COVID-19 RAPID GENDER ASSESSMENT

Gender Perspective

MOZAMBIQUE | 2020

UN WOMEN | WOMEN COUNT | UNFPA | ILO

RAPID GENDER ASSESSMENT (RGA) ON THE IMPACT OF COVID-19 ON WOMEN AND MEN MOZAMBIQUE

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LIST OF ABBREVIATIONS/ ACRONYMS

CAPI	Computer-assisted personal interviewing
CATI	Computer-assisted telephone interviewing
COVID-19	Coronavirus disease 2019
ESA-RO	East and Southern Africa Regional Office
FGM	Female genital mutilation
GBV	Gender-based violence
ILO	International Labour Organization
IVR	Interactive voice response
MOH	Ministry of Health
RDD	Random Direct Dialing
RGA	Rapid Gender Assessment
SRH	Sexual and reproductive health
UNFPA	United Nations Population Fund

EXECUTIVE SUMMARY

Background and context

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)[1] and reported case fatality ratio of 0.8%[2] 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[3], which devastated the central and northern provinces of the country in 2019 and January 2021. Additionally, according to several global indices[4], 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 for women.

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 between October and 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

1 John Hopkins University. Available at https://coronavirus.jhu.edu/region/mozambique. Accessed on 8 February 2021.
2 WHO Regional Office for Africa (2020) dashboard. Accessed 12th December 2020.
3 World Bank Mozambique overview 2020. Available from https://www.worldbank.org/en/country/mozambique/overview, accessed on 6 February 2021.
4 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 ratio 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.

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 instead of representing mobile phone woners, sampling and qoutas were adjusted to reflect the demographics of the population by age, sex, 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 pandemic (20% and 37% respectively) to during the pandemic (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 pandemic (37%) to self-employment as a subsistence farmer without employing others (24%) during the pandemic. Agricultural related work (subsistence farming or agricultural enterprises with workers[5] 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 decrease 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. 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.

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

5 Defined as own production without employing others for the purposes of this study

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.

Education

When interviewed on the measures that children aged 7-18 years were using to continue learning at home during the pandemic, interestingly, the most common response for girls was "Other"[6] (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 pandemic. 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 pandemic. 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. Girls and boys living in rural areas are more likely than girls and boys living in urban areas to have experienced two or more problem while learning from home.

Water and sanitation

The proportion of respondents who reported access to clean and safe water was lower for women (71%) than men (75%). 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. Women and men living in rural areas are signfiicnatly less likely than their urban counterparts to have access to safe and clean water.

6 This referred to measures other than television, radio, social media, and online learning platforms

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.

Overall, unpaid domestic work and unpaid care work increased for 64% and 69% of women respectively, compared with 60% and 65% respectively of 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%).

Mental health

About 1 in 2 women (53%) and men (49%) felt that their mental or emotional health has been negatively affected by the pandemic. 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).

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 pandemic 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.

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%) reported 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 of a problem 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. Women and men living in rural areas are slightly less likely than their urban counterparts to feel that GBV is a big problem in Mozambique and significantly less likely to indicate that the incidence of GBV increased during the pandemic.

One in 3 women and men indicated that they know of people who have experienced various forms of GBV notably physical violence[7] (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[8] (15%, 13%, and 4% respectively) as well as people who had experienced sexual harassment[9] 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 COVID-19. 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 pandemic, 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).

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 COVID-19 with healthcare services in general also considered important by women (37%) and men (40%) during this period. 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.

7 This included slapping, hitting, kicking, and other forms of physical violence
8 Defined here as killing of a woman by her intimate partner
9 This included jokes, suggestive comments, leering, unwelcome touch, kisses, intrusive comments about their physical appearance, etc.

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.

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.

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. Sex-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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1. INTRODUCTION

1.1 Study background

The outbreak of the coronavirus disease 2019 (COVID-19) was first reported from Wuhan, China, and has spread to 191 countries globally as of November 2020.[1] The advance of the COVID-19 pandemic 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 invested in preventing the spread of the COVID-19.[2]

In addition to the direct consequences of the disease on the health and well-being of individuals, there are also indirect consequences as a result of physical distancing and confinement measures that have a negative impact on the population, particularly on women already living in poverty and without formal employment. Anecdotal and other evidence suggest that several gender-specific issues related to COVID-19 need to be addressed.[3] These include an increased risk of gender-based violence, safety and security concerns with violent control of curfew and pandemic requirements, the increased health risks and work burden on predominantly women healthcare workers, potential risks to income loss in the vulnerable informal sector, and food insecurity in the short to medium term. In addition to that, restrictions on movement and other measures have impacted women's access to essential SRH services such as family planning and maternal health. Recognizing the extent to which disease outbreaks affect women and men differently is a fundamental step towards understanding the primary and secondary effects of the pandemic on different individuals and communities, and for creating effective, equitable policies and interventions.

UN Women is the United Nations entity dedicated to gender equality and the empowerment of women. It is within this context that UN Women, in partnership with the United Nations Population Fund (UNFPA) and the International Labour Organization (ILO) have commissioned a rapid gender assessment (RGA) in Mozambique via GeoPoll.

The RGA was aimed at providing a more 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.

The results of this study provide policy- and decision-makers with reliable evidence and information to plan and craft appropriate advocacy messages and interventions during the coming months. This includes not only health impacts, but also livelihood and economic impacts, the distribution or increase of unpaid care work, and the extent of domestic violence.

1 John Hopkins COVID-19 Cases Dashboard, 20/11/2020
2 Promoting mask-wearing during the COVID-19 pandemic: A policymaker's guide
3 CARE Rapid Gender Analysis for COVID 19: East, Central and Southern Africa

Data collection for the CATI survey took place between October to December 2020, and the results are expected to be influenced by the immediate steps taken by individuals, families, employers, and the government in response to the pandemic, including prevention and control measures to curb the spread of the disease.

1.2 Country context at the time of the survey

The COVID-19 outbreak was officially declared as a pandemic by the WHO on 13 March 2020. The first official case in Mozambique was also identified on March 22nd and the Government announced a State of Emergency and placed the country on Alert level 3 at the beginning of April 2020. This was deemed necessary partly because of an influx of Mozambican migrants from South Africa following the pandemic of the international borders of South Africa. During the initial phases of Alert level 3 there were restrictions on gatherings, commercial activities and some international border closures. The number of confirmed COVID-19 cases have been relatively low (44,600)[4], with the ESA region also a reporting a relatively low case fatality ratio of 0.8%.[5]

The timing of the pandemic from an economic perspective was made worse by the fact that the country was in the process of recovering from two major fiscal shocks, namely the hidden debt crises and the cyclones Idai, Kenneth[6] and more recently in January 2021 cyclones Chalane and Eloise which devastated the central and northern provinces of the country in 2019. According to the World Bank, local and international social distancing and travel restrictions have impacted on basic commodities and investment in industries such as the gas and coal sector in Mozambique. Economic growth in 2020 is therefore expected to be much lower at 1.3%, which is a decrease from the forecasted 4.3%.

Beyond the immediate public health consequences, COVID-19 has negatively impacted vulnerable populations, such as women and girls, youth, and the poor. In Mozambique, nine out of ten workers are employed in the informal sector, 46% live below the poverty line, 27% of women and 39% of youth are unemployed, and the poorest 10% of the population lives on less than US $1 per week. For these vulnerable populations, the consequences of the economic slowdown and the disruption of delivery of essential services could be devastating.[7]

According to several global indices, gender inequality has been a problem in Mozambique even before COVID-19, and indications are that the pandemic may have deepened this divide. Mozambique has been ranked 181 out of 189 countries according to the UNDP Human Development Index 2019, 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 ratio of 0,912. This is primarily due to low scores in education and differences in the estimated gross national income per capita ($PPP 1131) for women against ($PPP 1377) for men. Furthermore, the Gender Inequality Index (GII), which reflects gender-based inequalities in three dimensions – reproductive health, empowerment, and economic activity – ranks Mozambique 127 out of 162 countries in the 2019 index with a score of 0.523. The GII reflects the loss in human development due to inequality between female and male

4 John Hopkins University. Available at https://coronavirus.jhu.edu/region/mozambique. Accessed on 8 February 2021
5 WHO Regional Office for Africa (2020) dashboard. Accessed 12th December 2020
6 World Bank Mozambique overview 2020. Available from https://www.worldbank.org/en/country/mozambique/overview, accessed on 6 February 2021
7 Flash Appeal For COVID-19 Mozambique

achievements in the three GII dimensions.[8] UN Women estimates[9] of the percentage of the population living in extreme poverty places Mozambique at the second highest extreme poverty rates in East and Southern Africa, only surpassed by Burundi. The gap between women and men in extreme poverty rates, as well as the expected changes between 2019 and 2020, are considerable. According to the 2019 estimates, 63.8% of women and 52.3% of men were living in extreme poverty in Mozambique in 2019. These numbers are expected to increase in 2020 to 67.9% for women and 55.9% for men.

It is within this context and with the restrictions placed on data collection by movement controls that a CATI survey aimed at mobile phone users was conducted.

1.3 Objectives of the survey

The overall aim of this study was to collect data (using computer-assisted telephone interviewing or CATI) and compile reports about the effect of COVID-19 on the life circumstances of women and men in Mozambique.

The specific objectives were to assess the effect of COVID-19 on:

- Individual and household income and livelihoods.
- Healthcare services.
- Food security and agricultural inputs.
- Mechanisms that schoolchildren are using to continue with learning at home.
- Water and sanitation.
- Burden of unpaid care and domestic work of women and men.
- Safety and security.
- The trends of gender-based violence and other harmful practices, such as female genital mutilation (FGM) and child marriage, as a result of COVID-19.

8 UNDP. Human Development Report 2020 at http://report.hdr.undp.org
9 UN Women COVID-19 gender monitor. Available at https://data.unwomen.org/resources/covid-19-and-gender-monitor. Sourced 22 November 2020

2. METHODOLOGY

2.1 Introduction

As a result of movement restrictions most of the research done during the pandemic was based on qualitative studies and or small localized sample surveys. This particular study was designed to compliment these smaller scale surveys and quantitative studies with a nationally representative questionnaire survey using CATI.

2.2 Questionnaire and approach

The study was conducted within the context of a UN Women global effort to increase data availability regarding the gendered impacts of COVID-19. Given the nature of the pandemic and the difficulties associated with collecting quality statistical data using statistically sound methodologies, the UN Women East and Southern Africa Regional Office (ESA-RO) has conceptualized a uniform data collection methodology for rapid gender assessments across the region. GEOPOLL was appointed as service provider for Mozambique and undertook the data collection, analysis, and report-writing for the survey.

UN Women ESA-RO and the Kenya Country Office (CO), in partnership with UNFPA and other partners, have developed an omnibus of generic questions that can be used for the CATI RGAs on COVID-19. These generic questions used as its basis, the question omnibus that was developed for the global study by UN Women Head Quarters in New York and also benefited from inputs and comments from GEOPOLL and IPSOS, the respective service providers for the Kenya and Ethiopia RGAs. The UN Women, UNFPA and ILO Mozambique CO were closely involved in adapting the questionnaire to capture issues relevant to the local context and the monitoring of the data collection through weekly update reports.

The complete survey covers a broad range of topics and was split into two questionnaires to fit into the 20-minute interview time limit and to minimize respondent fatigue. These two questionnaires are:

1. Questionnaire I: Covering demographics, economic activities, agriculture and education.

2. Questionnaire II: This questionnaire includes demographics, contextual questions related to GBV such as changes in economic activities and income, health, human rights, safety and security and GBV.

Copies of the two questionnaires can be found in Annexure 3.

The Mozambique survey made use of both these generic questionnaires, with slight adaptations where some question options were changed to better reflect the local situation and where modifications and improvements were recommended by GEOPOLL.

The total interview length for each of the two questionnaires was 15–20 minutes. None of the questionnaires have any open-ended questions, but rather multiple-choice and scale-based answers. The service provider made use of direct random dialing and applied the sample quotas listed below to the selection of respondents. When the response/identification rate of individuals – particularly older women based in rural areas – became too low, an existing database was used to fill the gaps in the quota framework.

Interviewers were engaged by GEOPOLL for data collection and received face-to-face training over a three-day period between 13-15 October 2020. Data collection for questionnaire 1 was done between 16 October – 18 November and for questionnaire 2 between 7 November and 17 December 2020.

2.3 Sample

For Wave 1, the study was based on a sample of 2,464 women and men aged 18 years and older, and for Wave 2, the study was based on a sample of 2,421 women and men aged 18 years and older. The sample was composed in such a way that it conformed to predetermined quotas that were representative of the population by age, sex and location. Soft quotas were applied post-collection by rural/urban and living standards measure. With a sample size of n=2,464 and n=2,421 the margin of error is +/-2.0 per cent at 95% confidence level for reporting at national level. This makes the survey representative of mobile phone owners but adjusted to the demographics of the total population by age, sex and location.

It is important to note that the survey and sample was restricted to indivduals with access to mobile phones. Once a number was dialled through RDD, the individual who answered was considered the respondent. Even though the sampling base consist of individuals with access to mobile phones the application of sampling qoutas that represent the population of Mozambique, rather than that of mobile phone owners, makes this study closer to representing the general population than just mobile phone owners.

A demographic panel was used for the two questionnaires. Firstly, Questionnaire I was administered to the sample of n=2,464 individuals as described in the previous paragraph. The respondents were then asked whether they were willing to participate in a second interview. Once they agreed, an appointment was made for a convenient time and the second interview was conducted accordingly. In the case of a refusal for a second interview, the individual was replaced with a new respondent that had similar demographic characteristics to the individual being replaced in the second interview.

2.4 Ethical and safety considerations

The study was executed in such a way that confidentiality and anonymity were guaranteed. Ethical and safety principles were followed to ensure that no additional harm, risk, or distress was imposed on the women and men who took part in the data collection being conducted remotely. Informed consent was obtained from each participant. Respondents were also provided with GBV helpline contact details in the event of their needing assistance. The survey process also safeguarded the safety of interviewers. The recommended anti-COVID19 barrier behaviors amongst teams of interviewers were observed to avoid any risk of contamination and virus transmission. Working hours were in accordance with any local curfews in force.

2.5 Analytical focus of the CATI RGA on COVID-19

Research analysis and recommendations focus on highlighting the needs and impact of the COVID-19 outbreak on women and men aged 18 years and older, but particularly focus on soliciting respondents from urban and rural areas and women of different age groups (18–34, 35–54, and 55+). Unfortunately, the sample size is too small to allow for the adequate measurement and disaggregation of data by disability status.

