SAMOA COVID-19 SOCIO-ECONOMIC IMPACT ASSESSMENT: KEY FINDINGS

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# Table of Contents

Executive Summary .................................................................................................................................................. 2

1. Introduction ......................................................................................................................................................... 4

2. Demographic Structure of the Population and Methodology .............................................................................. 4

3. COVID-19 Knowledge and Sources of Information ................................................................................................. 6

4. Difficulty in Seeking Healthcare .......................................................................................................................... 8

5. Employment and Income Information .................................................................................................................... 9

   5.1. COVID-19 and Job Loss ......................................................................................................................................... 9

   5.2. Assistance from Government/Other Sources ........................................................................................................ 14

   5.3. Change in Income from Continuation of Emergency .......................................................................................... 15

6. Family arrangements: Childcare, parenting, play time and mobility ................................................................. 16

7. Impact on Education ............................................................................................................................................... 19

   7.1. Children’s Access to Resources ....................................................................................................................... 19

   7.2. Children’s education at home .......................................................................................................................... 20

8. COVID-19 and Food Security .............................................................................................................................. 26

9. Public Trust and Safety .......................................................................................................................................... 29

10. Mental health and stress ...................................................................................................................................... 31

11. COVID-19 and Handwashing ............................................................................................................................ 34

Conclusion ............................................................................................................................................................... 36
Executive Summary

This report presents the main findings of the Socio-Economic Impact Assessment (SEIA) conducted by the United Nations Resident Coordinator’s Office (RCO) to assess the impact of the COVID-19 pandemic in Samoa. The survey data collection was conducted from August to October 2020 and collected information from 22,774 households across the country.

The exercise covered a wide range of topics to understand how the global crisis upended everyday life in Samoa, particularly with respect to household income, job loss, government support, access to information, healthcare, mental health, children’s education, public safety and community relations.

The timely initiative resulted in gaining important insights into key issues related to COVID-19 in the aftermath of the State of Emergency (SOE) and border closure. Despite the data limitations, the results showcase how Samoans across the country adjusted their lives and behavior. The findings are expected to help policymakers and government officials make informed decisions as the crisis continues.

The main findings are summarized below:

**Access to information:** Most Samoans are well-informed about the developments related to COVID-19 and its spread, relying on television, internet/social media, and radio to access information. The use of internet/social media is somewhat higher among urban households. In rural households, the use of radio is also prevalent in addition to television and internet/social media.

Similarly, the source of information also varies across age groups, with the use of television and radio increasing consistently with age to replace the internet and social media.

**Access to healthcare:** Despite the initial strict lockdown and continuation of the SOE, the number of Samoans facing difficulty in health services or buying medicines has been extremely small – only 3% of households faced a challenge seeking health services and 2% in buying medicines, indicating no disruption in healthcare/medicine provision as the SOE continues.

Among the few households that faced difficulty in seeking healthcare, the main reasons were due to lack of cash, increase in drug prices and shops simultaneously running out of medicines. Limited transportation was also a factor for some households, particularly in Savai’i.

**Job loss and household income:** Nearly 11% of the households across Samoa had at least one member lose their job due to measures related to COVID-19. The job losses were distributed uniformly across the formal and informal sector and had various degrees of impact on household income. However, most of the households only witnessed a slight or moderate decrease in income.

Moreover, 17% of the respondents also reported a decrease in their personal income due to the continuation of the SOE, with a slightly higher share among those with higher education. To cope with the financial stress, a considerable proportion of affected households relied on domestic farming and remittances from friends/family members.

**Government support:** As part of the emergency response, the Government of Samoa announced a stimulus package in April 2020 that included a nationwide reduction in electricity tariffs. In addition to these tariff reductions, nearly 11% of the households also reported receiving additional support from the
government during the COVID-19 pandemic. However, the need for further support among recipients was considerably high, especially with respect to fulfilling their immediate needs.

Among the households receiving additional assistance, 68% said they would like to see the government provide cash transfers to residents, while 61% said they would benefit from food packets to cope with the crisis. The additional support provided by the government was also insufficient to significantly boost household income, as only 10% of households receiving such support said their income had increased much as a result.

**Food security:** There was no major issue related to food insecurity or disruption in the food supply/production, with most of the households being able to purchase food items when needed. Even among the small number of households facing difficulty in buying food, the reasons were mainly due to lockdown measures rather than lack of cash or increase in food prices.

Approximately 70% of the households also reported no change in their consumption despite the economic crisis. Even among the households consuming less over financial concerns, the incidence of extreme hunger was relatively rare. In most cases, household members ate less or not at all only on some rare occasions.

**Education and remote learning:** Across Samoa, nearly one in five children were not able to receive any education at home during school closure. The distribution of those receiving education was also uneven across the country, with children in urban areas attending schools remotely at a significantly higher rate than their peers in villages.

Online learning platforms were available to 24% of the school-going children, even though a larger share of children (48%) had access to electronic devices such as computers/smartphones/tablets. There was also a strong demand for online schooling among households, with over half of the households saying they would like to have more online equipment provided by the schools for remote learning, while 30% expressed the need for an online platform in general.

**Public safety and community relations:** Despite the continuation of the SOE, communal relations and public trust in Samoa remained largely unaffected, or even improved. Only 4% of the households reported that their relations within and outside their community had deteriorated due to COVID-19, while nearly 60% of the households reported no change and one-third said their relations had improved within and outside their community. Similarly, the perceived threat of physical violence in the community was also largely absent among most of the population.

Likewise, most Samoans indicated that the situation with respect to other crimes and safety issues, such as theft, verbal abuse, violence/intimidation by police, conflicts, vandalism as well as domestic violence, had either stayed the same as before the pandemic, or improved during the state of emergency. Overall, only about 6% of the households reported deteriorating crime compared to the situation prior to the COVID-19 crisis.
1. Introduction

The coronavirus disease (COVID-19) was first detected in Wuhan, China in December 2019 and has since infected over 140 million individuals besides claiming more than three million lives worldwide as of April 2021. While vaccinations around the world have increased steadily since the start of the year, there is already a significant gap in the pace of inoculation between high income countries and developing nations. At the same time, health officials and policymakers are scrambling to curb the spread of the virus as new variants surface and outpace the rollout of vaccines, prolonging the social and economic toll around the world. Although Samoa has to date recorded only four confirmed cases and no deaths from COVID-19, like many other countries around the world, the impact of near total closure of the border and state of emergency imposed by the government has been felt throughout the nation.

