


# Combatting COVID-19 in Mozambique

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**W**e are supporting the fight against COVID-19 in Mozambique by collecting survey data and testing public health interventions.

In our first survey round, we conducted phone interviews of 2,405 households across 76 communities in Sofala, Manica, and Zambezia provinces of central Mozambique between July 10 and August 16, 2020. We collected data on COVID-19 knowledge, beliefs, and behaviors, as well as on household income and food security.\* Future survey rounds will test over-the-phone interventions to promote social distancing and learning about the disease.

*\*Sample size is about 2000 observations for Figures 1-3 and 600 observations for Figures 4-8. For additional details and summary statistics, please see the online appendix on our website: [www.fordschool.umich.edu/mozambique-research](http://www.fordschool.umich.edu/mozambique-research)*

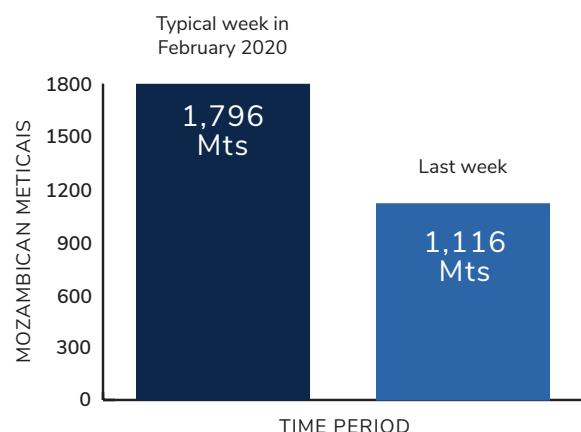
## KEY FINDINGS

- **Household income has dropped by 33% on average** since the onset of the pandemic, and **72% of households are food insecure.**
- Respondents show **high support for social distancing**, but often underestimate their community's average support for social distancing.
- Respondents' have **uneven knowledge about COVID-19 and the government's pandemic response**, giving correct answers to some questions but showing poor knowledge in other areas.
- Households report **following major COVID-19 health recommendations**, but also **high rates of some false beliefs and non-preventive behaviors**, such as meeting up with friends and spraying alcohol or chlorine on the body.

## Economic impact

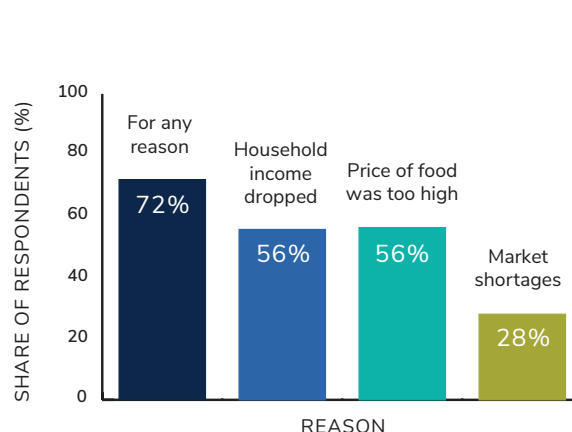
Household income has dropped significantly since the onset of the pandemic. **Figure 1** shows that average household income fell by **33%** from a typical week in February 2020—before Mozambique reported any COVID-19 cases—to the week prior to the survey (in July or August 2020). Food insecurity is also prevalent, with **72%** reporting being unable to buy their usual amount of food. **Figure 2** shows that the major driver of food insecurity was a drop in household income and an increase in food prices. A smaller share of respondents reported market shortages as a reason for food insecurity.

**FIGURE 1: AVERAGE HOUSEHOLD INCOME**  
(1,000 Meticaïs = 14 USD)



Income reported as “total weekly income” from “a typical week in February 2020” and “last week” (in July or August 2020) either as a specific amount (if given) or as the average of an income range.

**FIGURE 2: FOOD INSECURITY**  
Unable to buy usual amount of food because...

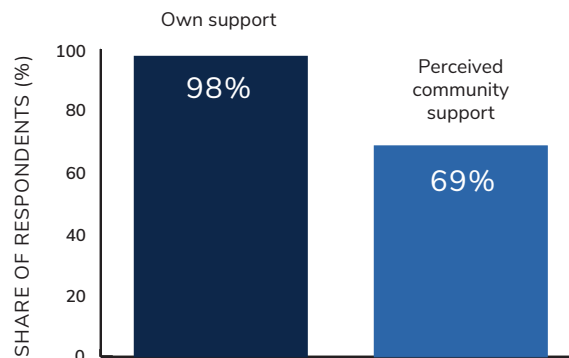


Food insecurity reported as the share of respondents who experienced being unable to buy their usual amount of food in the past 7 days for the reasons provided.

