

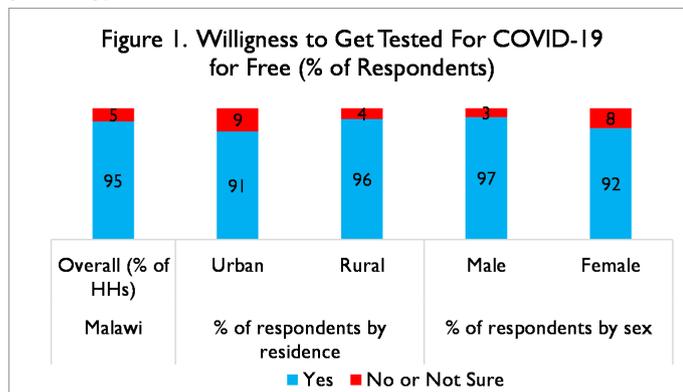


BACKGROUND

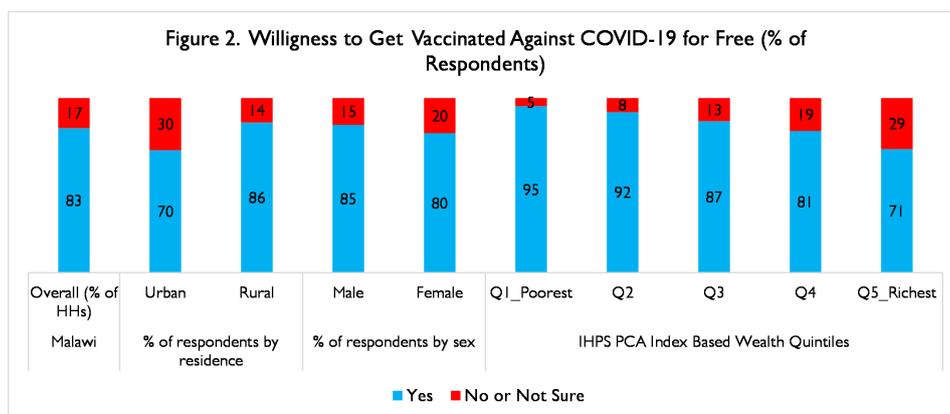
This brief presents the findings from the fifth round of the **Malawi High-Frequency Phone Survey on COVID-19 (HFPS COVID-19)** conducted between **October and November 2020**. In May 2020, the National Statistical Office (NSO), with support from the World Bank, launched the HFPS COVID-19; a monthly 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 from May 26 - June 14, 2020, the second round was conducted between July 2-16, the third round between August 12 - 27, the fourth round between September 14 - 29, and the fifth round between October 29 - November 16 2020.

KNOWLEDGE, BEHAVIOR AND CONCERNS OF COVID-19 TRANSMISSION

Testing for COVID-19 for Malawian nationals is free if recommended by a health official and otherwise costs 35,000 Malawian Kwacha (50 dollars) if undertaken without a recommendation from a health official. In Round 5 (October/November), the survey asked respondents about their willingness to get tested and vaccinated against COVID-19 if these services were free of charge and available. **As shown in Figure 1, 95% of respondents indicated that they were willing to be tested for COVID-19.** Respondents in urban areas were less willing to be tested compared to their counterparts in rural areas; 91% versus 96%, respectively. The same relationship is seen between female and male respondents (92% versus 97%, respectively).



As shown in Figure 2, 83% of respondents indicated that they were willing to be vaccinated against COVID-19. Respondents in urban areas were less willing to be vaccinated compared to their counterparts in rural areas; 70% versus 86%, respectively. Male respondents were more willing to be vaccinated against COVID-19 compared to female respondents; 85% versus 80%, respectively. Across the wealth quintiles, respondents from poorer households were more willing to be vaccinated against COVID-19 compared to their richer counterparts.

