

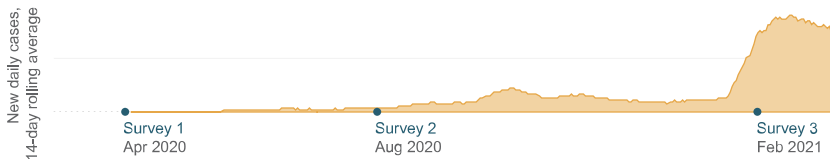
# Finding the Balance: Public Health and Social Measures in Mozambique

## What is the purpose of this report?

This report describes findings from a telephone survey with 1,333 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analysed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third survey and analysis conducted since the pandemic began (see the [first](#) and [second](#) reports).



### National COVID-19 Data

#### Snapshot on 26 February 2021

|  |        |
|--|--------|
| Total reported cases   | 58,218 |
| Cumulative incidence rate per 100,000 people   | 185    |
| Test positivity rate   | 21.7%  |
| Proportion of people who test positive for COVID-19 among all people who took a test, averaged over 7 days |        |
| Total confirmed COVID-19 deaths  | 620    |
| Case fatality ratio  | 1.1%   |
| Proportion of total reported deaths among all people reported as testing positive for COVID-19             |        |

## What are the highlights from this report?

### Disease Dynamics and PHSM Implementation

Mozambique experienced a surge in reported COVID-19 cases in January and February. Reported cases reached 900 per day, more than four times the incidence detected during the previous wave. With test positivity around 30% during the peak, many cases and deaths have likely gone undetected. In response to the worsening epidemic, the government imposed a new curfew in Greater Maputo and closed many public spaces.

### PHSM Support and Self-Reported Adherence

PHSM support and self-reported adherence were high and have remained relatively stable since the August 2020 survey. However, a much lower share of people reported staying home or restricting trips to markets, reflecting the challenges people faced in adhering to measures that impose heavy economic burdens.

### Risk Perceptions and Information

Perceptions of COVID-19 risk were high in Mozambique compared to other African Union (AU) Member States in the Southern Region. Perceptions of risk to the country and personal risk of catching COVID-19 were both higher than in August. This is in line with the worsening epidemiological situation in Mozambique and neighboring South Africa and the spread of the 501Y.V2 (B.1.351) variant.

### Secondary Burdens

One in four households needing medical care reported difficulty accessing services in the previous six months, particularly due to health facility disruptions. The COVID-19 pandemic is also exacerbating economic hardships and contributing to worsening food insecurity. Nearly two in three lower-income households reported that their income had fallen during the pandemic and that they are restricting food consumption.

