Child and Family Tracker

Tracking the Socio-Economic Impact of COVID-19 on Children and Families in Nepal

5th Periodic Household Survey

December 2020 Findings

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Content

- This is the **fifth** in a series of periodic household surveys to track the socio-economic multi-sectoral impact of COVID-19 on children and families in Nepal.

- Where available, this household survey data is **supplemented by relevant child-related data** from other sources.

Household characteristics
(gender, ethnicity, caste, place of residence, age, disability)

- Returnees
- Household income
- Loss of jobs/livelihoods
- Immediate needs
- Government assistance and social protection
- Education
- Protection of and violence against women and children
- Nutrition
- WASH
- Health
- COVID-19 knowledge and behaviour

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Survey Design

- **Telephonic survey and interactive voice responses** with follow up questions.

- Sample size: **6,384 households** with children. Households are selected through random and purposive sampling.

- The sample covers **80+% of municipalities** (617). Strong geospatial representation to allow interpolation to non-observed areas.

- Sample remains **nationally and provincially representative** of households with children.

- Interviewed **caregivers**: 49% female and 51% male.

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Highlights of findings

Decreasing trend in job/livelihood losses continue decreasing from an observed high of 61% in July to 33% in Dec – well below the baseline**. The income distribution of respondents continues to improve (with a lag) but 52% who are not earning or earning below 10k NPR per month** are at significant risk of falling into poverty.

Major needs of families continue to be financial assistance, children's education, employment and food with a notable **decreasing trend in the share declaring food as an immediate need** from 34% in Aug to 19% in Oct. A **more diversified coping pattern** is observed in Dec with a small share of respondents also declaring selling assets or using income from salaries.

Government assistance has decreased from **20% in July and August to only 1% in October and December**

19% of families reported that not all their children were studying. An increasing share of respondents reported children going to private and public schools and using the current years textbooks as study material. More than 25% of respondents had not been consulted. **70% of respondents are confident about sending their children back to school** – a significant increase from **40% in Oct**.

11% of respondents report struggling to obtain enough food – down from 20% in August. The results differ significantly by income and other characteristics. In 11% of families, children were eating less than before (unchanged from Oct).

Highlights of findings (contd.)

71% of breastfeeding mothers were feeding the same frequency in Dec decreasing from 77% in Aug. **58% were confident about continued breastfeeding if infected**. The major concern was passing on the infection.

Less than 10% were worried that their children were becoming too thin compared to 15% in July. **However, 21% of those struggling for food were worried about their children becoming too thin.** Boys were the primary concern for all age groups except the 13-17 age group. **48% of respondents who thought their children were too thin had to take their children to the hospital** due to an illness or becoming too thin. Illness not being serious, and self-treatment were the main reasons given for not taking the child to the hospital.

Between 84-90% respondents reported receiving Vit A and Deworming in Nov 2020.

3% respondents reported themselves or someone in their families having to isolate themselves in Nov. Less than 10% reported challenges or inability in acquiring the required conditions for isolation.

More than 1 in 10 respondents reported a preference for visiting private health clinics. The **main reasons were closeness, quality and trust.**

Main drinking water sources were hand-pipe followed by private water pipe at home**.** The **upper income groups enjoy greater diversity** in drinking water sources. **92% reported drinking water supply** to be unchanged**. 72% had access to handwashing** station**. 83% reported good WASH facilities at school**

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Highlights of findings (contd.)

12% of households are having difficulty accessing hygiene materials such as soap and detergent (same as Oct)

Increase in percentage of families **witnessing violence against women and children**. Respondents also reported witnessing **children working/migrating for work, child marriage/elopement and child trafficking**. Sexual abuse, emotional abuse and physical abuse were the main forms of abuse/discrimination reported being witnessed/heard of by respondents. Anger and aggression among children continue to be a source of concern over several rounds.

37% of respondents felt at risk of infection from COVID-19 in Dec compared to **49% in Oct. 51% were handwashing** all the time, **31% wearing a mask** all the time and **13% maintaining 2m distance**. Declining trend observed. **85% willing to take PCR test** and **90% willing to take a COVID-19 vaccine if available.**

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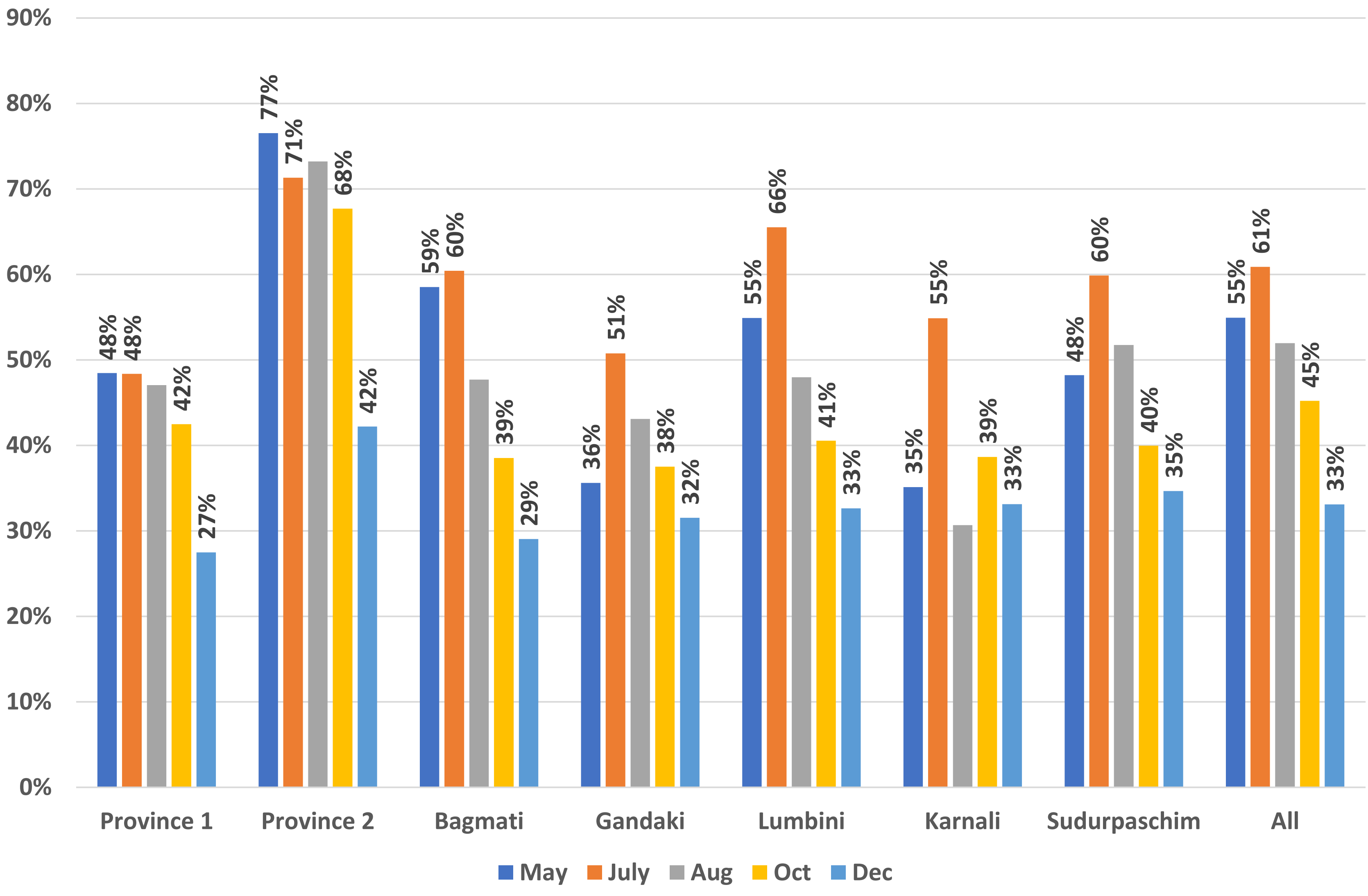
BACKGROUND

BACKGROUND: Decreasing trend observed in jobs/livelihoods losses since July



Distribution of respondents reporting jobs/livelihood losses by Province and Survey

- % of respondents reporting loss of work or livelihood is on a decreasing trend since July
- 33% of respondents report a loss of work or livelihood in December compared to 45% in October.
- Province 2 continues to have the highest rate of job losses reported by respondents. Also shows strong improvement (70% → 42%)
- 19% of the sample reported losses both in May & December. **Profile:**
    - **Province:** 27% from Prov 5, 20% from Bagmati, 18% from Sudurpaschim.
    - **Residence:** 47% urban municipality, 46% from rural municipality
    - **Disability:** 17% disabled
    - 25% are **female headed** households.
    - **Ethnicity**: Hill Brahmin (28%), Hill Chettri(24%), Hill Janajati (18%)
    - **Income group:** 17% reported no income in July & Dec
- Even though a decreasing trend is observed in losses, those with no income or earning less than 10K per month had a significantly higher probability of job loss

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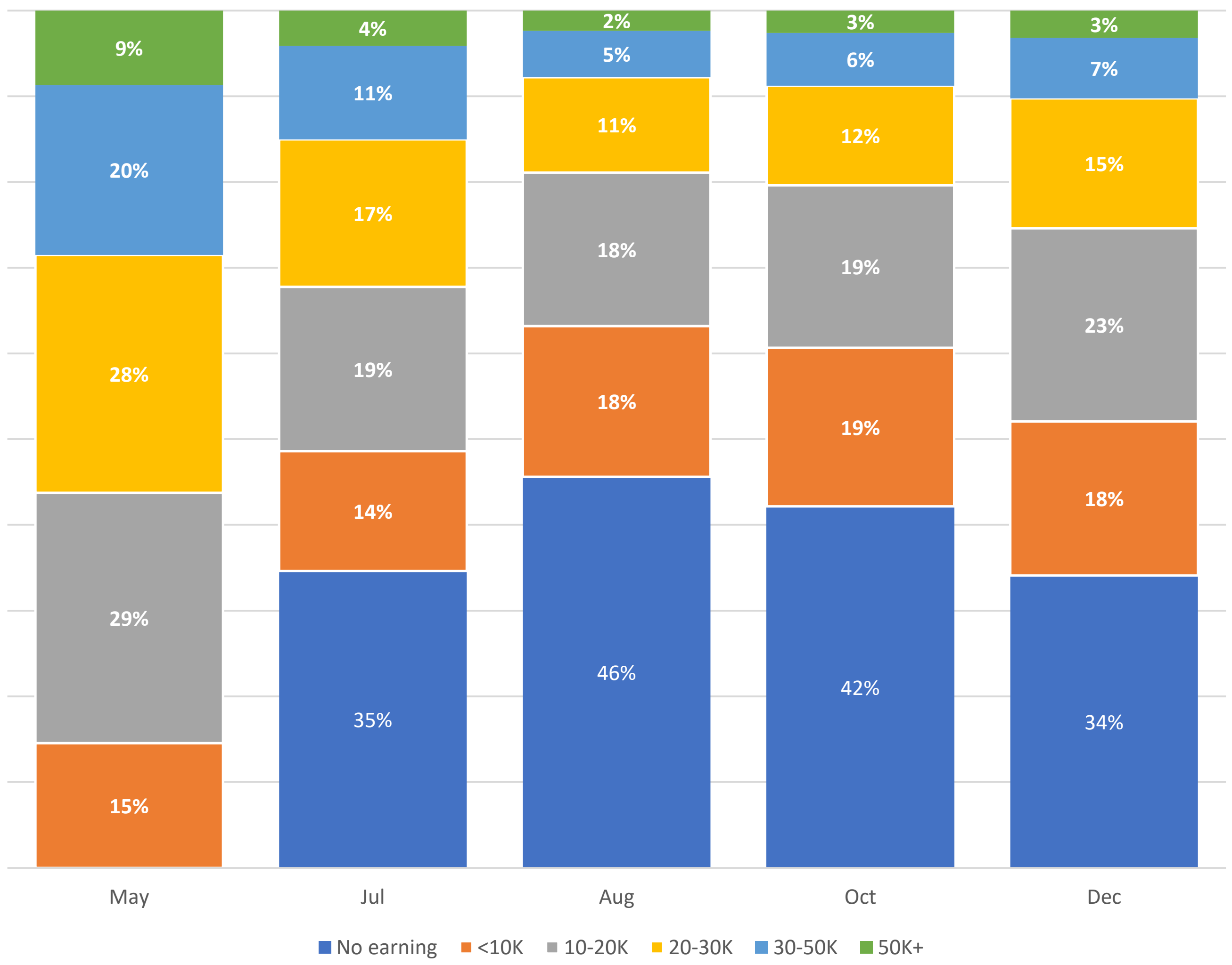
BACKGROUND: Reported income distribution shows continued recovery since August – but 52% Hhs still at risk of poverty as incomes have not yet caught up to levels observed in May



Distribution of respondents across income groups and surveys

- Reported income distribution continued to recover compared to August but is still worse than May.
- In Dec, 52% of households are at significant risk of income poverty.
- 12% reported no income in July as well as December. **Profile:**
  - **Province**: 27% from Province 5, 20% from Bagmati, 18% from Sudurpaschim
  - **Residence**: 47% from urban municipalities, 46% from rural
  - **Occupation**: Agriculture (80%), Unskilled (26%), Migrant (18%)
  - **Ethnicity:** Hill Chettri's (25%), Hill Janajatis (18%), Hill Brahmins (17%), Tarai Janajati (14%), Hill Dalit (10%).
  - **Disability status**:17% had a person with some disability (compared to 13% for the whole sample).
  - **Job Losses:** 28% where also reporting job/livelihood losses in Jul and Aug

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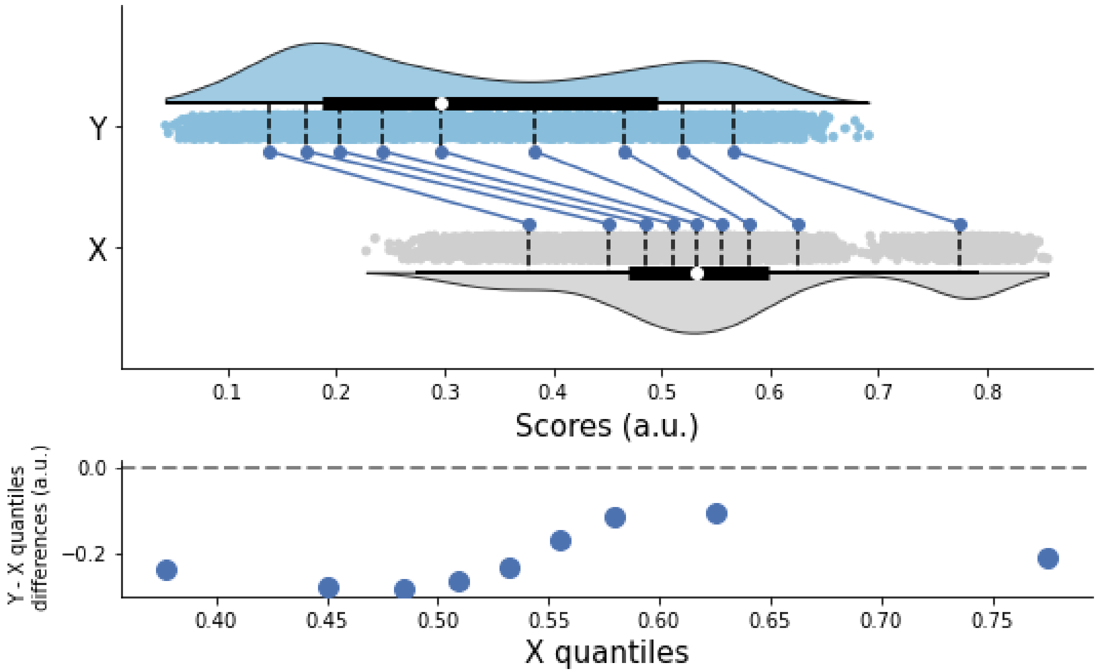
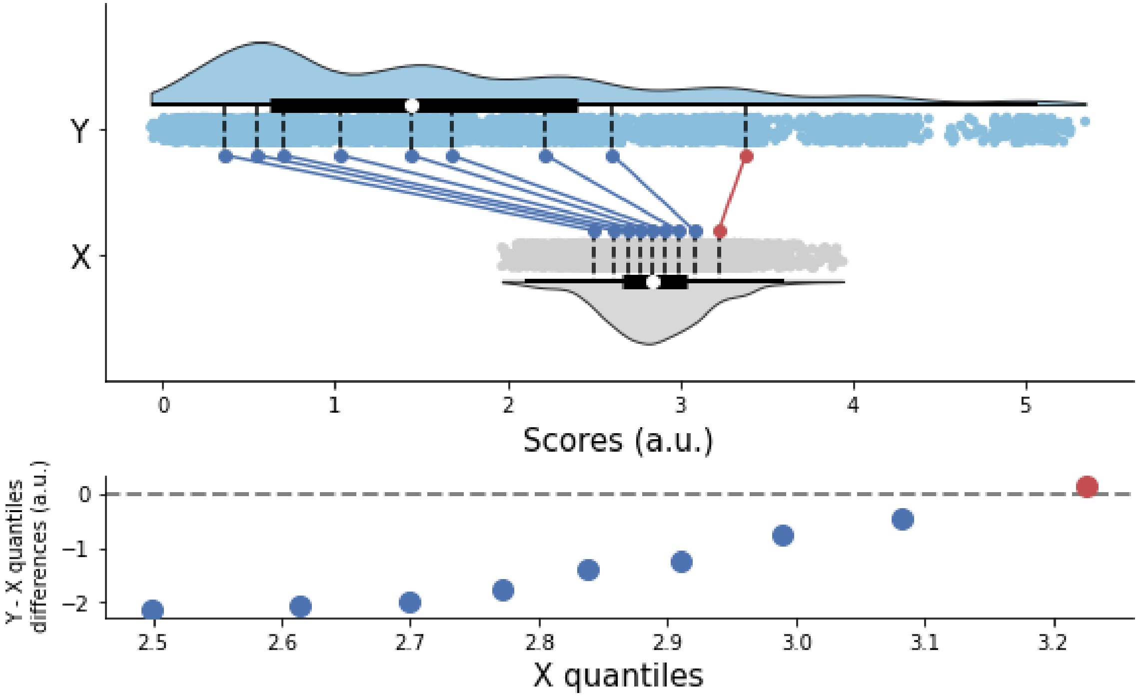
COMPARING MAY AND DECEMBER – JOB/LIVELIHOOD LOSSES (L) & INCOME (R)

A comparison of the estimated distributions of the probability of job loss and income across two points in time. Employment recovery has not been matched by income recovery except for the top quintile





The distribution of job/livelihood losses shows that in Dec (Top) the overall probability of job losses was significantly lower for all quantiles compared to May (Bottom). Those with a lower chance of losing their jobs in May benefitted disproportionately better

The distribution of income shows that in Dec (Top) overall distribution of income had shifted to the left when compared to May (Bottom) except for the top quintile. Hence although recovery has begun, the situation is still well below what was observed in May

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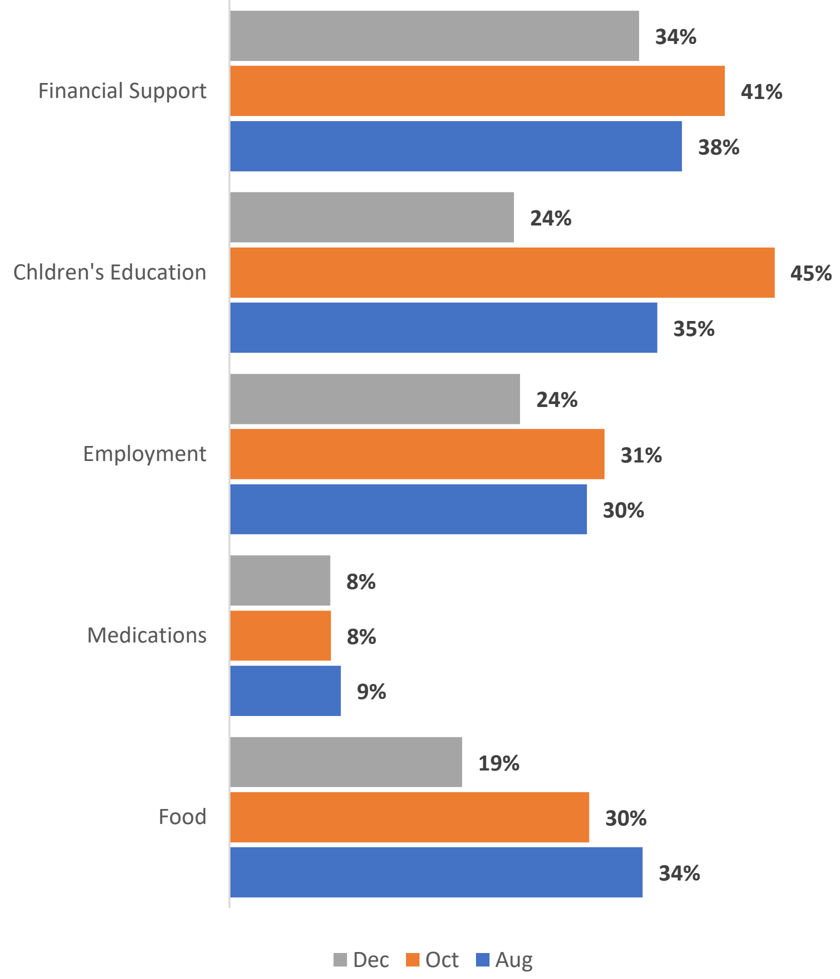
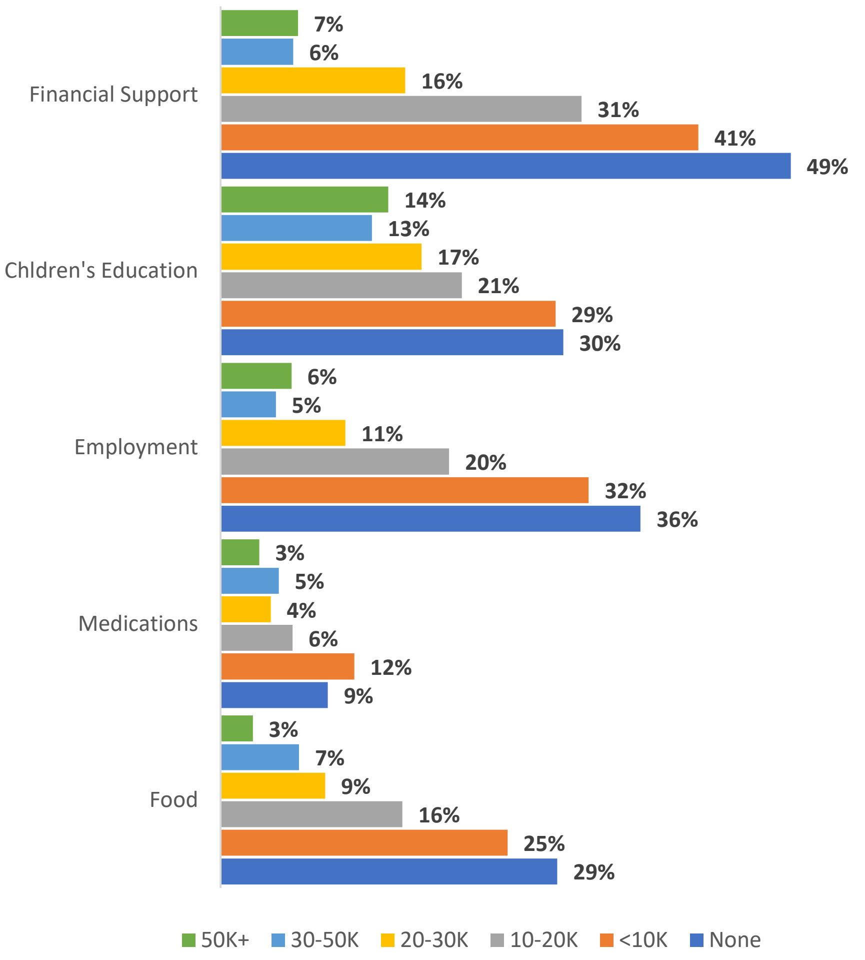
BACKGROUND: **Top 4 needs reported in Dec were financial support (34%), employment & children's education (24%) & food (19%) although reductions are seen in all these categories – notably in food and children's education**



Percentage reporting yes for each category of household needs



Breakdown of top household immediate needs by income group

- **Top 4 needs** in December were **Financial Support (34%), Employment and children's education (24%) and Food (19%)**
- Just under 10% of respondents continue to report **medications** as an immediate need.
- **Notable decrease** in the share of Hhs declaring **food** as an immediate need (trend) from 34% in Aug to 19% in Dec. Similar but no trend for **children's education**: 35% in Aug, 45% in Oct, 24% in Dec.
- Percentage of Hhs having **no immediate needs increased** from 26% in August to 40% in December signaling an improvement
- Strong **variation by income**
- Hhs with a **disabled person** more likely to require food, financial support and medicines

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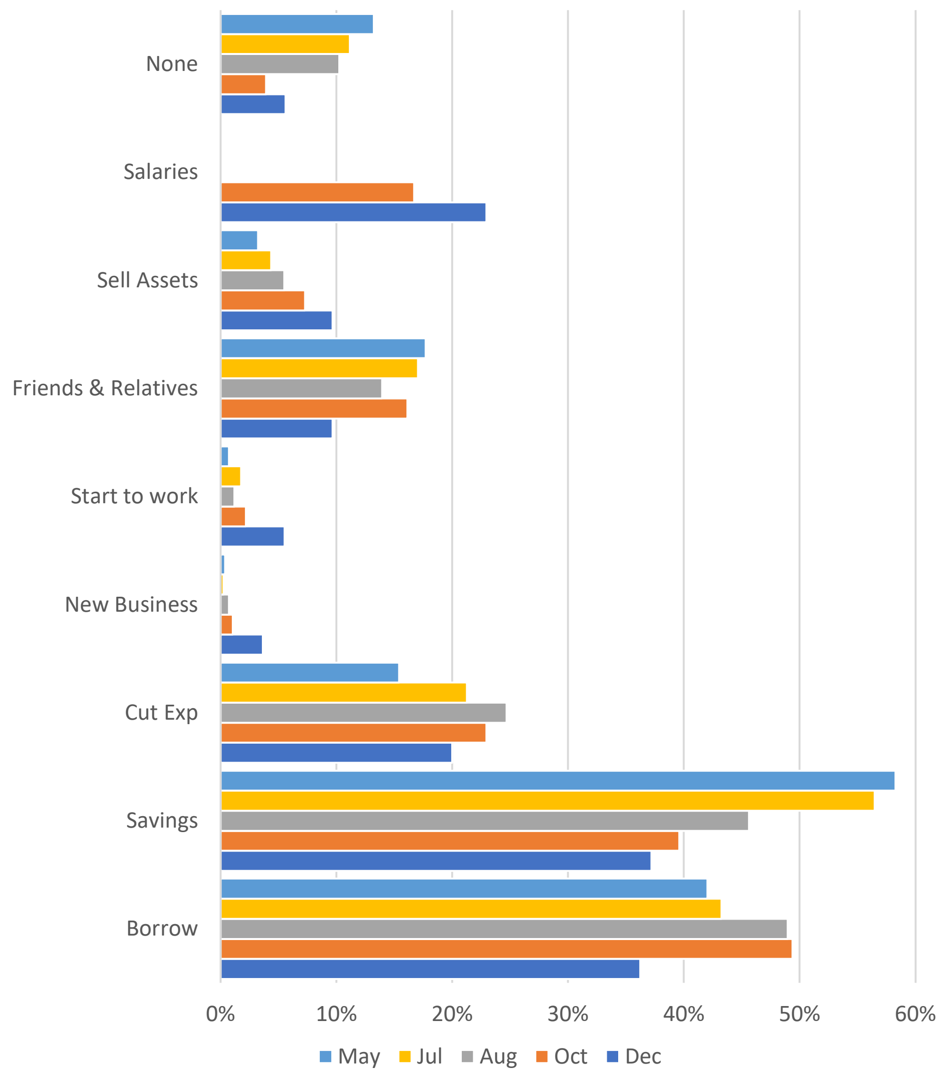
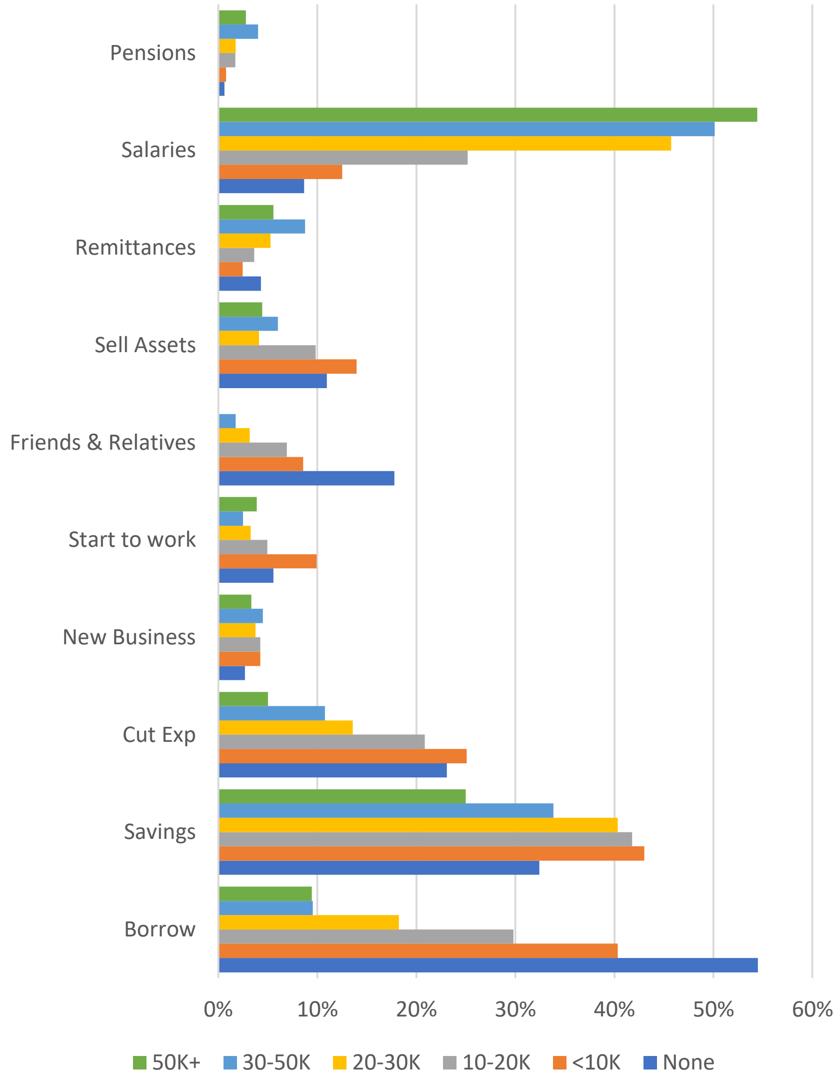
BACKGROUND: Financial coping behaviour shows more diversification compared to other rounds with a strong income dimension as upper income groups are showing a more diversified coping behavior.



