



# 2021 Scaling Up Nutrition National Conference

## MONITORING HOUSEHOLD FOOD SECURITY AND NUTRITION DURING COVID-19

RESULTS OF THE 4<sup>th</sup> BI-MONTHLY SURVEY  
(March 2021)





Date: 29<sup>th</sup> April 2021

Presentation: Monitoring Household Food Security  
And Nutrition During Covid-19

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Organization: IAPRI

### IAPRI Research Team

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***“Sustaining stunting reduction through creating an enabling environment for nutrition programmes”***





# SUN LE Consortium

Scaling Up Nutrition Learning and Evaluation (SUN LE) is a 4-year USAID-funded project implemented by Khulisa Management Services, Inc. in partnership with the Government of the Republic of Zambia (GRZ) and in consortium with 3 institutional partners.



Khulisa Management Services, Inc.



Indaba Agricultural Policy Research Institute



ICF International



University of North Carolina at Chapel Hill



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# Acknowledgements



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This survey was made possible through the infrastructural support of the Government Republic of Zambia. We are thankful to the Zambia Statistics Agency (formerly known as the Central Statistics Office) and the Ministry of Health for their Technical and Logistical Support. We also acknowledge the households where the survey was conducted.

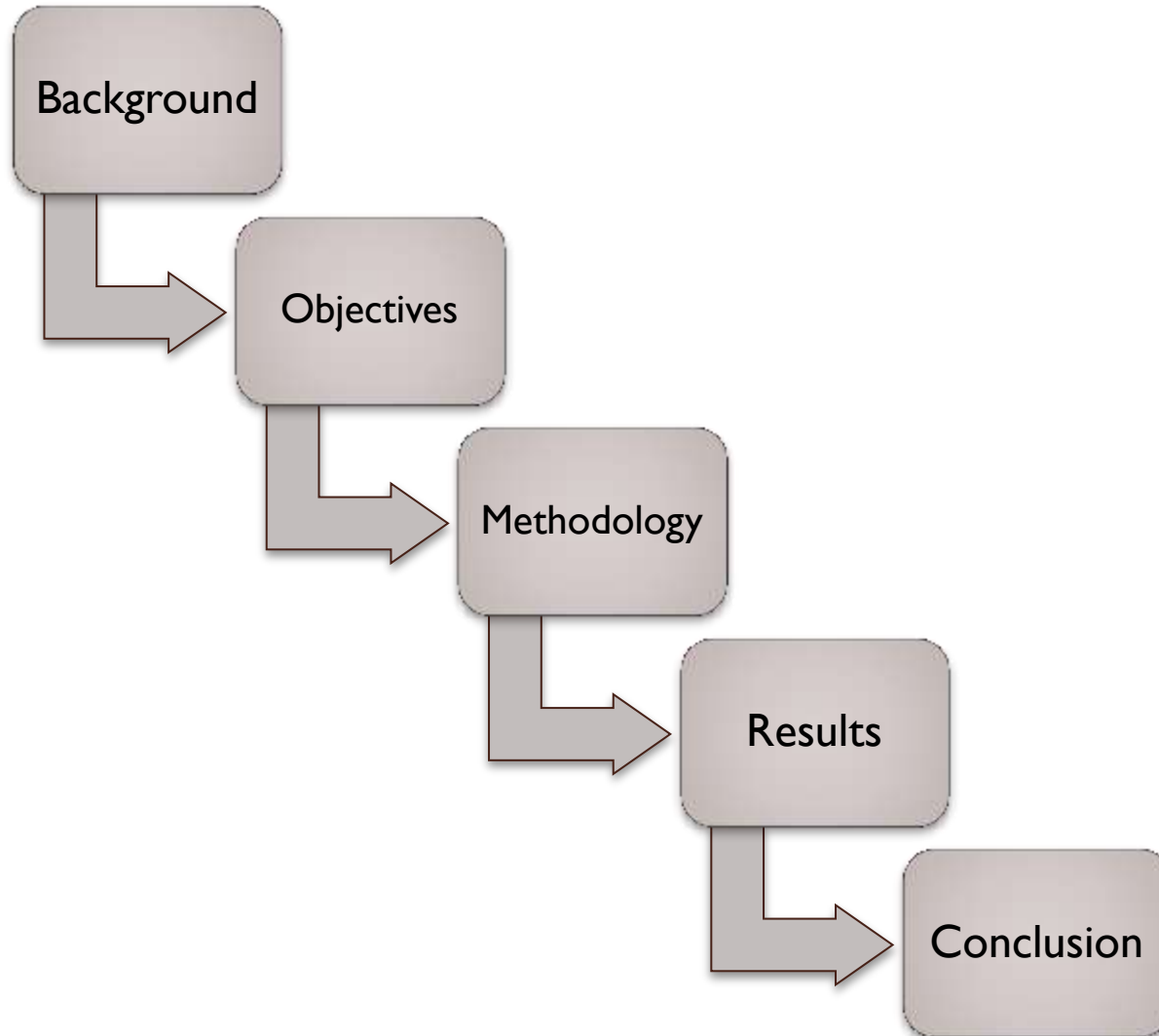


This survey was designed and implemented by the USAID-funded SUN LE Project with the National Food and Nutrition Commission (NFNC) of Zambia.



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# Presentation Outline





# Background

The COVID-19 pandemic has remained high worldwide with many countries beginning to experience a third wave

Zambia experienced the second wave of the pandemic in December 2020 and into the months of January and February 2021

The economy remained open although some institutions remained voluntarily closed or scaled down in terms of human resources and, consequently, production

This could have an effect on household income, food security and nutrition, although the first quarter of the year has field crops and wild foods more available, which could cushion the impact



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# Objectives

**Monitor and provide empirical evidence of the effect of COVID-19 on the livelihood and food security of households in the 30 Scaling Up Nutrition (SUN 2.0) districts, on an ongoing basis**

Examine household food security indicators

Monitor the effect of COVID-19 on the quality of diets consumed by women of reproductive age as measured by MDD-W

Monitor the effect of COVID-19 on the quality of diets fed to children 6 to 23 months old as measured by MAD-C

Examine the effect of COVID-19 on household food security. This includes HHS and HDDS as indicators of household food security



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# Schedule of Bi-Monthly Surveys

Survey number	Survey Month and Year
Round 1	September 2020
Round 2	November 2020
Round 3	January 2021
Round 4	March 2021
Round 5	May 2021
Round 6	July 2021



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# Methodology

The study targeted randomly selected households that were included in the 2019 First 1000 MCDP II/ SUN 2.0 baseline survey and who had provided phone numbers

5431 out of 7501 indicated phone numbers

Telephone interviews using CAPI (CSPPro)



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# Training and data collection methods

## Enumerator recruitment and training

- 25 Enumerators and 5 supervisors (5 teams of 5)
- 2 days training conducted by IAPRI
- Training was held virtually

## Data collection and quality control

- 7 days of telephone interviews
- Teams converged in one area (open space) at IAPRI to make phone calls
- Quality Control provided by IAPRI staff



# Findings

Round 4 – March  
2021



# Response Rate: Round 4 slightly higher than previous rounds

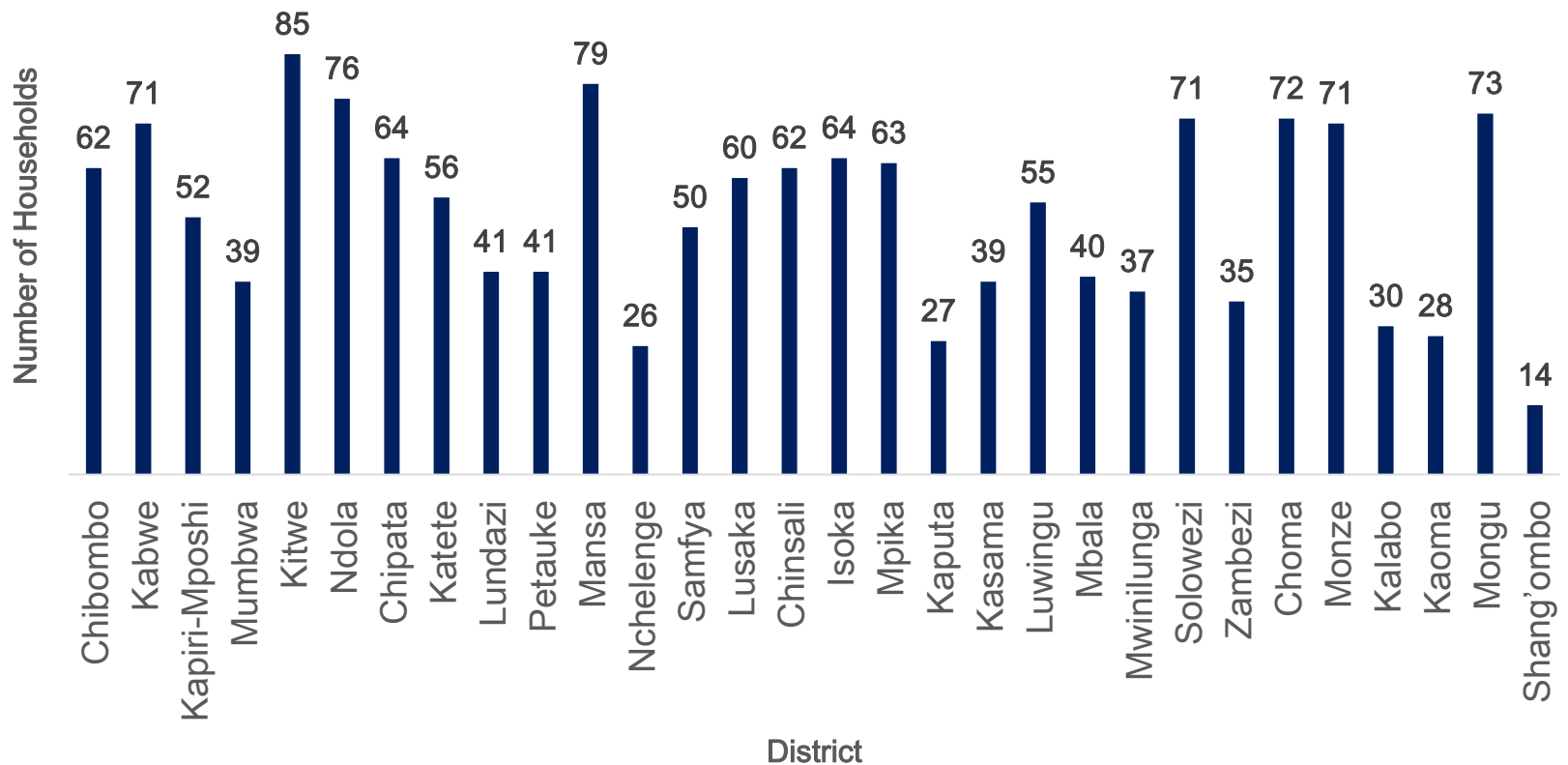
	Sept.20		Nov.20		Jan.21		Mar.21	
Response Status	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Refusal	75	1.4	53	1.0	61	1.1	42	0.8
Non-Contact (includes moved out of district)	3821	70.4	3903	71.9	3832	70.6	3800	70.0
Proceed	1535	28.3	1475	27.2	1538	28.3	1589	29.3
Total	5431	100.0	5431	100.0	5431	100.0	5431	100.0



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# Distribution of households interviewed by district

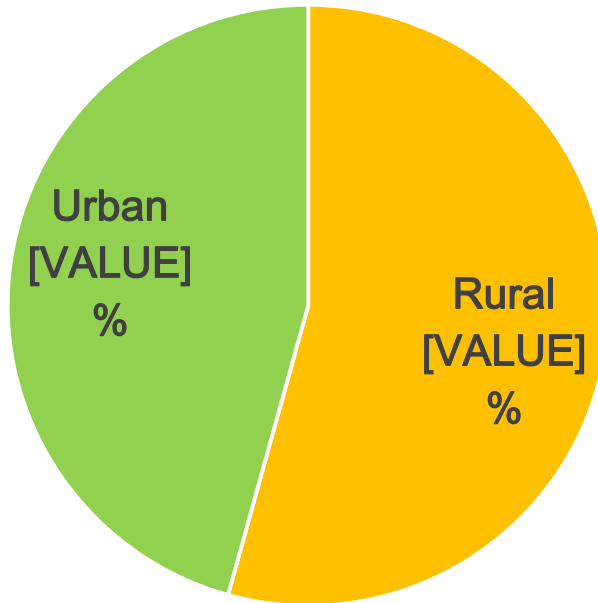


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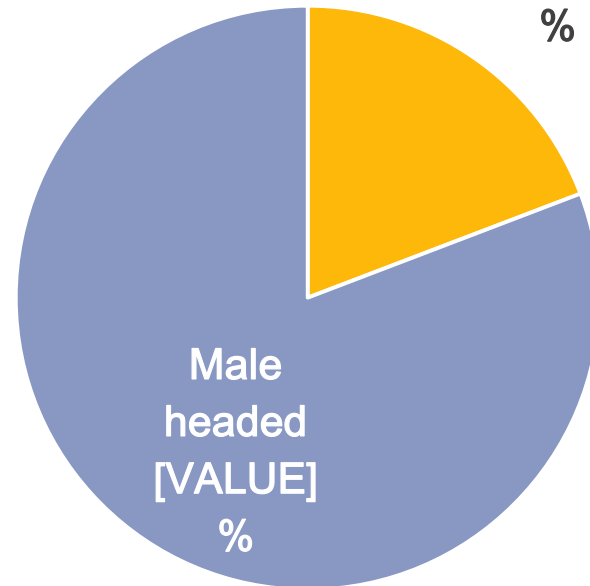
# Description of Households Interviewed

- Successful Interviews: 1583 Households

Distribution of Households interviewed (%)

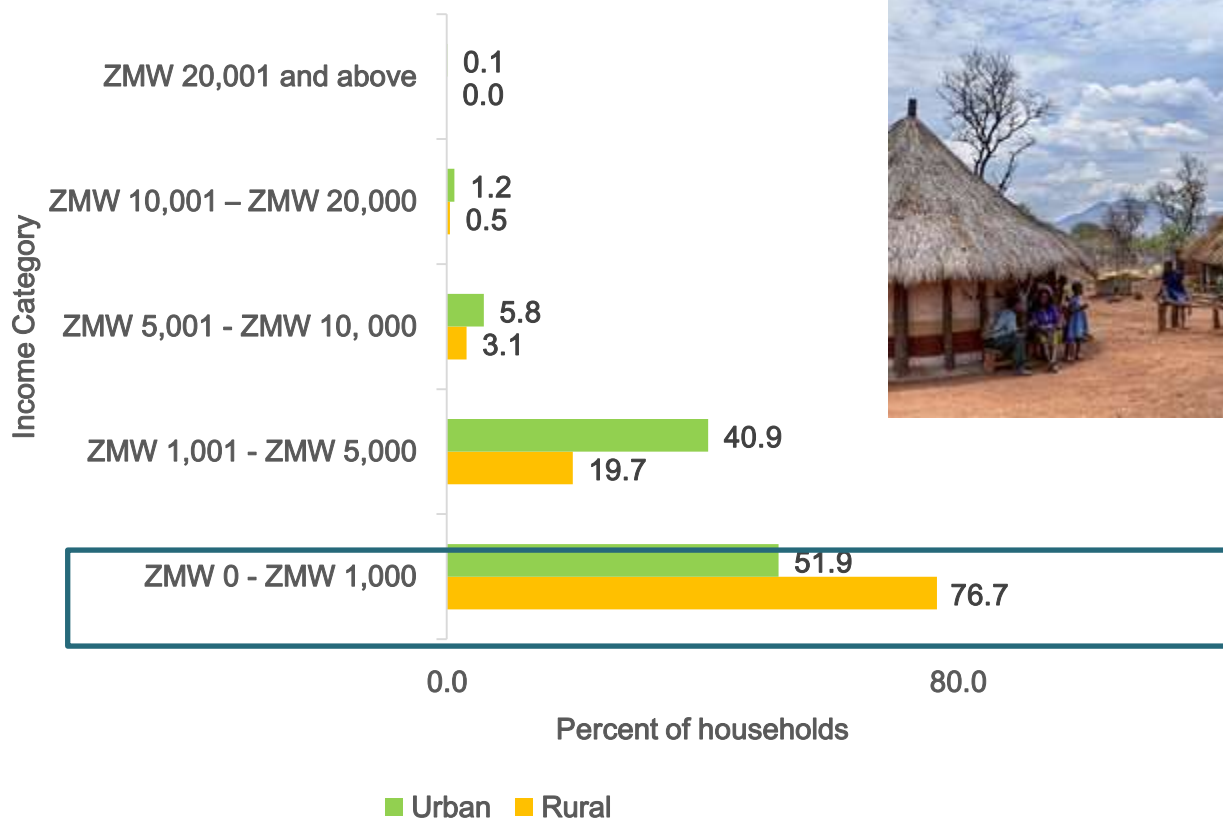


Distribution of Households by sex of HH Head (%)



- Total number of women In the study : 1632
- Total number of Children in the study: 493