Data was analyzed using Excel and SPSS software, and was weighted to better reflect the general population of Mozambique and align with the initial sampling frame. Descriptive statistics and disaggregated frequencies by sex and age group were conducted. Data was visualized using Excel, and is presented in the findings.

3. RESULTS

3.1 Demographics

Wave one data was collected from October 15 to November 12, 2020. Table 1 details various wave one demographic variables — age group, area lived, marital status, education level, and language spoken — by sex. A total of 2,464 participants participated in the survey, with 54% of participants being women and 46% of participants being men. Please note that the study did not include questions on gender or sexual orientation, but that the question on biological sex had three categories: woman, man, other. There were two respondents I Mozambique who identified as 'Other'. However, because of the small numbers, it was not possible to analyze their responses separately and the tables and figures therefore only reflect two categories. While both unweighted and weighted percentages are presented in this table in order to demonstrate the extent to which the sample mirrors the population profile of the country, the rest of the findings will only present weighted percentages.

Table 1: Unweighted and weighted demographics by sex for wave one data

	Unweighted		Weighted	
Variable	**Women Number (%) (N=1,263)**	**Men Number (%) (N=1,201)**	**Women Number (%) (N=1,284)**	**Men Number (%) (N=1,116)**
Age group				
18–34	779 (62)	750 (62)	782 (61)	673 (60)
35–54	367 (29)	318 (26)	356 (28)	310 (28)
55+	117 (9)	133 (11)	146 (11)	133 (12)
Area lived [10]				
Rural	159 (22)	115 (34)	170 (22)	114 (35)
Urban	563 (77)	213 (63)	578 (77)	200 (62)
Other	6 (1)	12 (4)	7 (1)	10 (3)
Marital status				
Married	264 (21)	387 (32)	266 (21)	364 (33)
Living with partner/cohabiting	395 (31)	488 (41)	401 (31)	458 (41)
Married but separated	16 (1)	5 (0)	16 (1)	5 (0.5)
Widowed	143 (11)	14 (1)	146 (11)	13 (1)
Divorced	66 (5)	6 (0.5)	71 (6)	5 (0.5)
Single [never married]	378 (30)	301 (25)	383 (30)	272 (24)

10 Unfortunately, due to a technical problem, the urban-rural question was asked for less than half of the respondents to the Wave 1 questionnaire on which this table is based. A 100% response was obtained for this same question in the Wave 2 questionnaire

Table 1: Unweighted and weighted demographics by sex for wave one data (concluded)

Variable	Unweighted		Weighted	
	Women Number (%) (N=1,263)	Men Number (%) (N=1,201)	Women Number (%) (N=1,284)	Men Number (%) (N=1,116)
Education level				
No formal education	133 (11)	29 (2)	151 (12)	30 (3)
Some primary school	150 (12)	138 (11)	155 (12)	132 (12)
Completed primary school	34 (3)	17 (1)	35 (3)	17 (2)
Some secondary school	260 (21)	285 (24)	259 (20)	262 (23)
Completed secondary school	329 (26)	70 (6)	328 (26)	318 (28)
Technical & vocational training	26 (2)	38 (3)	26 (2)	34 (3)
Completed university/college	71 (6)	96 (8)	71 (6)	89 (8)
Completed graduate	4 (0.3)	4 (0.3)	4 (0.3)	4 (0.4)
Language spoken				
Portuguese	1,169 (93)	1,169 (97)	1,184 (92)	1,085 (97)
Xichangana	54 (4)	19 (2)	58 (5)	18 (2)
Emakhuwa	36 (3)	10 (1)	39 (3)	10 (1)
English	2 (0.2)	1 (0.1)	2 (0.2)	1 (0.1)
Elomwue	2 (0.2)	2 (0.2)	2 (0.2)	2 (0.2)

The percentage of women and men was similar across all age groups. The majority of respondents (72%) were from urban areas, meaning a town or city. Additionally, 26% of respondents were from rural areas (e.g. a village).

While 21% of women were married, and 31% were living/cohabitating with a partner, a noticeably higher percentage of men were married (33%) or living/cohabitating with a partner (41%). A noticeably higher percentage of women reported being widowed (11%) or single (30%) compared to men (1% and 24%, respectively). The highest level of education was generally comparable between women and men — the majority of respondents reported some primary school, some secondary school, or completion of secondary school. However, a prominently higher percentage of women (12%) reported receiving no formal education compared to men (3%). Finally, the distribution of language spoken among respondents was relatively equal when comparing women and men, with the majority of respondents (92% and 97%, respectively) speaking Portuguese.

With regard to household-head status, noticeably fewer women (49%) identified themselves as the household head than men (80%). Among urban women, this was slightly higher (53%) than among rural women (48%). Among all respondents who said they were not household heads, 56% of women said they were the spouse or partner of the household head, and 46% of men said they were the son of the household head.

For both women and men, there was an increase in providing financial support to family members not living within the household from before the COVID-19 state of emergency started (46% and 51%, respectively) to during the COVID-19 restrictions on movement (62%

and 65%, respectively). For both women and men, the biggest change from pre-COVID-19 restrictions on movement to during restrictions, financial family support was among participants aged 65 years and older, where 34% of women and 37% of men reported financially supporting family members pre-COVID-19 and 77% of women and 70% of men reported financially supporting family members now, during the pandemic. All age groups saw an increase in financial support for family members from before the pandemic to the time of the survey.

The realized sample only reflects individuals with access to mobile phones. However, within that constraint, the sample provides a good reflection of the general demographic profile of Mozambique for women and men 18 years and older.

3.2 Economic activities and livelihoods

Respondents were asked to describe their personal economic activities before and during the COVID-19 pandemic. These results — comparing pre-restrictions on movements to current economic activities among women and men — can be seen in Figure 1. The questionnaire just included broad employment categories. So for example is own account work only divided into three broad categories; own account work with employing others, own account work without employeing others and odd jos/free lancing. In the case of agriculture there were three categories as well: farming not employing others (susbsistence farming), farming with employees and casual labourer working for an agricultural enterprise.

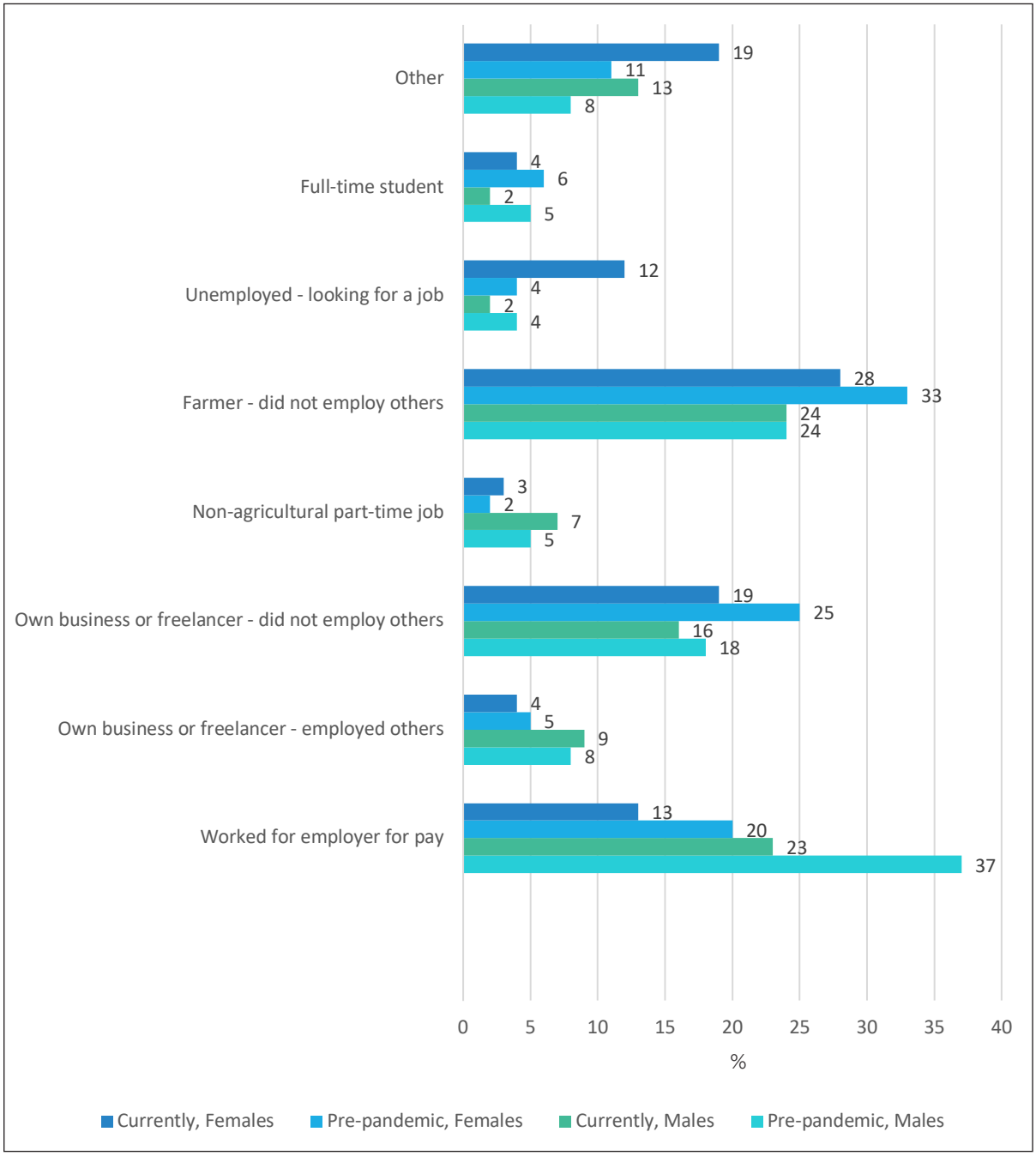
Of note, there was a significant decrease in women and men who worked for an employer for pay from pre-COVID-19 (20% and 37%, respectively) to the present (13% to 23%, respectively), with women experiencing a smaller decline in working for an employer (7 percentage points) than men (14 percentage points). Additionally, there was a significant increase in women respondents who were looking for employment pre-COVID-19 (4%) compared to currently (12%), while for men there was a decrease from 4% pre-COVID-19 to 2% currently.

The most common economic activity for women both pre-COVID-19 (33%) and currently (28%) was self-employment as a subsistence farmer[11] without employing others. The most common economic activity for men shifted from working for an employer pre-COVID-19 (37%) to self-employment as a subsistence farmer without employing others (24%) currently.

When assessing urban versus rural women, subsistence farmers reduced for both the urban and rural respondents due to the pandemic. Among urban women who owned a business before the pandemic, there was a decline (from 26 to 20%), whereas those who were rural did not report a change due to the pandemic (21% before and after). Both urban and rural women respondents reported a drop in working for other entities (person, company, government, etc.) from the pre-pandemic to at the time of the survey.

11 This refers to producing agricultural produce without employing others.

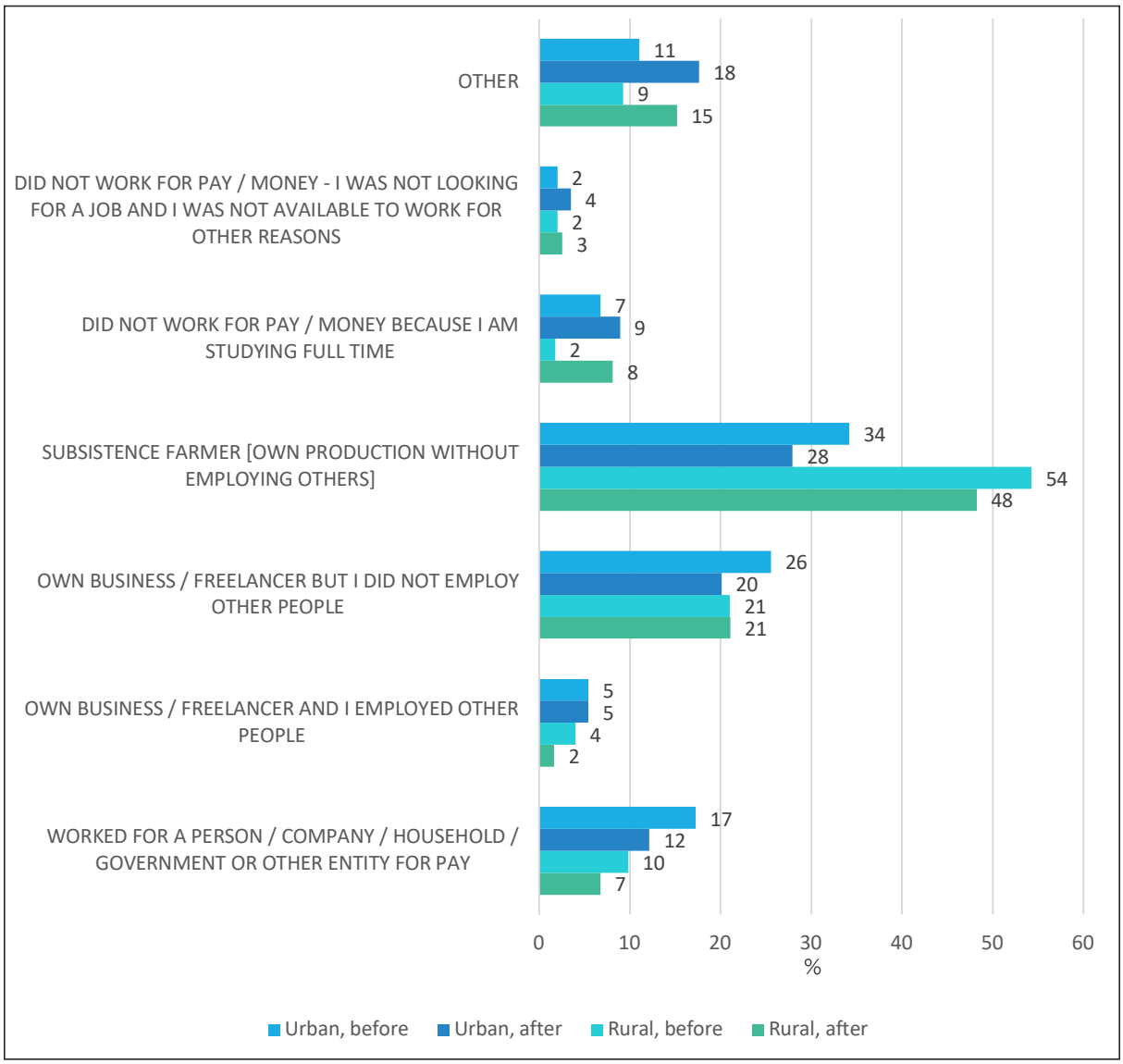
Figure 1: Change in economic activity, by sex



About two-thirds of both women (67%) and men (70%) reported that their personal economic activities changed as a result of the COVID-19 movement restrictions, with Figure 3 displaying the amount of income change experienced by sex and age groups.