Reported coping mechanisms by Survey



Reported coping mechanisms in Dec by income group

- **Diversification: In December, top 3 categories for financial coping remain the same** with Savings, borrowing and cutting expenditures dominating. However, **decrease in main categories** observed when compared to earlier rounds. In the case of borrowing and savings the reported levels were below that in May. **Increase in categories** such as selling assets, relying on salaries and work, and starting new businesses.
- **Strong income effects** can be observed in coping mechanisms
- **Female headed households,** are more likely to be receiving remittances and borrowing
- **Households with a disabled person** are more likely to sell assets

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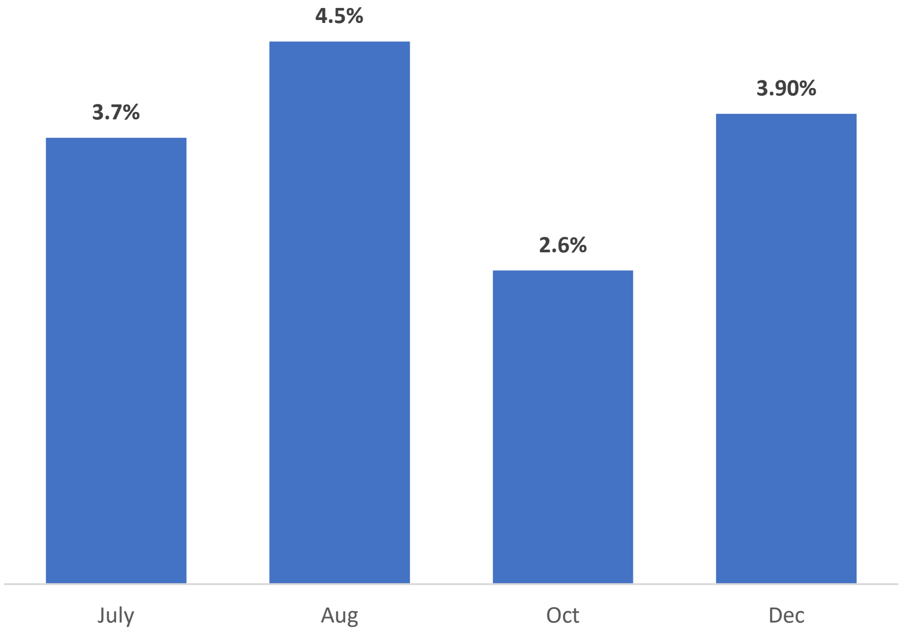
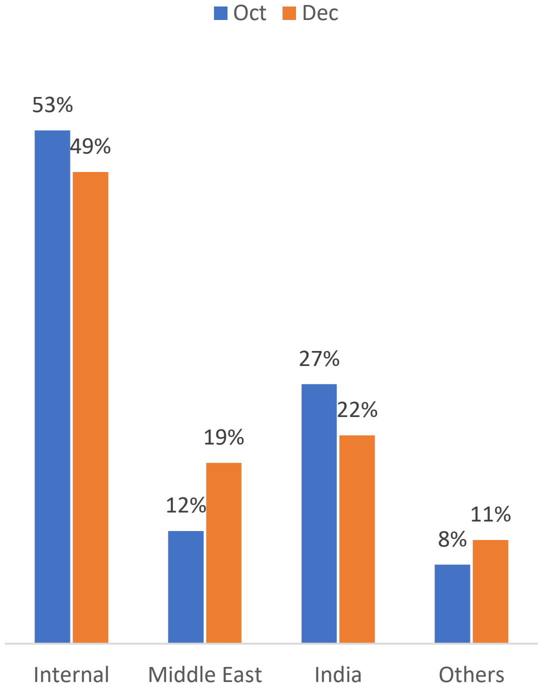
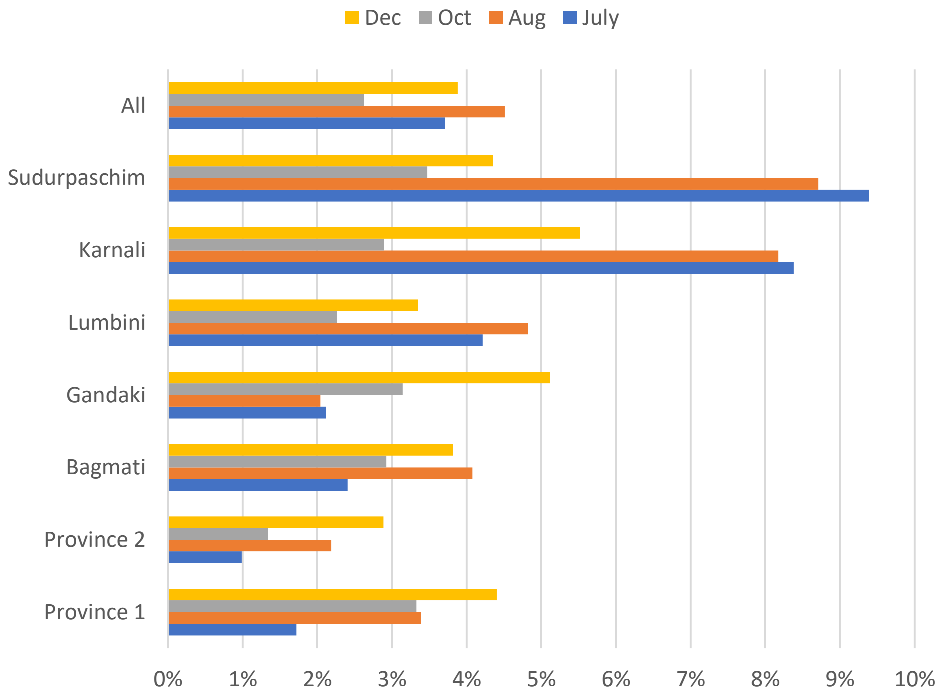
BACKGROUND: Increase in share of respondents reporting returnees in Dec compared to oct. Returnees are mostly internal. Highest shares of Hhs reporting returnees are in Karnali, Gandaki & Sudurpaschim



Percent of respondents reporting returnees

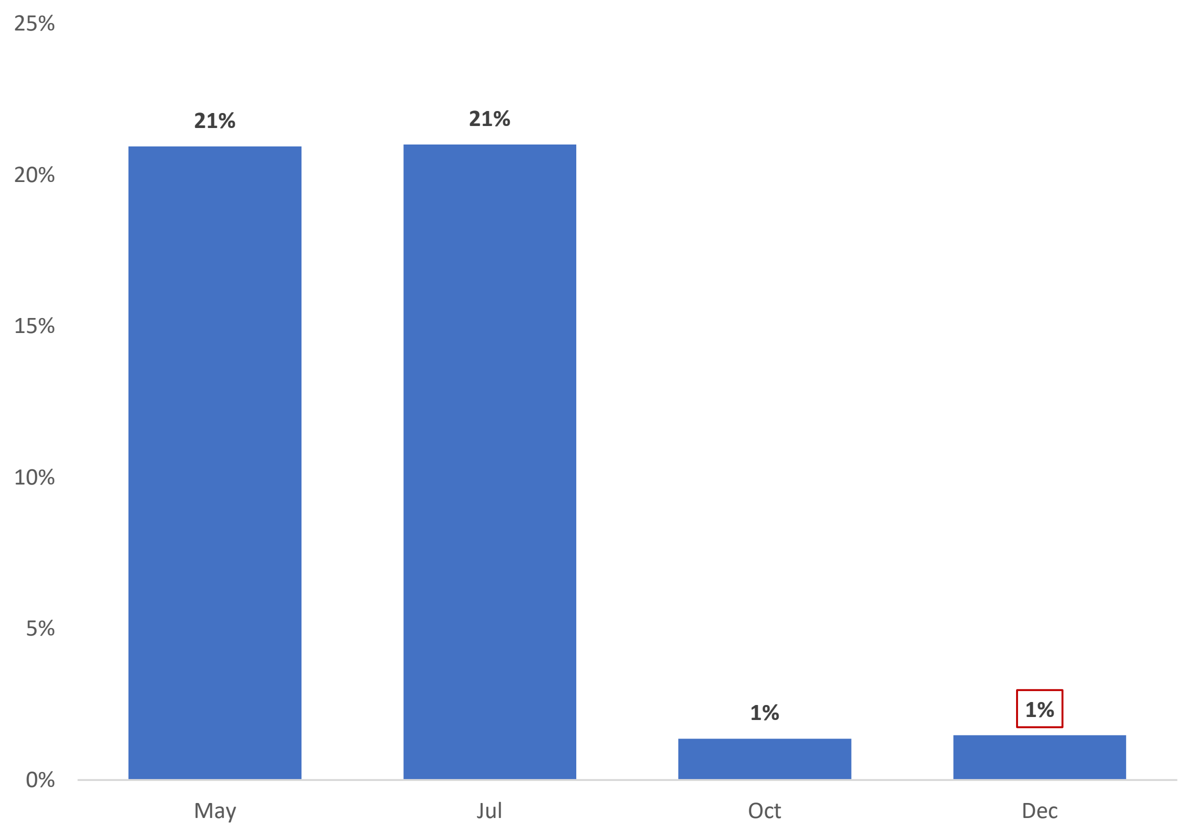


Distribution of returnees by source



Distribution of returnees by province

BACKGROUND: **December continued to see the sharp fall in government assistance (any form) that was evident in October.**



Percentage reporting receiving government assistance (any form)

- **Significant decline** in percentage of households reporting they received any government assistance from 21% in May and July to 1% in October and December.
- Hhs having **persons with disability** are more likely to receive as well as **female headed households**.
- Could be that this variable is picking up (residual) **SS grants?**

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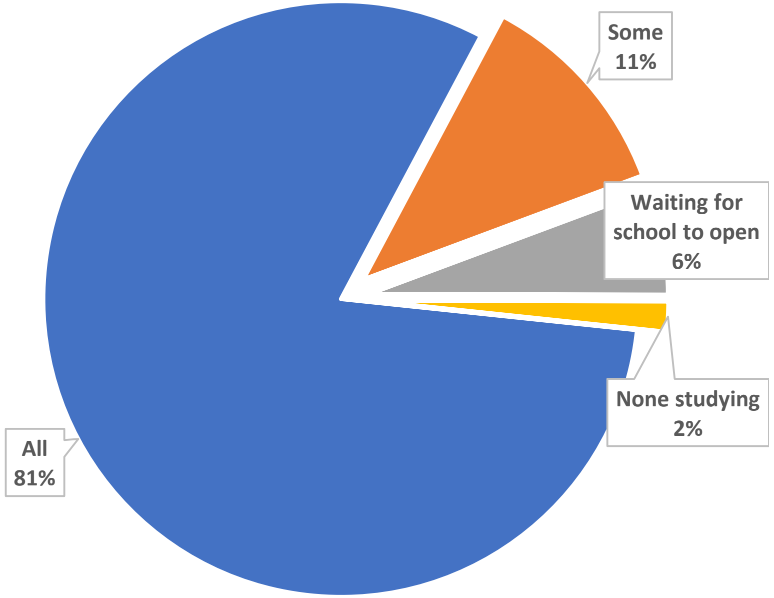
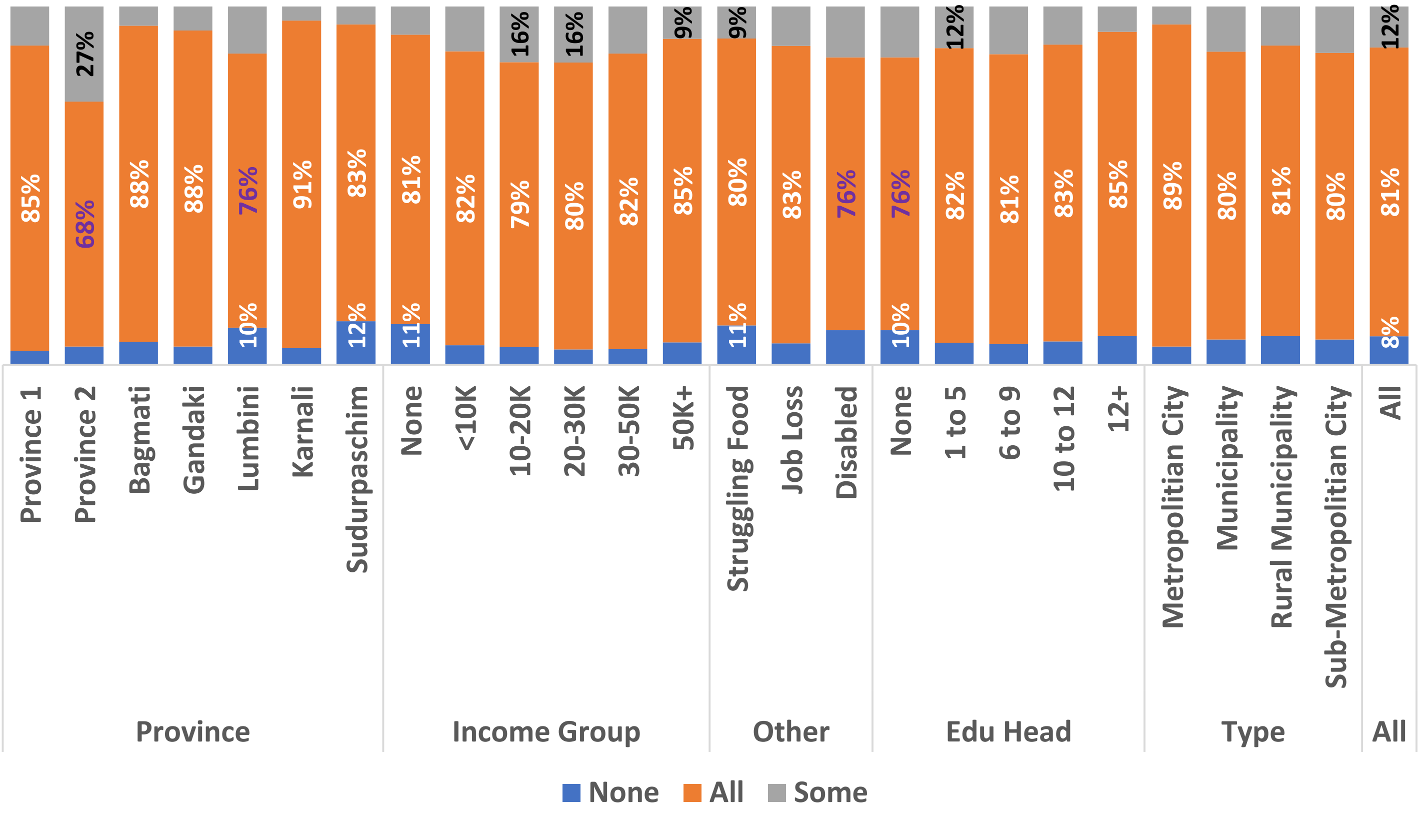
EDUCATION

EDUCATION: 81% of respondents report that all their children are studying (same as Oct). Respondents from Province 2 and Lumbini were less likely to report all their children as studying as were respondents earning no income and struggling for food



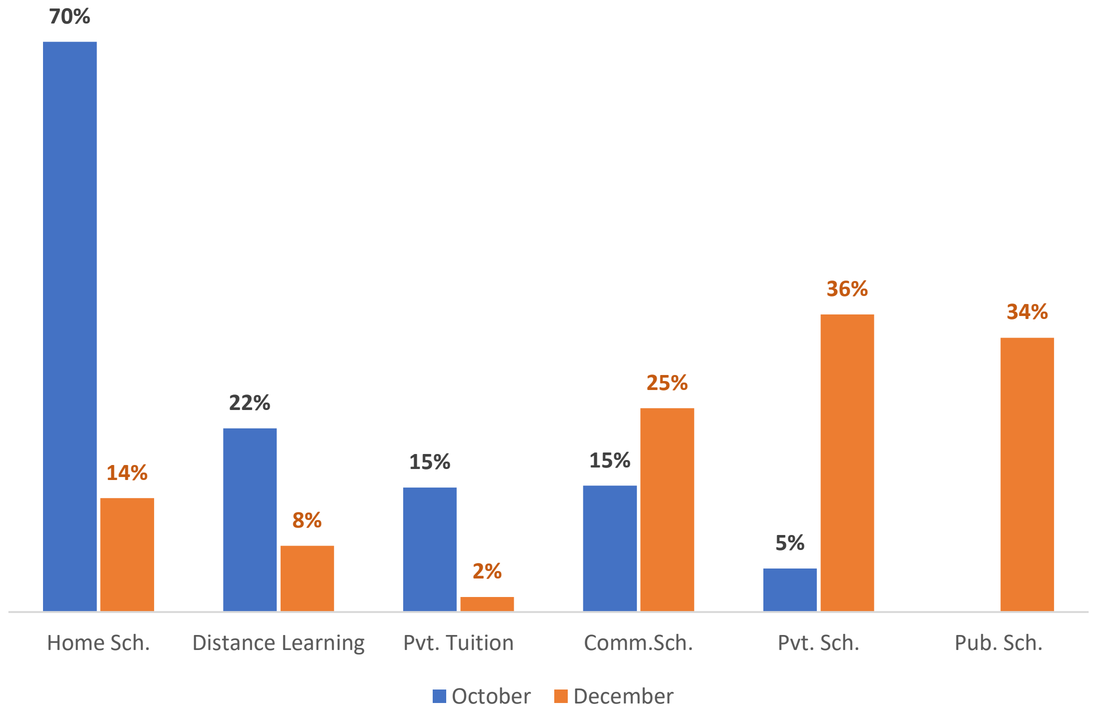
How many children are studying?



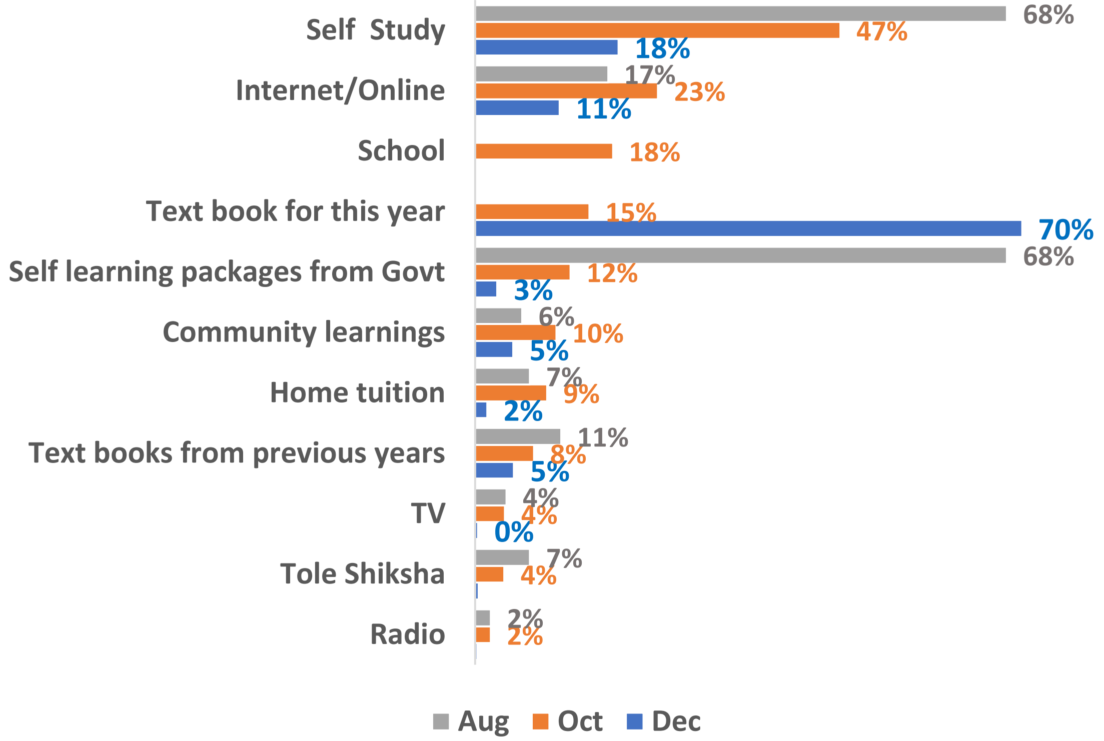
Breakdown of studying status - by Province

Girls studying: Mostly in age group 10 to 12 years (32%) and under five years (30%)
Boys studying: Mostly in age group 10 to 12 years (32%) and under five years (34%)

EDUCATION: Changes in where and how children are studying show an increase in community, private and public schools and a decrease in home and distant learning in tandem with an increase in the use of current years textbooks



Comparing where children were studying in Oct and Dec



Comparing how children were studying (Aug/Oct/Dec)

In Dec compared to Oct (where studying): A drop in home schooling, distance learning, private tuition and an increase in community, private and public schools.

In Dec compared to Oct (how studying): Primarily current year textbooks. Reduction in all other ways of studying.

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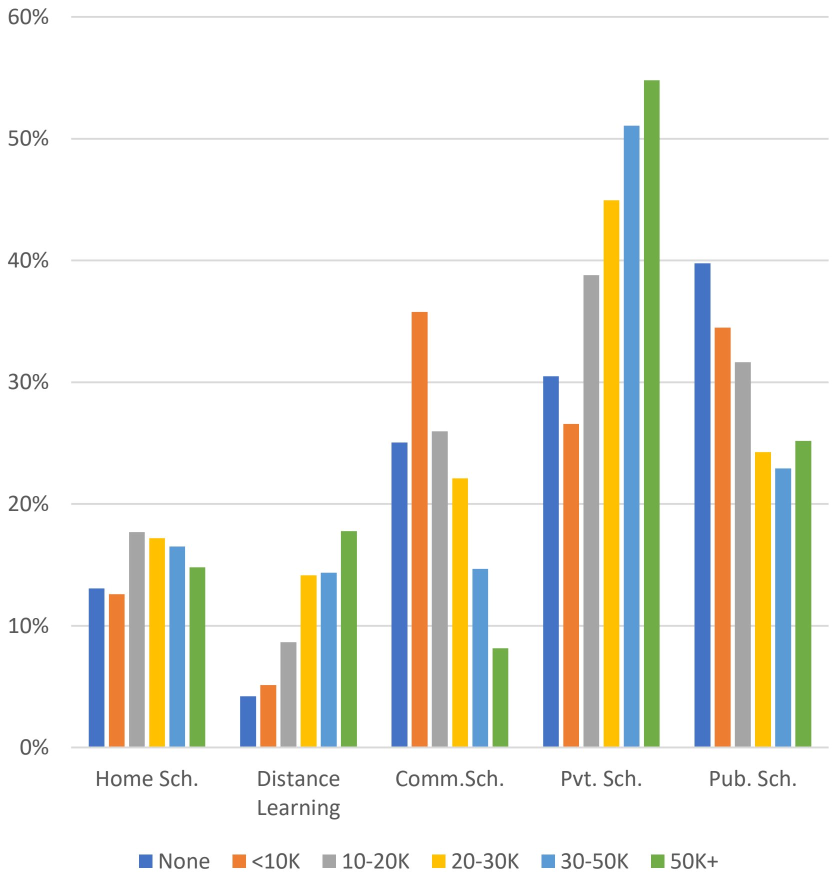
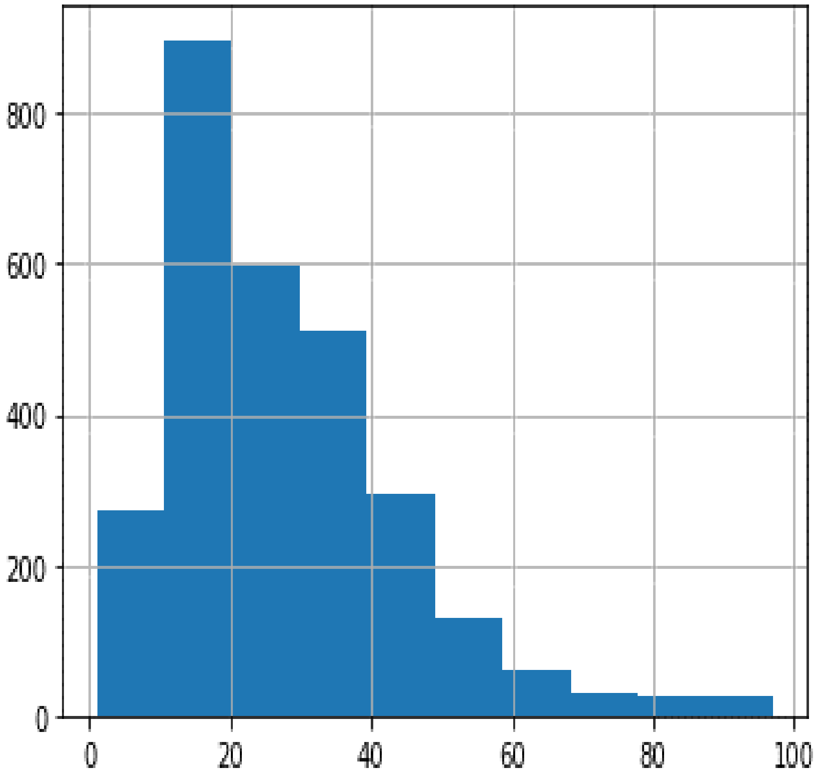
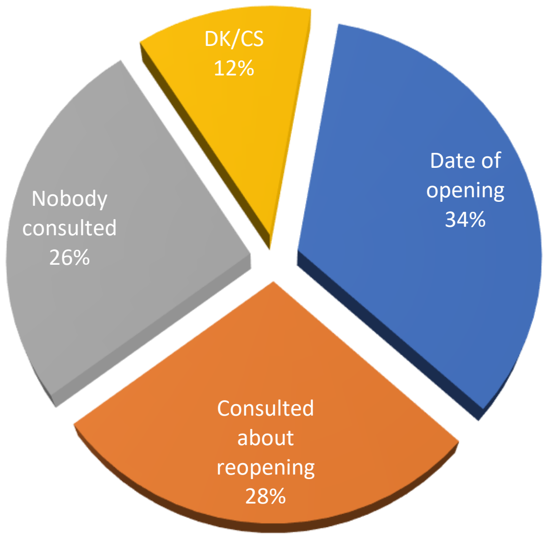
EDUCATION: Income affects where children are studying. Modal size of classes about 20. Date of opening was reported as a consultation by 34% while consultation in general about school reopening 28%. Per cent reporting either nobody consulted with them or couldn’t tell if anyone consulted with them about school reopening 38%.