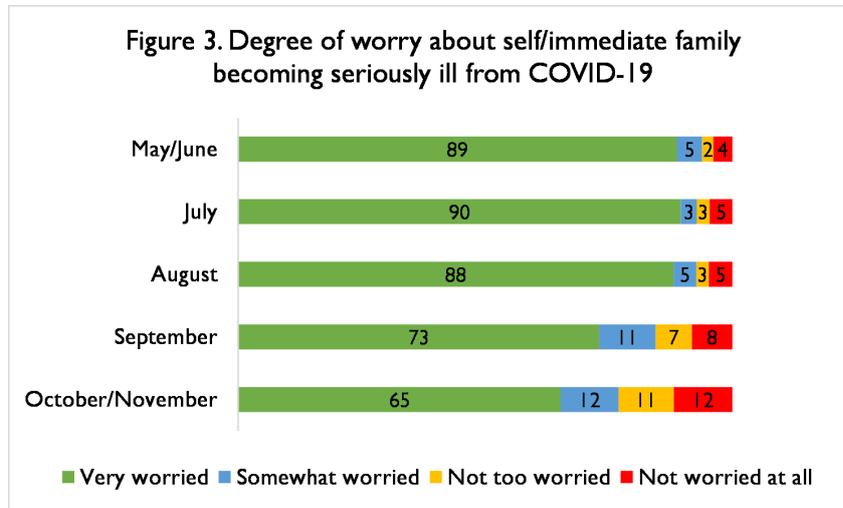


Among 17% of respondents that indicated they were not willing to get vaccinated, 42% doubt the efficacy of the vaccine if it was made available; 34% are worried about the side effects; and 11% are against vaccination in general with no specific reason.





Overtime, respondents are becoming less worried that either themselves or their immediate family might become seriously ill from COVID-19. In October/November (Round 5), 77% of respondents reported that they were very worried or somewhat worried about themselves or their immediate family member(s) becoming seriously ill from COVID-1. This represented a decline from 84% in September (Round 4), 93% in August (Round 3) and July (Round 2), and 94% in May/June (Round 1), as shown in Figure 3.



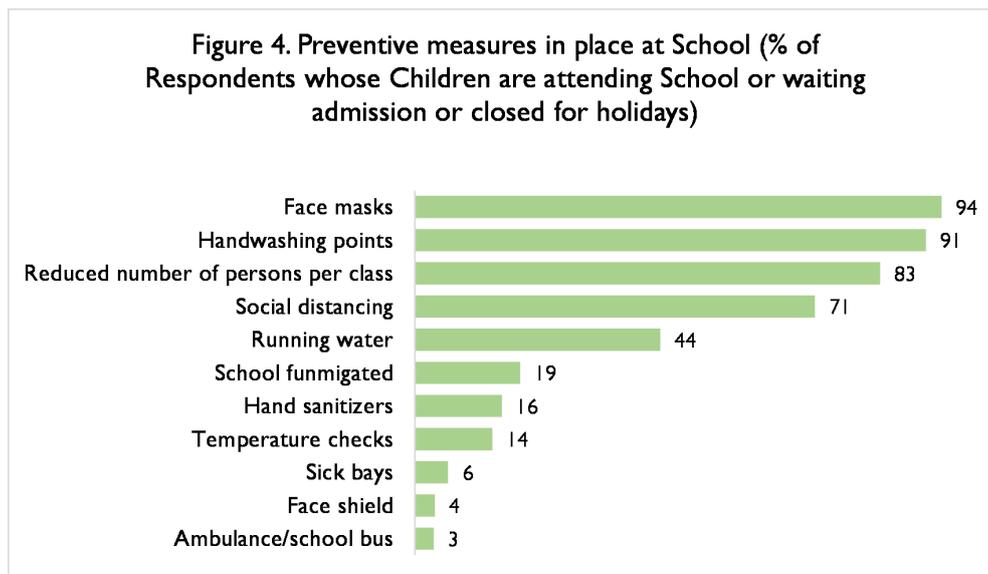
EDUCATION

Schools across Malawi reopened for the new school year in September. However, the government allowed only “candidate classes” to resume in-person studies, while the other classes were scheduled to reopen in October. Candidate classes include standard 8 at the primary school level, forms 2 and 4 at the secondary school level and final year of studies at the university level.

