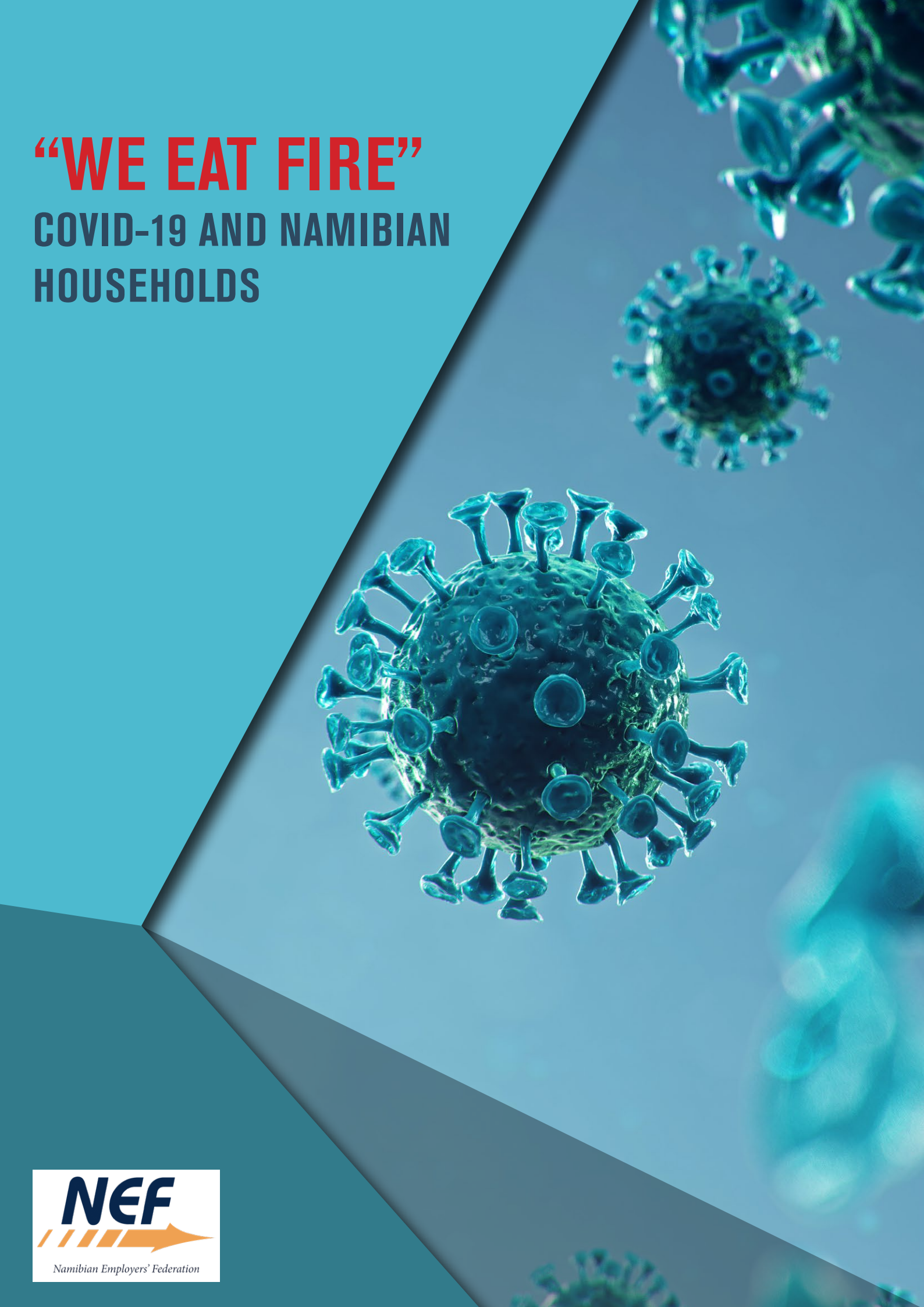
"WE EAT FIRE"

COVID-19 AND NAMIBIAN HOUSEHOLDS



NEF

Namibian Employers' Federation

“WE EAT FIRE”

COVID-19 AND NAMIBIAN HOUSEHOLDS

A RESEARCH REPORT BY
CHRISTIAAN KEULDER AND LIZL STOMAN
OF SURVEY WAREHOUSE

SEPTEMBER 2020

International Labour Organization
Hanns Seidel Foundation
British High Commission Windhoek

ACKNOWLEDGEMENTS

The authors wish to thank the International Labour Organization (ILO), the Hans Seidel Foundation (HSF) and the British High Commission (BHC) for their sponsorship of the survey. Without them there would not be a survey.

We also wish to thank the Namibia Employers Federation (NEF) and the Economic Association of Namibia (EAN) for their role in facilitating the survey. The Namibia Statistics Agency (NSA) provided important inputs and we benefitted greatly from the discussions with them.

This report also benefitted greatly from the inputs made by various individual colleagues and representatives of the various donor and support agencies. Daan Strauss (NEF), Cons Karamata (EAN), Mpho Katjiuongua (BHC) and Adolphus Chinomwe (ILO) generously offered their time, made important inputs and helped push the process forward when we needed it. We extent our gratitude to them and other colleagues who commented on the draft report.

The conclusions drawn from this report and all possible mistakes therein remain our own exclusively and should in no way be ascribed to the individuals or organisations mentioned above.

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COVID-19 AND ITS IMPACT ON NAMIBIAN LIVELIHOODS

Namibia recorded its first COVID-19 cases on 13 March 2020. After containing the spread of the pandemic during the first three months, the pandemic has now reached all fourteen regions and thus the entire country.

The pandemic has had a significant impact on Namibians' work routines as nearly 45% have seen their place of work change. More than half, 51%, has had a change in their number of hours of work. Overall, most (36%) has had their hours of work reduced which most likely means they had experienced a proportional reduction in wages and salaries too.

Most households (67%) have seen an increase in the amount of care work, mainly as a result of the closure of schools due to COVID-19. Just over half (56%) of households also reported changes in caring for their elderly. These figures imply that women - as the traditional caregivers - would most likely be bearing the brunt of the care work-related impact of pandemic.

The pandemic and responses to it has had a significant financial effect on households. A large majority (73%) reports having difficulty keeping up with their financial commitments since the lockdown started on 27 March 2020. Nearly four-in-ten respondents (39%) indicated that they would have great difficulty buying food over the next month, whilst a further 29% indicated that it would be difficult. Close to one-in-ten (6%) said it would be impossible. Nearly half the households (47%) reported that they will not have money to afford essentials in the near future.

To cope with the financial impact of the pandemic, most households (49%) would ask for donations from family and friends, and a further 10% would ask for donations from someone in their community. Nearly one-in-four (23%) will borrow from family and friends and 18% will borrow from a commercial bank. Some 14% will sell assets to fund their shortfall.

Households have also cut down on shopping and consumption in response to the growing financial pressures. Half (50%) have decreased the frequency of grocery shopping either a little or a lot and 41% have decreased the quantity of groceries per shopping trip a little or a lot.

Close to three-in-four households reported that they had savings at the start of the lockdown. Only 28% reported savings to last four months or more. Three-in-four households have had to use at least part of their savings since then. Some 36% have used between 50% and 100% of their savings already. Most of the rest will run out of savings sometime in the near future.

To summarise: Namibian households are struggling to cope with the impact of the pandemic on their livelihoods. They have experienced reductions in income mainly as a result of retrenchments or reductions in salary and wages. Most report difficulties in meeting financial commitments and many expect problems with food security. Most households that had savings, have used some or all of it. To make ends meet, most households will turn to family and friends. This situation is not sustainable as more households will have their resources diminished by the prolonged pandemic meaning that they will be less able to help others.

1 INTRODUCTION

On 31 January the WHO's Regional Director for Africa sent out a guidance note to all countries in the Region emphasizing the importance of readiness and early detection of cases. By the 25th of February the first two cases – one in Egypt and one in Algeria – were reported on the African continent. Following the recording of its first two COVID-19 cases on the 14th of March 2020, the Government of Namibia declared a state of emergency on March 17 and ten days later, on March 27, the Khomas and Erongo regions were placed under lockdown for a period of 14 days.

COVID-19 has a zoonotic source that adapts to find and infect new hosts through genetic recombination and variation. Bats are thought to be a natural reservoir for SARS-CoV-2, but it has been suggested that humans became infected with SARSCoV-2 via an intermediate host, such as the pangolin. (WHO 2020).

COVID-19 is thus a newly identified pathogen for which there is no known pre-existing immunity in humans. Transmission is via droplet and fomites between close unprotected contact between infector and infectee. The incubation time ranges between one and 14 days. During this time people with COVID-19 develop a number of symptoms and signs that include fever, a dry cough, fatigue, sputum production, shortness of breath, sore throat and headache.

In line with international recommendations, the Namibian government adopted a number of containment measures to curb the spread of the virus, including the closure of schools, restrictions on internal and international travel, use of hand sanitiser, improved handwashing stations, social distancing, and even lockdown, among others. It also closed all businesses that provided non-essential services.

> *"Following the recording of its first two COVID-19 cases on the 14th of March 2020, the Government of Namibia declared a state of emergency on March 17."*

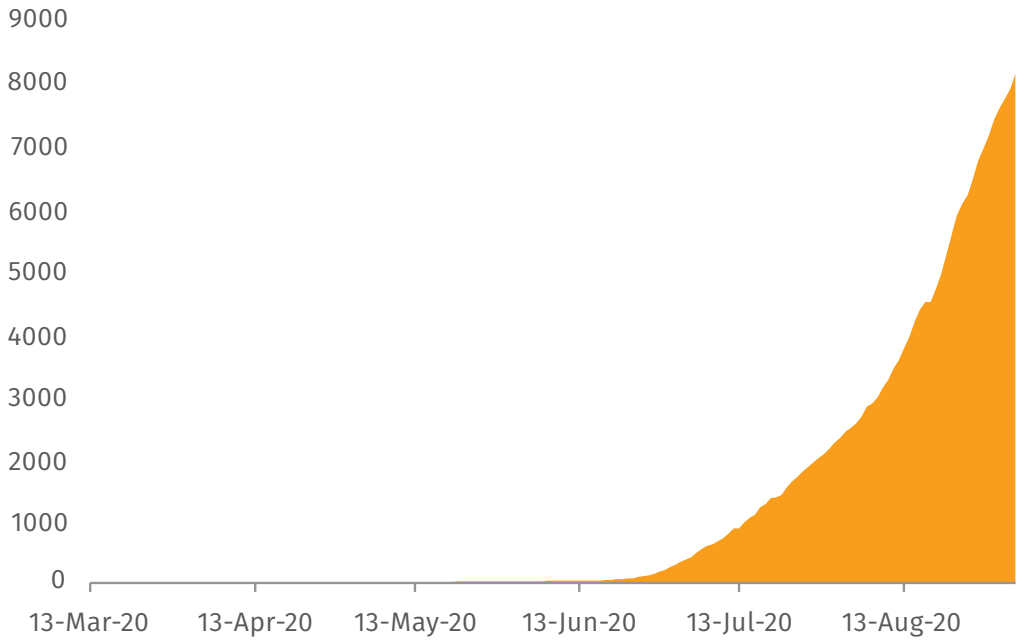
The coronavirus pandemic will, in the short to medium-term at least, severely affect economic performance and put significant strain on Namibia's public finances which were already in poor shape. As more businesses resort to retrenchments and wage reductions to survive, households are placed under rapidly increasing financial strain.

1 COVID-19 IN NAMIBIA

The first two cases of COVID-19 – tourists from Romania traveling via Spain – arrived in Namibia on 13 March 2020. Their test results were announced on 14 March 2020. Four months later on July 15, the country surpassed 1,000 infections. In the month since then infections shot up to 4,154 infections and 35 deaths (as at 17 August 2020). To date 113 health workers have tested positive for COVID-19.

Figure 1 below shows the development of the pandemic as measured by the cumulative number of infections from March 15 to 11 August 2020.

***Figure 1:** Cumulative COVID-19 Cases in Namibia (15 March to 3 September 2020)*



In recent weeks, the capital city of Windhoek has surpassed Walvis Bay in total number of new infections per day and looks set to become the new COVID-19 epicentre. Both Walvis Bay and Windhoek show evidence of clustered community transmissions. Overall local transmissions account for 98.7% of infections. Men account for 58% of infections. Over two-thirds of all cases (75.6%) are aged 20- 49 years. Children younger than 5 years account for 4.4% of infections whilst those over 60 years account for 3.3%. Those aged between 50- and 59-years account for 11.4% [1].

