SOCIOECONOMIC IMPACT ASSESSMENT OF THE COVID-19 PANDEMIC IN FIVE POVERTY COUNTIES IN CHINA

China International Center for Economic and Technical Exchanges
United Nations Development Programme
United Nations Children's Fund
United Nations Population Fund
United Nations Resident Coordinator Office

Foreword

The year 2020 is the year of decisive victory for China's elimination of poverty and the building of a moderately prosperous society in all respects. The sudden outbreak of COVID-19 pandemic has had a huge impact on all walks of life. It has tested China's economic and social resilience, emergency response and self-rescue capabilities of the Chinese Government, businesses, families and even individuals, and has challenged China's competence in winning the battle against poverty and accomplishing the task of poverty alleviation as scheduled.

To understand the socioeconomic impact of COVID-19 on China's poverty-stricken areas and the challenges of further development there so as to assist local governments to effectively recover and decisively combat poverty in the post-pandemic era, CICETE and UNDP took the initiative to conduct "COVID-19 Economic and Social Impact Assessment" in five selected counties(or district), including Chengbu of Hunan Province, Neixiang of Henan Province, Yilong of Sichuan Province, Zhouqu of Gansu Province, and Zhangwan, Shiyan City of Hubei Province in June 2020.

Through the assessment, we are pleased to see that due to its relatively sound structure in health, education, employment training and social security and assistance, China has quickly and effectively brought the pandemic under control, minimized its impact and resumed economic development in an active and prudent manner. However, the economic and social development of poor areas is still under certain impact and some deficiencies have been exposed there. UNDP and CICETE thus have designed and carried out small and targeted supporting activities, short ones with quick results based on the findings of the assessment.

UNDP has been playing a vital role as a co-partner of this assessment with the active involvement of RCO, UNICEF, UNFPA, as well as great support from local governments and departments at different levels. Experts' hard work and local respondents' cooperation are also crucial to the success of the assessment and relevant activities. Here, on behalf of CICETE, I'd like to express my heartfelt thanks to them all.

Yan Dong

China International Center for Economic and Technical Exchange (CICETE)

Foreword

The COVID-19 pandemic has put societies all around the world under enormous pressures posing a threat to the core SDG principle of leaving no one behind, both globally and in China. Without effective socio-eco¬nomic responses, global suffering will escalate, endangering lives and livelihoods for years to come.

In responding to the pandemic, we must not only beat the virus but also address its profound consequences. This research is a collaboration between the United Nations and the Government of China. It follows the UN Secretary General's launch of the UN Framework for the Immediate Socio-Economic Response to COVID-19, an integrated support package designed to support countries to tailor responses to the pandemic in each country, to protect the needs of the most vulnerable.. The research collaboration in China aims to better understand the impact of COVID-19 and support China's socio-eco¬nomic recovery. It is expected to inform policy that tackles the social and economic dimensions of this crisis, with a focus on the most vulnerable.

This study investigates the impact of the pandemic at the household level. While we have seen many other impact assessments, most of which focused at the macro level on business or the economy as a whole, micro-level research is limited. This analysis is based on a survey of 1,183 households in five poverty counties in China. It complements other research, presenting additional data and evidence to better understand the impact of the crisis on each individual and household with a view to better designing future interventions that are tailored to their needs

It looks beyond the economic impact. While one important theme of the assessment is the impact on household income and employment, a multidimensional perspective is adopted. The report also investigates the impact on the access of households to medical services, their psychological health and other aspects such as children's access to education and women's reproductive health, which are usually less well covered. This report also has a specific focus on vulnerable groups, such as older people, women, children along with persons with disabilities, and migrant workers. These are the groups most at risks of being left behind, given greater vulnerability due to their pre-COVID-19 disadvantageous socioeconomic position that is further exacerbated by the pandemic.

This report would not have been possible without the strong support and coordination of our Chinese partners. Our sincere appreciation goes to the China International Center for Economic and Technical Exchanges (CICETE) for facilitating this report. We also wish to recognize the two lead authors, Professor Sun Tongquan and Professor Long Wenjin, as well as the field research team for their commitment to provide comprehensive statistics and sound analysis. We further wish to thank our UN colleagues, in particular from UNDP, UNFPA, UNICEF and the Resident Coordinator's Office, for their contributions and inputs throughout the process. We would also like to t acknowledge other UN agencies: FAO, IFAD, ILO, UN Women and UNAIDS for providing their comments on the report methodology and draft report.

Leaving no one behind was always going to be the key challenge of our time, but COVID-19 made it more pressing and urgent. In this respect, learning from the first-hand data and evidence presented in this research is of great importance. It is relevant not only for local governments, but for UN agencies as well as other institutions, as we seek to repurpose and re-programme to effectively reach the people most in need. We hope that this report can serve to inform different actors in China to better protect the needs of people living under the stress of the pandemic in the recovery phase, and to build the foundations for a more inclusive society.

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Executive Summary

According to the Sustainable Development Report 2020, by late 2019, the world was not on track to achieve the Sustainable Development Goals (SDGs) and COVID-19 has brought even more challenges in SDGs attainment. While China has lifted 750 million out of poverty over the last four decades and it is set to eliminate absolute rural poverty by 2020, more efforts are still needed in preventing those people sliding back to poverty. As of the end of 2019, about 5.51 million rural people in the country remained in poverty, while many others were no longer classified as poor, but are still close to the poverty line. These two groups are especially vulnerable during times of crisis, such as COVID-19, economically, socially and in terms of health.

To understand and respond to the effects of COVID-19 on these and other groups at risk, the United Nation Development Program and the China International Center for Economic and Technical Exchanges, jointly assessed the socioeconomic impact of COVID-19 on five officially designated poverty-stricken counties in China, with the support of Office of the Resident Coordinator, the United Nations Children's Fund and the United Nations Population Fund.

The aim was to gather information on how the pandemic has affected impoverished regions and, in particular, vulnerable groups in those areas. The first-hand data and information collected through this assessment are being used to inform the design of UN programmes in the immediate future and provide evidence for local governments in how best to address the socioeconomic effects of the pandemic on their populations. The impact assessment was undertaken in June 2020, after COVID-19 was contained in China, making fieldwork possible. The regions selected to carry out the assessment in were five national and provincial-level poverty-affected counties: Chengbu County in Hunan Province, Zhouqu County in Gansu Province, Neixiang County in Henan Province, Yilong County in Sichuan Province, and Zhangwan District, Shiyan City, Hubei Province.

Using household survey data and findings from discussions with local governments at different administrative levels, this joint study investigated the impact of COVID-19 on these populations and the challenges as they seek to recover, with a focus on children, women and older people. This assessment also provides evidence on policymaking, pandemic response and post-pandemic livelihood recovery, tailored to these and other groups.

Based on focus group discussions with county-level government authorities, we gained the following key findings regarding the pandemic's impact on those counties at the macro level:

- COVID-19 and the government's strong containment measures severely affected the economies of these counties, as they have throughout China and most of the world. However, economic and social activities in these areas now show signs of gradual recovery, supported by policy measures to stimulate the economy and promote resumption of work in an orderly manner.

- As these are five poverty-affected counties, discussions with local officials indicated that there were strong poverty alleviation systems and community-level organizations in place when the pandemic hit. Populations recognized as poor received special attention and care, in many cases mitigating the pandemic's effects on their wellbeing.

However, businesses encountered many difficulties, leaving a generation of employment under severe stress:

- Firstly, the impact varies among different industries, with the tertiary sector worst-hit and the primary industry least affected. Economic growth of these counties has declined.

- Secondly, most of the small and micro-sized enterprises (SMEs) and self-employed businesses, the main sources of employment in these areas, have ceased production, resulting in more unemployed and underemployed people. There are also people who do not seek outside employment due to the pandemic and prefer to stay in their hometowns to find jobs. These factors add substantial employment pressure in poor counties.

- Thirdly, various tax reduction and exemption policies – which aim to help companies resume work and overcome difficulties – have significantly reduced local fiscal revenues. Meanwhile, the costs of fighting the pandemic and protecting livelihoods have risen. As such, local officials reported a widening gap between fiscal revenue and spending.

The impact of COVID-19 on household level is also analysed. Despite methodological limits, the household survey yielded a number of useful findings concerning vulnerability of different groups to shocks regarding employment and household income :

- The working time and incomes of informal sector employees fell far more sharply than those of formal sector employees. Already disadvantaged by a lack of access to social protection, these workers suffered greater financial losses.

- Female employees lost less income than male. However, this was because they were underrepresented in the relatively lucrative construction sector and other wage-paying migrant work which was hit hardest.

- Rural smallholder farmers in these areas were not as affected as those relying on off-farm incomes. This is partly because the main lockdown occurred before the spring agricultural season in some areas, and because only 34% of farming families surveyed sell their products to markets. The majority of product was for their own consumption, and thus less impacted by reduced access to markets during lockdown.

- Another strong finding is that households who were eligible for social assistance transfers were, in general, shielded from the worst economic shocks of COVID-19; it was those who were not eligible, but still relatively low-income, who were worst-affected.

Educational challenges of school-age children in poor areas were also exacerbated by the pandemic, with the following findings:

- Although online learning was established in all the surveyed areas, local authorities reported difficulties in maintaining quality standards, due to unfamiliarity of teachers with this form of pedagogy.

- While children benefited from more time with their parents during lockdown, 26.5% of children under eight years of age who normally attend school were left unattended for an hour or longer every day during school closures, mainly in rural and poor households.

The vulnerability of older people in these areas was also notable, in particular:

- About one fifth of those surveyed reported difficulty in obtaining necessary daily care, financial assistance and emotional companionship, particularly those living in urban communities, older females, those from Han families and the oldest old.

- The share of older women with unmet needs for assistance in daily activities at home was markedly higher than for older men.

About one third of pregnant and lactating women did not receive timely medical services during the lockdown period, and one half of pregnancies that occurred during this period were unintended, suggesting unmet needs for contraceptives. Households with members with disabilities were more negatively affected in terms of access to medication and health services, reflecting their greater vulnerability to shocks.

Successful containment of the pandemic's spread was found in all five survey sites, reflecting strictly implemented prevention and control measures by local governments in these areas. Once travel restrictions were lifted, programs were launched to help migrant workers resume work. Assistance from local governments and communities for the elderly, children, women and persons with disabilities have helped mitigate some of these challenges, even as gaps remain from which lessons can be learned. While this report highlights problems and gaps revealed through this investigation, these should not detract from the impressive achievements made in managing the pandemic itself and the socioeconomic impact of non-pharmaceutical measures undertaken to contain its spread.

However, the five surveyed areas still face numerous economic challenges in their post-COVID recovery:

- Firstly, most enterprises that have resumed work have not yet returned to their pre-pandemic production and business levels, with limited ability to create employment. Given that the future of the pandemic is unclear, entrepreneurs and those self-employed have gloomy expectations for the future.

- Secondly, outside employment is the main source of income for residents in poor areas. However, due to the pandemic's impact and changing international context, job opportunities for migrant workers may shrink further and wages may decline, negatively affecting migrant workers and the growth of family incomes in poverty-affected regions.

- Thirdly, most self-employed individuals are still under considerable economic pressure, while special support policies for work resumption and economic development that were applied to date have not fully achieved their goals.

- Finally, local governments have reported an increased gap between fiscal revenue and spending, restraining their ability to implement further support policies.

The report also highlights the following challenges in social aspects:

- Firstly, vulnerabilities were found in the medical and health system, with weak equipment, insufficient professional and technical personnel, overstretched facilities, and inadequate capabilities to provide services.

- Secondly, rural education in poverty-stricken counties lags significantly behind urban areas. This gap has become even more conspicuous when it comes to online teaching. For one thing, teachers in rural schools

lack the ability to teach online, and for another, rural students are more likely to be negatively affected by such teaching models in that they are curious about the Internet and are more likely to lack discipline.

- Thirdly, community-level organizations have insufficient capacity for providing social services, which became more prominent during the pandemic.

This report concludes that more support is needed for vulnerable groups in poverty-affected regions, to meet their current needs and to strengthen their future resilience. In particular, lower income households who are not eligible for social assistance, as well as children, women, the elderly and persons with disabilities, need more accessible social services and policy assistance tailored to their needs. Reducing the vulnerability of these groups will be vital for China in fulfilling its ambition of ensuring high quality development that includes everyone, during the recovery and beyond.

1. Introduction

1.1 Background

Since its outbreak, COVID-19 has rapidly evolved into a global pandemic, reaching almost all countries and territories worldwide. As of mid-October 2020, the cumulative number of global confirmed COVID-19 cases exceeded 40 million, leaving more than 1.1 million people dead. According to the Sustainable Development Report 2020, by late 2019, the world was not on track to achieve the Sustainable Development Goals (SDGs), which aim to end poverty and protect the planet. COVID-19 has made it even harder to reach those goals, by unleashing an unprecedented crisis that has eroded much of the past progress made in alleviating poverty, as well as health, nutrition and education over the past decade.[1] As a result of livelihoods and incomes lost during the pandemic, the World Bank has warned up to 100 million people globally could fall into extreme poverty by the end of 2020.

Although China succeeded in containing the spread of COVID-19 within the country, thanks to a combination of bold and relatively early measures on public health and epidemic control, China faces extensive socio-economic challenges in its post-COVID recovery. This is due to both the strict preventive measures implemented in the first quarter of 2020, as well as wider shocks to the economy and their impact on individuals and households. Despite the limited direct health impact of COVID-19 in rural areas, challenges to alleviating poverty are rising. Chinese President, Xi Jinping, has warned that as many as five million households risk falling back into poverty, due to the pandemic.[2] The Economics Institute Research Office of Macroeconomics at the Chinese Academy of Social Sciences reports that such poverty may potentially be more severe than before. The global recession resulting from the pandemic could further harm the poor, by squeezing fiscal resources for poverty alleviation and through fewer employment opportunities for the poor.[3]

As a result, the core SDG principle of leaving no one behind is being jeopardized, both globally and in China. Vulnerable groups who were at risk before COVID-19 are now at greater risk than ever. In China, this includes informal sector workers, migrants and their families, children in poor or nearly-poor households or facing other difficulties, older people, people living in remote regions with arduous natural conditions, among others. By the end of 2020, China is expected to proclaim completion of its long-standing goals of building a 'Xiaokang' or moderately prosperous society in all respects and lifting all remaining rural poor out of poverty, based on current absolute poverty standards. Determining how to mitigate the impact of COVID-19 not just on economic growth, but on the wellbeing of the entire population, especially vulnerable groups, is therefore of great importance to the Chinese government.

The United Nations in China has been actively supporting China's poverty alleviation and development for more than 40 years, including efforts to help China reverse the pandemic's harmful effects on vulnerable groups. This study aims to contribute to this vital work for both Chinese government and UN agencies.

1 https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020.pdf。

2 http://www.qstheory.cn/yaowen/2020-03/06/c_1125674761.htm

3 https://kns.cnki.net/KCMS/detail/detail.aspx?dbcode=CJFD&filename=CJZK202002001

1.2 Objective

This study aims to assess how the pandemic has impacted impoverished regions, and particularly the most vulnerable groups within them. The first-hand data and information gathered through this review are being used to guide the design of UN programmes in the near future and offer local governments evidence in how best to tackle the pandemic's socioeconomic impacts on their populations.

This research is jointly initiated by the United Nations Development Programme ("UNDP") and the China International Center for Economic and Technical Exchanges ("CICETE") under the support of the Office of the Resident Coordinator (hereafter "RCO"), the United Nations Children's Fund ("UNICEF") and the United Nations Population Fund ("UNFPA"). Contributions were also made from a number of other UN entities, including UN Women, UNAIDS, the International Fund for Agricultural Development, the International Labour Organization and the World Food Programme.

Using household survey data and findings from discussions with local governments at different levels, along with community organizations, this assessment investigates the impact of COVID-19 on the population and their challenges in recovering, focusing on children, women and the elderly. It also provides evidence on policymaking, pandemic response and post-pandemic recovery of livelihoods, tailored to these and other groups. While the impact on household incomes will be one theme of the assessment, multidimensional perspectives will also be included. This seeks to guide programmes in the years after China eliminates extreme poverty, when the focus of policies shift to addressing relative and multidimensional poverty.

Following a brief outline of the survey methodology and sample selection below, Chapter 2 will briefly introduce the five survey sites. This will provide an overview of the overall impact of the pandemic in the five counties, incorporating some of the results of discussions carried out at the community and local government level. Chapters 3, 4 and 5 will then summarise the key findings gleaned from the household survey. Respectively, these highlight the pandemic's impact on household incomes and expenditure, children, along with broader social effects relating to poverty, health, and specific vulnerable groups. Chapter 6 then presents the main conclusions reached based on analysing the survey, subject to methodology limitations.

1.3 Methodology

The information used for analysis in this assessment was collected through three key channels: a household survey to understand the impact of COVID-19 at the household and individual level; a survey of village or community officials; and workshop discussions with county officials to understand the impact on their communities. Both household and village or community surveys were conducted through face-to-face interviews by trained enumerators (see Annex 7.1 for the full questionnaires).

Workshops took the form of discussions with representatives from relevant departments of county governments. They were carried out either through individual discussions with relevant departments, or group discussions with

all relevant departments together. The discussions were conducted in an open manner according to a prepared outline (for discussion outline see Annex 7.2).

The impact assessment was conducted in June 2020, when the COVID-19 pandemic was contained in China, and fieldwork was once again possible. It was undertaken in five counties in which UNDP and CICETE have poverty alleviation projects, based on a purposive sampling design. Four of these are nationally designated poverty counties, namely: Chengbu County in Hunan Province, Zhouqu County in Gansu Province, Neixiang County in Henan Province, and Yilong County in Sichuan Province. The fifth survey site, Zhangwan District of Shiyan City in Hubei Province, is a provincial poverty county which was added to capture the situation in the province that was the epicentre of the pandemic.

1.4 Survey Contents

The household questionnaire included questions on households' basic demographic information, wage employment, self-employment, agricultural production, family income and expenditure, children's education and care. It also covered disease prevention and control measures and its impact, as well as survey respondents' understanding of government support measures and policies, with specific questions assessing the differentiated impact on women, children and older people. The main segments of the community questionnaire include basic information on village demographics, as well as the situation of the locally employed labour force, migrant workers, businesses, agricultural production. Additionally, it covered residents' incomes and expenditures, along with disease control and prevention measures, as well as actions to mitigate the pandemic's impact.

The assessment of the economic impact on households includes the following aspects: 1) impact of the pandemic on household income; 2) impact on the employment of family members, particularly migrant workers; 3) impact on non-farming self-employed business; 4) impact on agricultural production and smallholder farmers; 5) COVID-19 recovery needs for different types of households. At the village and county level, the analysis looked at the impact on: 1) different industries; 2) business operations; 3) employment and; 4) public finance.

To assess the social impact on households, the survey also examined the pandemic's effects on: 1) poverty alleviation; 2) medical and psychological health of family members; 3) the elderly and their caregiving; 4) women, as well as sexual and reproductive health; 5) school-aged children's access to education; 6) urgent needs of vulnerable groups.

Counties are the basic units of China's regional economic and social operations, as well as key decision-making and management units in economic and social activities. As such, county-level governments are responsible for implementing prevention and control measures locally, helping to solve problems faced by the community and carrying out relief work for vulnerable groups. Therefore, in addition to survey findings, this assessment specifically incorporates inputs and responses from county-level government officials, to understand the pandemic prevention and control situation in each county covered by the survey, the specific socioeconomic impact of COVID-19, the policy measures adopted to prevent and control the pandemic, as well as resume work and production, as well as the care and assistance provided to vulnerable groups.

1.5 Target Groups of the Assessment

To understand the different impacts of COVID-19 across different groups, the assessment included specific analysis on poor households, older people, women, children, along with persons with disabilities, migrant workers, and ethnic minorities. These groups are more likely to experience greater vulnerabilities during the pandemic due to their already disadvantaged socioeconomic position pre-pandemic.

- According to the latest data released by the Leading Group under the State Council on Poverty Alleviation and Development (LGOP), older people, the sick and persons with disabilities comprise up to 45.7% of China's registered poor population. The number of people with disabilities registered as poor decreased from more than 7 million to less than 500,000 by the end of 2019, with corresponding improvements to their livelihoods and living conditions.[4] As older people, and persons with disabilities are usually lack of economic opportunities, thus they're especially vulnerable to shocks and deserve more attention.

- Based on statistics from LGOP, in 2019 there were 27,290,000 migrant workers from households that had been registered as poor in the original poverty survey of 2014-5. The families of these migrants rely on them for approximately two-thirds of their family income. [5]These workers were primarily affected by the pandemic through the lockdowns across the country that created obstacles to their return to their work. Therefore, facilitating migrant workers' return to their work is particularly crucial to China's ongoing poverty reduction effort.

- The high proportion of women in healthcare and the informal economy makes them more likely to be affected by the pandemic, either by contracting the virus itself as health workers, or losing their livelihoods as informal workers. Further, the suspension of schools across the country has led to an increase in unpaid care work, which is placed disproportionally on women within a household.

- The risk of poverty facing unemployed migrant workers due to the impact of COVID-19 on their work was highlighted in the State Council's April 22 decision on increased support for those who are poor, receiving the minimum living standard allowance (Dibao), or unemployed.

- Country-level poor counties are mainly distributed in western Chinese provinces and areas with concentrated ethnic minority populations. Ethnic minorities face greater obstacles in escaping poverty for social and historical reasons, as well as their relatively remote locations and arduous natural conditions. Among the surveyed counties, Chengbu Miao Autonomous County in Hunan province and Zhouqu County in the Gannan Tibetan Autonomous Prefecture of Gansu Province include significant populations of ethnic minorities. According to the sixth national census, 24 ethnic groups are present in Chengbu Miao Autonomous County, accounting for 62.47% of the total population. In Zhouqu County, 35.31% of the registered population is Tibetan.

4 http://www.xinhuanet.com/politics/2020-04/01/c_1125798730.htm

5 http://www.gov.cn/xinwen/2020-03/06/content_5488175.htm

1.6 Sample Selection

To better analyse the impact of the pandemic on rural and urban areas, three rural villages and three urban communities were selected in each county as survey sites. The selection of villages took into account both officially poor villages and non-poor villages, while selection of urban communities took into account both urban areas and peri-urban areas (for a full list of the selected villages and communities, see Annex 7.3). In each village and urban community, at least 34 households were surveyed. The expected survey total was 1,020 households, and the actual number of households surveyed was 1,183, consisting of 5,044 individuals.

Due to time and funding limitations, along with practical challenges, this assessment did not adopt probability sampling during sample selection. In practice, the sample households selected in this assessment cover different household types, with basic selection principles including:

(1) Rural households should include those which mainly rely on farming, or remittances from migrant workers as an income source, or are self-employed.

(2) Urban households should include those which mainly rely on wage incomes, as well as those self-employed.

- In the urban households' category, survey at least 10 migrants or families who rent their homes.
- Survey at least 10 urban households that are self-employed.

(3) In each village, half surveyed households (17 households) should be registered poor households and another half should be non-poor households;

(4) Families should ideally include both children and the elderly;

(5) Surveyed families cannot all be left-behind elderly families or families without children.

(6) Surveyed households should include families from ethnic minorities and those whose members include persons with disabilities.

This sampling method imposes clear limits on the relevance of the findings for drawing broader conclusions for policymakers and UN programming decisions. Nevertheless, the results provide useful information on the nature and magnitude of the socioeconomic impact of the pandemic, highlighted in Chapters Three, Four and Five.

1.7 Sample Distribution and Characteristics

i. Regional distribution

Households in rural villages account for 49% of the total, with urban communities accounting for 51%. Urban and rural classification here was determined by place of residence, not by hukou status. 18.6% of households who reside in urban communities have rural *hukou* status.

Table 1.7.1 Sample size and regional distribution

	Household		Population	
	N	%	N	%
Total	1183	100	5044	100
Rural villages	580	49.0	2,516	49.9
Urban communities	603	51.0	2,528	50.1
Agricultural Hukou	801	67.8	3551	70.4
Non-agricultural Hukou	170	14.4	645	12.8
Resident Hukou[6]（居民户口）	211	17.8	847	16.8
Yilong, Sichuan	244	20.6	930	18.4
Zhouqu, Gansu	242	20.5	1,133	22.5
Chengbu, Hunan	237	20.0	1,135	22.5
Neixiang, Henan	236	20.0	1,030	20.4
Zhangwan District, Hubei	224	18.9	816	16.2

ii. Rural urban distribution and poor/non-poor distribution

Among the 15 villages included in the survey, seven are officially designated as poor. Of the urban areas, 15 are communities located in main urban areas, and 5 in peri-urban settings.

Table 1.7.2 Distribution of poor villages and urban communities

	Nt	%
Poor villages	7	46.7
Non-poor villages	8	53.3
Subtotal	15	100
Main urban area	10	66.7
Peri-urban	5	33.3
Subtotal	15	100

iii. Vulnerable households

The assessment covered 321 poor households, representing 27.1% of the total;[7] 241 ethnic minority households surveyed, accounting for 20.4% of the total; and 91 households whose members included at least one person with a disability (PWD), making up 7.7% of the total.

6 A type of *hukou* unifying agricultural and non-agricultural *hukou*, which is adopted in the places where the traditional approach of agricultural and non-agricultural *hukou* registration has been abolished.

7 A household is considered as poor if it is registered as a poor household, receives the minimum subsistence allowance or *Dibao*, is covered by the "five guarantees" system or *Wubao*, or is registered as a working poor household.

Table 1.7.3 Distribution of vulnerable families

	Household		Population	
	N	%	N	%
Poor	321	27.1	1,316	26.1
Non-poor	862	72.9	3,728	73.9
Minority	241	20.4	939	18.6
Han	942	79.6	4,103	81.4
Has PWD	91	7.7	100	2.0
No PWD	1,092	92.3	4,944	98.0

iv. Demographic characteristics

Among all individuals surveyed, the proportion of males was slightly higher than that of females, accounting for 51.7% of the total. The average sample age was 37.3 years old, with the average age in urban communities almost 3 years lower than in rural villages. In terms of age groups, 60.4% are aged 16-59, 7.6% are infants and toddlers aged 0-5, 14.4% are aged 6-15, and 17.6% are aged 60 and older.

Table 1.7.4 Distribution of sample size and age

	Rural villages	Urban communities	Total
Female (%)	47.7	48.9	48.3
Male (%)	52.3	51.1	51.7
Average age (years)	38.8	35.9	37.3
Age group (%)			
0-5	6.6	8.6	7.6
6-15	13.6	15.1	14.4
16-59	59.9	60.9	60.4
60 and older	19.9	15.4	17.6

2. Background Information on the Five Survey Sites[8]

In this chapter we offer some context for analysis of the household survey data by describing the conditions and impact in the five survey sites. This draws on county-level data and workshop discussions carried out with county and other administrative level officials, as well as community leaders in all five sites, as part of the overall survey in each county, and from other materials provided by them. We also highlight some of the ways each responded to the pandemic, in disease control and prevention measures, as well as actions to mitigate its socioeconomic impact.

One cross-cutting theme across the policy response in all five sites was the intense effort to help migrant workers return from their rural homes – where they had gone to celebrate the Chinese New Year – back to their places of employment. This reflects the heavy dependence of poor rural families on the income migrants earn away from home. The 15 villages surveyed currently have 5,986 registered households, with a registered population of 22,275 and a labour force of 9,589. In 2019, the number of migrant workers was 5,971, accounting for about 62.3% of the total labour force from the surveyed households. In 2020, the number was 5,784, accounting for about 60.3%, with a decrease of 2% (187 people) from 2019. The survey teams found that in part as a result of actions to organize and subsidize transport, by the end of May 2020, the majority of migrant workers had returned to cities.

2.1 Zhangwan District, Shiyan City, Hubei

Established in May 1984, Zhangwan District is one of the main urban areas of Shiyan City, northwest of Hubei Province. At the end of 2019, the official population was 415,500, of which 63,500 were rural residents. Known as China's "capital of trucks", Zhangwan was the birthplace of China's second auto plant and the former headquarters of Dongfeng Motor Corporation, China's second largest automobile manufacturer. The district has the largest economy in Shiyan.

In 2019, Zhangwan's GDP reached 58.98 billion RMB, growing by 9.7%. In 2019, primary, secondary and tertiary industries in the region accounted for 0.5%, 60.2%, 39.3% of GDP respectively. In 2018, the per capita disposable income of urban residents was 34,900 RMB, up 8.1% year-on-year, and that of rural residents was 11,605 RMB.

