urgent need for timely information to help monitor and mitigate the social and economic impacts of the crisis. This information is essential to inform policy measures for protecting the welfare of Zimbabweans. Responding to this need, the Zimbabwe Statistical Agency (ZIMSTAT), together with the World Bank and UNICEF, designed a high-frequency telephone survey of households to measure the socio-economic impacts of COVID-19 in Zimbabwe. The survey builds on the Poverty, Income, Consumption and Expenditure Surveys (PICES) of 2017 and 2019 and uses a sample of 1747 households from all ten provinces of Zimbabwe. The sample is representative for urban as well as rural areas. This survey is referred to as the Rapid PICES Monitoring Telephone Survey and is funded by the Zimbabwe Reconstruction Fund (ZIMREF), and implemented by ZIMSTAT with technical support from the World Bank and UNICEF.

This brief report summarizes the results of the first round of the Rapid PICES, conducted between 6<sup>th</sup> and 24<sup>th</sup> July, 2020. The telephone interview lasted for 25 minutes on average and covered topics such as knowledge of COVID and mitigation measures, access to and participation in educational activities during school closures, access to basic necessities, employment dynamics, income losses, food security and assistance received. The plan is to repeat the interviews every 4-6 weeks. Computer Assisted Personal Interviewing (CAPI) was used for data collection.

### HIGHLIGHTS - ROUND 1

- ! The results of the survey showed that households in Zimbabwe were well aware of COVID-19, and the vast majority had knowledge of and practiced behaviours necessary to lower the risks of contracting and spreading the virus.
- ! Less than half of the children who were in school before the COVID 19 pandemic engaged in distance learning following school closure. In rural areas, only one quarter of children engaged in distance learning, while in urban areas this proportion was 70 percent. The most common means for distance learning was through parental assignments. The use of mobile learning applications was common only in urban areas.
- ! There was a considerable fall in household income since the onset of the COVID 19 pandemic as 90 percent of households that operated a non-farm business reported a drop in revenue. About 44 percent of wage workers reported a reduction or disappearance of wages. This affected urban areas in particular as the proportion of people working for a wage or operating a non-farm business was higher in urban areas than in rural areas.
- ! Employment dropped, as one fifth of the respondents working before the COVID-19 lockdown restrictions lost their jobs. This affected both urban and rural areas and job losses were particularly severe in the retail and other service sectors.

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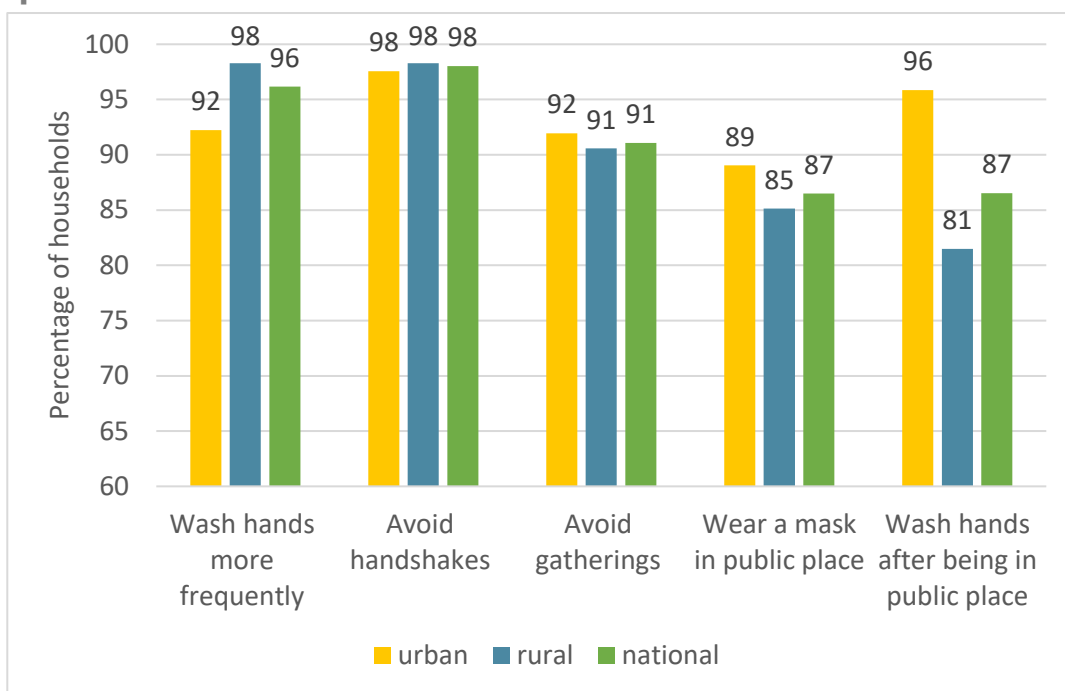
There was a concerning impact on household food security, with half of urban respondents and two thirds of rural respondents reporting skipping meals or running out of food. Moreover, one third of the extremely poor could not afford to buy maize meal.

