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 2,415 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

**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.

**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.
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

- **Fever:** 83% (Yes)
- **Cough:** 94% (Yes)
- **New loss of taste or smell:** 36% (Yes)
- **Pain with urination:** 80% (No)

**Figure 5:** Mechanisms

- **Droplets from infected people:** 94% (Yes)
- **Direct contact with infected people:** 93% (Yes)
- **Drinking unclean water:** 59% (No)
- **Sexually transmitted:** 58% (No)

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**

- **Closed all bars/clubs:** 96% (True)
- **Declared state of emergency:** 94% (True)
- **Mandated masks:** 96% (True)
- **Closed non-health related government offices:** 42% (False)
- **Prohibited funerals for COVID-19 patients:** 34% (False)
- **Prohibited use of minibuses:** 61% (False)
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.

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

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