Finding the Balance: Public health and social measures in Zimbabwe

This report describes findings from a telephone survey with 1,227 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the Medical Research Council of Zimbabwe to examine experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the first, second and third reports).

What are the highlights from this report?

Situational Awareness

In August 2021, Zimbabwe experienced its third and largest wave of COVID-19, marked by spread to rural areas. As of 30 Aug 2021, the government began easing restrictions and promoting vaccinations through social incentives (e.g., requiring vaccination to eat in restaurants or attend church).

PHSM Support and Self-Reported Adherence

Since the last survey in February 2021, support for and self-reported adherence to individual PHSMs remained high. However, support for and adherence to measures that restrict movement — associated with higher economic burden — declined.

Information and Risk Perception

Perceptions of individual risk from COVID-19 infection was lower than the Southern regional average. Concerns about access to income and food, issues exacerbated by the pandemic, outranked concerns about the virus itself. Survey respondents who lost some or all of their income during the pandemic reported lower rates of satisfaction with the government's pandemic response.

Vaccine Beliefs and Uptake

More than 90% of respondents reported being vaccinated or likely to vaccinate for COVID-19, potentially associated with the various vaccination mandates in Zimbabwe. However, there are reports of citizens opposing efforts to link vaccination to employment and social incentives.

Secondary Burdens

Zimbabwe reported the highest levels of income loss and reduction of meals in the Southern region. Reduced access to food was prevalent, largely due to increasing food prices and high levels of reported income loss. Minimal assistance from the government was offered to the population during lockdowns.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate Percentage of population with at least one dose of a COVID-19 vaccine	21%
Number of doses in country	10,345,000
Cumulative incidence per 100,000 people	880
Total reported cases	131,129
Total confirmed COVID-19 deaths	4,627

Data source: Africa Centres for Disease Control and Prevention

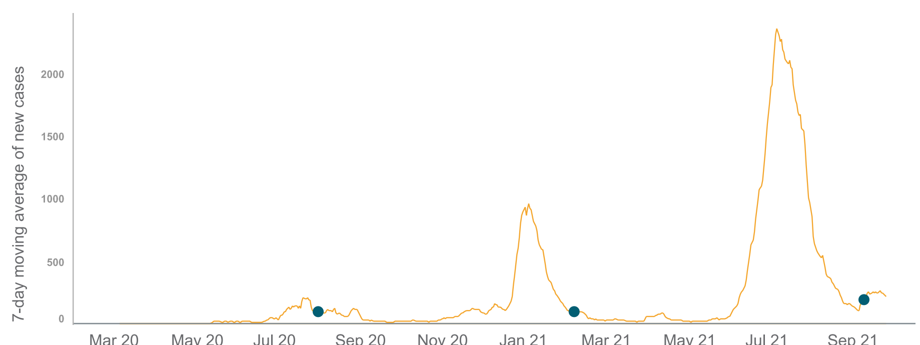
What are the key trends from this survey?

While personal risk perception for COVID-19 remained unchanged through the pandemic, support for staying at home decreased, likely due to the widespread and sustained income loss since the beginning of the pandemic.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	87%	→ 88%	↓ 74%
Personal risk perception	25%	→ 26%	→ 26%
Satisfaction with government reponse	73%	↑ 79%	→ 82%
Vaccinated/likely to get vaccinated	*	61%	↑ 92%
Income loss since pandemic start	88%	↓ 80%	↑ 87%