This paper presents the main findings of the COVID-19 Socio-Economic Impact Assessment (SEIA) in Samoa and highlights the extent to which citizens have been affected by the coronavirus containment/lockdown measures as per the State of Emergency (SOE) and border closure; especially with respect to job loss, food security, remote education, access to information, public safety and mental health.

The paper has the following structure: Section 2 highlights the demographic structure of the participants of SEIA, whereas Section 3 presents an analysis of how Samoans accessed information related to COVID-19. Section 4 sheds light on healthcare during the crisis, followed by Section 5 that presents highlights the economic impact of the coronavirus in Samoa. Section 6 explores issues of childcare and parenting etc. during the pandemic, followed by Section 7 that discusses the key findings on education. Additionally, Section 8 sheds light on the issue food security during on pandemic, while the impact of the lockdown on public safety and social relationships is discussed in Section 9. The paper also explores the virus’ mental health toll in Section 10, followed by an overview of access to handwashing facilities presented in Section 11. Some key summary messages are presented in the Conclusion.

2. Demographic Structure of the Population and Methodology

The SEIA exercise was carried out from August to October 2020 and collected information from 28,467 households across all four statistical regions namely Apia Urban Area (AUA), North West Upolu (NWU), Rest of Upolu (ROU) and Sava’i’. with 22,774 (80%) completing the entire survey. Only one individual 18 years and over was randomly selected from all the households covered during the household listing update in preparation for the Population and Housing Census in November 2021, and a statistical method named KISH was employed. Nearly 4,361 households (15.3%) were not able to answer the survey due to the unavailability of the selected individual during the enumeration period or other reasons, namely refusal and incapacitation. This report only includes 22,774 households for which complete information was obtained.\(^1\)


\(^2\) It is important to note that the SEIA only collected information for the entire household from a single respondent, and consequently an accurate analysis of the impact of COVID-19 on certain segments of the society, such as women, children, elderly and poor/vulnerable communities, is not possible. Instead, the results largely examine the overall socio-economic impact at the national and regional level. While a breakdown by respondents’ demographic characteristics such as age and educational attainment is presented in some cases, given the data limitations, the results should be interpreted with caution.
Region-wise, 3,931 (17%) households were in Apia Urban Area (AUA), 7,979 (35%) in North West Upolu (NWU), 5,448 (24%) in Rest of Upolu (ROU) and 5,416 (24%) in Savai'i, as shown in Figure 2.1.

![Figure 2.1: Distribution of Respondents by Region](image)

Overall, the households were represented by 12,200 (54%) female and 10,574 (46%) male respondents, with no significant variation across the four regions (see Figure 2.2). The participation rate was therefore higher among women, who make up just over 48% of Samoa’s population.³

![Figure 2.2: Distribution of Respondents, by Gender & Region](image)

The survey also shows a higher participation from younger adults, with 59% of the respondents ranging between the ages of 18 and 45. Another 32% were of the ages between 46 and 65 years, with an additional nine percent of the responses being 65 and older, as shown in Figure 2.3 below.

3. COVID-19 Knowledge and Sources of Information

Of the 22,774 households completing in the assessment, 18,569 (82%) said they had heard of the COVID-19 pandemic, while the remaining 4,205 households (18%) reported being unaware of the crisis. Region-wise, knowledge of the coronavirus was considerably higher in Apia Urban Area (88%), followed by North West Upolu (83%), Savai’i (80%) and Rest of Upolu (77%), reflecting a gap in awareness between urban and rural areas of Samoa as shown in Figure 3.1.

The data also shows most households had received information about the coronavirus from multiple sources, with television being the most prominent source across the country. Nearly 84% of Samoans had received some information related to COVID-19 on television, while over half (52%) reported television as their main source of information to stay informed on the pandemic. Approximately 71% of the households reported getting information on the virus from the internet or social media, while nearly 26% said it was their main source of information.
Besides television and the internet, nearly 13% of households mainly relied on the radio to get their news on the coronavirus disease, followed by 4% of households that got most of their news from SMS/text messages. While over 80% of the households reported getting some virus-related information from friends/family, only 3% said that was their main source of information. Similarly, even though a considerable proportion of households had received information from government press, community leaders and church/faith-based groups, only two percent of the households listed these channels as their main information related to COVID-19, as shown in Figure 3.2.

**Figure 3.2: Sources of COVID-19 Information in Samoa**

![Bar chart showing sources of COVID-19 information in Samoa](image)

**Note:** For the main source of information, the “Other” option includes newspapers, NEOC/government press, community outreach, community leaders, church/faith groups, and govt. health service. For all sources, respondents allowed to choose multiple options.

The use of television and internet/social media was also considerably high among urban and rural households. Figure 3.3 shows 57% of the households in Apia Urban Area watching television to get most of the pandemic-related information, as opposed to 49-50% of the households in Savai’i and Rest of Upolu. Similarly, nearly 30% of the households in Apia got most of their information from the internet/social media, as opposed to 25% in both Savai’i and Rest of Upolu. The use of radio showed an opposite trend, with only 6% of the households using it in Apia as opposed to 13% in North West Upolu, 16% in Savai’i and 17% in other parts of Upolu.
Similarly, the main source of information also varied across age groups, with the use of television and radio increasing consistently with age to replace internet/social media, as shown in Figure 3.4. While 43% of the respondents aged 18-25 said they got most of their information from television and 7% from radio, the share of those aged over 65 was around 64% and 19% respectively. On the other hand, about 42% of adults aged 18-25 got their news mainly from the internet/social media, as opposed to only 8% of those aged 65 and over.

4. Difficulty in Seeking Healthcare

Despite the stringent lockdown measures, the number of Samoans who faced difficulty seeking health services or buying medicines was extremely small, with only 614 (3%) households facing a challenge seeking health services and 438 (2%) buying medicines. Most of the households (95-96%) reported no barriers in seeking healthcare or buying medicines, as shown in Figure 4.1, with the results being consistent across all regions.
Those reporting difficulties in seeking healthcare were further asked about the specific nature of difficulty they had faced. As Figure 4.2 shows, for several households, lack of cash was among the top three reasons, in addition to increase in prices and shops simultaneously running out of medicines. In addition, limited transportation was a major factor behind residents facing difficulty in seeking health services, particularly in Savai’i.