## Disease Dynamics and PHSM Implementation

# What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

## Situational Awareness

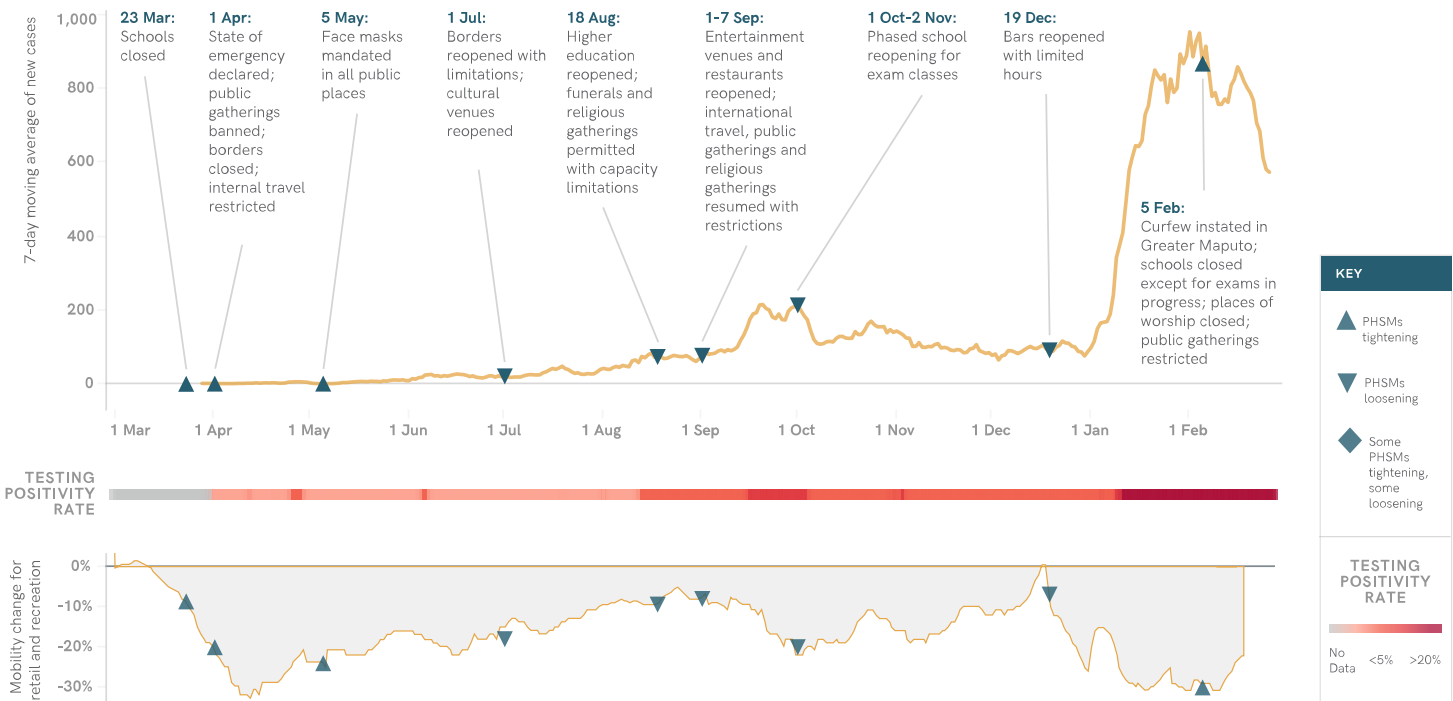
Mozambique experienced a sharp increase in reported cases and deaths at the beginning of January 2021, reaching a peak of around 900 new reported cases per day by early February, more than four times the reported incidence during the previous peak in September 2020. While Greater Maputo continues to report the most cases, other provinces are also experiencing outbreaks. In response to the surge in cases, the Mozambican government imposed a month-long curfew in Greater Maputo on 5 Feb, closed schools and places of worship, and restricted public gatherings.

The 501Y.V2 (B.1.351) variant has been detected in multiple samples, and has likely been circulating in Mozambique [since November](#). Cross-border travel and trade between South Africa and Mozambique has likely contributed to the worsening epidemiological situation, along with increased mobility during the end-of-year holidays. Mobility declined again in January, possibly as a reaction to the sudden increase in reported cases, news of the B.1.351 variant, and a post-holiday lull in economic activity. [Long delays at the South African border](#) in early January as people returned to work after the holidays may have also exacerbated transmission before the South African government closed its land borders on 11 Jan.

Testing capacity is low, with test positivity reaching 30% in late January and early February, suggesting that many cases and deaths in the current surge have gone undetected. Mozambique [received 200,000 initial doses of the Sinopharm vaccine](#) on 24 Feb, which will be administered to health care workers. The government expects further vaccine doses through the COVAX partnership in May.

The COVID-19 surge has come on top of an escalating conflict and humanitarian crisis in Cabo Delgado province, where [nearly 700,000 people had been displaced](#) by the end of 2020. In Central Mozambique, tropical cyclone Eloise also led to displacement in January 2021.

## After rising in December, mobility declined as reported COVID-19 cases surged in January.



## PHSM Support and Self-Reported Adherence

# Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

### What the data say

A large majority of survey respondents in Mozambique continued to support measures to prevent COVID-19 transmission; this support has remained relatively stable although transmission was much higher during February 2021 compared to August 2020.

- Self-reported adherence to preventive behaviors was also relatively high, with lower adherence to measures that restrict movement, which impose a greater economic burden.
- Both support and adherence were similar across socio-demographic groups.
- In contrast to survey findings, many social media users were critical of the increased restrictions announced in early February, raising concerns about police enforcement and economic impact.