## KNOWLEDGE AND BEHAVIOR IN RESPONSE TO COVID-19



To slow down and prevent the spread of COVID-19 it is essential that people are aware of the symptoms and behaviours they need to change. It was found that, virtually every household (99 percent) had heard of the coronavirus or COVID-19. The respondents reported being well-informed about actions to reduce the spread. Almost everyone knew about the most important preventive measures. Avoiding handshakes was the most commonly adopted measure (98 percent), followed by more frequent hand washing (96 percent) and avoiding gatherings (91 percent). Differences between urban and rural areas were relatively small.

**Figure 1 Percentage of respondents that indicated they have adopted preventive measures**



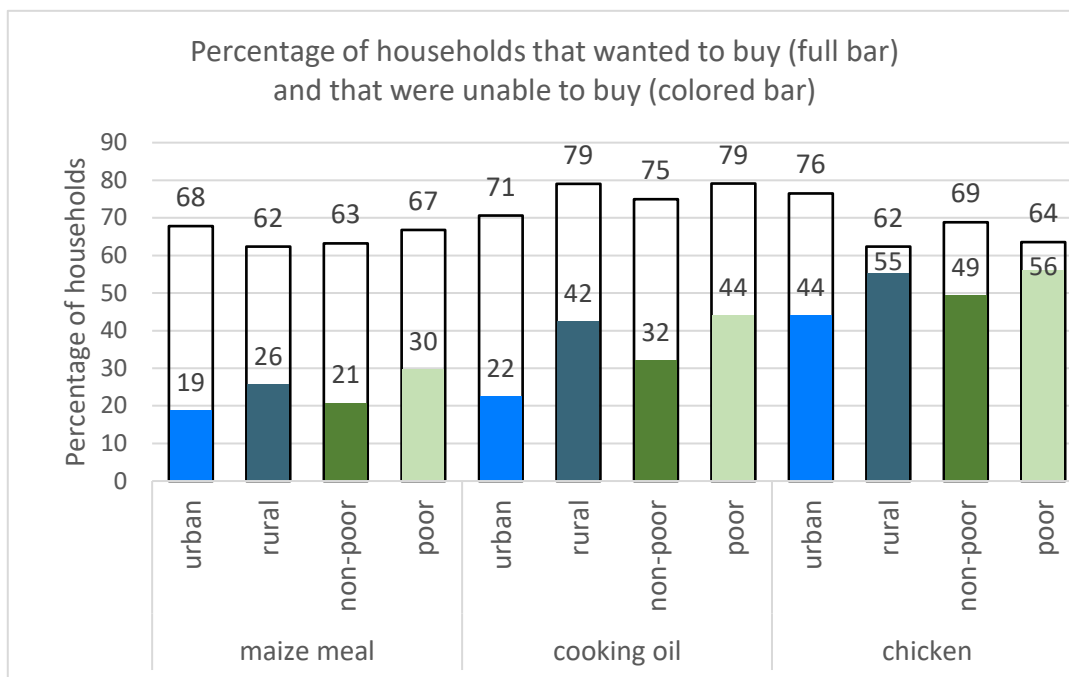
## ACCESS TO NECESSITIES



Rapid PICES survey respondents were asked whether their households were able to buy enough of essential food items and medicine, and had sufficient water for drinking and hand washing since the lockdown began in March 2020. In cases where households were not able to access sufficient medicine and staple food, they were asked to give the main reasons why they could not.

Almost one quarter of households reported that in the past seven days they were unable to buy maize meal, the main staple food. The proportion that was unable to buy maize meal was slightly larger in rural areas than in urban areas. The most common reason cited for their inability to buy the main staple food was ‘increase in price’ and ‘not able to afford’ (72 percent). This reason was more common in rural areas than in urban areas. The second most stated reason for being unable to purchase staple food was a lack of access to cash, reported by 9 percent of respondents.

Figure 2. Access to basic food items



Note: The full bar is the total percentage of households in each group stating that they wanted to purchase the good in question over the past seven days. The colored bars are the percentages of households that were unable to purchase goods.