Approximately six out of ten women indicated that they experienced a decrease in or total loss of individual income. Women (59%) were less likely than men (64%) to have experienced a decrease in or total loss of income; whereas about the same proportion of women (4%) and men (5%) reported an increase in income. The largest difference in decreased income between women and men was among those 18–34 years old, with 52% of women reporting decreased income compared to 63% of men.

Figure 2: Change in economic activity among women, by residence



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

When asked what type of support respondents or any household members have received from the government or other non-state actors at the national or provincial level since the COVID-19 pandemic started, both women and men gave similar responses. As the distribution of types of support received by participants was comparable among women and men, Figure 4 only visualizes the types of support received by women. Almost all (91%) of the women respondents reported receiving no support. The two most common types of support received were supplies for prevention (e.g. gloves and masks) (5%) and new social protection grants (1.6%). Other types of support included food parcels (1.4%), other cash (1.4%), and personal hygiene supplies (0.4%). No women reported receiving medication.

Figure 3: Impact of COVID-19 on individual income, by sex and age group[12]

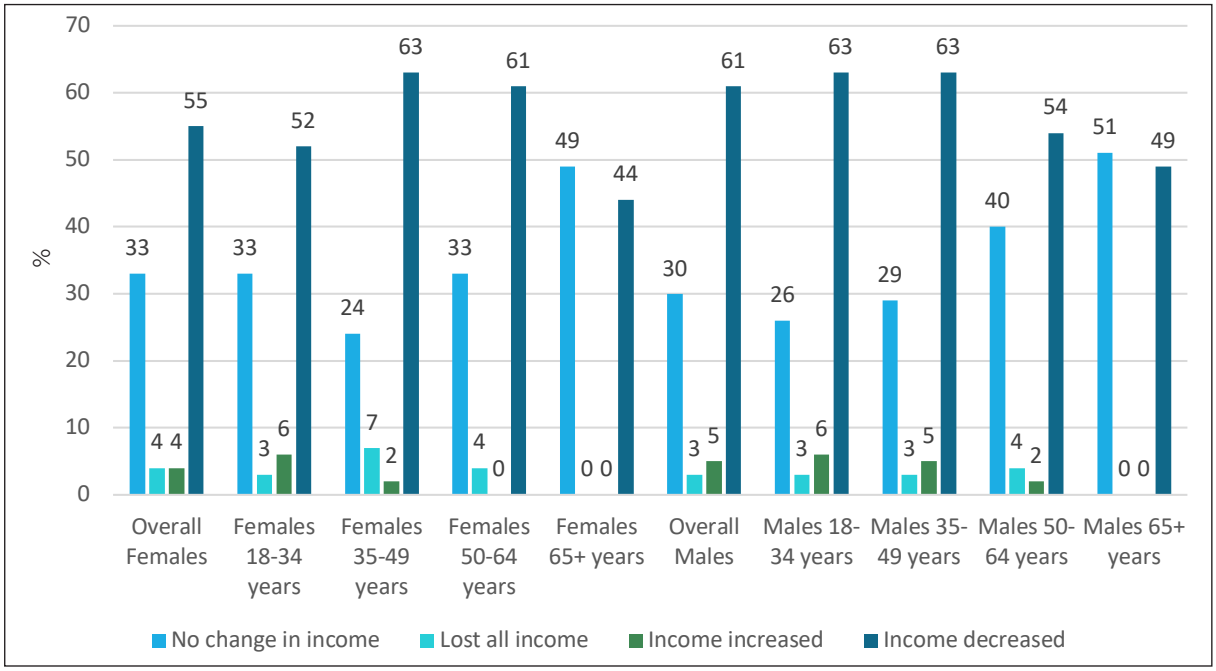
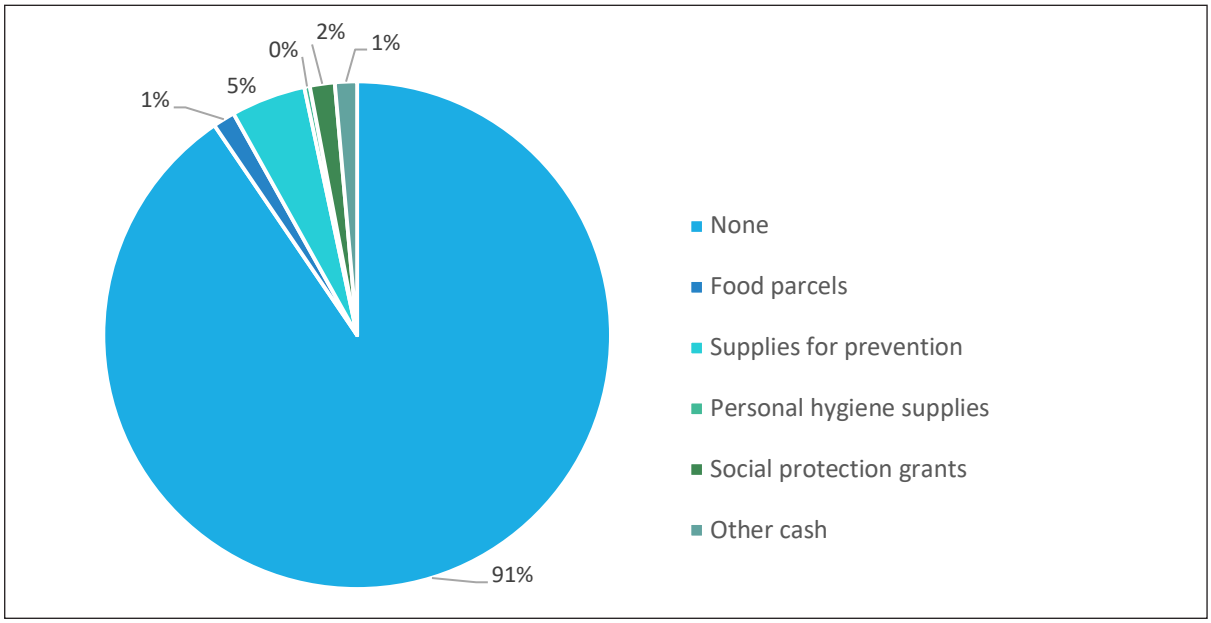


Figure 4: Types of support received by women (n = 565)



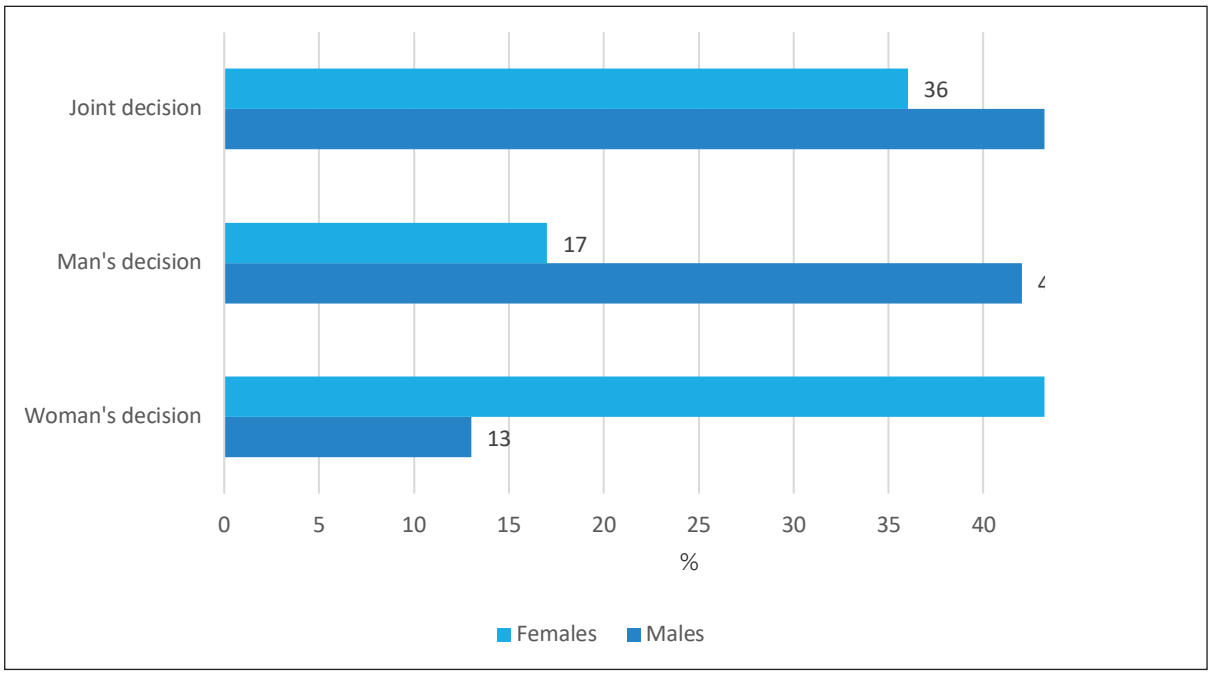
Eighty-four% of women and eighty-five% of men reported that remittances from relatives or friends living elsewhere in Mozambique or in another country were not a source of income before the COVID-19 state of emergency. Of those receiving regular remittances pre-COVID-19, 44% of women and 86% of men reported that the amount of their remittances has decreased since the COVID-19 movement restrictions.

The questionnaire included a question on who is the main decision maker in the household when it comes to how money is spent by the household. The question had response options that included (myself (as the respondent), another man in the household, another woman in

12 Percentages reflected as zero represent small numbers that when rounded become zero.

the household or a joint decision. During analysis the responses of woman respondents were then grouped with the response option 'Another woman in the household' to arrive at a total for women, and the responses of men respondents were combined with that of 'Another man' to arrive at the categorization summarized in Figure 5 below. It did not specifically explore what of the relationship of the other woman or man to the respondent, as the focus was on the sex of the decision maker. When respondents were asked who usually decides how money is spent in their household, 47% of the women identified themselves or another woman in the household as the sole decision-maker, whereas 42% of men identified themselves or another man in the household as the sole decision-maker. Furthermore, a lower percentage of women (36%) thought financial decision-making was jointly conducted between women and men than did men (44%). This can be seen in Figure 5.

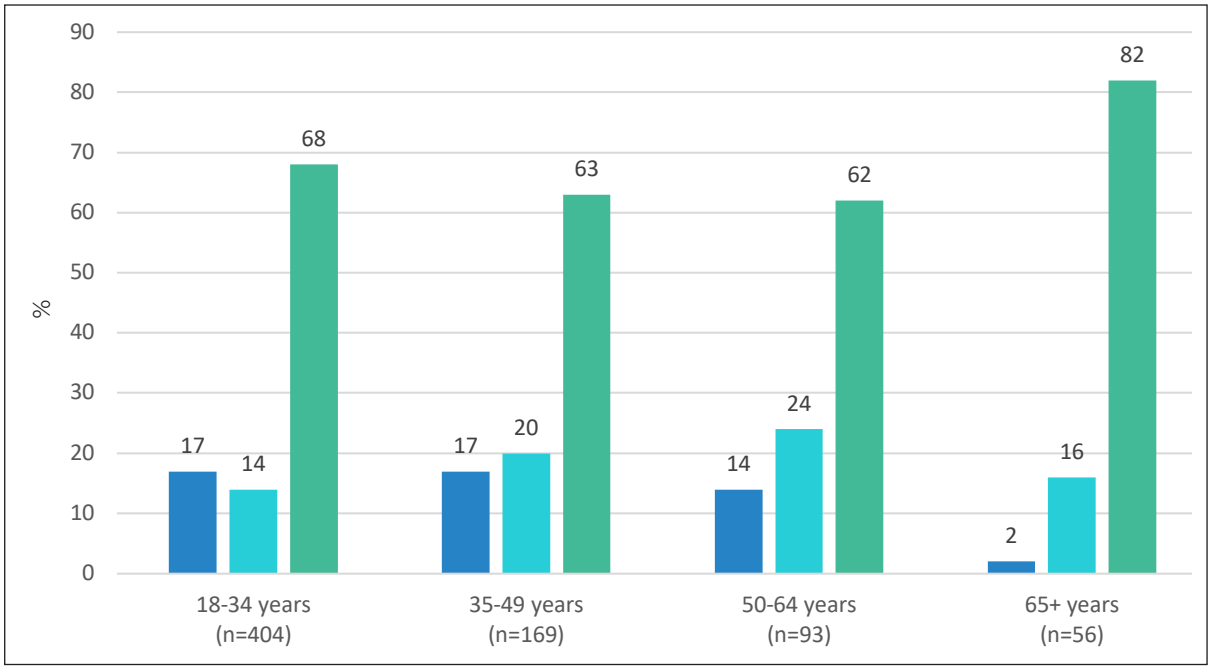
Figure 5: Identified household decision-maker, by sex



3.3 Agricultural activities and food security

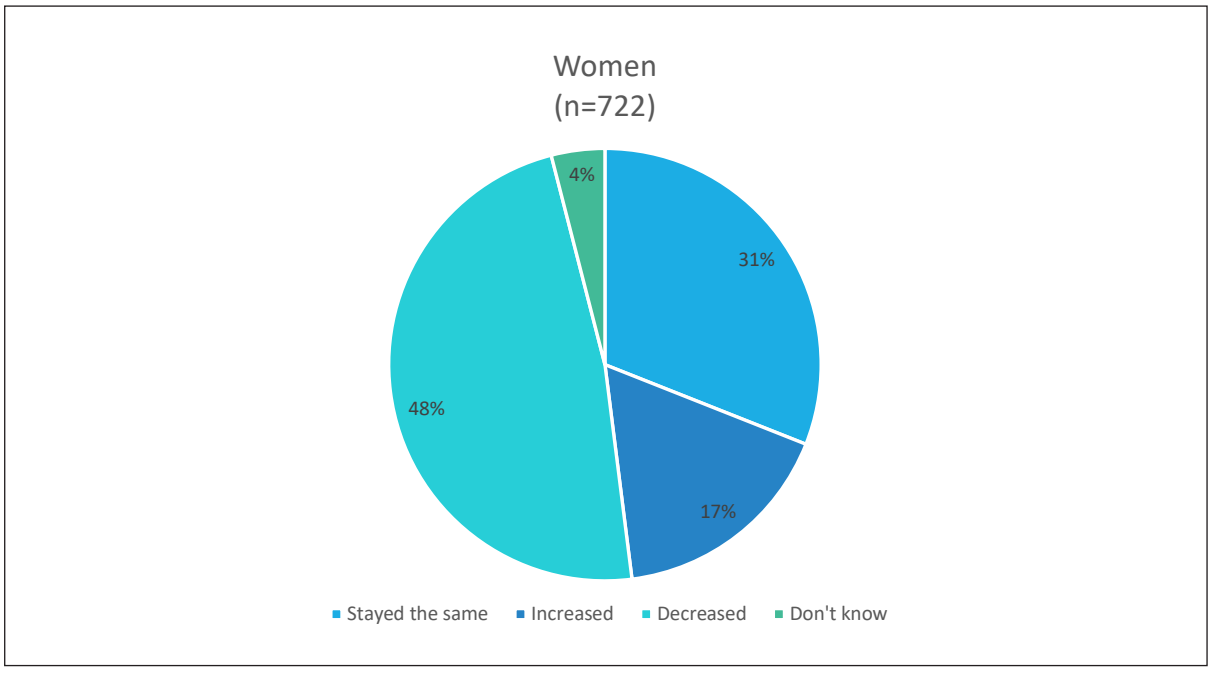
When respondents were asked if their household usually produces any crops or livestock, 56% of women and 61% of the men responded 'Yes'. The participants that responded 'Yes' were then asked to what extent the food produced by their household provides for the household's overall food needs. As the distribution of the extent to which self-produced food provides for household needs was comparable among women and men, Figure 6 only visualizes women's responses. As can be seen, most households produce some of the food needed to meet household needs, with 68% of women 18–34 years old, 62% of women 35–54 years old, and 74% of women 55 years and older saying that the crops and livestock they produce meet some of their household needs.