After the outbreak of the COVID-19, Zhangwan reported 150 confirmed cases of infection, among which 147 were cured and discharged, while 3 have died. The epidemic in Shiyan was less severe than in most other cities in Hubei, possibly because Shiyan's large industrial base resulted in a relatively small number of workers from Shiyan who work in Wuhan.

The impact of epidemic control measures was greater than that of the epidemic itself. Zhangwan was under anti-epidemic control from February 12, with villages and communities under lockdown until the end of March. Most enterprises were shut down from February to March 2020. At the end of March, businesses began to resume work

8 Note: this chapter is not based on the household survey findings and is meant instead to summarize interesting points raised by local leaders in discussions with the teams. For household survey findings please refer to Chapters Three, Four and Five.

gradually. From January to May, the cumulative output value of industrial enterprises in the district totalled 28.14 billion RMB, declining 14.6% year-on-year.

As Hubei Province was the epicentre of the COVID-19 outbreak in China and experienced the longest-lasting effects, enterprises there faced numerous challenges in recovering their businesses. The pandemic hindered the flow of production, as well as causing travel disruptions for employees, shortages of raw materials, as well as difficulties in selling products and in obtaining financing. As a result of financial risk reduction policies implemented over the past two years, most banks have reduced loan limits and have stricter requirements on collaterals and guarantees. The impact of the epidemic has made it difficult for a large number of small and micro enterprises to obtain financing and loans. Although some expenses were reduced slightly during suspension of production, great pressure remains in covering the fixed costs for normal operations. Some enterprises even produced at a loss, to ensure orders and market shares. This situation has greatly weakened the confidence of enterprises to develop and invest.

From January to May 2020, the district's rise in fiscal expenditure was mainly in medical treatment, subsidies for medical staff and the needy, along with financial support for enterprises. Among them, medical treatment expenses include subsidies for patients' medical expenses, procurement of anti-epidemic equipment, renovation of medical treatment facilities. Individual subsidies include temporary work subsidies for medical staff, other personnel and subsidies for the needy, to mitigate the impact of higher prices of food and other items. The district has also increased spending on supporting enterprise development, education and other responsive measures. Spending on epidemic prevention and control totalled nearly 200 million RMB.

Emergency funds allocated by a higher administrative level of government have reduced the expenditure pressure of Zhangwan. However, the fiscal gap is expected to affect support for enterprises in resuming work and production. For example, low interest loans are the most essential support for many enterprises, but companies can only apply to loans up to 300,000 RMB.

Social policy in response to the pandemic has focused on providing the needy with cash, goods and other economic support to ensure their basic livelihoods. In January and February, the Civil Affairs Bureau of Zhangwan paid one month's social assistance funds in advance to urban and rural low-income residents, the poorest people and orphans. At the same time, vegetables, grain, oil and other daily necessities were distributed in the form of temporary in-kind assistance. From February 21, rice, cooking oil, vegetables, meat, eggs, milk, disinfectant and soap were distributed weekly to 1,449 residents on subsistence allowances, along with urban residents living in scattered and extremely poor areas, along with orphans from 1,001 households. Additional transfers of 500 RMB were provided to urban residents and 300 RMB for rural residents, with a total of 5,540 receiving 2.203 million RMB in total one-time assistance. This included people living on subsistence allowances, people in extreme poverty, people with severe disabilities, orphans, left-behind old people and left-behind children.

2.2 Neixiang County, Henan

Neixiang County is located southwest of Henan Province, close to the province's border with Hubei. At the end of 2019, the county's total population was 727,600, of which 567,100 are long-term residents, accounting for 77.94% of the total. Neixiang's urbanization rate was 42.69%.

In 2019, Neixiang's GDP was 24.54 billion RMB, rising 7% over the previous year. Of this, the value added from the primary industry was 4.17 billion RMB, or 17.0% of the total; the value of the secondary industry was 10.94 billion RMB, 44.6% of the total; and the value added by the tertiary industry was 9.43 billion RMB, 38.4% of the total. GDP per capita was 43,179 RMB. In 2019, the disposable income per capita of the county's residents was 21,127 RMB, rising 10% from the previous year. Categorized by the area of residence, the disposable income per capita of urban residents was 31,783 RMB, up by 8.4% over the previous year, while their spending per capita was 23,292 RMB. The disposable income per capita of rural residents was 15,119 RMB, increasing 9.7% over the previous year, while their spending per capita was 10,681 RMB.

Since the outbreak, in line with unified arrangements of Henan Province, Neixiang quickly launched a first-level emergency response and set up a Command Headquarters for Epidemic Control. In terms of financial input, higher administrative level of government has allocated nearly 5 million RMB of funds for epidemic prevention and control, with more than 30 million RMB invested by the county government. Neixiang also used emergency loans from China Development Bank and the Agricultural Development Bank for epidemic prevention and control purposes, ensuring enough capital to respond to epidemic control measures. In terms of material allocation, the County government entrusted local pharmaceutical companies to procure necessary prevention materials. Meanwhile, it used the locally headquartered Muyuan Foods Co. Group's overseas procurement capabilities to import personal protective equipment, in order to meet the demands of front-line medical workers and epidemic prevention personnel.

The outbreak slightly affected agricultural production and agricultural sales. Spring farming and production should have started in early March; agricultural supplies – such as fertilizers, pesticides and seeds – should have been in place by mid-March, while planting should have started on April 5. However, due to the outbreak, agricultural supplies were not in place until April 10. The sale of agricultural products, especially seasonal vegetables and fruit (strawberry picking, for example), was also impeded by the lockdown. At the same time, prices of agricultural products – such as cherries, peaches, strawberries and mushrooms – were significantly affected. Notably, cherry prices fell by half compared to last year. New agriculture business also faced the challenge of labour shortages.

The Neixiang County government implemented policies and measures, including "city lockdown", traffic restrictions and home quarantine, to prevent the spread of the virus by restricting movement of people. As a result, the tertiary industry, which relies on offline consumption, especially those involving catering, retail (except supermarkets), accommodation, tourism, entertainment, education (offline), transportation, trade and logistics, suffered the most.

Operating incomes and wages fell for Neixiang's self-employed households, as well as workers, during the outbreak. Normally, after Spring Festival, many self-employed business and migrant workers return to work. This year, however, due to the outbreak, resumption of work was postponed. At first, most people waited for a more secure situation before returning to work, so few actually went back to their original workplaces. Small business could hardly earn money due to the lock-down. Encouraged by the policy of resuming production and work, workers have gradually returned. However, migrant workers returning to workplaces must complete a 14-day quarantine before starting work. Though the expenses of quarantine are covered by the government, they cannot start working right away, thus reducing their incomes.

The outbreak also revealed issues and shortcomings of Neixiang's medical and health care. Town hospitals in the county are responsible for its own balance sheets, including paying for its own infrastructure, equipment, staff wages and welfare, etc. Due to the outbreak, and resulting inconveniences hindering access to hospitals, hospital

incomes at all levels plummeted, and they face challenges in creating revenue, which, in the end, cannot ensure the incomes of medical personnel. According to discussions with local officials, Neixiang faced a shortage of emergency medical reserves and limited beds in the designated hospitals for treating infectious diseases; at some point the county even ran out of protective suits, N95 masks, alcohol disinfectant and infrared thermometers. Neither the emergency response capacity of Neixiang's towns and villages, nor the capabilities of epidemic prevention personnel, could meet this demand.

To enhance poverty alleviation, Neixiang established a "Three Colours" management system for key recipients of poverty alleviation policies. Households that were lifted out of poverty and have stable incomes are marked red; targeted poverty households and households living on the poverty line are marked yellow; households and individuals requiring special assistance (orphans, widows, PWD, those with severe psychological disorders and those in nursing homes, or without caregivers) are marked black. Among the three categories of households, those in red account for 89.74%, those in yellow account for 7.6% and those in the black, 2.66%. For red category households, they still enjoy poverty alleviation policies even that they have been lifted out of poverty. For yellow category households, various supportive measures are given, including basic medical care supplementary insurance, agricultural insurance, comprehensive social security, and so on. For black category households, support is given based on their specific needs.

2.3 Yilong County, Sichuan

Yilong County is located northeast of Nanchong, Sichuan, with a total area of 1,788 square kilometres and 57 townships under its administration. The county has a total population of 1.069 million, including 934,000 permanent residents, of which 404, 000 are urban permanent residents, accounting for 43.3% of the total permanent population. Yilong was mainly a farming county, but in recent years, it has emphasized a lot in fostering industrial development. It was successively rated as the venture base of small and medium-sized enterprises in Sichuan, a demonstration base of agricultural product processing industry in Sichuan, and a pilot county for a farmer entrepreneurship project in western China. Its natural gas energy and supporting industrial base also strengthen its project carrying capacity.

In 2019, Yilong's GDP totalled 23.71 billion RMB, with contributions from primary, secondary and tertiary sectors at 6%, 51.7% and 42.3% respectively. Its annual per capita GDP was 25,342 RMB. The annual per capita disposable income of the county's urban residents was 34,161 RMB. The per capita disposable income in rural areas was 13,237 RMB. On July 31, 2018, the Sichuan provincial government approved Yilong's graduation from its previous status as an official poverty county.

During the outbreak, there were 2 confirmed cases, 2 cases of asymptomatic infection (all cured and discharged), 41 suspected cases and 435 close contacts traced. On March 14, Yilong's risk level was lowered to low risk. By taking effective measures, the county promptly detected and treated confirmed patients and controlled close contacts, effectively preventing the spread of the virus.

In terms of agricultural production, it was not negatively affected by the pandemic. A lot of wasteland was even re-cultivated, which increased the planting area. Land circulation in the county has also been running in an orderly manner. Many "returning entrepreneurs" or "out-of-town entrepreneurs" in the village have brought new opportunities and "revitalized" the village wasteland, from which the villagers can get subsidies and income. Cattle

and pig breeding have also been greatly affected, mainly because the purchase of calves and piglets was delayed, affecting the entire production cycle. However, pig farmers have experienced an increase in income, either due to rising pig prices or government subsidies.

In terms of self-employed business, while small vendors are affected by the closure of markets, their income is less affected because of their small size. Shops in the town were more affected, especially the catering industry, service industry and other business activities. As a result of the outbreak, the number of shops dropped by about 10%, especially in the service sector. During the outbreak, shops could not operate normally and were completely closed for about two months. They also had to bear the pressure of rent and overstock of goods. Overall, the pandemic has led to a 40% reduction in Yilong's non-agricultural operating income.

Yilong is a big labour exporting county. The scale of labour transfers and exports is approximately 380,000 throughout the year, of whom roughly 240,000 people return to their hometowns for Chinese New Year. After the COVID-19 outbreak, a large proportion of the labour force stayed home. Some migrant workers, unable to return to work, took work locally, somewhat reducing the pandemic's impact on employment. However, given that farmers' work is primarily in the informal sector, their working hours cannot be guaranteed. The impact on farmers working in the service sector was greater, mainly because they were unable to work during the outbreak. The impact is great on entrepreneurs who go out to do businesses, mainly because they could not start business during the outbreak, had no income, but also had to bear costs. Those in the early stages of their businesses even directly closed down. Conservatively speaking, the fall in income from doing business out of town is at least 30%.

Since the COVID-19 outbreak, enterprises, catering, entertainment and transportation in the county were suspended. The employment pressure of local migrant workers increased significantly. As the pandemic is brought under control, enterprises have gradually resumed normal operations under the guidance of the county party committee and county government. However, due to different prevention and control conditions in different regions, people who were going to work in Hubei, Shanghai, Guangdong, Shenzhen and other places remain under notable employment pressure.

On the one hand, fiscal revenue decreased significantly. As of May, the county's general public budget revenue fell by nearly 20 million RMB year-on-year, which is mainly caused by the "economic pause" brought about by the virus. From February to March, industrial enterprises, the real estate industry and tertiary industry in this county were completely shut down. After work and production gradually resumed in April, economic activities gradually returned. However, compared with the same period last year, due to such factors as the lack of economic activities, enterprises having not fully resumed production capacity, the real estate market still being in doldrums and the "relief" policy's implementation, fiscal revenue decreased significantly.

On the other hand, fiscal spending increased substantially. Currently, the county's outbreak is under control, with all industries gradually resuming work and production, which should improve revenues in the near future. However, various tax breaks and subsidies for Yilong's enterprises will amount to 40 million RMB, leading to lower revenue.

2.4 Chengbu County, Hunan

Chengbu County is in southwestern Hunan Province, along its border with Guangxi. The county has a total area of 2,647 square kilometres and a total population of 300,000. It is home to 24 ethnic groups including the Miao (who

constitute 59.14% of the county population), Han, Dong and Yao. Chengbu County is rich in natural resources, with over 1 million kilowatts of hydropower and wind energy reserves, 1.54 million acres of fertile grassy mountains and a forest coverage of 83%, which is 23% higher than the provincial average.

In 2019, Chengbu County's GDP grew by 7.8%. The added value of large-scale industries increased by 8.6%; fixed asset investment rose by 11.1%; total fiscal revenue climbed by 6.5%; and total consumer goods retail sales grew by 10.3%. The disposable incomes of all residents increased by 11.3%, of which per capita disposable incomes of farmers increased by 13.1% and that of urban residents increased by 8.3%. As of 29 February 2020, Chengbu is no longer considered a national poverty county. The ecological industry's total output value accounted for over 70% of GDP, while the proportion of the high-tech industry value added in GDP and the proportion of tax revenue continued to increase.

After the COVID-19 outbreak, Chengbu County maintained zero cases of COVID-19, including asymptomatic infections. While the health impact on the county is limited, its industrial sectors were hit hard by the pandemic. Many factors have brought great challenge to the resumption of work and production, such as difficulty in hiring, access to raw materials, disruption of upstream and downstream supply chains, sales chains, transportation and logistics chains. Industrial electricity consumption totalled 6.8 million kWh until the end of February, down 20% year-on-year. Meanwhile, the outbreak – which occurred during the Spring Festival consumption season – had the most significant, direct impact on the service industry, especially catering, hospitality, tourism, culture and entertainment, transportation, and retail. On investment, fixed asset investment experienced a downward trend due to delays in the commencement and resumption of projects. In the first quarter of 2020, the county realized a total GDP of 121.79 million RMB, down by -0.5%. The structure of Chengbu's GDP of first, secondary, tertiary industries was 14.5; 10.6 and; 74.9 respectively. Of this, the primary industry totalled 170.09 million RMB (a 2.8% decrease year-on-year), the secondary industry totalled 129.06 million RMB (a 14.9% decrease year-on-year) and the tertiary industry totalled 910.64 million RMB (a 2.5% increase year-on-year).

Restrictions on transportation due to the impact of pandemic prevention and control made it difficult to transport and sell enterprises' products. In particular, a large number of agricultural and livestock goods could not be sold in time, resulting in huge economic losses. Take the strawberries produced by Chengbu Yuan's Chaoyang Original Ecological Agriculture Development Co. as an example: the farm could not open for strawberry picking, resulting in an economic loss of about 300,000 RMB. Foreign trade companies also experienced serious overstocking of products and a plummet in export volume. Affected by the pandemic, the county's export is mainly concentrated in 1-2 enterprises of the 6 foreign export businesses, with the rest's export close to zero. As of May 2020, the county's foreign trade exports amounted to only $40,000 USD, just 2.17% of the annual target.

Additionally, enterprises experienced a reduction in new orders, cancellation of existing orders, or failure to meet deadlines for existing orders. According to statistics, 80% of the county's enterprises have liquidity difficulties. Companies such as Tianyuan wood and other exporters ran into debt crises, given their inability to repay loans and limited access to financing.

At the beginning of the pandemic, the county experienced a temporary shortage of key medical supplies, but this was promptly addressed through various channels. The pandemic has also had little impact on the healthcare of groups such as older people, children, pregnant women, PWD, and people with severe chronic diseases in Chengbu. The county's People's Hospital adopted methods such as promoting appointment-based diagnosis and treatments, along with online medical care to facilitate renewal of chronic disease prescriptions. It also delivered medicines to special and chronically ill groups through the tele-medicine platforms.

2.5 Zhouqu County, Gansu

Zhouqu County is located in the Gannan Tibetan Autonomous Prefecture of Gansu Province. It sits near the juncture of the three provinces of Sichuan, Gansu and Shaanxi, where the Qinghai-Tibet Plateau, the Loess Plateau and the Sichuan Basin meet. With a total land area of 3,010 square kilometres, the county has a total population of 142.8 thousand people, of which 123.4 thousand are rural residents and 51.4 thousand are ethnically Tibetan. In November 2010, Zhouqu became a designated poverty-alleviation county and was removed from the list of poverty-stricken counties after meeting the graduation criteria in February 2020.

Since the initial outbreak, not one person in Zhouqu has been infected with COVID-19. Starting January 25th, Gansu Province initiated a first-level response to the public health emergency, setting up checkpoints along the county's border and within its old town. After the outbreak, the county swiftly settled 3.1 million RMB for the county's Epidemic Joint Prevention and Control Leading Group Office. According to the population of each township and number of epidemic prevention tasks, a total of 1.9 million RMB of working expenses was secured for 19 townships, by the standards of 80,000, 100,000 and 120,000 RMB. These were all used to purchase epidemic prevention materials and carry out epidemic prevention and control work. The county quickly pre-allocated medical insurance payment funds of 3 million RMB to county hospitals. These funds can be used to advance the cost of patients' diagnosis and treatment and reduce the pressure of county hospitals, once a confirmed or suspected case is spotted. A total of 230,000 RMB of Party activity funds was allocated to all townships, communities and the Prevention and Control Leading Group Office to support Party organizations at all levels in their epidemic prevention work.

From February 24th, 2020, all government bodies and institutions in the county resumed normal work, and proactively promoted contactless services through on-line platforms. On the same day, the county's hotels, farmers' markets, supermarkets, convenience stores, pharmacies and other commercial stores began to gradually resume normal operations.

According to statistics from the Bureau of Human Resources and Social Security, there are about 22,000 migrant workers from the county, with about 10,000 worked in Xinjiang and some engaged in construction, planting, and agricultural product picking in Qinghai and Inner Mongolia. Many young people work in factories in coastal areas such as Jiangsu Province. Because some destinations were at medium to high risk, it affected the choices of residents seeking jobs outside local areas. In terms of local employment, under the outbreak, employees in poverty-alleviation workshops were unable to return to work normally, while reduced orders and raw material shortages were also encountered. [9]The production scale of poverty-alleviation workshops will inevitably shrink. This will hurt the incomes of registered poor people they employ, which may cause them to return to poverty and affect future employment.

All kinds of entities in the county, such as enterprises, poverty-alleviation workshops, cooperatives and family farms, that could absorb registered poor laborers and secure stable employment for more than half a year, were given a one-time incentive subsidy at the standard 3,000 RMB per person. Entities that managed to secure such laborers for more than one year of stable employment were given a one-time incentive subsidy at the standard of 5,000 RMB per person. Those that organized professional training to registered poor laborers and signed a labour contract of more than 6 months were given a subsidy of 1,000 RMB per person, while those that signed a labour contract of more than one year would be given a subsidy of 2,000 RMB per person.

9 Poverty-alleviation workshop is a kind of poverty alleviation program that aims at creating employment opportunities for registered poor labor in impoverished areas.

Zhouqu only finances 5% of its budget expenditures with its own revenues. Taxes in Zhouqu are mainly collected from three major areas: hydropower accounts for 30%, the construction industry accounts for 40%, and the financial industry accounts for 30%. The construction and financial industries have been most affected by COVID-19 which resulted in decreased tax revenues. In May, except for the slow recovery seen in catering and hospitality (the invoice system showed a 30% decrease), other industries basically returned to normal. From January to May 2020, the tax revenue was slightly lower than in the same period last year. Non-tax income also fell by about 14 million RMB between January and May.

From January to March 2020, the county invested 9.87 million RMB in anti-epidemic responses, including 2 million RMB of special funds received from higher administrative levels of government. Meanwhile, in compliance with state policies on tax reduction and exemption, as well as subsidized loans, the pressure on the county's fiscal balance increased.

3. Impact of COVID-19 on Household Income, Expenditure and Employment[10]

This chapter first analyses the economic impact of COVID-19 on three categories of individuals based on their employment status: those in wage-employment, those in non-farm self-employment, and those in agricultural self-employment. It then analyses the overall impact of the pandemic on household spending and incomes.

3.1 Impact on those in Wage-Employment

904 households, roughly 76% of the total number of surveyed households, reported that their income was from wage employment. A total of 1,650 household members reported that they were engaged in wage employment, of whom 1,025 (62.1%) were men and 625 (37.9%) were women. In 2020, among all wage workers, 14.6% work in their own villages, 51.5% in towns within their counties, 12.1% in other counties within their provinces, and 21.8% in other provinces.

Unemployment increased after the pandemic. In 2019, there were 144 unemployed people in the surveyed households. In 2020, this number rose by 72.2% to 248 at the time of survey, accounting for approximately 15.2% of total wage-employment in the sample.

Due to the pandemic, time worked decreased sharply from January to May 2020. Taking into account the Chinese New Year holiday, which normally lasts up to one month depending on the form and employment location, there should have been at least 4 months of working time from January to May. However, the data shows the average working time from January to May was only 2.7 months, with the median being 2 months, meaning that the working time of most people was shortened by at least 2 months.

Among all industries, construction workers were most affected, with an average working time of 1.8 months (Table 3.1.1). Informal workers were especially vulnerable compared to formal workers, as the average working time for informal workers was only 2.2 months, versus 3.3 months for formal workers.[11] Among informal workers, gig workers were hard-hit with the average working time being only 1.6 month.[12] Workers in individual businesses and SMEs were most affected among all business sizes, with an average work time of 2.5 months. As such, COVID-19

10 As with all survey analysis in this report, the limitations of the survey methodology must be kept in mind. Although the selection criteria were used to achieve balanced distribution of different types of communities or villages and households, the survey data is not statistically representative and therefore cannot be generalized to the population. Nevertheless, as a portrait of a specific group of households and the wide-ranging socioeconomic impacts the COVID-19 pandemic has had on these households and individuals, it offers indications of possible broader trends and underlying issues worthy of more detailed study, using proper statistical methodology.

11 Informal workers here are defined as workers without a contract and access to social insurance（“五险一金”）, including public health insurance, unemployment, work-related injury, and maternity insurance, pension and housing fund.

12 Gig worker here refer to short-term or part-time workers who usually earn daily wage. This is particular common in rural area as many farmers may look for temporary work (usually in construction industry or small individual business) when they are not busy with farming activities

had the most severe impact on these groups of workers, in terms of employment and working time.

The smaller number of women who had wage employment worked longer hours than men from January to May 2020 (Table 3.1.1), with the average difference being 0.4 months. One possible reason is that more men than women are hired in construction and as migrant workers, which are the two groups most affected by the pandemic and travel restrictions. In the sample, 88% of construction workers and 67% of migrant workers are male.

Table 3.1.1 also shows that the working time in the public sector – which includes not only general government, but also state-owned and collective enterprises – was significantly higher than in the private sector, with an average difference of 1.6 months. Public sector workers were relatively less affected by the pandemic than those in the private sector.

Table 3.1.1 Working Time from January to May 2020 (month)

	N	Median	Mean
Total	1356	2	2.7
Urban/Rural			
Rural villages	722	2	2.6
Urban communities	634	3	2.9
Gender			
Female	488	3	3.0
Male	868	2	2.6
Work location in 2020			
Villages	198	3	2.9
Towns and counties	696	3	2.8
Other counties within province	162	2	2.3
Other provinces	285	2	2.5
Type of employment			
Formal	616	3	3.3
Informal	492	2	2.2
Industry			
Construction	288	2	1.8
Manufacturing	186	2	2.4
Wholesale and retail	86	2	2.4
Accommodation and catering	54	2	2.4
Transportation, storage, post	82	2	2.3
Residential services, repairs and other services	132	3	3.2
Others	435	4	3.5
Type of sector			
Private sector	876	2	2.2
Public sector	365	5	3.8
Company size			
1-10	455	2	2.5
10-100	440	2	2.8
100-300	126	3	3.1
≥300	85	3	3.1

To estimate the impact of COVID-19 on wage income, the survey asked each respondent to evaluate the change in their wage income from January to May. For those who worked from January to May 2020, 48.3% reported reduced wage income due to COVID-19, while 48.8% respondents perceived no change, and 2.9% indicated an increase (Table 3.1.2). While the average working time for workers was shorter by over one month, only 50% reported less wage income. A possible explanation for this is that their employers shared part of the burden and paid wages, regardless of employee's working time.

As suggested by the data, the proportion of workers that reported lower wage income is also closely correlated with the nature of the employer. There is a significant difference in this ratio between private and state-owned enterprises, with the former being twice as high as the latter. There is also a higher percentage of workers whose wage income decreased in SMEs than in larger enterprises. This is expected as big companies and SOEs are more likely to be financially able to pay wages for workers during the pandemic, thus their employees are better off compared to other groups, in terms of wage income.

In addition, we also found that COVID-19 has a bigger impact on the wage income of certain groups, characterized by a higher ratio of people reporting wage income loss. For example, the ratio is higher in rural areas than in cities, for migrant workers than local workers and for informal workers than formal workers. Among all industries, manufacturing and construction workers are particularly vulnerable, as approximately 70% of the former and 60% of the latter experienced a fall in wage income. (See Table 3.1.2) To conclude, the above-mentioned groups – such as rural workers, migrant workers and informal workers – were already disadvantaged even before the pandemic, and are more subject to wage income loss now.

The data also shows that a higher proportion of men reported reduced wages than women. This is consistent with their greater reported loss of working time, and as noted above, also reflects their relatively greater access to better-paying employment prior to the pandemic.

Among different regions, Zhouqu had the lowest proportion of wage reduction. This could be due to the relatively high local employment rate of approximately 51%, as local employee wages are relatively less affected by the pandemic.

Table 3.1.2 Distribution of changes in wage income January-May 2020

	N	Increased	Unchanged	Decreased	P-value
Sample size	1277	37	623	617	
Percentage (%)		2.9	48.8	48.3	
Region					<0.001
Yilong	233	3.0	47.2	49.8	
Neixiang	209	0.0	59.3	40.7	
Zhangwan	273	5.1	34.8	60.1	
Chengbu	321	2.5	40.8	56.7	
Zhouqu	241	3.3	67.6	29.0	
Urban/Rural					0.003
Rural	683	2.9	44.4	52.7	
Urban	594	2.9	53.9	43.3	
Gender					<0.001
Female	457	3.3	56.2	40.5	
Male	820	2.7	44.6	52.7	

Work location in 2020					0.002
Villages	191	4.2	56.0	39.8	
Towns and counties	661	2.6	51.9	45.5	
Other counties within province	153	2.0	40.5	57.5	
Other provinces	259	3.1	40.9	56.0	
Type of employment					<0.001
Formal	595	1.3	61.5	37.5	
Informal	465	3.4	39.6	57.0	
Industry					<0.001
Construction	272	2.6	37.9	59.6	
Manufacturing	180	3.9	25.6	70.6	
Wholesale and retail	79	1.3	49.4	49.4	
Accommodation and catering	49	4.1	51.0	44.9	
Transportation, storage, post	74	4.1	40.5	55.4	
Residential services, repairs and other services	126	3.2	53.2	43.7	
Others	415	2.7	67.2	30.1	
Type of sector					<0.001
Private sector	828	3.4	37.9	58.7	
Public sector	351	2.6	74.4	23.1	
Company size					0.011
1-10	431	3.9	42.5	53.6	
10-100	430	1.9	50.7	47.4	
100-300	119	4.2	59.7	36.1	
≥300	83	3.6	49.4	47.0	

The average wage income loss among those who reported a decrease was 9,504 RMB, while the median was 6,000 RMB. To benchmark, Chinese residents' average annual disposable income per capita in 2019 is 30,733 RMB while the median is 26,523 RMB.[13] Among them, the average decrease in wages for rural workers is 8,090 RMB – nearly half of the average annual disposable income for rural residents. The average wage income reduction for urban workers is 11,548 RMB, a quarter of urban residents average annual disposable income. Using the annual disposable income per capita as a proxy for pre-COVID income levels, the ratio suggests that rural workers suffered a greater loss in wages than urban workers (measured in percentage terms).

