ZAMBIA STATISTICS AGENCY

"Quality Statistics for Development"

SOCIO-ECONOMIC IMPACT ASSESSMENT OF COVID-19 (SEIA) ON HOUSEHOLDS IN ZAMBIA

The 2021 Socio-economic Impact Assessment of COVID-19 on household Survey (2021 SEIA) was undertaken by the Zambia Statistics Agency (ZamStats) in collaboration with the Ministry of National Development Planning, Ministry of Health (Infectious Diseases). The survey was funded by the United Nations System and the World Bank (WB).

Additional information about the 2021 SEIA can be obtained from the Zambia Statistics Agency, P. O. Box 31908, Lusaka, Zambia, Telephone: (260-211) 251377/85; Fax: (260-211) 1253468; E-mail: Info@zamstats.gov.zm; http:www.zamstats gov.zm.

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Zambia Statistics Agency
Lusaka, 2021

Foreword

The Government recognises the need for evidence-based policy making. This is evident in the recently promulgated National Statistics Act, 2019, National Planning and Budgeting Act of 2020 and the National Monitoring and Evaluation Policy (2019-23). These documents provide a framework for supporting the generation of data and information to support planning, budgeting and general policy making in the country. With the emergence of the Covid-19 pandemic in 2019 it became evident globally that governments needed to effectively respond to the emergent socio-economic challenges effected by the Covid-19 pandemic on individuals and households. The country needed to understand the various challenges faced by the country in order to design appropriate interventions to support individuals and households to cope with the negative impacts of the pandemic. With the available information from the Social Economic Impact Assessment of COVID-19 on households (SEIA), the country is able to effectively address not only the current effects of Covid-19, but several other developmental challenges.

The SEIA is a multi-faceted survey which includes the Covid-19 Impact Assessment, Survey of Well-being via Instant Frequent Tracking (SWIFT); and the Cross-sectional Living Conditions Monitoring Survey encompassing an assessment of consumption expenditure by households. The idea of integrating three surveys into one is in line with the current government policy of optimising the use of resources by "doing more with less".

The SEIA was an important undertaking which has generated information on the impact of the Covid-19 pandemic on the socio-economic status of households. This information is key as it provides evidence to support the country's policy responses for mitigating the impact of the pandemic. The survey results have also generated information to feed into data requirements for key national processes such as the end-line evaluation of the Seventh National Development Plan (7NDP), the Eighth National Development Plan (8NDP) as well as the tracking of progress towards the attainment of the Sustainable Development Goal targets.

The wealth of information gathered by the SEIA also provides input into the processes of updating selected indicators on the national poverty profile, estimates of household final consumption expenditure as an input into the rebasing of the GDP.

The survey findings review that the Covid 19 pandemic has had significant negative impacts on the Zambian population ranging from reduced economic activity to hampered access to social services thereby threatening the gains made in the previous decades especially in a quest to improve the wellbeing of people through provision of various services such as health and education. The Covid-19 pandemic has also taken lives and poses a continuous threat to the country's health system as it continues to ravage almost all countries in the world. The survey reveals widespread knowledge by households on the measures required to protect them from the Covid-19 pandemic, it further highlights high knowledge of the best preventive measures and where to seek health care services in the event that an individual or members of the households were infected by the Coronavirus. The positive findings on the extensive knowledge in the country about Covid-19 and the measures required to protect oneself are quite encouraging and require re-enforcing to ensure that the battle against the Covid-19 pandemic can be won.

All stakeholders are, therefore, urged to rally with the Government, scientists and all those in the forefront in providing guidance and direction to ensure that the country remains resilient and protected from the adverse impact of the Covid-19 pandemic.

Chola J. Chabala (Mr.)
Permanent Secretary
Development Planning
and Administration

August, 2021

Acknowledgement

The Government of Zambia, through the Zambia Statistics Agency (ZamStats) in collaboration with the Ministry of National Development Planning together with its cooperating partners, conducted the 2021 Socio-economic Impact Assessment Survey of COVID-19 on Households in Zambia (SEIA). This study is the first national survey undertaken since the advent of the COVID-19 in 2019.

The SEIA provides data for evidence-based policies and interventions for effective social and economic responses that will address not only the current effects of Covid-19 but several other developmental challenges. The SEIA is also designed to provide data that will be used partly to rebase the GDP.

In coming up with this survey, several comprehensive consultations with Government and its relevant partners were made, in order to understand and establish the key data requirements for measuring impact of COVID-19, as a new health pandemic.

I am therefore grateful to those who were involved in these consultations and other stages of the survey undertaking. I also wish to express my appreciation to those involved in the implementation of the SEIA through financial and technical support. The support rendered provides the Government with much needed support to enable the process of preparedness and mitigating effects of the pandemic on the Zambian population, using an evidence-based multisectoral approach.
Particular thanks go to the following:

- The UNDP, UNFPA, UNICEF, WHO, ILO, UNESCO, UNHCR AND UNAIDS for funding the survey and technical contribution to the survey;
- The World Bank for providing additional funds and analysis of the SWIFT module to provide indicative poverty figures;
- The Ministry of Health for ensuring that all survey preventive guidelines are followed in training centres and participants tested for COVID-19.

Further, I would like to thank the Agency staff at various levels at the Headquarters and all regional offices for their invaluable contribution to this special survey undertaking; Ms. Etambuyu Lukonga and Ms. Chola N. Daka for effective survey coordination; Regional Statisticians for coordination of data collection; supervisors, interviewers and drivers for their active participation in this work; and the technical team comprising staff

from ZamStats, Ministry of Health (Infectious Diseases) and Ministry of National Development Planning for their great insights and experience in developing and administering the data collection instruments. Of particular mention: Ms. Harriet Zimbizi, Mr. Lubinda Mukata, Mr. Litia Simbangala, Mr. Chibesa Musamba, Ms Ngawo Banda, Mr. Mwamba Mwango, Mr Nkandu Kabibwa and Mr. Lovemore Zonde for their tireless efforts and commitment in making this survey a success. Lastly, but certainly not the least, I would like to give special recognition to Mr Domingos Mazivila, Economic Advisor - UNDP Zambia for coordinating the mobilization of funds for the survey within the UN system, for providing technical guidance and for his invaluable support throughout the implementation of the SEIA.

Special gratitude and tribute goes to the respondents of this survey for their willingness to share confidential information, in line with the requirement of the Statistics Act No. 13 of 2018 and made

Mulenga J.J. Musepa
Interim Statistician General
Zambia Statistics Agency

August, 2021

Acronyms

ANC	-	Antenatal Care
ARV	-	Anti Retroviral Drugs
CAPI	-	Computer Assisted Personal Interview
CDR	-	Crude Death Rate
Covid-19	-	Corona Virus Disease
CSA	-	Census Supervisory Area
EA	-	Enumeration Area
GCE	-	General Certificate of Education
HIV	-	Human Immunodeficiency Virus
MoH	-	Ministry of Health
MNDP	-	Ministry of National Development Planning
MWDSEP	-	Ministry of Water Development, Sanitation and Environmental Protection
PPS	-	Probability Proportional to Size
PSUs	-	Primary Sampling Unit
SARS-2	-	Severe Acute Respiratory Syndrome
SEIA	-	Socio-Economic Impact Assessment of Covid-19 on Households
SWIFT	-	Survey Wellbeing via Instant Fast Track
VIP	-	Ventilated Pit Latrine
WB	-	World Bank
ZAMSTATS	–	Zambia Statistics Agency
ZNPHI	–	Zambia National Public Health Institute

Contents

List of Tables

List of Figures

Executive Summary

Zambia, like the rest of the world, has been faced with unprecedented social and economic challenges due to the COVID-19 pandemic. The COVID-19 pandemic has changed the world measurably over the last few months and Zambia has not been an exception. The pandemic has had negative socio-economic effects on the country. In March 2020, the country was placed under a partial lockdown with the Government ordering the closure of schools, airports, banning of cross boarder travels and prohibiting mass gatherings. The Government's containment measures have caused Innumerable effects on the socio-economic sphere. The effects include; supply chain disruptions; decreasing internal consumption rendering thousands of people jobless especially women, youth and informal workers; decreased access to basic commodities and services; volatile financial markets, lower foreign investment and reduced remittances putting the country's macroeconomic stability under stress.

As of 30th April, 2021, a total of 91,586 cases were recorded in all the 10 provinces of Zambia with 703 COVID-19 deaths and 548 COVID-19 associated deaths and 89,933 recoveries (ZNPHI, 2021). In response to the absence of official data on the depth and breadth of the socio-economic impact of the Covid-19 pandemic and its consequences on the population, the Zambia Statistics Agency (ZamStats) in collaboration with the Ministry of National Development Planning (MNDP), Ministry of Health (MOH), United Nations System and the World Bank implemented a national population-based survey, namely Socio-economic Impact Assessment (SEIA). The purpose of the assessment was two-fold; to fill the data gaps on the effects of the Covid-19 pandemic on households in Zambia and provide evidence to inform targeted policy and programmatic responses to the crisis.

The SEIA survey employed a two-stage stratified cluster sample design. In the first stage, 419 Enumeration Areas (EAs) were selected with Probability Proportional to Size (PPS) of the stratum. The measure of size used was the number of households enumerated in the 2010 Census of Population and Housing. A listing of all the households in each selected EA was then conducted. In the second stage, systematic sampling was employed to select 25 households from each EA. This resulted into a total sample size of 10, 490 households. This sample allows to draw statistical inferences of the population at the national and rural/urban levels. All persons 10 years and older in the selected households (usual household members) or visitors who spent a night with the household were eligible for an individual interview.

The objective of the COVID-19 Socio-economic Impact Assessment survey is to assess the socio-economic impact of COVID-19 on household welfare and provide data for rebasing of GDP, assess COVID-19-related knowledge, attitudes and practices of households in order to understand compliance levels on COVID-19 preventive measures, estimate the potential impact of COVID-19 on Households' wellbeing on selected indicators, assess the effects of COVID-19 on access to selected health services, collect data on the Consumption Expenditure in households for GDP rebasing and Collect baseline Household welfare data for the SWIFT model.

To fulfill the objectives of the study, two questionnaires were used: Household, and Individual questionnaire. The household questionnaire was administered to the head of the household or alternate head while the individual questionnaire was administered to all household members who were 10 years and older. The survey questionnaires covered the following topics:

demographic characteristics, Knowledge, Attitude and Practices, Socio-Economic Effects of COVID-19 on households, Survey Wellbeing via Instant Fast Track (SWIFT) model and Household Health Risks. An expenditure module was also included specifically to provide data for rebasing of the Gross Domestic Product (GDP).

The salient survey findings are summarized as follows;

Response Rates and Demographic Characteristics

Of the 10,490 households selected, 10,213 were interviewed yielding a response rate of 97 percent. In the interviewed households, 32, 883 women and men age 10 years and older were identified for individual interviews. Of these, 29,715 interviews were completed, yielding a response rate of 90 percent.

The survey findings show that there was a total of 400,473 de facto household members, among whom 49 percent were male and 51 percent were female. The demographic distribution of the population shows that 44 percent of the population are age 0-14 while 56 percent are age 15 years and older. The total average household size was 4.7 persons.

Knowledge, Attitude and Practices

With regards to knowledge and social behavior, 98.1 percent of the respondents have heard about the COVID-19 pandemic. Majority of the population are also fully knowledgeable about hoe Covid-19 spreads with 84 percent reporting that Covid-19 is spread through air droplets disposed through an infected person sneezing and coughing. Further, knowledge on how shaking hands with someone who has the virus can spread Covid-19 was higher in rural areas at 66 percent compared to 64 percent in urban areas. In relation to attitude towards Covid-19, most individuals rightly think it's an individual responsibility to prevent themselves from contracting Covid-19 at 80 percent. However, there are still some individuals who think that it is mainly the responsibility of other people to prevent them from contracting Covid-19.

Although knowledge of COVID-19 among male and female headed households was almost universal at 98 percent and a large share of households (87 percent) having practiced COVID-19 preventive measures, the survey findings show that from October 2020 to the survey date, only 1 in every 10 households in Zambia complied with the three golden rules for preventing the spread of COVID-19. Remarkably, 85 percent of the population reported washing their hands with soap or sanitizing their hands to prevent COVID-19.

However, a large share of respondents indicated that compliance levels for COVID-19 preventive measures at the last gathering they attended (30 days' prior to the interview date) was low. For example, 63 percent of respondents who said that they went to a Bar/restaurant, alleged that people were not observing social distance while 59 percent reported that people were not wearing masks.

Socio-Economic Effects of COVID-19 on Households

It is apparent that most households have been affected by COVID-19, mostly through jobs/business and income losses, but also through rising food prices exacerbated by the crisis. Of the 10,616,165, 2.1 percent lost their jobs ,2.3 completely lost their income while 27.6 percent reported a reduction on their income. At household level, nearly, 8 in every 10 households (79.9 percent) reported that their business was affected by the COVID-19 pandemic. Majority of households (67 percent) indicated that the COVID-19 pandemic hugely contributed to the reduction in business, 9 percent reported that their business temporarily closed while 7 percent had difficulties in accessing raw material/inputs.

Price increases of food commodities were also felt by majority of households with 93 percent of households reporting that there has been an increase in food prices since the outbreak in march 2020.Of these, a substantial share of households (64 percent) indicated that they had to reduce the quantity of food commodities purchased due to the rise in the prices of basic commodities. In terms of household income, nearly 6 in every 10 households indicated that their income was affected by the COVID-19 pandemic. Of these, 51 percent reported that their income had reduced. To cope with income losses and rising food prices, households adopt several coping strategies. The notable coping strategies employed by households include starting a new business (37.7 percent), consuming from own production (25.2 percent), looking for cheaper food sources (17.4 percent), cutting back on food portions (13.6 percent), reducing number of meals per day (12.7 percent), and getting help from relatives (7.3 percent). However, a significant share of households (81 percent) reported that they have not employed any strategy to deal with any economic shocks.

The health crisis caused severe disruptions in the education sector due to closure of schools, with immense impact on learning. Of 1,907,190 pupils who were attending pre-primary, primary and secondary school between March and September 2020, 75 percent had no formal learning provided, 8 percent revised their school work with friends, 6 percent were learning through teaching conducted through television, 3 percent were learning through radio while almost 3 percent had school materials sent to them by their schools.

Covid-19 vaccine awareness and willingness to be vaccinated

A number of preventive measures have been put in place to mitigate the spread of COVID-19, among them is the vaccine. However, less than half of the population (47 percent) was aware of a COVID-19 vaccine, of which 49 percent were males and 46 percent were females. Further, 32 percent of the population in the rural areas were aware of a COVID-19 vaccine compared to 64 percent in the urban areas. Forty-eight percent (48 percent) of the population indicated that they were willing to be vaccinated. By sex, 50 percent of males and 46 percent of females were willing to be vaccinated. However, 12 percent of the population did not know if they would be willing to be vaccinated.

Access to health care services

About 5 percent of females age 10-50 who desired family planning did not receive family planning services. The most cited reasons for not receiving the service was that the preferred method was not available (47 percent) and fear of contracting Covid-19 at the health facility (14 percent). Further about one in ten (9.6 percent) females missed an antenatal visit and the most common reason was fear of contracting Covid-19 at the health facility at 30 percent. The reason was more commonly reported in urban than rural areas accounting for 58 percent and 12 percent respectively. On access to under five clinic, 26 percent of households with an under-five child did not take their child for under-five clinic with 25.8 percent of households citing reasons related to covid-19 for failure to access under-five clinic health services.

Given these results, the country and the government can now have a better understanding of the depth and breadth of the socio-economic effects of the Covid-19 pandemic and its consequences on the Zambian population. The government can improve formulation of evidence-based programs and policies; can perform targeting more efficiently; and can effectively monitor existing and upcoming programs now that baseline data is available.

Chapter 1: Introduction and Survey Methodology

1.0 Background and Introduction

The Coronavirus disease (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome also known as SARS-2 (China-WHO Joint Mission, 2020). The disease was first identified in 2019 in Wuhan, the capital of Hubei China, and has since spread globally and was declared a pandemic by the World Health Organisation (WHO) on March 11, 2020.

The first case of COVID-19 in Zambia was reported on 18th March 2020 (Ministry of Health). The COVID-19 pandemic has changed our world measurably over the last few months and Zambia has not been an exception. The pandemic has had negative socio-economic effects on the country. As of 30th April, 2021, a total of 91,586 cases were recorded in all the 10 provinces of Zambia cumulatively, with 703 COVID-19 deaths and 548 COVID-19 associated deaths and 89,933 recoveries (ZNPHI, 2021).

As the number of cases gradually increased, the Government closed all learning institutions, sports and entertainment facilities. The public was encouraged to observe social distancing, wear face masks, wash hands with soap or sanitize frequently. Religious gatherings were to be held in accordance with health guidelines provided by health authorities. In addition to these measures, a partial lockdown was enforced by the Government of the Republic of Zambia, leading to travel restrictions and closure of some airports. This led to a drastic reduction in the number of international arrivals thus affecting the tourism industry and other business activities.

As a new health phenomena, there was/is no official data on the depth and breadth of the socio-economic effects of COVID-19 and its consequences on the population of Zambia. In response, the Zambia Statistics Agency (ZamStats) undertook a national population-based survey, namely Socio-economic Impact Assessment (SEIA) of COVID-19 on households, in collaboration with the Ministry of Health (MOH). The United Nations System provided technical assistance and funding to the survey. The World Bank (WB) provided additional funding and technical assistance for some components of the SEIA.

1.1. Survey Objectives

Main Objective

The main objective of the survey was to assess the socio-economic impact of COVID-19 on household welfare and provide partial data for rebasing of GDP.

Specific Objectives

1. Assess COVID-19-related knowledge, attitudes and practices of households in order to understand compliance levels on COVID-19 preventive measures;
2. Assess the socio-economic effects of COVID-19 on household welfare;
3. Estimate the potential impact of COVID-19 on Households' wellbeing on selected indicators;
4. Assess the effects of COVID-19 on access to selected health services;
5. Collect data on the Consumption Expenditure in households for GDP rebasing; and
6. Collect baseline Household welfare data for the SWIFT model.

1.2. Sample Design

The sampling frame used for the SEIA survey was developed from the 2010 Census of Population and Housing. The country is administratively demarcated into 10 provinces, which are further divided into 116 districts. The districts are further subdivided into 156 constituencies, which are in turn divided into wards. For the purposes of conducting a census, wards are further divided into Census Supervisory Areas (CSAs), which are further subdivided into Enumeration Areas (EAs). An EA is a geographical area assigned to an enumerator for the purpose of conducting a census count. The EAs were the Primary Sampling Units (PSUs) for the SEIA.

The SEIA survey employed a two-stage stratified cluster sample design. In the first stage, 420 Enumeration Areas (EAs) were selected with Probability Proportional to Size (PPS) of the stratum. The measure of size used was the number of households enumerated in the 2010 Census of Population and Housing.

A listing of all the households in each selected EAs was then conducted. In the second stage, systematic sampling was employed to select 25 households from each EA. In cases where the listing of households in an EA was 25 households or less, all the households in such an EA were interviewed. This resulted into a total sample size of 10, 490 households. Results from this sample are representative at the national, rural/urban and provincial levels. All persons 10 years and older in the selected households who were usual household members or visitors who spent a night with the household were eligible for an individual interview.

1.3. Data Collection

1.3.1 Questionnaires

Two questionnaires were used in the 2021 SEIA: the Household Questionnaire and the Individual questionnaire. This is the first time the SEIA was being conducted in Zambia, as such, the questionnaires were developed based on the experience of ZamStats staff on other survey and putting into consideration the objectives of the survey. As a way of ensuring that the survey achieved its intended purpose, an interactive consultative process on the content, scope and coverage of the survey with all the key stakeholders representing the UN, World Bank and other Government institutions was conducted.

The survey implemented Face-to-face interviews using Computer Assisted Personal Interviews (CAPI). The Household and Individual Questionnaires were programmed into tablet computers to facilitate CAPI for data collection purposes using CSPro. The household questionnaire was administered to the head of the household or alternate head while the individual was administered to all (10 years and above) members of the selected households. Phone numbers will be collected to create a frame for future surveys. The Household Questionnaire listed all members of households and visitors in selected households. Demographic information was collected on each person listed, including age, sex, marital status, education, and relationship to the head of the household. The data on age of household members was used to screen eligible respondents for the individual questionnaire and sex was also used to ask applicable questions to women. The Household Questionnaire and Individual questionnaires also collected information on:

- Demographic Characteristics
- Household Amenities and Housing Conditions
- Education
- Knowledge, Attitude and Practices
- Socio-Economic Effects of COVID-19 on households
- Effects of COVID-19 on emotional and social wellbeing
- Access to Health services amidst the COVID-19 pandemic
- Household wellbeing via Instant Fast Track (SWIFT) module
- Household Expenditure and Consumption
- Deaths in Households

1.3.2 Pretest

One of the key preparatory activities of any survey, is the pretesting of the survey instruments and survey procedures. Upon completion of the questionnaire and CAPI programming, the pretest was conducted from the 19th to 25th January, 2021. In order to continue the survey implementation while taking precautionary measures due to the surge in COVID-19 cases, the pretest training was done virtually. This was followed by the pretest fieldwork. The objective of the pretest was to ensure the survey processes, survey questionnaires and CAPI programme were comprehensively tested. This included but was not limited to checking the skip patterns, checking the question phrasing, spelling errors and checking the logics in the questionnaire. The pretest improved the survey instruments and processes.

1.3.3 Training of Trainers (Master Trainers)

The Training of Trainers was also conducted virtually from 11th to 22nd February 2021. It involved a comprehensive overview of the content of the survey, questionnaire review, Map reading, CAPI training, an overview of the COVID-19 pandemic, and prevention and mitigation measures. The goal was to ensure the Master Trainers were adequately trained in order for them to train the enumerators in the various provinces to effectively prepare them for field work. Master trainers comprised staff from various units at ZamStats headquarters; selected Provincial Offices and staff from Ministry of National Development Planning. In addition, Ministry of Health facilitated sessions on COVID-19 overview and mitigation measures to ensure minimal risk to both field staff and respondents during survey. This was followed by the field practicals in Chibombo, Kafue, Kabwe, Chipata and Solwezi. The outcomes of the pre-test enabled the refinement of the questionaires.

1.3.4 Training of Field Staff

The training of field staff was conducted from 1st to 10th March 2021 in the provinces. A total number of 275 data collectors were trained of which 250 were selected to participate in the survey while the remaining 25 were put on reserve. The training of additional participants was a precautionary measure to act as a buffer in case of any eventualities such as a team member testing positive for Covid-19. During the training, all participants and the trainers were tested for COVID-19 as a way of mitigating the spread of COVID-19. Four positive cases were identified and subsequently excluded from the programme in two provinces. Provincial staff from Ministry of Health continued monitoring the cases.

The Training involved a comprehensive overview of the content of the survey, questionnaire review, Map reading and CAPI training. The training further included mock interviews and in-house translations of the questionnaires. Tests were administered to assess participants understanding of the questionnaire content. Participants were also tested on language competence during mock interviews. These assessments informed the final selection of teams, as more participants

than needed were trained. In addition, provincial Ministry of Health staff facilitated sessions on COVID-19 overview and prevention mitigation measures to ensure minimal risk to both field staff and respondents during survey.

In addition, participants were also required to screen for COVID-19 symptoms first thing in the morning before leaving for either training or field work. This was made possible by using the COVID-19 self-screening Google App developed by Ministry of Health. The COVID-19 self-check Google App was installed on all the tablets being used in the survey. The daily self-screening was part of the requirements among all team members and failure to do so attracted exclusion from the survey. This was followed by the field practical in all the respective provincial capitals where the trainings were held

1.3.5 Data Collection (Fieldwork)

Data collection started on 19th March 2021 for all the provinces except Western province which started on 22nd March 2021. Field team composition was about 6-7 members comprising (Enumerators, Driver and the Supervisor). The first teams across provinces completed data collection on 3rd April 2021 while the last team completed on 13th April 2021. The completion dates varied across teams. Therefore, the data collection period for the SEIA was from 19th March 2021 to 13th April 2021.

Fieldwork was carried out by 210 enumerators (data collectors) and 40 supervisors. A total of over 29,000 face-to-face interviews of individuals were conducted representing a 90.4 percent response rate. Extensive quality control measures were put in place to ensure accuracy and reliability of the data collected. These measures included:

- Use of Computer Assisted Personal Interviewing (CAPI) which is a method of capturing data through which:-

- Questionnaire flow was enforced and skip patterns were more effectively applied as it was built into the questionnaire script (i.e., the programmed version of the questionnaire on the tablet)

- Consistency checks were in-built into the application to facilitate the flagging of any inconsistent responses that required an enumerator to rectify before proceeding to the next question.

- Pre-testing of the application prior to the training of field staff.

- Two pre-tests of the tool were conducted to enable designers of the tool to test the flow of questions on the tablets

- A pre-test by enumerator was conducted to ensure enumerators are familiar with the tool ahead of actual fieldwork and further refine the tool

- For quality control purposes, field supervisors monitored on a daily basis the data received from the enumerators for completeness before being uploaded to the ZamStats server. Uploads and backups were done in real-time depending on availability of connectivity.

- Field monitoring and progress reports were generated every two days to inform the monitoring team so all noted issues could be resolved while field teams were still in the work area.

1.3.6 Data Cleaning, Analysis and Tablulation

After data collection, the data was subjected to extensive validation and consistency checks during the data processing stage which led into data analysis and tabulation. The statistical packages used for these processes were SPSS and STATA. A copy of the raw dataset was maintained in csdb, a CSPro data format.

Survey weights were applied to the processed data in order to infer the data to the population in Zambia. The final datasets used for the analysis were maintained in SPSS and STATA formats.

1.4. Response Rates

Table 1.1 shows response rates for the 2021 SEIA. Of the 10,490 households selected, 10,213 were interviewed yielding a response rate of 97 percent. In the interviewed households, 32, 883 women and men age 10 years and older were identified for individual interviews. Of these, 29,715 interviews were completed, yielding a response rate of 90 percent.

Table 1.1: Household and Individual Interview Response Rates by Residence, 2021

Background characteristics	Rural	Urban	Total
Households selected	6,076	4,414	10,490
Households interviewed	5,950	4,263	10,213
Response rate	97.9	96.6	97.4
Eligible Individuals	18,470	14,413	32,883
Interviewed	16,705	13,010	29,715
Response Rate	90.4	90.3	90.4

Chapter 2: Household Population and Housing Characteristics

2.0 Introduction

Information on the demographic characteristics of the household population in the SEIA provides context to interpret demographic and health indicators and can furnish an approximate indication of the representativeness of the survey. In addition, this information sheds light on the living conditions of the population.

2.1 Household Population and Composition

The 2021 SEIA included a total of 18,400,473 de facto household members, among whom 49 percent were male and 51 percent were female. Table 2.1 shows that 57 percent were 15 years and older while 43 percent of the population were age 0-14.

Table 2.1: Household Population by Age Group and Sex, 2021

Demographic Characteristics		Total		Male		Female	
		Number	Percent	Number	Percent	Number	Percent
5 Year Age Group	**Total**	**18,400,473**	**100**	**8,974,946**	**48.8**	**9,425,527**	**51.2**
	00 - 04	2,440,150	13.3	1,249,305	51.2	1,190,844	48.8
	05-09	3,445,069	18.7	1,751,743	50.8	1,693,325	49.2
	10-14	2,049,073	11.1	1,005,921	49.1	1,043,151	50.9
	15 - 19	1,903,770	10.3	912,669	47.9	991,101	52.1
	20 - 24	1,748,023	9.5	769,464	44.0	978,559	56.0
	25 - 29	1,610,601	8.8	729,131	45.3	881,470	54.7
	30 - 34	1,162,358	6.3	569,430	49.0	592,928	51.0
	35 - 39	1,060,341	5.8	499,597	47.1	560,744	52.9
	40 - 44	771,994	4.2	405,170	52.5	366,824	47.5
	45 - 49	618,857	3.4	324,059	52.4	294,797	47.6
	50 - 54	450,336	2.4	231,171	51.3	219,165	48.7
	55 - 59	332,443	1.8	162,818	49.0	169,625	51.0
	60 - 64	269,423	1.5	119,503	44.4	149,921	55.6
	65 - 69	199,257	1.1	91,871	46.1	107,386	53.9
	70 - 74	125,820	0.7	57,058	45.3	68,762	54.7
	75 - 79	100,498	0.5	47,715	47.5	52,782	52.5
	80 - 84	59,998	0.3	24,361	40.6	35,637	59.4
	85 - 89	28,010	0.2	11,769	42.0	16,240	58.0
	90 +	24,453	0.1	12,189	49.8	12,265	50.2

Table 2.2 shows that there were more males in rural areas (58 percent) than urban areas (42 percent) while there were more females in rural areas (56 percent) than in urban areas (44 percent).

Table 2.2: Household Population by Marital Status, Level of Education, Region and Province, 2021

Demographic Characteristics		Total		Male		Female	
		Number	Percent	Number	Percent	Number	Percent
Marital status	**Total**	**11,807,091**	**100**	**5,620,152**	**47.6**	**6,186,938**	**52.4**
	Never Married	5,093,312	43.1	2,680,566	52.6	2,412,746	47.4
	Monogamously Married	5,243,637	44.4	2,600,341	49.6	2,643,296	50.4
	Polygamously Married	252,398	2.1	96,282	38.1	156,115	61.9
	Separated	240,974	2	73,075	30.3	167,899	69.7
	Widowed	567,608	4.8	66,036	11.6	501,572	88.4
	Cohabiting	24,310	0.2	11,226	46.2	13,084	53.8
	Divorced	384,852	3.3	92,625	24.1	292,227	75.9
Highest Grade Level Completed	**Total**	**13,742,577**	**100**	**6,710,601**	**48.8**	**7,031,976**	**51.2**
	Nursery / Kindergarten	796,390	5.8	387,203	48.6	409,187	51.4
	Primary	7,008,906	51	3,218,913	45.9	3,789,993	54.1
	Secondary	5,078,492	37	2,633,418	51.9	2,445,075	48.1
	Higher	858,789	6.2	471,067	54.9	387,722	45.1
Region	**Total**	**18,400,473**	**100**	**8,974,946**	**48.8**	**9,425,527**	**51.2**
	Rural	10,373,309	56.4	5,162,920	49.8	5,210,389	50.2
	Urban	8,027,164	43.6	3,812,026	47.5	4,215,138	52.5
Province	**Total**	**18,400,473**	**100**	**8,974,946**	**48.8**	**9,425,527**	**51.2**
	Central	1,781,446	9.7	900,124	50.5	881,322	49.5
	Copperbelt	2,735,763	14.9	1,294,383	47.3	1,441,380	52.7
	Eastern	2,119,332	11.5	1,031,830	48.7	1,087,502	51.3
	Luapula	1,307,966	7.1	644,750	49.3	663,216	50.7
	Lusaka	3,484,394	18.9	1,665,709	47.8	1,818,685	52.2
	Muchinga	1,139,279	6.2	571,787	50.2	567,492	49.8
	Northern	1,566,369	8.5	795,138	50.8	771,230	49.2
	North Western	975,558	5.3	495,169	50.8	480,389	49.2
	Southern	2,195,417	11.9	1,046,132	47.7	1,149,284	52.3
	Western	1,094,951	6	529,924	48.4	565,026	51.6

2.1.1 Average Household Size and Composition

Information on the characteristics of the household population in the SEIA provides context to interpret the indicators and results. Table 2.3 shows average household size and the population composition of the SEIA. The average household size at national level was 4.7 persons with 4.8 persons in rural and 4.7 persons in urban areas. Luapula Province had the highest household size with 5.3 persons and the lowest was Central Province with 4.1 persons. Male headed households (5.0 persons) had higher household sizes compared to female headed households (4.2 persons).

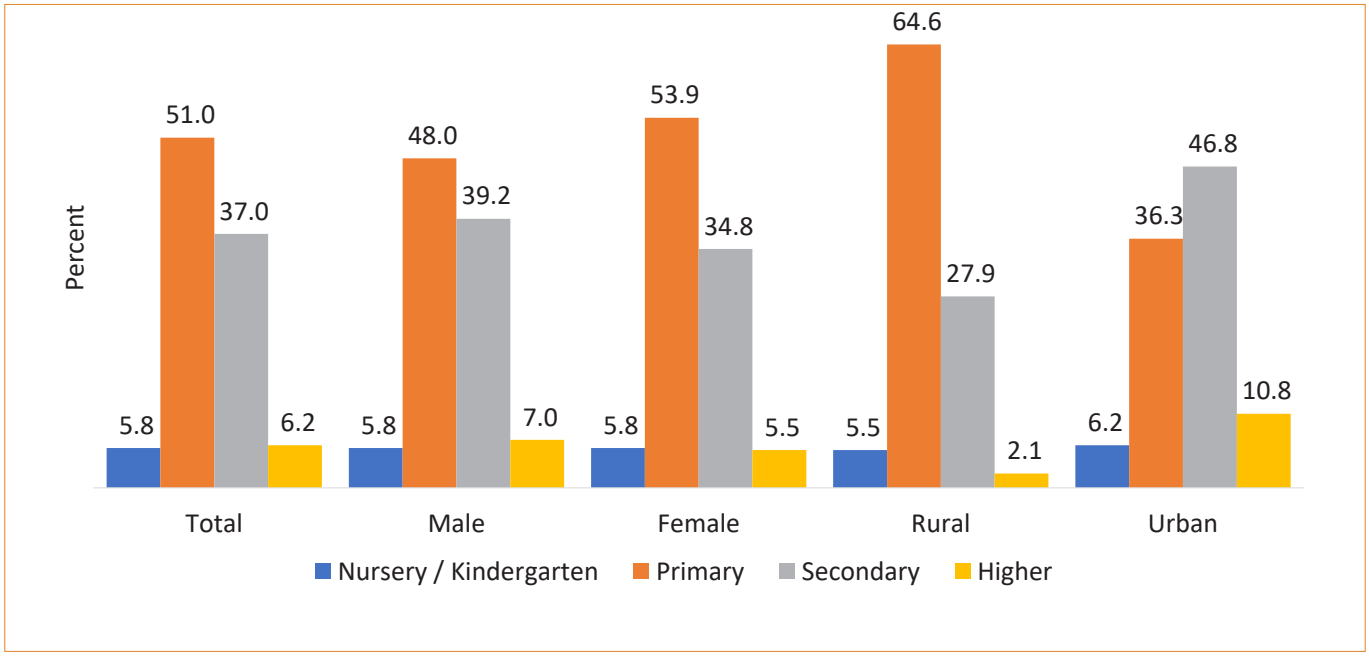
Table 2.3: Average Household Size (Persons), 2021

Average Household Size		Total	Rural	Urban
Province	**Total**	**4.7**	**4.8**	**4.7**
	Central	4.1	4.1	4.1
	Copperbelt	5.1	4.4	5.2
	Eastern	4.8	4.8	5.0
	Luapula	5.3	5.3	5.4
	Lusaka	4.4	4.3	4.4
	Muchinga	4.3	4.3	4.2
	Northern	5.1	5.1	5.0
	North Western	4.8	4.8	4.8
	Southern	5.2	5.5	4.6
	Western	4.7	4.7	4.5
Sex of head	Male	5.0	5.0	4.8
	Female	4.2	4.1	4.4

2.2 Educational Characteristics of the Household Population

Figure 2.1 shows the percentage distribution of the population by highest level of education attained by sex and residence. The majority of people in Zambia who have attended school had primary education only at 51 percent. Specifically, 54 percent females and 48 percent males had attained primary education. The highest level of education attained by most of the rural residents was primary education at 65 percent while the highest level of education attained by most urban residents was secondary at 47 percent. Persons in urban areas are 5 times (11 percent) more likely to attain higher education than their rural counterparts at 2 percent. At primary level, the educational attainment for females was 6 percentage points higher than that of males, while the educational attainment for males at secondary level was 4 percentage points higher than that of females.

Figure 2.1: Percentage Distribution of Persons by Highest Level of Education Attained by Sex and Residence, 2021



Chapter 3: Housing Characteristics and Amenities

3.0 Introduction

This chapter presents information on source of drinking water, sanitation, hand washing, housing characteristics, average household size and educational attainment.

3.1 Sanitation

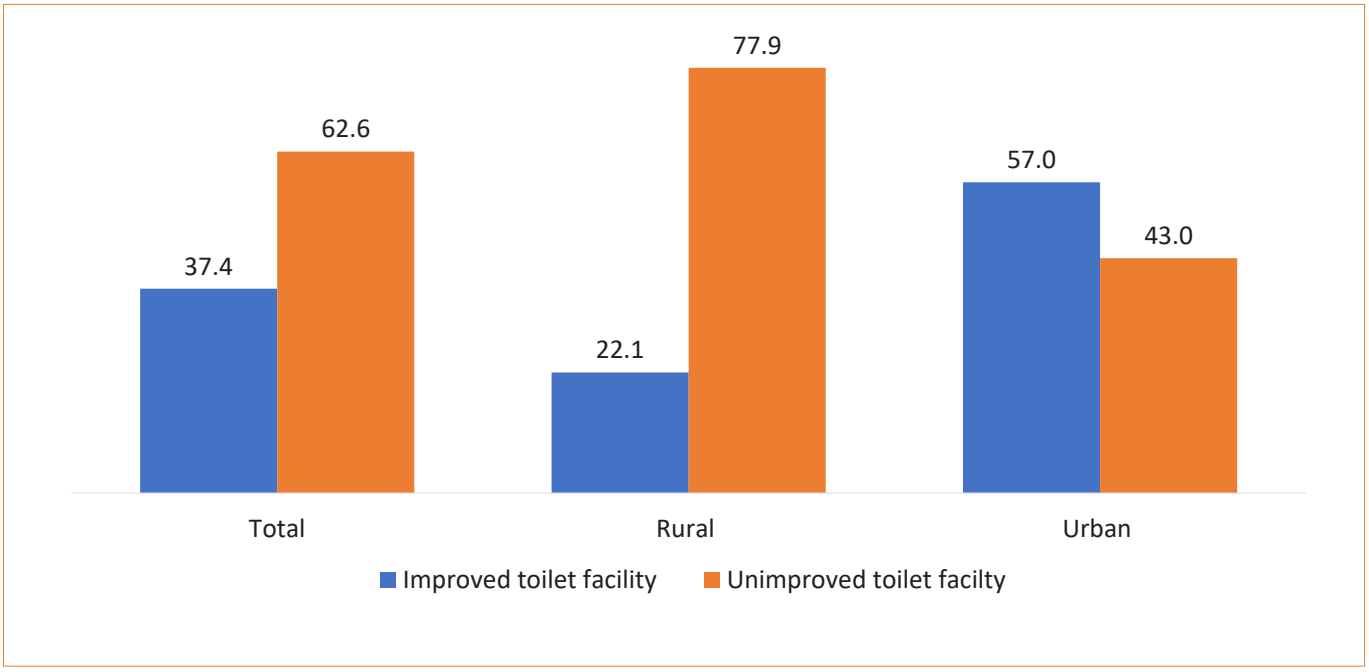
In Zambia, the Ministry of Water Development, Sanitation and Environmental Protection (MWDSEP) embarked on the 2018-2021 strategy to improve access to water and sanitation services and improve good hygiene practices among all segments of the population. To that end, MWDSEP will strengthen the implementation of the National Urban and Rural Water Supply and Sanitation Programmes involving water supply and sanitation infrastructure development, water quality monitoring as well as water supply, and sanitation and hygiene promotion (MWDSEP, 2018).

3.1.1 Main Type of Toilet Facility for Households

Improved toilet facilities include: flush or pour flush toilets that flushes the water and waste to a piped sewer system, septic tank, pit latrine, or an unknown destination; a ventilated improved pit (VIP) latrine; a pit latrine with a slab; or a composting toilet.

The 2021 SEIA found that nationally 37 percent of households used improved toilet facilities (Figure 3.1). By residence, slightly over three quarters of the households in rural areas (78 percent) mostly used the unimproved toilet facilities while 57 percent of urban households used improved toilet facilities (**see Figure 3.1**).

Figure: 3.1: Proportion of Households by Improved or Unimproved Toilet Facility by Residence (Percent), 2021



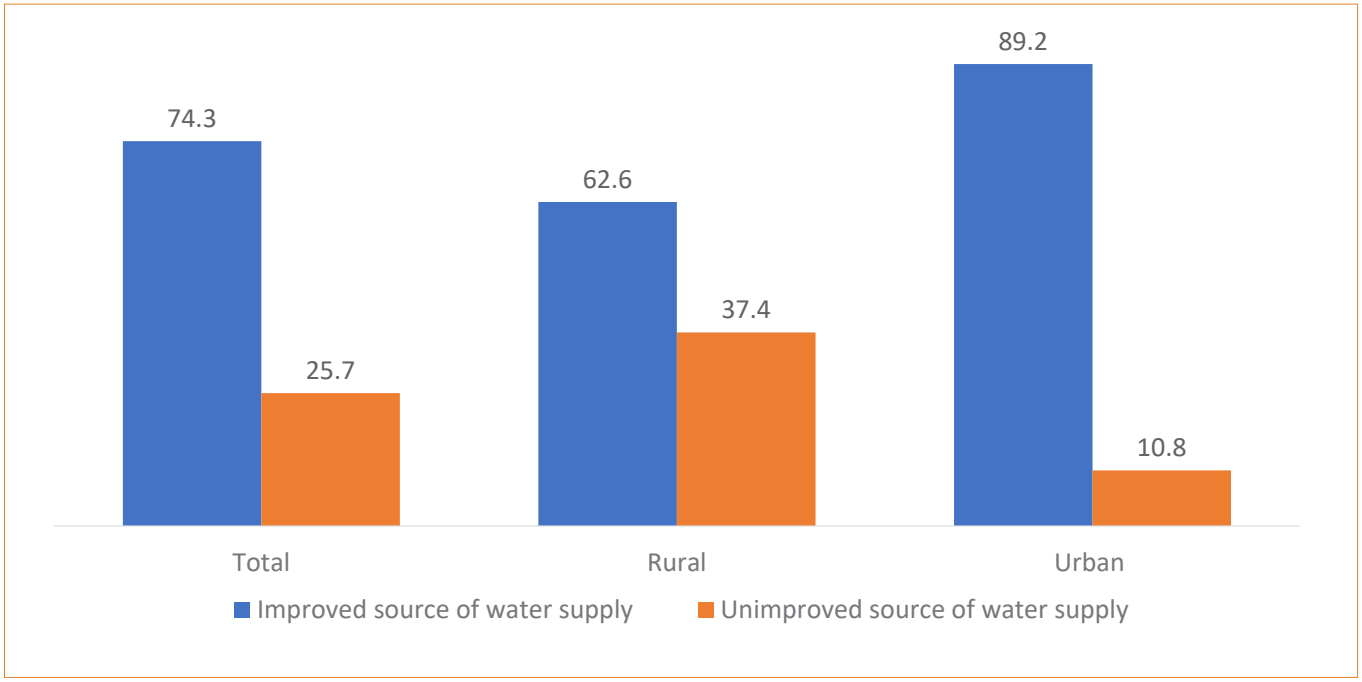
3.1.2 Water Sources for Households

Sources of water supply for households Include improved (piped water, public taps, standpipes, tube wells, boreholes, protected dug wells and springs, rainwater, water delivered via tanker truck or a cart with a small tank, and bottled water) and Unimproved sources (surface water, river/dam/lake/pond/stream/canal/irrigation channel, unprotected well, unprotected spring).

3.1.3 Main Sources of Water Supply For Households

In Zambia, most households reported using improved sources of water supply at 74 percent. By residence, 63 percent of households in rural areas reported using improved sources of water supply compared with 89 percent of urban households (**see Figure 3.2**).

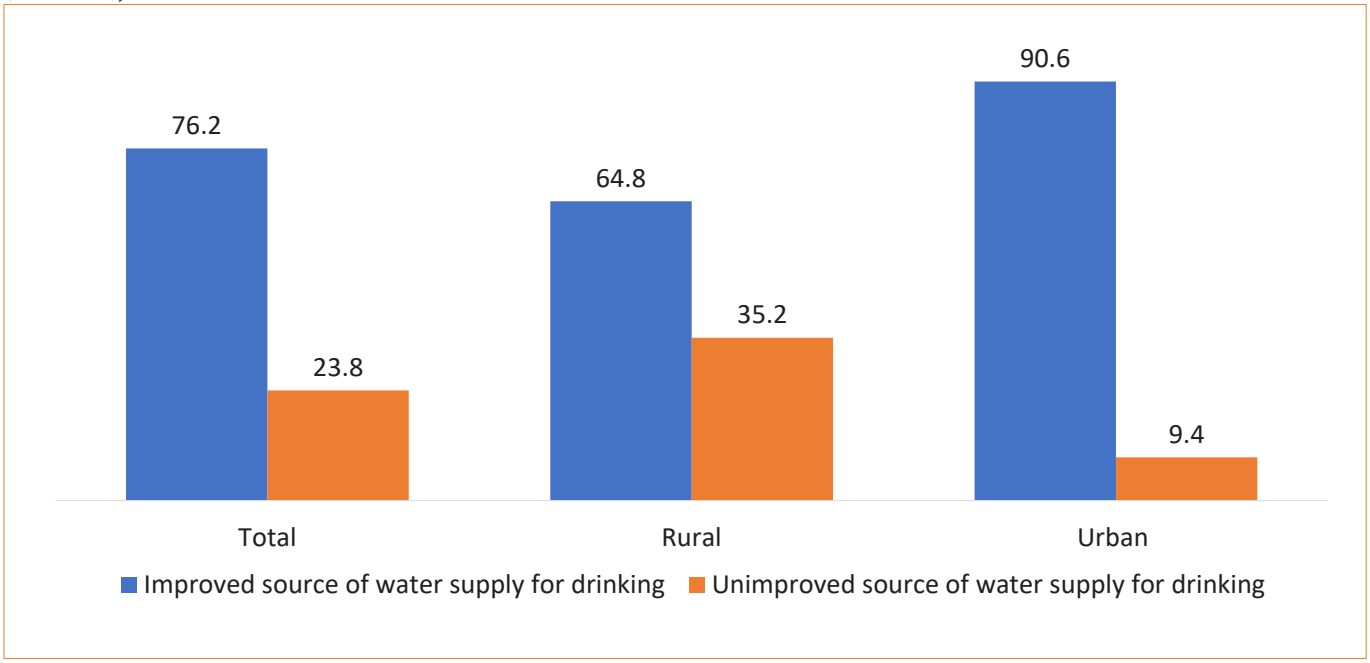
Figure 3.2: Proportion of Households by Improved or Unimproved Water Supply by Residence (Percent), 2021



3.1.4 Main Sources of Drinking Water for Households

Most households (76 percent) have access to an improved water source, although access is more predominant in urban (91 percent) than rural (65 percent) households (**see Figure 3.3**).

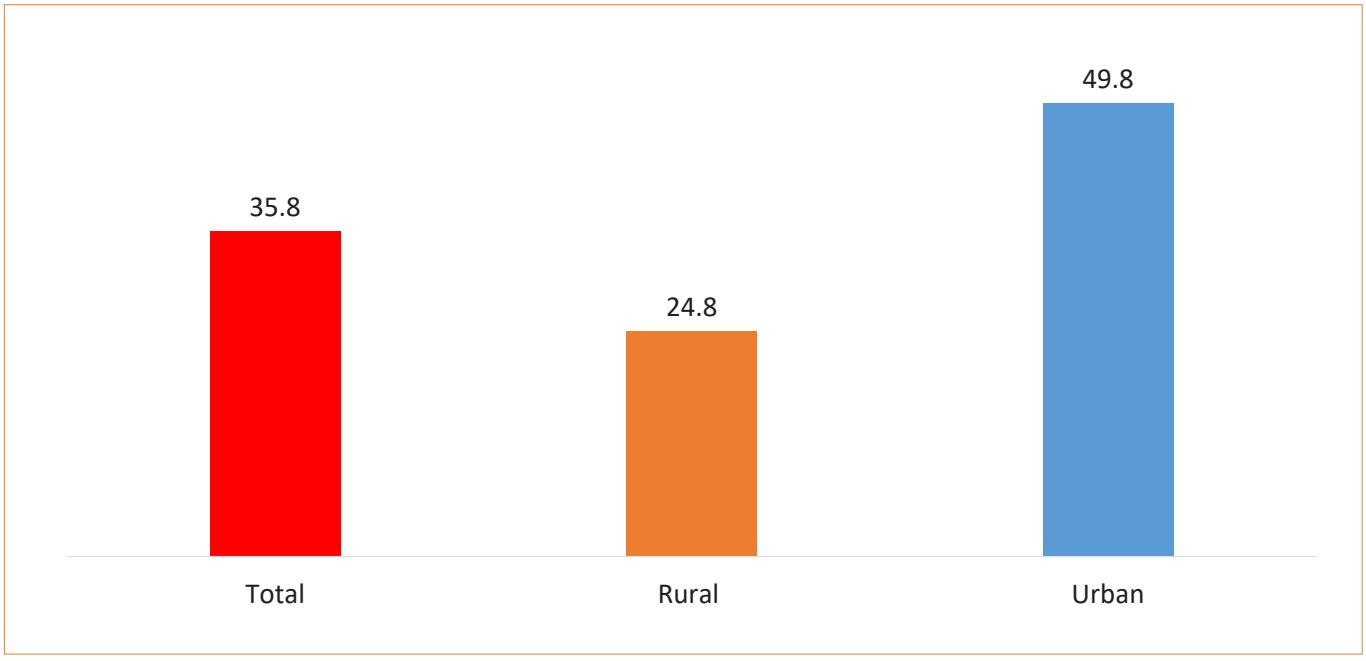
Figure 3.3: Proportion of Households by Improved or Unimproved Water Supply for Drinking by Residence (Percent), 2021



3.1.5 Presence of Water at Hand Washing Place

Figure 3.4 Shows the percentage distribution of households by presence of hand washing facility. Overall, 1,389,841 households in Zambia had a place where they usually wash their hands representing 36 percent of the total households. Of the households in urban areas, 50 percent had a place where they usually washed their hands relative to 25 percent in rural areas.

Figure 3.4: Share of Households by Presence of Hand Washing Facility, 2021



3.1.6 Households with Observed and Confirmed Hand Washing Places

Out of the 1,389,841 households who indicated having a specific place for hand washing, 1,276,318 of the households were observed and confirmed to have a place for hand washing.

3.1.7 Presence of Water at Hand Washing Place

About 84.8 percent of the household with observed and confirmed hand washing places had water available at the hand washing place at the time of interview. More households in urban areas (89 percent) had water available at the hand washing place than in rural areas at 77.7 percent (**see Table 3.1**).

Results at provincial level showed that Lusaka and Copperbelt provinces had the highest percentage of households with water available at the hand washing place at 89.9 percent and 90.5 percent, respectively.

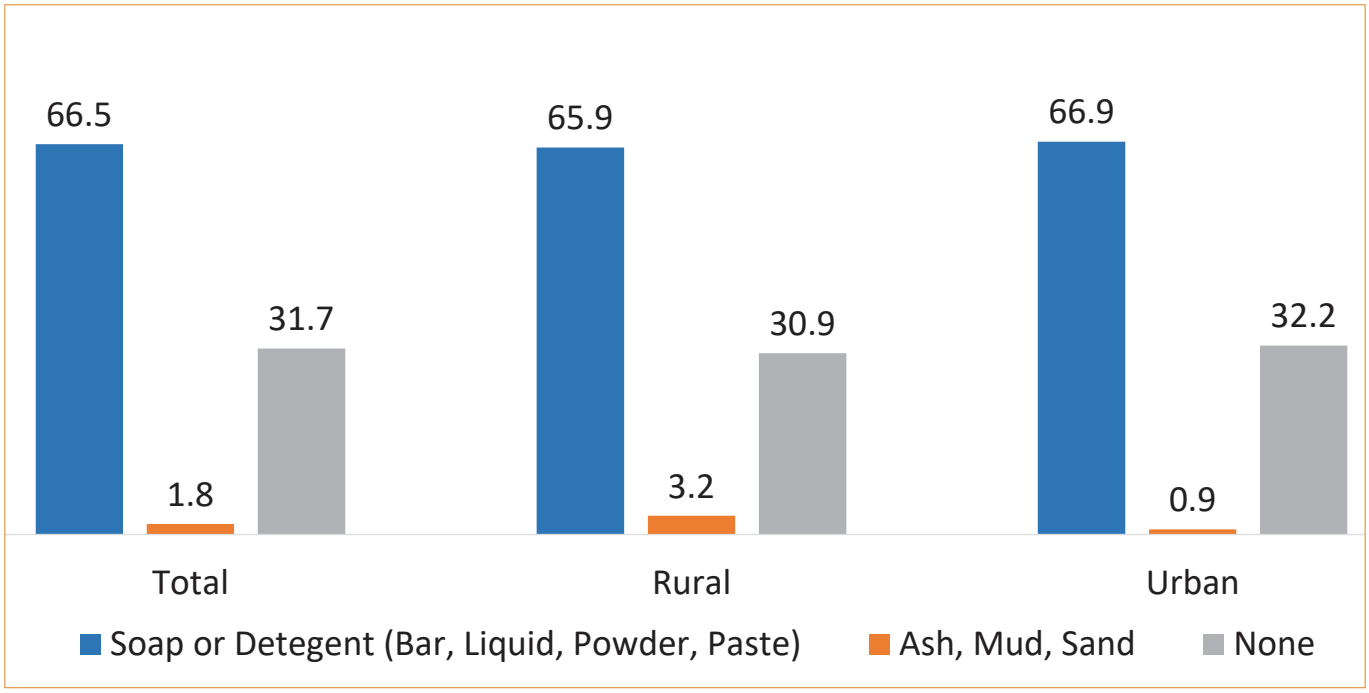
Table 3.1: Total Households Observed and Confirmed Place for Hand Washing by Presence/Absence of Water at Hand Washing Place, 2021

Region/Province		Total Household Observed	Water is Available		Water is not Available	
			Households	Percent	Households	Percent
National	**Total**	**1,276,318**	**1,082,519**	**84.8**	**193,799**	**15.2**
Region	Rural	472,458	366,995	77.7	105,463	22.3
	Urban	803,859	715,524	89.0	88,336	11.0
Province	Central	98,762	80,125	81.1	18,637	18.9
	Copperbelt	220,908	200,002	90.5	20,906	9.5
	Eastern	78,085	62,757	80.4	15,328	19.6
	Luapula	74,946	62,693	83.7	12,253	16.3
	Lusaka	436,842	392,639	89.9	44,203	10.1
	Muchinga	60,910	50,721	83.3	10,189	16.7
	Northern	67,918	54,277	79.9	13,641	20.1
	North Western	83,298	67,151	80.6	16,147	19.4
	Southern	103,869	81,686	78.6	22,183	21.4
	Western	50,779	30,466	60.0	20,313	40.0

3.1.8 Presence of Soap, Detergent and any other Cleansing Agents at the Place of Washing Hands

At national level, 67 percent of the households with an observed place for washing hands had soap or detergent, about 2 percent had ash, mud or sand as a cleaning agent while 32 percent of the households had no cleaning agent (**see Figure 3.5**). At rural/urban, the pattern was the same as the national level.

Figure 3.5: Presence of Soap, Detergent and any other Cleansing Agents at the Place of Washing Hands, 2021



Chapter 4: Knowledge and Awareness on COVID-19

4.0 Introduction

Lessons learnt from past epidemics and pandemics have revealed that a well-informed society is more likely to adopt recommended health precautionary measures to avoid infections. Further, educating the society on specific actions required to reduce risks and effective communication of the Government's interventions to mitigate the spread of COVID-19 helps to improve compliance to recomended good practices. Thus, knowledge is likely to have a key role in curbing the spread of COVID-19.

Nearly every household in Zambia had at least one member who was aware of COVID-19. Further, knowledge of COVID-19 by male and female headed households was almost universal at 98 percent (**see Table 4.1**).

