

Finding the Balance: Public health and social measures in Mozambique

This report describes findings from a telephone survey with 1,390 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the National Bioethics Committee for Health, Ministry of Health in Mozambique to examine experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the [first](#), [second](#) and [third](#) reports).

What are the highlights from this report?

Situational Awareness

Mozambique experienced its largest surge of COVID-19 cases in July 2021, and declined to 200 newly reported cases per day in September – most in Northern provinces. The government began easing restrictions and reopening schools in August 2021. Throughout the pandemic, violence has continued in Cabo Delgado province, causing widespread food insecurity and plunging people further into poverty.

PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to all protective measures remained high but had declined since the August 2020 survey. Declines in self-reported adherence may reflect easing of government restrictions in August 2021.

Information and Risk Perception

Indicators of personal risk perception were higher compared to other surveyed African Union (AU) Member States. Nearly eight in 10 survey respondents were satisfied with the government's COVID-19 response, and nine in 10 trusted governmental and medical institutions' handling of COVID-19.

Vaccine Beliefs and Uptake

Almost all (92%) respondents were either vaccinated or likely to get vaccinated – an increase from 75% of respondents in the February 2021 survey. Key outstanding information needs reported by respondents included vaccine effectiveness and safety.

Secondary Burdens

People in Mozambique continue to experience widespread economic hardship and disruptions in access to medical care. Two in three respondents had lost income during the pandemic. Health facility disruption was the top reason households missed needed medical care in the previous six months.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	6%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	3,943,600
Cumulative incidence per 100,000 people	482
Total reported cases	150,804
Total confirmed COVID-19 deaths	1,918

Data source: Africa Centres for Disease Control and Prevention

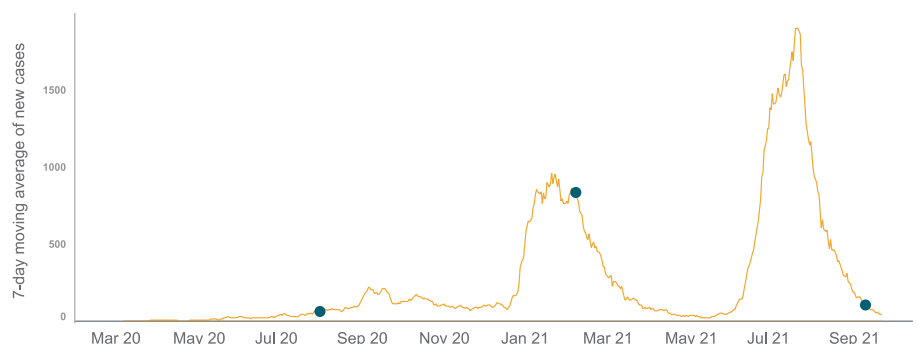
What are the key trends from this survey?

Support for COVID-19 response measures, likelihood of getting vaccinated, risk perception and satisfaction with the government response remain high, but income loss continues to be widespread.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	88%	→ 83%	↓ 75%
Personal risk perception	37%	↑ 47%	↓ 38%
Satisfaction with government response	72%	↑ 85%	↓ 78%
Vaccinated/likely to get vaccinated	*	75%	↑ 92%
Income loss since pandemic start	71%	↓ 61%	→ 65%

* Vaccines were unavailable at the time of the survey

Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow



Situational Awareness

What is the situational context influencing COVID-19 response?

Note: The people most affected by ongoing conflict in Cabo Delgado were likely not included in the survey sample. Compared to the February 2021 survey, a higher share of survey respondents claimed to be in the lowest household income category (64% in September vs. 33% in February), which may affect trends in survey measures over time.