* Vaccines were unavailable at the time of the survey

Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow



Situational Awareness

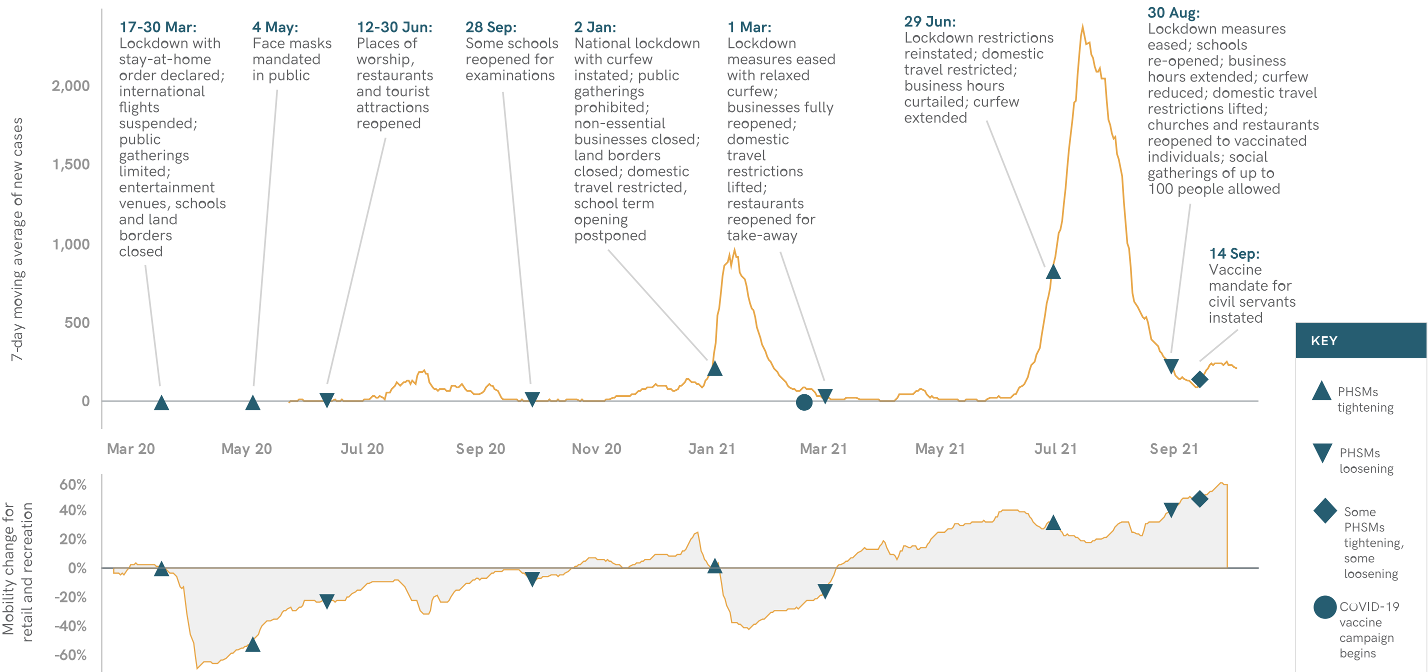
What is the situational context influencing COVID-19 response?

Starting in June 2021, Zimbabwe experienced its third and largest wave of COVID-19, which peaked on 15 Jul with more than 2,300 daily cases (more than double the previous peak in January 2021). Test positivity was 28% at the peak, suggesting that many cases may have gone unreported. The surge in cases was likely associated with the Delta variant, first reported in the country on 29 Apr 2021.

The curfew and lockdown instated in January 2021 were eased in March after case numbers declined. PHSMs were reintroduced again in June as cases rapidly increased. The first two waves saw cases concentrated in urban centers. The third wave, however, affected rural areas as well, with several provinces designated as COVID-19 hotspots. Media reports indicate that rural residents have largely considered COVID-19 to be a "city-disease" and, as such, may not have taken the same steps to prevent transmission as urban populations.

Although Zimbabwe started vaccinations for COVID-19 in mid-February 2021, lack of reliable supply continues to impede swift rollout, a symptom of the larger problem of the patchwork supply chain of vaccines across the continent. People over the age of 14 years old are now eligible for the COVID-19 vaccine and vaccination has been mandated for all civil servants. As of 3 Oct 2021, 10,345,000 doses have been administered across the country, and 21% of the population received at least one dose of the vaccine. Vaccine types currently available in-country include: Sinopharm, Sputnik V, Sinovac and Covaxin.

The introduction of the Delta variant and increased population mobility potentially resulted in the surge of COVID-19 cases in July.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

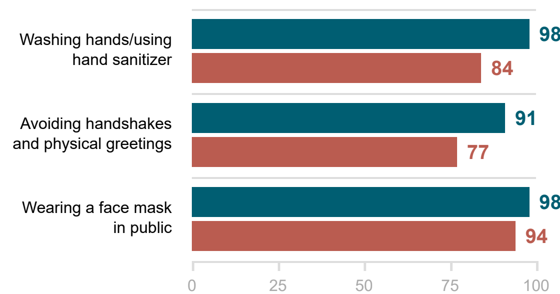
Respondents in Zimbabwe reported slightly higher levels of support for avoiding all public gatherings and restricting all movement PHSMs compared to the other surveyed Member States in the Southern region (77% vs. 68%, and 69% vs. 64%, respectively). However, this did not always align with adherence. Self-reported adherence was lower than the regional average for two measures: avoiding places of worship (53% vs. 58%) and staying home (39% vs. 47%).

