

GOVERNMENT COVID-19 RESPONSE SURVEY

URR SNAPSHOT REPORT

SUMMARY

This Snapshot Report presents the findings from the the government COVID-19 response tracking survey conducted in the URR. Main Findings are: the pandemic affected access to food in the region due to insufficient income and therefore most families needed support; the government food package was received by majority but outreach was not 100%; dissatisfaction with the food aid not as high as in CRR; The monetary aid didn't reach all households but has a slightly better more outreach than the food package; dissatisfaction with monetary aid is high as a substantial majority of families said the assistance was not enough for their basic needs; Overall satisfaction with the social assistance program is high among respondents; Awareness of COVID-19 is high and generally people know what to do when they have COVID-19; the main source of information in the region is from the community; overall, the perception that government response has improved health service delivery in the region is high; Awareness of COVID-19 vaccine is high and vaccine hesitancy is not as high as in CRR; many think that there is enough information on vaccines, but the perception that information is not enough is still high (about 33%).

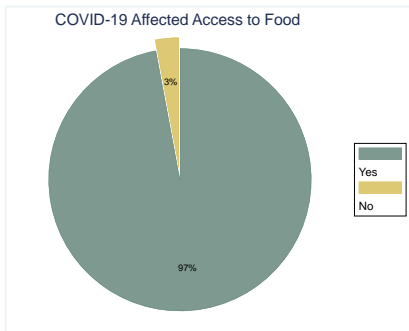
CepRass

Tracking Government COVID-19 Responses

CONTENTS

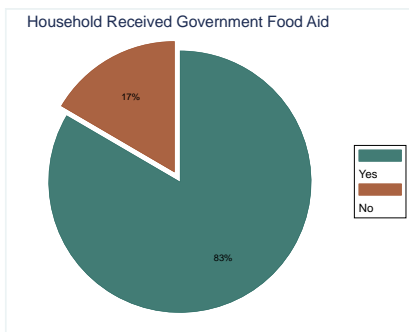
ACCESS TO FOOD DURING COVID-19 IN URR 1	
COVID-19 FOOD AID.....	1
MONETARY AID	2
SOCIAL ASSISTANCE	3
PERCEPTION ON COVID-19	4
PERCEPTION ON COVID-19 VACCINE ...	6

ACCESS TO FOOD DURING COVID-19 IN URR

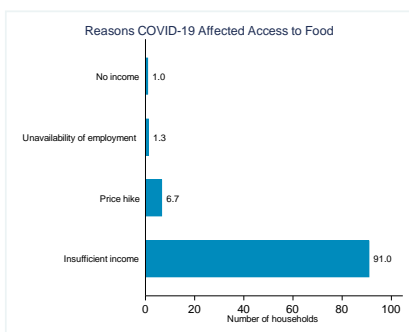


- ❖ 97% of the respondents in URR faced access to food difficulties during COVID-19 pandemic

COVID-19 FOOD AID



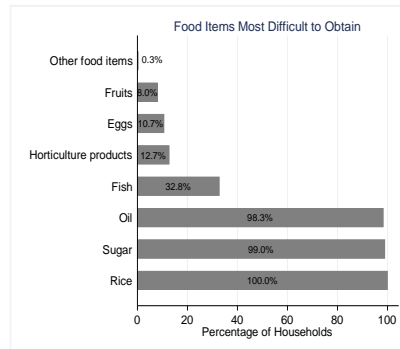
- ❖ 83% of respondents received the government food aid.
- ❖ As found in other regions, not all households in URR received the government food aid.
- ❖ Distribution of the food aid package not effective in URR



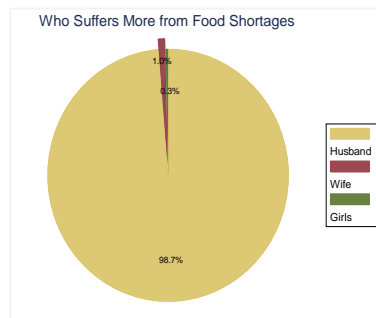
- ❖ Most respondents, 91%, reported that insufficient income is the reason for their access to food difficulties

during COVID-19, followed by price hike (6.7%).

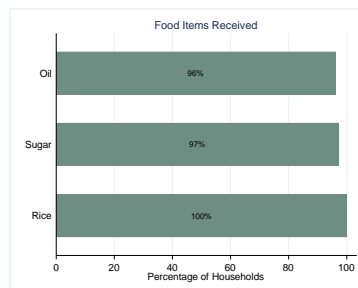
- ❖ Only 1% reported that access to food was difficult because of no income.