## Support for social distancing

Respondents support social distancing at high rates but underestimate their neighbors’ support for social distancing. **Figure 3** shows that 98% of respondents state that they personally support social distancing. By contrast, respondents believe that only 69% of other people in their community support social distancing, suggesting a large gap between actual support for social distancing and the perceived social norm.

**FIGURE 3: SUPPORT FOR SOCIAL DISTANCING**

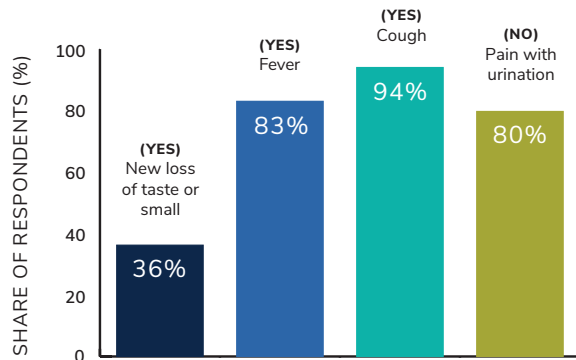


Own support for social distancing calculated as the percent of respondents answering “Yes” to “Do you support the practice of social distancing to prevent the spread of coronavirus?”. Perceived community support calculated from the question “For every 10 households in your community, how many do you think support the practice of social distancing to prevent the spread of coronavirus?”.

## General COVID-19 knowledge

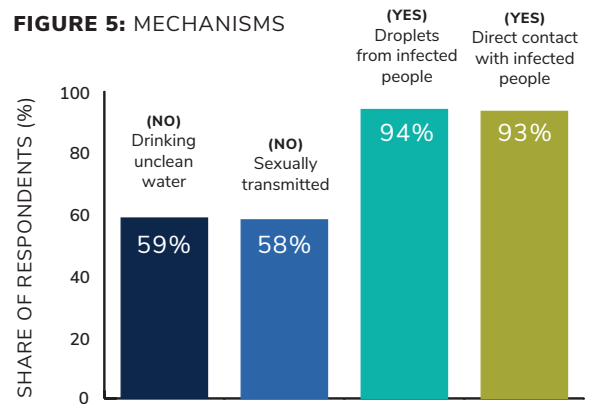
Respondents are misinformed about COVID-19 symptoms and mechanisms of infection. **Figure 4** shows high awareness that coughing and fever are symptoms of COVID-19, but also poor knowledge about other symptoms (such as loss of taste or smell). **Figure 5** shows understanding that droplets from and contact with infected people spread the disease, but also false beliefs that COVID-19 is sexually transmitted or spread by drinking unclean water.

**FIGURE 4: SYMPTOMS**



Percent of respondents that correctly answered whether the listed conditions were symptoms of COVID-19 (correct answer above each symptom).

**FIGURE 5: MECHANISMS**

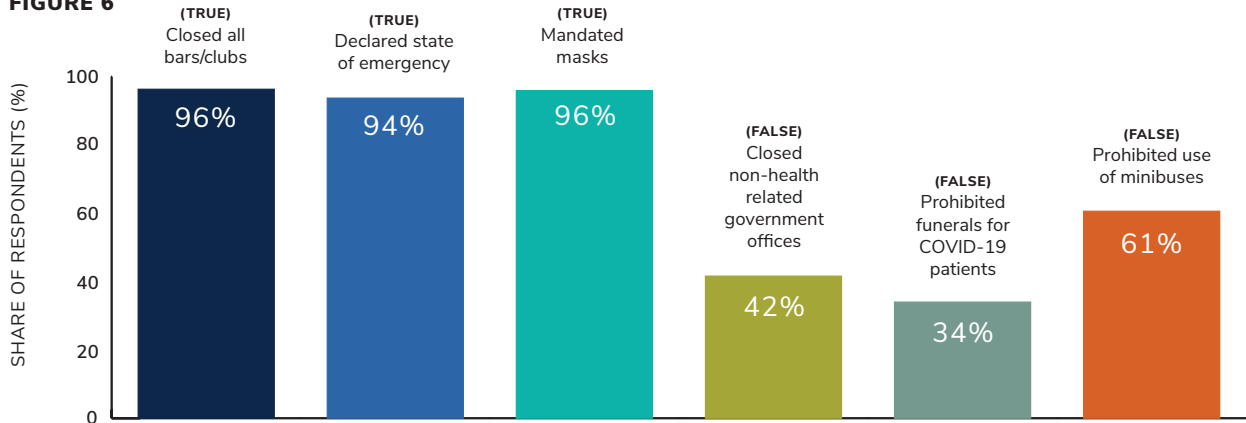


Percent of respondents that correctly answered whether the listed mechanisms are known to spread infection of COVID-19 (correct answer above each mechanism).