- Overall, adherence for PHSMs declined since the February 2021 survey, aligning with the loosening of PHSMs in August 2021.
- Respondents reported the lowest levels of adherence across PHSM types for restrictions on movement (30%), which are generally associated with economic burden, but higher levels of adherence to individual measures (66%) and avoiding public gatherings (44%). This finding corresponds with mobility data, which did not show substantial change during the lockdown period in August 2021. The informal sector (approximately 85% of the workforce) did not adhere to restrictive movement measures due to the need to continue working.
- Respondents who expressed low satisfaction with the government response to COVID-19 also reported less support for measures restricting social gatherings and movement, compared to those who were more satisfied (60% vs. 81% for social gatherings, and 46% vs. 74% for movement).

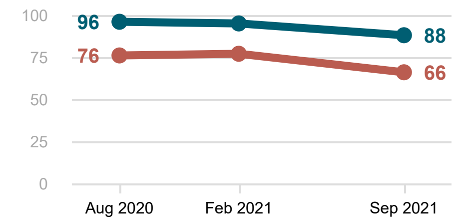
Individual measures

Support for and self-reported adherence to individual measures remained high, but decreased since August 2020.

Support for and adherence to each individual measure in Sep 2021



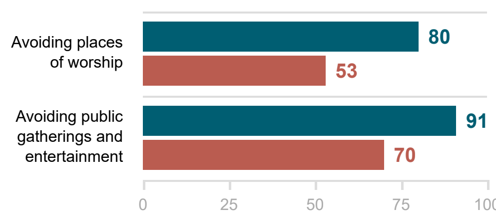
Trend in support for and adherence to all individual measures (composite score)



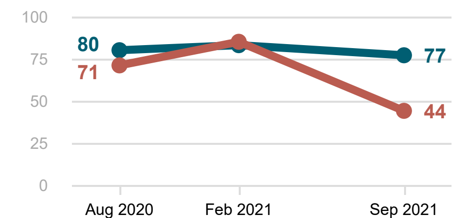
Measures restricting social gatherings

Following the lifting of restrictions on social gatherings in August 2021, self-reported adherence decreased sharply. Support for social gathering PHSMs remained relatively consistent.

Support for and adherence to each social measure in Sep 2021



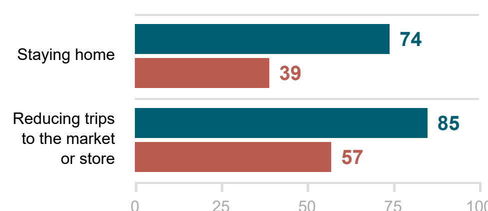
Trend in support for and adherence to all social measures (composite score)



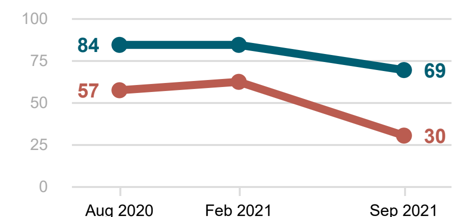
Measures restricting movement

Respondents reported less support and adherence to staying home and reducing economic activities, compared to avoiding social gatherings. Population movement data outside the home increased substantially since February 2021 and with the lifting of restrictions in August 2021.

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



Information and Risk Perception

How do people understand risk?

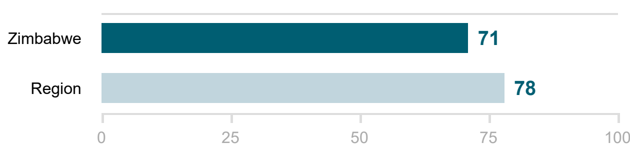
What the data say

Respondents in Zimbabwe reported the lowest levels of risk perception across all surveyed Member States in the Southern region, when asked if COVID-19 would affect many people in the country (71% vs. 78% regional average), if COVID-19 would affect them personally (26% vs. 34%) and if their health would be seriously affected (46% vs. 58%).