**MEDICINE AND WATER**



One-fifth of the respondents that needed medical treatment were unable to obtain it, while a quarter were unable get the required medicine. These proportions were similar in rural and urban areas. Two thirds of the respondents reported lack of money as the reason for being unable to obtain medical treatment. In rural areas, one-tenth of those unable to get medical treatment indicated lack of medical personnel as the reason. Shortage of drinking water was most common in urban areas as one-fifth of urban respondents mentioned this challenge. A quarter of the households in rural areas reported that they could not access soap.

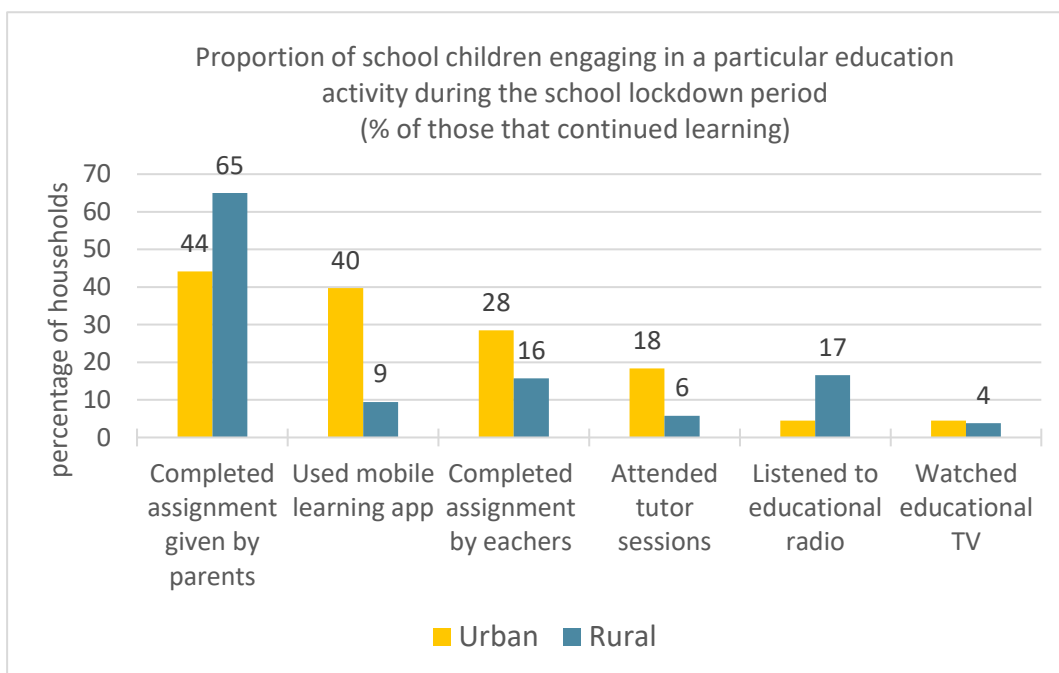
**SCHOOLS**



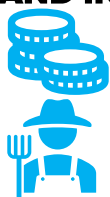
Zimbabwe closed its schools country-wide on 24<sup>th</sup> of March, 2020 in response to the growing number of Covid 19 cases in the country. The rapid PICES survey asked how many children aged between 6 and 18 years in the household were in school before the closure and whether they were engaged in any education or learning activities during the survey period. About 74 percent of households had school-aged children. Of these, 91 percent attended school before the outbreak of the pandemic. Less than 40 percent of children who attended schools before they were closed engaged in any educational or learning activities after schools were closed. In rural areas, only 25 percent engaged in education activities, compared to 70 percent in urban areas. Clearly, children in rural areas were more affected by school closures than their urban counterparts. The long-term impacts of lost months of schooling will be particularly severe for children in poor families, as it will jeopardize their development of human capital and earning potential. Once schools reopen, future rounds of the Rapid PICES Monitoring Survey will follow up to see how many children returned to school.

For all school-going age children in Zimbabwe the most common learning activity taking place during school shutdown was parental assignments (Figure 3). This was especially the case in rural areas where 65 percent of rural children who continued with their education activities did so by completing assignments provided by their parents. In urban areas, mobile learning applications were used by 40 percent of children compared to only 9 percent in rural areas. One in six children in rural areas listened to classes on the radio. Few children watched educational TV in both rural and urban areas.