Figure 6: Extent to which self-produced food provides for household needs among women, by age group



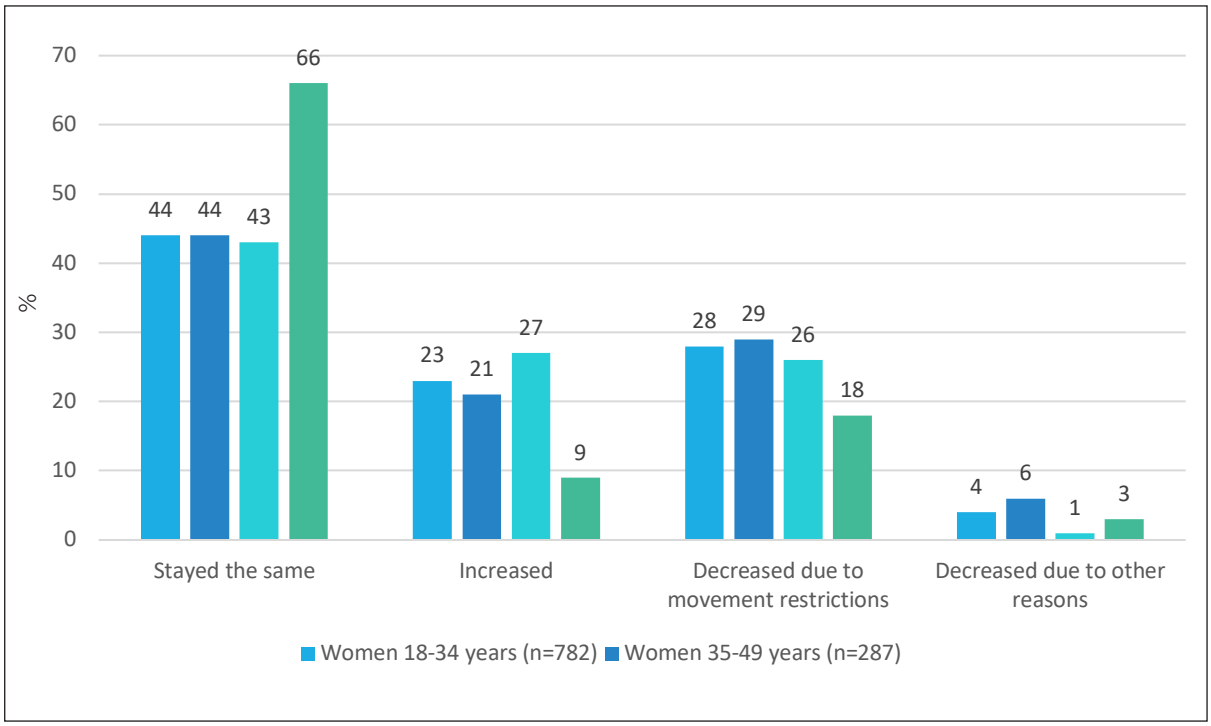
Both women and men reported similar levels of perceived change in availability of seed and other inputs to plant crops since the onset of the COVID-19 pandemic. Thirty-one% of both women and men thought there was no change in availability. About 17% of women and 19% of men thought the availability of seeds and other inputs has increased since the onset of the restrictions. However, 48% of women and 47% of men thought that the availability of seeds and other inputs has noticeably decreased since the onset of the restrictions. Figure 7 highlights this distribution among women.

Figure 7: Changes in seed/input availability since onset of COVID-19 pandemic among women (n = 722)



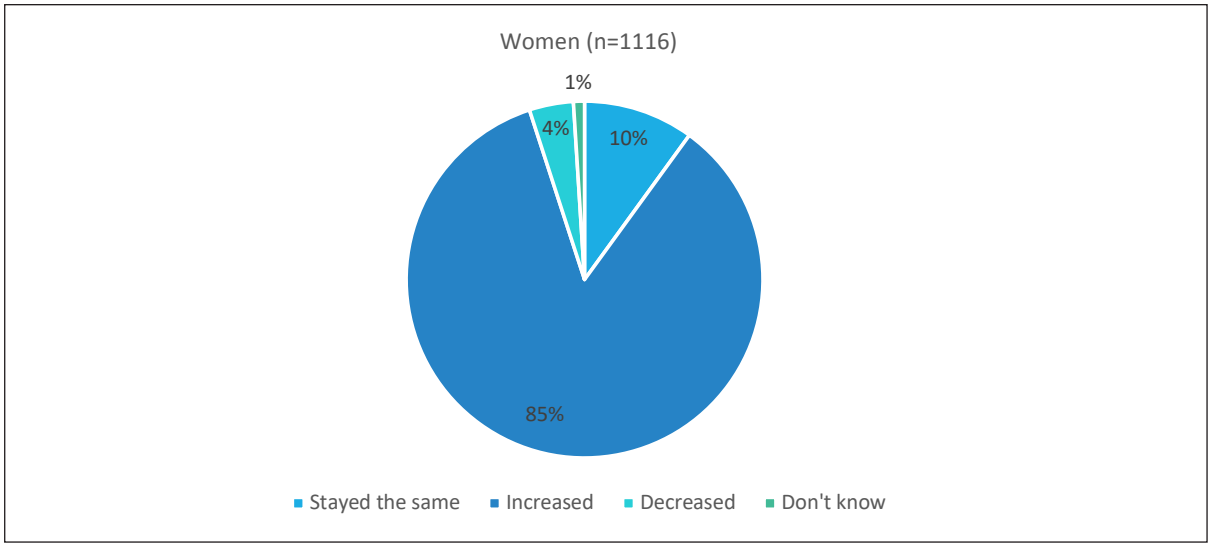
Participants were asked how the availability of the food they usually buy in the local markets or shops has changed since the onset of the COVID-19 pandemic. Women and men had similar answers overall, with 45% of women and 44% of men responding that the availability has stayed the same; 22% of women and 19% of men thought the availability had increased; and 31% of women and 36% of men thought the availability had decreased since the onset of the pandemic. Figure 8 looks at these perceived changes in food availability among women of different age groups. A larger percentage of women 55 years and older (55%) thought there was no change compared to the other age groups (44% each). As such, a considerably smaller percentage of women 55 years and older (23%) thought there was a decrease in food availability since the onset of pandemic compared to other age groups (32–33%).

Figure 8: Perceived changes in food availability since onset of COVID-19 pandemic among women, by age group



When asked about perceived changes in food prices, both women and men gave similar responses. As the distribution of perceived changes in food prices by participants was comparable among women and men, Figure 9 only visualizes the perceived changes in food prices among women. Of 1,116 women, 10% felt food prices have remained the same, 85% felt that food prices have gone up, 4% felt that food prices have gone down, and 1% responded that they didn't know.

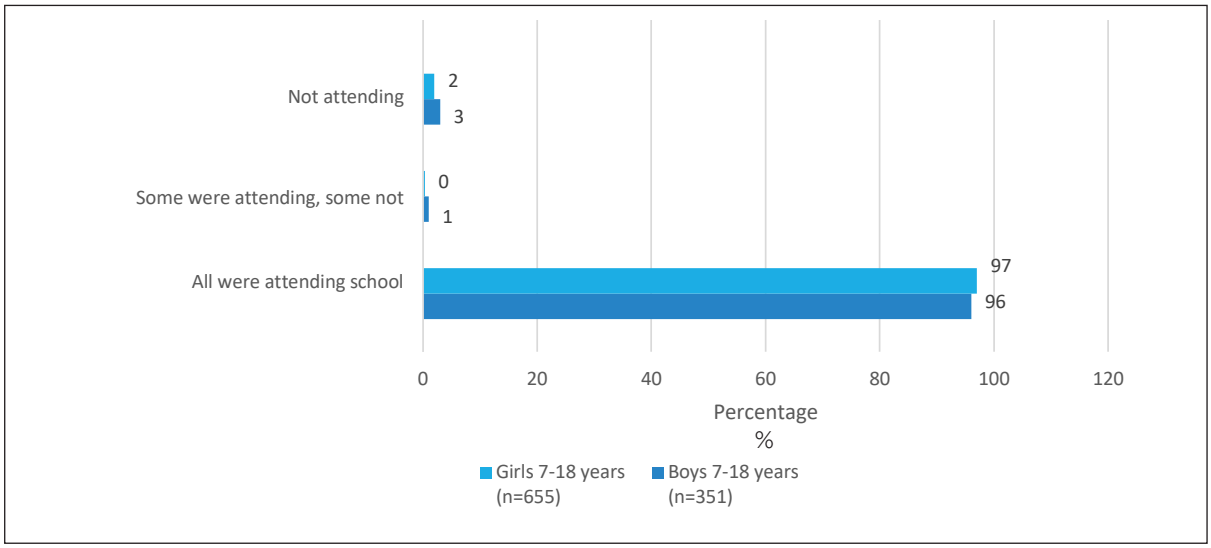
Figure 9: Perceived changes in food prices among women (n = 1116)



3.4 Education

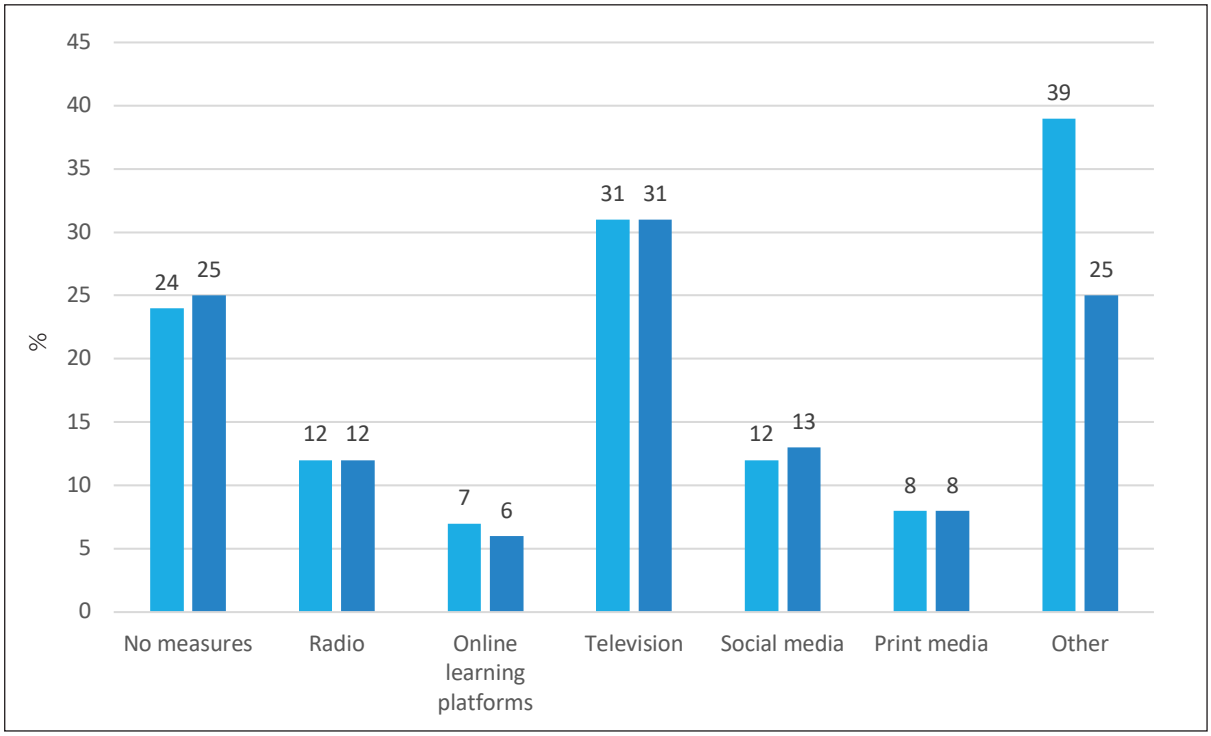
Given that schools were closed in March the education section sought to establish what percentage of the respondents had school going children in their households prior to the pandemic and associated school closures. As expected percentages were similar when comparing women and men and looking across age groups, so data is reported for both sxes combined in Figure 10. When combining responses from all respondents, 97% of all girls in a household and 96% of all boys in a household were reported to have attended school before the pandemic. Since the schools were only partially re-opened at the time of the survey and complete re-opening was only expected in January 2021, no information was collected at the time of the survey about the number of children who had already returned to school at the time of the survey. Additionally, a slightly higher percentage of boys (3%) was reported not attending school than girls (2%), but these differences are not statistically significant.