Analysis by rural/urban residence show that household knowledge of COVID-19 in urban areas was 2 percentage points higher at 99 percent than that of their rural counterparts.

Provincial analysis revealed that household awareness levels of COVID-19 was above 95 percent for all provinces except for North-western and Muchinga at 94 and 93 percent,respectively. Almost all the households in Southern Province were aware of COVID-19.

Table 4.1: Percentage Distribution of Households' Knowledge of Coronavirus (COVID-19), 2021

	Total Households	Heard about coronavirus	Not heard about coronavirus
Zambia	**3,880,964**	**98.1**	**1.9**
Sex of Head			
Male	2,796,695	98.2	1.7
Female	1,084,269	97.5	2.5
Region			
Rural	2,172,069	97.2	2.8
Urban	1,708,895	99.2	0.9
Province			
Central	433,349	99.2	0.8
Copperbelt	540,785	99.5	0.5
Eastern	439,676	99.2	0.8
Luapula	247,028	96.2	3.8
Lusaka	789,163	98.6	1.4
Muchinga	266,634	93.2	6.8
Northern	309,274	98.3	1.7
North Western	203,339	93.7	6.3
Southern	418,717	99.8	0.2
Western	232,999	96.9	3.1

4.1 Awareness of COVID-19 at Individual Level

Most persons in Zambia age 10 years or older have heard about COVID-19 at 96 percent. The levels of COVID-19 awareness were almost universal for both males and females.

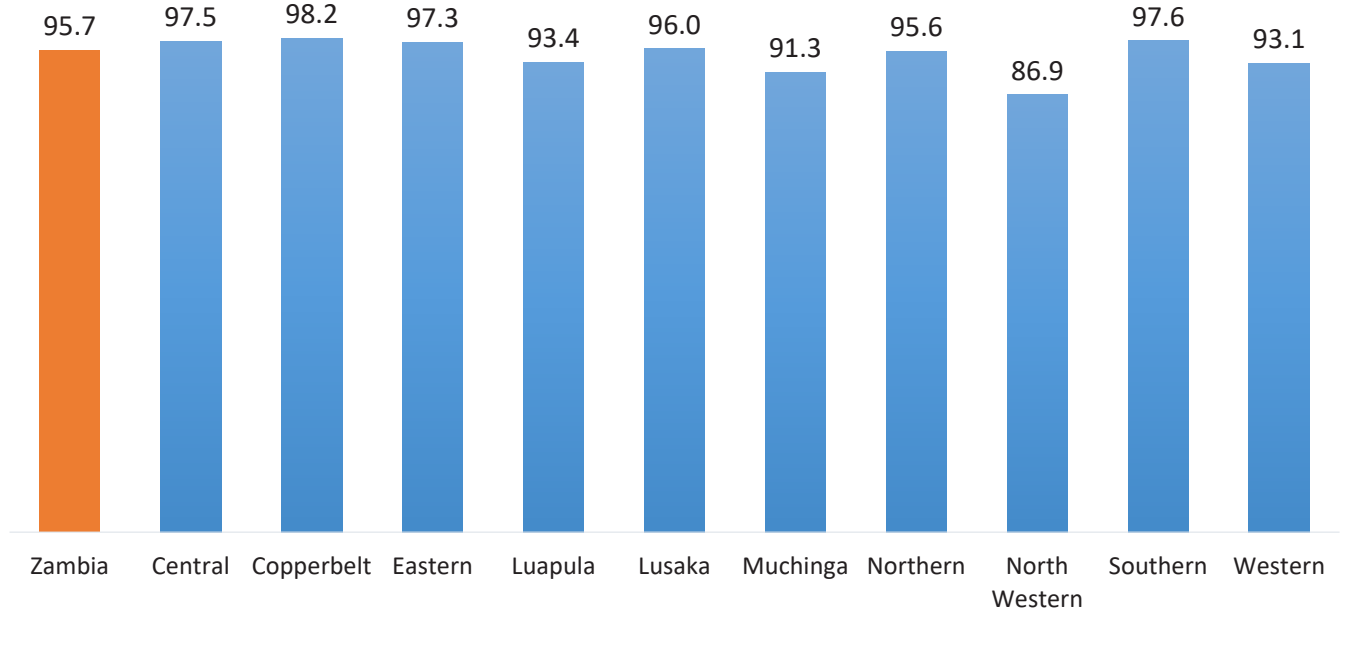
The urban population were more aware of the COVID-19 (98 percent) than the rural population at 94 percent (**see Table 4.2**).

Table 4.2: Proportion of Adults Age 10 Years and Older who are Aware of the COVID-19 Pandemic, 2021

Category	Total	Heard about COVID-19		Never heard about COVID-19	
Total	**11,291,611**	**10,806,187**	**95.7**	**485,423**	**4.3**
Male	5,304,995	5,082,340	95.8	222,655	4.2
Female	5,986,616	5,723,847	95.6	262,769	4.4
Region					
Rural	6,084,702	5,726,701	94.1	358,001	5.9
Urban	5,206,909	5,079,486	97.6	127,422	2.4

Copperbelt Province had the highest percentage of persons who had ever heard of COVID-19 at 98.2 percent among respondents aged 10 years or older. North Western Province had the lowest percentage of persons who had ever heard of COVID-19 at 86.9 percent (**see Figure 4.1**).

Figure 4.1: Respondents Aged 10 Years or Older who have ever Heard of COVID-19, 2021



The survey sought to understand the first source of information about the COVID-19 by individuals. Figure 4.2 shows that out of the 10,806,187 persons aged 10 years or older who had heard about COVID-19 (**see Table 4.2**), the highest percentage (26 percent) cited local radio station as their first source of information on COVID-19, followed by word of mouth from family, friends and neighbour and local television station at 23 and 22 percent, respectively (**see Figure 4.2**).

Figure 4.2: Percentage Distribution of Persons by First Source of Where they Had Heard or Seen a COVID-19 Message, 2021

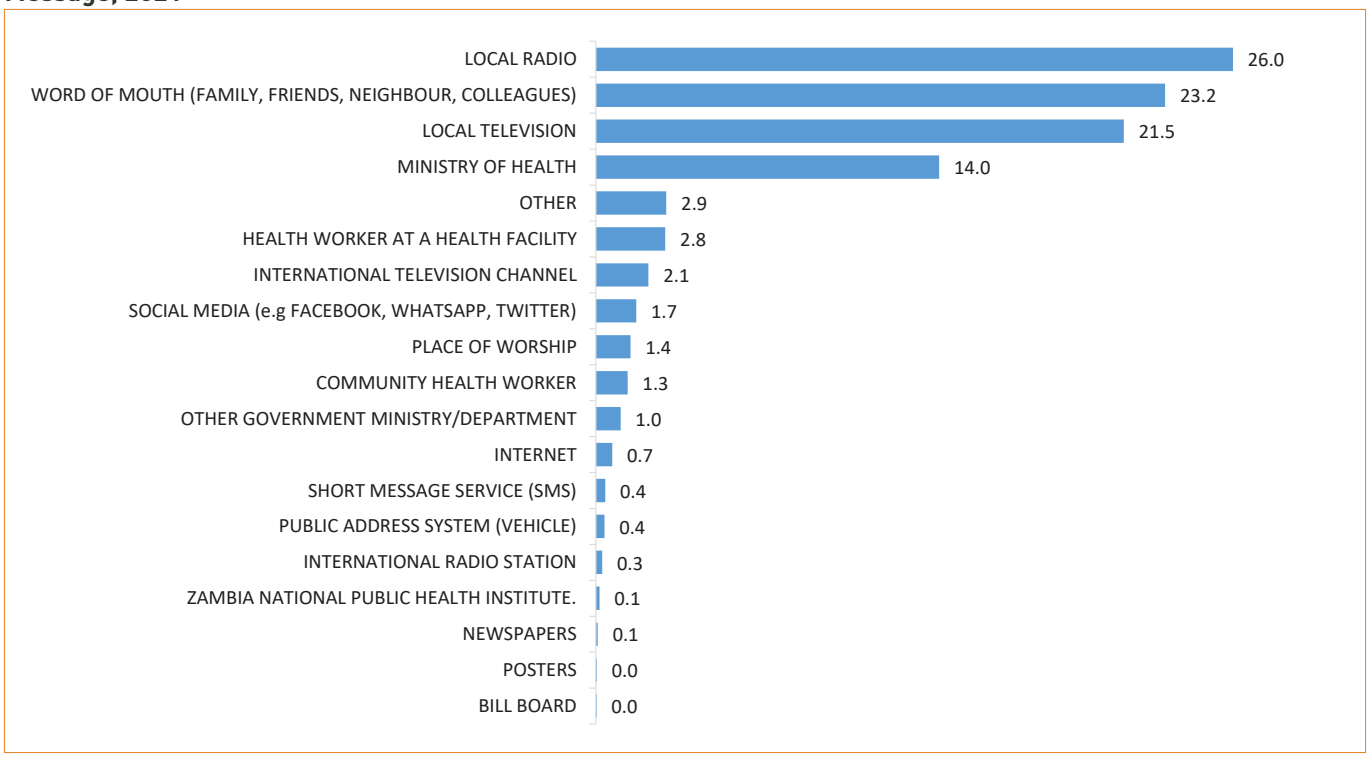
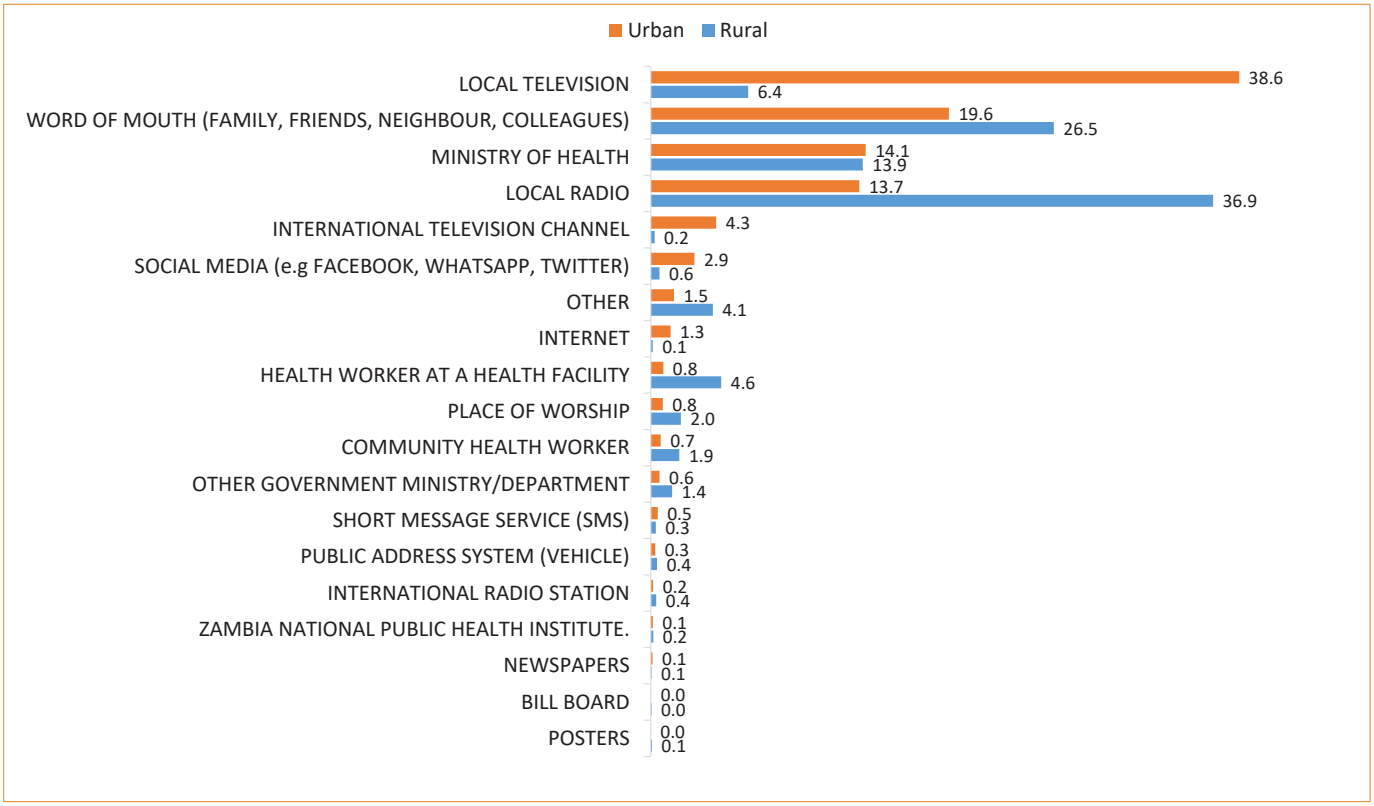


Figure 4.3 shows perentage distribution of persons by their first source of where they heard or saw a COVID-19 message by residence. The figure shows that the highest percentage of population in urban areas cited local television station as their first source of information about the COVID-19 at 39 percent followed by those who reported by word of mouth from family, friends and neighbour and Ministry of Health at 20 and 14 percent, respectively. In rural areas, the highest cited source of information on the COVID-19 was local radio station at 37 percent, followed by those who reported that they had heard by word of mouth from family, friends and neighbour at 27 percent. Almost 14 percent of the rural population cited Ministry of Health as the source where they first heard or saw a message on COVID-19.

Figure 4.3: Percentage Distribution of Persons by their First Source of where they heard or Saw a COVID-19 Message by Residence, 2021



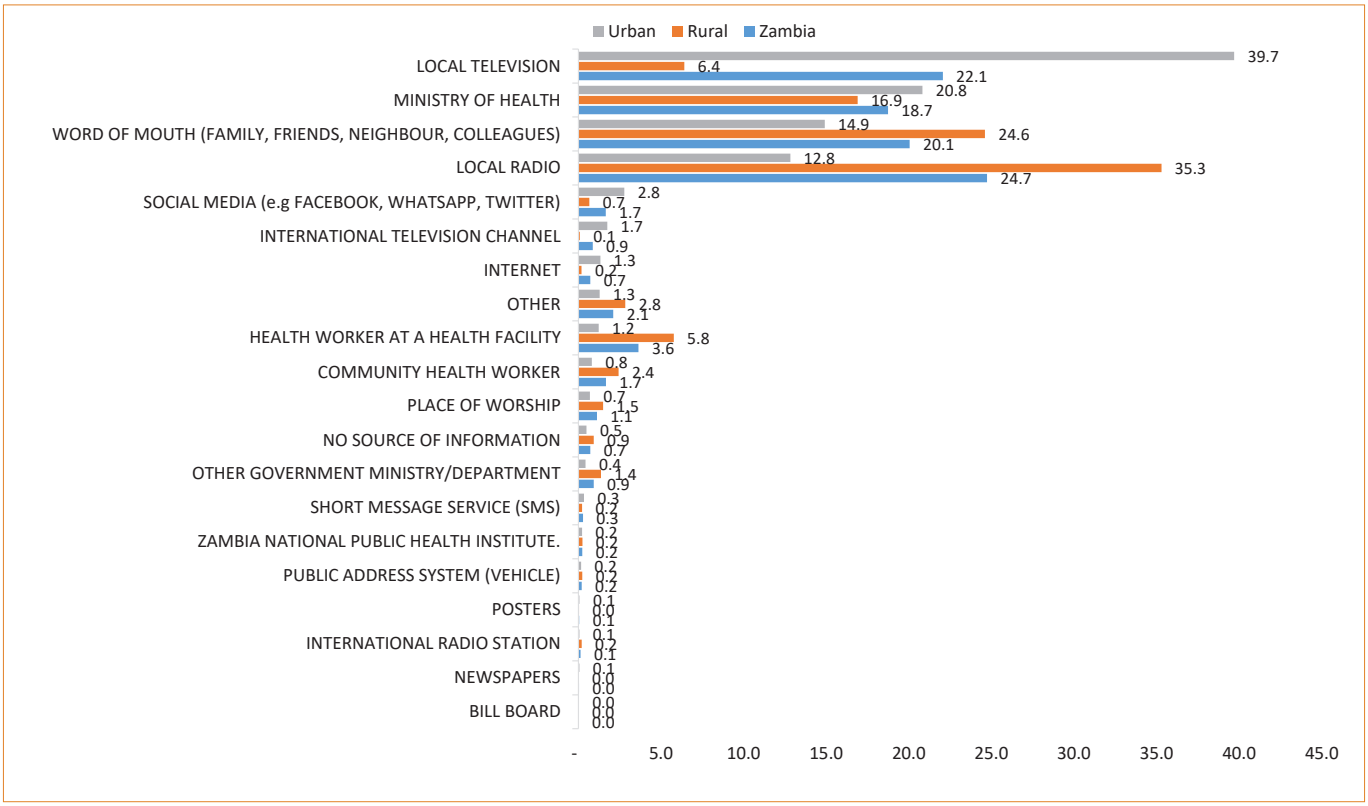
4.2 Current Source of Information on COVID-19

Figure 4.4 shows percentage distribution of persons by current source of COVID-19 messages by residence. At national level, results showed that individuals are currently receiving information on COVID-19 from different sources with the highest percentage of the population citing local radio and television stations at 25 and 22 percent, respectively.

Analysis by residence shows that in urban areas, local television station was cited as the most common current source of getting COVID-19 information at 40 percent, followed by those that cited Ministry of Health at 21 percent. In rural areas, the highest percentage of the population cited local radio station at 35 percent followed by those that cited word of mouth at 25 percent (**see Figure 4.4**).

Some of the population cited their current source of information on COVID-19 as health workers at the health facility (6 percent) and community health workers (2 percent), an increase of 2 and 1 percentage-points, respectively from what was noted as the first source of where they had heard or seen a COVID-19 message.

Figure 4.4: Percentage Distribution of Persons by Current Source of Getting COVID-19 Messages by Residence, 2021



4.3 Knowledge of how Coronavirus (COVID-19) is Spread

Among persons age 10 years and older who said they were aware of COVID-19, Seventy seven (77) percent knew how it was spread from one person to another, 17 percent did not how it was spread while 6 were not sure, (**see Table 4.3**).

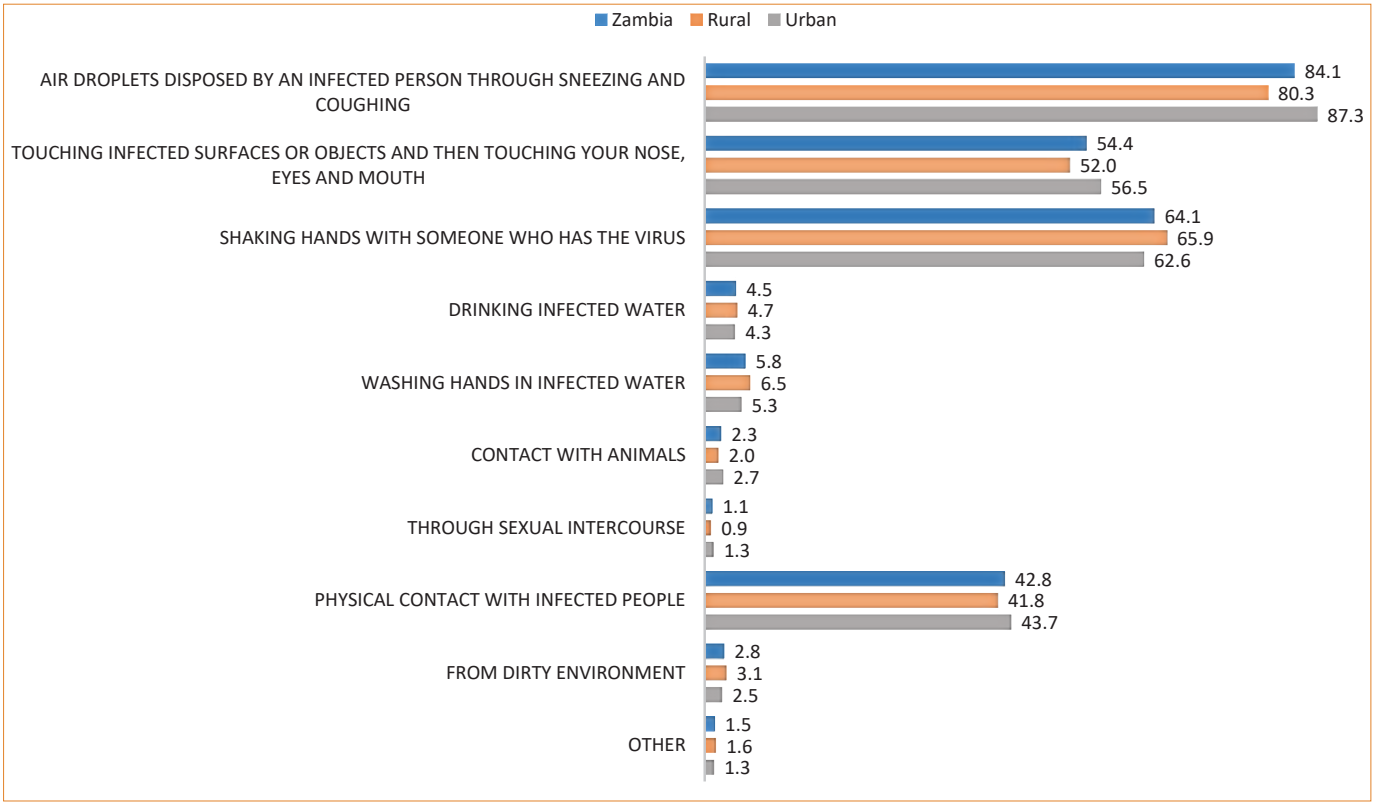
Analysed by residence, results show that the proportion of individuals in urban areas who knew how COVID-19 spreads was 21.7 percentage points more than the proportion of individuals in rural areas who knew how the disease was spread at 88 and 66 percent, respectively.

Table 4.3: Knowledge of How (COVID-19) is Spread, 2021

Background Characteristics		Total	Know	Don't Know	Not Sure
		Persons	Percent	Percent	Percent
Region	**Total**	**10,806,187**	**76.5**	**17.3**	**6.2**
	Rural	5,726,701	66.3	25	8.7
	Urban	5,079,486	88	8.6	3.5

Of the 77 percent individuals who said they knew how COVID-19 is spread, 84 out of every 100 said it was spread through air droplets disposed by an infected person while sneezing and coughing. Further, 64 out of every 100 cited shaking hands with someone who has the virus while 54 out of every 100 cited transmissions through touching infected surfaces or objects. The pattern was the same at regional level (**see Figure 4.5**).

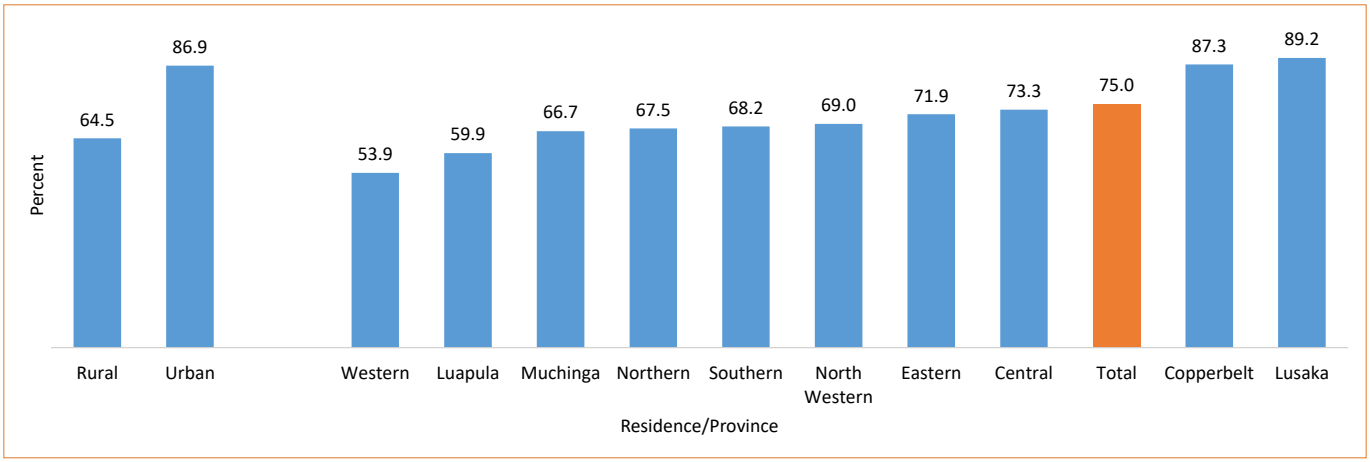
Figure 4.5: Percentage Distribution of Individual by Knowledge of How COVID-19 is Spread, 2021



4.4 Knowledge of COVID-19 Symptoms

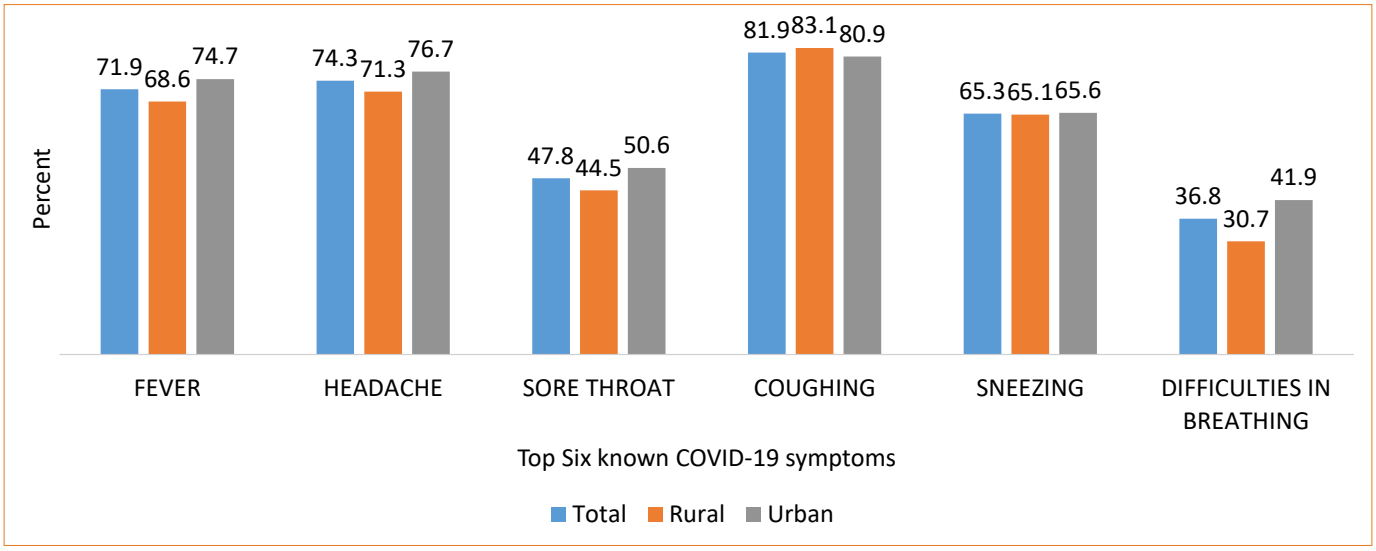
In order to establish the knowledge of the population on COVID-19 symptoms, the population 10 years and older was asked if they knew the symptoms of COVID-19. Eighty-seven percent of the population in urban areas compared with 65 percent of the population in rural areas reported that they knew the symptoms of COVID-19 **(see Figure 4.6)**. By province, knowledge of COVID-19 symptoms ranged from a high of 89 percent in Lusaka to a low of 54 percent in Western.

Figure 4.6: Knowledge of COVID-19 Symptoms



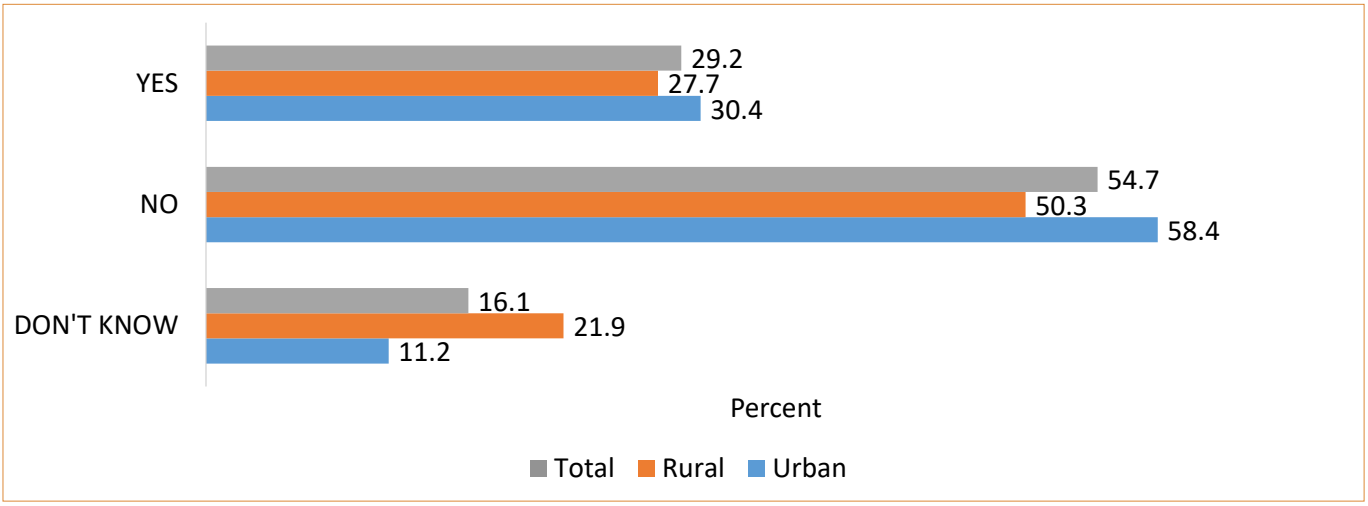
Of the population that reported knowing the symptoms of COVID-19, a follow-up question was asked to find out the what these symptoms were. Figure 4.7 shows the top six known symptoms of COVID-19. At national level, the most reported symptoms were coughing (82 percent), headache (74 percent) and fever (72 percent). A similar pattern was observed for rural and urban areas.

Figure 4.7: Top Six Known Symptoms of COVID-19 Symptoms



The population that reported knowing the symptoms of COVID-19 were asked if all persons with COVID-19 have symptoms. About 55 percent of the population 10 years and older reported that it was not all persons with COVID-19 who present with symptoms, 29 percent reported that all persons with COVID-19 have symptoms while 16 percent reported that they did not know.

Figure 4.8: Percentage Distribution of Population who reported that all Persons with COVID-19 show Symptoms or Not, SEIA 2021



Chapter 5: Attitudes towards COVID-19

5.0 Introduction

This chapter presents findings on attitudes of households and individuals towards COVID-19. It answers questions such as, who should prevent households and individuals from contracting COVID-19; perceived perpetrators and victims of discrimination on the basis of having COVID-19 and individual risk level of contracting COVID-19.

5.1 Attitude of Households towards COVID-19

Figure 5.1 shows the percentage share of households who thought COVID-19 was a big problem in their community by residence and province. Overall, 37 percent of the households thought that COVID-19 was a big problem in their community.

By residence, 46 percent of the households in urban areas compared to 29 percent of households in rural areas thought that COVID-19 was a big problem in their community.

Analysed by province, it ranged from a high of 45 percent in Lusaka to a low of 25 percent in Western.

Figure 5.1 Percentage Share of Households who think COVID-19 is a Big Problem in their Community by Residence and Province , 2021

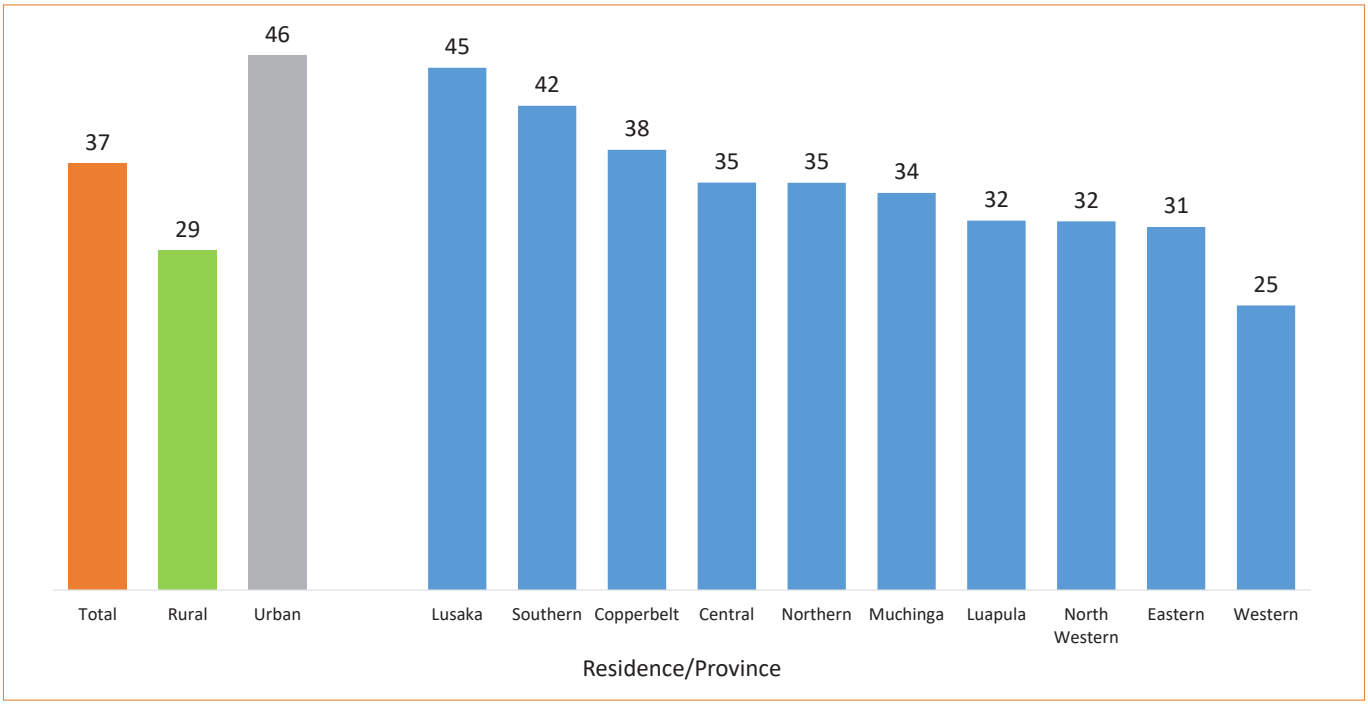


Table 5.1 shows the percentage distribution of households by who they thought was mainly responsible for preventing the household and community from contracting COVID-19 by residence and province. Results show that 68 percent of respondents thought that it was mainly an individual household member`s responsibility to prevent himself or herself from contracting COVID-19 while 21 percent in thought it was mainly the responsibility of the household head. Further, 5 percent thought it was mainly the responsibility of the health worker.

By province, it ranged from a high of 83 percent in Central Province indicating that it was mainly an individual household member`s responsibility to prevent himself or herself from contracting COVID-19 to a low of 46 percent in Luapula Province. Further, Luapula Province had the highest proportion of population who mainly thought it was the household heads responsibility to prevent household members from contracting COVID-19 at 37 percent while Central and Copperbelt provinces reported the least at 12 percent each.

Furthermore, 70 percent of households in Zambia thought it was mainly an individual household member`s responsibility to prevent the community from contracting COVID-19. Twelve (12) percent thought it was mainly the responsibility of a health worker while 11 percent thought it was mainly the responsibility of the leaders.

By residence, 63 percent of households in rural areas thought that it was mainly an individual's responsibility to prevent community members from contracting COVID-19 while 15 percent thought it was the responsibility of either a community leader or a health worker. In urban areas, 80 percent of the households thought it was mainly an individual household member`s responsibility to prevent the community members from contracting COVID-19.

By province, it ranged from a high of 82 percent in Lusaka to a low of 42 percent in Luapula among those who thought it was mainly the responsibility of the individual.

Twenty-four percent of the households in Luapula Province and 22 percent of households in Muchinga Province reported that it should mainly be the health workers' responsibility to prevent the community members from contracting COVID-19. Twenty-four percent of households in Luapula Province and 19 percent of households in Eastern Province reported that it should mainly be the responsibility of local and traditional leaders to prevent the community from contracting COVID-19 (see Table 5.1).

Table 5.1: Percentage Distribution of Households by Who They Think Was Mainly Responsible to Prevent the Household and Community from Contracting COVID-19 by Residence and Province, 2021

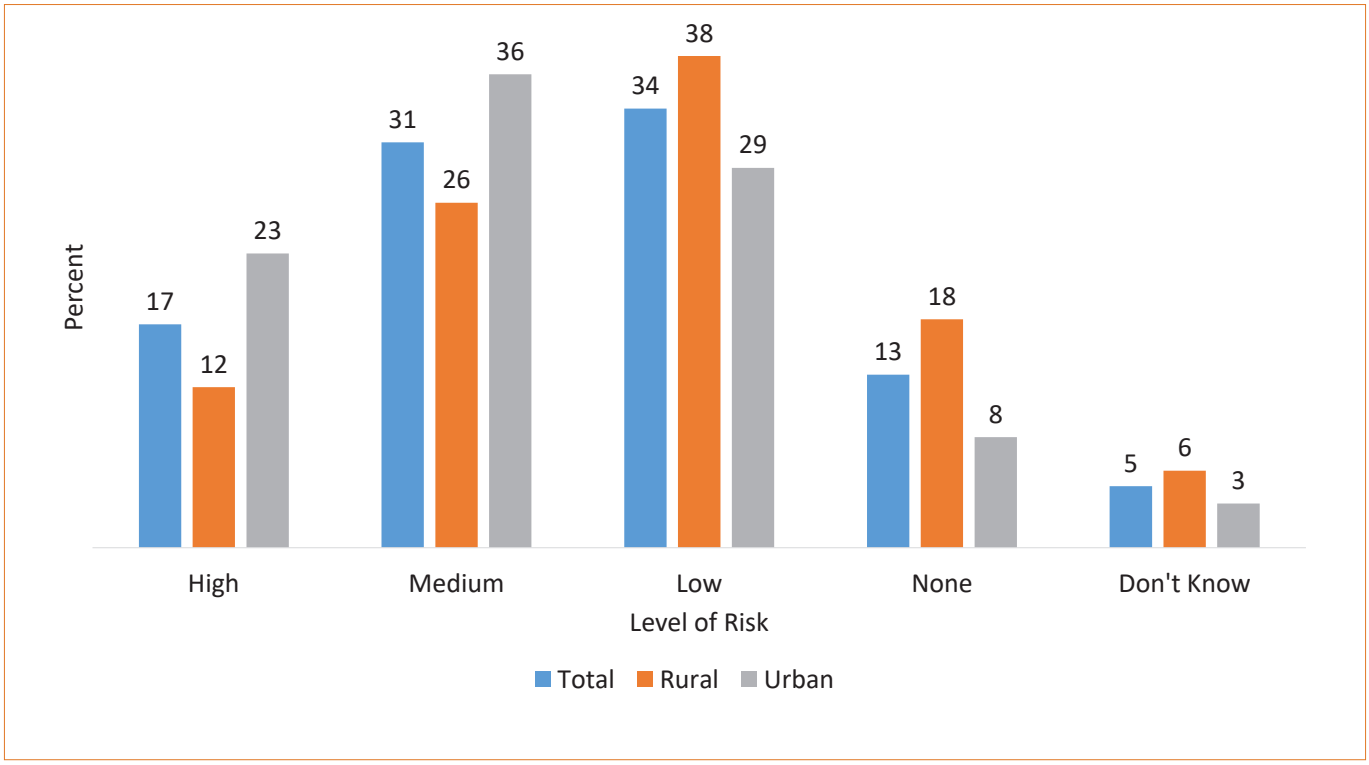
Residence	Who should mainly prevent your household from contracting COVID-19 (%)				Who should mainly prevent your community from contracting COVID-19 (%)				Households
	Individual	Household head	Health worker	Other	Individual	Leaders	Health Worker	Other	
Total	**68**	**21**	**5**	**7**	**70**	**11**	**12**	**7**	**3,806,285**
Rural	66	20	7	7	63	15	15	8	2,111,883
Urban	69	22	2	7	80	6	7	6	1,694,403
Province									
Central	83	12	1	4	79	7	8	6	429,847
Copperbelt	78	12	3	7	80	6	6	9	538,093
Eastern	73	17	6	4	69	19	8	4	436,164
Luapula	46	37	7	10	42	24	24	10	237,619
Lusaka	61	28	1	10	82	5	7	5	777,984
Muchinga	63	17	10	11	56	12	22	10	248,562
Northern	66	19	8	8	62	16	15	7	304,000
North Western	62	28	2	7	69	11	9	11	190,455
Southern	66	24	7	4	67	11	16	5	417,881
Western	66	16	11	7	60	9	16	15	225,681

5.2 Attitude of Individuals towards COVID-19

5.2.1 Perceived Risk of Contracting COVID-19

Overall, only 17 percent of the population thought that they were at high risk of contracting COVID-19 while 31 percent thought they were at medium risk. Generally, persons in urban areas thought that they had a higher risk of getting infected with COVID-19 compared with persons in rural areas. Twenty-three percent of persons in urban areas compared with 12 percent in rural areas reported that they had a high risk of getting infected with COVID-19. Similarly, 36 percent of persons in urban areas compared with 26 percent of persons in rural areas reported having a medium risk of contratcting COVID-19 (**see Figure 5.2**).

Figure 5.2: Percentage Distribution of the Perception of the Respondents' Risk of Contracting COVID-19 by Residence, 2021



5.2.2 Person who Respondents thought was mainly responsible for preventing them from contracting COVID-19

Figure 5.3 shows the percentage distribution of persons who the respondents thought was mainly responsible for preventing them from contracting COVID-19 by residence. All persons 10 years and older were asked who was mainly responsible to prevent them from contracting COVID-19. Overall, 80 percent of respondents reported that it was mainly an individual responsibility to prevent one from contracting COVID-19. Eighty-five percent of the population in urban areas compared with 75 percent in rural areas reported that it was mainly an individual responsibility to prevent one from contracting COVID-19. Fourteen percent of the population in rural areas compared to 9 percent in urban areas thought it was mainly the responsibility of the household head to prevent them (respondents) from contracting COVID-19.

Figure 5.3: Percentage Distribution of Person who the Respondents thought was mainly Responsible for Preventing them from Contracting COVID-19 by Residence, 2021

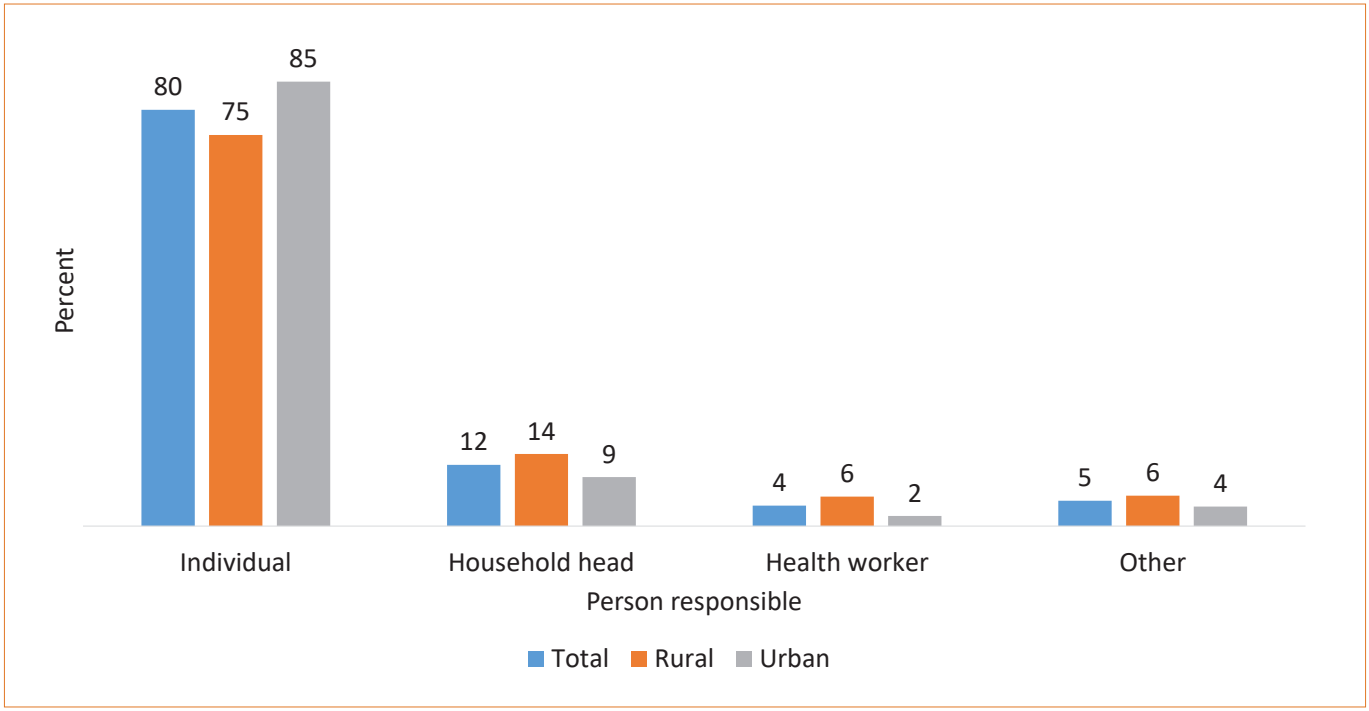


Figure 5.4 shows the percentage of respondents 10 years and older who reported that they would discriminate someone (perpetrator) or that they would be discriminated (victim) because of COVID-19 by residence and province. Twelve percent of the population reported that they would discriminate someone because they had COVID-19 while 9 percent thought that they would be discriminated against if they had COVID-19. By province, Muchinga recorded the highest percentage of the population who reported that they would discriminate someone (perpetrator) because they had COVID-19 and that they would be discriminated against if they had COVID 19 (victim) at 22 and 12 percent, respectively . Eastern and Northern provinces had the least percentages of the population who reported that they would discriminate someone (perpetrator) at 8 percent each while Northern province reported the lowest percentage of those that reported that they would be discriminated against if they had COVID 19 (victim) at 5 percent.

Figure 5.4: Percentage of Persons (10 Years and Older) who Reported that they would be Perpetrators or Victims of Discrimination because of COVID 19 by Residence and Province, 2021

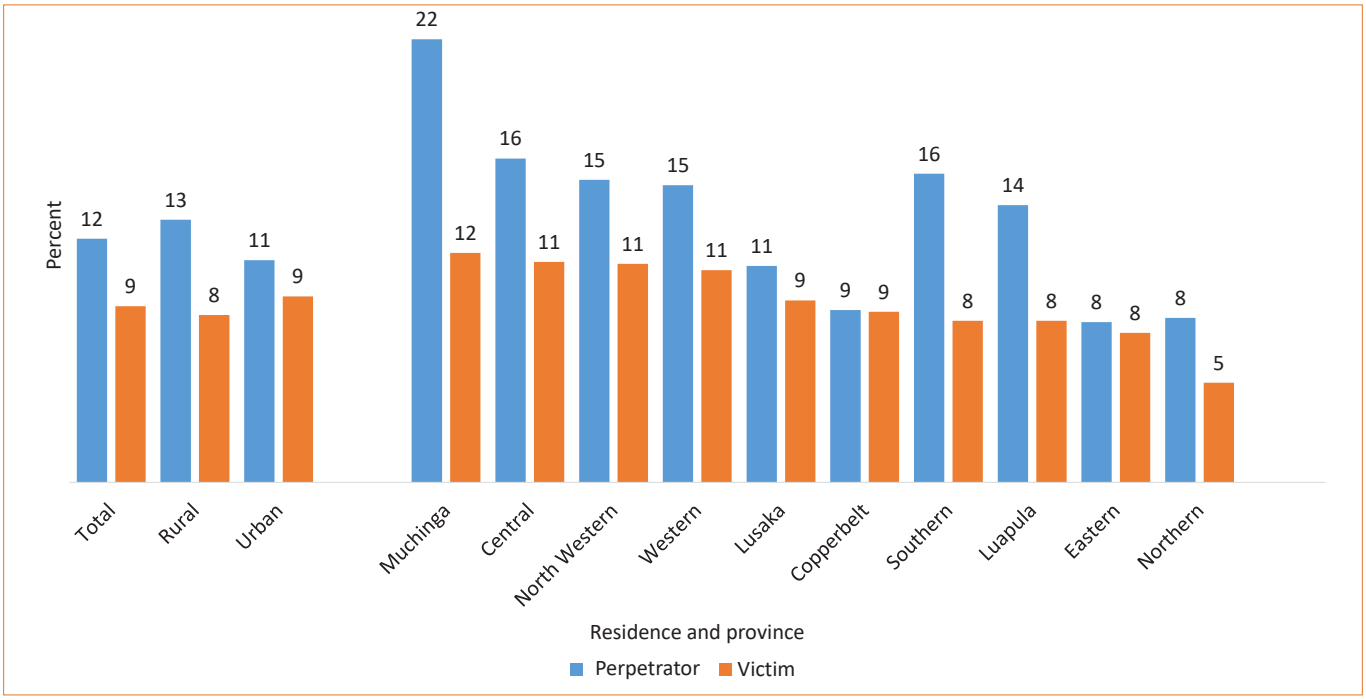


Figure 5.5 shows the percentage of households that would want to keep it a secret if a member of their household or family were to get COVID-19 by residence. Twelve percent of the households reported that if someone in their household were to get COVID-19, they would want it to be a secret from other members of the community. By province, it ranged from a high of 18 percent in Western Province to a low of 6 percent in Northern Province.

Figure 5.5: Percentage Distribution of Households that would Want to Keep it a Secret if a Household Member had COVID-19 by Residence and Province, 2021

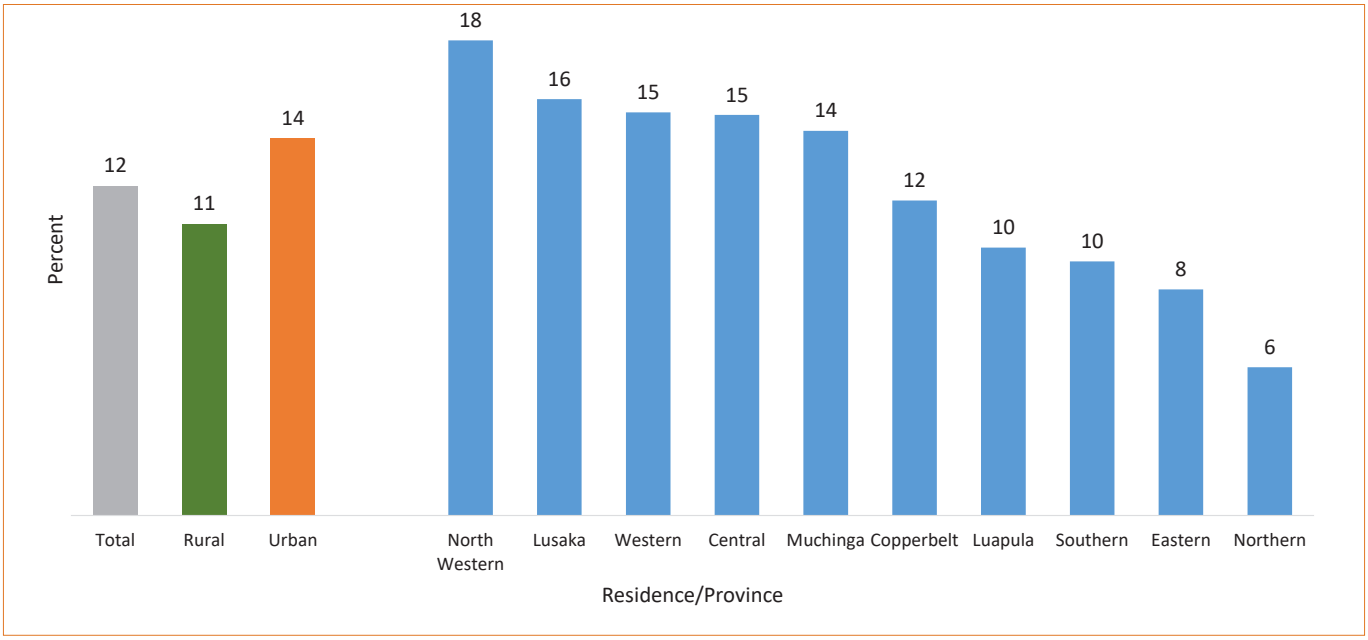
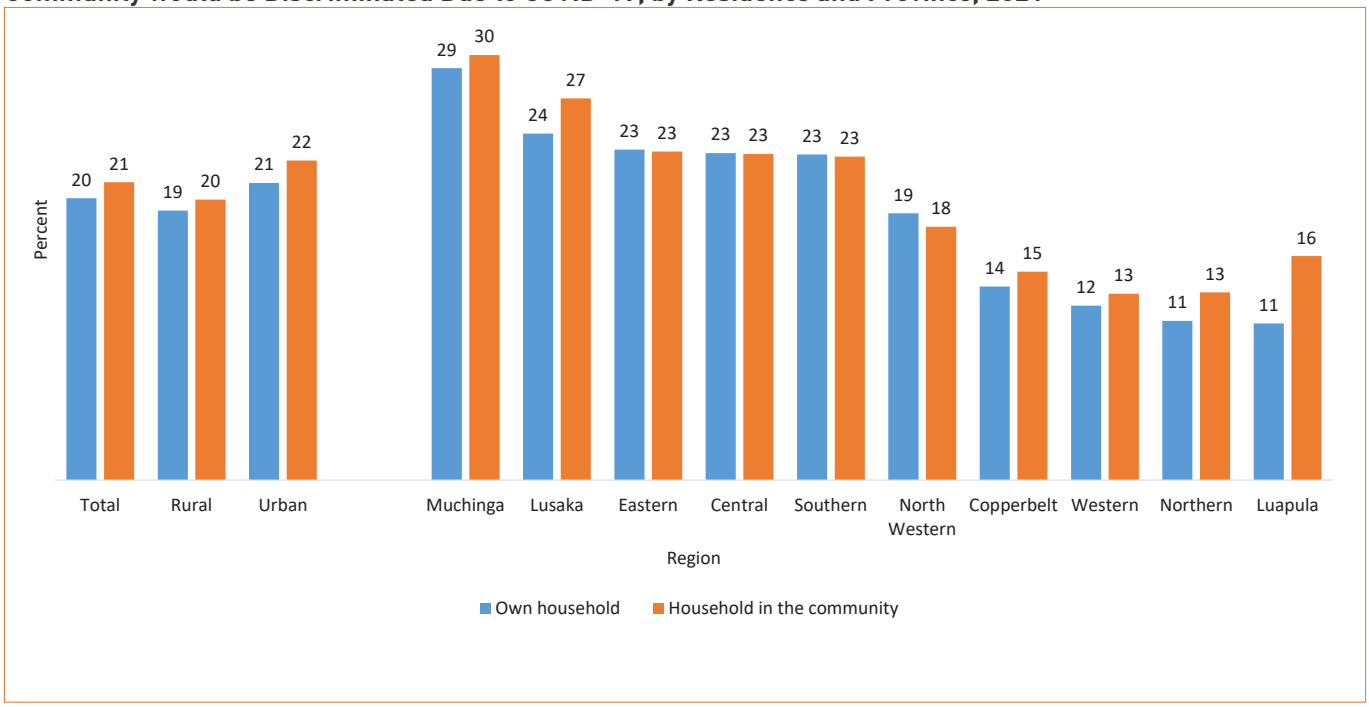


Figure 5.6 shows that one in every five households (20 percent) thought that if a person in their household got COVID-19, they would be discriminated or stigmatized. Similarly, about one in every five households (21 percent) thought that if a person in their community was to get COVID-19, their household would be discriminated or stigmatized

By province, results show that 29 percent of the households in Muchinga thought that their household would be discriminated or stigmatized if a household member had COVID-19 representing the highest percentage while Luapula and Northern provinces had the lowest at 11 percent each.

