



BACKGROUND

This brief presents findings of the **third round of the Malawi High-Frequency Phone Survey on COVID-19 (HFPS COVID-19) conducted in August 2020**. In May 2020, the National Statistical Office (NSO), with support from the World Bank, launched the HFPS COVID-19; a monthly survey of a nationally representative sample of households previously interviewed as part of the Malawi Integrated Household Panel Survey to **monitor the economic impact of the pandemic and other shocks**. The first round (baseline) of the survey was conducted in May/June 2020, the second round was conducted between July 2-16, 2020, and the third round between August 12-27, 2020.

Just before the start of the third round and following an increase in COVID-19 cases in the country, **on August 8, 2020 the Government of Malawi introduced new safety measures**. Among other directives, the guidelines require masks to be worn in public and public gatherings are prohibited, and restrictions on hospitality and recreation.

KNOWLEDGE, BEHAVIOR AND CONCERNS OF COVID-19 TRANSMISSION

The level of concern over COVID-19 has remained high across the three survey rounds. 93% of respondents are **very worried or somewhat worried** about themselves or their immediate family member(s) becoming **seriously ill from COVID-19** (93% in wave 2, 94% in wave 1). 96% of respondents consider this crisis as a **substantial or moderate threat** to their **household's finance** (96% in Round 2, 95% in Round 1).

The survey captured respondents' intent to comply with the new safety measures put in place on August 8, 2020. As

shown in Figure 1, 66% indicated they would comply with **washing their hands frequently with water/sanitizer**, 76% plan to fully comply with **social distancing**, and 73% with **wearing a mask**. In the 7 days leading up to the interview, although only **56% of respondents wore a mask all of the time** as shown in Figure 2, this is a **drastic increase in mask wearing** between July and August with only 15% reporting they never wear a mask in comparison to 61% in Round 2.

Figure 1. Intention to Comply with Government Directives

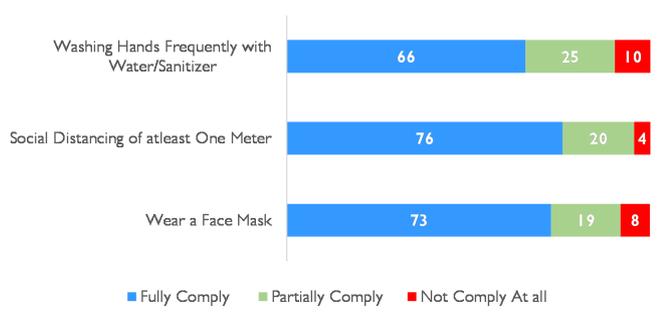
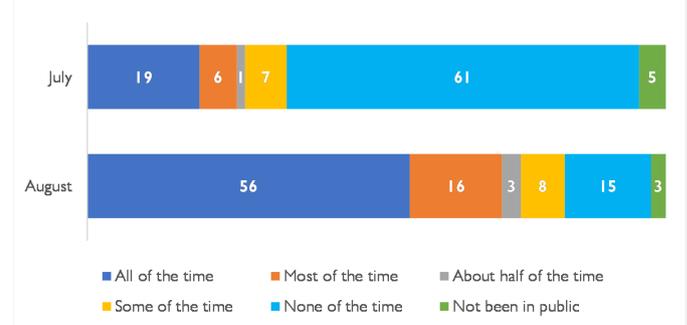
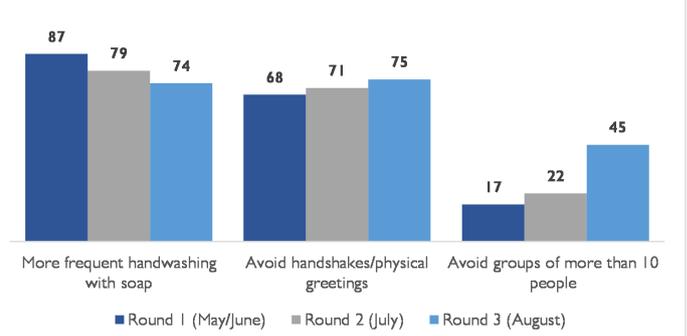


Figure 2. Prevalence of Wearing a Mask Last 7 Days Across Rounds 2 and 3 (% of respondents)



Over time the prevalence of respondents **more frequently washing their hands with soap** has fallen from 87% to 74%, but there has been a steady increase in **avoiding handshakes and physical greetings** and a **large increase in the proportion of respondents avoiding groups of more than 10 people** from 17% in Round 1, to 22% in Round 2, to 45% in Round 3.