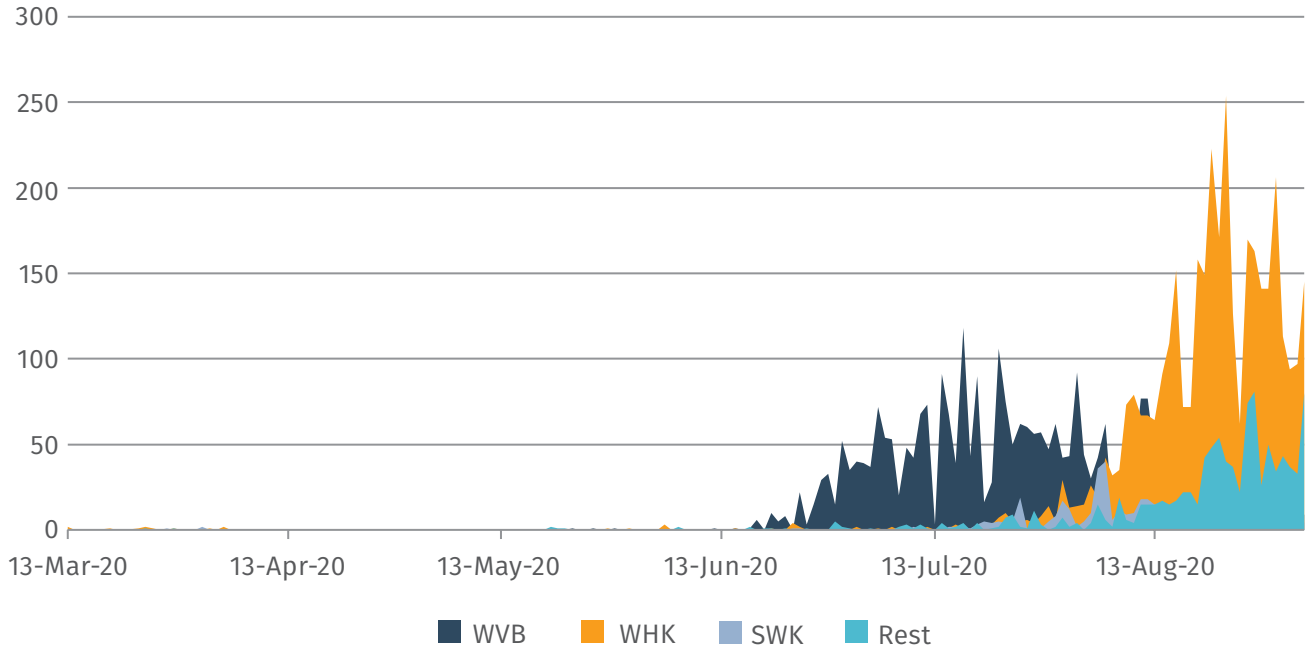
In response to the rapid growth in new infections in Windhoek and elsewhere, the entire country reverted back to Stage 3 of the National State of

1 See Ministry of Health and Social Services, Namibia COVID-19 Situation Report, No. 149, 14 August 2020.

Emergency on August 12, 2020. Travel restrictions apply to the towns of Walvis Bay, Swakopmund and Arandis in the Erongo region, and in Windhoek, Rehoboth and Okahandja in the Khomas region. In the three central Namibian towns the travel restrictions are combined with a daily curfew between 20h00 and 05h00.

Figure 2 shows the cumulative COVID-19 cases for the key towns of Walvis Bay, Windhoek and Swakopmund.

***Figure 2:** Cumulative COVID-19 Cases: Walvis Bay, Windhoek and Swakopmund (15 March to 11 August 2020)*



Approximately 27% of Namibian households live in improvised housing (i.e. shacks). This means that more than one in every four families are confined to a small, restricted space, that not only makes social distancing very difficult, but which also poses additional challenges such as poor access to sanitation and high levels of unemployment and growing food insecurity. Households in these areas face the biggest challenges in combating the current impact the COVID-19 pandemic has on their livelihoods.

2 METHODOLOGY

Data collection was carried out between 30 June and 30 July 2020 using Computer Assisted Telephone Interviews (CATI). The questionnaire was scripted in Survey Monkey, using questionnaire logic to ensure data quality. CATI facilitates real time capturing of responses as the telephonic interviews are conducted. This shortens the data processing period and implies that no paper-based questionnaires are completed.

Telephone interviews were conducted by Survey Warehouse call centre operators who were trained on the specific project's background, aims and objectives, and the survey instrument. They were also trained on protocols to be followed for telephone interviewing.

Adhering to COVID-19 Health and Safety Guidelines, Survey Warehouse conducted face-to-face training with call centre operators for the specific study and issued each call centre operator with a printed questionnaire, a tablet, and a mobile phone. Call centre operators were scheduled individually to conduct interviews from the office while being observed by the call centre supervisor over the course of one day. The call centre supervisor evaluated each operator individually and cleared them for operating remotely. Airtime and data bundles were replenished on a weekly basis. Interviews were conducted in English, Afrikaans, Oshiwambo, and Otjiherero.

Call centre operators were supervised by a call centre supervisor who monitored the responses to completed surveys throughout the period of data collection. Operators reported to the supervisor at the start and end of each day. At the close of each day's work each operator submitted total number of contact numbers dialled and the outcomes for each of those contact numbers dialled. Furthermore, call centre operators submitted their total hours worked for the day. The call centre supervisor tracked these hours, the number of calls made, and submissions per operator per day to ensure efficient data collection.

When contacting individuals from the contact lists, call centre operators asked to speak to the head of household, or a person who would be able to answer questions about the household and household decision making specifically. Eligible respondents were then asked whether they were interested to participate in the survey. Call centre operators scheduled appointments for interviews with those who agreed to participate. The following is a breakdown of the calls made and outcomes achieved.

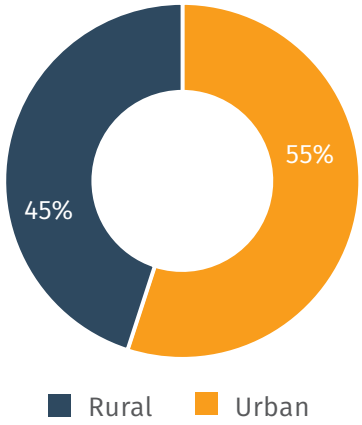
The Survey Warehouse call centre made 7,298 calls over a thirty-day period to successfully complete 1,428 interviews. This is an overall response rate of approximately 20%. Despite the fact that the lists containing numbers have been collected from public sources, some 2,544 calls were unsuccessful because numbers could not be reached, and 1,964 calls were to incorrect numbers. Some 10% of respondents called (698) declined their interview and a further 568 did not honour their appointments to be interviewed.

3 THE SAMPLE

Contact lists were sourced from a service provider that collects business and personal data in the "public arena". In other words, data appearing in for example advertisements, printed or electronic media, as well as information dictated by law to be made available to the public – such as evaluation rolls of municipalities or the voters register.

Additionally, using snowball sampling, participants were asked to suggest up to two individuals that they could suggested to be contacted for the survey. The responding sample includes participants from all 14 regions of Namibia and included urban (55%) and rural (45%) households, as shown in Figure 3 hereafter.

Figure 3: ***Sample by Urban/Rural***



More than four-in-five (84%) of interviews were with heads of households, the remaining 16% were with senior household members. Women comprised 49% of the sample and men 51%. Slightly more than half (55%) of respondents lived in urban areas. Close to 50% of households (46%) were women-headed households.
Figure 4 below shows the breakdown of the sample by age of the respondent. Close to two-thirds of the sample (63%) are between 25 and 44 years old. Sixty six percent (66%) are single and 28% are married. These findings are in line with the 2017 Namibia Financial Inclusion Survey (NFIS) that reported 61% of respondents who had never been married, 18% being married with a certificate and 8% married consensually.

Figure 4: ***Sample by Age***

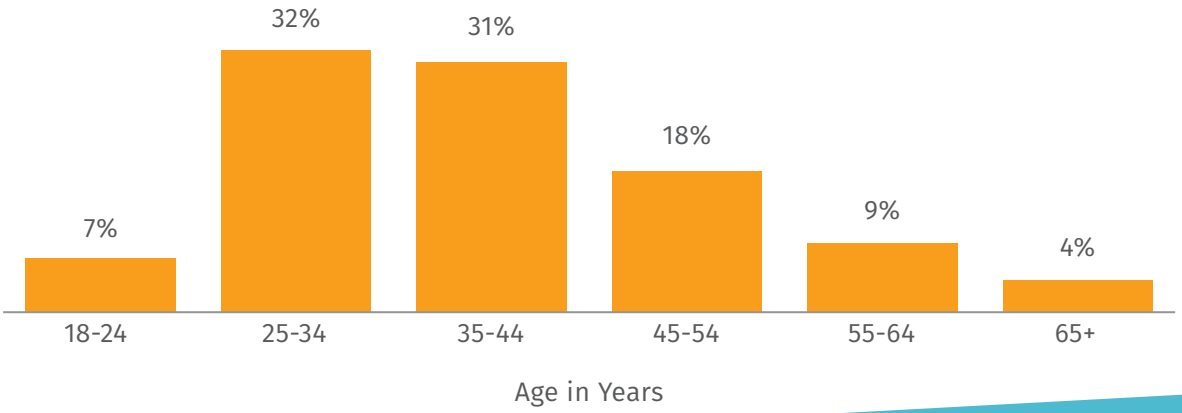
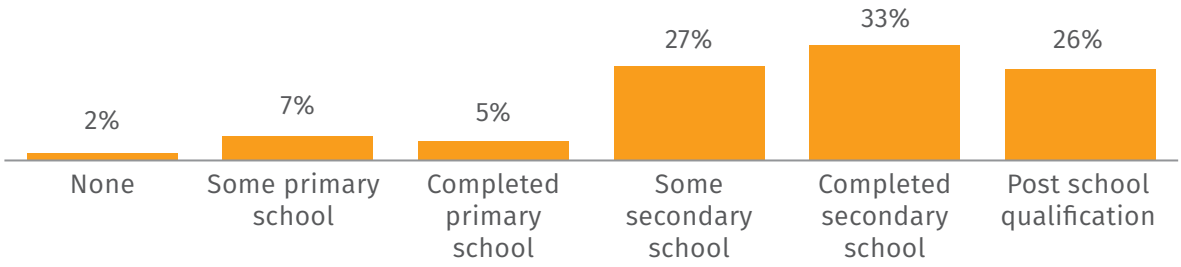


Figure 5 shows the highest level of education reported for participants. Those who have never attended school reported in the category None. Primary School includes grade one to seven, while Secondary School includes grades eight to 12. Only 2% of the overall sample reported not completing any schooling, of these 1.6% were from rural areas in Namibia. A third of respondents reported completing secondary school with 22% from urban areas and 11% from rural areas, and another 26% (19% from urban areas) indicated that they completed some post school qualification.

Figure 5: Highest Level of Schooling Completed



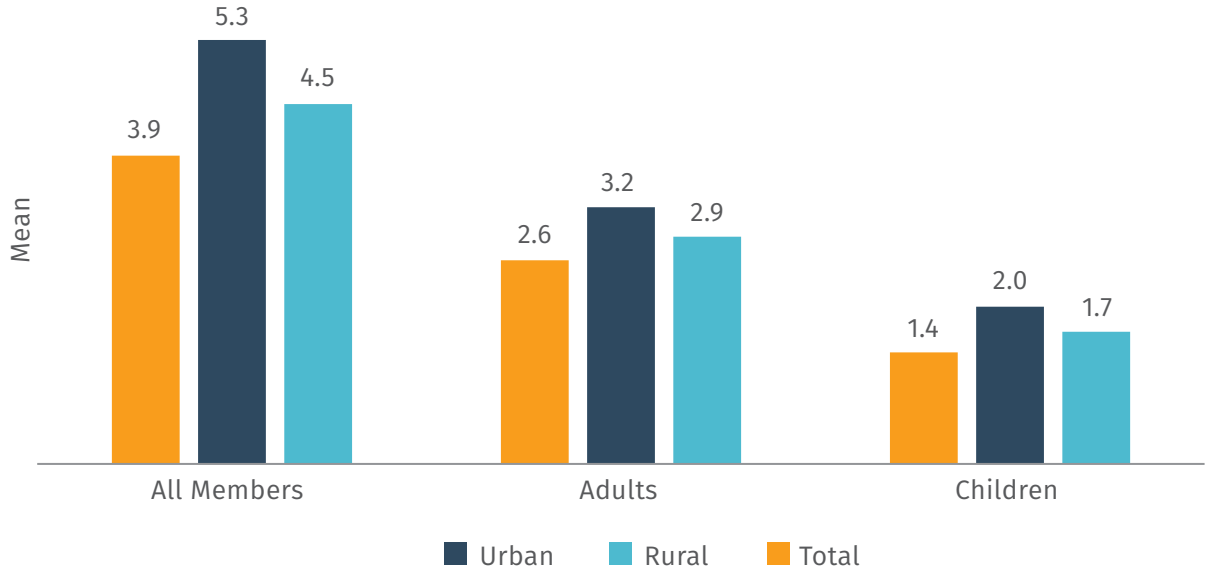
FINDINGS

5

5.1 HOUSEHOLD COMPOSITION

Figure 6 below shows that the average rural household in the sample is larger than the average urban household by approximately one member. The overall average household size for the entire sample is approximately five individuals.