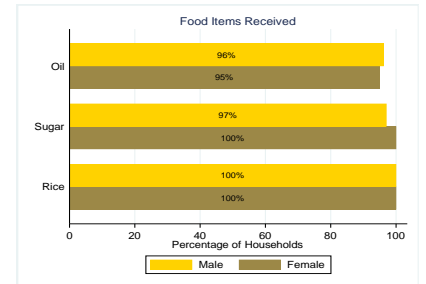
- ❖ The food items most difficult to obtain in the URR according to respondents is rice (100%) followed by sugar (99%) and then oil (98.3%).



- ❖ 98.7% of households reported that the husband suffers more from shortages, followed by the wife (1%).



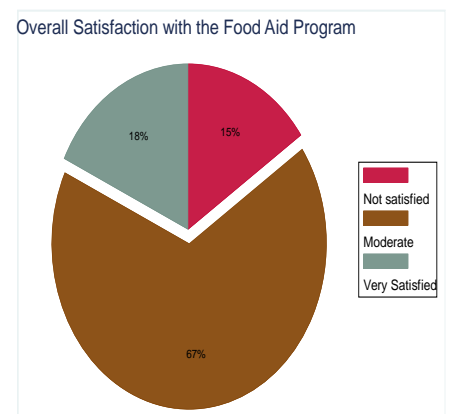
- ❖ Rice is the most received food item among households, followed by sugar and then oil.



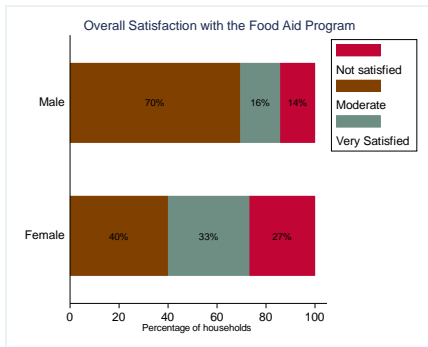
- ❖ All households, both male and female headed households, received rice.
- ❖ All female headed households received sugar and 97% of male headed households.
- ❖ Oil is nearly equally distributed to male and female headed households.



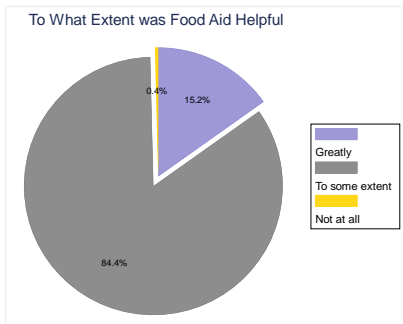
- ❖ In the URR, most respondents (99%) believed the food aid package of the government was delivered on time.



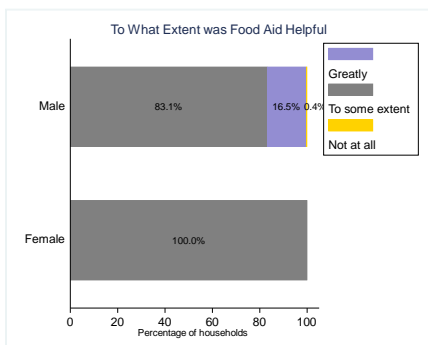
- ❖ 15% of respondents in URR are not satisfied with the food aid package
- ❖ 85% are either very satisfied or moderately satisfied with the food packaged.



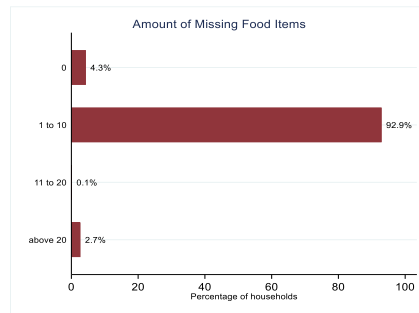
- ❖ Across gender of the household head, result show that female-headed households have slightly a higher level of dissatisfaction with the food aid package
- ❖ But proportion of respondents very satisfied with the food is also higher among women headed households



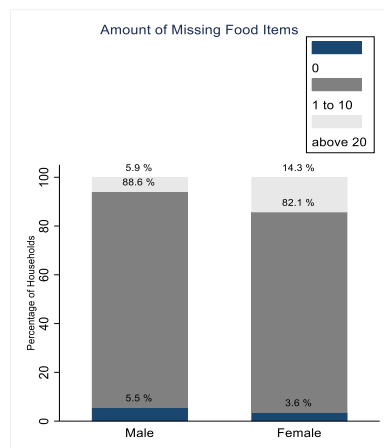
- ❖ Majority of the households (84.4%) reported that the food program had assistant their households to address the food shortages during the pandemic only to some extent.