Due to the survey's limitations, we don't have information on respondents' pre-COVID wage incomes, and therefore could not convert the change in percentage terms. In absolute terms, wages decreased less for female workers than for male workers. Wage losses are also smaller for workers in the private sector than in the public sector, with an average difference of 3,681 RMB. However, it should be noted that the actual amount of wage income change depends on their pre-COVID levels. Thus, certain groups faced smaller wage losses, possibly because their wages were lower in the first place (e.g. women), making their losses comparably smaller.

13 http://www.stats.gov.cn/tjsj/zxfb/202001/t20200117_1723396.html. The average and median of annual disposal income for rural residents is 16,021 and 14,389. For urban residents, the average annual disposable income is 42,359 and the median is 39,244.

Table 3.1.3 Worker's wage income decreases from January to May 2020 (RMB)

	N	Median	Average
Total	570	6000	9504
Regions			
Yilong, Sichuan	106	7500	10555
Neixiang, Henan	71	5000	9311
Zhangwan District, Hubei	157	8000	12748
Chengbu, Hunan	169	6000	7564
Zhouqu, Gansu	67	4000	5336
Urban/Rural			
Rural villages	337	6000	8090
Urban communities	233	8000	11548
Gender			
Female	172	5000	7463
Male	398	7500	10385
Type of sector			
Private sector	451	6000	9179
Public sector	77	7000	12861

In terms of expectations for wages in June and the rest of 2020, 79.2% of respondents anticipate that wages will remain unchanged, 14.8% believe that wages will decrease, and 6% think they will increase (see Table 3.1.4). Among them, rural and informal workers, workers in the private sector, transportation industry and SMEs have relatively lower expectations, suggesting they face more uncertainty and their livelihoods. The overall expectation is relatively consistent, being that wages will remain unchanged in June and beyond.

Table 3.1.4 Prediction of wage changes in June 2020 and for the rest of 2020

	N	Increase	Unchanged	Decrease	P-value
Sample	1212	73	960	179	
Percentage (%)		6.0	79.2	14.8	
Regions					<0.001
Yilong	209	4.8	79.9	15.3	
Neixiang	220	2.7	77.7	19.5	
Zhangwan	262	9.9	78.2	11.8	
Chengbu	298	4.0	78.2	17.8	
Zhouqu	223	8.5	82.5	9.0	
Urban/Rural					0.011
Rural villages	641	7.3	76.0	16.7	
Urban communities	571	4.6	82.8	12.6	
Gender					<0.001
Female	448	4.5	85.7	9.8	
Male	764	6.9	75.4	17.7	
Type of employment					0.005
Formal	575	1.3	61.5	37.5	
Informal	435	3.4	39.6	57.0	

Industry					<0.001
Construction	241	12.4	68.9	18.7	
Manufacturing	165	4.2	77.0	18.8	
Wholesale and retail	76	1.3	80.3	18.4	
Accommodation and catering	53	3.8	86.8	9.4	
Transportation, storage, post	67	1.5	71.6	26.9	
Residential services, repairs and other services	122	4.9	84.4	10.7	
Others	406	4.4	85.5	10.1	
Type of sector					<0.001
Private sector	770	6.1	74.0	19.9	
Public sector	349	4.9	91.4	3.7	
Company size					0.006
1-10	407	6.4	73.0	20.6	
10-100	412	4.9	82.8	12.4	
100-300	113	5.3	83.2	11.5	
≥300	81	11.1	74.1	14.8	

For those who expect their wages to decrease in June 2020 and beyond, the survey team further inquired about their expected amount of possible decrease. The average expected amount of monthly wage decrease is 2,454 RMB and the median is 1,500 RMB.

In 2019, 56 out of 1,215 samples with non-missing information had wages in arrears, accounting for about 4.6% of the total sample. Among those whose wages were in arrears, nearly half had not received their wages by the time of this survey.

From January to May 2020, 40 out of 1,300 samples with non-missing information had wages in arrears, accounting for about 3.1% of the total.

Table 3.1.5 Wages-in-arrears situation

		2019		2020	
		N	**Percentage (%)**	**N**	**Percentage (%)**
Are your wages in arrears?	No	1159	95.4	1260	96.9
	Yes	56	4.6	40	3.1
	Sub-total	1215	100	1300	100.0
If your wages were in arrears, have you received full payment of unpaid wages?	Full payment	5	10.0	4	11.4
	Partial payment	21	42.0	6	17.1
	None	24	48.0	25	71.4
	Sub-total	50	100	35	100

Returnees here refer to people who worked outside of their hometowns in 2019, but remained in their hometowns at the time of the survey. 86 out of the 1,582 samples are returnees, accounting for about 5.44% of the total sample.

Of the 76 returnees who explained their returning reason, 62% choose to stay in their hometown due to family issues, including taking care of older people and children, getting married or being pregnant. 32% choose to stay because their original employers failed to provide adequate pandemic protection measures. No one chose "travel restriction due to COVID-19", suggesting that at the time of the survey, most migrant workers who wanted to work were able to return. This process is also facilitated by the government, as confirmed in village survey responses, and most villages have arranged direct, free buses for migrant workers working in other counties and provinces.

The responses from returnees also highlight cases where some migrant workers used COVID-19 to re-assess individual priorities and stay in local areas for work, instead of going out for opportunities.

Regarding the current employment status of returnees, 72 gave details: the highest percentage were unemployed (about 36.1%), followed by working locally (about 30.1%), farming (about 15.3%), doing non-farm business (about 9.7%), and 8.3% belonging to other status.

3.2 Impact on Non-Farming Self-Employment

In this report, non-farming self-employment includes individual business owners and vendors, entrepreneurs, contractors, corporate shareholders and freelancers. A total of 363 households engage in 403 activities, representing 31% of total households surveyed. 17.6% of self-employed business activities take place in villages, 76.4% in towns within home counties, and 6% in other counties and provinces. The survey gathered data on the impact of COVID-19 on these self-employed businesses from the following perspectives: number of people employed in non-farming business, whether these businesses were forced to close down, revenue losses due to closures, current turnover, future prospects and government support policies.

The self-employed businesses surveyed in this assessment employed 2,575 people in 2019 and 2,397 in 2020, declining by about 7%. In 2020, 40.5% of self-employed activities were carried out by one person, 36.1% had 2 employees, 17.4% employed 3-10 people and 6.1% had 11 employees or more.

During the pandemic, 80.3% of self-employed business operations were forced to close down or extend their closing period (see Table 3.2.1). Self-employed activities in towns and counties were affected the most, while those in villages were affected the least. This is possibly due to the fact that travel restrictions during the pandemic usually apply to inter-village mobility and most places do not enforce strict restrictions within the same village.

Table 3.2.1 Percentage of self-employed businesses forced to close down or extend closing period due to COVID-19

		Close down/extend closing period		
	N	Yes	No	P-value
Sample size	391	314	77	
Percentage (%)		80.3	19.7	
Operation location				<0.001
Villages	66	62.1	37.9	
Towns and counties	292	85.3	14.7	
Other counties and provinces	23	65.2	34.8	
Number of employees in 2020				0.29
1 employee	150	76.0	24.0	
2 employees	136	83.8	16.2	
3-10 employees	66	84.8	15.2	
11 employees or more	23	82.6	17.4	

For self-employed businesses which were forced to close down, revenue losses were substantial. Table 3.2.2 shows that the average loss due to closure during the pandemic totalled 24,000 RMB, with a median loss of 6,000 RMB.

The losses of self-employed activities with more employees is higher than that with fewer employees.

Table 3.2.2 Total loss during closure (RMB)

	N	Median	Mean
Total	295	6000	24231
Regions			
Yilong	54	10000	26244
Neixiang	63	6000	17018
Zhangwan	51	5000	12220
Chengbu	56	5500	50286
Zhouqu	71	6500	17177
Operation location			
Villages	40	2500	14543
Towns and counties	238	6200	26159
Other counties and provinces	10	17500	28700
Number of employees in 2020			
1 employee	109	4000	6846
2 employees	108	6000	13577
3-10 employees	53	20000	39408
11 employees or more	16	40000	176125

At the time of this survey, while all travel restrictions have been lifted, recovery for self-employed business had been relatively slow. As seen from Table 3.2.3, 70% of self-employed people reported that their current turnover is worse than before the pandemic. 25.3% said it was the same as before, while only 4.1% said that their turnover is better now. Those in urban areas in these counties suffered the greatest impact: 74% of self-employed people in urban areas report that their current turnover is lower than pre-pandemic levels, compared to 59% in villages.

Table 3.2.3 Changes in turnover compared to before COVID-19

	N	Better	Unchanged	Worse	P-value
Sample size	364	15	92	257	
Percentage (%)		4.1	25.3	70.6	
Regions					0.010
Yilong	70	7.1	17.1	75.7	
Neixiang	72	0.0	34.7	65.3	
Zhangwan	61	3.3	32.8	63.9	
Chengbu	81	8.6	16.0	75.3	
Zhouqu	80	1.3	27.5	71.3	
Operation location					0.078
Villages	62	4.8	35.5	59.7	
Towns and counties	277	2.9	23.1	74.0	
Other counties and provinces	19	10.5	31.6	57.9	
Number of employees in 2020					0.55
1 employee	144	4.2	26.4	69.4	
2 employees	127	3.1	20.5	76.4	
3-10 employees	53	4.9	29.5	65.6	
11 employees and more	20	10.0	30.0	60.0	

As shown from Table 3.2.4, among the self-employed business whose current turnover is worse compared to pre-pandemic levels, 30% believe that their businesses can recover to their original level, 28.4% think that they cannot return to that level and 41.6% are uncertain. Among them, individual business owners with one to two employees express the highest uncertainty.

Location is also a factor. Self-employed businesses in towns within home counties represent the highest proportion of people who believe that their businesses cannot return to their original levels. Coupled with the fact that self-employed activities in towns had the highest proportion of closures and greatest losses, it can be concluded that these self-employed businesses have been hit the hardest by COVID-19. Meanwhile, self-employed activities in villages, other counties and provinces are relatively less affected.

Table 3.2.4 Distribution of answers to whether self-employed activities can return to the original level

	N	Yes	No	Uncertain	P-value
Sample size	257	N=77	N=73	N=107	
Percentage (%)		30.0	28.4	41.6	
Regions					<0.001
Yilong	52	13.5	42.3	44.2	
Neixiang	48	54.2	20.8	25.0	
Zhangwan	39	23.1	23.1	53.8	
Chengbu	60	18.3	36.7	45.0	
Zhouqu	58	41.4	17.2	41.4	
Operation location					0.10
Villages	38	36.8	18.4	44.7	
Towns and counties	204	27.9	31.9	40.2	
Other counties and provinces	11	45.5	0.0	54.5	
Number of employees in 2020					0.072
1 employee	101	22.8	28.7	48.5	
2 employees	96	30.2	29.2	40.6	
3-10 employees	40	50.0	20.0	30.0	
11 employees or more	12	25.0	41.7	33.3	

Table 3.2.5 shows that up to 75.8% of self-employed businesses do not know of the government's special support policies, suggesting that some of these policies are either not available or not being communicated effectively in many locations. Only 11.8% of businesses surveyed reported receiving special policy support from the government; 1.4% are in the process of applying; while 86.8% have not received any government support. Among them, individual businesses are least likely to be aware of or receive government policy support.

Table 3.2.5 Information on whether businesses are aware of or have received support from government's special policies

	Aware of government's special policy?			Have received support from government's special policy?			
	Yes	No	P-value	Yes	Applying	No	P-value
Sample size	91	285		42	5	308	
Percentage (%)	24.2	75.8		11.8	1.4	86.8	
Regions			0.085				0.65
Yilong	19.2	80.8		11.1	0.0	88.9	

Neixiang	16.2	83.8		6.7	0.0	93.3	
Zhangwan	21.7	78.3		11.5	1.6	86.9	
Chengbu	32.9	67.1		15.0	2.5	82.5	
Zhouqu	28.6	71.4		13.4	2.4	84.1	
Operation Location			0.098				0.48
Villages	15.2	84.8		6.8	0.0	93.2	
Towns and counties	26.0	74.0		12.6	1.9	85.5	
Other counties and provinces	35.0	65.0		15.8	0.0	84.2	
Number of employees in 2020			0.033				<0.001
1 employee	22.9	77.1		8.8	2.9	88.2	
2 employees	18.8	81.2		7.1	0.0	92.9	
3-10 employees	33.9	66.1		25.0	0.0	75.0	
11 employees or more	40.9	59.1		27.3	4.5	68.2	

This survey asked respondents to rank their interest in a list of possible forms of government support. Among those ranked highest, low-interest loans were named by 32.4%, the highest of all, followed by employment and training subsidies. There was no significant demand for rent reduction and tax remission. 26.5% of respondents indicated that they do not need policy support, meaning that they have recovered from the pandemic or are able to resolve issues on their own.

Table 3.2.6 Results on the primary policy supports desired

Primary policy support desired	Percentage (%)
Low-interest loans	32.4
Employment, training and other financial subsidies	12.1
Tax remission	11.0
Others	9.9
Reduce rent and property fees	4.5
Deferred repayment of principal and interest on existing loans	3.7
None	26.5

3.3 Impact on Small Holder Farmers and their Agricultural Production

The survey collected a sample of 579 households engaged in agricultural production, representing 49% of the total households surveyed. Among the 579 households, 105 (18.1%) were in Yilong, 139 (24%) in Neixiang, 76 (13.1%) in Zhangwan, 128 (22.1%) in Chengbu, and 131 (22.6%) in Zhouqu. The number of people engaged in agricultural production is 1,001. The following section will look at the impact of the pandemic on agricultural production scale, output and product sales.

To assess the impact on agricultural production scale, the survey asked whether households would decrease the size of the land used for agricultural production due to the pandemic, and 93.5% of respondents said that they would not. As noted earlier, in Yilong it was reported that cultivated land actually increased; about 15% of the un-

ploughed land in Linying Village of Yilong was re-ploughed during the pandemic. Regarding the possible impact that the pandemic might have on output in 2020 for agriculture, forestry and fishery, 63.6% of respondents indicated that their output value would remain unchanged; 26.3% said that it would decrease, and 10.1% said it would increase. Based on the survey results, most farmers believe that agricultural production is mostly affected by weather. The pandemic did not overlap with the critical period of production, so it had little impact on spring ploughing and overall production.

In addition, positive impacts were observed in some villages. For example, some migrant workers stayed for longer periods of time (nearly two months) after the Spring Festival. Therefore, they could help older people who are normally left behind to conduct spring ploughing. Besides, some agricultural producers benefited from rising prices of certain products during the pandemic.

In terms of the pandemic's impact on the output value by different types of households, there are no significant differences between poor and non-poor households, minority and Han households. We do observe statistically significant differences across regions. As mentioned earlier, weather has a great impact on agricultural production, and may partially explain the variation across regions. Across all regions, Zhangwan has the highest proportion of households who expect a higher output value in 2020, nearly three times more than in other regions. One reason mentioned by the leader of Dagou Village (one of three villages surveyed in Zhangwan), is that more labour is available for tea picking this year, due to the return of migrant workers.

Table 3.3.1 Expected change in agricultural output value in 2020

		Expected change			
	N	Increase	Unchanged	Decrease	P-value
Sample size	552	56	351	145	
Percentage (%)		10.1	63.6	26.3	
Region					<0.001
Yilong	103	9.7	66.0	24.3	
Neixiang	134	8.2	47.0	44.8	
Zhangwan	74	28.4	60.8	10.8	
Chengbu	119	6.7	68.9	24.4	
Zhouqu	122	4.9	76.2	18.9	
Poverty status in 2020					0.69
Non-poor	363	9.4	63.9	26.7	
Poor	189	11.6	63.0	25.4	
Ethnicity					0.15
Han	428	11.2	61.7	27.1	
Minority	124	6.5	70.2	23.4	

Among the surveyed households engaged in agricultural production, most farm for self-consumption, while only 34% sell agricultural products in markets. For households selling agricultural products, the survey inquired about their sales volume and revenues during the pandemic. In general, around 50% of households reported no change in either sales volume or revenue and over 30% of households reported a decrease in both. Unlike wage incomes where only 2.9% households reported an increase, 10.7% and 14.1% of households experienced an increase in sales volume and revenue, respectively.

As Table 3.3.2 suggests, there's great variation across regions. The proportion of farmers in Hubei that reported

an increase in sales volume and revenue is significantly higher than that of famers in other regions. Based on an interview with a government official in Zhangwan district, this is possibly because the local government has taken several measures to promote the local sales of agricultural products. All three surveyed villages in Zhangwan have agricultural products that are on the list of "products for charity," which greatly promoted sales.

Table 3.3.2 Change in sales volume and revenue during the pandemic

	Sales volume				Sales revenue			
	Increase	Unchanged	Decrease	P-value	Increase	Unchanged	Decrease	P-value
Sample size	18	96	54		23	81	59	
Percentage (%)	10.7	57.1	32.1		14.1	49.7	36.2	
Region				0.007				<0.001
Yilong	14.3	47.6	38.1		14.3	42.9	42.9	
Neixiang	3.3	57.4	39.3		3.3	48.3	48.3	
Zhangwan	27.5	57.5	15.0		41.0	48.7	10.3	
Chengbu	5.9	58.8	35.3		0.0	56.3	43.8	
Zhouqu	3.4	62.1	34.5		7.4	55.6	37.0	
Poverty status in 2020				0.091				0.52
Non-poor	7.1	58.0	34.8		11.9	51.4	36.7	
Poor	17.9	55.4	26.8		18.5	46.3	35.2	
Ethnicity				0.70				0.090
Han	11.3	57.7	31.0		16.4	49.3	34.3	
Minority	7.7	53.8	38.5		0.0	52.2	47.8	
Main type of agricultural production				0.007				<0.001
Food/grain	5.8	54.7	39.5		10.8	42.2	47.0	
Vegetables and fruits	5.9	64.7	29.4		0.0	63.6	36.4	
Others	23.4	57.4	19.1		30.4	54.3	15.2	
Operation scale				0.16				0.75
Less than 2 mu	8.1	59.7	32.3		18.0	49.2	32.8	
2-5 mu	7.4	60.3	32.4		10.6	54.5	34.8	
More than 5 mu	22.9	48.6	28.6		15.2	45.5	39.4	
Output value in 2019				0.19				0.039
Less than 5,000	11.4	60.2	28.4		18.6	53.5	27.9	
5,000 – 10,000	18.2	42.4	39.4		12.9	32.3	54.8	
More than 10,000	4.4	64.4	31.1		6.8	56.8	36.4	

3.4 Impact on Household Expenditure and Income

As suggested by the data, nearly two thirds of all households expect their total income in 2020 to decrease. 26.9% think their incomes will remain unchanged, while only 7.1% believe it will increase.

In terms of impact by household type, Table 3.4.1 shows no significant differences in the expected changes in total income between poor and non-poor households and across households with different self-rated economic statuses. The proportion of households that expect their total income to decrease in 2020 is higher among

minority households than Han households. However, as surveyed minority households usually locate in remote and mountainous area in Gansu and Hunan, we can't exclude geographic factors and transportation cost which may also impact household income. In any case, the result suggests greater vulnerability of ethnic minority households during the pandemic which requires greater attention. In addition, compared to households in rural areas, a higher proportion of households in urban communities expect their incomes to decrease in 2020, while a lower proportion believe it will increase. Interestingly, we found that the ratio is lower among households of persons with disabilities, which was unexpected. This is probably because households with PWD are usually covered by China's Dibao assistance, and rely on transfer payments, making them less vulnerable to income losses during the pandemic.

As shown in the following table, the impact of COVID-19 on household incomes closely relates to the main source of household income. The proportion of households expecting decreased total income is highest among self-employed households, followed by households with wage incomes. The ratio is relatively low among households relying on agricultural and transfer incomes. However, even those least impacted by the pandemic are not free of concerns. Smallholder farmers and households relying on transfer payments were in relatively disadvantaged positions before the pandemic and their problem is structural, which requires continuous efforts to address.

Table 3.4.1 Expected change in household income

	N	Increase	Unchanged	Decrease	P-value
Sample size	1161	83	312	766	
Percentage (%)		7.1	26.9	66.0	
Region					<0.001
Yilong	238	7.6	34.0	58.4	
Neixiang	234	6.0	35.0	59.0	
Zhangwan	223	11.7	26.5	61.9	
Chengbu	233	4.3	15.9	79.8	
Zhouqu	233	6.4	22.7	70.8	
Urban/rural					<0.001
Rural	570	10.2	27.0	62.8	
Urban	591	4.2	26.7	69.0	
Poverty status in 2020					0.25
Non-poor	846	6.5	26.4	67.1	
Poor	315	8.9	28.3	62.9	
Ethnicity					0.025
Han	925	7.4	28.5	64.1	
Ethnic minority	236	6.4	20.3	73.3	
Household type					0.065
Households without PWD	1070	6.6	27.1	66.3	
Households with PWD	91	13.2	24.2	62.6	
Main source of income					<0.001
Wage income	734	6.5	23.0	70.4	
Non-farm business	219	3.2	8.7	88.1	
Farming	77	22.1	31.2	46.8	
Transfer payment	119	8.4	78.2	13.4	
Others	10	0.0	70.0	30.0	

Self-rated household economic status					0.18
High	30	6.7	20.0	73.3	
Medium – high	150	6.7	32.7	60.7	
Medium	514	7.2	24.7	68.1	
Low - medium	290	6.9	22.8	70.3	
Low	152	6.6	34.2	59.2	

For respondents who expect their household income to decrease in 2020, this survey further inquired about the expected magnitude of their expected income decline. Table 3.4.2 shows that the average expected income drop in 2020 is 32.3%, with the median being 30%. There is little difference in this ratio across different household types.

Table 3.4.2 Expected proportion of income decrease（%）

	N	Median	Mean
Total	722	30	32.3
Region			
Yilong	139	30	31.2
Neixiang	123	30	35.7
Zhangwan	136	30	31.2
Chengbu	174	30	31.5
Zhouqu	150	30	32.6
Urban/rural			
Rural	336	30	31.0
Urban	386	30	33.5
Poverty status in 2020			
Non-poor	535	30	32.5
Poor	187	30	31.8
Ethnicity			
Han	563	30	33.0
Ethnic minority	159	30	30.1
Household type			
Households without PWD	667	30	32.2
Households with PWD	55	30	33.7
Main source of income			
Wage income	488	30	30.9
Non-farm business	181	30	34.7
Farming	34	30	35.5
Transfer payment	15	30	37.5
Self-rated household economic status			
High	21	30	28.7
Medium - high	87	30	30.0
Medium	327	30	30.7
Low - medium	191	30	35.3
Low	89	30	35.7

Table 3.4.3 shows the amount of income lost in different months. It reveals that the decrease in household income has been steadily lessening since February 2020. This indicates that the pandemic's negative impact on household incomes has gradually diminished since work resumed in March, with the positive effect of this resumption becoming more evident.

Table 3.4.3 Decrease in household income from January to May 2020 (RMB)

	January	February	March	April	May
Median	450	4000	3560	2000	1000
Mean	4057	12835	12299	5849	4472

Due to the pandemic, nearly 10% of households increased their medical and health spending. Families in rural areas, poor households, minority households and households with PWD experienced a relatively low increase in health costs (see Table 3.4.4). The proportion in urban areas was markedly higher; 14.5% of households reported increases, compared to 4.9% in rural areas.

Table 3.4.4 Whether households increased their medical and health expenditure

	N	Yes	No	P-value
Sample	1132	111	1021	
Percentage (%)		9.8	90.2	
Region				<0.001
Yilong	228	14.9	85.1	
Neixiang	219	10.5	89.5	
Zhangwan	220	2.7	97.3	
Chengbu	232	4.3	95.7	
Zhouqu	233	16.3	83.7	
Urban/rural				<0.001
Rural	554	4.9	95.1	
Urban	578	14.5	85.5	
Poverty status in 2020				0.011
Non-poor	823	11.2	88.8	
Poor	309	6.1	93.9	
Ethnicity				0.025
Han	896	10.8	89.2	
Ethnic minority	236	5.9	94.1	
Household type				0.61
Households without PWD	1047	9.9	90.1	
Households with PWD	85	8.2	91.8	

Among the 102 households that increased their medical and health spending due to the pandemic, the average rise was 2,438 RMB and the median is 300 RMB (see Table 3.4.5). Of all the samples, urban households, non-poor families and households without PWD incurred relatively higher medical and health costs, with little difference between minority and Han families.

Table 3.4.5 Increase in medical and health expenditure (RMB)

	N	Median	Mean
Total	102	300	2438
Region			
Yilong, Sichuan	30	1000	1421
Neixiang, Henan	20	200	6954
Zhangwan District, Hubei	6	1600	4567
Chengbu, Hunan	10	550	3145
Zhouqu, Gansu	36	100	225
Urban/rural			
Rural	26	190	954
Urban	76	450	2945
Poverty status in 2020			
Non-poor	85	300	2730
Poor	17	600	978
Ethnicity			
Han	89	300	2441
Ethnic minority	13	350	2418
Household type			
Households without PWD	96	350	2531
Households with PWD	6	175	953

Only a small proportion of households reported increased expenditure on online learning for children.[14] As shown in Table 3.4.6, since the outbreak of COVID-19, 39 households, or less than 6% of the 687 households with school-age children, have installed broadband networks for their children's online learning, among which 26 are families in rural areas and 13 are in urban communities. 49 households purchased mobile data, including 30 households in rural areas and 19 in urban communities. 90 households purchased mobile phones, computers and other playback devices, of which 37 are households in rural areas and 53 in urban communities. The average spending on network installation, mobile data and playback devices is 640 RMB, 246 RMB and 2,688 RMB respectively, with the median being 400 RMB, 200 RMB and 2,000 RMB respectively.

Table 3.4.6 Expenditure on online education due to COVID-19 (RMB)

	Network installation (N=39)		Mobile data (N=49)		Playback devices (N=90)	
	Median	Mean	Median	Mean	Median	Mean
Total	400	640	200	246	2000	2688
Region						
Yilong	660	573	100	125	2500	2556
Neixiang	600	1015	200	224	2000	2292
Zhangwan	555	555	200	293	2500	2660
Chengbu	500	468	200	299	1100	3291
Zhouqu	200	357	200	264	3000	3100
Urban/rural						
Rural	350	417	135	219	1600	2643
Urban	600	1085	200	288	2000	2719

14 School aged children refers to children ages between 3 and 17.

Poor/non-poor villages						
Non-poor	200	339	115	188	2100	2982
Poor	560	542	175	265	1500	2147
Poverty status in 2020						
Non-poor	450	706	200	243	2000	2857
Poor	258	421	200	255	1200	1840
Ethnicity						
Han	400	690	200	248	2000	2623
Ethnic minority	500	445	120	239	1600	3108
Household type						
Households without PWD	400	622	200	247	2000	2696
Households with PWD	700	796	200	200	1700	2540

In general, most households were able to manage their income losses without a major decline in living standards, thanks to the relatively high savings rate in China. 80.5% of the households that expect their total income to decrease in 2020 have chosen to use their previous savings as the primary measure to cope with the decrease; 8.6% would borrow money from friends or relatives and 4.6% have opted to spend less on food (see Table 3.4.7). Only 2.7% use financial institutions to counter the negative impact, suggesting a high degree of reliance on support from social networks instead of financial agencies for most families in China when they need help. The fact that only one out of 712 households reported having to sell productive assets as a coping measure is interesting and suggests stronger underlying household financial conditions than in poor rural areas in many other counties.

