



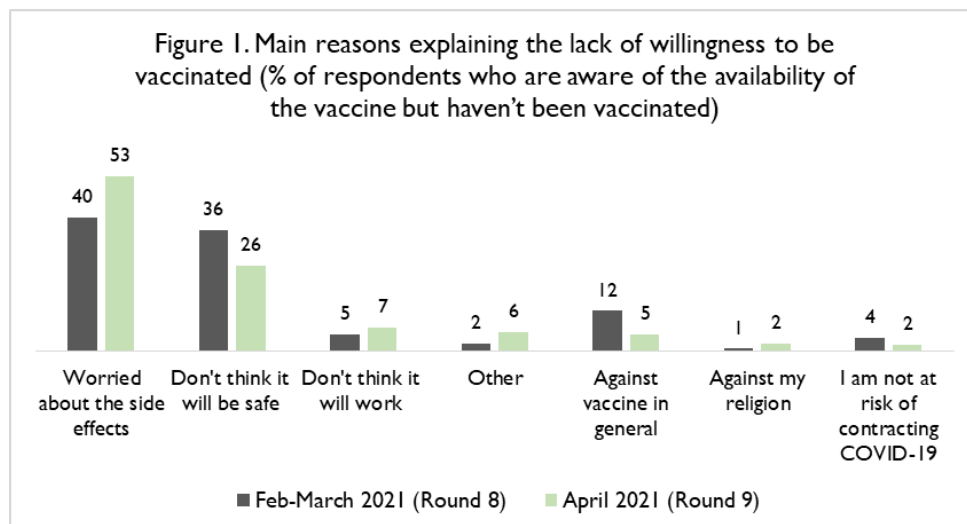
BACKGROUND

The COVID-19 pandemic has socio-economic impacts on Malawians and there is need for timely data to monitor these impacts and support response efforts to the pandemic. 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. This brief presents the findings from the ninth round of the Malawi High-Frequency Phone Survey on COVID-19 (HFPS COVID-19) conducted between April 07 and April 23, 2021.

VACCINATION, CONCERNS AND BEHAVIOR ASSOCIATED WITH COVID-19

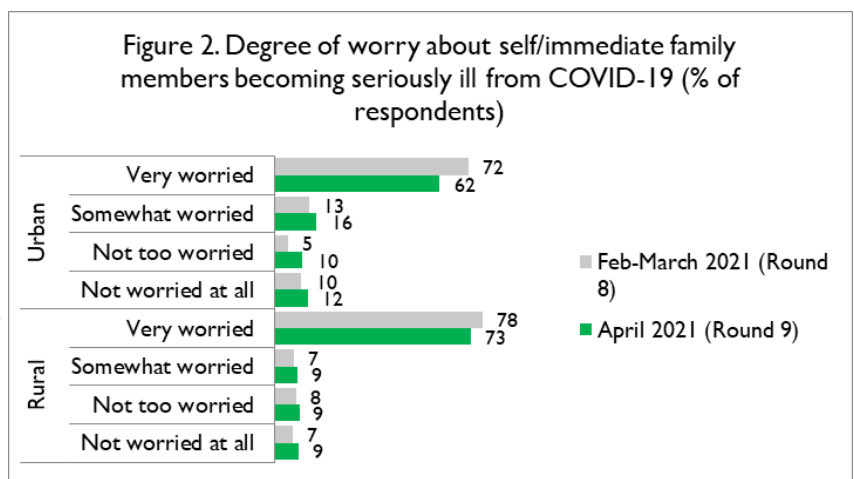
The survey asked respondents if they were aware that the COVID-19 vaccine was available in the country and that people had started receiving the vaccine. 97% of respondents indicated that they were aware of the availability of the vaccine, and of these; 10% reported that they had been vaccinated. Of the 90% of respondents that were not vaccinated and yet knew about the availability of the vaccine; 30% reported that they do not plan on getting the vaccine even if it was made available to them in the months to come.

The lack of willingness to be vaccinated was mainly due to worries about the side effects of the vaccine (53%), a feeling that has been growing over time (40% in February – March 2021).



The proportion of people worried about becoming ill due to COVID-19 has reduced between February-March 2021 (Round 8) and April 2021 (Round 9).

