

Poverty and Social Impacts of COVID-19: Results from the Rapid PICES Phone Survey Data





October 8th, 2020



The Rapid PICES

2017

PICES

phone survey is conducted for nine rounds starting from July 2020.

It re-interviews by phone about 1800 households from the Mini-PICES 2019, which is a subsample of the PICES 2017

2020 September **Rapid PICES 2020** July **Second Wave Rapid PICES First Wave** Employment **Behavioural** Income loss response Safety net Coping Knowledge and Access to mechanism awareness basic needs Perspectives Food insecurity

PICES = Poverty Income Consumption and Expenditure Survey

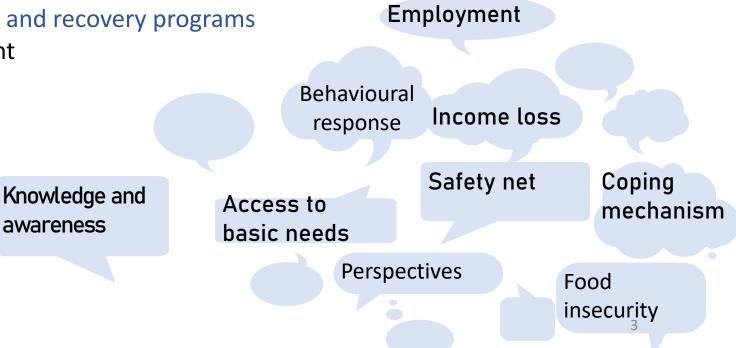
2019

Mini-PICES

The Rapid PICES Objectives

- Estimating the economic and social impacts of the crisis
- Monitoring information access and behavioral responses
- Understanding the economic transmission channels
- Assessing the impacts on small business, farming, health, food security, and welfare





The Rapid PICES

-- First Wave

Key Findings



Nearly everyone is aware of COVID-19 and how to prevent it, but some symptoms are less well-known



Urban areas are most affected by water shortage, rural areas are limited by soap access



Capability to buy food and get medical treatment is low

Only 40% of children continue engaging in education after schools closed

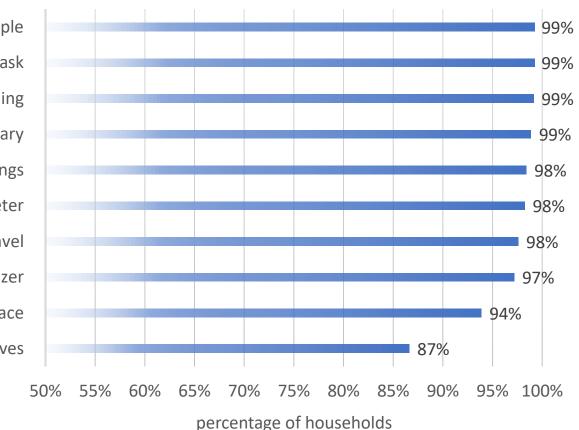


Wage workers in urban areas are affected, but family businesses got hit the hardest