Before the reopening, the government, engaged with various stakeholders to outline the measures that schools must adhere to in order to prevent the rapid transmission of the virus. Only schools that met the government’s safety standards

would be allowed to reopen. Among other measures, schools had to ensure social distancing of learners in schools, water and soap were present at their main entrances and that students wore masks.

In October/November (Round 5), the survey asked the respondents to list the precautions that were taken in the schools where their children study. **The most common reported measures were use of face masks (94%), establishing hand washing points (91%), and reduced number of learners per class (83%), as shown in Figure 4.**



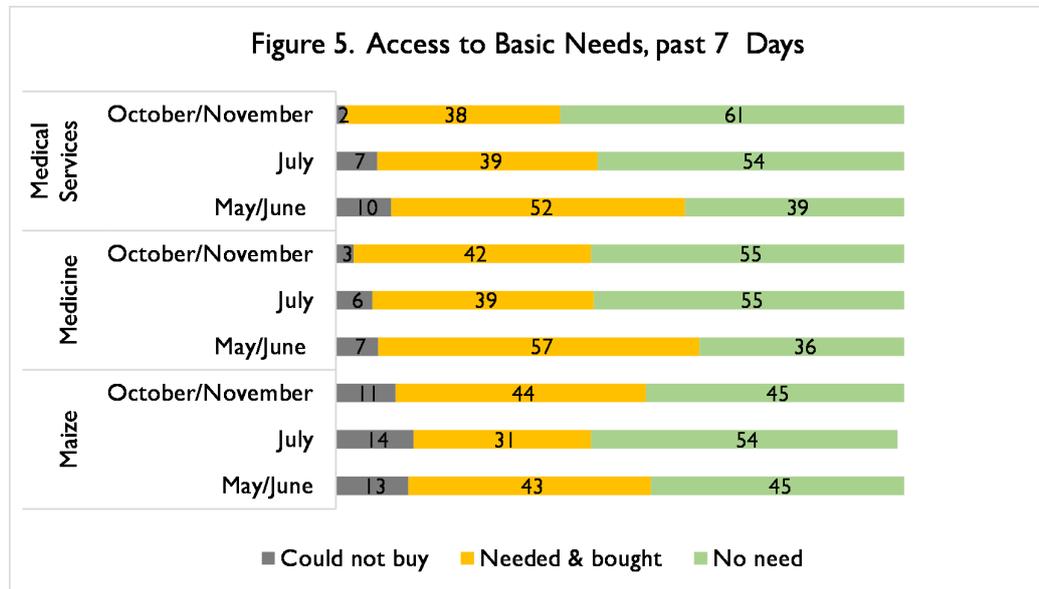
95% of the respondents reported that they were satisfied or somewhat satisfied with different safety precautions measures available at school where their children study.