Figure 10: School attendance of children 7–18 years old before COVID-19 restrictions, by sex



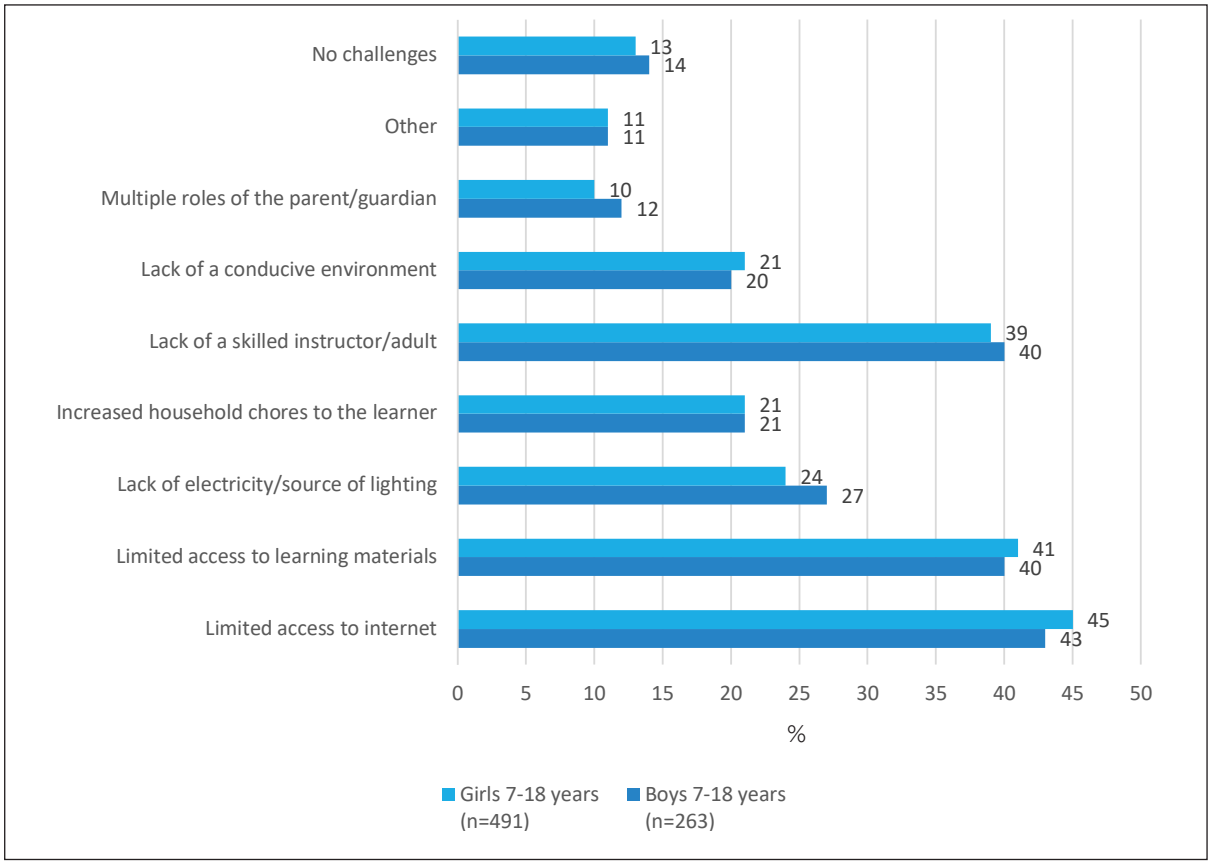
Respondents were asked what measures children 7–18 years old were using to continue learning at home since the COVID-19 pandemic started, as visualized in Figure 11. Interestingly, the most commonly used measure for girls was "Other" (39%) and for boys it was both "No measures" and "Other" (25%). The next most common educational measures for remote learning since the COVID-19 pandemic for girls and boys have been television (31% for both girls and boys), no measures for girls (24%), and radio and social media (12–13% for both girls and boys).

Figure 11: Educational measures for children 7–18 years old during COVID-19, by sex



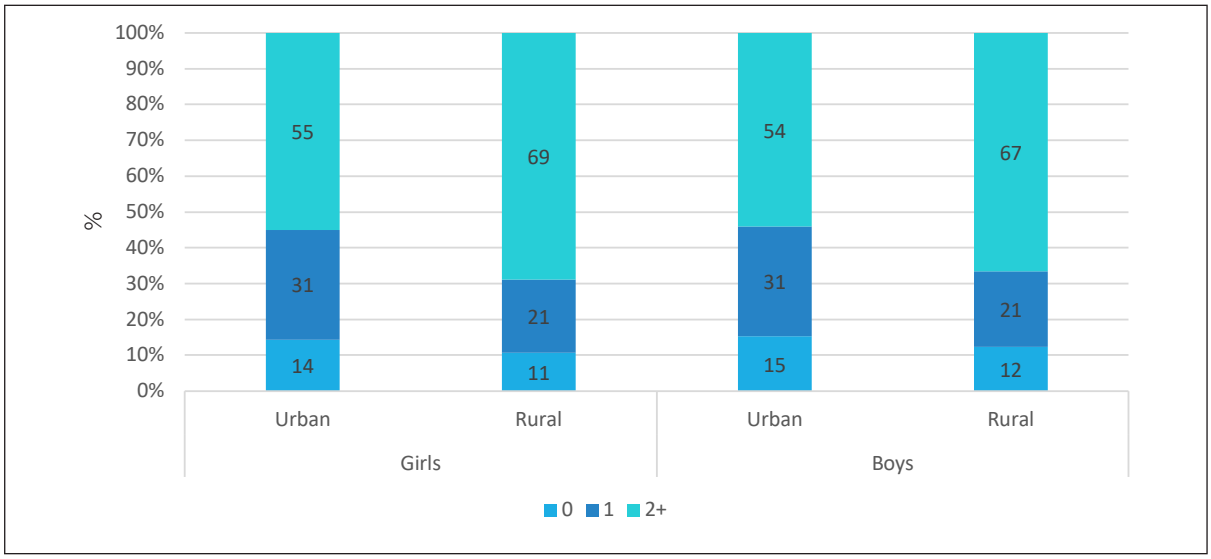
Respondents were asked what challenges children 7–18 years old in their household were faced with learning at home since the COVID-19 pandemic started. Responses can be seen in Figure 12. The biggest challenge for girls (45%) and boys (43%) was limited access to the internet. The second biggest challenge for girls was limited access to learning materials (41%), whereas the second biggest challenge for boys was both limited access to learning materials (40%) and lack of a skilled instructor or an adult in the household (40%).

Figure 12: Remote learning challenges faced by children 7–18 years old during COVID-19, by sex



As can be seen from Figure 13, girls and boys living in rural areas were significantly more likely than their urban counterparts to have two or more problems associated with learning from home.

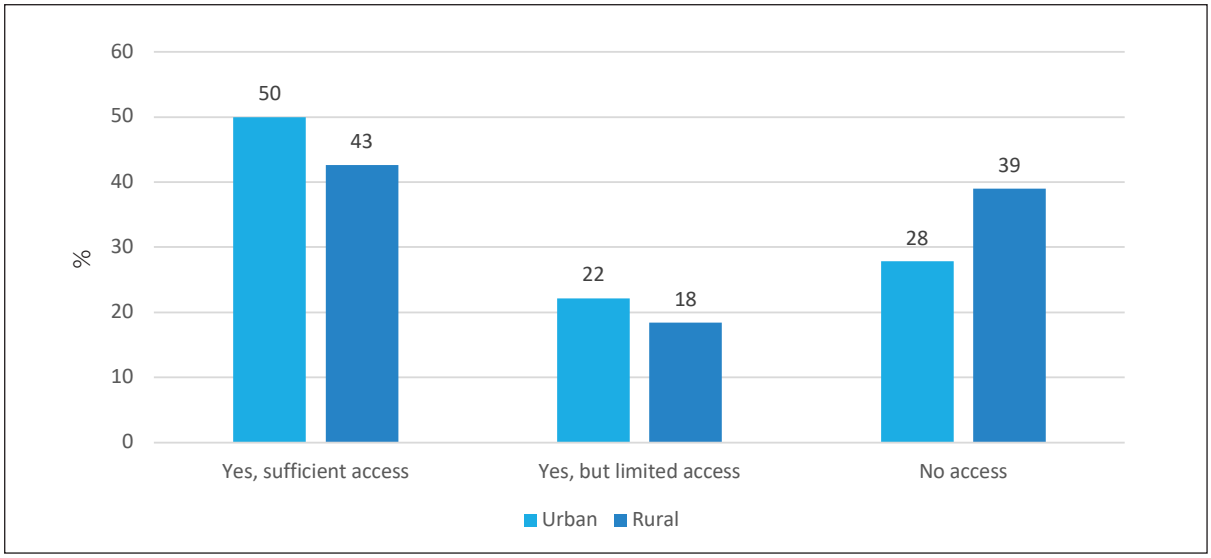
Figure 13 : Number of problems experienced while learning from home, during COVID-19, by location and sex



3.5 Water and sanitation

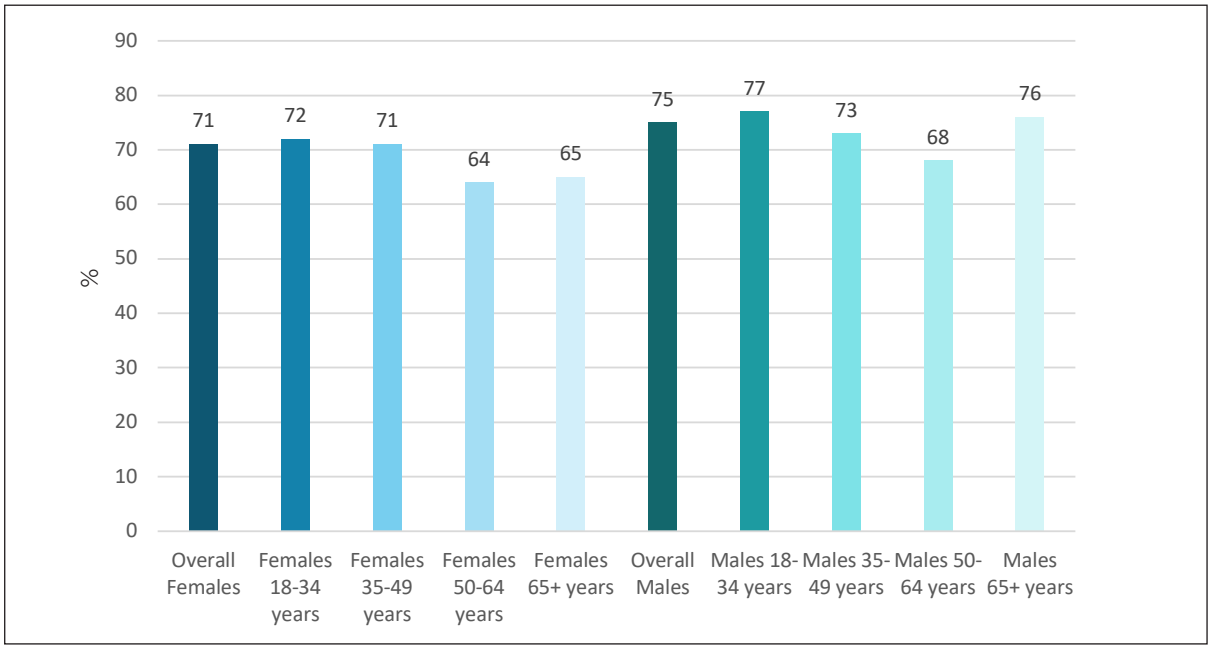
Water access by location confirms that respondents living in rural areas are less likely than respondents in urban areas to have access to clean and safe water. Nearly four in ten rural residents indicated that they do not have access to clean and safe water compared to slightly more than one in four urban residents.

Figure 14: Access to clean and safe water, by location



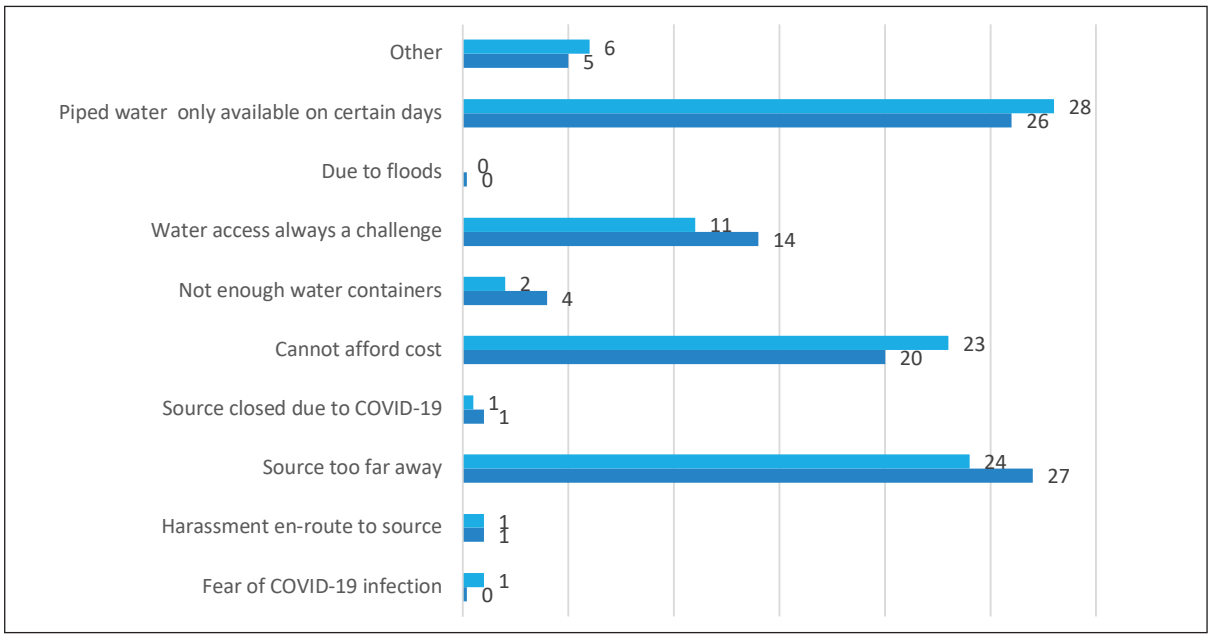
The proportion of respondents who reported access to clean and safe water was slightly lower for women (71%) than for men (75%). The proportion was relatively similar for all age groups for both women and men, as can be seen in Figure 13. The subset with the greatest access to clean and safe water was men aged 18–34 (77%) and the subset with the least access to clean and safe water was women aged 55 years and older (66%).