Figure 3. Remote learning after school closure

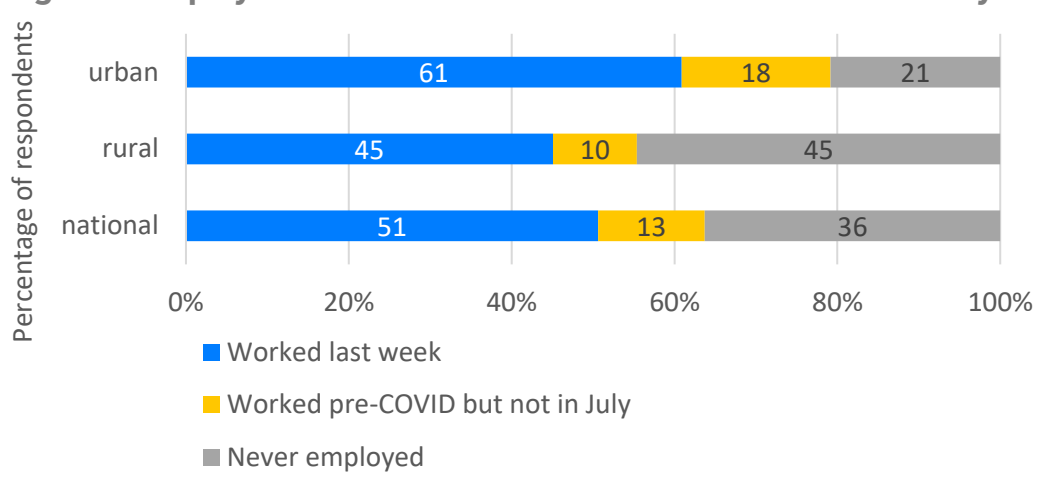


**EMPLOYMENT AND INCOME**



The Covid 19 pandemic had a considerable impact on employment. Roughly 64 percent of respondents reported having a job before the imposition of mobility restrictions and this was reduced to 51 percent in July 2020. Urban areas were most affected by job losses as 18 percent of respondents were working before Covid-19 but were no longer working in July 2020 (Figure 4). The most commonly cited reason for no longer working was business closure due to Covid-19 lockdown restrictions.

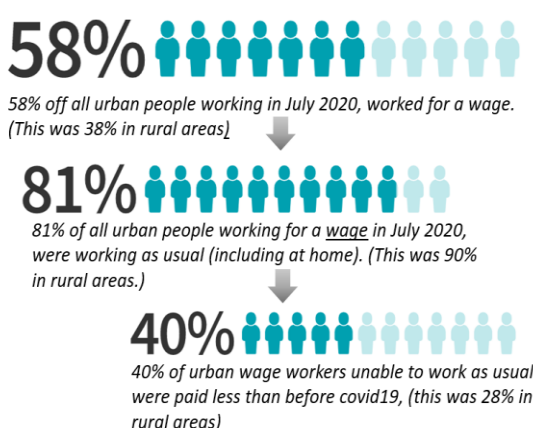
Figure 4. Employment status before the onset of Covid19 and in July 2020



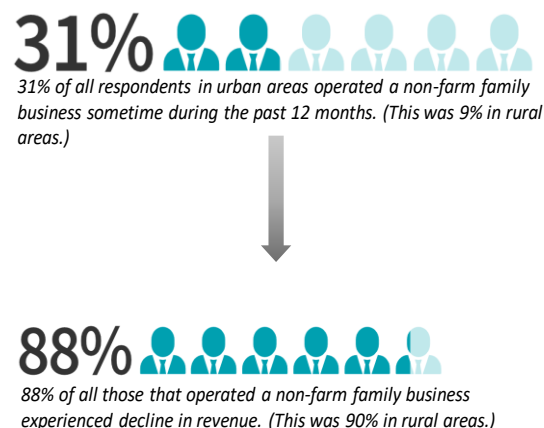
Household income fell since the start of the pandemic. Ninety-percent of households who operated a non-farm business reported a drop in revenue, while 44 percent of wage workers reported a reduction or disappearance of wages. The drop in household incomes was more common in urban areas as the proportion of people working for a wage was higher in urban areas than in rural areas (58 percent vs 38 percent). In addition, the proportion of households operating a non-farm business was much higher in urban areas, 31 percent, compared to only 9 percent in rural areas (Figure 5). Farming was the main activity for 77 percent of the rural respondents, and 86 percent of these farmers reported being able to conduct their normal farming activities as usual.