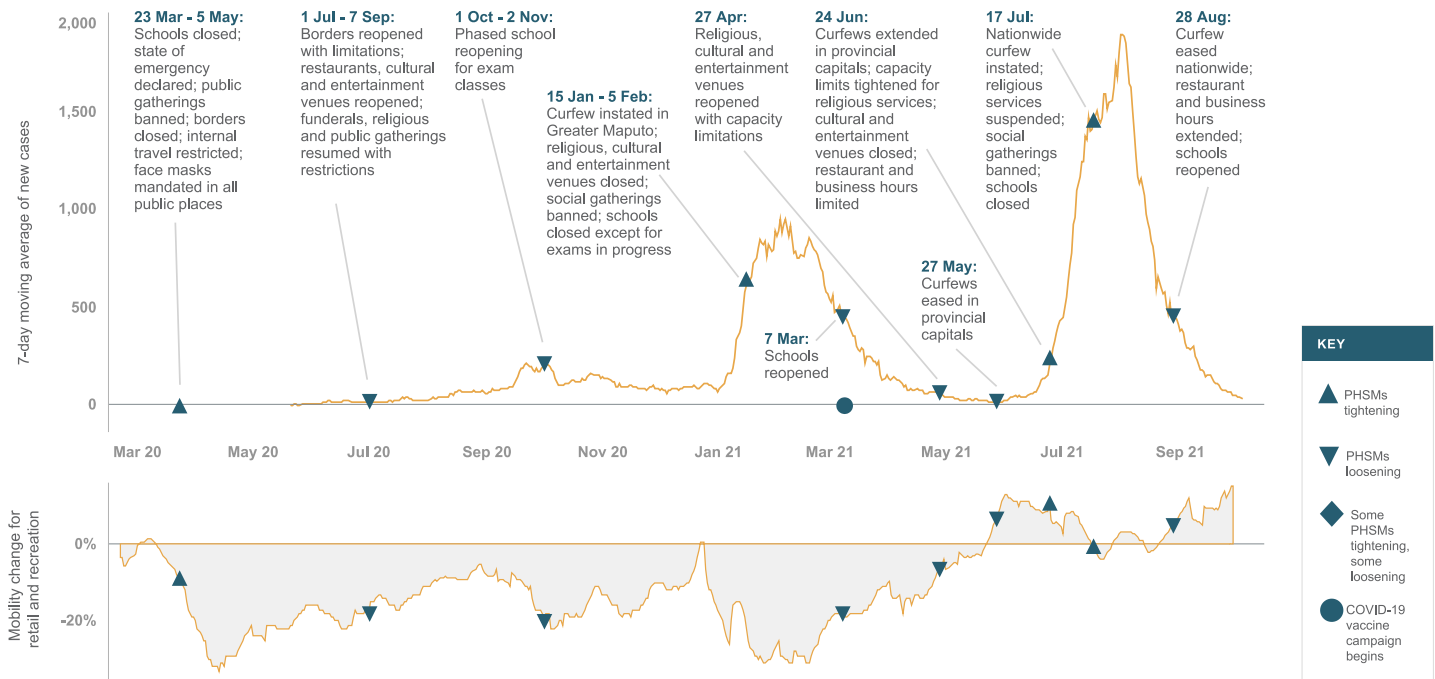
Reported new COVID-19 cases and deaths sharply increased in Mozambique in late June 2021, reaching a peak of almost 1,900 new reported cases per day by 31 Jul – more than twice the reported incidence during the February 2021 peak. Three months of continually increasing mobility and the Delta variant – [first detected in the country on 21 Jun 2021](#) – may have contributed to the surge. In response, the government implemented stringent restrictions on 17 Jul, including a nationwide curfew. Six weeks later, amid rapid declines in the number of newly reported cases and limited changes in mobility, restrictions were relaxed and schools reopened on 28 Aug. Restrictions were further relaxed on 25 Sep, including the reopening of cultural and entertainment venues. However, on 6 Oct, the government again [closed 18 popular beaches](#), citing crowded gatherings and concerns that the beaches could become infection hotspots.

At the time of this survey in mid-September, the country averaged fewer than 200 newly reported cases per day. Test positivity hovered around 5% in September after a dramatic decline from July and early August, when positivity rates were above 30% (suggesting that many cases and deaths went undetected).