Table 3.4.7 Primary measures to cope with the decrease in income

	Counts	**Percentage (%)**
Use previous savings	573	80.5
Borrow money from friends or relatives	61	8.6
Reduce expenditure on food	33	4.6
Reduce expenditure on other goods	25	3.5
Borrow money from banks or credit unions	19	2.7
Sell productive assets	1	0.1
Total	712	100

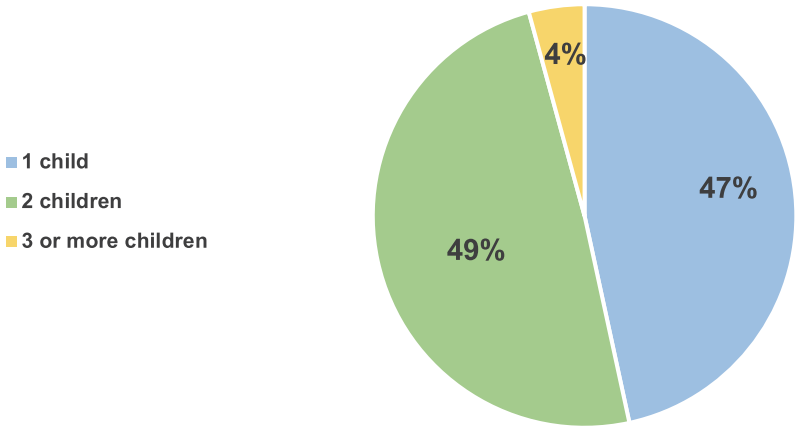
4. Impact of COVID-19 on Children[15]

The purpose of this chapter is to identify COVID-19's impact on children, which unfolds in the following aspects: children's residence, education, psychological wellbeing, child discipline and immunization.

4.1 Demographic Characteristics of Surveyed Children

In total, the information of 1,314 children under the age of 18 and students aged 18 and above was collected. Our analysis covers the 1,118 children under the age of 18 (i.e. 0-17 years old). The Survey collected the information of 523 children (46.8%) from 15 rural villages and 595 children (53.2%) from 15 urban communities, covering a total of 706 households (60% of all surveyed households). 17.3% of children lived in urban-rural fringe areas and 23% lived in poverty villages. As Figure 4.1.1 shows, over half of the households have more than one child.

Figure 4.1.1. Households with 2 or more children accounted for over half of all surveyed households with children



In total, there were 606 boys (54.4%)[16] and 509 girls (45.7%) among the surveyed households, of which 279 children (25.0%) were from ethnic minority groups. Figure 4.1.2 presents the age distribution of boys and girls, while Figure 4.1.3 presents the educational[17] distribution of school-age children (i.e. 3-17 years old).

15 This chapter was drafted by UNICEF, with inputs from the research team.

16 There were three records with missing values for the sex of children under the age of 18. In general, due to potentially poor administration of field protocol and lack of properly designed skips in the questionnaire, several variables had missing values. If the missing values accounted for less than 5% of all observations, the missing values were ignored.

17 Senior secondary education includes regular senior secondary education, specialized secondary education, and vocational senior secondary education. Higher education includes higher vocational college education, as well as undergraduate education and above.

Figure 4.1.2. Children in the surveyed households were generally balanced in sex composition

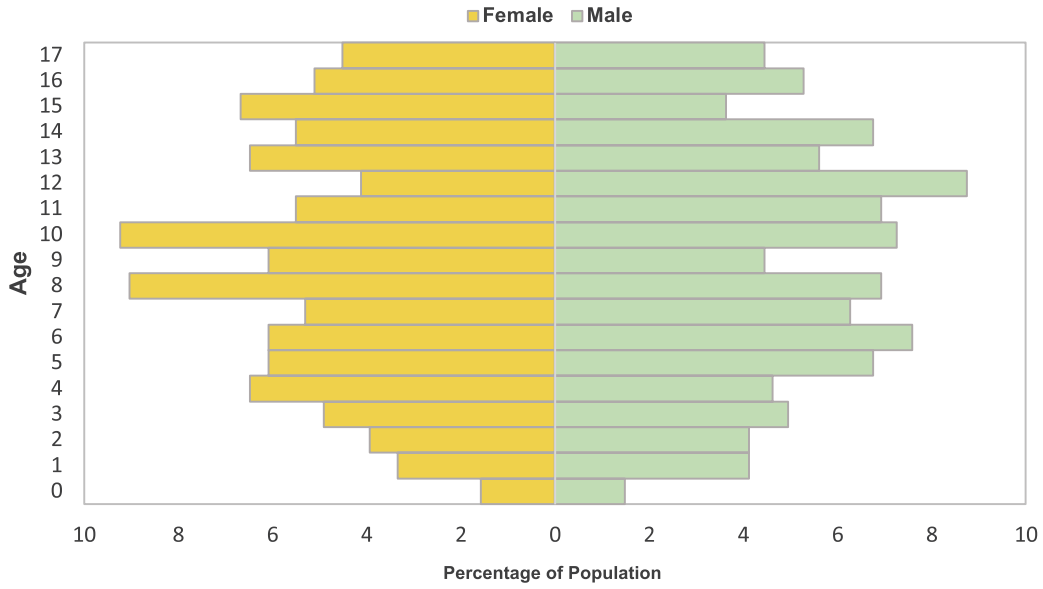
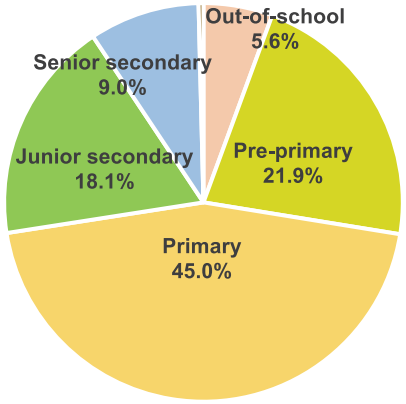


Figure 4.1.3. Among all school-age children in the surveyed households, 5.6% were not attending any type of school



While only one child was disabled among the surveyed households, 65 children (5.8%) came from households with at least one disabled family member.

In total, 279 children (25%) were from poor households. We classified a household as "poor" if it is registered as a poor household (212 children from 133 households), receives the minimum subsistence allowance or *Dibao* (129 children from 85 households), is covered by the "five guarantees" system or *Wubao*[18] (10 children from 6 households), or is registered as a working poor household[19] (7 children from 4 households).

71.5% of the children had a rural *hukou*, which was much higher than the percentage of children living in rural areas in the sample. This may indicate that some households are live in urban areas without changing their

18 The elderly, PWD and ethnic minority meeting certain conditions in rural areas can enjoy the "five guarantees" of food, clothing, housing, medical care and burial expenses, and compulsory education for minors.

19 Working poor households is registered through All-China Federation of Trade Unions and enjoy certain assistance.

previous rural *hukou* status.

8.7% of children surveyed lived in villages or communities (1 rural village and 3 urban communities) with confirmed cases of COVID-19. 23.2% of the children were from households that received either cash or in-kind support from the local government during the COVID-19 outbreak. 72.7% of the children are from households expecting a decrease in their annual income due to the pandemic.

4.2 Location of Children's Residences during COVID-19

1. Primary residence of children

Of the surveyed households, 12.9% of children changed their primary residence in 2020. They mainly lived outside their local villages or communities in 2019 and stayed in their local villages or communities in 2020. The majority of these children (68.8%) were from rural households. Almost all of them celebrated Chinese New Year in their hometowns in January 2020. These findings seem to indicate that some migrant children from rural households were stuck in their hometowns following lockdown measures enforced after the Chinese New Year. Given that the Survey was conducted in June when the lockdown measures were mostly lifted, the deterrent effect of COVID-19 on migration is evident.

2. Students living on school campuses

Among school-age children in primary education and above, the percentage of those living on school campuses was slightly higher in 2019 (26.8%) than in 2020 (24.0%). Of all children who were living on school campuses in 2019, 19.9% stopped in 2020, potentially because they could not go back to school due to lockdown measures, or because they chose not to live on campus during the COVID-19 outbreak.

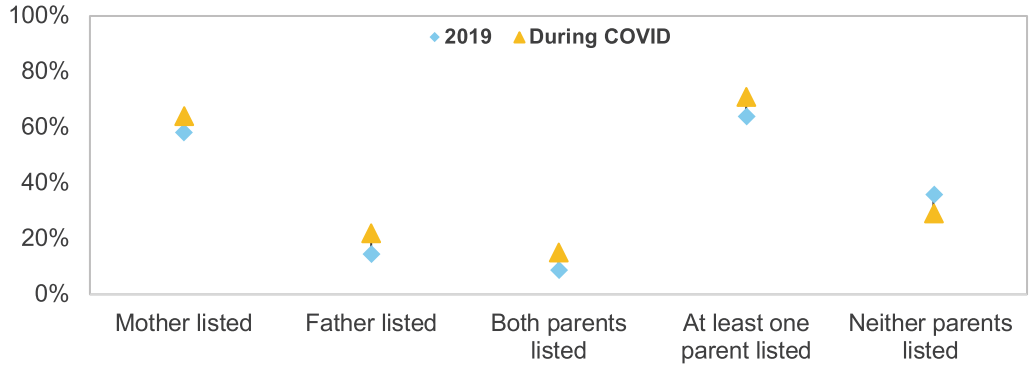
4.3 Caregiving during COVID-19

1. Changes in the reported primary caregivers of children

In total, the primary caregivers of 191 (17.1%) of the 1,118 children changed between 2019 and 2020. 23.2% of children without any parents around in 2019 have at least one parent listed as one of their primary caregivers in 2020. On the other hand, 2.4% of the children who were cared for by at least one parent in 2019 now did not have any parents taking care of them in 2020. Figure 4.3.1 shows the percentage of children who have parent(s) listed as a primary caregiver in 2019 and during the COVID-19 outbreak in 2020. Increases can be found across all categories of parental caregiving arrangements.[20] The percentage of children having neither parent listed as a primary caregiver dropped from 36.1% to 29.1% during the COVID-19 outbreak. These findings indicate that compared with 2019, more children reunited with their parents in 2020.

20 In Figure 4.3.1, "mother/father listed" means that mother/father was listed among the primary caregivers; "both parents listed" means that both mother and father were listed; "at least one parent listed" means that mother, father, or both parents were listed; and "neither parents listed" means neither mother nor father was listed.

Figure 4.3.1. More mothers and fathers reunited with their children during the COVID-19 outbreak



2. Children without any caregivers (self-cared children)

As caregivers and parents were forced to stay at home during the COVID-19 lockdown, the percentage of children who listed themselves as the only primary caregiver dropped from 6.5% in 2019 to 3.5% during the COVID-19 outbreak.

Analysing the profile of the 39 self-cared children during the COVID-19 outbreak, the majority were male (64.1%) and many were from households in rural villages (71.8%). Moreover, 16 children (41.0%) were under the age of 16. TTESTs[21] were further conducted on the percentage of self-cared children by variables including sex, age, urban/rural status, and poor household status. The results are presented in Table 4.3.1. In general, characteristics including being male, above the age of 16, from rural households and from poor households were associated with higher percentages of children without caregivers. Except for sex, the differences are significant.

Table 4.3.1 TTEST results on the percentage of self-cared child during COVID-19 period

Grouping variable	Grouping variable=YES			Grouping variable=NO			
	Mean	SD	Obs.	Mean	SD	Obs.	*Difference*
Male	0.04	0.20	602	0.03	0.16	506	NS
Under 16	0.02	0.13	1004	0.22	0.41	107	-0.20***
Urban household	0.02	0.14	593	0.05	0.23	518	-0.04***
Poor household	0.06	0.24	278	0.03	0.16	833	0.03***

* p < 0.10, ** p < 0.05, *** p < 0.01

Note: Obs. =Number of observations. SD=Standard Deviation. NS= Not Significant.

3. Children left unattended during school closure

During China's COVID-19 outbreak, many schools were closed. Children who were attending school and those who previously spent significant time on campus had to stay at home. To know whether these children have been

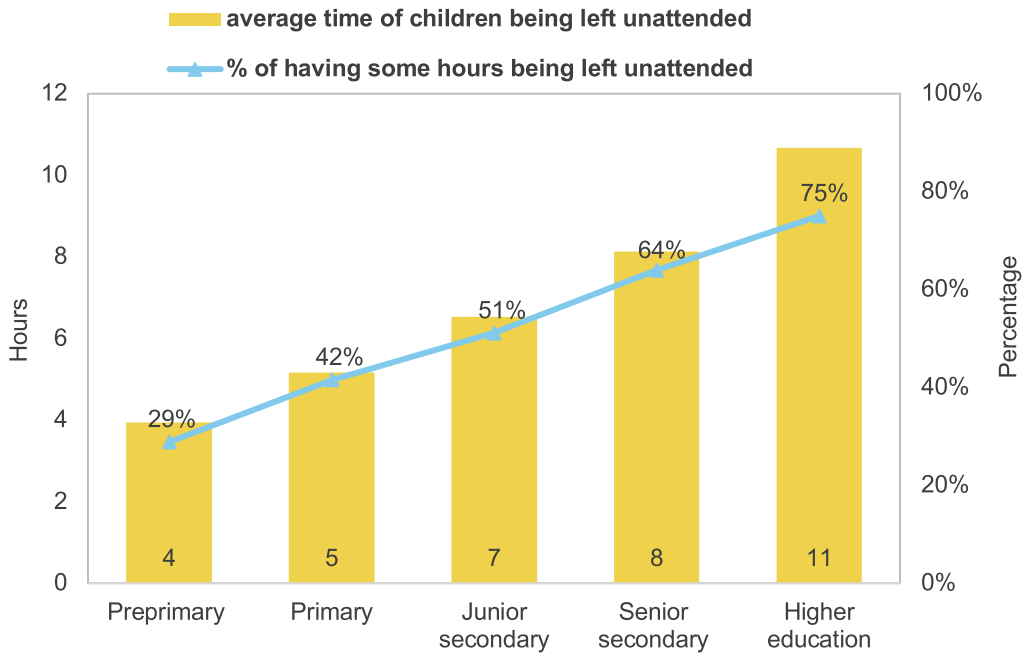
21 Please note that t-test is only to compare the differences of means/proportions of two groups for single variable. Other covariates and factors are not considered, thus the audience should not draw conclusions based on the t-test results and the differences should be interpreted with caution. This applies to the whole chapter.

properly cared for during the school closure, the time they were left unattended was analysed. [22]

42.6% of the children reported being left unattended for some time, and 39.8% of the children reported being left unattended for more than 1 hour. For children that reported being left unattended, the average length was 5.7 hours per day.

As expected, the amount of time children were left unattended increased with age. As shown in Figure 4.3.2, the higher the child's education level, the longer they were left unattended.

Figure 4.3.2. The higher the education level of a child, the longer they were left unattended

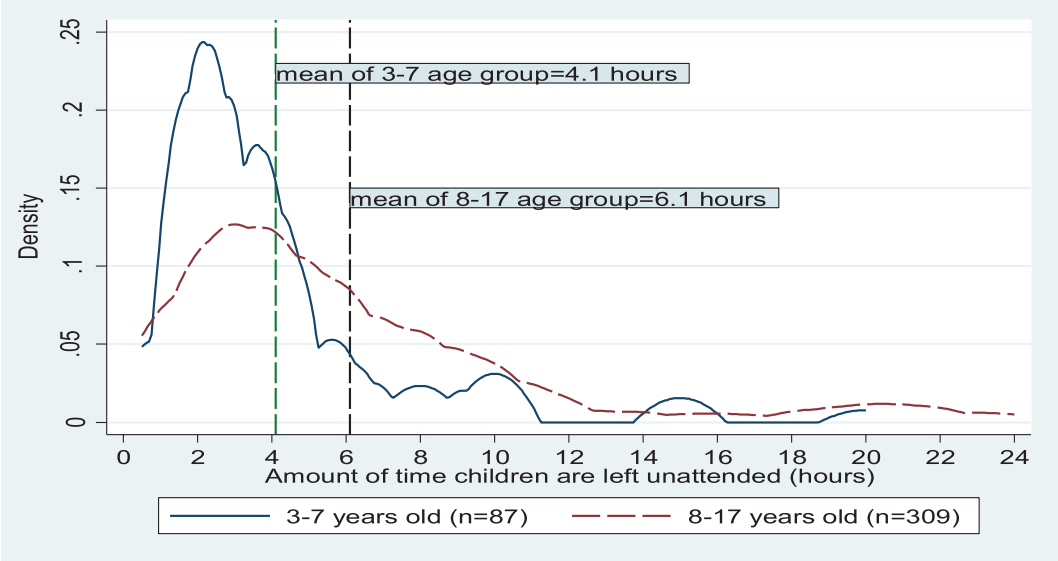


*Note: the average time calculated in the figure only includes children who reported having been left unattended.

Leaving young children alone can put their safety at risk and cause significant harm. The current draft of the Law for Protection of Minors stipulates that caretakers should not leave a child under 8 unattended. Figure 4.3.3 shows the probability density distribution in the number of hours left unattended for children of two age groups: 3-7 years old and 8-17 years old. Consistent with previous findings, children in the 3-7 age group have a greater probability density in the lower end of the spectrum compared with the 8-17 age group. As demonstrated by the long tail on the right, a high percentage of children (29.0%) in the 3-7 age group are left unattended for several hours, ranging from half an hour to 20 hours a day. Moreover, 26.5% of the children under age 8 were left unattended for more than 1 hour.

22 Please note that the data on children analyzed in this section focuses on those who attend school. Left unattended is defined as no caregivers supervising when a child is playing or studying.

Figure 4.3.3. Amount of time children are left unattended among the 3-7 and 8-17 age groups



TTESTs were also conducted by variables including sex, urban/rural status, and poor household status. The results are shown in Table 4.3.2. It was found that the amount of time that children were left unattended was significantly longer among those in rural and poor households. There's no significant difference in terms of average time that children were unattended by ethnicity.

Table 4.3.2. TTEST results on the average time children were left unattended at home

Grouping variable	Grouping variable=YES			Grouping variable=NO			
	Mean	SD	Obs.	Mean	SD	Obs.	*Difference*
Male	2.46	4.42	500	2.42	3.94	423	NS
Han majority	2.40	4.20	701	2.60	4.24	217	NS
Urban	2.00	3.84	504	2.97	4.55	420	-0.97***
Poor household	3.04	4.49	230	2.25	4.08	694	0.79***

* p < 0.10, ** p < 0.05, *** p < 0.01

Note: Obs.=Number of observations. SD=Standard Deviation. NS= Not Significant

4.4 Education during COVID-19

1. Resumption of classes

88.1% of the children going to any type of school reported that classes had resumed at the time of the Survey. Among the children who reported that classes have not resumed, over half (57.0% or 65 children) lived in villages

or communities with confirmed cases of COVID-19. It is possible that villages or communities with confirmed cases were being more cautious and delaying the resumption of classes.

TTESTs were conducted to determine whether there were differences across urban and rural areas. For rural villages, the percentage of pre-primary school children who reported classes had resumed was 77.3%, which is significantly lower than that of urban areas (93.2%). This finding seems to indicate that pre-primary education in urban areas was more resilient during the COVID-19 outbreak compared with rural areas. No significant differences were found for other stages of education.

Table 4.4.1 TTEST results on the percentage of children who reported resumption of classes by their stage of education

Grouping variable	Urban communities			Rural villages			
	Mean	SD	Obs.	Mean	SD	Obs.	*Difference*
Pre-primary	0.93	0.25	133	0.77	0.42	88	0.16***
Primary	0.89	0.31	242	0.90	0.30	214	NS
Junior secondary	0.90	0.31	87	0.91	0.29	97	NS
Senior secondary	0.76	0.43	46	0.89	0.32	44	NS

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Note: Obs.=Number of observations. SD=Standard Deviation. NS= Not Significant

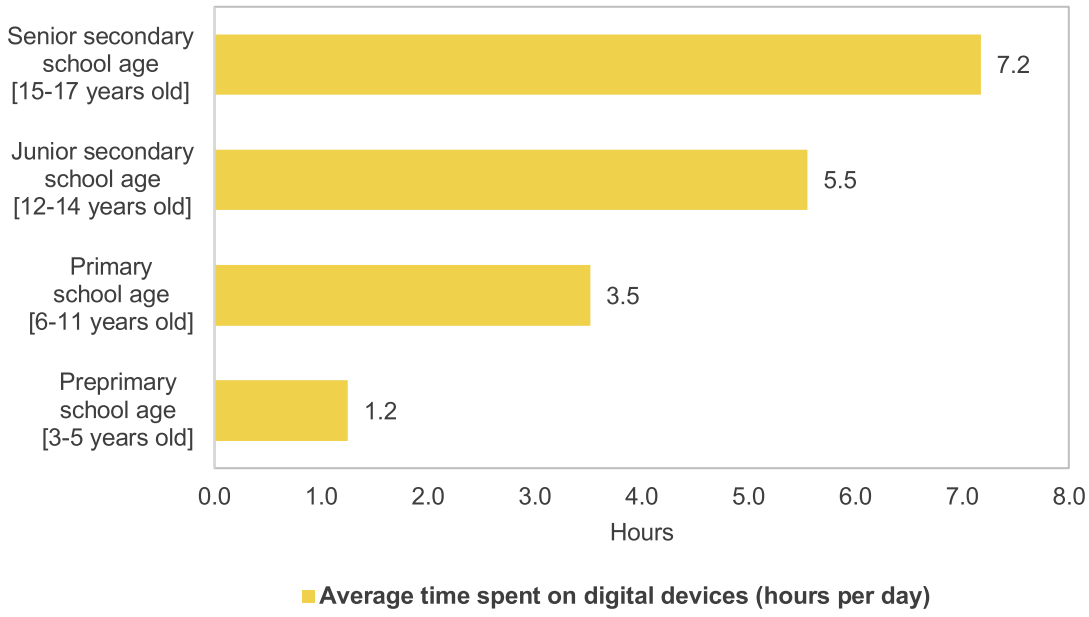
2. Online learning

Among all the children who attend primary education and above, 93.6% reported that online classes were organized. Of those children who indicated that online learning was organized, 98.5% reported that they could attend classes online at home. Only 10 children (1.6%) could not access online classes at home. The reasons provided include lack of internet or lack of stable internet, or lack of access to a computer, tablet or smartphone. Some of these children needed to go to their neighbours' home, a public space or their parents' workplace to take online classes. To support students who cannot afford devices to access online learning, two of the surveyed rural villages mentioned that they asked for donations of tablets to support students in need.

3. Time spent on digital devices

For all school-age children (i.e. 3-17 years old), the average time spent on digital devices such as smartphones, tablets, and laptops was 4.3 hours per day. As Figure 4.4.1 shows, the average time spent on digital devices per day increased with age, ranging from 1.2 hours for children aged 3-5 to 7.2 hours for children aged 15-17. Children over the age of 10 on average spent 5.7 hours on digital devices, which is 2.3 times that of children under the age of 10. For children over the age of 6, around 30% reported increased use of digital devices and internet during the COVID-19 outbreak. However, the questionnaire does not capture information on whether the increased use was for learning purposes or for leisure, limiting further analysis.

Figure 4.4.1. Average time spent on digital devices among children increased with age



TTESTs were conducted to check differences in the time spent on digital devices among children by variables including sex, ethnicity, urban or rural status, poor household status, and whether their village or community was affected by COVID-19. As Table 4.4.2 shows, children of Han ethnicity on average spent 2.25 more hours on digital devices compared with their ethnic minority peers. However, as current statistical analysis did not control for other factors that could also impact children's time spent on digital devices, thus no conclusion should be made at this point. Children from households in villages or communities affected by COVID-19 on average spent 1.9 more hours on digital devices. It is suspected that villages or communities with confirmed cases had stricter lockdown measures, therefore children were forced to spend more time at home, resulting in increased time spent on digital devices. It should be noted that children in rural villages spent 0.46 more hours on average than their urban peers on digital devices. Given that rural children were left unattended for longer periods (see TTEST result in Table 4.3.2), it is suspected that they have more time by themselves and may spend more time on digital devices.

Table 4.4.2 TTEST results on the average time (hours per day) children spent on digital devices

Grouping variable	Grouping variable=YES			Grouping variable=NO			
	Mean	SD	Obs.	Mean	SD	Obs.	*Difference*
Male	4.17	3.46	500	4.39	3.63	425	NS
Han majority	4.80	3.66	702	2.55	2.45	218	2.25***
Urban	4.06	3.56	500	4.52	3.51	426	0.46**
Poor household	3.99	3.49	231	4.36	3.55	695	NS
Village/community affected by COVID-19	5.97	3.52	75	4.11	3.50	851	1.85***

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Note: Obs.=Number of observations. SD=Standard Deviation. NS= Not Significant

88.7%[23] of the children who attended any type of school reported not missing any classes, including online classes. The commonly cited reasons for missing classes include unstable or slow internet connection, no access to mobile devices when parents were not at home, lack of adult supervision and oversleeping or forgetting the class schedule. Of all the children who attended school, 71.0% reported that they received books and learning materials since their school closure. Additionally, 73.5% reported that they received homework and tutoring materials from their school or teachers.

4.5 Psychological Impact on Children

During the school closure, 15.1% of children who were previously attending school reported experiencing negative psychological effects, including irritability, increased aggressive behaviours, concern over their own or their family's health, deterioration in sleep quality and anxiety due to the lockdown or their inability to play outside.

TTESTs were conducted to examine whether children with certain characteristics have a higher likelihood of experiencing negative psychological effects. As demonstrated by Table 4.5.1, children from villages or communities with confirmed cases, and boys were significantly more likely to exhibit psychological distress. No significant differences were found for other groups, including by ethnicity and by poverty status.

Table 4.5.1 TTEST results on the percentage of children experiencing negative psychological effects

Grouping variable	Grouping variable=YES			Grouping variable=NO			
	Mean	SD	Obs.	Mean	SD	Obs.	*Difference*
Male	0.18	0.38	510	0.12	0.33	430	0.05**
Han majority	0.16	0.36	713	0.12	0.33	222	NS
Poor household	0.15	0.36	237	0.15	0.36	704	NS
Village/community affected by COVID-19	0.31	0.46	75	0.14	0.34	866	0.17***
Urban	0.15	0.36	506	0.15	0.35	435	NS
Household with expected decrease in annual income	0.15	0.36	675	0.16	0.36	250	NS

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Note: Obs.=Number of observations. SD=Standard Deviation. NS= Not Significant

4.6 Child Discipline during COVID-19

The Survey also collected information on child discipline from households with children aged 1-14. One child was randomly selected if there were multiple children aged 1-14 in the household. The respondent was asked how they or caregivers in the family would discipline the child.

23 12% of children who attend any type of school did not answer the question on the number of times they were absent from class during the COVID-19 outbreak. Given the importance of the question and the high percentage of missing values, it is assumed that respondents may not know the answer of the question and thus left it blank. Missing values were treated as "do not know" and ignored in the analysis.

1. Attitudes of caregivers towards physical punishment

34.0% of respondents[24] agreed that "good education requires the use of physical punishment". TTESTs were conducted to see what family characteristics are associated with positive attitude towards physical punishment, including whether the household has persons with disabilities, whether the family has ethnic minority members, whether it is a poor household, whether their village or community had confirmed cases and whether their total annual household income was expected to decrease in 2020. The results are presented in Table 4.6.1. The findings seem to indicate that caregivers of disadvantaged families are more likely to agree with the use of physical punishment. It should be noted that the results presented here do not control covariates, thus should be interpreted with caution.

Table 4.6.1 TTEST results of the percentage of household respondents agreeing with the use of physical punishment

Grouping variable	Grouping variable=YES			Grouping variable=NO			
	Mean	SD	Obs.	Mean	SD	Obs.	*Difference*
Disabled household	0.48	0.51	31	0.33	0.47	575	0.15*
Ethnic household	0.39	0.49	160	0.32	0.47	446	0.07*
Poor household	0.43	0.50	143	0.31	0.46	463	0.12***
Household with expected decrease in annual income	0.36	0.48	433	0.28	0.45	161	0.08*

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Note: Obs.=Number of observations. SD=Standard Deviation. NS= Not Significant

2. Changes in attitudes towards child discipline before and after COVID-19

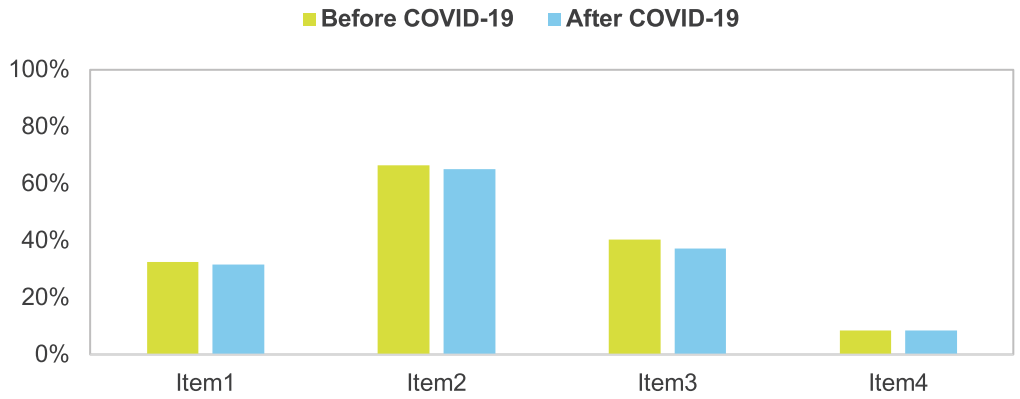
Respondents were further asked whether caregivers in the family took the following approaches in disciplining the child as described in the items listed below:

- Item 1 (non-violent): Took away privileges, forbade something the child liked;
- Item 2 (psychological): Shouted, yelled at or screamed at the child;
- Item 3 (physical): Spanked, hit or slapped the child;
- Item 4 (physical): Hit the child with something like a belt, hairbrush or other hard objects.