Similarly, the percentage of households that thought that a household within their community would be discriminated or stigmatized due to COVID-19 ranged from a high of 30 percent in Muchinga to a low of 13 percent in both Northern and Western provinces.

Figure: 5.6 Percentage Distribution of Households who thought that their Household or a Household within their Community would be Discriminated Due to COVID-19, by Residence and Province, 2021



Of those that reported that their household would be discriminated or stigmatized due to COVID-19, a follow up question was asked to establish the perceived reason that would cause the discrimination or stigmatization. Figure 5.7 shows that the most cited reason for the perceived discrimination or stigmatization was anxiety of contracting COVID-19 at 59 percent, lack of information at 36 percent and that COVID-19 is a deadly disease at 33 percent.

Figure: 5.7 Reason Cited for Perceived Discrimination or Stigmatization due to COVID-19 (Percent), 2021

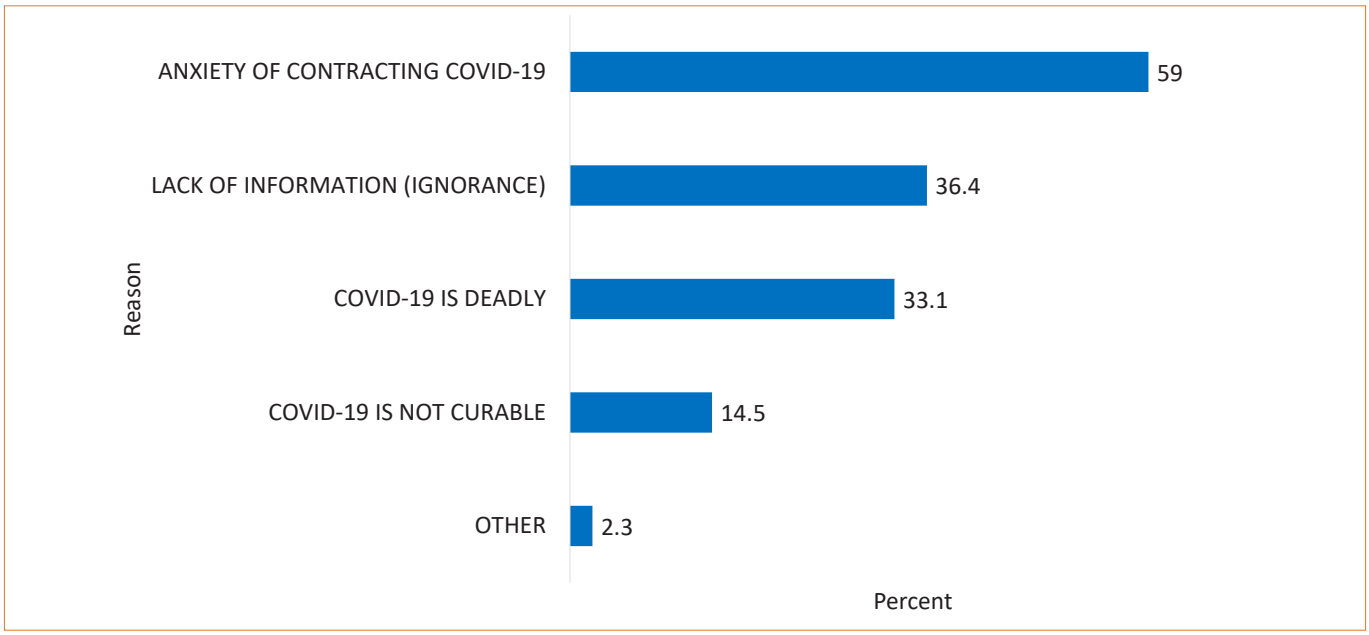


Figure 5.8 shows the percentage share of households who had ever heard of cases of discrimination or stigmatization of certain categories of people related to COVID-19 within the community. Five percent of households reported that they had heard of cases of discrimination or stigmatization of certain categories of people related to COVID-19 within their communities.

By residence, 7 percent of households in urban areas compared with 4 percent in rural areas had heard of cases of discrimination or stigmatization of certain categories of people related to COVID-19 within their communities. By province, it ranged from a high of 12 percent in Muchinga to a low of 2 percent in Western.

Figure 5.8: Percentage Share of Households who had ever heard of Cases of Discrimination or Stigmatization of Certain Categories of People related to COVID-19, 2021

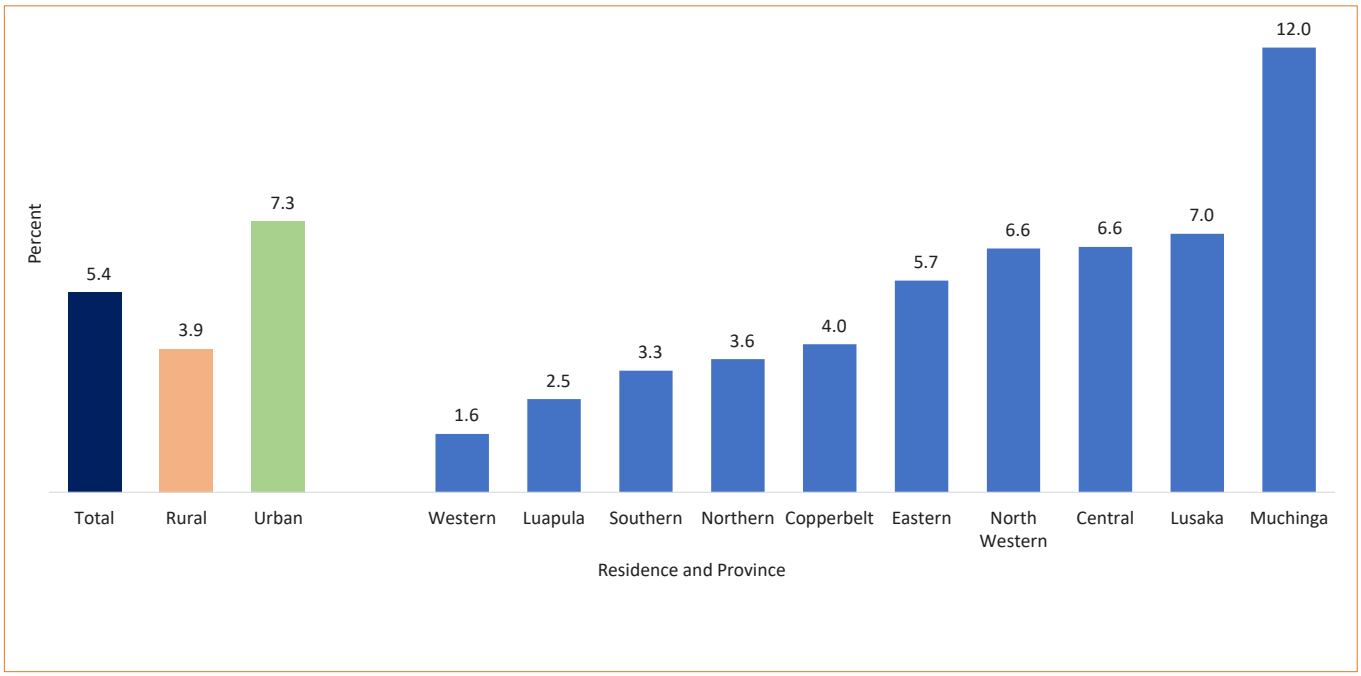
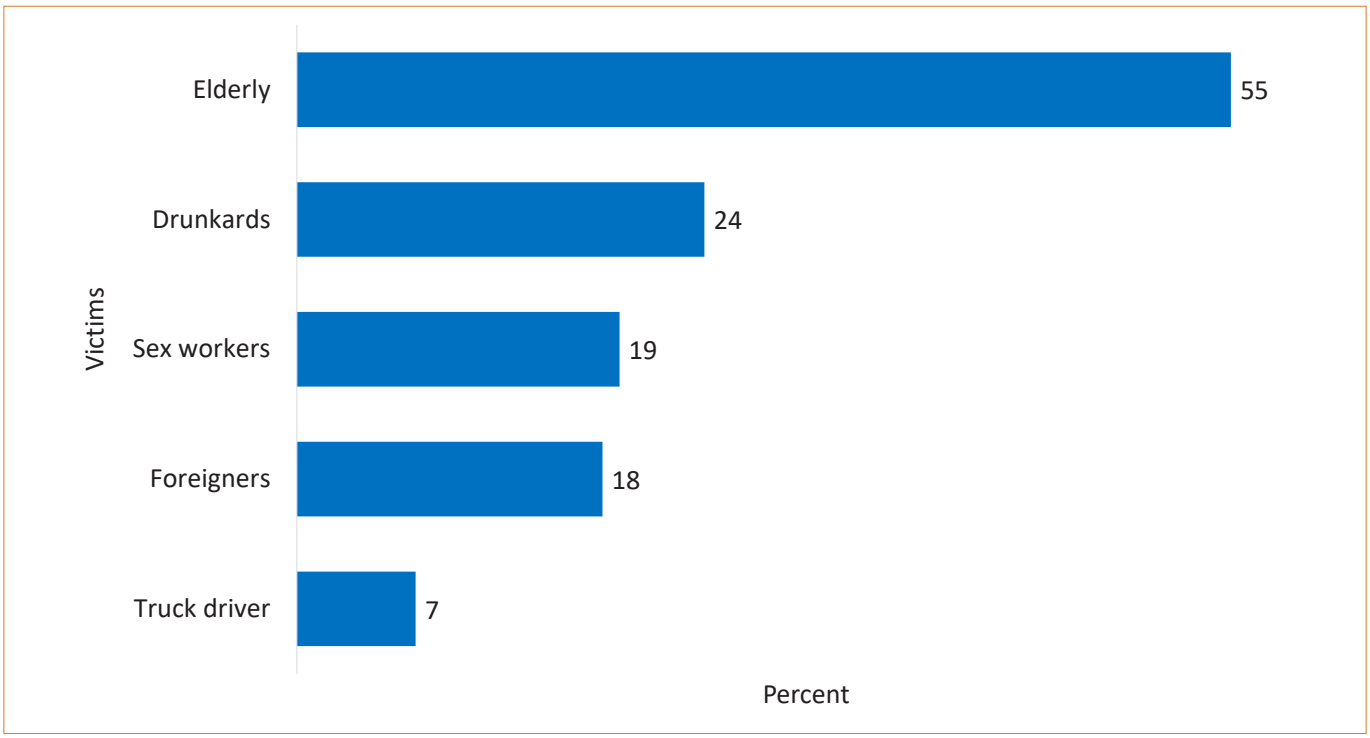


Figure 5.9 shows the percentage of victims of discrimination in the community as reported by households. Of the households that reported that they had heard cases of discrimination in their community, over half (55 percent) mentioned the elderly as victims of discrimination or stigmatization due to COVID-19, followed by those who mentioned drunkards at 24 percent.

Figure 5.9: Percentage Distribution of Victims of Discrimination or Stigmatization related to COVID-19 in their Community as reported by Households, 2021



Chapter 6: COVID-19 Preventive Measures

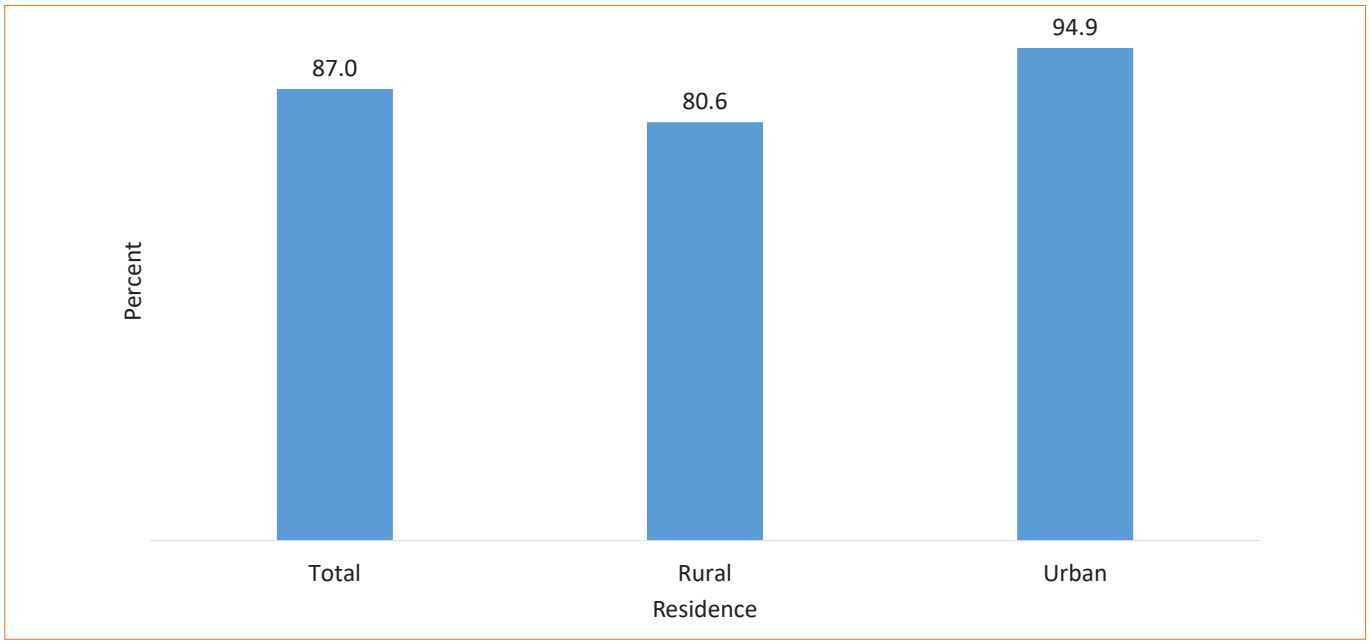
6.0 Introduction

This section presents the findings of the public's adherence to measures put in place by the government, such as avoiding large gathering of people at parties, churches, funerals among others. It also collected information on individual compliance with recommended COVID-19 health practices such as hand washing and wearing of face masks in public.

Households were asked to state what measures they were taking to prevent household members from contracting COVID-19 during the period March to September 2020 and the month of October 2020 to the date of data collection.

Figure 6.1 shows that a large share of households (87 percent) either practiced or practice COVID-19 preventive measures. A regional analysis shows that more households in urban areas (95 percent) had done something to prevent their members from contracting COVID-19 than households in rural (81 percent).

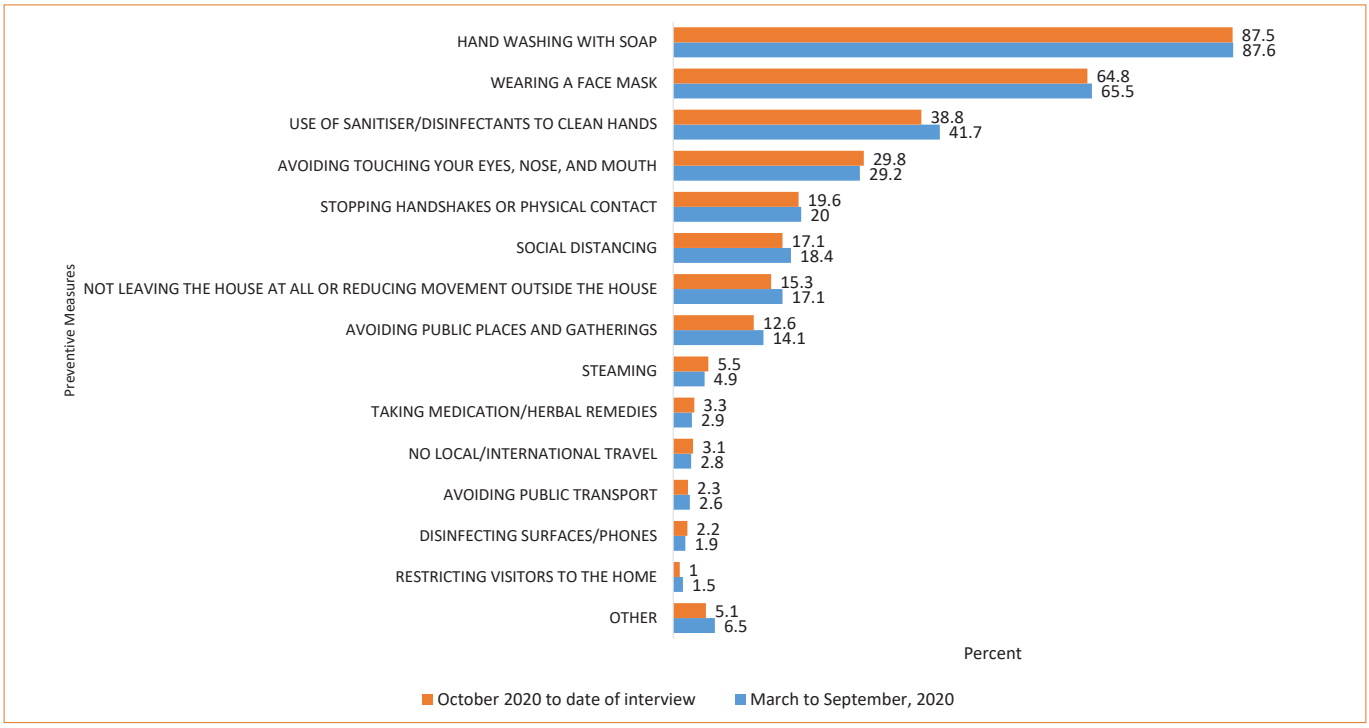
Figure 6.1: Percentage of households who practice and/or Practiced COVID-19 Preventive Measures, 2021



6.1 COVID-19 Preventive Measure Employed by Households

This section looks at the COVID-19 preventive measures employed by households during the partial lockdown (March and September 2020) and the period October 2020 to the survey date. The most common COVID-19 preventive measure employed by households in Zambia during the two periods under review was hand washing with soap both at 88 percent. The other notable preventive measure cited by households was wearing of face masks at 66 and 65 percent for the former and latter periods, respectively. The use of hand sanitizer or disinfectants to clean hands was the third most cited preventive measure at 42 and 39 percent for the former and latter periods, respectively (**see Figure 6.2**).

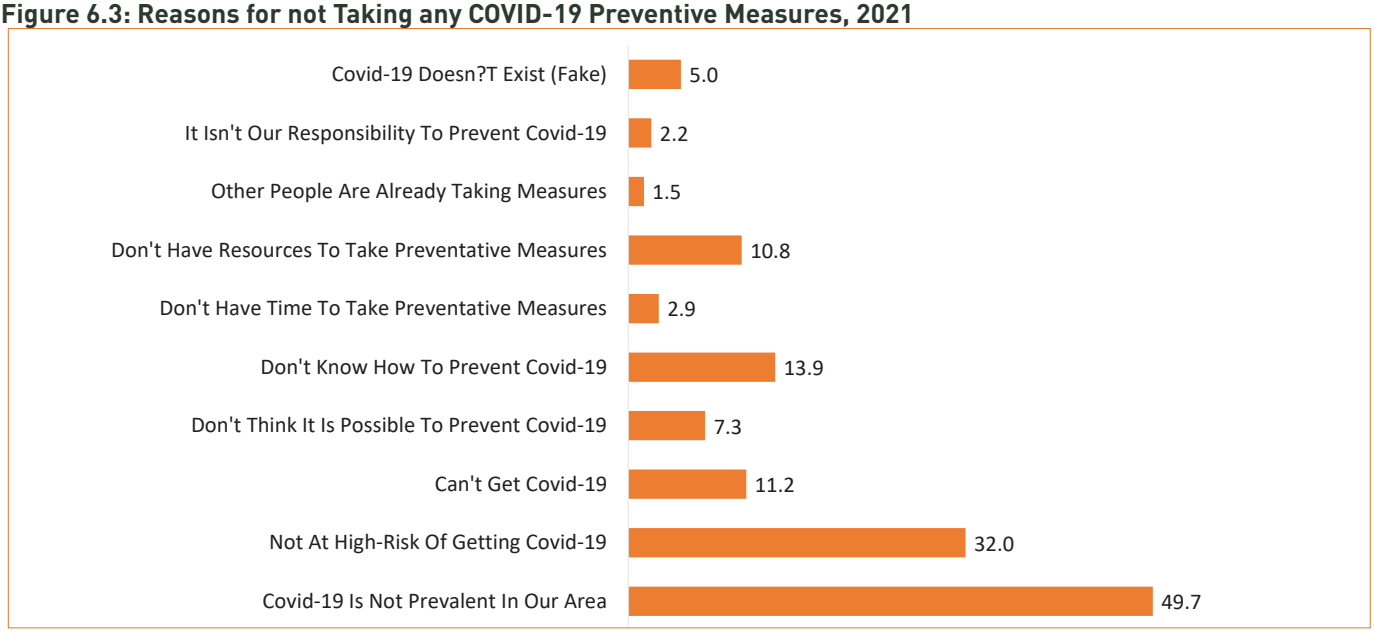
Figure 6.2: Percentage Distribution of COVID-19 Preventive Measures Employed by Households, 2021



6.2 Reasons for not Taking any COVID-19 Preventive Measures

A total of 495,155 households which is 13 percent of the total households who were aware of COVID-19 indicated that they did not do anything to prevent the household members from contracting the virus. Of these, almost 50 percent reported that they did not do anything to prevent the household members from contracting COVID-19 because they believed that COVID-19 was not prevalent in their area. Further, 32 percent said that they were not at risk of contracting the virus. About 14 percent of the households said that they did not know how to prevent themselves from contracting COVID-19 (**see Figure 6.3**).

Figure 6.3: Reasons for not Taking any COVID-19 Preventive Measures, 2021



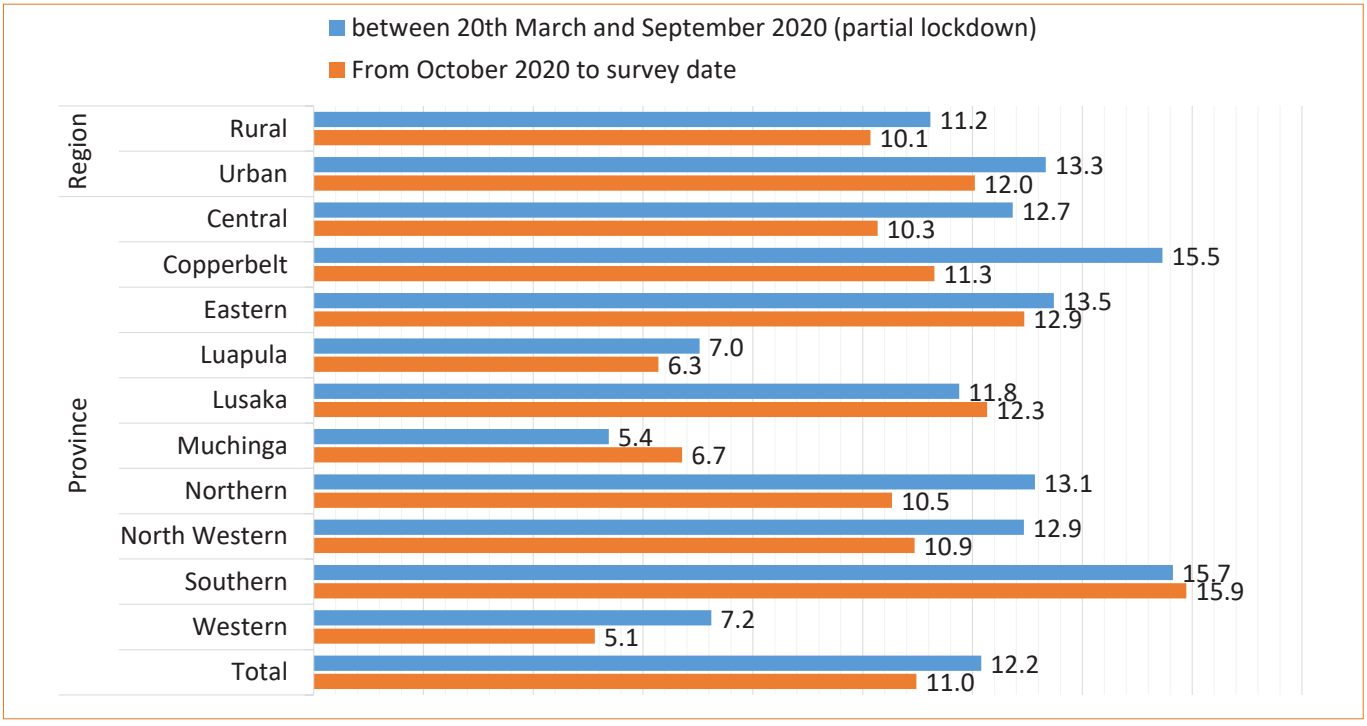
6.3 Household Compliance with three Golden rules of COVID-19 prevention

This section looks at household practices on the three golden rules for preventing the spread of COVID-19, specifically hand washing with soap and/or sanitizing, wearing of a face mask and social distancing.

During the partial lockdown period from March to September 2020, 12 percent of the households in Zambia were complying with the three golden rules for preventing the spread of COVID-19. From October 2020 to the survey date, the compliance levels were at 11 percent (**see Figure 6.4**).

For both periods (March to September 2020 and October 2020 to the survey date) Southern Province recorded the highest compliance levels at 15.7 and 15.9 percent, respectively. Muchinga Province recorded the lowest compliance levels for the period March to September 2020 at 5.4 percent while Western Province recorded the lowest compliance levels for the period October 2020 to the survey date at 5.1 percent.

Figure 6.4: Proportion of Households Complying with three Golden rules of COVID-19 prevention by Residence and Province (Percent), 2021



6.4 Households which hosted a function in the past 14 days

Majority of the households (87 percent) in Zambia did not host a function such as funeral, kitchen party, wedding or church meeting in the 14 days prior to the survey date. However, 13 percent had hosted a function in the 14 days prior to the survey date.

The proportion of households in rural areas that hosted a function in the 14 days period prior to the survey date was almost twice as much as the proportion of households that had hosted a function in urban areas at 16 and 9 percent, respectively (**see Table 6.1**).

Analysis at provincial level shows that Northern had the largest proportion of households that had hosted a function at 20 percent, followed by Eastern at 18 percent while Lusaka had the lowest proportion of households that had hosted a function at 4 percent.

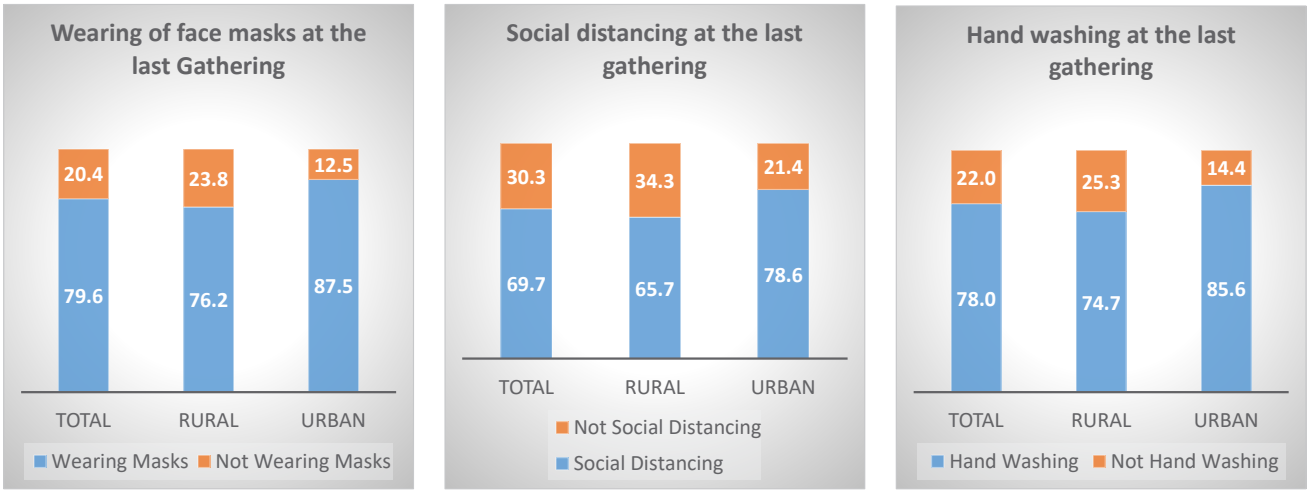
Table 6.1: Percentage Share of Households that Hosted a Function in the 14 days Prior to the Survey date, by Residence and Province, 2021

Domain		Total House-holds	Hosted a function in the last 14 days		Did not host a function in the last 14 days	
			Households	Percent	Households	Percent
Region	**Total**	**3,880,964**	**490,256**	**12.6**	**3,390,708**	**87.4**
	Rural	2,172,069	341,079	15.7	1,830,990	84.3
	Urban	1,708,895	149,177	8.7	1,559,718	91.3
Province	Central	433,349	60,369	13.9	372,980	86.1
	Copperbelt	540,785	52,664	9.7	488,120	90.3
	Eastern	439,676	76,765	17.5	362,911	82.5
	Luapula	247,028	39,816	16.1	207,212	83.9
	Lusaka	789,163	32,498	4.1	756,665	95.9
	Muchinga	266,634	43,701	16.4	222,932	83.6
	Northern	309,274	62,892	20.3	246,382	79.7
	North Western	203,339	31,107	15.3	172,232	84.7
	Southern	418,717	58,012	13.9	360,705	86.1
	Western	232,999	32,431	13.9	200,568	86.1

6.5 Compliance with COVID-19 Preventive Measures

Of the households that had hosted a function 14 days prior to the survey date, almost 80 percent of the households said that the people in attendance were wearing face masks during the function. Further, 78 percent of the households who had hosted a function 14 days prior to the survey date reported that people in attendance complied with the requirement of washing hands with soap/ sanitized. Similarly, about 70 percent of the households reported that people in attendance complied with the requirement of observing social distancing (**see Figure 6.5**).

Figure 6.5: Percentage Distribution of Households reported Compliance with COVID-19 Preventive Measures, 2021



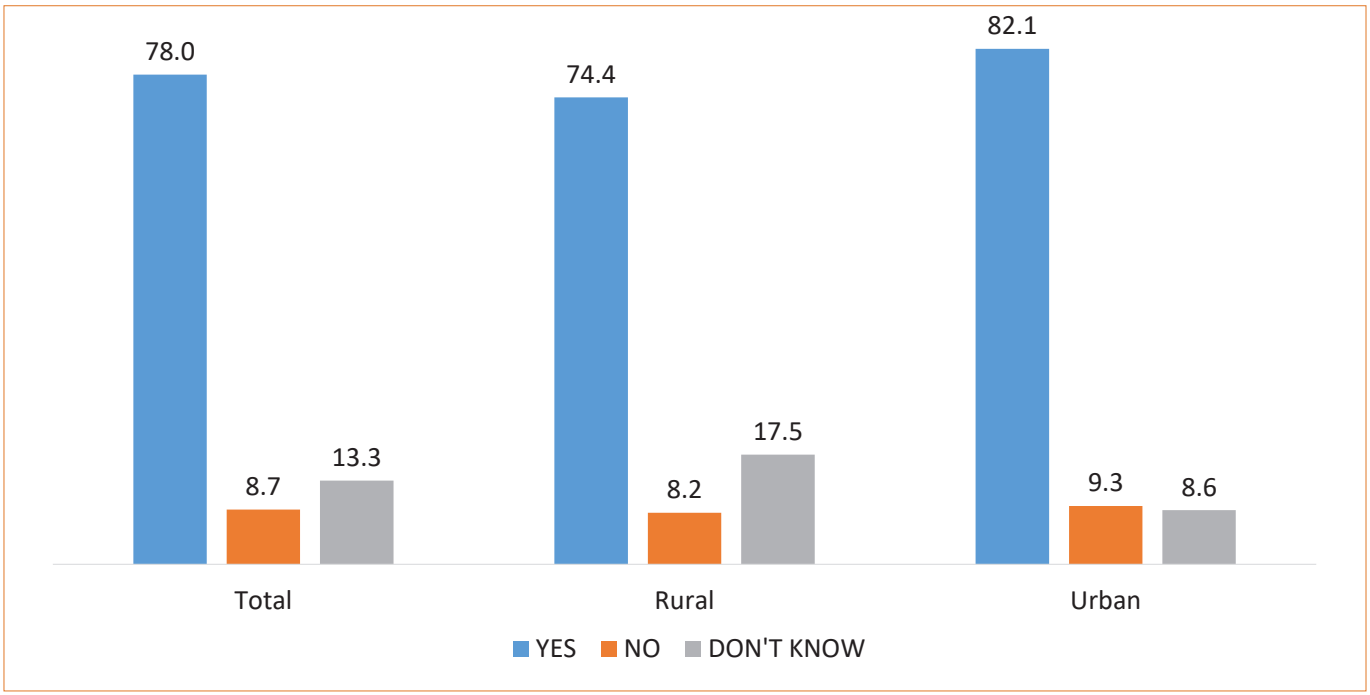
6.6 Preventive Measures at Individual level

A total of 10,806,187 household members who reported that they were aware of COVID-19, were asked on what they thought about the measures the Government had put in place to contain the spread of the virus. Of these, 78 percent thought that the measures the Government had put in place were enough to contain the spread of the virus, 13 percent didn't know if the measures were sufficient while about 9 percent indicated that the measures were not adequate.

By residence, 82 percent of the persons in urban areas compared to 74 percent in rural areas thought that the measures put in place by Government were enough to contain the spread of the virus reflecting a 6.7 percentage point difference. Further, a slightly higher percentage of persons in urban areas indicated that the COVID-19 preventive measures put in place by Government were not enough at 9 percent relative to 8 percent in rural areas.

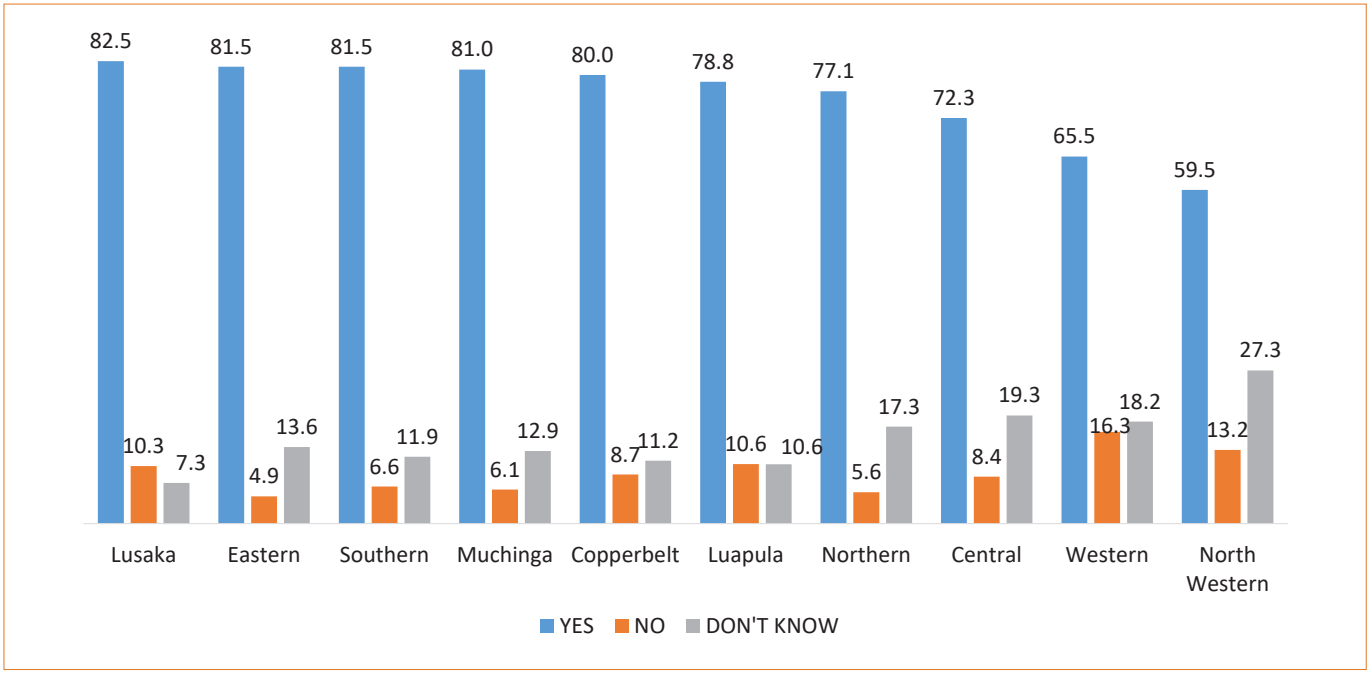
Notably, twice the proportion of persons in rural areas compared to those in urban indicated that they did not know if the measures were enough (see Figure 6.6).

Figure 6.6: Percentage Distribution of Persons by what they said about Adequacy of COVID-19 Measures put in Place by Government , 2021



All the provinces with the exception of Western (66 percent) and North Western (60 percent) had more than 70 percent of the persons reporting that the measures the Government had taken were enough to contain the spread of Corona virus (COVID-19).

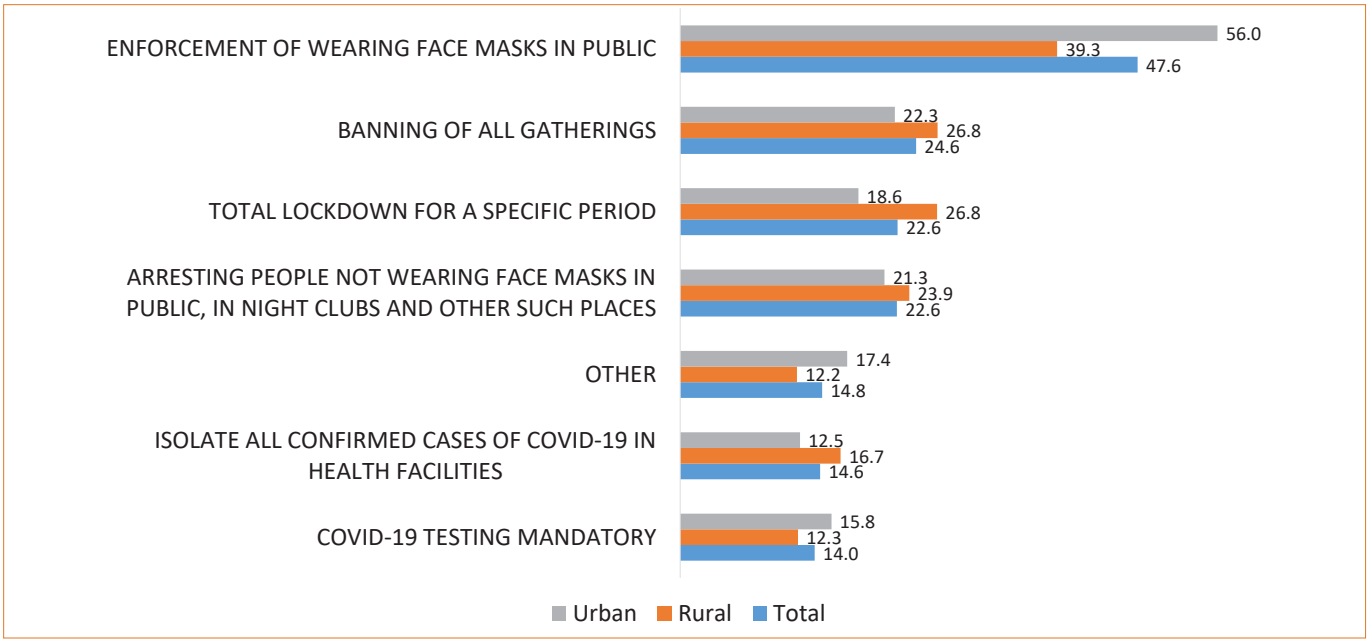
Figure 6.7: Percentage Distribution of Persons by what they said about Adequacy of COVID-19 Measures put in Place by Government by Province, 2021



Respondents who reported that the measures taken by Government were not enough to contain the spread of COVID-19 were asked to suggest what alternative or additional measures the Government should take or should put in place to contain the spread of COVID-19. Of the 940,707 persons who reported that the measures were not enough, 48 percent suggested that the Government should enforce wearing face masks in public places, 25 percent were of the view that the Government should ban all gatherings and 23 percent suggested that the Government should impose a total lockdown for a specific period while another 23 percent indicated that the Government should arrest people not wearing face masks in public places.

In rural areas, 39 percent reported that the Government should enforce wearing of face masks in public places, about 27 percent suggested ban of all gatherings and another 27 percent suggested that there should be total lockdown for a specific period. In urban areas, 56 percent suggested Government should enforce wearing of face masks in public places, 22 percent suggested a ban of all gatherings and 21 percent suggested that people not wearing face masks in public, night clubs and other such places should be arrested (**see Figure 6.8**).

Figure 6.8: Percentage of Persons by Susggested Alternative Measures the Government should have put in Place to contain COVID-19, 2021



One of the key areas of the Survey was to assess if people were wearing face masks or shields in public places as one of the preventive measures against COVID-19. Figure 6.9 shows the percentage distribution of persons who reported wearing face masks/shield in public places by residence. Results show 90 percent of the population indicated that they wore face masks, of which 85 percent were in rural areas and 95 percent were in urban areas.

Nine (9) percent of the population were not wearing face masks in public places at national level whilst almost five times the proportion in rural areas compared to those in urban areas were not wearing face masks in public places at 14 and 3 percent, respectively.

Figure 6.9: Percentage Distribution of Persons who reported Wearing Face Masks/Shield in Public Places by Rural/ urban, 2021

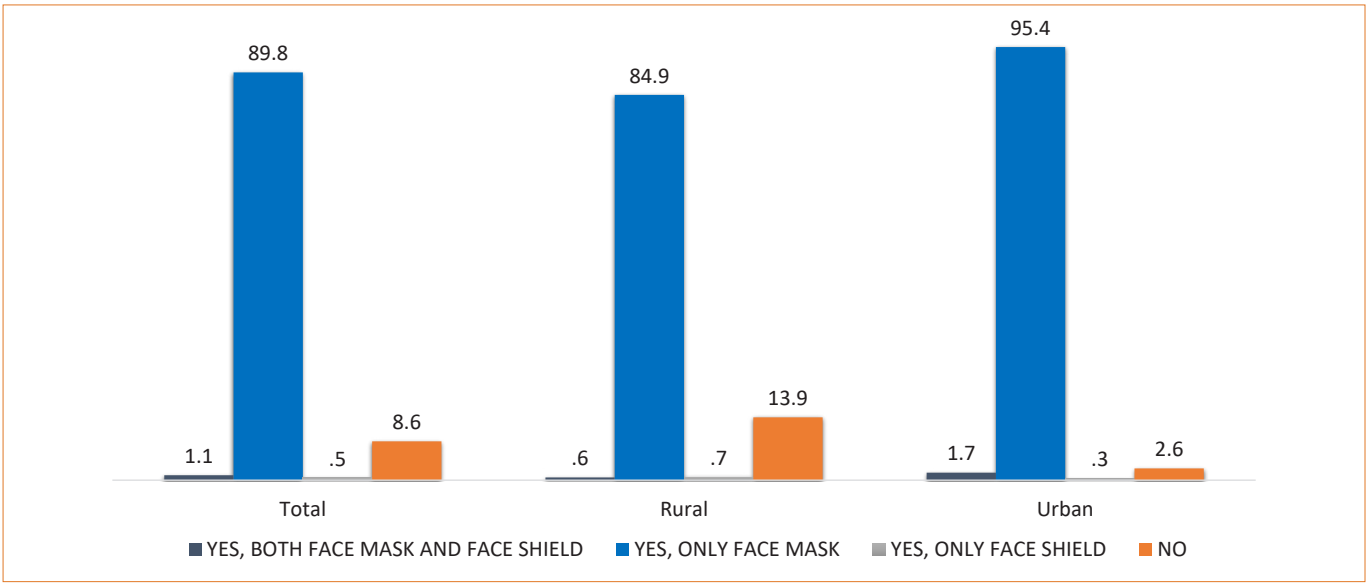
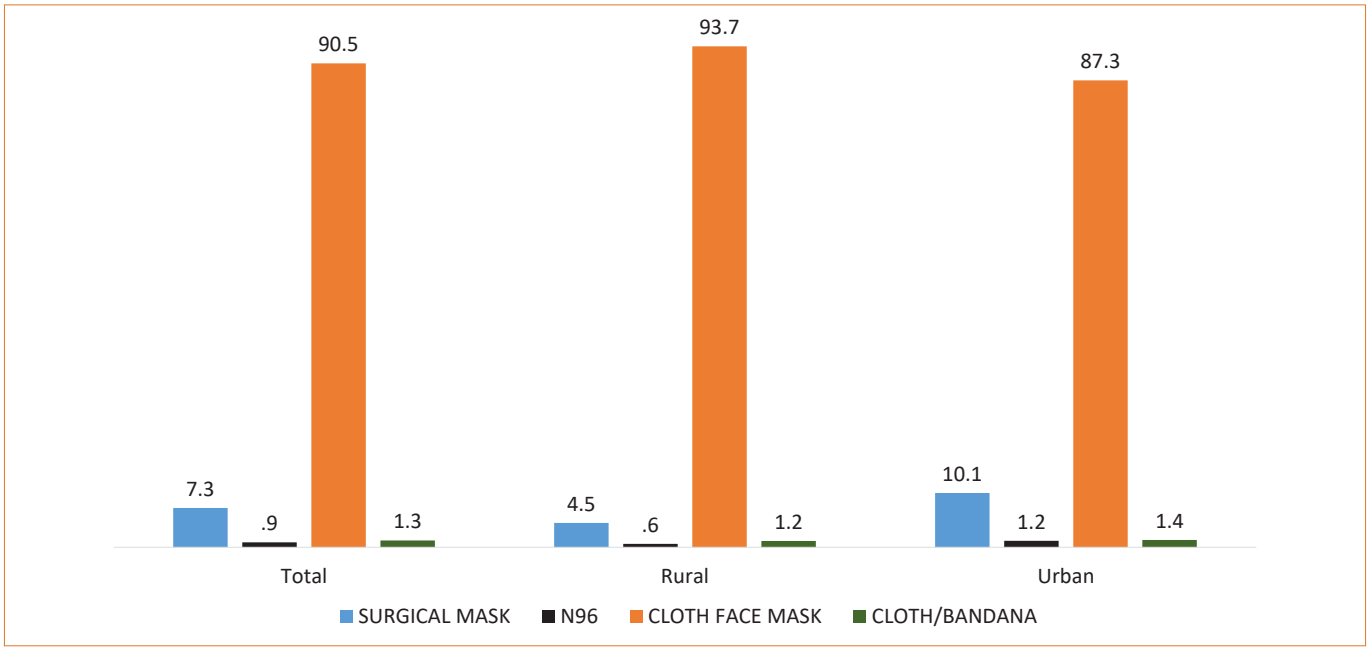


Figure 6.10 shows the percentage distribution of the population by type of face masks worn in a public place by residence. Overall, 91 percent reported wearing a cloth face mask, 7 percent a surgical mask, 1 percent a cloth/bandana and less than 1 percent reported wearing an N95 face mask in public places.

By rural/urban residence, the proportion of persons that reported wearing a cloth face mask in rural areas was 6.4 percentage-point higher than the proportion in urban areas at 94 and 87 percent, respectively. Further, double the proportion of persons who reported wearing a surgical mask were located in urban areas compared to those who reported wearing the same type of mask in rural areas.

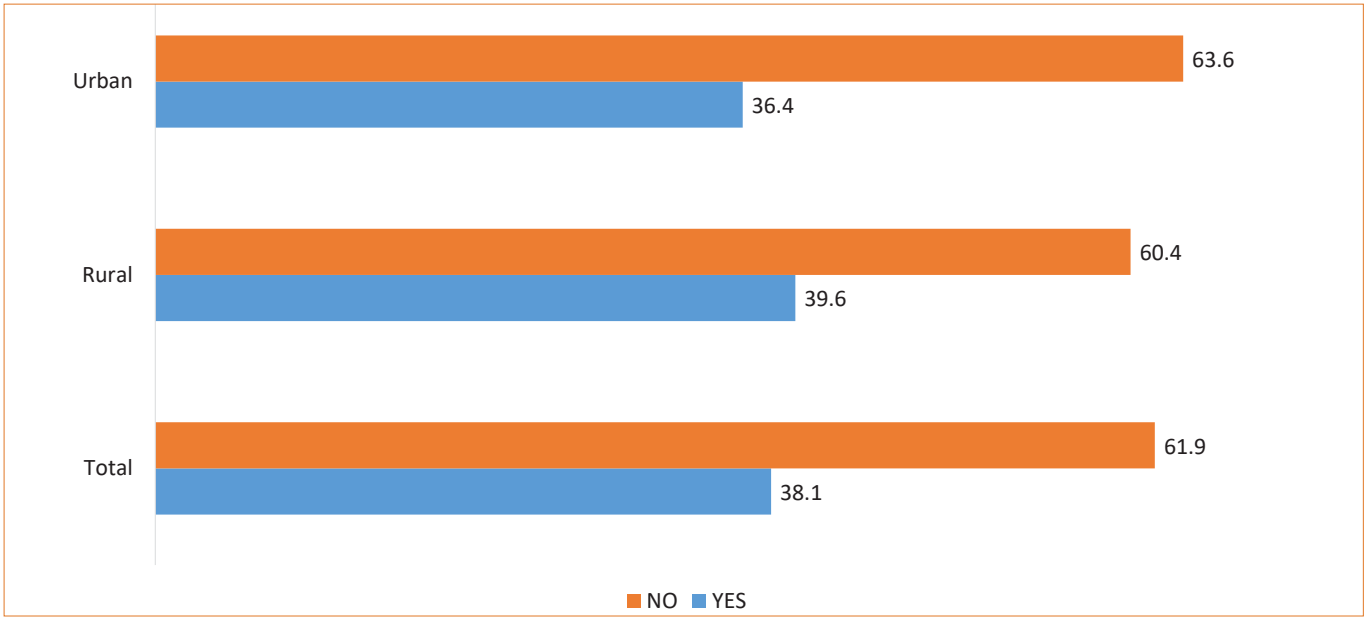
Figure 6.10: Percentage Distribution of the Population by Type of Face Masks Worn in a Public Place by Residence, 2021



6.6 Compliance with COVID-19 Health Guidelines-last 30 Days

As a way of assessing compliance levels to COVID-19 guidelines, respondents were asked if they had attended any physical meeting or gathering 30 days prior to the survey date. Out of 11,291,611 respondents, 38 percent reported that they had been in a physical meeting or gathering, of which about 40 percent were in rural areas and 36 percent were in urban areas (**see Figure 6.11**).

Figure 6.11: Percentage Distribution of Population who Reported having been in a Physical Meeting or Gathering in the Last 30 days by Residence, 2021



6.6.1 Had Been in a Physical Meeting or Gathering

A total of 4,304,323 respondents representing 38 percent of the total population reported having been in a physical meeting or gathering. Of these, the majority (80 percent) reported that they had attended church. Analysis by residence shows that 82 percent of the respondents in rural areas reported having attended church, followed by those who reported attending a funeral at 27 percent, and about 9 percent reported having attended a meeting at work/workshop. The lowest percentage of the respondents reported having attended a party at 2 percent. The pattern in urban areas was similar to what was obtaining in rural areas (see Figure 6.12).

Figure 6.12: Proportional Distribution of the Population by Type of Physical or Gathering Attended by Residence, 2021

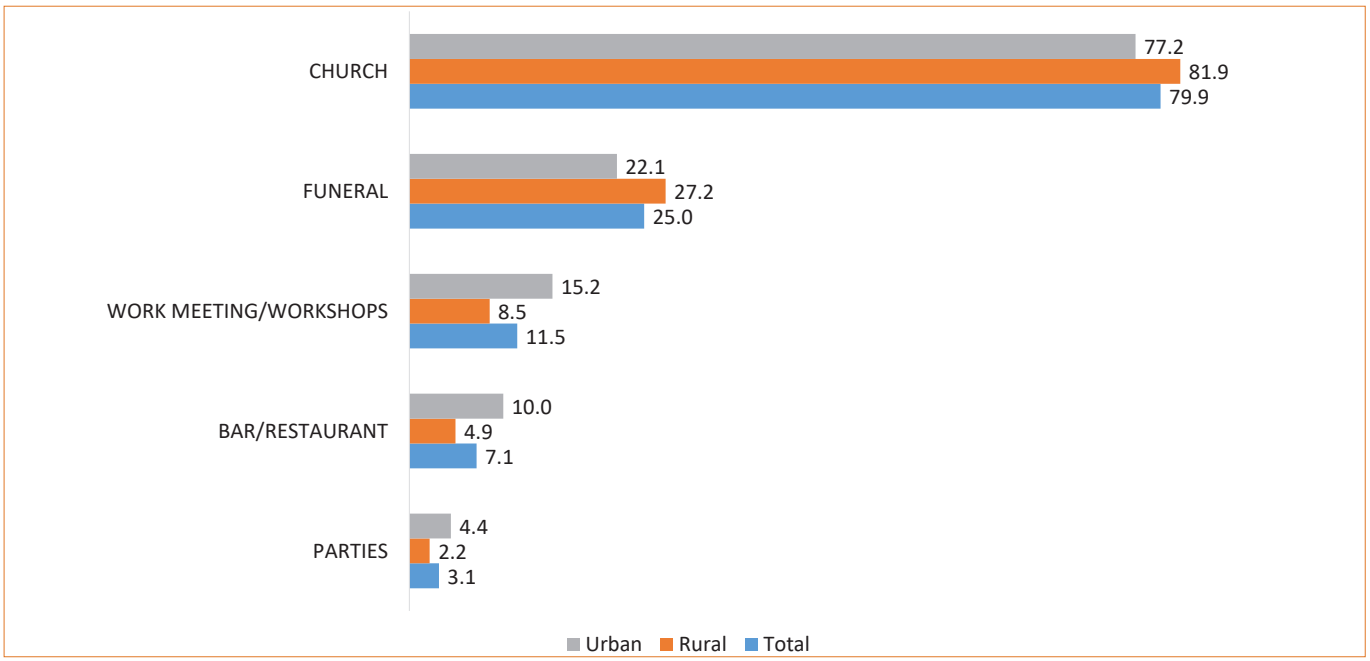


Table 6.2 highlights the proportional distribution of the population by type of physical meeting or gathering attended by age group and province.

6.6.2 Funeral Gathering

At provincial level, results show that Muchinga, Eastern and Luapula provinces had the three highest proportions of the population that reported having attended a funeral at 37, 30 and 29 percent, respectively. Western had the lowest proportion of the population that reported having attended a funeral at 19 percent.

6.6.3 Church Gathering

In all the 10 provinces of Zambia, the minimum proportion of the population that reported having attended a church gathering was above 73 percent. Northern and Luapula provinces recorded the highest and lowest proportions that reported having attended a church gathering at 87 and 74 percent, respectively.

6.6.4 Bar/Restaurant

Results show that 15 in every 100 persons in Lusaka Province reported having gone to a bar and/or restaurant representing the largest proportion, followed by Muchinga and Copperbelt provinces where 8 in every 100 in each of the provinces reported having gone to a bar and/or restaurant.

6.6.5 Work Meeting/Workshop

Copperbelt and Lusaka provinces had the highest and second highest proportions of the populations reporting having attended a meeting and/or a workshop at 16 and 13 percent, respectively. North Western Province had the lowest at 7 percent.

