



# COVID-19 RAPID GENDER ASSESSMENT

**MOZAMBIQUE | 2020**  
SUMMARY REPORT





Credit: UN Photo/Ky Chung

## MOZAMBIQUE

### Highlights of a rapid assessment of the gendered effects of the COVID-19 pandemic on households in Mozambique



#### BACKGROUND AND CONTEXT

The outbreak of the coronavirus disease 2019 (COVID-19) was first reported in Wuhan, China, in late 2019 and has since spread to 191 countries globally<sup>1</sup>. Declared a pandemic by the WHO on 13 March 2020, the advance of COVID-19 on the African continent, although mitigated by lockdowns and physical distancing measures, continues. While the first cases were imported and started in larger towns, there are now many cases at the community level and efforts are underway to prevent the spread of COVID-19<sup>2</sup>.

The first official case in Mozambique was identified in March 2020. The Government announced a State of Emergency and placed the country on a Level 3 alert at the beginning of April 2020. This was deemed necessary partly because of an influx of Mozambican migrants from South Africa following the lockdown of South Africa's international borders. During the initial phases of the Alert Level 3, there were some international border closures and gatherings, and some commercial activities were restricted. The number of confirmed COVID-19 cases (44,600)<sup>3</sup> and reported case fatality ratio of 0.8%<sup>4</sup> have been relatively low for the ESA region.

From an economic perspective, the timing of the pandemic was worsened by the fact that the country was in the process of recovering from two major fiscal shocks - the hidden debt crisis and cyclones Idai and Kenneth<sup>5</sup>,

which devastated the central and northern provinces of the country in 2019. Additionally, according to several global indices<sup>6</sup>, gender inequality in Mozambique was a problem even before COVID-19 and indications are that the pandemic may have deepened this divide.

It is in this context that UN Women in partnership with the United Nations Population Fund (UNFPA) and the International Labor Organization (ILO) commissioned a rapid gender assessment (RGA) in Mozambique to deliver an accurate picture of the consequences of the COVID-19 crisis on women and men to make their distinct and changing needs and priorities visible and to inform gender-sensitive and effective decision-making and response in the recovery period.

1 John Hopkins COVID-19 Cases Dashboard, 20/11/2020  
2 Promoting mask-wearing during the COVID-19 pandemic: A policymaker's guide  
3 John Hopkins University. Available at <https://coronavirus.jhu.edu/region/mozambique>. Accessed on 8 February 2021.  
4 WHO Regional Office for Africa (2020) dashboard. Accessed 12th December 2020.  
5 World Bank Mozambique overview 2020. Available from <https://www.worldbank.org/en/country/mozambique/overview>, accessed on 6 February 2021.

6 The UNDP Human Development Index 2019 ranks Mozambique 181 out of 189 countries placing it in the low human development category. According to the Gender Development Index (GDI) associated with the HDI, women lag behind men with a gender parity ration of 0,912. This is primarily due to low scores in education and differences in the estimated gross national income per capita (\$PPP 1131) against (\$PPP 1377) for men.

## Aims and methodology of the study

The study was aimed at providing policy and decision-makers with reliable evidence and information to plan and craft appropriate advocacy messages and interventions in the coming months for recovery in: health; livelihood and economic wellbeing; the distribution of unpaid care work; and the extent of gender-based violence (GBV). Data about the effect of COVID-19 on the life circumstances of women and men in Mozambique was collected using computer-assisted telephone interviewing (CATI) and reports compiled from October to December 2020.

The study was based on a sample of 2,464 women and men aged 18 years and older for Wave 1 of the pandemic, and 2,421 women and men aged 18 years and older for Wave 2 providing multiple-choice and scale-based answers in 15–20-minute interviews. Respondents were identified using Random Direct Dialing (RDD) and an existing database helped to fill the gaps in the quota framework where the response/identification rate of individuals – particularly older women based in rural areas – was too low. Soft quotas were applied post-collection by rural/urban and living standards measure (household monthly expenditure). The survey is thus representative of mobile phone owners but adjusted to the demographics of the population by age, gender, and location.



## HIGHLIGHTS OF FINDINGS

### Household economic activities and livelihoods

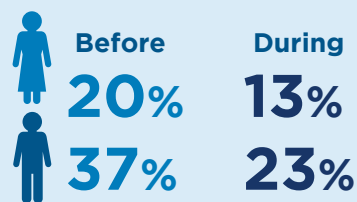
There was a significant decrease in women and men who worked for an employer for pay from before the lockdown (20% and 37% respectively) to during the lockdown (13% to 23% respectively) with women experiencing a smaller decline in working for an employer (7 percentage points) than men (14 percentage points). Additionally, there was a significant increase in women respondents who were looking for employment (from 4% before the

pandemic to 12% during the pandemic), while for men there was a decrease (from 4% to 2%).