The respondents were asked the above 4 items for both before and after the COVID-19 outbreak. As shown in Figure 4.6.1, for all 4 items, the percentage of positive responses either dropped slightly or stayed the same during COVID-19 outbreak compared with before COVID-19.

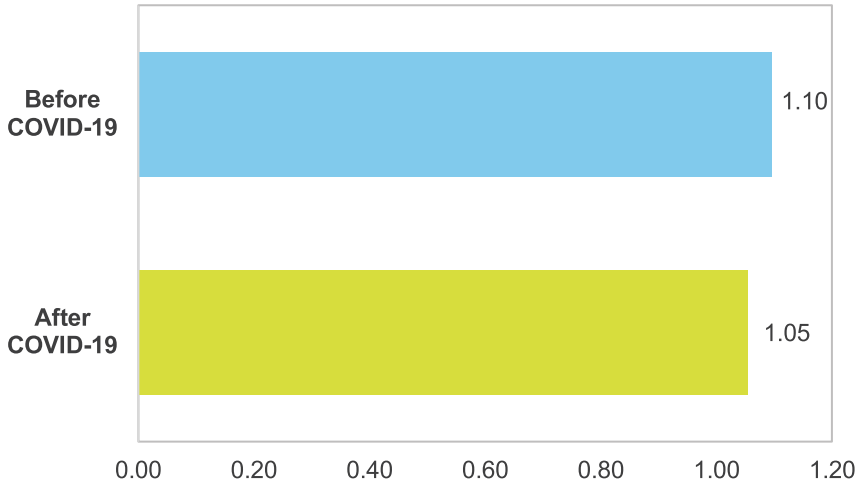
24 Among all 1,118 children aged 0-17 covered in the survey, 937 were aged 1-14 and they were in 638 households. During data analysis, it was found that some respondents answered this section even if no child aged 1-14 was present in the household member list (Section A of the household questionnaire). For accuracy, this data has been excluded from the analysis.

Figure 4.6.1. The percentage of caregivers who reported taking the discipline approach described in all 4 items did not change much before and after the COVID-19 outbreak



3 of the 4 items (item 2-4) involved the use of violence in child discipline. An index score on the use of violence was developed by summing up responses across the 3 items. The index score ranged from 0 to 3. As shown in Figure 4.6.2, the average index score saw a small drop from 1.10 to 1.05 during the COVID-19 outbreak.

Figure 4.6.2. There was a small drop in the index score for the use of violence in child discipline



TTESTs were conducted to identify what family characteristics were associated with taking violent approaches in disciplining the child during the COVID-19 outbreak. Tables 4.6.2a, 4.6.2b and 4.6.2c show the test results for items 2, 3, and 4, respectively. As TTEST results suggest, there's no significant difference between Han households and ethnic minority households in their use of item 3 and 4. We found significant differences in the use of item 2 as shown in Table 4.6.2a which indicates households with ethnic minority member(s) and households with decreased annual income due to COVID-19 were more likely to agree with the use of violence in child discipline. However, this analysis does not control for other factors such as parent's education level and cultural background which may also have impact on parents' attitudes and behavior in child discipline. Thus, the results here should be viewed with caution and the underlying reasons require further investigation. In general, there is no evidence showing that COVID-19 has increased caregiver's use of violence in child discipline

Table 4.6.2a TTEST results on the percentage of respondents reported using the approach described in item 2 (psychological) in child discipline

Grouping variable	Grouping variable=YES			Grouping variable=NO			
	Mean	SD	Obs.	Mean	SD	Obs.	*Difference*
Disabled household	0.65	0.49	31	0.65	0.48	576	NS
Ethnic household	0.80	0.40	160	0.60	0.49	447	0.20***
Poverty household	0.67	0.47	144	0.65	0.48	463	NS
Household with expected decrease in annual income	0.67	0.47	434	0.59	0.49	161	0.08*

* p < 0.10, ** p < 0.05, *** p < 0.01
Note: Obs.=Number of observations. SD=Standard Deviation. NS= Not Significant

Table 4.6.2b TTEST results on the percentage of respondents reported using the approach described in item 3 (physical) in child discipline

Grouping variable	Grouping variable=YES			Grouping variable=NO			
	Mean	**SD**	**Obs.**	**Mean**	**SD**	**Obs.**	*Difference*
Disabled household	0.48	0.51	31	0.37	0.48	576	NS
Ethnic household	0.40	0.49	160	0.36	0.48	447	NS
Poverty household	0.42	0.49	144	0.36	0.48	463	NS
Household with expected decrease in annual income	0.38	0.49	434	0.35	0.48	161	NS

* p < 0.10, ** p < 0.05, *** p < 0.01
Note: Obs.=Number of observations. SD=Standard Deviation. NS= Not Significant

Table 4.6.2c TTEST results on the percentage of respondents reported using the approach described in item 4 (physical) in child discipline

Grouping variable	Grouping variable=YES			Grouping variable=NO			
	Mean	**SD**	**Obs.**	**Mean**	**SD**	**Obs.**	*Difference*
Disabled household	0.13	0.34	31	0.08	0.27	576	NS
Ethnic household	0.09	0.29	160	0.08	0.27	447	NS
Poverty household	0.07	0.26	144	0.09	0.28	463	NS
Household with expected decrease in annual income	0.09	0.29	434	0.06	0.24	161	NS

* p < 0.10, ** p < 0.05, *** p < 0.01
Note: Obs.=Number of observations. SD=Standard Deviation. NS= Not Significant

4.7 Child Immunization During COVID-19

The Survey asked respondents whether their children's immunization was affected by COVID-19. For the 86 households with children under the age of 1, 40%[25] of respondents indicated that the immunization of their children was affected. The main reasons given included service inaccessibility due to lockdown, delays due to safety concerns and closures of hospitals or clinics.[26]

25 24.4% of the 86 households had missing values. The missing values were treated as "do not know" and ignored.

26 As per qualitative interviews the research team conducted with village/community, and health and education sectors at county level, after the travel restriction is lifted, these children have got their required vaccination afterwards.

5. Impact of COVID-19 on Health Services, Older People and Women of Reproductive Age

Building upon analysis of the pandemic's impact on income and employment, this chapter looks at access to social assistance programmes by different household types, to gain insight into how readily those programmes adjusted to the increased economic stress experienced by all households. While most of the five survey sites included in this analysis were relatively unaffected by the immediate health impact of the COVID-19 pandemic, disruption to their overall healthcare infrastructure caused by the virus' outbreak and the resulting lockdowns had extensive ramifications in terms of access to medical care and health services for individuals otherwise unaffected by the coronavirus. This chapter will also explore these ramifications, and the impact on broader health and social issues, including in relation to older people, sexual and reproductive health, psychological wellbeing and gender-based violence.

5.1 Access to Social Assistance Programmes

The survey results do not allow a clear determination of how the pandemic affected progression of households into or out of poverty in these five areas during this period, and our analysis must rely on indirect evidence. According to the survey, low-income families who are not registered in the Dibao program were most seriously affected by the pandemic. On one hand, these households were not qualified as 'low-income' to be eligible for policy support. On the other hand, they have been severely afflicted by financial hardships caused by work suspensions, as their original economic situation was still unfavourable. This pattern has been noted earlier in this report; those already registered as poor were targets of considerable support, while other vulnerable households often could not receive necessary cash assistance.

Figure 5.1.1 shows that officially recognized 'poor' households[27] had a much higher chance of receiving additional cash or material assistance for COVID-19 than non-poor households. About 43% of poor households received assistance, while this proportion (20%) is much lower among the non-poor. The difference is smaller between *Dibao/Wubao* and non-*Dibao/Wubao* households. More than 37% of *Dibao/Wubao* received assistance, 13% higher than non-*Dibao/Wubao* households (see Table 5.1.1).

27 Including qualified registered poor households, Dibao/Wubao households and qualified registered households in difficulty.

Figure 5.5.1. Percentage of households receiving assistance by poverty status

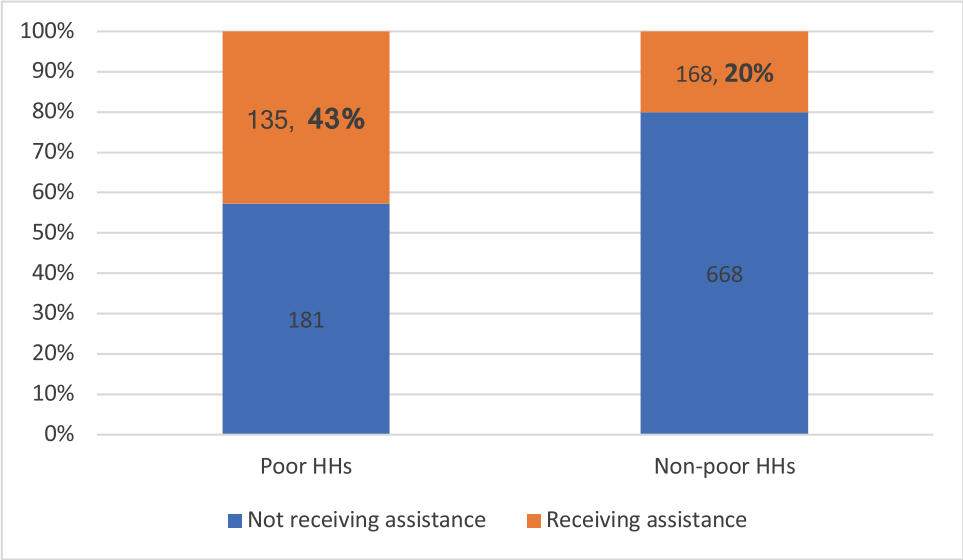
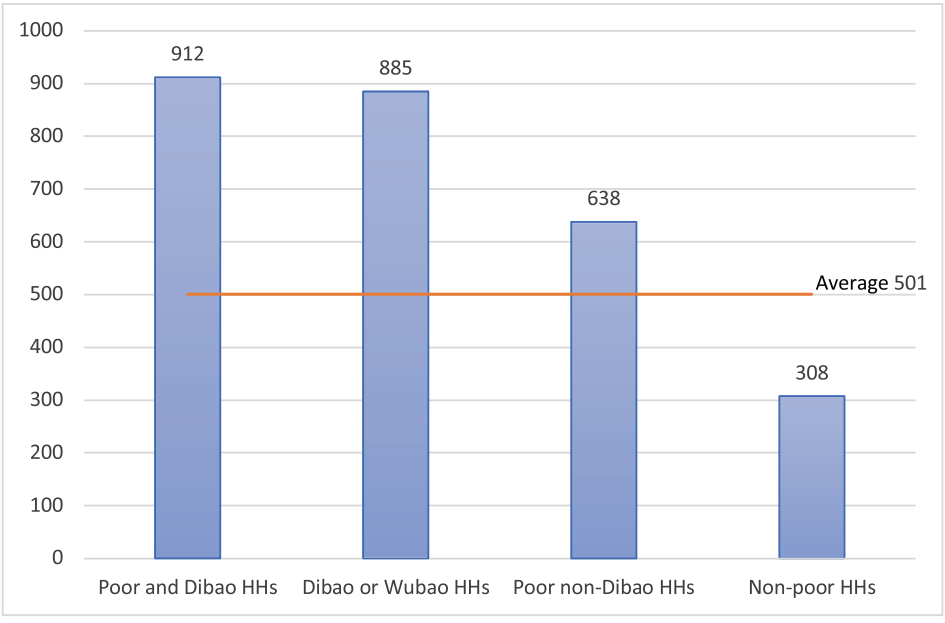


Table 5.1.1 Number of *Dibao/Wubao* and non-*Dibao/Wubao* households receiving assistance

Receive cash or material assistance	**Dibao & Wubao households**		
	Yes	No	Total
Yes	65 (37%)	236 (24%)	301
No	109	740	849
Total	174	976	1150

The benefit levels of COVID-19 assistance vary greatly among different types of households (see Figure 5.1.2). Families categorized as both *Dibao* and poor families or *Dibao/Wubao* families received the highest level of assistance (around 900 RMB), which is much more than the average (501 RMB) and more than non-poor families (308 RMB).

Figure 5.1.2. Amount of cash assistance or in-kind received by household type



As demonstrated from Table 5.1.2 and Table 5.1.3, people living in rural areas or with an agricultural *hukou* are more likely to get assistance. To some extent, this finding supports one of the cross-cutting conclusions in the report: that low-income families who are neither registered as poor nor recognized as *Dibao/Wubao* families, have been more affected by the pandemic, as they cannot enjoy policy benefits and need special attention.

Table 5.1.2 Number of households receiving assistance, by residence

Receive cash or material assistance	Residence		
	Rural	Urban	Total
Yes	242 (42%)	69 (12%)	311
No	331	531	862
Total	573	600	1173

Table 5.1.3 Number of households receiving assistance, by *hukou*

Receive cash or material assistance	*Hukou*				
	Agricultural	Non-agricultural	Resident	Other	Total
Yes	261 (33%)	21 (12%)	28 (15%)	0	310
No	532	148	181	1	862
Total	793	169	209	1	1172

Table 5.1.4 indicates that more than half of rural poor households and over one third of rural non-poor households received additional assistance for COVID-19, while this number is much lower among urban households.

Table 5.1.4 Number of HHs received assistance by poverty status and residence

Receive cash or material assistance	Households			
	Rural poor	Rural non-poor	Urban poor	Urban non-poor
Yes	121 (54%)	113 (34%)	14 (18%)	55 (12%)
No	105	223	76	445

5.2 Impact on Medical and Health Care

As described earlier, the direct impact of COVID-19 on health in these sites was limited. In the 15 rural villages surveyed, only one person was infected with COVID-19, and has already been cured. During the pandemic, all 15 villages undertook prevention measures, including road closure and village lockdowns. The measures were implemented on January 22 at the earliest, and lifted on March 27 at the latest. Among the 15 villages, 12 provided anti-pandemic supplies such as masks and medical alcohol, mainly for the village's pandemic prevention personnel on duty, though 5 villages have distributed pandemic prevention supplies to all villagers. These prevention materials, as well as funds, were principally provided by higher-level governments and were received by all 15 villages. Only 4 villages collected part of the materials and funds internally, while 6 received internal donations, and 4 received external donations.

In 12 of the 15 urban communities surveyed, there were no COVID-19 infections. However, 16 people in 3

communities in Zhangwan were infected, and all have since been cured. All 15 communities adopted measures to block roads and communities, beginning at the earliest on January 25, while lock-down ended on April 15 at the latest.

All 15 communities provided anti-pandemic supplies such as masks and medical alcohol to pandemic prevention personnel on duty. Among them, 4 communities provided anti-pandemic supplies to all residents.

92% of patients with chronic diseases reported that they were able to obtain drugs and treatments during the lockdown; 4.4% occasionally failed, and only 3.6% indicated that they had no access to medical services and medicines at all (see Table 5.2.2). There is no significant difference in this ratio between urban and rural families, poor and non-poor households, or between Han families and ethnic minority families during the pandemic. Patients with chronic diseases in families with PWD were more affected than other families, with 18.3% failing or occasionally failing to get medical treatment or drugs. For families without PWD, the figure is 6.8%.

Table 5.2.1 Access to medication and treatment for people with chronic conditions

	Yes	Sometimes	No	P Value for Chi-square test
Sample size	748	36	29	
Percentage%	92.0	4.4	3.6	
Regions				<0.001
Yilong	95.2	2.4	2.4	
Neixiang	91.8	3.8	4.4	
Zhangwan	89.8	8.0	2.2	
Chengbu	98.2	1.8	0.0	
Zhouqu	85.1	6.6	8.3	
Urban/Rural				0.51
Rural	92.6	3.7	3.7	
Urban	91.2	5.4	3.4	
Poverty status in 2020				0.24
Non-poor	92.0	5.0	3.0	
Poor	92.0	3.3	4.7	
Ethnicity				0.46
Han	91.5	4.9	3.6	
Ethnic minority	93.9	2.8	3.3	
Household type				<0.001
Households without PWD	93.3	4.0	2.8	
Households with PWD	81.6	8.0	10.3	

As shown in Table 5.2.2, 9% of patients with non-chronic diseases were not able to see a doctor or obtain medicines. Zhangwan District, where the lockdown was most stringent, had the highest proportion of such cases; 27.3%. The proportions in other survey sites were: 20% in Zhouqu, 7.4% in Yilong and none in Neixiang or Chengbu. This ratio is higher for patients from families with PWD members, at 21.4% compared with 7% in other families.

A number of respondents indicated that they were able to obtain treatment for acute medical conditions due to special government attention to such situations, although such access for non-acute problems was not available. They are listed in a separate column below.

Table 5.2.2 Access to medical care for patients with non-chronic conditions

	Yes	No	Only acute condition can	P value for Chi-square test
Sample size	88	9	3	
Percentage%	88	9	3	
Regions				0.027
Yilong	92.6	7.4	0.0	
Neixiang	95.7	0.0	4.3	
Zhangwan	72.7	27.3	0.0	
Chengbu	100.0	0.0	0.0	
Zhouqu	70.0	20.0	10.0	
Urban/Rural				0.73
Rural	85.7	10.7	3.6	
Urban	90.9	6.8	2.3	
Poverty status in 2020				0.57
Non-poor	88.7	9.7	1.6	
Poor	86.8	7.9	5.3	
Ethnicity				0.48
Han	86.1	10.1	3.8	
Ethnic minority	95.2	4.8	0.0	
Household type				0.12
Households without PWD	90.7	7.0	2.3	
Households with PWD	71.4	21.4	7.1	

The governments in surveyed sites reported on a number of programs to facilitate access to health care, which may have helped mitigate this problem, particularly for older people. Several village organizations reported that they arranged for medical staff in the village to help purchase and deliver medicines to older people's residences, along with transportation for those who needed to visit a medical facility. Facing the same problem, urban communities organized specialized volunteer groups to help the elderly buy medicine and food. For example, Zhangwan established a rapid response team to buy medicines for older people; while Neixiang took measures to encourage online drugs purchases, requesting neighbourhood committees provide assistance and encouraging neighbourhood watch.

None of the households in the survey has been infected with COVID-19. 79.3% of the households bought masks because of the pandemic. Urban households, and non-poor households, bought more masks than rural and poor households. The fact that the percentage buying masks was only 56.3% in Zhangwan, where the number of cases was higher than in any other surveyed area, is surprising. Households containing a PWD had a relatively low percentage of mask purchases (68.1%), another example of their relatively weaker access to health services.

Table 5.2.3 Whether households purchased facial masks due to Covid-19

	Yes	**No**	**P value for Chi-square test**
Sample size	934	244	
Percentage%	79.3	20.7	
Regions			<0.001
Yilong	86.9	13.1	

Neixiang	83.8	16.2	
Zhangwan	56.3	43.7	
Chengbu	88.1	11.9	
Zhouqu	79.8	20.2	
Urban/Rural			<0.001
Rural	71.5	28.5	
Urban	86.8	13.2	
Poverty status in 2020			<0.001
Non-poor	82.4	17.6	
Poor	70.8	29.2	
Ethnicity			0.009
Han	77.7	22.3	
Ethnic minority	85.4	14.6	
Household type			0.006
Households without PWD	80.2	19.8	
Households with PWD	68.1	31.9	

54.9% of households purchased medical alcohol or disinfectant during the pandemic. That proportion in rural communities is much lower than that in urban communities. These purchases among poor households, ethnic minority families and families with PWD are also relatively low. This may due to their lacking awareness of the pandemic and unfavorable economic condition, indicating more support are needed for vulnerable groups in this regard.

Table 5.2.4 Whether purchased disinfectant due to Covid-19

	Yes	No	P value for Chi-square test
Sample size	647	531	
Percentage%	54.9	45.1	
Regions			<0.001
Yilong, Sichuan	65.2	34.8	
Neixiang, Henan	52.6	47.4	
Zhangwan District, Hubei	46.4	53.6	
Chengbu, Hunan	49.6	50.4	
Zhouqu, Gansu	59.9	40.1	
Urban/Rural			<0.001
Rural	38.2	61.8	
Urban	71.0	29.0	
Poverty status in 2020			<0.001
Non-poor	61.2	38.8	
Poor	37.9	62.1	
Ethnicity			0.031
Han	56.5	43.5	
Ethnic minority	48.8	51.2	
Household type			0.009
Households without PWD	56.0	44.0	
Households with PWD	41.8	58.2	

5.3 Impact on Psychological Health

40% of respondents reported that since the outbreak, they often felt worried or nervous, unable to relax, sleep or calm down. The proportion was notably higher in Zhouqu, where 58.7% reported that they had suffered such effects, and in Zhangwan. The impact on psychological health for non-poor households is greater than on the poor. Residents in urban communities are more negatively affected than villagers, and Han families more so than ethnic minorities.

Table 5.3.1 Whether respondents feel worried and nervous since the pandemic

	Yes	No	P value for Chi-square test
Sample size	470	704	
Percentage%	40.0	60.0	
Regions			<0.001
Yilong	32.8	67.2	
Neixiang	32.6	67.4	
Zhangwan	47.5	52.5	
Chengbu	28.5	71.5	
Zhouqu	58.7	41.3	
Urban/Rural			0.001
Rural	35.4	64.6	
Urban	44.5	55.5	
Poverty status in 2020			<0.001
Non-poor	43.5	56.5	
Poor	30.7	69.3	
Ethnicity			0.002
Han	42.3	57.7	
Ethnic minority	31.3	68.8	
Household type			0.82
Households without PWD	40.1	59.9	
Households with PWD	38.9	61.1	

In addition, 30 people (2.6% of respondents) reported that they drank more alcohol than usual, and 67 people (5.7% of respondents) reported that they smoked more frequently during the COVID-19 outbreak.

Of all the surveyed areas, Zhangwan reported on the most measures to deal with psychological stress. They advised that the psychological counselling team of the local marriage and family conflict mediation organization actively work with the psychological counselling service centre in the district. They also published the contact information of 13 professional psychological counsellors on relevant websites and WeChat groups and conducted wide publicity, to provide assistance and emotional comfort for special groups in a timely manner. Zhangwan also jointly launched an online family conflict mediation class with the District Department of Education, disseminating related knowledge online and offline. This may reflect Zhangwan's greater degree of urbanization and comparatively sophisticated awareness of the importance of psychological wellbeing.

5.4 Impact on Older People

872 valid samples in this survey were men and women aged 60 years or older, accounting for 17.4% of the total population. Nearly one fifth encountered difficulties during the outbreak, including lack of daily care, financial support and companionship. Among them, nearly one fifth were unable to receive the help they needed. Viewed from different categories, older people in urban communities, women, those from ethnic minorities and those with higher ages had the most serious difficulties. In particular, those with higher ages not only face more challenges, but also experience difficulties in receiving help when in need. Only one third of rural and urban communities were able to provide the services needed by older people there.

The surveyed households included 872 older people with an average age of 69. Their share of the sample was highest in Yilong (29.5%) and lowest in Zhouqu (13.3%). 56.5% of the older respondents live in rural areas, while 26.4% of the older people in urban communities are migrants. 50.75% are men and 49.25% are women. 32.6% of older people in this sample come from poor families, while 67.4% live in non-poor families. In terms of age, older people aged 65 to 69 constitute the largest part, at 33.1%; while those aged 80 and above account for the least, namely 9.5%.

Table 5.4.1 Descriptive statistics on older persons

	Total number **872**	**Percentage（%）** **100**
Regions		
Yilong	257	29.5
Neixiang	190	21.8
Zhangwan	141	16.2
Chengbu	168	19.3
Zhouqu	116	13.3
Urban/Rural		
Rural	493	56.5
Urban	379	43.5
Urban status		
Local	279	73.6
Migrant	100	26.4
Poverty status in 2020		
Non-poor	588	67.4
Poor	284	32.6
Ethnicity		
Han	700	80.3
Ethnic minority	172	19.7
Gender		
Male	441	50.75
Female	428	49.25
Age group		
60-64	219	25.1
65-69	289	33.1
70-74	185	21.2
75-79	96	11.0
80 and above	83	9.5

Note： the definition of older people are men and women at and above 60 years old in this analysis

Before the COVID-19 pandemic, 672 of the 872 older people looked after themselves, while 194 were cared for by family members and only 6 were attended to by non-family members. Since the number of those taken care of by non-family members is so small, no significant statistical analysis of impact on them is possible, and they are excluded from the following table[28].

Table 5.4.2 Care provider for older people before and after the pandemic

	Care provider for older person before pandemic			**Whether care provider changed after pandemic**		
	Family member	Self	P value for Chi-square test	Yes	No	P value for Chi-square test
N	194	672		50	796	
%	22.4	77.6		5.9	94.1	
Regions			<0.001			<0.001
Yilong	23.4	76.6		0.8	99.2	
Neixiang	23.4	76.6		7.6	92.4	
Zhangwan	13.5	86.5		2.1	97.9	
Chengbu	18.6	81.4		6.0	94.0	
Zhouqu	35.1	64.9		19.3	80.7	
Urban/Rural			0.19			0.66
Rural	24.0	76.0		6.2	93.8	
Urban	20.3	79.7		5.5	94.5	
Urban status			0.37			0.38
Local	21.4	78.6		4.9	95.1	
Migrant	17.2	82.8		7.2	92.8	
Poverty Status			0.17			0.66
Non-poor	23.8	76.2		6.2	93.8	
Poor	19.6	80.4		5.4	94.6	
Ethnicity			0.79			0.73
Han	22.6	77.4		5.8	94.2	
Ethnic minority	21.6	78.4		6.5	93.5	
Gender			0.005			0.50
Male	18.5	81.5		5.4	94.6	
Female	26.4	73.6		6.5	93.5	
Age group			<0.001			0.18
60-64	14.2	85.8		3.7	96.3	
65-69	16.0	84.0		6.2	93.8	
70-74	15.8	84.2		9.3	90.7	
75-79	29.8	70.2		4.4	95.6	
80 and above	73.2	26.8		4.9	95.1	

Since the outbreak, 5.9% of respondents' care statuses changed (see Table 5.4.2). The major shift is from taking care of themselves, to being looked after by family members, possibly due to the fact that family members could not go out to work during the outbreak.

Overall, as shown in Table 5.4.3, among the 866 older people, 18.8% encountered problems during the pandemic, including daily care, financial support and companionship. Viewed from different regions, the proportion of

28 It should be noted that the removal of these six older persons who were attended to by non-family members may not present a complete picture of the impact of COVID-19 on caregiving for older persons.

older people experiencing difficulties all exceed 20% in Zhouqu, Zhangwan and Yilong. Older people from urban communities, poor households and Han families, along with older women, are more likely to face difficulties than others. The proportion of older people, especially the oldest old (aged 80 and above) who encounter difficulties is also significantly higher than other age groups. 37.8% of older women reported difficulties in daily life, markedly higher than the 27.4% of older men in this group.