6.6.6 Parties

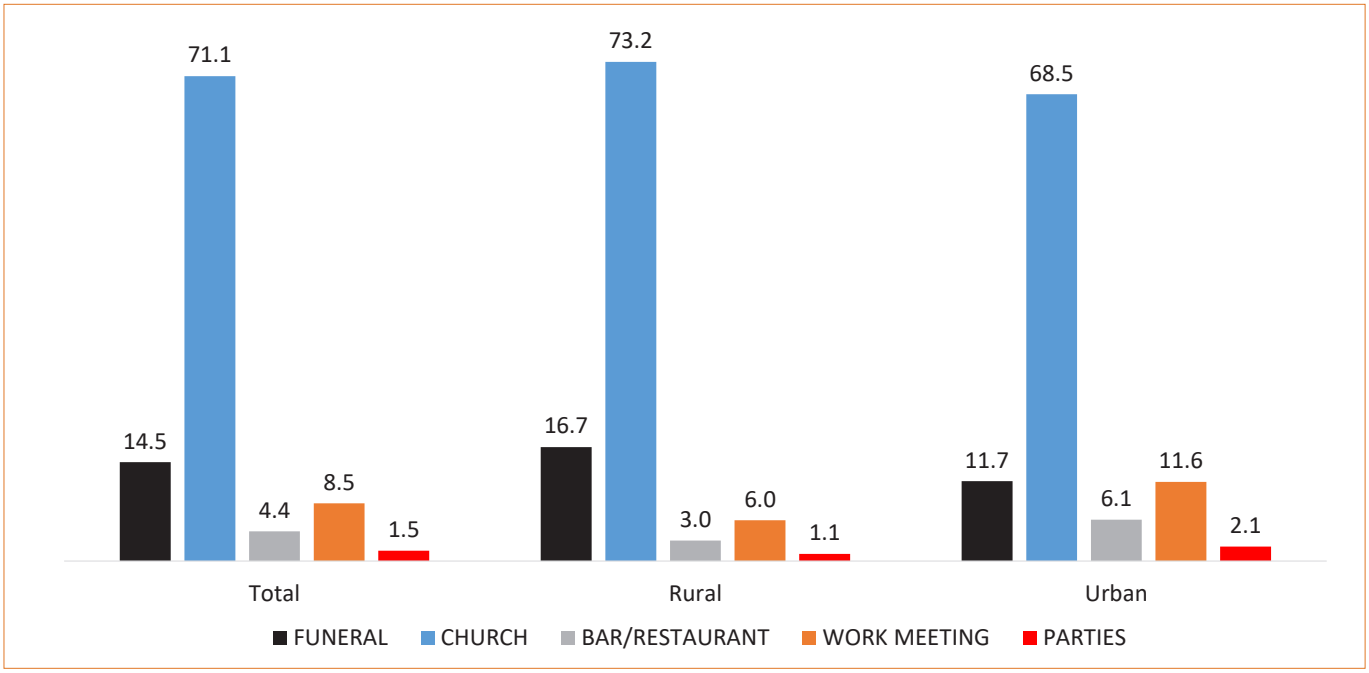
Though low, Copperbelt, Lusaka and Eastern provinces at 4 percent each had the highest proportions of the population that reported having attended a party.

Table 6.2: Proportional Distribution of the Population by Type of Physical Meeting or Gathering Attended by Age-Group and Province (Percent), 2021

Background Characteristics		Funeral	Church	Bar/Restaurant	Work Meeting/ Workshops	Parties
Province	**Total**	**25.0**	**79.9**	**7.1**	**11.5**	**3.1**
	Central	27.9	80.9	6.9	10.5	2.0
	Copperbelt	21.4	78.9	8.2	15.8	4.3
	Eastern	29.9	79.2	4.6	11.4	4.0
	Luapula	29.3	73.7	2.3	9.2	.7
	Lusaka	20.7	75.5	14.6	13.2	4.2
	Muchinga	36.8	79.2	8.4	12.2	2.9
	Northern	22.0	86.9	5.7	9.1	2.0
	North Western	18.9	84.6	7.0	6.6	3.7
	Southern	28.7	82.2	4.7	9.1	2.0
	Western	18.5	82.7	1.8	7.5	2.5

Of the respondents that reported that they attended a gathering in the 30 days prior to the survey date, a follow up question was asked on which meeting or gathering they attended last. Majority of respondents reported that they attended church at 71 percent, followed by those who reported attending a funeral at 15 percent. In rural areas (73 percent) and urban areas (69 percent) reported that the last gathering/ meeting they attended was church. Further, urban areas showed equal proportions of persons who reported that the last gathering they attended was funeral and work meeting at 12 percent each (**see Figure 6.13**).

Figure 6.13: Percentage Distribution of Persons who Attended a Gathering in the 30 Days Prior to the Survey by Type of Gathering, 2021



As a way of assessing if COVID-19 preventive measures were adhered to, respondents were asked to indicate whether people were complying with the COVID-19 health regulations (wearing a face mask, washing hands with soap /sanitise and social distancing) at the last gathering or meeting attended in the 30 days prior to the survey (**see Table 6.3**).

6.6.7 Wearing face mask

A high percentage of persons (59 percent) whose last gathering attended was a Bar/restaurant reported that people were not wearing face masks, 51 percent of those who attended a funeral and 41 percent of those who attended a party reported that few people were wearing face masks at those gatherings. However, about 39 percent of those who attended work meetings/workshops reported that everyone was wearing a face mask and 34 percent of those who attended church reported that most of them were wearing face masks

6.6.8 Handwashing with soap and/Sanitising

About 54 percent of those whose last gathering attended was bar/restaurant, 36 percent of those who attended a funeral and 35 percent of those who attended a party reported that people were not washing their hands with soap and sanitizing. A high percentage of the population (37 percent) that attended work meetings/workshop reported that everyone was washing their hands with soap and sanitizing.

6.6.9 Social Distancing

Of those who reported that they went to a Bar/ restaurant, 63 percent said that people were not observing social distance. Over 50 percent of those who attended a party and a funeral also reported that people were not observing social distance. However, about 37 percent of those who attended work meetings/workshop and 32 percent of those who attended church reported that everyone was observing social distance.

Table 6.3: Percentage Distribution of Persons who reported COVID-19 Preventive Measures Compliance Levels at the Last Gathering Attended in the 30 days prior the Survey, 2021

Background Characteristics		Total		Funeral	Church	Bar/Restau-rant	Work Meet-ing	Parties
Preventive Measure	Total	4,221,053	100.0	100.0	100.0	100.0	100.0	100.0
Wearing Face Masks	Most People	1,305,919	30.9	20.3	34.4	7.3	32.7	26.1
	A few People	1,253,811	29.7	51.4	26.2	26.0	21.5	41.2
	Everyone	1,173,970	27.8	8.1	32.2	7.5	38.6	7.3
	No One	487,353	11.5	20.2	7.1	59.2	7.2	25.5
Handwashing With Soap And/ Saniitising	Most People	1,296,152	30.7	17.9	34.4	9.9	33.5	25.7
	A few People	985,535	23.3	33.7	21.9	20.2	18.6	27.7
	Everyone	1245391	29.5	12.2	33.4	16.0	36.7	12.0
	No One	693975	16.4	36.2	10.3	53.8	11.2	34.5
Social Distancing	Most People	1,173,209	27.8	13.3	31.6	8.8	32.3	18.9
	A few People	823,112	19.5	28.0	18.5	17.8	14.8	18.2
	Everyone	1,164,282	27.6	7.2	32.1	10.1	36.9	10.3
	No One	1,060,449	25.1	51.5	17.9	63.3	16.0	52.6

6.7 Use of Public Transport

Table 6.4 shows the percentage distribution of the population that used public transport during the last 7 days prior to the survey date, by sex, residence and province. Results show that 18 percent of the population used public transport (bus/train/taxi) during the 7 days prior to the survey, of which 19 percent were males while 16 percent were females. In urban areas, 30 percent of population used public transport compared to 7 percent in rural areas.

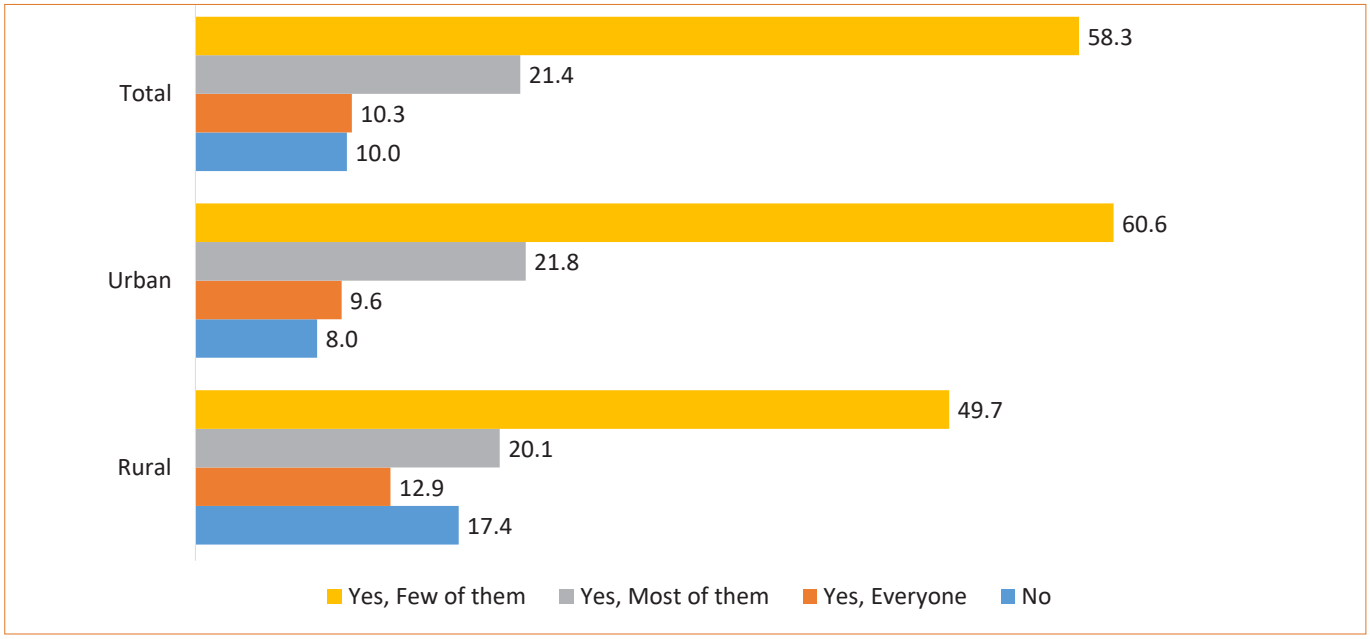
Provincial analysis shows that Copperbelt had the highest percentage of persons who used public transport 7 days prior to the survey at 35 percent, followed by Lusaka (31 percent) while Eastern had the lowest percentage at 5 percent.

Table 6.4: Percentage Distribution of the Population that used Public Transport during the last 7 days Prior to the Survey Date, by Sex, Residence and Province, 2021

Background Characteristics		Total	YES	NO
		Number	Percent	Percent
Sex	Total	11,291,611	17.5	82.5
	Male	5,304,995	18.8	81.2
	Female	5,986,616	16.4	83.6
Region	Rural	6,084,702	6.8	93.2
	Urban	5,206,909	30.0	70.0
Province	Central	1,120,362	12.7	87.3
	Copperbelt	1,840,356	34.5	65.5
	Eastern	1,366,542	5.2	94.8
	Luapula	807,786	9.9	90.1
	Lusaka	2,240,596	31.0	69.0
	Muchinga	643,836	7.2	92.8
	Northern	887,398	5.4	94.6
	North Western	581,861	11.3	88.7
	Southern	1,115,273	13.5	86.5
	Western	687,601	6.6	93.4

Of the population that reported using public transport, a follow up question was asked on whether people were wearing face masks while on the bus, train or taxi. Overall, results show that only 1 out of every 10 persons reported that everyone on public transport was wearing a face mask. In rural areas, three percent more of the population reported that everyone was wearing face masks on public transport than in urban areas at 13 and 10 percent, respectively. However, 10 percent of the population reported that no one was wearing a face mask. The proportion of the population in rural areas that reported that no one was wearing a face mask was twice the proportion in urban areas at 17 and 8 percent, respectively (**see Figure 6.13**).

Figure 6.14: Percentage Distribution of the Population on Public Transport (bus/train/taxi) by Compliance with the Requirement of Wearing a Face Mask as Reported by the Respondents, by Residence, 2021



6.7.1 Population that used Public Transport (bus/train/taxi) by Compliance with the Requirement of Wearing a Face Mask

Respondents who had used public transport in the 7 days prior to the survey were asked if they were wearing face masks while on public transport. Results show that 83 percent of the population were wearing face masks, of which 86 percent were females and 82 percent were males.

At provincial level, Copperbelt recorded the highest percentage of population who reported that they were wearing face masks on public transport in the 7 days prior to the survey at 92 percent while Muchinga had the lowest at 66 percent (see Table 6.5).

Table 6.5: Percentage Distribution of the Population that used Public Transport (bus/train/taxi) by Compliance with the Requirement of Wearing a Face Mask, 2021

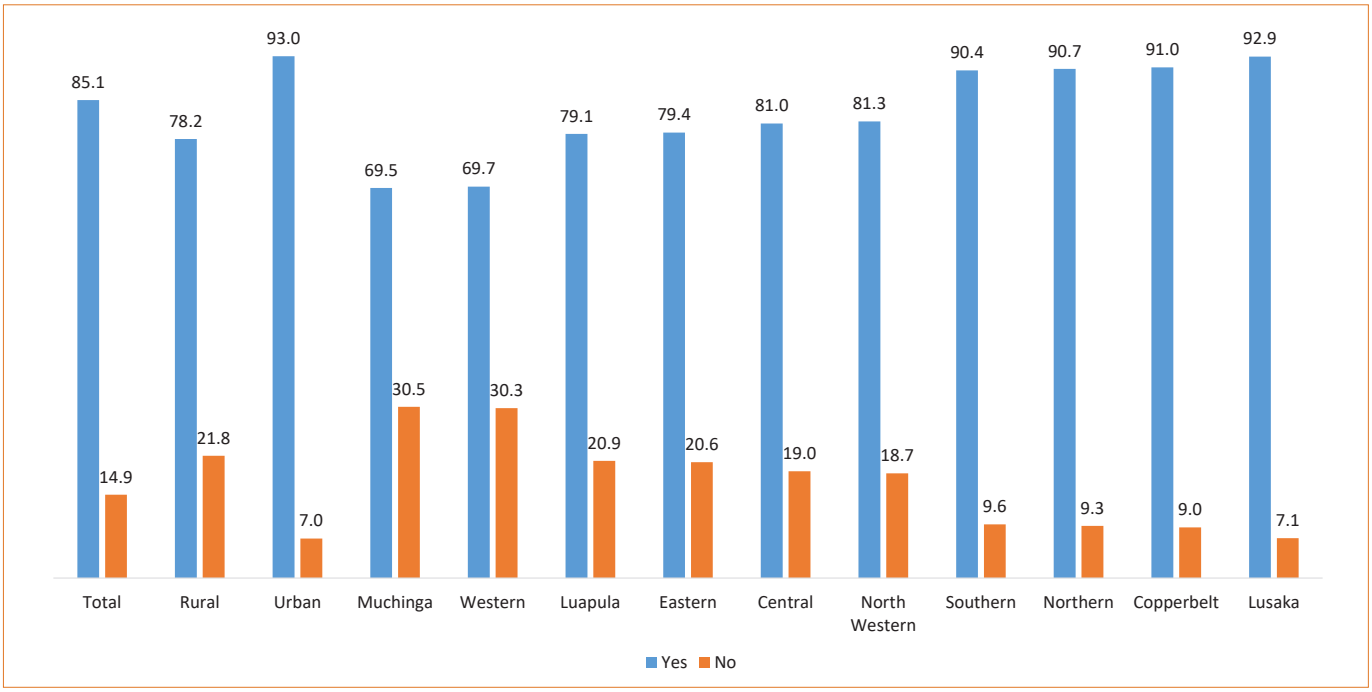
Background Characteristcs	Total	Yes	No
	Number	Percent	Percent
Total	**1,978,349**	**83.2**	**16.8**
Sex			
Male	994,903	81.6	18.4
Female	983,446	84.8	15.2
Region			
Rural	415,703	72.2	27.8
Urban	1,562,646	86.1	13.9
Province			
Central	142,757	76.3	23.7
Copperbelt	634,874	91.6	8.4
Eastern	70,700	82.9	17.1
Luapula	79,970	70.1	29.9
Lusaka	693,604	81.4	18.6
Muchinga	46,315	66.1	33.9
Northern	47,745	80.9	19.1
North Western	65,814	71.3	28.7
Southern	151007	84.4	15.6
Western	45,563	70.6	29.4

6.8 COVID-19 Hand Hygiene Practices

Figure 6.15 shows the proportion of the population that reported washing their hands with soap or sanitising their hands to prevent COVID-19 by residence and province. Eighty-five percent of the population reported washing their hands with soap or sanitising their hands to prevent COVID-19.

A high proportion of the population in urban areas (93 percent) reported washing their hands with soap or sanitising their hands to prevent COVID-19 compared to 78 percent in rural areas Lusaka Province had the highest proportion of the population that reported washing their hands with soap or sanitising their hands to prevent COVID-19 at 93 percent, followed by Copperbelt Province at 91 percent while Muchinga Province had the lowest proportion at 70 percent.

Figure 6.15: Proportion of the Population that reported Washing their Hands with Soap or Sanitising their Hands to Prevent COVID-19, by Residence and Province (Percent), 2021



Chapter 7 : COVID-19 Vaccine Awareness and Willingness to be Vaccinated

7.0 Introduction

A number of preventive measures have been put in place to mitigate the spread of COVID-19, among them is the COVID-19 Vaccination exercise. At the time of the survey, Zambia's Ministry of Health was administering the AstraZeneca and Sinopharm vaccines. In order for a vaccine to be effective in mitigating the spread of COVID-19, it must be known, accepted and administered to a large majority of the population. Questions were asked to understand the knowledge and attitudes of the population towards these vaccines.

Figure 7.1 shows the proportion of the population that reported being aware of a COVID-19 vaccine by residence and sex. Overall, less than half of the population (47 percent) was aware of a COVID-19 vaccine, of which 49 percent were males and 46 percent were females. Further, 32 percent of the population in the rural areas were aware of a COVID-19 vaccine compared to 64 percent in the urban areas.

Figure 7.1: Proportion of the Population that Reported being Aware of a COVID-19 Vaccine, by Residence and Sex (Percent), 2021

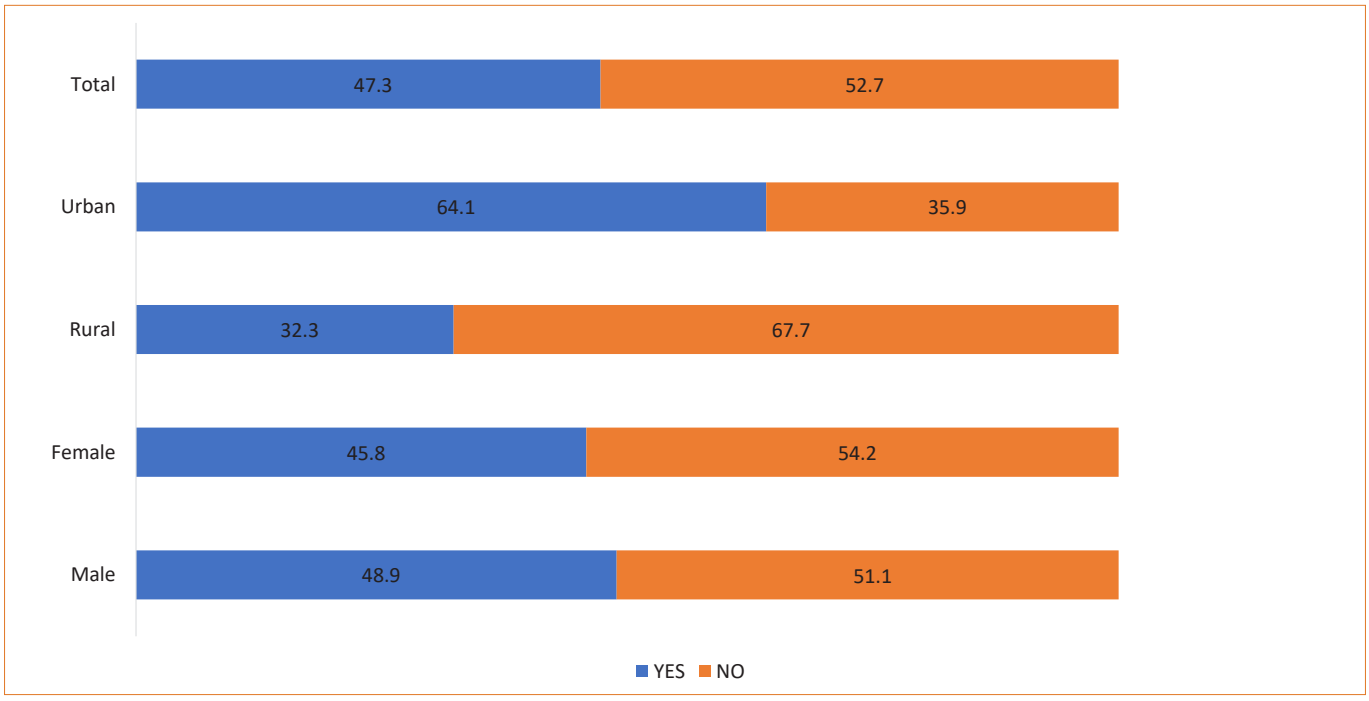
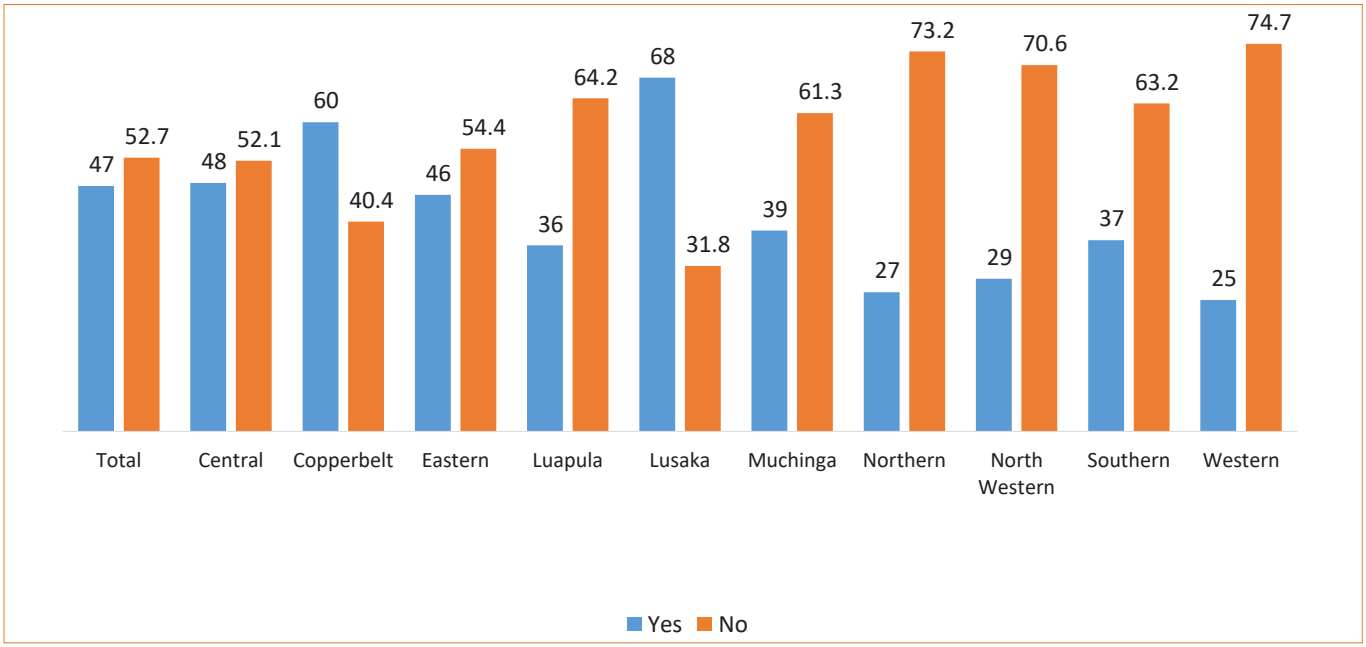


Figure 7.2 shows the proportion of the population that reported being aware of a COVID-19 vaccine by province. Lusaka Province reported the highest proportion of persons who reported that they were aware of the COVID-19 vaccine at 68 percent, followed by Copperbelt at 60 percent while Western Province had the lowest proportion of persons who were aware of the vaccine at 25 percent.

Figure 7.2: Proportion of the Population that Reported being Aware of a COVID-19 Vaccine, by Province (Percent), 2021



The respondents were also asked whether they were willing to be vaccinated if a vaccine was made available. Forty-eight percent (48 percent) of the population indicated that they were willing to be vaccinated. By sex, 50 percent of males and 46 percent of females were willing to be vaccinated. However, 12 percent of the population did not know if they would be willing to be vaccinated (**see Figure 7.3**).

Figure 7.3: Proportion of the Population Willing to be Vaccinated if a COVID-19 Vaccine is Made Available by Sex, 2021

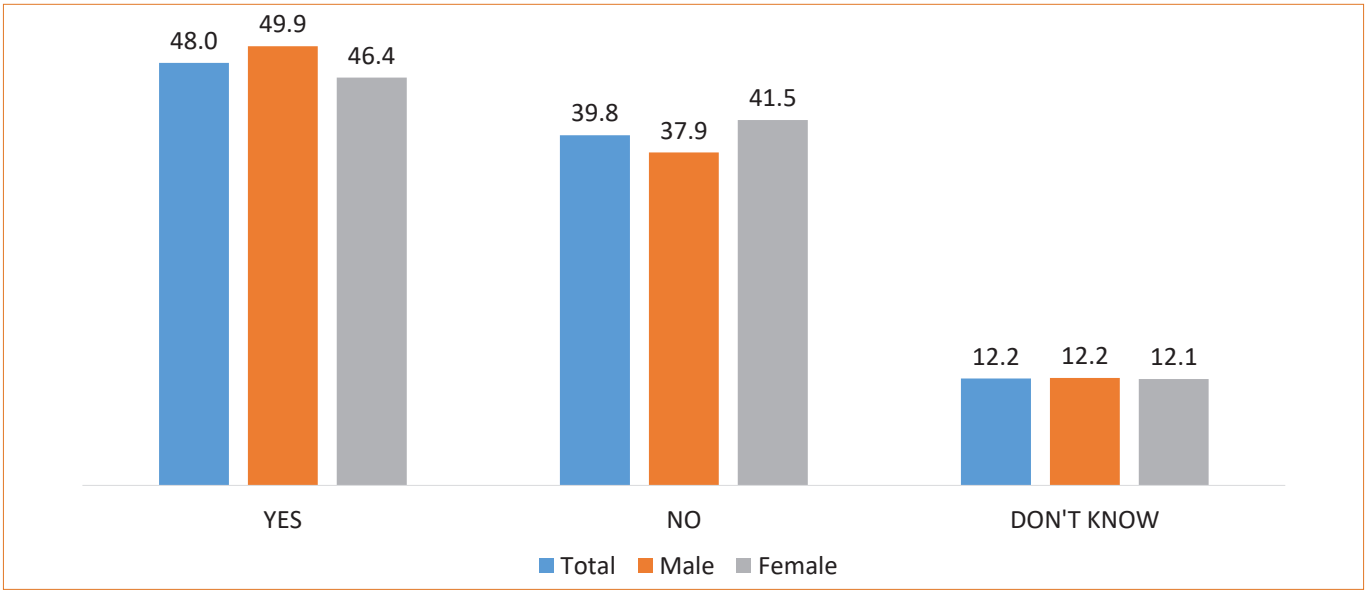


Figure 7.4 shows the proportion of the population who were willing to be vaccinated if a COVID-19 vaccine was to be made available by residence. Results show that 51 percent of the population in rural areas were willing to be vaccinated compared to 44 percent in urban areas.

Figure 7.4: Proportion of the Population willing to be Vaccinated if a COVID-19 Vaccine is Made Available by Residence (Percent), 2021

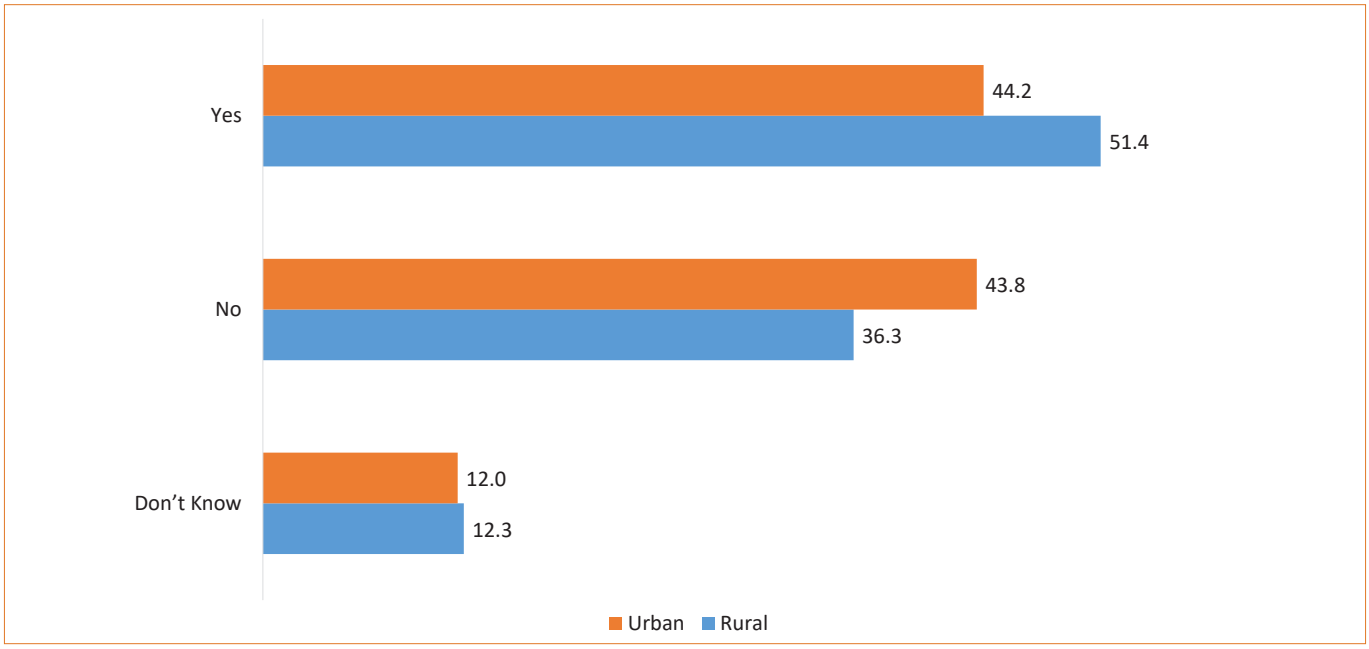


Figure 7.5 shows the percentage distribution of who the population thought should be prioritised for the COVID-19 vaccine by residence. Forty two (42 percent) indicated that everyone should be given priority to receive the COVID-19 vaccine, followed by those who indicated that health workers should be given priority at 33 percent. About 10 percent of the population reported that the elderly should be prioritised to receive the vaccine.

Figure 7.5: Percentage Distribution of who the Population thought should be Prioritised for the COVID-19 Vaccine by Residence, 2021

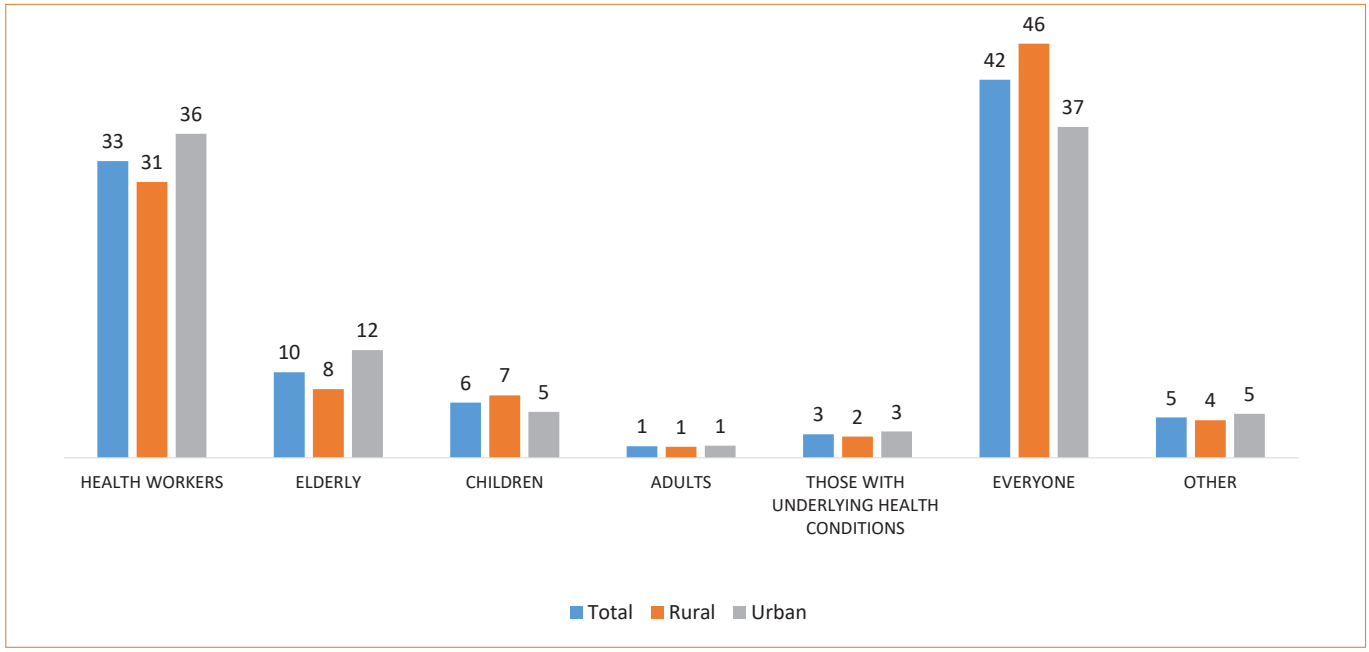
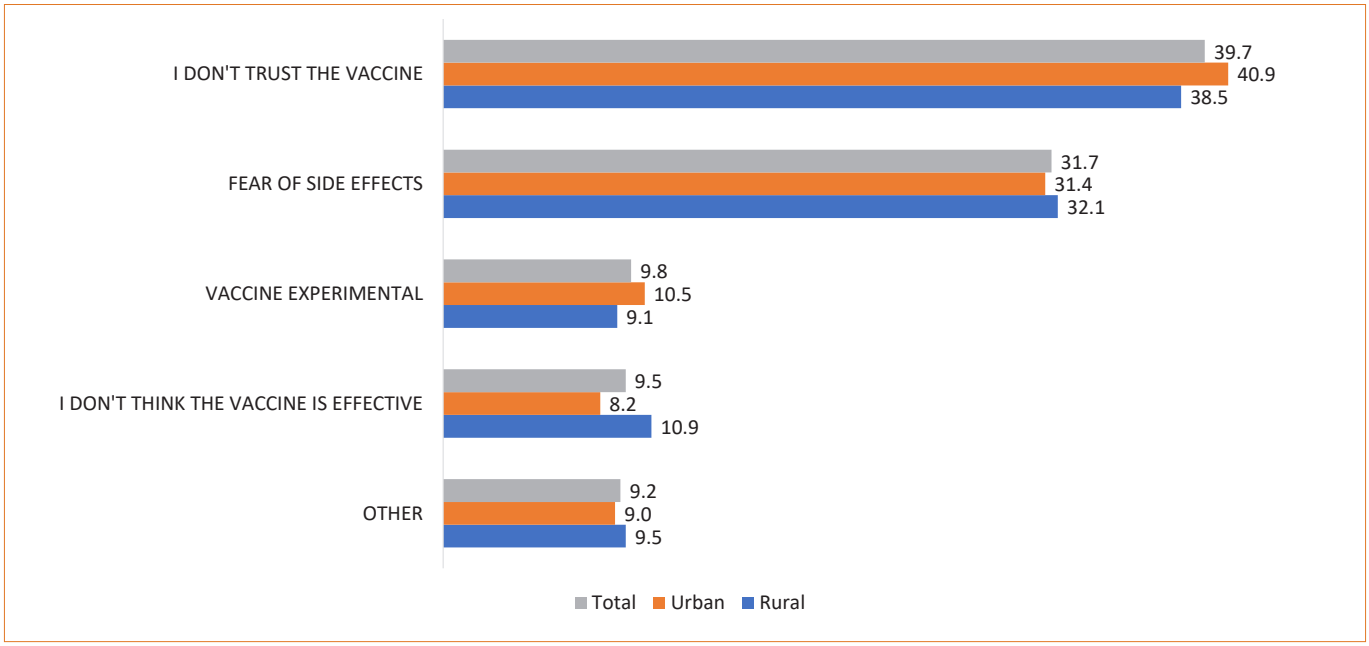


Figure 7.6 shows the proportion of the population not willing to be vaccinated by reason cited. Overall, about 40 percent of the population reported that the reason why they would not want the COVID-19 vaccine was because they did not trust the vaccine, 32 percent feared side effects, 10 percent indicated that the vaccine was experimental.

Analysis by rural/urban show 41 percent in urban areas were not willing to take the vaccine because they did not trust it, followed by those who cited fear of side effects at 31 percent while 11 percent indicated that the vaccine was experimental. The pattern was similar for rural areas with 39 percent of the population reporting that they were not willing to take the vaccine because they did not trust it, 32 percent feared side effects and 11 percent did not think the vaccine was effective.

Figure 7.6: Proportion of the Population not Willing to be Vaccinated by Reason Cited (Percent), 2021



7.1 Perceptions on the Effectiveness of the COVID-19 Vaccine

Table 7.1 shows the percentage distribution of the population perceptions on the effectiveness of the COVID-19 vaccine by residence and province. Results show that 45 percent of the population thought that the COVID-19 vaccine will be effective. By residence, 45 percent of the urban population and 44.0 percent in rural areas thought that the COVID-19 vaccine will be effective.

At provincial level, 51 percent of the population in Luapula thought that the vaccine will be effective representing the highest proportion, followed by Lusaka at 50 percent. North Western had the lowest proportion of at 27 percent.

Table 7.1: Percentage Distribution of the Population Perceptions on the Effectiveness of the COVID-19 Vaccine by Residence and Province, 2021

Background Characteristics		Total	YES	NO	DON'T KNOW
		Number	Percent	Percent	Percent
Region	**Total**	**10,806,187**	**44.6**	**32.5**	**22.9**
	Rural	5,726,701	43.9	30.9	25.2
	Urban	5,079,486	45.4	34.3	20.3
Province	**Total**	**10,806,187**	**44.6**	**32.5**	**22.9**
	Central	1,092,136	42.2	29.6	28.2
	Copperbelt	1,807,600	37.3	34.7	27.9
	Eastern	1,329,254	47.5	25.8	26.7
	Luapula	754,385	50.5	30.2	19.3
	Lusaka	2,151,921	50.3	37.2	12.5
	Muchinga	587,859	42.1	28.2	29.6
	Northern	848,395	43.8	26.9	29.3
	North Western	505,631	27.1	58.0	15.0
	Southern	1,088,799	47.6	24.6	27.8
	Western	640,207	49.2	36.4	14.4

Chapter 8: Education

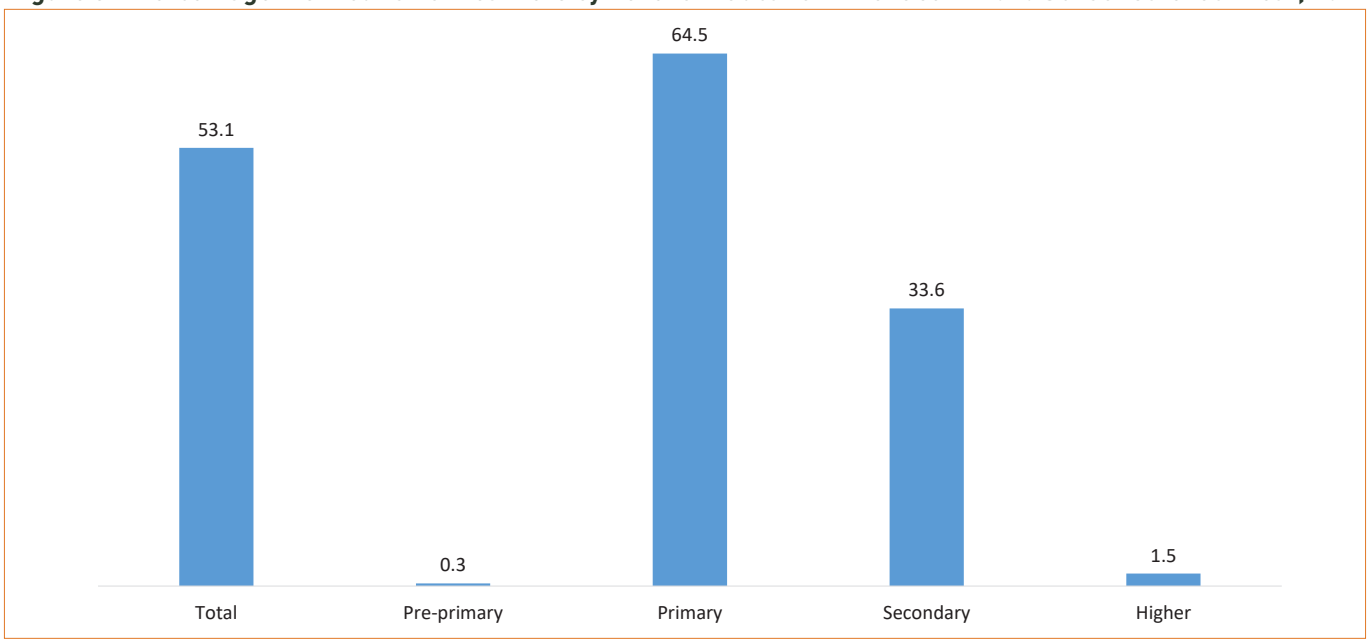
8.0 Introduction

The Coronavirus (COVID-19) has affected all aspects of socio-economic life including education. The normal education calendar has been disrupted due to the pro-longed closure of education facilities between May-September, 2020. During the prolonged closure of schools, educational authorities came up with innovative platforms for delivering various lessons at all levels of the education system. Some of the learning platforms are still in use by some learning institutions. The Survey sought to find out effects of COVID-19 on learners in age group 10-24 years with respect to education.

8.1 Learners by Level of Education Attended

Figure 8.1 shows the percentage distribution of learners by level of education attended in 2020. The overall population of learners in the age range 10-24 years was 5,081,600. Of these, 53 percent (2,697,961) were attending school in 2020. Further analysed by level of education attended, the highest percentage were in primary school at 65 percent, followed by those in secondary school at 34 percent and about 2 percent were in higher institutions of learning. The lowest percentage attending school was recorded among those in pre-primary at less than 1 percent.

Figure 8.1 Percentage Distribution of Learners by Level of Education Attended in 2020 School Calendar Year, 2021



8.2 Learning Platforms

Table 8.1 shows the proportional distribution of learners by type of learning platform provided by level of education, residence and province between March and September 2020. A total of 1,907,190 pupils were attending pre-primary, primary and secondary school.

Analysis by type of learning platform shows that 75 percent had no formal learning provided. Further, 8 percent revised their school work with friends, 6 percent were learning through television teaching programs, 3 percent were learning through radio while almost 3 percent had school materials sent

to them by their schools. Notably, less than 1 percent were learning virtually through lessons conducted by tutors.

Analysis of alternative learning platforms provided by level of education show that the highest proportions did not have any formal learning provided during the period under consideration from a high of 92 percent for those in pre-primary to a low of 61 percent for those in secondary. Further, amongst those with alternative learning platforms, the highest proportion at pre-primary level of education were learning through teachings conducted through radio at 6 percent while the highest proportions in primary and secondary revised work with friends and were learning through teaching conducted through television at 7 and 12 percent, respectively.

Analysing provision of alternative learning platforms at provincial level, the proportion of learners without any formal learning provided dominated in all the 10 provinces. Further, with the exception of Copperbelt (10 percent), Lusaka (11 percent) and North-Western (8 percent) provinces where the highest proportions were learning through teaching conducted through television, the highest proportions in the rest of the provinces revised school work with friends.

Table 8.1: Proportional Distribution of Learners by Type of Learning Platform Provided by Level of Education, Residence & Province (Percent), 2021

Background Characteristics	Total	No Formal Learning Provided	Learning Experience From Teaching Conducted Through Radio	Learning From Teaching Conducted Through Tv	Tutor Came Home To Conduct Teaching	Revised School Work With Friends	School Sent Work To Learners	Virtual Learning Provided By My School	Virtual Learning Provided By A Tutor	Online Learning Streamed From International Learning Fora	Other
	Count	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Total	**1,907,190**	**74.9**	**2.8**	**6.4**	**2**	**7.9**	**2.7**	**1.2**	**0.6**	**1.3**	**5.7**
Level of Education											
Pre-primary	8,664	92.3	5.5	0	0	0	0	0	0	0	2.2
Primary	1,384,925	80	2.4	4.3	1.8	6.7	1.9	0.9	0.5	1	5.4
Secondary	513,600	61	4	12.2	2.4	11.4	5	2.1	1.1	2.3	6.6
Residence	1,907,190	74.9	2.8	6.4	2	7.9	2.7	1.2	0.6	1.3	5.7
Rural	1,067,270	82.1	3.3	2.1	1.1	9.3	2.2	0.4	0.4	0.3	4.4
Urban	839,919	65.8	2.2	11.9	3	6.3	3.4	2.1	1	2.5	7.4
Province	1,907,190	74.9	2.8	6.4	2	7.9	2.7	1.2	0.6	1.3	5.7
Central	181,272	77.7	2.6	4.4	1.1	11.5	2.5	0.6	0	1	3.6
Copperbelt	315,721	71.7	1	10.4	2.3	4.6	3.3	2.7	1.4	1.2	6.2
Eastern	251,956	80.5	1.4	1.8	1.2	9.3	1.3	0.2	0.3	0	9.3
Luapula	152,946	81.9	4.9	5.9	2.5	8.8	3.1	1.6	1.1	0.7	3.5
Lusaka	328,070	66	1.3	10.8	3.5	4.9	3.4	2	0.5	3.7	8.4
Muchinga	89,138	78.9	5.3	4.3	1.2	7.8	2.3	1.2	0.6	2.5	0.5
Northern	164,215	72.5	5.2	4.4	1.8	9.6	2.9	0	0.2	0.9	5.9
North Western	70,374	81	7.3	8.3	1.8	5.1	1.9	1.1	0.7	0.6	3.6
Southern	226,266	71	4.6	4.6	1.6	10.7	3.8	0.8	0.9	0.8	5
Western	127,232	86.2	1.3	3.9	0.9	10.1	1.3	0	0	0.1	1.9

8.3 Learning Experiences of Examination Classes

Table 8.2 shows the percent distribution of learners who were in examination classes,(Grades 7, 9 and 12) who returned to school after classes resumed. A question was asked on whether they managed to sufficiently cover all learning materials and sufficiently prepare for final examinations upon return to school following closure of schools due to COVID-19. Of the total 750,012 that returned to school, 53 percent reported that they were able to cover all the learning materials and sufficiently prepare for final examinations.

By rural/urban, 7 percentage-point more learners in urban areas compared to their counterparts in rural areas were able to cover all materials and sufficiently prepare for examinations at 57 and 50 percent, respectively.

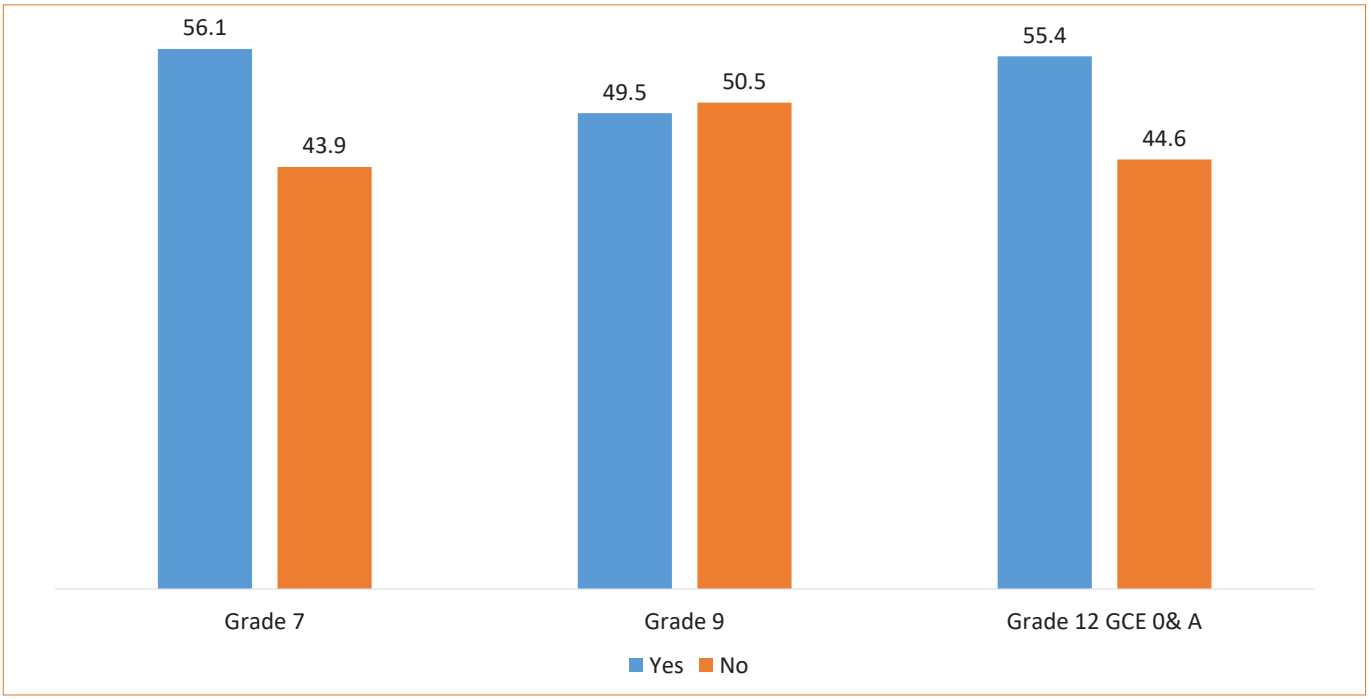
By province, Muchinga recorded the highest percentage of the learners who were able to cover all the materials and sufficiently prepare for final exams at 68 percent, followed by Copperbelt and Lusaka provinces at 58 and 57 percent, respectively. Central Province reported the lowest percentage of learners that managed to cover all the learning materials and sufficiently prepare for examinations at 38 percent.

Table 8.2: Percent Distribution of Learners that Managed to Sufficiently Cover All Learning Materials & Sufficiently Prepare for Final Exams upon Return to School, 2021

When you returned to school were you able to cover all the material to sufficiently prepare you for your final examinations?			
	Total	**YES**	**NO**
Total	**750,012**	**53.5**	**46.5**
Region			
Rural	317,914	49.5	50.5
Urban	432,098	56.5	43.5
Province			
Central	58,139	37.9	62.1
Copperbelt	162,910	56.6	43.4
Eastern	64,889	48.7	51.3
Luapula	47,547	55.1	44.9
Lusaka	173,247	57.6	42.4
Muchinga	35,572	68.2	31.8
Northern	54,899	45	55
North Western	31,728	51.3	48.7
Southern	82,017	54	46
Western	39,063	51.6	48.4

Figure 8.2 shows the percentage distribution of pupils by complete coverage of learning materials & sufficient preparation for final examinations by grade in 2020. Of the 750,657 pupils in examination classes who returned to school upon re-opening, 56 percent of those in Grade 7, 50 percent in Grade 9 and 55 percent who were doing Grade 12 GCE (O) & (A) levels managed to complete the syllabus and sufficiently prepare for examinations, respectively.

Figure 8.2 Percentage Distribution of Pupils by Complete Coverage of Learning Materials & Sufficient Preparation for Final Exams by Grade (Percent), 2021



For those pupils who indicated that their schools successfully managed to cover all the learning materials and sufficiently prepared for their exam classes, they were further asked to explain what helped them manage to sufficiently prepare for exams. Figure 8.3 Shows the percentage distribution of pupils in Grades 7, 9 & 12 who completed the syllabus and sufficiently prepared for exams by reason Cited in 2020.

Grade 7

For pupils in Grade 7 who managed to complete the syllabus and sufficiently prepared for exams, 41 percent indicated that they were given more homework representing the highest percentage, followed by those who cited extended of hours of learning at 27 percent while 21 percent continued learning during holidays. However, 9 percent did private tuition.

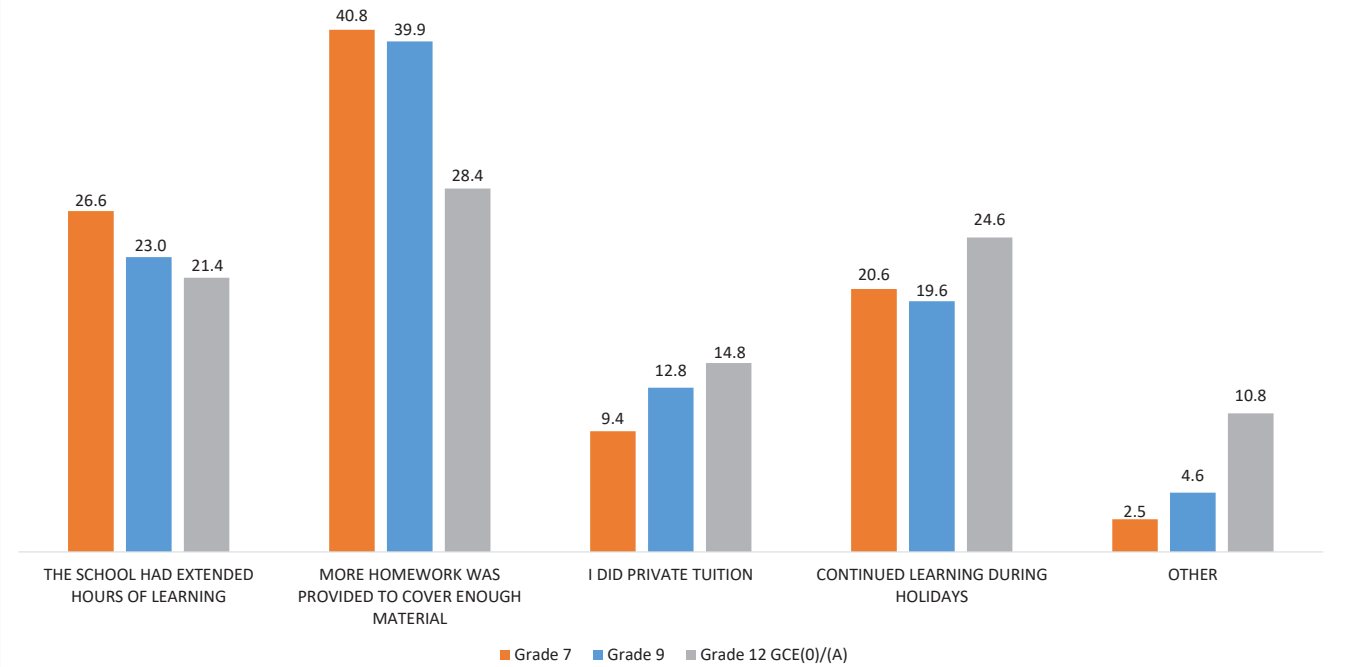
Grade 9

Pupils in Grade 9 who managed to complete the syllabus and sufficiently prepare for exams cited reasons for completion similar in pattern to those in Grade 7.

Grade 12/GCE (O) & (A) Levels

For pupils in Grade 12, GCE (O) and GCE (A) levels who managed to complete the syllabus and sufficiently prepared for exams, 28 percent indicated that they were given more homework representing the highest percentage, followed by those who continued learning during school holidays at 25 percent while 21 percent cited extended hours of learning. However, 15 percent did private tuition.

