

## Supplemental Materials

Table S1: Basic demographics and Covid-19-related characteristics ( $N = 2,262$ )

	Mean	Std. dev.	Mean	Std. dev.
<b>1. SAMPLE CHARACTERISTICS</b>				
<b>Sociodemographics</b>				
Age (in years)	48.998	13.628		
Male (0: no, 1: yes)	0.424	0.494	Currently has fever (0: no, 1: yes)	0.037
Currently married (0: no, 1: yes)	0.847	0.360	Currently has cough (0: no, 1: yes)	0.144
Never attended school (0: no, 1: yes)	0.126	0.332	Currently has shortness of breath (0: no, 1: yes)	0.019
Finished standard (0: no, 1: yes)	0.678	0.467	Currently has fever, cough or shortness of breath (0: no, 1: yes)	0.178
Finished Form and above (0: no, 1: yes)	0.197	0.397	Currently has fever, cough and shortness of breath (0: no, 1: yes)	0.003
Central region (0: no, 1: yes)	0.347	0.476	Likelihood of having Covid-19 (1: very unlikely, 4: very likely)	1.303
Southern region (0: no, 1: yes)	0.249	0.433	Diagnosed with Covid-19 (asked if symptoms now or in the past, 0: no, 1: yes)	0.005
Northern region (0: no, 1: yes)	0.363	0.481	Diagnosed based on test ( $n = 4$ , 0: no, 1: yes)	0.500
Other regions (0: no, 1: yes)	0.041	0.199	Households with someone with cough, fever or shortness of breath (0: no, 1: yes)	0.290
<b>Social distancing</b>				
Household has face masks (0: no, 1: yes)	0.656	0.475	Households with someone with cough, fever and shortness of breath (0: no, 1: yes)	0.102
Decreased time spent close to persons not in household (0: no, 1: yes)	0.701	0.458	Number of infected people known	0.899
Avoided close contacts to prevent infection (0: no, 1: yes)	0.906	0.292	Perceived current local prevalence (out of 10 people)	0.778
Stayed at home to prevent infection (0: no, 1: yes)	0.726	0.446	Perceived local prevalence in 3 months (out of 10 people)	2.107
Washed hands with soap frequently to prevent infection (0: no, 1: yes)	0.938	0.241	<b>Trust</b>	
Avoided shaking hands to prevent infection (0: no, 1: yes)	0.903	0.296	Distrust health workers to deal with Covid-19 (0: no, 1: yes)	0.083
Covered mouth and nose when go out (0: no, 1: yes)	0.618	0.486	Neither trust nor distrust health workers to deal with Covid-19 (0: no, 1: yes)	0.115
Coughed/sneezed into your elbow (0: no, 1: yes)	0.842	0.365	Trust health workers to deal with Covid-19 (0: no, 1: yes)	0.802
Ability to isolate for 1-2 weeks from other HH members if infected (0: no, 1: yes)	0.851	0.356	Government not truthful about Covid-19 (0: no, 1: yes)	0.211
			Government neither truthful nor untruthful about Covid-19 (0: no, 1: yes)	0.171
			Government truthful about Covid-19 (0: no, 1: yes)	0.618
<b>2. KNOWLEDGE AND AGREEMENT</b>				
Know cough, fever and shortness of breath are symptoms (0: no, 1: yes)	0.342	0.475	Agree that one can get infected by shaking hands (0: no, 1: yes)	0.964
Number of symptoms known	3.382	1.412	Agree that one can get infected through droplets (0: no, 1: yes)	0.956
Agree that there currently exists no treatment (0: no, 1: yes)	0.829	0.377	Agree that one can be infected and asymptomatic (0: no, 1: yes)	0.680
Agree that one can be infected with close contacts (0: no, 1: yes)	0.863	0.343	Agree that most people recover in less than a month (0: no, 1: yes)	0.767
				0.423
<b>3. CONSEQUENCES OF THE PANDEMIC</b>				
<b>Economic consequences</b>				
Reduced non-food expenditure (0: no, 1: yes)	0.771	0.420	<b>Worried about access to:</b>	
Reduced food consumption (0: no, 1: yes)	0.192	0.394	Malaria treatment (0: no, 1: yes)	0.554
Reduced health expenditure (0: no, 1: yes)	0.163	0.369	HIV testing (0: no, 1: yes)	0.399
Borrowed money (0: no, 1: yes)	0.259	0.438	Pre- and post-natal care (0: no, 1: yes)	0.373
Worries related to food (0: never, 3: often)	0.610	0.941	Vaccination/healthcare for children (0: no, 1: yes)	0.403
Increase in worries related to food since last year (0: no, 1: yes)	0.222	0.416	Obtaining contraception (0: no, 1: yes)	0.380
Economic situation deteriorated since last year (0: no, 1: yes)	0.553	0.497	Treatment for NCD (0: no, 1: yes)	0.419
			ART (0: no, 1: yes)	0.392
				0.488