Figure 15: Access to clean and safe water, by sex and age group



When asked what the main reason was for having limited to no access to clean and safe water, both women and men had a similar distribution across response options. The two most common reasons for having limited to no access to clean and safe water for all participants was 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 (24% and 27%, respectively). Figure 16 highlights the main reasons participants thought they had limited to no access to clean and safe water.

Figure 16: Main reasons for no or limited access to clean water, by sex[13]

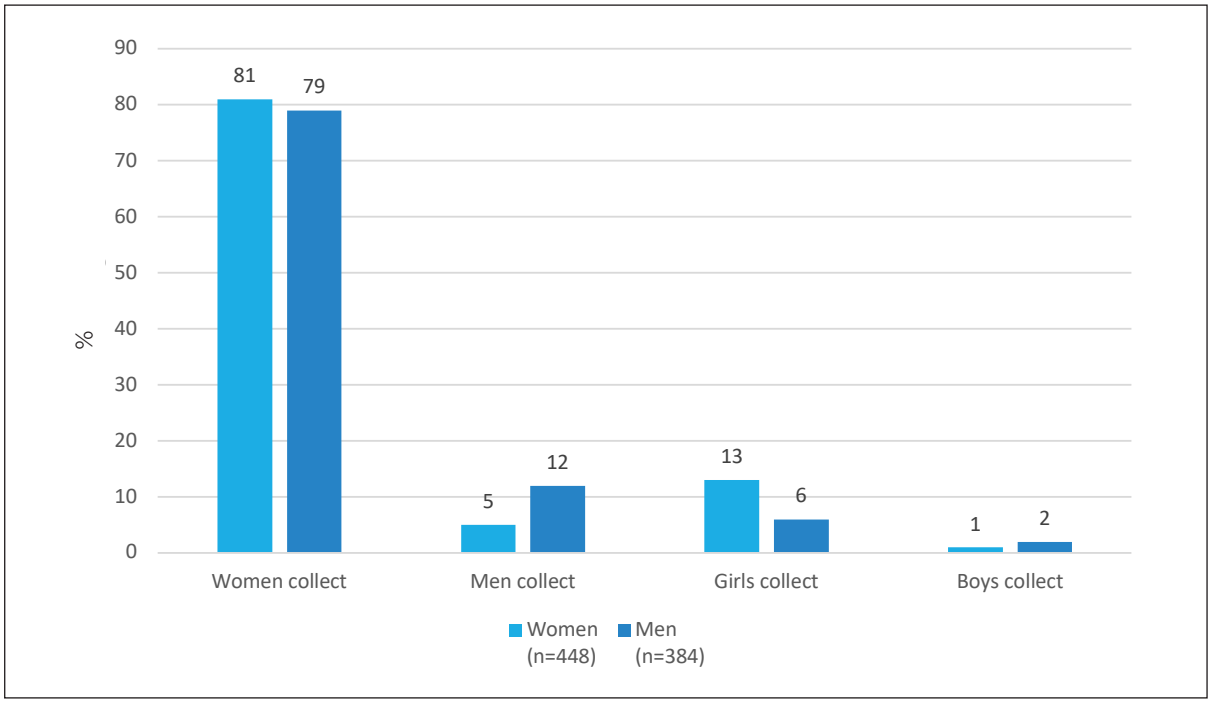


A similar proportion of women (30%) and men (28%) reported receiving piped water in their dwelling or house yard. When comparing the proportion of respondents receiving piped water in their household across age groups, both sexes were similar except for participants 65 years and older. A noticeably lower percentage of women (20%) and men (21%) 65 years and older reported receiving piped water in their household.

As seen in Figure 17, a similar proportion of women (81%) and men (79%) thought that women were responsible for collecting water for the household. Interestingly, however, a larger percentage of men (12%) than women (5%) thought that men were responsible. Additionally, a much larger percentage of women (13%) than men (6%) thought that girls were responsible for collecting water. Very few respondents (both women and men) thought that boys were responsible for collecting water (1% and 2%, respectively).

13 Percentages reflected as zero represent small numbers that when rounded become zero.

Figure 17: Person responsible for collecting water, by sex



3.6 Unpaid domestic and care work

Within the context of women's economic empowerment, unpaid domestic and care work is considered one of the hurdles that prevent women from full participation in the labour market and economy. Across most countries in the region, women spend a lot more time than men on these kinds of activities. In the Wave 1 questionnaire, women and men were asked who in the household spent the most time doing unpaid household chores before the COVID-19 state of emergency started. Household chores that participants were asked about included cooking and serving meals; cleaning; shopping; collecting water, firewood, and fuel; minding children without doing anything specific for them; playing with and reading to children; teaching and training children; physically caring for children; physically caring for elderly, sick, or disabled adults; helping elderly, sick or disabled adults with administration and accounts; and providing emotional support to elderly, sick, or disabled adults. For most household activities, women and men thought that women spent the most time on unpaid household chores before the COVID-19 state of emergency started. Tables 2 and 3 summarize the division of labour between women and men prior to the pandemic reflected as the household member who usually spent the most time on a specific activity. Of all the unpaid domestic activities, men were the most likely to spend some time on shopping and collecting water and firewood. However, it was still only in less than 2 in 10 cases where men were likely to spend the most time on these two activities.

Activities that have been shared between women and men by approximately 3 out of 10 of the respondents include cleaning and collecting water and firewood.

Table 2: Household member who spent the most time on activities before COVID-19 and changes in time spent by women and men in unpaid domestic activities[14]

Household member who spent most of their time on activity before COVID-19		**Change in time spent since the onset of COVID-19**			
	Women and men %		**Women %**	**Men %**	**Total %**
Cooking, meal preparation and related activities		Cooking and meal preparation			
A woman in the household	78.6	Do not usually do it	0.8	5.9	3.1
A man in the household	4.4	Increased	29.7	25.4	27.7
Women and men in the household	15.5	Unchanged	39.9	39.6	39.8
Someone not part of the household	1.5	Decreased	29.6	29.2	29.4
Cleaning		Cleaning			
A woman in the household	57.3	Do not usually do it	0.4	3.5	1.9
A man in the household	6.5	Increased	54.5	49.5	52.2
Women and men in the household	32.5	Unchanged	34.8	37.2	35.9
Someone not part of the household	3.6	Decreased	10.3	9.8	10.1
Shopping for household use		Shopping for household use			
A woman in the household	57.3	Do not usually do it	1.5	2.5	1.9
A man in the household	19.7	Increased	24.2	22.7	23.5
Women and men in the household	22.5	Unchanged	27.2	27.1	27.2
Someone not part of the household	0.5	Decreased	47.1	47.8	47.4
Collecting water and firewood		**Collecting water and firewood**			
A woman in the household	55.4	Do not usually do it	7.9	10.5	9.1
A man in the household	13.4	Increased	36.5	32.8	34.7
Women and men in the household	29.0	Unchanged	37.0	37.4	37.2
Someone not part of the household	2.2	Decreased	18.7	19.3	19.0

The same is true for unpaid care activities (Table 3). Prior to COVID-19, women were more likely than men to engage in most of the unpaid care activities. Activities on which two-thirds or more of the respondents indicated that women spent the most time were the passive and physical care of children. Activities where a third or more respondents indicated that women and men spent equal amounts prior to the pandemic included: playing, reading telling stories for children, physical care of adults as well as the provision of emotional support to adults. Even though Mozambique has never done a standalone nationally representative Time Use Survey, it is evident that the available data confirms that women bore the biggest brunt of unpaid domestic and care activities prior to the onset of the pandemic. The survey findings also suggest that the amount of time spent on these activities increased for significant percentages of women and men across most activities. However, women were more likely than men to have experienced increases for most activities.

14 The harmonized East and Southern Africa regional dataset was used for this analysis

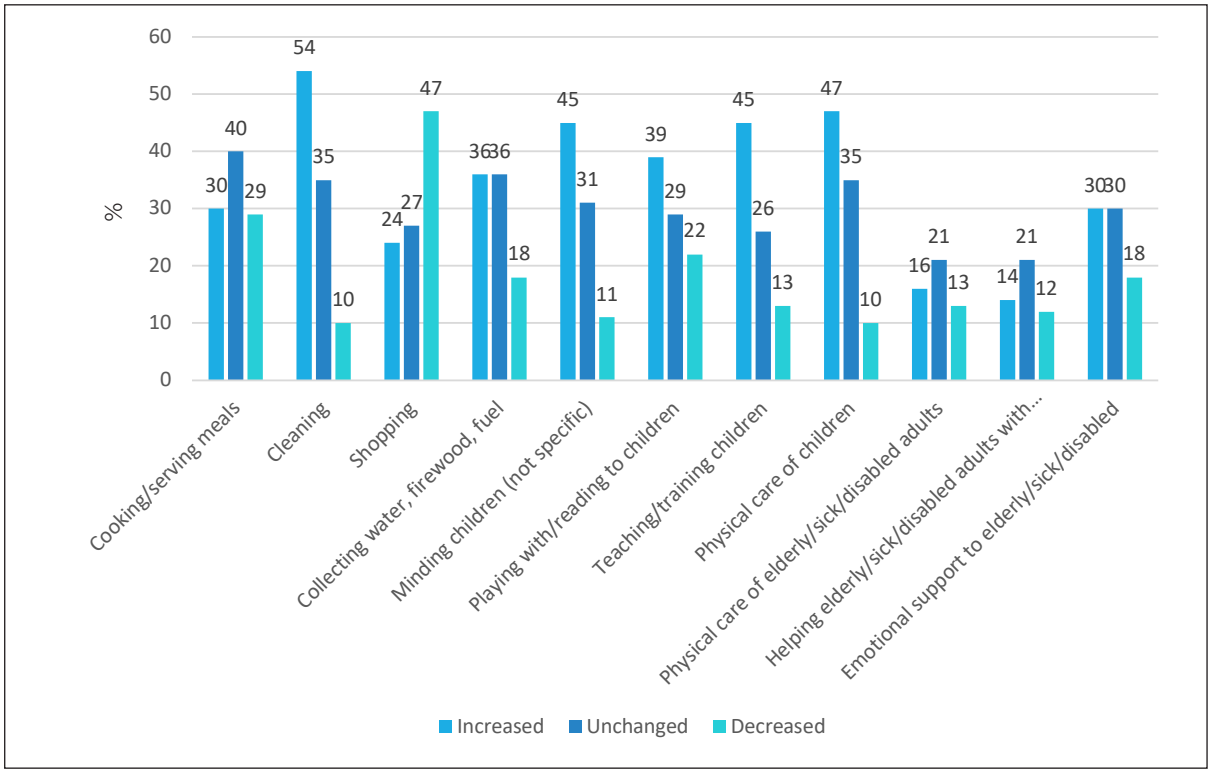
Table 3: Household member who spent the most time on activities before COVID-19 and changes in time spent by women and men in unpaid care activities for children and adults[15]

Household member who spent most of their time on activity before COVID-19		Change in time spent since the onset of COVID-19			
	% all respond.		Women %	Men %	Total %
Passive care of children		**Passive care of children**			
A woman in the household	62.7	Do not usually do it	11.7	13.3	12.5
A man in the household	8.1	Increased	45.7	43.3	44.6
Women and men in the household	28.2	Unchanged	31.5	30.8	31.2
Someone not part of the household	1.0	Decreased	11.1	12.5	11.8
Playing/reading/stories/etc. for children		**Playing/reading stories/etc. for children**			
A woman in the household	43.1	Do not usually do it	10.4	11.2	9.7
A man in the household	16.9	Increased	39.3	38.5	39.0
Women and men in the household	37.0	Unchanged	29.0	29.2	29.1
Someone not part of the household	3.0	Decreased	22.0	21.0	21.6
Teaching children		**Teaching children**			
A woman in the household	45.9	Do not usually do it	15.8	14.0	15.0
A man in the household	22.2	Increased	45.4	42.3	43.9
Women and men in the household	30.0	Unchanged	26.1	27.7	26.8
Someone not part of the household	1.9	Decreased	12.8	16.1	14.3
Physical care of children		**Physical care of children**			
A woman in the household	67.1	Do not usually do it	7.0	11.5	9.1
A man in the household	6.6	Increased	47.7	41.7	44.9
Women and men in the household	24.9	Unchanged	35.3	33.8	34.6
Someone not part of the household	1.4	Decreased	10.0	13.1	11.4
Physical care of adults		**Physical care of adults**			
A woman in the household	45.4	Do not usually do it	49.8	46.5	48.3
A man in the household	19.6	Increased	14.5	14.9	14.7
Women and men in the household	33.5	Unchanged	22.5	22.6	22.6
Someone not part of the household	1.5	Decreased	13.2	16.0	14.5
Assist other adults with admin and accounts		**Assist other adults with admin and accounts**			
A woman in the household	39.2	Do not usually do it	46.5	44.1	45.4
A man in the household	27.0	Increased	17.1	15.2	16.2
Women and men in the household	31.8	Unchanged	22.3	24.9	23.5
Someone not part of the household	2.0	Decreased	14.2	15.8	14.9
Emotional support of adults		**Emotional support of adults**			
A woman in the household	34.3	Do not usually do it	49.9	16.3	17.6
A man in the household	28.5	Increased	14.3	44.9	29.0
Women and men in the household	33.9	Unchanged	32.4	35.7	32.7
Someone not part of the household	3.3	Decreased	3.4	3.1	20.7