[Mozambique began administering COVID-19 vaccines on 8 Mar 2021](#). From June, [increased donor funding](#) helped expand vaccine supply and the pace of vaccination rapidly increased in August. By 22 Sep, Mozambique had administered [3.6 million doses](#) of Sinopharm, AstraZeneca and Johnson & Johnson vaccines to priority populations including health care workers, adults over age 50 in urban areas and teachers, with 6% of the population having received at least one dose.

Throughout the pandemic, violence has continued in Cabo Delgado province, where [more than 850,000 people](#) have been displaced by the conflict. Many [government facilities remained closed in the province, including the hospital](#) in Palma. Nearly a quarter-million people are estimated to be facing crisis levels of food insecurity, and humanitarian groups report shortages of housing and safe water. These conditions may contribute to the spread of COVID-19; in mid-September [most new reported cases were in the Northern provinces](#).

Increased mobility and the Delta variant likely contributed to the surge in COVID-19 cases in July.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

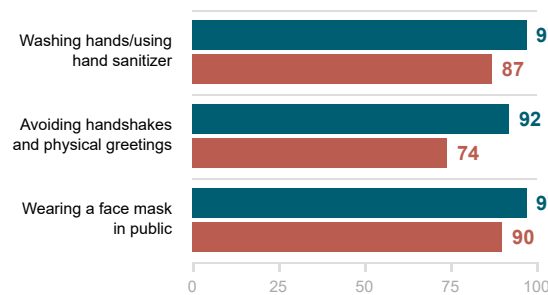
Support for and self-reported adherence to measures to prevent COVID-19 transmission in Mozambique were high — at least seven in 10 survey respondents supported all types of measures, and at least five in 10 self-reported adherence.

- Support for and self-reported adherence to social gatherings and movement restrictions declined by about 10 percentage points compared to the February 2021 survey. The decline in self-reported adherence may be due to the government easing these types of restrictions in August 2021 during a rapid drop in reported COVID-19 incidence.
- However, support for social gatherings and movement restrictions remained higher than in other surveyed Member States in the Southern region (75% vs. 68% and 71% vs. 64%, respectively). Self-reported adherence to these measures was also higher than the Southern regional averages (62% vs. 48% for social gatherings and 43% vs. 38% for movement restrictions).
- There were no substantial differences in support for and self-reported adherence to PHSMs between sociodemographic groups.

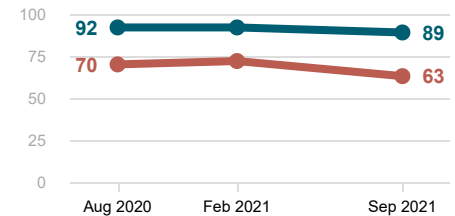
Individual measures

In general, support for individual measures remained high. Self-reported adherence to hand-washing and mask-wearing was high, but fewer survey respondents avoided physical greetings.

Support for and adherence to each individual measure in Sep 2021



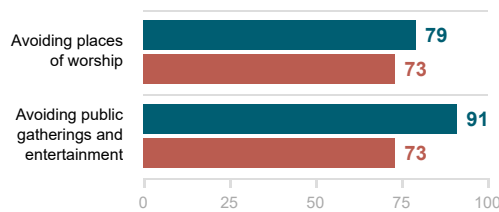
Trend in support for and adherence to all individual measures (composite score)



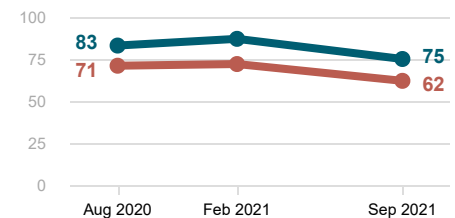
Measures restricting social gatherings

People who reported trusting the president's handling of COVID-19 supported and reported adhering to social gatherings restrictions at a higher rate than those who expressed less trust (76% vs. 68% and 64% vs. 53%, respectively).