Figure 5. Income shocks

A. urban wage workers

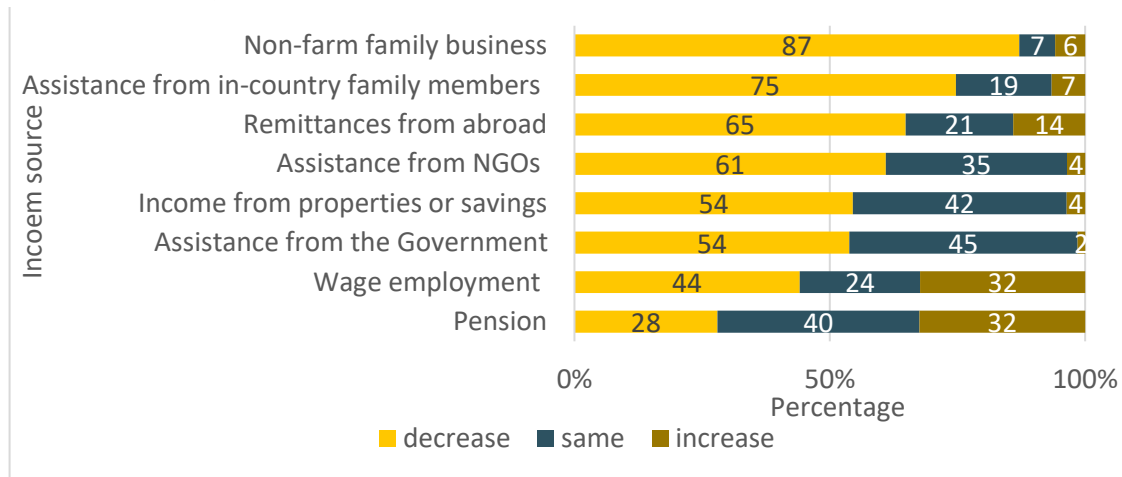


B. urban non-farm business owners



Income in the form of assistance from family members also fell (Figure 6). Assistance from family members constituted 18 percent of households income source on average and 75 percent of these households indicated that it had decreased since the start of the COVID-19 restrictions. Furthermore, it was noted that remittances from abroad fell. Two thirds of households for whom this is an income source indicated that it had dropped. These income losses are likely to exacerbate extreme poverty which stood at 38 percent in April-May 2019.

Figure 6. Change in income (as a percentage of households reporting this kind of income)



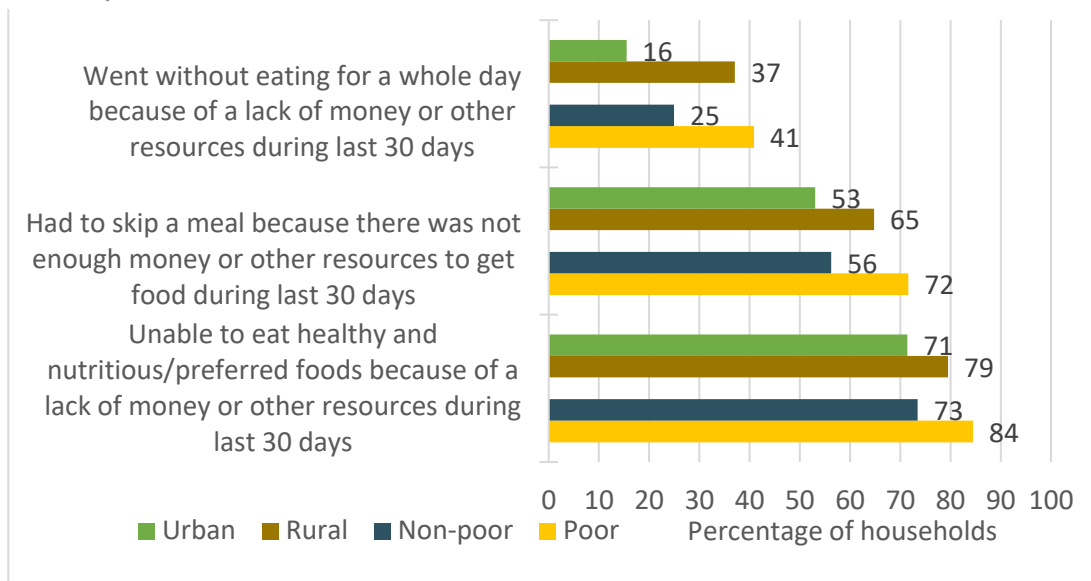
**FOOD SECURITY**



The food security situation in Zimbabwe was worsening even before the onset of the Covid 19 pandemic (see Zimbabwe Poverty Update 2017-19). Two consecutive poor rainfall seasons, rapid inflation, and cash shortages undermined people’s capability to access food. Based on ZIMVAC surveys, Government estimated that the number of food insecure people in Zimbabwe was expected to increase to more than 50 percent of the population or about 7.7 million in the 2020 lean season. The Rapid PICES telephone survey did not allow for a complete set of questions on food consumption and food security. However, several questions were asked and the results are concerning.