- ❖ While 16.6% of male-headed households revealed that the food aid helped their household to a great extent, all female-headed household revealed that the food aid help them to some extent.

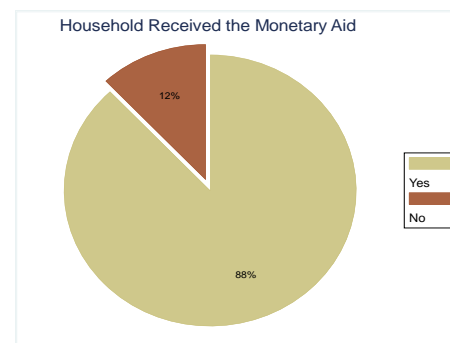


- ❖ 92.9% of respondents in URR reported that the number of missing food items is above 1 to 10 for their household
- ❖ Only 4.3% report no missing food item in URR.

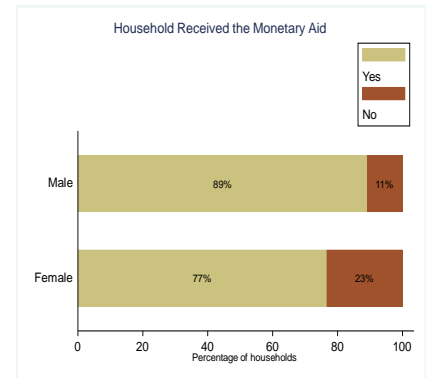


- ❖ Majority of both male (88.6%) and female (82.1%) report that the amount of missing food item is between 1 and 10.

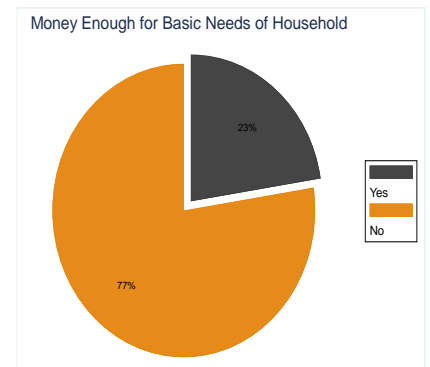
MONETARY AID



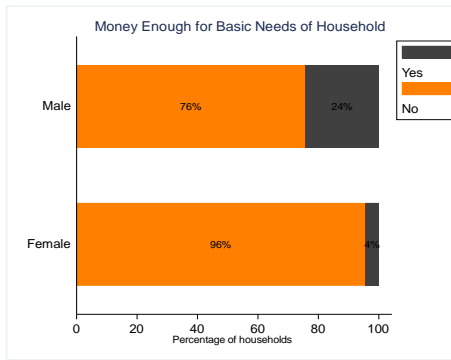
- ❖ 88% of households in URR received the government monetary aid



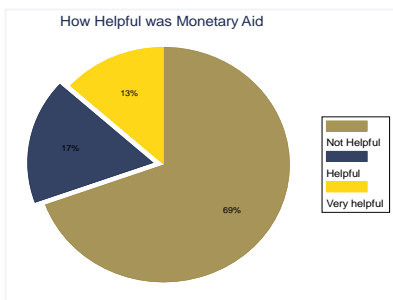
- ❖ 89% of respondent from male-headed households received the monetary aid while 77% of respondents from female-headed households received the monetary
- ❖ Receipt of the monetary aid is high in both household types, but much higher for male than female headed households
- ❖ Results also show that all respondents are satisfied with the payment (97%), and they are reported that the monetary aid was received because of COVID-19 pandemic (99.6%).



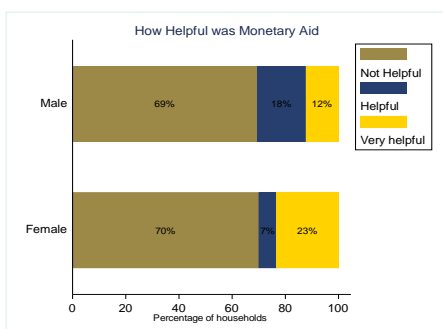
- ❖ 23% of the respondents in URR reported that the money received was enough for their basic needs with 77% reporting that it was not enough.



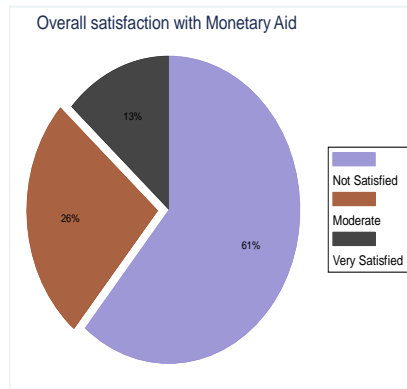
- ❖ More male headed households (24%) reported that the money was enough for basic need than female headed households (4%) in URR.
- ❖ Perception that the monetary aid is insufficient for basic needs is more elaborate in for female headed households than male headed households.