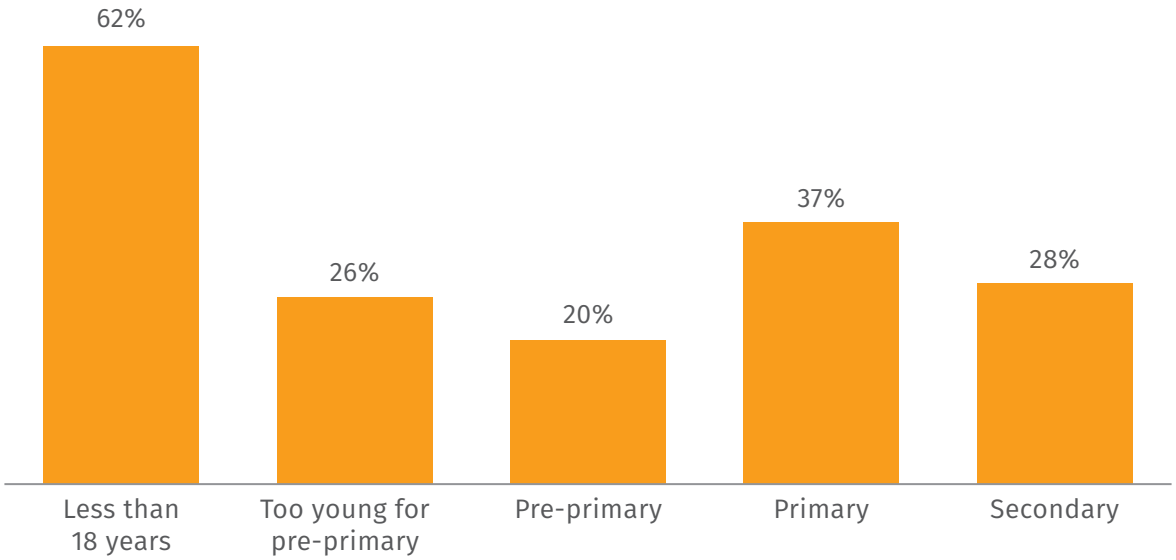
*Figure 6: **Household Size by Urban and Rural***



On average, urban households in the sample have approximately three adults above 18 years and one child. Rural households on the other hand has at least three adults and two children younger than 18 years.

Figure 7 on the next page hereafter provides an overview of the proportion of households with children less than 18 years old. Overall more than three-in-five (62%) households have children living in the household, i.e. members who are younger than18 years old. More than one-in-four (26%) have children too young for pre-primary school; one-in-five (20%) have at least one child in pre-primary; nearly two-in-five (37%) have at least one child in primary school; and 28% have at least one child attending secondary school.

Figure 7: ***Percentage of Households with Children***



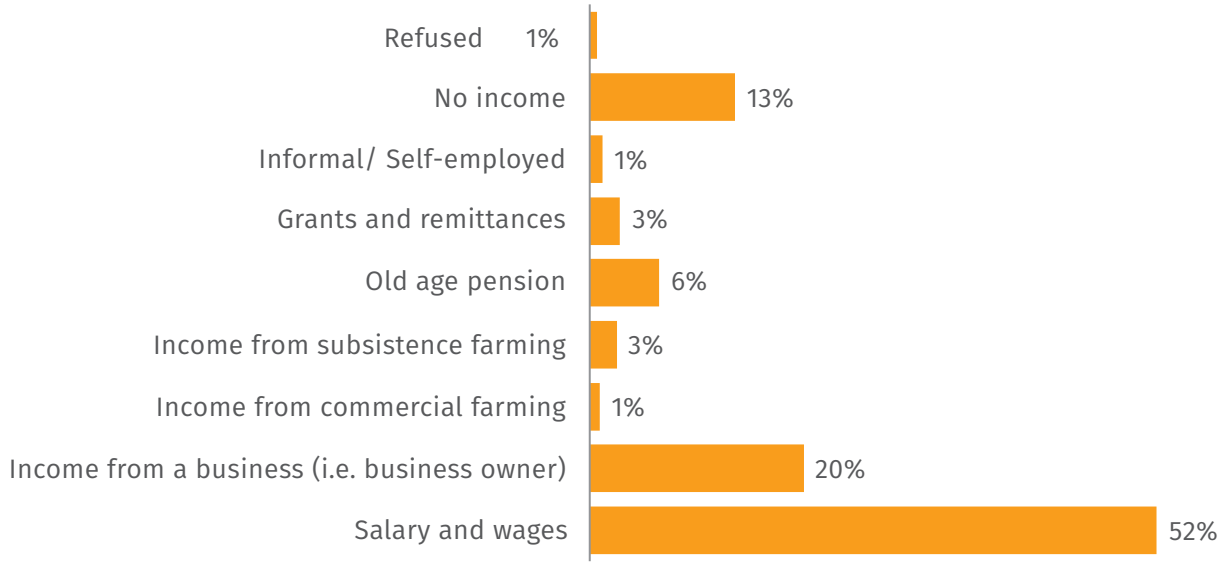
Rural households are much more likely to have children living in the household (67%) than urban households (58%). Rural households also have more children of school going age than urban households, especially with regard to those attending primary (42% vs 33%) and secondary school (34% vs 24%). This means that rural households would be more intensely affected by school closures due to the coronavirus pandemic, as these households would have more children to care for during the day at home; they would have more children not getting school meals hence putting more strain on already limited resources; and would have a much greater challenge doing home-schooling due to their general lack of online resources.

Rural households have further elevated risks to be more severely impacted than urban households because they are more likely to have at least one household member that has comorbidity (31%) than urban households (27%); and because rural households are more likely to have at least one member older than 60 years (22%) than urban households (17%).

5.2 HOUSEHOLD INCOME

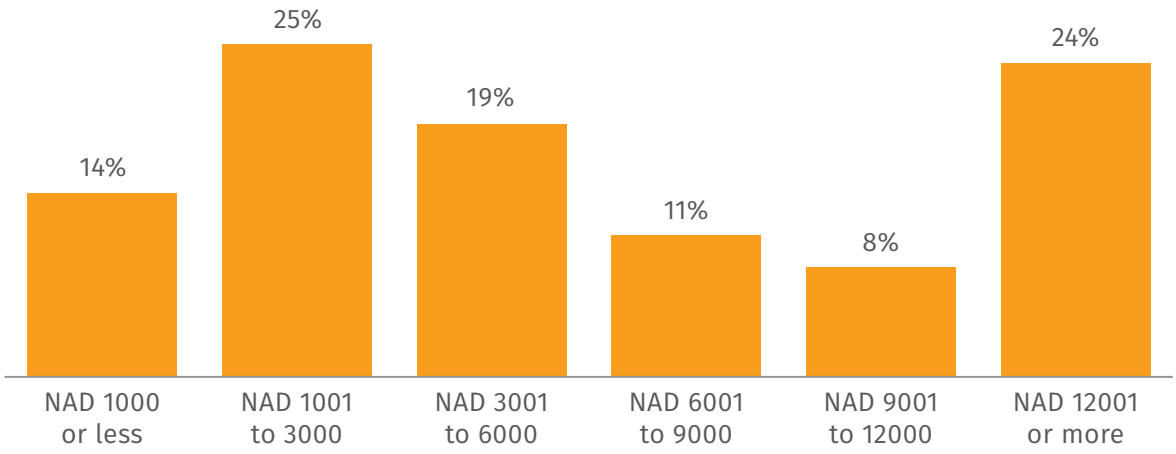
Figure 8 below shows respondents' main sources of income. About half of respondents earn a salary or wage (52%), and another 20% indicated that they earn income from a business that they own. Thirteen percent of respondents reported no income.

Figure 8: ***Sources of Income***



Only around a quarter of households (24%) earn on average N$ 12001 or more per month, before any deductions are made. Fourteen percent of households reported N$ 1000 or less, and another 25% of households indicated that they earn N$ 1001 to N$ 3000 per month. One-in-five (20%) respondents refused to reveal their income.

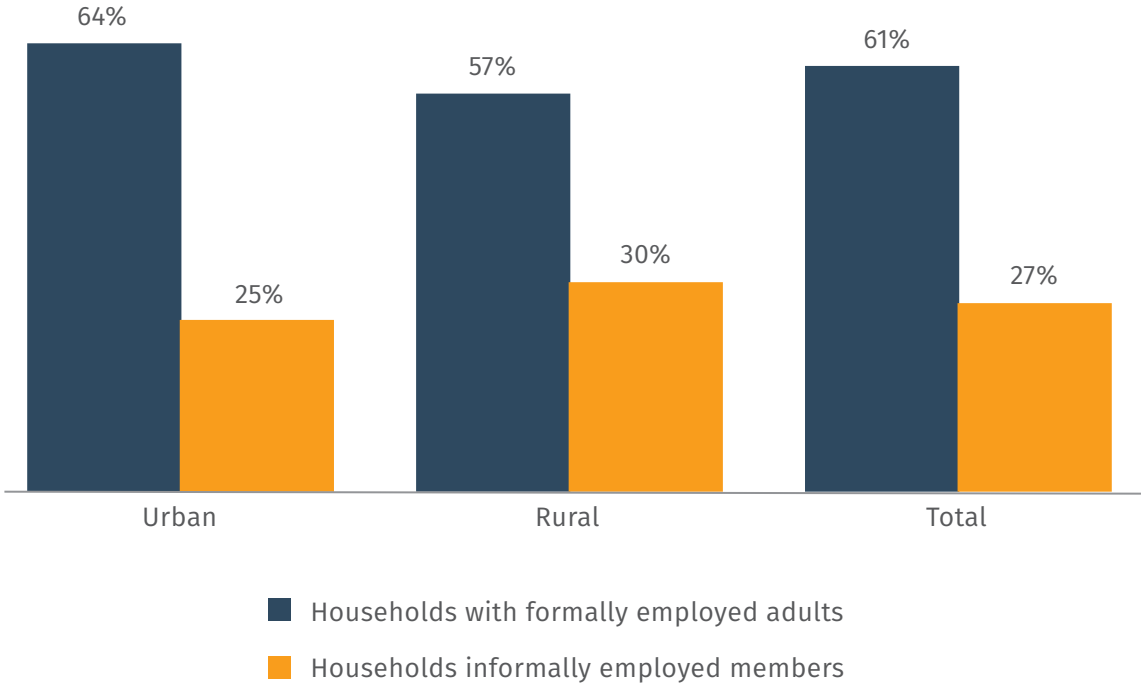
Figure 9: ***Total Monthly Household Income***



5.3 HOUSEHOLD EMPLOYMENT

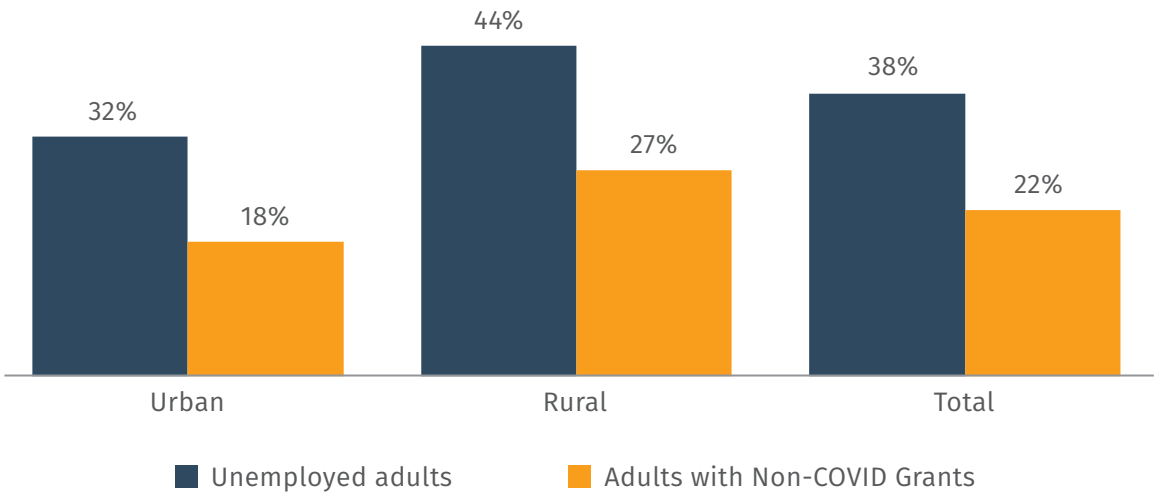
Overall 61% of households in the sample has at least one formally employed adult member. This number is higher in urban areas (64%) than in rural areas (57%). Figure 10 also shows that 27% of households in the sample have one member with informal employment and this number is higher in rural areas (30%) than urban areas (25%).