Figure 3. Prevalence of Safe Practices across Survey Rounds



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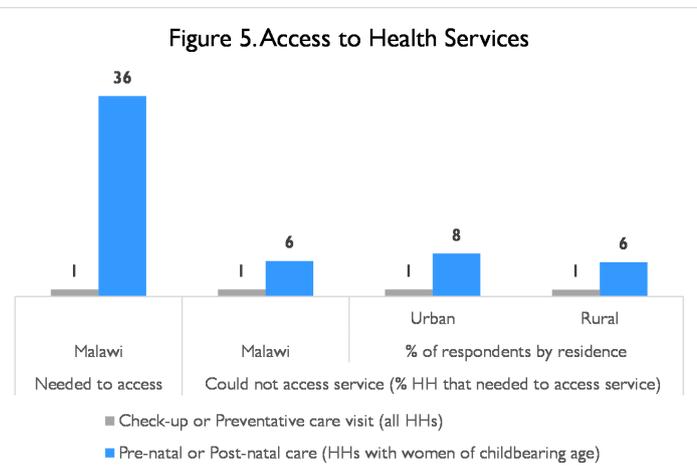
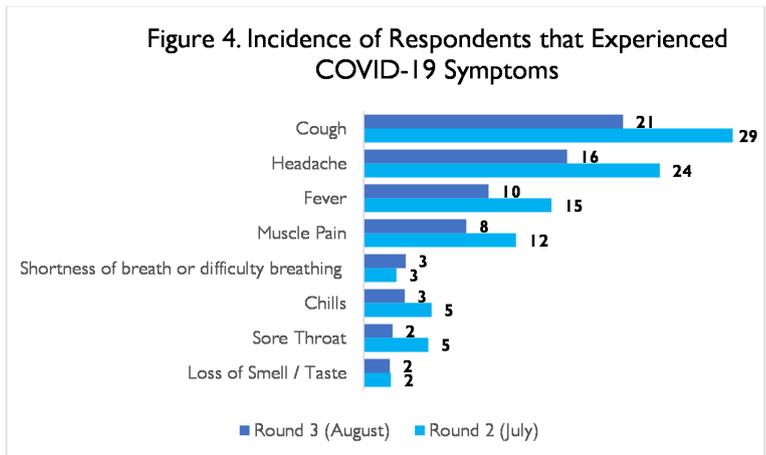
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HEALTH

In Round 3 only 2% of respondents that experienced any of the common COVID-19 symptoms called the Government Provided Toll Free Number or any other line designated by the Ministry. 7% of respondents reported a household member having received a laboratory diagnosis for COVID-19.

Respondents were asked about several of the most common COVID-19 symptoms and whether or not anyone in their household had experienced any of them in the last week. In Round 2, 55% of household members had not experienced any symptoms while in Round 3, 68% had not. For those that had experienced one or more symptoms, the most commonly reported was coughing in both Rounds 2 and 3 (29% and 21%), followed by headache (24% and 16%).

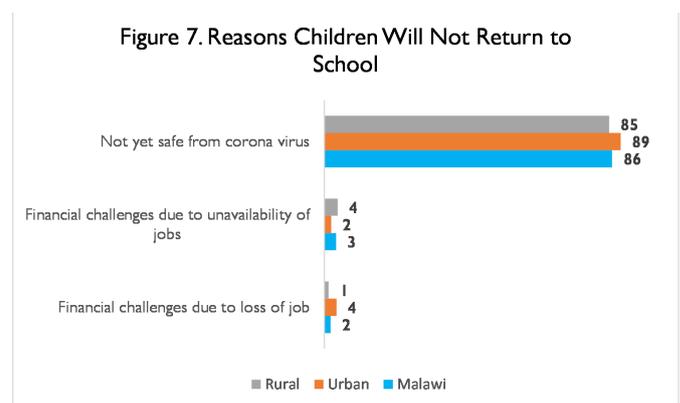
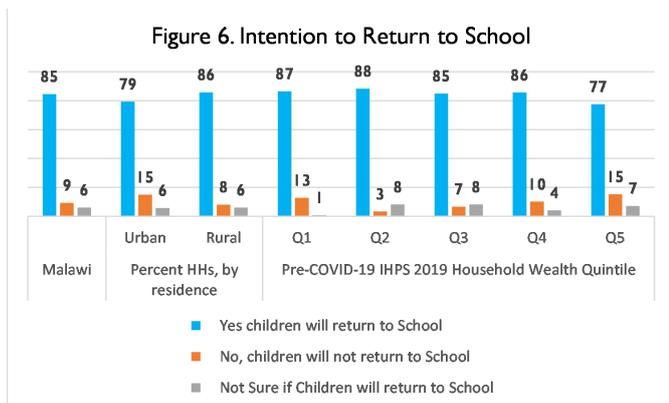