Where children were studying by income group



Distribution of classroom size as reported by respondent



Consulted about school reopening

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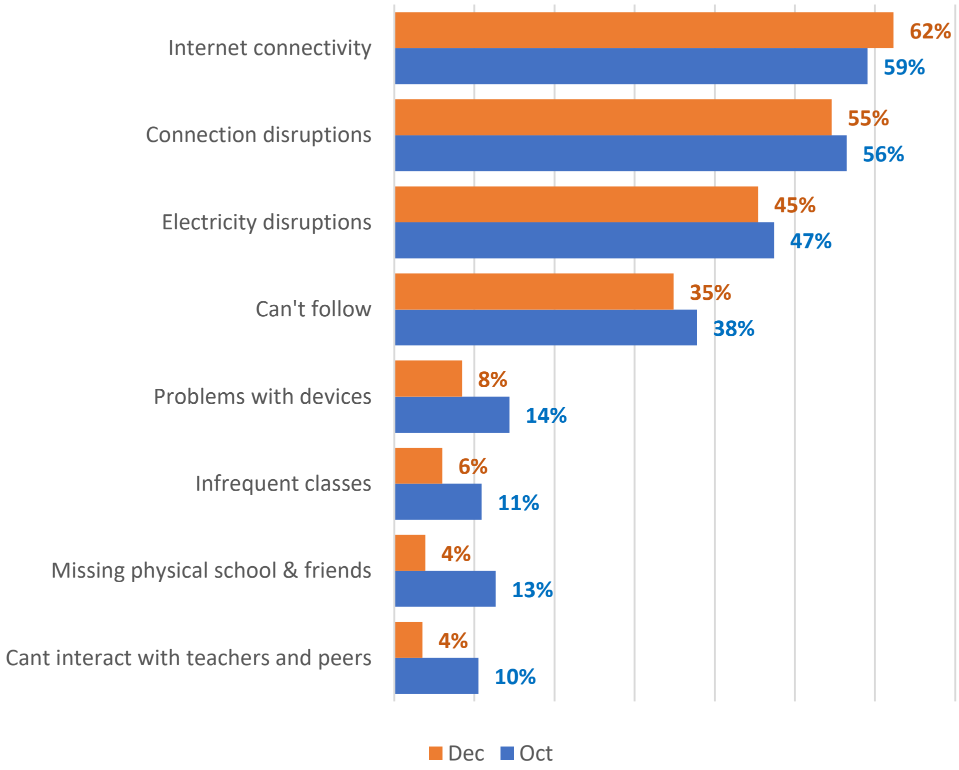
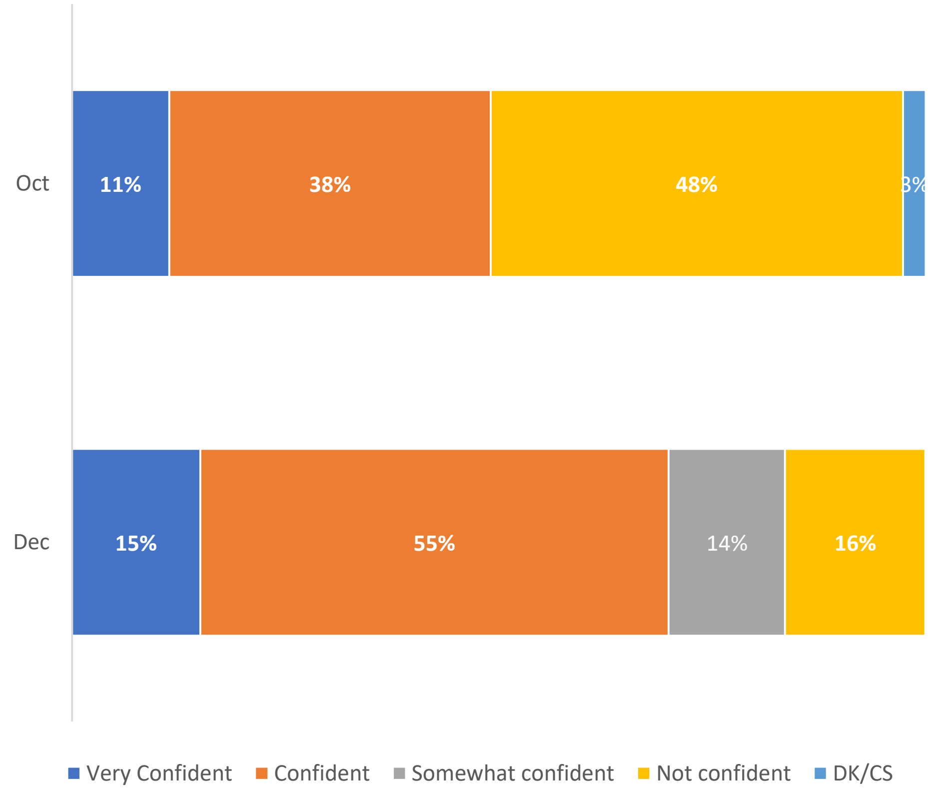
EDUCATION: Continued difficulties with online classes but increase in respondents' confidence about sending children back to school





- 52% of respondents reported that their children experienced difficulties with online studying/internet. Most difficulties relate to connectivity issues and electricity disruptions. However, a significant number (35%) also continue to report their children are unable to follow online classes.
- Significant increase in respondents' confidence about sending children back to school. Very confident + Confident increased 49%→70%. Less than in 1/5 respondents reported being not confident in Dec compared to nearly 1 in 2 in Oct. The manner of school consultation matters: those who were consulted about dates of reopening were much more likely to be very confident (23%) and much more likely to be not confident (19%)

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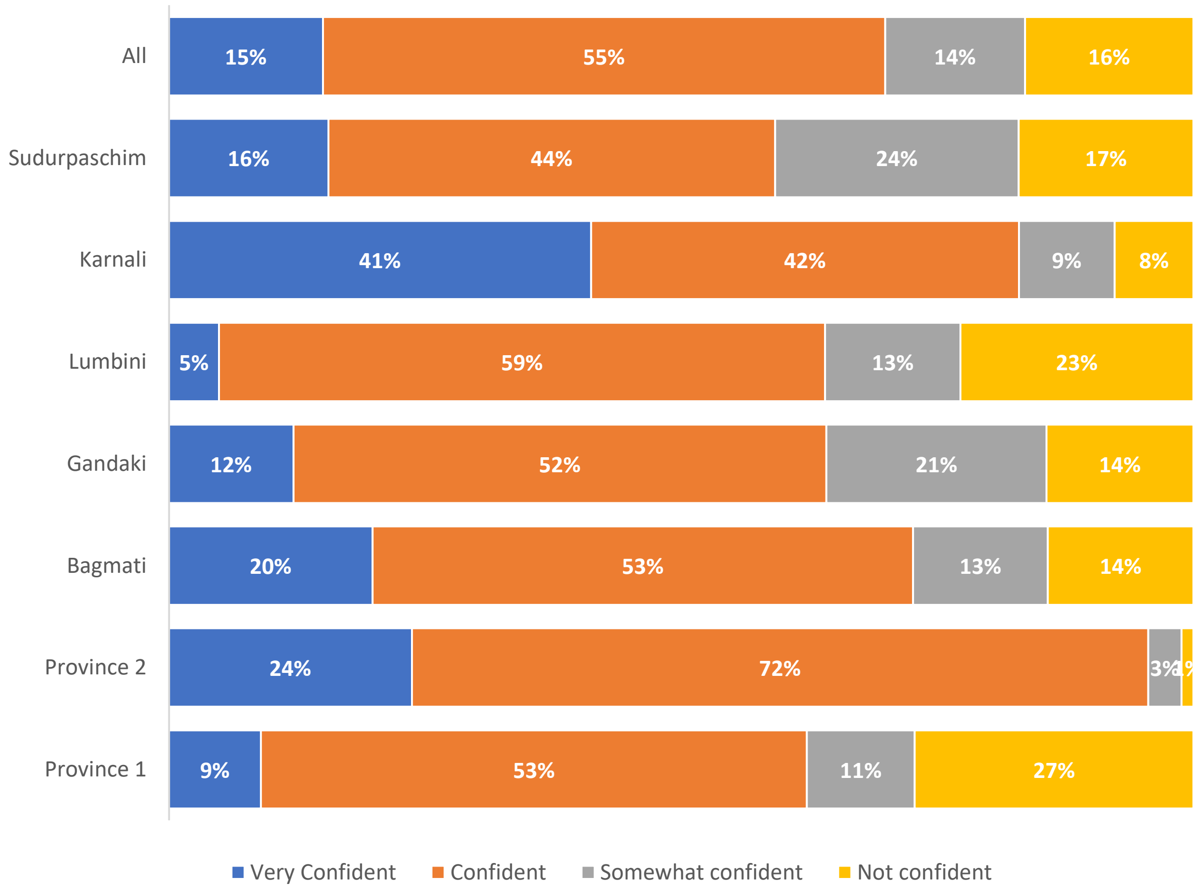
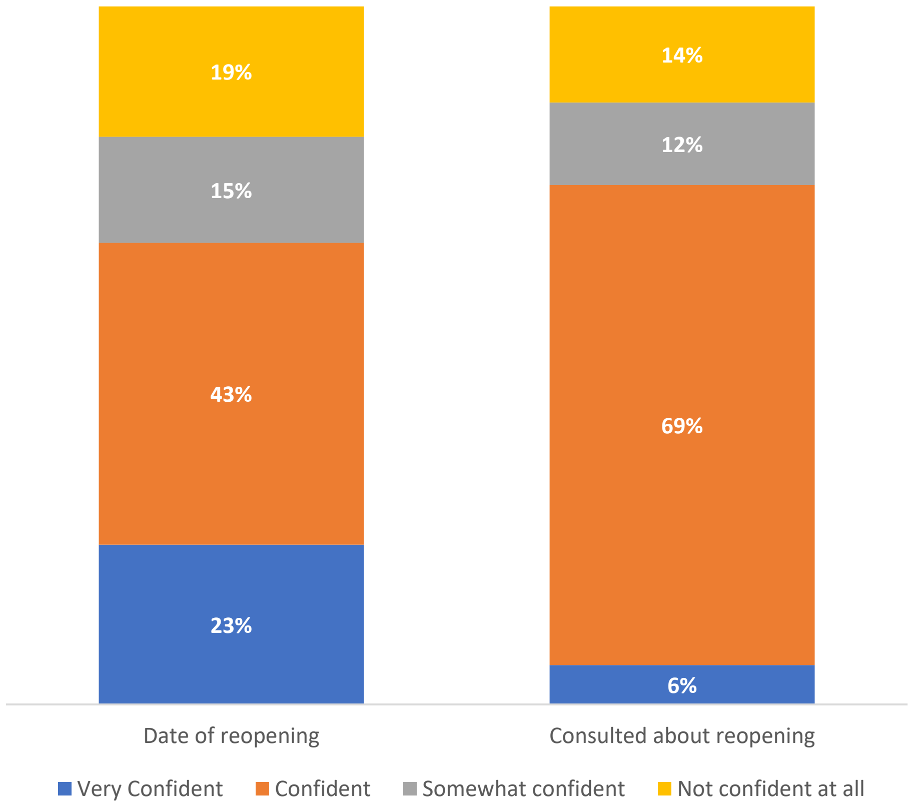
EDUCATION: Respondents in Provinces 1, Lumbini & Sudurpaschim were most likely to not be confident. Respondents consulted about school reopening dates were more likely to feel very confident.





Respondents' confidence level regarding sending child back to school after reopening
- by province (left) and type of consultation (right)

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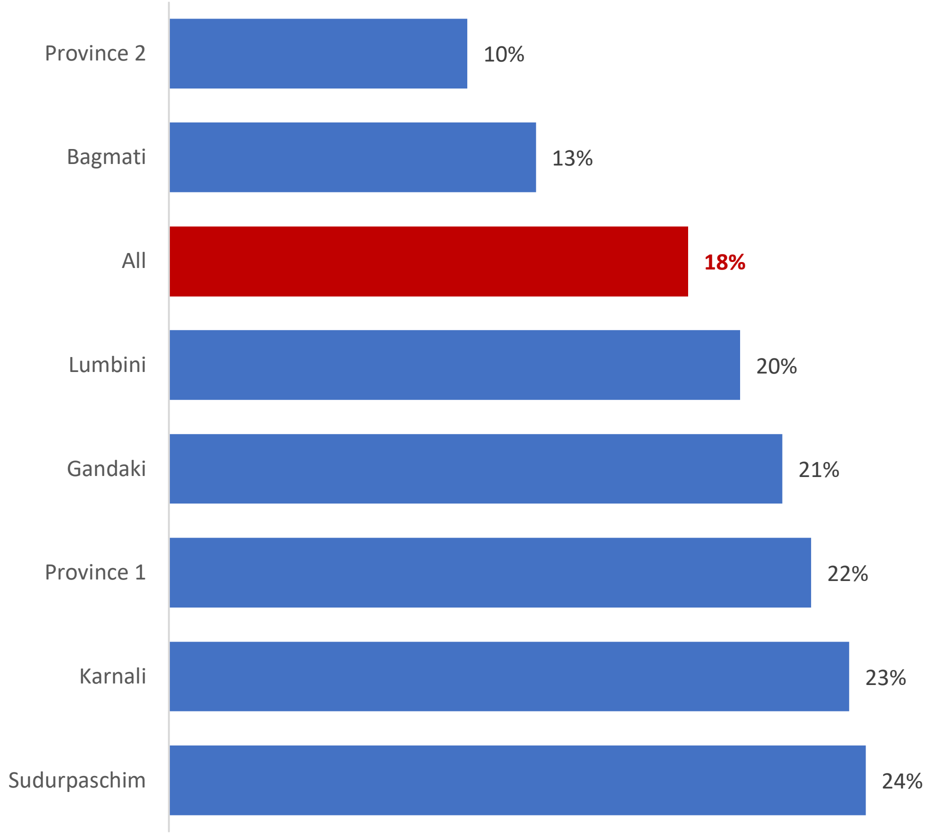
EDUCATION: Respondents in provinces Sudurpaschim, Karnali, Province 1 & Gandaki were most likely have heard of the ‘Sikdai Sikaundai’ programme (new question in Dec round)



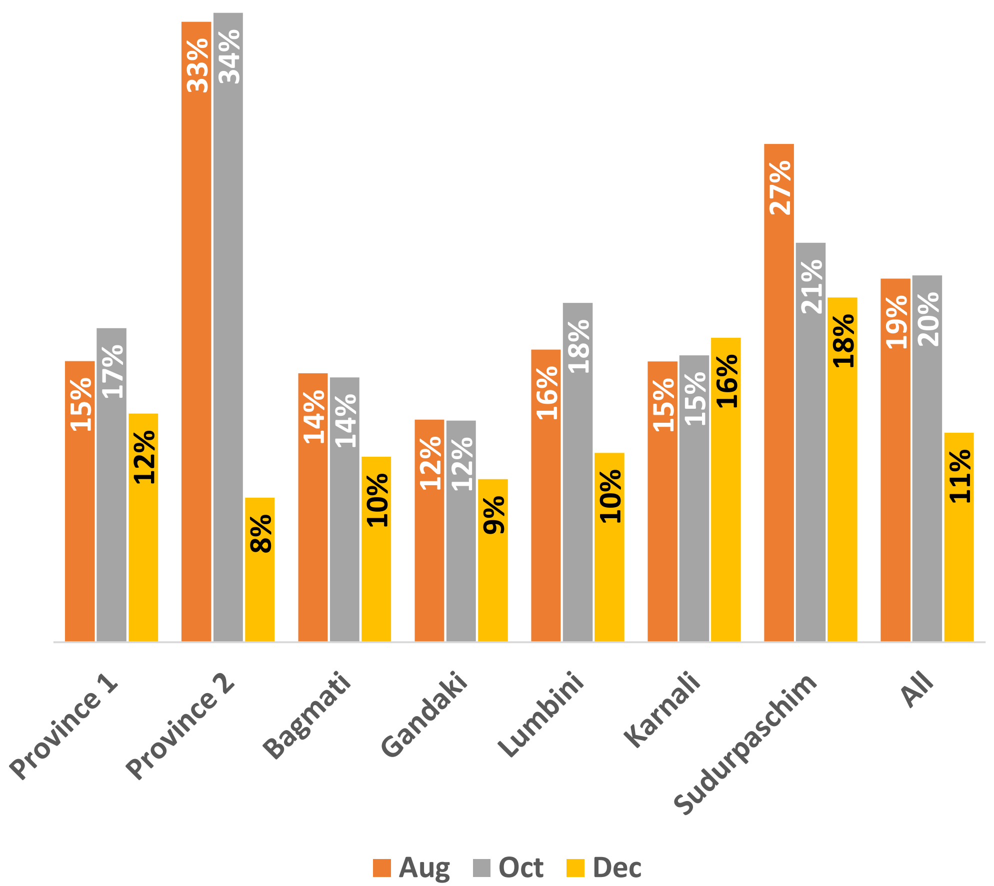
Per cent of respondents hearing about Sikdai Sikaundai programme

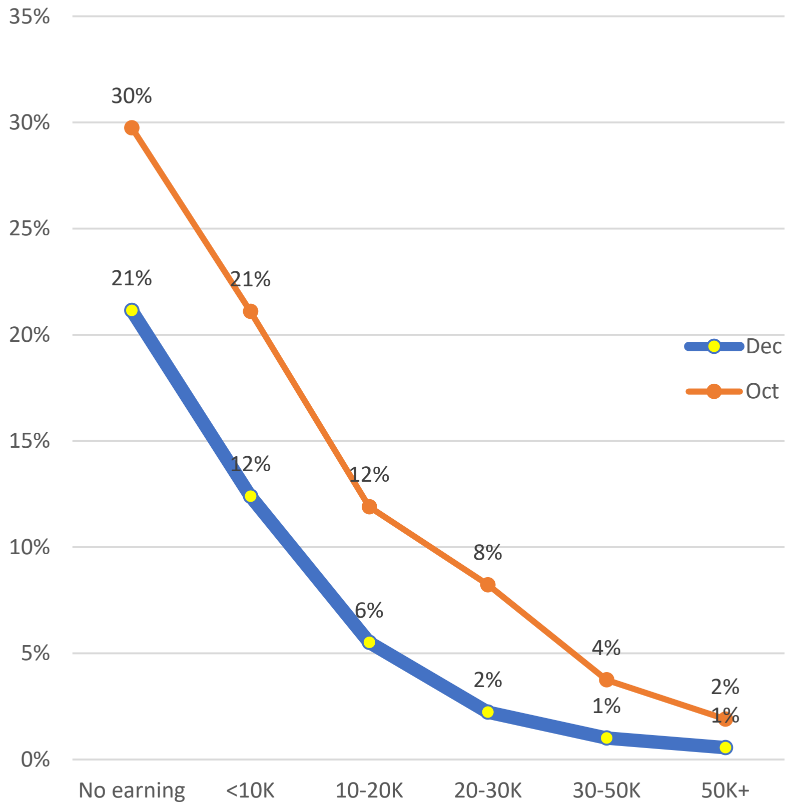
- Most respondents listened to some episodes (80%) followed by 1 or 2 episodes (12%). About 6% listened to all episodes
- No strong income effect or education of Hh head effect

NUTRITION

NUTRITION: 1 in 9 households are not getting sufficient food for daily meals in dec compared to 1 in 5 in oct.

Percentage of households reporting struggling to provide sufficient food for family - by province

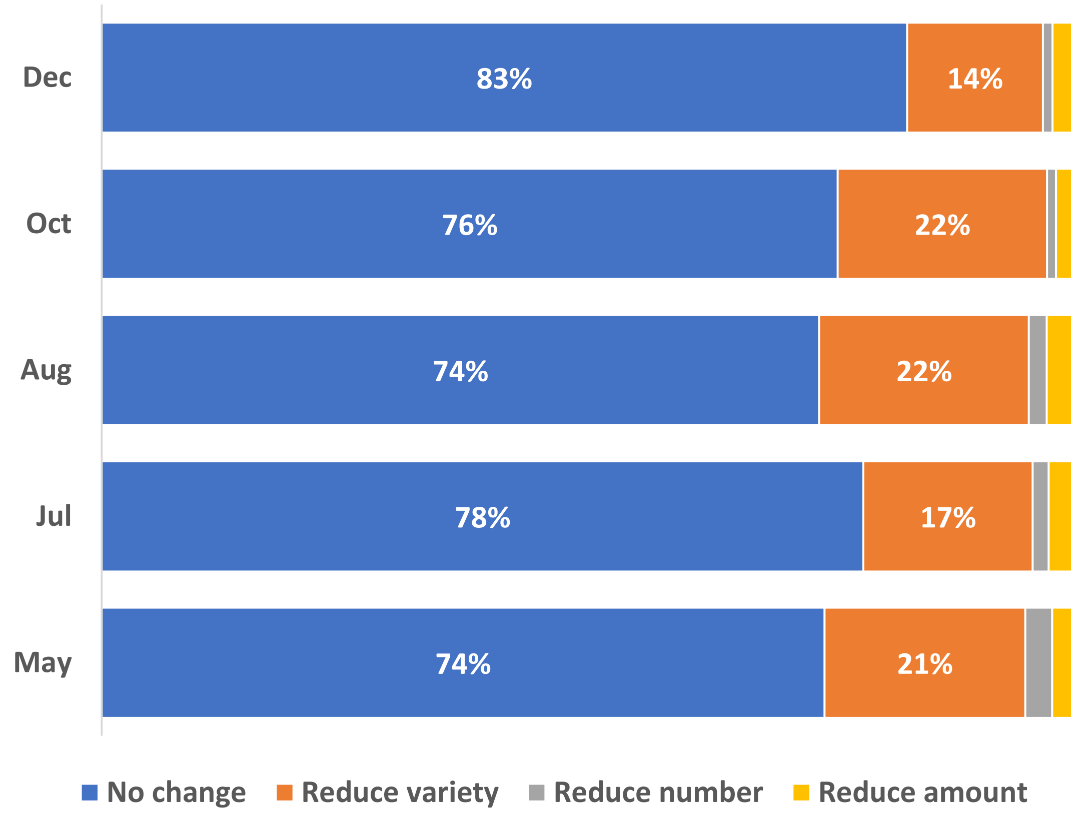




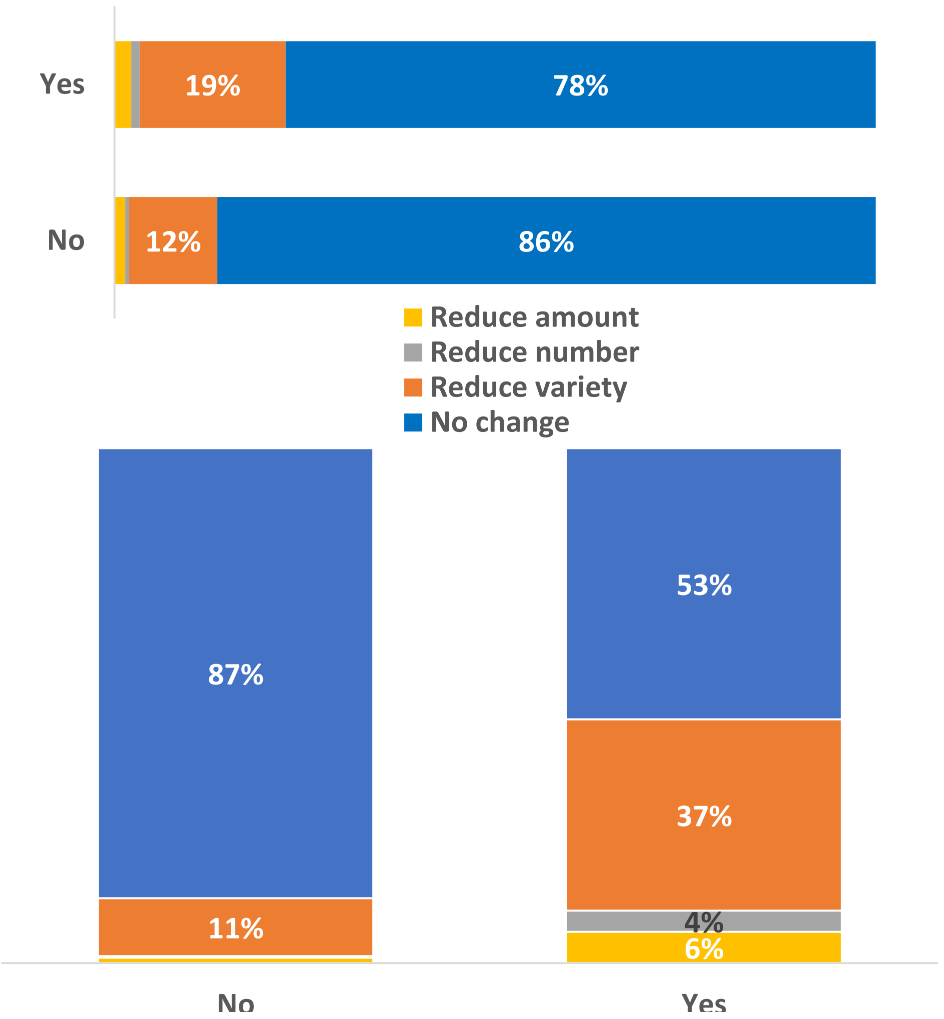
Reasons for struggling to provide sufficient food for family - by province

- 11% of households report that they struggle to provide sufficient food for their family on a daily basis - improvement compared to 20%+ in previous rounds
- Karnali is the only Province where a higher share of respondents reported struggling for food in Dec compared to the previous two rounds.
- Decrease in the per cent reporting struggling for food is seen across all income groups but remains highly inequitable.
- Female headed households and households having persons with disability are more likely to report struggling for food..
- Not enough money and increased food prices are two main reasons why families are not able to provide sufficient food on a daily basis.