**Figure 4.2: Reason for Difficulty in Seeking Health Services/Buying Medicines**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Difficulty buying medicine</th>
<th>Difficulty seeking health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>No cash</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Shops out of stock</td>
<td>29%</td>
<td>24%</td>
</tr>
<tr>
<td>Increase in price</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Limited/no transportation</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>Local markets closed</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>No funds to pay with debit/credit card</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Could not afford</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Restrictions to go outside</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Note: Respondents allowed to choose multiple options.

5. Employment and Income Information

Perhaps the most important impact of lockdown measures and border closure was the job loss and exponential increase in unemployment. This section explores the impact of the coronavirus and subsequent lockdown and continuing State of Emergency on the jobs and household income Samoa.

5.1. COVID-19 and Job Loss

Across Samoa, as many as 2,495 (11%) households reported at least one member losing their job or livelihood due to measures related to COVID-19, such as travel restrictions, school and hotel closures and
limited transportation (see Figure 5.1). Moreover, the loss in jobs was distributed evenly across all regions, gender and age groups.

Figure 5.1: Job Loss due to COVID-19 Related Measures

A closer look at the lost jobs shows that the lockdown measures had the same impact on the formal and informal sector. As Figure 5.2 shows, nearly 12% of those with formal employment reported losing their jobs, as compared to 11% of those self-employed in the informal sector. Similarly, nearly 10% of casual employees reported losing their jobs/livelihoods because of measures related to the coronavirus, while 9% of those in agriculture lost their livelihoods in the wake of the economic slowdown. In addition, nearly 8% of households relying on foreign remittances as the main source of income also reported loss in livelihood due to the virus.

Figure 5.2: Job Loss due to COVID-19 Related Measures, by Household’s Main Source of Income

The job loss had various degrees of impact on household income. Figure 5.3 shows that among those households reporting loss in employment/livelihood, nearly 39% percent had their income only slightly reduced as a result. Another 13% reported moderate loss in income due to member(s) losing their jobs/livelihood. Nearly 9% reported significant reduction in income, while 7% of the households said their income had eliminated entirely due to job losses from COVID-19. On the other hand, at least 426 households (17%) reported an increase in income despite a member losing their job during the crisis.
Among the 426 households witnessing an increase in household income, 64% derived their main income from formal employment, followed by self-employment (12%), as shown in Figure 5.4. Meanwhile, only 26 households (6%) reported foreign remittances as their main source of income. While the survey did not collect detailed information on remittances, given their critical role in Samoa’s economy, it is likely that those payments had affected a greater share of households, even if the main source of income was derived from other channels.

Moreover, 17% of the respondents also reported a decrease in their personal income due to lockdown, with a slightly higher share of those aged between 26-45. On the other hand, only 12% of respondents aged over 66 reported a decrease in personal income, likely due to the fact that the government stimulus package included an increase in pensions and a one-time lump sum payment for recipients of the Senior Citizen Benefit (SCB). The results therefore indicate that the economic impact of the lockdown was slightly greater among younger adults, as shown in Figure 5.5.
Furthermore, an analysis of respondents’ education indicates that the decrease in income was felt slightly more by those who had completed higher education. While 17% of all respondents reported a decrease in their personal income, the share of those with higher education was slightly higher (19%) as opposed to those who had completed only primary school (14%), as shown in Figure 5.6. This could be a reflection of the fact that tourism and services sector, that employ a significant share of high education employees, were among the most affected by the lockdown.

![Figure 5.5: Change in Personal Income Due to COVID-19, by Respondents’ Age](chart)

Figure 5.6: Change in Personal Income Due to COVID-19, by Respondents’ Education

![Figure 5.6: Change in Personal Income Due to COVID-19, by Respondents’ Education](chart)

While most of the respondents had multiple reasons for income loss, the data shows that the most common reason was due to disruption in supply chains of goods and reduction in economic activity amid the lockdown. Figure 5.7 shows nearly 22% of the respondents saying they had lost their income due to lacking supply of goods to sell, while 21% reported reduced working hours as the main reason behind their loss of income. Similarly, 20% of the respondents lost their income due to job termination, followed closely by those reporting reduced customers. Only 12% of the respondents said they had voluntarily quit working due to reduced hours. On the other hand, despite the strict lockdown measures in Samoa, only 9% of the respondents said their income had been affected due to restricted domestic
travel. The proportion of workers affected directly by international travel was even lower, with only 5% of respondents saying their income had decreased due to restriction on foreign travel.\(^4\)

**Figure 5.7: Causes for Reduction in Personal Income**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost supply of goods to sell</td>
<td>22%</td>
</tr>
<tr>
<td>Reduced working hours</td>
<td>21%</td>
</tr>
<tr>
<td>Job terminated</td>
<td>20%</td>
</tr>
<tr>
<td>Reduced customers</td>
<td>18%</td>
</tr>
<tr>
<td>Employer shut down</td>
<td>13%</td>
</tr>
<tr>
<td>Quit due to reduced hours</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
<tr>
<td>Restricted domestic travel</td>
<td>9%</td>
</tr>
<tr>
<td>Additional family responsibility</td>
<td>7%</td>
</tr>
<tr>
<td>Restricted international travel</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Note: Respondents allowed to choose multiple options.*

The respondents witnessing a decrease in personal income were further asked how they were coping with the financial stress. The data indicates that nearly 40% of the respondents, especially those residing outside of Apia, relied mostly on domestic farming to reduce their expenditure. At the same time, nearly one-third of the respondents said they were receiving remittances from friends/family members, as shown in Figure 5.8.

A similar proportion of households also reported seeking other forms of help from friends/family members, while 13% said they had taken out a loan from a bank to cope with the financial strain. Only 2% of households said they were mainly coping with stress through assistance from the government.