## Knowledge of government actions

Respondents are aware of some major government actions taken in response to COVID-19 but are misinformed about others. **Figure 6** shows that 96% of respondents know that the government mandated masks and closed bars/clubs to prevent the spread of COVID-19. However, high shares of respondents also incorrectly believe that the government has closed non-health-related offices (they have not), prohibited funerals for COVID-19 patients (attendees are limited to 10), and prohibited use of minibuses (though they are discouraged).

**FIGURE 6**

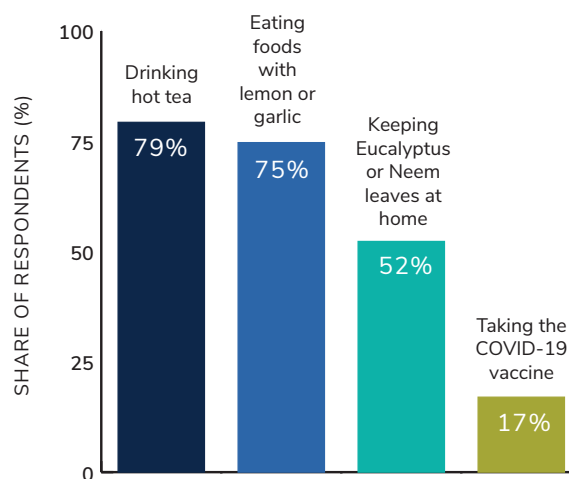


Percentage of respondents who correctly answered whether the specified actions were taken by the government of Mozambique (correct answer above each action).

## Preventative actions related to COVID-19

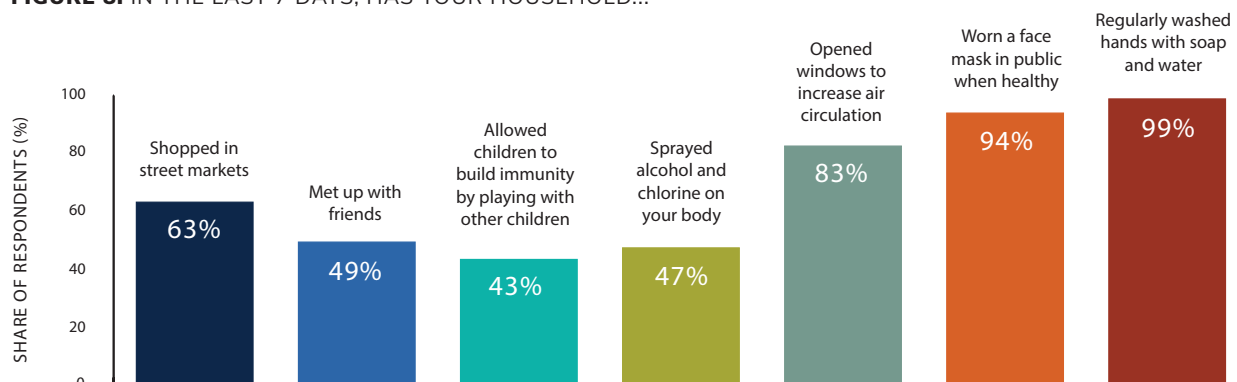
Respondents are misinformed about actions that help prevent the spread of COVID-19. **Figure 7** shows that high shares of respondents incorrectly believe that COVID-19 can be prevented with household remedies or that an effective vaccine was available at the time of surveying (there was not). Adherence to COVID-19 public health guidelines is also misguided: **Figure 8** shows that almost half of respondents closely interacted with other households in the last 7 days or sprayed their body with alcohol or chlorine. By contrast, adherence to opening windows, wearing masks, and washing hands with soap—recommendations from the government’s public health messaging—is very high.

**FIGURE 7: FALSE KNOWLEDGE: COVID-19 PREVENTION**



Percent of respondents answering “Yes” to “Will this action prevent spreading coronavirus to yourself and others?” Respondents were asked to only say yes to “taking the COVID-19 vaccine” if they believed there was a vaccine, though no W.H.O.-approved vaccine existed at the time of the survey.

**FIGURE 8: IN THE LAST 7 DAYS, HAS YOUR HOUSEHOLD...**



Percent of respondents answering “Yes” to “Is this something your household has been doing for the last seven days?”

For survey instruments, summary statistics, additional analyses, and future updates please see our **website**: [www.fordschool.umich.edu/mozambique-research](http://www.fordschool.umich.edu/mozambique-research)

**Questions? Comments?**  
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