### In the media

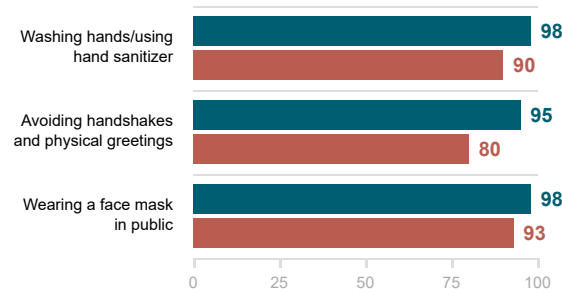
“We are not against the measure, but the curfew for the Great Maputo, imposed yesterday by Filipe Nyusi, will still be confusing. Instead of being a measure for preventing and combating the pandemic, it's going to be a fertile ground for unbridled police action.”

—Opposition news site, 5 Feb, 2021

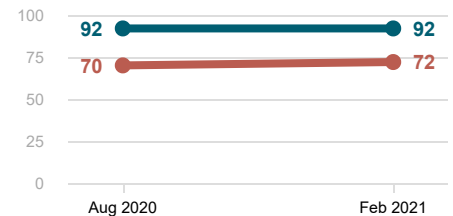
### Individual measures

Both support for and self-reported adherence to personal measures have remained high, although fewer survey respondents reported avoiding physical greetings.

Percent that **support** and **adhere** to each individual measure in Feb 2021



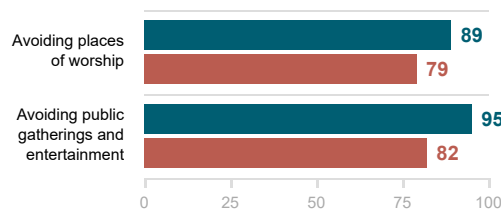
Trend in percent that **support** and **adhere** to all individual measures (composite score)



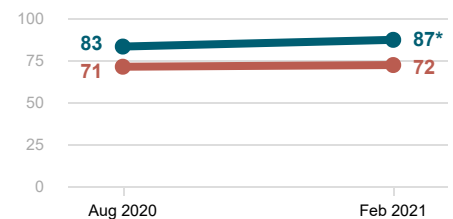
### Measures restricting social gatherings

Support for measures restricting social gatherings was slightly higher than in August, while self-reported adherence was similar in August and February. Similar restrictions were in place during both surveys.

Percent that **support** and **adhere** to each social measure in Feb 2021



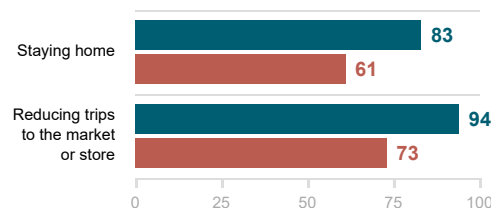
Trend in percent that **support** and **adhere** to all social measures (composite score)



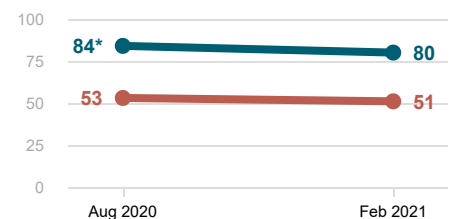
### Measures restricting movement

While support for movement restrictions was only slightly lower than in August and as compared to other types of measures, self-reported adherence was lower relative to other measures.

Percent that **support** and **adhere** to each movement measure in Feb 2021



Trend in percent that **support** and **adhere** to all movement measures (composite score)



## PHSM Support and Self-Reported Adherence

# Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

### What the data say

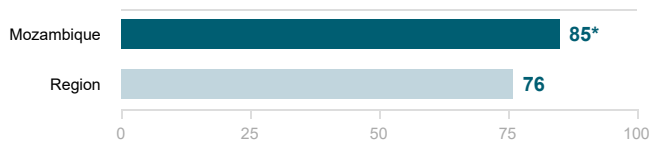
Nearly six in seven survey respondents (85%) in Mozambique said they were “very” or “somewhat” satisfied with the government’s response to COVID-19. This was markedly higher than in the August survey, when 72% said they were satisfied. The difference is driven by a greater share who were “very” satisfied: 56% in February compared to 46% in August. This widespread support, despite the recent imposition of new COVID-19 restrictions, bodes well for adherence to PHSMs and the government’s ability to manage the current surge in cases.

- Trust was highest for the governmental and medical institutions responsible for managing the COVID-19 response.
- Trust in multilateral organizations (WHO, UNICEF) was also high, with 84% and 83% of survey respondents, respectively, saying they trusted these organizations’ handling of the pandemic.
- Both the media and religious institutions may also play an important role in promoting PHSM adherence, with 76% of survey respondents saying they trusted the media and 71% expressing trust in religious institutions.