ACCESS TO BASIC NEEDS

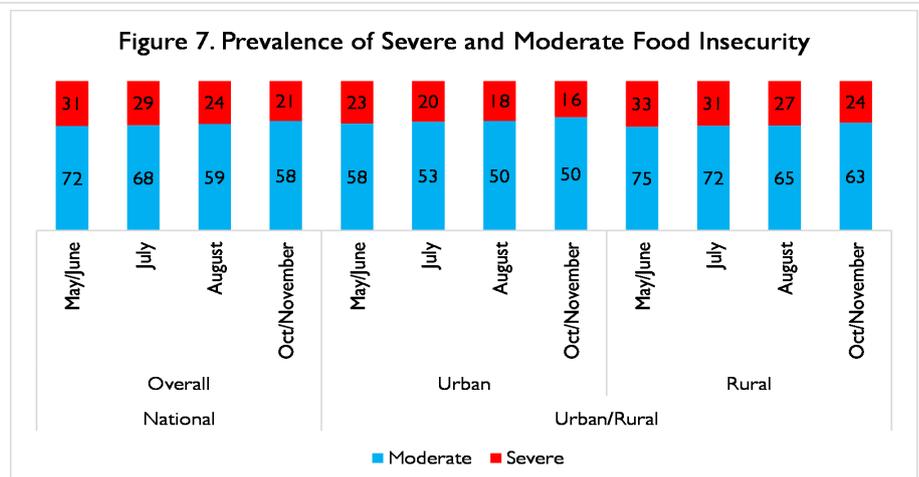
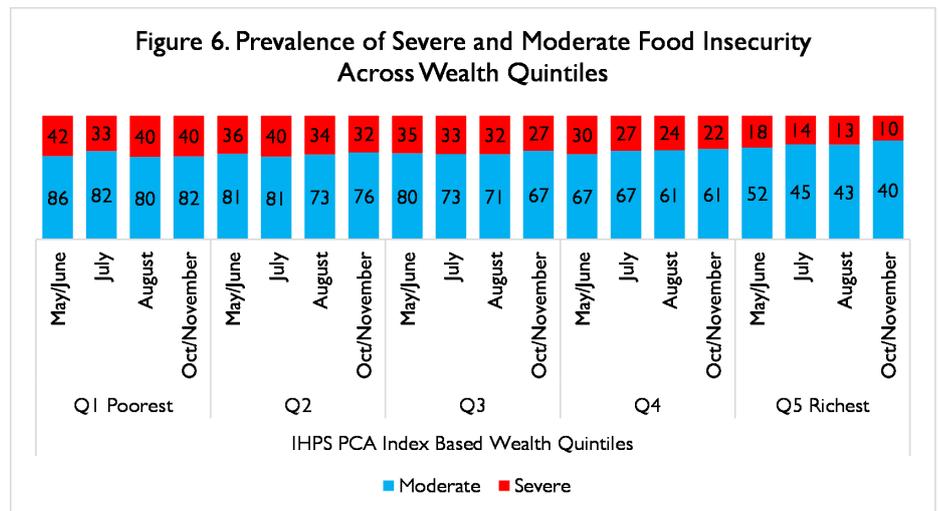
The proportion of households that needed to buy maize the last 7 days prior to the interview but could not buy decreased from 13% in May/June (Round 1) to 11% in October/November (Round 5). There was also a reduction in the proportion of households that needed medicine but could not buy—from 7% in May/June (Round 1) to 3% in October/November (Round 5). 2% of the households that sought but failed to access medical services in October/November (Round 5), compared to 7% in July (Round 2) and 10% in May/June (Round 1).



FOOD SECURITY

The prevalence of (i) severe and (ii) moderate or severe food insecurity, based on the Food Insecurity Experience Scale, among the households remained high throughout Malawi across survey rounds.

Across all rounds of the survey, the prevalence of food insecurity has been higher in rural areas than urban and has varied greatly across the wealth quintiles. Although there has been a drop for both indicators between May/June (Round 1) and October/November (Round 5), the households experiencing severe food insecurity in the poorest quintile stayed at 40% between August (Round 3) and October/November (Round 5).