Self-employment as a subsistence farmer without employing others was the most common economic activity for women both before (33%) and during (28%) the pandemic while for men, the most common economic activity shifted from working for an employer before the lockdown (37%) to self-employment as a subsistence farmer without employing others (24%) during the pandemic.



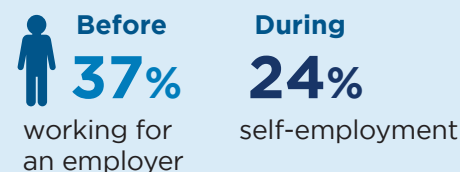
There was a significant decrease in women and men who **worked for an employer for pay** from before the lockdown



Self-employment as a subsistence farmer without employing others was the most common economic activity for women both before and during the pandemic



For men, the most common economic activity shifted from working for an employer before the lockdown to self-employment as a subsistence farmer without employing others during the pandemic.



Agricultural related work (subsistence farming or agricultural enterprises with workers<sup>7</sup> experienced the largest change among the economic activities queried with a significant drop from 34% to 28% (urban) and 54% to 48% (rural) for before and during the pandemic. Urban respondents who worked for a person/company/household/government or other entity for pay were also significantly affected with a drop from 17% to 12% while their rural counterparts experienced a smaller drop from 10% before to 7% during the pandemic.

Women aged 35-54 years (64%) were the most affected by decreases in individual income followed by men aged 18-34 years (63%) and men aged 35-54 years (62%). Women aged 35-54 years were also most affected by total loss of income (6%) compared to men the same age, 3% of whom indicated that they had lost all their income. Nearly 1 in 2 women (46%) and men (45%) above the age of 55 years indicated “no change in income” during the pandemic and were thus the group that was least affected by changes in income.

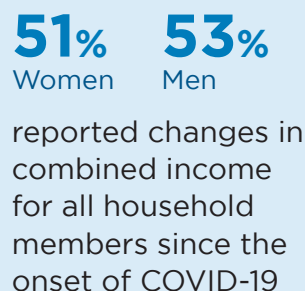
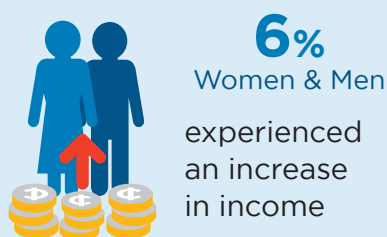
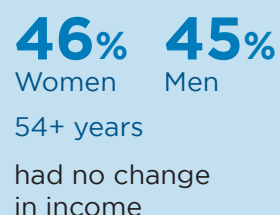
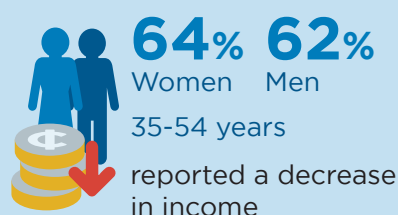
<sup>7</sup> Defined as own production without employing others for the purposes of this study

A small proportion of women and men (6% each) indicated they had experienced an increase in income during the pandemic. Overall, men (61%) were more significantly impacted by decreased individual incomes than women (55%).

Slightly more than half of women (51%) and men (53%) reported changes in combined income for all household members since the onset of COVID-19. A high proportion (86% each of women and men) reported this change in overall income for all household members as a decrease in income.

When respondents were asked who usually decides how money is spent in their household, 47% of women identified themselves or another woman in the household as the sole decision-makers, whereas 42% of men identified themselves or another man in the household as the sole decision-makers. A significantly greater proportion of men (44%) than women (36%) considered decisions on how to spend money in the household as a joint decision.

## Income and earnings during the pandemic





## Agricultural activities and food security

Women and men involved in agricultural activities reported similar levels of perceived changes in the availability of seed and other farming inputs since the onset of the pandemic. One in three women and men (31% each) thought that there was no change in availability while nearly 1 in 5 women (17%) and men (19%) men thought that seeds and other inputs have become more available since the onset of the COVID-19-related restrictions. However, nearly 1 in 2 women (48%) and men (47%) thought that the availability of seeds and other inputs has decreased noticeably since the onset of the restrictions.