NUTRITION: The December round showed a decrease in the share of respondents reporting their children had changed dietary intakes to 17% from 24% in Oct. The average varies by background characteristics including income, whether the person lost their job, or had reported struggling for food.

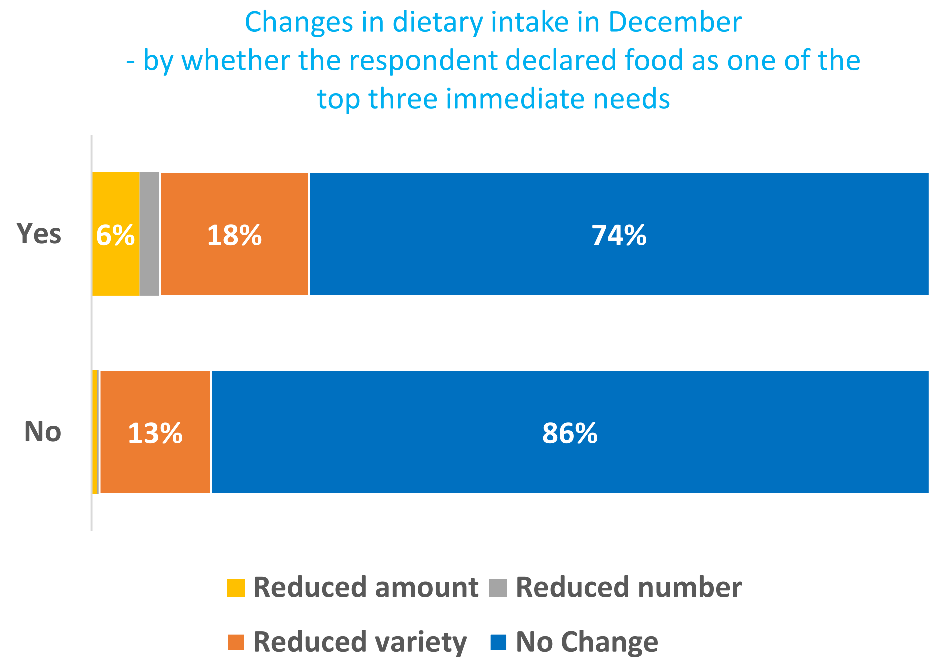


Changes in dietary intake (May-Dec)

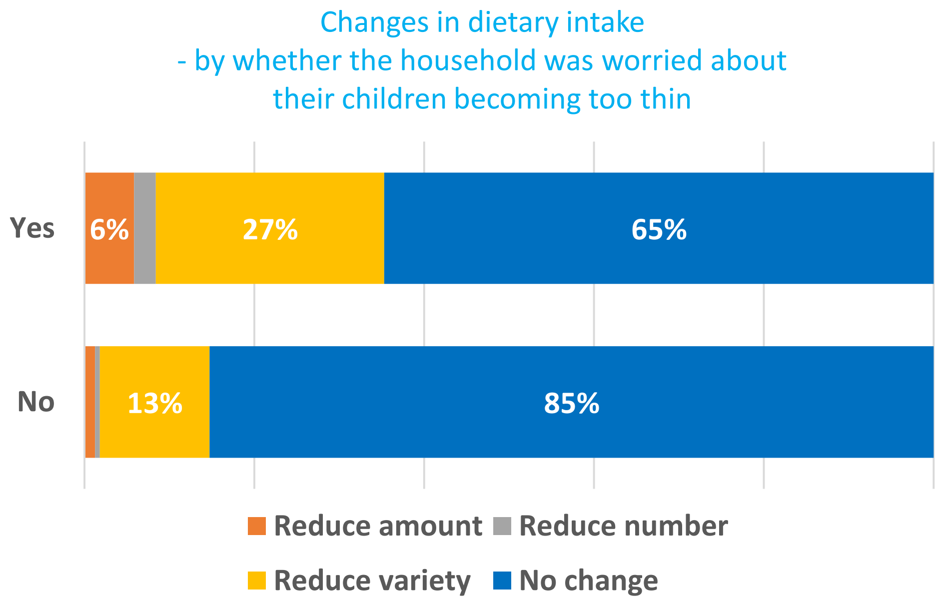


Changes in dietary intake by job/livelihood loss (top) and whether struggling for food (bottom)

NUTRITION: Examining changes in dietary intake through different lenses (whether food was among top three immediate needs and whether caregivers are worried their child/ren are becoming too thin)



Households declaring food as one of their top three immediate needs have a higher proportion of children eating less variety of foods, less amounts of food and less often.



9% of households worried about their children becoming too thin. 35% of them reported reductions in their child’s dietary intake, eating less variety of food, less amounts of food at mealtime and less often.

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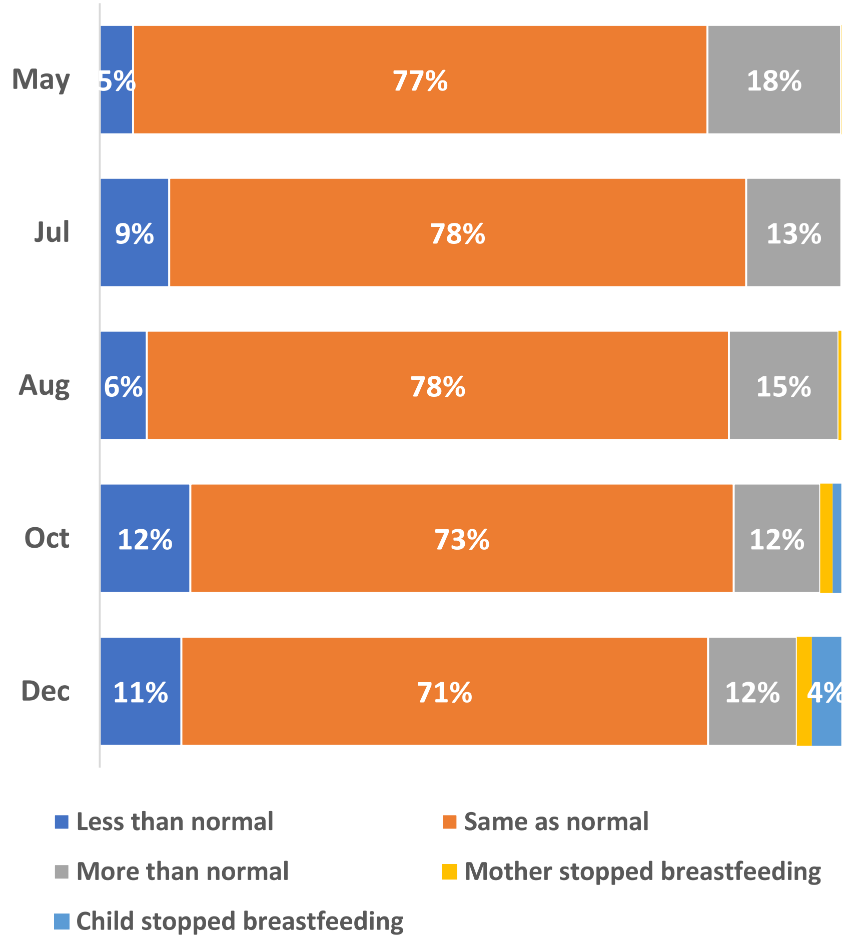
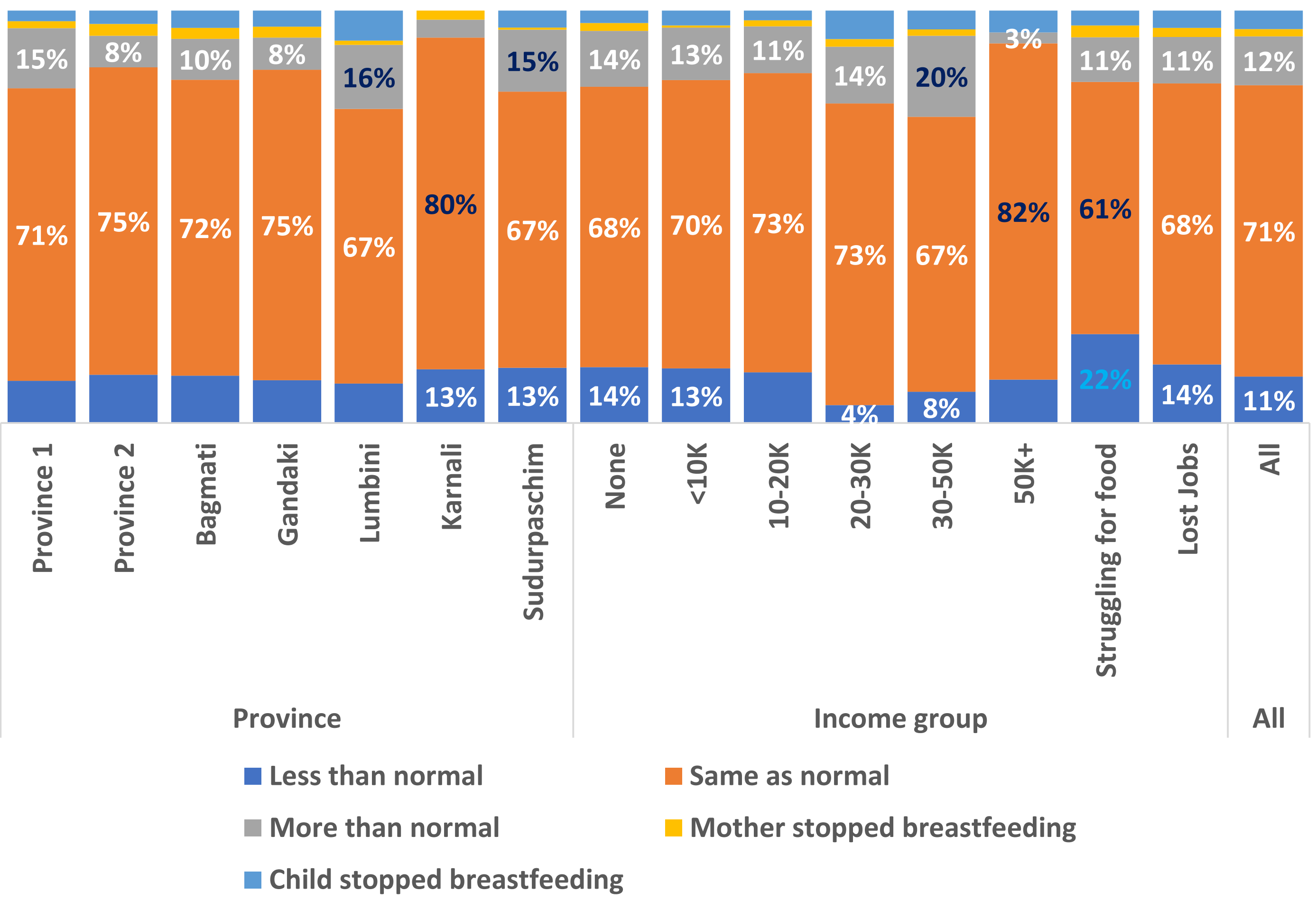
NUTRITION: Breastfeeding frequency – a continued decrease in the share breastfeeding the same. There is also an increase in the share reporting child stopped breastfeeding. Respondents struggling for food were also most likely to be breastfeeding less.

Changes in breastfeeding frequency (May to Dec)

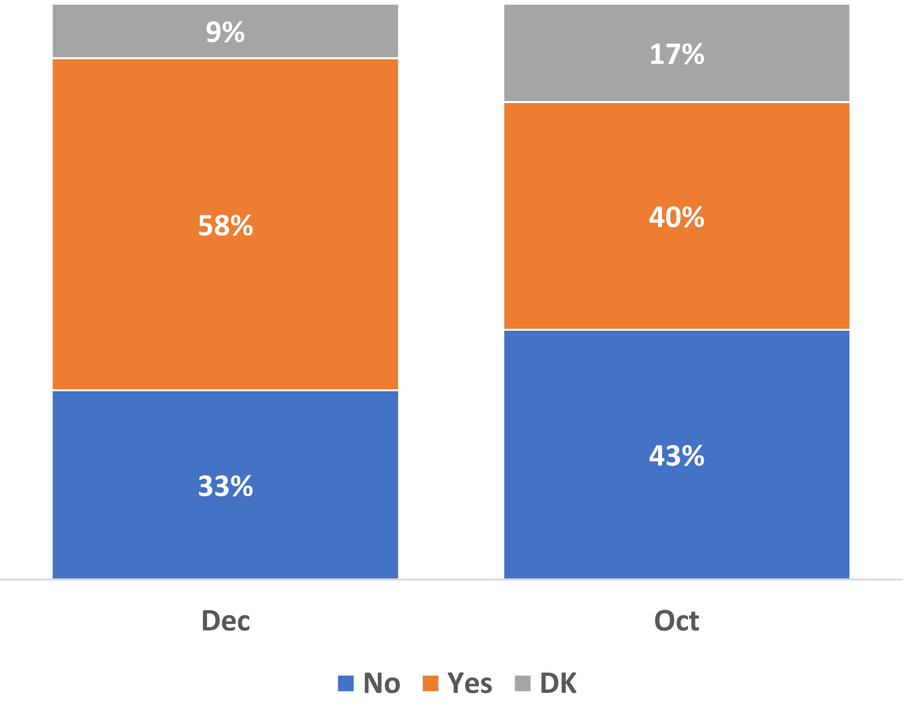


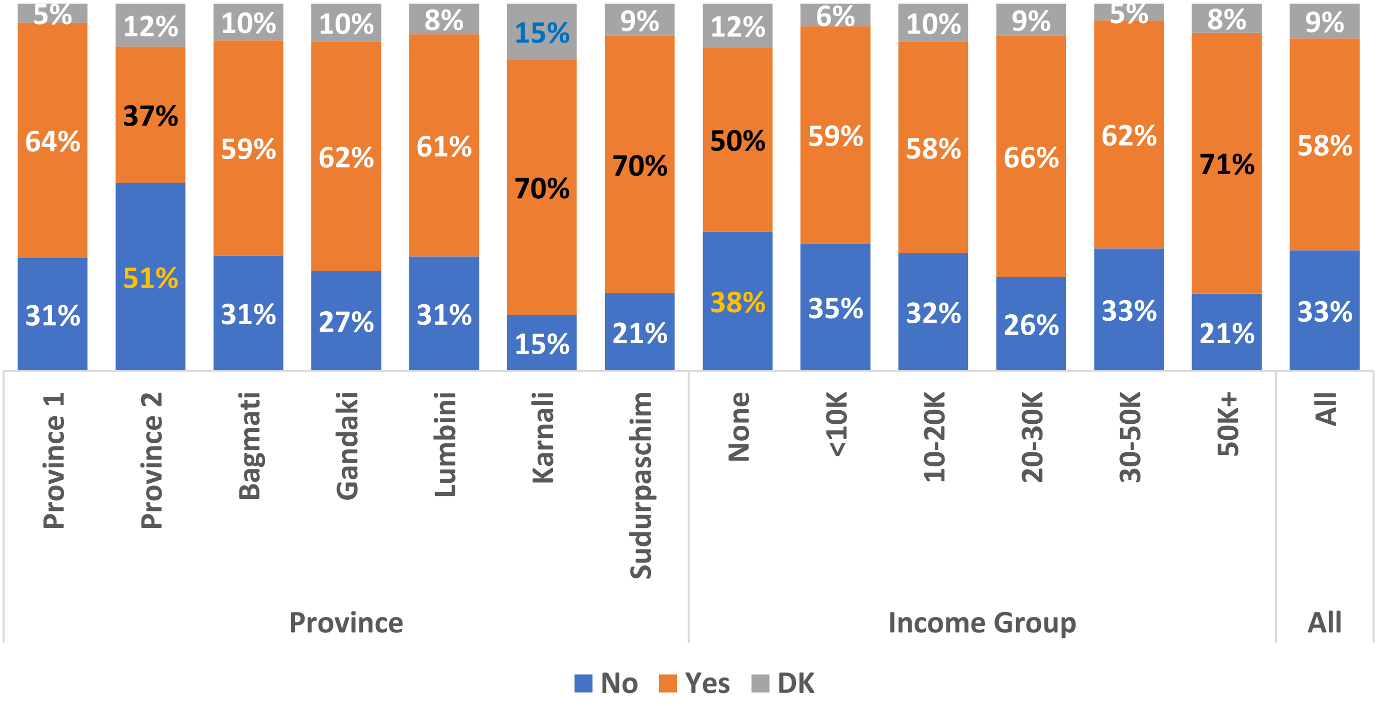
Changes in breastfeeding frequency by background characteristics, income and geography (Dec)



Less than normal: Hhs struggling for food + Hhs with job losses + Fem. Headed more likely to be breastfeeding less than normal + lower income groups. **Same as usual:** 50K+ income group the highest (82%), HHs struggling for food lowest (61%) **More than normal:** 30-50K income group the highest (20%), Gandaki the lowest (8%) **Mother stopped:** Metropolitan Cities, HHs struggling for food, Province 2, Bagmati, Gandaki, **Child stopped:** Lumbini, 20-30K, Metro + Sub metropolitan areas

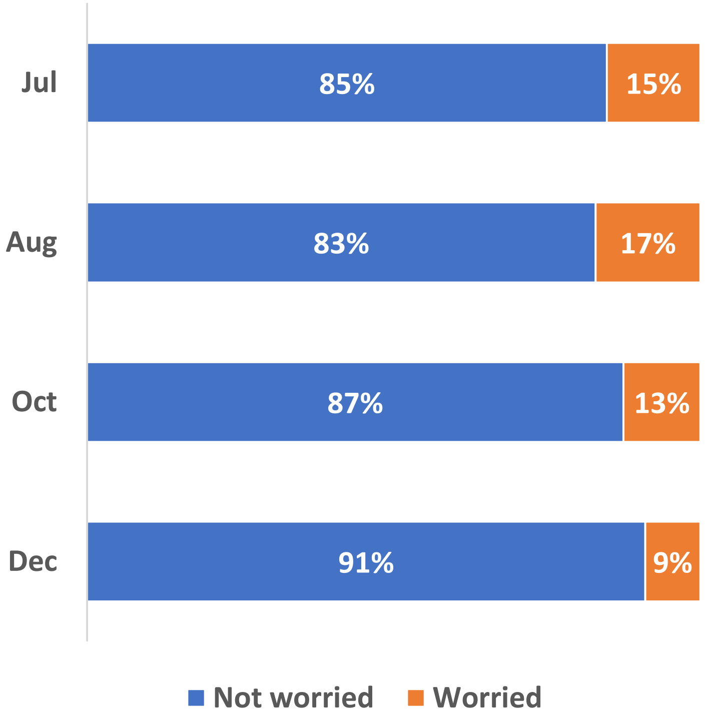
NUTRITION: **Despite global recommendations about the safety of breastfeeding in the context of covid-19, 33% of mothers are not confident to breastfeed if suspected or diagnosed with covid-19. This is an improvement compared to Oct. Top income groups are more likely to be confident about breastfeeding. More than 50% of respondents from Province 2 reported not feeling confident. Top two reasons for not feeling confident relate to belief that a mother can transmit through breastfeeding (77%) and fear of infecting the child (41%)**



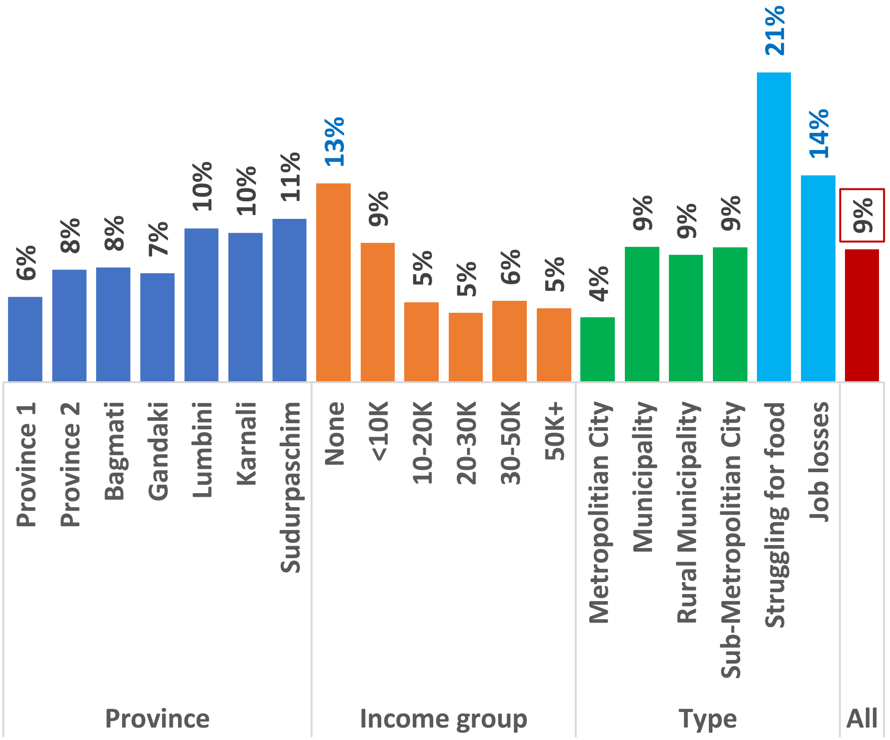


Confident or not about continuing to breastfeed if diagnosed with COVID-19 comparing Oct & Dec (left), examining confidence by income group and province (right)

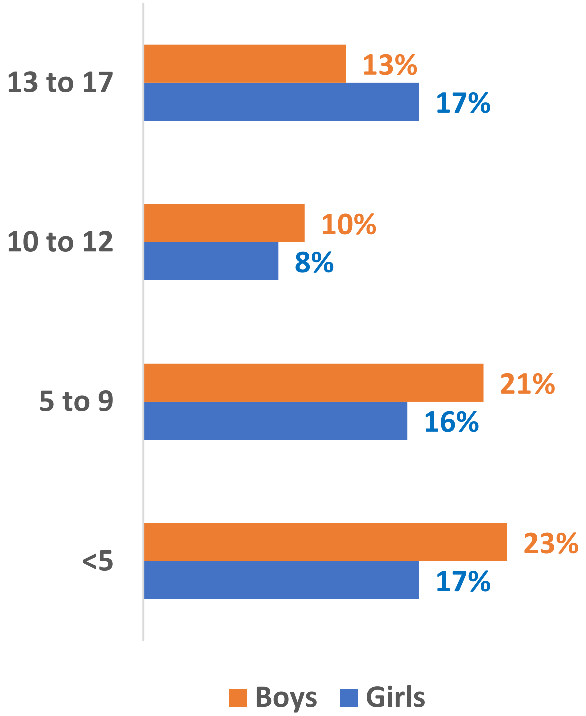
NUTRITION: There is a decrease over the past four rounds in the proportion of respondents worried that their children are becoming too thin but among households struggling to provide food on a daily basis, there are significantly more caregivers worried that their child/ren are becoming too thin (21%). Respondents felt more concerned for boys than girls except the 13-17 age group.