**Figure 5.8: Coping with Financial Stress Due to Loss of Personal Income**

<table>
<thead>
<tr>
<th>Coping Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farming</td>
<td>40%</td>
</tr>
<tr>
<td>Remittances</td>
<td>31%</td>
</tr>
<tr>
<td>Help from friends/family</td>
<td>30%</td>
</tr>
<tr>
<td>Loans from banks</td>
<td>13%</td>
</tr>
<tr>
<td>Borrow from friends/family</td>
<td>6%</td>
</tr>
<tr>
<td>Selling assets</td>
<td>5%</td>
</tr>
<tr>
<td>Reduce consumption</td>
<td>3%</td>
</tr>
<tr>
<td>Delay in making payments</td>
<td>3%</td>
</tr>
<tr>
<td>Exchange of goods/assets</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>Assistance from govt.</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Note: Respondents allowed to choose multiple options.*

\(^4\) Though the percentage of participants reporting a reduction in income from restricted foreign travel isn’t significant, it is likely that other main reasons, such as reduced customers and disruption in supply of goods, are indirectly related to the border closure.
5.2. Assistance from Government/Other Sources

As part of its emergency response to COVID-19, the Government of Samoa announced a ST$ 8.6 million stimulus package in April 2020 that included a nationwide reduction in electricity tariffs. The package resulted in a reduction in the price of electricity for six months, and up to 50% reduction in the daily fixed rates for hotels for three months.\(^5\)

Besides the reduction in electricity tariffs, nearly 11% of the households also reported receiving additional support from the government during the COVID-19 pandemic. Of the 22,774 respondents, 2,391 said they had at least one household member who had received some form of support from the government, while 18,930 households (83%) said they had not received any support as part of the government’s COVID-19 response (see Figure 5.9). The low number of respondents who stated that they have received government assistance reflects the low levels of awareness amongst households on the support that was provided by the government nationwide. The households receiving assistance were spread uniformly across the country, with no region showing a particularly higher share of households benefiting from assistance.

Many households receiving government assistance said they were also getting help from other sources, such as relatives living abroad (53%) and churches/NGOs (6%). Nearly half (48%) of those receiving assistance from the government had also received financial support from the National Provident Fund. In addition, 7% received basic essential items from the government (see Figure 5.9).

![Figure 5.9: Households Receiving Support from Govt/Other Partners](image)

Note: The results presented in the pie chart represent households receiving assistance other than the reduction in utility tariffs, which were implemented across the nation as part of the government’s overall emergency response to COVID-19. For the bar chart, respondents allowed to choose multiple options.

The results also showed a need for further support among Samoans, especially with respect to fulfilling the immediate needs of households. Of the 2,391 households that have reported receiving assistance from the government and other sources, 68% said they would like to see the government provide cash transfers to residents. The demand for food packets was also considerably high, with 61% of the households reporting a need for food items to cope with their needs, as shown in Figure 5.10. Nearly one-

fifth of the households were also in favor of the government providing other in-kind support, while 18% of the households said they would benefit from skills development and training programs to boost their employment prospects. When respondents were interviewed of the effects on their employment because of the SOEs and travel restrictions due to the coronavirus, only 10% stated that they had lost their job or livelihood.

![Figure 5.10: Type of Assistance Needed from Government/Other Partners](image)

**Note:** Respondents allowed to choose multiple options.

### 5.3. Change in Income from Continuation of Emergency

To assess the economic impact of prolonged lockdown measures, the respondents were asked how their personal and household income would be affected if the state of emergency would continue for another two months. The results showed over half of the households (57%) being largely unaffected despite the continuation of the emergency, indicating a strong resilience to cope with shocks and crises. Yet nearly 40% of the households also reported their expected earnings going down if State of Emergency continues, with 13% reporting a significant decrease and 26% reporting a moderate reduction in income. Only 4% of the households said their income would increase somewhat from the continuation of the emergency, while just under 1% said their household income would increase significantly, as shown in Figure 5.11.
Those fearing a decrease in income were spread across multiple sectors of the economy, though the percentage was comparably higher among those employed casually with a registered business (48%), self-employed (43%) or those part of the informal sector (42%), as shown in Figure 5.12. Among those working in the agriculture/livestock sector, 38% said they feared losing income due to prolonged state of emergency, while nearly one-third of those relying on remittances as their main source of income said the same.

6. Family arrangements: Childcare, parenting, play time and mobility

Beyond the economic impact, the SEIA also assessed how the onset of the State of Emergency affected provision of childcare, difficulties in parenting, mobility among children and availability of resources. This section presents the findings of how the COVID-19 pandemic altered family life in Samoa.

With school closures and strict restrictions on mobility throughout the country, most of the children in Samoa spent a great deal of time at home. Figure 6.1 shows nearly 95% of children in households across Samoa were confined to their homes as the pandemic went on, while children in 4% of the households...
spent time at other places, such as a friend’s house, with relatives/grandparents/caregivers and/or doing farming/household chores.

Figure 6.1: Children’s Time Spent During State of Emergency/Lockdown

The confinement to homes, however, did not cause much concern among parents/caregivers. Nearly 73% of the respondents did not report any concern with children spending extensive time at home. Another 25% did express concern with the situation, with the primary concern being related to children’s safety (82%), health (52%) and learning outcome (43%). Only 13% of the households expressed concern regarding additional costs from the emergency, while 7% said their own productivity had been adversely affected due to children spending most of their time home, as shown in Figure 6.2.

Figure 6.2: Concerns with Children Spending Most of Their Time at Home

Note: Respondents allowed to choose multiple options for the bar chart.

A regional breakdown further indicates that the concerns among respondents were generally higher in Savai’i and lower in North West Upolu. While nearly one-fourth of those (24%) participating in the study came from Savai’i, the proportion of those concerned about children’s time at home was closer to 30%.
On the other hand, approximately 35% of the total respondents belonged to North West Upolu, but the proportion of those concerned about children’s time was nearly 28%, as shown in Figure 6.3 below.

The respondents in Savai’i also expressed consistent worries regarding their children’s safety, health, and learning, with only a minor reduction with respect to additional financial burden, as shown in the four panels of Figure 6.3 below. Respondents from other regions also had similar level of concern, except those in Rest of Upolu where the respondents were disproportionately more concerned with additional costs associated with children staying home.

**Figure 6.3: Reasons for Concern over Children Staying at Home, by Region**

The concern regarding respondents’ own productivity was even more pronounced between the regions, increasing steadily from urban areas to rural villages of Samoa. Among the households expressing productivity concern due to presence of children at home, 39% were in Savai’i, followed by 31% in Rest of Upolu, 20% in North West Upolu and 9% in Apia Urban Area, as shown in Figure 6.4.
7. Impact on Education

The COVID-19 response posed a major challenge with respect to children’s education and learning. With schools closed for an extensive period, thousands of children across the country were forced to stay at home, as evidenced in Section 6, and adapt to new methods of education. This section presents the main findings of the impact of the COVID-19 crisis on children’s schooling, particularly with respect to access to technology, as well as other resources to facilitate children’s education outside the classroom.