In general, the majority of households were able to access the healthcare that they required. Only 1% of households reported needing a check-up or preventative care visit and, on the whole, only 1% of these households could not acquire such care. Among households with women of childbearing age (15-45), 36% of respondents reported that a household member needed pre-natal or post-natal care and only 6% of these households were not able to access such care. This number was slightly higher in urban areas with 8% of households unable to access said care while in rural areas it was only 6%. The most common reason reported for checks ups and pre- and post-natal care were unavailable medical personnel

EDUCATION

Schools across Malawi began reopening for the new school year in September. The survey asked respondents about their intention for their children to return to school. 85% of respondents indicated that their children would return to school, 9% reported that they would not, and 6% remained unsure. Respondents in urban areas had more hesitation about their children returning to school with 15% indicating they would not while in rural areas only 8% reported

the same. As seen in Figure 7 shows, among those that did not plan for their children to return to school across urban and rural areas by far the most common reason respondents reported was that they did not feel the school environment was safe from COVID-19. 4% of respondents in urban areas were facing financial challenges due to loss a job while 4% of respondents in rural areas were facing financial challenges due to unavailability of jobs.





EMPLOYMENT

Overall, the **proportion of respondents working is higher** than the proportion of people who were working in mid-March at the time of the COVID-19 outbreak. Over 73% of respondents reported that they were working in August in comparison to approximately 69% in Rounds I and II (May/

June and July, respectively). While there are more people working, there is evidence that people have changed jobs. Between July and August, about **23% respondents that were working changed jobs**, between July and May/June, around 16% of the people changed jobs.