Support for and adherence to each social measure in Sep 2021



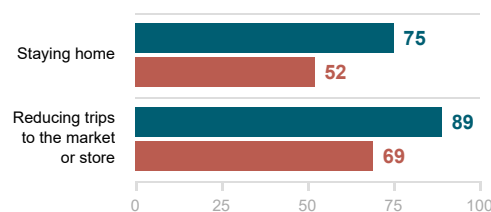
Trend in support for and adherence to all social measures (composite score)



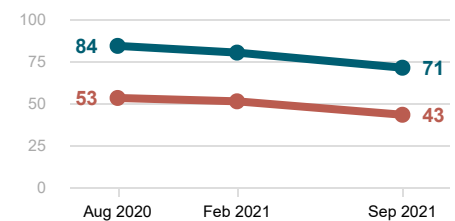
Measures restricting movement

People who reported trusting the president's handling of COVID-19 also supported and reported adhering to movement restrictions at a higher rate than those who expressed less trust in the president (74% vs. 56% and 46% vs. 32%, respectively).

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



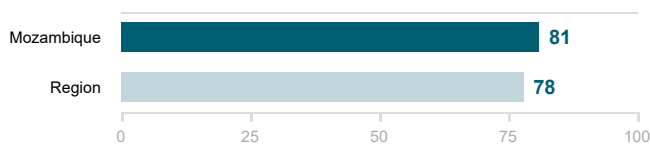
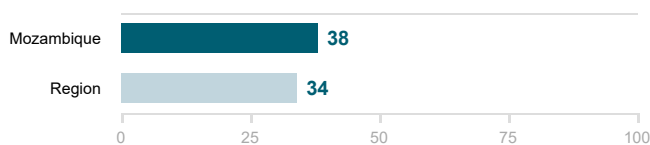
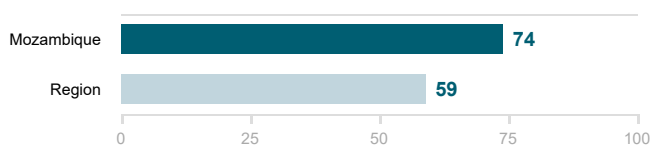
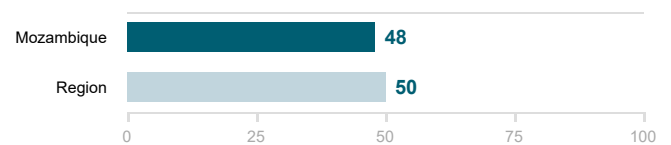
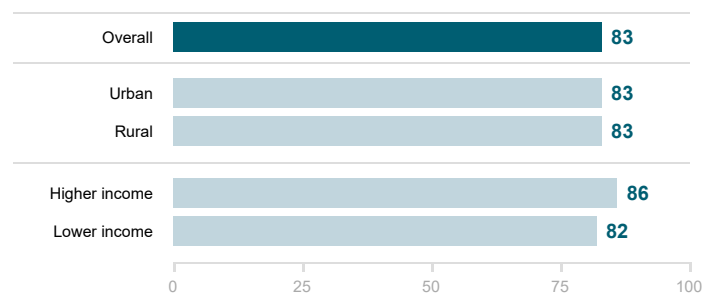
Information and Risk Perception

How do people understand risk?

What the data say

People in Mozambique continue to take COVID-19 seriously. Respondents reported high perceived risk of COVID-19 across all indicators, consistent with previous surveys. The share of respondents who believed they were at high or very high risk of catching COVID-19 (38%) was second highest among all surveyed Member States (following South Africa with 43%), and the share who believed their health would be seriously affected if infected (74%) was the highest among all surveyed Member States (average of 46%).