# Majority of the households earned less than ZMW1000 in the previous month



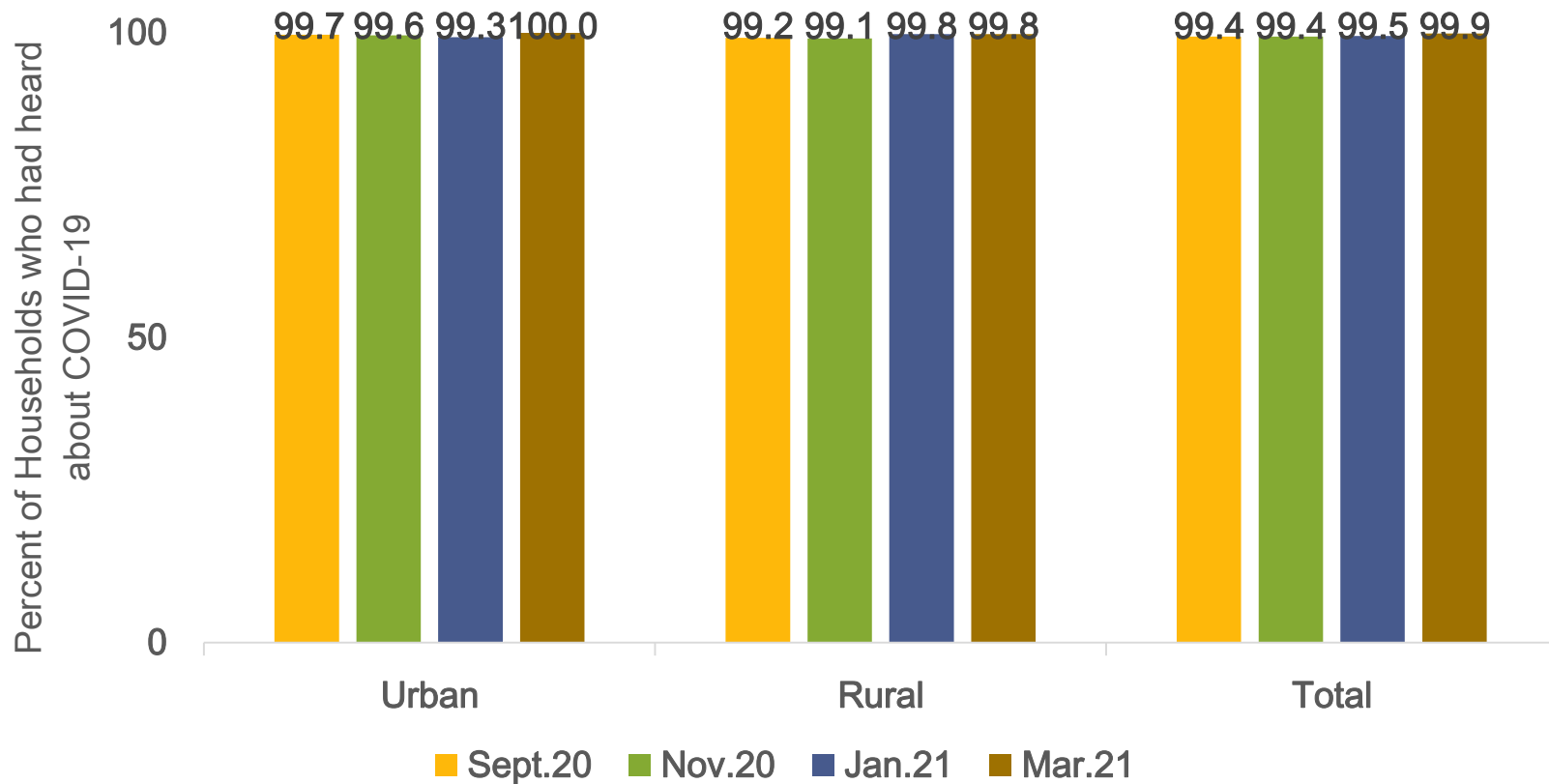


# **AWARENESS OF COVID-19 AND EFFECT ON HOUSEHOLD INCOME**





## Nearly all households have heard of COVID-19



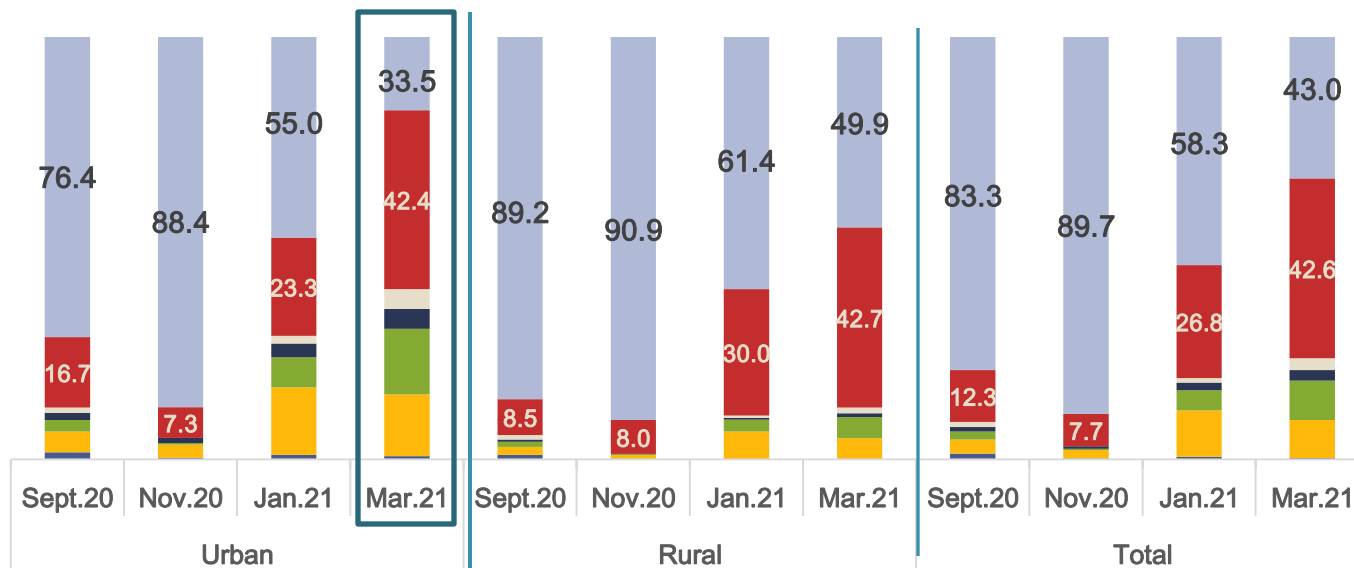
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# More HHs in March 2021 knew someone believed to have contracted COVID-19 compared to January 2021 and November 2020

## Do you know anyone you believe contracted COVID-19?

Percent of Households who knew someone believed to have contracted COVID-19



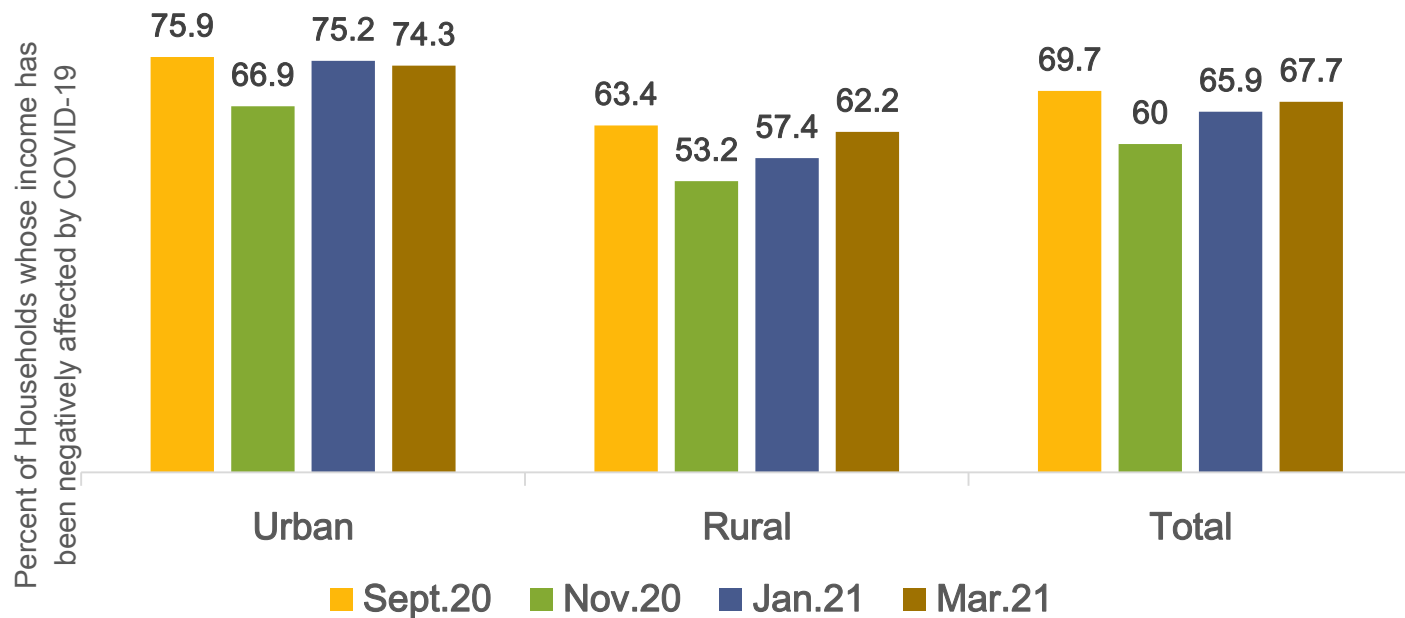
- Self - Respondent contracted
- A person in my family or friends
- A person in the neighbourhood
- A person at my work
- A person from my school or church/mosque
- Someone in the town or village
- Don't know anyone who got it



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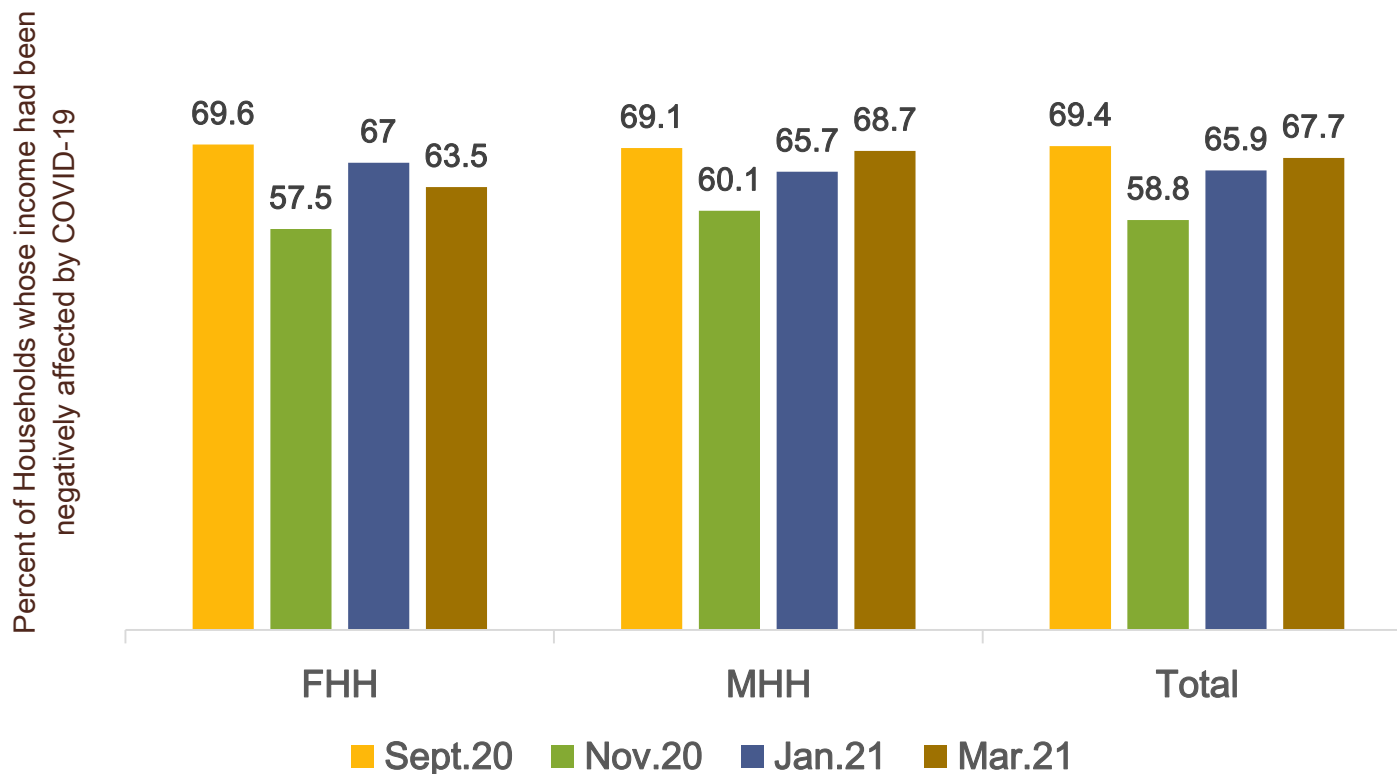


COVID-19 has negatively affected HHs' income - especially in urban areas. More households experienced income loss in March 2021, January 2021 and September 2020 surveys compared to November 2020



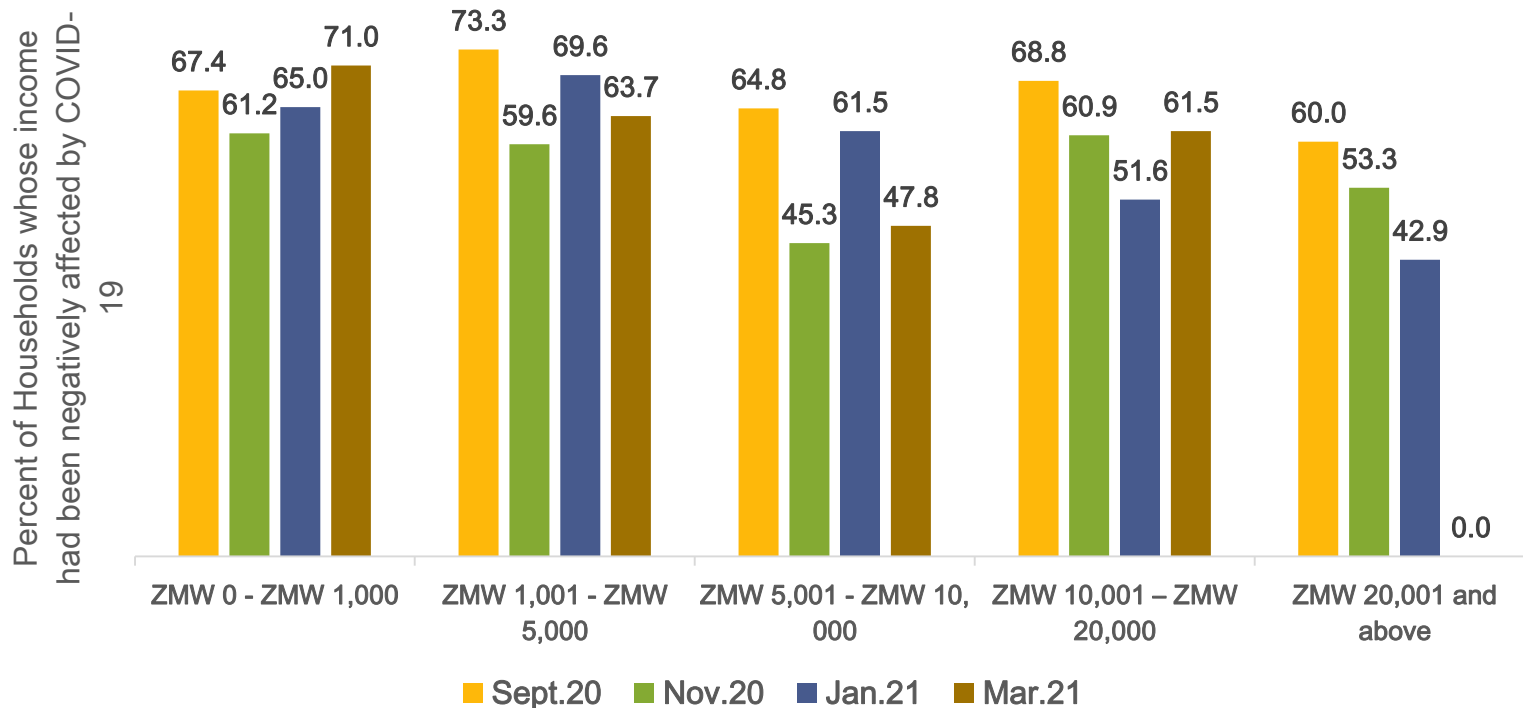
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# More MHHs' income negatively affected by COVID-19 compared to FHHs