Figure 10: ***Total Monthly Household Income***



Overall some 38% of the households in the sample have one or more members who are currently unemployed (see Figure 11 below). This proportion is significantly higher in rural areas (44%) than urban areas (32%). Rural households are considerably more likely to include a non-COVID-19 grant-receiving adult (27%) than urban areas (18%). Overall 22% of the households in the sample have at least one grant-receiving member.

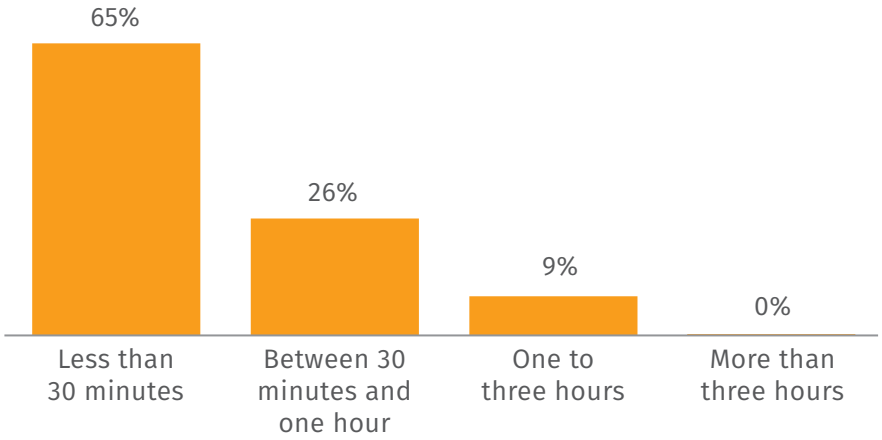
Figure 11: ***Proportion Households with Unemployed and Grant Receiving Members***



5.4 ACCESS TO MEDICAL SERVICES

Figure 12 below shows how long on average it takes participants to reach the closest medical services, like a health centre, clinic or hospital. The majority of respondents (65%) spends less than 30 minutes to travel to the nearest medical services, with 46% of urban respondents and 19% of rural respondents selecting this answer option. Another 26% spend 30 minutes to one hour, with 8% urban respondents and 18% rural respondents.

Figure 12: ***Time to Nearest Medical Services***



Somewhat alarmingly, only 34% of respondents reported being covered by medical aid, either in their own name or as part of someone else's policy (Figure 13). Of respondents who had medical aid cover, 23% reported residing in urban areas, and 11% in rural areas.

Figure 13: Medical Aid Membership

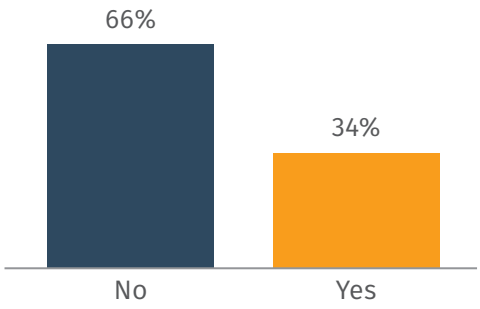
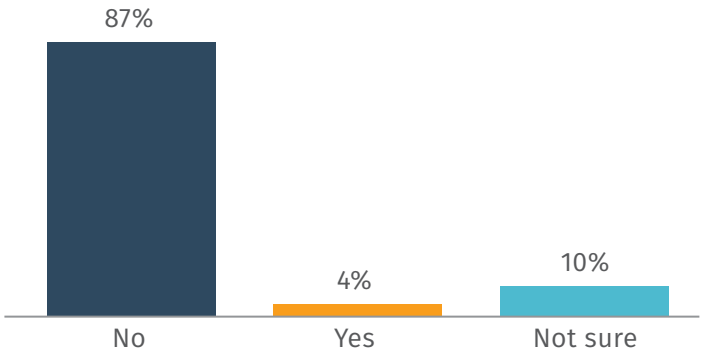


Figure 14 below shows that by far the majority (87%) of children in the responding households eligible for routine vaccinations were reported to have received these scheduled vaccinations amidst the state of emergency. A further 10% were unsure whether or not vaccines were missed.

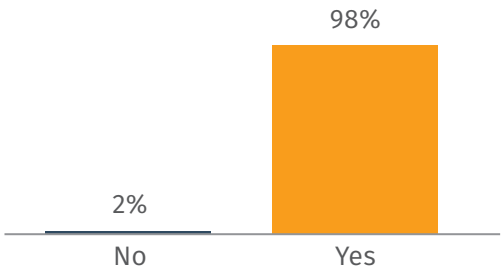
Figure 14: Children Missing Routine Vaccinations



5.5 AWARENESS OF COVID-19

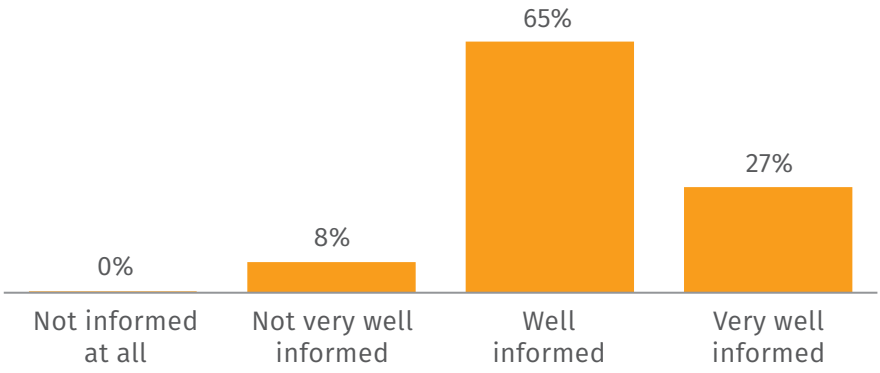
Just about all participants had heard of the novel coronavirus, or COVID-19, with only 2% saying the contrary. This is shown in Figure 15 hereafter. Seven participants in urban areas and 12 participants in rural areas reported that they had not heard of COVID-19 or the novel coronavirus.

Figure 15: Have heard of Novel Coronavirus or COVID-19



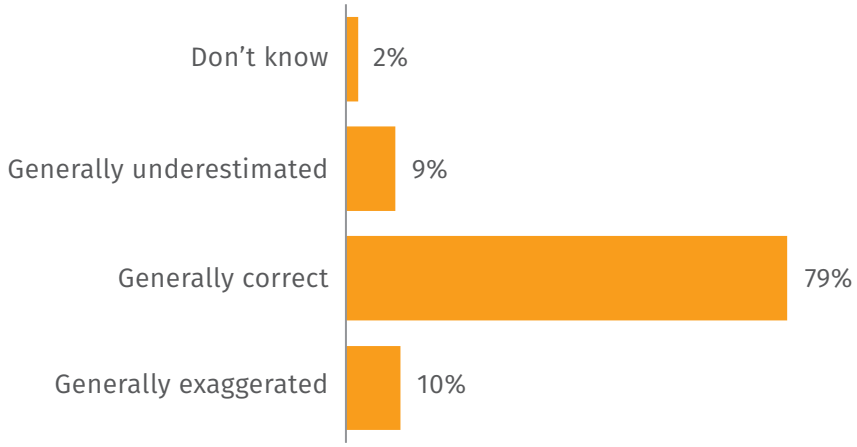
Participants were asked to assess their levels of knowledge with regards to the COVID-19 pandemic and the efforts to combat it. Figure 16 hereafter shows that the majority of respondents were of the opinion that they were either *well informed* (65%) or *very well informed* (27%). Overall, slightly more urban respondents felt well or very well informed compared to those residing in rural areas.

***Figure 16:* Self-Assessed Level of Knowledge**



Almost 80% of participants were of the opinion that the seriousness of coronavirus was generally correct as per media reports. Figure 17 hereafter shows that only 10% felt that what is said in the media about the coronavirus generally exaggerated the seriousness of the virus and another 9% that the media did not portray the seriousness of the virus quite well enough.

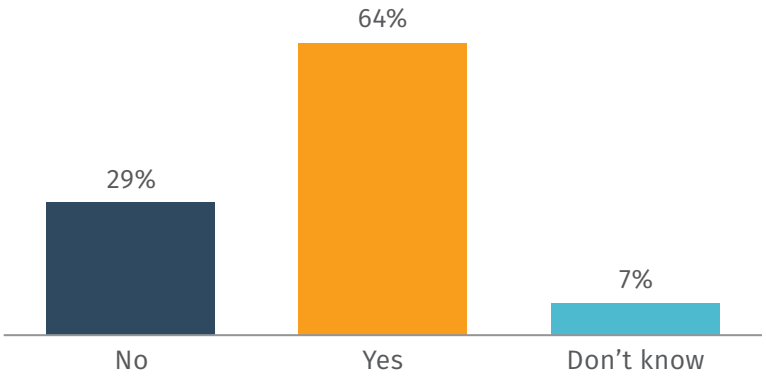
***Figure 17:* Seriousness of the Coronavirus Pandemic**



Around one-in-three respondents do not believe the information released by the Namibian government, about the number of coronavirus infections is accurate, and most of these, live in urban areas.

Figure 18 on the next page clearly indicates the two-thirds of respondents who have confidence in the infection rates as released by Government.

Figure 18: ***Trust Government's Information about COVID-19***

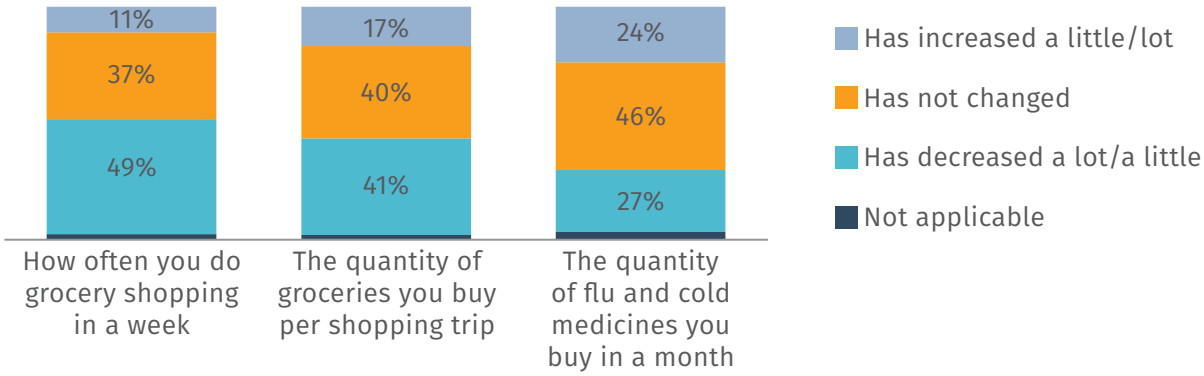


5.6 DIRECT IMPACT ON HOUSEHOLDS

5.6.1 SHOPPING

Figure 19 shows how participants' shopping behaviour has changed since the initial nationwide lockdown implemented 27 March 2020. Almost half (50%) of participants reported that the frequency of their grocery shopping had decreased either a little or a lot. Not only did the frequency of shopping decrease, but the quantity of groceries bought per shopping trip also decreased either a lot or a little for 41% of the sample. The quantity of flu and cold medicines bought in a month increased either a lot of a little for about a quarter of the respondents (24%), while 27% reported that it decreased a little or a lot.