- However, personal risk perceptions declined by about 10 percentage points compared to the February 2021 survey despite the July 2021 surge in reported COVID-19 cases. Previously, personal risk perceptions had increased alongside an increase in reported cases in the February 2021 survey.
- Risk perceptions did not differ substantially between sociodemographic groups. However, a larger share of people who had been or were likely to get vaccinated believed they were at high risk of infection and severe illness than those who reported being unlikely to get vaccinated (40% vs. 24% and 75% vs. 63%, respectively). These figures should be interpreted with caution because fewer than 100 respondents reported they were unlikely to get vaccinated.
- Consistent with reports of high risk perception, the COVID-19 pandemic was a top concern for about half of survey respondents, and more than eight in 10 respondents were anxious about resuming normal activities.
- Nonetheless, access to income, work and unemployment was the most frequently reported concern overall and across all sociodemographic groups. Mozambique is among the world's [10 poorest countries](#), and the pandemic has pushed an estimated [one million](#) additional people into poverty due to loss of income and employment, including restrictions on [migration for labor opportunities](#) in South Africa.

How do people understand the risk of COVID-19?
81% believe that COVID-19 will affect many people in their country

38% believe that their personal risk of being infected with COVID-19 is high

74% believe that their health would be seriously affected by COVID-19

How concerned are people about COVID-19?
48% report COVID-19 as being a top concern

83% are anxious about resuming normal activities


Note: 25% of respondents did not report their income category; results should be interpreted with caution.

The issues most concerning to people

Percentage of people reporting concern about a particular issue

Access to income/work/unemployment	55%
COVID-19 pandemic	48%
Education	18%

Information and Risk Perception

Whom do people trust?

What the data say

Nearly four in five survey respondents in Mozambique said they were satisfied with the government's response to COVID-19, on par with the Southern regional average. Trust was highest for the Ministry of Health, the World Health Organization, and medical institutions responsible for managing the COVID-19 response.

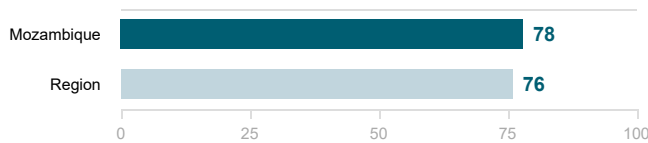
- About eight in 10 survey respondents trusted the president, religious institutions and the media's handling of the pandemic; these institutions may play an important role in promoting PHSM adherence.

In terms of information sources, local television and radio were highly trusted and widely relied on for information about COVID-19 — about eight in 10 respondents normally got information about COVID-19 from local television and four in 10 from local radio.

- In contrast, only about three in 10 respondents trusted social media platforms — WhatsApp (35%), Facebook (29%) and Twitter (28%). However, Facebook and WhatsApp also were the third and fifth most commonly used information sources, respectively. Among survey respondents aged 18-25 years, those from urban areas or those who completed more than a secondary education, more than one in three normally got information about COVID-19 from Facebook.

What do people think about their country's institutions?

Satisfaction with the government's response was lower than in the February 2021 survey, when 85% said they were satisfied. One potential contributing factor might be [allegations of misappropriation of COVID-19 response funds](#). Satisfaction with the response and trust in institutions were similar across sociodemographic groups.

78% are satisfied with the government's pandemic response

Top three most trusted institutions and individuals

Percentage of people reporting trust in each person's or institution's approach to the pandemic

Ministry of Health	91%
World Health Organization (WHO)	90%
Medical professional associations	89%

Do people believe accurate information?

Although accurate information about COVID-19 was widely understood in Mozambique, stigmatization of health care workers and those who have previously contracted COVID-19 is among the highest in the Southern region. Misperceptions about the risk posed by health care workers were more prevalent among those who had completed less than a secondary education (63% vs. 43% of those with a post-secondary degree). Policymakers should continue efforts to use local television and radio — highly trusted and widely consumed information sources — to help dispel myths and promote accurate health information.

Most trusted sources of information

Percentage of people reporting trust in information sources about COVID-19

Health center/health workers	83%
Local television	83%
Local radio	82%

88% understand that infected people may never show symptoms but could still infect others.