Table 5.4.3 Difficulties encountered by older people during pandemic

	Whether encountered difficulties			Specify difficulties（%）			
	No	Yes	P value for Chi-square test	Daily care	Economic support	Companionship	Other Difficulties
N	703	163		54	54	48	41
%	81.2	18.8		33.1	33.1	29.5	25.2
Regions			0.003				
Yilong	78.3	21.7		21.8	50.9	20.0	25.5
Neixiang	87.9	12.1		56.5	30.4	8.7	13.0
Zhangwan	75.7	24.3		11.8	23.5	35.3	35.3
Chengbu	86.8	13.2		27.3	13.6	22.7	45.5
Zhouqu	75.0	25.0		65.5	27.6	62.1	6.9
Urban/Rural			0.084				
Rural	83.2	16.8		32.9	39.0	32.9	15.9
Urban	78.6	21.4		33.3	27.2	25.9	34.6
Urban status			0.66				
Local	79.1	20.9		31.0	34.5	25.9	32.8
Migrant	77.0	23.0		39.1	8.7	26.1	39.1
Poverty status in 2020			0.084				
Non-poor	82.8	17.2		35.6	27.7	31.7	26.7
Poor	77.9	22.1		29.0	41.9	25.8	22.6
Ethnicity			0.074				
Han	80.0	20.0		31.7	36.7	27.3	22.3
Ethnic minority	86.0	14.0		41.7	12.5	41.7	41.7
Gender			0.085				
Male	83.4	16.6		27.4	32.9	31.5	27.4
Female	78.8	21.2		37.8	33.3	27.8	23.3
Age group			0.047				
60-64	85.8	14.2		19.4	29.0	41.9	32.3
65-69	83.0	17.0		24.5	42.9	28.6	26.5
70-74	77.5	22.5		39.0	29.3	26.8	19.5
75-79	80.0	20.0		47.4	21.1	26.3	31.6
80 and above	72.3	27.7		47.8	34.8	21.7	17.4

Among the 163 older people who encountered difficulties, 54 or 33.1% of them faced challenges in their daily lives, such as cleaning, lifting heavy objects, going to the toilet, bathing, cooking, and dressing. Another 54 of them are in need of financial support. 18 said they need affective interaction, such as companionship and chatting with others, accounting for 29.5%; while 41 people, 25.2% of the total, have other difficulties (see Table 5.4.3).

Table 5.4.4 shows that among the 163 older people experiencing difficulties during COVID-19, 63.8% of them can get the help they need, 17.2% said they don't need help, while 19% cannot be aided when needed. Among the different

regions, Yilong has the highest proportion of older people who cannot receive timely help, at 34.5%, while the proportion of those in urban areas and those in poor households who cannot get help is also relatively high.

Table 5.4.4 Assistance for Older People

	Whether older person is able to access help				Whether villages provide help		
	Yes	No	No need	P value for Chi-square test	No	Yes	P value for Chi-square test
N	104	31	28		565	294	
%	63.8	19	17.2		65.8	34.2	
Regions				0.026			<0.001
Yilong	49.1	34.5	16.4		68.6	31.4	
Neixiang	73.9	17.4	8.7		72.3	27.7	
Zhangwan	70.6	5.9	23.5		24.5	75.5	
Chengbu	68.2	18.2	13.6		81.9	18.1	
Zhouqu	72.4	6.9	20.7		75.7	24.3	
Urban/Rural				0.010			<0.001
Rural	70.7	9.8	19.5		57.4	42.6	
Urban	56.8	28.4	14.8		76.7	23.3	
Urban status				0.38			0.42
Local	53.4	32.8	13.8		77.7	22.3	
Migrant	65.2	17.4	17.4		73.7	26.3	
Poverty status in 2020				0.030			<0.001
Non-poor	64.4	13.9	21.8		71.4	28.6	
Poor	62.9	27.4	9.7		54.1	45.9	
Ethnicity				0.35			0.010
Han	62.6	20.9	16.5		63.7	36.3	
Ethnic minority	70.8	8.3	20.8		74.1	25.9	
Gender				0.97			0.38
Male	64.4	19.2	16.4		64.4	35.6	
Female	63.3	18.9	17.8		67.2	32.8	
Age group				0.50			0.38
60-64	54.8	25.8	19.4		62.4	37.6	
65-69	57.1	24.5	18.4		69.9	30.1	
70-74	73.2	12.2	14.6		63.0	37.0	
75-79	57.9	15.8	26.3		67.7	32.3	
80 and above	78.3	13.0	8.7		63.9	36.1	

Around 34.2% of older people say their village and community has provided help for them (often by civil servants and community volunteers), and this number varies greatly by region. For example, 75.5% of communities and villages have provided help for older people in Zhangwan, while the proportion in other regions is significantly lower. Only 18.1% of communities and villages in Chengbu offered assistance to older people. In terms of rural and urban differences, 42.6% of rural villages provided assistance to older people, while the proportion for urban communities is only 23.3%.

5.5 Impact on Women of Reproductive Age

A total of 739 women of reproductive age (15-49 years of age, per standard international definition) were surveyed, accounting for 30.3% of the total female sample of 2,437. Among them, 718 have spouses, 4 are unmarried and 17 are divorced or widowed.

Table 5.5.1 shows that women of reproductive age in Zhouqu and Chengbu account for a relatively high proportion compared to other survey sites, both are 25.6%. Among all surveyed women, 22.3% are from poor families and 42% are from rural areas. 13.9 % are under 30 years old, 46% are 30-39 years old and 40.1% are 40-49 years old. As for education, 28.2% of women had received elementary school education and below. 35.2% have received junior high school education, 21.5% have a high school diploma, while 15.1% have been to college or received higher-level education.

Table 5.5.1 Descriptive statistics of women at reproductive Age

	Total number 739	**Percentage (%) 100**
Regions		
Yilong	111	15.0
Neixiang	117	15.8
Zhangwan	133	18.0
Chengbu	189	25.6
Zhouqu	189	25.6
Urban/Rural		
Rural	310	42.0
Urban	429	58.1
Urban status		
Local	274	63.9
Migrant	155	36.1
Poverty status in 2020		
Non-poor	574	77.7
Poor	165	22.3
Ethnicity		
Han	547	74.0
Ethnic minority	192	26.0
Age group		
30 and below	103	13.9
30~39	340	46.0
40~49	296	40.1
Education level		
Primary school or below	207	28.2
Junior middle school	259	35.2
High school	158	21.5
College or above	111	15.1

Among the women of reproductive age, 669 have answered regarding their contraceptive use. 36.2% of them did not take any contraceptive methods. Within the remaining 427 women who used contraceptives during

the outbreak, 30% had undergone sterilization earlier. Their means of contraception and frequency of use are presented in Table 5.5.2.

Table 5.5.2 Women's use of contraceptive methods

		Number	Percentage (%)
Whether use contraceptive methods (N=669)	Yes	427	63.8
	No	242	36.2
Contraceptive methods (Multiple choice, N=427)	Condom	145	34.0
	Sterilization	128	30.0
	Intrauterine device(IUD)	128	30.0
	Rhythm	31	7.3
	Pills	11	2.6
	Injection	2	0.5

As can be seen below, there is considerable variation between the five survey sites regarding contraceptive use, ranging from 47.2% in Yilong, to 79.4 % in Chengbu.

Table 5.5.3 Women's use of contraceptive methods by group

	No	Yes	P value for Chi-square test
Regions			<0.001
Yilong	52.8	47.2	
Neixiang	37.5	62.5	
Zhangwan	36.2	63.8	
Chengbu	20.6	79.4	
Zhouqu	41.6	58.4	
Urban/Rural			0.51
Rural	37.6	62.4	
Urban	35.1	64.9	
Urban status			0.41
Local	33.6	66.4	
Migrant	37.8	62.2	
Poverty status in 2020			0.84
Non-poor	36.4	63.6	
Poor	35.5	64.5	
Ethnicity			<0.001
Han	41.4	58.6	
Ethnic minority	20.9	79.1	
Age group			<0.001
30 and below	60.2	39.8	
30~39	32.5	67.5	
40~49	33.1	66.9	
Education level			0.064
Primary school or below	38.2	61.8	
Junior middle school	29.6	70.4	
High school	40.4	59.6	
College or above	42.0	58.0	

For women who did not use any contraceptive methods, 65.2% of the 178 valid samples responded "having no sex life" as their reason. 19.1% of them are either in pregnancy, lactation or have baby plans. Only three women (1.6%) answered that "contraceptives could not be obtained due to the impact of the pandemic." Therefore, it can be concluded that the impact of the outbreak on adoption of contraceptive measures among the surveyed households is rather limited.

Among the women of reproductive age interviewed, 58 were pregnant or in lactation since the outbreak, while 14 of them got pregnant during the pandemic. Among them, 7 had unwanted pregnancies, indicating that their contraceptive needs were not met. However, as there is no comparable pre-COVID-19 data, it is hard to draw conclusions regarding the impact of the pandemic on unintended pregnancies and further information and data are needed.

Among the 58 women who were pregnant or breastfeeding during the pandemic, 43 responded to a question regarding visits to medical institutions. 15 of them (34.9%) have been to medical institutions for prenatal care; 11 women (25.6%) went for childbirth; and 8 women (18.6%) went for postnatal care. Only one case was for an abortion. Additionally, 14 people (32.6%) did not visit any medical institution to obtain services during this time.

Table 5.5.4 Reasons for women in pregnancy or lactation visiting health facilities (Multiple Choice, N=43）

	Frequency	Percentage (%)
Antenatal care	15	34.9
Childbirth	11	25.6
Post-natal care	8	18.6
Abortion	1	2.3
No services received	14	32.6

When asked why they did not visit a medical institution, 10 women replied that they "could not go to the hospital because of lockdown during the COVID-19 pandemic," while one chose "lack of transportation." Five people cited "fear of getting infected with COVID-19 in the hospital," while no one chose "the service is too expensive" or "refused by the hospital because the health workers were busy fighting the pandemic." The impact of lockdown and fear of getting infected on maternal services use indicates the need for more accessible maternal services during health emergencies, along with strengthening preventable measures to reduce risks of hospital infection to ensure women and health workers are protected.

We note that nine of the 14 who did not visit an institution reported receiving online remote prenatal or postnatal health services, alleviating the lockdown's impact to some extent. 61.1% of the women of reproductive age interviewed wanted sexual and reproductive health information related to "menstrual hygiene, menopause care and safe delivery", demonstrating the great demand that exists for such resources.

Table 5.5.5 Health information want to receive during the epidemic（Multiple Choice，N=622）

	Frequency	Percentage (%)
Menstrual hygiene	190	30.6
Menopause care	132	21.2
Safe delivery	58	9.3

Safe abortion	32	5.1
Pregnancy	28	4.5
Family planning	24	3.9
STIs/HIV	6	1.0
No need	217	34.9

Table 5.5.6 shows that social media platforms such as WeChat, hospitals and community health centres, along with websites, are the three most important channels for obtaining information. Although non-contact online information is important during the pandemic, there are still a small number of women of reproductive age who can obtain sexual and reproductive health information from medical institutions. However, 52.2% of women of reproductive age still did not have access to sexual and reproductive health information and knowledge during the COVID-19 outbreak.

Table 5.5.6 Channels to receive sexual and reproductive health information（Multiple choice, N=658）

	Frequency	Percentage (%)
WeChat or other social media	137	20.8
Hospitals/community health centres	119	18.1
Website	116	17.6
Radio and TV	64	9.7
Family members	54	8.2
Friends	37	5.6
Doctor/ health care providers through phone calls	33	5.0
None	343	52.2

5.6 Domestic Violence Against Women During the COVID-19 Pandemic

The survey found that out of 726 responses, only 15 women (2.1% of total) reported that domestic violence or other abuses against women in their villages or communities increased during the pandemic. 594women (81.8%) stated that such incidents have not increased, while another 119 women (16.1%) said they don't know (see Table 5.6.1). In interviews, the local Women's Federation officials reported a small increase in requests for assistance with domestic violence-related incidents during the pandemic, but that such violence was rare. However, these findings should be interpreted with caution, as domestic violence is a very sensitive and private issue, which respondents may have been unwilling to discuss openly with the survey team. Other factors may also help explain the limited evidence in increased gender-based violence. For example, Women's Federations in Neixiang have carried out campaigns to raise awareness of protecting women's rights after the pandemic. In Zhangwan, a specialized hotline for women's rights protection and psychological counseling has been set up. Overall, it is hard to conclude that the small increase in gender-based violence was caused by COVID-19, further information and more representative data is needed to further investigate this issue.

Table 5.6.1 Gender-based Violence during COVID-19

		Frequency	Percentage (%)
Change in GBV incidence	Increase	15	2.1
	No change	594	81.8
	Don't know	117	16.1
	Total	726	100
Who to ask for help when learning about GBV（Multiple choice）	Police	370	53.0
	Community/village committee	334	47.9
	Women's federation	191	27.4
	Relatives and friends	161	23.1
	Court	59	8.5
	Endure	39	5.6
	Hotlines and social media	20	2.9
	Working unit	17	2.4
	Total	698	100

Regarding whom to seek help from when they suffer from domestic violence or other abuses, respondents were given multiple choices they could select, allowing various options for their preferred courses of action. Table 5.6.1 shows that 53% of respondents reported that they would turn to the police for help, while 47.9% choose to seek assistance from the community or neighbourhood committee. 27.4 % of women opt for requesting help from the Women's Federation, while 23.1% preferred asking relatives and friends for help. 8.54% of respondents choose to file an appeal in court, 5.6% will "endure it by themselves," while 2.9 % would turn to the hotline and social media. The remaining 2.4% would seek help from their workplaces.

6. Conclusions: Socioeconomic Impact of the COVID-19 Pandemic at County and Household Level

As noted in Chapter One, the non-representative nature of this survey's methodology means that caution is required in attempting to extrapolate from the findings and draw broad conclusions about the socioeconomic impact of COVID-19 on these and other areas. Nevertheless, the survey results provide information that can be a useful input into possible directions for further research, along with formulating policy and program responses.

COVID-19 has severely affected the economies of all five surveyed counties, with difficulties in enterprises resuming work, increased employment pressures and rising fiscal pressure.

While all types of business have been affected by COVID-19, the degree of impact varies between different industries. The tertiary industry was most affected, while the primary industry was least affected. However, the poultry raising industry and aquaculture industry also suffered serious after-effects from the outbreak.

Supply chain interruptions have created difficulties for enterprises in resuming work, as seen in operations below capacity, increased production costs, sales difficulties, employee shortages, capital turnover problems, insufficient orders and so on.

Employment pressures in poor counties have also increased. The secondary and tertiary industries absorb the most labor, but the development of the secondary industry in poverty-stricken areas is relatively backwards. The tertiary industry in those places has also suffered hugely from the pandemic. In particular, SMEs and self-employed enterprises that absorb the most labor have ceased business operations, therefore increasing the unemployed and underemployed population. However, it should also be noted that people who refuse to go outside their hometowns and have decided to look for job opportunities locally due to the outbreak are also included in these two categories.

The application of various tax reduction and exemption policies to support enterprises in work resumption and tide them over during the pandemic have reduced county fiscal revenues. Meanwhile, expenditures for pandemic prevention and supporting people's livelihoods have grown, resulting in a widening fiscal gap.

At the household level, COVID-19 has also caused considerable impact. Key findings include:

- Household incomes generally decreased, while health expenses and children's online learning expenditures increased for a small portion of households. Two thirds of surveyed households expect an average decrease of 32% in their total income in 2020. The impact is found to be closely related to the main source of household income. Households relying on self-employed business were hit hardest during the pandemic, followed by households supported by wage incomes. The least affected families are those relying on agricultural activities and transfer payments. Most households were able to manage their income losses without a major decline in living standards. Another main finding is that impact is minimal for registered poor households, Dibao households and Wubao households, thanks to the existing social protection system and favorable poverty

alleviation policy. Government has also increased benefits level to support these households.

- The working hours of all types of employed people were substantially reduced, with nearly half of surveyed wage workers experiencing wage losses during first half of 2020. The impact on working times and wage incomes is found to be greater for migrant workers, informal sector workers and workers in SMEs. Conversely, those in formal employment, public sector work and big companies felt relatively smaller effects, creating a further widening in economic wellbeing between these two segments of the labor force.

- 70% of those with self-employed activities had not yet recovered to normal levels of activity by the time of the survey. Uncertainty about future prospects was also widely expressed. 75.8% of self-employed business workers do not know about the government's special support policies, while only 11.8% have enjoyed special support and benefits. Most self-employed business workers hope to gain liquidity support from the government above all.

- The impact on smallholder farmers and their agricultural production was small, as the lockdown occurred before the spring agricultural season. Positive impacts were observed in some villages, as more labour became available for agricultural activities.

- A persistent pattern in survey findings was that considerable support was provided to officially qualified 'poor' households, i.e. those classified as 'poor' in an earlier census, or who are part of Wubao or Dibao programs, or identified as being in difficult conditions. However, the 'near-poor' were less likely to receive any social assistance and lack protection. Thus, a remaining challenge is to effectively expand the coverage of social protection system to cover informal workers and self-employed individual who are found to be most affected by the pandemic in the assessment.

COVID-19 has also had a strong social impact and also exposes areas which need improvement. However, as China's health, education and social protection systems are relatively mature, access to social services has not been severely disrupted. Some key findings in this regard are:

- A small percentage of children's mobility was affected by COVID-19, as demonstrated by their changes in primary residence in COVID-19. Notably, most of these children were from rural areas, and many could be migrant children. Some children who previously stayed outside their villages/communities or lived on school campuses were forced to stay in their hometowns in 2020. As a result, these children reunited with their previously absent parents, who were also forced to stay at home due to lockdown.

- During the COVID-19 outbreak, some children were without caregivers. Besides, among children under the age of 8 who attended school, 26.5% were left unattended for more than 1 hour during school closure. The amount of time that children were left unattended was significantly longer among those in rural and poor households.

- Most children who attend any type of school reported that classes had resumed at the time of the survey. The percentage of urban pre-primary schools that had resumed classes was significantly higher than those in rural areas.

- Majority (over 90%) of children who attend primary education and beyond reported that some online learning was organized, and majority of children reported that they were able to attend online classes from home. However, interviews with local authorities indicated considerable challenges in providing good quality online learning during the pandemic. Teachers in poor areas are not experienced in teaching online, and home environments do not always provide the necessary oversight and discipline to promote full participation.

- Children indicated they spent increased time on digital devices during the COVID-19 outbreak. However,

the data does not allow for differentiation between the use of digital devices for online learning and other recreational activities.

- As expected, children who lived in areas affected by COVID-19 spent significant more time on digital devices. At the same time, they were also more likely to experience negative psychological effects. There was no evidence of changes in caregivers' attitudes towards physical punishment and the use of violent approaches in child discipline before and after the COVID-19 outbreak.

- Some essential medical and health services were affected: 8% and 9% reported difficulties in accessing medicine and medical care for chronically ill persons and patients with non-chronic conditions respectively. 32% of pregnant and lactating women experienced disruptions in visiting health facilities, either due to the lockdown or fears of infection. The support of urban and rural community organizations, as well as online consultations, helped mitigate this problem to some extent.

- About one fifth of older people faced difficulties in obtaining necessary daily care, financial support and emotional companionship. Those living in urban communities, older women, those from Han families and the oldest old were most affected. While a third of the communities provided help to older people, 19% of the elderly that encountered difficulties still could not get the help they needed. Relatively speaking, older people from poor families received more help from urban and rural community organizations, while the proportion of older people receiving care in rural areas is also higher than in urban areas. The share of older women with unmet needs for assistance in their daily activities at home was markedly higher than for older men.

- During the pandemic, 63.8% of women in reproductive age has used contraceptive methods. However, still 50% of new pregnancies were unintended, indicating an unmet need for contraceptives. 70.5% of reproductive age women interviewed had a demand for sexual and reproductive health information, while more than half reported that this information was unavailable to them. For those who did access it, WeChat, medical institutions and the Internet are important channels to obtaining sexual and reproductive health information during the pandemic.

- There was a slight increase in domestic violence against women during the COVID-19 pandemic, however it is hard to conclude that this small increase is caused by the pandemic due to data limitation. Further representative data and information on the impact of COVID-19 on women in domestic violence needs to be collected and explored.

- In terms of the pandemic's impact on other vulnerable groups, households with PWD were more negatively affected than families without PWD. However, with special support from the government and the community, the gap is minimal.

- Pandemic also had an adverse impact on the psychological health of some urban and rural residents. Coupled with income loss and employment pressure, these factors could all potentially increase the risks of family conflicts.

Overall, this survey suggests that more efforts are needed to protect vulnerable groups in poverty-affected regions, to ensure their resilience in the post-COVID-19 future. In particular, lower income households who are not eligible for social assistance, children, women, the elderly and persons with disabilities need more readily available services and support that is tailored to their needs. This will be critical for China to realise its ambition of ending poverty, as well as achieving the SDGs – overcoming and preventing poverty, even during times of crisis – by ensuring a society that leaves no one behind, from the start.

7. Appendix

7.1 Survey Instrument

Questionnaire for Households

Province		1. Province Code	
County		2. County Code	
Township		3. Township Code	
Village/Community		4. Village/Community Code	
Name of the First Respondent		5. Code of the First Respondent	
First Respondent's Phone Number			
Name of the Second Respondent		6. Code of the Second Respondent	
Second Respondent's Phone Number			
7. Date of Survey	month/day/2020	8. Survey Start Time	
		9. Survey End Time	
Enumerator		10. Enumerator Code	

A. Basic Demographic Information about the Household

[Members of Household include: people who lived together all year round and shared income and expenditures from 2019 to 2020, including college students who needed financial support, excluding those separated from family/married/joined the army/fostered/helping to do work; If a household is registered with two heads of household, the one younger in age will be consider as the head of the Household in A02]

A00	Personal Code	1	2	3	4	5	6	7	8
A01 Gender	1 Male 2 Female								
A02 Relationship with the Head of Household	1 Head 2 Spouse 3 Child 4 Parent 5 Parent-In-Law 6 Grandparent 7 Other In-Laws 8 Grandchild 9 Sibling 10 Other								
A03 Ethnicity	1 Han 5 Other (specify)								
A04 Age	Years Old								
A05 Education	(See Codes for Educational Level)								
A06 Marital Status	1 Unmarried 2 Married 3 Divorced 4 Lost spouse								

A00		Personal Code	1	2	3	4	5	6	7	8
A07	Hukou Registration	1 Rural household 2 Non-rural household 3 Residential household 4 Other								
A08	Place of Registration	1 Local village/community 2 Other villages/communities in the local township 3 Other townships in the local county 4 Other counties in the local province 5 Other provinces								
A09	Driving License (Excluding the Motorcycle License)	1 Yes 2 No								
A10	Licenses for Other Skills	1 Yes 2 No								
A11	2019 Working Status	1 Farming 2 Work 3 Retired (Including rehired) 4 Student 5 Laid off 6 Unemployed								
A12	2020 Working Status	1 Farming 2 Work 3 Retired (Including rehired) 4 Student 5 Laid off 6 Unemployed								
A13	Major Health Care Insurance (Multiple-choice)	1 Basic Medical Insurance for Urban Employees 2 State-covered and planned health care 3 Basic Medical Insurance for Residents (Including insurance for the elderly and children) 4 New Rural Cooperative Medical Insurance 5 Other medical insurance (Including commercial medical insurance) 6 No health care of any kind								
A14	Health Condition (Multiple-choice)	1 Healthy→Skip to A19 2 Chronic disease that requires regular medication/treatment 3 Disabled →A19 4 Psychological/mental conditions → A19 5 Other (specify) →A19								
A15	…If you have a chronic disease that requires regular medication/ treatment, please list the name of the disease (Multiple-choice)	1 Diabetes 2 Hypertension 3 Cardio-Vascular Disease 4 Cancer 5 Epilepsy 6 Renal 7 HIV 8 Other								
A16	…If you have a chronic disease that requires regular medication/ treatment, have you been able to access medical services/medication during the epidemic?	1 Yes 2 Sometimes not→A18 3 No→A18								
A17	…If you have been able to, how did you do it?	1 Store Beforehand 2 Buy from a village clinic 3 Buy from a pharmacy 4 Buy from a hospital 5 Other (specify)								

A00		Personal Code	1	2	3	4	5	6	7	8
A18	…If unable/sometimes unable to access care, how did you handle your medical needs? (Multiple-choice)	1 Stop Using the medication 2 Borrow from relatives and/or friends 3 Using alternative medications								
A19	Were you in need of health services during the epidemic? (Excluding Chronic Diseases)	1 Yes 2 No								
A20	…If in need of health services, have you been able to go to the hospital to get treatment/medication?	1 Yes→Skip to A23 2 No 3 Only when the condition was serious→Skip to A23								
A21	…Why have you been unable?(Multiple-choice, list by importance)	1 Not enough money to pay for health care or transport to receive 2 No functioning health facilities in the area 3 Health facilities in the area overwhelmed 4 Not safe to travel to the health facilities; Fear of infection 5 Not given permission to exit the house 6 Other (specify)								
A22	…If unable to access care, how did you handle your medical needs? (Multiple-choice)	1 Do nothing 2 Seek service somewhere else 3 Online consultation 4 Self-diagnosis 5 Other (specify)								
A23	Have you used oline medical consultation during the epidemic?	1 Yes 2 No→Skip to the next respondent 3 N/A→kip to the next respondent								
A24	…If yes, specify	Describe in words								

Codes for Educational Level

0 No School	21 Grade One	31 Grade Seven	51 Technical Secondary School	61 Junior College
11 Kindergarten	22 Grade Two	32 Grade Eight	52 Vocational High School	62 Undergraduate
	23 Grade Three	33 Grade Nine	53 Technical School	63 Master
	24 Grade Four	41 Grade Ten		64 Doctor
	25 Grade Five	42 Grade Eleven		
	26 Grade Six	43 Grade Twelve		

B. Impact on Working Income and Employment

[Only for laborers who worked over ≥30 days in 2019 or 2020 or with a formal occupation, each member can fill in multiple columns]

Personal Code		(See Chart A) A00							
			_1 2019	_2 2020	_3 2019	_4 2020	_5 2019	_6 2020	_7 2019	_8 2020
B01	Working Status	1 Working →Skip to B04 2 Laid off 3 Unemployed →Skip to B03								
B02	…If unemployed, are you eligible for assistance with unemployment insurance?	1 Yes, and I have received assistance 2 Not sure, and I didn't apply/receive 3 No								
B03	…If laid off/ unemployed, what was the main reason?	Codes for Reasons, Multiple-choice (Skip to B22)								
B04	Place of Work	1 Local village/community 2 Other villages/ communities in the local township 3 Other townships in the local county 4 Other counties in the local province 5 Other provinces								
B05	…If you work in another province, fill in the province code	(Codes for Provinces)								
B06	Occupation	(Codes for Occupations)								
B07	Industry	(Codes for Industries)								
B08	Type of Ownership	(Codes for Ownership)								
B09	Scale of Working Unit/Number of Colleagues	1. 1-10 2. 10-100 3. 100-300 4. ≥300 99. I don't know								
B10	Was a contract signed?	1 Yes 2 No 99 I don't know								
B11	What insurance did your working unit/ employer pay for? (Multiple-choice)	1 Medical Insurance 2 Pension 3 Unemployment Insurance 4 Injury Insurance 5 Maternity Insurance 6 Public Reserve Fund 7 None of the Above								
B12	Working time in the whole year of 2019 / from January to May 2020	(months)								

Personal Code		(See Chart A) A00	_1 2019	_2 2020	_3 2019	_4 2020	_5 2019	_6 2020	_7 2019	_8 2020
B13	Wages for the whole year of 2019 /from January to May 2020	(Including wages paid in goods) (yuan)								
B14	Any changes to your wages from January to May 2020?	1 Increase →Skip to B16 2 No changes→Skip to B17 3 Reduction								
B15	…If reduced, by how much?	yuan								
B16	…If increased, by how much?	yuan								
B17	How much wages does your working unit owe you for the year? (Write 0 if not owing)	yuan								
B18	…If your working unit owes you money, have you received all outstanding wages now?	1 I have received all of them 2 I have received part of them 3 I have not received any								
B19	What is the expected change in your wages in June 2020 and thereafter?	1 Increase →Skip to B21 2 Staying the same→Skip to B22 3 Reduction								
B20	…If reduced, by how much will your estimated monthly wages decrease?	Yuan								
B21	…If increased, by how much will your estimated monthly wages increase?	Yuan								
B22	Are you a returnee? (Away in 2019, now back in hometown)	1 Yes 2 No→ End, skip to the next respondent								
B23	…What made you return?	Codes for Reasons, (Multiple-choice)								
B24	…If you are a returnee, what are you doing now? (Including returnees from towns)	1 Working locally →skip to the next respondent 2 Doing non-farming work→skip to the next respondent 3 Farming→skip to the next respondent 4 Nothing 5 Other (specify) →skip to the next respondent								