15 The harmonized East and Southern Africa regional dataset was used for this analysis

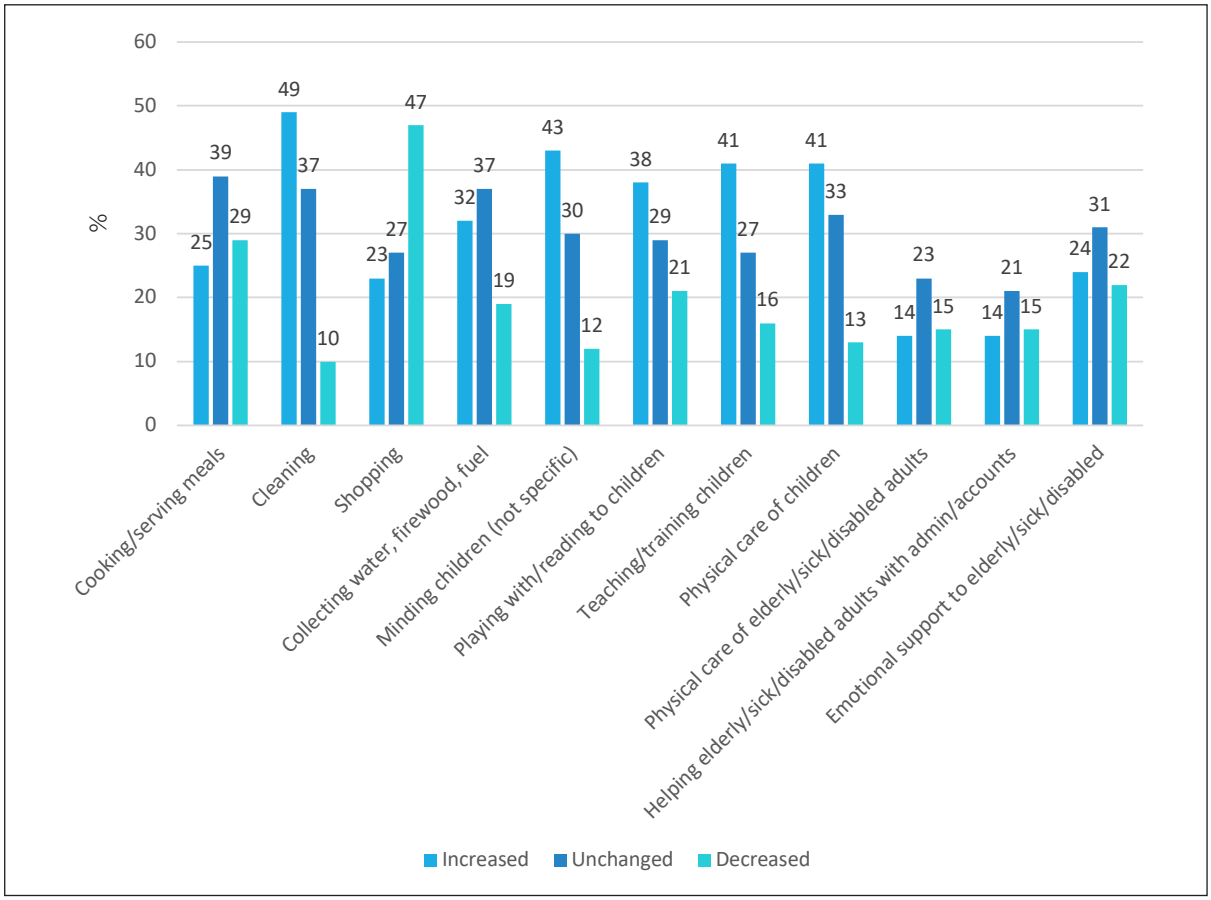
The changes in time spent for women is visually presented in Figure 18. Activities for which more than two in five women indicated that the amount of time they spent have increased during COVID-19 include cleaning, passive care of children, teaching children and the physical care of children.

Figure 18: Changes in time spent on household chores since COVID-19 pandemic among women



For men (Figure 19), the situation is different. Even though a significant percentage of them indicated that the time they spent on unpaid care and domestic work increased, the types of activities for which they experienced significant increases were different from those provided by women. For men, more than two in five men indicated increases in cleaning activities, passive care of children, teaching children, physical care of children and emotional support of adults.

Figure 19: Changes in time spent on household chores since COVID-19 pandemic among men



The analysis in Figure 20 summarizes changes for women and men in unpaid domestic and care work since the onset of COVID-19. An increase is recorded if a woman or a man indicated that at least one of their unpaid domestic or care activities has increased during the pandemic. The graph shows that even though both women and men experienced increases in their unpaid domestic and care work, women were still more likely than men to record this.

When asked about the time that they had personally devoted to helping and/or supporting non-household members in the community or neighborhood since the start of COVID-19 restrictions, a similar percentage of women (38%) and men (39%) said that it had decreased. Similarly, 14% of women and 15% of men said that time spent on this type of non-household support had remained the same. A smaller percentage of women (16%) than men (20%) said that it had increased, while a larger percentage of women (29%) than men (24%) said that they did not usually provide this type of support to non-household members. These results for all respondents are visualized in Figure 21.

Figure 20: Percentage women and men who said that their unpaid domestic work and care work increased

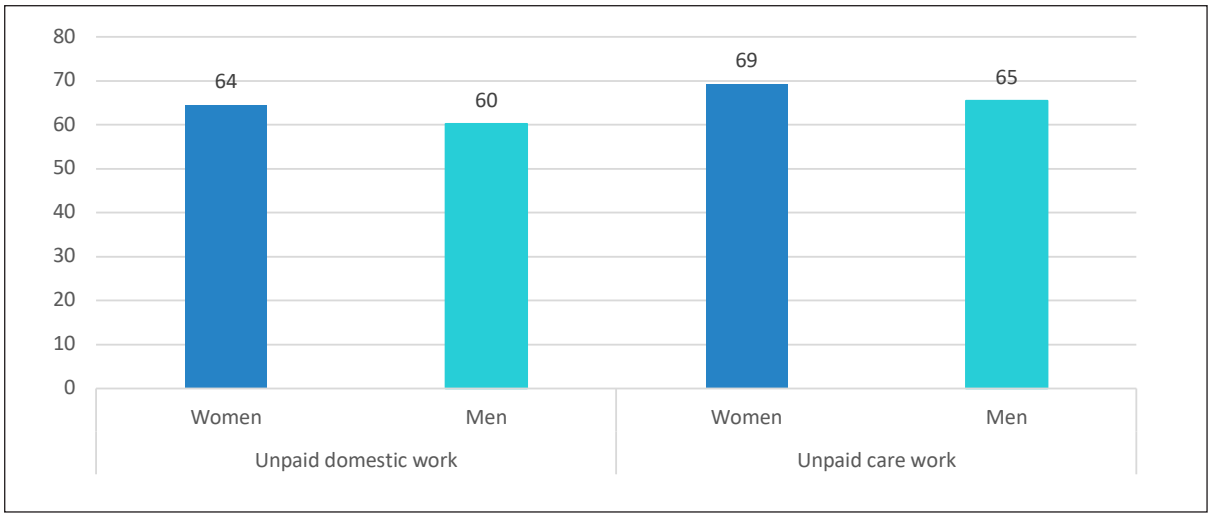
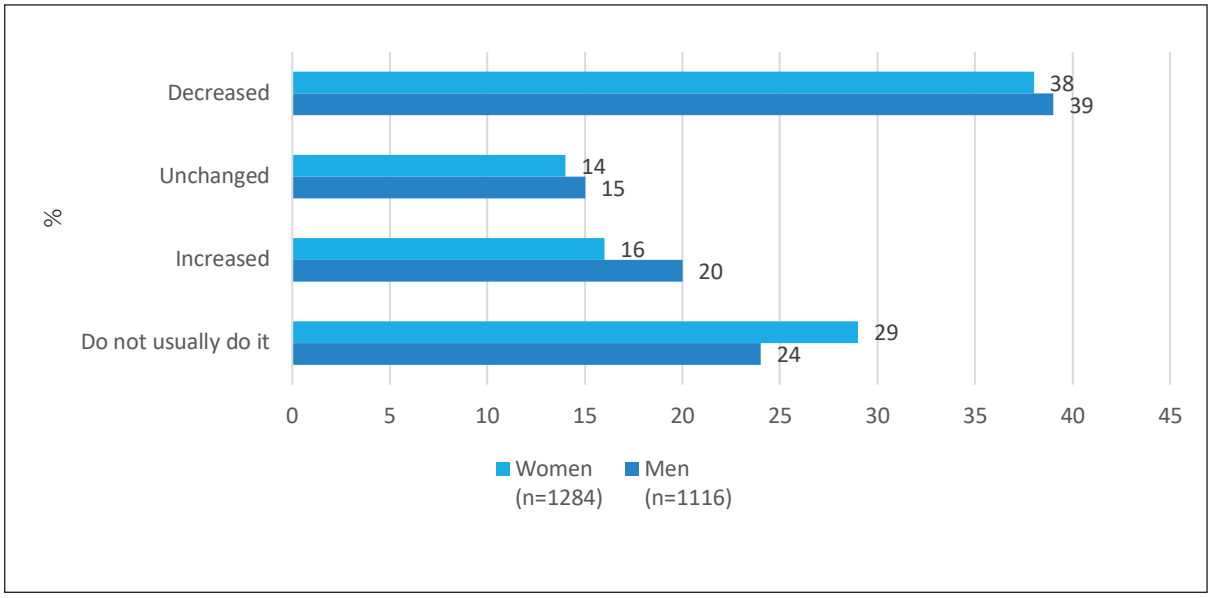
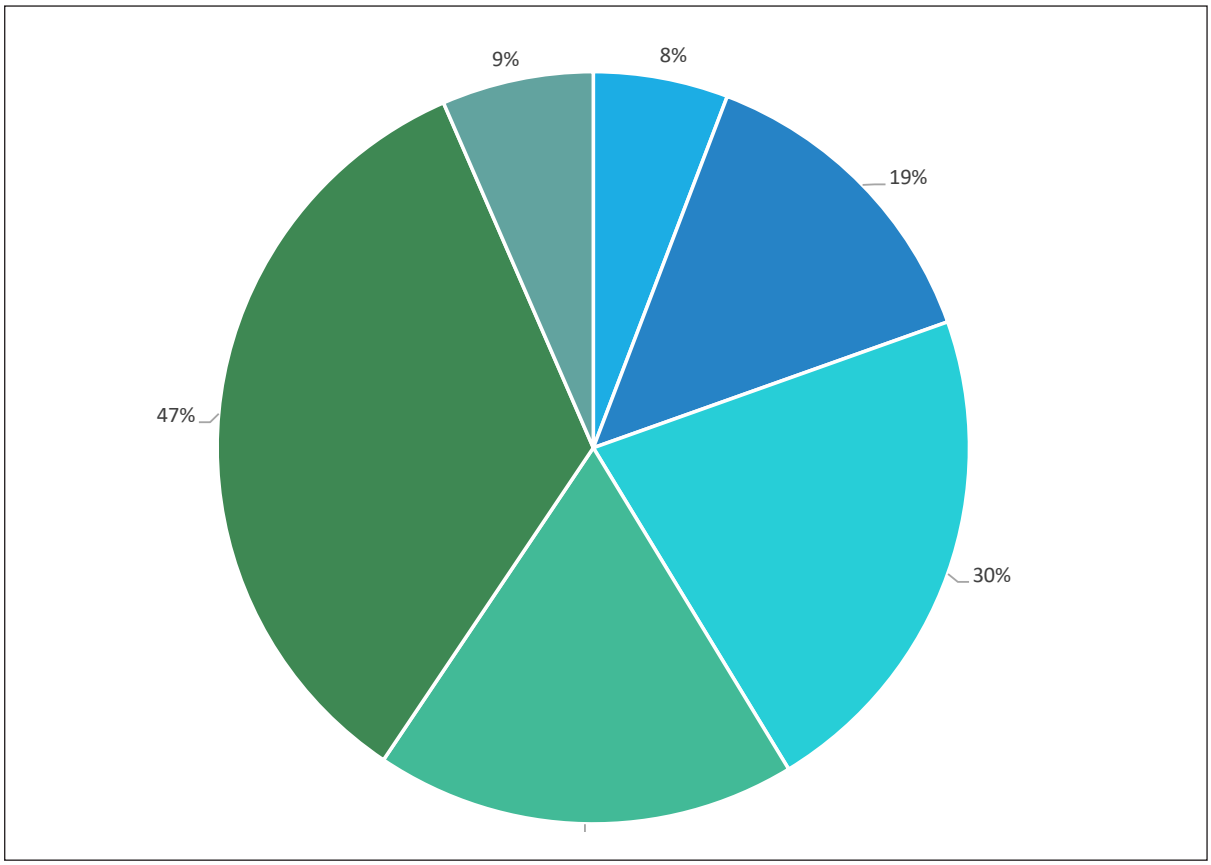


Figure 21: Changes in time spent on supporting/helping non-household members since start of COVID-19, by sex



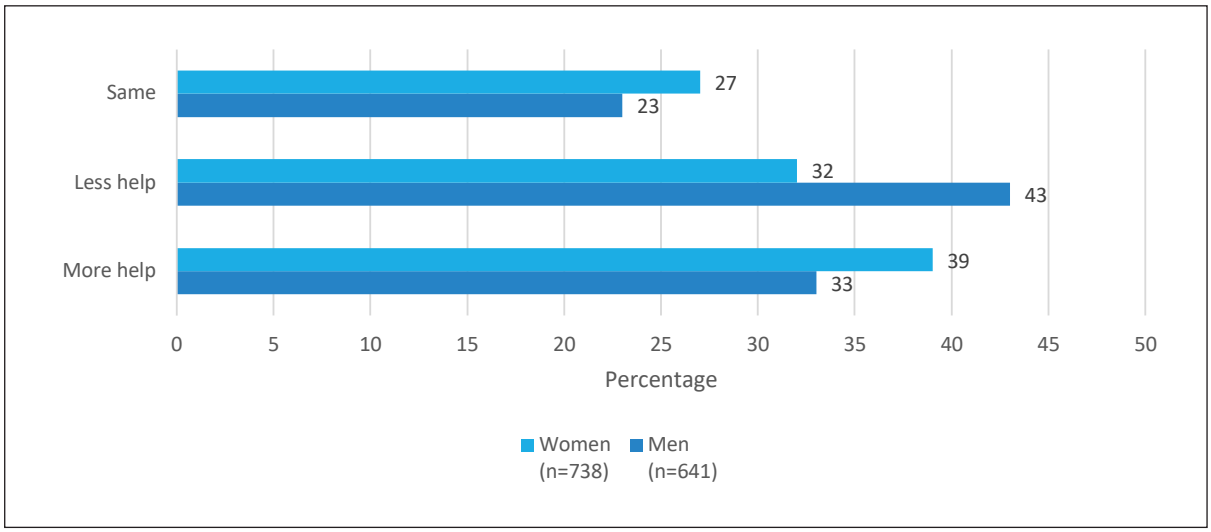
For respondents who said that they did receive help with chores and caring for family members outside their household, the distribution of who provided this help was quite different for women and men. For women, the majority of this type of support (47%) came from other family members, 30% from their daughters, 25% from their sons, 19% from their spouses/partners, 9% from someone outside the family such as a domestic worker, babysitter, or nurse, and 8% came from parents. For men, the majority of this type of support (48%) came from their spouses/partners, 46% from other family members, 23% from their sons, 22% from their daughters, 10% from parents, and 8% from someone outside the family such as a domestic worker, babysitter, or nurse. Figure 22 visualizes the responses among women.