Coverage of food aid and other government programs is low

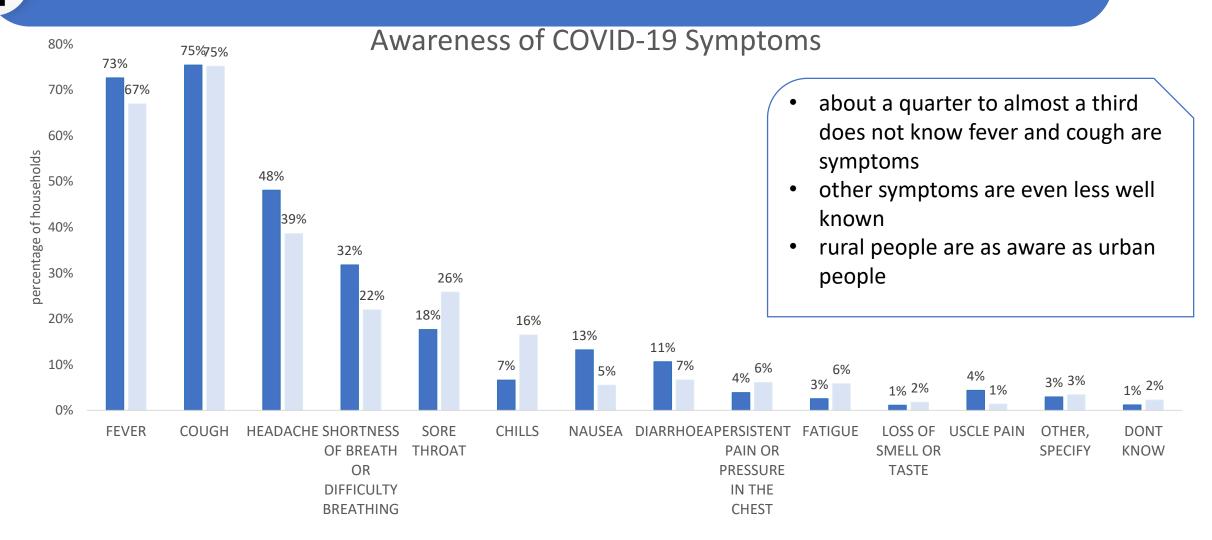
- 1,747 households
- 209 Enumeration areas
- Representative of urban and rural areas
- Covering all 10 provinces
- Data collection: July 6th 24th 2020



AWARENESS OF PREVENTIVE MEASURES

Avoid crowded places or gatherings with many people Use of mask Handwashing Staying at home and avoid going out unless necessary No Handshake or physical greetings Maintain enough distance of at least 1 meter Avoid travel Use of sanitizer Avoiding touching your face Use of gloves

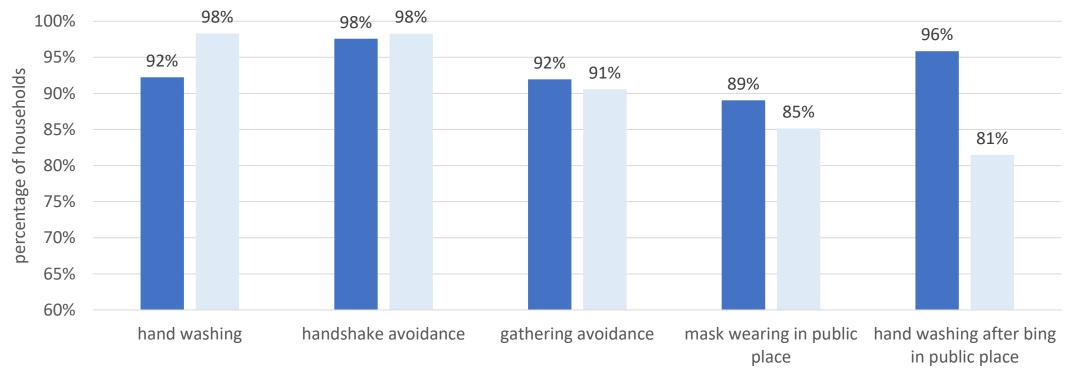
Awareness of Symptoms: some are less well-known



urban rural

Prevention: Frequency of hand washing, hand shaking, and avoiding gathering was high during the survey reference week

Mask wearing and hand washing *after being in public* is somewhat less common in rural areas



Adoption of Preventive Measures

urban rural

Access to Water and Soap: Urban water shortages affect ability to wash hands (14%) and drink (21%). A quarter of rural people lack soap for hand washing

Proportion of households mentioning a shortage 30% 25% 24% 25% percentage of households 21% 19% 20% 15% 14% 14% 15% 9% 9% 9% 10% 5% 5% 0% water for hand drinking water soap to wash hands washing urban rural non-poor poor

70% of households with a water shortage said reduction in water supply was the main problem.