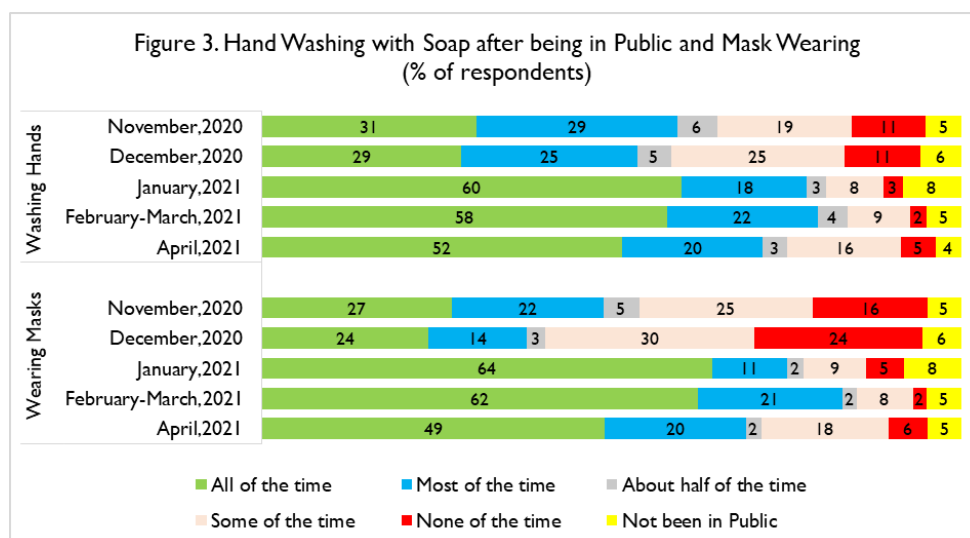
The proportion of people who were very worried that they will become ill due to COVID-19 decreased from 72% in February 2021 to 62 in urban areas. Similarly, the proportion of people who were very worried that they will become ill decreased from 78% in February 2021 to 73% in April 2021.





There was a decrease in the proportion of individuals that wash hands after being in public all the time. While in February 2021 the proportion was 58%, in April the observed proportion fell to 52%.

Similarly, there was a decrease in the number of individuals who wear a mask all the times. It reduced from 62% in February-March, 2021 to 49% in April, 2021.

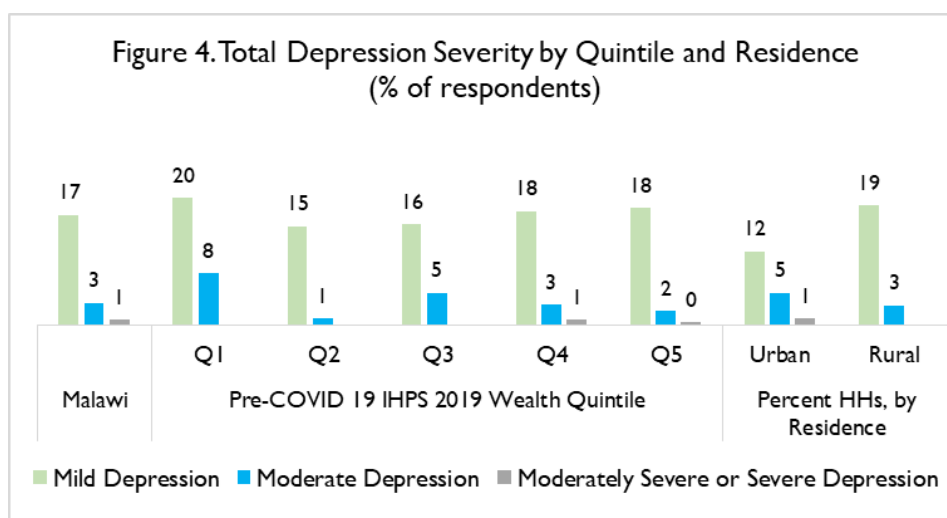


Overtime, it appears there is more laxity in following the COVID-19 preventive guidelines set by the authorities.