Note: Sample characteristics based on 2,262 MLSFH respondents who completed the Covid-19 phone survey, covering the period from June 2nd to August 17, 2020. The question about the likelihood of having Covid-19 is asked only to individuals who currently have cough, fever or shortness of breath. "Std. dev." stands for "Standard deviation".

**Table S2: Respondent’s characteristics associated with reporting an economically active VH**

	VH eco. active (1)	VH eco. active (2)	VH eco. active (3)	VH eco. active (4)	VH eco. active (5)
Male	0.061*** (0.021)	0.060*** (0.021)	0.060*** (0.021)	0.059*** (0.021)	0.059*** (0.021)
Age 35-45	0.051* (0.030)	0.049* (0.030)	0.049 (0.030)	0.047 (0.030)	0.047 (0.030)
Age 45-55	0.071** (0.032)	0.069** (0.032)	0.070** (0.032)	0.069** (0.032)	0.070** (0.032)
Age 55-65	0.018 (0.035)	0.014 (0.035)	0.016 (0.035)	0.014 (0.035)	0.015 (0.035)
Age 65+	-0.009 (0.035)	-0.010 (0.035)	-0.010 (0.035)	-0.014 (0.035)	-0.014 (0.035)
Finished standard	0.030 (0.031)	0.029 (0.031)	0.030 (0.031)	0.030 (0.031)	0.030 (0.031)
Finished Form and above	-0.030 (0.040)	-0.031 (0.040)	-0.029 (0.040)	-0.028 (0.040)	-0.027 (0.040)
Balaka	-0.130*** (0.025)	-0.131*** (0.025)	-0.127*** (0.042)	-0.128*** (0.025)	-0.112* (0.060)
Rumphi	-0.084*** (0.024)	-0.082*** (0.024)	-0.033 (0.041)	-0.077*** (0.024)	-0.044 (0.064)
Time (in days)		-0.001 (0.001)	0.000 (0.001)	0.002 (0.002)	0.004 (0.004)
Balaka x time			-0.000 (0.001)		-0.002 (0.005)
Rumphi x time			-0.002 (0.001)		-0.002 (0.005)
Period post election				0.197*** (0.055)	0.131 (0.104)
Period post election x time				-0.007*** (0.002)	-0.006 (0.004)
Period post election x Balaka					0.042 (0.145)
Period post election x Rumphi					0.118 (0.135)
Period post election x Balaka x time					0.000 (0.006)
Period post election x Rumphi x time					-0.002 (0.006)
Observations	2041	2039	2039	2039	2039

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). We define a VH as being “economically active” if he has instructed respondents to creating a village fund for emergency purposes or redistribute resources (food, money, medical supplies) to the most vulnerable members of the village community. The reference region is Mchinji and respondents coming from other districts were dropped. Post-election period was set to June 23 onwards.

