# Evolving socioeconomic impacts of COVID-19 in four African countries

Ann Furbush, University of Arizona Anna Josephson, University of Arizona **Talip Kilic**, World Bank Jeffrey D. Michler, University of Arizona

Learning from Longitudinal Studies in LMICS: Before, During, and After COVID-19

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### Introduction and Motivation

The spread of COVID-19 has had major health and economic impacts:

- According to the WHO, as of 17.15 CEST, 10 May 2021, there have been 157,973,438 confirmed cases of COVID-19, including 3,288,455 deaths.
- Global extreme poverty estimated to have risen for the first time in over 20 years (World Bank, 2020).

Low- and middle-income countries continue to face challenges, exacerbated by weaker health systems and slow vaccine roll-out.

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Introduction

## Introduction and Motivation

Research on the health impacts in low- and middle-income countries of COVID-19 is rapidly emerging, but evidence on the economic impacts of the pandemic is limited, though rapidly emerging.

Tracking how peoples lives are affected by COVID-19 can enable governments and policymakers to better understand the circumstances faced by their countries.

Introduction

Objective

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Leverage longitudinal survey data from COVID-19 phone surveys and pre-COVID-19 face-to-face surveys in Ethiopia, Malawi, Nigeria and Uganda.

### Data

Monthly phone surveys in Ethiopia, Malawi, Nigeria, and Uganda:

- Monthly phone interviews with a national sample of households that were interviewed during the latest round of the World Bank LSMS-ISA-supported longitudinal survey.
- 12-month data collection cycle, starting in April/May 2020 depending on the country.
- Pre-COVID-19 LSMS-ISA data used not only in the analysis of the phone survey data but also in the calculating recalibrated sampling weights that counteract potential selection biases at the household-level.

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Today's analysis leverages 17 survey rounds and 37,000+ interviews across 4 countries: 1,600 to 3,200 households interviewed in a given round, depending on the country

Data and documentation for LSMS-supported phone surveys are available through: www.worldbank.org/lsms-covid19

Data

 Working on extending the analysis to Burkina Faso, Mali, and Tanzania

Increased adoption of hand washing and avoiding physical contact was near universal in the early months of the pandemic, based on the first phone survey round.



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Over time, reliance on COVID-safe practices, including hand washing and avoiding crowds, has declined.



Misconceptions about transmission of COVID-19 were quite high in the early months of the pandemic, based on the first phone survey round.



Share of households reporting income losses are declining, particularly in Ethiopia and Uganda.



Income from non-farm enterprises is stabilizing, though many enterprise-operating households still report making less than the previous month.



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Share of respondents engaged in income-generating activities has increased over time, and remained steady in the later rounds.



There is limited variation (though relatively high) prevalence of moderate or severe food security, particularly in Ethiopia, Malawi, and Nigeria.



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In early months of the pandemic, concerns about falling ill and suffering financial consequences due to COVID-19 were high.



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Concerns about falling ill with COVID-19 have fallen over time, but concerns about the financial threat of the pandemic have not significantly changed.



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Various strategies are used to cope with pandemic; the most common is reducing food consumption.



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Receipt of any type of assistance is extremely low, across all countries and across time.



There is limited variation in households' inability to access medical services.



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Few households in Uganda and Ethiopia reported difficulties accessing staple foods, while more households in Nigeria reported similar challenges.



Household-level incidence of children's engagement in learning activities are relatively stable over time, and considerably lower in Ethiopia and Malawi.



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### There is variation in the type of educational contact used across countries.



### Conclusions

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- Few students continue to engage in learning activities since school closures.
- There is a continued need for monitoring of household-level impacts and responses - given the extent of the adverse effects and "negative" coping strategies.