77% understand that infected people may not show symptoms for five to 14 days.

42% believe that COVID-19 can be cured with herbal remedies.

56% think they should avoid health care workers because they could get COVID-19 from them.

Vaccine Beliefs and Uptake

Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

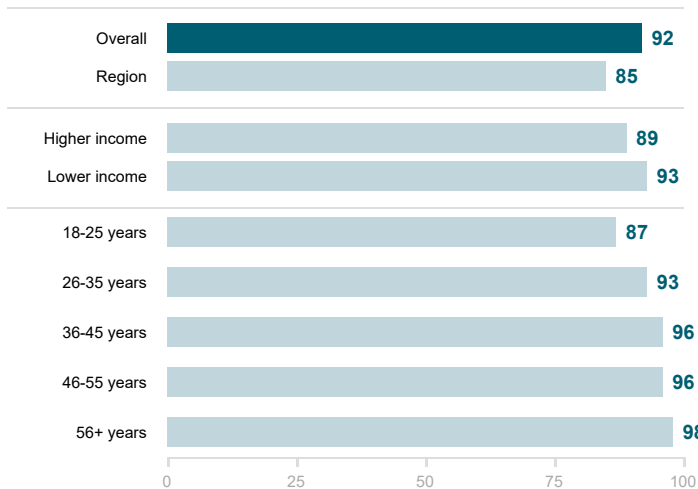
What the data say

About nine in 10 survey respondents reported that they were either vaccinated or likely to get a COVID-19 vaccine — more than both the Southern regional average (84%) and the share indicated during the February 2021 survey (75%), before the vaccines were available in Mozambique.

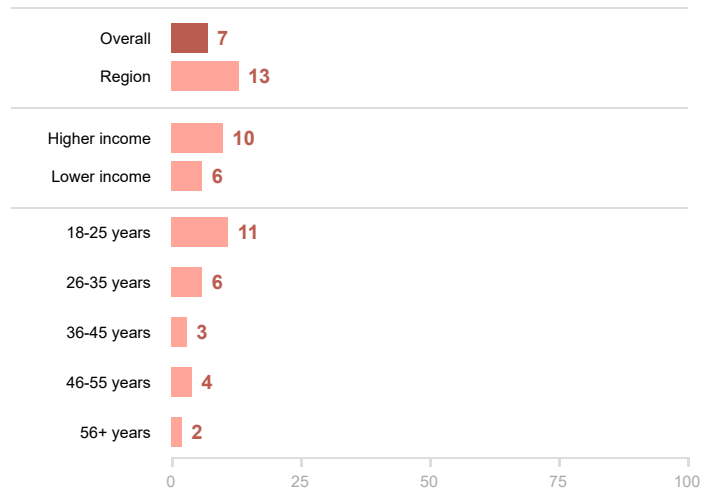
- A smaller share of adults aged 18-25 years had received or were likely to receive the COVID-19 vaccine. Not all adults aged 18 years or older are eligible for vaccination in Mozambique yet; targeted outreach may be appropriate once vaccines are more widely available.
- Respondents indicated a need for more information on vaccine safety and effectiveness, which could be shared via health care workers, local television and radio — information sources most trusted by survey respondents. Messaging should cover all three vaccines in use in Mozambique; each works differently and has different side effects.

How many people reported getting or planning to get the COVID-19 vaccine?

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

92% are vaccinated or are likely to get vaccinated


Note: 25% of respondents did not report their income category; results should be interpreted with caution.

7% are unlikely to get vaccinated


Note: <100 people reported being unlikely to get vaccinated and 25% of respondents did not report their income category; results should be interpreted with caution.