**Table S3: Respondent's characteristics associated with reporting a socially active VH**

	VH soc. active (1)	VH soc, active (2)	VH soc. active (3)	VH soc. active (4)	VH soc. active (5)
Male	0.041** (0.016)	0.042*** (0.016)	0.042*** (0.016)	0.041** (0.016)	0.041** (0.016)
Age 35-45	-0.003 (0.024)	-0.001 (0.024)	-0.001 (0.024)	-0.001 (0.024)	-0.002 (0.024)
Age 45-55	0.009 (0.024)	0.011 (0.024)	0.011 (0.025)	0.012 (0.024)	0.011 (0.024)
Age 55-65	-0.019 (0.028)	-0.013 (0.028)	-0.013 (0.028)	-0.012 (0.028)	-0.015 (0.028)
Age 65+	-0.054* (0.030)	-0.051* (0.030)	-0.051* (0.030)	-0.052* (0.030)	-0.053* (0.030)
Finished standard	0.028 (0.026)	0.029 (0.026)	0.032 (0.026)	0.029 (0.026)	0.027 (0.026)
Finished Form and above	0.003 (0.033)	0.005 (0.033)	0.009 (0.033)	0.005 (0.033)	0.003 (0.033)
Balaka	0.041** (0.019)	0.044** (0.019)	0.079** (0.035)	0.045** (0.019)	0.018 (0.053)
Rumphhi	0.033* (0.018)	0.028 (0.018)	0.048 (0.034)	0.030 (0.018)	0.024 (0.053)
Time (in days)		0.001*** (0.000)	0.002*** (0.001)	0.003** (0.002)	0.002 (0.003)
Balaka x time			-0.002 (0.001)		0.005 (0.004)
Rumphhi x time			-0.001 (0.001)		-0.000 (0.004)
Period post election				0.044 (0.042)	-0.082 (0.075)
Period post election x time				-0.003 (0.002)	0.002 (0.003)
Period post election x Balaka					0.195* (0.108)
Period post election x Rumphhi					0.188* (0.100)
Period post election x Balaka x time					-0.010** (0.005)
Period post election x Rumphhi x time					-0.005 (0.004)
Observations	2041	2039	2039	2039	2039

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). We define a VH as being “socially active” if he has instructed respondents to cancel village meetings, keep distance from other people while fetching water, stop public works or stopping recreational activities, such as soccer on the playground. The reference region is Mchinji and respondents coming from other districts were dropped. Post-election period was set to June 23 onwards.

**Table S4: Associations between village head’s (VH) characteristics and occurrence of negative economic shocks between 2008 and 2010**

	Active VH			
	socially (1)	economically (2)	socially (3)	economically (4)
Average number of negative shocks in village	0.053* (0.031)	-0.009 (0.037)		
Average number of negative <i>global</i> shocks in village			0.079** (0.032)	0.061 (0.039)
Observations	2084	2084	2084	2084

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). All regressions control for sex, age (dichotomous variables for age 19-34, 35-44, 45-54, 55-64, 65-90) and education (dichotomous variables for "never attended school", "finished standard" and "finished form and above"), and include region and time (in days) fixed-effects. We define a VH as being "socially active" if he has instructed respondents to cancel village meetings, keep distance from other people while fetching water, stop public works or stopping recreational activities, such as soccer on the playground. We define a VH as being "economically active" if he has instructed respondents to creating a village fund for emergency purposes or redistribute resources (food, money, medical supplies) to the most vulnerable members of the village community. "Average number of negative shocks in village (2010)" is the average number of economic shocks reported by individuals over the period 2008-2010. "Average number of negative *global* shocks in village (2010)" restrict the economic shocks reported by individuals to have affected other households in the community, and not just respondents'. Analysis is restricted to villages with at least 5 observations (5 respondents).

**Table S5: Associations between village head’s (VH) characteristics and actions taken to reduce risks of infection**

	At least 1 low cost actions (1)	All low costs actions (2)	At least 1 high cost actions (3)	All high costs actions (4)
	VH socially active	0.047*** (0.013)	0.175*** (0.029)	0.097*** (0.024)
VH economically active	0.007 (0.004)	0.059*** (0.019)	0.006 (0.018)	0.018 (0.025)
Observations	2132	2130	2132	2132

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). All regressions control for sex, age (dichotomous variables for age 19-34, 35-44, 45-54, 55-64, 65-90) and education (dichotomous variables for "never attended school", "finished standard" and "finished form and above"), and include region and time (in days) fixed-effects. We define a VH as being "socially active" if he has instructed respondents to cancel village meetings, keep distance from other people while fetching water, stop public works or stopping recreational activities, such as soccer on the playground. We define a VH as being "economically active" if he has instructed respondents to creating a village fund for emergency purposes or redistribute resources (food, money, medical supplies) to the most vulnerable members of the village community. "Low cost actions" include washing hands, avoiding close contact and avoiding shaking hands. "High cost actions" include staying at home and decreasing time spent with persons not living in the same household.