- ❖ 69% of respondents in URR reported that the monetary aid was not helpful
- ❖ Only 13% of respondents in the region reported that the Aid was very helpful with 17% reporting that it was helpful



- ❖ More women than men reported that the monetary aid was very helpful; 23% vs 12%.

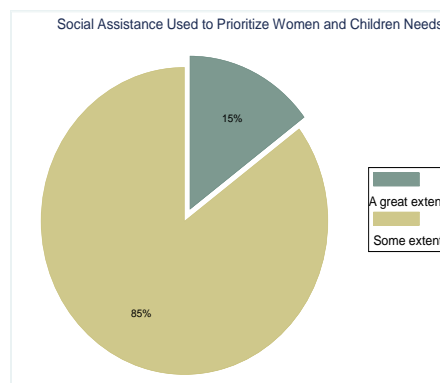


- ❖ 61% of respondents in URR reported that they are not satisfied with the monetary aid, only 13% indicating that they are very satisfied with the monetary aid.



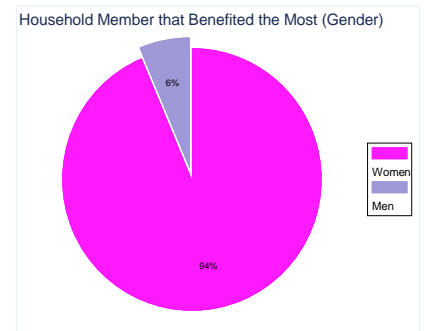
- ❖ Women respondents appreciated the monetary aid than male respondents
- ❖ Most household in URR use the monetary aid for food, and this does not differ between male and female headed households.

SOCIAL ASSISTANCE

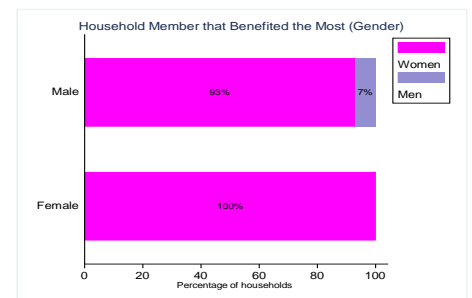


- ❖ All respondents in the URR revealed that the COVID-19 social assistance was either to

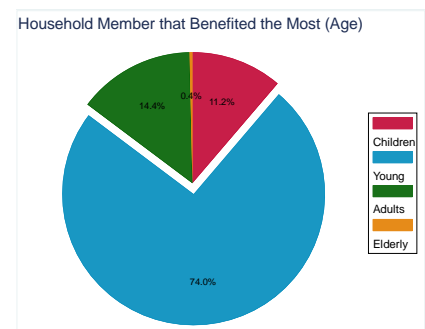
some extent or great extent used to prioritize the needs of women and children.



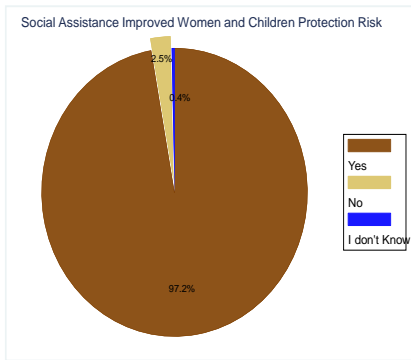
- ❖ Most of the respondents in URR reported that the social assistance benefited women the most, with only 4% reporting that it benefited the men the most.



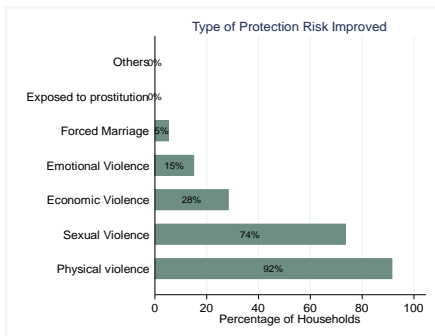
- ❖ While 100% of respondents from female-headed households reported that women benefitted the most from the social assistance in their household, 93% of respondents from male-headed households indicated that the social assistance benefited women the most



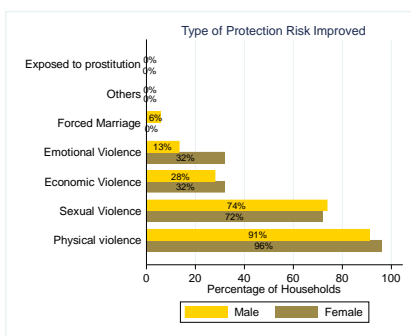
- ❖ By age group, majority of the respondents reported that young benefitted the most from the assistance, followed by adults.