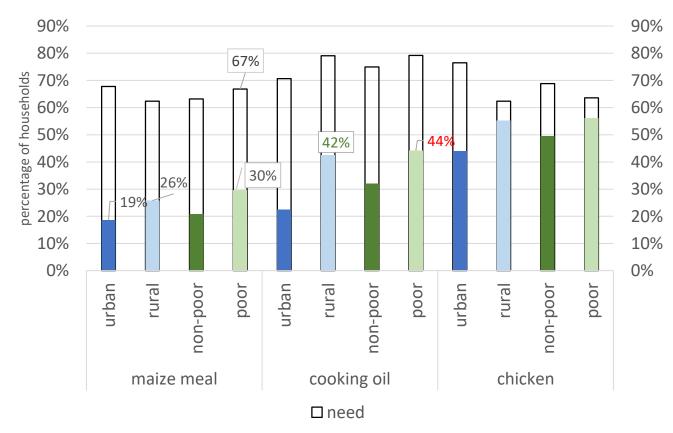
In urban areas one quarter of those experiencing a shortage of drinking water said that drinking water supply is no longer available.

Access to soap is an issue, particularly in rural areas where 24% report not having sufficient access to soap (14% in urban areas)



Access to Basic Food Stuffs : Capability to buy food is low, especially for rural and for extremely poor households

% of households that wanted to buy (full bar) and that were unable to buy (colored bar)



- 67% of the extreme poor wanted to buy maize meal, but <u>30%</u> of the extreme poor were <u>unable to buy maize meal</u>.
- 26% of all rural households and 19% of all urban households were unable to buy maize meal.
 - Reason is mostly because they cannot afford it
- 42% of rural households were unable to buy cooking oil
- More than half of the extreme poor who want to buy cooking oil <u>cannot</u>, this accounts for 44% of all extreme poor.



Access to Healthcare: 19% of rural households and 23% of urban ones were unable to access medical treatment when needed

Access to Medical Treatment (% of households) Needed medical treament 28% 25% % of those that needed medicine, that were 25% 26% unable to to get it % of those that needed medical treatment but were unable to get it % of those that can't get medicine that say lack of money is the reason 15% % of those that can't get treatment that say lack 3% of medical personnel is the reason 11% 0% 20% 40% 60% 80% percentage of households

Poor Non-poor Urban Rural

Differences between urban and rural are small,

The main reasons for being unable to access medical treatment are:

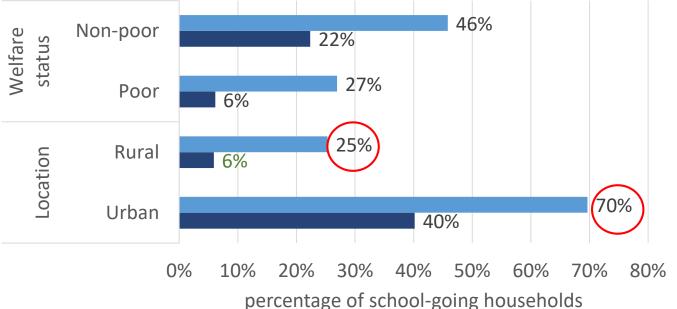
- Cannot afford (67%)
- Medical personnel/facility unavailable (6%)
- Turned away because facility was full (5%)

But lack of medical personnel prevents the extreme poor (15%) and rural households (11%) more than others in getting access to treatment.



Access to Education: Only 25% of rural school-going children continued learning after schools were closed, compared to 70% urban school-going children

% of households with all their children continuing to learn after school closure



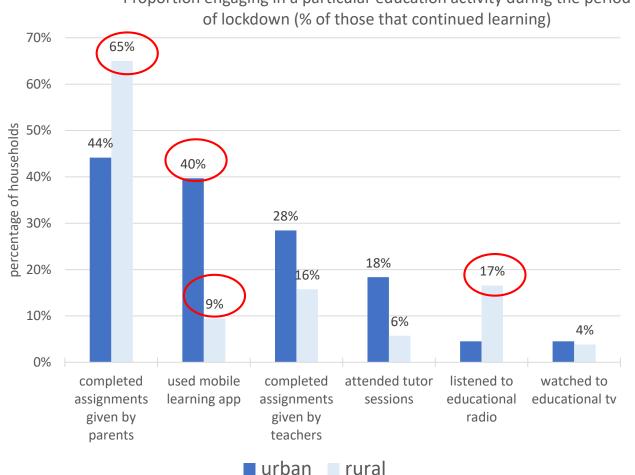
- Proportion of children that engaged in education and learning since schools were closed
- Proportion of children that were in contact with teachers since schools were closed