Figure 19: ***Changes in Shopping Behaviour since lockdown***



5.6.2 WORK

A key part of the strategy to contain the spread of the COVID-19 pandemic was to temporarily close down non-essential businesses and have staff work from home. Subsequently, more and more businesses follow this strategy to protect workers where possible. Just over half the employed respondents in the sample (56%) indicated that there were no changes in with respect to where they worked from (See Figure 20 below). This means that for 44% of the cases changes occurred, and for 24% these changes were very significant. For 21% the changes were less significant.

*Figure 20: **Changes to Place of Work***

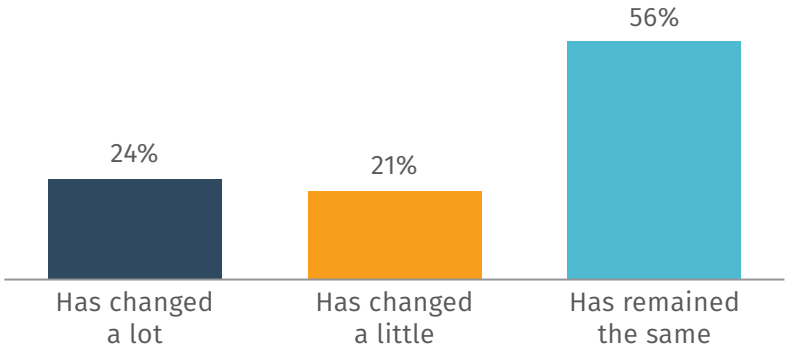
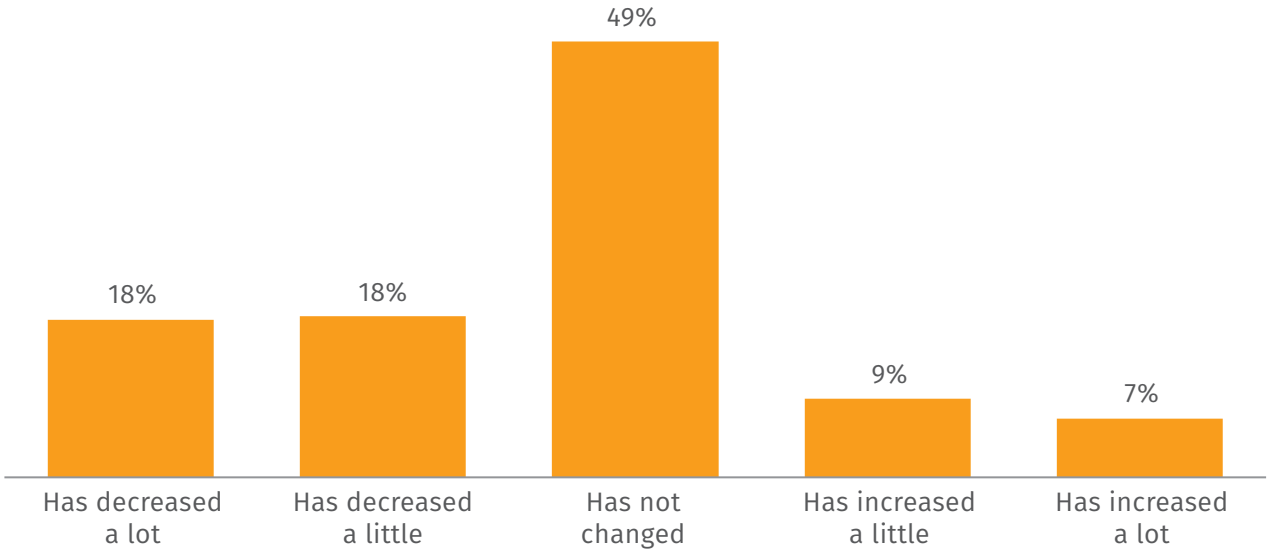


Figure 21 shows that for nearly half the employed respondents in the sample (49%), there had been no change in the number of hours of work. This then means that 51% of employed respondents has had a change in their hours of work. For only16% this meant an increase in the number of hours worked whilst 36% experienced a decrease in their hours of work. It is plausible that the reduction in hours of work covaries with a reduction in wages which means that almost two-in-five households will have their financial resources diminished as a result of reduced hours of work.

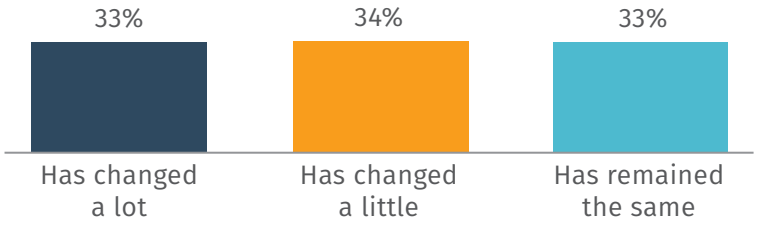
*Figure 21: **Changes to the Hours of Work***



5.6.3 CARE GIVING

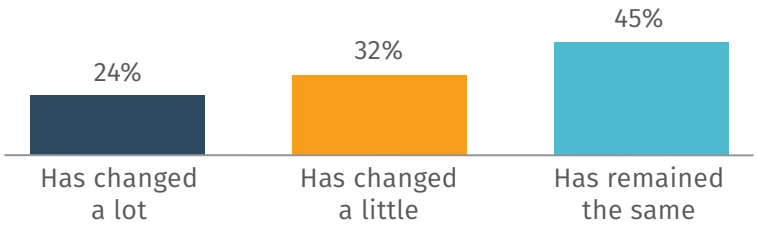
Since the initial lockdown implemented on 27 March 2020, early childhood development (ECD) centres, pre-primary, primary and secondary schools have been affected rather drastically. From complete school closure to face-to-face schooling for some but not all grades, the reality for children across the world and in Namibia has changed dramatically. This specific aspect has also had a definite impact on how parents and caregivers go about their day-to-day routine. With school going children now being at home, many caregivers have had to adjust to juggling work and childcare. Figure 22 below shows that for one-in-three participants aspects related to childcare has *changed a lot*.

***Figure 22:* Changes in Childcare**



Similarly, caring for elderly or disabled relatives has changed a lot for 24% of respondents. This is shown in Figure 23 below.

***Figure 23:* Changes in Care for Elderly and Disabled**



5.6.4 LIVED POVERTY

The Lived Poverty Index is an experimental measure developed by the Afrobarometer and explores how frequently people go without basic necessities during the course of the year due to lack of funds. For this survey, the question was adapted to show the frequency people had to go without basic necessities since the start of the lockdown on 27 March 2020.

Almost one-in-four (24%) of respondents indicated that they themselves or someone in their households had to go without a cash income many times or always since the implementation of the lockdown on 27 March 2020, as shown in Table 24 hereafter. In comparison, the NFIS 2017 reports 18.3% for the same question, keeping in mind that the question in the NFIS asked about going without a cash income over the past 12 months preceding the survey. This same question reported 13% in the Round 8 Afrobarometer Survey in Namibia, conducted at the end of 2019, also asking about the 12 months preceding the survey.

Findings suggest that households are better able to cope with securing enough fuel to cook their food with, ensuring that they have medicines or access to medical treatment, having clean water for home use and having enough food to eat. For each of these essentials, 10% of participants reported that they had to go without these *many times* or *always* since the start of lockdown respectively, except for 9% reporting going without enough food to eat *many times* or *always*.

***Figure 24:* Frequency of going without Essentials since lockdown**

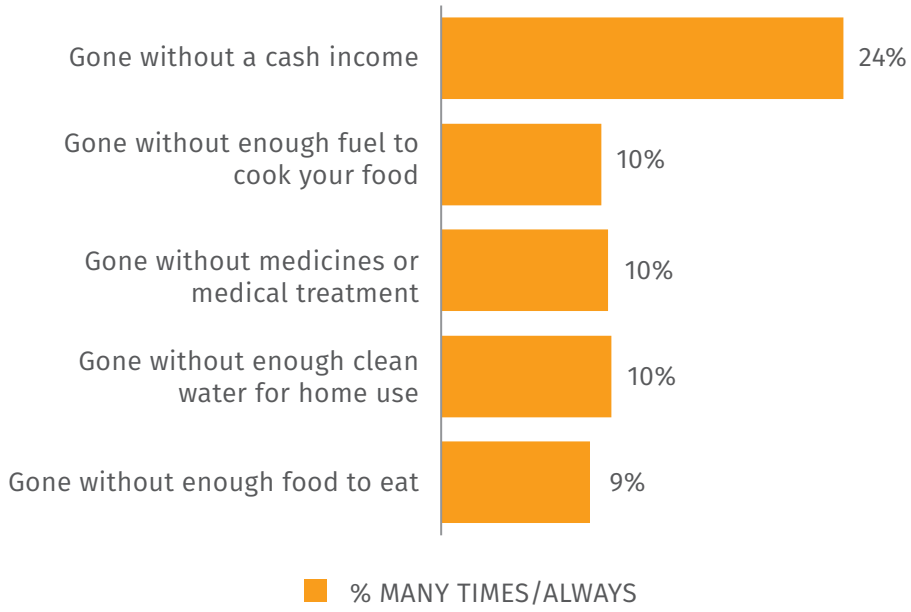
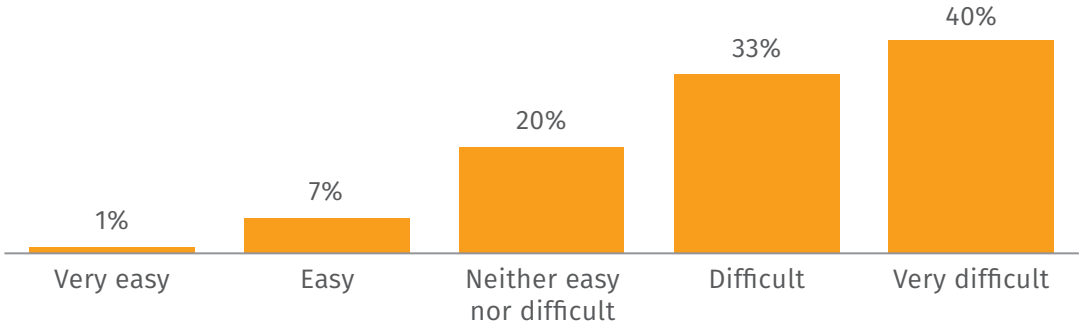


Figure 25 on the next page shows that for the majority (73%) of the respondents it has been difficult or very difficult to keep up with financial commitments since the start of lockdown on 27 March 2020. In the NFIS 2017, respondents were also asked how easy it is to keep up with their financial commitments. The NFIS 2017 reports that 69% of respondents found it very difficult or somewhat difficult to keep up with financial commitments in general.

Figure 25: ***Keeping up with Financial Commitments***



Furthermore, for many respondents the prospect of buying food over the upcoming month seemed difficult (29%) or very difficult (39%) and 6% reported it would be impossible, as shown in Figure 26 hereafter.