# Households in the lower income group more affected by COVID-19

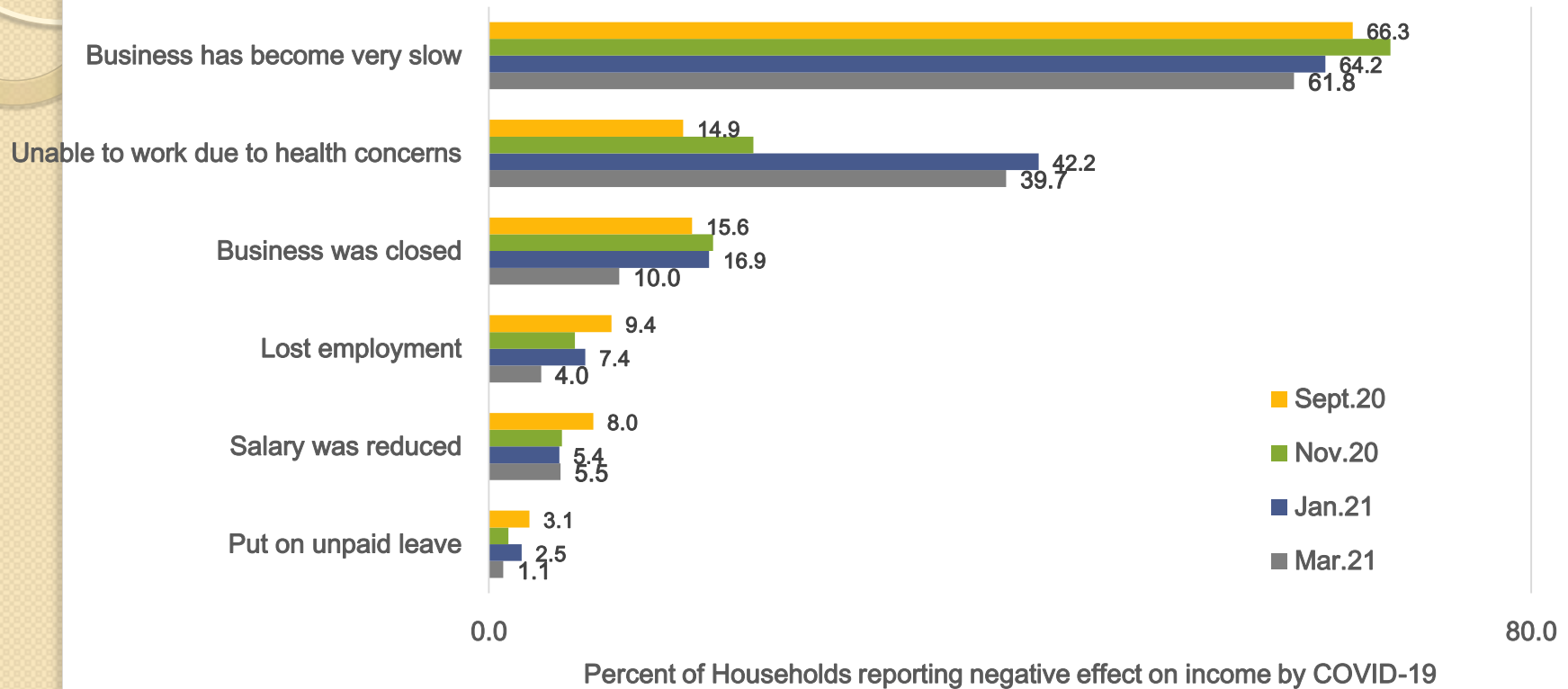


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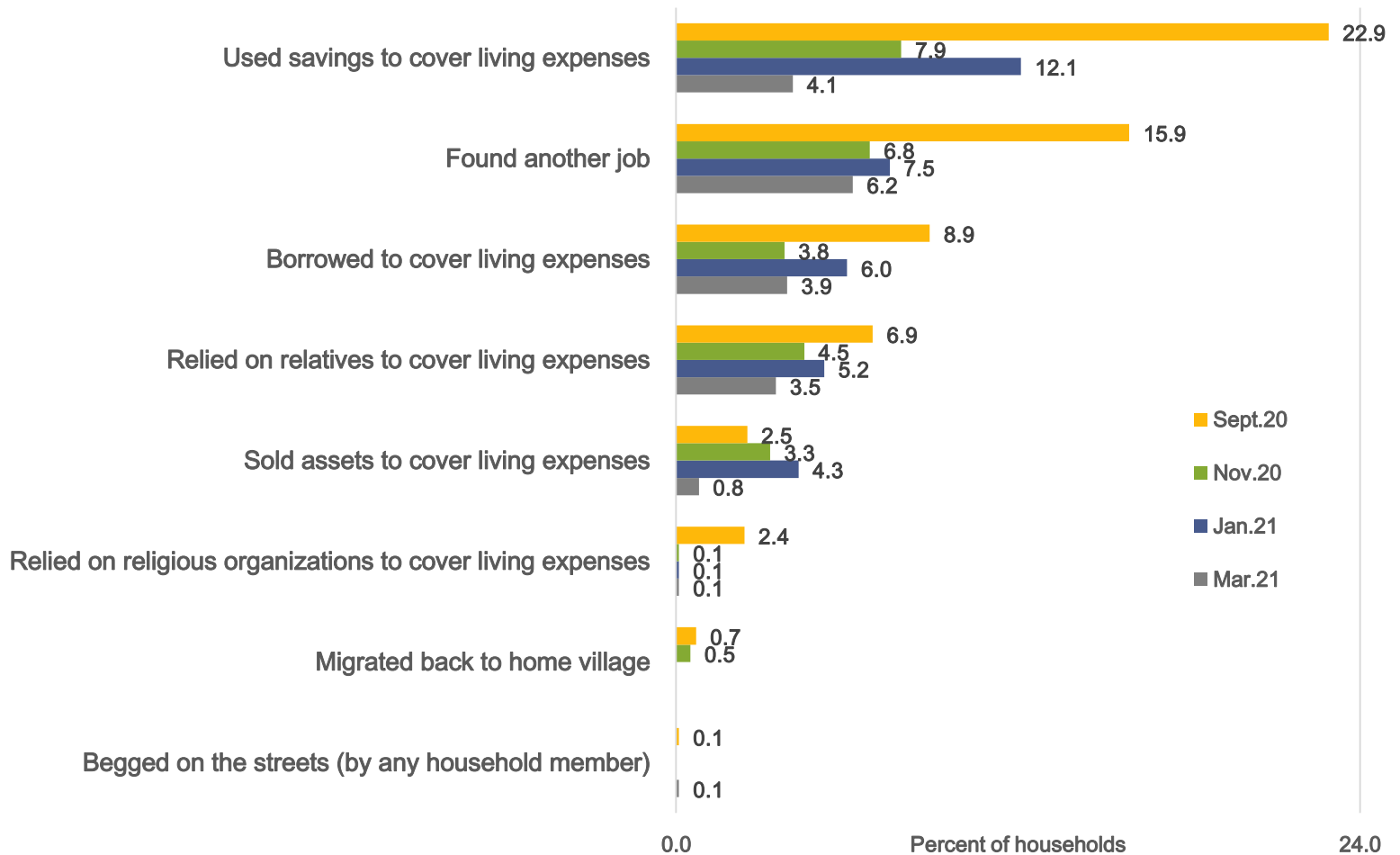


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# Why income reduced

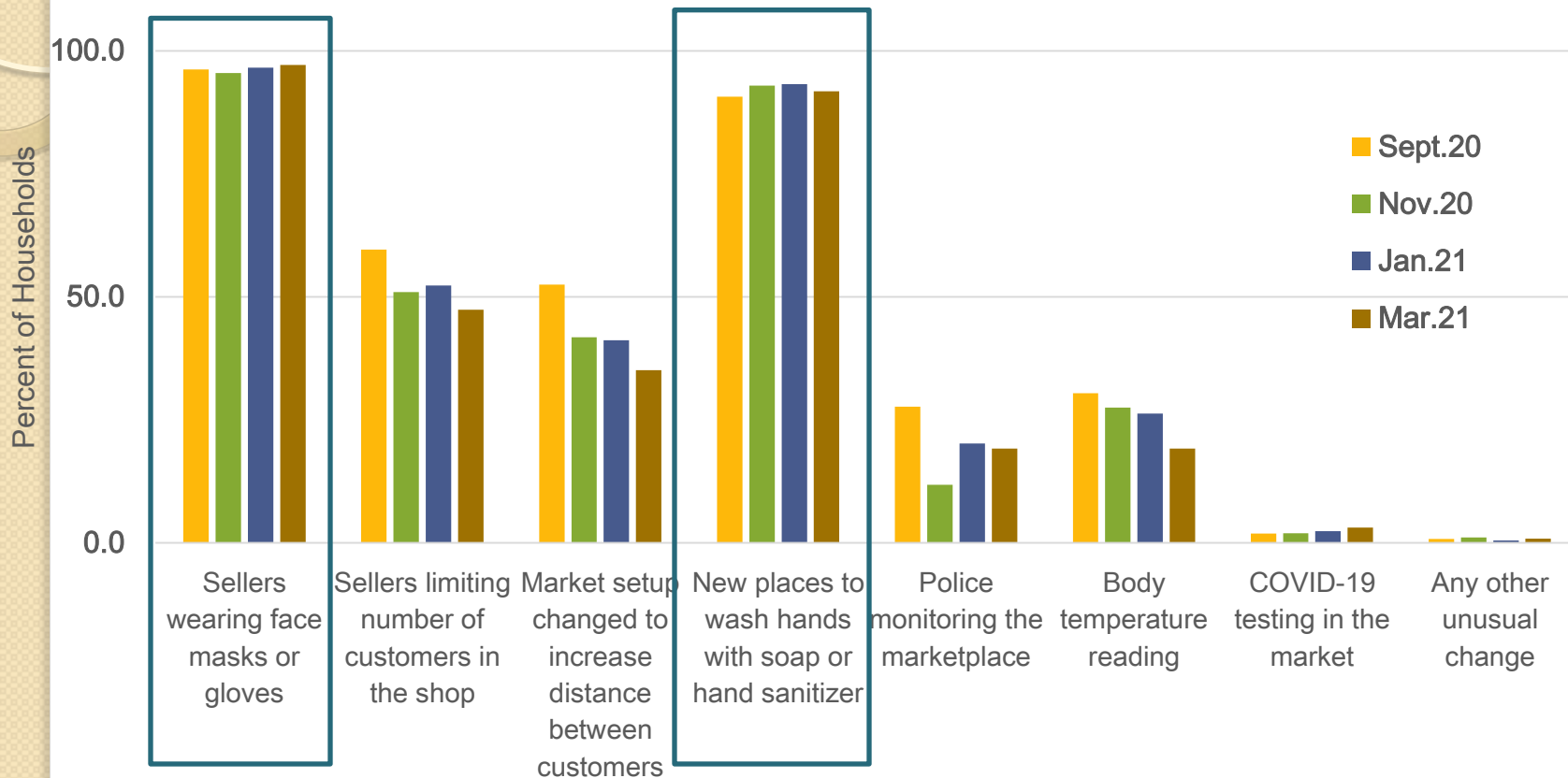


# Copying Strategies: Declining proportion of households using savings or finding another job





# COVID-19 measures at market places: mostly wearing face masks and washing hands



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# Few households reported receiving any COVID-19 Government assistance

	Sept.20		Nov.20		Jan.21		Mar.21	
	%	Freq.	%	Freq.	%	Freq.	%	Freq.
Food assistance	0.6	6	0.3	3	0.3	3	0.6	5
Cash transfers or Unemployment benefits	0.2	2	0.6	5	1.5	15	1.7	14
Loans	0.1	1	0.0	0	0.0	0	0.0	0
Subsidies of any kind	0.2	2	0.0	0	0.7	7	2.4	19
Tax cuts	0.4	4	1.7	15	0.0	0	0.0	0
None	98.6	1064	97.4	868	96.7	993	94.7	760



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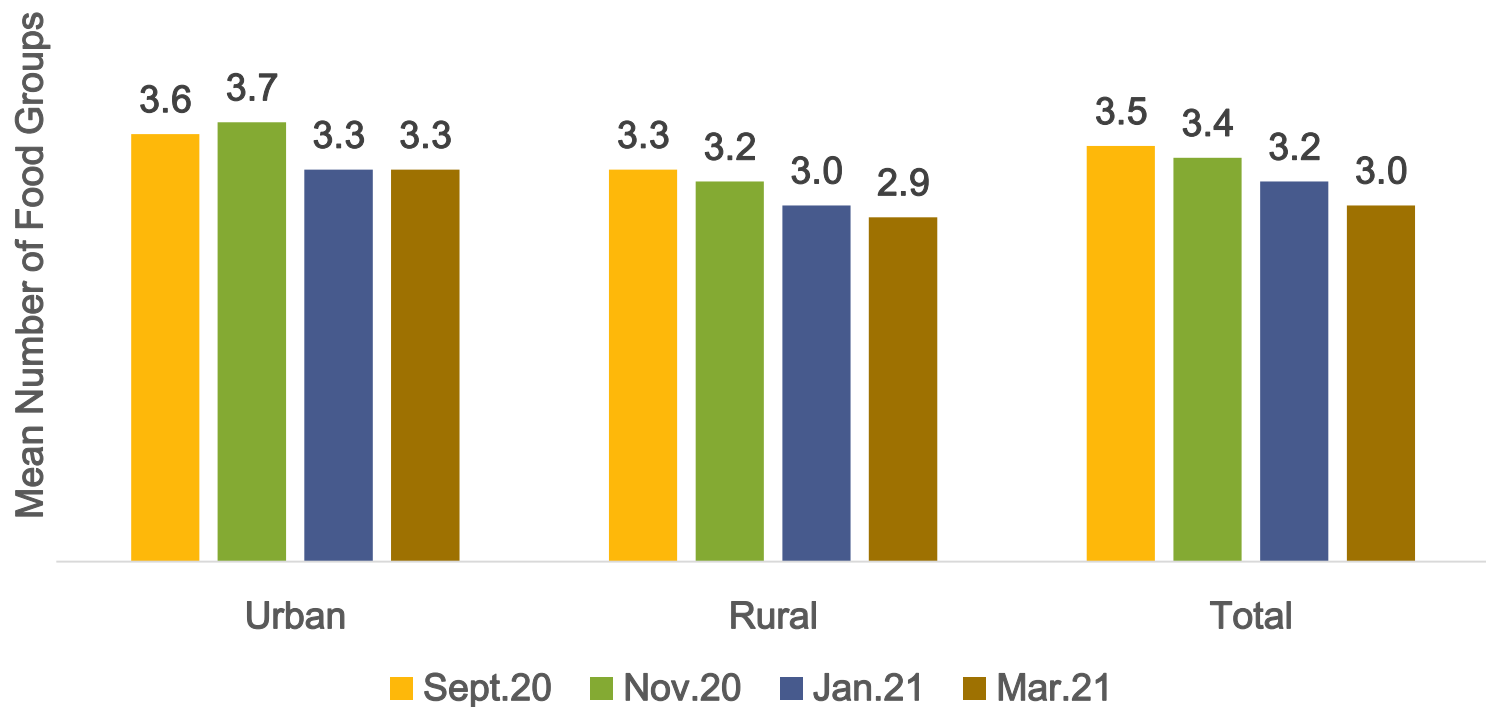
## MINIMUM ACCEPTABLE DIET (MAD)

Proportion of children 6-23 months of age who receive a minimum acceptable diet, apart from breast milk. It measures both the minimum feeding frequency and minimum dietary diversity, as appropriate for various age groups (WHO, 2009).



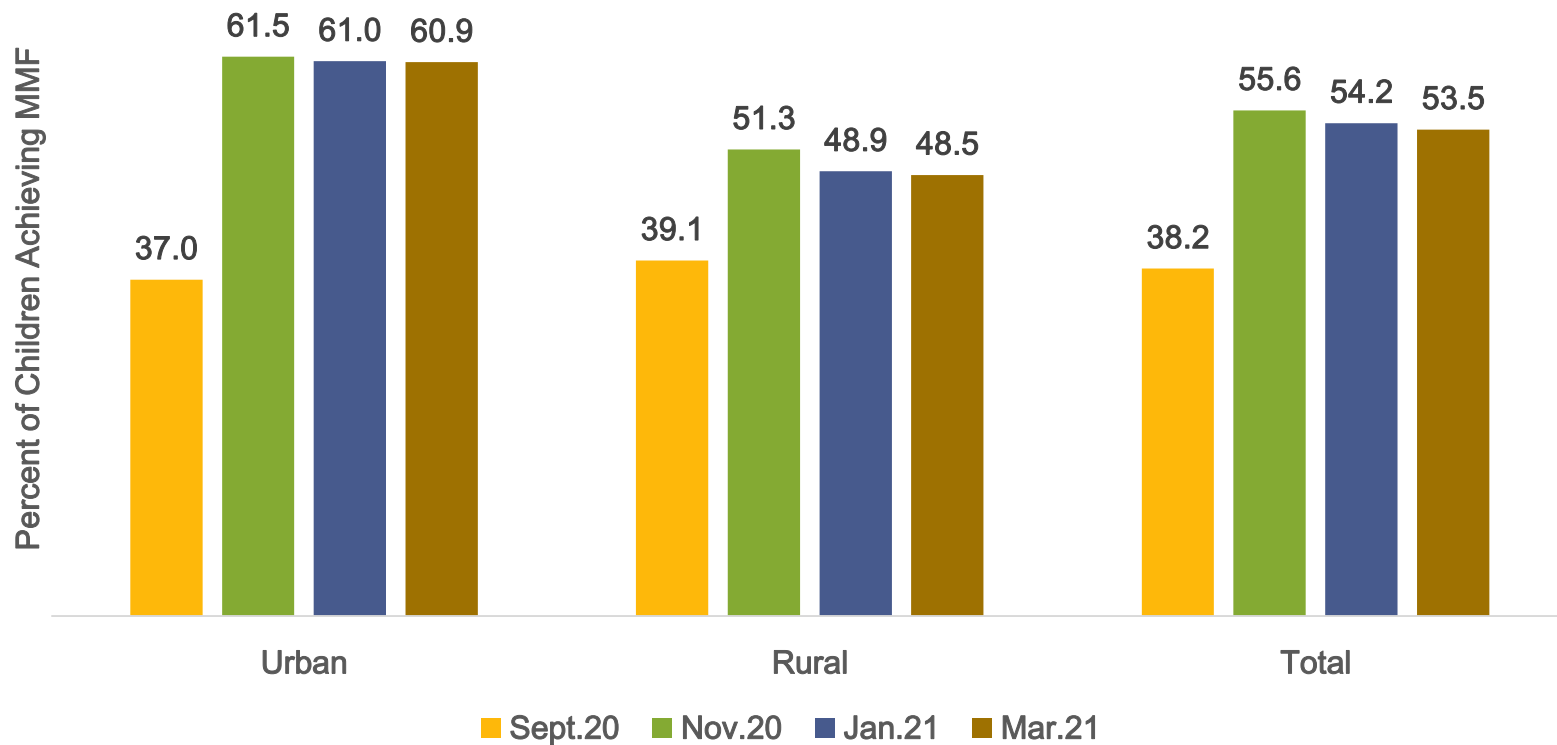
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# Decline in the mean number of foods consumed by children across the four surveys