More than one-third of survey respondents in rural areas reported that in the 30 days before the July 2020 interview they had gone without a meal for a full day, at least once. This proportion was one-sixth among urban respondents. More than half of urban households and two thirds of rural respondents had to skip meals because of lack of resources to obtain food. The extreme poor are more affected than the non-poor (see Figure 7).

Figure 7. Food insecurity indicators after the onset of COVID-19 (July 2020)



Note: ‘poor’ here refers to those below the food poverty line, based on their situation in April-May 2019.

Comparisons with earlier PICES surveys shows that food security had worsened in both urban and rural areas in July 2020. The proportion of rural households having to skip a meal at least once in the past 30 days was almost 4 times higher in July 2020 compared to the April-May 2019 period. In urban areas, this proportion rose three-fold to about 16 percent (Figure 8a). Four out of five rural respondents indicated they were unable to eat healthy or nutritious meals or their preferred food at least once during the 30 days before the interview. Although the urban proportion that gave this answer was slightly lower (71 percent), between April-May 2019 and July 2020 it increased proportionally more than in rural areas. The food security situation was reported for July 2020 just after completion of the harvest, which means that this trend is likely to worsen in subsequent months of 2020.

Fig 8a. Proportion of households that went without eating for a whole day

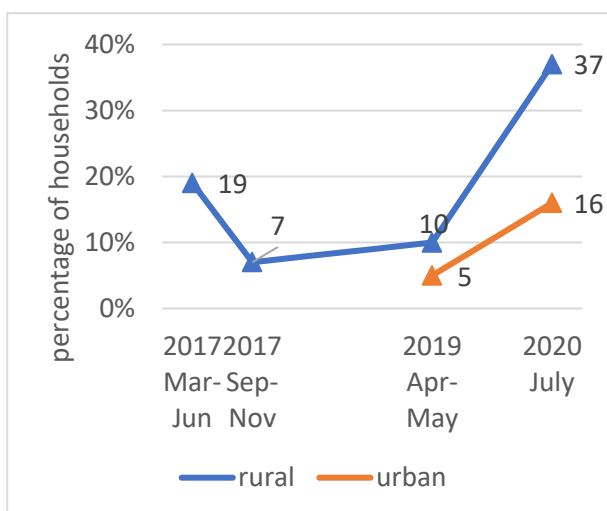
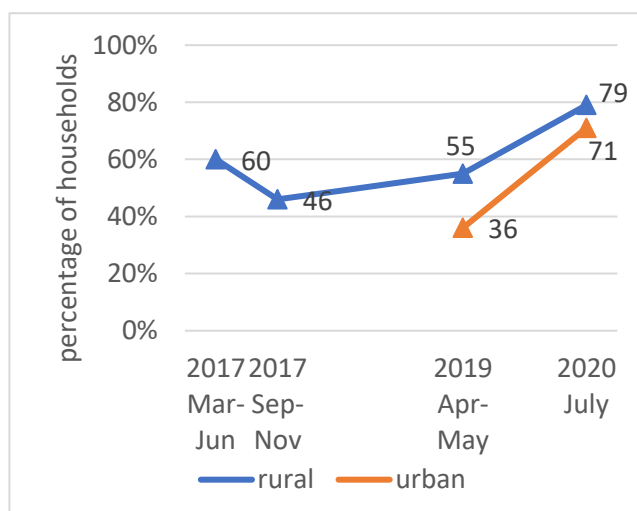