Figure 8. Proportion of Respondents Working Across Rounds

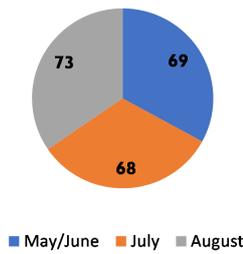


Figure 9. Job Changes between Rounds

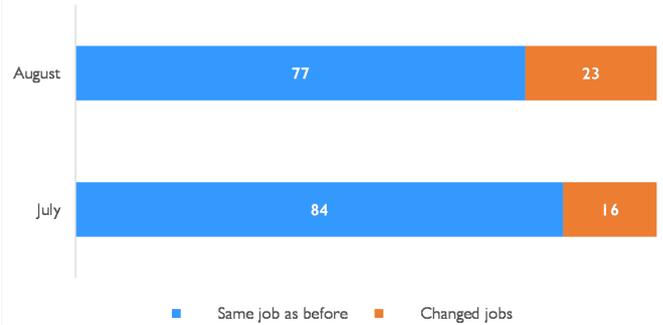


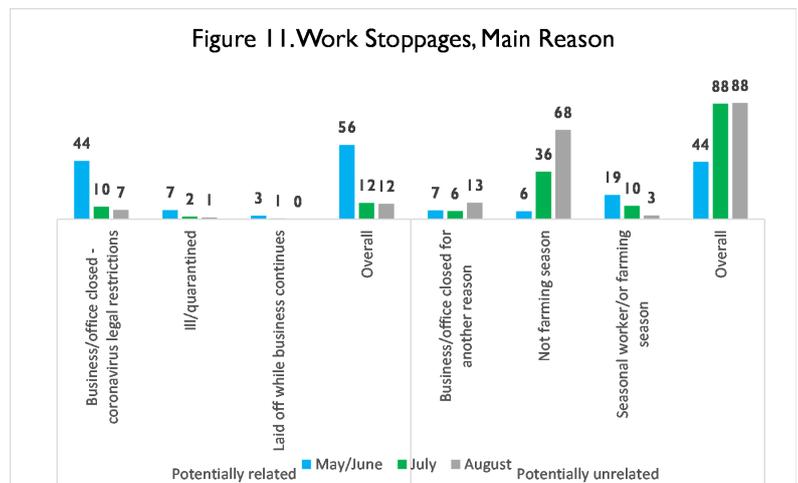
Figure 10. Working Status Across Rounds



47% of respondents have been **working continuously since the COVID-19 outbreak**. 10% of respondents started working between July and August and 6% just returned to work. 9% of respondents who were working in March, stopped working in July and resumed work in August while 8% of respondents who were working from the month of the outbreak but stopped working in August. The proportion of respondents who stopped working in mid-march was around 4%. The proportion of respondents who were not working in mid-March, resumed work around July but then stopped working in August was around 4%. The proportion of individuals who were working before the outbreak of the pandemic, but stopped in mid-march and have never returned back to work was 3%. The proportion of respondents who have not had any form of employment after and even before the pandemic outbreak was around 8%.

Since mid-March, the main reasons reported for work stoppages potentially related to **COVID-19** have declined from 56% in mid-March to 12% in August. Of the 12% of respondents that stopped working between July and August, 68% stopped because it was **no longer farming season** and 10% and 13% stopped working because their **business or office closed due to reasons unrelated to COVID-19**.

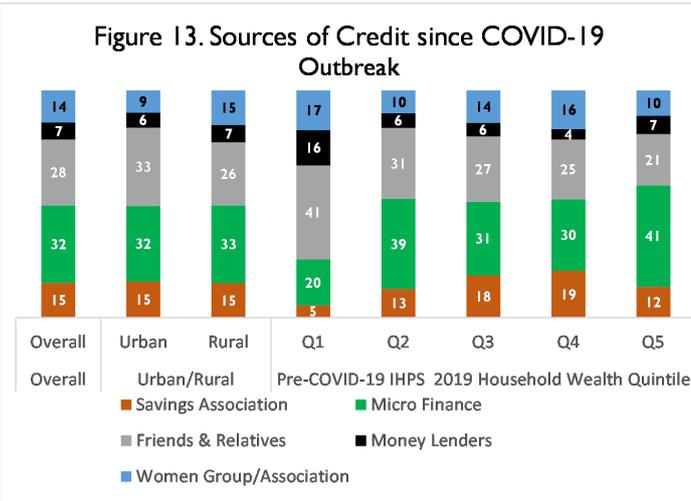
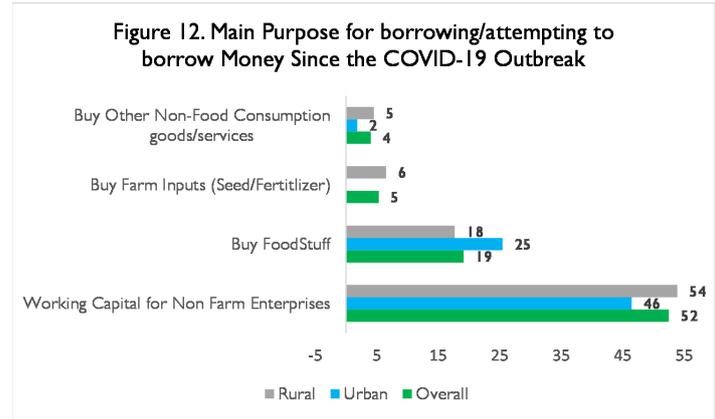
Figure 11. Work Stoppages, Main Reason





CREDIT

40% of households reported that they needed to borrow money or take a loan since the beginning of the COVID-19 outbreak in mid-March. 52% of these households needed **working capital for non-farm enterprises**, 19% needed to **buy food stuff**, 5% needed to **buy farm inputs** (seed/fertilizer), and 4% needed to **buy other non-food consumption goods/services**. However, **nearly half (46%) of these households were unable to access a loan**.