Figure 8.3: Percentage Distribution of Pupils in Exam Classes who Completed the Syllabus & Sufficiently Prepared for Exams by Reason Cited, 2021



8.4 COVID-19 Preventive Measures observed in Schools

Table 8.4 shows the proportion of COVID-19 measures as observed by schools that allowed pupils in examination classes to return. Overall, 98 percent of the pupils reported that their school complied with the wearing of face masks, 87 percent reported observing social distancing and 75 percent reported that their school observed the hand washing measures. However, low percentages of pupils reported that their schools were observing the practice of checking temperature and sanitising hands at 31 and 21 percent, respectively.

Analysed by rural/urban, wearing of face masks by pupils both in rural and urban schools was almost universal at 97 and 99 percent, respectively. Further, 2.3 percentage-point more pupils in urban schools than those in rural schools observed physical distancing at 86 and 85 percent, respectively. However, in both rural and urban schools, less than half the number of pupils reported that their schools were complying with the health recommended practices of checking temperature and sanitising their hands.

Table 8.4: Percentage Distribution of COVID-19 Preventive Measures Observed by Schools, 2021

	Total	Face Masks	Physical Distance	Handwashing	Temperature Check	Hand Sanitising	Other
Total	**750,657**	**97.8**	**86.6**	**75.3**	**30.8**	**21.2**	**1**
Region							
Rural	317,914	96.9	85.2	78.2	16.8	17.6	1.3
Urban	432,743	98.5	87.5	73.2	41.1	23.9	0.8
Province							
Central	58,139	99.7	91.5	89	37.7	23.3	1.3
Copperbelt	163,556	98.6	91.3	78.3	44.6	19	1.9
Eastern	64,889	96	87.9	80.4	12.2	16.9	3.3
Luapula	47,547	93.5	78.6	62.5	11.4	18.2	0.7
Lusaka	173,247	99.6	83.4	68.3	48	24.2	0.3
Muchinga	35,572	93.2	80	66	18.1	21.5	0
Northern	54,899	95.4	81.9	81.2	13.1	33	0
North Western	31,728	99.3	81.4	73.1	14.6	15	0
Southern	82,017	98.4	93.3	77.7	19.3	18	0.5
Western	39,063	97.4	84	78	15.1	20.2	0.5
Age Group							
10 -14	202,610	97.8	84.8	74.6	35.7	21.2	1.3
15 - 19	451,981	97.8	87.4	75.3	27.6	20.2	0.8
20 - 24	96,066	97.9	86.5	77	35.9	26.4	1.4
Sex							
Male	351,492	97.8	86.7	77.3	29.3	19.3	0.6
Female	399,165	97.8	86.4	73.6	32.1	23	1.4

8.5 Respondents Age 10-24 Years who were not attending School

Figure 8.4 and Table 8.5 shows the percentage distribution of respondents age 10-24 years who were not attending school at the time of the survey and reasons cited for them not being in school. Overall, 45 percent reported that the reason why they were not in school was that they had completed school, 13 percent cited financial constraints due to COVID-19 and 11 percent cited financial constraints not due to COVID-19. Further, 9 percent reported that they were not currently attending school because they had written either grade 7 or 9 exams. The least cited reasons were fear of contracting COVID-19 and having underlying medical condition at 2 and 1 percent, respectively.

Analysis by rural/urban residence on the reasons why pupils were not in school, show that in rural areas 26.9 percent had completed school, 13.5 percent had written Grade 7 and 9 examinations while another 13.4 percent in the rural areas cited financial constraints due to COVID-19. In urban areas, 56.9 percent had completed school, 15.7 percent cited financial constraints due to COVID-19. In both rural and urban areas, underlying medical condition was the least cited reason.

Figure 8.4: Reasons Cited for Not Currently Attending School (Percent), 2021

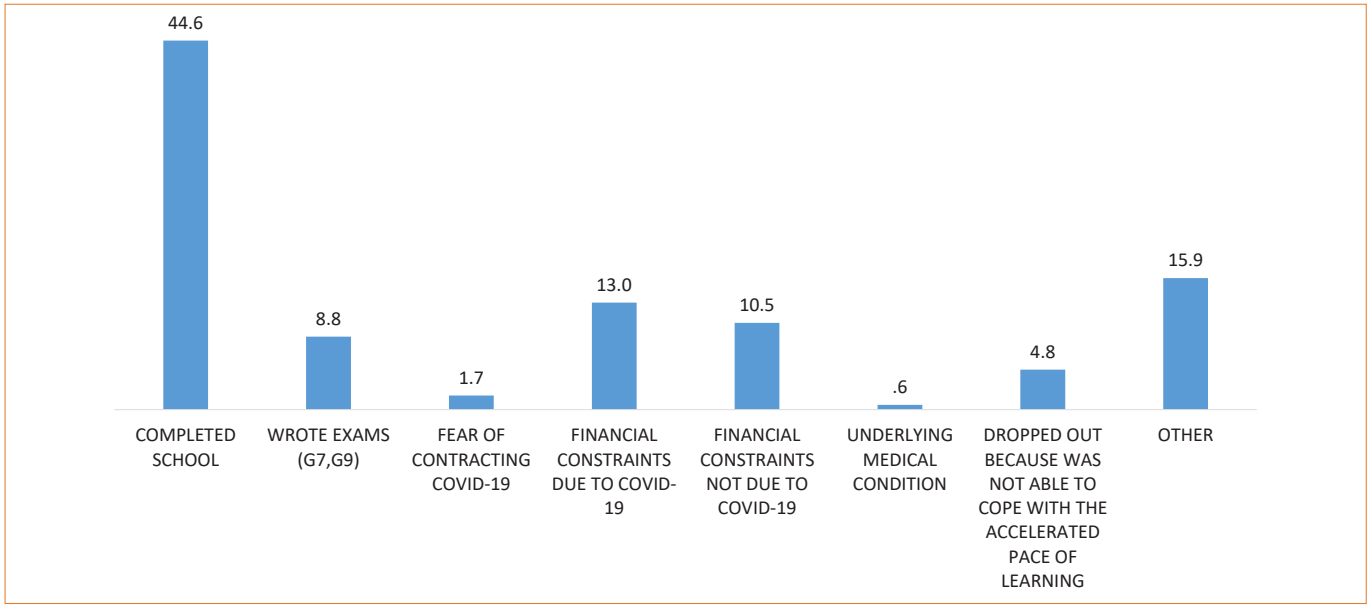


Table 8.5: Percentage Distribution of Reasons Cited for Not Currently Attending School, 2021

	Total	Why are you currently not attending school?							
		Completed School	Wrote Exams (G7,G9)	Fear Of Contracting COVID-19	Financial Constraints Due To COVID-19	Financial Constraints Not Due To COVID-19	Underlying Medical Condition	Dropped Out Because Was Not Able To Cope With The Accelerated Pace Of Learning	Other
Total	**330,829**	**44.6**	**8.8**	**1.7**	**13**	**10.5**	**0.6**	**4.8**	**15.9**
Region									
Rural	135,434	26.9	13.5	2.7	9	13.4	1.3	8.6	24.6
Urban	195,394	56.9	5.6	1	15.7	8.5	0.1	2.2	9.9
Province									
Central	24,888	46.6	16	5.6	14.9	2.2	0	3.5	11.3
Copperbelt	69,276	54.4	8.3	0	10.1	11.3	0	3.1	12.7
Eastern	33,107	19.8	4.4	3.6	12.3	16	2	12.1	29.8
Luapula	21,695	26.2	25.6	6.9	6.2	9.4	2.4	8	15.3
Lusaka	82,000	58.4	1.7	1.6	23.4	6.3	0	0	8.6
Muchinga	10,794	36.3	15	0	6.9	11.5	3.5	8.3	18.5
Northern	26,262	27.4	15.1	0	11	17.4	0	9.3	19.8
North Western	12,101	49.4	11.4	2.5	6.5	13.5	0	0	16.8
Southern	36,644	40.7	5.4	0	7.4	12.2	0	10.6	23.7
Western	14,062	44.9	15.3	0	2.8	13.9	2.7	0	20.5
By Age Group									
10-14	39,919	0.5	7.4	3.1	35.1	25.3	1	5	22.7
15 - 19	180,580	37.4	11.5	1.8	12.3	11.5	0.8	5.2	19.5
20 - 24	110,329	72.5	5	1.2	6	3.5	0.1	4.2	7.6
By Sex									
Male	145,704	42.6	9.8	2.4	14.8	8.2	0.6	6.9	14.7
Female	185,124	46.2	8.1	1.2	11.5	12.3	0.6	3.2	16.9

Chapter 9: Health Seeking Behaviour, Access to Health and Well-being

9.0 Introduction

In understanding health seeking behaviour on COVID-19 related illnesses, respondents were asked if they would consider seeking medical care if they got fever, cough, cold, sore throat, high temperature, headache and diarrhoea and where they would seek medical care.

Out of a total 10,806,187 persons age 10 years and older, about 92 percent indicated that they would seek medical care, 5 percent would not seek medical care while 3 percent were not sure. The response pattern in urban and rural areas was similar to the national pattern.

Figure 9.1: Percentage Distribution of the Population that would Consider Seeking Medical Care if they got a Fever, Cough, Cold, Sore Throat, High Temperature, Headache and Diarrhoea, 2021

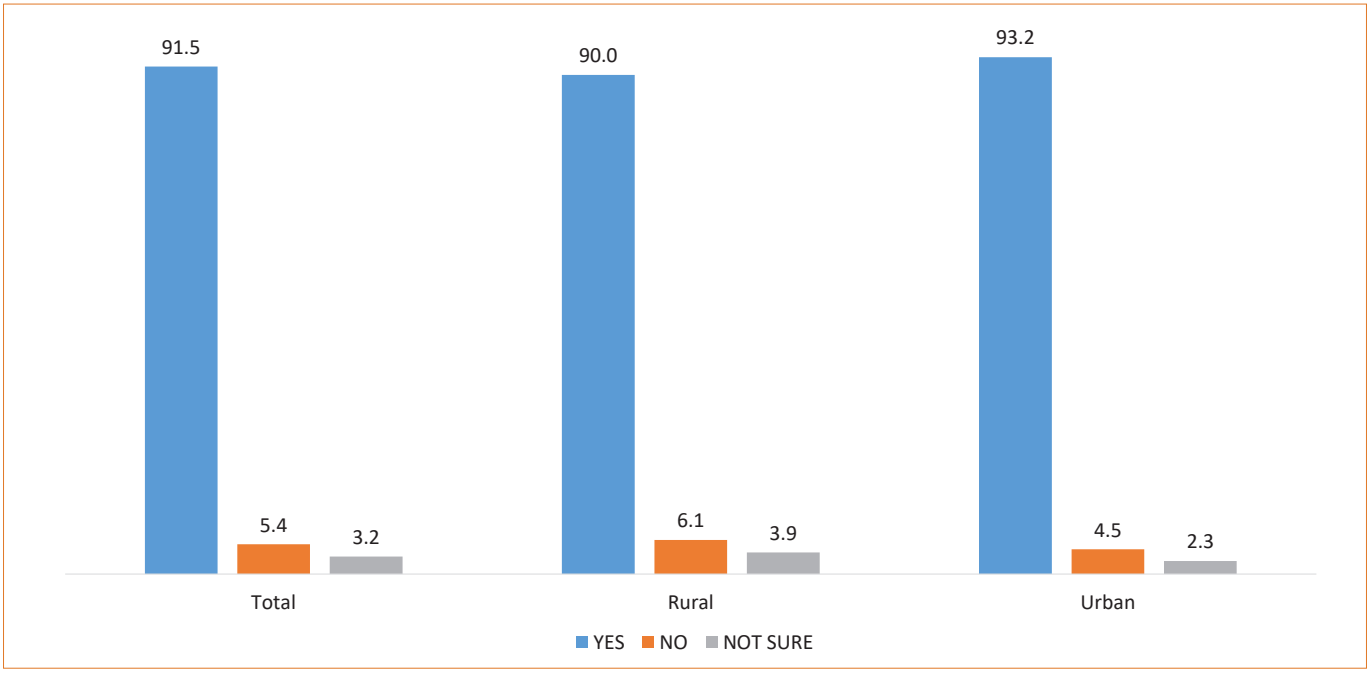


Table 9.1 shows the percentage distribution of households by preferred place of seeking help in case any member of the household developed COVID-19- related symptoms. The majority of the households (97 percent) reported that they would seek help from a government health facility if any member of the household was to have COVID-19 related symptoms such as a headache, cold, flu or chest pains. The pattern was the similar at regional level where 97 percent of the households in rural areas and 95 percent in urban areas said they would take a member with COVID-19 symptoms to a government health facility.

Table 9.1: Percentage Distribution Of Households By Preferred Place Of Seeking Help In Case Any Member Of The Household Developed COVID-19- Related Symptoms, 2021

	Households	Government Health Institution	Private Health Institution	Self Help	Traditional/ Spiritual Healer	Church Leader	Other
Residence							
Total	**3,806,285**	**96.5**	**0.8**	**1.5**	**0.2**	**0.1**	**0.9**
Rural	2,111,883	97.4	0.3	1.3	0.2	0.2	0.6
Urban	1,694,403	95.3	1.5	1.8	0.1	0.0	1.3

9.1 Access to Health Service

For the purposes of the survey, access to health services was defined as getting desired health services when needed. The emergence of the COVID-19 has posed a threat to provision and access to quality health care and services. Highlighting the impact of COVID-19 on access to basic health service is one of the key concerns of interest to this survey. Respondents were asked questions on access to Under-5 services, antenatal care, family planning, general health services for people with chronic health conditions.

9.1.1 Under-5 Clinic

Figure 9.2 shows the percentage of households with an Under-5 child who reported whether or not they took the child to the Under-5 clinics since March, 2020. About One in four households (26 percent) reported that a child missed an Under-5 visit. More households in urban areas than rural areas reported missing an Under-5 clinic at 33 and 22 percent, respectively.

Figure 9.2: Percentage of Households with an Under-Five Child who had Access to the Under-Five Clinic, 2021

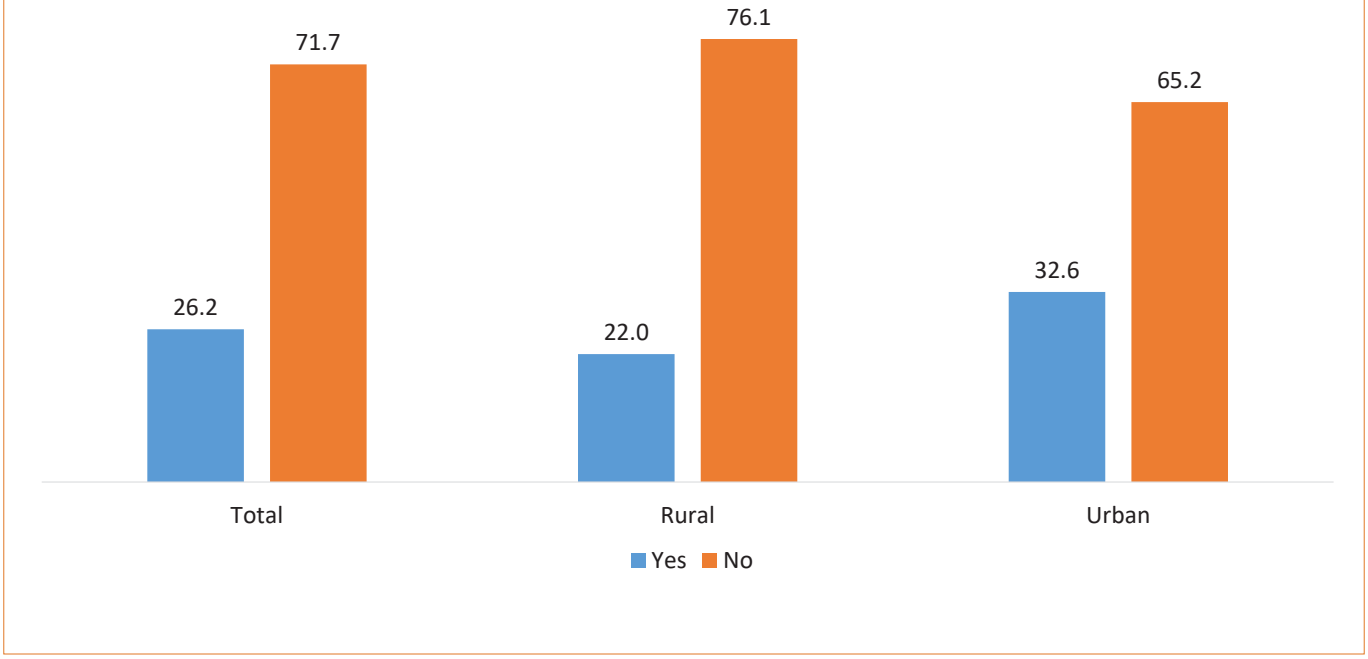
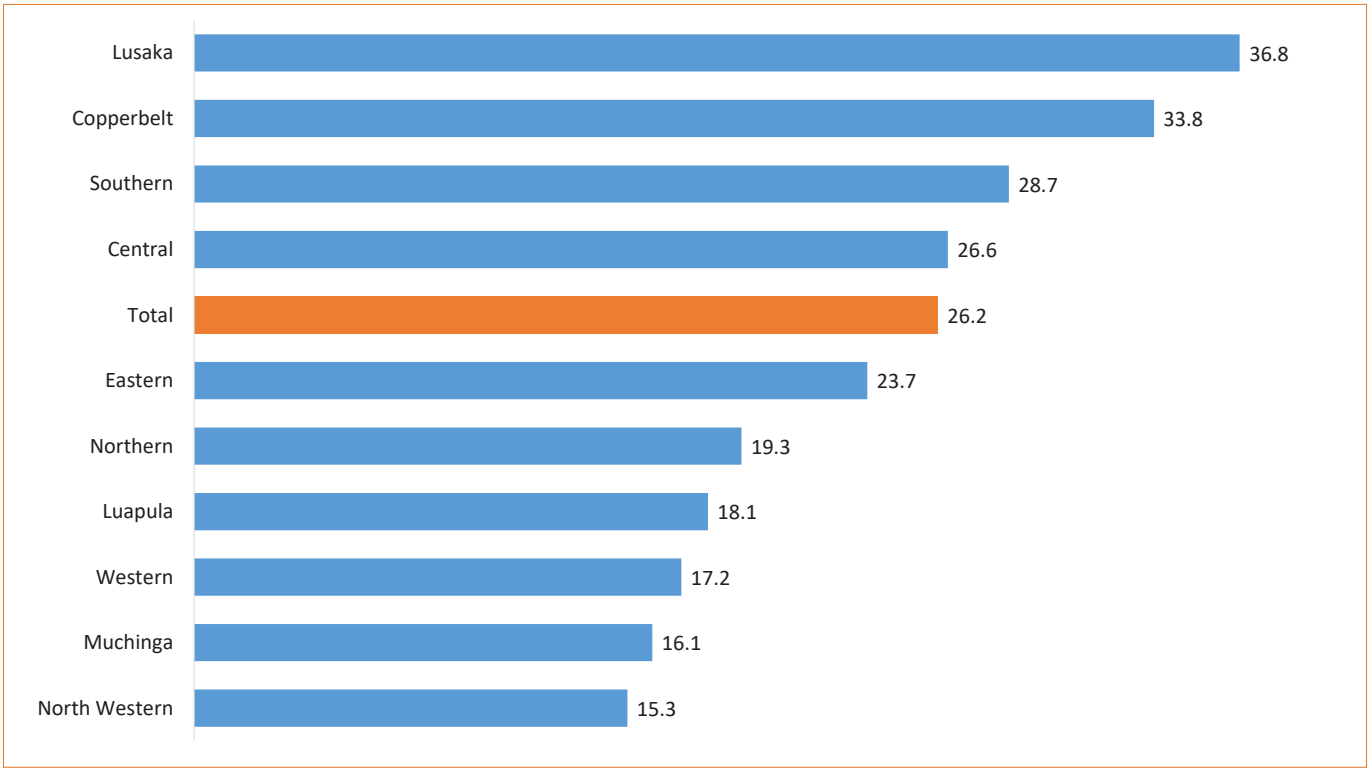


Figure 9.3 shows the percentage of households that reported missing an Under-5 child clinic by province. Lusaka Province had the highest percentage of households that reported their children missed an Under-5 visit at 37 percent, followed by Copperbelt Province at 34 percent. Western Province had the lowest percentage at 15 percent.

Figure 9.3: Percentage of Households that Reported an Under-5 Child who missed Under-Five Clinic by Province, 2021



9.1.2 Reasons for missing Under Five Clinic

Obtaining the reasons for failure to attend Under-5 clinic is important to inform implementors of child health programmes, as Under-5 clinics is a key avenue for providing interventions aimed at preventing childhood illness and improving health outcomes of children in Zambia. Figure 9.4 shows the percentage distribution of households by reason cited for not taking a child for Under-5 Clinic in the period since the COVID-19 outbreak. About 25 percent of the households indicated that there was no one available to take the child for Under-5 health services, followed by households that cited being scared of contracting COVID-19 at 14 percent. Further, 12 and 11 percent of the households, respectively cited distance to the health facility and suspension of regular health services due to COVID-19 as reasons for not taking a child for Under-5 clinic. Less than 1 percent of the households cited a member of the household having contracted COVID-19 and lack of medicine at a health facility as reasons for not taking a child for Under-5 clinic, representing the least percentages.

Figure 9.4: Percentage Distribution of Households by Reason cited for not taking a Child for Under-5 Clinic, 2021

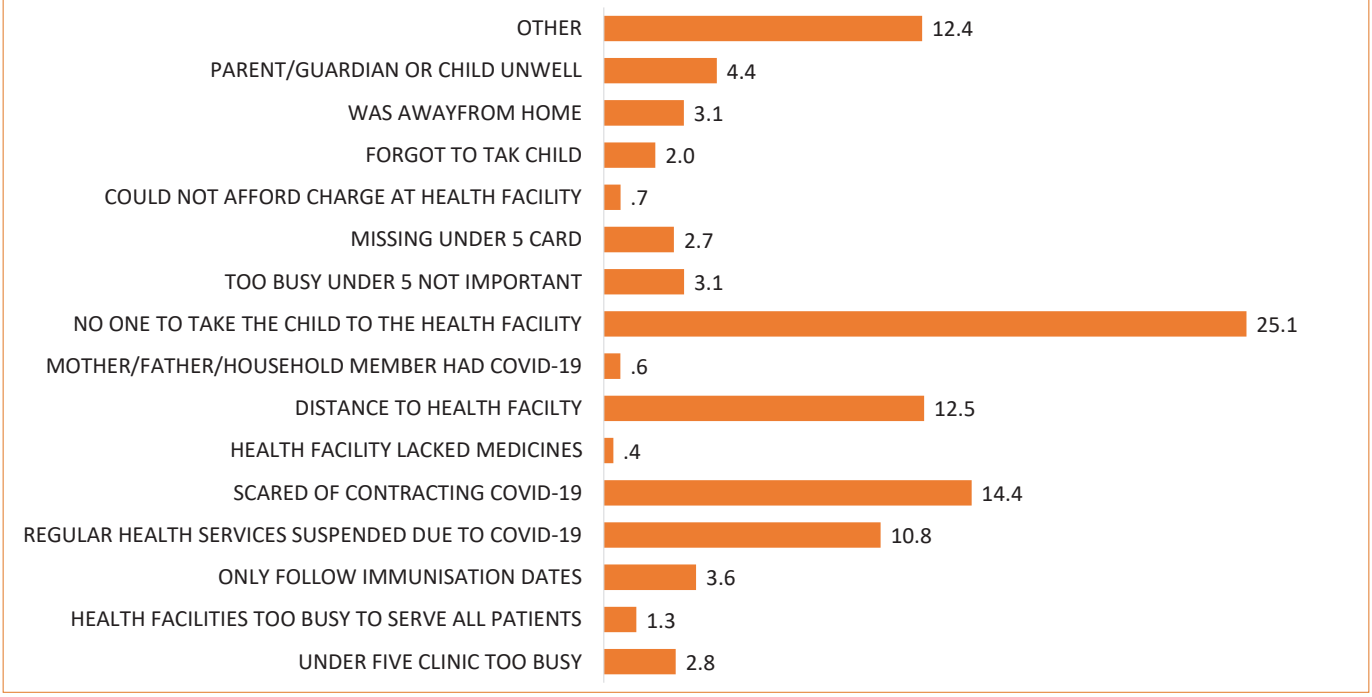


Figure 9.5 shows the percentage distribution of households by reason cited for not taking a child to the Under-5 clinic by residence. Twenty-seven percent of households in urban areas and 23 percent in rural areas reported that there was no one available to take the child for Under-5 health services. In urban areas, 20 percent reported that they did not take a child to Under-5 because they were scared of contracting COVID-19 compared with 9 percent in rural areas. Fourteen percent and 8 percent indicated that regular health services were suspended due to COVID-19 in urban and rural areas, respectively. One percent of households in urban areas and less than a percent (0.3 percent) in rural areas reported that a household member had COVID-19 and this prevented them from taking a child to the Under-5 clinic. In summary, reasons related to failure to access Under-5 clinic health services due to COVID-19 were more commonly reported in urban than in rural areas accounting for 35 percent and 17 percent, respectively.

Figure 9.5: Percentage Distribution of Reasons Provided by Households for not Taking a Child for Under-Five Clinic, 2021

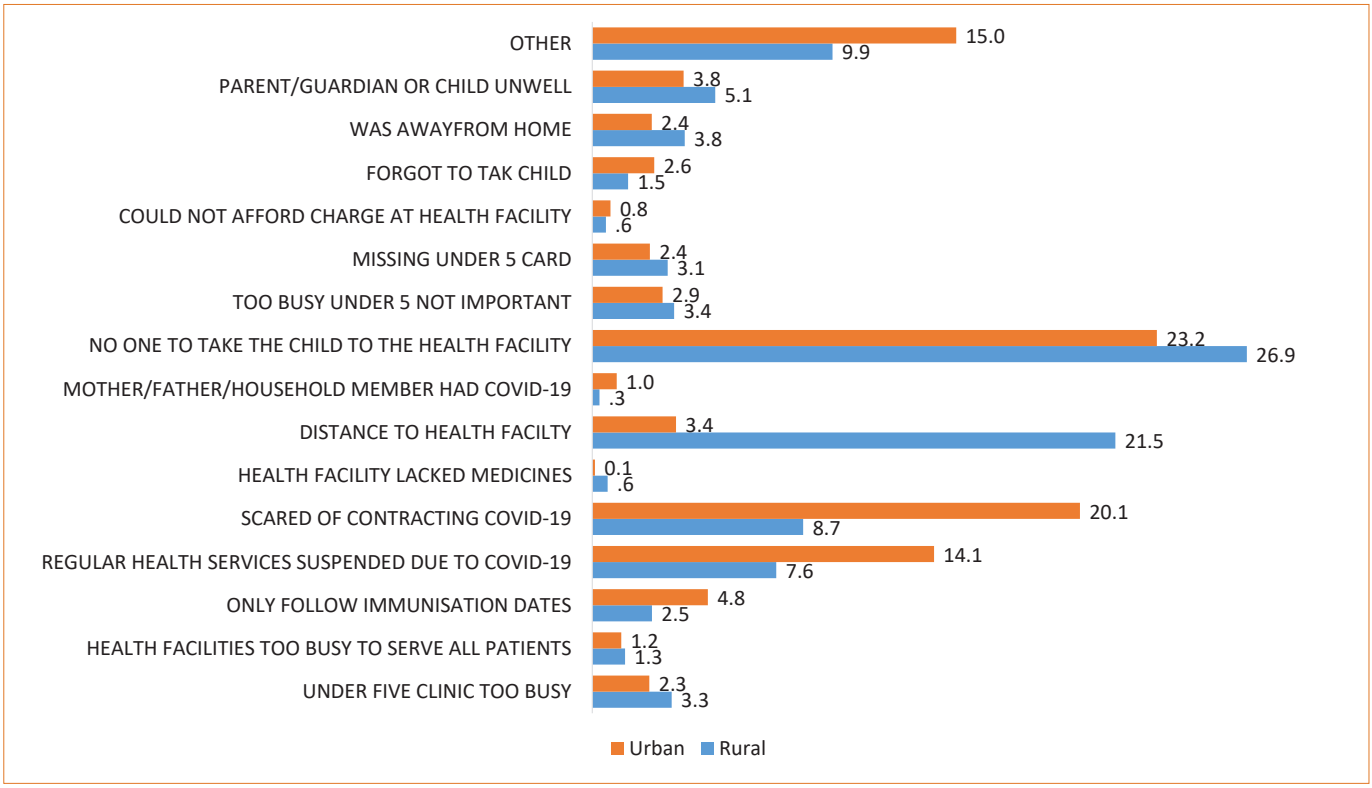


Table 9.2 shows the percentage of distribution of reasons provided by households for missing an Under-Five child clinic by province. Lusaka province had the highest percentage of households that reported that being scared of contracting COVID-19 was the main reason for missing an Under-five clinic at 22.6 percent, In Luapula province the most common reason for not taking a child to the health facility was that there was no one to take the child to the health facility.

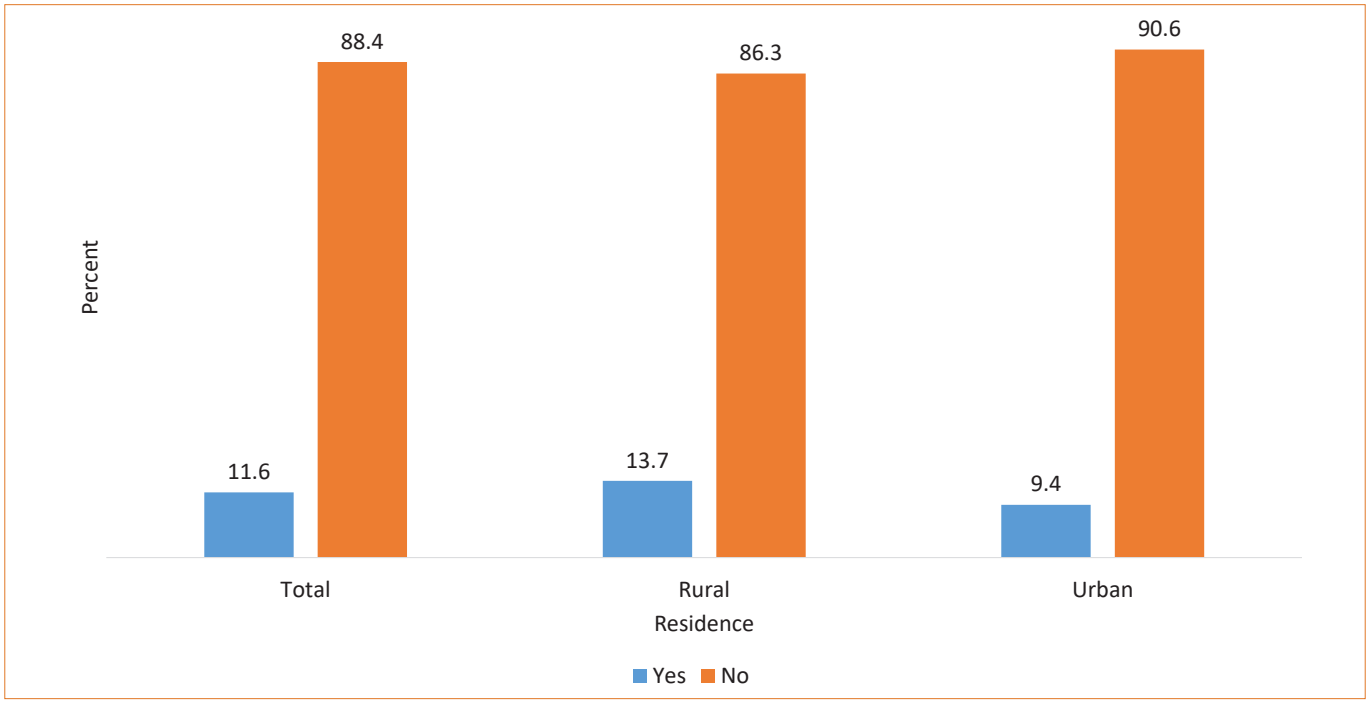
Table 9.2: Percentage of Distribution of Reasons Provided by Households for Missing an Under-Five Child Clinic by Province, 2021

Province	Under Five Clinic too Busy	Health Facilities Too Busy to serve all Patients	Only Follow Immunisation Dates	Regular Health Services Suspended due to COVID-19	Scared Of Contracting COVID-19	Health Facility Lacked Medicines	Distance to Health Facilty	Mother/ Father/ Household Member Had COVID-19	No One to Take the Child to the Health Facility	Other
Central	0.0	2.2	3.6	5.4	16.6	1.8	24.5	0.0	26.2	19.5
Copperbelt	2.1	2.2	7.8	15.8	13.3	0.0	8.4	0.0	17.2	33.2
Eastern	8.6	3.2	2.8	7.6	9.8	0.0	10.3	0.0	16.4	41.3
Luapula	2.0	1.4	10.1	4.0	2.5	1.4	11.1	0.0	45.2	22.2
Lusaka	2.4	.5	.5	14.9	22.6	0.0	2.2	1.6	23.9	31.3
Muchinga	0.0	1.1	1.3	5.7	2.2	0.0	23.3	1.4	31.1	33.8
Northern	1.3	.5	5.8	5.9	1.7	0.0	21.1	0.0	28.0	35.7
North Western	0.0	0.0	5.1	9.2	9.3	2.0	27.1	0.0	18.3	29.0
Southern	4.9	0.0	2.4	7.0	15.6	0.0	11.2	1.5	27.8	29.6
Western	.7	.5	0.0	4.4	12.0	1.2	33.3	0.0	18.7	29.3
Total	**2.8**	**1.3**	**3.6**	**10.1**	**14.0**	**0.4**	**12.2**	**0.6**	**23.9**	**31.0**

9.2 Antenatal Care

Antenatal care (ANC) attendance is vital to maternal and new-born health. One of the key strategies in the National Health Strategic Plan is to encourage ANC attendance in the first trimester and a minimum of four ANC visits during pregnancy. One in ten (12 percent) of female respondents ages 10-50 years reported being pregnant in the 12 months prior to the survey (**see Figure 9.6**). More females in rural than urban areas reported being pregnant at 14 and 9 percent, respectively.

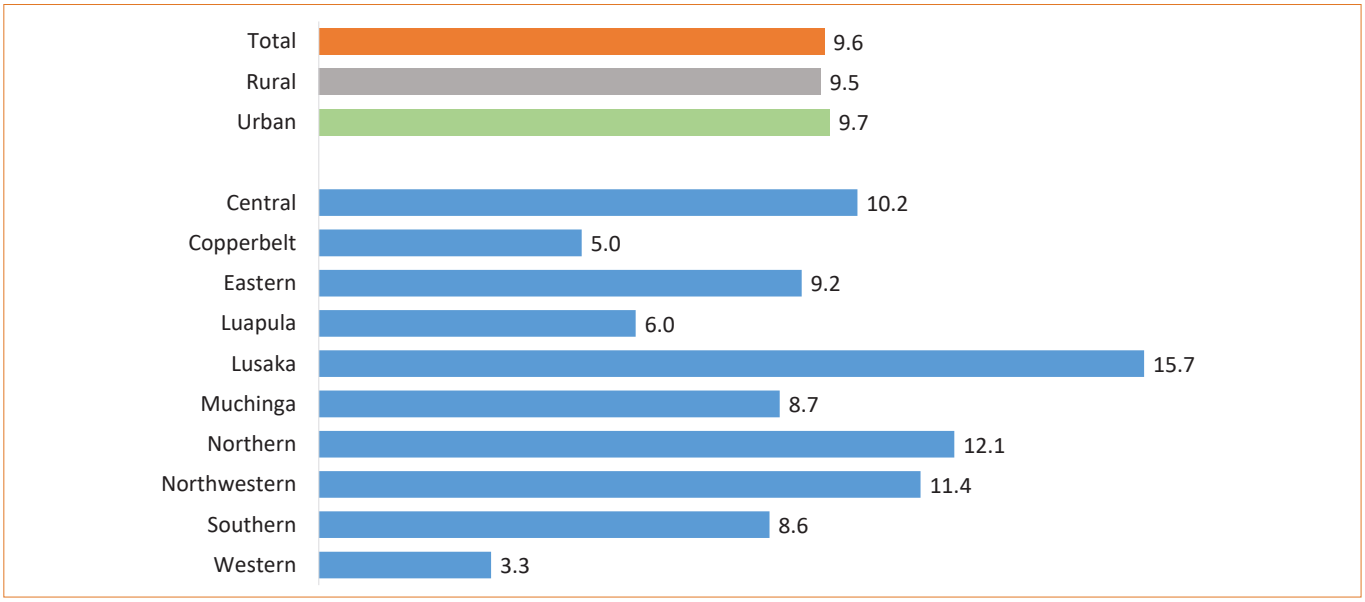
Figure 9.6: Percentage Distribution of Females Ages 10-50 who reported Ever being Pregnant in the 12 months Prior to the Survey, 2021



Female respondents ages 10-50 years who reported being pregnant in the 12 months prior to the survey were asked if they missed an ANC visit. At national level, about one in ten females missed an antenatal visit (**see Figure 9.7**). There was little variation between rural and urban areas in the percentage of females who reported missing an ANC visit.

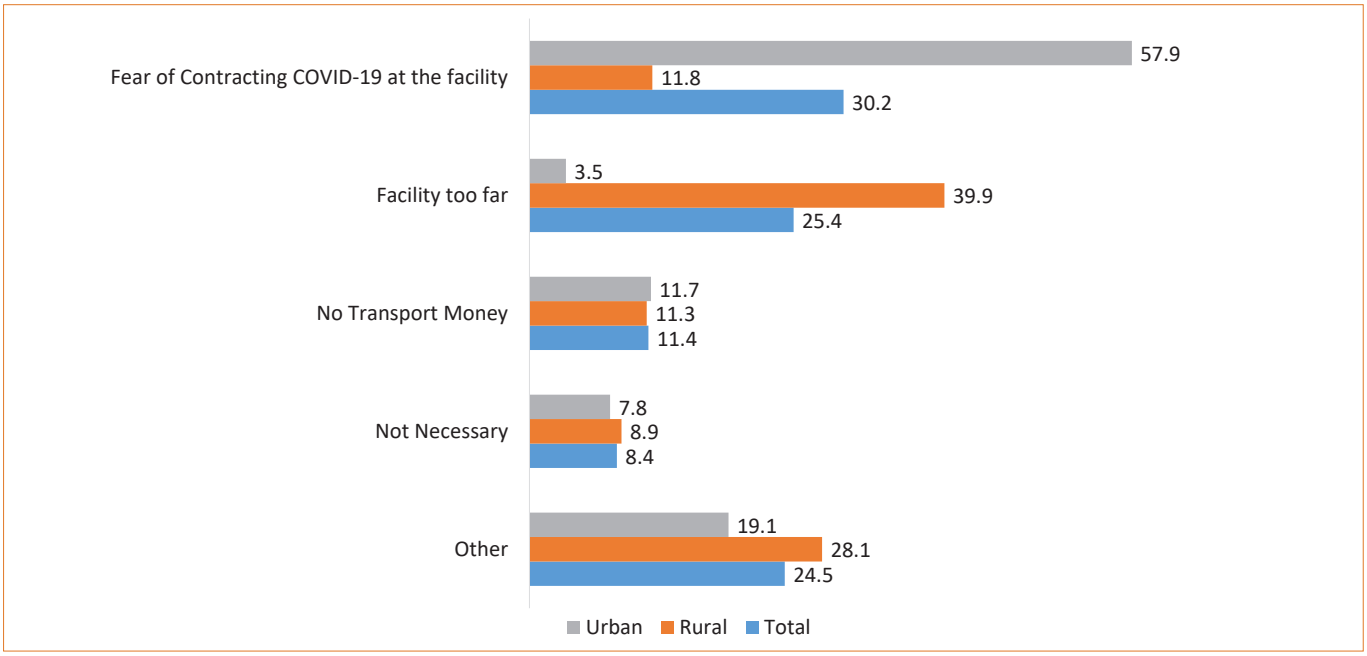
By province, Lusaka had the highest percentage of females who reported missing an ANC visit in the 12 months prior to the survey at 16 percent while Western had the lowest percentage at 3 percent.

Figure 9.7: Percentage of Females Ages 10-50 who Reported Missing any Antenatal Clinic Visit in the 12 Months Prior to the Survey, 2021



Overall, fear of contracting COVID-19 was the most common reason given by females who missed an ANC visit at 30 percent (**see Figure 9.8**). Distance to the facility was the second most common reason given for missing an ANC visit at 25 percent. In urban areas, the highest percentage of females who missed an ANC visit cited fear of contracting COVID-19 at the facility at 58 percent whereas distance to the facility was the most common reason cited in rural areas at 40 percent.

Figure 9.8: Percentage of Females Ages 10-50 who Reported Missing an Antenatal Clinic (ANC) visit by the Reason, 2021



In terms of provincial variation, fear of contracting COVID-19 at the health facility was the most commonly reported reason for missing an ANC visit in Lusaka (64 percent), Copperbelt (52 percent), and Western (39 percent). The most common challenge cited in accessing ANC was distance to the health facility in Muchinga (58 percent), Northern (41 percent), Central (39 percent), Eastern (34 percent), Southern (28 percent) and Luapula (25 percent). In North Western Province, the most common challenge faced in accessing ANC was lack of transport money (45 percent) (**see Table 9.3**).

Table 9.3: Percentage Distribution of the Reasons Cited for Missing ANC Visits by Province, 2021

Province	Number	Reasons for Missing an ANC Visit				
		Fear of Contracting COVID-19 at the facility	Facility too far	No Transport Money	Not Necessary	Other
Total	**58,537**	**30.2**	**25.4**	**11.4**	**8.4**	**24.5**
Province						
Central	4,742	29.6	39.3	10.5	6.7	13.8
Copperbelt	4,169	51.8	38.2	0.0	0.0	10.0
Eastern	8,731	11.0	34.3	9.9	0.0	44.8
Luapula	2,852	18.2	24.9	20.8	23.7	12.3
Lusaka	16,518	63.8	1.0	15.6	3.8	15.8
Muchinga	2,933	0.0	57.9	16.7	12.5	13.0
Northern	7,868	1.8	41.3	0.0	24.6	32.2
North Western	2,991	0.0	17.2	44.6	28.2	9.9
Southern	6,849	23.5	26.7	4.8	2.3	42.7
Western	885	39.2	26.8	0.0	0.0	33.9

9.2.1 Family Planning

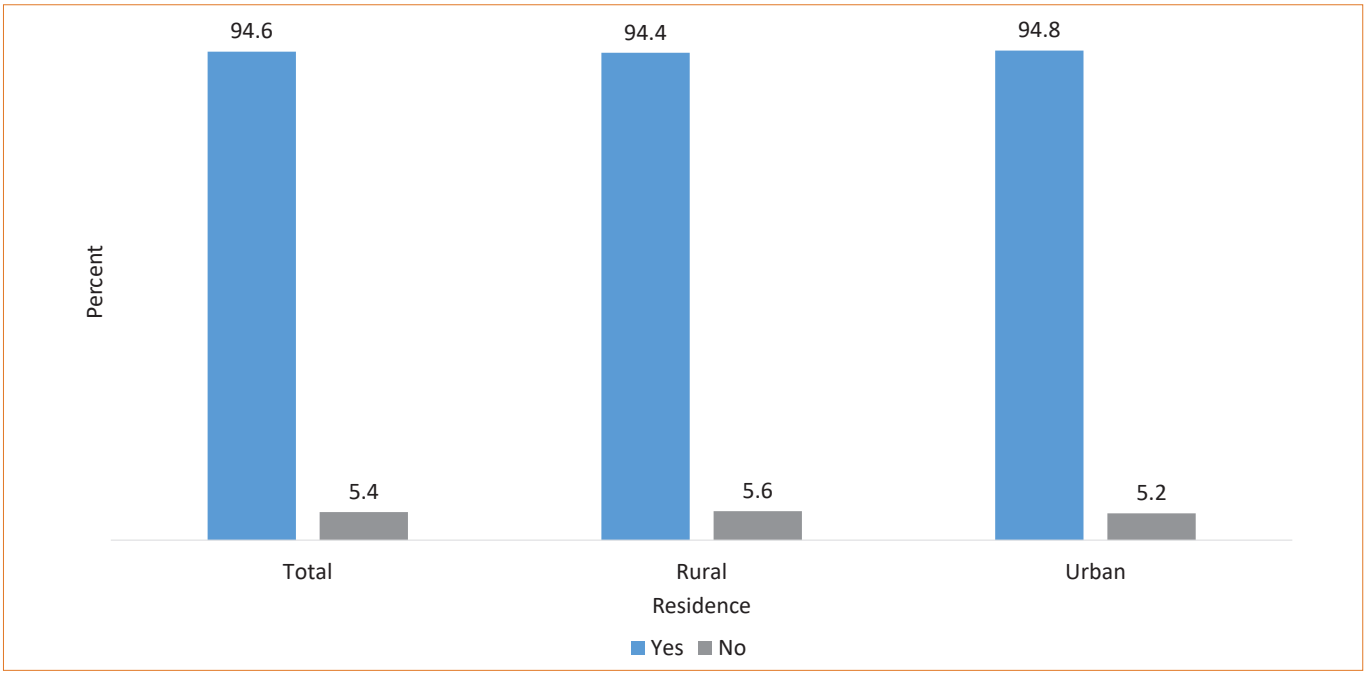
Desire for family planning was assessed by obtaining data from female respondents ages 10-50 years. About one in five females (19 percent) reported that they desired family planning. Slightly more women in rural areas (20 percent) than urban areas (19 percent) desired family planning. Northern Province had the lowest percent of women desiring family planning at 14 percent, while Southern Province had the highest at 24 percent.

Table 9.4: Percentage Distribution of Females ages 10-50 year Desiring Family Planning, 2021

Region	Total	Yes	No
	Number	Percent	Percent
Total	**5,250,926**	**19.3**	**80.7**
Rural	2,696,726	19.9	80.1
Urban	2,554,200	18.8	81.2
Province			
Central	503,608	20.0	80.0
Copperbelt	884,676	19.5	80.5
Eastern	616,823	21.7	78.3
Luapula	366,872	16.8	83.2
Lusaka	1,094,658	17.8	82.2
Muchinga	283,750	19.9	80.1
Northern	383,275	13.7	86.3
North Western	263,006	19.0	81.0
Southern	544,157	23.6	76.4
Western	310,100	20.8	79.2

Figure 9.9 presents information on the percentage distribution of females ages 10-50 years who received family planning services. Of the females who indicated that they desired family planning, only 5 percent did not receive family planning. There was little variation between females residing in urban and rural areas.

Figure 9.9: Percentage Distribution of females ages 10-50 who desired family planning and received family planning services, 2021



The percentage distribution of females who had access to family planning services shows some variation by province (**see Table 9.5**). In Northern Province about one in ten females (11 percent) desiring family planning service did not receive it, the highest percentage among provinces. Luapula Province had the lowest percentage of females with no access to family planning at 3 percent.

Table 9.5: Percentage of females ages 10-50 who desired family planning and received family planning services by Province, 2021

Province	Number	Yes	No
Total	**1,015,430**	**94.6**	**5.4**
Central	100,587	95.6	4.4
Copperbelt	172,436	94.1	5.9
Eastern	134,097	96.2	3.8
Luapula	61,799	96.7	3.3
Lusaka	194,858	93.6	6.4
Muchinga	56,594	96.1	3.9
Northern	52,324	89.2	10.8
North Western	49,845	93.3	6.7
Southern	128,277	94.3	5.7
Western	64,613	96.3	3.7

The survey collected information on the reasons females who desired family planning did not receive it. The preferred method not being available was the most cited reason females did not receive family planning even though they desired it at 47 percent. This was most commonly mentioned in urban than rural areas (55 percent compared with 41 percent). In all the provinces, with the exception of Central, Eastern and Northern, the unavailability of the preferred method was the main reason for not receiving a family planning service.

Table 9.6: Reasons for not receiving Family planning services by Rural/Urban and Province, 2021

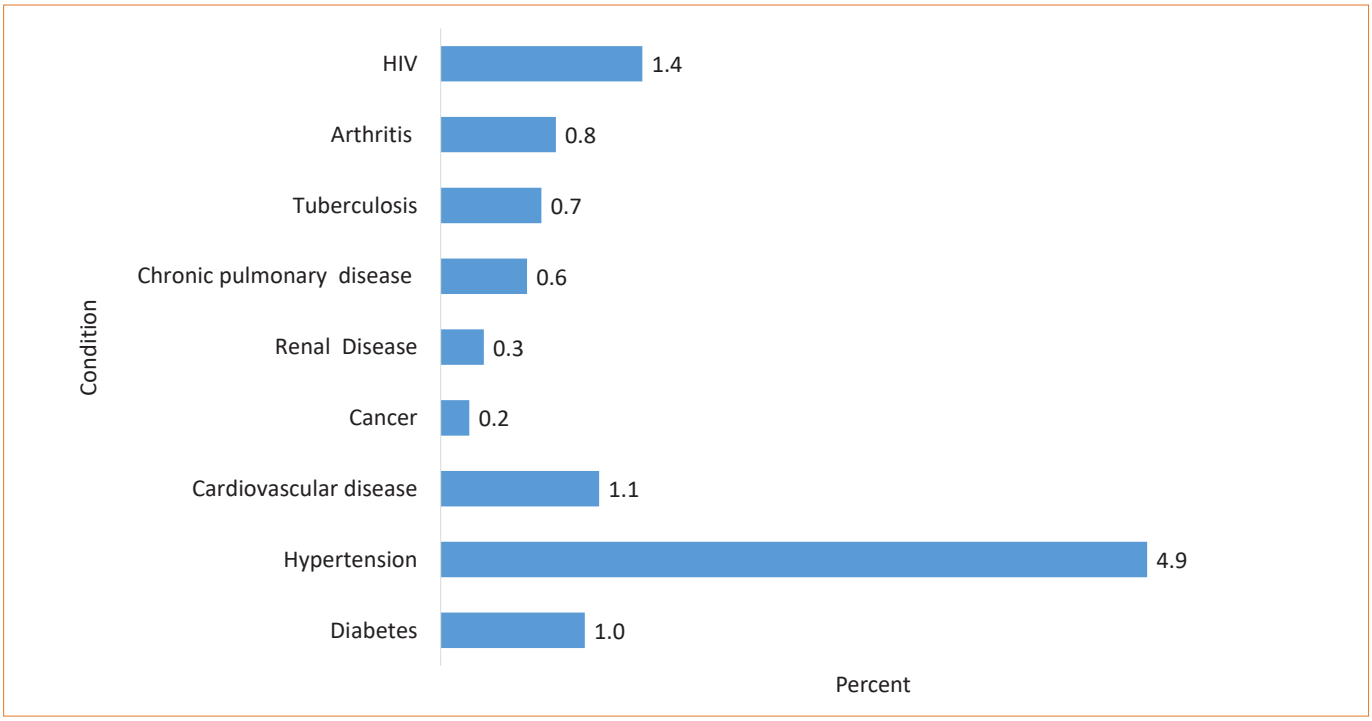
Rural/Urban Province	Number	Prefered Method not availble	Feared COVID-19 at the center	High transport cost	Health workers are not friendly	Health facility too far	
Total	**55,139**	**47.1**	**14.6**	**4.0**	**3.5**	**3.4**	**27.5**
Rural	30,227	40.6	9.4	4.7	2.7	5.1	37.4
Urban	24,912	55.1	20.8	3.2	4.3	1.2	15.4
Province							
Central	4,417	28.6	12.1	7.3	0.0	6.8	45.1
Copperbelt	10,178	62.1	20.0	2.2	0.0	0.0	15.7
Eastern	5,057	27.9	15.2	8.3	4.6	0.0	43.9
Luapula	2,023	52.5	17.9	0.0	8.7	10.0	10.9
Lusaka	12,496	50.4	23.4	6.4	5.3	0.0	14.5
Muchinga	2,191	38.4	17.8	0.0	0.0	8.9	35.0
Northern	5,674	41.7	2.5	0.0	7.3	0.0	48.5
North Western	3,336	43.2	0.0	13.4	0.0	19.6	23.9
Southern	7,352	53.4	8.6	0.0	0.0	0.0	38.1
Western	2,415	44.5	9.8	0.0	17.1	20.7	8.0

9.3 General Health Services for those with Chronic Conditions

The survey collected data on chronic health conditions that respondents have and whether they had access to health care. In the SEIA, chronic health conditions refers to the following HIV, Anthritis, Tuberculosis, Chronic pulmonary disease, Renal disease, Cancer, Cardiovascular diseases, Hypertension and Diabetes.

Figure 9.10 shows the percentage of persons with chronic conditions. Five percent of the population indicated that they had hypertension (high blood pressure) while 1.4 percent have HIV and AIDS. Persons with diabetes and cardiovascular diseases were about one percent each of the population.

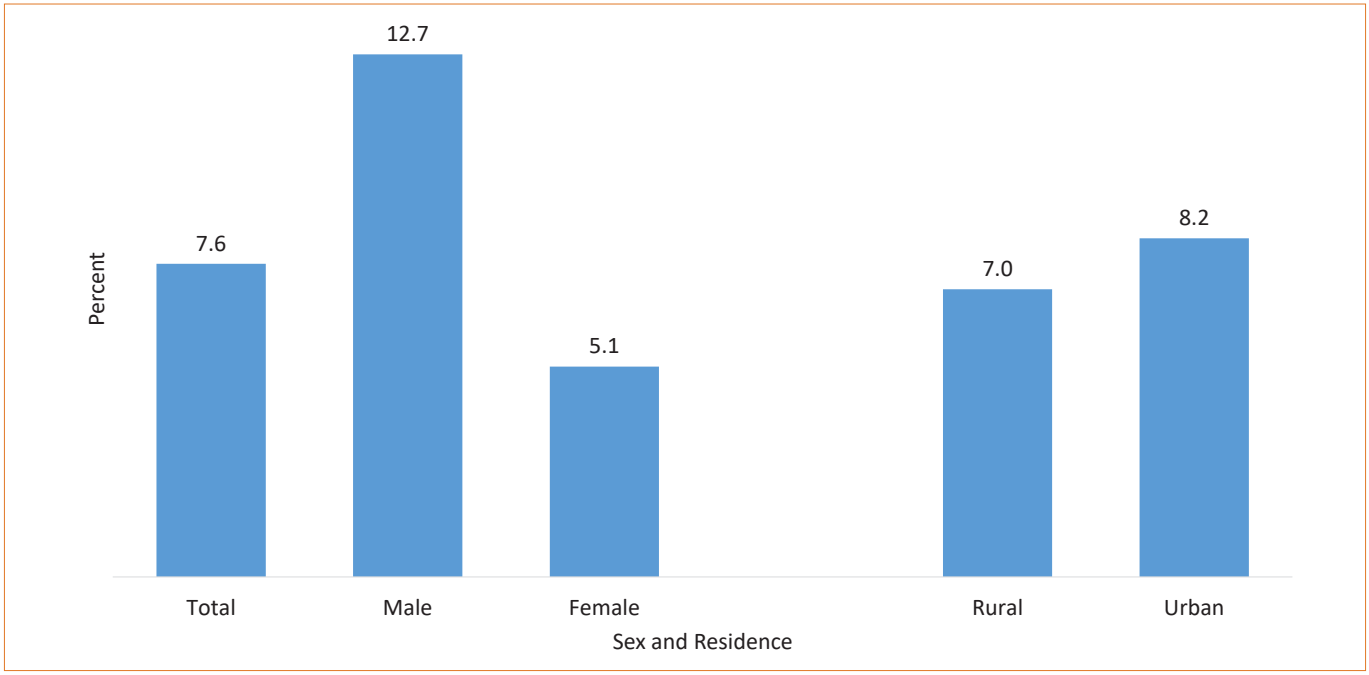
Figure 9.10: Percentage of Persons with Chronic Conditions, 2021



Access to treatment and care for HIV positive persons is critical for general health of people living with HIV and AIDS and for improving health outcomes. About eight percent of the population who reported that they have HIV and AIDS did not have access to treatment or other health services.