According to a good proportion of respondents, the onset of COVID-19 did not change food availability – women aged 55 years and above represented the highest

proportion of respondents (55%) who indicated that food availability “stayed the same” followed by women aged 18-34 and 35-54 years (44% each). Nearly 1 in 3 women aged 18-34 and 35-54 years (28% each) indicated that food availability had decreased due to movement restrictions during the pandemic, while more than 1 in 5 women (22%) aged 55 years and above shared this perception.

When asked about perceived changes in food prices, women and men gave similar responses with 85% of women indicating that food prices had increased, 10% of women indicating that the pandemic had not affected food prices, and an even smaller proportion (4%) indicating that food prices had decreased during the period.

### Women and men involved in agriculture indicated similar levels of perceived change in the availability of seed and other inputs to plant crops since the onset of the COVID-19 lockdown



**31%**  
Women & Men

perceived no change in availability of farming inputs



**17%** Women  
**19%** Men

Felt seeds and other inputs have become more available since the onset of the COVID-19-related restrictions



**55%** reported that food was as available as it was previously  
Women 55+ years



**44%**  
Women 18-34 years

**44%**  
Women 35-54

**22%**  
Women 55+ years

blamed movement restrictions for the decreased availability



**85%** considered food prices to have increased during the pandemic  
Women & Men



**10%** Women pandemic had not affected food prices



**4%** Women considered food prices to have decreased



## Education

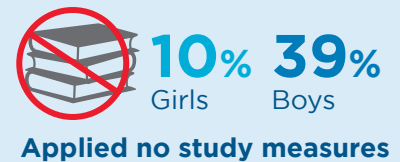
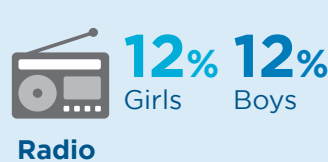
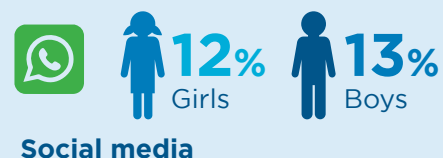
Since schools were only partially re-opened at the time of the survey with complete re-opening scheduled for January 2021, the survey did not collect any information about the number of children who had already returned to school at the time of the survey.

When interviewed on the measures that children aged 7-18 years were using to continue learning at home during the lockdown, interestingly, the most common response for girls was “Other”<sup>8</sup> (39%) and for boys it was “no measures” and “Other” (25% each). The next most common educational measures for remote learning for girls and boys were television (31% each), radio (12% each) and social media (12% girls, 13% boys). Girls and boys turned least to online learning platforms (7% and 6% respectively). Overall, 1 in 4 girls and boys (24% and 25% respectively) took “no educational measures” during the

COVID-19 lockdown. Limited access to the internet (45% girls, 43% boys), limited access to learning materials (41% girls, 40% boys), and lack of a skilled instructor/adult (39% girls, 40% boys) were the main hinderances to remote learning during the lockdown. Lack of electricity/source of lighting (24% girls, 27% boys) also had a significant negative effect on learning at home during the pandemic as did increased household chores for the learner (21% each for girls and boys) and lack of a conducive environment (21% girls, 20% boys). A significant proportion of respondents also indicated that children aged 7-18 years did not face any challenges with remote learning during the pandemic (13% girls, boys 14%) while about 1 in 10 (10% girls, 12% boys) cited the multiple roles of the parent/guardian as a challenge to remote learning during the pandemic.

<sup>8</sup> This referred to measures other than television, radio, social media, and online learning platforms

### Main mechanism used to learn from home during school closures



aged 7-18 years took “no educational measures” during the COVID-19 lockdown.



## Water and sanitation

The proportion of respondents who reported access to clean and safe water was lower for women (71%) than men (75%) men aged 18-34 years (77%) forming the highest proportion of respondents who indicated that they had access to clean and safe water followed by women counterparts and men aged 35-54 years (72% each). Majority of men aged over 55 years (71%) also indicated that they had access to the resource, notably higher than the proportion of their women counterparts who indicated that they had access to clean and safe water (66%).

When asked what the main reason was for limited to no access to clean and safe water, women and men responded similarly; that piped water supply is only available on certain days of the week (28% and 26%, respectively) and the water source is too far away, although this turned out to be less of an issue for

women (24%) than men (27%). Inability to afford the cost of clean and safe water also featured quite prominently as a reason for limited access with a higher proportion of women (23%) than men (20%) affected by this issue. While women agreed that water access has always been a challenge, a lower proportion of women (11%) than men (14%) felt that this was a reason for limited access to the resource. Only a tiny proportion of women and men cited harassment en-route to the water source (1% each) and fear of COVID-19 infection (women 1%, men 0.2%) as reasons for limited access to clean and safe water.