Fig 8b. Proportion of households unable to eat healthy or nutritious food



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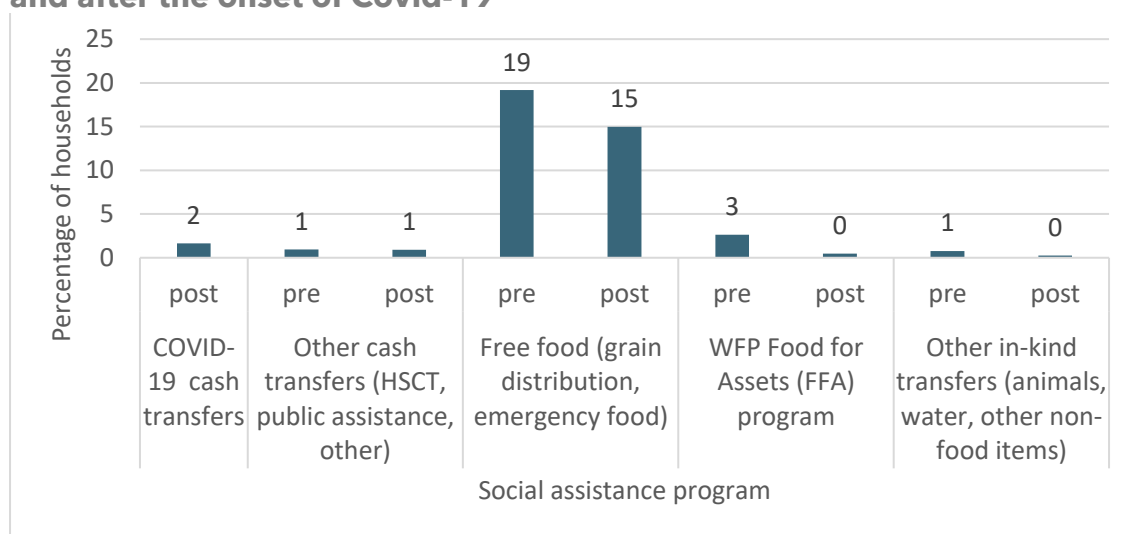
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## ASSISTANCE FROM GOVERNMENT



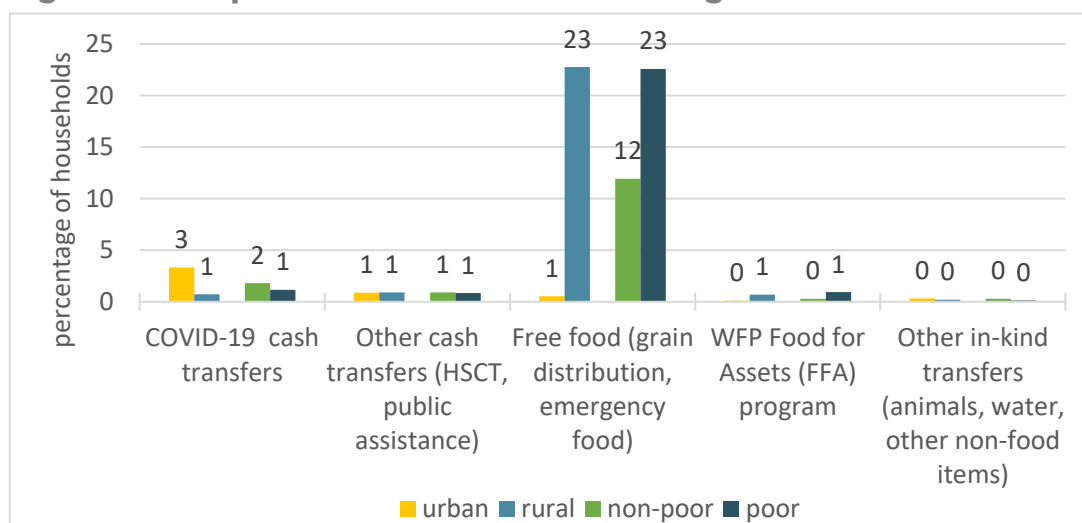
Coverage of social assistance programs in Zimbabwe was low and had declined since the start of the covid19 pandemic. Food aid had the highest coverage with 15 percent of all households indicating they benefited from emergency food relief. This proportion was lower than before the outbreak of the pandemic when 19 percent of households indicated they had benefited from the program (See Figure 9). Covid-19 cash transfers only reached two percent of households (rural and urban combined).

**Figure 9 Proportion of households that received social assistance before and after the onset of Covid-19**



Beneficiaries of the food aid program were mostly found in rural areas. Almost a quarter of rural respondents indicated they benefited from the food aid program compared to one percent of the urban population. In addition, a quarter of the extremely poor and about one eighth of the non-poor benefited from food aid. In urban areas, the most commonly received assistance was from COVID-19 transfers which benefited 3 percent of urban households (Figure 10).