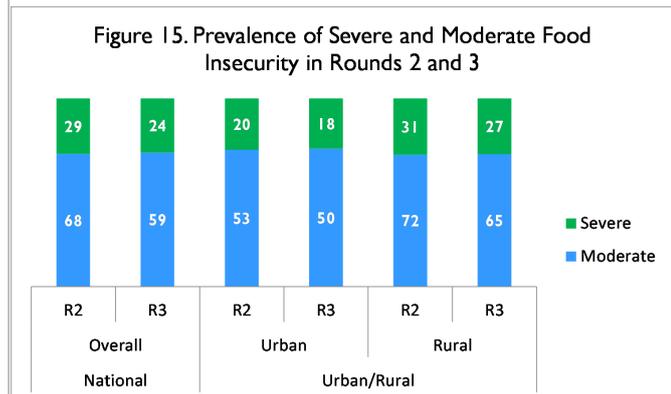
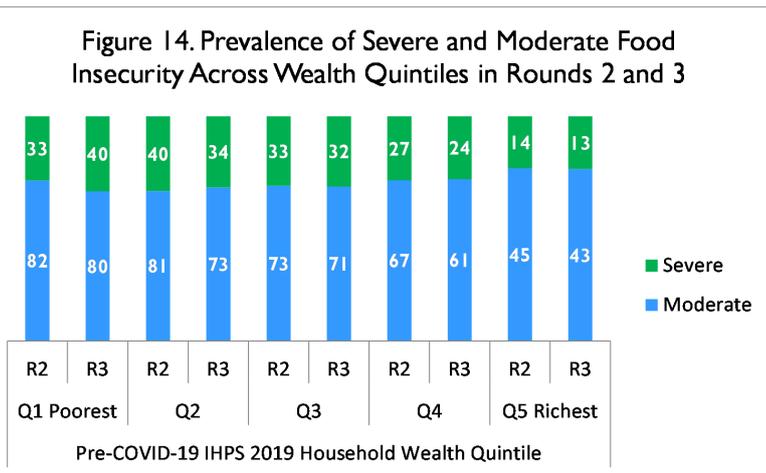


For those that successfully borrowed money the most common sources of credit were **microfinance institutions (32%)**, **friends and relatives (28%)** and **savings associations (15%)**. For 12% of the loans obtained they were already due, 34% were due within one month, and another 27% were within two months. **Nearly half of households were very worried about not paying back the loan** within the expected period and another 20% were somewhat worried.

FOOD SECURITY

The prevalence of (i) severe and (ii) moderate or severe food insecurity, based on the Food Insecurity Experience Scale, among the adult population remained high throughout Malawi across survey rounds though, on the whole, decreased in Round 3.

The prevalence of food insecurity is higher in rural areas than urban, and varies greatly across quintiles. Although both indicators fell in Round 3 across Malawi, urban/rural, regions, and quintiles 2-5, there was an increase from 33% to 40% in households experiencing severe food insecurity in the poorest quintile.



Data Notes: Malawi High-Frequency Phone Survey COVID-19 (HFPS COVID-19) is implemented by the National Statistical Office (NSO) on a monthly basis during the period of May 2020 and June 2021. The survey is part of a World Bank-supported global effort to support countries in their data collection efforts to monitor the impacts of COVID-19. The financing for data collection and technical assistance in support of the Malawi HFPS COVID-19 is provided by the United States Agency for International Development (USAID) and the World Bank. The technical assistance to the Malawi HFPS COVID-19 is provided by a World Bank team composed of staff from the Development Data Group—Living Standards Measurement Study (LSMS) program and the Poverty and Equity Global Practice. In Round 1, 2,337 households that had been previously interviewed during the 2019 round of the Integrated Household Panel Survey (IHPS) were contacted, and 1,729 households were successfully interviewed, with the goal of re-interviewing them in the subsequent monthly HFPS COVID-19 rounds. 1,646 of these households were successfully interviewed in Round 2 and 1,624 in Round 3. The 2019 IHPS data are representative at the national- and urban/rural-levels and phone survey weights were calculated (i) to counteract selection bias associated with not being able to call IHPS households without phone numbers, and (ii) to mitigate against non-response bias associated with not being able to interview all target IHPS households with phone numbers. For further details on the data, please visit <https://www.worldbank.org/lms-covid19> and email enquiries@statistics.gov.mw.