**Table S6: Associations between village head’s (VH) characteristics and worries about health care access**

	<i>Worries about health care access</i>						
	Malaria (1)	HIV testing (2)	Pre/post-natal (3)	Vaccine (4)	Contraception (5)	NCDs (6)	ART (7)
VH socially active	0.069** (0.031)	0.018 (0.031)	-0.007 (0.034)	0.042 (0.032)	0.034 (0.033)	0.020 (0.031)	0.049 (0.031)
VH economically active	-0.004 (0.026)	-0.055** (0.024)	-0.079*** (0.026)	-0.084*** (0.025)	-0.048* (0.026)	-0.018 (0.025)	-0.023 (0.025)
Observations	2129	2127	1875	1991	1856	2096	2006

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). All regressions control for sex, age (dichotomous variables for age 19-34, 35-44, 45-54, 55-64, 65-90) and education (dichotomous variables for "never attended school", "finished standard" and "finished form and above"), an include region and time (in days) fixed-effects. We define a VH as being "socially active" if he has instructed respondents to cancel village meetings, keep distance from other people while fetching water, stop public works or stopping recreational activities, such as soccer on the playground. We define a VH as being "economically active" if he has instructed respondents to creating a village fund for emergency purposes or redistribute resources (food, money, medical supplies) to the most vulnerable members of the village community. "NCDs" stands for non-communicable diseases. "ART" stands for antiretroviral treatment.

**Table S7: Associations between trust towards institutions and worries about health care access**

	<i>Worries about health care access</i>						
	Malaria (1)	HIV testing (2)	Pre/post-natal (3)	Vaccine (4)	Contraception (5)	NCDs (6)	ART (7)
Government untruthful	-0.029 (0.035)	-0.060* (0.035)	-0.057 (0.037)	-0.056 (0.037)	-0.064* (0.037)	-0.048 (0.036)	-0.020 (0.036)
Government truthful	-0.086*** (0.029)	-0.077** (0.030)	-0.079** (0.031)	-0.101*** (0.031)	-0.064** (0.032)	-0.081*** (0.030)	-0.068** (0.031)
Observations	2127	2125	1873	1989	1854	2094	2004

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). All regressions control for sex, age (dichotomous variables for age 19-34, 35-44, 45-54, 55-64, 65-90) and education (dichotomous variables for "never attended school", "finished standard" and "finished form and above"), and include region and time (in days) fixed-effects. "Government untruthful" combines those who consider the government very untruthful and somewhat untruthful. "Government truthful" combines those who consider the government very truthful and somewhat truthful. The reference category represents those who consider the government to be neither truthful nor untruthful. "NCDs" stands for non-communicable diseases. "ART" stands for antiretroviral treatment.

**Table S8: Associations between trust towards institutions (government) and social distancing measures**

	<i>Social distancing</i>							
	Action score (1)	Face masks (2)	Decreased time (3)	Avoided contact (4)	Stayed at home (5)	Washed hands (6)	Avoided sh. hands (7)	Prayed (8)
Government untruthful	-0.217** (0.087)	-0.078** (0.032)	-0.069** (0.034)	-0.035 (0.023)	-0.066** (0.031)	-0.046*** (0.016)	-0.027 (0.022)	-0.106*** (0.032)
Government truthful	0.054 (0.068)	0.016 (0.027)	0.049* (0.028)	0.030* (0.018)	-0.036 (0.026)	-0.030** (0.013)	0.018 (0.018)	-0.085*** (0.026)
Observations	2125	2129	2129	2129	2129	2128	2128	2129

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). All regressions control for sex, age (dichotomous variables for age 19-34, 35-44, 45-54, 55-64, 65-90) and education (dichotomous variables for "never attended school", "finished standard" and "finished form and above"), and include region and time (in days) fixed-effects. "Government untruthful" combines those who consider the government very untruthful and somewhat untruthful. "Government truthful" combines those who consider the government very truthful and somewhat truthful. The reference category represents those who consider the government to be neither truthful nor untruthful. "Action score" (ranging from 0 to 6) represents the number of appropriate actions *taken* by respondents to reduce the risk of infections such as washed hands, avoided close contacts, stayed at home, covered mouth/nose, avoided shaking hands and coughed in elbow are considered as appropriate actions.