**Figure 10. Proportion of households receiving assistance\***

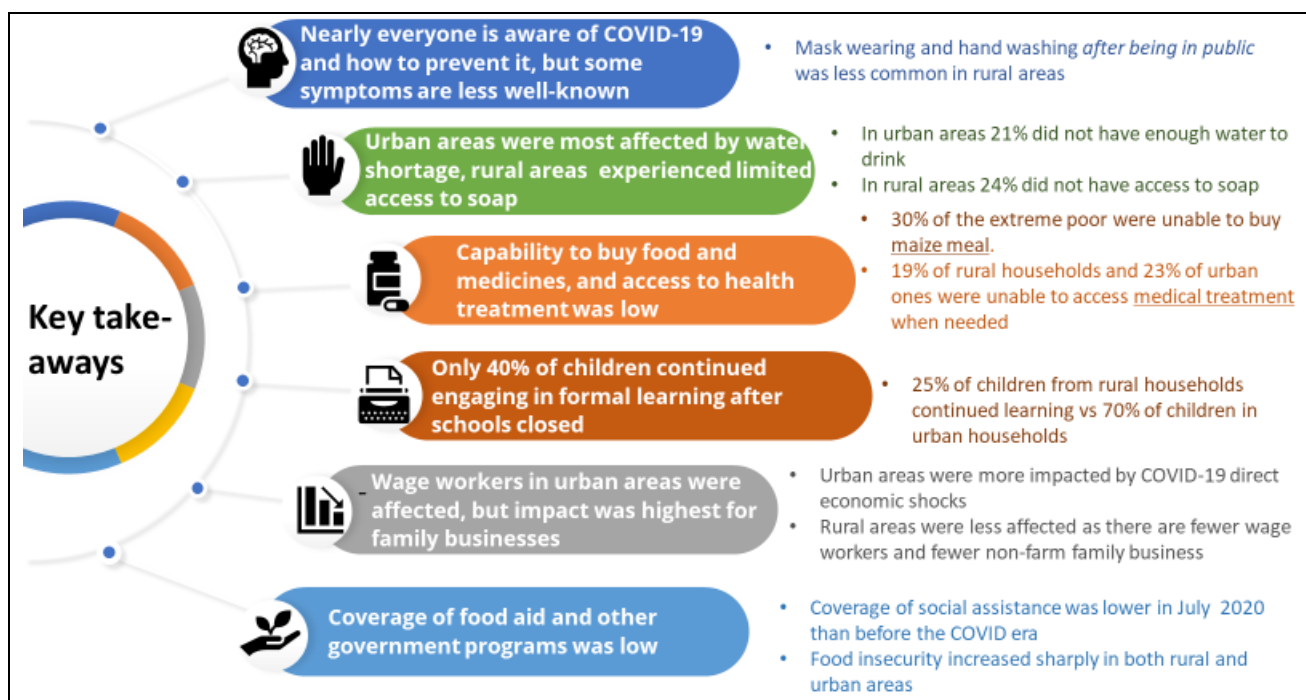


\*30 days before the interview which took place from 7-25 July, 2020

Note: 'poor' here refers to those that were extreme poor, based on their situation in April-May 2019.



## Summary



## UPCOMING ACTIVITIES



### Next steps

The same households will be interviewed by telephone on a frequent basis. A second round was completed from the 24<sup>th</sup> August to 4<sup>th</sup> September 2020. A third round is planned for November 2020. This rapid survey approach will enable the frequent tracking of the socio-economic effects of the crisis, and it will also enable the gathering of household feedback on any mitigation measures the Government is taking. Ministries and other agencies are invited to suggest themes to be investigated in future rounds. The survey methodology is quite flexible and can be adapted to include priority policy needs.

### Survey methodology

Telephone-based surveys avoid face-to-face interviews and the associated health risks during the Covid-19 pandemic. However, they can only reach respondents who use a phone with an active subscription in an area with network coverage and who agree to be interviewed. Therefore, statistics from such a survey are only representative for this part of the population. Out of all households included in the Mini-PICES 2019, conducted using face-to-face interviews, 96% were contactable in July 2020, and of these 85% participated in the first round of the Rapid PICES survey. This is one of the highest response rates of similar surveys globally. To correct for any possible bias this may create, the Zimbabwe Rapid PICES telephone survey data were re-weighted to mitigate issues of non-response and to ensure that statistics are as representative of the full population of Zimbabwe as possible. In total 1,747 households from 209 enumeration areas were interviewed. The sample is representative of urban and rural areas, covering all 10 provinces. Data collection for this first round was from 6<sup>th</sup> to 24<sup>th</sup> July 2020.

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