What do people think about COVID-19 vaccines?
Top information wanted about vaccines

Percentage of people reporting each type of information

How effective is the vaccine?	31%
How safe is the vaccine?	21%
What types of vaccines are there, what are they made of and how do they work?	20%

Top reasons people would not get the vaccine

Among people who were not planning to get vaccinated, their reasons were:

I do not yet know enough about the vaccine to make a decision	16%
Lack of trust (i.e. in vaccine, government)	14%
I do not feel I am at risk of catching the virus	12%

Note: <100 people reported being unlikely to get vaccinated; results should be interpreted with caution.

Secondary Burdens

Are people skipping or delaying health care?

What the data say

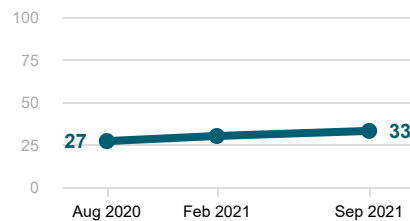
Among respondents reporting they or someone in their household needed health care, almost one-third reported skipping or delaying services in the previous six months. A comparable share reported difficulty accessing needed medication in the previous three months.

- Health facility disruption was the most common reason for missed visits. In some areas, including [Maputo Province](#), health care capacity was overwhelmed during the July 2021 COVID-19 surge. Also, in conflict areas of Cabo Delgado Province, [up to 80% of health facilities are not functioning](#), while elsewhere in the province facilities are overstretched by increased demand and staff and supply shortages.
- About one in six respondents (16%) who reported missing health visits in the previous six months missed a reproductive, maternal, newborn and child visit – a smaller share than reported in the February 2021 survey (27%). Ongoing disruption of care for children is a concern because Mozambique was among the countries with the [largest increase in unvaccinated children](#) in 2020, with nearly twice as many children missing the first dose of diphtheria-tetanus-pertussis vaccine compared to 2019.

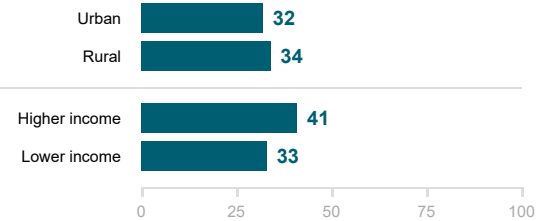
Difficulty getting medicines

In addition to higher-income respondents, a larger share of households that have lost all income during the pandemic (58%) and people with longstanding illnesses (39%) reported difficulty accessing needed medicines.

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



Percentage having difficulty getting medicines by category

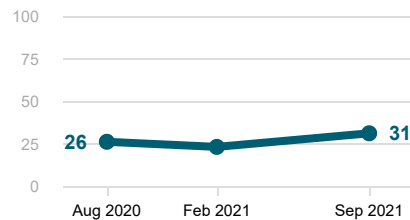


Note: 25% of respondents did not report their income category; results should be interpreted with caution.

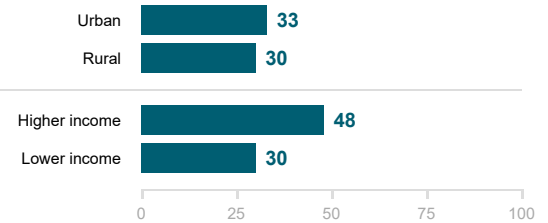
Skipping or delaying health visits

The share of households missing needed health visits was higher than in previous surveys, contrary to the trend in other surveyed Member States in the Southern region. New PHSMs and exceeded capacity during the July 2021 surge may have contributed to the increase.

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



Percentage skipping or delaying health care visits by category



Note: 25% of respondents did not report their income category; results should be interpreted with caution.