School closure has:

- Affected rural children more than urban ones, only 25% have all their children engaged in education after the lockdown
- Barely any rural households are communicating with teachers (only 6%)



Access to Education: Urban school-going children that continued learning relied much more on mobile learning apps and teacher assignments than rural children that continued learning, who relied mostly on parents assignments phones and the radio



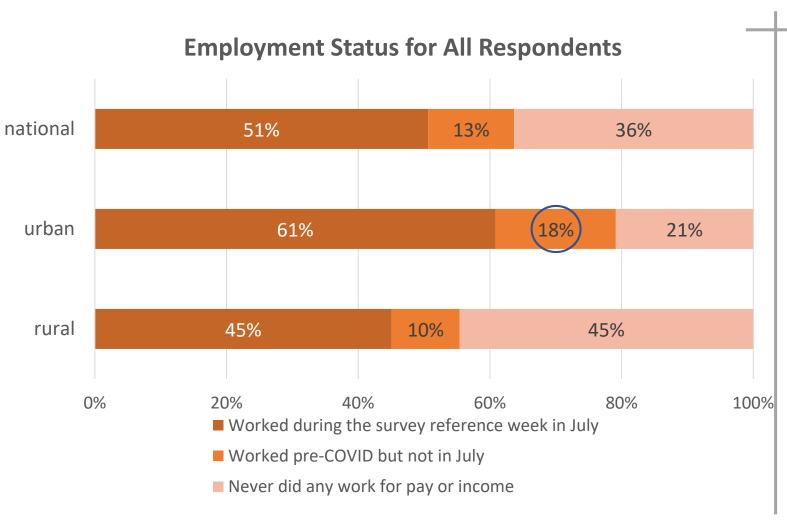
Proportion engaging in a particular education activity during the period

Out of those who continued learning, 40% of children in urban areas are learning through mobile phones; this number is 9 % in rural areas

Rural children depend more on parents' assignment (65%) and educational radio (17%).



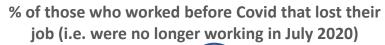
Employment: 21% of those who were working pre-COVID no longer worked in July. Urban people were most affected

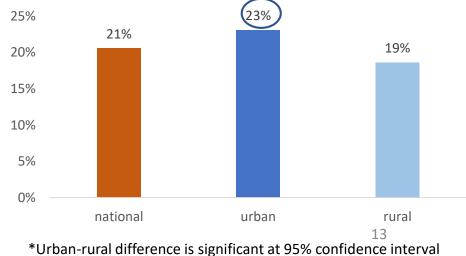


'Worked' is defined as doing any work for pay or to generate income

18% of *all* urban respondents were working before covid but no longer did in July 2020.

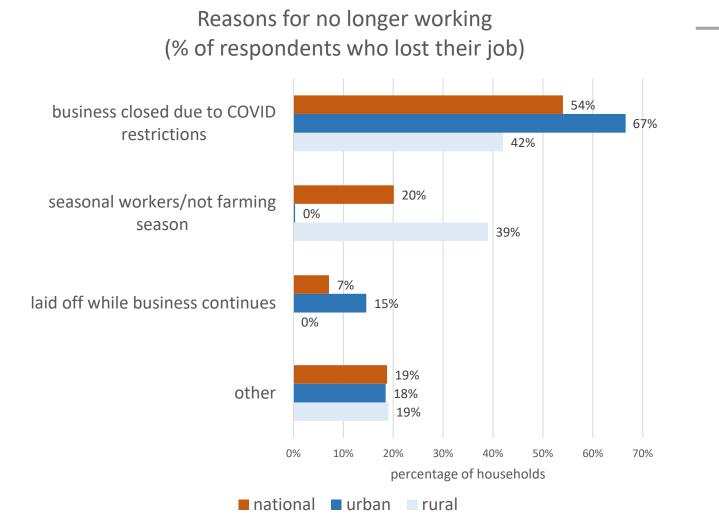
Out of all urban respondents *who worked* pre-covid, 23% no longer worked in July 2020. The number is 19% in rural areas.