About 4 out of 5 women and men considered fetching water to be the responsibility of women (81% and 79% respectively), with only a small proportion (5% and 12%) considering it the responsibility of men in the household.

### Access to clean and safe water



**71%** **75%**  
Women Men

access to clean and safe water was lower for women than men



**72%** **77%**  
Women Men

18-34 years old reported highest rate of access to clean and safe water



**72%**  
Women & Men  
35-54 years old

had access to clean and safe water

### Reasons for limited or no access to clean and safe water



**11%** **14%**  
Women Men

Water access has always been a challenge



**23%** **20%**  
Women Men

Financial inability



**28%** **26%**  
Women Men

Limited availability (only on certain days of the week)



**24%** **27%**  
Women Men

Long distance



**1%**  
Women & Men

Harassment en-route to the water source



**1%** **0.2%**  
Women Men

Fear of COVID-19 infection



## Unpaid domestic and care work

The heavy burden of unpaid domestic and care work is considered one of the hurdles that hinders women's full participation in the labor market and economy thus hampering their economic empowerment. A significant proportion of women indicated that they experienced increased time demands in several household chores during the pandemic - top of which were cleaning (54%), physical (48%) and passive care (46%) of children, teaching children (45%), and playing/reading stories, etc. for children (39%). The findings were nearly identical for men.

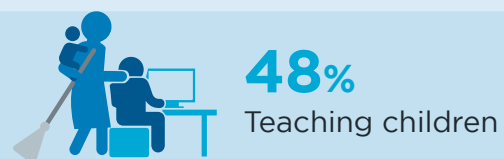
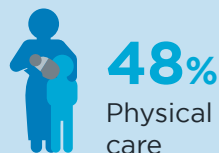
Women were more likely to indicate that the time demands of cooking and meal preparation had not changed since the onset of COVID-19 (40%) than to indicate an increase (30%) or decrease (30%). Similar observations were made for the chores of collecting water and firewood (37% indicated no change compared with 36% who indicated an increase and 19% who indicated a decrease), physical care of adults (22% no change, 15% increase, 13% decrease), assisting adults with administration and accounts (22% no change, 17% increase, 14% decrease), and emotional support of adults (32% no change, 14% increase, 3% decrease). Men interviewed for the study indicated similar perceptions for the time spent on all these chores except in the case of emotional support, for which a

large proportion of men (45%) indicated an increase in time spent during the pandemic, compared to 36% who indicated no change.

Shopping for household use is the only chore for which time demands were widely perceived to have decreased during the pandemic as indicated by nearly 1 in 2 women (47%) and men (48%).

Overall, unpaid domestic work and unpaid care work increased for 64% and 69% of women respectively, compared with 60% and 65% respectively of men. According to a large proportion of women (47%), "other family members" provided help with chores and caring for family members, followed by daughters (30%), and sons (25%). Only 19% of women indicated that they got help from a spouse/partner and 9% that they got help from someone outside of family. Women and men had different perceptions of changes in help received with chores and caring for other members of the household since the lockdown. Nearly 4 in 10 women (39%) indicated that they receive more help during the pandemic while more than 3 in 10 (32%) indicated that they receive less help. On their part, more than 4 in 10 (43%) men indicated that they receive less help and more than 3 in 10 (33%) indicated that they receive more help.

### A significant proportion of women indicated that they experienced increased time demands in several household chores during the pandemic.