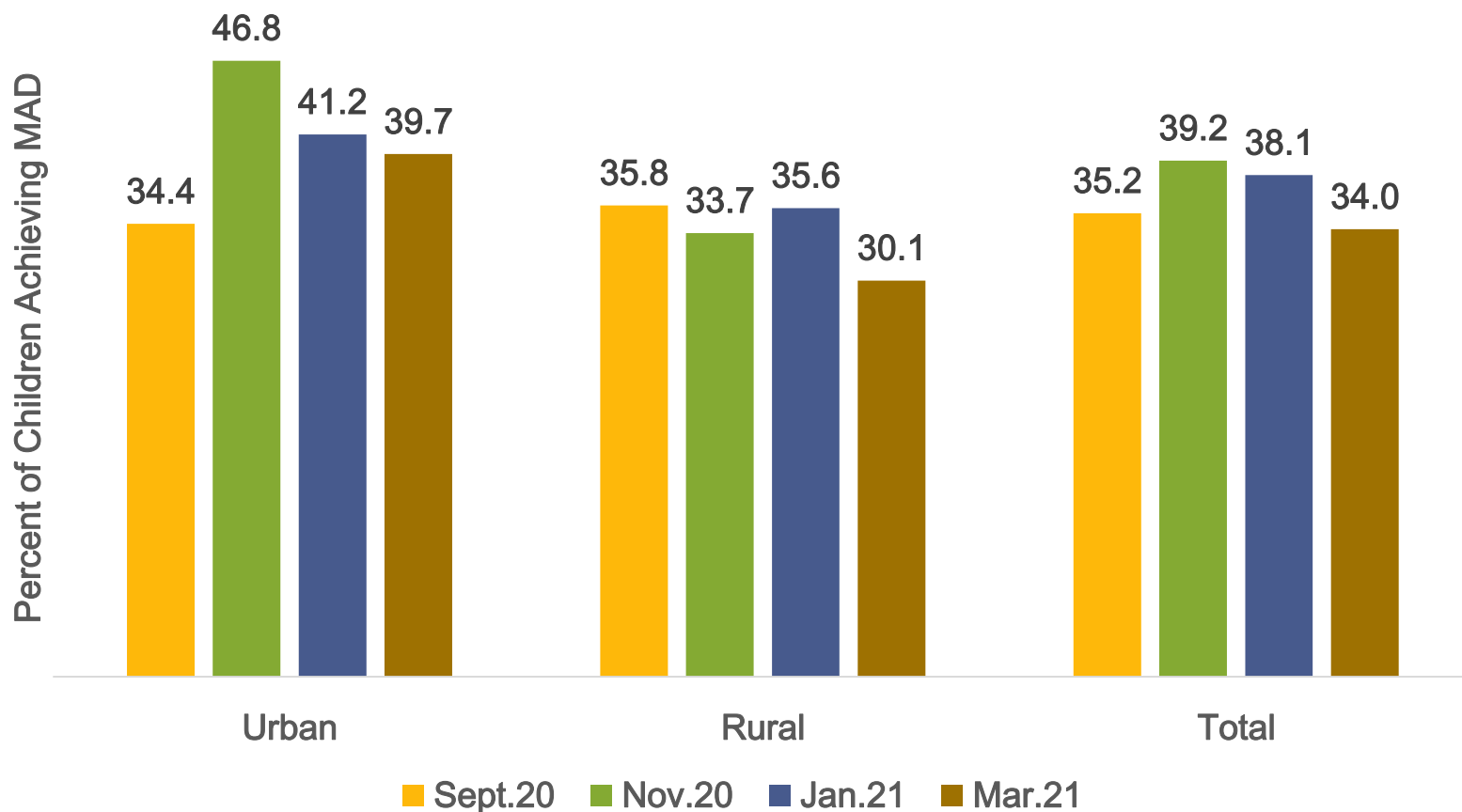
# Continued reduction in the proportion of children meeting the Minimum Meal Frequency (MMF)



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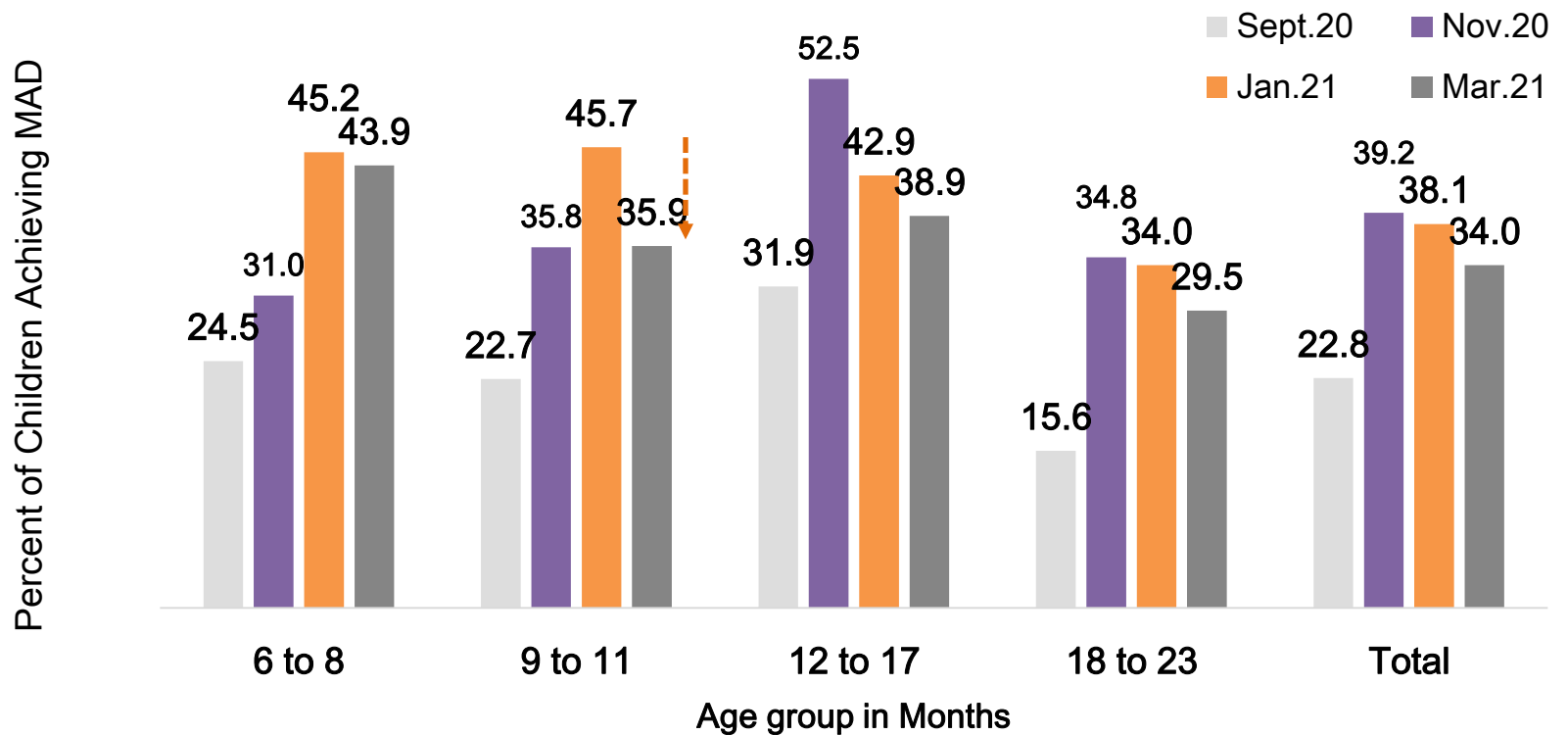
# Continued reduction in proportion of children achieving Minimum Acceptable Diet (MAD)



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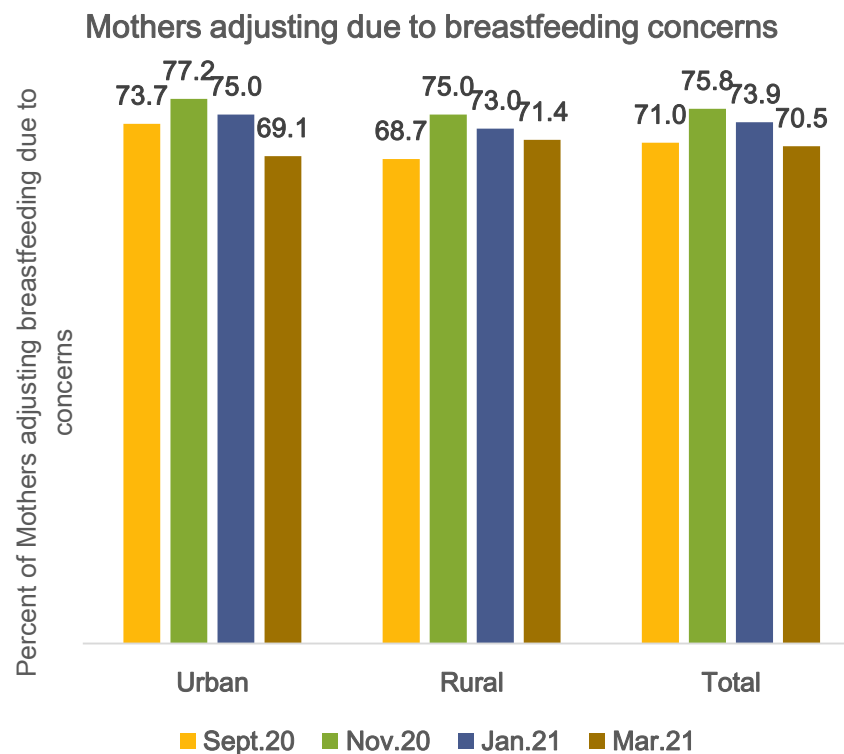
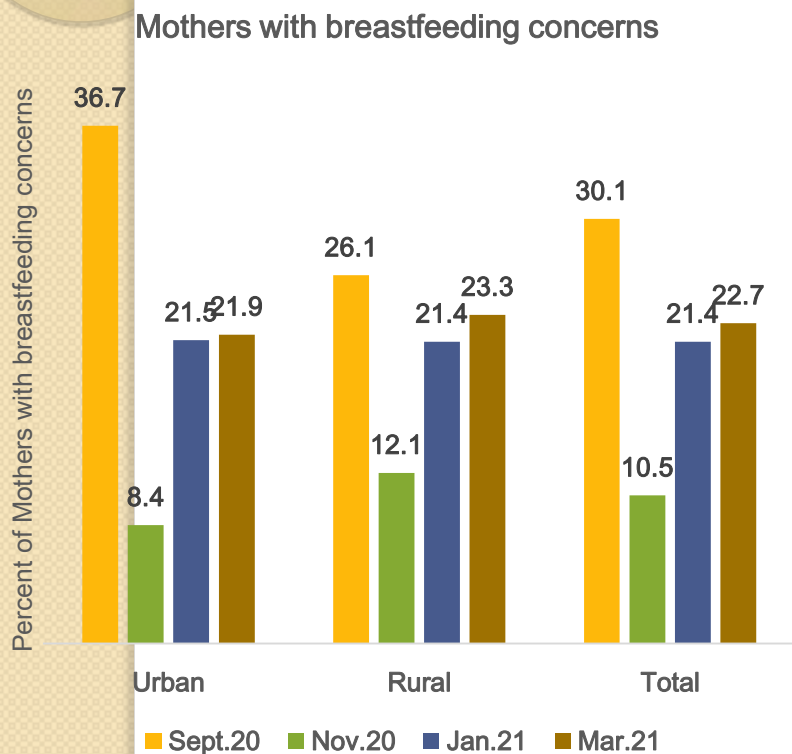
# Continued reduction in MAD at all age groups. Children 9 to 11 months old showed largest reduction



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# Increase in proportion of mothers with breastfeeding concerns as a result of COVID-19. However, adjustments to breastfeeding practices are in decline.



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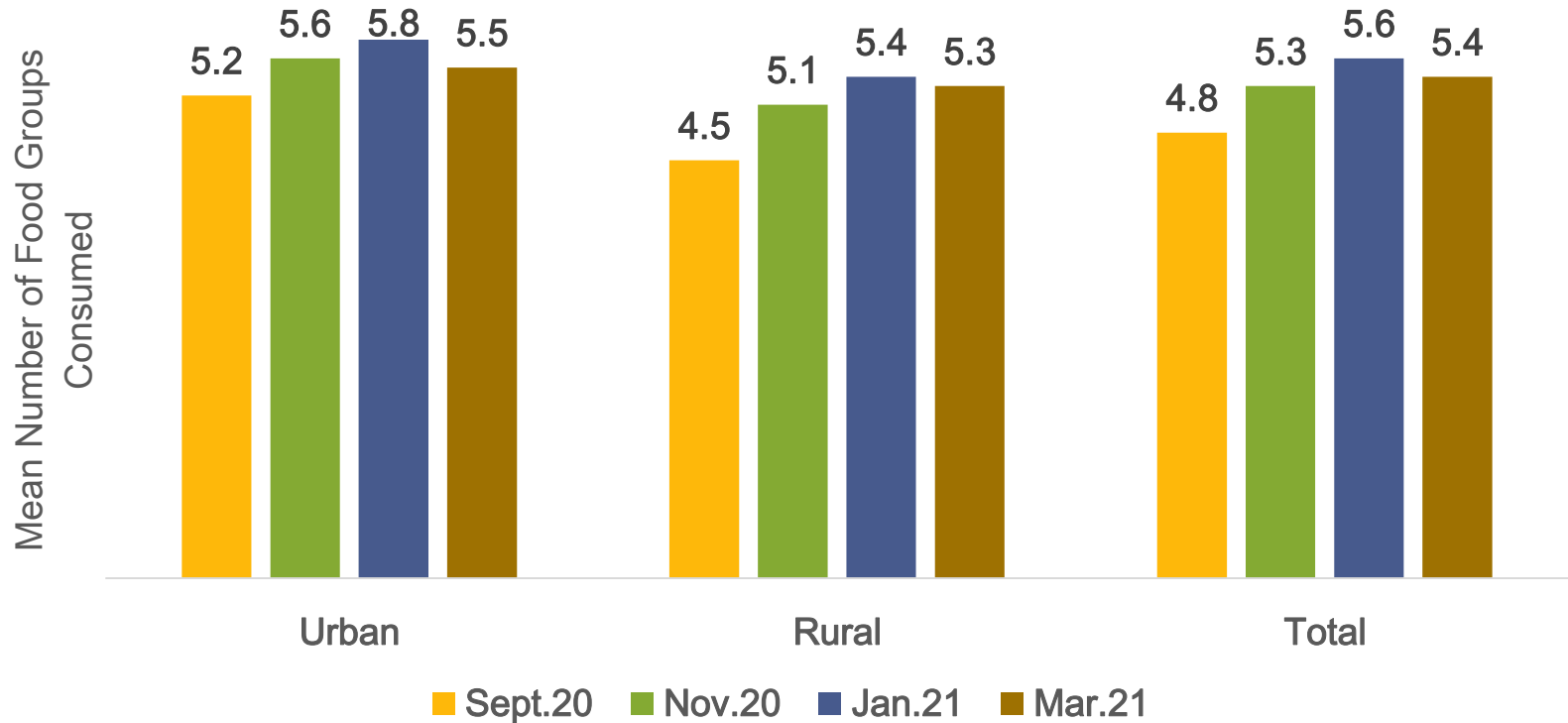
# **MINIMUM DIETARY DIVERSITY FOR WOMEN (MDD-W)**

A dichotomous indicator of whether or not women 15-49 years of age have consumed at least five out of ten defined food groups the previous day or night (FAO and FANTA, 2016).



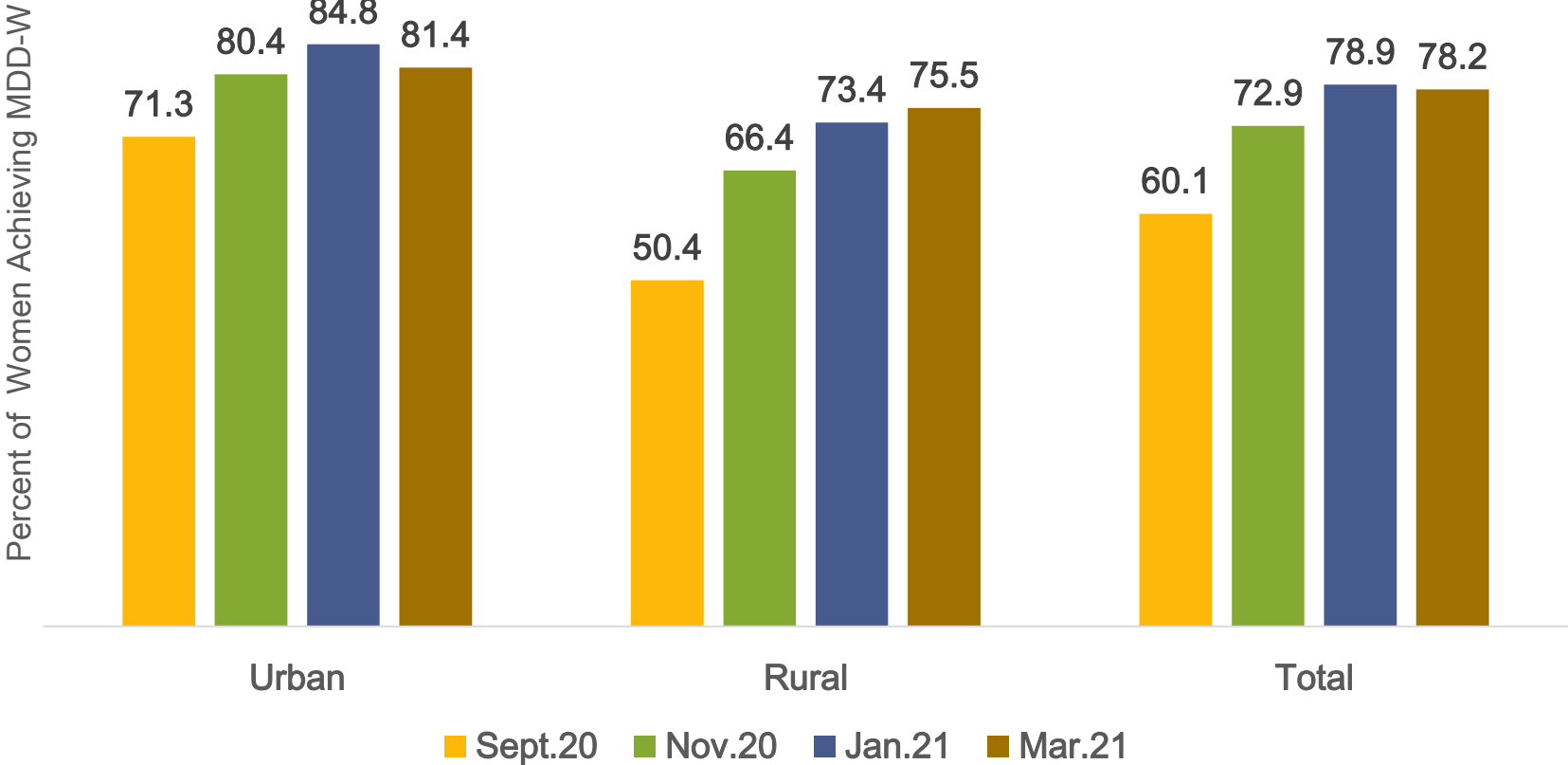


# Decline in the mean number of foods consumed by women



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Increase in proportion of women achieving MDD-W in rural areas. However, an overall decline in women achieving MDD-W is observed