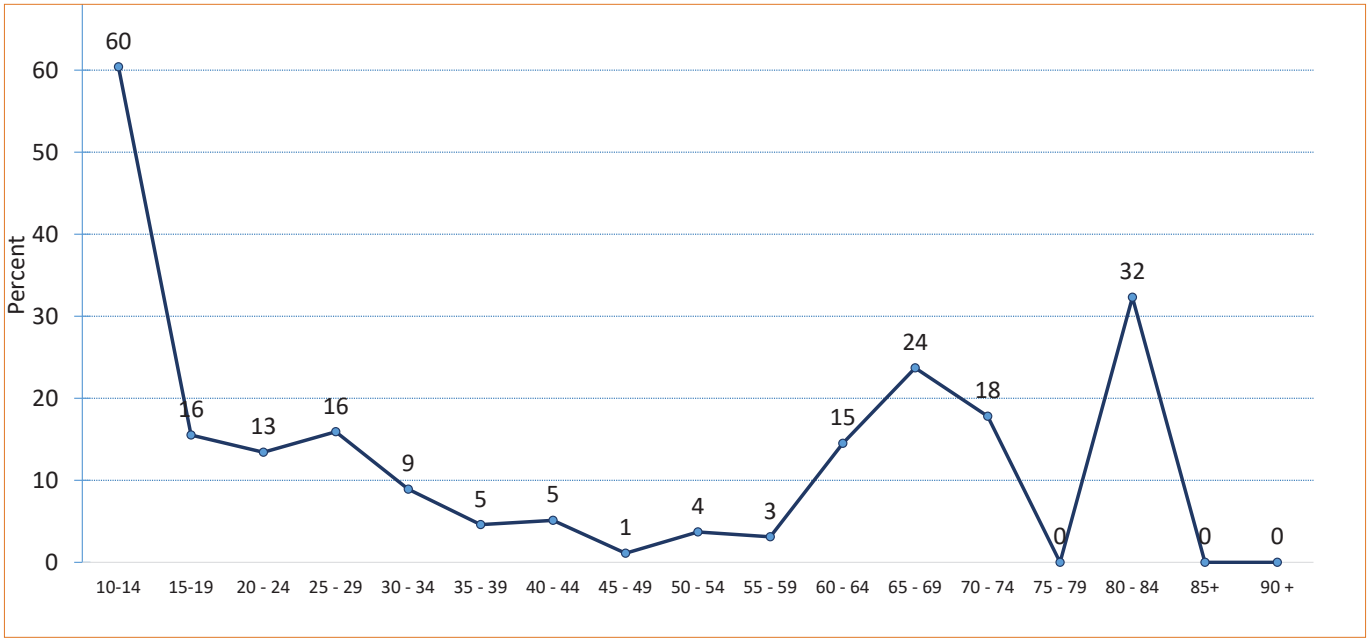
Data also shows that males were less likely (13 percent) than females (5 percent) to access HIV treatment or other HIV services since the outbreak of COVID-19. There was little variation on access to treatment or other HIV services for the population in rural and urban areas (**see Figure 9.11**).

Figure 9.11: Percentage of the Population with no Access to Treatment or other HIV Services by Sex and Residence, 2021



The percentage distribution of the population with no access to treatment or other HIV services by age is shown in Figure 9.12. The population age 10-14 had the highest proportion of persons with no access to HIV treatment and other HIV services. Generally access reduces after the age of 14, until age 59.

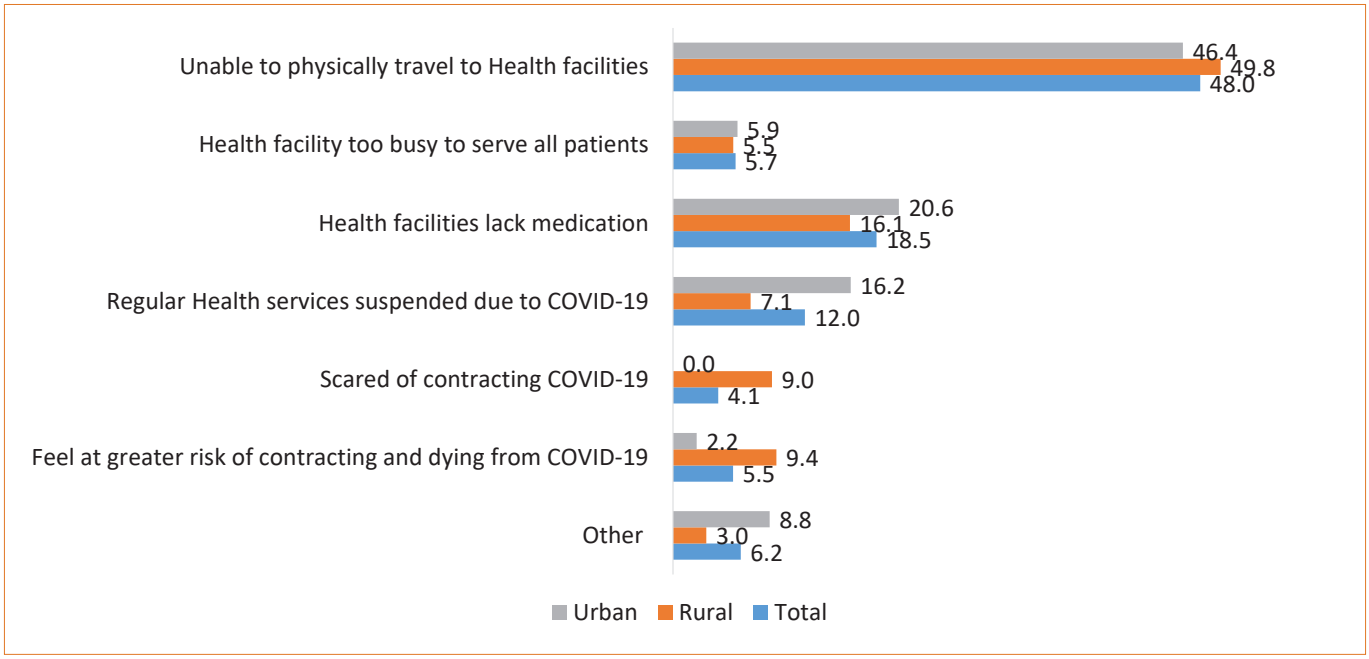
Figure 9.12: Percentage distribution of Population with no access to treatment or other HIV services by Age, 2021



The main reason the persons living with HIV did not access treatment or other HIV services was inability to physically travel to health facilities at 48 percent (**see Figure 9.13**). Slightly more people living with HIV residing in rural than urban areas mentioned inability to physically travel to health facilities as the reason for lack of access to treatment and other HIV services.

Lack of medication at health facilities was the second most common reason for failure to access treatment or other HIV services at 19 percent, followed by regular health services suspended due to COVD-19 at 12 percent. Disruption of health services due to COVID-19 was more frequently mentioned in urban than rural areas (16 and 7 percent), respectively.

Figure 9.13: Percentage of the People Living with HIV by Main Reason cited for not accessing Treatment or other HIV Services by Residence, 2021



The SEIA also collected information from persons living with HIV who were able to access treatment on their experiences in accessing ARVs from March 2020 to the survey date. The majority reported that they received medication without any challenges at 81 percent. Eleven percent of persons living with HIV indicated that they were provided with ARV supplies for more months than usual. In most provinces, respondents received medications without any challenges. In Central Province, the most commonly reported experience was that respondents were provided with ARV supplies for more months than usual at 63 percent (**see Table 9.7**).

Table 9.7: Percenatge of Persons Living with HIV who were able to Access Treatment on their Experiences in Accessing ARVs from March 2020 to the Survey Date, 2021

Rural/Urban Sex & Province	Number	Received Medication without any Challenges	Received Partial Medication	Got ARV Supplies (Refill) For More Months Than Usual	Was told there was No Medication so did Not Receive	Other
Total	**144,547**	**81,0**	**4,3**	**11,4**	**2,4**	**0,9**
Rural	72,441	80,4	4,4	11,4	3,4	0,5
Urban	72,106	81,7	4,2	11,4	1,4	1,4
Sex						
Male	44,995	81,7	4,2	8,4	4,8	0,9
Female	99,552	80,8	4,4	12,7	1,3	0,9
Province						
Central	11,674	16,5	7,6	63,1	12,8	0,0
Copperbelt	22,797	86,0	4,8	9,2	0,0	0,0
Eastern	15,069	93,6	1,5	1,8	0,0	3,1
Luapula	5,178	97,2	0,0	2,8	0,0	0,0
Lusaka	31,084	88,5	3,3	5,1	3,2	0,0
Muchinga	6,149	80,6	11,5	3,3	4,6	0,0
Northern	5,893	87,5	12,5	0,0	0,0	0,0
North Western	5,296	82,6	4,1	13,4	0,0	0,0
Southern	26,379	83,8	2,8	9,2	1,1	3,3
Western	15,027	82,4	4,1	11,0	2,5	0,0

Access to health care during a pandemic particularly for persons with chronic conditions is critical in assessing the effect of the COVID-19 on health service delivery. Figure 9.14 shows the percentage of the population with chronic health conditions excluding HIV who were in need of medical treatment but unable to access health services and medication. About 23 percent indicated that they were in need of medical treatment but were unable to access it. In urban areas, 24 percent had no access to medical treatment compared to 20 percent in rural areas.

Figure 9.14: Percentage of the Population with Chronic Health Conditions in need of any Medical Treatment but Unable to Access Treatment by Sex and Residence, 2021

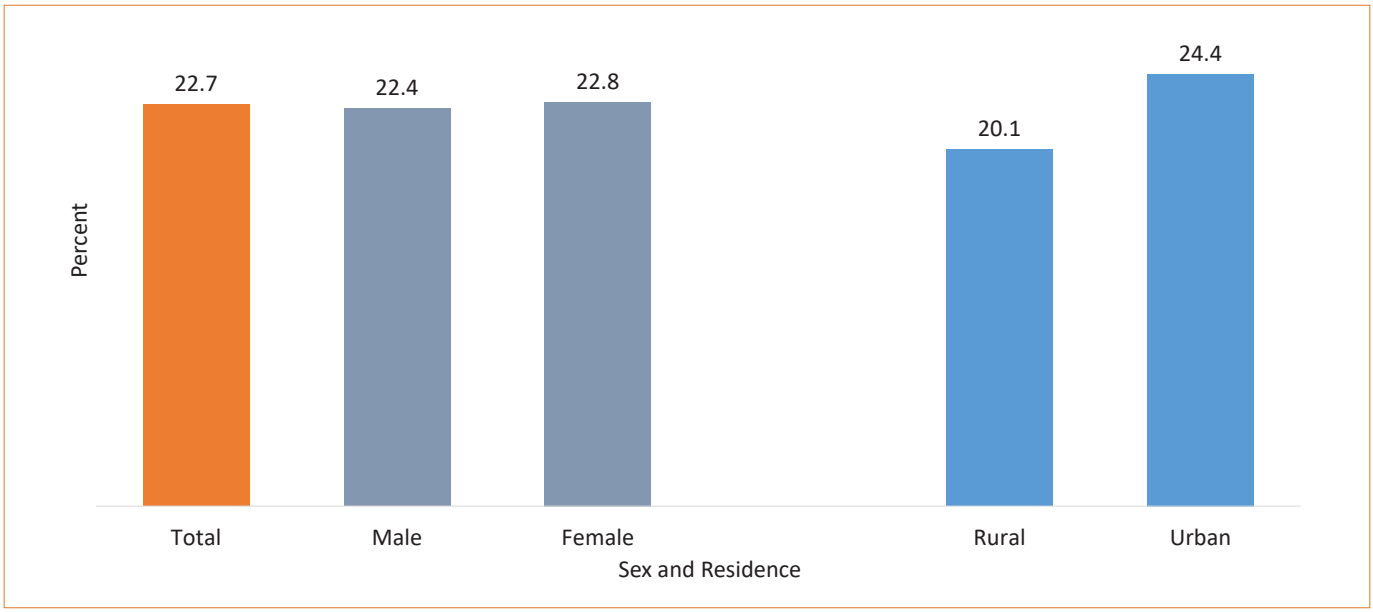
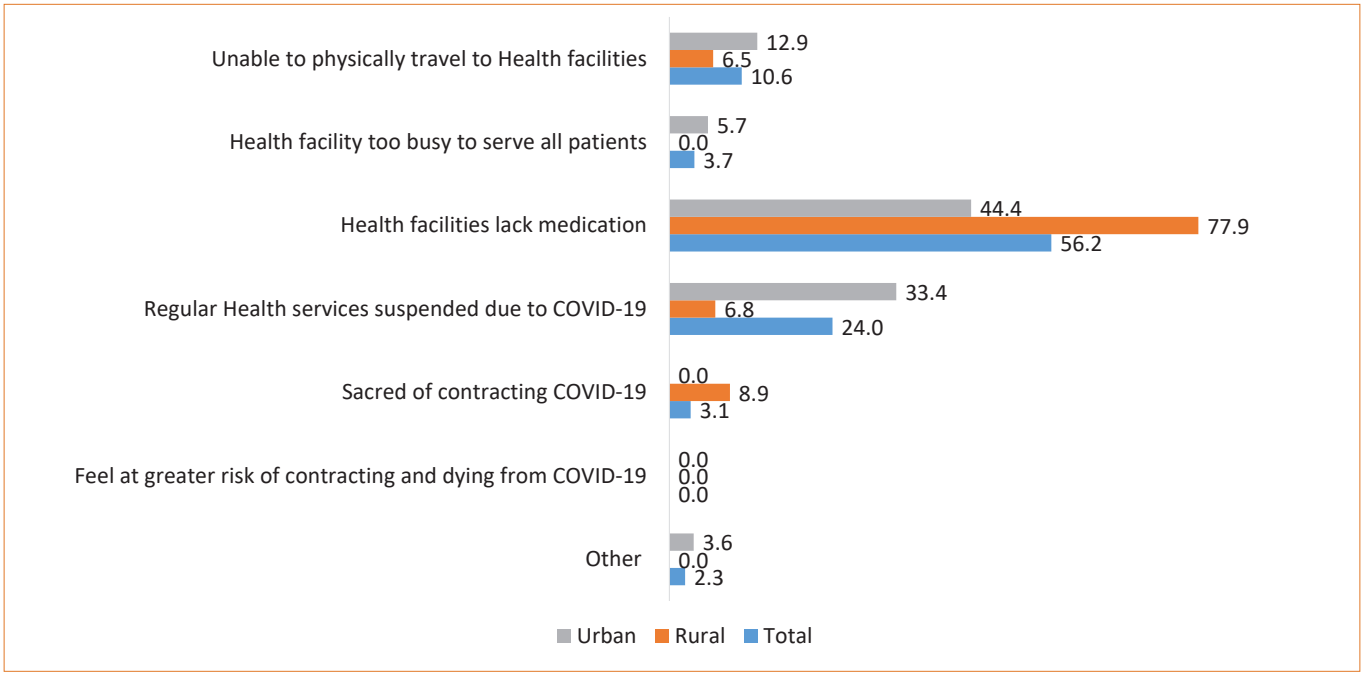


Figure 9.15 shows the percentage distribution of the population with chronic health conditions in need of any medical treatment by reason cited for inability to access treatment. Results show that 56 percent of persons with chronic health conditions cited lack of medication at health facilities as the main reason for inability to access treatment. A higher proportion of persons with chronic health conditions residing in rural areas cited lack of medication at health facilities than those in urban areas at 78 and 44 percent, respectively.

Suspension of regular health services due to COVID-19 was the second most common reason cited by persons with chronic health conditions at 24 percent.

The proportion of the population in urban areas that cited suspension of regular health services due to COVID-19 was about 5 times more than that of the population in rural areas at 33 and 6.8 percent, respectively.

Figure 9.15: Percentage Distribution of the Population with Chronic Health conditions in need of any Medical treatment by reason cited for inability to access treatment, 2021



Chapter 10: Impact of COVID-19 on the Socio - Economic Well-being of Households

10.0 Introduction

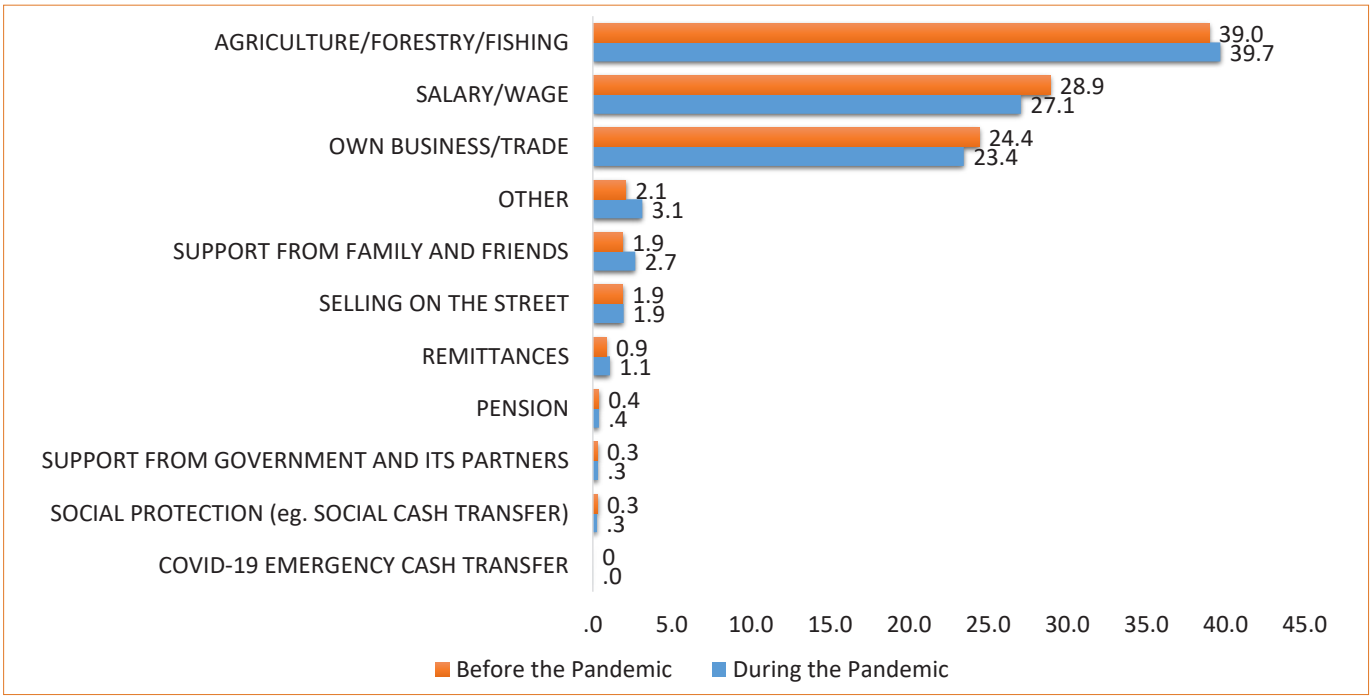
The SEIA collected data on the main source of income for households, types of business undertaken by households before and during the COVID-19 pandemic, changes in the cost of food items, shocks experienced during the pandemic, copying strategies implemented and decision making on household purchases.

10.1 Main sources of household income.

Figure 10.1 shows the main source of household income before and during the COVID-19 Pandemic.

The most common sources of household income were agriculture/fishing/farming, salary/wage and own business. Nearly two-fifth of the households reported that their main source of income before and during the COVID-19 pandemic was from agriculture/fishing/farming. The proportion of households that indicated agriculture/fishing/farming as the main source of income increased by 1 percentage point relative to the period prior to the pandemic from 39 percent to 40 percent. The proportion of households whose main source of income was salary/wage reduced from 29 percent prior to the pandemic to 27 percent. Similarly, the proportion of households whose main source of income was own business/trading slightly reduced from 24 percent to 23 percent.

Figure 10.1: Percentage Distribution of Households main Source of Household Income during and before the COVID-19 Pandemic, 2021



10.2 Effects of COVID-19 on Household income

Household disposable income is income that is available for final consumption expenditure and savings. Household disposable income shows whether households have been able to maintain their levels of material well-being, or at least their ability to maintain current levels of consumption and wealth amidst COVID-19.

Figure 10.2 shows the proportion of households whose income was either affected or not affected by the COVID-19 pandemic. Results show that 59 percent of the households indicated that their income was affected by the COVID-19 pandemic. Of these, 51 percent reported that the income had reduced while 4 percent reported that their household income had increased.

Figure 10.2: Proportion of Households whose Income was either affected or not affected by the COVID-19 pandemic (Percent), 2021

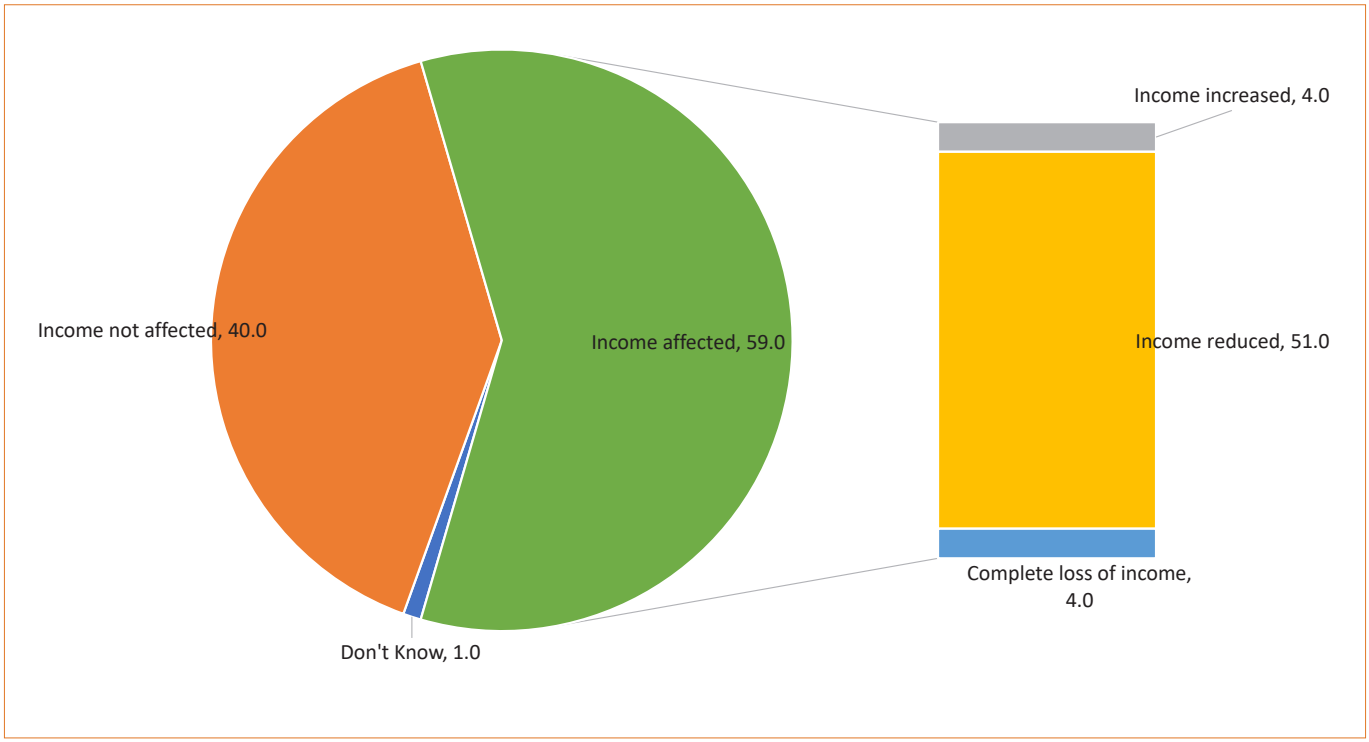


Table 10.1 shows the percentage distribution of households whose main source of income has been affected during the COVID-19 pandemic. Overall, the majority of households (86 percent) indicated that there was a reduction in their primary income sources, 7 percent experienced complete loss of income and about 7 percent reported an increase in income.

Generally, of the affected households that indicated that their income had been affected by the COVID-19 pandemic, higher percentages of households reported that their income reduced regardless of the source with the exception of households whose main source of income was COVID-19 Emergency cash transfer. Further, 32 percent and about 28 percent of households whose main source of income was support from family and friends and remittances, respectively reported complete loss of income. It is worth noting that COVID-19 Emergency cash transfer may have been a one off initiative that was given to some households during the pandemic. As such, all household that received the Emergency cash transfer reported complete loss of income. Furthermore, 18 percent of households whose main source of income was support from Government and its partners reported that their income had increased, representing the highest proportion.

Table 10.1: Percentage Distribution of Households whose Main Income has been affected ,2021

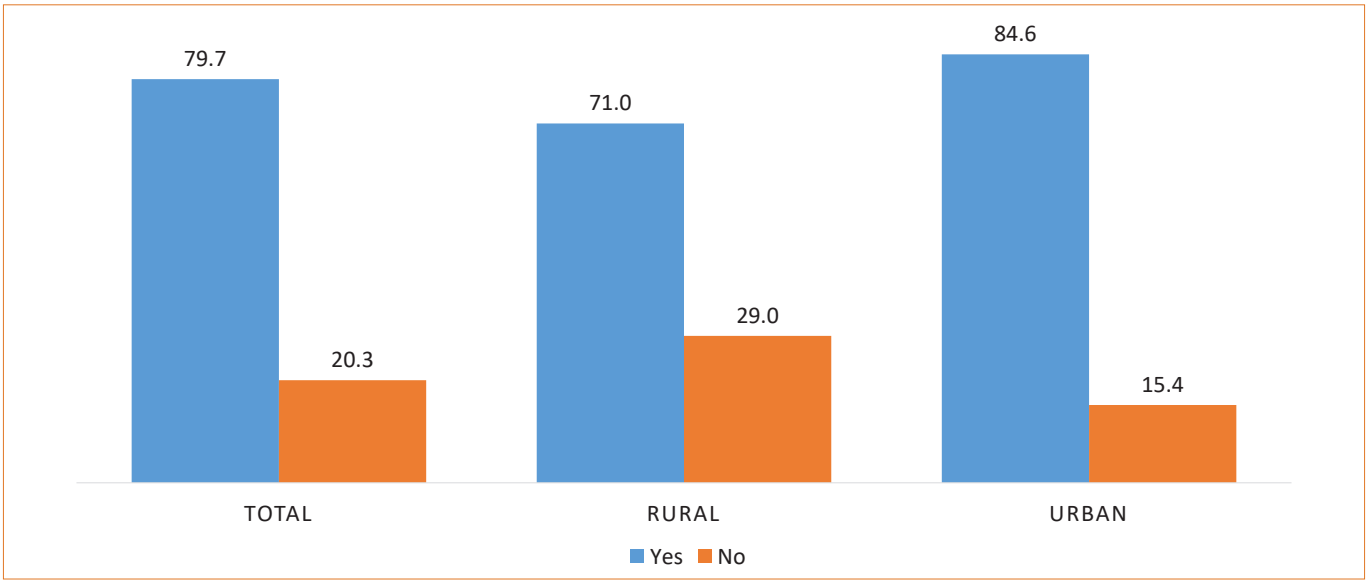
Type of Income	Total	Income Increased	Income Reduced	Complete Loss Of Income
	Number	Percent	Percent	Percent
Total	**2,234,854**	**6.8**	**85.8**	**7.4**
Salary/Wage	627,326	7.1	90	2.9
Own Business/Trade	688,164	6.4	87.5	6.2
Selling on the Street	58,085	4.5	85.9	9.6
Agriculture/Forestry/Fishing	665,699	7.1	86.7	6.2
Support from Family And Friends	64,779	5.5	62.1	32.4
Support from Government and its Partners	7,105	18	73.6	8.3
Remittances	25,461	7.6	64.6	27.7
Pension	3,773	0	94.3	5.7
COVID-19 Emergency Cash Transfer	593	0	0	100
Social Protection (eg. Social Cash Transfer)	4,437	9.9	72.4	17.7
Other	89,431	8.5	61.5	30

10.3 Own Business/Trade as Main Source of Income

The COVID-19 pandemic has had profound impact on the economy and society. The imposition of public health measures to contain the spread of the virus had resulted in unprecedented disruptions to the social and economic lives of many households by changing how they interact, do business, learn, work, spend and consume. In order to assess the socio-economic impact of COVID-19 pandemic on households, households were asked whether their businesses were affected following the pandemic (see Figure 10.3).

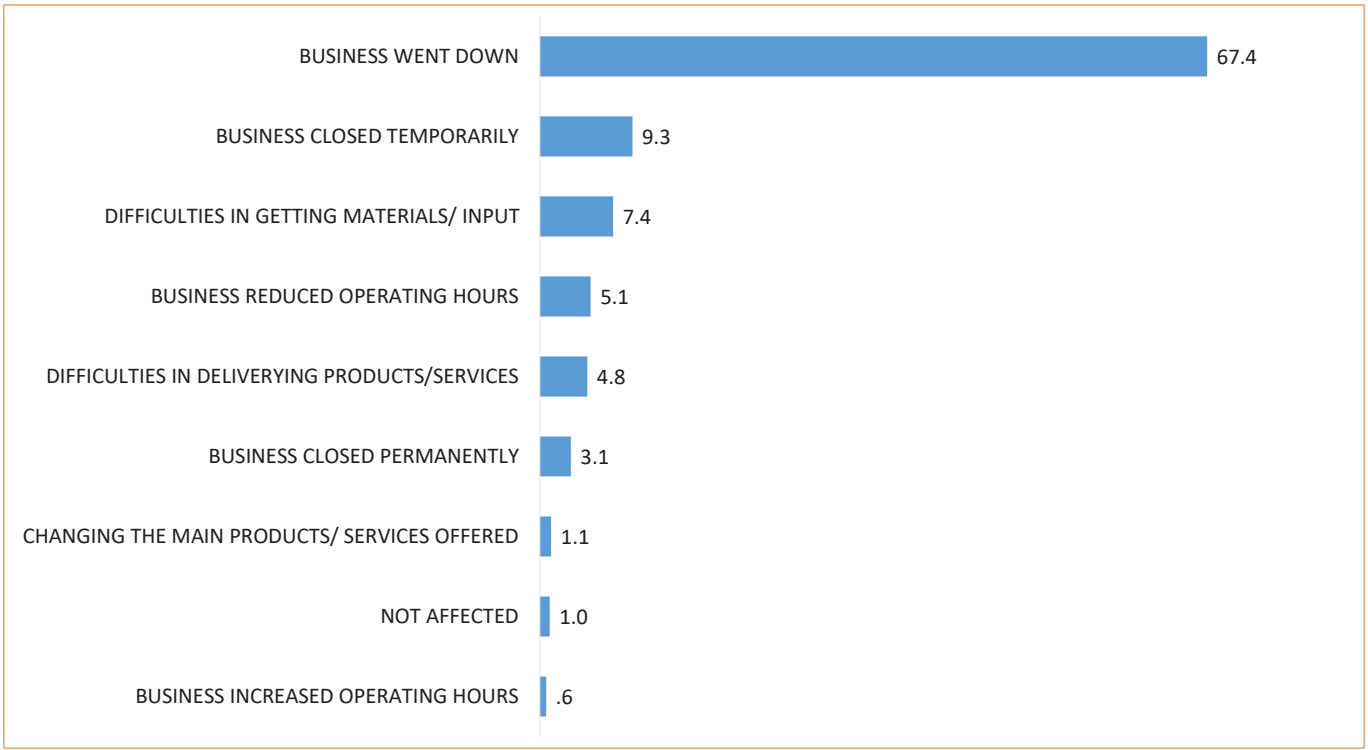
Eight in every 10 households reported that their business was affected by the COVID-19 pandemic. By residence, 85 percent of the households in urban areas indicated that their business was affected by the COVID-19 pandemic compared to 71 percent in rural areas.

Figure 10.3. Percentage Distribution of Households whose Main Source of Income is own Business/Trade, 2021



The households whose businesses were affected were further asked to explain how their businesses were affected. The majority of households (67 percent) indicated that the COVID-19 pandemic resulted in a reduction in business, 9 percent reported that their business temporarily closed while 7 percent had difficulties in accessing raw materials/inputs (**see Figure 10.4**).

Figure 10.4: Percentage Distribution of Households whose Business were affected by COVID-19, 2021



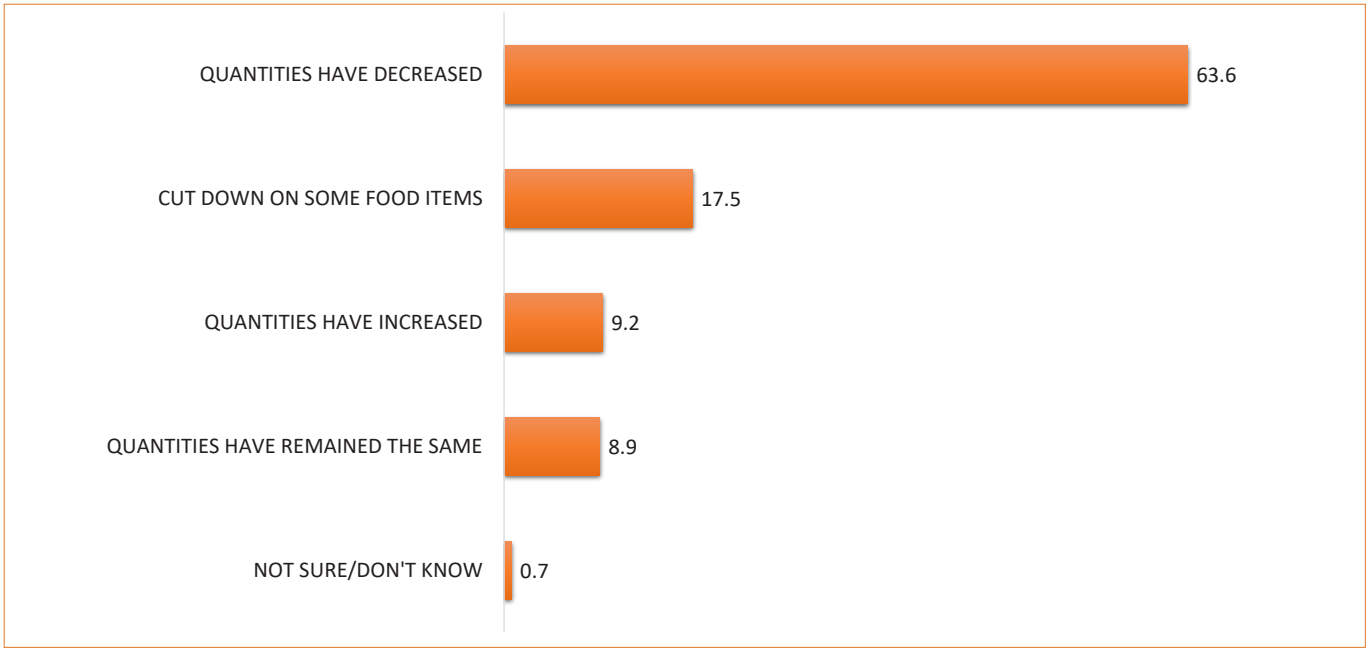
10.4 Effect of COVID-19 on Cost of Food Commodities

Figure 10.5 depicts the percentage of households that reported change in cost of food Commodities since March 2020. Overall, about 93 percent of households reported that there had been an increase in food prices while 6 percent indicated that food prices had decreased. However, 2 percent of households reported that food prices had remained the same. As reported by households, the pattern of change in food prices for urban and rural areas was similar to the national picture.

Figure 10.5: Percentage Change in the Price of Food Commodities since March 2020, SEIA 2021

All households that responded that there was an increase in food prices were asked to indicate how the increase in the cost of food items had affected the quantities of food the household purchased. Sixty -four percent of the households stated that the quantity of food purchased decreased due to the increase in prices, about 18 percent said that they had cut down on some food items while 9 percent reported that the quantity of food purchase increased despite the increase in prices (**see Figure 10.6**).

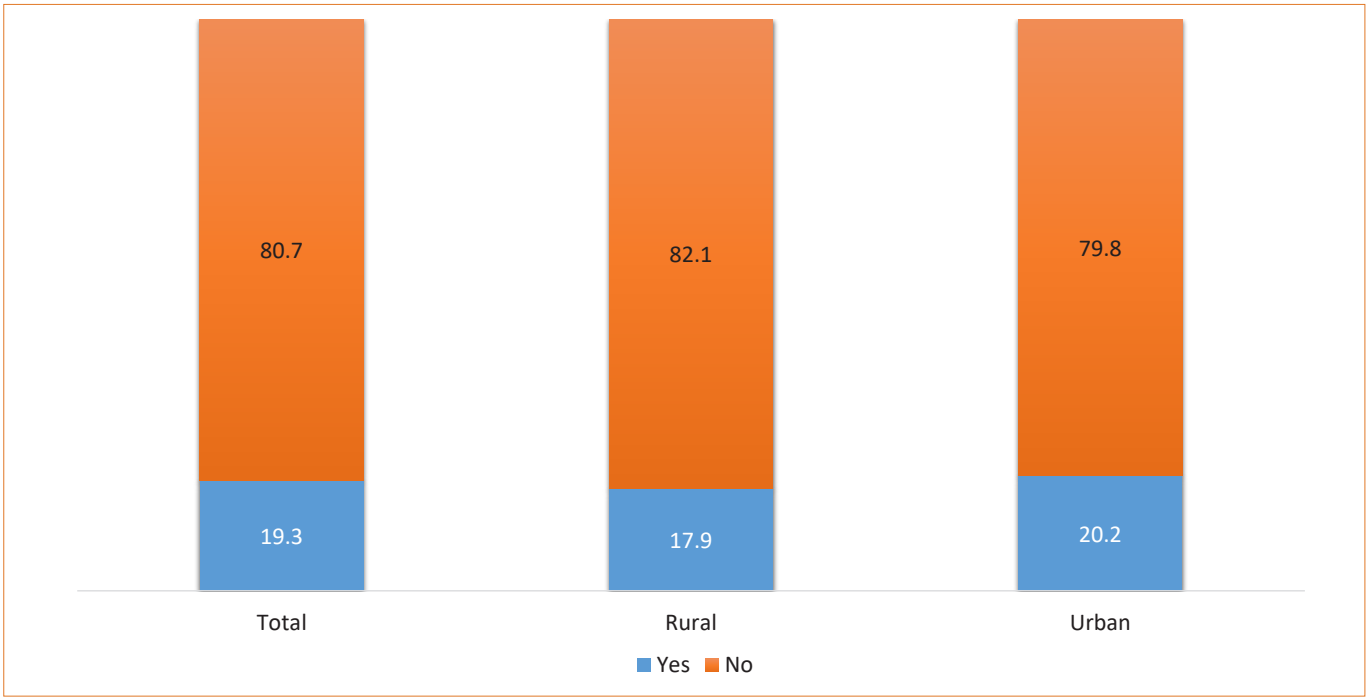
Figure 10.6: Percentage Distribution of Households by Effect of Price Increases on Quantity of Food Commodities Purchased since March 2020, SEIA 2021



10.5 Household Coping Strategies since the COVID-19 pandemic

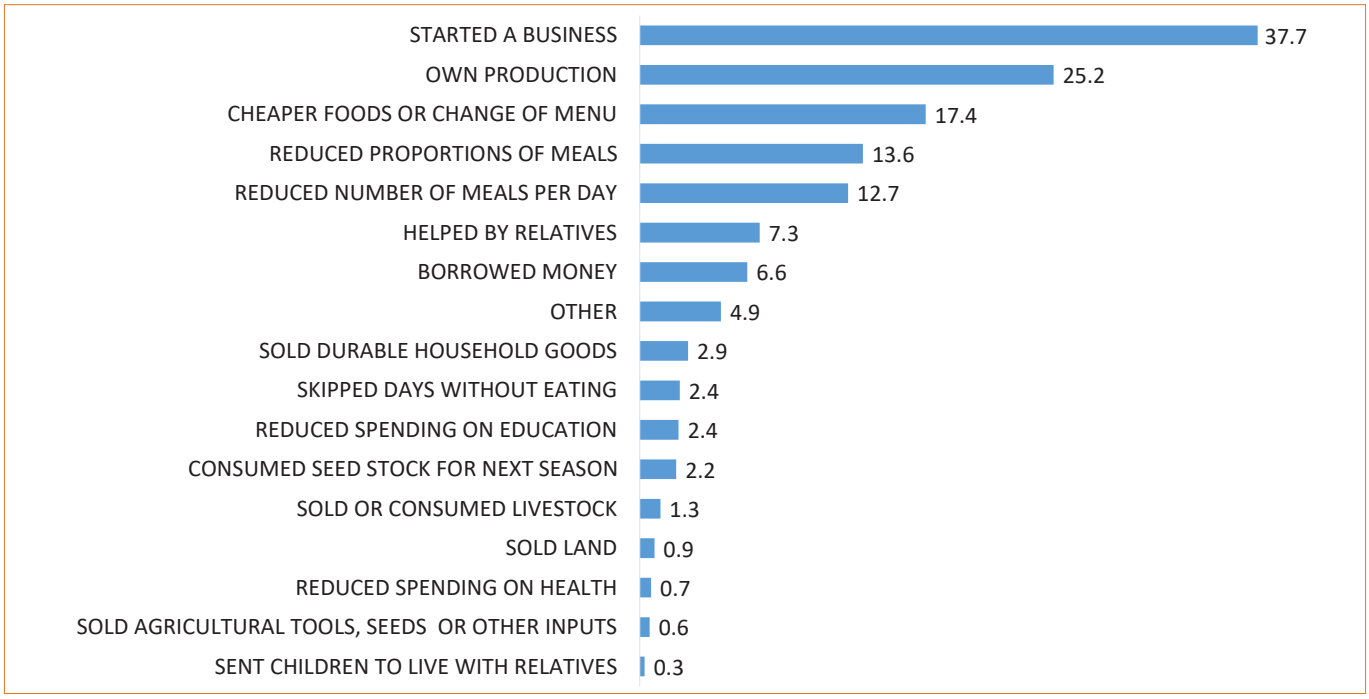
Figure 10.7 shows the percentage distribution of households that reported compensating for economic shocks since the COVID-19 pandemic. About 81 percent of households reported that they had not employed any strategy to deal with any economic shock, arising from the pandemic. There were no major differences between rural and urban areas, although rural areas were less able to do anything to compensate for economic shocks.

Figure 10.7 Percentage Distribution of Households that reported Compensating for Economic shocks since COVID-19 pandemic, 2021



The most common coping strategy to the economic shocks was to start a new business (38 percent), consuming from own production (25 percent), opting for cheaper food sources or changing the menu at 17 percent (**see Figure 10.8**).

Figure: 10.8: Percentage Distribution of Households by type of Copying Strategy employed by Households, 2021

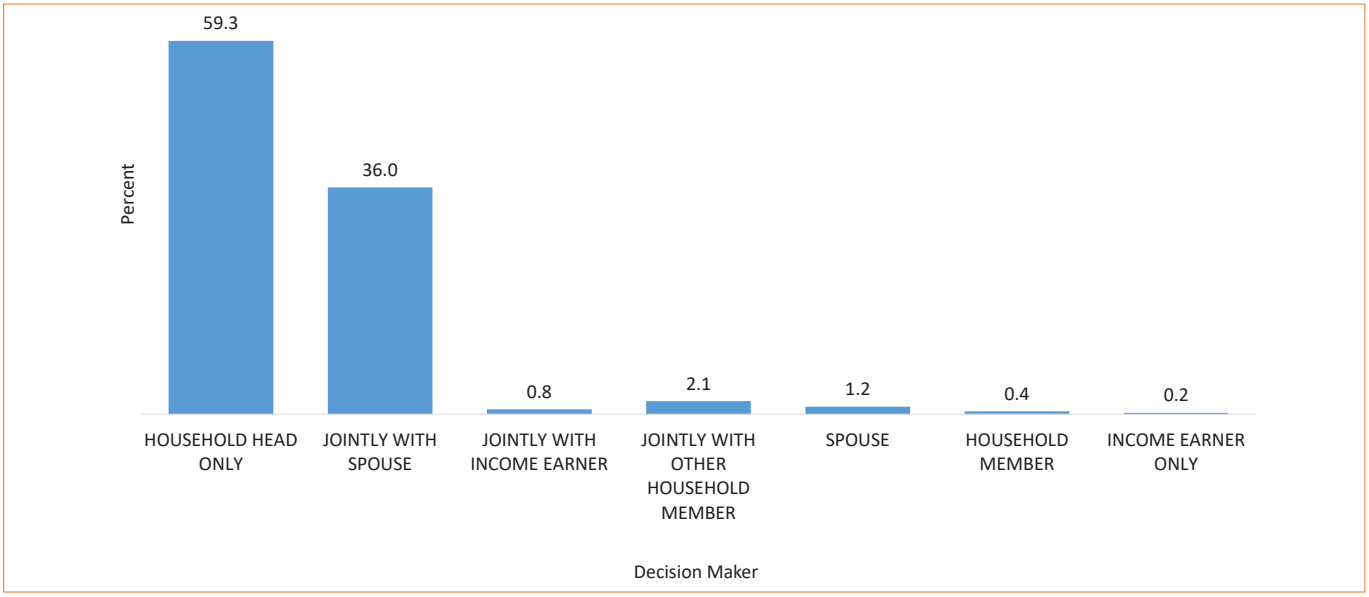


10.6 Decision Making

The dynamics involved in the decision-making process at household level cannot be defined by any simple set of rules because each household is unique. While this focus does not necessarily represent all interactions in a household, it does provide a means of understanding how households spending decisions are made.

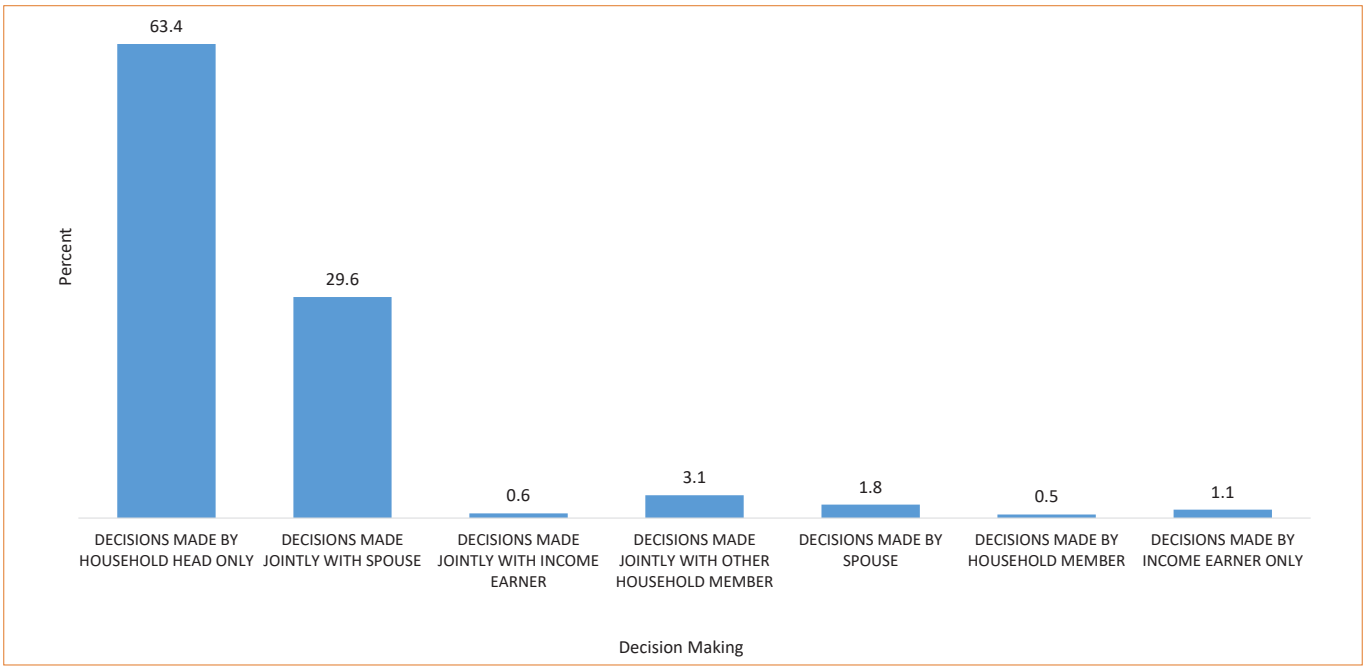
Prior to the COVID-19 pandemic, the highest proportion of households (59 percent) reported that decisions were made by the head of the household only, followed by households that reported that decisions were made jointly with the spouse at 36 percent. The lowest proportion of households reporting that decisions were made by the income earner was only at 0.2 percent (**see Figure 10.9**).

Figure 10.9: Percentage Distribution of Households with regards to Decision Making Power on Household Expenses Prior to COVID-19 Pandemic, 2021



During to the COVID-19 pandemic, the highest proportion of households (63 percent) reported that decisions were singularly made by the head of the household , followed by households that reported that decision were made jointly with the spouse at 30 percent. The lowest proportion of households reported that decisions were made by the income earner only at 1 percent (**see Figure 10.10**).

Figure 10.10: Percentage Distribution of Households with regards to Decision Making Power on Household Expenses during COVID-19 Pandemic, 2021

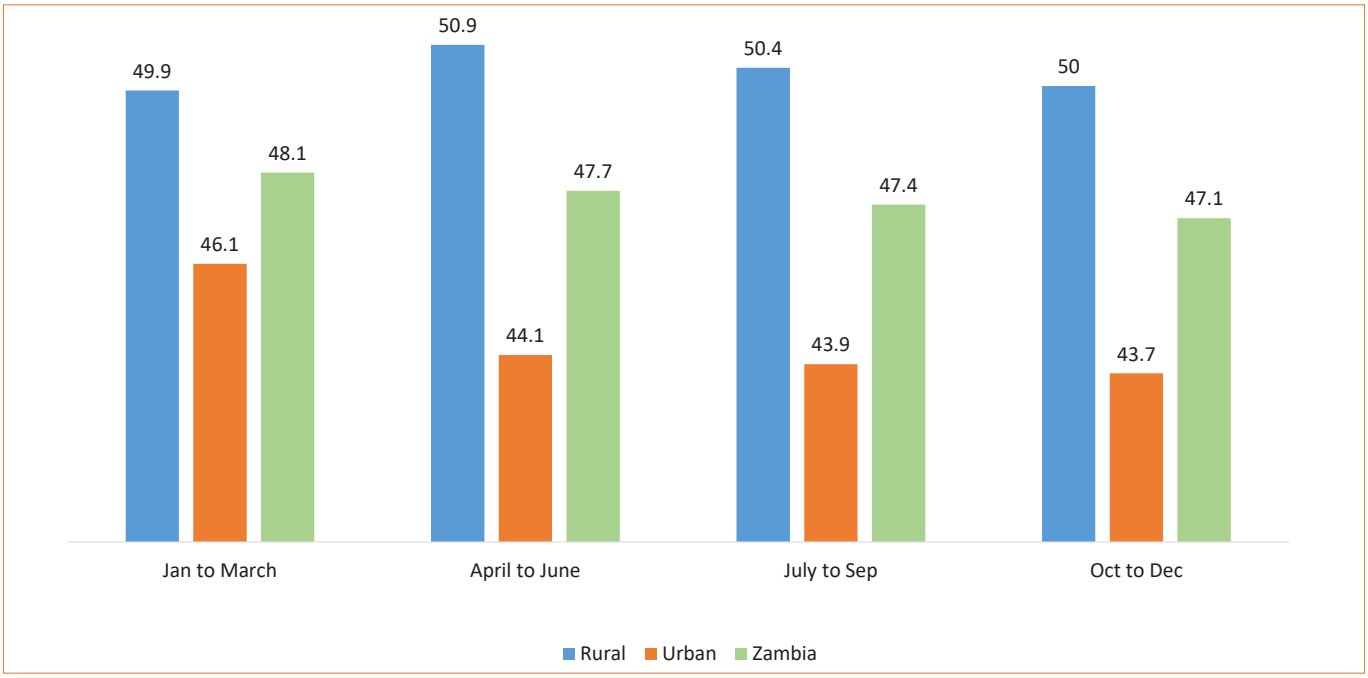


10.7 Employment of Household members

Analysis of individuals that were either in paid employment, self-employment or helping in a family business without pay from first quarter 2020 to fourth quarter 2020 showed a slight reduction in the percentage of individuals engaged in economic activities, from 48 percent recorded in the first quarter to 47 percent in the fourth quarter of 2020.

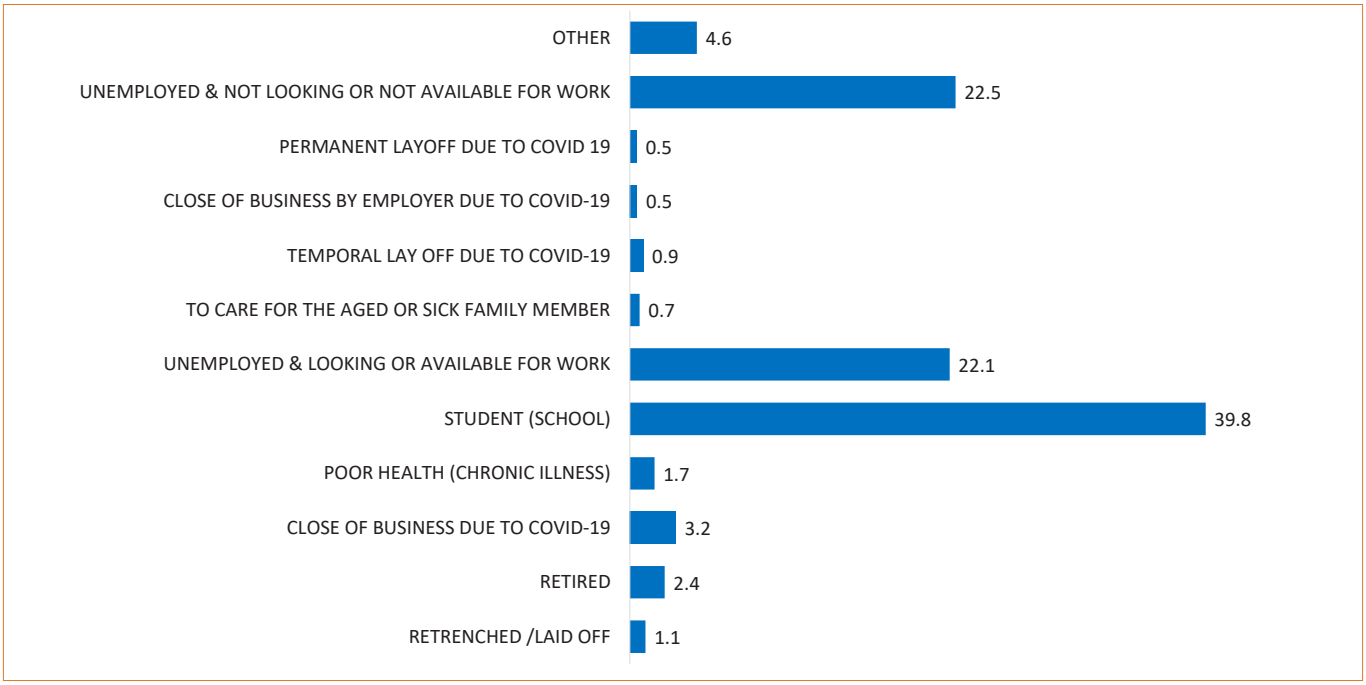
The pattern of employment in urban areas is similar to that obtaining at national level. On the other hand, in rural areas, there was a one percentage point increase in employment from the first quarter to the second quarter and thereafter employment levels declined from 51 to 50 percent between the second and fourth quarter (**see Figure 10.11**).

Figure 10.11: Percentage of Persons in Employment from January to December 2020, SEIA 2021



Individuals that were not in paid employment, self-employment or helping in a family business in the four quarters of 2020 were deemed economically inactive in the period under review. On average the majority of individuals not in any form of economic activity were students (40 percent) followed by those who were not in employment and not looking for employment (23 percent) and those who were not employed but actively looking for employment (22 percent). Additionally, 5.8 percent of the economically inactive population on average cited COVID-19 related reasons.