Personal Code		(See Chart A) A00	_1 2019	_2 2020	_3 2019	_4 2020	_5 2019	_6 2020	_7 2019	_8 2020
B25	…If you have nothing to do, do you want to work?	1 Yes 2 No→Skip to B27								
B26	…If you do, what are the difficulties?	1 No 2 Lack of skills 3 No hiring businesses 4 Family to attend to 5 Physical Conditions 6 Haven't tried yet, so I don't know 7 Other (specify)								
B27	…If not, what is the reason?	Describe in words								

Codes for Provinces

11 Beijing 12 Tianjin 13 Hebei 14 Shanxi 15 Inner Mongolia 21 Liaoning 22 Jilin 23 Heilongjiang 31 Shanghai 32 Jiangsu 33 Zhejiang 34 Anhui 35 Fujian 36 Jiangxi 37 Shandong 41 Henan 42 Hubei 43 Hunan 44 Guangdong 45 Guangxi 46 Hainan 50 Chongqing 51 Sichuan 52 Guizhou 53 Yunnan 54 Tibet 61 Shaanxi 62 Gansu 63 Qinghai 64 Ningxia 65 Xinjiang

Codes for Reasons

1 Physical conditions 2 A lot to do at home 3 Marriage 4 Maternity 5 Caring for children
6 Caring for the sick and elderly 7 Building a home 8 Lack of skills 9 Lack of information
10 Original working unit closed/went bankrupt 11 Original working unit cut jobs
12 Original working unit lowered wages/Low wages expected
13 Original working unit didn't provide protection/enough protection against the epidemic
14 Failed to travel due to the COVID-19 epidemic/transportation limits 15 Other (Specify)

C. Impact on Self-employed Businesses (With Family Members Directly Involved)

			Activity1	Activity2
C01	What were your self-employed activities in 2019?	Describe in words, e.g. running a restaurant, running a stall, etc.		
C02	Place of your self-employed activities in 2019	1 Local village/community 2 Other villages/communities in the local township 3 Other townships in the local county 4 Other counties in the local province 5 Other provinces		

			Activity1		Activity2	
C03	Family members in your self-employed activities in 2019	Codes for Family Members (can be more than one person)				
C04	Number of non-family member employees in 2019	people				
C05	What are your self-employed activities in 2020?	1 Same as 2019 2 Describe in words, e.g. running a restaurant, running a stall, etc.				
C06	Place of your self-employed activities in 2020	1 Local village/community 2 Other villages/communities in the local township 3 Other townships in the local county 4 Other counties in the local province 5 Other provinces				
C07	Which year did your self-employed activities first start?	Year				
C08	Family members currently involved	Codes for Family Members (can be more than one person)				
C09	Current number of non-family member employees	people (Write 0 if there isn't any and skip to C12)				
C10	…If you employed non-family member employees, how did their wages change compared to before the epidemic?	1 Increased→ skip to C12 2 Stayed the Same→ skip to C12 3 Reduced				
C11	…If reduced, by how much for each employee per month?	yuan				
C12	Is there a loan/debt currently in the business? (Including private loans for business operations)	1 Yes 2 No→ skip to C16				
			1Yes 2No	%/month	1Yes 2No	%/month
C13	…If there is, what are the borrowing channels (multiple-choice)? What are the monthly interest rates? (%)	1 Banks (Including agricultural banks, rural credit cooperatives, village banks, etc.)				
		2 Online loans (e.g. "Jingdong Baitiao", "Jiebei""Huabei",etc.)				
		3 Cooperative organizations like mutual fund cooperatives				
		4 Relatives and/or friends				
		5 Usurers				
		6 Other (Specify)				
C14	…If there is, can you repay on time?	1 Yes 2 Yes, but there is no time limit (for private loans) 3 No				

			Activity1	Activity2
C15	If you cannot repay on time, what is the reason? (Multiple-choice)	1 Closed because of the epidemic 2 Went out of business due to the epidemic 3 Bad market (due to the epidemic) 4 Bad market (unrelated to the epidemic) 5 Poor management (unrelated to the epidemic) 6 Interest rates were too high 7 Other (Specify)		
C16	Was your business forced to close or prolong its closure due to the epidemic?	1 Yes 2 No → skip to C22		
C17	…If it was, for how long?	month/day		
C18	…If it was, how much was lost each month during the closure?	yuan		
C19	…When was it reopened?	month/day		
C20	…Did the reopening require government approval?	1Yes 2No		
C21	…If it did, did the following problems occur in government approval? (Multiple-choice)	1 Approval process was unclear 2 Too difficult to get approval 3 Approval process took too long 4 None of the above		
C22	Since opening this year, how has the turnover and gross income of your self-employed activities been affected?	1 There has been no turnover 2 Turnover has decreased 3 There has been no change → skip to C25 4 Turnover has increased → skip to C25		
C23	…If there was no income/ income was reduced, how big was the reduction?	yuan		
C24	…If income decreased, what were the reasons? (Multiple-choice, list by importance)	1 Failed to provide enough products or services 2 Sales went down due to bad market 3 Price of products or services dropped 4 Costs went up 5 Other (specify)		
C25	How is the current turnover and gross income compared to before the epidemic?	1 Better than before→ skip to C30 2 Stayed the same→ skip to C30 3 Worse than before		
C26	…If turnover went down, by how much each month?	yuan		
C27	…If turnover went down, do you believe it can be restored to the original level?	1 Yes 2 No→ skip to C29 3 Not sure→ skip to C29		
C28	…If it can, when will it be restored to the original level?	month		

			Activity1	Activity2
C29	…If not/you are not sure, what is the reason?	Describe in words		
C30	Which of the following costs have increased or decreased?		1 Increased 2 Same 3 Reduced	
		1 Raw material		
		2 Labor		
		3 Rent		
		4 Logistics		
		5 Tax and other fees		
		6 Other (Specify)		
C31	In general, how did operating costs change?	1 Increased 2 Stayed the Same → skip to C33 3 Reduced → skip to C33		
C32	…If increased, by how much each month?	Yuan		
C33	In general, apart from forced closure, what are the main impacts of the epidemic? (Multiple-choice, list by importance)	1 Failed to provide enough products or services 2 Sales went down due to bad market 3 Price of products or services dropped 4 Raw material costs went up 5 Labor costs went up 6 Other (specify)		
C34	Are you aware of the production-and-operation-support policies issued by the government in response to the epidemic?	1 Yes 2 No		
C35	Did you get special policy support from the government?	1 Yes 2 I'am applying for it → skip to C37 3 No → skip to C37		
C36	…If you did, what are they? (Multiple-choice)	1 New financial credit with preferential terms 2 Deferment of repayment of existing loans 3 Exemption from existing loans 4 Deferment of tax payment 5 Deferment of social security fund payment 6 Tax cancelation/refund 7 Social security fund cancelation/refund 8 Work recovery subsidies 9 Union membership dues cancelation/refund 10 Other (specify)		

			Activity1	Activity2
C37	What kind of support do you want from the government or elsewhere? (Select 3 items and list by importance)	1 Low-Interest Loans 2 Deferment of the payment of principal and interest for existing deals, etc. 3 Tax exemption 4 Financial subsidies for employment and training 5 Other (specify)		

C38 If you family has other business activities in which you are not directly involved (such as investing in relatives' and friends' stores, etc.), please explain in words and briefly describe the impact of the epidemic on those business activities.

D. Impact on Agricultural Production

D01	How many mu of contracted land does your household own?	(mu)	
D02	Did your household engage in any agricultural activities before the epidemic? (Multiple-choice, list by importance)	1 Growing food crops 2 Growing vegetables 3 Growing fruits 4 Growing flowers 5 Forestry 6 Herding and Aquaculture 7 Fishery 8 Other 9 No → skip to the next part	
D03	So far, how many mu of land have your household used for such activities?	mu	
D04	Who carries out these activities?	Fill in Codes for Family Members	
D05	In 2019, how much are the agricultural, forestry, herding and fishery products produced by your household worth? (Both the sold and unsold products are included)	Yuan	
D06	Do you expect the epidemic to reduce your farming production?	1 Yes 2 No → Skip to D09	
D07	…If yes, by how much? (Sown area/feeding numbers, etc.)	%	
D08	…If yes, what was the reason? (Multiple-choice, list by importance)	1 Lost time for preparation 2 Lack of cash to purchase needed inputs 3 Lack of physical supply of needed inputs 4 Bad sales is expected 5 Other (specify)	
D09	How do you expect the worth of the agricultural, forestry, herding and fishery products your household produced to change in 2020? (Both the sold and unsold products are included)	1 Increase → skip to D11 2 Stay the same → skip to D11 3 Reduce	
D10	…If you expect it to reduce, by how much?	%	
D11	What kind of support do you want for the sales of farm products? (Multiple-choice, list by importance)	1 More loans 2 More technical support 3 More sales support 4 More support in means of production 5 Other supports (specify) 6 I don't need any	

D12	Are the agricultural, forestry, herding and fishery products your household produced up for external sales?	1 Yes 2 No, we keep them for ourselves (skip to the next part)	
D13	Compared with the same period in 2019, what changes have occurred in farm product sales during the epidemic?	1 Increase 2 No changes occurred → skip to D16 3 Reduction → skip to D15	
D14	…If there was an increase, what was the reason?	Describe in words	
D15	…If there was a reduction, what was the reason?	Describe in words	
D16	Compared with the same period in 2019, what changes have occurred in farm product turnover during the epidemic?	1 Increase 2 No changes occurred 3 Reduction	
D17	…If there was an increase, what was the reason?	Describe in words	
D18	…If there was a reduction, what was the reason?	Describe in words	
D19	Have you sold farm products through e-commerce in 2019?	1 Yes 2 No → skip to D21	
D20	…If you have, what was the yearly turnover?	yuan	
D21	Have you sold farm products through e-commerce since the outbreak of the epidemic?	1 Yes 2 No → skip to the next part	
D22	…If you have, what was the turnover since the outbreak of the epidemic?	yuan	
D23	…If you have, since the outbreak of the epidemic, how has the turnover changed compared with the same period last year or with usual?	1 Increased 2 Stayed the same → skip to the next part 3 Reduced → skip to D25	
D24	…If it increased, by how much?	%	
D25	…If it reduced, by how much?	%	

E. Household Income and Expenditure

				2019	2020
E01	What is your household's main source of income? (Multiple-choice, list by importance)	1 Wages	Primary		
		2 Non-agricultural business activities	Secondary		
		3 Farming	Tertiary		
		4 Transfer payment (Including pension)	Quaternary		
		5 Assets (Including rents and investments)	Quinary		
		6 Other (specify)	Senary		

E02	Did you receive cash or in-kind aid subsidies from the government because of the epidemic? (Multiple-choice)	1 I received cash 2 I received in-kind subsidies 3 No → skip to E05	
E03	…If you did, how much are the aid subsidies worth? (Including cash and in-kind subsidies)	yuan	
E04	…If you did, in what forms are they? (Use official terms as much as possible, and abbreviate uniformly)	Describe in words (Price subsidies and temporary relief can be included)	
E05	How do you estimate the total income of your household this year?	1 Increased → skip to the next part 2 Stayed the same → skip to the next part 3 Reduced	

E06	…If reduced, by how much?	%	
E07	…How much less was made in January 2020? (compared with the case unaffected by the epidemic)	yuan	
E08	…How much less was made in February 2020? (compared with the case unaffected by the epidemic)	yuan	
E09	…How much less was made in March 2020? (compared with the case unaffected by the epidemic)	yuan	
E10	…How much less was made in April 2020? (compared with the case unaffected by the epidemic)	yuan	
E11	…How much less was made in May 2020? (compared with the case unaffected by the epidemic)	yuan	
E12	…If the income was reduced, how did you manage the loss of income? (Multiple-choice, list by importance)	1 Used our own savings 2 Borrowed money from relatives/friends 3 Borrowed from a bank or credit cooperative 4 Borrowed money from informal moneylenders 5 Sold household assets 6 Sold productive assets 7 Reduced spending on food 8 Reduced spending on medicine/health care 9 Reduced spending on other goods	

Household Expenditure (preferably answered by the member responsible for household purchases)

E13	Since the epidemic, what kinds of food were consumed more in your household? Describe in words, including all kinds of vegetables, fruits, meat, staple food, etc..	
E14	Since the epidemic, what kinds of food were consumed less in your household? Describe in words, including all kinds of vegetables, fruits, meat, staple food, etc..	
E15	Since the epidemic, what kinds of food underwent a price increase? Describe in words, including all kinds of vegetables, fruits, meat, staple food, etc..	
E16	Since the epidemic, what kinds of daily necessities or services underwent a price increase, except for food? Describe in words.	

E17	Since the epidemic, how much did you spend on network installation due to your children's need for online learning?	yuan	
E18	Since the epidemic, how much did you spend on mobile phone data due to your children's need for online learning?	yuan	
E19	Since the epidemic, how much did you spend on playing devices due to your children's need for online learning? (Including mobile phones and computers)	yuan	
E20	Has your family's medical and health expenditure increased because of the epidemic?	1 Yes 2 No → skip to E23	
E21	…If it has, by how much?	yuan	
E22	…If it has, in what?	Describe in words	

E23	Compared with 2019, how do you expect your household net income to change in 2020?	1 Increase → skip to the next part 2 Stay the same → skip to the next part 3 Reduce	
E24	…If it reduces, how much is expected to be reduced?	yuan	

F. Other Family Economic Conditions

			2019	2020
			_1	_2
F01	Are you a registered poverty-stricken household?	1 Yes 2 No		
F02	Are you a household living on "*dibao*"?	1 Yes 2 No		
F03	Are you a household living on "*wubao*"?	1 Yes 2 No		
F04	Are you a household registered with a strained worker?	1 Yes 2 No		
F05	How is your economic condition compared with other households in the village/community? Rate by choosing one of the five options.	1 Very well-off 2 Well-off 3 Average 4 Below average 5 Poor		

G. Child Education (Minors under 18 and school students above 18, including university students, in Chart A)

Personal Code		(See Chart A) A00				
			_1	_2	_3	_4
G01	Main place of residence in 2019	1 Local village/community 2 Other villages/communities in the local township 3 Other townships in the local county 4 Other counties in the local province 5 Other provinces				
G02	Did the children live in their schools in 2019?	1 Yes 2 No				
G03	Who was the primary caretaker in 2019?	1 Father 2 Mother 3 Grandparents 4 Elder siblings 5 Themselves 6 Other (specify)				
G04	Did the children celebrate Spring Festival at home in 2020?	1 Yes 2 No				
G05	Main place of residence in 2020	1 Local village/community 2 Other villages/communities in the local township 3 Other townships in the local county 4 Other counties in the local province 5 Other provinces				
G06	Do the children live in their schools in 2020?	1 Yes 2 No				

Personal Code		(See Chart A) A00				
			_1	_2	_3	_4
G07	Who was the primary caretaker during the epidemic?	1 Father 2 Mother 3 Grandparents 4 Elder siblings 5 Themselves 6 Other (specify)				
G08	Since the epidemic, did the mother spend more time than previously playing with the children?	1 Yes 2 No 3 N/A				
G09	Did the company during the epidemic affect the mother's employment/work?	1 No 2 Moderately 3 Considerably				
G10	Since the epidemic, did the father spend more time than previously playing with the children?	1 Yes 2 No 3 N/A				
G11	Did the company during the epidemic affect the father's employment/work?	1 No 2 Moderately 3 Considerably				
G12	Which level of education is the child receiving?	1 No school → skip to the next person 2 Kindergarten 3 Primary school 4 Junior high school 5 Senior high school/ Vocational high school/Technical secondary school 6 Junior college, undergraduate and above				
G13	Have schools reopened now?	1 Yes 2 No → skip to G15				
G14	…If yes, when did it start?	month/day				
G15	…If not, when do you expect schools to reopen?	month/day（Fill in 999 if you are not sure）				
G16	During the school closure, how many hours are the children left unattended each day?	hours				
G17	When unattended, what did the children do? (List the top 4 items by time spent)	1 Watch television 2 Play video games, using the mobile phone 3 Play outdoors with friends 4 Go window-shopping 5 Self-study/review course content 6 Read extracurricularly 7 Do housework 8 Participate in family productive labor 9 Work 10 Other (specify)				
G18	During the epidemic, how many hours did the children spend on mobile phones, tablets, and computers every day?	hours				
G19	Since the epidemic, are the children more addicted to network products such as mobile phones and video games?	1 Yes 2 No				

Personal Code		(See Chart A) A00				
			_1	_2	_3	_4
G20	During the school closure, did the child have any psychological fluctuations?	1 No 2 Became Irritable, and more aggressive 3 Worried about the health of himself/herself or the family 4 Sleep quality was damaged 5 Other (specify)				
G21	During the school closure, did the school provide online lessons?	1 Yes 2 No → skip to G25				
G22	…If it did, were the children able to take lessons at home through the Internet/online platform?	1 Yes 2 No				
G23	…If the children couldn't take online lessons at home, what were the reasons? (Multiple-choice)	1 No Internet access/poor connection 2 No computers, tablets or smartphones at home 3 No learning materials such as books 4 Lack of learning conditions 5 Need to help prepare food and work at home 6 Lack of guidance and monitoring 7 The school did not provide a reliable network/online learning platform 8 Other (specify)				
G24	…If the children couldn't take online lessons at home, how did they manage to do it?	1 Went to neighbor's home 2 Went to a public place (specify the place, such as village committee/village department, library, etc.) 3 Did not take lessons 4 Other (specify)				
G25	Total number of sessions when the children were absent during the epidemic (Including online lessons)	1 None 2 1-4 3 5-10 4 Above 10				
G26	Reason for absence ?	Describe in words				
G27	Since the beginning of the school closure, did the children have access to books and other educational material?	1 Yes 2 No → skip to G29				
G28	…If they did, how?	1 Went out to get them 2 Mail 3 On the Internet 4 Other (specify)				
G29	Since the beginning of the school closure, did the children receive any homework/ material/ guidance from the school/teachers?	1 Yes 2 No → skip to G31				
G30	…If they did, how?	1 Went out to get them 2 Mail 3 On the Internet 4 Other (specify)				
G31	Since the beginning of the school closure, children have been eating at home. Compared with school meals, which is more nutritious?	1 Food at home 2 School meals				

Personal Code	(See Chart A) A00				
		_1	_2	_3	_4
G32 Since the beginning of the school closure, which aspects do you think are challenges or difficulties for your children?	Describe in words				

H. Child Discipline

(Parents of children aged between 1 and 14 should answer. If there is more than one child aged between 1 and 14 in the household, the investigator should randomly select a child and record the name and personal code of the selected child. (Name: _____ Personal Code: _____)

(Now I want to talk to you about another topic: Adults educate children in different ways, telling them which behavior is right or how to correct wrong behavior. I will read out a few educational methods and hope you can tell me whether you or your family have used any of the following methods in education (child's name) prior to the epidemic and after the start of the school closure/the outbreak of the epidemic.)

H01	Do you agree that in order to bring up, raise, or educate a child properly, the child needs to be subject to physical punishment?	1 Yes 2 No 3 I don't know/No comment	

		Prior to the epidemic	After the outbreak/the start of the school closure
		1 Yes 2 No	1 Yes 2 No
H02	Took away something he or she likes, forbid him or her from doing what he or she likes		
H03	Shouted/yelled at him or her		
H04	Hit him or her with bare hand		
H05	Hit him or her with a belt, hair brush or other hard objects		

J. Elderly (Males 60 years and older, females 55 years and older)

Personal Code		(See Chart A) A00				
			_1	_2	_3	_4
J01	Who was the primary caretaker of the elderly prior to the epidemic?	1 Family member 2 Non-family member 3 Themselves → skip to J03				
J02	…If it was a family member, fill in the code for the family member	Codes for family members				

Personal Code		(See Chart A) A00				
			_1	_2	_3	_4
J03	Has the primary caretaker changed since the epidemic?	1 Yes 2 No → skip to J06				
J04	…If yes, who is primary caregiver now?	1 Family member 2 Non-family member				
J05	…If it is a family member, fill in the code for the family member	Codes for family members				
J06	Does the older person normally live with his or her children?	1 Yes → skip to J08 2 No				
J07	…If not, where are the children now?	1 Elsewhere in the county/district 2 Other counties/districts 3 Abroad 4 Unkown				
J08	What was the biggest difficulty experienced by the older person during the epidemic? (Multiple-choice)	1 Daily life (cleaning, lifting heavy items, toilet, bathing, cooking, dressing, etc.) 2 Financial 3 Emotional (company, chat, etc.) 4 Other (specify) 5 No difficulties				
J09	During the epidemic, was the elderly household member able to receive needed assistance?	1 Yes → skip to J11 2 No 3 No need of assistance → skip to J11				
J10	…If not, list the kinds of assistance that could not be provided	Describe in words				
J11	During the epidemic, did the village/ community provide assistance to the elderly household member?	1 Yes 2 No → skip to J13				
J12	…If yes, list what they did and the means	Describe in words				
J13	During the epidemic, did the elderly household member suffer an injury/ serious disease?	1 Yes 2 No → skip to the next person				
J14	…If yes, specify	Describe in words				

K. Epidemic Prevention and Control

K01	Is anyone in the household suspected to be infected with COVID-19?	1 Yes 2 No → skip to K03	
K02	…If yes, who is it?	Codes for family members	
K03	Is anyone in the household confirmed to be infected with COVID-19?	1 yes 2 No → skip to K08	

K04	…If yes, who is it?	Codes for family members	
K05	…What is the current condition of the confirmed patient?	1 Cured 2 Under treatment 3 Passed away	
K06	…What is the cost of treatment for the confirmed patient?	1 (yuan) 2 I don't know	
K07	…Who pays for the treatment of the confirmed patient?	1 Ourselves 2 The government 3 Other (specify)	
K08	Is the household member quarantined due to confirmed or suspected infection?	1 Yes 2 No → skip to K12	
K09	…If yes, who is it?	Codes for family members	
K10	…If yes, for how many weeks?	weeks	
K11	…Who pays for food and lodging during the quarantine?	1 Ourselves 2 The government 3 Other (specify)	
K12	Did the household buy masks in response to the epidemic?	1 Yes 2 No → skip to K15	
K13	…If yes, what was the cost?	yuan	
K14	…If not, why?	Describe in words	
K15	Did the household buy alcohol or disinfectant in response to the epidemic?	1 Yes 2 No → skip to K17	
K16	…If yes, what was the cost?		
K17	…If not, why?	Describe in words	
K18	Compared with the same period last year, were there any shortages in the market supply of the following items during the epidemic? (Multiple-choice)	Fresh fruit 1 Yes 2 No	
		Fresh vegetables 1 Yes 2 No	
		Meat 1 Yes 2 No	
		Cooking oil 1 Yes 2 No	

L. Impact of the Epidemic

L01	Since the epidemic, have the children's vaccination been affected?	1 Yes 2 No 3 N/A	
L02	…If yes, what was the reason?	1 Vaccination clinic or hospital closed 2 Not able to travel due to lockdown 3 Postponed or gave up vaccination for fear of infection 4 No family member as company 5 Other (specify)	
L03	Did you frequently feel worried and nervous since the epidemic, and unable to relax, sleep or stay still?	1 Yes 2 No	
L04	Did you observe other household members who experienced those feelings more?	1 Yes 2 No	
L05	…If you did, fill in the code for the family member	Codes for Family Members (Can be more than one)	

L06	…When encountering these psychological conditions, where can you obtain information related to mental health? (If the answers to L03 and L04 are both no, select "10 N/A" for this question, and skip to L09)	1 I don't know, I never tried 2 I don't have any channels 3 TV and radio 4 Internet 5 Psychologists 6 Family members 7 Friends 8 Village officials/community officials 9 Other (specify) 10 N/A	
L07	…When encountering these psychological conditions, where can you obtain mental health assistance?	1 I don't know → skip to L09 2 I don't have any channels → skip to L09 3 Psychologists 4 Family members 5 Friends 6 Village officials/community officials 7 Other (specify)	
L08	…When encountering these psychological conditions, did you use the above-mentioned mental health assistance?	1 Yes 2 No	
L09	Did you drink more alcohol during the epidemic than normally?	1 Yes 2 No 3 I never drink	
L10	Did other family members drink more alcohol than normally?	1 Yes 2 No 3 He/she never drinks	
L11	…If yes, fill in the code for the family member	Codes for Family Members	
L12	Did you smoke more tobacco products during the epidemic than normally?	1 Yes 2 No 3 I never smoke	
L13	Did other family members smoke more tobacco than normally?	1 Yes 2 No 3 He/she never smokes	
L14	…If yes, fill in the code for the family member	Codes for Family Members	
L15	What are some other major impacts of the epidemic on the household?	Describe in Words	

M. Policy Awareness and Suggestions

Since the outbreak of the COVID-19 epidemic in early 2020, the government has introduced many policies to boost employment and increase residents' income, please enumerate the policies you know about.

	Focus of the Policy	**Description of Policies and Measures**	**Did the family benefit from it 1 Yes 2 No**
M01	Agriculture		
M02	Employment		
M03	Non-farming Operation		
M04	Health		
M05	Education		
M06	Social aid and assistance		
M07	Other		

M08. What kind of help does your family need in response to the adverse effects of the COVID-19 epidemic? (Such as financial aid, employment skills, employment willingness, etc.) What are your suggestions? (Providing employment instead of grants?)