The findings were nearly identical for men





## COVID-19 Information sources

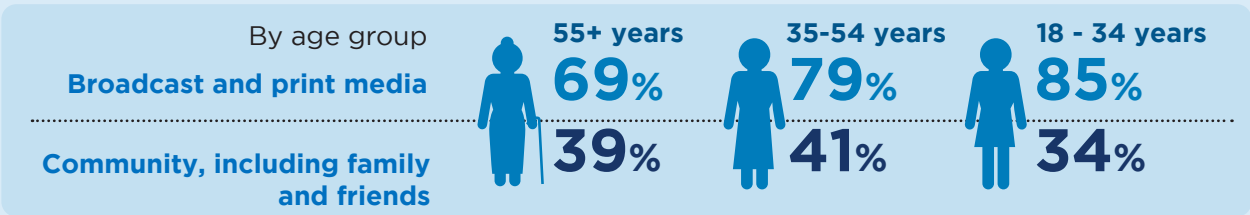
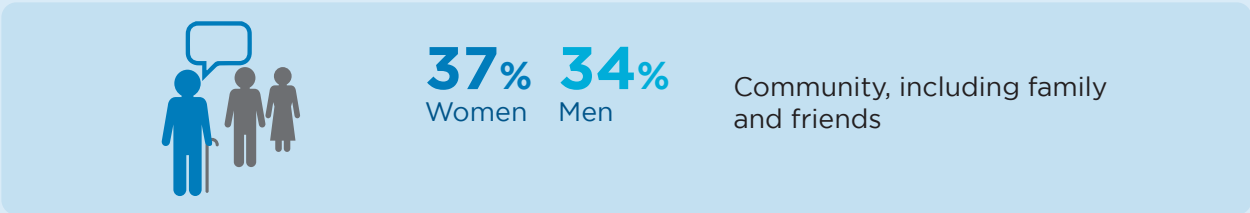
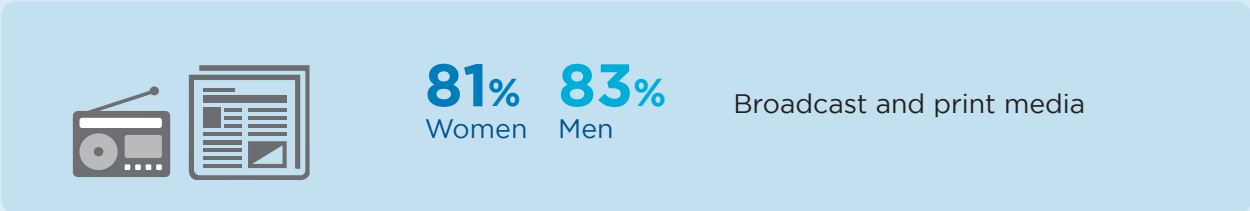
Almost all respondents (96%) indicated that they have received information about how they can protect themselves against COVID-19. Women and men used the various available sources of information fairly similarly, with the two largest sources being radio/television/newspaper (81% and 83%, respectively) and community including family and friends (37% and 34% respectively).

By age group, most women relied on radio/television/newspaper for information about the pandemic with a vast majority aged 18-

34 years (85%) relying on these sources and significant proportions in other groups (79% of women aged 35-54 years and 69% of women above the age of 55 years) also indicating these as their source of information. Community, including family and friends, also played a significant role for women as sources of information about the pandemic; approximately 4 in 10 women aged 35-54 years (41%) and above 55 years (39%) relied on these sources, as did more than 3 in 10 women aged 18-34 years (34%).



### Most important source of information on COVID-19 prevention





## Mental health

About 1 in 2 women (53%) and men (49%) felt that their mental or emotional health has been negatively affected by the COVID-19 lockdown. An even higher percentage of women (74%) and men (77%) responded that the pandemic and associated control measures have caused them to worry. The economic situation and reduced income-generating opportunities were the highest cause for worry among women aged 35-54 years (57%), followed by worry about being infected with COVID-19 especially so among women aged 55 years and over (55%). This concern also featured prominently for women in the 18-34 years age group (51%), while

financial worries also caused women in this age group significant concern (49%). Access to food also caused roughly 4 in 10 women across the three age groups to worry (35% for 18-34 years, 44% for 35-54 years, and 41% for 55 years and above). School closures and missing school was also a concern particularly for women aged 18-34 years (28%) compared to 25% of 35-54-year-olds and 15% of women aged 55 years and above. Worries about death and access to medicine also featured significantly, albeit less than the other concerns, with women aged 55 years and above most affected (23% and 21% respectively).

### The mental and/or emotional health of women and men was nearly equally affected



**53%** **49%**  
Women Men







Reported that their mental and/or emotional health was negatively affected during the pandemic



**74%** **77%**  
Women Men

Reported that the COVID-19 pandemic and associated control measures such as lockdown and curfew caused them worries

The economic situation and reduced income-generating opportunities were the highest cause for worry among women aged 35-54 (57%) years and 18-34 years age group (51%),

By age group	 55+ years	 35-54 years	 18 - 34 years
 <b>being infected with COVID-19</b>	<b>55%</b>	<b>41%</b>	<b>51%</b>
 <b>Access to food</b>	<b>41%</b>	<b>44%</b>	<b>35%</b>
 <b>School closures</b>	<b>15%</b>	<b>25%</b>	<b>28%</b>



## Health services

Majority of women (81%) and men (78%) reported that they were not covered by either private or national health insurance. A higher percentage of women (64%) indicated that they personally sought healthcare services since the onset of the COVID-19 restrictions than men (53%). Furthermore, a much higher percentage of women (29%) accessed family planning and sexual and reproductive health (SRH) services during the COVID-19 lockdown than men (18%).