Figure 10.12: 2020 Quarterly Average Economically Inactive Population by Main Reason Cited (Percent), SEIA 2021



A comparison of the main reasons for being economically inactive by individuals during each of the four quarters in 2020 showed an identical pattern. The most reported reason for being economically inactive by individuals was attending school (41.2 percent in quarter 1; 38.8 percent in quarter 2; 39.2 percent in quarter3 and 40.1 percent in quarter 4) while the least reported reason was permanent lay-offs recorded at less than a unit of a percent.

Figure 10.13: What was the Main Reason you were not in Paid Employment/self, Employment/helping without Pay in the Family Business, 2021

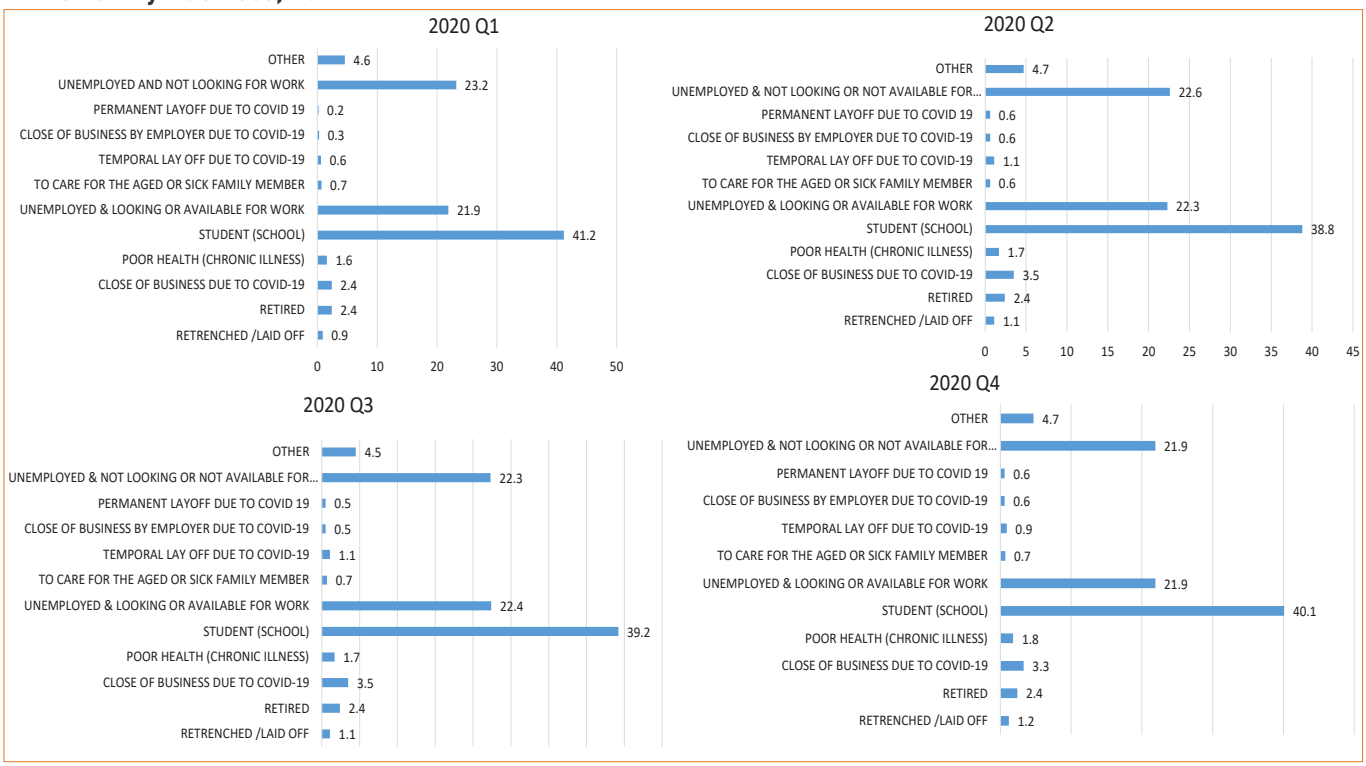


Figure 10.14 shows the percentage distribution of the population by main economic effect of COVID-19 pandemic at national level. Overall, 45 percent of the population 12 years and older reported that COVID-19 did not have any economic effect on their livelihood. Meanwhile, 28 percent reported a reduction in income as a result of COVID-19.

Figure 10.14: Percentage Distribution of the Population (12 Years and Older) by Main Economic Effect of COVID-19 Pandemic at National Level, 2021

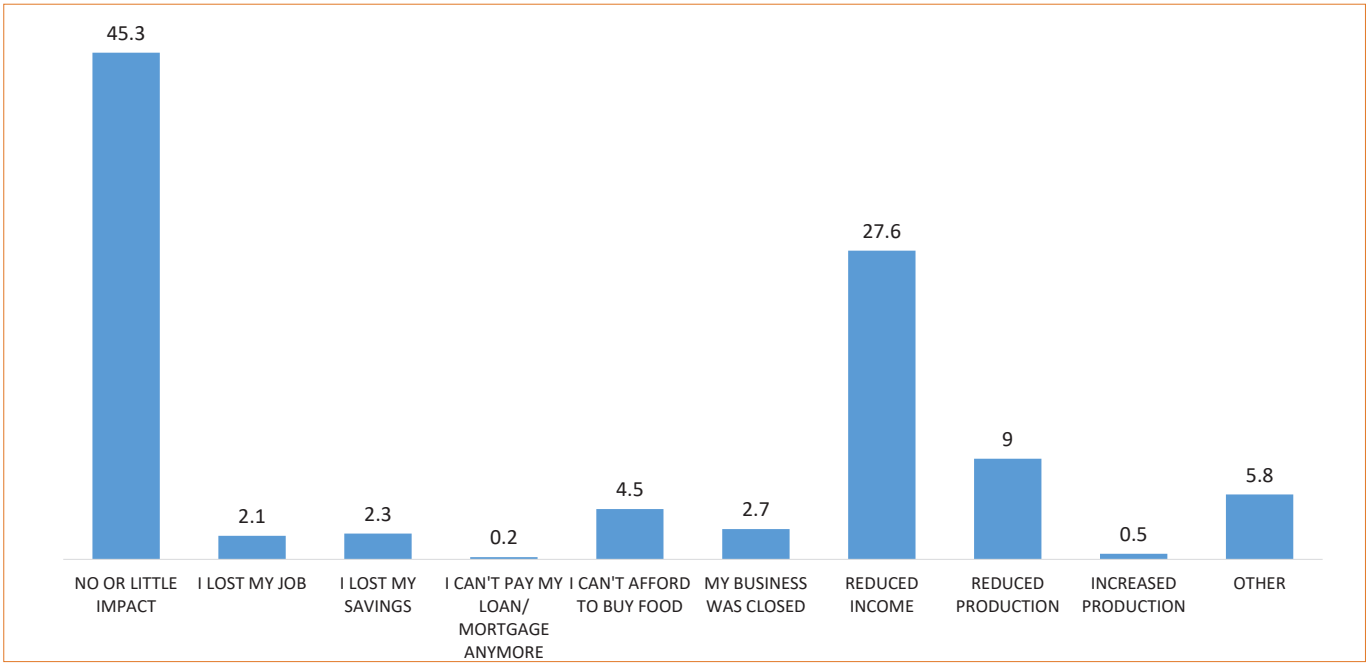


Table 10.2 shows the percentage distribution of the population by main economic effect of COVID-19 pandemic by residence (rural/urban) and province. In rural areas, about 50 percent of the population 12 years and older reported that COVID-19 did not have any economic effect on their livelihood compared to 40 percent in urban areas. Meanwhile, 32 percent of the population 12 years and older in urban areas reported a reduction in income as a result of COVID-19 compared to 24 percent of the rural population.

Table 10.2: Percentage Distribution of the Population (12 Years and Older) by Main Economic Effect of COVID-19 Pandemic by Residence and Province, 2021

	Persons	No or Little Impact	I lost my Job	I Lost my Savings	I can't Pay my Loan/ Mortgage Anymore	I can't Afford to Buy Food	My Business was Closed	Reduced Income	Reduced Production	Increased Production	Other	Total
Zambia	**10,616,165**	**45.3**	**2.1**	**2.3**	**0.2**	**4.5**	**2.7**	**27.6**	**9**	**0.5**	**5.8**	**100**
Rural	5,688,383	49.6	0.8	1.6	0.1	4.2	1.6	23.7	13.1	0.7	4.5	100
Urban	4,927,782	40.3	3.6	3.1	0.3	4.9	3.9	32.1	4.2	0.3	7.3	100
Province												
Central	1,048,804	45.3	1.3	1.0	0.2	6.4	2.4	27.0	9.8	0.3	6.5	100
Copperbelt	1,729,561	43.7	3.2	1.2	0.1	6.7	3.0	30.1	5.1	0.1	6.9	100
Eastern	1,282,551	55.0	0.4	1.2	0.2	5.4	1.2	20.1	14.2	0.2	2.1	100
Luapula	753,429	44.9	0.7	0.5	0.2	2.7	1.9	28.5	15.7	0.4	4.4	100
Lusaka	2,138,159	39.8	4.4	4.0	0.5	3.0	4.4	32.3	2.7	0.2	8.7	100
Muchinga	616,534	49.3	2.1	5.5	0.3	5.5	2.8	23.8	6.2	2.3	2.3	100
Northern	832,667	45.9	0.8	0.8	0.0	3.3	0.9	27.4	12.3	1.3	7.2	100
North Western	552,442	44.2	1.5	4.8	0.4	5.0	2.7	21.2	14.7	0.7	4.7	100
Southern	1,027,756	40.3	1.5	2.1	0.1	3.0	1.9	37.3	9.4	0.1	4.3	100
Western	634,262	53.3	0.7	2.8	0.1	4.2	3.5	13.8	14	2.3	5.3	100

Chapter 11: Household Expenditure

11.0 Introduction

This section gives results of the survey on household expenditure. During the survey, households were asked to give the value of goods and services they consumed/used/ acquired for the satisfaction of their needs and wants in the specified reference periods. The goods and services were acquired in three ways, purchased, own production or received as gifts. This specifically excluded expenditure incurred for business purposes.

11.1 Nominal Average Monthly Household Expenditure

Table 11.1 shows the nominal average monthly household expenditure by residence. The average monthly household consumption expenditure for Zambia was estimated at K2,982. On average, households spent more on non-food items than on food items, at K1, 616 and K1, 366, respectively.

Comparison by residence, on average, households in urban areas spent almost three times more than households in rural areas at K4,647 and K1, 673, respectively.

The average per capita expenditure was K616. The average per capita expenditure for households in urban areas was three times more than of those in rural areas at K989 and K350, respectively.

Table 11.1 shows the average monthly household expenditure by province. Results show that Lusaka Province had the highest average monthly household expenditure of K5,255, followed by the Copperbelt Province at K4,484. Northern Province had the lowest average monthly household expenditure of K1, 334.

Analyzing by average monthly per capita expenditure, Lusaka Province had the highest average monthly per capita expenditure at K1,190, followed by Copperbelt Province at K886. The average monthly per capita expenditure for these two was higher than the national average, while the average monthly per capita expenditure for the rest of the provinces was below the national level.

Table 11.1: Average Monthly Household Expenditure (Kwacha) by Province, Zambia, 2021

Province	Number of Households	Total Monthly Expenditure	Food		Non-food		Average Monthly per capita expenditure
			Amount	Percent	Amount	Percent	
Total	3,880,964	2,982	1,366	45.8	1,616	54.2	629
Rural	2,172,069	1,673	997	59.6	676	40.4	350
Urban	1,708,895	4,647	1,837	39.5	2,810	60.5	989
Central	433,349	2,391	1,239	51.8	1,151	48.2	582
Copperbelt	540,785	4,484	2,045	45.6	2,439	54.4	886
Eastern	439,676	1,604	998	62.2	606	37.8	258
Luapula	247,028	1,609	931	57.8	678	42.2	304
Lusaka	789,163	5,255	1,833	34.9	3,422	65.1	1,190
Muchinga	266,634	1,820	986	54.2	833	45.8	426
Northern	309,274	1,334	768	57.6	565	42.4	263
North Western	203,339	2,452	1,548	63.1	904	36.9	511
Southern	418,717	2,677	1,263	47.2	1,415	52.8	511
Western	232,999	1,485	864	58.1	622	41.9	316

Table 11.2 shows household expenditure by quintiles with marked disparity. On average, households in the fifth (highest) quintile spend 29 and 22 times more than the households in the first (lowest) quintile, in terms of average monthly expenditure and average monthly per capita expenditure, respectively.

Table 11.2: Household Expenditure by Quintiles, 2021

Quintile Group	Average Monthly Expenditure (Kwacha)	Average Monthly per capita Expenditure (Kwacha)	Percentage shares of households	Percentage share of Expenditure	Average household size
Lowest	341	85	20	2.3	4.0
Second	759	169	20	5.1	4.5
Third	1,330	273	20	8.9	4.9
Fourth	2,511	494	20	16.8	5.1
Highest	9,970	1,882	20	66.9	5.3
Total	**2,982**	**627**	**100**	**100**	**4.8**

11.2 Household Consumption Expenditure

Table 11.3 shows the percentage distribution of household consumption expenditure on food by purchases, own produce and gifts, residence and province. At national level, monthly consumption expenditure on food items was mainly through purchases as opposed to consuming from own production in the ratio 4:1 i.e., at 77 percent and 21 percent, respectively. Analysis by residence shows that households in rural areas have a higher share of own consumption of food compared to their urban counterparts at 41 percent and 12 percent, respectively.

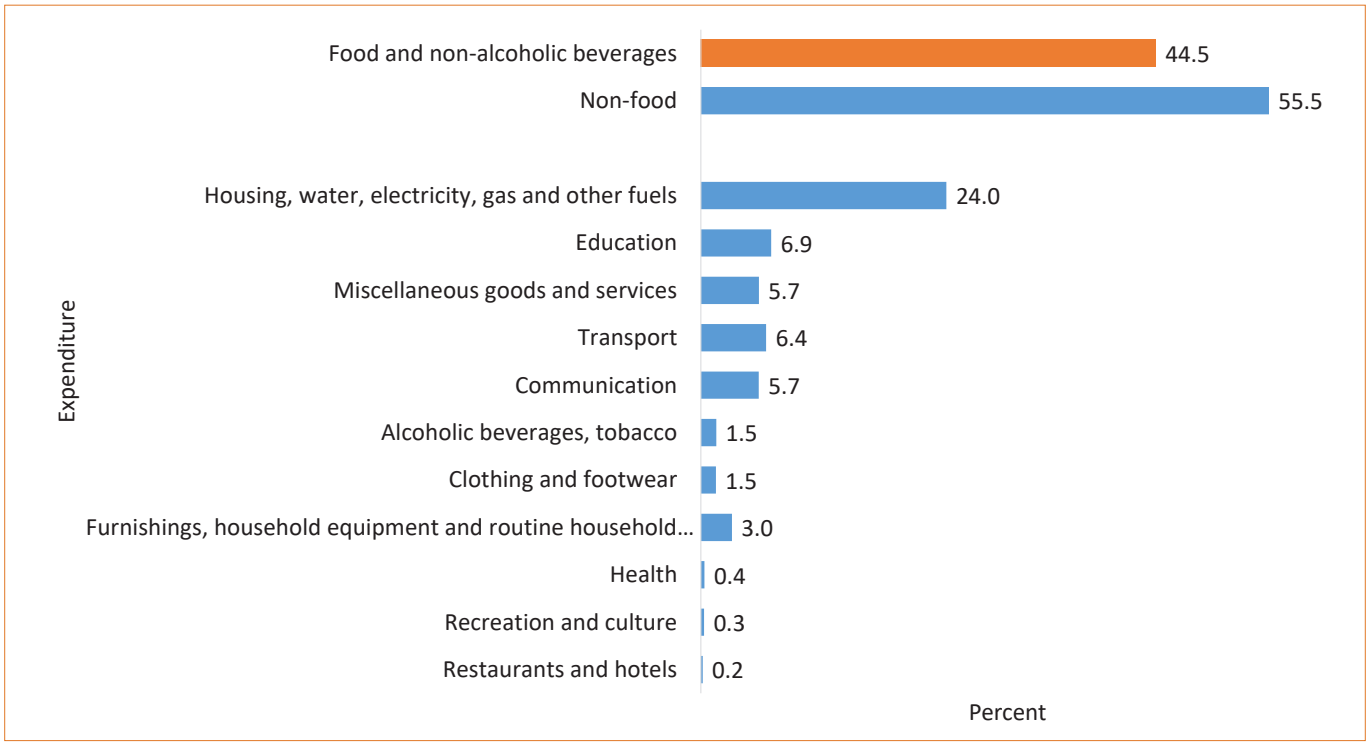
At provincial level, households in Eastern province had the highest percentage share of consumption of own produced food in total food expenditure at 45 percent, followed by Western at 44 percent and North Western at 37 percent. Lusaka Province had the lowest share of consumption of own produce in the total expenditure of food at 11 percent.

Table 11.3: Percentage Distribution of Household Consumption Expenditure on Food by Purchases, Own produce and Gifts, Residence and Province, Zambia, 2021

Province	Monthly Expenditure (Value)	Purchases (percent)	Own produce (per-cent)	Gifts (percent)
Total Zambia	**11,573,527,941**	**77**	**21**	**2**
Residence				
Rural	3,632,916,740	56	41	3
Urban	7,940,611,202	86	12	2
Province				
Central	1,035,969,217	72	24	4
Copperbelt	2,424,790,898	83	15	3
Eastern	705,285,921	53	45	2
Luapula	397,352,979	70	27	3
Lusaka	4,146,839,510	87	11	1
Muchinga	485,145,188	69	29	2
Northern	412,438,492	70	28	2
North Western	498,537,617	62	37	1
Southern	1,121,072,581	66	32	2
Western	346,095,536	53	44	3

Figure 11.1 shows the percentage distribution of household consumption expenditure by type. Results show that the share of non- food out of the total household expenditure is 11.1 percentage points higher than that of food and non-alcoholic beverages at 56 and 46 percent, respectively. Of the total share for non-food in the household consumption expenditure basket, the largest share was on Housing, Water, electricity, gas and other fuels at 24 percent followed by Education at 7 percent. However, Restaurants and Hotels had the smallest share at 0.2 percent.

Figure 11.1: Percentage Share of Expenditure by Type of the Total Household Consumption Expenditure, Zambia, 2021



Chapter 12: General Mortality

12.0 Introduction

Mortality indicators/data are useful for assessing the performance of health programmes, including interventions aimed at disease control and prevention. Mortality measures though a challenge in the absence of complete vital registration is critical for national planning. Census and surveys still form a major source of mortality data. The SEIA collected data on mortality and indicative coronavirus (COVID-19) deaths.

12.1 Concepts and Definition

The following concepts and definitions have been used to analyse the mortality chapter.

Deaths (Mortality): the complete disappearance of any signs of life at any time after a live birth has occurred.

Crude Death Rate (CDR): Ratio of the number of deaths occurring in a year to the mid-year population expressed per 1,000 population.

12.1.1 Crude Death Rate (CDR)

The Crude Death Rate (CDR) gives a general indication of the levels of mortality in the population. Crude deaths rate are calculated for a specified period usually a calendar year. Figure 12.1 shows the observed crude death rate by sex and residence.The total crude death rate was 7.3 deaths per 1,000 population, 7.9 deaths per 1,000 and 6.8 deaths per 1,000 for males and females, respectively. Overall, males had higher mortality than female in both rural and urban areas. The crude death rates was higher in rural than urban areas at 7.9 deaths per 1,000 compared with 6.5 deaths per 1000 population, respectively.

Figure 12.1: Observed Crude Death Rate per 1,000 Population by Sex and Residence, 2021

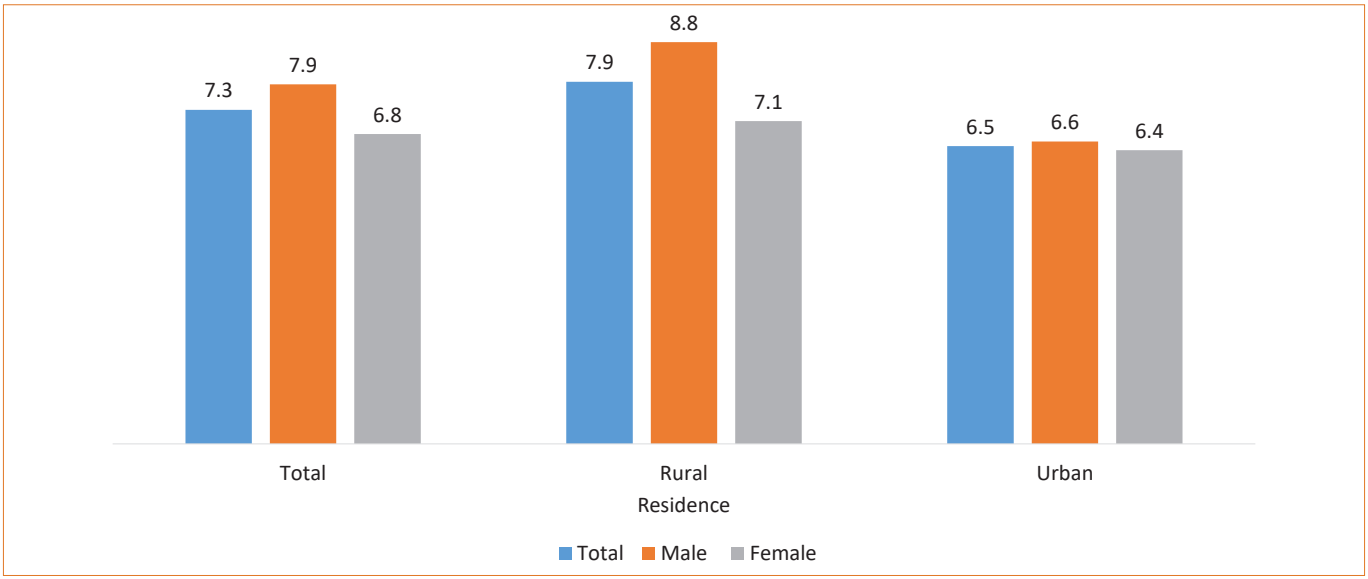


Figure 12.2 shows the observed crude death rate by province. Luapula Province had the highest crude death rate at 13.9 deaths per 1,000 population, while Southern Province had the lowest CDR at 4.4 deaths per 1,000 population. Four provinces, namely, Luapula, Northern, Muchinga and Western had crude death rates above the national average of 7.3 deaths per 1,000 population.

Figure 12.2: Crude Death Rate by Province, 2021

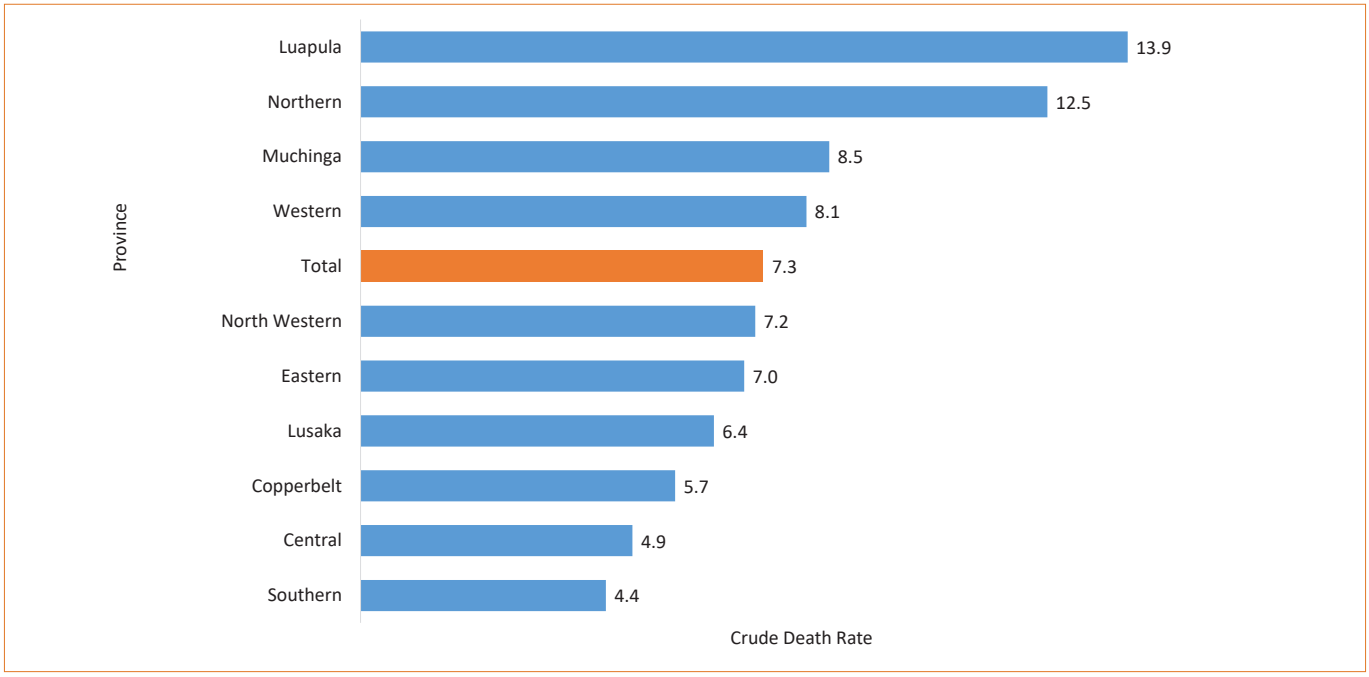
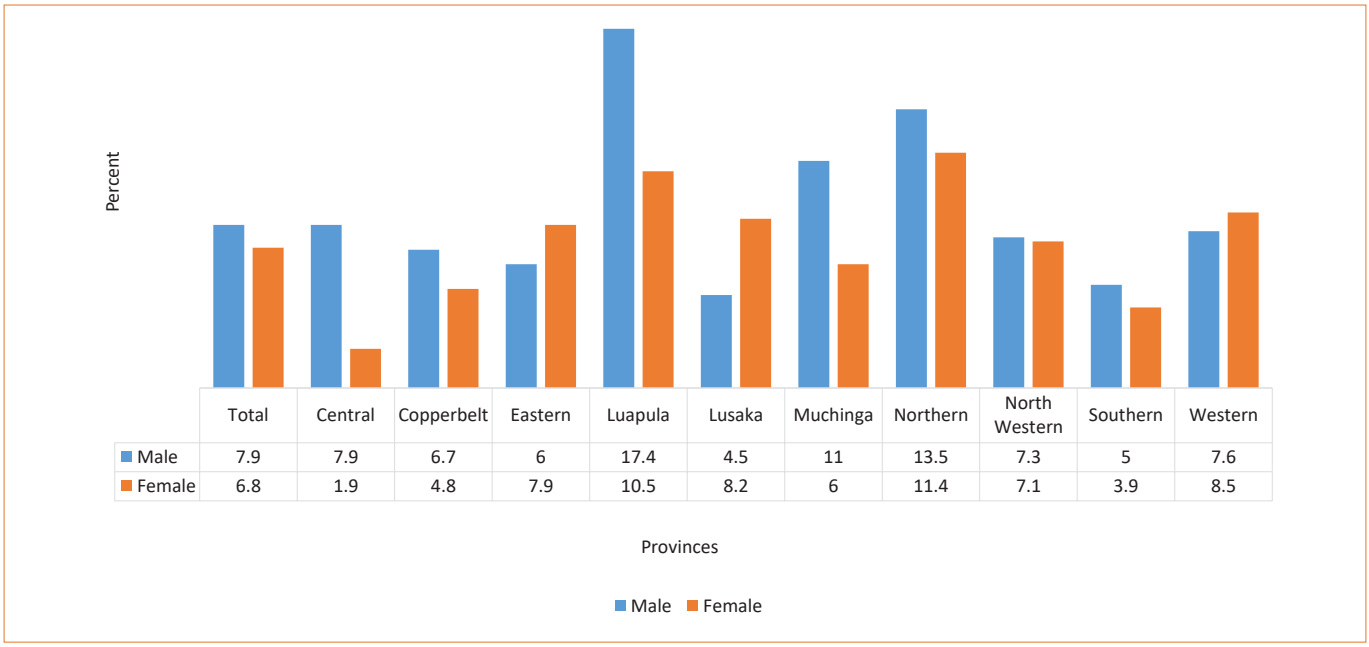


Figure 12.3 shows crude death rate by sex and province. Overall, males had higher mortality than females in all the provinces, apart from Lusaka Province with a CDR of 4.5 deaths per 1,000 for males, compared to 8.2 deaths per 1,000 population for females.

Figure 12.3: Crude Death Rate by Sex and Province, 2021



	Total	Central	Copperbelt	Eastern	Luapula	Lusaka	Muchinga	Northern	North Western	Southern	Western
Male	7.9	7.9	6.7	6	17.4	4.5	11	13.5	7.3	5	7.6
Female	6.8	1.9	4.8	7.9	10.5	8.2	6	11.4	7.1	3.9	8.5

12.1.2 Reported Coronavirus (COVID-19)-Related Deaths

Information on the cause of death is important in focusing interventions to prevent and reduce mortality. The SEIA collected data on the cause of death in two fold i.e confirmed COVID-19 by health authority and suspected COVID-19 death. Figure 12.4 shows the percentage of persons who died due to COVID-19 or suspected COVID-19. Of the reported deaths, 8 percent were due to COVID-19 confirmed by health authorities as reported by households while 2 percent were perceived to have died due to COVID-19 as reported by household members. There were more reported deaths due to COVID-19 in rural areas (10 percent) compared with urban areas (7 percent).

Figure 12.4: Percentage of Reported Coronavirus (COVID-19) Related Deaths, 2021

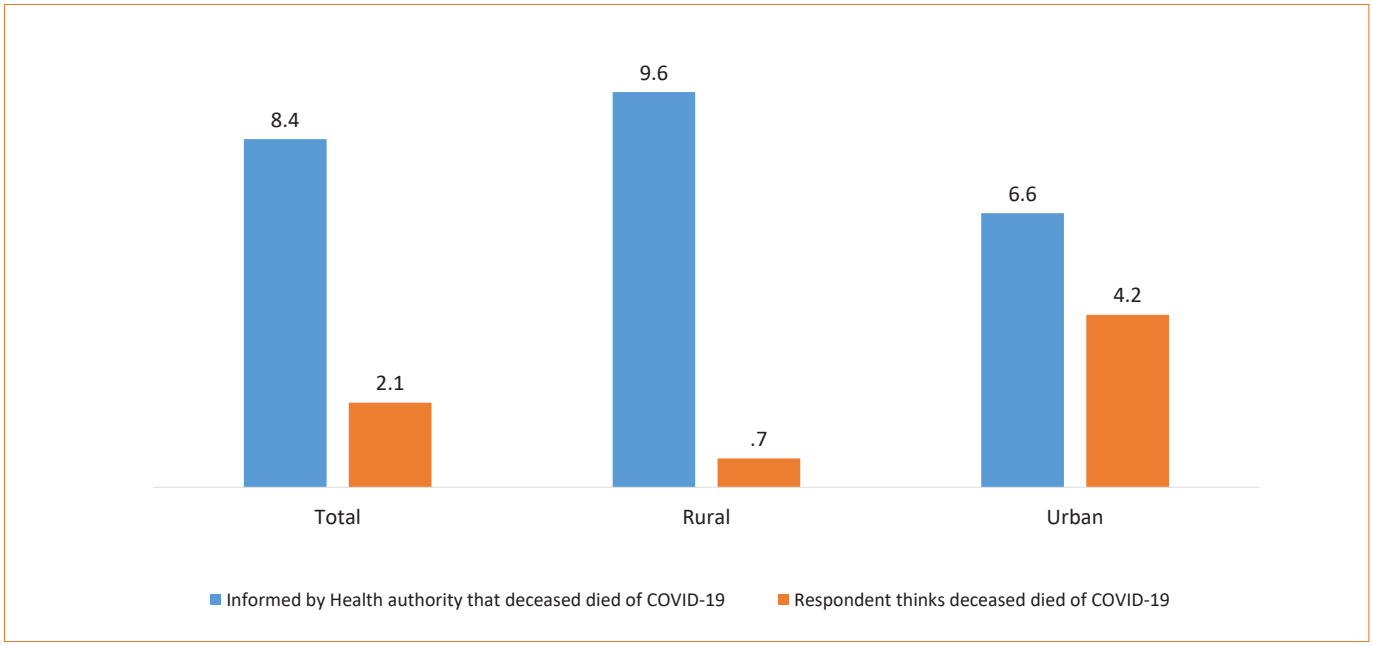
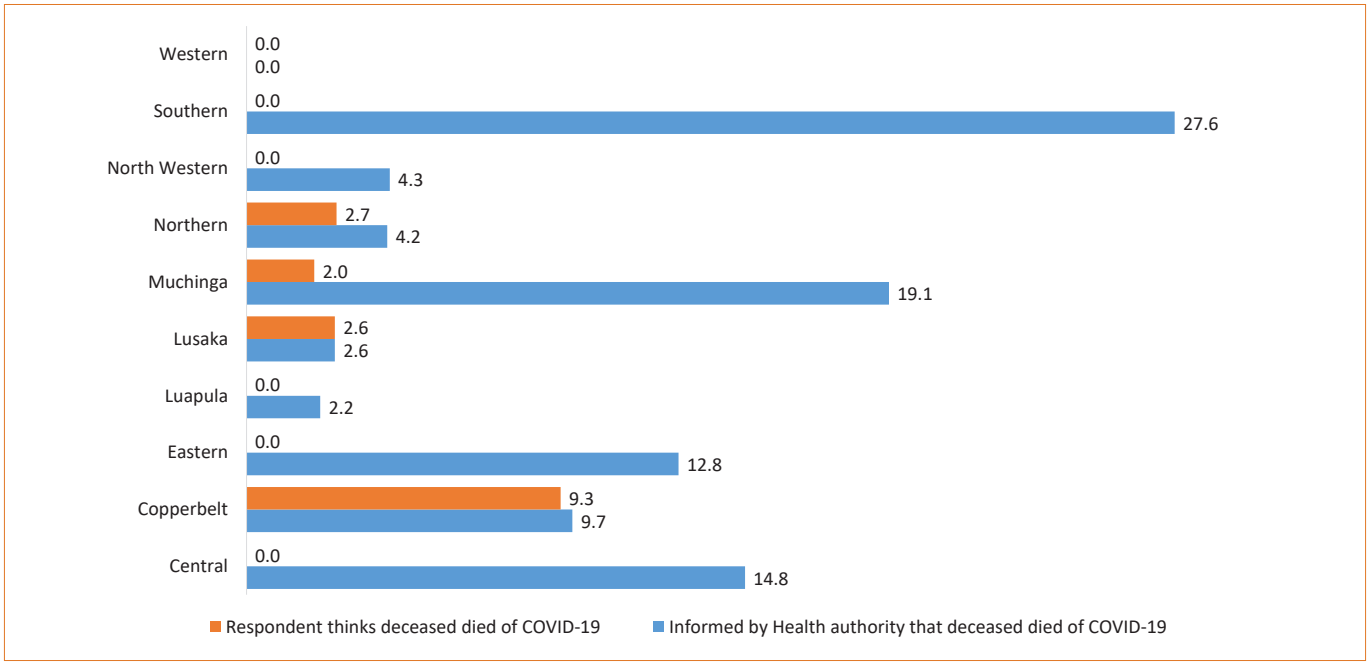


Figure 12.5 shows the percentage of COVID-19 related deaths as reported by the respondent based on infomation provided by the health authorities. The figure futher shows the percentage of suspected COVID-19 deaths as reported by the respondents. The COVID-19 deaths were relative to the total deaths reported in the province since March, 2020 until the time of the survey. More than a quarter (28 percent) of the reported deaths in Southern Province were COVID-19 related deaths based on information provided to the respondent by health authorities. Muchinga Province also reported a high proportion of COVID-19 related reported deaths at 19 percent. Lusaka Province reported the same proportion of suspected COVID-19 deaths and reported COVID-19 deaths both at 3 percent. There were no reported COVID-19 related deaths in Western Province.

Figure 12.5 Percentage of Deceased who were Rreported or Thought to have Died of Coronavirus (COVID-19) by Province, 2021



Chapter 13: Selected Indicators on Knowledge, Attitude, Practices and Socio-economic Effects of COVID-19 on Refugees

13.0 Introduction

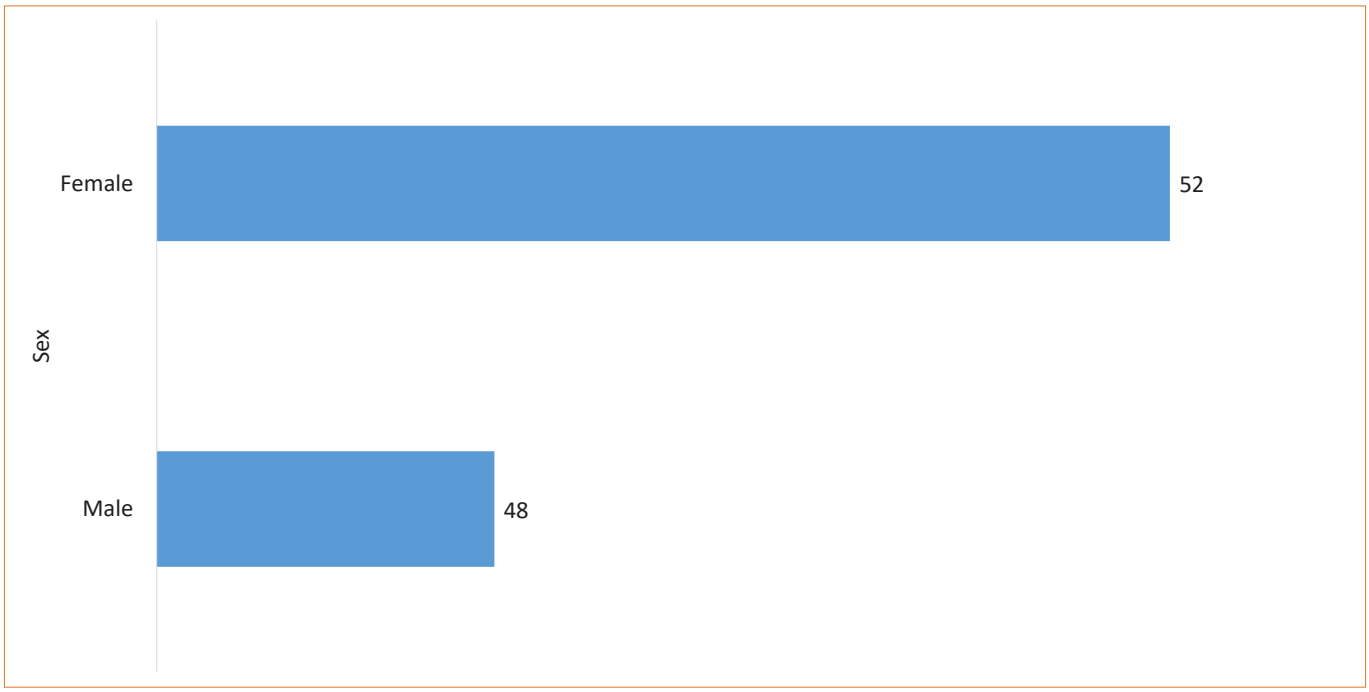
Three clusters that are part of refugee camps were purposively included in the sample to understand the socio- economic effects of COVID-19 on the population in refugee camps.

The three camps included are Mantapala, Maheba and Mayukwayukwa refugee camps in Nchelenge, Solwezi and Kaoma districts, respectively.

The survey collected data on background demographic characteristics of the population, knowledge, attitudes, practices on COVID-19, socio-econimc effects of COVID-19 etc.

Figure 13.1 shows the percentage distribution of refugee population in the three selected camps in Zambia. Results show that 52 percent of the population are females while 48 percent are males.

Figure 13.1: Percentage Distribution of Refugees in the Three Selected Camps, 2021



13.1 Refugee Population by Marital Status

Table 13.1 shows the percentage distribution of the refugee population by marital status of head of household in the selected refugee camps by sex and educational level completed. Results show that 67 percent of the households heads were married, of which 66 percent were monogamously married. Further, 13 percent of the household heads were divorced.

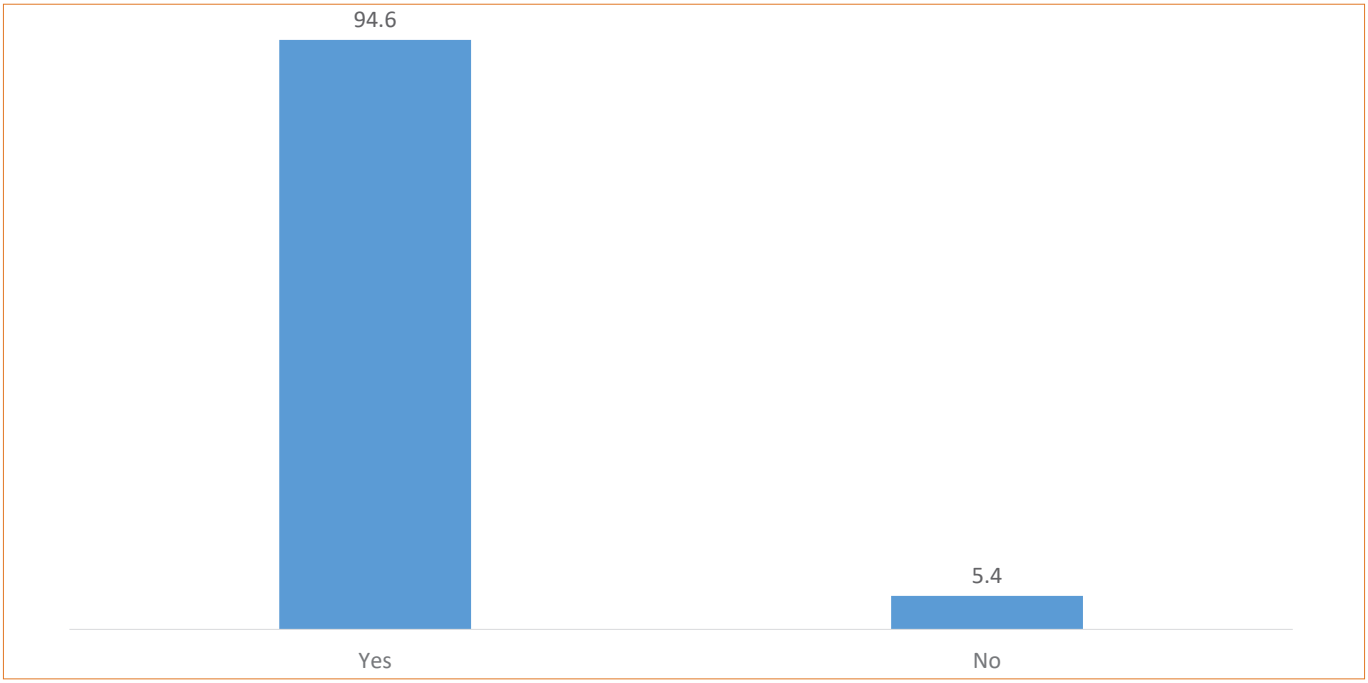
Table 13.1: Percentage Distribution of the Refugee Population by Marital status of Head of Household in the Selected Refugee camps by Sex and Educational level completed, 2021

		Total	Total	Male	Female
Marital status of head	Never Married	4,767	17	8,4	35,5
	Monogamously Married	18,573	66,2	84,2	27,4
	Polygamously Married	241	0,9	0	2,7
	Separated	289	1	0	3,2
	Widowed	3,721	13,3	7,4	25,8
	Cohabiting	0	0	0	0
	Divorced	482	1,7	0	5,4
	Total	**28,072**	**100**	**100**	**100**
Highest Grade Level Completed	Nursery / Kindergarten	241	0,9	0	2,7
	Primary	9,501	33,8	27,5	47,4
	Secondary	6,528	23,3	32,6	3,2
	Higher	2,613	9,3	13,6	0
	Never Attended	9,189	32,7	26,3	46,7
	Total	**28,072**	**100**	**100**	**100**

13.2 Knowledge of COVID-19

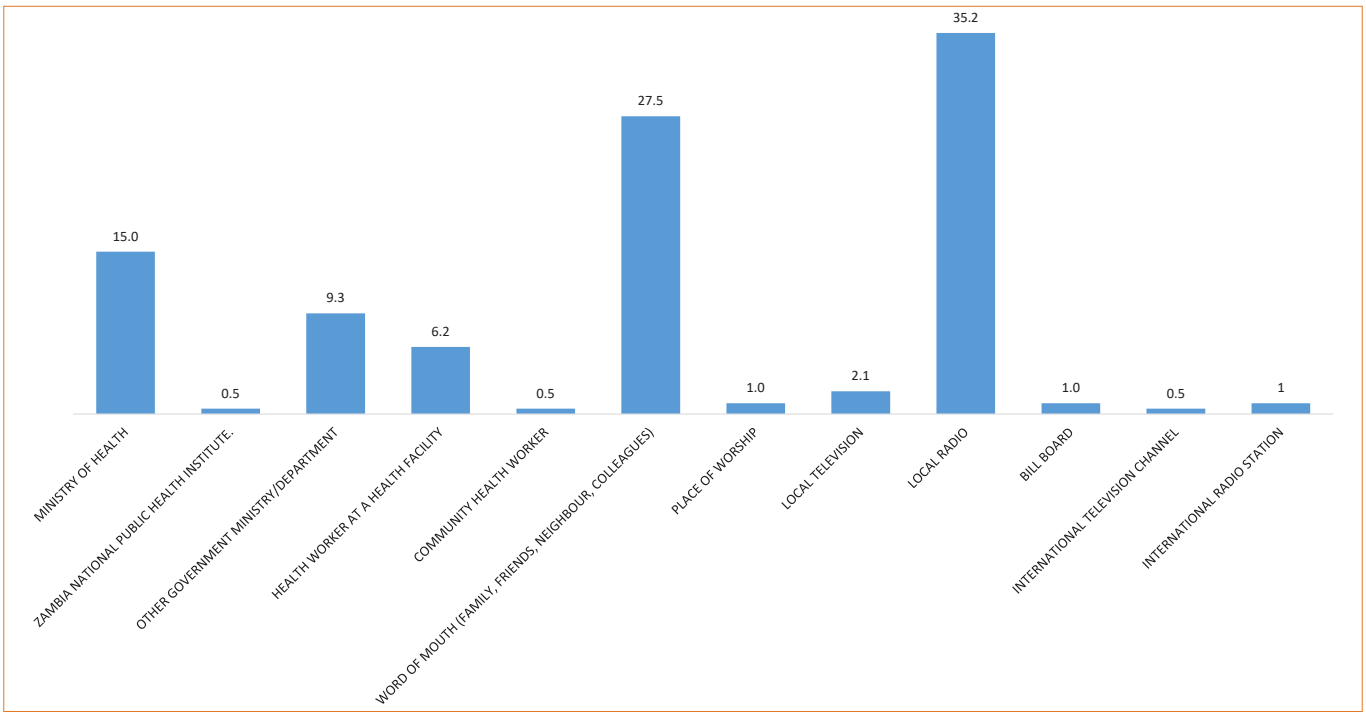
When asked on whether they had ever heard about COVID-19, results show that 95 percent of the population had heard about COVID-19 while 5 percent indicated that they had never heard about COVID-19.

Figure 13.2 Percentage Distribution of the Refugee Population who have ever Heard about COVID-19, 2021



The message about COVID-19 was first heard by different people from various sources ranging from local radio stations to international radio and television stations. For the refugee community in Maheba, Mantapala and Mayukwayukwa, most of the population first heard about COVID-19 from local radio stations (35 percent) followed by word of mouth (28 percent) and 15 percent mentioned that they first heard about COVID-19 through messages from Ministry of Health.

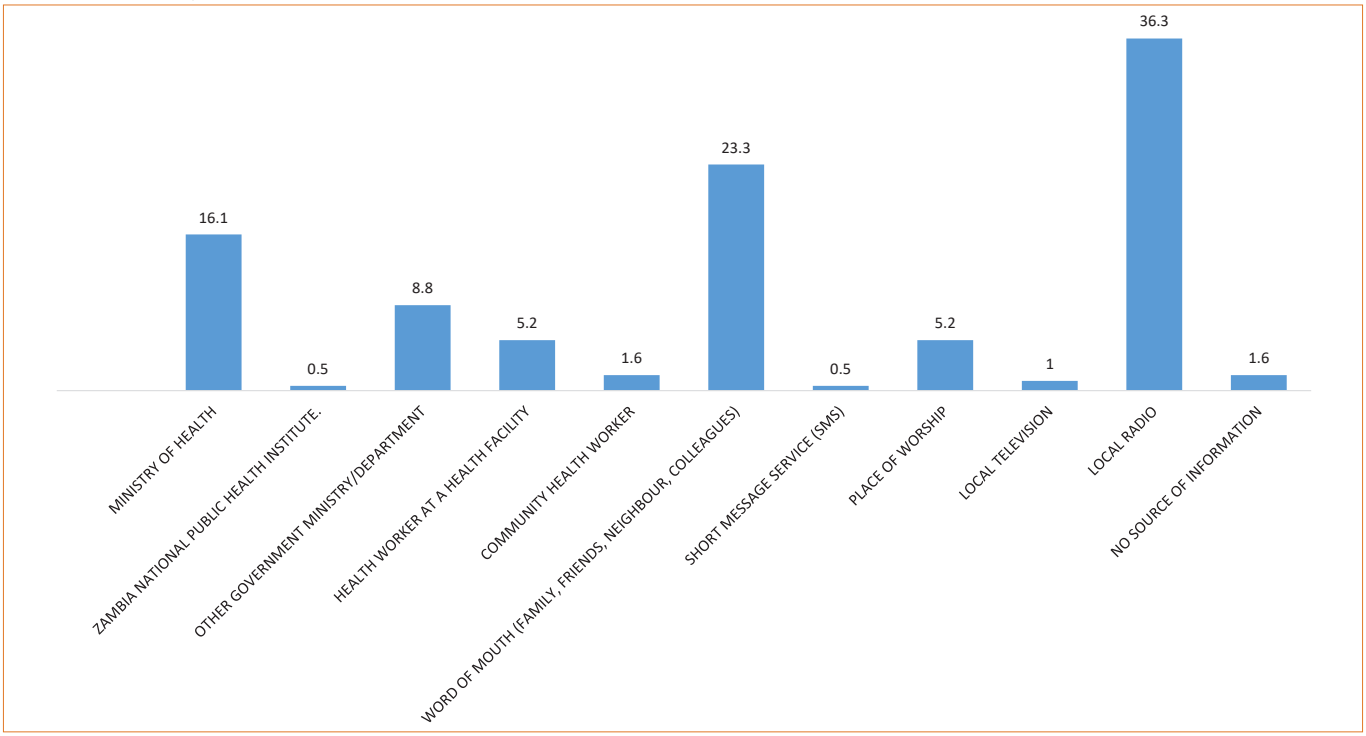
Figure 13.3 Percentage Distribution of the Refugee Population by Channel through which they first Heard or Saw any Messages on COVID-19, 2021



13.3 Source of Information on COVID-19

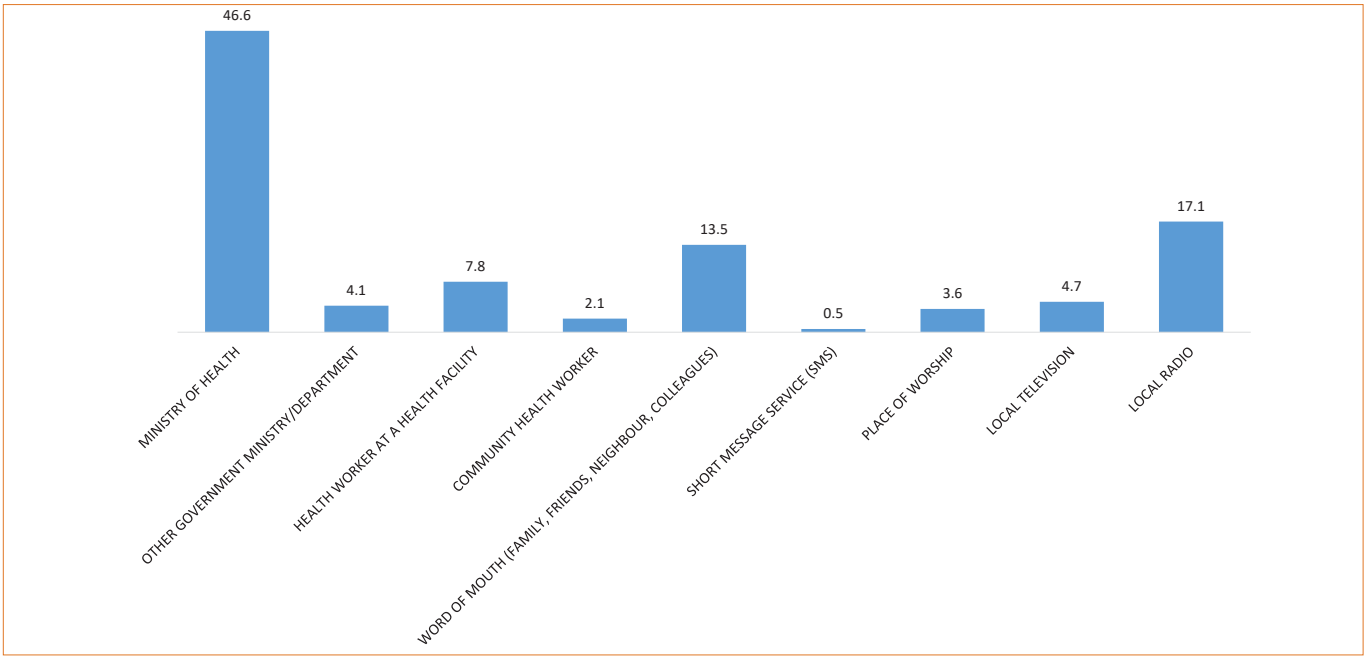
The current source of information for the refugee population is still local radio station (36 percent) and word of mouth (23 percent), this is not very different from first source of information on COVID-19 (see Figure 13.4)

Figure 13.4: Percentage Distribution of the Refugee Population by their Current Source of most of the Information about COVID-19, 2021



With regards to the most trusted source of information, a higher percentage of the refugee community reported that they trusted the Ministry of Health (47 percent) as the source of reliable information on COVID-19, followed by local radio station at 17 percent and word of mouth at 14 percent.