# Household Hunger Scale

A household food deprivation scale (Ballard et. al, 2011)



Republic of Zambia

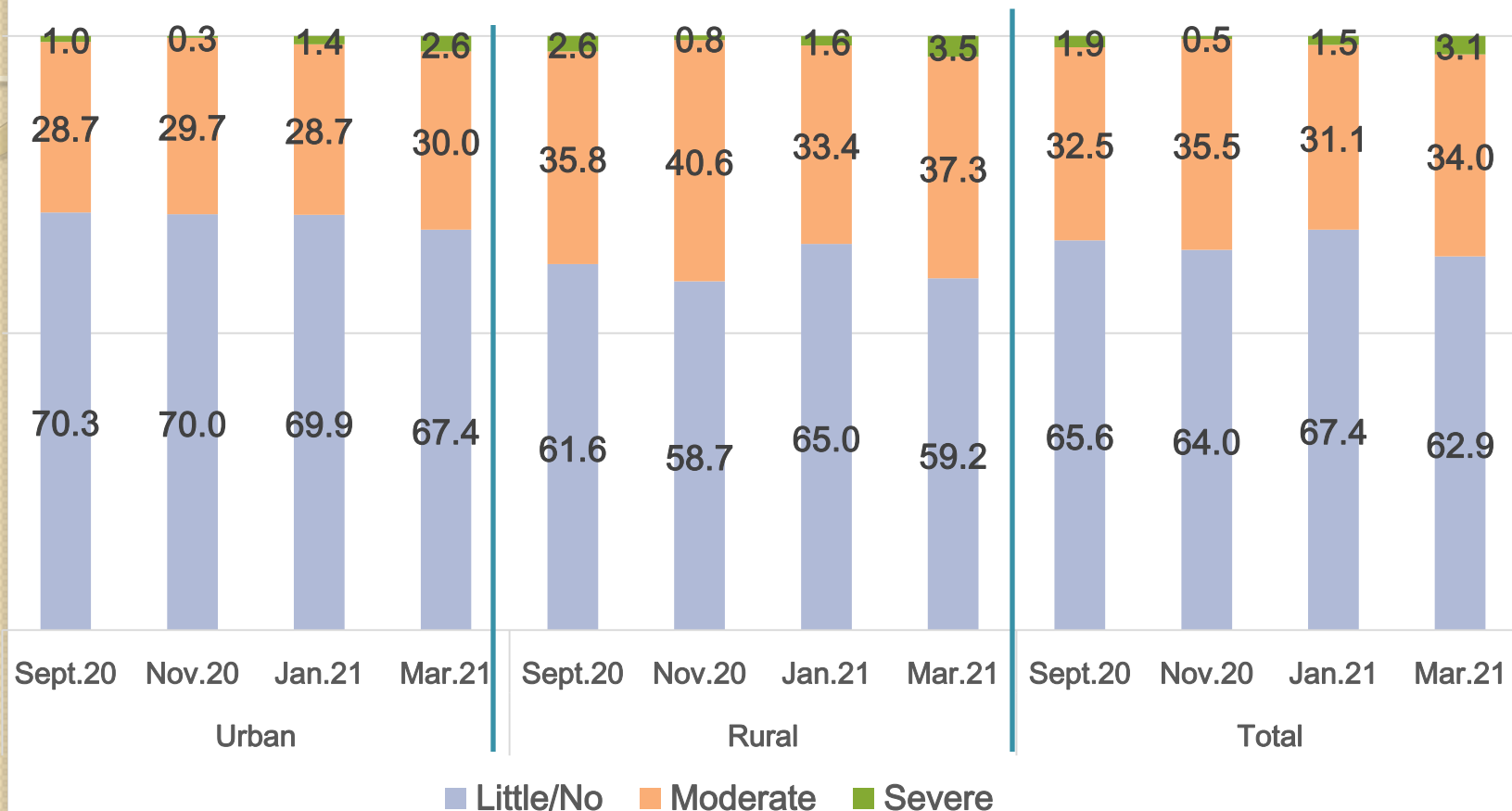


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# More households experienced severe and moderate hunger in March compared to January and September

Percentage of households experiencing different levels of hunger



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# Conclusion

More households were experiencing negative income effect of COVID-19

Mean number of food groups consumed by children as well as the MMF and MAD indicators were also in decline

Overall decline in proportion of women achieving the minimum dietary diversity diet

More women expressing concern of breastfeeding due to COVID-19

These declines could be due to economic effects (cost of living going up), and/or a result of declining household income exacerbated by COVID-19 restrictions that have affected supply chains

Incidence of hunger increased. More households reported to have experienced moderate and severe hunger in March 2021. This is an indication that more households were sliding into poverty



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# Recommendations

Ensure that the COVID-19 Government assistance reaches the targeted beneficiaries with more focus on the low income group and daily income/wage earners

Consideration for emergency social cash transfers as incomes continue to be affected in both urban and rural areas

Keeping the economy open even with the high cases is commendable as this helps to minimize household income effects

However there is need for continued monitoring and promotion of social distancing and other measures as they seem to be decreasing even when the first quarter had the highest number of cases.

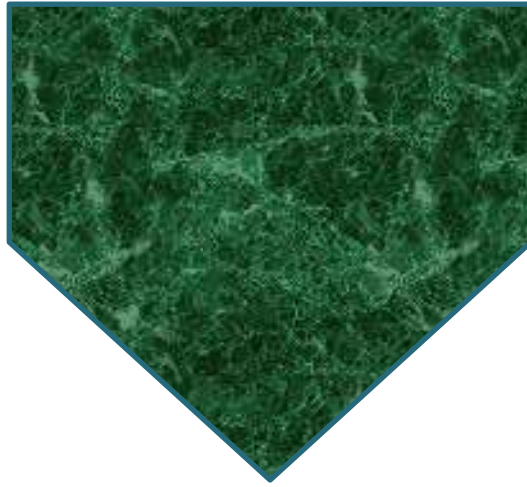
Awareness messages on COVID-19 and breastfeeding



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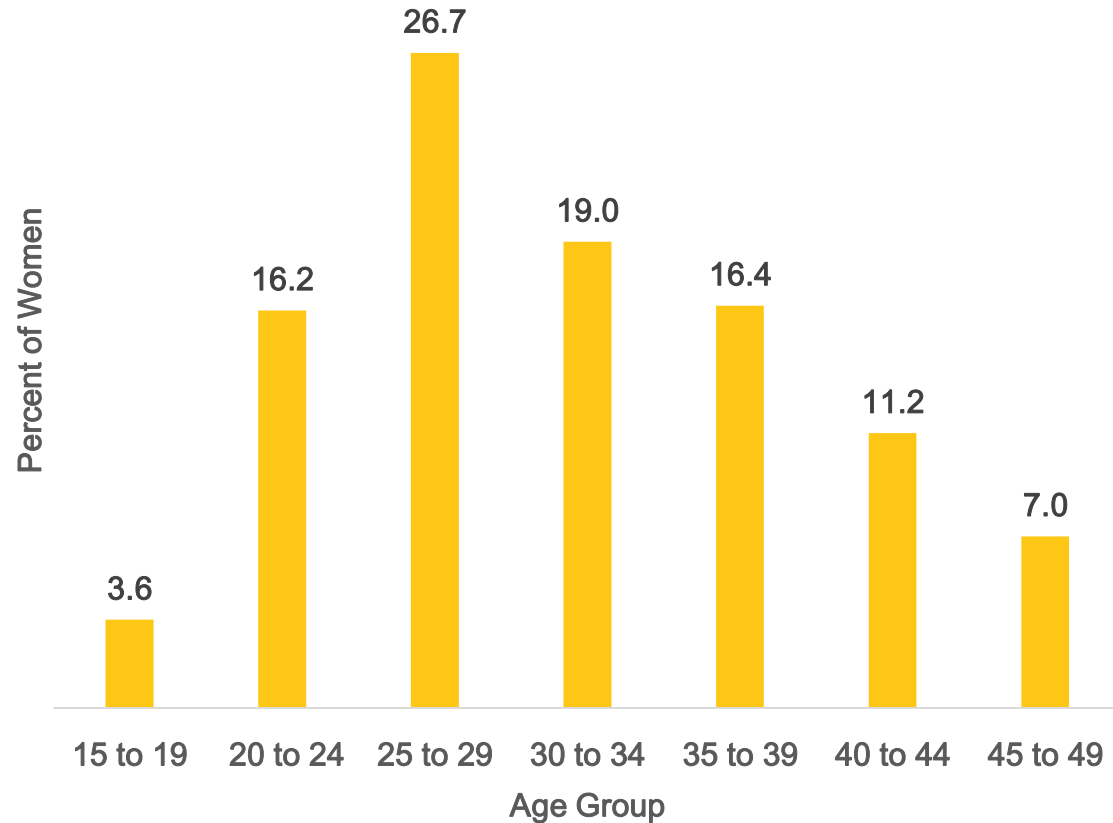
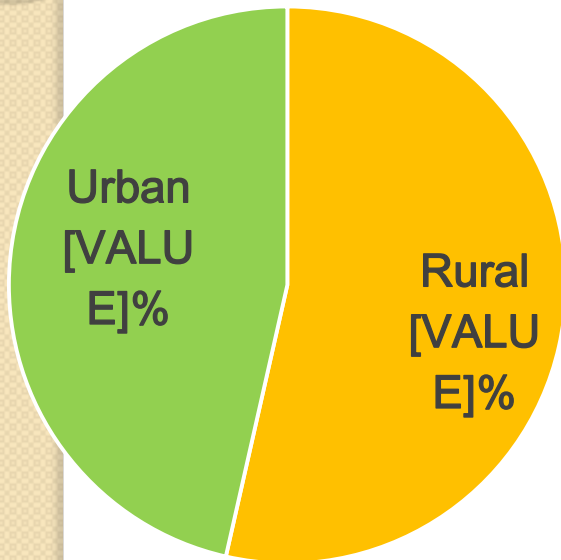


Thank you



# Women Interviewed (15 to 49)

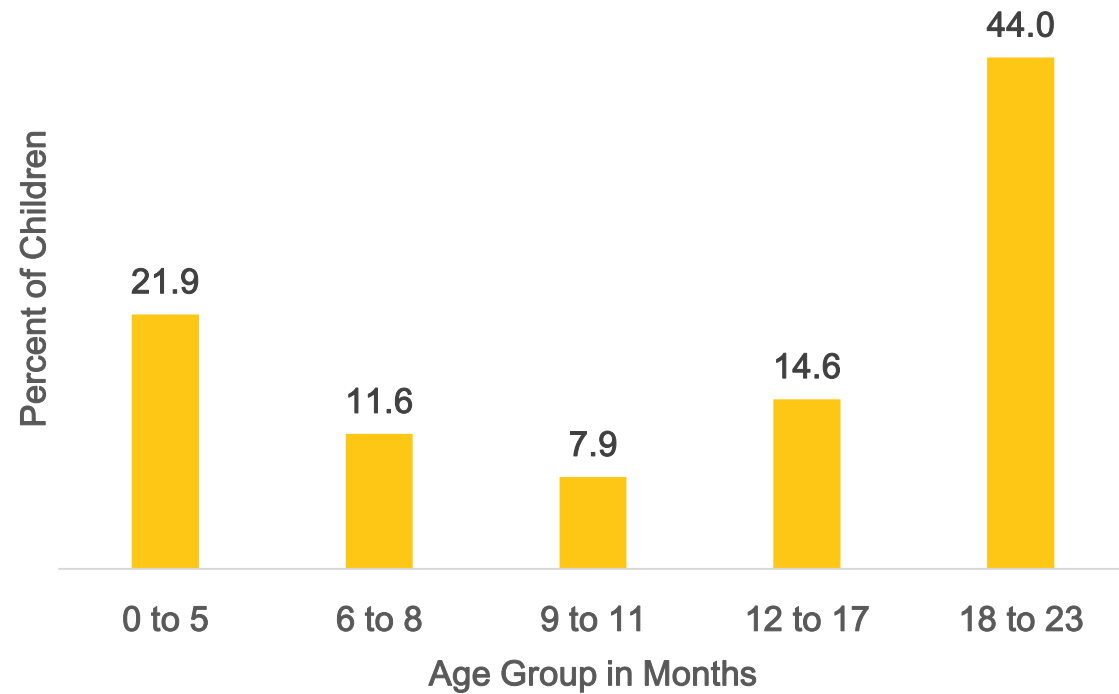
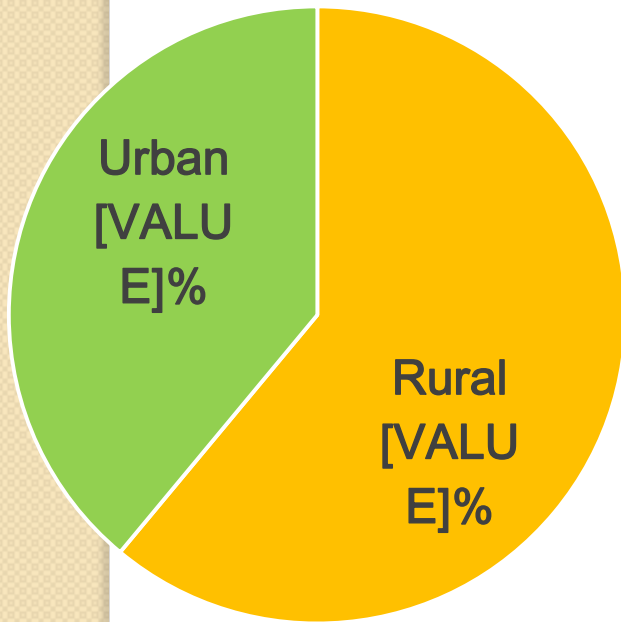
Total number: 1632