Approximately 1 in 4 women did not need healthcare services during the pandemic while 2 in 3 women tried and managed to access healthcare services. Only a tiny proportion of women (approximately 1%) either tried and were unable to access healthcare services, or tried and managed to access some, but not all, healthcare services.



**81%** **78%**  
Women Men

were not covered by either private or national health insurance



**64%** **53%**  
Women Men

sought healthcare services since the onset of the COVID-19 restrictions



**29%** **18%**  
Women Men

accessed family planning and sexual and reproductive health (SRH) services during the COVID-19 lockdown

Only a very small proportion across the age groups (ranging between 1% and 2%) reported either needing the services but not being able to access them at all or only being able to access some services.

**1/4**  
Women



did not need healthcare services during the pandemic

**2/3**  
Women



women tried and managed to access healthcare services.



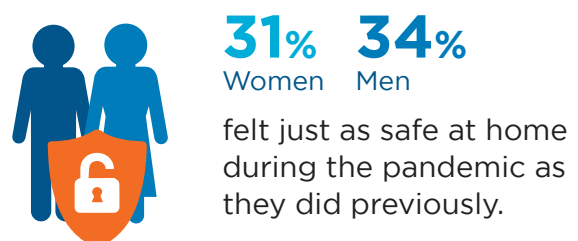
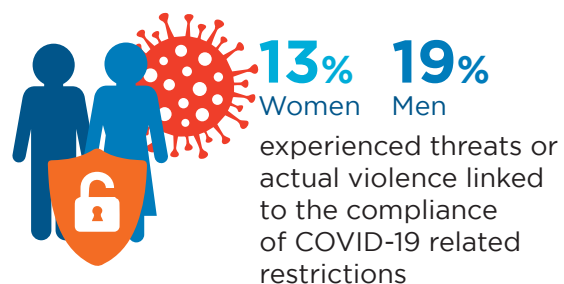
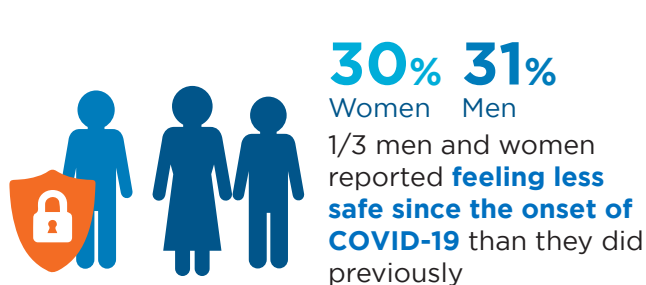
## Violence

One in three women (30%) and men (31%) indicated that they have been feeling less safe from the threat of violence or violence itself in their community since the onset of the pandemic. Only about 1 in 10 women (13%) compared to 2 in 10 men (19%) indicated that they had personally experienced violence or threats of violence by police or security agents linked to COVID-19-related movement restriction, curfew, or closure of certain premises. By age, women aged 18-34 years (16%) recorded the highest proportion of women who experienced violence or threats of violence from security agents related to COVID-19 containment measures compared to women aged 35-54 years (11%) and women aged 55 years and above (7%).

Nearly 1 in 2 women (49%) and men (44%) indicated that they felt safer at home during the pandemic than they did previously while roughly 1 in 3 women (31%) and men (34%) indicated that they felt just as safe at home during the pandemic as they did previously. Approximately 1 in 5 women (19%) and men (21%) indicated that they felt less safe at home during the pandemic than they did previously due to increased crime (indicated

by 47% and 50% respectively), they live in a densely populated area and children play and move around the home making it unsafe in terms of COVID-19 transmission (49% and 48% respectively), and other reasons (25% and 28% respectively).

About two thirds of women (69%) and men (67%) felt that GBV is a substantial problem in Mozambique. Among women, this resonated most for those aged 18-34 (71%) and 35-54 years (71%) who indicated that GBV is a major issue in Mozambique. Interestingly, a lower proportion of women aged 55 years and above (54%) felt that GBV is a substantial problem in Mozambique. Significantly less than 1 in 10 women aged 18-34 years (4%), 35-54 years (6%) and 55 years and above (6%) felt that GBV is not a problem in Mozambique. However, a significant proportion of women, most notably 1 in 4 women in the 18-34 years (44%) and 35-54 years (41%) age brackets, felt that GBV has become more frequent since the onset of COVID-19. 1 in 3 women (33%) in the 55 years and above age group concurred although a larger proportion of women in this age group (38%) felt that the incidence of GBV has reduced during the pandemic.