_____

_____

M09. What is the investigator's overall judgment on the household affected by the epidemic? What other information is worth recording? (Answer after completing "I. Women" on the next page)

_____

_____

I. Women (Married women under the age of 50, best answered by the respondent alone)

Personal Code		**(See Chart A) A00**			
			_1	**_2**	**_3**
I1	Who is this part answered by?	1 The woman herself 2 Her husband 3 Other			
I2	What contraceptive methods have you used during the epidemic? (Multiple-choice)	1 Sterilization → skip to I04 2 IUD → skip to I04 3 Injectables → skip to I04 4 Pills → skip to I04 5 Condoms → skip to I04 6 Emergency contraception → skip to I04 7 Rhythm/calendar method → skip to I04 8 None/Did not use any → skip to I03 9 Other (specify) → skip to I04			
I3	… (Don't ask if used contraception, skip to I04) What were the reasons you were not using any method to delay or avoid pregnancy?	1 Want more children now 2 Not having sex 3 Husband or partner opposed 4 Know no method 5 Couldn't receive contraceptives because of lock down 6 Other (specify) 7 Didn't answer			
I4	Were you pregnant or lactating during the COVID-19 outbreak?	1 Yes 2 No → skip to I10			
I5	…If yes, did you get pregnant during the epidemic?	1 Yes 2 No 3 Not sure/Don't know			
I6	…If you did get pregnant during the epidemic, was it according to your plan?	1 Yes 2 No			
I7	Have you visited health facilities for any of the following the services since the outbreak of the epidemic? (Multiple-choice)	1 Antenatal care 2 Child birth 3 Post-natal care 4 Abortion 5 No services received 6 Didn't answer			

Personal Code		**(See Chart A) A00**			
			_1	**_2**	**_3**
I8	What were reasons for not visiting hospitals for any of the above services even when they are needed? (Multiple-choice)	1 Could not visit hospitals because of the lockdown 2 Could not afford to 3 Lack of transportation 4 Hospitals refused to take me, because health workers were busy fighting COVID-19 5 Afraid of getting coronavirus if I visited hospitals 6 Other (specify) 7 Didn't answer			
I9	If you didn't go to health facilities, have you received any remote tele-health services for antenatal or postnatal care?	1 Yes 2 No			
I10	What health information did you want to receive during the epidemic? (Multiple-choice)	1 Pregnancy 2 Safe delivery 3 Family Planning 4 Safe Abortion 5 STIs/HIV 6 Menstrual hygiene 7 Menopause care 8 Other (specify)			
I11	From which channels have you received most of reproductive health information after the outbreak of the epidemic? (Multiple-choice)	1 Hospitals/community health centers 2 Doctor/ health care providers through phone calls 3 Radio and TV 4 Websites 5 WeChat or other social media 6 Family members 7 Friends 8 None of the above			
I12	During the COVID-19 epidemic, has there been an increase in violence or other abuses against women in your village/ community compared to before?	1 Yes 2 No 3 I don't know			
I13	Where or from whom should women in your village/ community get help if they are abused? (Multiple-choice)	1 Police 2 Women's federation 3 Community/village committee 4 Working Unit 5 Court 6 Relatives and friends 7 Hotlines and social media 8 Endure 9 Other (specify)			

Questionnaire for Villages

Province		1. Province Code	
County		2. County Code	
Township		3. Township Code	
Village		4. Village Code	
Name of the First Respondent		5. First Respondent's Position	1 Village party secretary 2 Village head 3 Accountant 4 Other (specify)
First Respondent's Phone Number			
Name of the Second Respondent		6. Second Respondent's Position	1 Village party secretary 2 Village head 3 Accountant 4 Other (specify)
Second Respondent's Phone Number			
7. Date of Survey		8. Survey Start Time	
		9. Survey End Time	
Enumerator		10. Enumerator Code	

V1. Overview (End of May 2020)

Location of the Village (From village center or village committee's location)	**_a** **Distance of Travel (km)**	**_b** **Major Means of Transportation**	Codes for Means of Transportation:
V101 To the township government			1 Walking 2 Bicycle 3 Bus 4 Motorcycle 5 Other motor vehicles 6 Walking and Bus 7 Other (specify) Note: If within the village, fill in 0 for the distance
V102 To the county/district government			
V103 To the nearest train station/long distance bus station			
V104 To the nearest clinic/hospital			
V105 To the nearest kindergarten			
V106 To the nearest primary school			
V107 To the nearest junior high school			

V108 The terrain of this village is	1 Mountainous 2 Reservoir area 3 Plateau 4 Hills 5 Flatland	
V109 Is the village poverty-stricken?	1 Yes 2 No	
V110 Is there a village task force or first secretary in the village?	1 Yes 2 No	
V111 Is Internet broadband available in the village?	1 Yes 2 No	
V112 What are the leading industries in the village? (Select 3 and list by importance)	1 Food Crops 2 Fruits 3 Herding and aquaculture 4 Vegetables 5 Forestry and crude drugs 6 Other (specify)	

V113	How much are the collective economic assets of the village worth?	(10,000 yuan)	
V114	How many registered households are there in your village?	households	
V115	How many registered residents are there in your village?	people	
V116	…How many of them are disabled?	people	
V117	How many households in the village are registered poverty-stricken households?	households	
V118	How many people are there in these households?	people	
V119	How many households live on "*dibao*"?	households	
V120	How many households live on "*wubao*"?	households	
V121	What is the per capita disposable income of villagers in 2019?	yuan	
V122	How much labor force is there in the community? (Males between 16 and 60 years old, females between 16 and 55 years old, school students not included)	people	
V123	…How many of them are women?	people	

V2. Work or Self-employed of Local Labor Force in Other Townships

(Over a month in a different township)

		Working Unit	**_a 2019**	**__b 2020 (At present)**
V201	Total number of people who went to other townships to be their own bosses (self-operate, start enterprises)	people		
V202	…How many of them are in the same county/ district?	people		
V203	…How many are in other provinces?	people		
V204	Total number of people who went to work in other towns (for more than a month)	people		
V205	…How many of them are women?	people		
V206	…How many of them are in the same county/ district?	people		
V207	…How many are in other provinces?	people		
V208	Which province is the most popular destination for migrant workers and businesspeople?	Name of the province		
V209	…The most engaged industries (Multiple-choice)	1 Agriculture 2 Manufacture 3 Construction 4 Logistics (including express delivery persons) 5 Service (including security guards) 6 Business 7 Other (specify)		

V210	Expected change in the income of migrant workers and businesses in 2020	1 Increase 2 Staying the same 3 Reduction	
V211	…If expected to reduce, by how much?	%	

Return of migrant workers		**_a Total number**	**_b Number of Females**
V212	How many returnees are there in the village in 2020? (People who stayed elsewhere in 2019, but didn't travel back there in 2020)		
V213	…How many of them cannot return to work because of the epidemic?		
V214	…How many of them are farming?		
V215	…How many of them work in the local township?		
V216	…How many of them started businesses in the local township?		
V217	At present, how many minors have not gone out after returning home with their parents?		

V218 What difficulties do you think the returnees have? (Such as children's education, loss of income, psychological problems)

_____

_____

V219 In response to the above difficulties, what policies and measures has the village/government adopted? How do you think these returnees should be helped?

_____

_____

V3. Local Work or Non-Agricultural Operation of Local Labor Force (In the Local Township)

		Working Unit	**_a 2019**	**_b 2020 (At Present)**
V301	Total number of people being their own bosses in the local township (self-operate, start enterprises)	people		
V302	…The most engaged industries (Choose no more than three, list by number of people engaged)	1 Agriculture 2 Manufacture 3 Construction 4 Logistics (including express delivery persons) 5 Service (including security guards) 6 Business 7 Other (specify)		
V303	…How many of them are women?	people		
V304	Total number of people who work in the local township	people		

V305	…How many of them are women?			
V306	…The most engaged industries (Choose no more than three, list by number of people engaged)	1 Agriculture 2 Manufacture 3 Construction 4 Logistics (including express delivery persons) 5 Service (including security guards) 6 Business 7 Other (specify)		
V307	What is the usual daily wages for a senior worker?	yuan		
V308	What is the usual daily wages for a junior worker?	yuan		

V309	Expected change in the income of local workers and businesses in 2020	1 Increase 2 Staying the same 3 Reduction	
V310	…If expected to reduce, by how much?	%	

V4. Agricultural Production

			Area (mu)
V401	Total area of arable land in the village		
V402	Area of abandoned land in 2019		
V403	Expected area of abandoned land in 2020		
V404	Major Crops (Multiple-choice)	1 Rice 2 Wheat 3 Maize 4 Potatoes 5 Other (specify)	
V405	Expected change in the agricultural income of villagers in 2020	1 Increase 2 Staying the same 3 Reduction	
V406	…If expected to increase, what is the reason?	(Describe in words, including price, cost, channels, sales, etc.)	
V407	…If expected to increase, by how much?	%	
V408	…If expected to reduce, what is the reason?	(Describe in words, including price, cost, channels, sales, etc.)	
V409	…If expected to reduce, by how much?	%	

V5. 2020 Income and Expenditure

V501	What is the main source of income of the villagers?	1 Wages 2 Non-agricultural business activities 3 Farming 4 Transfer payment (Including pension) 5 Assets (Including rents and investments) 6 Other (specify)	
V502	Expected change in the transfer income of villagers in 2020	1 Increase 2 Staying the same 3 Reduction	
V503	Expected change in the total household income of villagers in 2020	1 Increase 2 Staying the same 3 Reduction	
V504	…If expected to reduce, by how much?	%	
V505	Expected change in the total household expenditure of villagers in 2020	1 Increase 2 Staying the same 3 Reduction	
V506	…If expected to reduce, by how much?	%	
V507	Expected change in the net household income of villagers in 2020	1 Increase 2 Staying the same 3 Reduction	
V508	…If expected to reduce, by how much?	%	

V6. The COVID-19 Epidemic and the Village

V601	Has the village taken measures to close roads and the village?	1 Yes 2 No（skip toV604）	
V602	…If it has, when were roads and the village closed?	month/day	
V603	…If it has, when were roads and the village reopened?	month/day	
V604	How many health certificates were issued in the village?		
V605	How many people in the village have been infected with COVID-19?	people（Fill in 0 if no, and skip to V608）	
V606	Did the village provide villagers with masks, alcohol and other epidemic prevention supplies?	1 Yes 2 No	
V607	…If it did, to whom? (Multiple-choice)	1 All villagers 2 Village officials 3 On-duty personnels 4 "Wubao" households and poverty-stricken households 5 The disabled 6 The elderly 7 Children 8 Other specific groups(specify)	
V608	…If it did, where did the fundings for epidemic prevention come from? (Multiple-choice)	1 The village 2 Higher authorities 3 Social Organizations 4 Internal donations 5 External donations 6 Other (specify)	

V609	In the village's response to the epidemic, were there any social organizations involved in project planning or helping the public to obtain social services?	1 Yes 2 No	
V610	…If there were, list their names	Describe in words	

V601	…If there were, what services did social organizations provide in response to the epidemic? (Multiple-choice)	1. COVID-19 prevention campaign materials 2. Spreading information about COVID-19 prevention 3. Helping with food transportation 4. Online education support 5. Psychological/mental health support 6. Delivery of medicines for chronic diseases (such as diabetes, tuberculosis, HIV, hepatitis C, etc.) 7. Providing services to people with other health conditions such as tuberculosis, STIs, HIV and HBV, and routine maternal and child health care, etc. 8. Help coordinate emergency medical services (such as surgery, dealing with heart attacks, prevention of mother-to-child transmission, etc.) 9. Transportation support 10. Other (specify)	
V602	…If there were, who were the major beneficiaries of the projects or services provided by social organizations? (Multiple-choice)	1. The Elderly 2. Women and girls 3. Migrant workers 4. Disadvantaged children 5. The disabled 6. Poverty-stricken households 7. People infected with HIV 8. LGBT 9. Other (specify)	
V603	After the COVID-19 epidemic subsides, what kind of services do you hope social organizations provide? (Multiple-choice)	1. Psychological/mental health support 2. Provide healthcare information and services (Such as infectious disease prevention, nutritional support and healthy lifestyle education) 3. Employment Assistance 4. Educational support for left-behind children 5. Livelihood support for disadvantaged people, such as the elderly, the disabled, etc. 6. Other (specify)	

V7. Response to the COVID-19 Epidemic

1. In the process of preventing and fighting the epidemic, what plans and coordinative response measures and mechanisms did the local government have? What do you think needs to be improved? Do you have any suggestions?

_____

_____

2. In general, what are the sources of local emergency funds? What are the changes in sources of funding during the COVID-19 epidemic?

3. What policies and measures have the village or local government adopted to restore agricultural, industrial or commercial production to reduce the impact of the COVID-19 epidemic? Do you have any suggestions?

4. What policies and measures have the village or local government adopted to help local labor force return to work outside the township and find jobs locally to reduce the impact of the COVID-19 epidemic? Do you have any suggestions?

5. How did the epidemic affect the food security and nutritional status of households in the village? (Whether the nutritional value of diets was severely reduced, moderately reduced or not reduced at all) What measures did the village/government take to reduce the epidemic's effect on nutrition? Do you have any suggestions?

6. How did the COVID-19 epidemic affect poverty alleviation in the village? What policies and measures has the village or local government adopted to accomplish poverty alleviation tasks and prevent villagers from returning to poverty? Do you have any suggestions?

7. What adverse effects did the COVID-19 epidemic have on the education, nutrition and health of children in the village? What responsive policies and measures has the village or local government set forth? Do you have any suggestions?

8. What adverse effects did the COVID-19 epidemic have on the elderly in the village? What responsive policies and measures has the village or local government set forth? Do you have any suggestions?

9. What adverse effects did the COVID-19 epidemic have on women in the village (including incidents of violence or other kinds of abuse against women)? What responsive policies and measures has the village or local government set forth? Do you have any suggestions?

10. Apart from the government, which institutions/organizations/individuals have been actively participating?

11. In addition to the above, what other adverse effects has the epidemic brought to the village? (e.g. effects on tourism, projects, etc.) Do you have any suggestions?

12. What kinds of the support you have received so far have been the most useful? (List by usefulness)

13. Other things the investigator considers worth recording

P. Sales of Agricultural and Livestock Products and Price List of Inputs (Write "X" if not applicable)

		_a 2019	_b 2020
P01	Wheat		
P02	Maize		
P03	Rice		
P04	Potatoes		
P05	Rapeseeds		
P06	Wheat seeds		
P07	Corn seeds		
P08	Rice seeds		
P09	Potato seeds		
P10	Rapeseeds		

		_a 2019	_b 2020
P11	Urea		
P12	Compound fertilizer		
P13	Ammonium bicarbonate		
P14	Plastic film		
P15	Live pigs (gross weight)		
P16	Sheep for sale		
P17	Chickens		
P18	Piglets		
P19	Premixed feed		

Thank you for your cooperation!

Questionnaire for Communities

Province		1. Province Code	
County		2. County Code	
Sub-district		3. Sub-district Code	
Community		4. Community Code	
Name of the First Respondent		5. First Respondent's Position	1 Secretary 2 Director 3 Other (specify)
First Respondent's Phone Number			
Name of the Second Respondent		6. Second Respondent's Position	1 Secretary 2 Director 3 Other (specify)
Second Respondent's Phone Number			
7. Date of Survey		8. Survey Start Time	
		9. Survey End Time	
Enumerator		10. Enumerator Code	

V1. Overview (End of May 2020)

Location of the Community (From community center or community committee's location)		**_a** **Distance of Travel (km)**	**_b** **Major Means of Transportation**	Codes for Means of Transportation : 1 Walking 2 Bicycle 3 Bus 4 Motorcycle 5 Other motor vehicles 6 Walking and Bus 7 Other (specify) Note: If within the village, fill in 0 for the distance
V101	To the county/district government			
V102	To the nearest train station/long distance bus station			
V103	To the nearest clinic/hospital			
V104	To the nearest kindergarten			
V105	To the nearest primary school			
V106	To the nearest junior high school			

V107	This community is located in	1 town center 2 main area of the town 3 outskirts of the town	
V108	Does the community have Internet broadband access?	1 Yes 2 No	
V109	What is the main industry in the community? (Select one item)	1 Leasing commercial premises 2 Agriculture 3 Industry 4 Other services 5 None	
V110	How much are the collective economic assets of the community worth?	(10,000 yuan)	
V111	Number of registered households	households	
V112	Number of registered residents	people	

V113	Total permanent population	people	
V115	How many disabled people are there?	people	
V116	How many households live on "dibao"?	households	
V117	Per capita disposable income in 2019	yuan	
V118	How much labor force is there in the community? (Males between 16 and 60 years old, females between 16 and 55 years old, school students not included)	people	
V119	…How many of them are women?	people	
V120	Actual total number of unemployed and laid-off workers at present	people	

V2. Work or Self-employed of Local Labor Force in Other Counties (Over a month in a different county/district)

V201	Which province is the most popular destination for migrant workers and businesspeople?	Name of the province	
V202	…The most engaged industries (Multiple-choice)	1 Agriculture 2 Manufacture 3 Construction 4 Logistics (including express delivery persons) 5 Service (including security guards) 6 Business 7 Other (specify)	
V203	Change in the number of migrant workers and businesspeople in 2020	1 Increase 2 Staying the same 3 Reduction	
V204	Expected change in income of migrant workers and businesspeople in 2020	1 Increase 2 Staying the same (skip to V207) 3 Reduction (skip to V206)	
V205	…If expected to increase, what is the reason?	Describe in words (skip to V207)	
V206	…If expected to reduce, what is the reason?	Describe in words	

Return of migrant workers and businesspeople		**_a** **Total number**	**_b** **Number of Females**
V207	How many returnees are there in the community in 2020? (People who stayed elsewhere in 2019, but didn't travel back there in 2020)		
V208	…How many of them cannot return to work because of the epidemic?		
V209	…How many of them work in the local county/district?		
V210	…How many of them started businesses in the local county/district?		
V211	At present, how many minors have not gone out after returning home with their parents?		

V212 What difficulties do you think the returnees have? (Such as children's education, loss of income, psychological problems)

_____

_____

V213 In response to the above difficulties, what policies and measures has the community/government adopted? How do you think these returnees should be helped?

_____

_____

V3. Self-employed Activities and Businesses in the Community

V301	How many shops are there in the community currently?		
V302	Compared with before the epidemic, how has the current number of shops changed?	1 Increased 2 Stayed the same (skip to V305) 3 Reduced (skip to V304)	
V303	…If it increased, what was the reason?	Describe in words (skip to V305)	
V304	…If it reduced, what was the reason?	Describe in words	
V305	Were shops in the community open during the epidemic?	1 Yes 2 No	
V306	Expected change in the income of local workers and businesses in 2020	1 Increase 2 Staying the same (skip to V310) 3 Reduction (skip to V308)	
V307	…If expected to increase, what is the reason?	Describe in words (Skip to V310)	
V308	…If expected to reduce, what is the reason?	Describe in words	
V309	…If expected to reduce, by how much?	%	
V310	What was the usual daily wages of a senior worker in 2019?	yuan	
V311	What is the usual daily wages of a senior worker now?	yuan	
V312	What was the usual daily wages of a junior worker in 2019?	yuan	
V313	What is the usual daily wages of a junior worker now?	yuan	

V4. Employment of Migrants in the Community

V401	How many migrants are there in this community currently?	people	
V402	Compared with before the epidemic, how has the number of migrants changed?	1 Increased 2 Stayed the same (skip to V405) 3 Reduced (skip to V404)	
V403	…If it increased, what was the reason?	Describe in words (skip to V405)	
V404	…If it reduced, what was the reason?	Describe in words	
V405	Compared with before the epidemic, how has the rent changed?	1 Increased 2 Stayed the same 3 Reduced	

V5. Residents' Income and Expenditure in 2020

V501	What is the main source of income of the residents?	1 Wages 2 Non-agricultural business activities 3 Farming 4 Transfer payment (Including pension) 5 Assets (Including rents and investments) 6 Other (specify)	
V502	…Where do the wages mainly come from? (put in order)	1 Government agencies and institutions 2 Enterprises 3 Self-employed/flexible employment	
V503	Expected change in the transfer income of residents in 2020	1 Increase 2 Staying the same 3 Reduction	
V504	Expected change in the total household income of residents in 2020	1 Increase 2 Staying the same 3 Reduction	
V505	…If expected to reduce, by how much?	%	
V506	Expected change in the total household expenditure of residents in 2020	1 Increase 2 Staying the same 3 Reduction	
V507	…If expected to reduce, by how much?	%	
V508	Expected change in the net household income of residents in 2020	1 Increase 2 Staying the same 3 Reduction	
V509	…If expected to reduce, by how much?	%	

V6. The COVID-19 Epidemic and the Community

V601	Has the community taken measures to close roads and the community?	1 Yes 2 No (skip to V604)	
V602	…If it has, when were roads and the community closed?	month/day	
V603	…If it has, when were roads and the community reopened?	month/day	
V604	How many health certificates were issued in the village?		

V605	How many people in the community have been infected with COVID-19?	people (Fill in 0 if there were none and skip to V608)	
V606	Did the community provide villagers with masks, alcohol and other epidemic prevention supplies?	1 Yes 2 No	
V607	…If it did, to whom? (Multiple-choice)	1 All community residents 2 Community officials 3 On-duty personnels 4 "Dibao" households 5 The disabled 6 The elderly 7 Children 8 Other specific groups(specify)	
V608	…If it did, where did the fundings for epidemic prevention come from? (Multiple-choice)	1 The community 2 Higher authorities 3 Social Organizations 4 External donations 5 Other (specify)	
V609	In response to the epidemic, were there any social organizations involved in project planning or helping the public to obtain social services?	1 Yes 2 No (skip to V612)	
V610	…If there were, list their names	Describe in words	

V611	…If there were, what services did social organizations provide in response to the epidemic? (Multiple-choice)	11. COVID-19 prevention campaign materials 12. Spreading information about COVID-19 prevention 13. Helping with food transportation 14. Online education support 15. Psychological/mental health support 16. Delivery of medicines for chronic diseases (such as diabetes, tuberculosis, HIV, hepatitis C, etc.) 17. Providing services to people with other health conditions such as tuberculosis, STIs, HIV and HBV, and routine maternal and child health care, etc. 18. Help coordinate emergency medical services (such as surgery, dealing with heart attacks, prevention of mother-to-child transmission, etc.) 19. Transportation support 20. Other (specify)	
V612	…If there were, who were the major beneficiaries of the projects or services provided by social organizations?	10. The Elderly 11. Women and girls 12. Migrant workers 13. Disadvantaged children 14. The disabled 15. Poverty-stricken households 16. People infected with HIV 17. LGBT 18. Other (specify)	

V613	After the COVID-19 epidemic subsides, what kind of services do you hope social organizations provide? (Multiple-choice)	1. Psychological/mental health support 2. Provide healthcare information and services (Such as infectious disease prevention, nutritional support and healthy lifestyle education) 3. Employment Assistance 4. Educational support for left-behind children 5. Livelihood support for disadvantaged people, such as the elderly, the disabled, etc. 6. Other (specify)	

V7. Response to the COVID-19 Epidemic

1. In the process of preventing and fighting the epidemic, what plans and coordinative response measures and mechanisms did the local government have? What do you think needs to be improved? Do you have any suggestions?

2. In general, what are the sources of local emergency funds? What are the changes in sources of funding during the COVID-19 epidemic?

3. What policies and measures have the village or local government adopted to restore industrial or commercial production to reduce the impact of the COVID-19 epidemic? Do you have any suggestions?

4. What policies and measures have the community or local government adopted to help local labor force return to work outside the county and find jobs locally to reduce the impact of the COVID-19 epidemic? Do you have any suggestions?

5. How did the epidemic affect the food security and nutritional status of households in the community? (Whether the nutritional value of diets was severely reduced, moderately reduced or not reduced at all) What measures did the community/government take to reduce the epidemic's effect on nutrition? Do you have any suggestions?

6. What effects did the COVID-19 epidemic have on the low-income population in the community? What policies and measures has the community adopted to help them? Do you have any suggestions?

7. What adverse effects did the COVID-19 epidemic have on the education, nutrition and health of children in the community? What responsive policies and measures has the community or local government set forth? Do you have any suggestions?

8. What adverse effects did the COVID-19 epidemic have on the elderly in the community? What responsive policies and measures has the community or local government set forth? Do you have any suggestions?

9. What adverse effects did the COVID-19 epidemic have on women in the community (including incidents of violence or other kinds of abuse against women)? What responsive policies and measures has the community or local government set forth? Do you have any suggestions?

10. What adverse effects did the COVID-19 epidemic have on the disabled in the community? What responsive policies and measures has the community or local government set forth? Do you have any suggestions?

11. Apart from the government, which institutions/organizations/individuals have been actively participating?

12. In addition to the above, what other adverse effects has the epidemic brought to the community? (e.g. effects on tourism, projects, etc.) Do you have any suggestions?

13. What kinds of the support you have received so far have been the most useful? (List by usefulness)

14. Other things the investigator considers worth recording

7.2 Outline of County-Level Discussion

Objective of the Discussion

To understand the economic and social impact of the COVID-19 epidemic in impoverished counties, and to provide a basis for further cooperation between the United Nations and China in poverty reduction and sustainable development.

Scope of the Discussion

The discussion mainly focus on impact of the COVID-19 epidemic on the economy and society in counties includes but is not limited to the following aspects: the development of primary, secondary and tertiary industries, the development of micro, small and medium-sized enterprises, the income and expenditure of urban and rural residents, employment and entrepreneurship, access to health and medical services; fiscal, tax and financial policies, social assistance measures, poverty alleviation efforts, as well as other related assistance policies and measures adopted by governments and social organizations and their effects.

The discussion should pay special attention to the impact on the vulnerable groups, including that on health and rights protection of the elderly, women and PWD, child education and health, poverty-alleviation progress, and employment, income and health of ethnic minorities, etc..

Government Department Participated in the Discussion

The county government, finance bureau, tax bureau, health bureau, civil affairs bureau, education bureau, agriculture and rural bureau, people's bank, human resources and social security bureau, industry and information techonology bureau, commerce bureau, poverty alleviation office, Women's Federation.

7.3 Survey location

Investigated Villages/Communities and Sample Sizes

	Village/Community	Sample Size	Proportion%
Yilong County, Sichuan Province	Yuhuangguan Village, Fuxing Town	42	3.55
	Liuyi Community, Xinzheng Town	39	3.3
	Dadong Community, Xinzheng Town	42	3.55
	Liushudian Village, Xinzheng Town	37	3.13
	Jianbei Community, Jincheng Town	42	3.55
	Linying Village, Ma'an Town	42	3.55
Neixiang County, Henan Province	Shangcheng Community, Chengguan Town	48	4.06
	Jiaoyu Community, Chengguan Town	42	3.55
	Huanglong Village, Xiaguan Town	37	3.13
	Wangjing Village, Zuoqu Town	36	3.04
	Quzhuang Village, Tuandong Town (Village in Town)	38	3.21
	Yuegang Village, Mashankou Town	35	2.96
Zhangwan District, Hubei Province	Fangtan Village, Fangtan Township	36	3.04
	Bailin Community, Bailin Town	36	3.04
	Dongfeng Community, Hanjiang Road Sub-district	38	3.21
	Jiaheyuan Community, Hongwei Sub-district	38	3.21
	Xianggong Village, Xigou Township	36	3.04
	Dagou Village, Huanglong Town	40	3.38
Chengbu County, Hunan Province	Zhongxin Community, Rulin Town	39	3.3
	Nanqiao Community, Rulin Town	38	3.21
	Taxi Village, Rulin Town	40	3.38
	Xintian Community, Rulin Town	43	3.63
	Ganxi Village, Rulin Town	39	3.3
	Longfengchong Village, Rulin Town	38	3.21
Zhouqu County, Gansu Province	Dongcheng Community, Chengguan Town	40	3.38
	Luojiayu Village, Chengguan Town	42	3.55
	Jushang Village, Fengdie Township	42	3.55
	Shuiquan Community, Fengdie Township	52	4.4
	Xiucheng Community, Fengdie Township	28	2.37
	Chengma Village, Quwa Town	38	3.21
	Total	1,183	100

7.4 Research Team

Lead author of the report:

Dr. Sun Tongquan, Researcher at Institute of Rural Development, Chinese Academy of Social Sciences

Dr. Long Wenjin, Lecturer at the School of Economics and Management, China Agricultural University, Member of the Academy of Global Food Economics and Policy

Field team member:

Team leader:

Chengbu County, Hunan: Dr. Luo Hehua, Associate Professor, School of Economics and Management, Hunan Agricultural University

Zhangwan District, Hubei: Dr. He Yufei, Lecturer, School of Arts and Law, Huazhong Agricultural University

Yilong County, Sichuan: Dr. Yang Bao, Associate Professor and Director of the Department of Public Human Resources and Social Security, School of Public Administration, Chongqing University

Neixiang County, Henan: Dr. Tang Yao, Associate Professor, School of Public Administration, Zhejiang University of Finance and Economics

Zhouqu County, Gansu: Dr. Long Wenjin, Lecturer, School of Economics and Management, China Agricultural University, Member of the Academy of Global Food Economics and Policy

Team member:

Location	Enumerator Code	Name	Gender	School	Education level
Sichuan	1	Peng Chenxi	Female	School of Disaster Prevention Technology	Undergraduate
	2	Wang Chao	Male	Chongqing University	Graduate
	3	Su Qin	Female	Chongqing University	Graduate
	4	Fu Zhaowei	Male	Chongqing University	Graduate
	5	Xiao Lujun	Female	Chongqing University	Graduate
	6	Chen Kun	Female	Chongqing University	Graduate
Hunan	1	Yi Mengdan	Female	Hunan Agricultural University	Graduate
	2	Xiao Ye	Female	Hunan Agricultural University	Graduate

	3	Guo Baolong	Male	Hunan Agricultural University	Graduate
	4	Wu Lingli	Female	Hunan Agricultural University	Graduate
	5	Peng Yun	Female	Hunan Agricultural University	Graduate
	6	Zhang Rong	Female	Hunan Agricultural University	Graduate
Henan	1	Wang Xue	Female	Hunan Agricultural University	Undergraduate
	2	Yang Yongpan	Male	Hunan Agricultural University	Undergraduate
	3	Zhang Xiaoyan	Female	Hunan Agricultural University	Undergraduate
	4	Xu Xuening	Female	Hunan Agricultural University	Undergraduate
	5	Min Kai	Male	Hunan Agricultural University	Undergraduate
	6	Sun Hao	Male	Hunan Agricultural University	Undergraduate
	7	Zhao Gao	Male	Hunan Agricultural University	Undergraduate
Hubei	1	Li Gang	Male	Zhongnan University of Economics and Law	Graduate
	2	Xu Man	Female	Zhongnan University of Economics and Law	Graduate
	3	Gong Xin	Female	Huazhong Agricultural University	Undergraduate
	4	Chen Zhi	Female	Jinan University	Undergraduate
	5	Dai Junxiu	Female	Huazhong Agricultural University	Undergraduate
	6	Li Junjie	Male	Hubei University of Arts and Science	Undergraduate
Gansu	1	Deng Han	Female	University of Chinese Academy of Social Sciences	Graduate
	2	Zhang Rongrong	Female	Huazhong Agricultural University	Graduate
	3	Su Wei	Male	China Agricultural University	Graduate
	4	Mu Tianyuan	Female	China Agricultural University	Undergraduate
	5	Li Qin	Female	Chongqing University	Graduate
	6	Yao Juan	Female	Chongqing University	Graduate

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