MENTAL HEALTH

The COVID-19 pandemic has had a major impact on the well-being of people, there have been some interventions to curb the spread of the pandemic and while they are necessary, actions such as social distancing, closure of schools among other measures have made people over the world feel isolated. This can lead to the increase in stress and potentially in depression. In April 2021 as well as December 2020, the survey fielded the Patient Health Questionnaire; a widely validated scale for depression diagnosis. Interpretation of the Total Score Depression Severity implies 0-4 None; 5-9 Mild depression; 10-14 Moderate Depression; 15-19 Moderately Severe Depression; and 20-24 Severe Depression.

21% of respondents experienced varying levels of depression over the last two weeks from the interview date. This is lower than the 23% who reported experiencing some level of depression in December 2020. The poorest quintile has the highest share of respondents that experienced some form of depression at 28%. Depression is higher among rural residents (21%), than urban residents (18%).

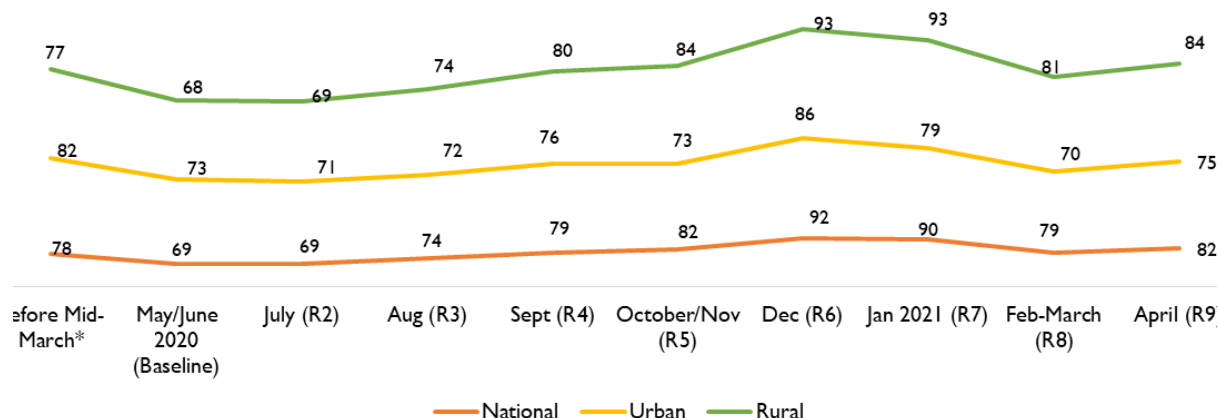




EMPLOYMENT, BUSINESSES AND INCOME

Just after the start of the outbreak, i.e., between April and July 2020, there was an important reduction in the proportion of people that were working in Malawi. While 78% of people were working prior to the COVID-19 outbreak in Malawi, 69% was the proportion observed in July. Nonetheless employment levels recovered in the second half of 2020, overpassing pre-COVID-19 levels between October 2020 and January 2021, when the planting season took place. Between January and April 2021 there has been a reduction in employment levels especially in urban areas, where the proportion of workers was even below what was observed before the outbreak.

Figure 5. Work Status Overtime (% of Respondents)



*As reported prior to the COVID-19 outbreak in Malawi (During the IHPS2019)

When looking at employed people, most of them (over 92%) have been in the same job since the start of the outbreak. There were two exceptions in July 2020 and February 2021, when 1 in 10 workers changed jobs. In terms of the type of employment, between May 2020 and April 2021, the proportion of people in own or family business has reduced, while people working in farming or working for someone else has increased. Since the start of the outbreak, non-farm businesses that have seen reductions in their income has been due to the pandemic.

Just following the outbreak (May/June 2020) half of people out of jobs attributed this to COVID-19 related restrictions (e.g., closures, illness, furlough, lack of inputs). Overtime, reasons for been out of work have changed and by April 2021 most people out of jobs reported reasons not associated to Covid-19 (e.g., not farming season, seasonal worker, retirement, vacation, other closures). A similar trend was observed for temporary closures of non-farm businesses. In contrast, in the last 10 months, most firms that have closed permanently has been mainly due to restrictions associated with the pandemic.