Reasons for skipping or delaying visits

People could choose multiple responses

Health facility disruption	37%
Mobility restrictions/transport challenges	13%
Cost/affordability	13%
Caretaker responsibilities	5%
Worried about catching COVID-19	3%

Types of health visits that were skipped or delayed

People could choose multiple responses

General/routine check-up	22%
Diagnostic services/symptoms	18%
Reproductive, maternal, newborn, child health	16%
Communicable diseases	14%
Noncommunicable diseases	14%

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

Economic hardship in Mozambique is severe and widespread. About two-thirds of respondents indicated that their income had fallen during the pandemic. Of those households experiencing reduced income, more than four in 10 (44%) reported a “large” drop in income or that they have lost all of their income. Six in 10 households were forced to limit meals or portion sizes in the previous week, with the main barriers to food access being rising food prices and falling incomes. [Food prices in Mozambique increased by 38% from February 2020 to July 2021.](#)

- The share of respondents who reported missing a meal in the previous seven days was nearly twice as high among those who have lost all income (86% vs. 46% among those who have not lost income).
- Compared to the February 2021 survey, more respondents reported mobility restrictions (61% vs. 51%) and markets being closed (63% vs. 52%) as barriers to food access, which may reflect government restrictions on [operating hours](#) implemented as part of COVID-19 response.
- The pandemic is also exacerbating the economic effects of other crises. Nearly [one million people](#) in Cabo Delgado and neighboring provinces face crisis level food insecurity (IPC Phase 3 or higher) due in part to conflict-related disruption of agriculture and markets. Food insecurity is also expected to worsen in southern and central areas of the country with the [lean season](#) starting in October 2021.
- One in 10 households reported having received any additional government assistance in the previous month, an increase from 1% of households in the February 2021 survey – contrary to the trend observed in other Member States in the Southern region. However, media have reported [protests](#) calling for faster and more transparent distribution of government assistance.

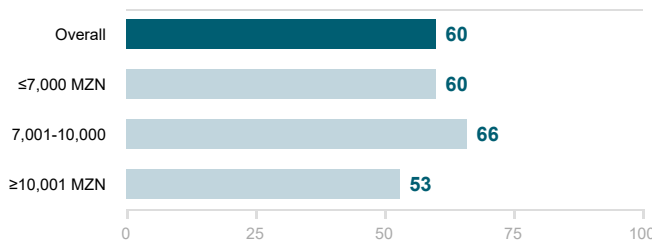
Reported barriers to food access

Percentage of people reporting each barrier

Less income	74%
Higher food prices	78%
Food markets closed	63%
Mobility restrictions	61%
Food market supply shortages	60%

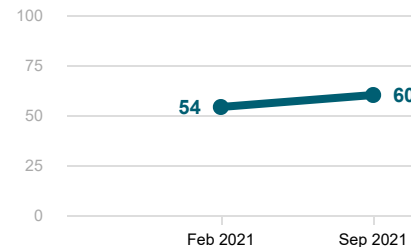
Missing meals

Percentage of households missing meals by category



Note: 25% of respondents did not report their income category; results should be interpreted with caution.

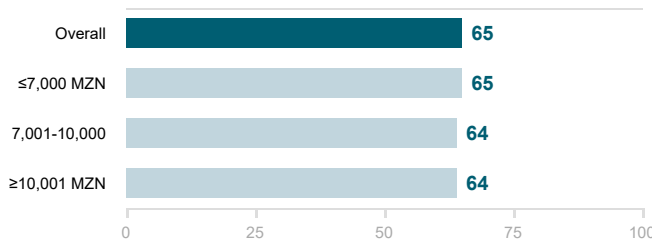
Percentage of households missing meals over time



Note: Data on missing meals were not collected in Aug 2020.

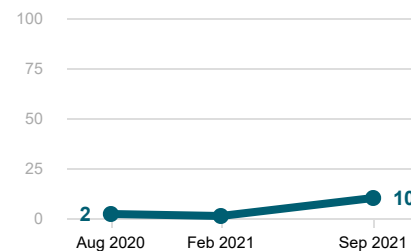
Income loss and receiving government assistance

Percentage of households experiencing income loss by category



Note: 25% of respondents did not report their income category; results should be interpreted with caution.

Percentage of households receiving government assistance over time



Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western 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).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology 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.

- 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.
- 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 are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are 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 1,390 adults (526 urban, 864 rural), collected between 10 and 27 Sep 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