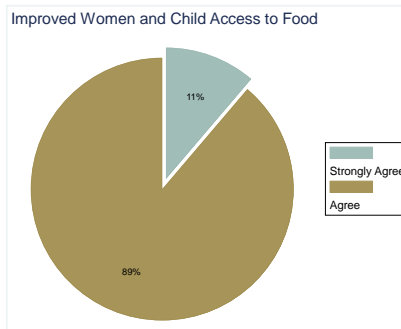
- ❖ Majority of respondents (97.2%) revealed that the social assistance has improved women.



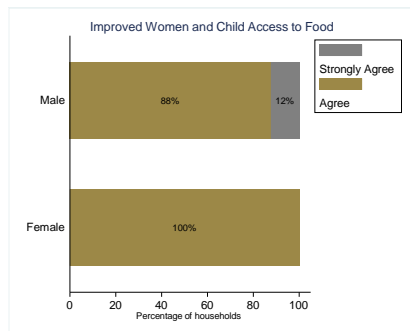
- ❖ The number respondents that reported that physical violence is the protection risk most impacted by the social assistance is highest (92%), followed by sexual violence (74%) and economic violence (28%).



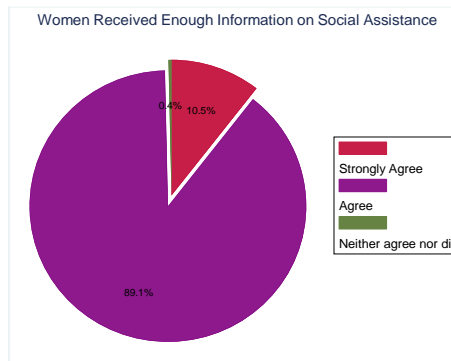
- ❖ By gender of respondents, female over male reported physical violence, economic violence and emotional violence, while more male reported sexual violence as the protection risk improved.



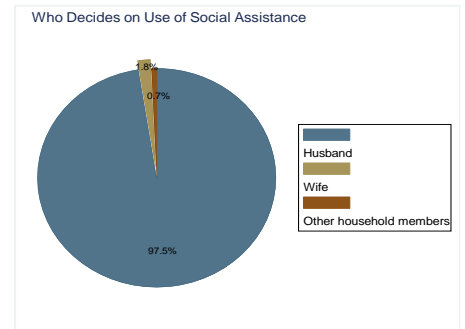
- ❖ All respondents (100%) either strongly agreed or agreed that the social assistance has improved women and children access to food during the pandemic in URR.



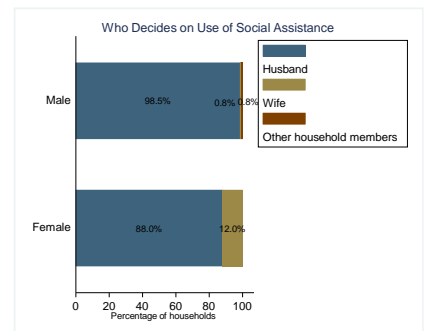
- ❖ All female respondents agree that women and children access to food is improved.
- ❖ All respondents either agree or strongly agree that women and children needs were prioritized.



- ❖ Majority of respondents (about 99.6%) either strongly agreed or agreed that women received enough information about the social assistance, and less than 1 % neither agree nor disagree.

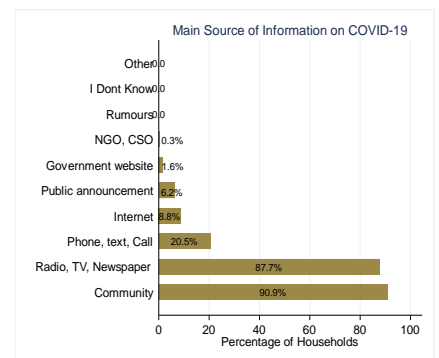


- ❖ Only 1.8% of the respondents reported that the wife makes the decision on the usage of the social assistance.

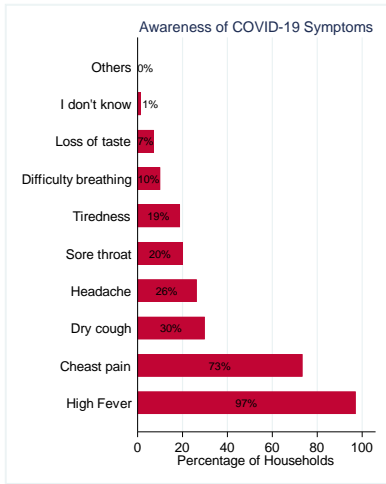


- ❖ By gender of the household head, the result indicates that women deciding on the use of the transfer is higher in Male-headed households than in female-headed households.