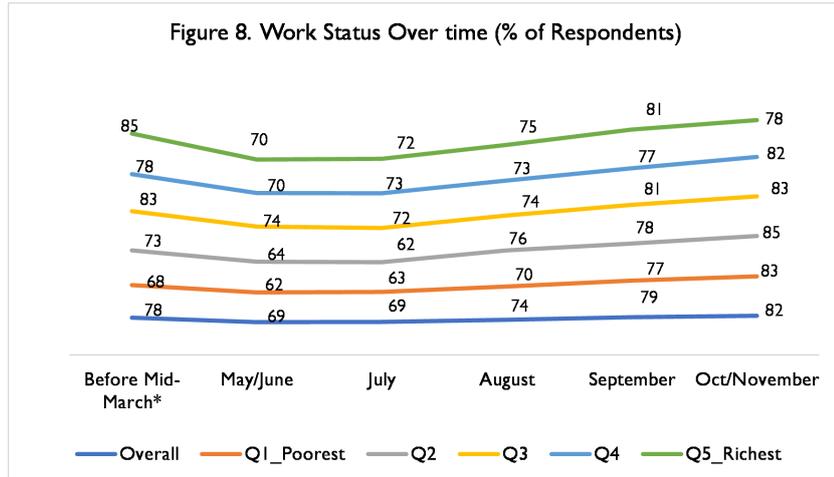




EMPLOYMENT

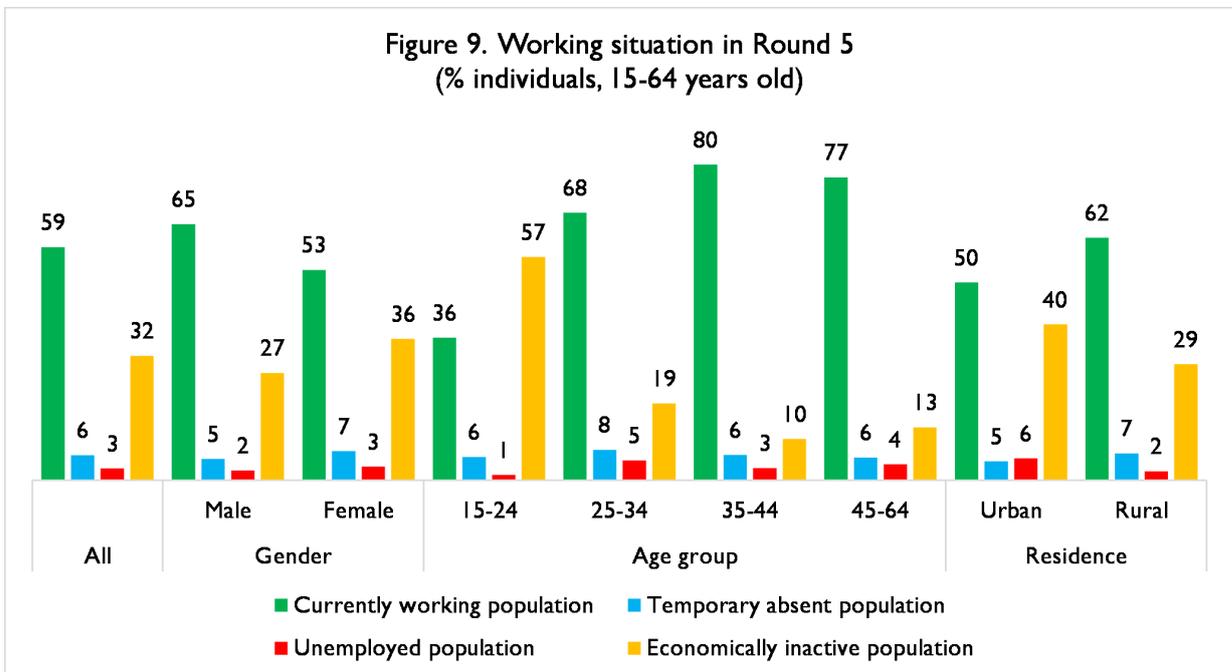
In October/November 2020, employment information was collected for working age adult household members (those aged 15 to 64 years). Up to six members were randomly selected in addition to the primary phone survey respondent. Efforts were made to speak to each of the selected respondents but in cases where this was not possible, the information was collected through the primary respondent for the phone survey.

As shown in Figure 8, In October/November 2020, the share of primary phone survey respondents who were working was 82%. The improvement in employment levels across the different waves among primary phone survey respondents could be partially explained by the normal cycles in agriculture where households usually start preparation for the rainy season farming.