## Most common forms of GBV



**31% 34%**  
Women Men  
**Physical abuse**



**21% 20%**  
Women Men  
**Child/forced marriage**



**18% 20%**  
Women Men  
**rape and/or other unwanted sexual contact**



**23% 22%**  
Women Men  
**Emotional/verbal abuse**

1 in 3 women and men indicated that they know of people who have experienced various forms of GBV notably physical violence<sup>9</sup> (31% and 34% respectively), emotional and/or verbal abuse (23% and 22% respectively), rape and/or other unwanted sexual contact (18% and 20% respectively), and child and/or forced marriage (21% and 20% respectively).

When comparing women of different ages, women aged 18-34 years reported the highest percentages for every form of GBV, followed by women aged 35-54 years old, and women aged 55 years old and above. Women across the three age groups also indicated knowing of victims of femicide<sup>10</sup> (15%, 13%, and 4% respectively) as well as people who had experienced sexual harassment<sup>11</sup> during the pandemic (20%, 12% and 8% respectively).

When asked to identify the offenders/perpetrators of the most recent case of GBV that they were aware of, approximately 1 in 4 women (27%) and men (24%) said that it was a neighbor. A good proportion of women respondents across the three age groups also identified spouses/partners for the incidences of GBV that they were aware of (20%, 19% and 24% respectively), and other family members (12%, 15% and 6% respectively). Friends also featured prominently among the

identified perpetrators of GBV according to women across the age groups (14%, 7%, and 8% respectively).

Three in four women (75%) and men (74%) knew where to find help if they or someone else experienced GBV. However, across age groups for women, a higher percentage of women 55 years old and older (81%) felt confident that they knew where to find such help compared to women aged 18-34 years (75%) and women aged 35-54 years (71%). Only 4% of women and men said that they sought GBV services since the onset of the COVID-19 lockdown. Of those who sought services, the majority of women (75%) and men (66%) sought help from the police, while lower proportions turned to health services (54% and 58% respectively), the justice system (33% and 40% respectively), or psychosocial and mental health services (27% and 49% respectively). With regards to the types of information, advice, or support needed in their community to prevent the incidence of GBV and harmful practices during the lockdown, the majority of women (72%) and men (66%) responded that they needed help in reporting incidents and dealing with police, medical support (59% and 55% respectively), someone to talk to (55% and 56% respectively), and information about security/crime prevention/referral linkages (57% and 56% respectively).

<sup>9</sup> This included slapping, hitting, kicking, and other forms of physical violence

<sup>10</sup> Defined here as killing of a woman by her intimate partner

<sup>11</sup> This included jokes, suggestive comments, leering, unwelcome touch, kisses, intrusive comments about their physical appearance, etc.



## Priorities

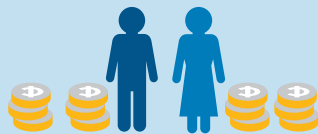
Two in three women (66%) and men (67%) identified earning a living, income, and working as their top priority during the pandemic. A similar proportion of women (66%) and men (63%) also considered food security a top priority during the lockdown with healthcare services in general also considered important by women (37%) and men (40%) during this period.

By age group, food security dominated the list of priorities, particularly for women aged 55 years and above (76%). Women aged 35-54 years (66%) and 18-34 years (65%) also ranked this highly alongside earning a living/income/working (66% each for

the two younger age groups and 62% for women aged 55 years and above). Water and healthcare were next on the list of priorities for approximately 1 in 3 women across the three age groups, similar to healthcare in general. Education (approximately 1 in 4 for the two younger age groups and 1 in 5 for women aged 55 years and above) and safety and security (nearly 1 in 5 across the three age groups). During the pandemic, maternity healthcare ranked lowest on women's list of priorities (1% for women aged 35-54 years and 2% for women aged 18-34 years) with child healthcare only faring slightly better (ranging from 2-3% across the three age groups).

### The top three priorities during the pandemic

1



**66%** **67%**  
Women Men

**Earning an income/working**

2



**66%** **63%**  
Women Men

**Food security**

3



**37%** **40%**  
Women Men

**Healthcare services**

## CONCLUSIONS AND RECOMMENDATIONS

### Economic impacts

One of the most significant ways in which the pandemic and associated movement restrictions impacted on women and men in Mozambique was on their economic and livelihood activities. Women and men included in the study in Mozambique received limited external support through the Government or in the form of remittances. With respect to post-COVID-19 recovery, it is recommended that gender equality and women's economic empowerment work be continued and planning for multiple uncertainties made integral to the process. It is important to provide support to small-scale agricultural production activities and conduct a comprehensive economic assessment for a stimulus package while at the same time providing women and youth-owned firms with extra points in public procurement and improving access to market information, and facilitating access to credit to women,

people with disabilities and youth in SMMEs and the informal sector of economy.