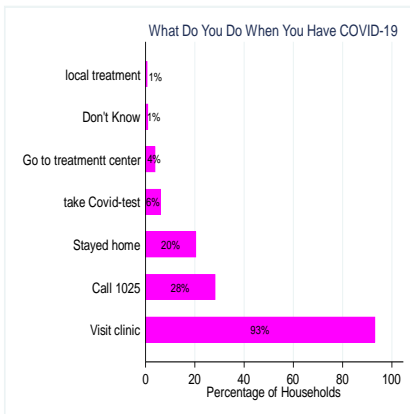
PERCEPTION ON COVID-19



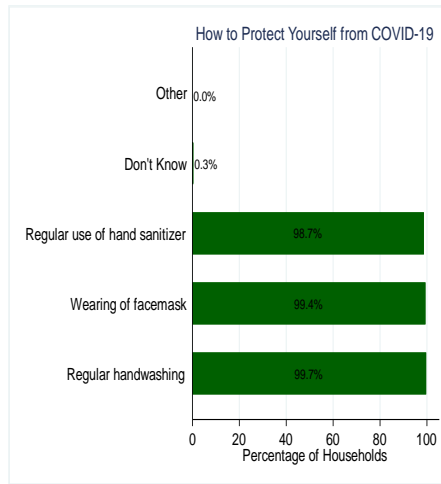
- ❖ Majority of respondents (90.9%) receive information through community, followed by Radio, TVs, and Newspapers (87.7%), then phone, text and call (20.5%)
- ❖ NGO, CSO and rumors are the least source of information.



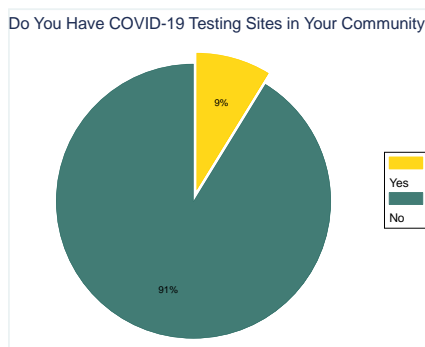
- ❖ Most respondents in the CRR are aware of the main symptoms of COVID-19.
- ❖ The most mentioned symptoms by the respondents are: High fever (97%); Chest Pain (73%); Dry cough (30%); Headache (26%);



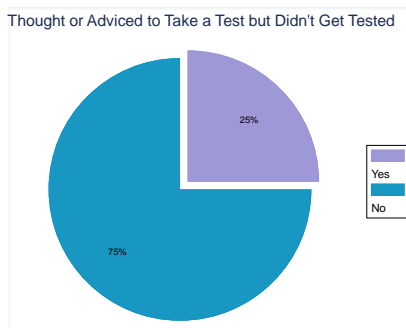
- ❖ Majority of the respondents revealed that if one suspects of getting COVID-19 that you should visit a clinic (93%); call 1025 (28%); stay home (20%), or take Covid-test (6%).
- ❖ Overall, most respondents in URR are aware of what to do when you suspect of having COVID-19.



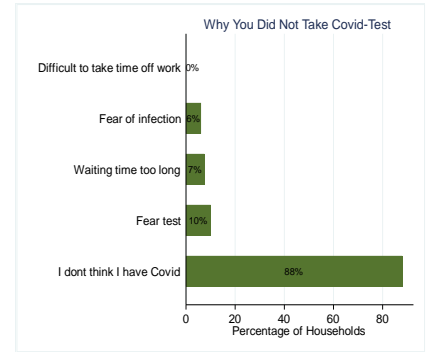
- ❖ 99.7% of respondents reported that you can protect yourself against COVID-19 through wearing of regular handwashing; 99.4% said through wearing facemask; 98.6% reported through regular use of hand sanitizer.



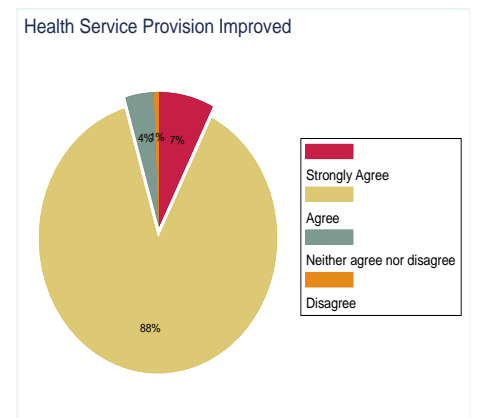
- ❖ 91% of respondents do have a testing site in their community
- ❖ Only about 9% of respondents reported that they have a testing site in their community.