7.1. Children’s Access to Resources

Data from the SEIA shows that overall, 48% of the children in Samoa had access to a computer or a tablet/smartphone – the most critical tool to support remote learning – while over half (52%) of the children had no access to these devices. Nearly three-quarters (74%) of the respondents said their household had children’s books. Similarly, 70% of the households had a television, 63% had toys and nearly half of the households had radios available for children, as shown in Figure 7.1. While assessing the role of technology on children’s learning outcome was beyond the scope of this study, a follow-up on the impact of technology on school performance can shed a greater light on the learning gap among children during the COVID-19 crisis.

Note: Respondents allowed to choose multiple options.
Region-wise, the percentage of households with electronic devices for children was far higher in Apia Urban Area compared to other parts of the country. Figure 7.2 shows nearly 61% of the households in Apia having computers/smartphones/tablets for children, followed by North West Upolu (49%), Savai’i (42%) and Rest of Upolu (42%), reflecting a considerable gap in children’s educational experience based on their geographic location.

Figure 7.2: Percentage of HH with Computer/Smartphone/Tablet for Children, by Region

7.2. Children’s education at home

Across Samoa, 72% of the households reported children receiving education during school closure. However, the distribution of those receiving education was uneven across the country, with children in urban areas studying at a significantly higher rate than their peers in rural villages. As Figure 7.3 shows, over 80% of households in Apia Urban Area reported children receiving education despite school closure, while the percentage of households reporting the same in Savai’i was 61% - a difference of 20%.

Figure 7.3: Children Receiving Education During School Closure, Nationally and by Region

Moreover, the children who received education during school closures were more likely to belong to households where the respondent had a higher level of education, indicating the critical role of parents/caretakers’ education in children’s learning and schooling. Figure 7.4 shows 77% of the respondents with higher education saying that their children were receiving education at home, compared with nearly two-thirds (66%) of those with primary education – a difference of 11%.
The data further shows children in 64% of households receiving education in the form of help from adults, while children in nearly half (48%) of the households also learnt through independent reading. Television was a source of learning for children in 42% of households, while online learning among children was much less common as only 19% of the households reported children receiving education via the internet despite nearly half of the total households having computers/smartphones/tablets available for children. Additionally, only 17% of the households reported children receiving education from private tutors, as shown in Figure 7.5.

**Figure 7.5: Form of Learning Outside the Classroom**

- Help from adults: 64%
- Independent reading/work: 48%
- Educational TV programmes: 42%
- Radio programmes: 22%
- Online learning: 19%
- Private tutoring: 17%

*Note: Respondents allowed to choose multiple options.*

Nevertheless, accessibility to electronic devices did improve the chances of children’s education overall. The data shows that among households equipped with electronic devices, the likelihood of children getting education was noticeable higher – 79% as opposed 65% for children without such devices (see Figure 7.6).
While learning via online platform was predictably high among children with computers/tablets/smartphones, the gap was also noticeable for other forms of learning, as shown in Figure 7.7. For instance, the data shows nearly 74% of students getting help from private tutors also had access to electronic devices. Similarly, over 60% of households using radio for education also had computers/smartphones/tablets for children. On the other hand, among households where adults helped children with schooling, a lower share tended to have electronic devices for children. The results, thus, reflect a pivotal role of technology is children’s remote education. Even though only 19% of the students reported learning on the internet, accessibility to electronic devices was a major indicator of children’s ongoing learning outside the classroom during the COVID-19 crisis.

Overall, 77% of the schools in Samoa provided paper-based material (such as printed assignments) to children to facilitate remote schooling, while nearly a quarter (24%) had an online platform for children. Mentoring and counseling services were only available at 19% of the schools, while 7% of the households reported getting no support from the schools for their children, as shown in Figure 7.8.
Figure 7.8: Services Provided by Schools to Support Remote Learning

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper-based</td>
<td>77%</td>
</tr>
<tr>
<td>Online platform</td>
<td>24%</td>
</tr>
<tr>
<td>Mentoring</td>
<td>19%</td>
</tr>
<tr>
<td>None</td>
<td>7%</td>
</tr>
<tr>
<td>Support for special needs children</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

Note: Respondents allowed to choose multiple options.

Among the households where children were provided with an online platform by the school, nearly 76% had computers/smartphones/tablets for children, while 24% households did not have these devices despite the school offering online services to children – indicating that the prevalence of online learning wasn’t optimal even when the schools were able to take advantage of technology for remote learning.

Still, there was a strong demand for online learning among respondents. Figure 7.9 shows that when asked about the key educational requirements needed from the schools to support online learning, over half (52%) of the households said they would like to have more equipment by the schools for remote learning, while 30% expressed the need for an online platform in general. Additionally, the demand for paper-based material was also at par with equipment for online learning (52%), while nearly one-third (32%) of the households also expressed the need guidance among parents to facilitate their children’s online education.

Figure 7.9: Form of Support Needed to Support Remote Learning

<table>
<thead>
<tr>
<th>Form of Support</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment for online learning</td>
<td>52%</td>
</tr>
<tr>
<td>Paper-based material</td>
<td>52%</td>
</tr>
<tr>
<td>Guidance for parents</td>
<td>32%</td>
</tr>
<tr>
<td>Online teaching/tutorials</td>
<td>30%</td>
</tr>
<tr>
<td>Remote support from teachers</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
<tr>
<td>Support for special needs children</td>
<td>4%</td>
</tr>
</tbody>
</table>

Note: Respondents allowed to choose multiple options.
Region-wise, the share of households expressing the need for online space/equipment was noticeably higher in Apia Urban Area and Rest of Upolu, followed by North West Upolu and Savai’i, as shown in Figure 7.10. Despite the gap between urban and rural areas, the figure also indicates that the overall demand for online platform/equipment was expressed by the majority of households in all regions.

**Figure 7.10: Demand for Online Equipment/Platform for Remote Schooling, by Region**

![Bar chart showing the percentage of households expressing the need for online space/equipment in different regions.]