Worrying about children becoming too thin (Jul to Dec)

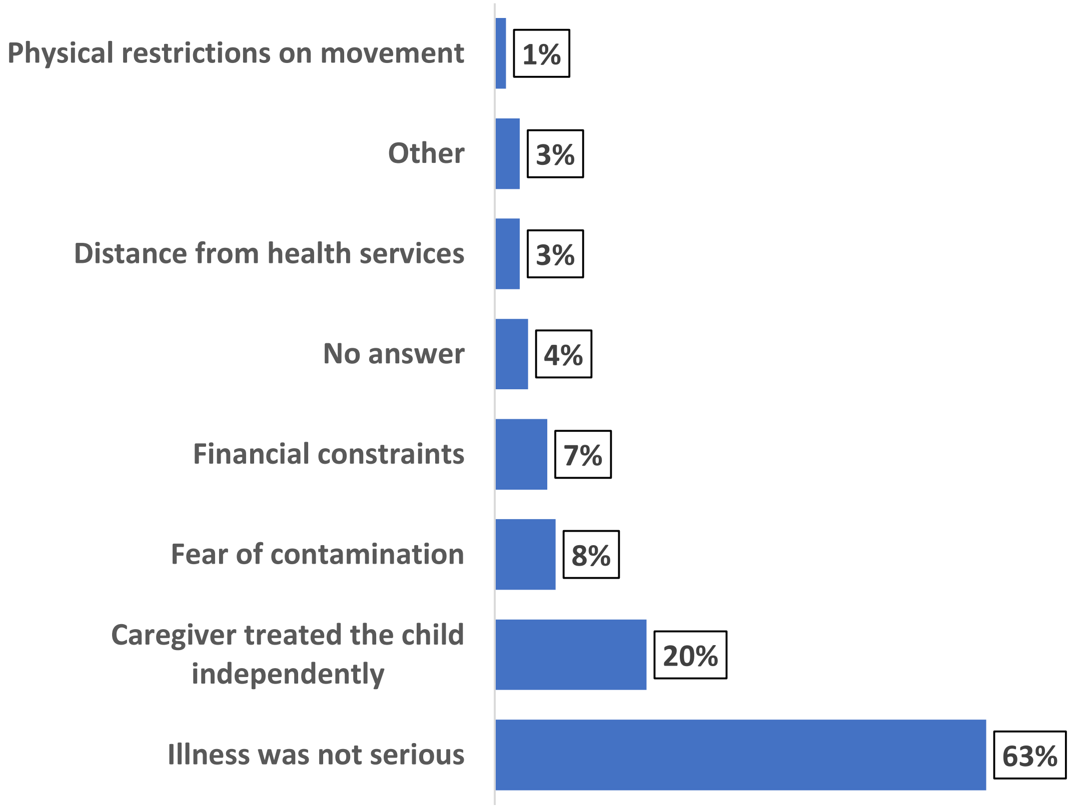


Worried about children becoming too thin by Province, Income Group, Type of residence, struggling for food and job loss (Dec)

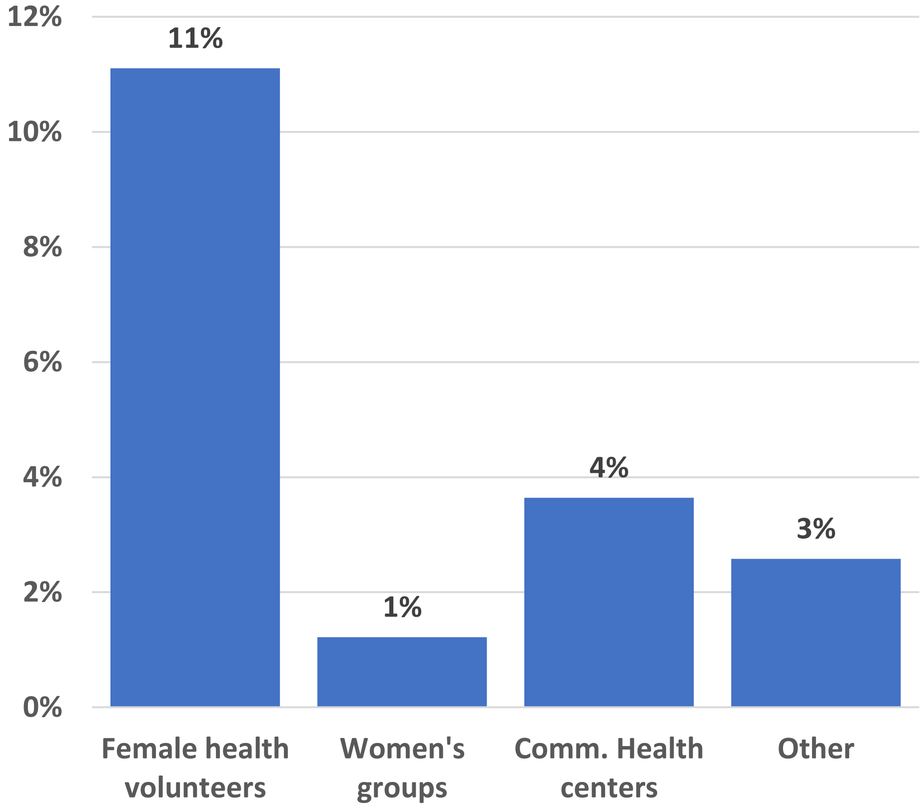


Age and gender of children being worried about

NUTRITION: 48% of respondents who though their children were becoming thin had to take their children to the hospital or health care center (because they were becoming too thin or feeling unwell). Most prevalent reasons for not going were illness not being serious (63%) and caregiver treating the child independently (20%). Less than 1 in 5 households (total sample) received any nutrition and health related services the most frequent of which were from female health volunteers



Reasons for not going to hospital or health clinic (Dec – different subgroup so not comparable with earlier rounds)



Receiving health and nutrition services in the community during lockdown

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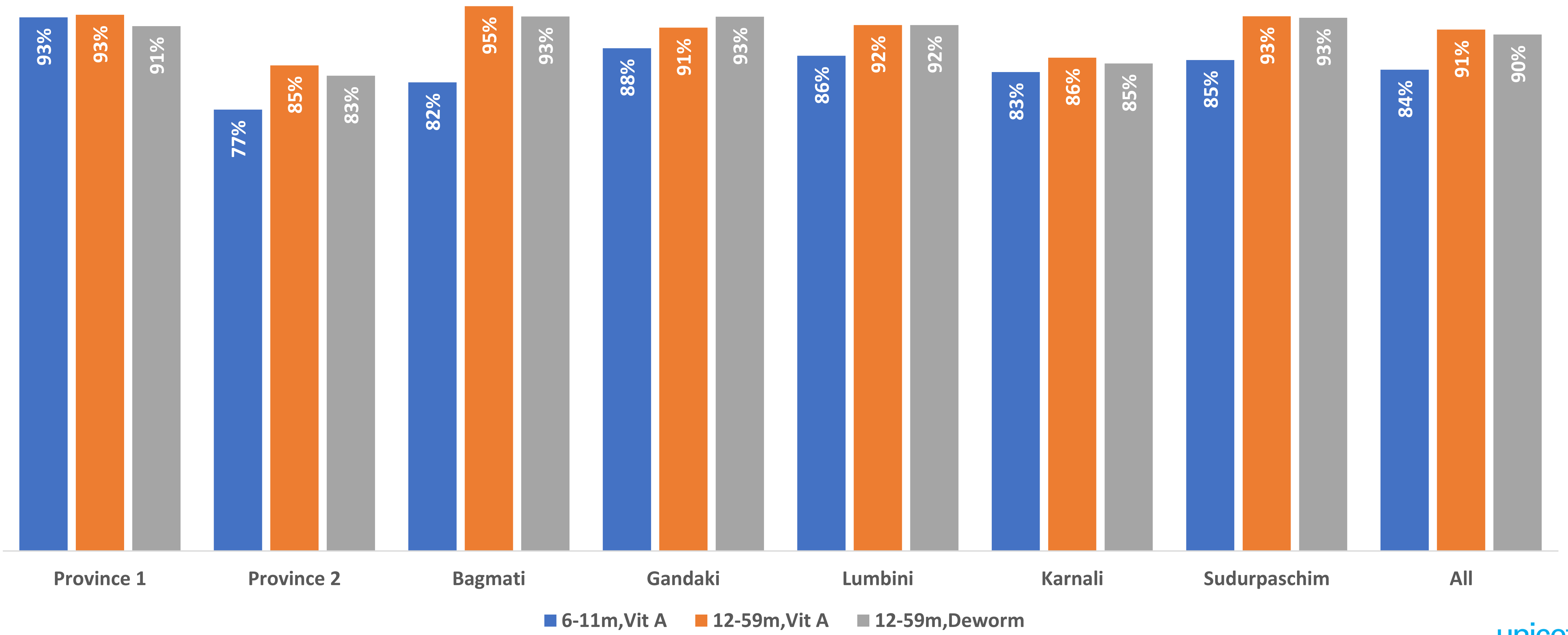
NUTRITION: (VIT A – NEW QUESTION) Overall 84% reported their children 6-11m received vit. A capsule, 91% reported their children 12-59m had received vit. A and 90% reported receiving deworming tablet (during Nov distribution event). Province 2 shows the largest coverage gap in terms of age 6-11m vit. A (23%) followed by Bagmati (18%). Province 2 also reported lowest coverage of vit. A for 12-59m as well as deworming



Vitamin A receipt during the Nov 26-27 Campaign (per cent responding yes) by Province

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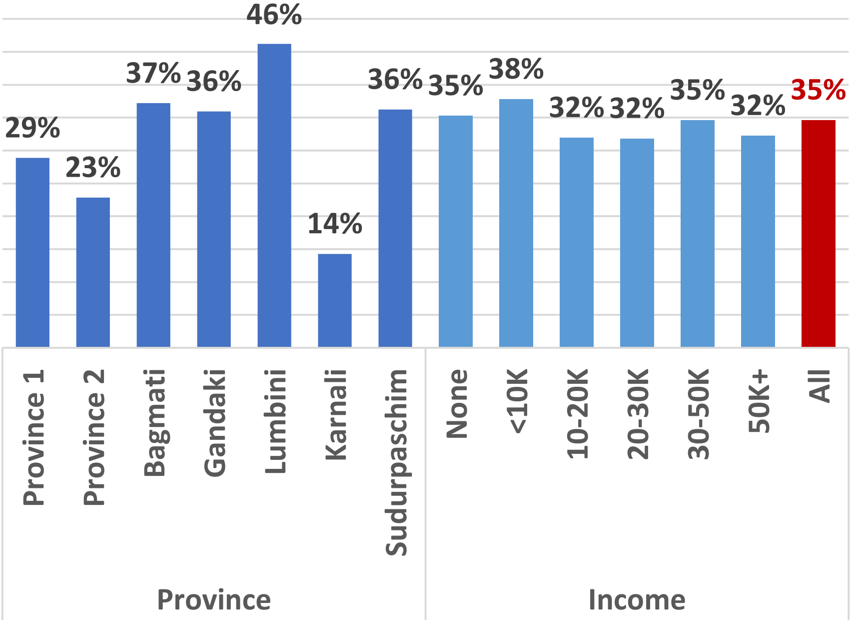
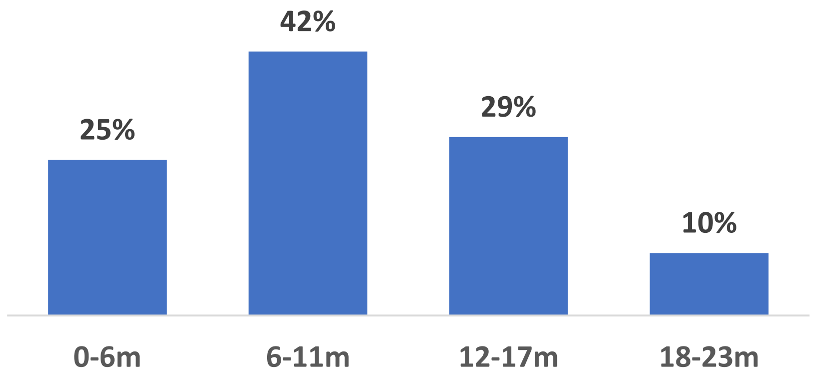
NUTRITION: (MNP NEW QUESTIONS)

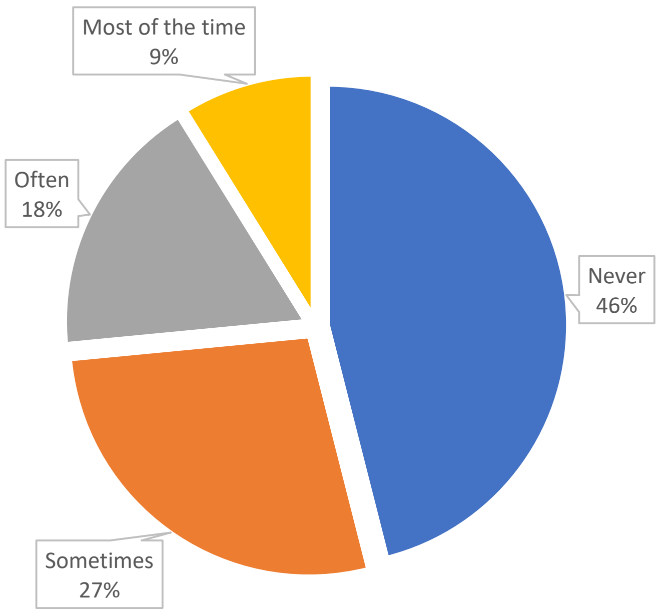
Did child receive MNP during last 18 months (per cent reporting yes by Province and Income group

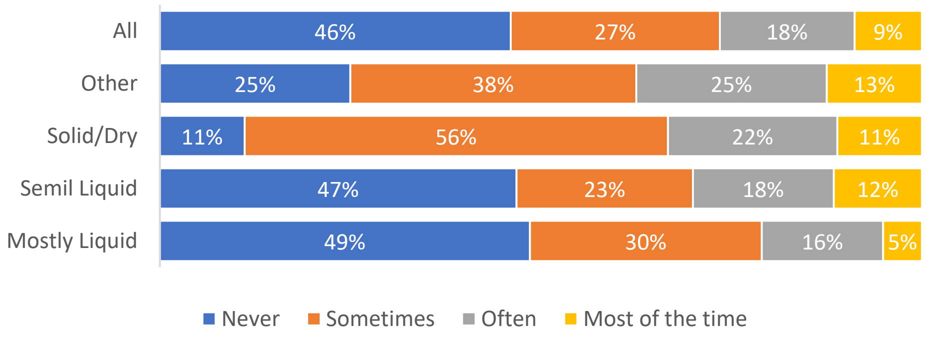




Age of child receiving MNP

Child's refusal to eat MNP (frequency)





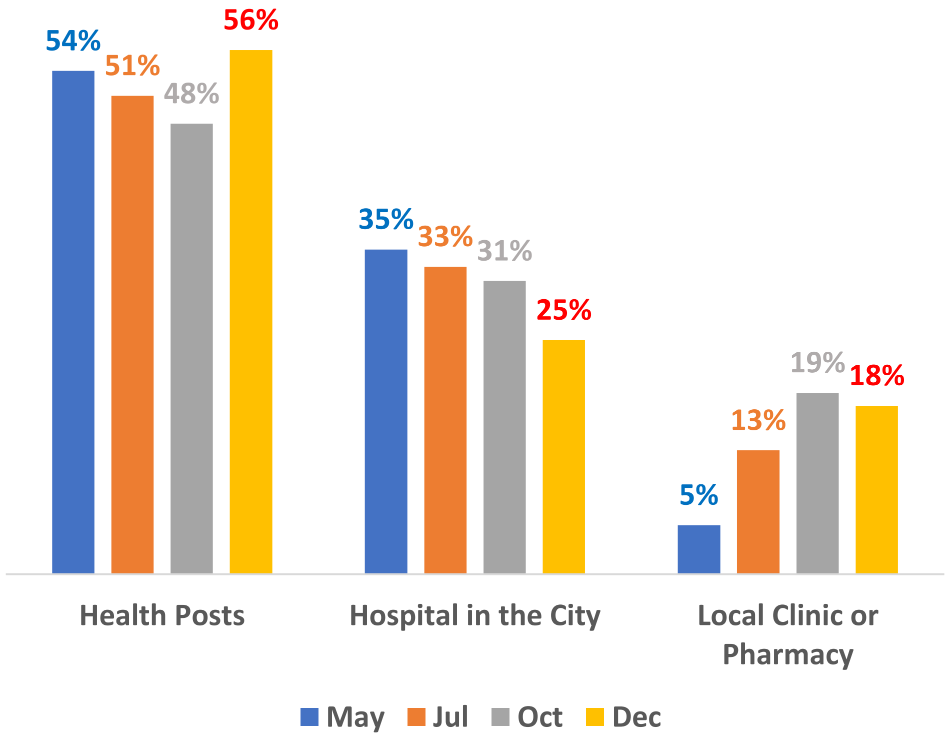
Refusal to eat by consistency of food

New Question with reference recall period of 18 months

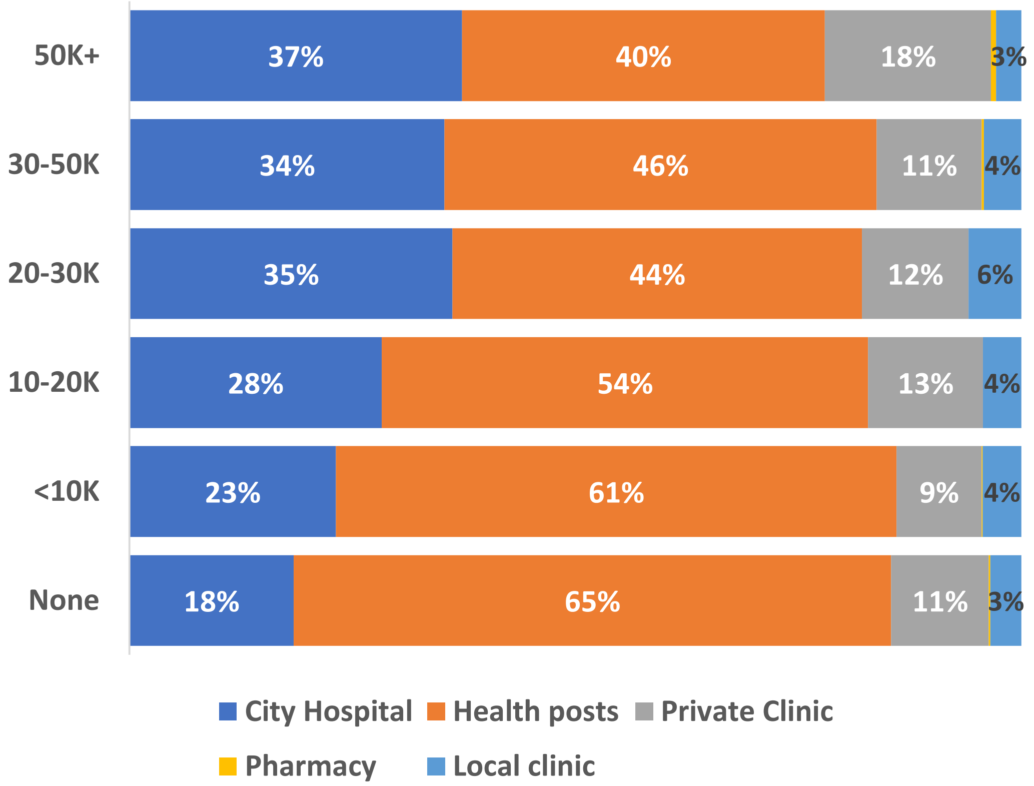
- 35% respondents reported their children received MNP
  - Karnali only 14%, Province 2 only 23%
  - Lumbini 46%
- 42% reported children 6-11m received MNP
- Consistency of food where MNP is added was mostly liquid (42%) and Semi liquid food (53%)
- Just over half the respondents reported their children refusing to eat MNP supplemented meals, but there is a variation by the consistency of food given.
  - Families reporting Solid/Dry food with MNP mix are most likely to report children often or most of the time refusing to eat

HEALTH

HEALTH: An increase in the share of respondents choosing health posts and a decrease in the share choosing city hospitals. However, health seeking preferences vary sharply by background characteristics such as income. 37% of the top income group would prefer visiting a city hospital compared to only 18% of the bottom income group.



Health Seeking Preferences (May – Dec)



Variation in health seeking preferences by income group

More than 1 in 10 preferring Private Health Clinics: Main reasons are closeness (66%), Quality (33%) and Trust (23%). Very small per cent (<1) reporting not willing to go out or self-treating at home (<1%).

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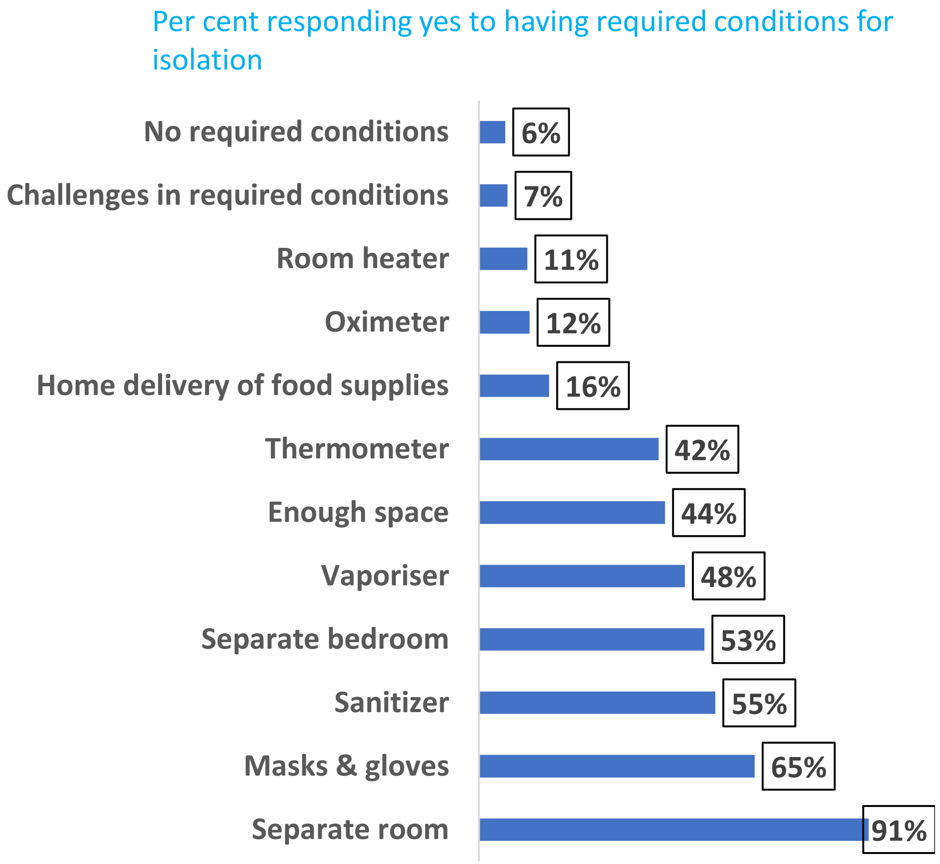
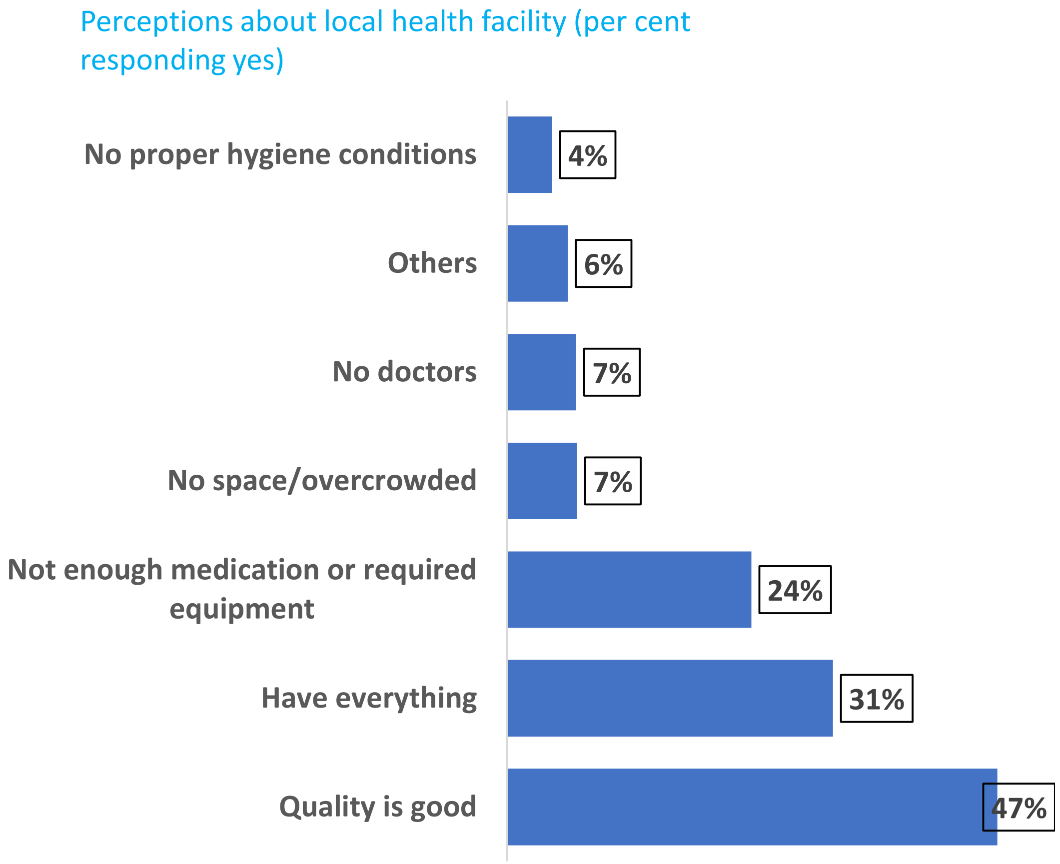
HEALTH: **3 per cent of respondents reported someone in their family having to isolate due to Covid. 91 per cent reported having separate rooms. 6 per cent reported not having any required conditions and 7 per cent declared having challenges in acquiring the required conditions. Less than half respondents reported having oximeters, thermometers, enough space or vaporizer.**





Perceptions regarding local health facilities varied. Less than half felt that quality was good (47%) or that the hospital had everything (31%). However, 24 per cent felt there was not enough medication or required equipment. Respondents also complained in some cases about the lack of doctors and over crowding. The major listing under 'other' was distance

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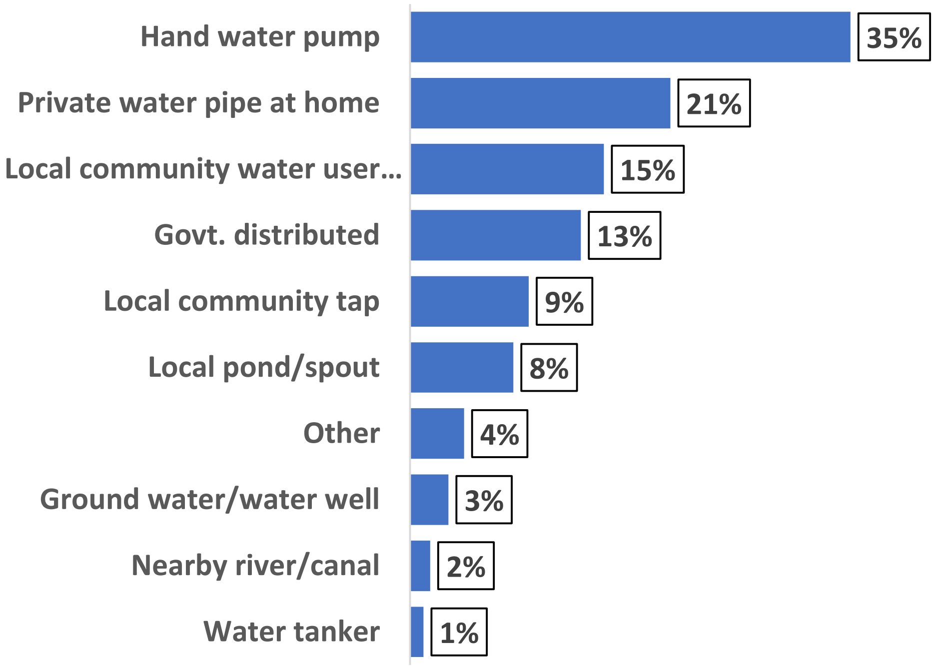
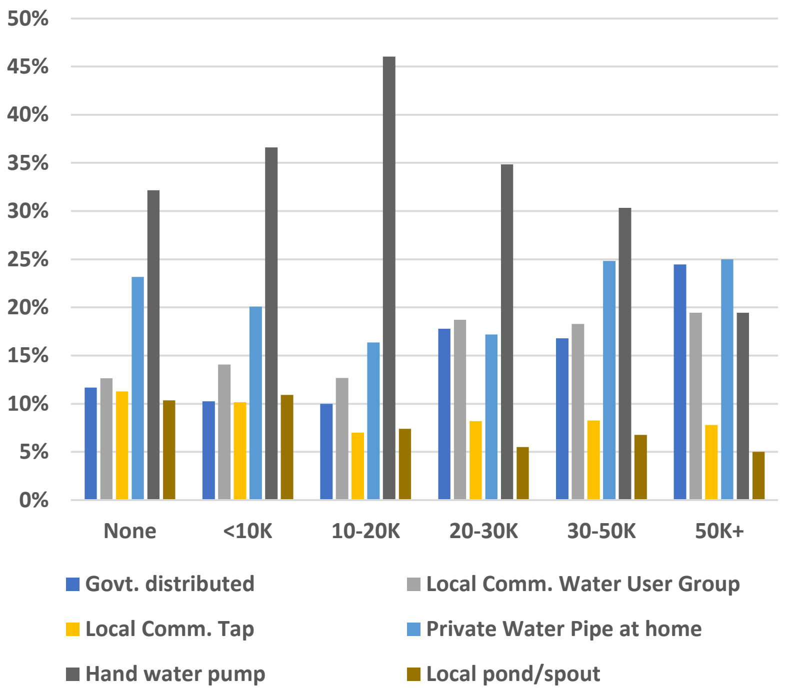
WASH

WASH: Most common source of drinking water hand water pump (35%) followed by private water pipe at home (21%). Upper income groups enjoy more diversity in drinking water sources including greater access to government distributed water. 92% respondents reported drinking water supply is the same although Karnali & Sudurpaschim respondents were most likely to report less.