Reasons for no longer working: The main reason for loss of work is business closure



The most common reason for working pre-covid but not in July:

- business closure due to the lockdown
 - 67% in urban areas, 42% in rural areas
- seasonal effect
 - 39% in rural areas, 0% in urban
- and being laid off while business continued
 - 15% in urban areas (0% in rural)

Urban areas are more impacted by COVID-19 direct economic shocks.



Income shocks (wage workers): 40% of <u>urban wage workers</u> that kept working saw their pay reduced; in <u>rural</u> areas this impact is lower as there are <u>fewer wage workers</u>

58%

58% off all urban people working in July 2020, worked for a wage

81%

81% of all urban people working for a <u>wage</u> in July 2020, were working as usual (including at home)

40%

40% of urban people work for a wage were paid less than before covid

Of those in urban areas that kept working, 58 percent were wage workers

Urban people still working as wage workers faced income loss,

 Those who cannot work as usual, 40% saw their pay reduced

Of those in rural areas that kept working, 38 percent were wage workers

90% of rural wage workers were able to work as usual.

For those that could not work as usual,

28% saw their pay reduced



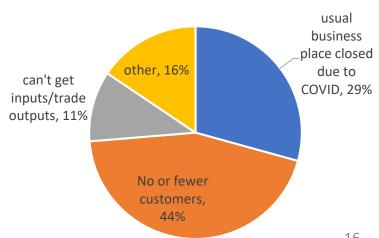
Income shocks (non-farm household businesses): In urban areas non-farm family business were particularly affected

31% of all respondents in urban areas operated a non-farm family business sometime during the past 12 months. (This was 9% in rural areas.)

88%

88% of all those that operated a non-farm family business experienced decline in revenue. (This was 90% in rural areas.)

- 31% of all respondents in urban areas operated a family business in 2020.
- 88% of those with a non-farm household business saw their revenue decline
- The main reasons are
 - No or fewer customer
 - Usual business closed due to COVID
 - Could not get inputs or trade outputs

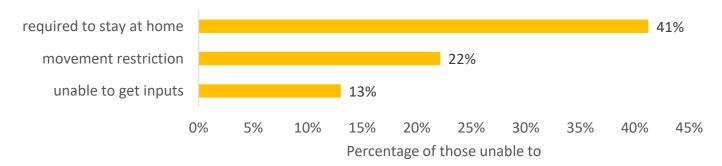


Reason for reduced revenue

Income shocks (agriculture): Most rural households were able to continue their normal farming activities

77% of all rural household relied on farming for their main income 86% of all rural farming households in rural areas performed normal farm activities

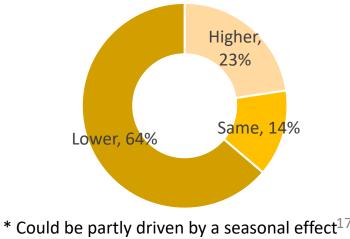
Reason for being unable to conduct farm activities (% of those unable to)



Of all rural respondents, farming was the main activity for 77% of them. 86% of these farmers were able to conduct their normal farm activities