Figure 26: ***Prospects for buying Food over the next month***

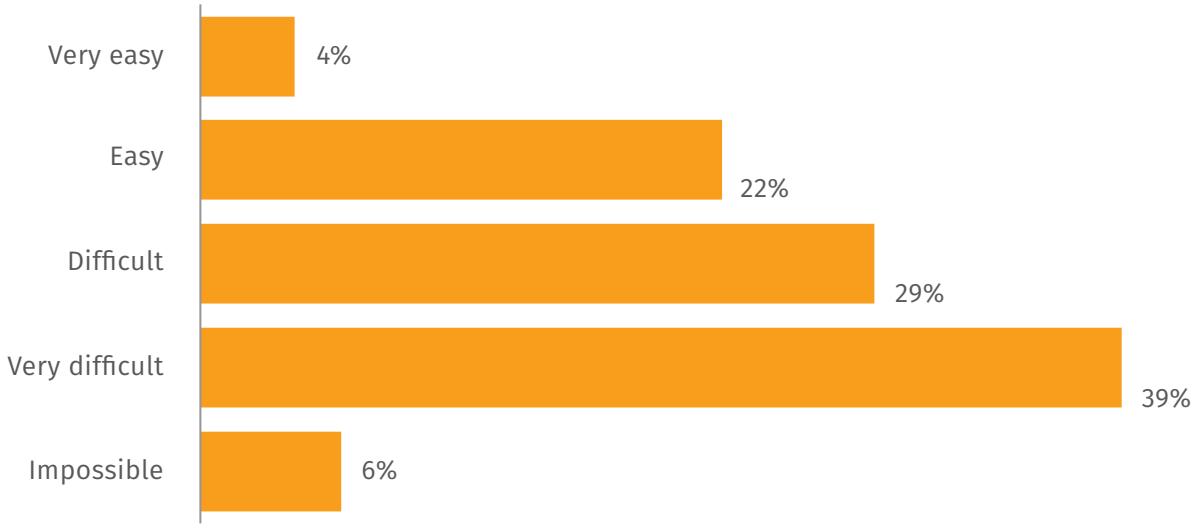
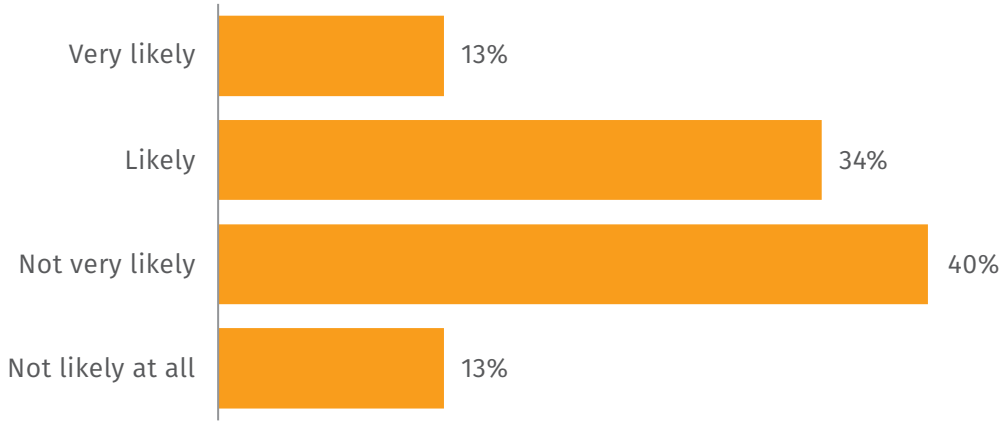


Figure 27 below shows the likelihood that households would run out of money to afford other essentials over the upcoming month. Around a third of respondents (34%) reported that it is likely, with 13% indicating it is very likely. This means that overall almost half (47%) the households in the sample will not be able to afford essentials in the near future.

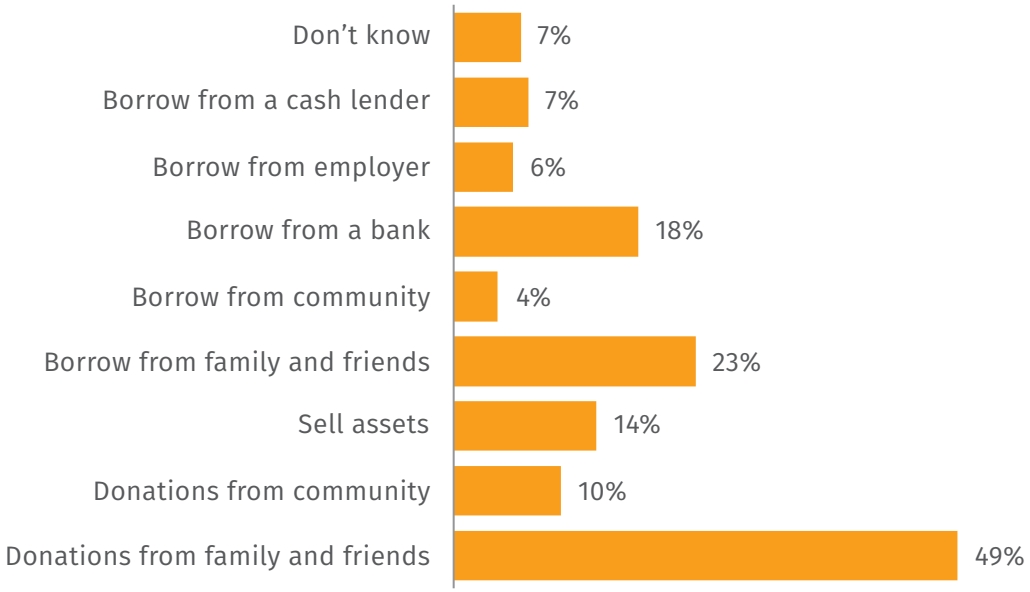
Figure 27: ***Likelihood of running out of Money for Essentials over the next month***



Seeing that a significant number of households in the sample are in danger of running out of funds sometime in the near future, it becomes crucial to understand their options for accessing additional cash resources. These are listed in Figure 28 below. It shows most households (49%) would ask for donations from family and friends. A further 10% would ask for donations from someone in their community.

The next most popular strategy will be borrowing: 23% will borrow from family and friends, and 18% from a commercial bank. Slightly more than one-in-ten (14%) will sell assets to fund shortfalls.

Figure 28: ***Preferred Coping Strategies for Cash Shortages***



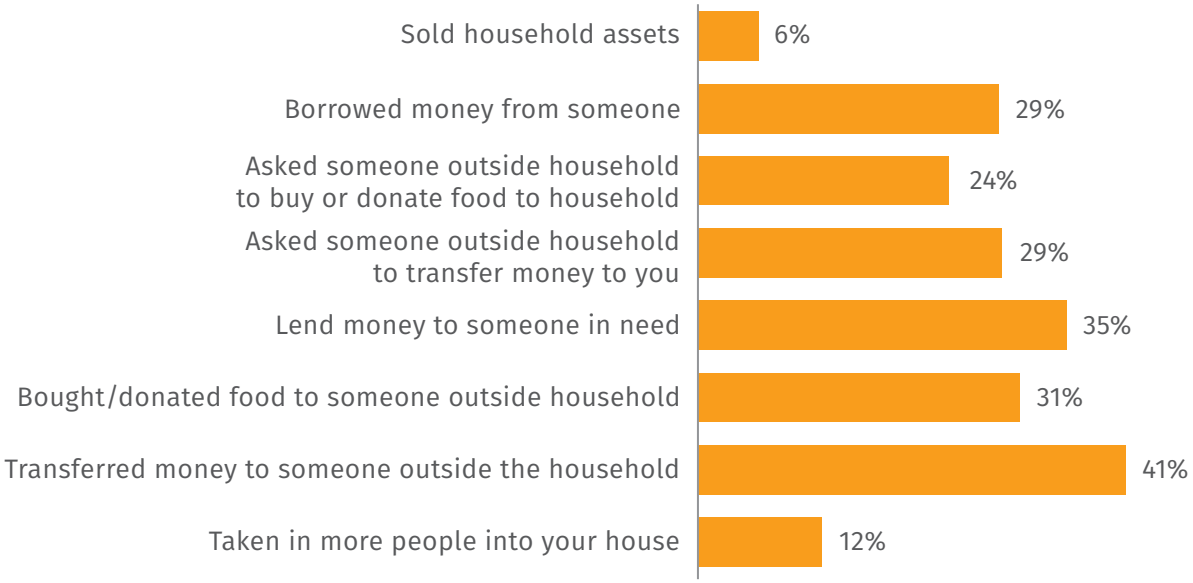
5.6.5 HOUSEHOLD COPING STRATEGIES

Respondents were presented with a list of possible actions that could have been taken by households and individuals outside the household since the start of the lockdown in Namibia, and were asked to select those that their households had done or experienced.

Figure 29 on the following page shows that 41% of respondents transferred money to someone outside the household – as a coping mechanism for the recipient. Similarly, 35% lend money to someone in need and 31% bought or donated food to someone outside the household.

In comparison, around a third of respondents reported asking someone outside the household to transfer money to them (29%), borrowed money from someone (29%), and asked someone outside the household to buy or donate food to the household (24%).

Figure 29: ***Household Actions undertaken since lockdown***



5.7 HOUSEHOLD SAVINGS

Participants were asked whether their households had savings prior to the implementation of the lockdown. As shown in Figure 30 hereafter 71% indicated that they did.

Figure 30: ***Household Savings Prior to Lockdown***

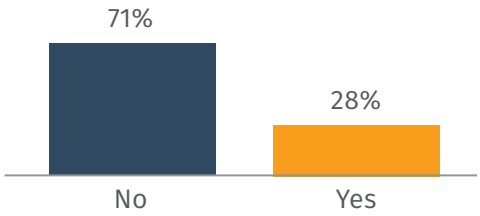


Figure 31 below shows the amount of savings these households had, expressed as the time it is sufficient to cover. Participants indicated anything between their savings being enough for one to two weeks (10%), to having enough to survive for more than four months (28%).

Figure 31: ***Size of Savings***

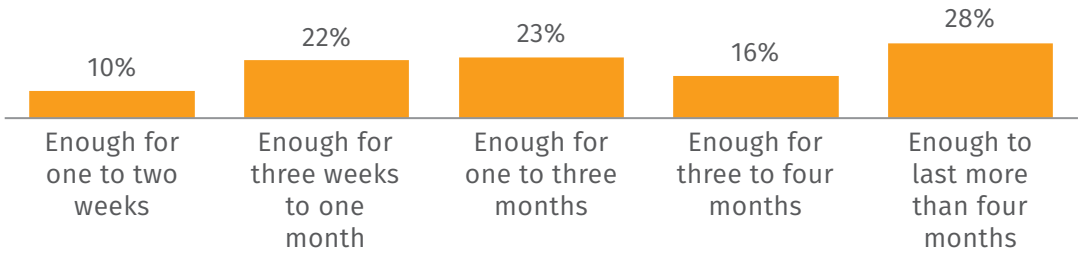
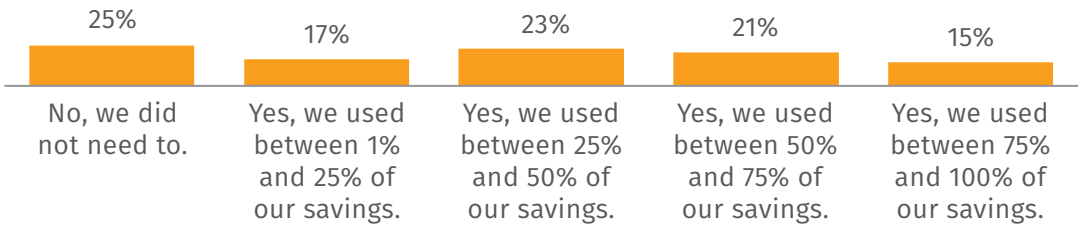


Figure 32 hereafter shows that only one-in-four households did not have to use any of their savings since the start of lockdown. Other households reported using their savings, with 17% using between 1% and 25%, 23% using between 25% to 50%, 21% using 50% to 75% and 15% using between 75% and 100% of their savings.

Figure 32: Proportion of Savings used since lockdown



5.8 KNOWLEDGE, ATTITUDES AND BEHAVIOURS

Figure 33 below shows three areas where respondents displayed incorrect knowledge. One-in-four (25%) of participants reported that Vaccines against flu protect against the new coronavirus, and another 11% were not sure if it did or not. Just less than one-in-five (19%) were unsure whether 5G mobile networks spread COVID-19 and 12% or respondents believed this to be true. Some participants believe that COVID-19 can be cured by traditional Africa medicine (17%) and another 10% were unsure about this.