**Table S9: Associations between trust towards institutions (healthcare workers - HW) and social distancing measures**

	<i>Social distancing</i>							
	Action score (1)	Face masks (2)	Decrease time (3)	Avoided contact (4)	Stayed at home (5)	Washed hands (6)	Avoided sh. hands (7)	Prayers (8)
Distrust in HW	-0.433*** (0.122)	-0.073 (0.045)	-0.079* (0.046)	-0.066** (0.033)	-0.090** (0.042)	-0.054** (0.027)	-0.110*** (0.029)	0.039 (0.045)
Trust in HW	-0.068 (0.070)	0.058* (0.031)	-0.027 (0.031)	-0.009 (0.020)	-0.086*** (0.028)	-0.016 (0.016)	-0.053*** (0.016)	0.025 (0.033)
Observations	2126	2130	2130	2130	2130	2129	2129	2130

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). All regressions control for sex, age (dichotomous variables for age 19-34, 35-44, 45-54, 55-64, 65-90) and education (dichotomous variables for "never attended school", "finished standard" and "finished form and above") and include region and time (in days) fixed-effects. "Distrust in HW" combines those who strongly distrust and those who somewhat distrust HW. "Trust in HW" combines those who strongly trust and those who somewhat trust HW. The reference category represents those who neither trust nor distrust. "Action score" (ranging from 0 to 6) represents the number of appropriate actions *taken* by respondents to reduce the risk of infections such as washed hands, avoided close contacts, stayed at home, covered mouth/nose, avoided shaking hands and coughed in elbow are considered as appropriate actions.

**Table S10: Association between village head's (VH) characteristics and trust towards institutions - linear specification**

	Trust in HW (1)	Trust in HW (2)	Trust in HW (3)	Gvt truthful (4)	Gvt truthful (5)	Gvt truthful (6)
VH socially active	0.138*** (0.043)		0.138*** (0.043)	0.180*** (0.053)		0.173*** (0.054)
VH economically active		0.021 (0.029)	0.002 (0.030)		0.056 (0.040)	0.031 (0.040)
Observations	2130	2130	2130	2129	2129	2129

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). All regressions control for sex, age (dichotomous variables for age 19-34, 35-44, 45-54, 55-64, 65-90) and education (dichotomous variables for "never attended school", "finished standard" and "finished form and above"), and include region and time (in days) fixed-effects. We define a VH as being "socially active" if he has instructed respondents to cancel village meetings, keep distance from other people while fetching water, stop public works or stopping recreational activities, such as soccer on the playground. We define a VH as being "economically active" if he has instructed respondents to creating a village fund for emergency purposes or redistribute resources (food, money, medical supplies) to the most vulnerable members of the village community. "HW" stands for health care workers. Outcome variables take three possible values: 0 (very untruthful or somewhat untruthful/strongly distrust or somewhat distrust), 1 (neither truthful nor untruthful/neither trust nor distrust) and 2 (very truthful or somewhat truthful/strongly trust or somewhat trust).

**Table S11: Association between village head’s (VH) characteristics and trust towards institutions - ordered logit specification**

	Trust in HW (1)	Trust in HW (2)	Trust in HW (3)	Gvt truthful (4)	Gvt truthful (5)	Gvt truthful (6)
VH socially active	0.587*** (0.158)		0.577*** (0.160)	0.439*** (0.131)		0.414*** (0.133)
VH economically active		0.135 (0.138)	0.052 (0.141)		0.175 (0.107)	0.116 (0.109)
Observations	2130	2130	2130	2129	2129	2129

*Note:* Estimates are derived from ordered logit regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). All regressions control for sex, age (dichotomous variables for age 19-34, 35-44, 45-54, 55-64, 65-90) and education (dichotomous variables for "never attended school", "finished standard" and "finished form and above"), and include region and time (in days) fixed-effects. We define a VH as being “socially active” if he has instructed respondents to cancel village meetings, keep distance from other people while fetching water, stop public works or stopping recreational activities, such as soccer on the playground. We define a VH as being “economically active” if he has instructed respondents to creating a village fund for emergency purposes or redistribute resources (food, money, medical supplies) to the most vulnerable members of the village community. “HW” stands for health care workers. Outcome variables take three possible values: 0 (very untruthful or somewhat untruthful/strongly distrust or somewhat distrust), 1 (neither truthful nor untruthful/neither trust nor distrust) and 2 (very truthful or somewhat truthful/strongly trust or somewhat trust).