### What do people think about their country's institutions?

Compared to other Member States in the Southern Region, survey respondents in Mozambique expressed high satisfaction with the government response and trust in government institutions’ handling of the pandemic. Satisfaction was similar across socio-demographic groups.

#### 85% are satisfied with the government's pandemic response



#### Top five most trusted institutions and individuals

Percent of people reporting trust in each source

|                                   |     |
|-----------------------------------|-----|
| Ministry of Health                | 91% |
| Medical professional associations | 89% |
| National Public Health Institute  | 86% |
| The President                     | 86% |
| Hospitals/health centers          | 85% |

### What are people saying in the news and on social media?

Traditional news coverage of the COVID-19 response has been predominantly positive, driven by amplification of government risk messaging in government-aligned media outlets.

In contrast, social media users have been more critical toward the government response. Expressed attitudes often reflected partisan divisions, with those opposed to the ruling Mozambique Liberation Front criticizing the recent curfew in Greater Maputo.

Criticism of the government response also converged with low-risk perceptions, such as suspicions that reported cases were overblown or even disbelief in the existence of COVID-19.

#### In the media

In December 2020, a Facebook user commented: “Why are the members of the FRELIMO [ruling] party the only people who appear in public to witness that [they] have COVID-19 infection? Are the members of other parties immune to this disease? Or COVID-19 in Mozambique is a particular case of the FRELIMO party??? And the curious fact is that all that witnessed to have COVID-19 recovered! None of them died.”

## Risk Perceptions and Information

# How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

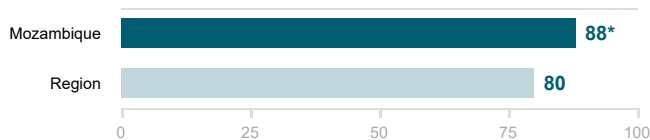
### What the data say

Perceptions of COVID-19 risk—both risk to the country and personal risk of catching the virus—were higher in February 2021 compared to August 2020, in line with the epidemiological situation both in Mozambique and neighboring South Africa. However, while nearly nine in ten survey respondents said that COVID-19 will affect many Mozambicans, less than half said they were personally at high risk. Risk perceptions were broadly similar across socio-demographic groups.

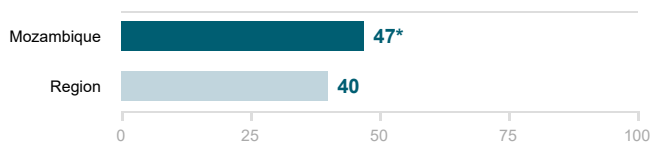
- Perceptions of country and personal risk in Mozambique were high compared to the average across all Member States in the Southern Region, and similar to South Africa. A large majority (84%) believed that COVID-19 could severely affect their health, a similar share compared to the August 2020 survey but much higher than the regional average.
- Approximately six in ten survey respondents indicated that health care workers and people who had recovered from COVID-19 should be avoided, beliefs which could potentially lead to stigma or cause people to avoid health care. These beliefs were more prevalent than in other Member States in the region, suggesting a need for targeted communications to dispel these myths.
- A large majority of survey respondents understood key facts about the potential for asymptomatic transmission of COVID-19. However, a sizable share of respondents also reported confidence that herbal remedies could cure the disease.
- Low engagement with content related to COVID-19 on social media suggests that the pandemic is a secondary concern for many people in Mozambique. Some social media users also expressed low risk perceptions or suspicions that COVID-19 cases are being exaggerated by the government. Over time, these narratives could undermine trust in the government response. In contrast, traditional news coverage of COVID-19 largely amplified risk warnings.