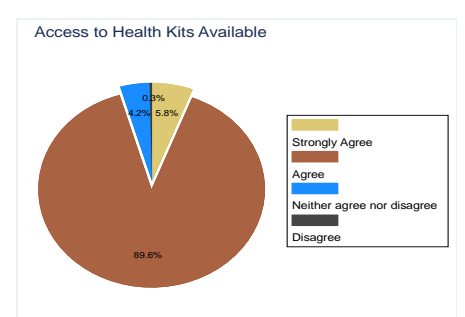
- ❖ 75% of respondents revealed there was a time when they thought or were advised to take to take a test but failed to do so.



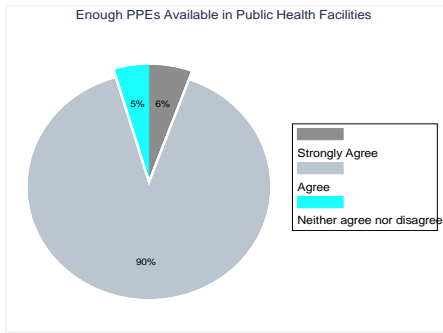
- ❖ 88% of the respondents reported that they didn't take the test because they didn't think it was COVID-19 even though the symptoms are like COVID-19.



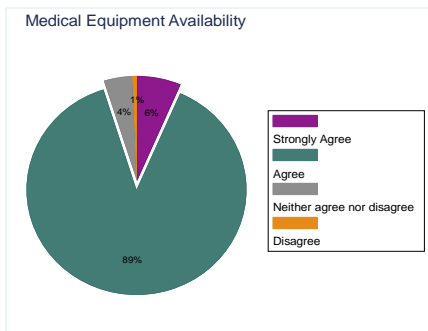
- ❖ 95% of respondents either strongly agreed or agreed that COVID-19 has resulted to improvement in health service provision in their region
- ❖ 5% are neutral that the pandemic has improved health service provision and non-disagree.



- ❖ 95.4% of respondents either strongly agreed or agreed that the availability of health kits has improved in health centers during the COVID-19 period.

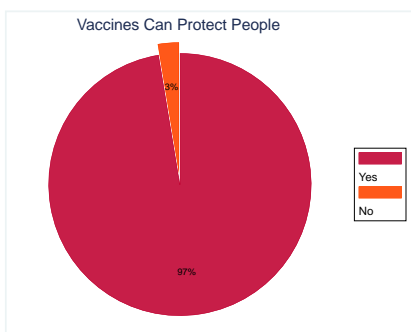


- ❖ 95% either strongly agreed or agreed that PPEs availability in public health facilities has improved due to the COVID-19 pandemic

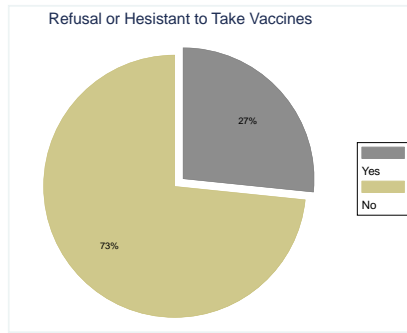


- ❖ 95% of respondents either strongly agreed or agreed that COVID-19 has to more availability of medical equipment in public health facilities.

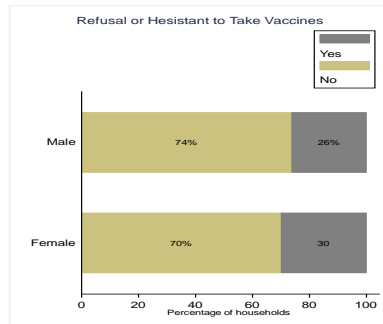
PERCEPTION ON COVID-19 VACCINE



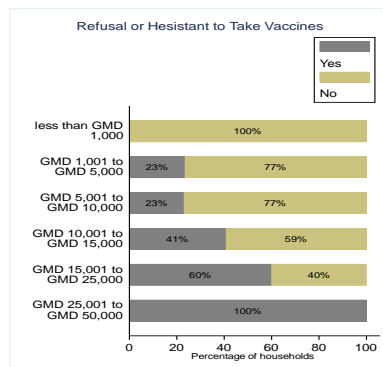
- ❖ 97% of respondents believe that COVID-19 vaccine can protect people from Covid-19.