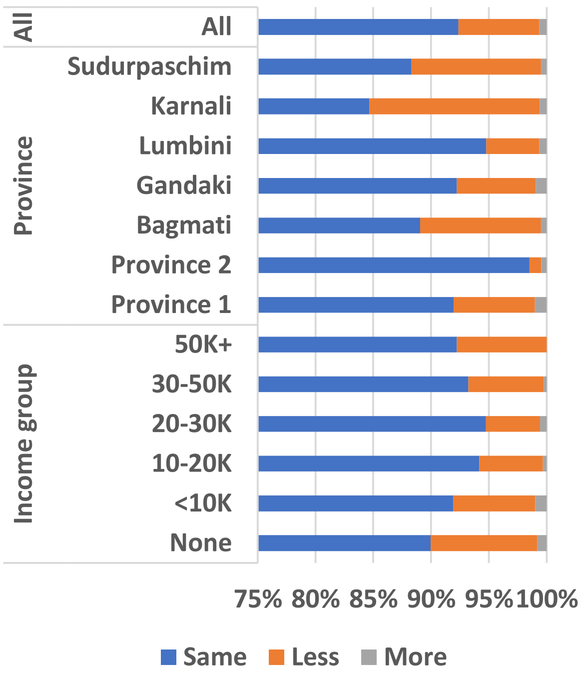
Sources of drinking water (% reporting Yes, Dec)



Sources of drinking water by income group (Dec)



Situation of drinking water supply by Province and Income Group (Dec)



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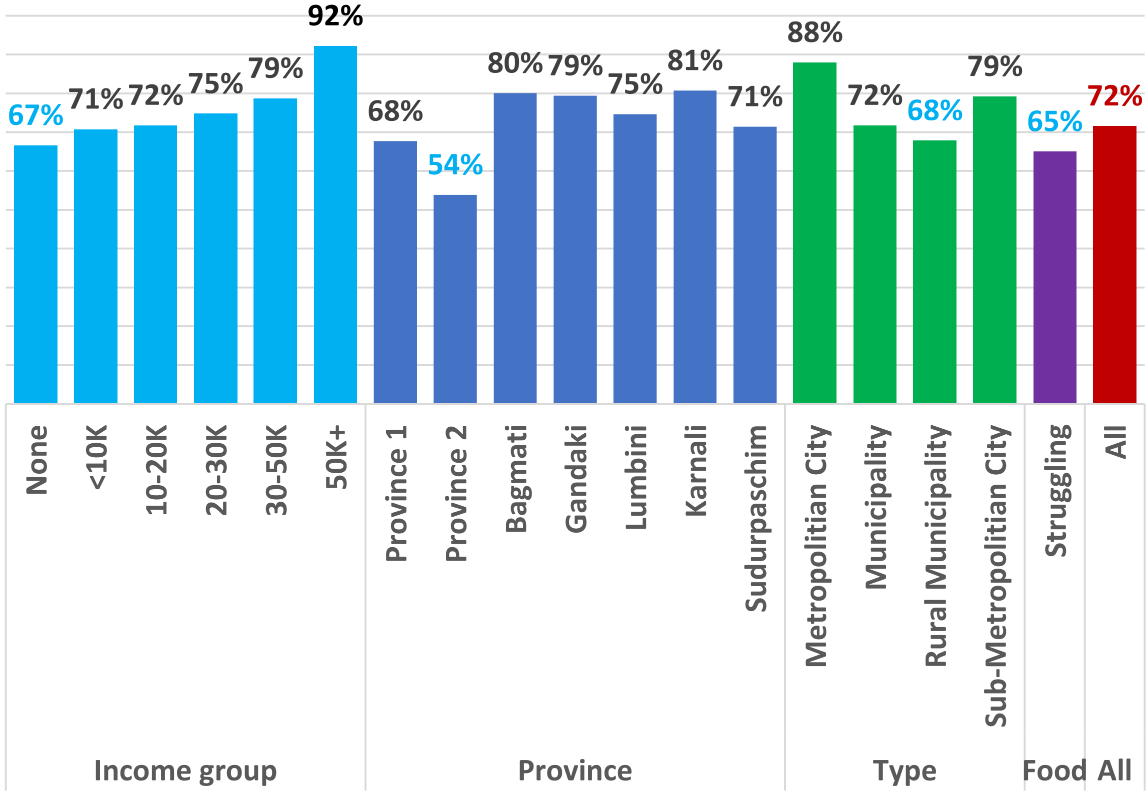
WASH: 72 per cent had access to handwashing station. Results vary strongly by income, province & residence. 92% of top income group had access compared to 67% of the lowest income group. Only 54% of respondents in Province 2 declared having access. Residents in metropolitan cities were much more likely to have access to handwashing station (88%). Compared to oct, can see some evidence of building and repairing both toilets and handwash stations. 1% continued to have difficulty or no access in both October and December or had to share with other families

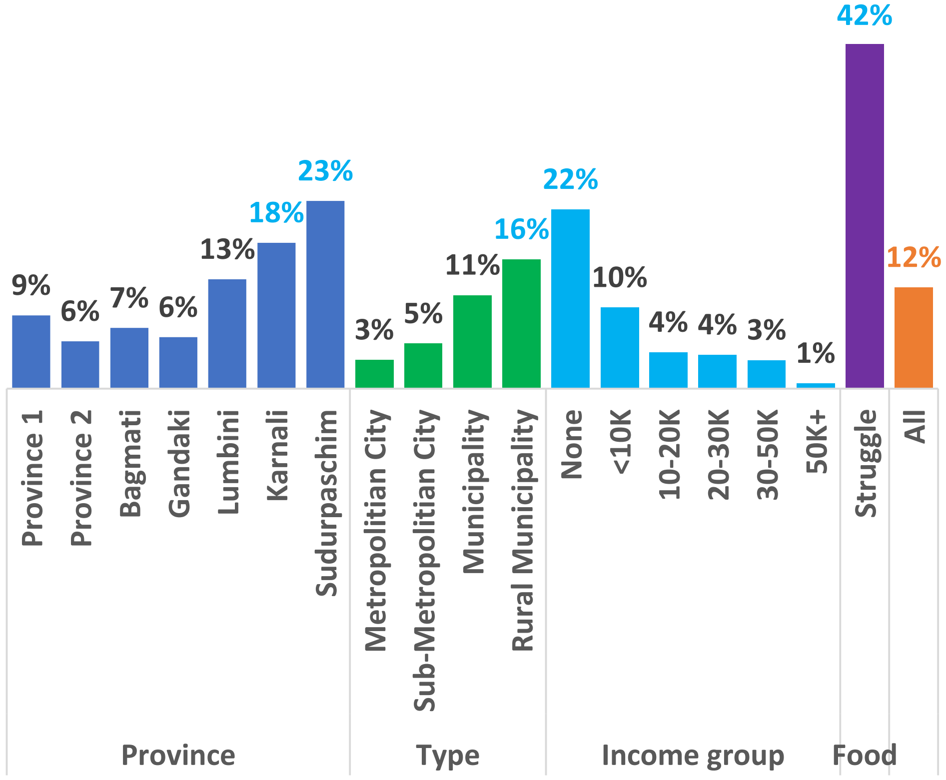


Per cent having a handwash station at home by Income group, province and residence type (Dec)

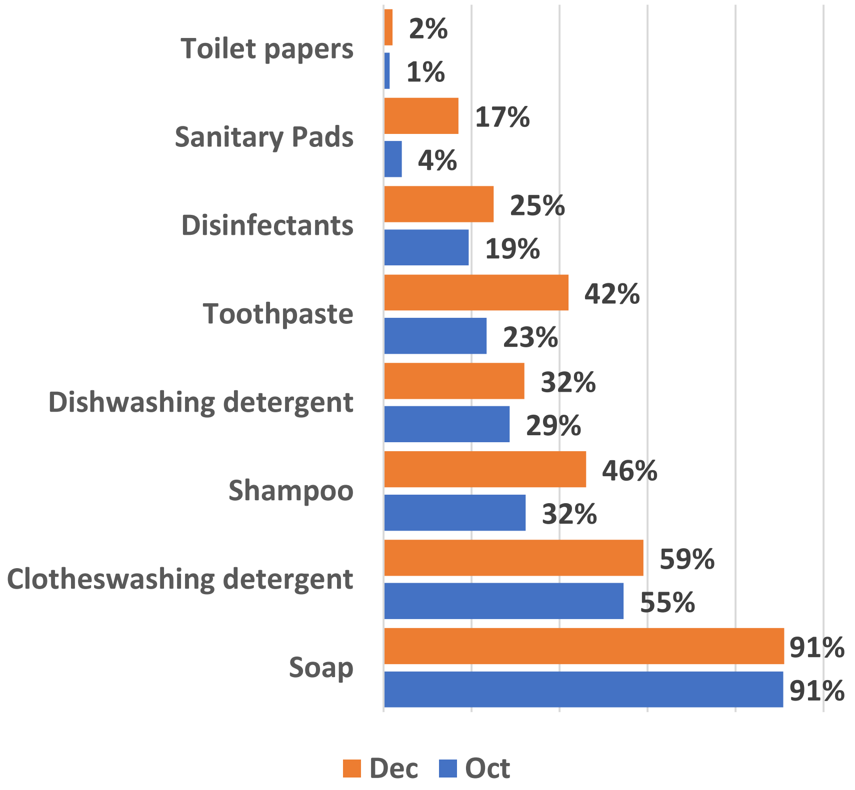
	Toilet		Handwash station	
Action	Dec	Oct	Dec	Oct
Built new	4%	2%	4%	2%
Repaired	3%	2%	4%	3%
Added new			6%	5%
Using existing one	93%	96%	89%	91%
Sharing with other families	1%	1%	0%	1%
Difficulty/No access	1%	1%	n.a	1%

Actions regarding Toilet & Handwashing Station (Dec)

WASH: **Overall 12% reported difficulty in accessing hygiene materials. Respondents struggling for food were also most likely to report difficulties in accessing hygiene materials. Access also varies by province –Karnali & Sudurpaschim respondents were more likely to be facing difficulties. The variation by income group and residence type is also significant. Types of materials most likely to be difficult to access included detergent, shampoo, toothpaste, disinfectants and sanitary pads.**

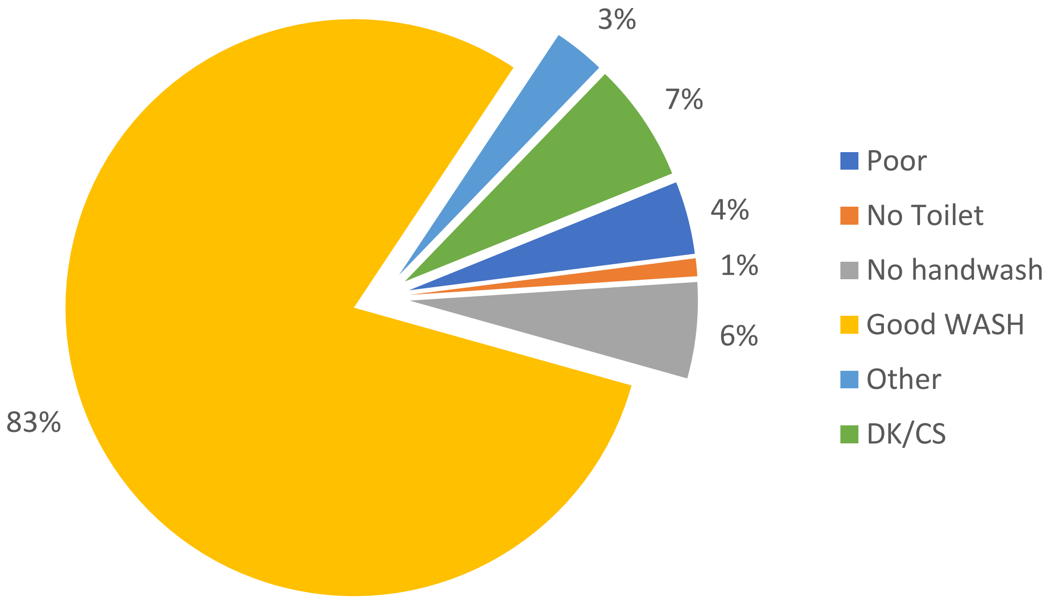


Per cent having difficulties in accessing hygiene materials (Dec)

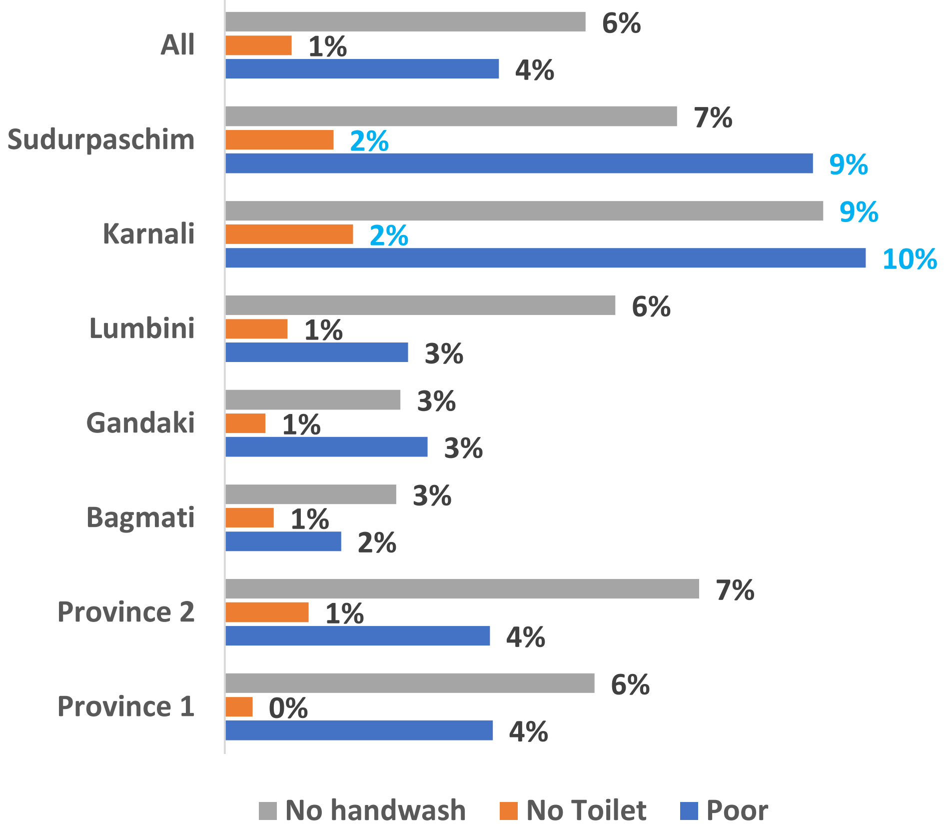


Hygiene materials difficult to access

WASH: **83 per cent of respondents perceived good WASH facilities in children's schools. However, 6 per cent reported no handwash facilities in their child's school. 4 per cent felt that wash facilities were poor in school. Results vary by province. Respondents from Karnali and Sudurpaschim were twice as likely as the average to report no toilets, no handwash or poor facilities.**



Perceptions about local school WASH situation (Dec)



Perceptions about local school WASH situation by Province (Dec)

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PROTECTION

PROTECTION: 6% respondents reported witnessing violence against women, children or both residents from province 2 were the most likely to report witnessing violence

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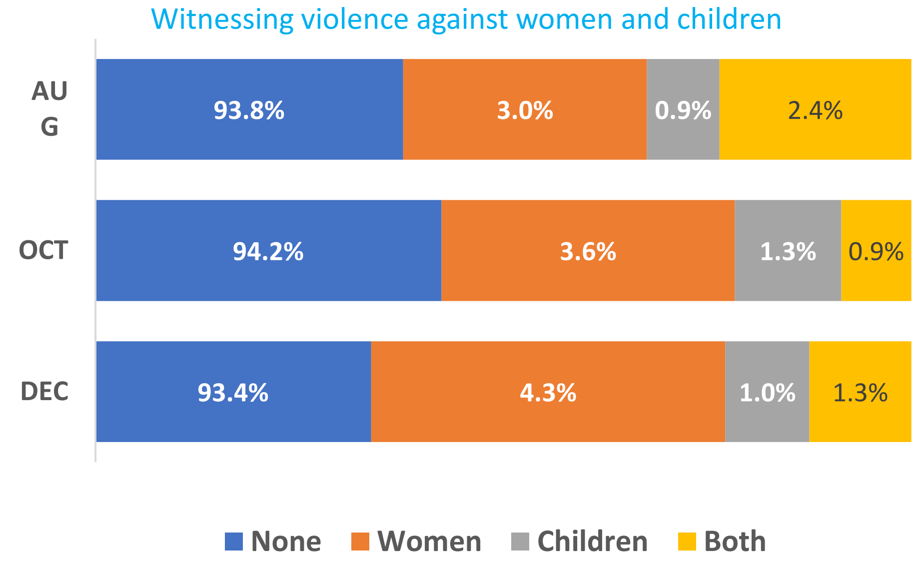
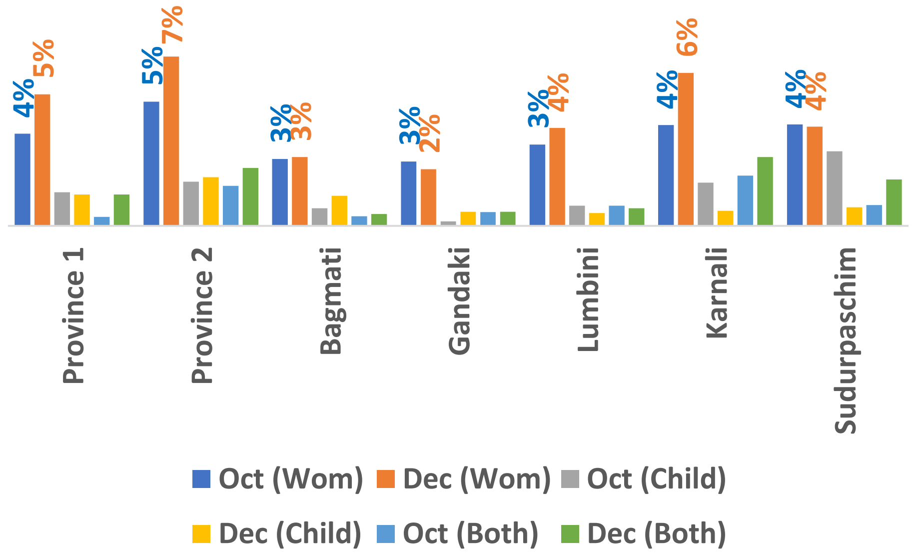
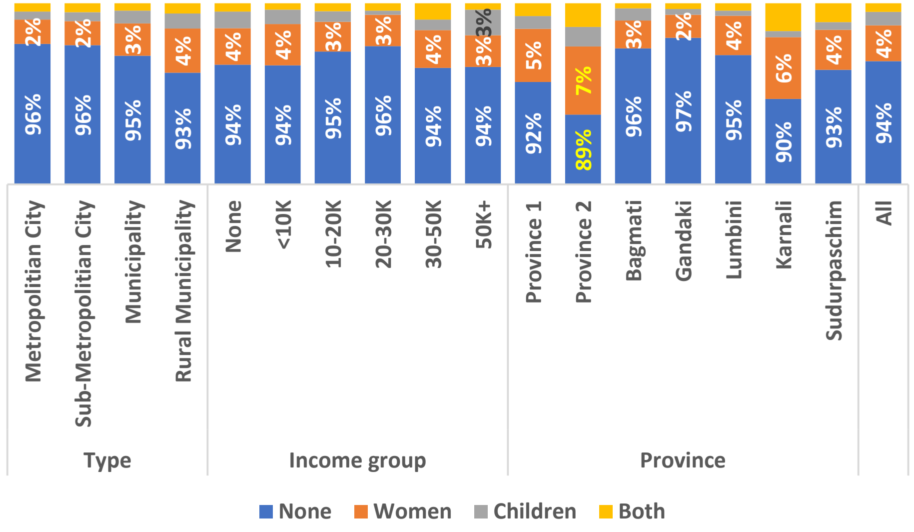


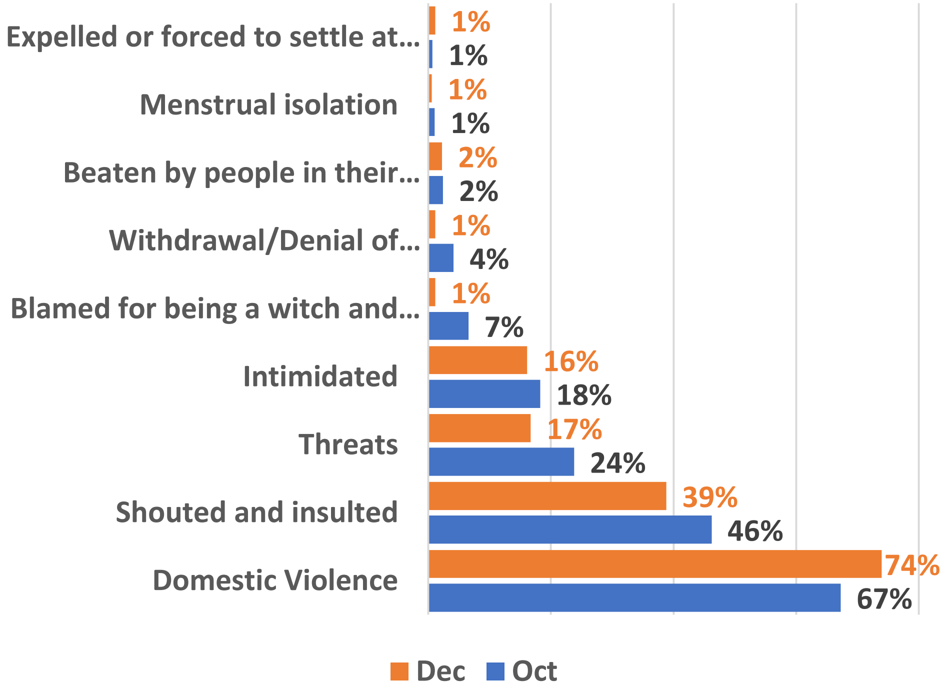




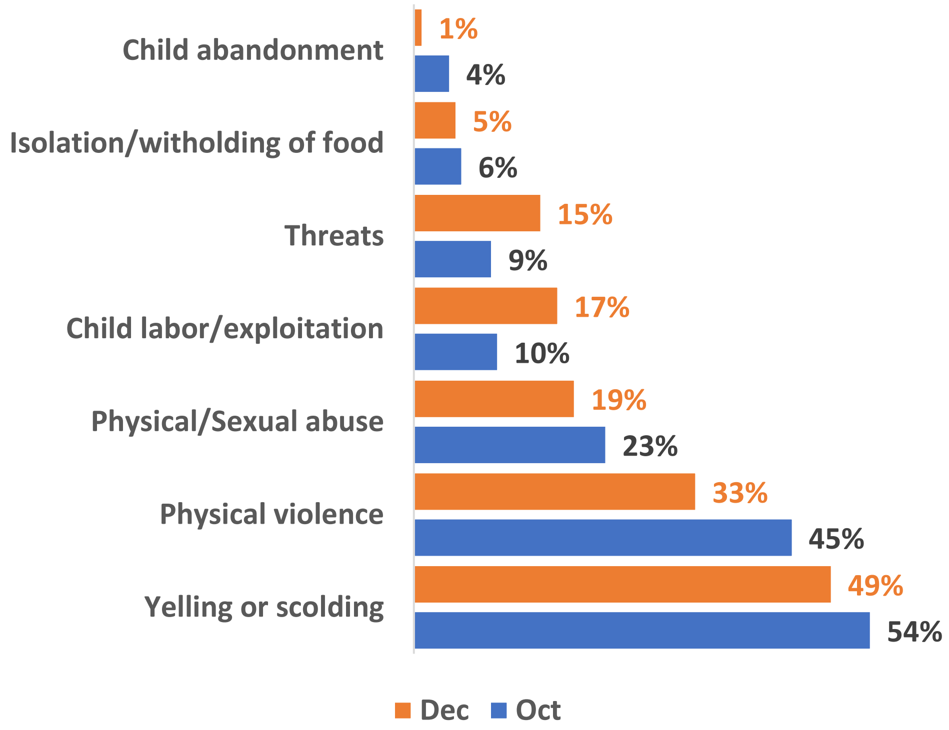
Witnessing violence against women and children
- by province (above) and by type of residency (bottom left)

- Respondents witnessing violence against women increased from 3% (Aug)→ 3.6% (Oct)→4.3% Dec
- Respondents witnessing violence against children 0.9% (Aug)→1.31%(Oct)→1.03%(Dec)
- Respondents witnessing violence against both women and children 2.35% (Aug)→0.86% (Oct)→1.25%(Dec)
- Respondents witnessing violence against women, children or both in rural municipalities is about 7.5%, 6.6% in sub metropolitan cities and 3.8% in metropolitan cities.
- Respondents witnessing violence against women, children or both in Province 2, Karnali, and Province 1 are 11%, 10%, and 8% respectively - higher than other provinces.
- **24 per cent respondents witnessing violence DO NOT KNOW WHERE TO REPORT**

PROTECTION: Domestic violence, sexual abuse and psychological or emotional violence are the main protection risks facing women and children



Types of discriminatory/violent behaviour towards women



Types of discriminatory/violent behaviour towards children

- Most prevalent forms of discriminatory and violent behaviour towards women are domestic violence, shouting and insulting, and threats and intimidation (continuation of what was observed in Oct)
- Most prevalent forms of discriminatory and violent behaviour towards children are shouting/scolding, physical violence, physical or sexual abuse and child labour/exploitation (continuation of what was observed in October). Increase in child labor/exploitation and threats noted in Dec.
- This does not consider intersecting forms of violence.