Figure 33: Knowledge about COVID-19

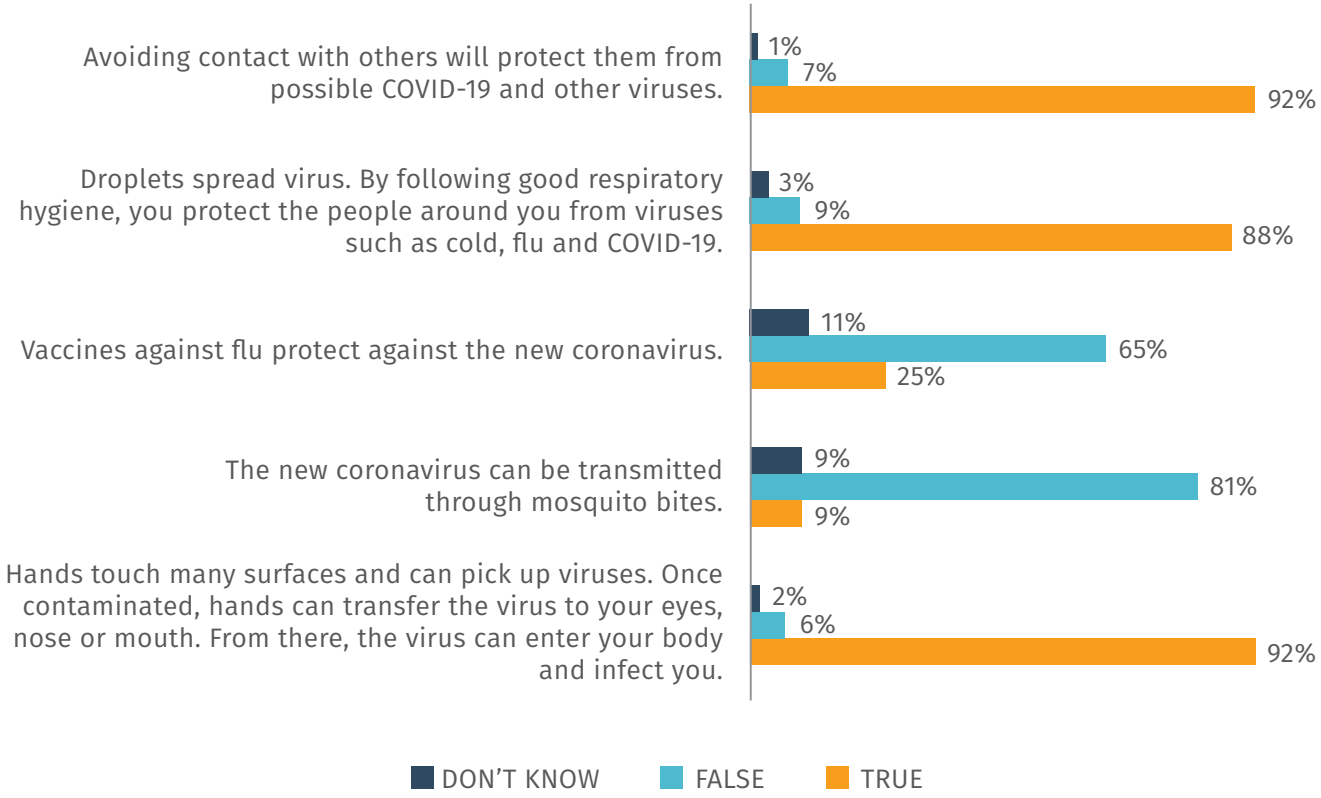
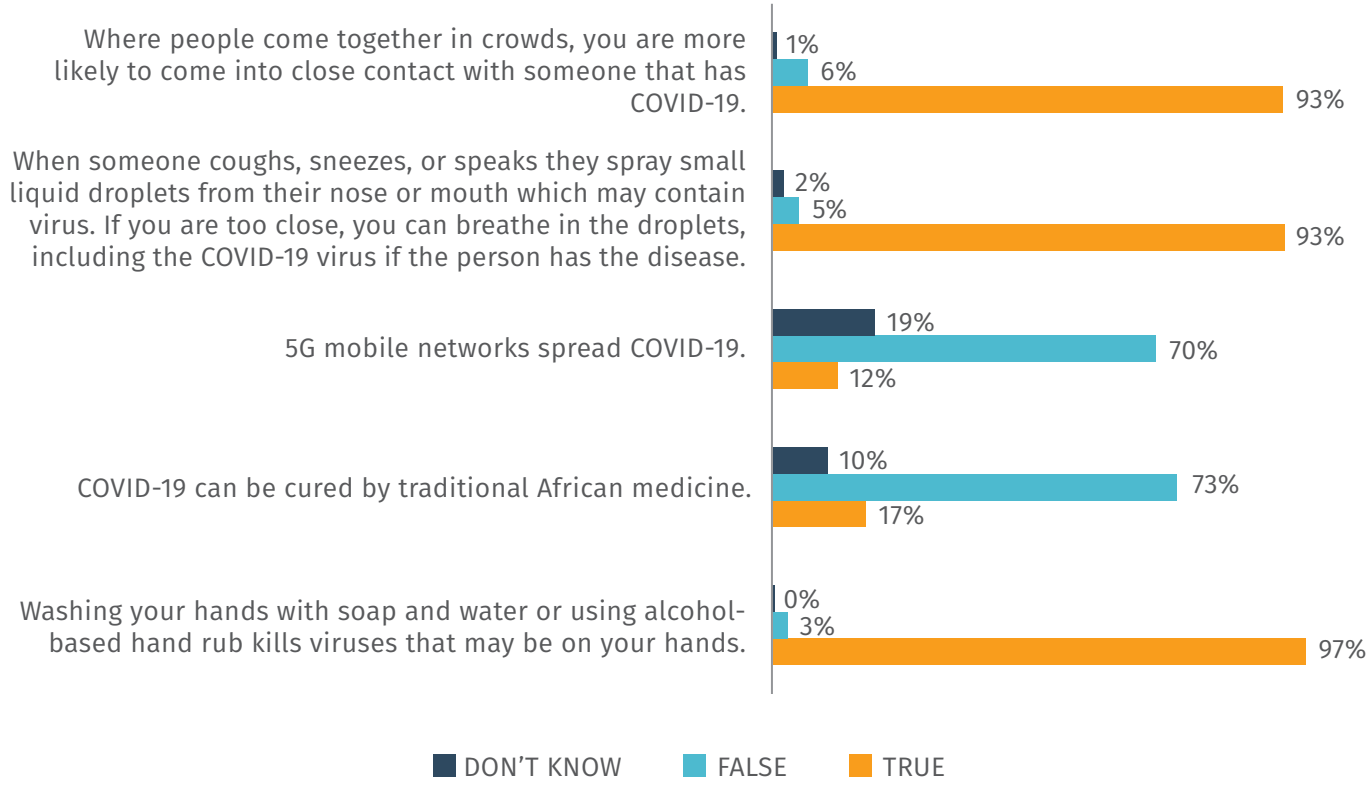
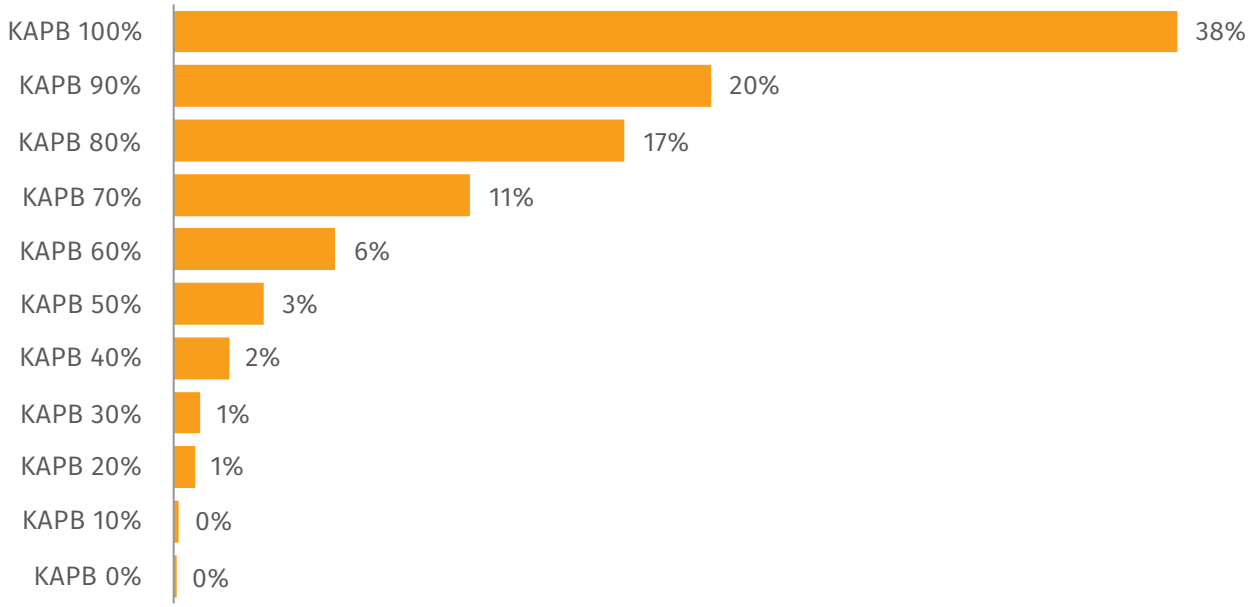


Figure 33: ***Knowledge about COVID-19 (continued)***



Knowledge scores computed from the above show that 58% of respondents answered 90% or more of the questions correctly, with 38% answering all questions correctly.

Figure 34: ***Knowledge Scores***



5.9 ANXIETY AND STRESS

The psychological consequences of the COVID-19 pandemic is only now beginning to be studied. One of the first attempts to develop and validate a scale to measure is that of Ahorsu et.al. (2020). The findings of this scale are presented in Figure 36 below.

Figure 35 shows that less than two-in-five (35%) respondents expect not be infected with the novel Coronavirus. A near equal proportion, 32% believe that they are very likely or most definitely going to get infected, and another 28% believed that it is likely that they will get infected.

*Figure 35: **Likelihood of Self or Household Member contracting COVID-19***

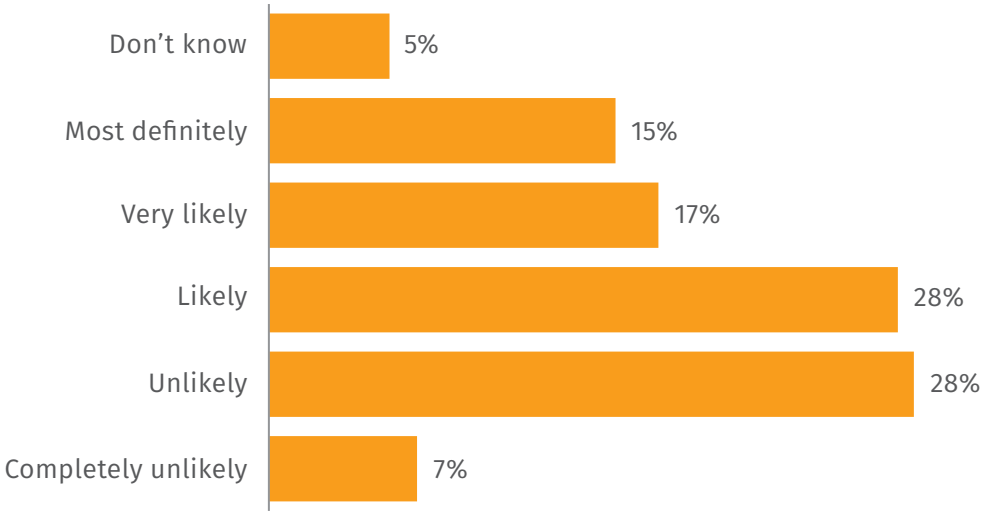
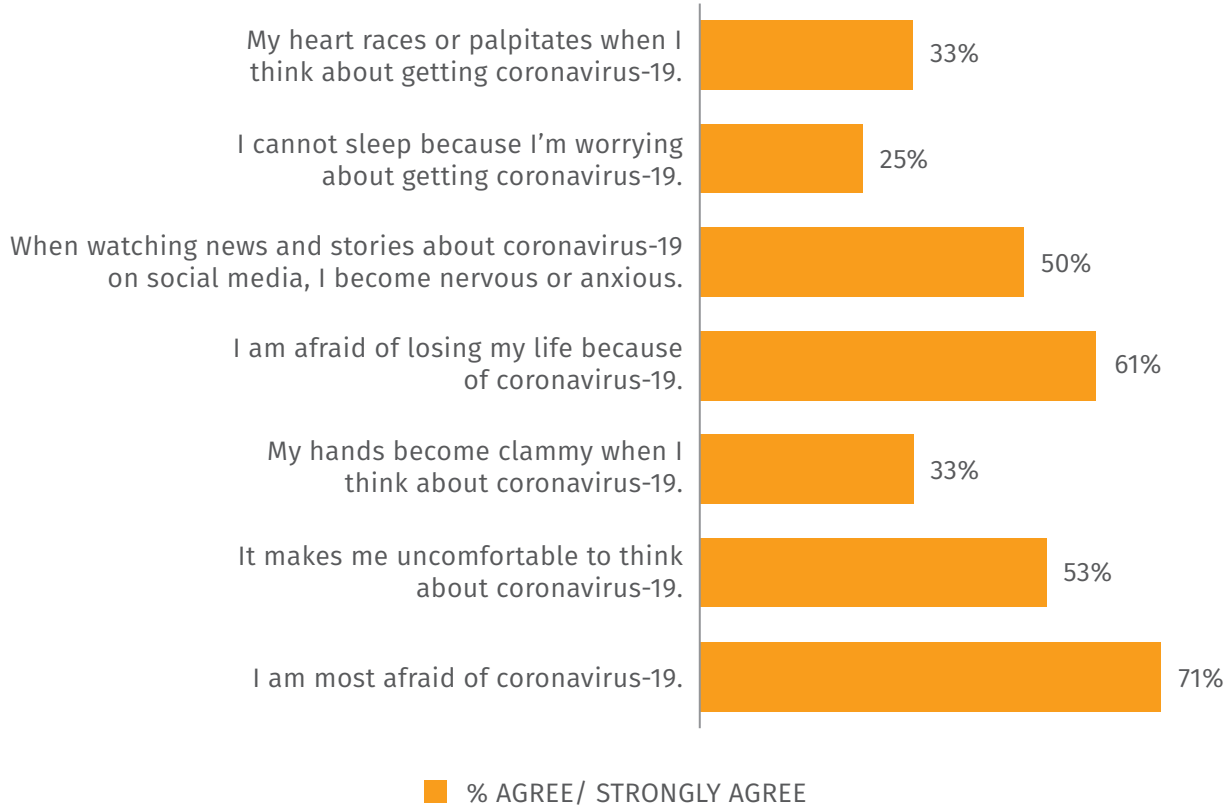