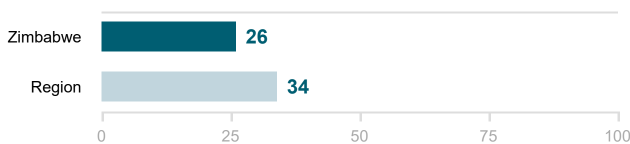
- Although perceived risk to the country and risk of personally being infected did not change from February 2021, perceived risk to health increased (from 34% to 46%), likely due to the country experiencing its third and largest wave of COVID-19, driven by the Delta variant.
- Personal perception of risk was unrelated to support for restrictive measures, despite the substantial decline in support across all PHSMs. In addition, those who reported high perceptions of risk reported only slightly lower rates of receiving or being likely to receive the vaccine compared to those with low perceived risk (90% vs. 94%).
- COVID-19 was a top concern for half of the respondents from Zimbabwe, despite low risk perception. Other prominent issues included access to income-generating activities —which have been restricted by lockdowns — and access to food. Concerns over income and access to food are supported by analysis on the effects of movement restrictions on the informal economy, which represents the majority of economic activity for households. Survey results also show that more than three-quarters of respondents stated they were unable to access food due to income loss.

How do people understand the risk of COVID-19?

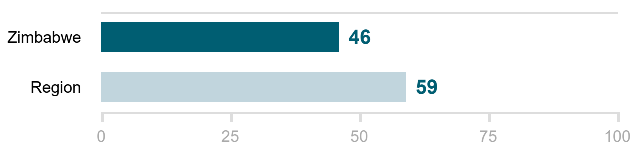
71% believe that COVID-19 will affect many people in their country



26% believe that their personal risk of being infected with COVID-19 is high

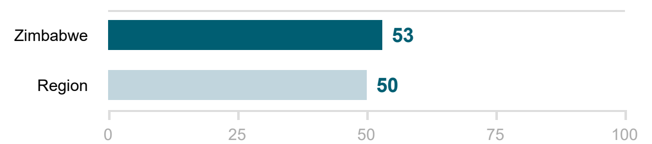


46% believe that their health would be seriously affected by COVID-19

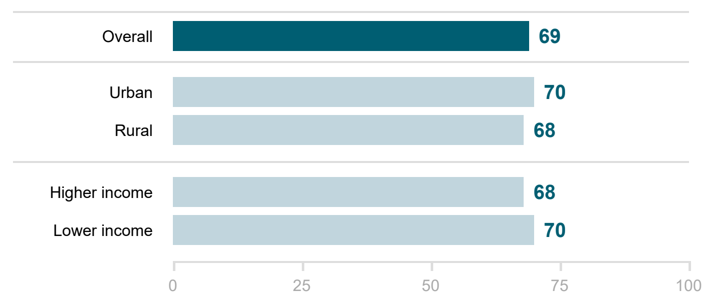


How concerned are people about COVID-19?

53% report COVID-19 as being a top concern



69% are anxious about resuming normal activities



The issues most concerning to people

Percentage of people reporting concern about a particular issue

Issue	%
Access to income/work/unemployment	64%
COVID-19 pandemic	53%
Access to food	34%

Information and Risk Perception

Whom do people trust?

What the data say

Overall, eight out of 10 respondents reported satisfaction with the government's response to COVID-19 and nine out of 10 reported trust in the Ministry of Health.

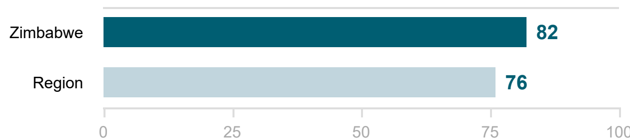
- Lower levels of satisfaction with the government's response to COVID-19 were associated with the following attributes: being aged 18-35, living in urban areas, being highly educated, having a high income or having missed health care visits in the past 6 months.
- Adherence to restrictions on public gathering (36% vs. 45%) and movement (21% vs. 32%) were lower for respondents with low levels of satisfaction with the government's response compared to those who were satisfied.

Respondents reported that health centers, local radio and television were among the most trusted sources of health information. Less than 25% of respondents trusted social media sources such as Whatsapp, Facebook and Twitter.

What do people think about their country's institutions?

The Ministry of Health, WHO and UNICEF were identified as the most trusted institutions for their handling of the pandemic. Hospitals were also highly trusted (90%), while community health workers (76%) and family doctors (59%) were less trusted; traditional healers were trusted by the smallest proportion of respondents (29%).