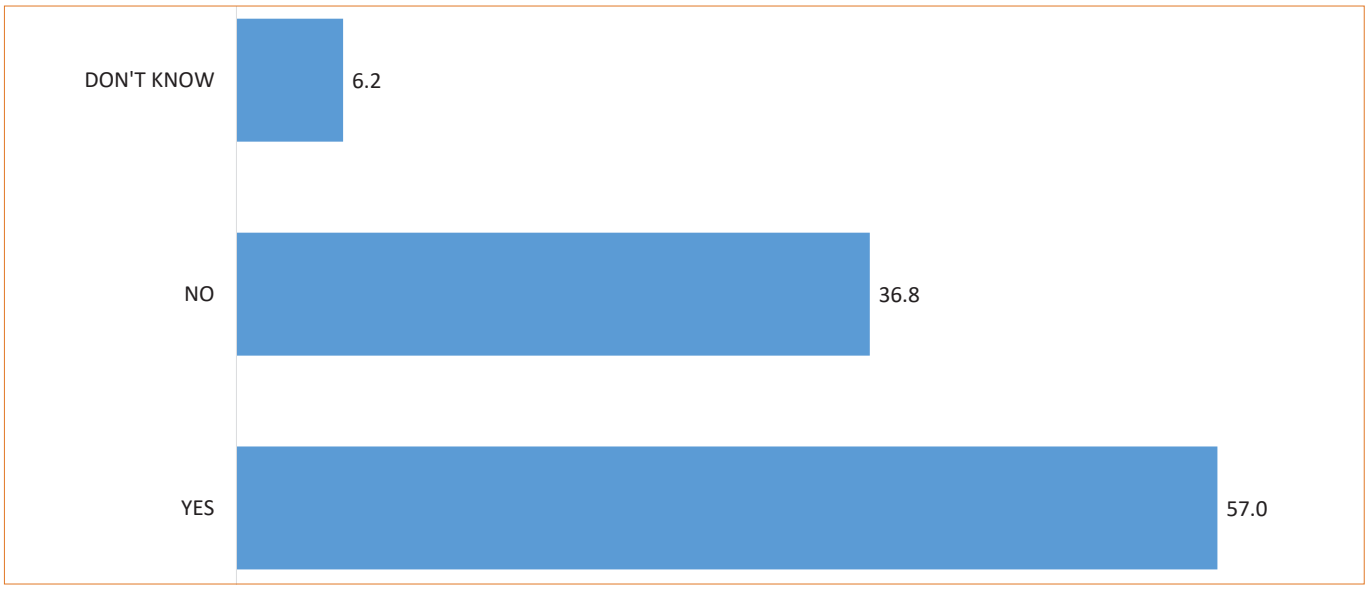
Figure 13.5: Percentage Distribution of the Refugee Population by Most Trusted Source of COVID-19, 2021



13.4 Risk of Contracting COVID-19

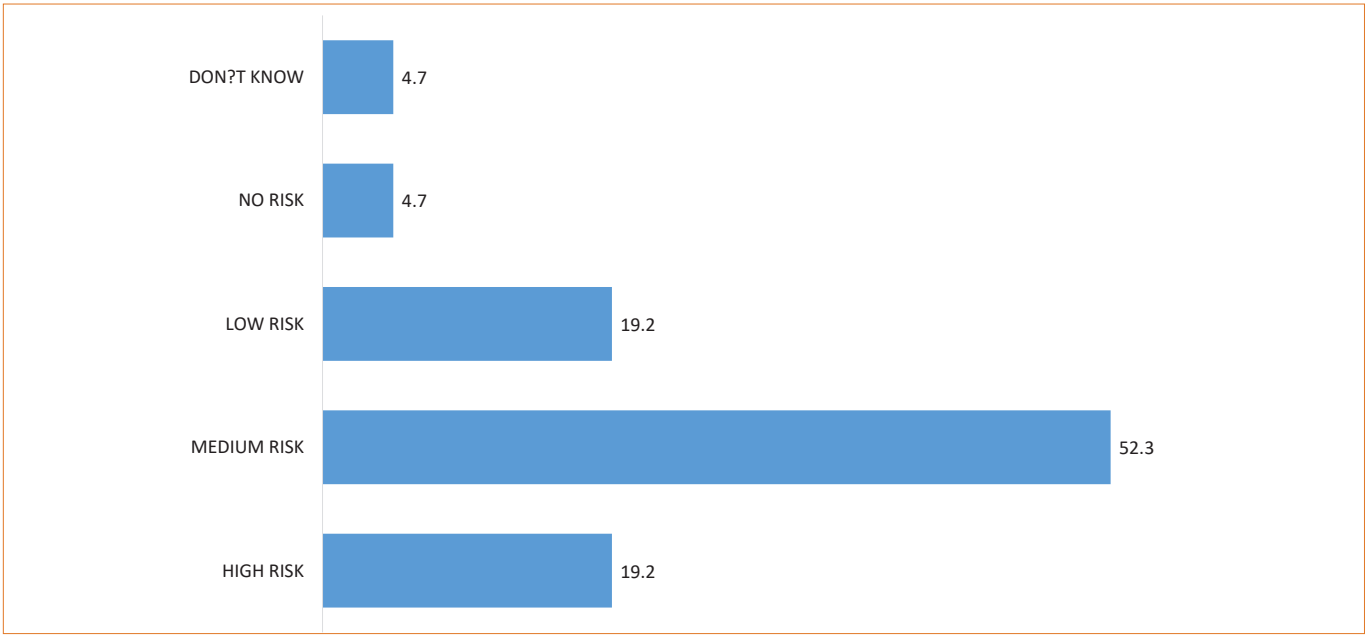
Asked about the possibility of contracting COVID-19 in their community, 57 percent of the respondents indicated that it was possible to contract the virus in their community , 37 percent indicated that it was not possible while 6.3 percent did not know if the virus could be contracted in their community or not (**see Figure 13.6**).

Figure 13.6: Percentage Distribution of the Refugee Population by their Current View on the Possibility of Contracting COVID- 19 in their Community/Local Area, 2021



The perceived risk of contracting COVID-19 is shown in Figure 13.7. Over 50 percent of the refugee population thought that the risk of contracting the virus was medium while 19 percent thought that the risk was high and another 19 percent thought that the risk was low.

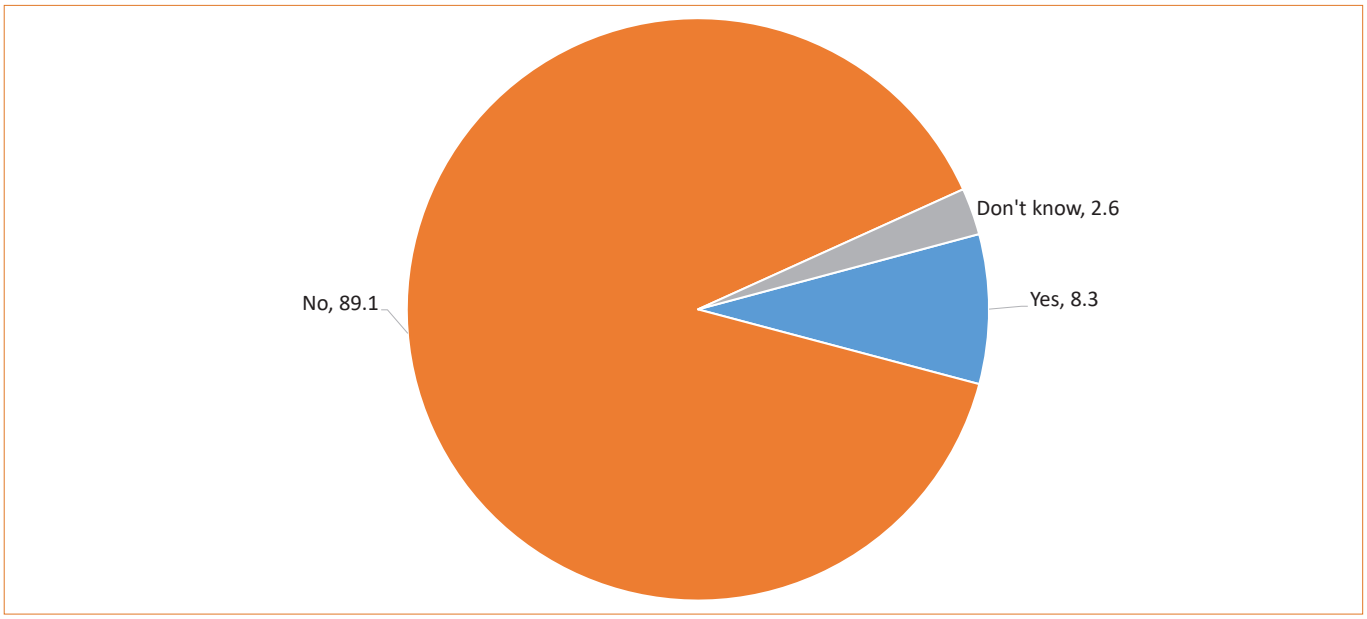
Figure 13.7 Percentage Distribution of the Refugee by Perceived Level of Risk of Contracting/Getting Infected with COVID-19, 2021



13.5 Discrimination against COVID-19

Figure 13.8 shows the percentage share of households among refugees who thought that if a member of the household would be discriminated if they had COVID-19. Results show that 89 percent thought that if a person in their household was to get COVID-19, the household would not be discriminated or stigmatized, 8 percent reported that they thought that the household would be discrimated while about 3 percent indicated that they were not sure.

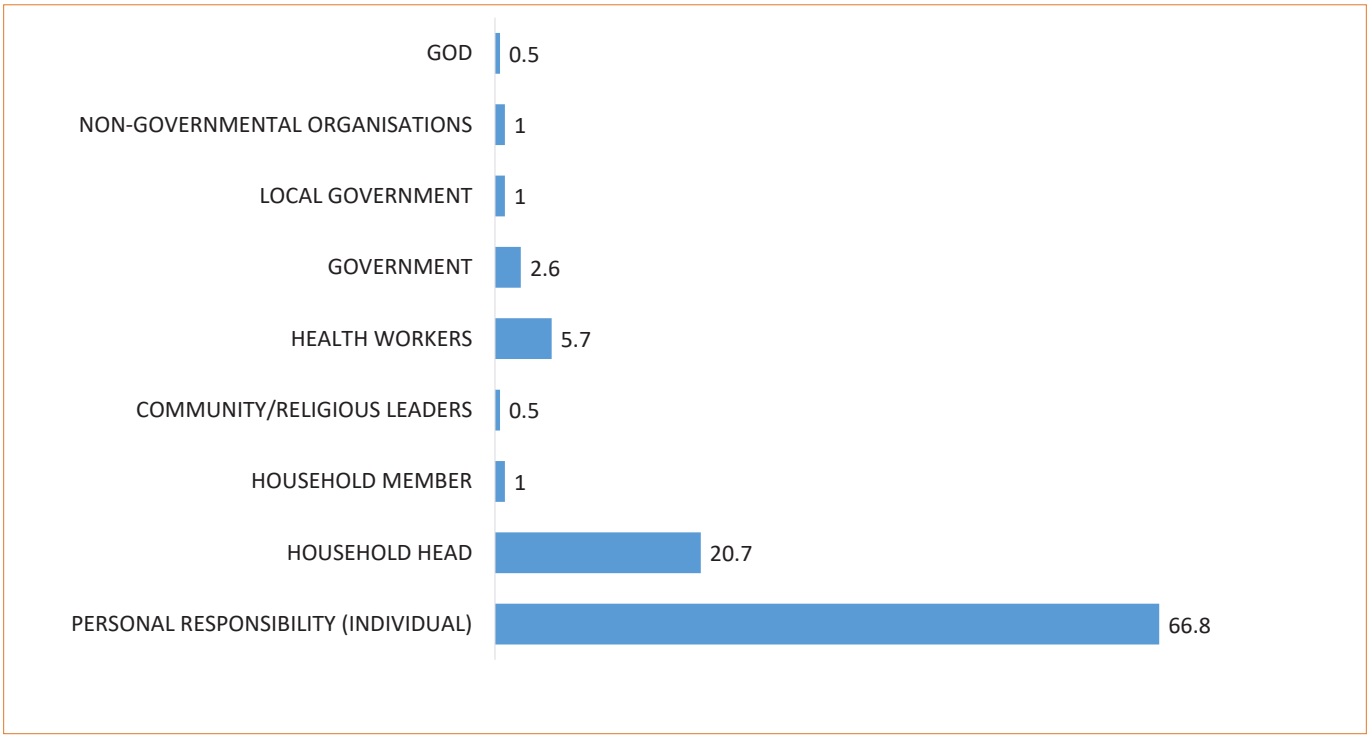
Figure 13.8: Percentage Share of Households among Refugees who thought that them or a Member of the Household would be Discriminated if they had COVID-19, 2021



13.6 Knowledge of COVID-19

Figure 13.9 shows the percentage distribution of households by who they thought was mainly responsible to prevent the household and community from contracting COVID-19. Results show that 67 out of every 100 household head thought that it was mainly an individual household member`s responsibility to prevent himself or herself from contracting COVID-19 while 21 out of every 100 thought it was mainly the responsibility of the household head. Further, about 6 out of every 100 household thought it was mainly the responsibility of the health worker.

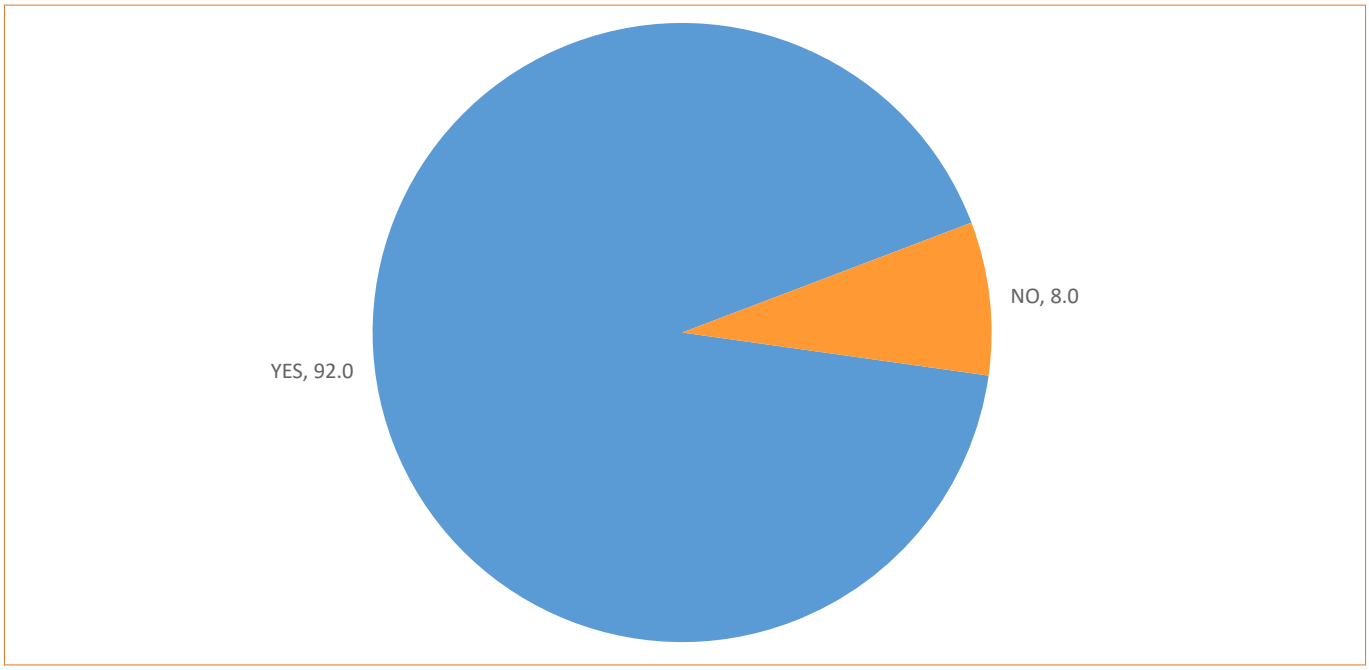
Figure 13.9: Percentage Distribution of Households in Refugee camps by who they thought was mainly Responsible to Prevent the Household and Community from Contracting COVID-19, 2021



13.7 Household Protection against COVID-19

Figure 13.10 shows the percentage distribution of households that did something to protect themselves from contracting COVID-19. Results show that 92 percent of the households reported that they had done something to protect themselves from contracting COVID-19 while 8 percent did not do anything.

Figure 13.10: Percentage Distribution of Households that have done Something to Protect themselves from Contracting COVID-19, 2021



13.8 Measures taken by Households to prevent contracting COVID-19

Table 13.2 shows the proportional distribution of households by measure taken to prevent its household members from contracting COVID-19 during the partial lockdown. The highest proportion of households reported that its members washed their hands with soap as a measure of protection during the lockdown at 97 percent, followed by households that reported wearing face masks at 49 percent and 45 percent of the households reported that they avoided touching their eyes, nose and mouth.

Table 13.2: Proportional Distribution of Households by Measure taken to prevent its Household Members from contracting coronavirus during the partial lockdown, 2021

Measures taken to protect family from COVID-19	Count	Column N per-cent
Hand Washing With Soap	24,945	97
Avoiding Touching your Eyes, Nose, and Mouth	11,708	45
Use of Sanitiser/Disinfectants to Clean Hands	10,715	42
Not Leaving the House at all or Reducing Movement Outside the House	6,944	27
No Local/International Travel	578	2
Stopping Handshakes or Physical Contact	9,494	37
Avoiding Public Places and Gatherings	5,018	19
Drinking Clean Water	866	3
Praying to God	1,205	5
Staying Away from Animals	289	1
Wearing a Face Mask	12,711	49
Social Distancing	4,539	18
Disinfecting Surfaces	578	2
Herbal Remedies	2,372	9
Steaming	3,816	15
Total	**25,827**	**100**

Table 13.3 shows the proportional distribution of households by measure taken to prevent its household members from contracting COVID-19 after the partial lockdown. The pattern of preventive measures taken after the partial lockdown was similar to those taken during the partial lockdown

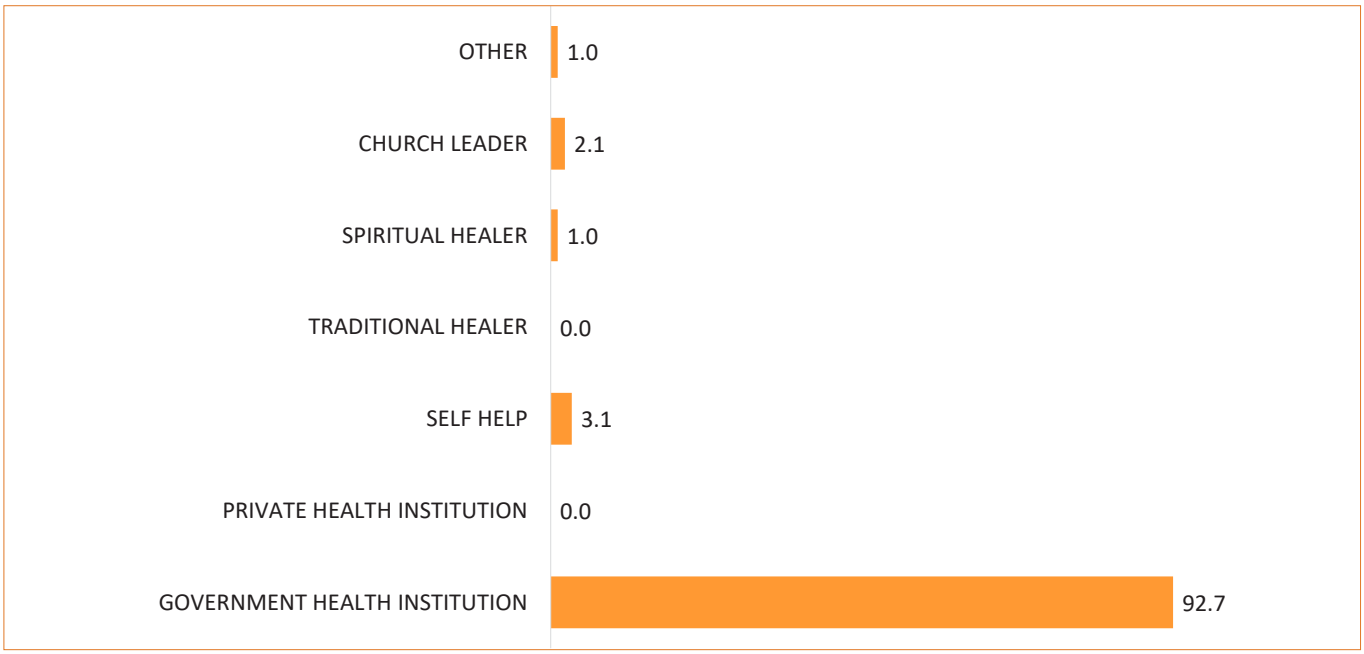
Table 13.3: Proportional Distribution of Households by Measure taken to Prevent its Household Members from Contracting COVID-19 after the Partial Lockdown (Percent), 2021

Measures taken after	Count	Column N percent
Hand Washing with Soap	24,352	94.3
Avoiding Touching your Eyes, Nose, and Mouth	9,110	35.3
Use Of Sanitiser/Disinfectants To Clean Hands	8,647	33.5
Not Leaving the House at all or Reducing Movement outside the House	6,366	24.7
No Local/International Travel	882	3.4
Stopping Handshakes or Physical Contact	8,853	34.3
Avoiding Public Places and Gatherings	5,003	19.4
Avoiding Public Transport	866	3.4
Wearing Gloves	289	1.1
Drinking Clean Water	289	1.1
Praying to God	1,446	5.6
Staying Away from Animals	289	1.1
Using a Condom during Sexual Intercourse	-	0
Wearing a Face Mask	13,030	50.5
Taking Medication	-	0
Social Distancing	4,650	18
Disinfecting Surfaces	289	1.1
Disinfecting the Mobile Phone	-	0
Herbal Remedies	2,372	9.2
Steaming	2,661	10.3
Restricting Visitors to the Home	1,186	4.6
Other	289	1.1
TOTAL	**25,827**	**100**

13.9 Preferred place of seeking help when household member has COVID-19 related symptoms

Figure 13.11 shows the percentage distribution of households by preferred place of seeking help in case any member of the household developed COVID-19- related symptoms. The majority of the households (93 percent) reported that they would seek help from a government health facility if any member of the household was to have COVID-19 related symptoms such as a headache, cold, flu or chest pains.

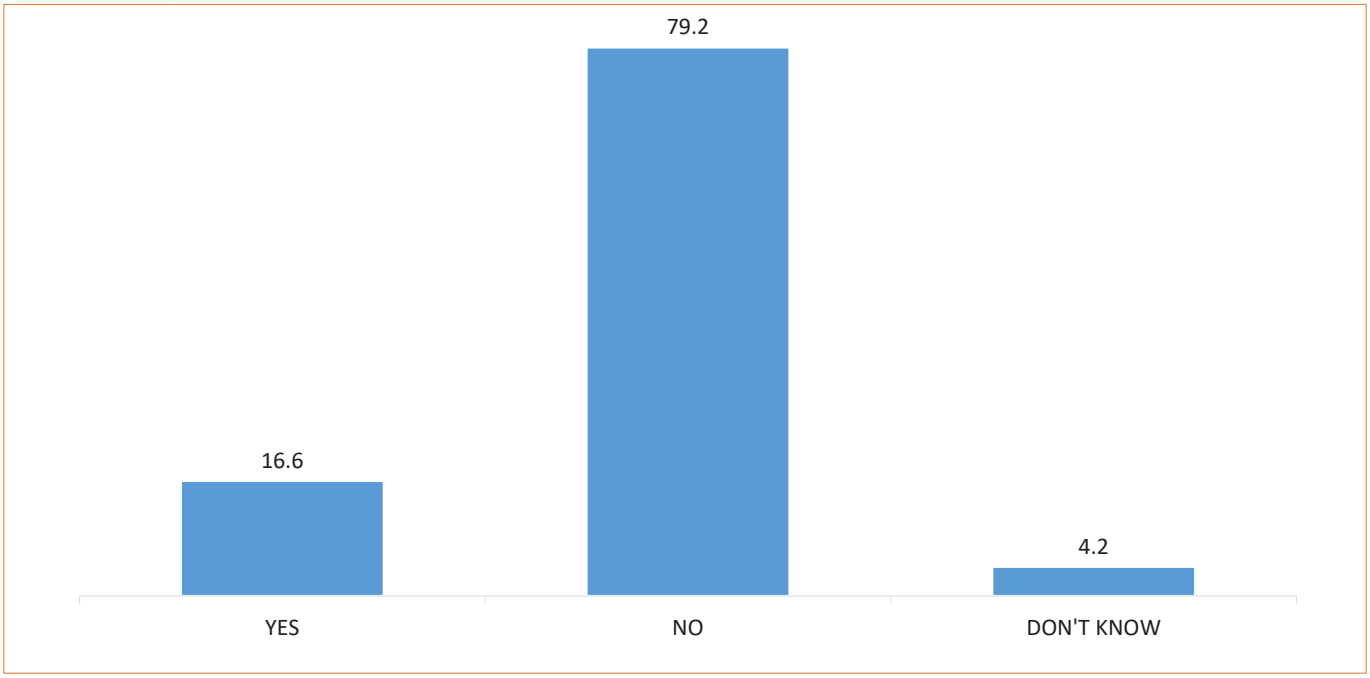
Figure 13.11: Percentage Distribution of Households by Preferred Place of Seeking help in Case any Member of the Household Developed COVID-19- Related Symptoms, 2021



13.10 Households that would keep it a secret if a member has COVID-19

Figure 13.12 shows the percentage of households that would want to keep it a secret if a member of their household or family were to get COVID-19. Results show that 79 percent of the households reported that if someone in their household were to get COVID-19, they would not want to keep it a secret from other members of the community while 17 percent reported that they would want to keep it a secret.

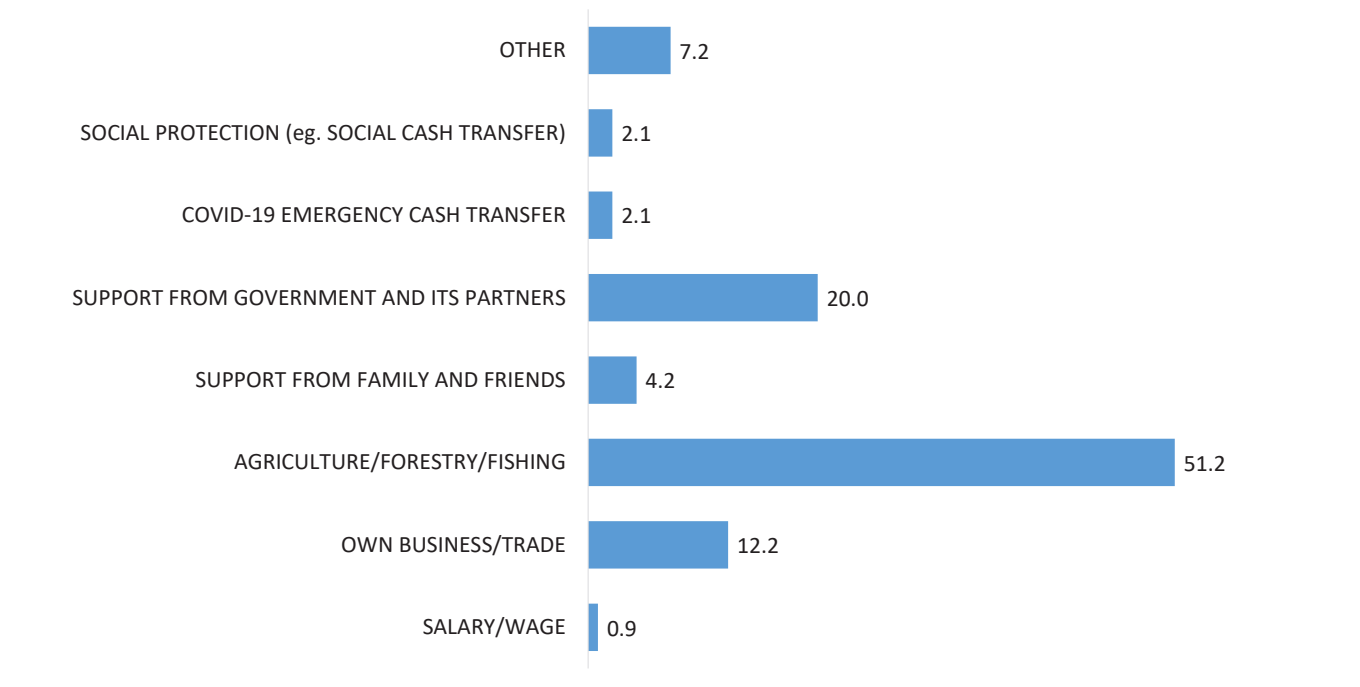
Figure 13.12: Percentage Distribution of Households that would want to keep it a Secret if a Household Member had COVID-19, 2021



13.11 Current source of household income

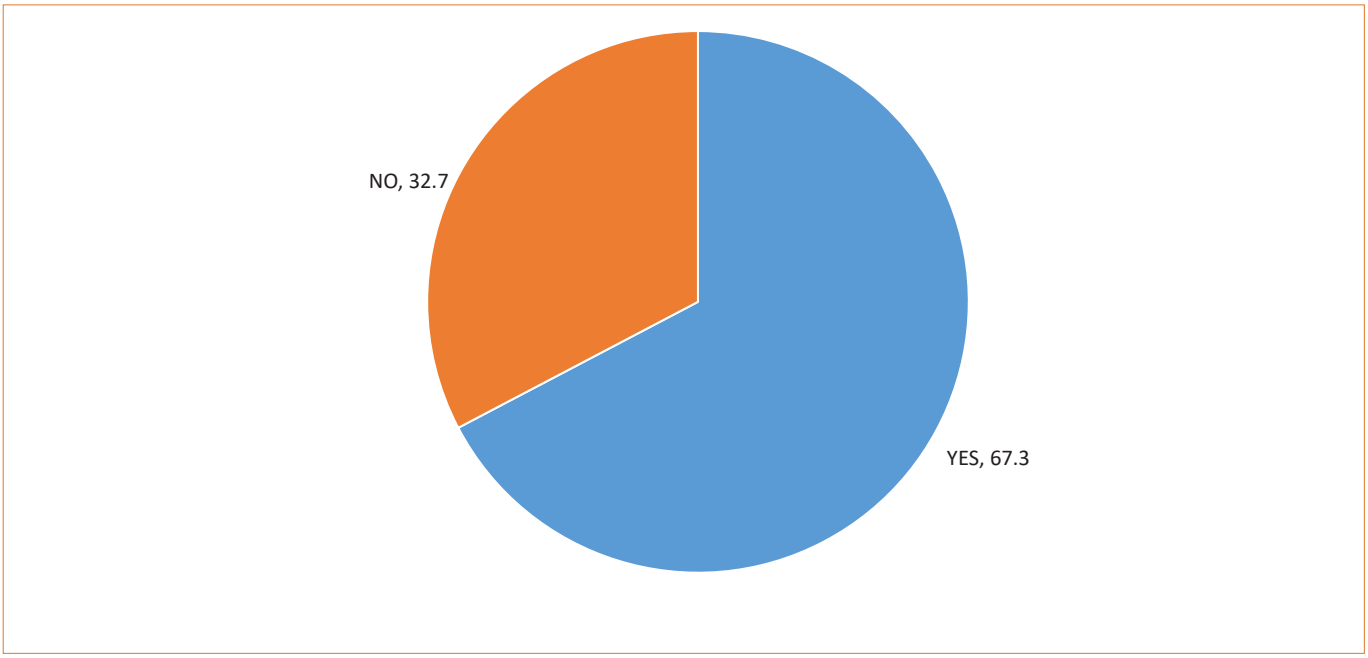
A total number of 28,072 refugee households were asked on the main current source of income for the household. Results show that the majority of households at 50 percent reported that their current main source of income was from Agriculture/forestry/farming, followed by 20 percent of households that reported that their main source of income was Support from Government and its partners and 12 percent reported that their main source of business was own business/trade.

Figure 13.13: Percentage Distribution of Households of Refugee Camps on the Household's Current Main Source Source of Income, 2021



Results show that 12 percent (3,432) households in refugee camps that reported that their current main source of income is own business/trade, 67 percent reported that their business was affected by the COVID-19 pandemic while 33 percent reported that their businesses were not affected (**see Figure 13.14**).

Figure 13.14: Proportion of Refugee Households that reported that their Business has been affected or not affected since the start of COVID19 Pandemic, 2021



The households whose business was affected were further asked to explain how their business was affected. Results show that 36 percent indicated that the COVID-19 pandemic made their business to go down, 26 percent reported that business reduced operating hours and another 26 percent had difficulties in getting materials/inputs (see Figure 13.15).

Figure 13.15: Percentage Distribution of Household in Refugee camps who reported that their Business was Affected and by how it has been Affected, 2021

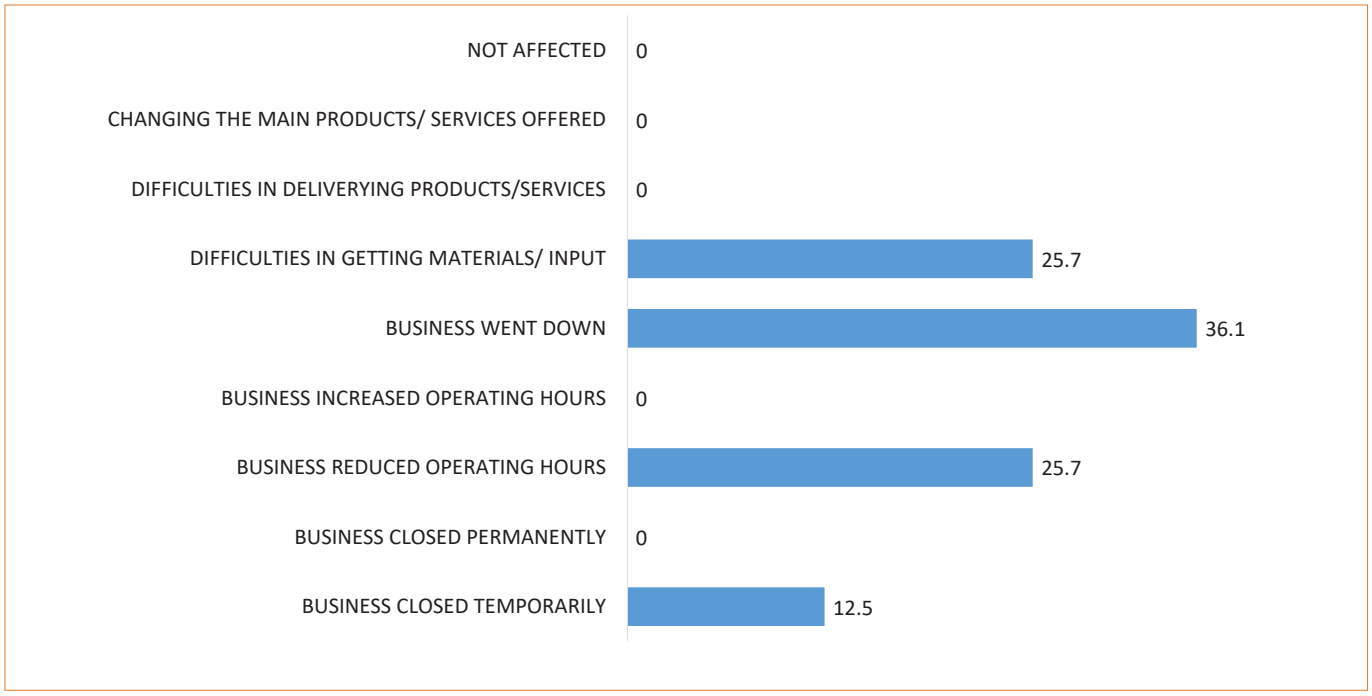
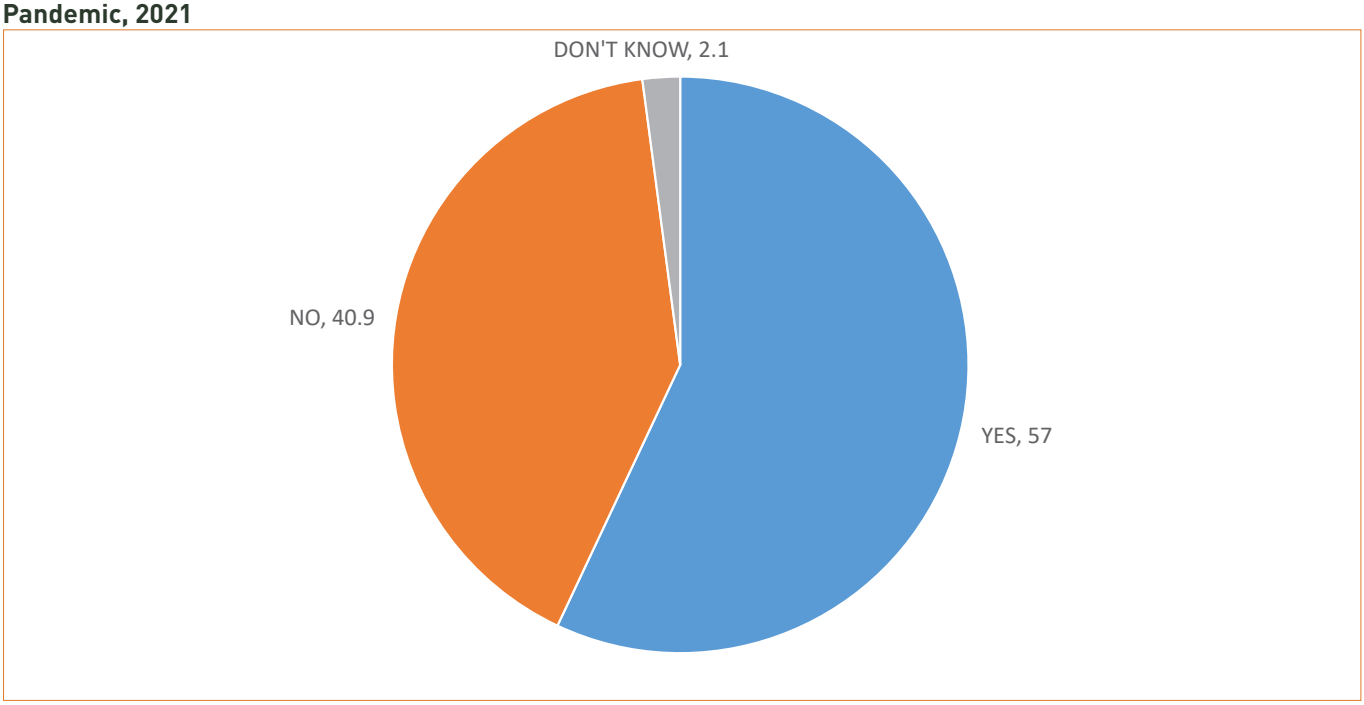


Figure 13.16 shows the proportion of households in refugee camps whose income was either affected or not affected by the COVID-19 pandemic. Results show that 57 percent of the households indicated that their income was affected while 41 percent reported that their household income was not affected and 2 percent indicated that they did not know whether their income was affected or not.

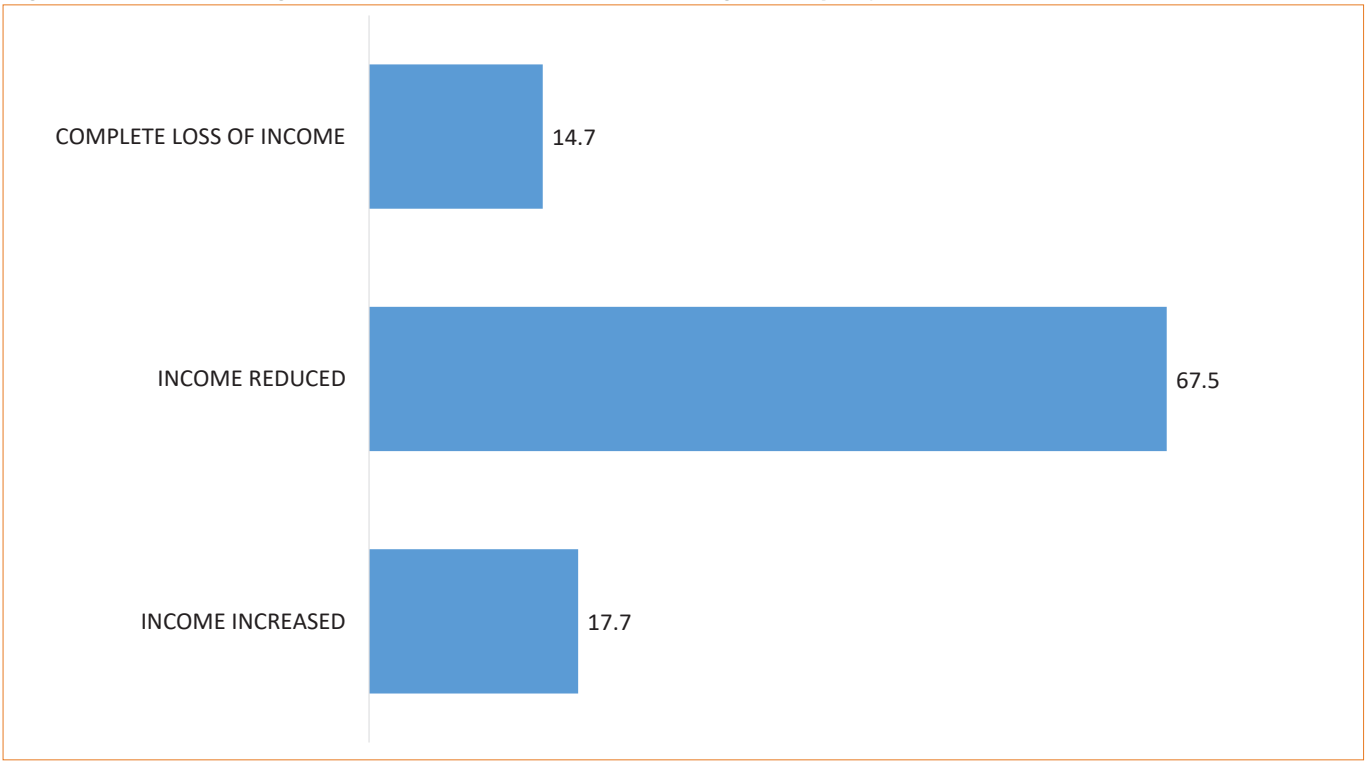
Figure 13.16: Proportion of Households whose Income was either Affected or not Affected by the COVID-19 Pandemic, 2021



13.12 COVID-19 pandemic effects on household income

The households that reported that their business had been affected were further asked to explain how it was affected. The majority of households (67 percent) indicated that the COVID-19 pandemic had led to a reduction in income, 18 percent reported that their income increased while 15 reported complete loss of income.

Figure 13.17: Percentage Distribution of Households in Refugee camps by effect of COVID 19 on their Income, 2021



Appendix

		Nursery / Kinder-garten	Primary	Secondary	Higher
	Total	**5.8**	**51**	**37**	**6.2**
5 Year Age Group	0 - 4	98.4	1.6	-	-
	05-09	26.2	73.8	-	-
	10-14	1.1	91.4	7.6	-
	15 - 19	0.2	43.8	55.6	0.4
	20 - 24	0.2	30.2	63.4	6.2
	25 - 29	0.2	28.3	59	12.5
	30 - 34	0.2	30.3	53.6	15.9
	35 - 39	0.2	38.7	46.1	15
	40 - 44	0.2	44.5	44.5	10.9
	45 - 49	0.4	44.1	45.6	9.9
	50 - 54	0.2	51.2	38.8	9.8
	55 - 59	0.2	53	38.9	7.9
	60 - 64	0.5	52.8	37	9.6
	65 - 69	0.3	55.5	33.6	10.6
	70 - 74	-	59.7	24.6	15.8
	75 - 79	1.4	71	21.7	5.9
	80 - 84	5.3	60.4	25.8	8.5
	85 - 89	1.5	69	23.7	5.8
	90 +	-	49.2	32.5	18.3
what is ..... Marital status	Never Married	0.3	45.1	48.4	6.1
	Monogamously Married	0.2	40.8	48.7	10.3
	Polygamously Married	0.7	64.8	33.4	1.1
	Separated	0.3	45.5	48.7	5.5
	Widowed	0.6	59.8	31.1	8.6
	Cohabiting	-	30.9	48.3	20.9
	Divorced	0.3	51.8	41.2	6.7
Is .....male or female	Male	5.8	48	39.2	7
	Female	5.8	53.9	34.8	5.5
Region	Rural	5.5	64.6	27.9	2.1
	Urban	6.2	36.3	46.8	10.8
Province	Central	4.4	52.7	36	6.9
	Copperbelt	5.5	36.6	48.5	9.4
	Eastern	6.3	68.3	23.6	1.9
	Luapula	4.3	65.4	26.7	3.6
	Lusaka	7.1	37.1	44.7	11.1
	Muchinga	6	54.2	34.9	4.9
	Northern	3.2	65.2	29.8	1.8
	North Western	5.2	55.7	35	4.1
	Southern	7.2	53.2	35.2	4.5
	Western	6.1	61.9	29.6	2.3

		Total		Male		Female	
		Count	Percent	Count	Percent	Count	Percent
5 Year Age Group	**Total**	**18,400,473**	**100**	**8,974,946**	**100**	**9,425,527**	**100**
	0 - 4	2,440,150	13.3	1,249,305	13.9	1,190,844	12.6
	05-09	3,445,069	18.7	1,751,743	19.5	1,693,325	18
	10-14	2,049,073	11.1	1,005,921	11.2	1,043,151	11.1
	15 - 19	1,903,770	10.3	912,669	10.2	991,101	10.5
	20 - 24	1,748,023	9.5	769,464	8.6	978,559	10.4
	25 - 29	1,610,601	8.8	729,131	8.1	881,470	9.4
	30 - 34	1,162,358	6.3	569,430	6.3	592,928	6.3
	35 - 39	1,060,341	5.8	499,597	5.6	560,744	5.9
	40 - 44	771,994	4.2	405,170	4.5	366,824	3.9
	45 - 49	618,857	3.4	324,059	3.6	294,797	3.1
	50 - 54	450,336	2.4	231,171	2.6	219,165	2.3
	55 - 59	332,443	1.8	162,818	1.8	169,625	1.8
	60 - 64	269,423	1.5	119,503	1.3	149,921	1.6
	65 - 69	199,257	1.1	91,871	1	107,386	1.1
	70 - 74	125,820	0.7	57,058	0.6	68,762	0.7
	75 - 79	100,498	0.5	47,715	0.5	52,782	0.6
	80 - 84	59,998	0.3	24,361	0.3	35,637	0.4
	85 - 89	28,010	0.2	11,769	0.1	16,240	0.2
	90 +	24,453	0.1	12,189	0.1	12,265	0.1
what is ..... Marital status	**Total**	**11,807,091**	**100**	**5,620,152**	**100**	**6,186,938**	**100**
	Never Married	5,093,312	43.1	2,680,566	47.7	2,412,746	39
	Monogamously Married	5,243,637	44.4	2,600,341	46.3	2,643,296	42.7
	Polygamously Married	252,398	2.1	96,282	1.7	156,115	2.5
	Separated	240,974	2	73,075	1.3	167,899	2.7
	Widowed	567,608	4.8	66,036	1.2	501,572	8.1
	Cohabiting	24,310	0.2	11,226	0.2	13,084	0.2
	Divorced	384,852	3.3	92,625	1.6	292,227	4.7
Highest Grade Level Completed	**Total**	**13,742,577**	**100**	**6,710,601**	**100**	**7,031,976**	**100**
	Nursery / Kindergarten	796,390	5.8	387,203	5.8	409,187	5.8
	Primary	7,008,906	51	3,218,913	48	3,789,993	53.9
	Secondary	5,078,492	37	2,633,418	39.2	2,445,075	34.8
	Higher	858,789	6.2	471,067	7	387,722	5.5
Region	**Total**	**18,400,473**	**100**	**8,974,946**	**100**	**9,425,527**	**100**
	Rural	10,373,309	56.4	5,162,920	57.5	5,210,389	55.3
	Urban	8,027,164	43.6	3,812,026	42.5	4,215,138	44.7

		Total		Male		Female	
		Count	Percent	Count	Percent	Count	Percent
Province	**Total**	**18,400,473**	**100**	**8,974,946**	**100**	**9,425,527**	**100**
	Central	1,781,446	9.7	900,124	10	881,322	9.4
	Copperbelt	2,735,763	14.9	1,294,383	14.4	1,441,380	15.3
	Eastern	2,119,332	11.5	1,031,830	11.5	1,087,502	11.5
	Luapula	1,307,966	7.1	644,750	7.2	663,216	7
	Lusaka	3,484,394	18.9	1,665,709	18.6	1,818,685	19.3
	Muchinga	1,139,279	6.2	571,787	6.4	567,492	6
	Northern	1,566,369	8.5	795,138	8.9	771,230	8.2
	North Western	975,558	5.3	495,169	5.5	480,389	5.1
	Southern	2,195,417	11.9	1,046,132	11.7	1,149,284	12.2
	Western	1,094,951	6	529,924	5.9	565,026	6

		Total	Nursery / Kin-dergarten	Primary	Secondary	Higher
5 Year Age Group	0 - 4	1.4	23.6	0	-	-
	05 -09	15.7	70.9	22.7	-	-
	10 -14	14.1	2.6	25.3	2.9	-
	15 - 19	13.2	0.5	11.3	19.9	0.8
	20 - 24	11.8	0.4	7	20.2	11.7
	25 - 29	10.9	0.4	6.1	17.4	21.9
	30 - 34	7.7	0.2	4.6	11.2	19.7
	35 - 39	6.9	0.2	5.3	8.6	16.7
	40 - 44	4.9	0.2	4.3	5.9	8.6
	45 - 49	3.9	0.3	3.4	4.8	6.2
	50 - 54	2.9	0.1	2.9	3	4.5
	55 - 59	2.1	0.1	2.2	2.2	2.7
	60 - 64	1.6	0.1	1.7	1.7	2.5
	65 - 69	1.1	0.1	1.2	1	1.9
	70 - 74	0.7	-	0.8	0.5	1.8
	75 - 79	0.5	0.1	0.7	0.3	0.5
	80 - 84	0.3	0.2	0.3	0.2	0.3
	85 - 89	0.1	0	0.1	0.1	0.1
	90 +	0.1	-	0.1	0.1	0.2
what is ..... Marital status	Never Married	44.8	49.9	45.6	45.9	34.2
	Monogamously Married	44	32.8	40.4	45.2	56.8
	Polygamously Married	2	4.7	2.9	1.4	0.3
	Separated	1.9	1.9	2	2	1.3
	Widowed	3.9	7.4	5.3	2.6	4.2
	Cohabiting	0.2	-	0.2	0.2	0.6
	Divorced	3.2	3.4	3.7	2.8	2.6
Is .....male or female	Male	48.8	48.6	45.9	51.9	54.9
	Female	51.2	51.4	54.1	48.1	45.1
	Total	100	100	100	100	100
Region	Rural	51.9	49	65.8	39.2	17.3
	Urban	48.1	51	34.2	60.8	82.7
Province	Central	9.6	7.3	9.9	9.3	10.6
	Copperbelt	16.5	15.6	11.8	21.6	24.8
	Eastern	10.1	11	13.6	6.5	3
	Luapula	6.3	4.7	8.1	4.6	3.7
	Lusaka	20.7	25.2	15	25.1	36.8
	Muchinga	5.8	6	6.1	5.5	4.5
	Northern	7.9	4.3	10.1	6.4	2.3
	North Western	4.8	4.3	5.2	4.5	3.2
	Southern	12.6	15.6	13.1	12	9
	Western	5.7	6	7	4.6	2.1

Age Group	Number	Yes		No	
		Number	percent	Number	percent
Total	**156,442**	**144,547**	**92,4**	**11,895**	**7,6**
10 -14	2,065	818	39,6	1,247	60,4
15 - 19	2,356	1,990	84,5	366	15,5
20 - 24	3,975	3,443	86,6	532	13,4
25 - 29	13,369	11,248	84,1	2,121	15,9
30 - 34	14,664	13,354	91,1	1,310	8,9
35 - 39	23,611	22,525	95,4	1,085	4,6
40 - 44	27,767	26,355	94,9	1,412	5,1
45 - 49	23,468	23,205	98,9	263	1,1
50 - 54	15,200	14,633	96,3	567	3,7
55 - 59	14,580	14,131	96,9	449	3,1
60 - 64	8,443	7,222	85,5	1,222	14,5
65 - 69	2,362	1,802	76,3	560	23,7
70 - 74	2,487	2,045	82,2	441	17,8
75 - 79	1,107	1,107	100,0	-	0,0
80 - 84	989	669	67,7	320	32,3
85+	-	-	0,0	-	0,0
90 +	-	-	0,0	-	0,0

Housing Characteristics		Households			Population		
		Rural	Urban	Total	Rural	Urban	Total
What type of housing unit does the household occupy?	Traditional	39.5	3.3	23.5	36.8	3	22
	Improved Traditional	35.1	9.1	23.6	36.4	8.8	24.3
	Mixed	3.3	2.9	3.1	3.6	2.8	3.2
	Conventional Flat	4.7	34.6	17.9	4.5	30.6	15.9
	Conventional House	16.6	49.6	31.1	18.2	54.4	34
	Mobile	0	0	0	0	0	0
	Part Of Commercial Building	0.4	0.2	0.3	0.2	0.1	0.2
	Improvised/Makeshift	0.1	0	0.1	0.1	0	0.1
	Collective/Institutional Quarters	0.3	0.1	0.2	0.2	0.1	0.1
	Unintended	0	0	0	0	0	0
	Other	0	0.2	0.1	0.1	0.1	0.1
Is this housing unit occupied by one or more households?	Single Household	93.9	83.7	89.4	93.6	85.4	90
	Two Or More Households	6.1	16.3	10.6	6.4	14.6	10
What is the main type of material used for the roof?	No Roof	0.1	0	0.1	0.1	0	0.1
	Grass Thatch/Palm Leaf	43.5	3.7	25.9	41.7	3.5	25
	Rustic Mat	0.5	0.1	0.3	0.5	0.1	0.3
	Palm/Bamboo	0	0	0	0	0	0
	Wood Planks	0	0	0	0	0.1	0.1
	Cardboard	0.1	0.1	0.1	0.1	0.1	0.1
	Metal/Iron Sheets	52.8	73.8	62	55.1	73	62.9
	Wood	0.2	0.1	0.1	0.1	0.1	0.1
	Asbestos	1.9	20.8	10.2	1.7	21.8	10.5
	Ceramic Tiles/Harvey Tiles	0.1	0.7	0.3	0.1	0.5	0.3
	Cement	0.4	0.5	0.4	0.4	0.6	0.4
	Roofing Shingles	0.1	0.1	0.1	0.1	0	0.1
	Mud Tiles	0	0	0	0	0	0
	Other	0.3	0.2	0.3	0.3	0.2	0.2
What is the floor of this housing unit mainly made of?	Earth/Sand	8.3	1.5	5.3	8	1.4	5.1
	Mud	59.7	7.8	36.9	58.5	7.3	36.2
	Dung	0.6	0.1	0.4	0.6	0.1	0.4
	Wood Planks	0	0	0	0	0	0
	Palm/Bamboo/Leeds	0	0	0	0	0	0
	Parquet Or Polished Wood	0	0	0	0	0.1	0
	Vinyl (PVC) or Asphalt Strips	0	0.6	0.3	0	0.7	0.3
	Ceramic/Terrazzo Tiles/ Marble	0.5	9.7	4.6	0.5	10.3	4.8
	Concrete	8.1	26.2	16.1	8	26.9	16.3
	Cement	22.1	53.4	35.9	23.8	52.6	36.4
	Carpet	0.1	0.2	0.1	0.1	0.2	0.1
	Brick	0.2	0.2	0.2	0.2	0.1	0.2
	Other	0.2	0.2	0.2	0.2	0.2	0.2

Housing Characteristics		Households			Population		
		Rural	Urban	Total	Rural	Urban	Total
What is the main type of energy used for cooking in your household?	Collected Firewood	73.7	4.8	43.4	75.9	4.8	44.9
	Purchased Firewood	4.1	3	3.6	4	3.3	3.7
	Charcoal Own Produced	6	3.3	4.8	5.5	3.4	4.6
	Charcoal Purchased	13.9	69.5	38.4	12.7	70.9	38.1
	Coal	0.2	0.1	0.2	0.2	0.1	0.1
	Kerosine/Paraffin	0	0	0	0	0	0
	Gas	0	1.1	0.5	0	0.9	0.4
	Electricity	1.6	18.1	8.9	1.2	16.5	7.9
	Solar	0.1	0	0	0.1	0	0
	Crop/Livestock Residues	0	0	0	0	0	0
	Other	0.4	0.1	0.2	0.4	0	0.2
Is your house connected to electricity?	YES	7.6	74.9	37.2	6.8	76.2	37.1
	NO	92.4	25.1	62.8	93.2	23.8	62.9

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Published by
Zambia Statistics Agency
P.O. Box 31908
Lusaka

Tel: +260 211 251377

Website: www.zamstats.gov.zm