Figure 36 on the following page lists the individual items that make up Ahorsu et.al. (2020)'s COVID-19 Fear scale. It shows wide-spread fear of contracting COVID-19. Some 71% indicated that they are 'most afraid of COVID- 19'; 61% is 'afraid of losing their lives'; 53% feels 'uncomfortable thinking about Coronavirus'; 50% becomes anxious or nervous when watching news or stories about the pandemic; and 33% display physical symptoms – either heart palpitations or clammy hands. One-quarter (25%) have trouble sleeping.

Figure 36: ***COVID-19 Fear***

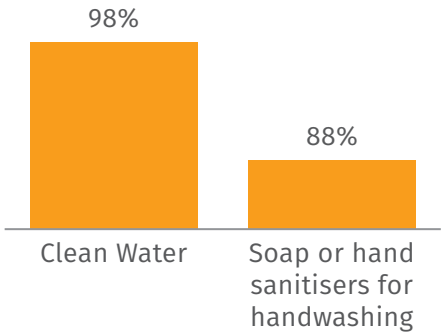


5.10 ACCESS TO CLEAN WATER

One of the key elements in the strategy to combat the spread of the COVID-19 pandemic is regular washing or sanitising of hands. To this effect, a very low-cost homemade device called a "tippy tap" has been deployed in areas without clean water. This is hands-free device that consists of a small water container attached to a frame with rope and a foot-peddle to tilt the container to provide clean water for washing hands thereby reducing the risk of contamination and infection. These devices are cheap and easy to erect making it the ideal device to help fight pandemics such as this one.

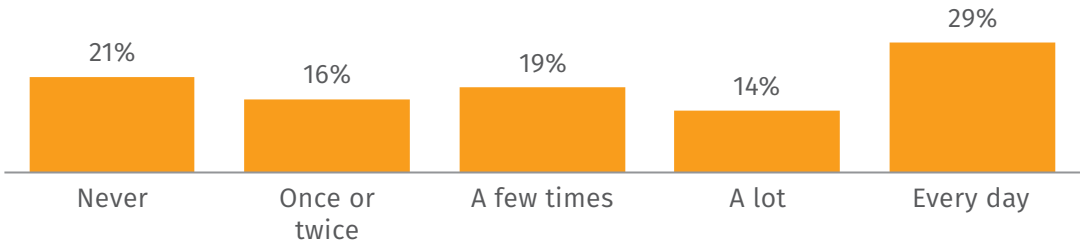
Figure 37 shows that nearly all the households in the sample have access to clean water (98%) and almost nine-in-ten (88%) have access to sanitiser at home.

Figure 37: ***Access to Clean Water and Sanitiser at Home***



Tippy taps are well known, 70% of respondents in the sample have heard or are aware of them. Some 83% of these respondents have seen tippy taps in their communities or areas where they live and a further 79% have used one. Figure 38 shows the frequency with which tippy taps are being used. Nearly 30% uses it very day, 14% uses it a lot, 19% do so a few times and 16% have used it once or twice.

*Figure 38: **Frequency of using a Tippy-Tap***



5.11 INFORMATION

One of the unfortunate features of the current pandemic is the body of misinformation that is distributed via the media, especially social media. Especially during the initial stages of the pandemic when infections were low and deaths minimal, many have questioned the medical assessment of how serious this pandemic is. Whilst many have accepted the seriousness, others have dismissed it as 'just another flu' pandemic.

Figure 39 shows that 79% of the respondents in the sample perceived the information as basically correct; 10% feels it is over-exaggerated and almost the same proportion (9%) feels it is under- exaggerated.

*Figure 39: **Media Assessment of the Pandemic***

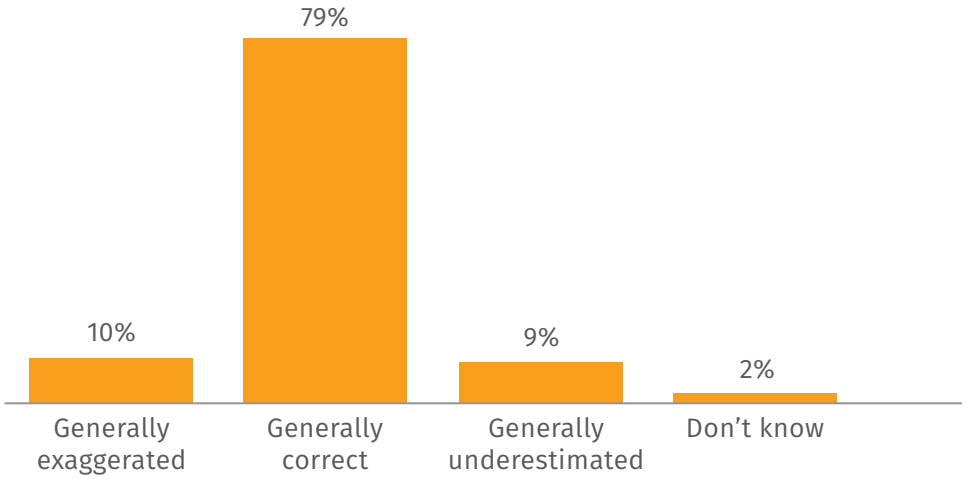
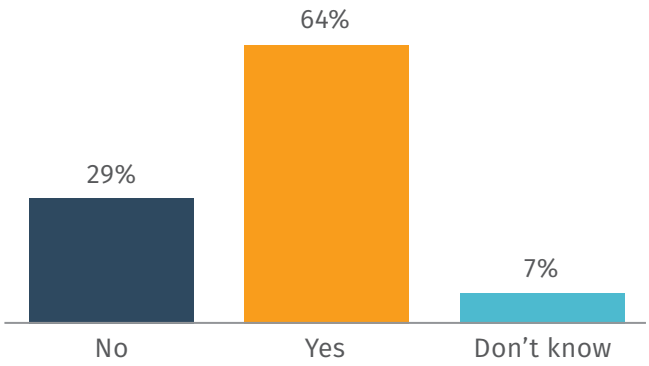


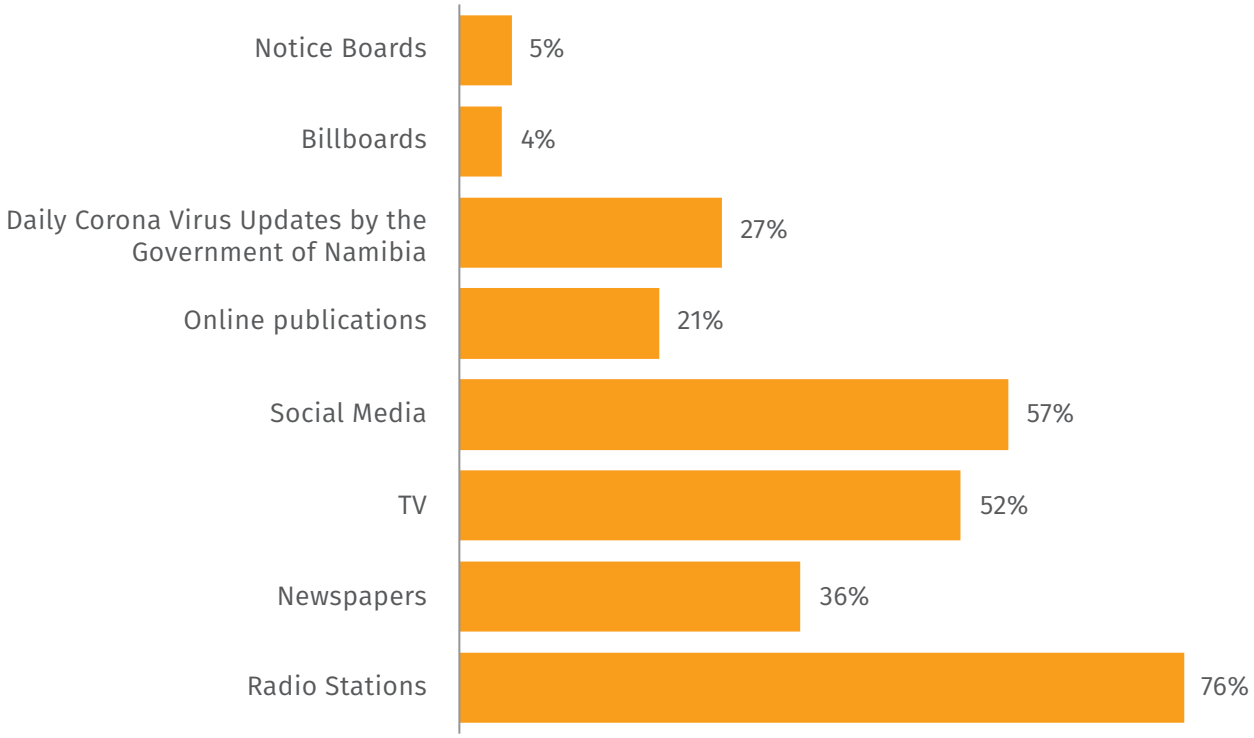
Figure 40 below shows that just about two-thirds (64%) of respondents believed the information about the number of infections as released by the Government of Namibia. nearly 30% did not believe the information and another 7% were unsure.

***Figure 40:* Accuracy of Government Information about the number of infections**



More than three-quarters (76%) of respondents use radio to obtain information about COVID-19 and the pandemic. Some 57% uses social media and a near similar proportion 52% uses TV. Newspapers are consulted by 36% and slightly more than one in four (27%) watches the Government's official daily Coronavirus Updates and 21% consult online sources. Most respondents in the sample use more than one source.

***Figure 41:* Sources of Information about COVID-19 Pandemic**



6 CONCLUSIONS

The current COVID-19 pandemic has a significant impact on Namibian households. It has affected households and individuals in multiple ways. It has had a negative effect on the income of many households either because household members have lost their jobs, or because their hours of work have been reduced. Many households are likely to run out of resources sometime in the near future which will cause them to look for financial support from those close to them in the form of either a donation or a loan. There is evidence that household income from remittances is declining and that it will continue to decline as households struggle to retain their normal levels of income.

Household have changed their usual shopping behaviour to adapt to the changes in their income and general uncertainty about the future. Many households do less frequent shopping and they buy less groceries when they do go to the shop. This could get worse in the next few months as food insecurity is set to increase toward the start of the planting season in November in rural areas, and food prices are set to increase due to COVID-19 disruptions to various supply chains. For many households, their dwindling household resources may well coincide with the expected increases in prices. The data shows many are anticipating this; stating that they are likely to run out of resources sometime in the near future.

As a result of these factors, household members are also under growing psychological pressure. There is widespread fear of contracting the disease even though many feel the probability of getting infected is significantly high.

7

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