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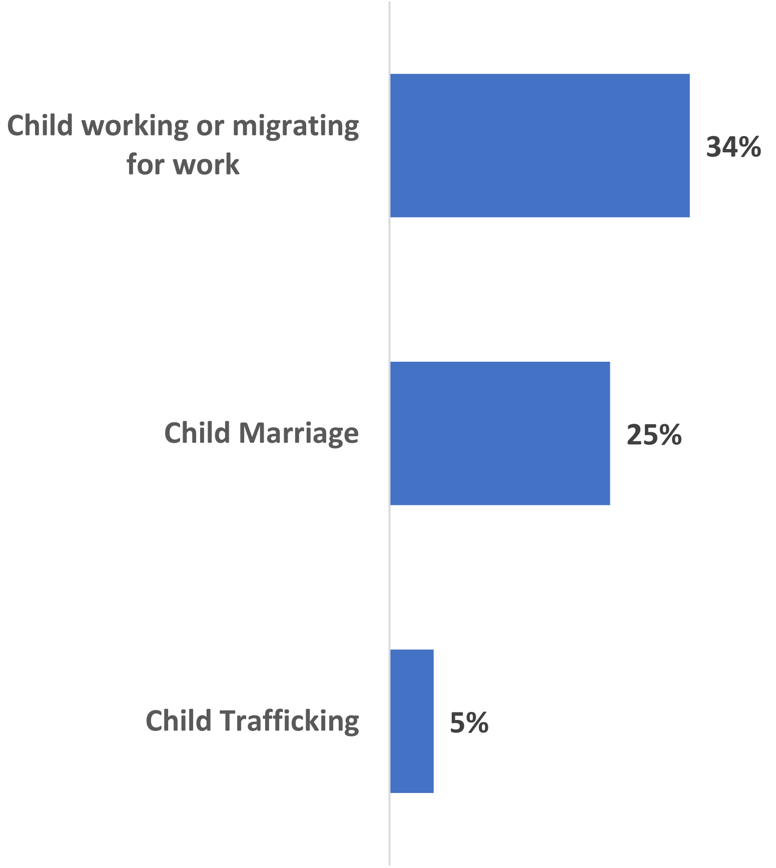
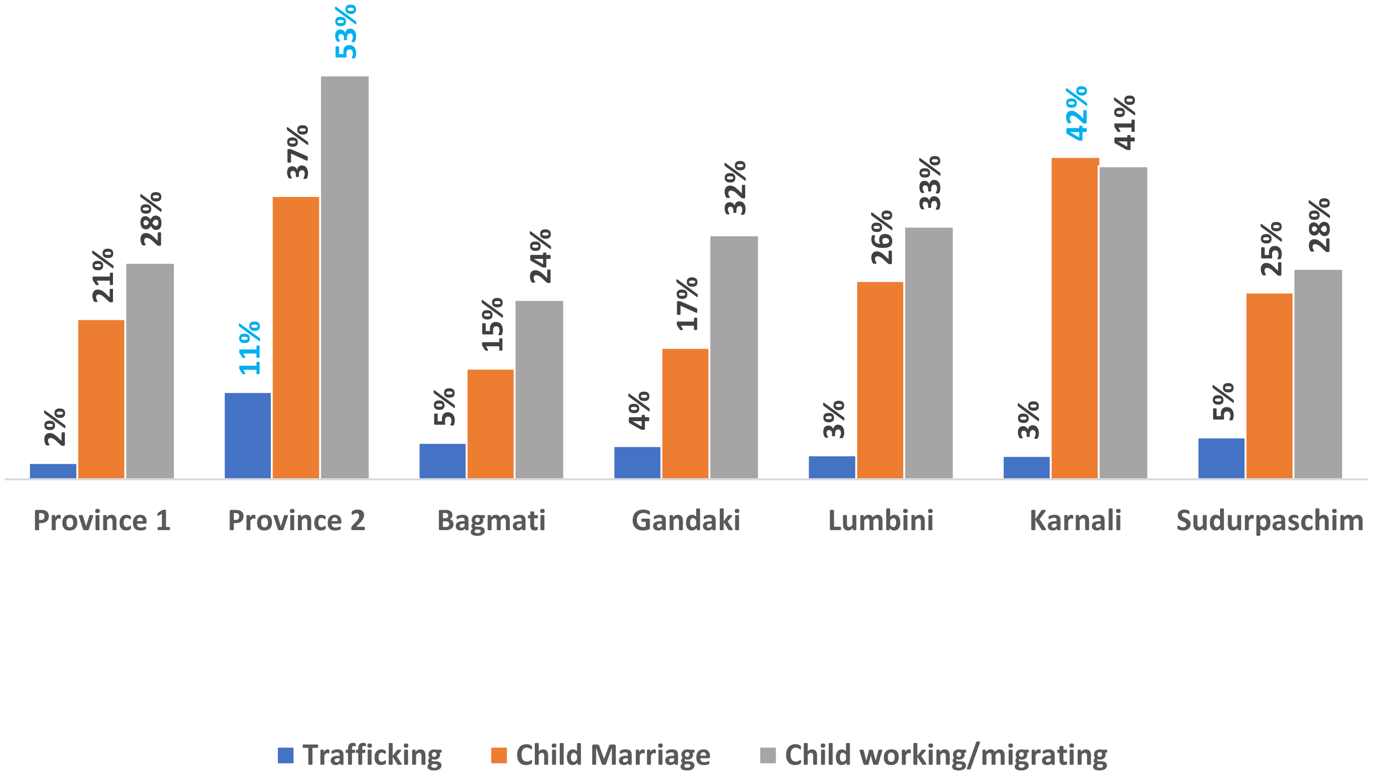
PROTECTION: 34 per cent of respondents noticed or heard of children working or migrating for work. 25 per cent heard of or noticed child marriage while 5 per cent noticed or heard about incidents of child trafficking. There is not so much variation by income but a strong variation by province with province 2 respondents much more likely to report trafficking and child labor while Karnali respondents were most likely to report child marriage. (New question)



Respondents reporting on child trafficking, child marriage/elopement and child working/migrating for work (Dec)



Respondents reporting on child trafficking, child marriage/elopement and child working/migrating for work by Province (Dec)

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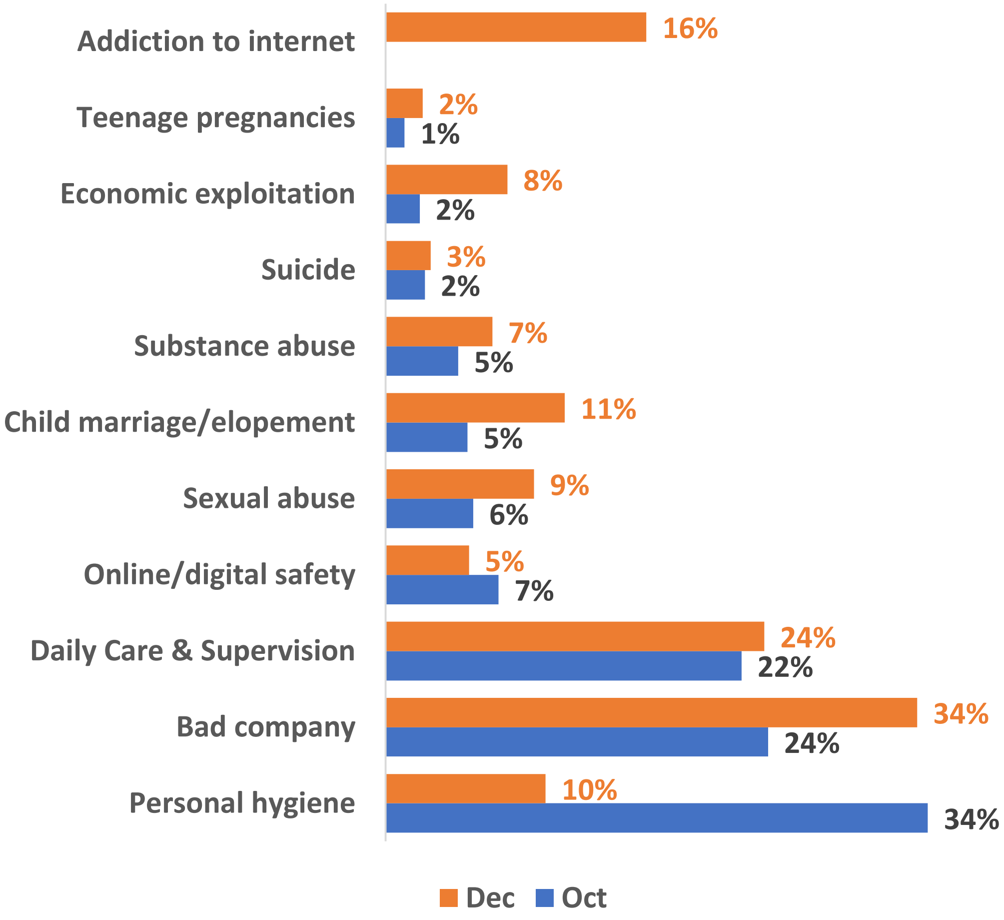
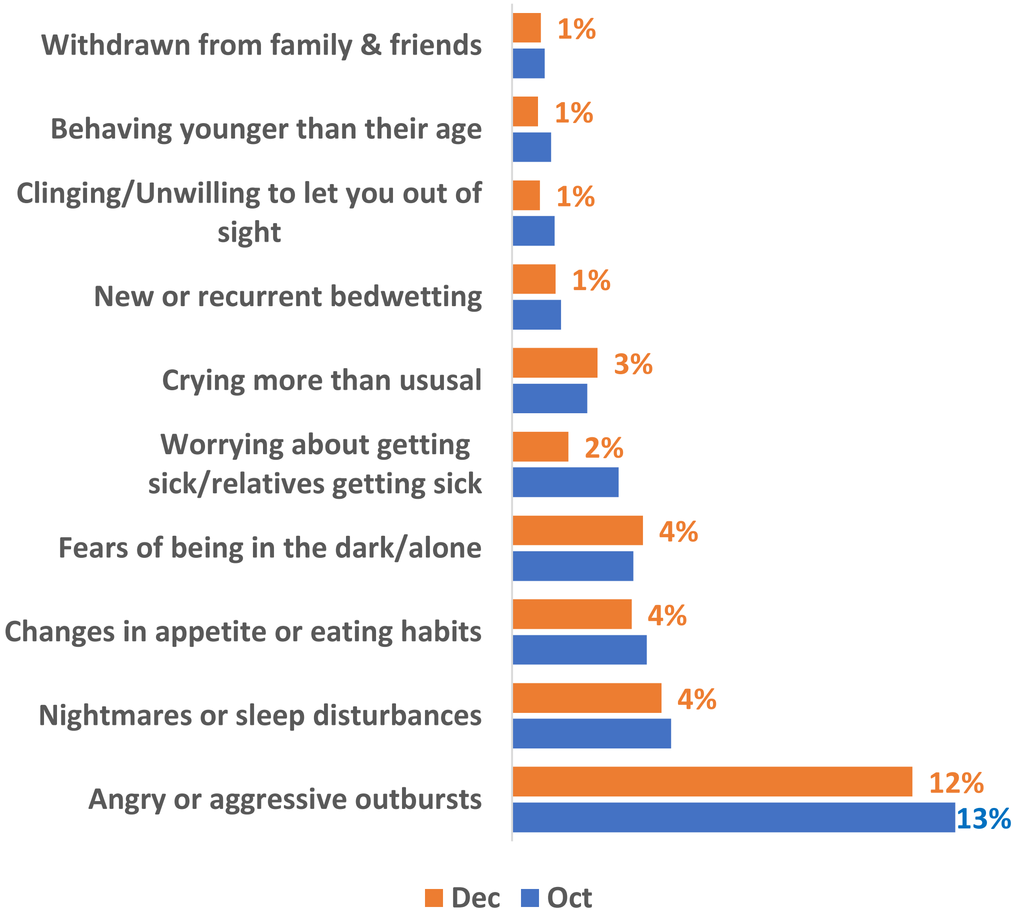
PROTECTION: Bad company, daily care and supervision as well as anger/aggressivity of children are major parenting concerns. Anger among children has been consistently reported by caregivers through various rounds



Primary worries regarding welfare and safety of children (Oct & Dec)



Symptoms being shown by children (Oct & Dec)

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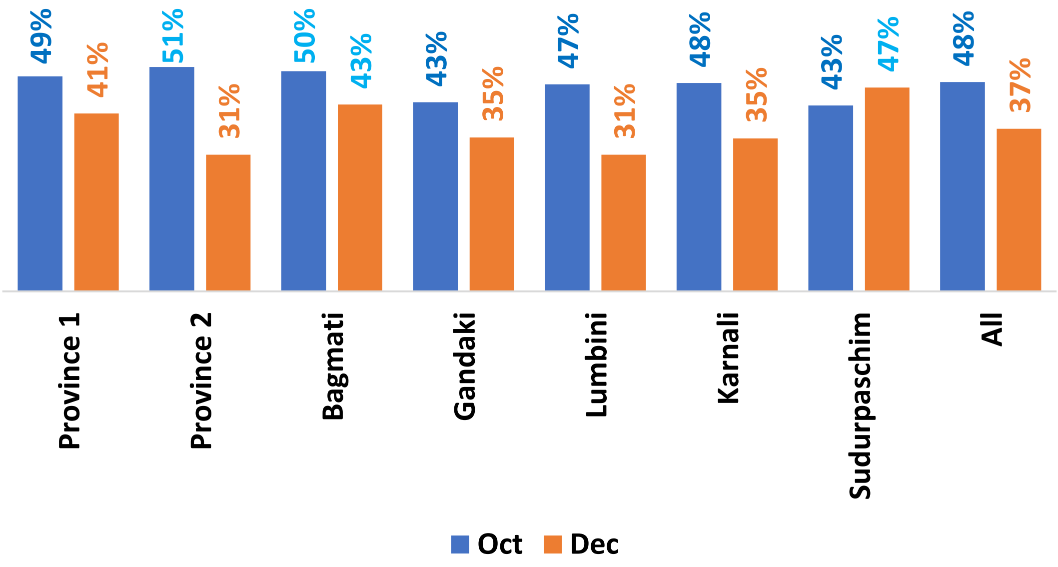
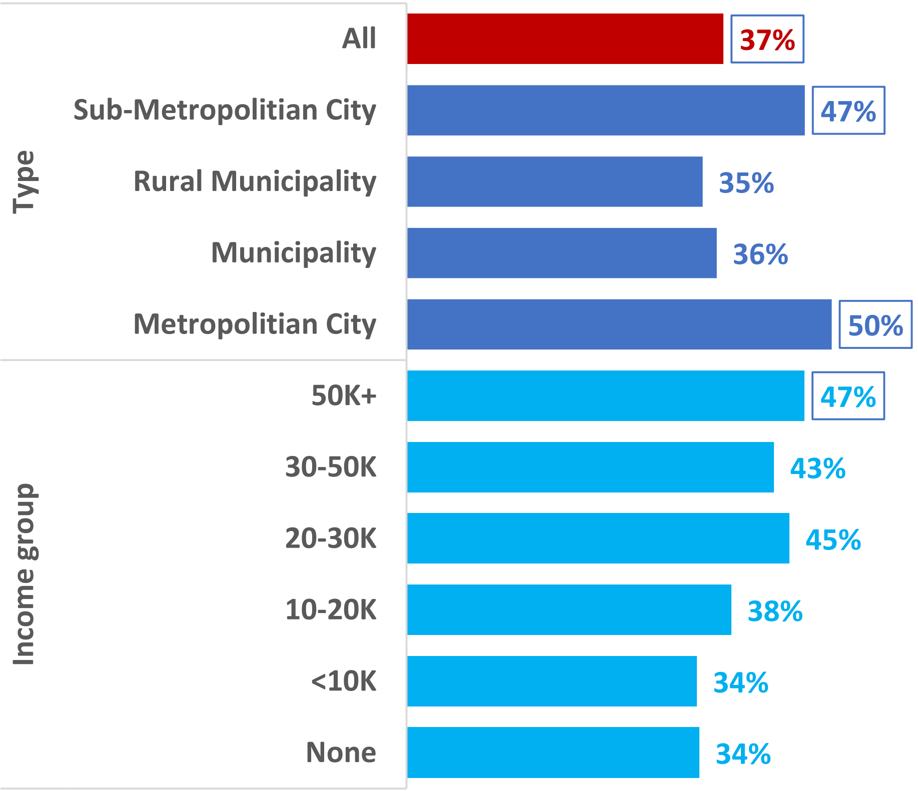
BEHAVIOUR AND KNOWLEDGE

BEHAVIOUR AND KNOWLEDGE: Per cent perceiving being at risk of infection dropped from 48% in October to 37% in December. Residents from higher income groups as well as those living in metro or sub metro areas have higher risk perception (45-50%) of being infected with Covid-19

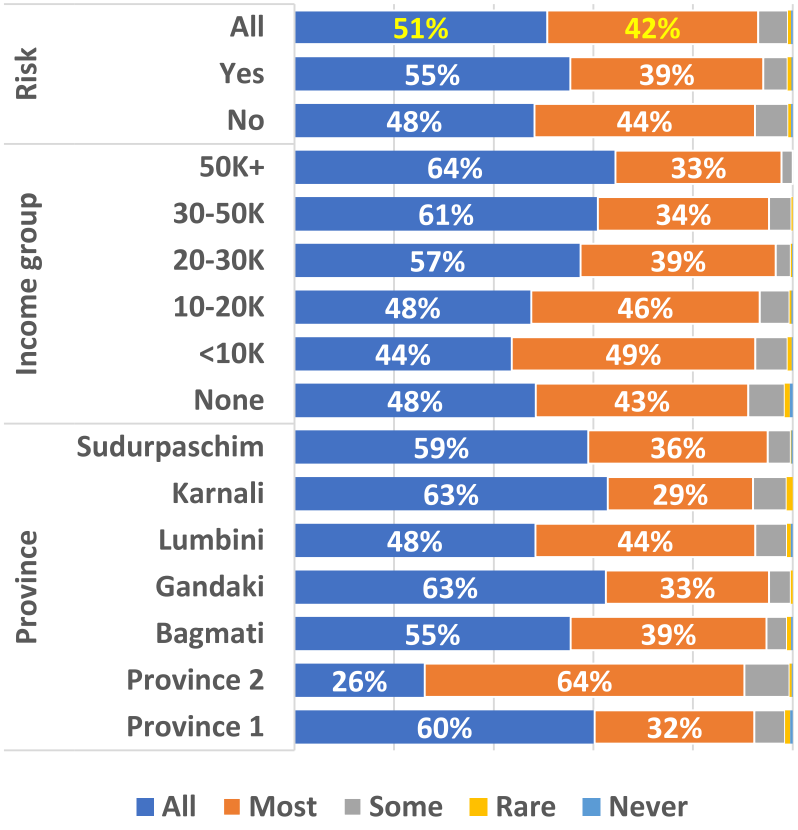


Per cent who perceive themselves at risk of Covid-19 infection (Oct-Dec)

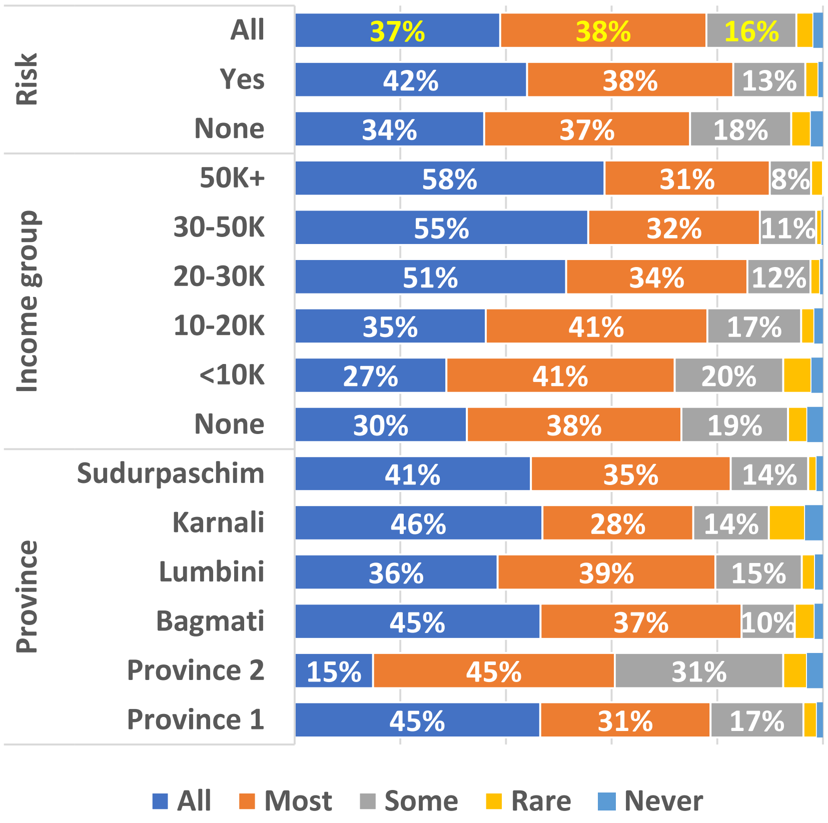


Variation in risk perception by income group & residence type (Dec)

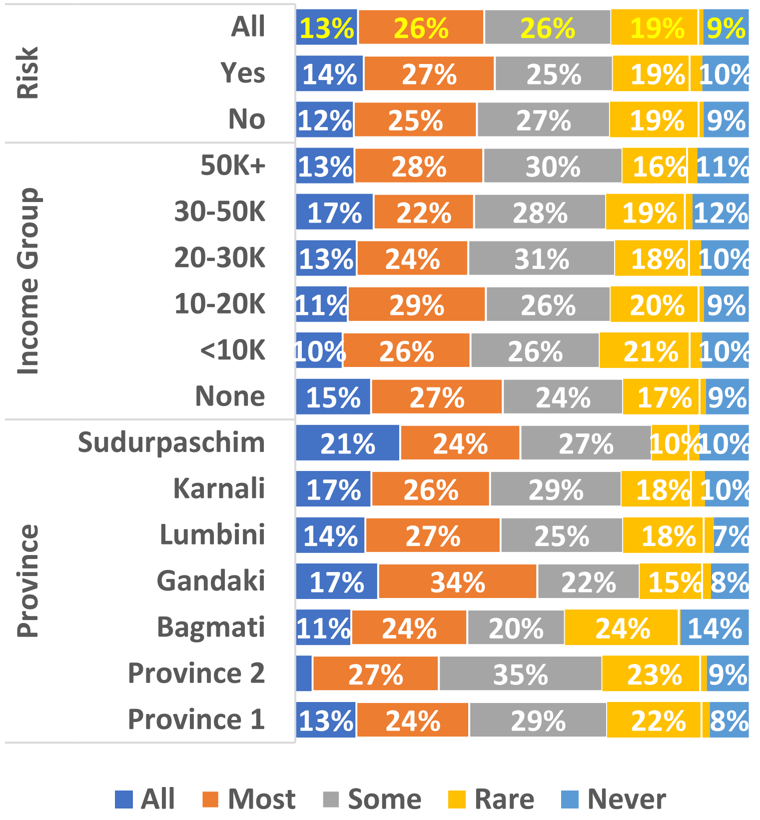
BEHAVIOUR AND KNOWLEDGE: Only 51% practised handwashing for 20s or more all the time. Only 37% wore a mask in public all the time while only 13% practised 2m safe distancing all the time. Those who perceived themselves at risk were more likely to practise these behaviours all or most of the time. Province 2 respondents were least likely to report handwashing or wearing a mask all the time. Strong income effect observed for handwash and mask wearing behavior. Just under 1 in 10 were never able to maintain 2m distance in public



Handwashing behavior



Wearing a mask in public



Maintaining 2m distance in public

2.5% (159 respondents) reported they could not buy a mask (down from 6% in Oct) citing price increases (35%), making masks at home (26%), not being able to afford to buy (18%) and lack of availability (16%).

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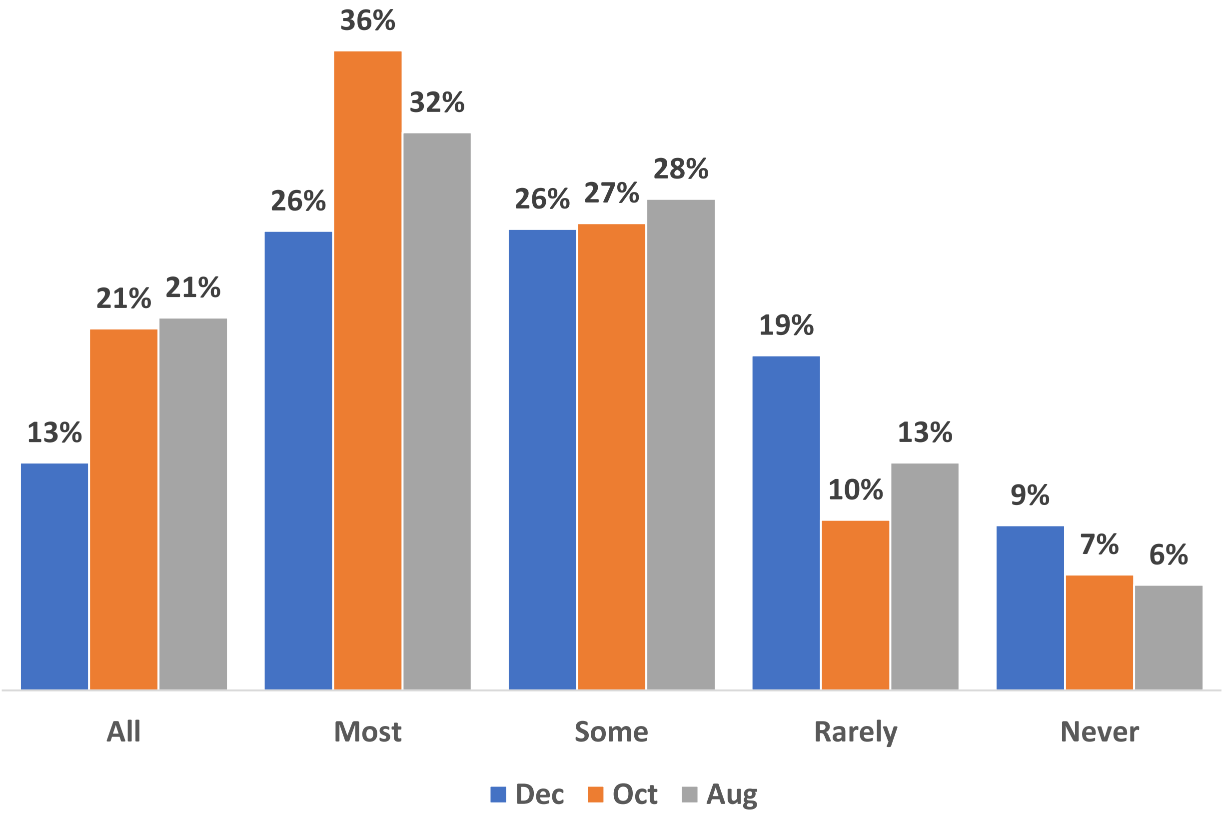
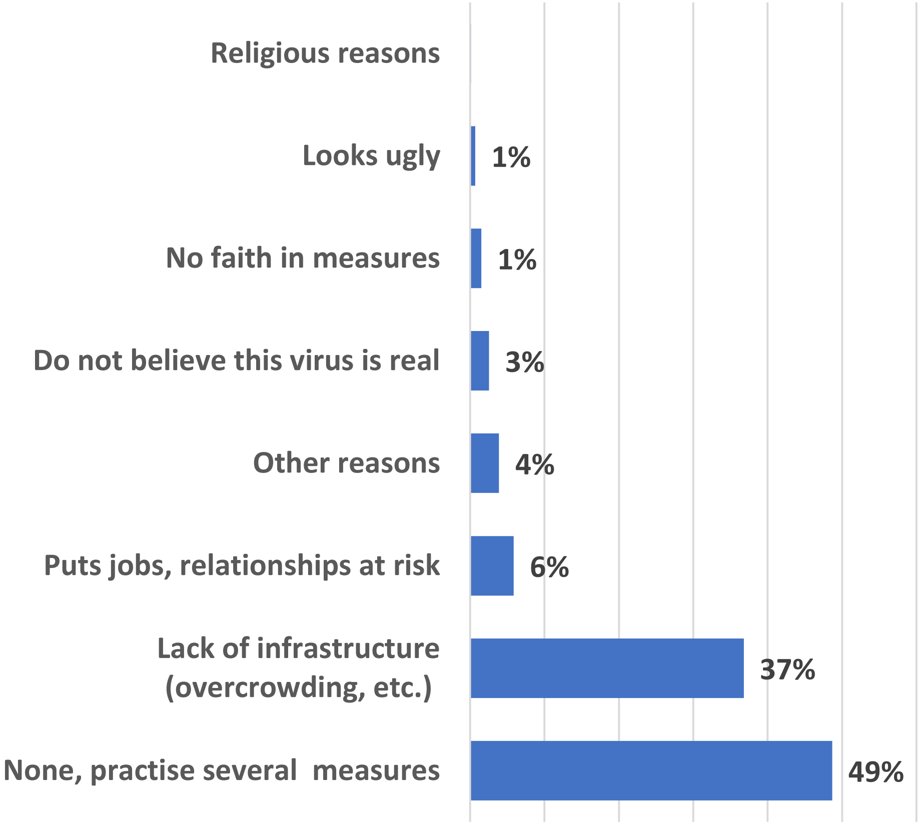
BEHAVIOUR AND KNOWLEDGE: Comparing the practise of keeping 2m distance in public as reported in Aug, Oct & Dec, there is a drop is share of respondents reporting all the time or most of the time, with increases in rarely and never