<table>
<thead>
<tr>
<th>Region</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apia Urban Area</td>
<td>65</td>
<td>35</td>
</tr>
<tr>
<td>North West Upolu</td>
<td>62</td>
<td>38</td>
</tr>
<tr>
<td>Rest of Upolu</td>
<td>64</td>
<td>36</td>
</tr>
<tr>
<td>Savai’i</td>
<td>58</td>
<td>42</td>
</tr>
</tbody>
</table>

*Note: Respondents allowed to choose multiple options.*

The respondents were also asked how they were supporting their children with remote learning. Across Samoa, the most common form of support given by adults was through spending more time with children, with the data showing nearly 81% of households supporting children this way. Around 13% of the respondents said they had also hired private tutors, while 16% said they had been unable to help their children in any way, as shown in Figure 7.11.

**Figure 7.11: Form of support given by respondents for children’s remote learning**

![Bar chart showing the percentage of respondents giving different forms of support to their children.]

<table>
<thead>
<tr>
<th>Support</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent more time with children</td>
<td>81%</td>
</tr>
<tr>
<td>Unable to help</td>
<td>16%</td>
</tr>
<tr>
<td>Private tutoring</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

*Note: Respondents allowed to choose multiple options.*

The households where children received education from private tutors were spread all across the country, though the share of such households was twice as big outside of Apia Urban Area and Savai’i as shown in
Figure 7.12. Of the 2,368 households where children received education from private tutors, 866 (36%) were located in North West Upolu, followed by 753 (32%) in other parts of Upolu, 377 (16%) in Savai’i and 372 (16%) in Apia. Only 217 (8%) of these households were reported foreign remittances as the main source of their income, showing no significant relationship between remittances and the ability to afford private tutors.

Figure 7.12: Households with Access to Private Tutoring, by Region and Receipt of Remittances

The main challenge among children with respect to home-based schooling, according to those who responded on their behalf, was the presence of other priorities/distractions at home, such as assisting with housework and childcare etc. Figure 7.13 shows nearly 40% of the households reporting housework/childcare as the main challenge for students learning at home, followed closely by 37% of households that said lack of textbooks was the main challenge. Other factors, such as lack of interest compared to school, were also reported by 30% of the households, while 20% said insufficient guidance from parents/caregivers was the biggest challenge for children while their schools were closed.

Figure 7.13: Main challenges for children with home-based learning

Note: Respondents allowed to choose multiple options.
Nevertheless, the respondents were largely not very concerned about how these challenges may impact their children’s learning and performance. Figure 7.14 shows only about one-fourth of the households being concerned about children’s learning and performance from remote learning. Among those concerned about their children, the main concern was regarding children being behind in their studies and not being able to pass the current school year/exams. Over 80% of respondents expressed concern regarding the issue, followed by 61% of households saying that their children were less interested in learning at home. Additionally, over half of the respondents were also concerned about children being behind and not having enough support to catch up in their studies.

Figure 7.14: Concerns about Children’s Learning and Performance

![Bar chart showing concerns about children's learning and performance.]

- Not passing exams/school year: 80%
- Lost interest in school/learning: 61%
- No support to catch up: 54%

*Note: Respondents allowed to choose multiple options for the bar chart.*

8. COVID-19 and Food Security

One of the main uncertainties arising from the COVID-19 pandemic was food security. Nationwide lockdowns and subsequent closure of markets prompted a disruption in food production and supply chains throughout the world, disproportionately affecting poor and vulnerable households that are generally more prone to food insecurity than other segments of the population. This section explores the impact of the coronavirus on food security among households in Samoa.

Overall, the SEIA showed no major increase in food insecurity or disruption in the food supply/production in Samoa, with most of the households being able to access food items such as staple starch (breadfruit, rich, taro etc.) as well as meats/fish/eggs and fruits and vegetables. Only five percent of the households reported not being able to buy meat or fruits/vegetables, while 7% said they were not able purchase staple starch in the week prior to the survey, as shown in Figure 8.1.6

6 A major limitation in the design of the SEIA was that it only asked respondents about the purchase of food, while a significant proportion of households in Samoa rely on self-subsistence agriculture and do not purchase many food items such as fruits, vegetables and staple starch; especially in rural areas. Given the limitation, the results should be interpreted with caution.
The distribution of households not able to purchase food items was also spread evenly across the country. In rural areas such as Savai’i, the share of respondents that did not attempt to purchase food items was much greater, likely due to those households cultivating their own crops/livestock for domestic consumption. Figure 8.2 shows the breakdown of households’ access to staple starch in all four regions of Samoa. While only 5% of the households made no attempt at purchasing breadfruit/rice/taro in Apia Urban Area, the share of such households was five times higher in Savai’i.

Among the households facing difficulty in buying food items, the main reasons cited by respondents were mostly pertaining to disruptions caused by the lockdown and not due to lack of cash or increase in prices. For instance, among households facing difficulty buying rice/taro/breadfruit, 34% said the main reason was due to market closure. Likewise, 31% of the households said the shops had run out of stock amid lockdown, while 29% cited limited/no transportation as the main reason for not being able to buy food items. On the other hand, only 9% of the households said they couldn’t afford the items due to financial reasons, and only 3% attributed price hike for their inability to buy staple starch, as shown in Figure 8.3. The data for other food items, such as fruits, vegetables, meat, fish, and eggs also showed a similar trend – indicating that by and large, the price of essential food items in Samoa remained stable during the COVID-19 crisis.
Figure 8.3: Main reason for not having access to staple starch

- Markets closed: 34%
- Shops out of stock: 31%
- Limited/no transportation: 29%
- Can’t afford: 9%
- Restrictions to go outside: 4%
- Price increase: 3%

Note: Respondents allowed to choose multiple options.

Besides the ease of purchasing items, the survey also assessed whether the COVID-19 crisis had affected individuals’ food consumption in the form of less eating less or avoiding eating at all due to lack of money/resources. The overall results appear to be largely unalarming, with roughly 70-79% of the households reporting no change in their consumption despite the economic toll caused by COVID-19. While the results also show nearly 21-30% of the households consuming less due to financial reasons, the incidence of extreme hunger was still relatively rare, as illustrated by the four panels of Figure 8.4 below. The figures indicate that in most cases, household member ate less or not at all only on some occasions. Only 8% of the respondents said their household often ate less due to lack of money, while 4% said their household members would often stay hungry all day or run out of food due to lack of money/resources.7

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7 The respondents’ concern about having enough to eat for the next week showed a similar trend, with nearly two-thirds expressing no worries having enough food, 16% being slightly worried, 10% moderately worried and 7% very worried.
9. Public Trust and Safety

The COVID-19 crisis, in addition to causing a health and economic toll on countries, also had a significant social cost as lockdowns and mobility restrictions left thousands of individuals in isolation and confined to their homes. This section explores how the crisis impacted social and communal relations in Samoa, and whether the state of emergency resulted in increased crime in society.