82% are satisfied with the government's pandemic response



Top three most trusted institutions and individuals

Percentage of people reporting trust in each person's or institution's approach to the pandemic

Ministry of Health	90%
World Health Organization (WHO)	90%
UNICEF	90%

Do people believe accurate information?

Respondents reported high levels of belief in accurate prevention information for COVID-19 — for example, that washing hands (93%) and wearing a mask (94%) are important. Respondents also reported moderately high belief that infected people may never show symptoms (86%) or may show lagged symptoms (77%). Belief that herbal remedies can cure COVID-19 among respondents in Zimbabwe was higher than elsewhere in the Southern region (58% vs. 51%), and among those who reported not trusting the government's response to COVID-19 compared to those that didn't (70% vs. 55%). Because hospitals have lacked adequate resources and have been filled beyond capacity for months, people in Zimbabwe have turned to traditional medicine for treatment, which has been authorized by the government.

Most trusted sources of information

Percentage of people reporting trust in information sources about COVID-19

Health center/health workers	85%
Local radio	75%
Local television	63%

86% understand that infected people may never show symptoms but could still infect others.

77% understand that infected people may not show symptoms for five to 14 days.

58% believe that COVID-19 can be cured with herbal remedies.

47% think they should avoid health care workers because they could get COVID-19 from them.

Vaccine Beliefs and Uptake

Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

What the data say

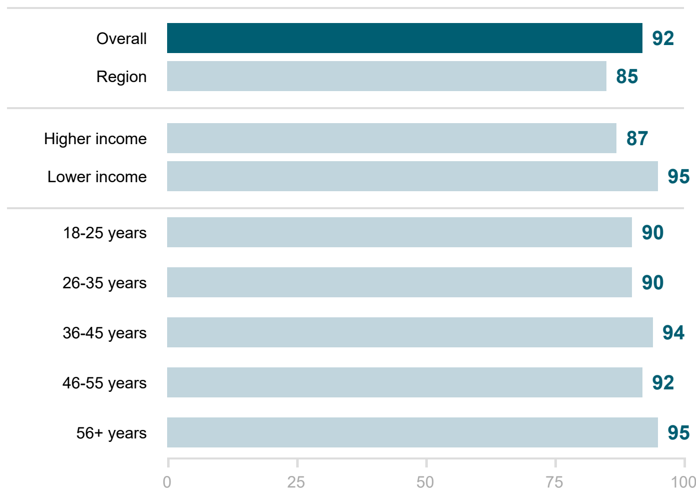
More than nine in 10 respondents reported that they were either vaccinated or likely to get the COVID-19 vaccine — greater than the Southern regional average (85%). Zimbabwe is one of the only Member States to require all civil servants to be vaccinated. Starting in August 2021, vaccination was also required to participate in public activities, and vaccines have been deployed in Victoria Falls to boost tourism. Vaccine mandates have now entered the private sector, prompting strong pushback given the difficulty in acquiring a vaccine and the threat to livelihoods caused by widespread income loss.

- Not having enough information was the most frequent reason cited by respondents who said they were not likely to get the vaccine; all respondents indicated a need for more information on vaccine types, safety and effectiveness. Widely trusted and used sources of information — including local radio and local television — should be used for community engagement and information campaigns.

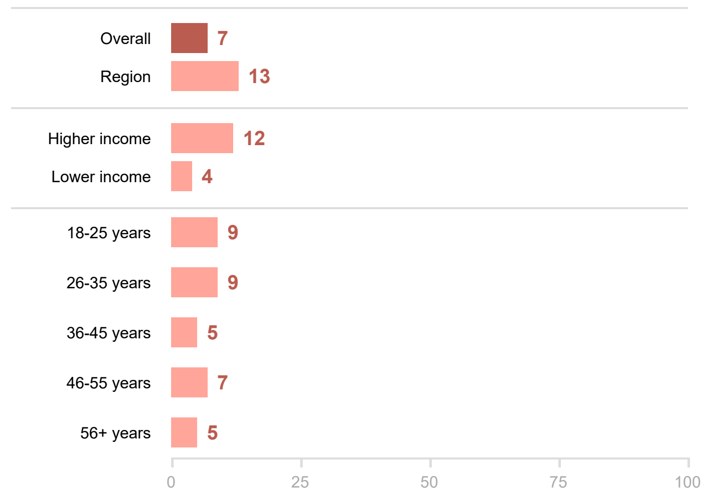
How many people reported getting or planning to get the COVID-19 vaccine?