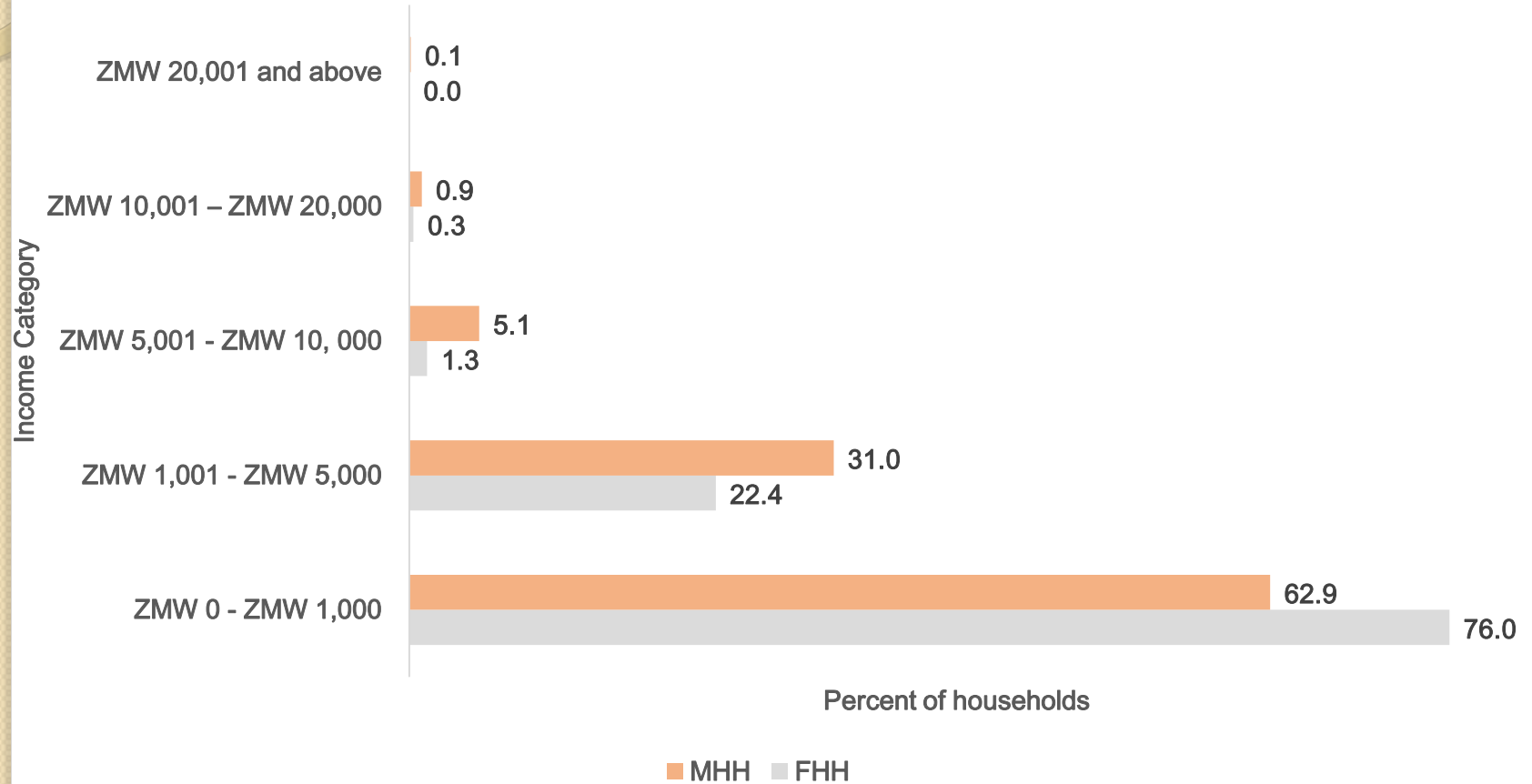


# Children in the Study

- Total number of Children in the study: 493

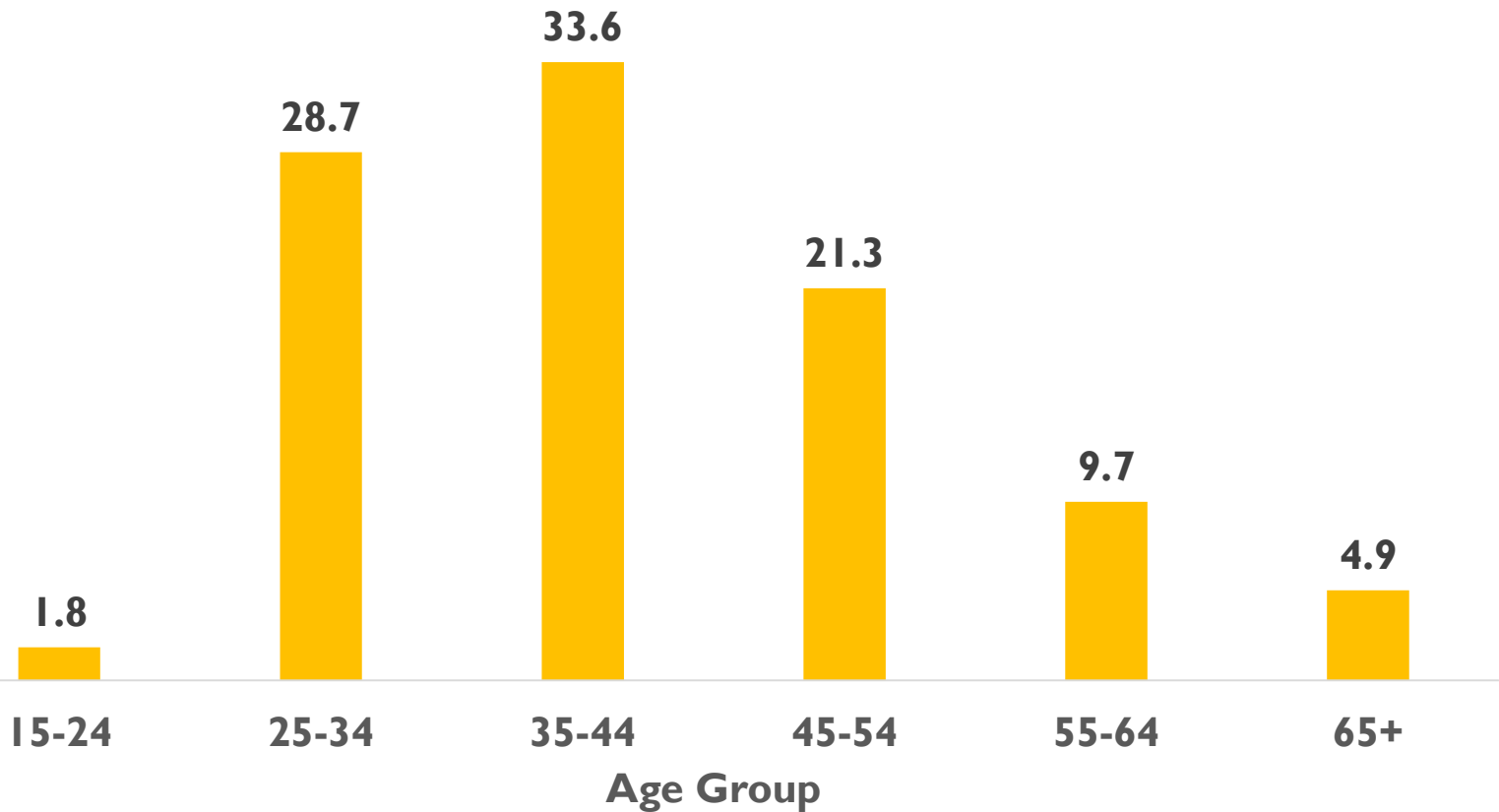


# More FHH in the lower income group

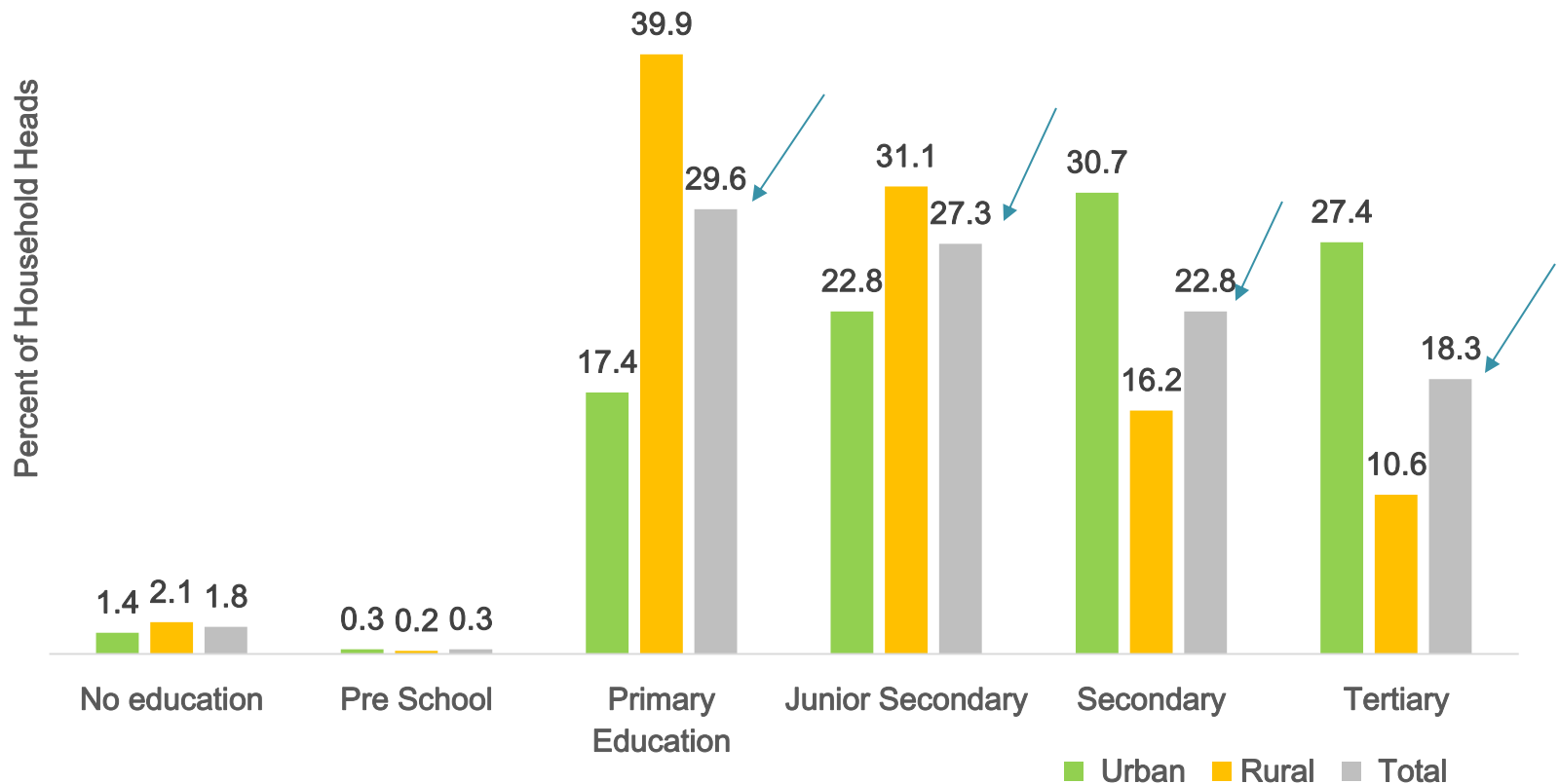


# Age distribution of Household Heads

Percent of Household Heads



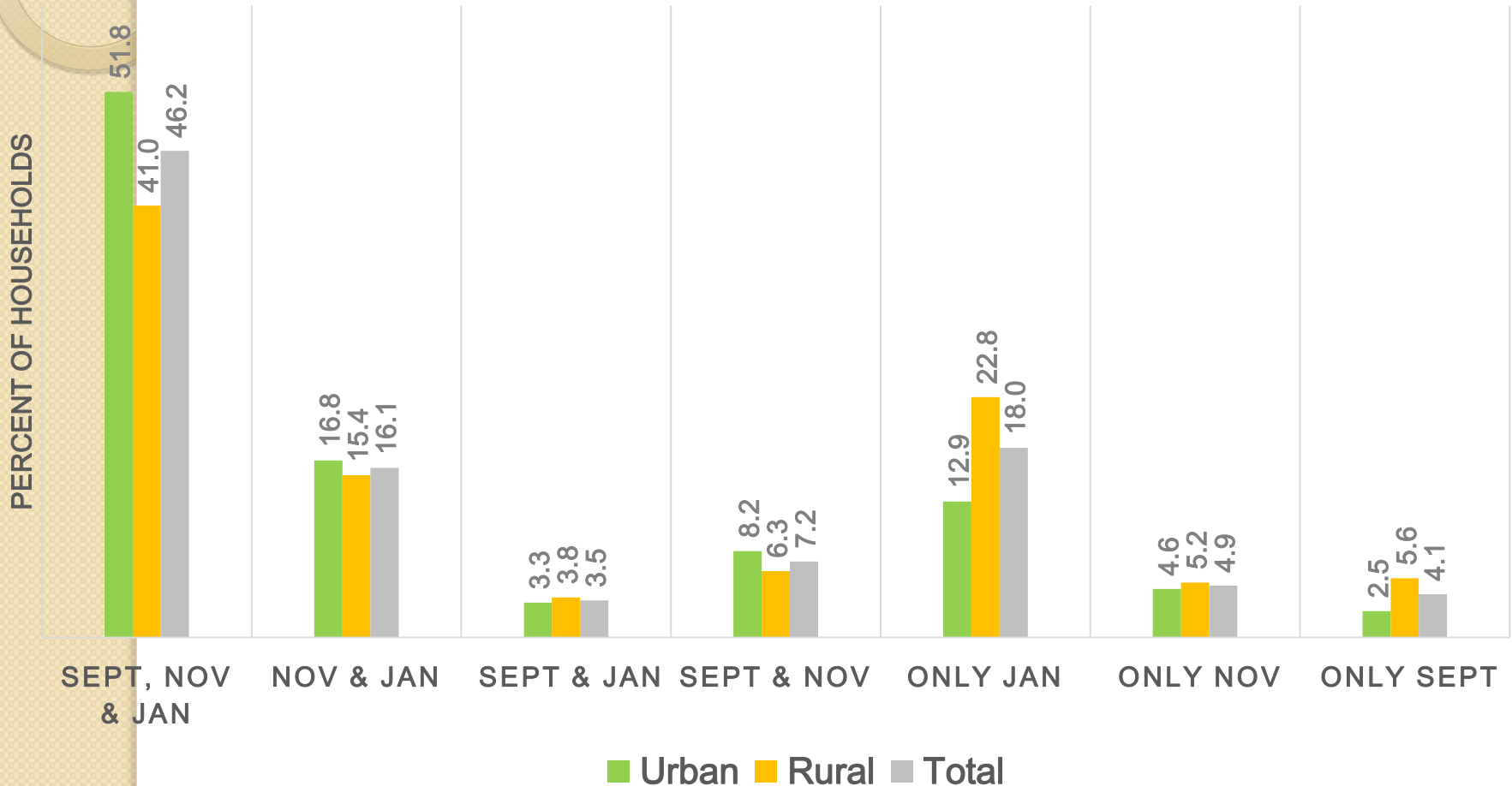
# Highest education level completed by Household Heads N=1583



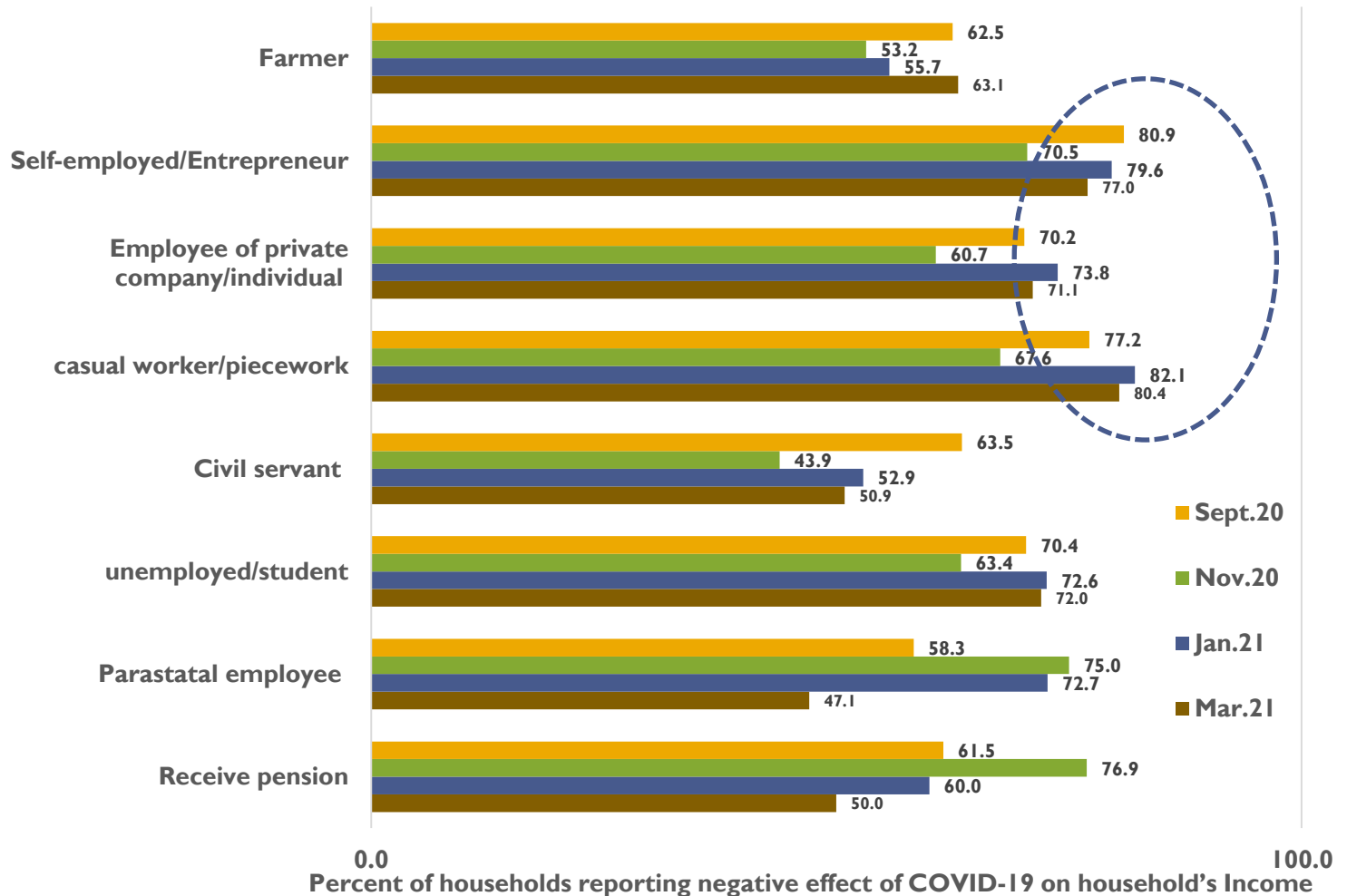
# Response Rates by District

Province	District	Households with Phone Numbers	Number of Households Interviewed	Response Rate
Central	Chibombo	183	62	33.9
	Kabwe	191	71	37.2
	Kapiri mposhi	202	52	25.7
	Mumbwa	194	39	20.1
Copperbelt	Kitwe	234	85	36.3
	Ndola	238	76	31.9
Eastern	Chipata	141	64	45.4
	Katete	152	56	36.8
	Lundazi	164	41	25.0
	Petauke	164	41	25.0
Luapula	Mansa	250	79	31.6
	Nchelenge	92	26	28.3
	Samfya	250	50	20.0
Lusaka	Lusaka	241	60	24.9
Muchinga	Chinsali	189	62	32.8
	Isoka	208	64	30.8
	Mpika	202	63	31.2
	Kaputa	84	27	32.1
Northern	Kasama	248	39	15.7
	Luwingu	250	55	22.0
	Mbala	184	40	21.7
North-western	Mwinilunga	143	37	25.9
	Solwezi	230	71	30.9
	Zambezi	167	35	21.0
Southern	Choma	223	72	30.9
	Monze	180	71	39.4
Western	Kalabo	81	30	37.0
	Kaoma	106	28	26.4
	Mongu	163	73	44.8
	Shang'ombo	77	14	18.2
	<b>Total</b>	<b>5431</b>	<b>1583</b>	<b>29.2</b>

88% (1,393) of households had participated in either one survey, two surveys or all three of the previous surveys. Of these, 46% had participated in all three previous surveys