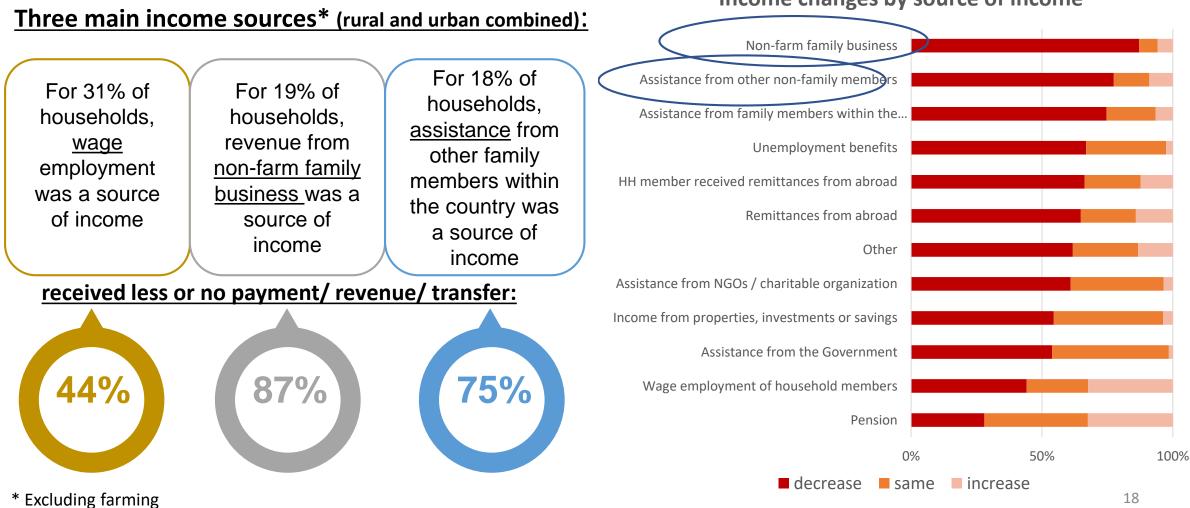
64% of farmers claimed prices of farm outputs had dropped*

Price change of farming outputs compared to before Covid-19 (% of households)





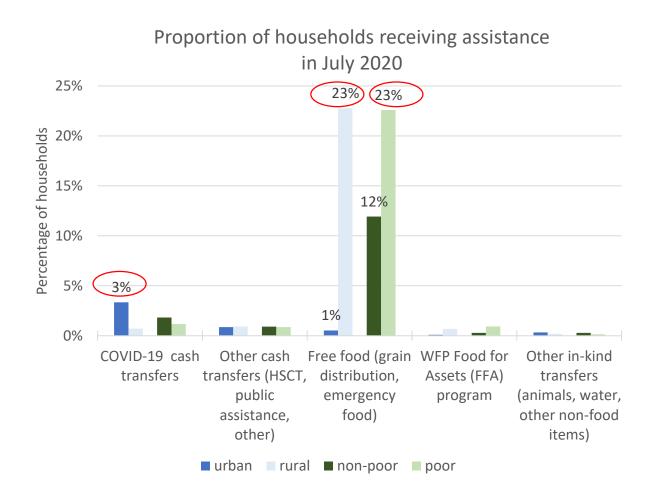
Income shocks (all): households relying on a non-farm household business most often saw the largest income reduction



Income changes by source of income



Social assistance coverage: 23% of the extremely poor and 23% of rural households received food assistance; only 1% of people in urban areas did



Coverage of social assistance programs of the extreme poor was low

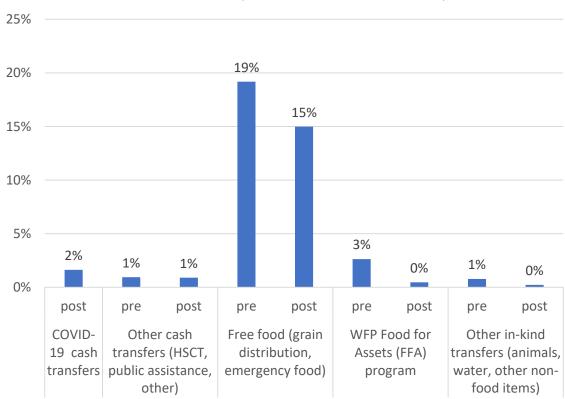
Less than a quarter of extreme poor households received food assistance in July 2020.