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

92% are vaccinated or are likely to get vaccinated



7% are unlikely to get vaccinated



Note: < 100 people reported being unlikely to get vaccinated; results should be interpreted with caution.

What do people think about COVID-19 vaccines?

Top information wanted about vaccines

Percentage of people reporting each type of information

What types of vaccines are there, what are they made of and how do they work?	42%
How effective is the vaccine?	33%
How safe is the vaccine?	24%

Top reasons people would not get the vaccine

Among people who were not planning to get vaccinated, their reasons were:

I do not yet know enough about the vaccine to make a decision	25%
Vaccines go against my religious beliefs	19%
The vaccine is killing people/it is a deadly vaccine	13%

Note: < 100 people reported being unlikely to get vaccinated; results should be interpreted with caution.

Secondary Burdens

Are people skipping or delaying health care?

What the data say

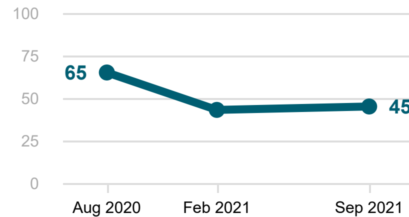
Access to health care has been limited during the pandemic. Among respondents reporting they or someone in their household needed health care, one-third reported skipping or delaying services in the previous six months.

- Approximately one in five missed visits were for maternal and child care. Media reports indicate that pregnant people in rural areas are particularly affected by limited access to health care, and during the pandemic there has been an increase in home deliveries, stillbirths and maternal mortality.
- The most commonly cited reasons respondents gave for skipping or delaying a health visit were mobility restrictions/transport challenges (32%), health facility disruption (26%) and affordability (17%).

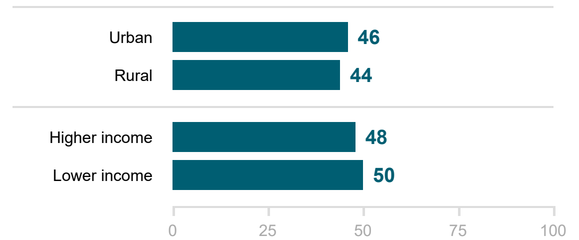
Difficulty getting medicines

Almost half (45%) of respondents reported difficulty acquiring medicine, a drop from 65% in August 2020. There was little reported difference in difficulty accessing medicines between income levels or urban and rural locations.

Trend in percentage of households having difficulty getting medicines in the past three months



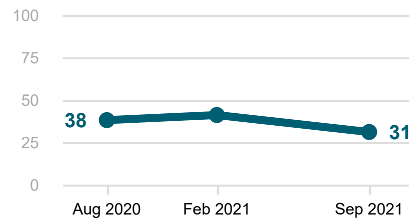
Percentage having difficulty getting medicines by category



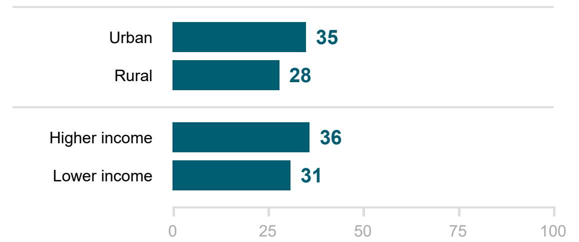
Skipping or delaying health visits

In addition to urban and higher-income respondents, a larger share of households that have lost all of their income (43%) and people with longstanding illnesses (37%) reported difficulty accessing health care — similar to trends seen across the Southern region.

Trend in percentage of households skipping or delaying health care visits in the past six months



Percentage skipping or delaying health care visits by category



Reasons for skipping or delaying visits

People could choose multiple responses

Reason	%
Mobility restrictions/transport challenges	32%
Health facility disruption	26%
Cost/affordability	17%
Caretaker responsibilities	9%
Worried about catching COVID-19	7%

Types of health visits that were skipped or delayed

People could choose multiple responses

Type	%
General/routine check-up	37%
Noncommunicable diseases	20%
Reproductive, maternal, newborn, child health	19%
Diagnostic services/symptoms	14%
Vaccinations	9%

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

Almost nine out of 10 respondents from Zimbabwe reported loss of income, the highest in the Southern Region. Across all demographics, at least 80% lost either some or all income. Respondents older than 56, with lower education, or who had missed health care visits in the past six months most frequently reported losing substantial amounts of income (over 20%).