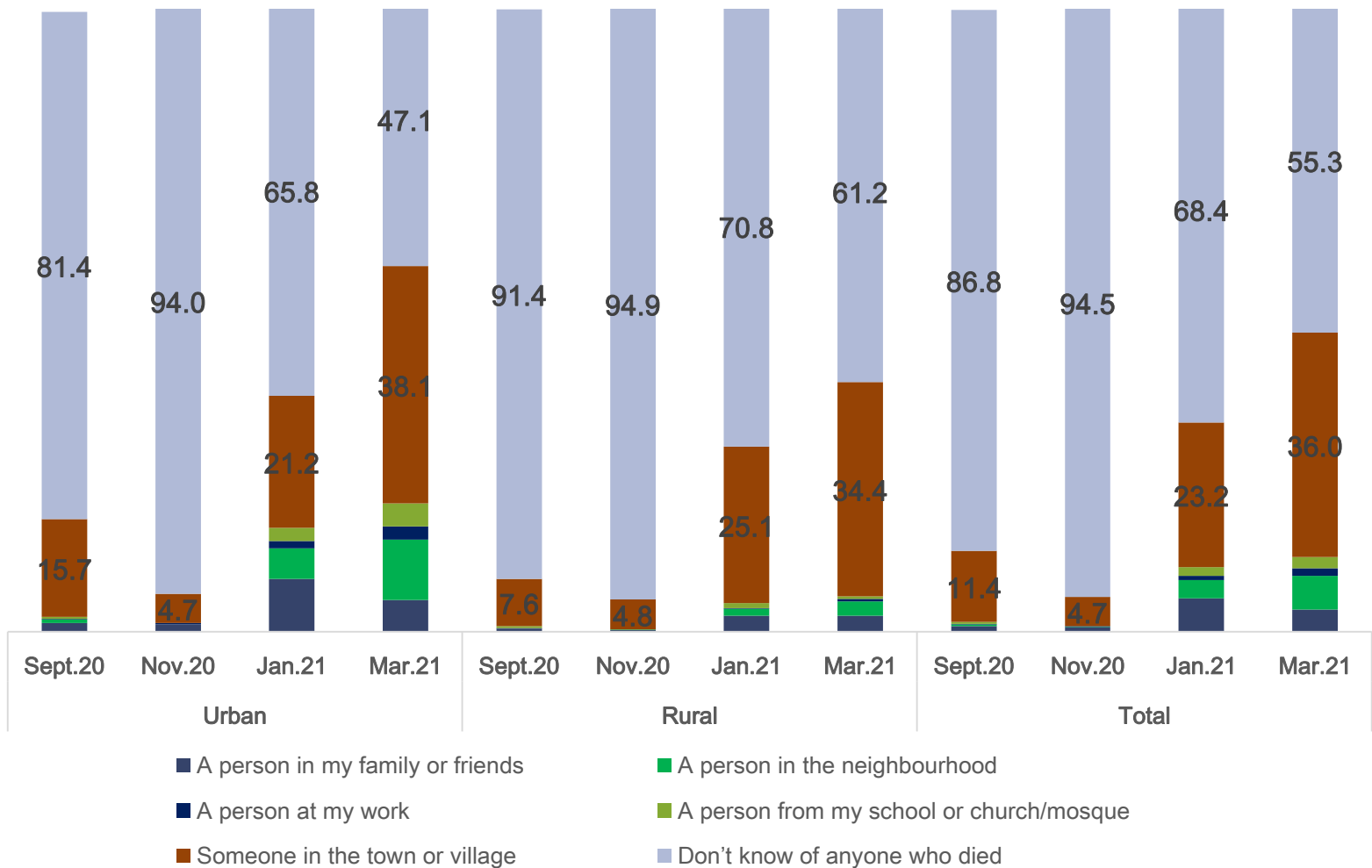
# More self employed, casual workers and unemployed households' income has been negatively affected more by COVID-19 compared to other households



# More HHs in March 2021 knew someone believed to have died of COVID -19 compared to the previous surveys

## Do you know anyone you believe died of COVID-19

Percent of Households who knew someone believed to have died of COVID-19

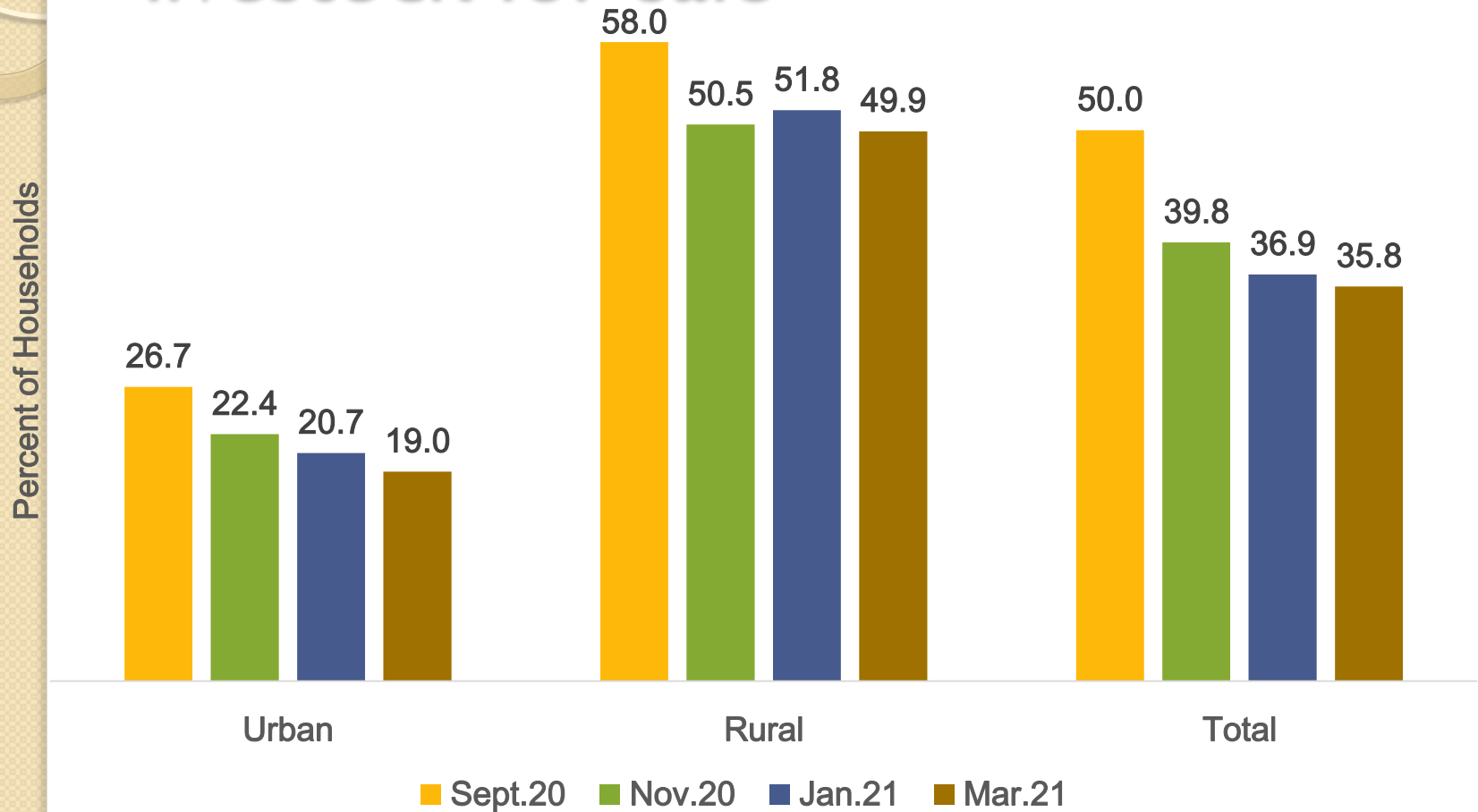




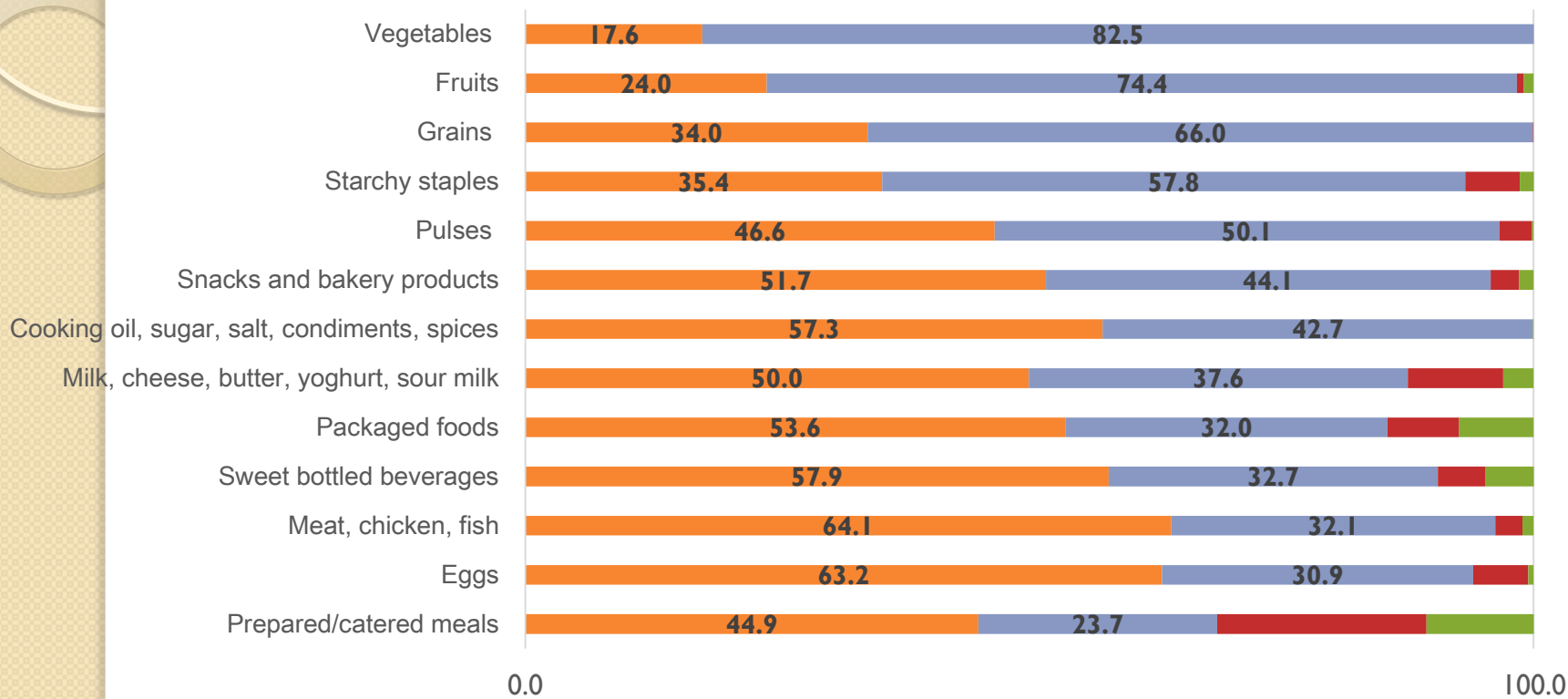


# FOOD CONSUMPTION

# Decline in households reporting to have produced crops or kept livestock for sale

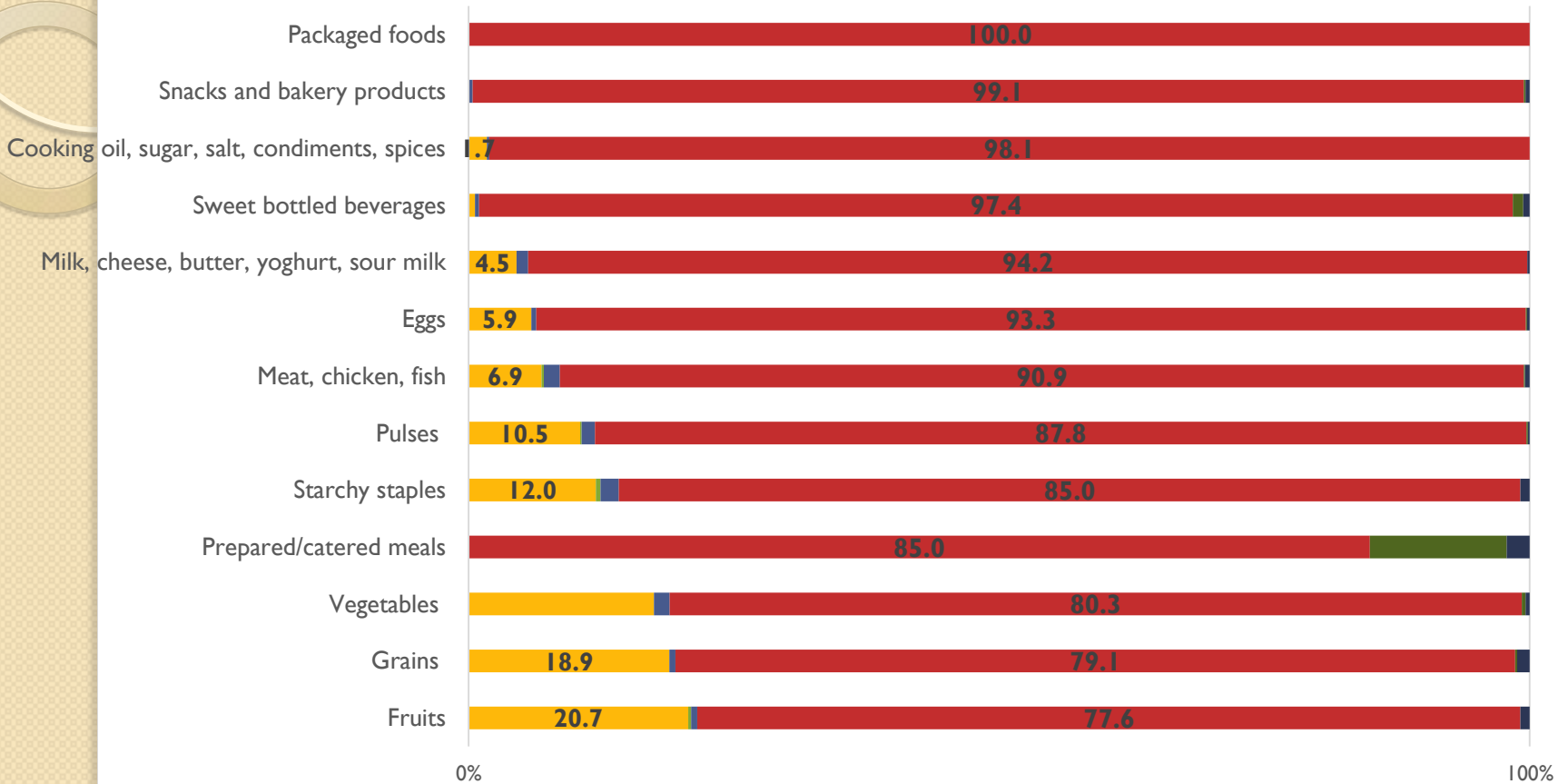


# Quantities consumed was less compared to previous year same time for most households



- Percentage of households reporting quantity of consumption for different food groups
- Past month's quantity was the LESS
  - Past quantity was MORE or the SAME
  - We would normally consume it around this time of the year, but consumed NONE this past month
  - I normally do not consume this food

# Less quantities of food consumption was due to food becoming more expensive for most of the households

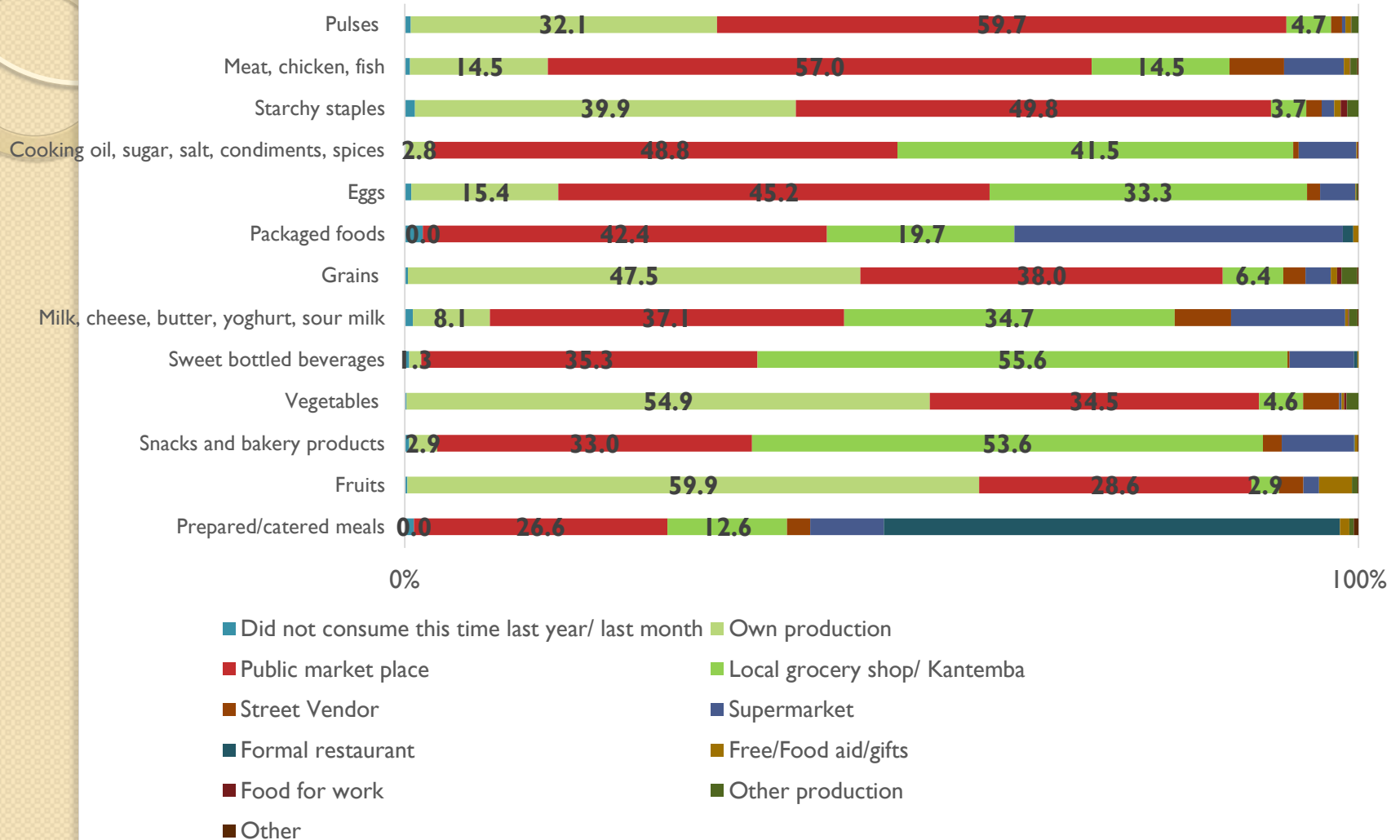


Percentage of households indicating reasons for less consumption of different foods