The data shows that despite the strict restrictions imposed by the government in Samoa, communal relations and public trust in Samoa remained largely unaffected, or even improved. As figure 9.1 shows below, only 4% of the households reported that their relations within and outside their community had deteriorated due to COVID-19, compared to nearly 60% of the households that reported no change in their relations and nearly one-third of those that reported improved relationships within and outside their community.
Similarly, the perceived threat of physical violence in the community was also largely absent among most of the population. While nearly half (47%) of the respondents said their level of fear had remained unchanged during the lockdown period, a similar percentage (48%) of households reported feeling safer in terms of physical violence compared to the start of the year, as shown in Figure 9.2. Only 3% of the households said the threat of physical violence in their community had increased since the start of COVID-19.

Likewise, most Samoans indicated that the situation with respect to other crimes and safety issues, such as theft, verbal abuse, violence/intimidation by police, conflicts, vandalism as well as domestic violence, had either stayed the same as pre-pandemic or improved during the state of emergency. Overall, only about 6% of the households reported deteriorating crime compared to the situation prior to the COVID-19 crisis.
10. Mental health and stress

Beyond the socio-economic impact of COVID-19, the SEIA also assessed the mental toll inflicted by the crisis. This section explores how the crisis affected the behavior of the population, and how they coped with the added stresses in their everyday lives.

Overall, the data suggests no major change in the behavior of children in Samoa during the crisis. Nearly 93% of the households said the children in their households had shown no change in their behavior amid school closure, confinement to home and restrictions on travel. Only 695 households (4%) reported their children exhibiting a change in behavior, largely in the form of increased anxiety, fear, aggressiveness, anger, and sadness (see Figure 10.1).

![Figure 10.1: Change in Children’s Behavior During State of Emergency](image)

**Figure 10.1: Change in Children’s Behavior During State of Emergency**

- Anxiety and fear: 58%
- Aggressiveness and anger: 29%
- Sadness/crying more than usual: 20%
- Difficulty sleeping/eating: 15%
- Difficulty in concentration: 14%
- More time on Internet/social media: 13%
- Bed wetting suddenly: 12%
- Clinginess: 9%

*Note: Respondents allowed to choose multiple options in the bar chart.*

Despite the unchanged behavior, children did exhibit some worries related to COVID-19, according to the household members who responded on their behalf. While 63% of the households said their children had no worries related the coronavirus, the data also shows nearly 30% of children being worried about losing a family member or loved one to COVID-19, as shown in Figure 10.2 below. Similarly, around a quarter of the children were afraid of contracting COVID-19 themselves, while 14% reported worrying about the difficulties in studying and remote learning.

![Figure 10.2: Top Worries Related to COVID-19 Among Children](image)

**Figure 10.2: Top Worries Related to COVID-19 Among Children**

- No worries: 63%
- Fear of dying/losing a relative: 30%
- Fear of getting COVID-19/other sickness: 25%
- Difficult studying at home: 14%
- Less time with friends: 7%
- Online bullying: 2%

*Note: Respondents allowed to choose multiple options.*
Moreover, the respondents cited a variety of ways in which children coped with the stresses of COVID-19. Nearly half of the respondents said the children in their households were engaged in prayers to deal with the additional stress, while 36% said the children found solace by keeping in touch with friends/relatives. Other strategies included playing/exercising and social activities, focusing on the positive side of events, and staying informed about events through the news, as shown in Figure 10.3. The ability to seek counseling or speak to a mental health specialist, however, was absent – less than 1% of the households said their children had spoken to a mental health advisor during the COVID-19 crisis.

Figure 10.3: Children’s Stress Coping Mechanisms against COVID-19

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pray</td>
<td>49%</td>
</tr>
<tr>
<td>Keep in touch with friends/relatives</td>
<td>36%</td>
</tr>
<tr>
<td>Playing/exercising and social activities</td>
<td>34%</td>
</tr>
<tr>
<td>Focus on the positive side</td>
<td>31%</td>
</tr>
<tr>
<td>Stay updated reading news</td>
<td>19%</td>
</tr>
<tr>
<td>Spend more time on social media/online</td>
<td>10%</td>
</tr>
<tr>
<td>Talking about their worries</td>
<td>10%</td>
</tr>
<tr>
<td>Speak to a counselor</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Note: Respondents allowed to choose multiple options.

The respondents themselves were much more worried about COVID-19 than their children, though the majority still reported no worries related to the virus. Figure 10.4 shows around 40% of the respondents saying they were worried about COVID-19, while close to 59% said they had no worries regarding the virus. Among the respondents expressing worries, 87% had heard about the coronavirus disease, while 13% were worried despite reporting no knowledge about the virus.

Figure 10.4: Respondents worried about COVID-19

The main concerns among adults were also related to their health and sickness. Economic concerns, though prevalent, were much less worrisome. Nearly 81% of the respondents worried about COVID-19 said they were afraid of getting sick from the virus, while 77% said they were concerned about spending
too much time at home, as shown in Figure 10.5. Moreover, concerns pertaining to family members getting sick also consumed the respondents – 77% said they were worried about their children getting sick, while 68% worried about their parents/family. Other concerns, especially those related to family income, children’s education and job loss, were considerably lower in frequency and were expressed by 35%, 19% and 14% of the households respectively.

Figure 10.5: Main Concerns related to COVID-19 Among Adults

![Bar chart showing main concerns related to COVID-19 among adults.]

Note: Respondents allowed to choose multiple options.

Similar to children, the adults coped with the stresses of COVID-19 through prayers (82%), keeping in touch with friends/relatives (43%), focusing on the positive side of events (38%) and staying up to date on the situation (29%). Only 3% of the respondents reported using alcohol/kava as a distraction to cope with their stresses, and 2% said they were using cigarettes/chew betel nuts to cope with the situation. Seeking mental health counseling was once again reported by only 1% of the adults in Samoa, as shown in Figure 10.6 below.

Figure 10.6: Adults’ Stress Coping Mechanisms against COVID-19

![Bar chart showing adult stress coping mechanisms.]