Figure 6. Reasons for Work Stoppages (% of Respondents who stopped working)

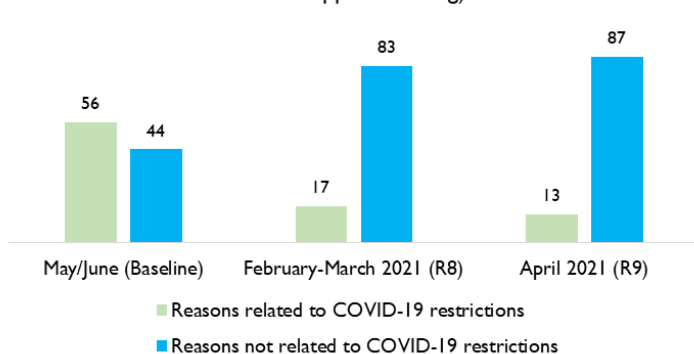
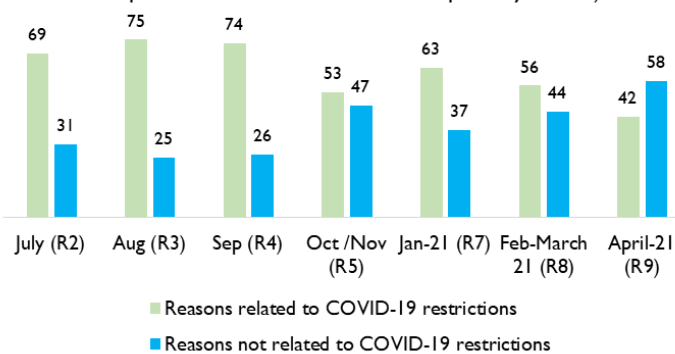


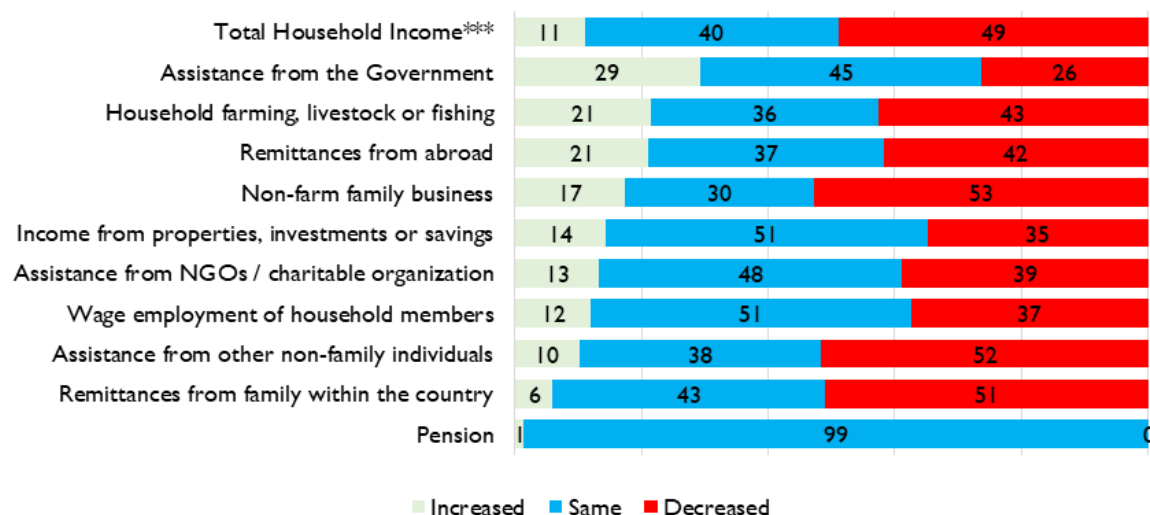
Figure 7. Reasons for Temporary Business Closure (% of Respondents whose businesses temporarily closed)





Since January 2021, half of households reported reductions in total households' income; over 49%. This was especially the case for income coming from non-farm businesses (53%), remittances from family within the country (51%). Subsequently less than half of households reported reduction in income from farming and remittances from abroad. In contrast, income from wages, assistance from NGOs and Government increased.

Figure 8. Changes in Income (% of households with income from each source)



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. This survey is the ninth of a planned 12 rounds of the survey. 1700 households from the baseline were contacted and 1,545 households were fully interviewed in the ninth round. These same households will be contacted in subsequent rounds of the HFPS COVID-19. 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/lsms-covid19> and email enquiries@statistics.gov.mw.