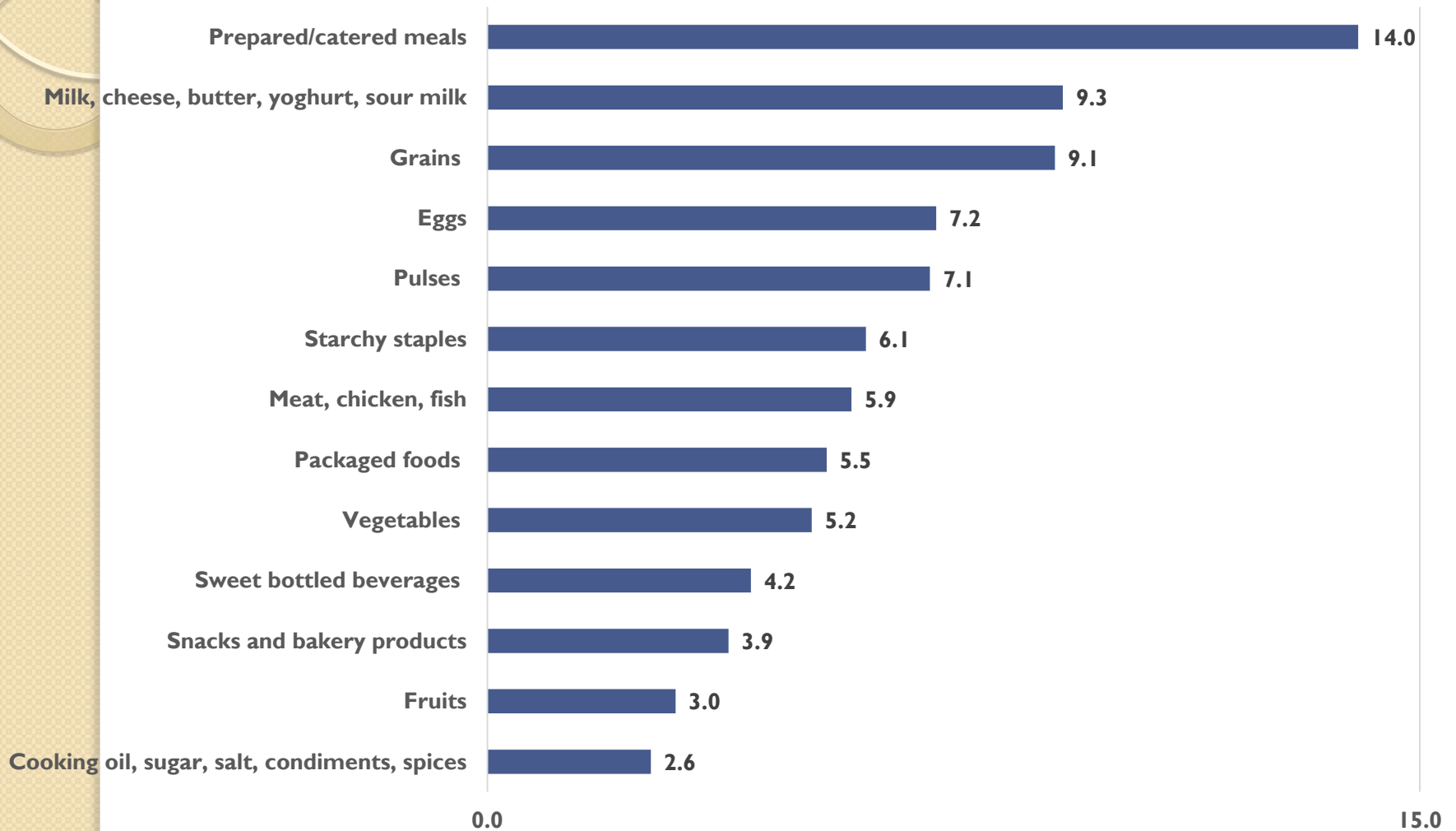
- Our production was lower
- Markets were disrupted and it was hard to get the item
- Markets were ok but this item was lacking
- It is more expensive this year
- I'm scared will get sick from item due to COVID-19
- Other

**January**

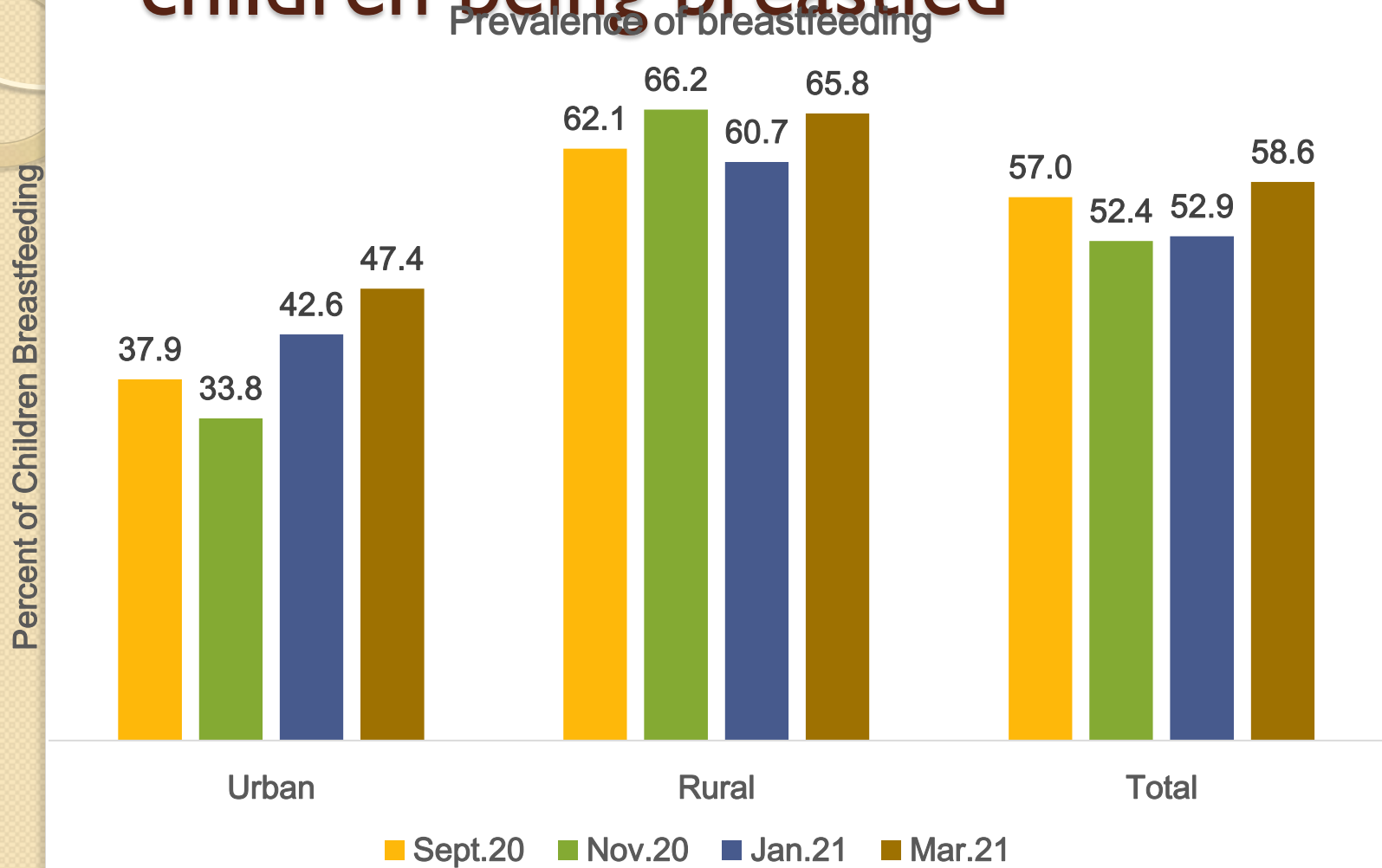
# The main source of food was own production, public market place and local grocery/Kantemba



Food sources have not significantly changed since last year this time. Less than 15% of HHs in all the previous surveys changed where they sourced their food for all food categories



# Increase in the proportion of children being breastfed





- **HOUSEHOLD DIETARY DIVERSITY**

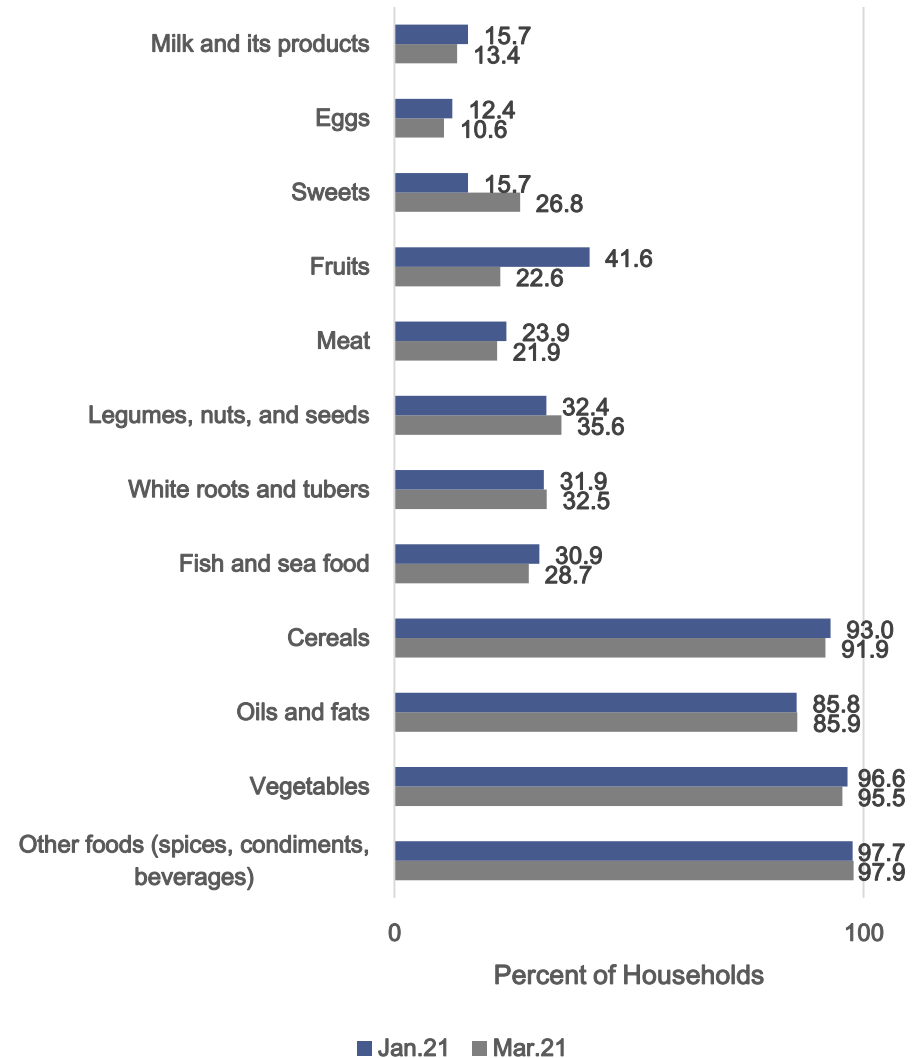
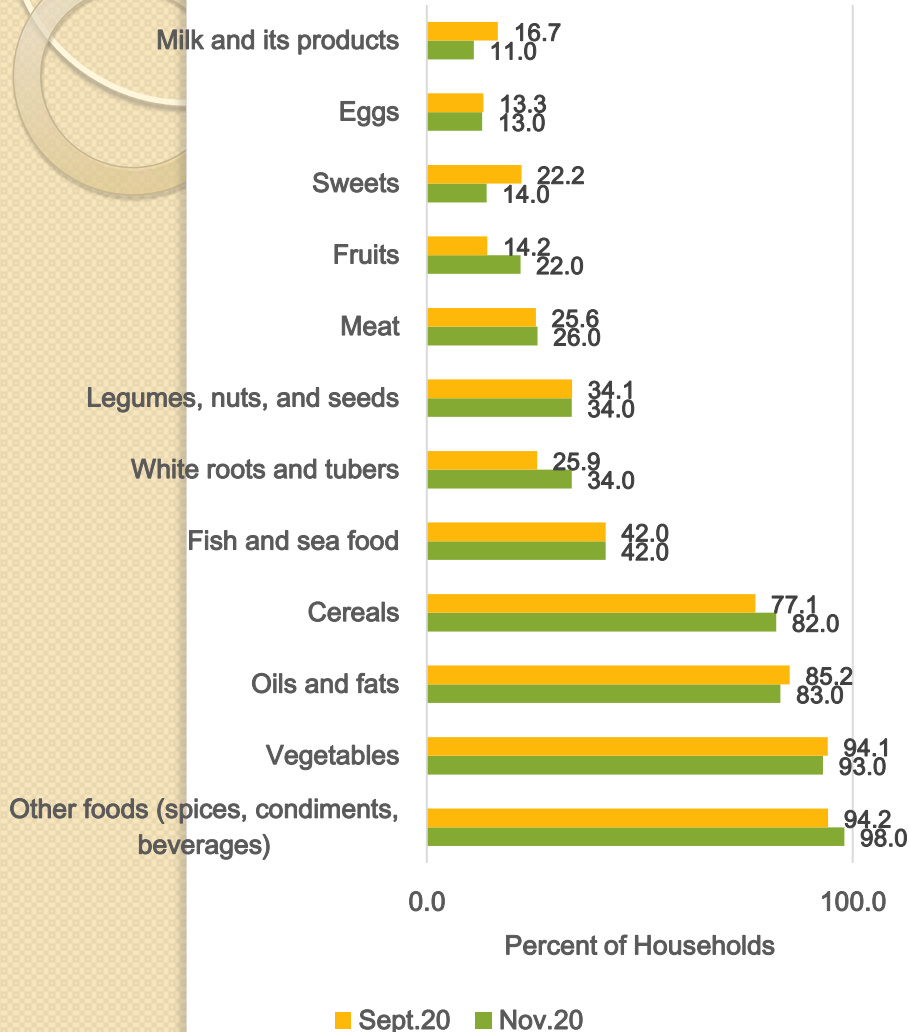
- The number of unique foods consumed by household members over a given period. It is a measure of household food access (FANTA, 2006).



# Slight decline in mean number of foods consumed by Households between Jan

		Mean number of food groups consumed
<b>Sept.20</b>	Rural	5.1
	Urban	5.9
	Total	5.5
<b>Nov.20</b>	Rural	5.1
	Urban	6.0
	Total	5.5
<b>Jan.21</b>	Rural	5.5
	Urban	6.1
	Total	5.8
<b>Mar.21</b>	Rural	5.4
	Urban	6.0
	Total	5.6

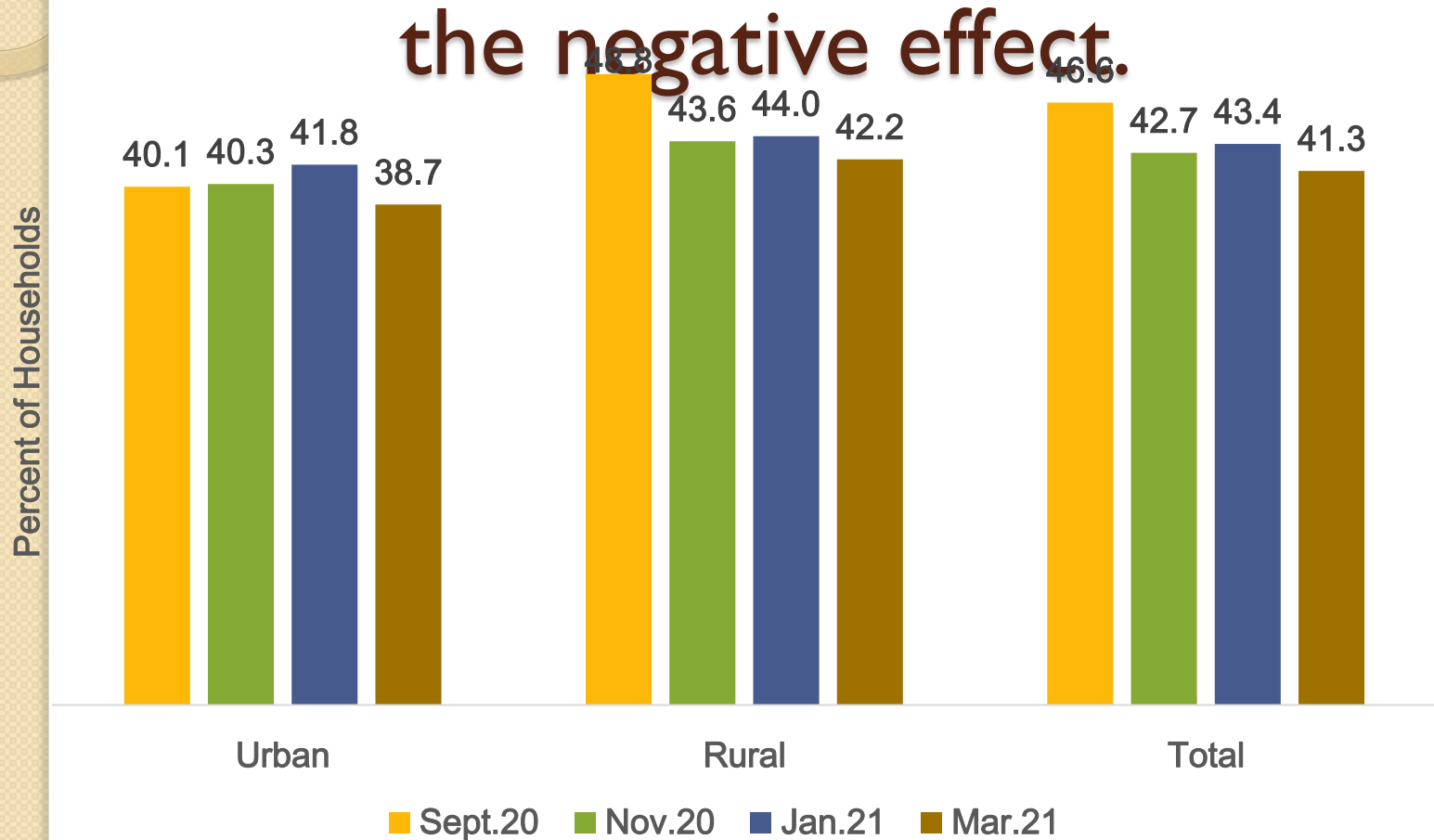
# Decline in the consumption of most foods except legumes and sweets - HDDS





# AGRICULTURAL MARKETING

Decline in households reporting that COVID-19 had affected the marketing of their farm. However, 41% reported the negative effect.



# Farming continues to be the main economic activity, particularly among rural households (64%), (N=1583)