Note: Respondents allowed to choose multiple options.
11. COVID-19 and Handwashing

Besides the social distancing, mobility restrictions and usage of facemasks, one of the important ways to curb the spread of COVID-19 is through regular handwashing.

Data for the SEIA suggests that most of the population in Samoa had either a fixed or a mobile handwashing facility available in their homes, thus minimizing the risk of contracting or spreading COVID-19. As figure 11.1 shows, nearly 63% of the households in Samoa had a fixed handwashing facility inside their dwelling, while 28% had one in their yard/plot and 6% were able to wash their hands using a mobile object (such as a jar or bucket etc.). Only 3% of the households reported having no access to a handwashing facility. Similarly, only 3% of the households reported not having enough soap/water in the past week to wash their hands when needed.

Figure 11.1: Access to Handwashing Facility and Soap

![Handwashing facility and Soap](chart.png)

Among the 3% of households not being able to access enough soap/water for domestic use, the main reason cited by the respondents was due to water supply being unavailable or reduced. As Figure 11.2 shows, only 10% of the households cited unaffordability of soap as the reason for not being able to use soap for handwashing, while 2% said they were unable to purchase soap as it was not available in the market.
Figure 11.2: Reasons for Not Having Access to Soap/Water for Domestic Use

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water supply no longer available</td>
<td>68%</td>
</tr>
<tr>
<td>Water supply reduced</td>
<td>12%</td>
</tr>
<tr>
<td>Unable to afford soap</td>
<td>10%</td>
</tr>
<tr>
<td>Not available in market</td>
<td>2%</td>
</tr>
<tr>
<td>Afraid of going out</td>
<td>2%</td>
</tr>
<tr>
<td>Unable to afford water</td>
<td>2%</td>
</tr>
<tr>
<td>Unable to access command sources</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Note: Respondents allowed to choose multiple options.
Conclusions

The timely initiative in conducting the Socio-economic Impact Assessment has resulted in the UN Country Team to gain important insights into key issues related to COVID-19 in Samoa in the aftermath of the State of Emergency and border closure. Despite the data limitations, the results highlight a wide range of topics and cast a reflection on how everyday life has been affected throughout the country; allowing policymakers and government officials to make informed decisions and increase their responsiveness to the needs and concerns of people.

While Samoa has remained largely virus-free, the strict lockdown measures have undoubtedly had a noticeable impact on people’s income, family affairs, education, mental health and social interactions. However, the results indicate that the overall socio-economic impact may not be as severe as originally feared. While everyday life has undoubtedly been hampered, nearly 60% of Samoans seem to have no worries about the coronavirus. Among those concerned about the virus, the main worries are related to health and sickness, while economic concerns appear to be secondary and less worrisome.

Most Samoans are also well-informed on the virus and its causes of spread, relying largely on television, internet, social media, and radio to access COVID-related information. The use of television and Internet/social media is somewhat higher among urban households, whereas a greater share of the population use the radio to stay informed in rural areas.

Despite the stringent lockdown measures initially and the continuation of SOE, the number of Samoans facing difficulty in health services or buying medicines has been extremely small – only 3% of households faced a challenge seeking health services and 2% in buying medicines, indicating no disruption in healthcare as the lockdown continues.

In terms of the economic impact, nearly 11% of the households across Samoa had at least one member lose their job due to measures related to COVID-19. The job losses are distributed uniformly in the formal and informal sector and have had various degrees of impact on household income. However, most of the households have only witnessed a slight or moderate decrease in income.

In addition to nationwide reduction in electricity tariffs, nearly 11% of the households report receiving additional support from the government. However, the need for further support among recipients is considerably high, especially with respect to fulfilling the immediate needs of households. Among the households receiving additional assistance, 68% said they would like to see the government provide cash transfers to residents, while 61% said they would benefit from food packets to cope with the crisis. The support provided by the government has also been insufficient to significantly boost household income, as only 10% of households receiving additional government support said their income increased from the assistance.

To cope with the financial stress, a considerable proportion of households relied on domestic farming and remittances from friends/family. Consequently, there was no major issue related to food insecurity or disruption in the food supply/production, with most of the households being able to purchase food items when needed. Even among the small number of households facing difficulty in buying food, the reasons were mainly due to lockdown measures instead of lack of cash or increase in food prices. Nearly 70% of the households also reported no change in their consumption despite the economic crisis. Even among the households consuming less due to financial reasons, the incidence of extreme hunger was relatively rare – in most cases, household members ate less or not at all only on some occasions.
Across Samoa, nearly one in five children were not able to receive any education at home during school closure. The distribution of those receiving home-based education was also uneven across the country, with children in urban areas attending schools remotely at a significantly higher rate than their peers in rural villages.

Online learning platforms were available to only 24% of the school-going children nationwide, even though a larger share of children (48%) had access to electronic devices. There was also a strong demand for online learning among Samoans, with over half of the households saying they would like to have more online equipment provided by the schools for remote learning, while 30% expressed the need for an online platform in general.

Most households were not concerned about how remote education may impact their children’s learning and performance. Only about one-fourth of the households expressed concern about children’s remote learning, with the primary concern being children falling behind in their studies and not being able to pass the current school year/exams. Other concerns were related to children being less motivated in learning at home and not having enough support to catch up on their studies.

Despite the restrictions imposed by the government, communal relations and public trust in Samoa remained largely unaffected, or even improved. Only 4% of the households reported that their relations within and outside their community had deteriorated due to COVID-19, while nearly 60% of the households reported no change and one-third said their relations had improved within and outside their community. Similarly, the perceived threat of physical violence in the community was also largely absent among most of the population.

Likewise, most Samoans indicated that the situation with respect to other crimes and safety issues, such as theft, verbal abuse, violence/intimidation by police, conflicts, vandalism as well as domestic violence, had either stayed the same as before the pandemic, or improved during the state of emergency. Overall, only about 6% of the households reported deteriorating crime compared to the situation prior to the COVID-19 crisis.

Similar to previous economic shocks such as the 2008 financial crisis, Samoa has once again proven its resilience to the global economic slowdown in the wake of the COVID-19 pandemic. The timely imposition of the State of Emergency has allowed Samoa to remain virus-free and avoid an uncontrollable health crisis. Though the mobility restrictions and loss of tourism has hampered everyday life and taken a toll on the local economy, the government’s strategy to steer Samoa towards a strong path of recovery is likely to help uplift the economy in the longer term and yield positive socio-economic outcomes for the entire population.