**Table S12: Associations between sources of information and social distancing measures**

	Wear face masks (1)	HH owns face masks (2)	RR score (3)	Action score (4)	Wear face masks (5)	HH owns face masks (6)	RR score (7)	Action score (8)
Local source	0.032 (0.025)	0.029 (0.024)	0.134*** (0.049)	0.235*** (0.068)				
National source					0.032 (0.024)	0.040* (0.023)	0.077 (0.049)	0.167** (0.066)
Observations	2132	2133	2128	2129	2132	2133	2128	2129

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). All regressions control for sex, age (dichotomous variables for age 19-34, 35-44, 45-54, 55-64, 65-90) and education (dichotomous variables for "never attended school", "finished standard" and "finished form and above"), and include region and time (in days) fixed-effects. “HH” stands for household. “Reduce risk score” (“RR” score) (ranging from 0 to 7) represents the number of appropriate strategies *known* to respondents that can help reduce the risk of infection such as washing hands, avoiding close contact, covering mouth/nose, avoiding shaking hands, coughing in elbow, not using herbs and not praying are considering as appropriate behaviors that can help reduce the risk of infection. “Action score” (ranging from 0 to 6) represents the number of appropriate actions *taken* by respondents to reduce the risk of infections such as washed hands, avoided close contacts, stayed at home, covered mouth/nose, avoided shaking hands and coughed in elbow considered as appropriate actions. Respondents were asked to name the three most important sources of information they use to keep updated about Covid-19. “Local source” is a dichotomous variable with a value of 1 if the respondent admitted that local health personnel, traditional healers, community leaders and/or religious leaders was/were one of the three most important sources of information. “National source” is a dichotomous variable with a value of 1 if the respondent admitted that government, newspaper, radio, TV and/or the Internet was/were one of the three most important sources of information.



**Table S13: Characteristics of the participants in our Covid-19 phone survey in Malawi**

	Found and verified (1)	Found and verified (2)	Completed survey (3)	Completed survey (4)
Male	0.030* (0.016)	0.019 (0.017)	0.031* (0.016)	0.020 (0.017)
Age 35-45	-0.015 (0.025)	-0.010 (0.025)	-0.019 (0.025)	-0.015 (0.025)
Age 45-55	-0.035 (0.025)	-0.003 (0.027)	-0.037 (0.025)	-0.007 (0.027)
Age 55-65	-0.086*** (0.028)	-0.057* (0.030)	-0.086*** (0.028)	-0.059* (0.031)
Age 65+	-0.240*** (0.029)	-0.202*** (0.031)	-0.246*** (0.029)	-0.210*** (0.031)
Finished standard		0.099*** (0.027)		0.096*** (0.027)
Finished Form and above		0.112*** (0.035)		0.106*** (0.035)
Balaka		-0.055** (0.022)		-0.063*** (0.022)
Rumphi		0.007 (0.020)		0.005 (0.020)
Other region		-0.010 (0.041)		-0.016 (0.041)
Observations	3172	2980	3172	2980

*Note:* Estimates are derived from linear regressions with robust standard errors reported in parentheses (\*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ). The target sample for our Covid-19 phone survey was equal to 3,172 respondents, out of which 2,277 were found and identified (71.8%) and 2,262 successfully completed our survey (71.3%). The outcome variable in columns 1 and 2 is a dichotomous variable that takes the value 1 if the MLSFH respondent has been reached by phone and their identity verified by our surveyors. The outcome variable in columns 3 and 4 is a dichotomous variable that takes the value 1 if the MLSFH respondent successfully completed the phone survey. The reference category is a female aged below 35 years old who never attended school and lives in Mchinji.