### How do people understand the risk of COVID-19?

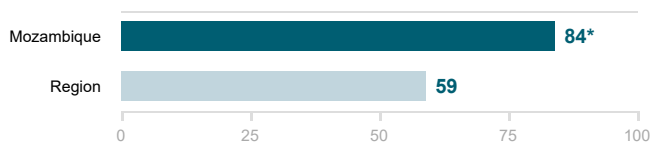
#### 88% believe that COVID-19 will affect many people in their country



#### 47% believe that their personal risk of being infected with COVID-19 is high



#### 84% believe that their health would be seriously affected by COVID-19



### Do people stigmatize others?

#### 59% think they should avoid health care workers because they could get COVID-19 from them

#### 60% think they should avoid people who have had COVID-19 in the past because they remain infectious

### Do people believe accurate information?

#### 87% understand that infected people may never show symptoms but could still infect others

#### 78% understand that infected people may not show symptoms for five to 14 days

#### 40% believe that COVID-19 can be cured with herbal remedies

**Risk Perceptions and Information**

# How are perceptions of risk informing actions?

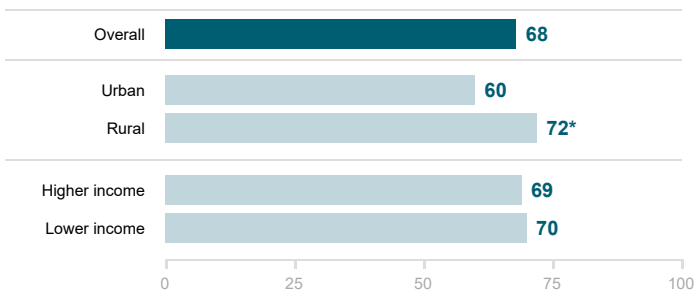
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

## How do people feel about resuming day-to-day activities?

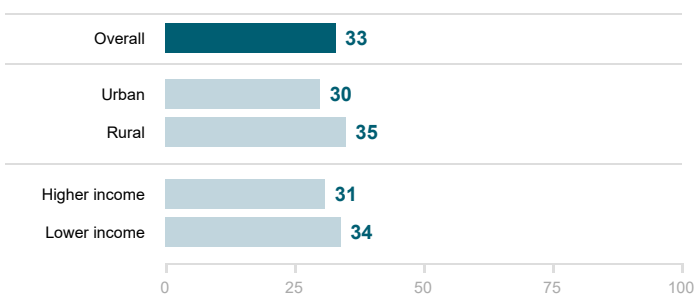
About two-thirds of survey respondents indicated that the thought of resuming normal activities makes them anxious, a similar share as in the August survey, while one in three reported they had already resumed normal activities by February.

- People in lower-income households were more likely to have resumed normal activities or be comfortable taking public transportation, reflecting that lower-income individuals may have fewer options available to protect themselves from risk of infection.
- Rural survey respondents were more anxious about resuming activities.

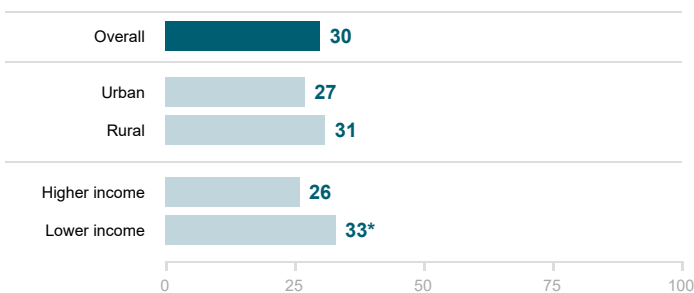
### 68% feel anxious about resuming normal activities



### 33% have already resumed normal activities because they believe COVID-19 risk is low



### 30% feel comfortable taking public transportation

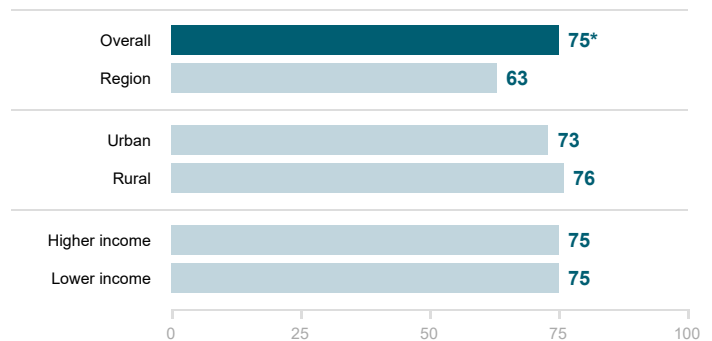


## What do people think about vaccines?

Three in four survey respondents indicated that they would plan to get a vaccine when it was available—with 47% definitely planning to get vaccinated and 28% probably planning to get vaccinated—rates which were similar across socio-demographic groups and levels of risk perception.