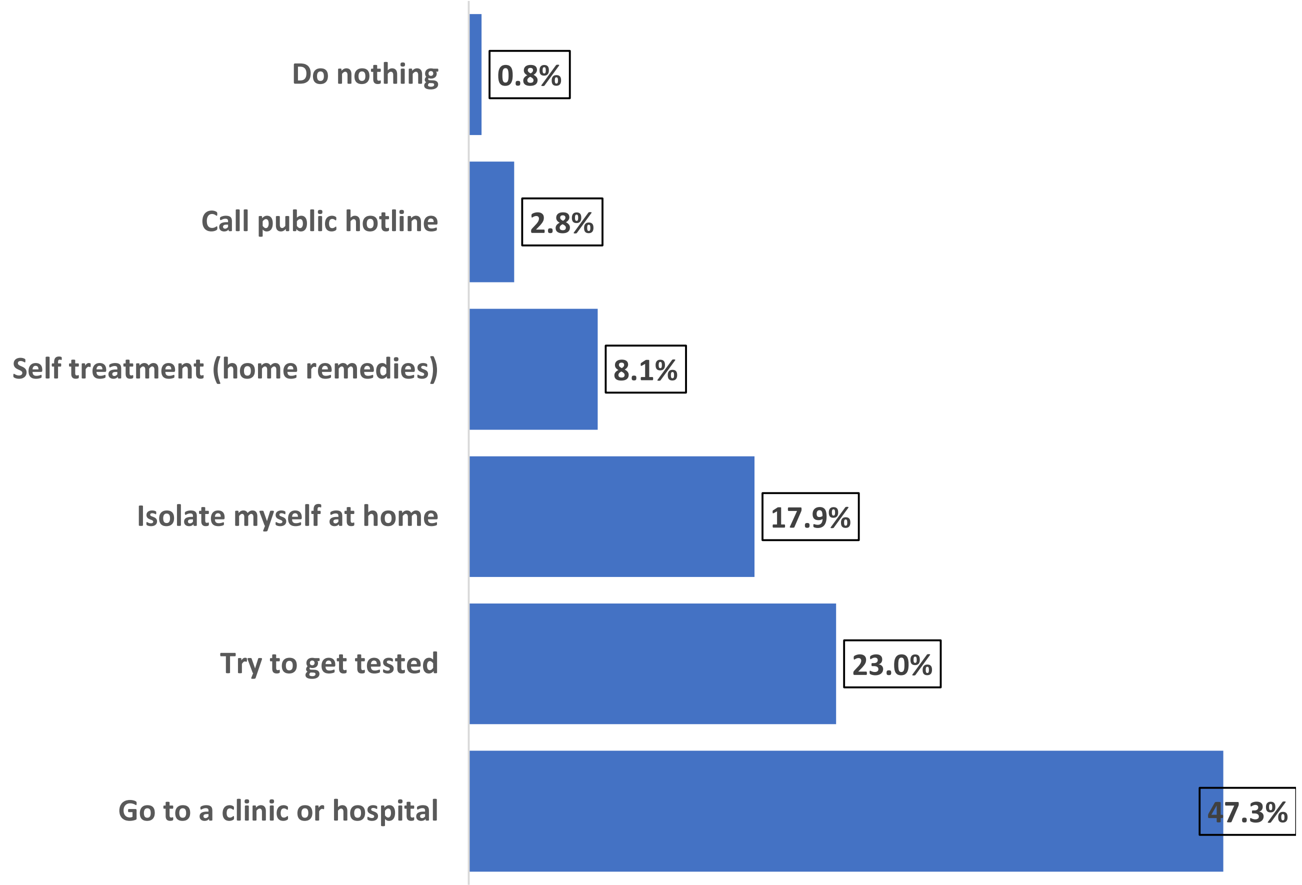


Maintaining 2m distance in public (Aug, Oct & Dec)

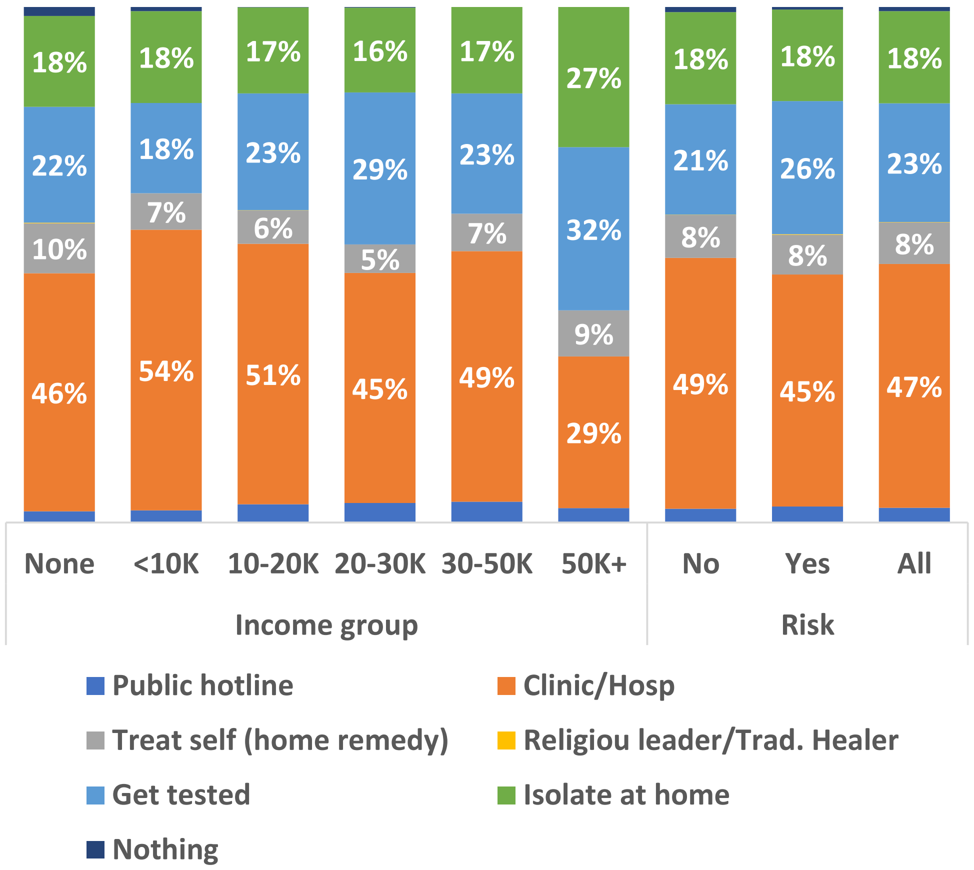


Reasons for not being able to practice protective measures (Dec)

BEHAVIOUR AND KNOWLEDGE: Most respondents reported they would go to a clinic (47%), try to get tested (23%), isolate at home (18%) or self-treat (8%). Preferred response in case of covid-19 infection varies by income group and whether the person perceived themselves to be at risk of covid-19 infection

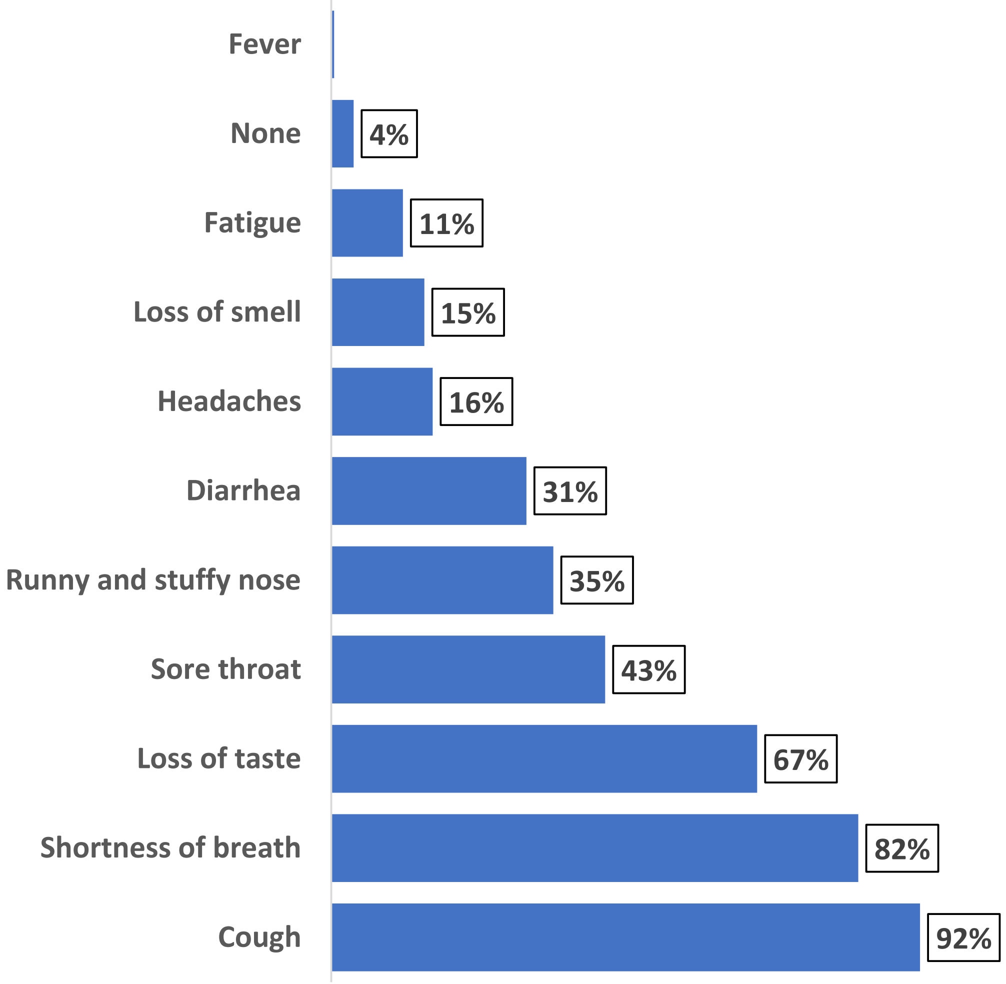


Preferred behavior in case of Covid-19 infection (Dec)

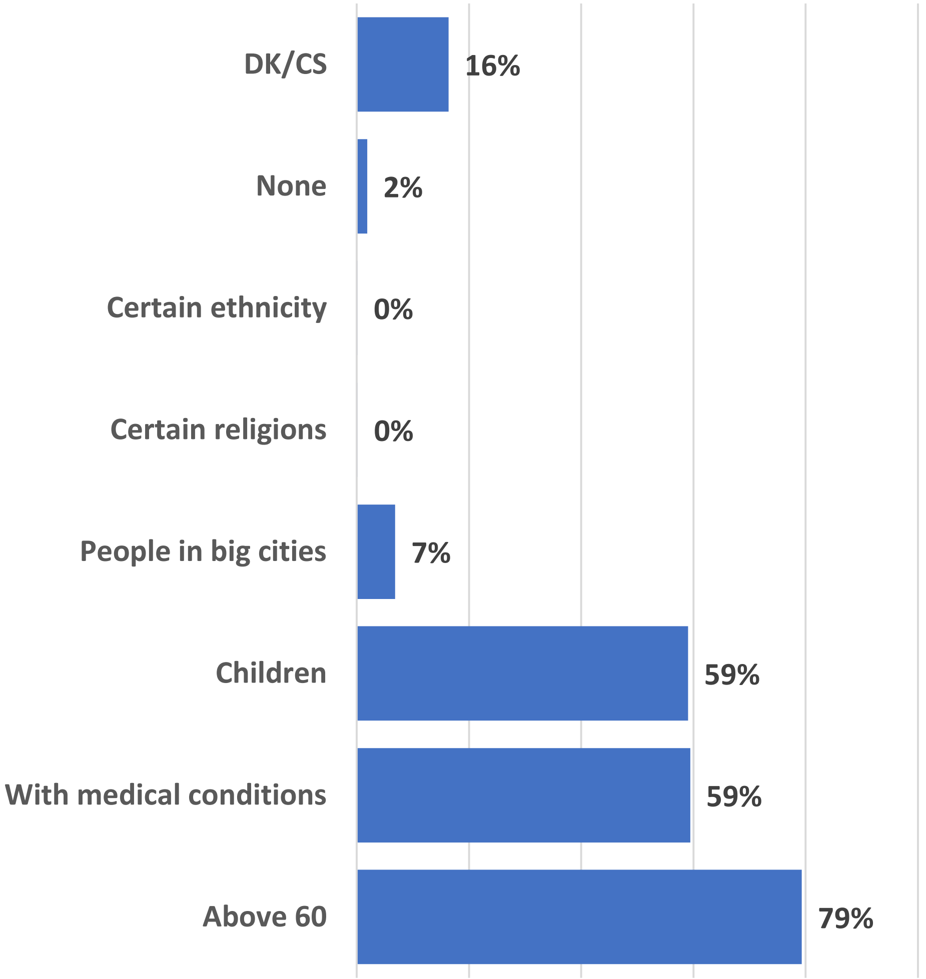


Preferred behavior in case of Covid-19 infection by income group and perception of risk

BEHAVIOUR AND KNOWLEDGE: Cough (92%), shortness of breath (82%), loss of taste (67%) & sore throat (43%) were the top 4 symptoms of covid-19 as identified by respondents. A significant number also identified runny/stuffy nose, diarrhea, headaches, loss of smell and fatigue. Respondents identified the elderly (79%), people with medical conditions (59%) and children (59%) as the most at risk of getting infected

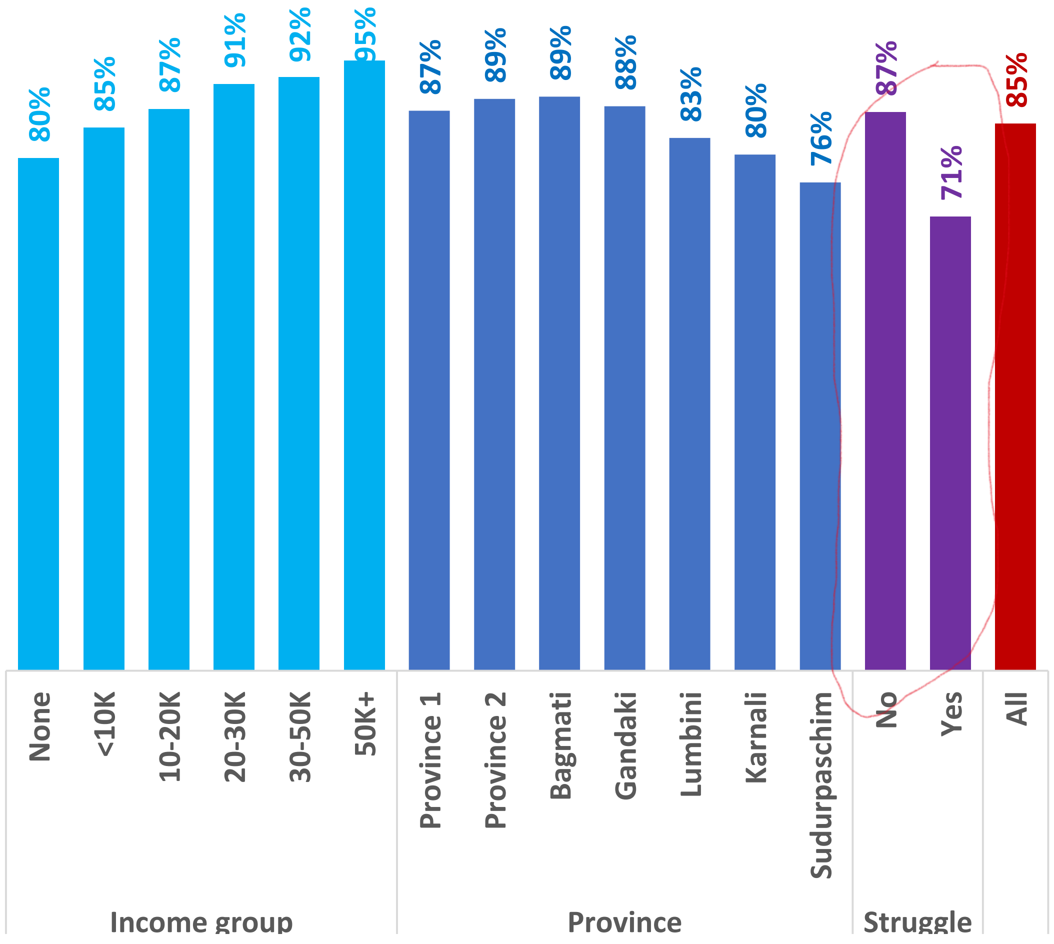


Symptoms of Covid-19 as identified by respondents (per cent saying yes for each)

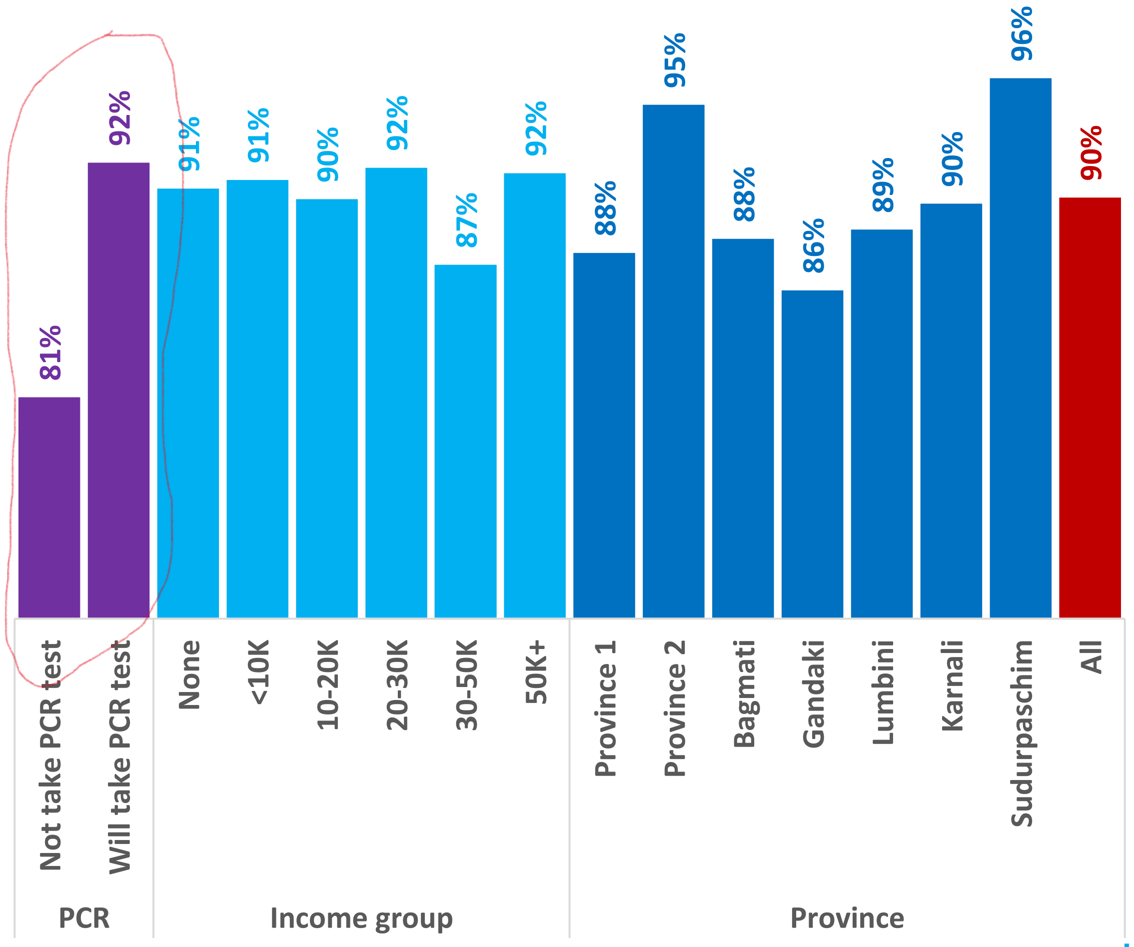


People at most risk of infection as identified by respondent

BEHAVIOUR AND KNOWLEDGE: 85 per cent would take a PCR test if not free. The results vary by the respondent's PCR preference (81% versus 92%). 90 per cent of respondents were willing to take the covid-19 vaccine. Another 7 per cent were not sure. 3 per cent said they would not take the vaccine. Respondents from province 2 (95%) and Sudurpaschim (96%) were more likely to take the covid-19 vaccine if available.



Respondents' preference for PCR Test if not free (Dec)



Respondents' preference for Covid-19 Vaccine

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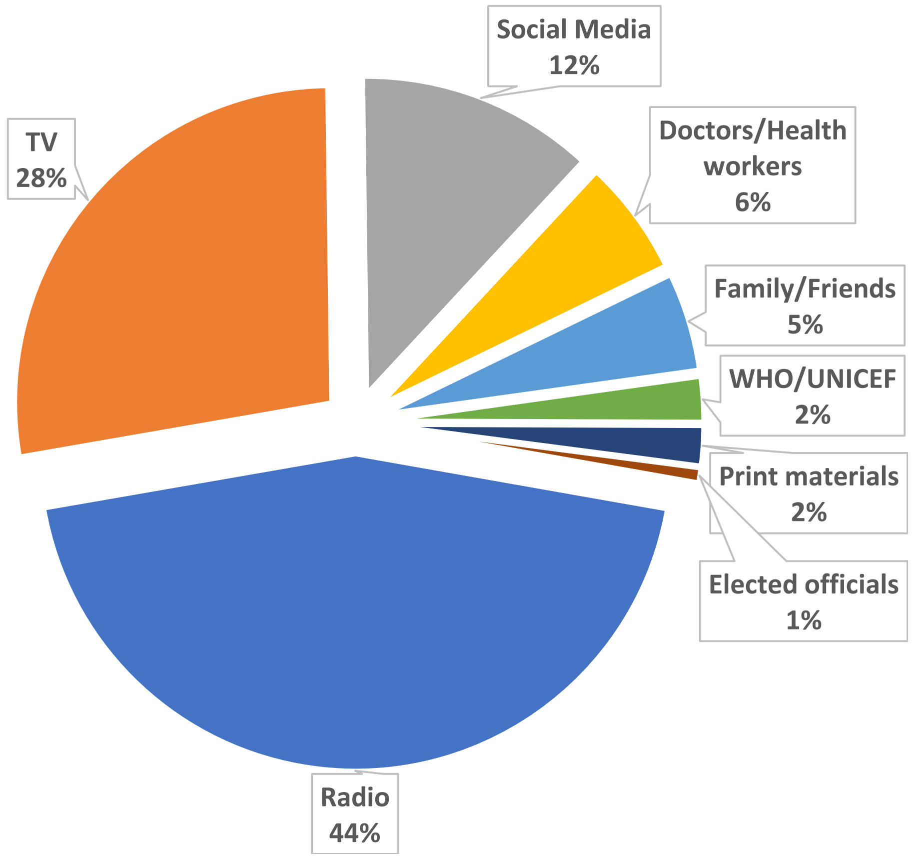
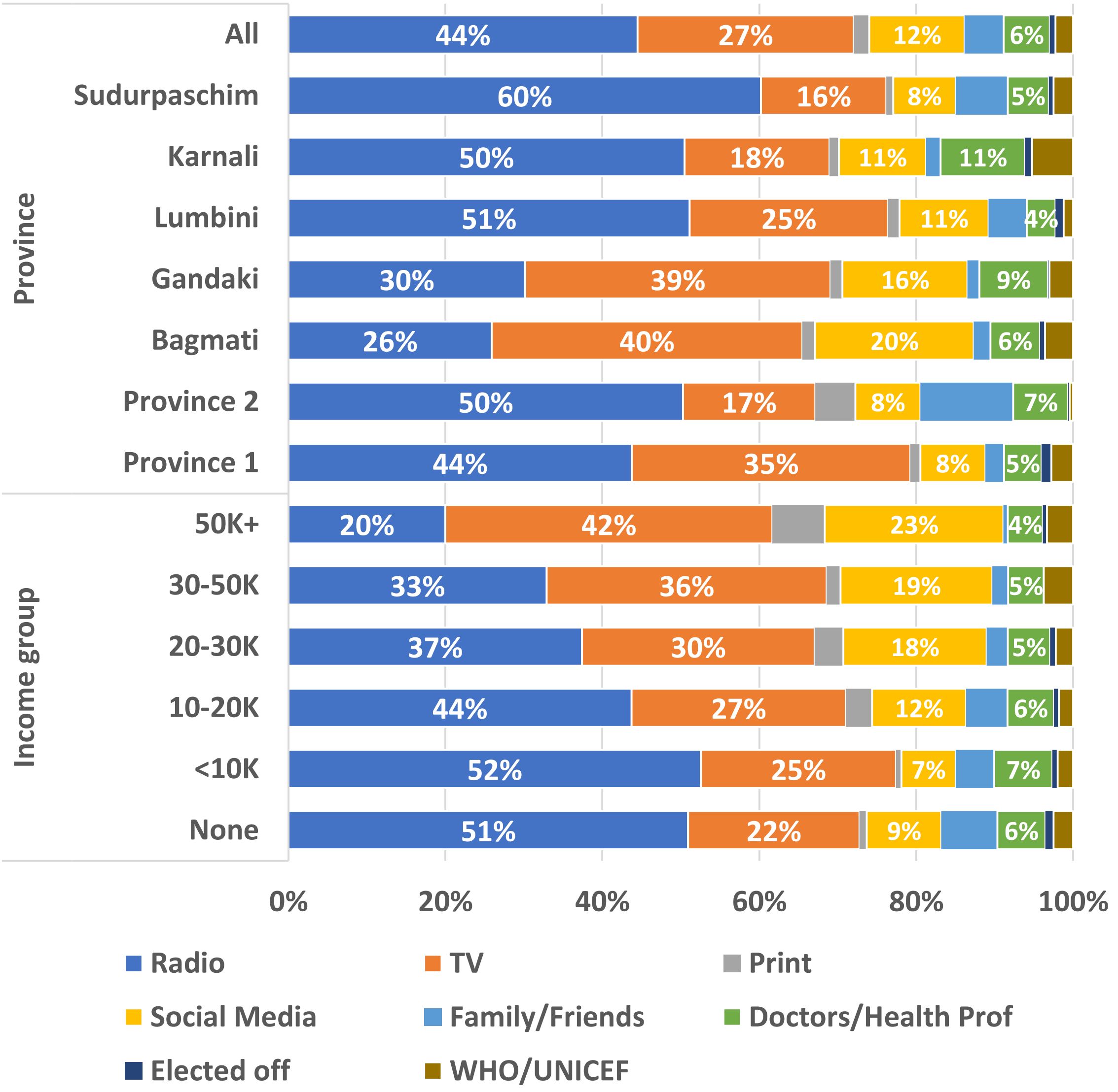
BEHAVIOUR AND KNOWLEDGE: The most trusted sources of information were radio (44%) and TV (28%) followed by social media (12%). Lower income groups relied overwhelmingly on radio (50%+) while the top income groups relied mainly on the TV (~40%).





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CONCLUSION

1. Some recovery evident but as in many recoveries may not be equitable and multiple deprivations exist for children
2. Heightened concern for those who have been without income, jobs or earnings or struggling for food for the last several rounds consecutively
3. Results continue to demonstrate the advantage of digital data collection and processing even as there is opening up
4. Since some changes are being seen, it may be useful to extend the CFT for another 6 months to better understand the drivers of change

THANK YOU

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