### Food production and food security

The agricultural sector is one of the most important providers of employment and economic activity for women and men in Mozambique as a source of food and general household sustenance. During the post-COVID-19 recovery period, it will be important to focus on intensifying efforts to support subsistence and small-scale food production to complement other income generating activities and to increase support to these food producers, especially women, for resilience. There is need to facilitate partnerships between women producers and the private sector for localized and expanded marketing opportunities, ensure that smallholders, especially women and youth, have secure land tenure rights and access to credit and social safety net measures.

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## Education

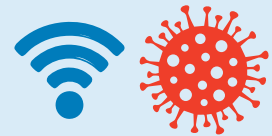
Approximately 1 in 4 girls and boys did not continue with learning from home during the pandemic. It is important that the resumption of education for girls and boys be prioritized to prevent further increases in inequalities based on wealth status, location (rural or urban) and type of institution attended (public or private). Considerations can be made to continue many of the technology-based and remote learning methods applied during the

pandemic as complementary to traditional teaching methods, provide technical literacy classes, and expand internet coverage/make it more affordable/free where needed to facilitate uptake. There is need to promote an integrated and coordinated approach that addresses girls' holistic education, health and protection needs, and to establish the extent to which girls have been affected by GBV and sexual exploitation within their schools and communities during the pandemic and to help the affected girls report and seek help.

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### Water and sanitation



Programs aimed at maintaining and servicing existing infrastructure as well as increasing access to safe water in communities and at schools need to continue,

### Time use



Government support for increased access and subsidization of child-care services, as well the provision of and extension of paid family and sick leave, among other measures, has been shown to positively and immediately impact on women's time use in this area.

### Health and well-being



There is need to strengthen data collection systems to support a gendered analysis of changes in the use of health services and allow for more effective action during health emergencies.

### Violence



Continued advocacy work is needed around GBV, expansion of safe places and other support mechanisms for victims and survivors. Human rights training of police, prevention of police brutality and training of police to receive and handle complaints from victims and survivors of rape and SGBV will also be crucial.



## Water and sanitation

Given that one of the preventive measures for COVID-19 has been frequent handwashing, water availability or the lack of it came once again under the spotlight during the pandemic. Programs aimed at maintaining and servicing existing infrastructure as well as increasing access to safe water in communities and at schools need to continue, and the water and sanitation needs of women and girls associated with menstruation need continued support and attention at home and at school.

## Time use

Time spent on unpaid domestic and care work has been identified as one of the biggest impediments to women's economic participation their overall workload, and general well-being. It will remain important to continue to recognize, reduce and redistribute these unpaid domestic and care activities. Government support for increased access and subsidization of child-care services, as well the provision of and extension of paid family and sick leave, among other measures, has been shown to positively and immediately impact on women's time use in this area. The greater sharing of these tasks between women and men within households observed during the pandemic can be harnessed in advocacy campaigns on the division of labor between men and women at the household level to further encourage men to contribute to these tasks.

## Health and well-being

Almost all respondents indicated that they had received information about how they can protect themselves against COVID-19.

Efforts to address misinformation around the pandemic and immunization, using multiple channels and while engaging community and religious leaders needs to continue. There is need to strengthen data collection systems to support a gendered analysis of changes in the use of health services and allow for more effective action during health emergencies. Gender-disaggregated data serves as a basis for gender-responsive budgeting and should be routinely gathered at all levels, especially in support of health budgets that are gender sensitive. Availing increased resources to maternal and child health will be important to rectify some of the damage caused by the COVID-19 pandemic in the region, which might set back advances made so far by as much as three years according to some estimates.

## Violence

GBV is increasingly seen as a serious and widespread problem in Mozambique and most women and men think that the problem has increased during COVID-19. Given that only a third of the respondents were willing to disclose personally knowing at least one victim and survivor of GBV during COVID-19 is significant. Continued advocacy work is needed around GBV, expansion of safe places and other support mechanisms for victims and survivors as well as the execution of a standalone representative survey that measures the incidence of GBV. Human rights training of police, prevention of police brutality and training of police to receive and handle complaints from victims and survivors of rape and SGBV will also be crucial.



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