- Reported vaccine acceptance was substantially higher than other surveyed Member States in the Southern Region.
- Of those who indicated they were not ready to get vaccinated, almost a third (30%) cited a lack of information, reinforcing that communication and community engagement efforts that enlist trusted sources of information could help further increase vaccine uptake intentions.

### 75% plan to get a vaccine when available



### Top reasons people would not get the vaccine

Among people who said they would not get the vaccine, their reasons were:

|  |     |
|--|-----|
| I do not yet know enough about the vaccine to make a decision                        | 30% |
| I do not feel I am at risk of catching the virus                                     | 21% |
| I believe vaccines can give you the disease they are designed to protect you against | 20% |

### In the media

On 24 February, a Twitter user wrote: “The 200K doses of #COVID19 vaccines donated by #China arriving at Maputo international airport today, but #Mozambique has 29 million people. Democratic #accountability & public #oversight is key so that no one is left behind!”



**Secondary Burdens**

# Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

**What the data say**

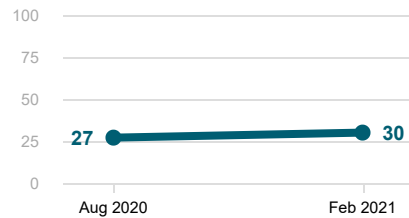
A substantial share of survey respondents in Mozambique reported ongoing disruptions to health care access, including difficulty accessing needed medications and visits. Around one in four missed visits in the previous six months were for reproductive, maternal, newborn and child health, while a substantial share were also for malaria (13%) or fever/chills (10%), symptoms which may overlap with COVID-19.

- Among households that missed visits, the most common reason was health facility disruption. The Cabo Delgado conflict has resulted in the closure of many health facilities and displacement of health care workers, leaving some areas with [no functional clinics](#).
- In October, medical associations protested a shortage of personal protective equipment, drugs and other equipment in the context of the COVID-19 epidemic.

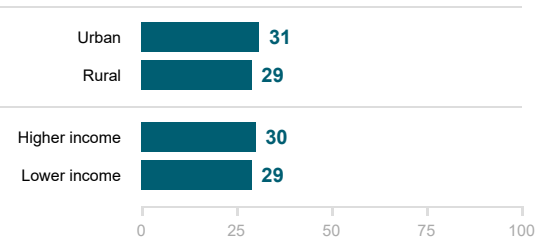
**Difficulty getting medicines**

Nearly one in three households needing medicines reported difficulty accessing them. This share is higher (34%) among households that have lost income during the pandemic compared to 23% of households have not lost income.

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



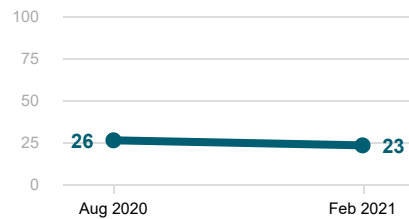
*Percent having difficulty getting medicines by category*



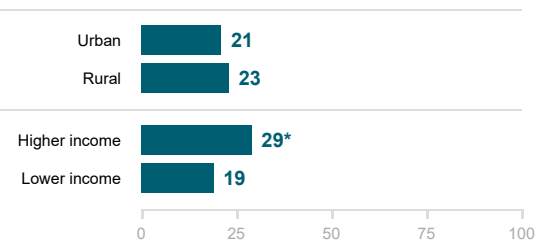
**Skipping or delaying health visits**

The share of households missing needed health visits has remained relatively stable since August, at around one in four households. Households that have lost income and people with longstanding illnesses were more likely to report skipping care.

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



*Percent skipping or delaying health care visits by category*



**The reasons why visits were skipped or delayed**

People could choose multiple responses

|  |     |
|--|-----|
| Health facility disruption                 | 44% |
| Mobility restrictions/transport challenges | 16% |
| Worried about catching COVID-19            | 11% |
| Caretaker responsibilities                 | 9%  |
| Cost/affordability                         | 8%  |

**The types of visits which were skipped or delayed**

People could choose multiple responses

|   |     |
|---|-----|
| General/routine check-up                | 30% |
| Reproductive, maternal and child health | 27% |
| Non-communicable diseases               | 21% |
| Communicable diseases                   | 18% |
| Diagnostic services/symptoms            | 16% |

## Secondary Burdens

# Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

## What the data say

Economic hardship in Mozambique is severe and widespread. More than six in 10 respondents indicated that their income had fallen during the pandemic, reaching two-thirds of urban households. Of those households experiencing decreased income, more than one in three (39%) reported a “large” drop in income or lost all their income. More than half of households were forced to limit meals or portion sizes in the previous week, with the most significant barriers to food access being rising food prices and falling incomes. Income loss and especially food insecurity are affecting lower-income and less-educated households more.