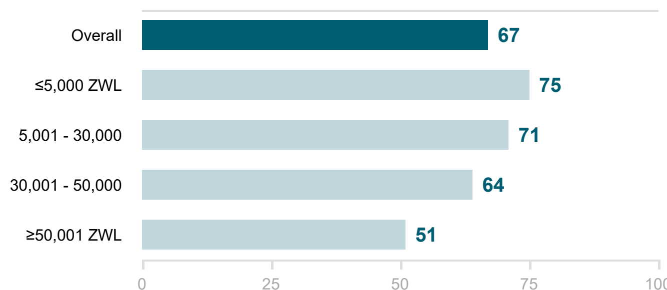
- COVID-19 strained Zimbabwe's already fragile economy. One out of every two people in Zimbabwe is now considered to be extremely poor. Compared to 2019, when Zimbabwe was already experiencing a recession, drought and inflation, over 1.3 million people were newly classified as extremely poor following the start of the pandemic in 2020. A recovery is projected, led by the agricultural sector.
- In dealing with lockdown restrictions that eliminated many income-generating opportunities, a very small number of respondents reported receiving government assistance (7%). Challenges reported in the media included incomplete registrars, while internationally supported cash transfers programs were often not national, or had very specific targeting criteria.
- A combination of drought, income loss and inflation created an enabling environment for increased food prices. Two out of three respondents reported reducing their number of meals in a day, a trend that had increased since February 2021 and was the highest of all Member States surveyed in the Southern region. Top reported barriers to food access included income loss and increased food prices; lockdown restrictions were cited less frequently.
- Even respondents who reported minimal to no income loss reported challenges in accessing food. Compared to 67% of all respondents that missed meals, 32% of respondents with no reported income loss since the start of the pandemic also reported missing meals. In addition to rising food prices as a result of COVID-19, Zimbabwe's local currency is experiencing instability and inflation, which could further threaten the ability to purchase food and increase income loss in Zimbabwe.

Reported barriers to food access
Percentage of people reporting each barrier

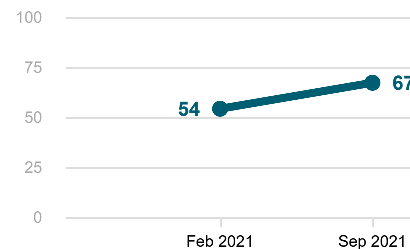
Barrier	%
Less income	77%
Higher food prices	72%
Food markets closed	43%
Mobility restrictions	44%
Food market supply shortages	30%

Missing meals

*Percentage of households **missing meals** by category*



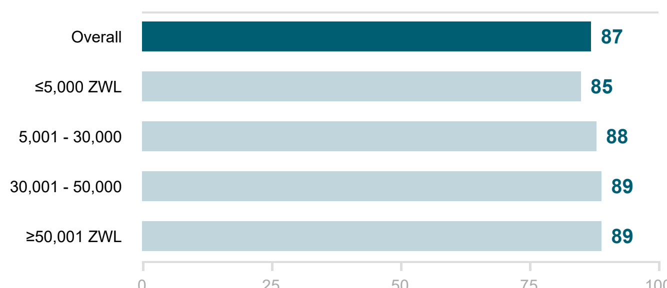
*Percentage of households **missing meals** over time*



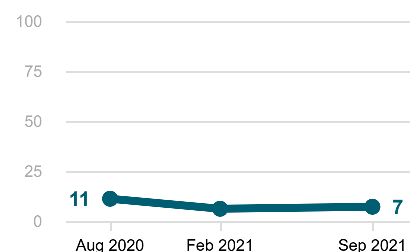
Note: Data on missing meals were not collected in Aug 2020.

Income loss and receiving government assistance

*Percentage of households experiencing **income loss** by category*



*Percentage of households receiving **government assistance** over time*



Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online dashboard. *For full details on data sources, methods and limitations, see preventepidemics.org/perc.*

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness.

Country notes

The survey sampled from Zimbabwe consisted of 1,227 adults (397 urban, 830 rural), collected between 10 and 22 Sep 2021.

Income classifications were based on existing data on local income distributions, which were used to create three income bands, defined as:

- Low income: Monthly household income 5,000 ZWL and below
- Low middle income: Monthly household income 5,001 ZWL - 30,000 ZWL
- High middle income: Monthly household income 30,001 ZWL - 50,000 ZWL
- High income: Monthly household income 50,001 ZWL and above