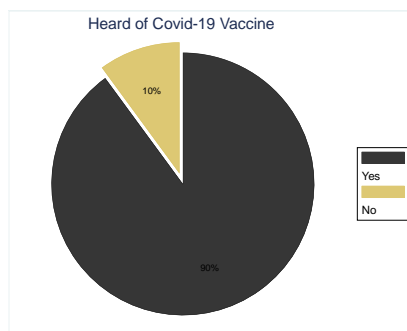
- ❖ 27% of respondents refused or are hesitant to take COVID-19 vaccine.



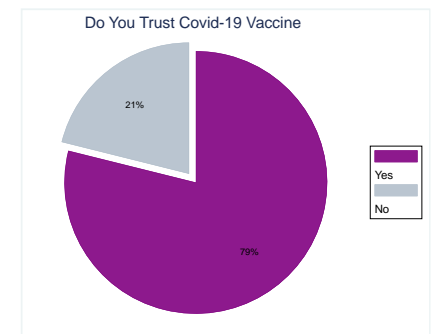
- ❖ Refusal or hesitancy of the respondents is the same for both male and female.



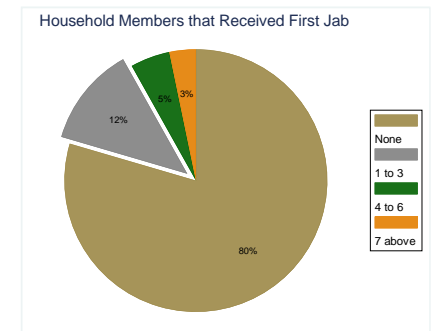
- ❖ Richer households are more likely to hesitate to take the test.



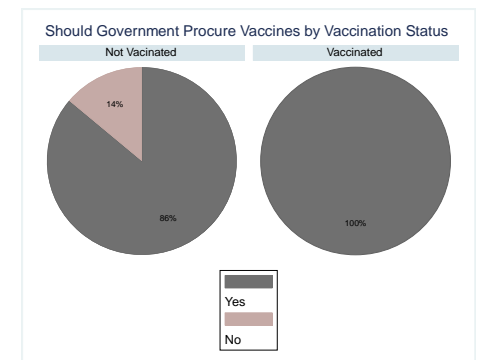
- ❖ Majority of households reported to have heard of Covid-19 vaccine



- ❖ The trust of the COVID-19 vaccine is high as 79% of respondents have reported that they trust the vaccine, but lack of trust remains.

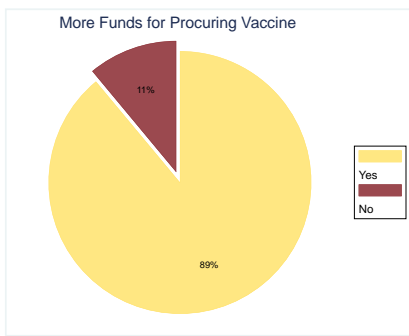


- ❖ 80% of the respondents revealed that nobody in their household have received the COVID-19 vaccine in URR.
- ❖ 12% respondents have reported that 1 to 3 members of their household have received the vaccine or took the first job.
- ❖ Vaccine uptake still slow.

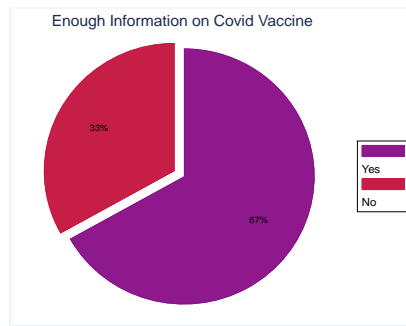


- ❖ 100% of the vaccinated respondents in the URR endorsed government procuring more COVID-19

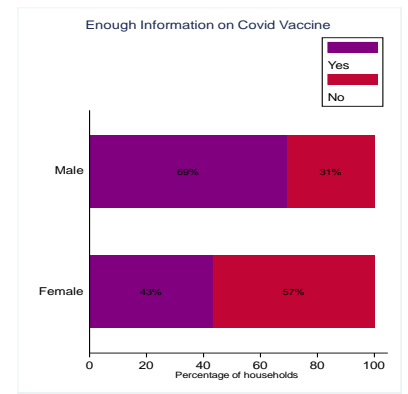
vaccines, and 85% of not vaccinated endorsed procuring more vaccines



- ❖ Most respondents (89%) think that more funds should be allocated in procuring vaccines.



- ❖ Majority of respondent (63%) believe that enough information was provided on Covid-19 vaccination



- ❖ More male respondents than female think that enough information on Covid-19 vaccine is provided: 69% vs 43%.