- Livelihoods, food and water insecurity have been dominant issues in traditional and social media coverage of COVID-19, which reflects the challenging economic situation.
- The economic impact of the pandemic is exacerbating other ongoing crises, including the ongoing conflict in the Cabo Delgado province and Cyclone Eloise, which caused flooding in central Mozambique in January. Nearly [one million people are facing crisis levels of acute food insecurity \(IPC Phase 3 or higher\)](#), with the majority of those affected in Cabo Delgado and neighboring provinces. The conflict has reportedly reduced agricultural yields and disrupted supply chains, causing rising food prices. Food insecurity is expected to worsen.
- The government launched a cash transfer program in September to alleviate the economic impact of the pandemic, with donor support. The program included increased cash transfers to those enrolled in existing social assistance programs and a new, six-month cash transfer to poor households in urban and peri-urban areas. The measures were [expected to reach 1.5 million households](#). However, in the February survey, only 1% of households reported having received any additional government assistance in the previous month, a similar share to the August survey (2%).

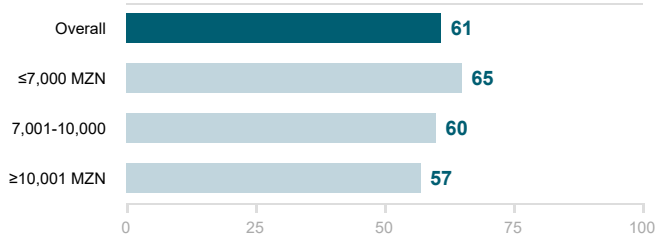
### Reported barriers to food access

Percent of people reporting each barrier

|                              |     |
|------------------------------|-----|
| Less income                  | 68% |
| Higher food prices           | 79% |
| Food markets closed          | 52% |
| Mobility restrictions        | 51% |
| Food market supply shortages | 57% |

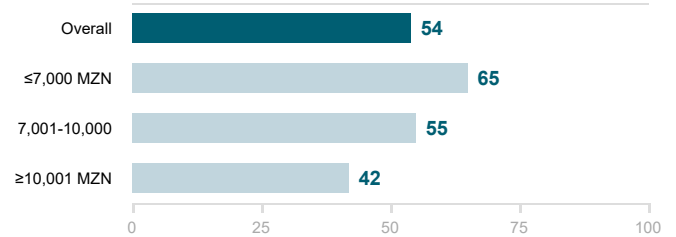
## Household income

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



\*Household income is significantly associated with income loss.

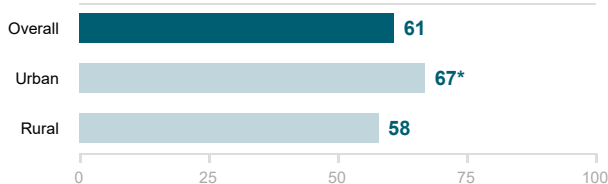
Percent of households **missing meals** by category



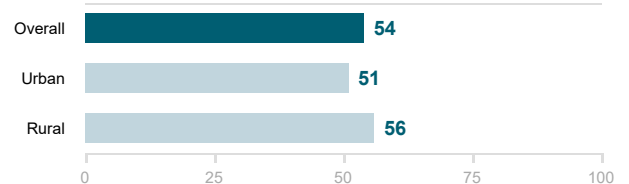
\*Household income is significantly associated with missing meals.

## Location

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



Percent of households **missing meals** by category





## Appendix

## Endnotes

### Report notes

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

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess whether there were statistical differences. An asterisk (\*) indicates statistical significance where  $p < 0.05$ .

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see [preventepidemics.org/perc](http://preventepidemics.org/perc).

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is drawn from publicly available sources.

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

### Country notes

The survey sampled from Mozambique consisted of 1,333 adults (528 urban, 458 rural), collected between 9 to 22 February 2021.

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

- Lower-income: Monthly household income 7,000 MZN and below
- Middle income: Monthly household income 7,001 MZN - 10,000 MZN
- Higher-income: Monthly household income 10,001 MZN and above