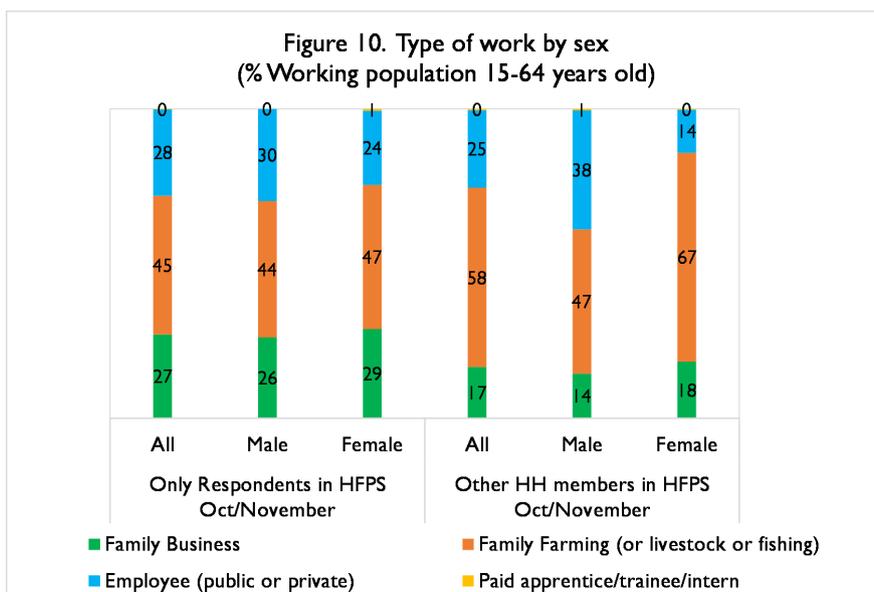
The primary phone survey respondents are usually different from the overall population of working age adults and thus may not fully reflect the employment situation for the working age adult population as a whole. For instance, 74% of the primary phone survey respondents were heads of the household and 60% were male. Because of these differences, it is important to collect information for all working age individuals since it provides more comprehensive insights about the employment situation in Malawi. Among the working age adult population, the male/female split was 51/49 percent.

The working situation of all individuals between the ages of 15 and 64 is summarized in Figure 9. 59% were working in any sector; 6% had work but were temporarily absent and would return back within 3 months; 3% were unemployed and 32% of individuals were inactive (these individuals were not working at time of interview, neither were they absent nor did they search for a paid job or start a business within the last 4 weeks preceding the interview).



The largest share of respondents was engaged in family farming (45% of the primary phone survey respondents and 58% of all individuals between the ages of 15 and 64). The incidence of participation in family farming was higher among females vis-à-vis males (both among primary respondents and all individuals between the ages of 15 and 64), as shown in Figure 10.

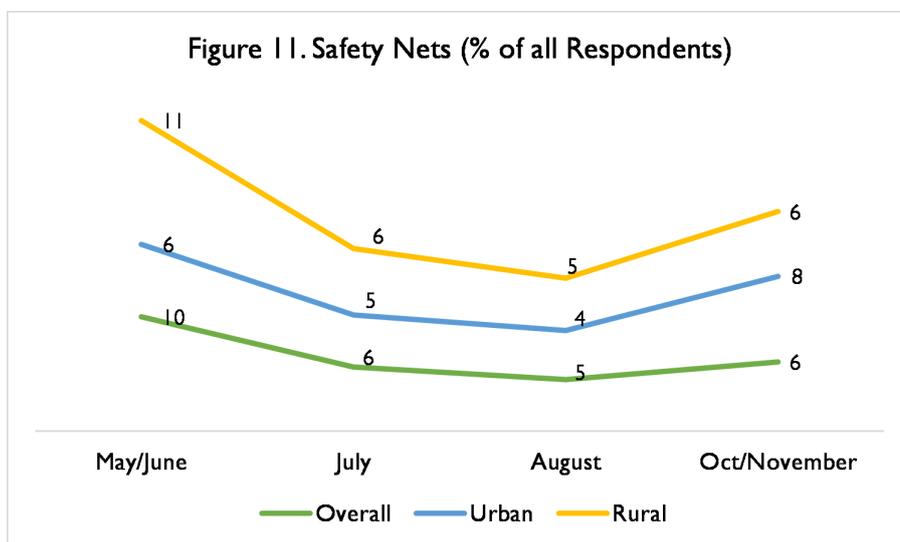




SAFETY NETS

The share of households that received any form of social assistance has been low over time - 10% in May/June (Round 1), 6% in July (Round 2), 4.6% in August (Round 3) and 6.2% in October/November (Round 5). While the share of households that received any form of social assistance declined from May/June to August, there was a slight improvement between August and November.

Among the households that received any form of social assistance, the share that received government support was 50% in October/November—compared to 54% in August. Conversely, the comparable share for receiving NGO support among households that received any form of social assistance increased from 19% in August to 38% in October/November.



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, 1,624 in Round 3, 1,618 in Round 4 and 1,589 in Round 5. 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/lsmcovid19> and email enquiries@statistics.gov.mw.