Only 3% of urban households reported receiving any COVID-19 cash transfer in the month before the July interview



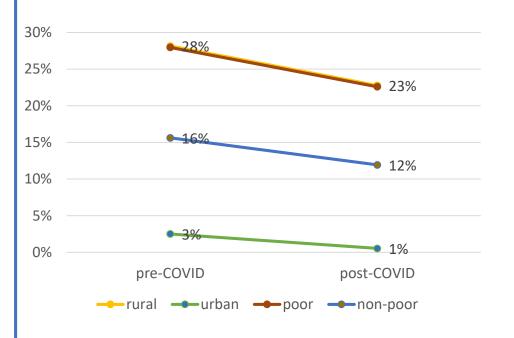
Social assistance coverage: Post-COVID coverage of social assistance is lower than pre-COVID

% of households that received social assistance before and after Covid-19 (urban and rural combined)



Seasonal effect could partly explain the difference

The proportion of households receiving social assistance declined slightly after COVID-19



Food insecurity: 37% of rural households went without eating for a whole day, this figure is 41 % of the extreme poor. More than half of urban households has had to skip a meal at least once during the past 4 weeks

Went without eating for a whole day because of a 37% lack of money or other resources * 41% 53% Had to skip a meal because there was not enough 65% money or other resources to get food* 72% 71% Unable to eat healthy and nutritious/preferred foods 79% because of a lack of money or other resources* 84% 90% 0% 10% 20% 30% 40% 50% 60% 70% 80% percentage of households

Food Insecurity After COVID-19



*Any time in the past 30 days



Food insecurity trend: the proportion of households experiencing food insecurity has gone up rapidly, in both rural and urban areas.

Proportion of households unable to eat healthy Proportion of households that were hungry and or nutritious food * went without eating for a whole day * 90% 40% 37% percentage of households of households 80% 35% 79% 71% 70% 30% 55% 60% ▲60% 25% 50% 20% 46% 19% 40% percentage **36%** 16% 15% 30% 10% 7% 10% 20% 5% 5% 10% 0% 0% 2017 2019 2017 2017 2019 2020 2017 2020 Mar-Jun Sep-Nov Mar-Jun Sep-Nov Apr-May July Apr-May July -rural -urban —rural —urban

Source: PICES/ APM survey 2017, Mini-PICES 2019, Rapid PICES Telephone survey (1st round) July 2020

*Any time in the past 30 days



Nearly everyone is aware of COVID-19 and how to prevent it, but some symptoms are less well-known

Urban areas are most affected by water shortage, rural areas are limited by soap access

Capability to buy food and medical to health treatment is low

Only 40% children continue engaging in education after schools closed

Wage workers in urban areas are affected, but family businesses got hit the hardest

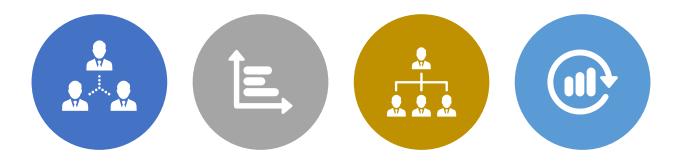
Coverage of food aid and other government programs is low

- Mask wearing and hand washing *after being in public* was less common in rural areas
 - In urban areas 21% did not have enough water to drink
 - In rural areas 24% did not have access to soap
 - 30% of the extreme poor were unable to buy maize meal. This is 26% for rural households and 19% for urban households
 - 19% of rural households and 23% of urban ones were unable to access <u>medical treatment</u> when needed
 - 25% of rural households continued learning vs 70% of urban households
 - Urban areas were more impacted by COVID-19 direct economic shocks
 - Rural areas were less affected as there are fewer wage workers and fewer non-farm family business
 - Coverage of social assistance declined after COVID
 - Food insecurity has increased sharply in both rural and urban areas

Key takeaways



Thank You!



Second round

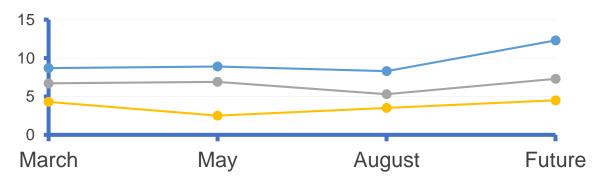
- 1664 households; 10 districts
- Data collection: Aug 24th Sep 4th

Third round

• October 2020

Planned: results dashboard on ZIMSTAT website

Hypothetical example of rapid PICES results dashboard



Rapid PICES trend demo