Figure 22: Identified person who provides help with chores and caring for family members among women (n = 751)



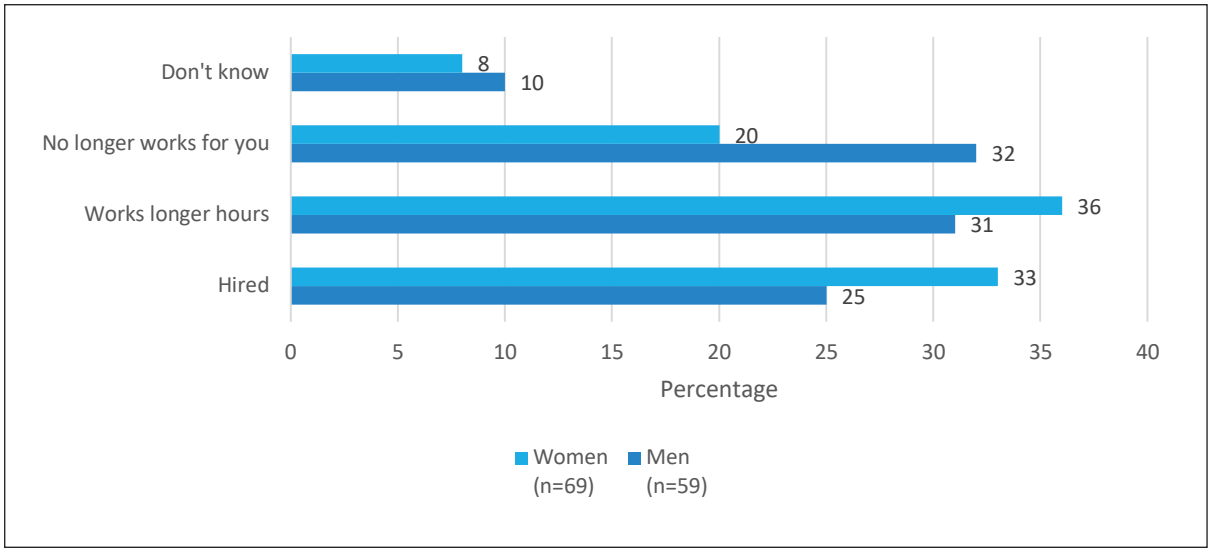
Participants were asked if they received more or less help for chores and caring for other family members or persons living outside of their household since the COVID-19 state of emergency started. As seen in Figure 23, the distribution of responses was different for women and men, with 39% and 33% respectively saying that they received more help, 32% and 43% respectively saying that they got less help, and 27% and 23% respectively saying that the level of help was the same.

Figure 23: Perceived changes in level of help during COVID-19, by sex



Respondents who indicated that they received help from a domestic worker, babysitter or nurse were then asked how the situation had changed since the COVID-19 state of emergency started. Figure 24 visualizes the responses from women and men: 33% of women and 25% of men stated that they hired a domestic worker, babysitter or nurse; 36% of women and 31% of men stated that the hired person works longer hours with them; and 20% of women and 32% of men responded that the person they employed no longer works for them.

Figure 24: Changes in hired help during COVID-19, by sex



3.7 COVID-19 Information sources

Almost all respondents (96%) indicated that they had received information about how they can protect themselves against COVID-19. The distribution of sources of information among women and men was fairly similar, with the two largest sources of information being radio/television/newspaper (81% and 83%, respectively) and community including family and friends (37% and 34%, respectively). Men (22%) were more likely than women (16%) to have received information about COVID-19 from social media or the internet. For the remainder of the sources of COVID-19 prevention information, the profiles for women and men were similar. Figure 25 shows the reported sources of COVID-19 prevention information for women only. When comparing age groups, use of radio/television/newspaper for COVID-19 prevention information was highest among women 18–34 years old (85%) compared to women 35–54 years old (79%) and women 55 years and older (69%). Conversely, receiving COVID-19 prevention information from community sources including family and friends was highest among women 35–54 years old (41%) compared to women 18–34 years old (34%) and women 55 years and older (39 %).

Figure 25: Sources of COVID-19 prevention information, by sex

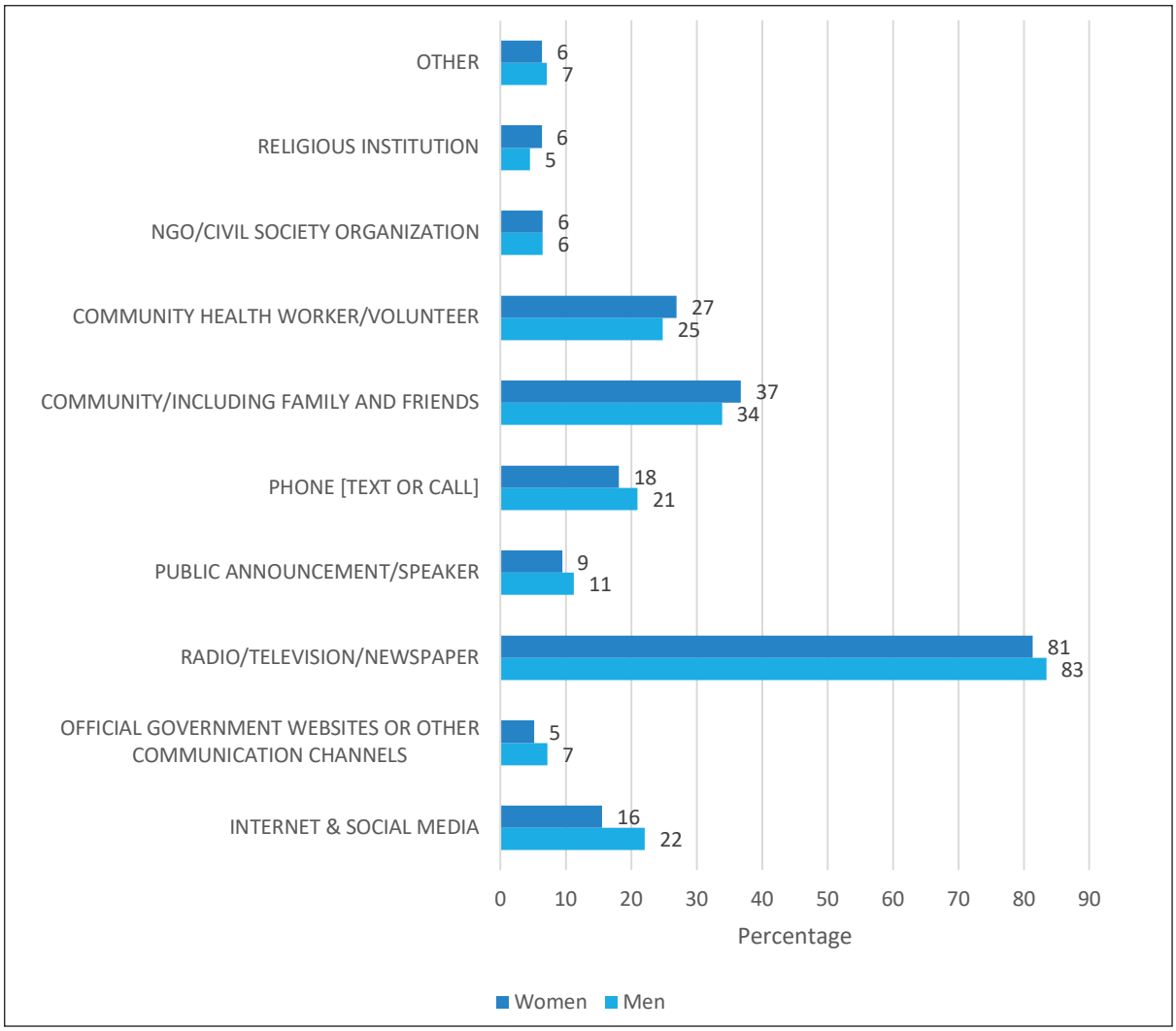
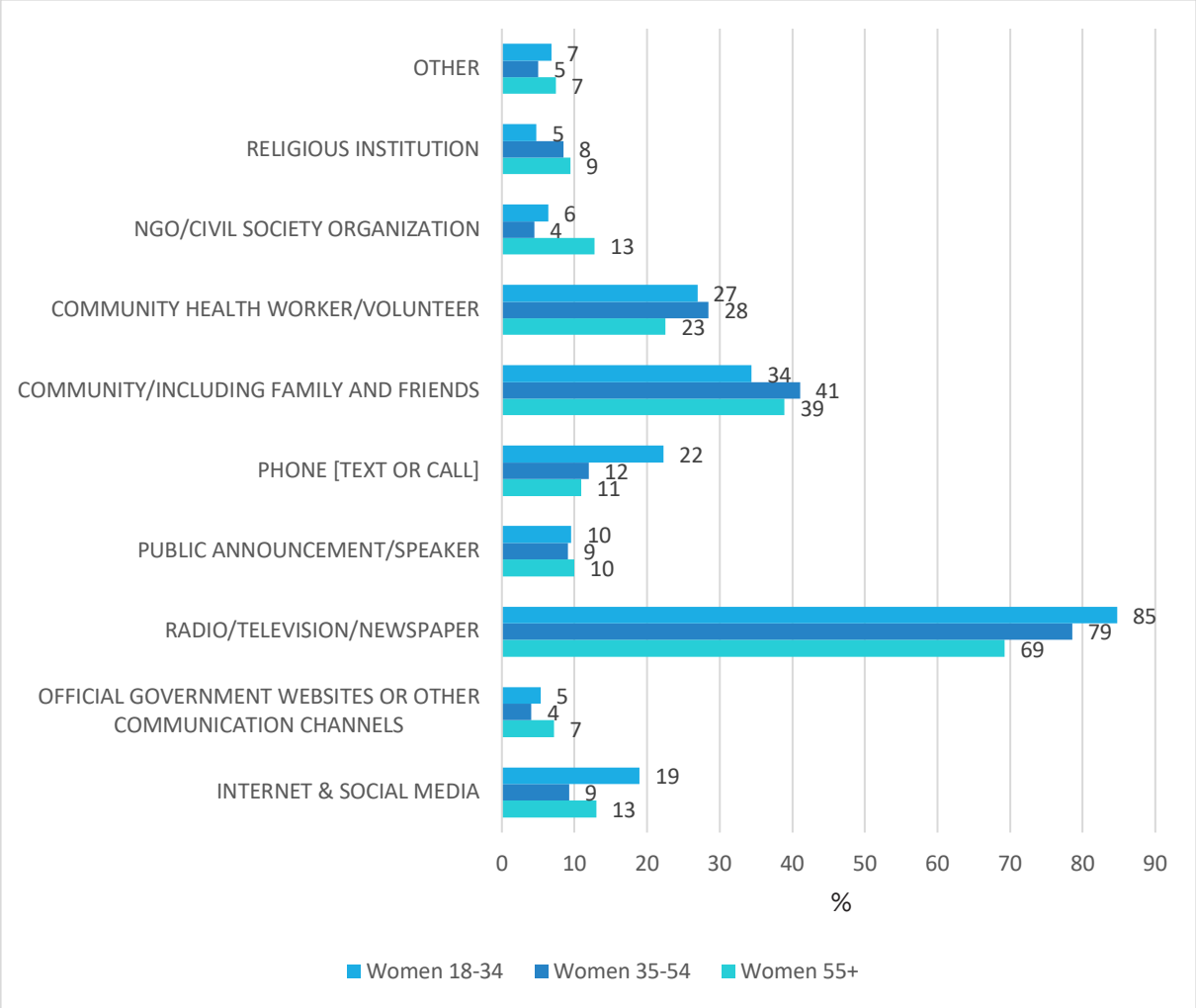
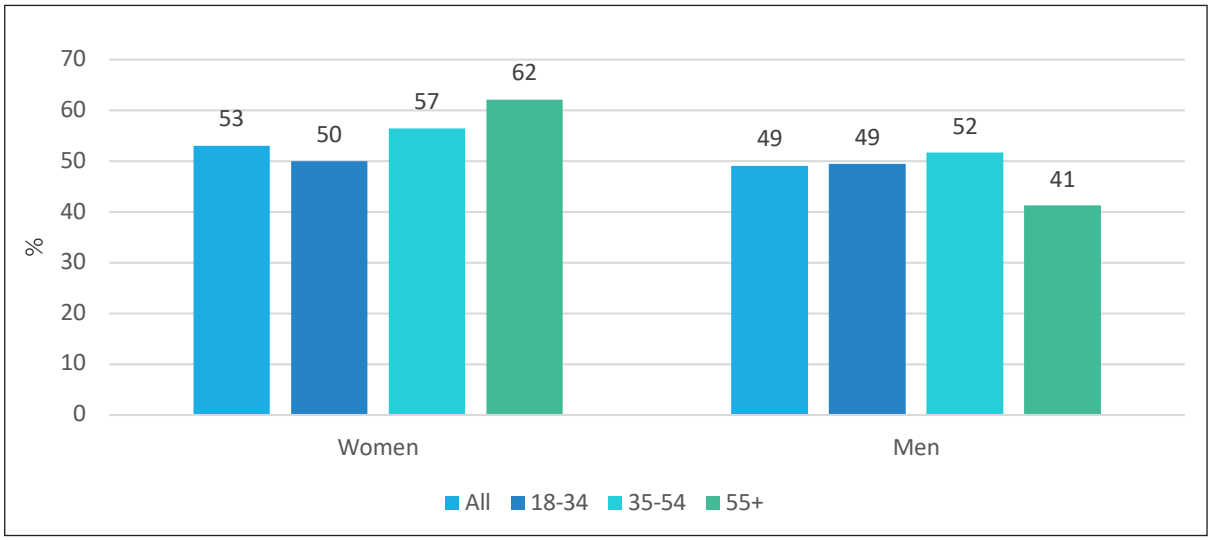


Figure 26: Sources of COVID-19 prevention information among women, by age group



3.8 Mental health

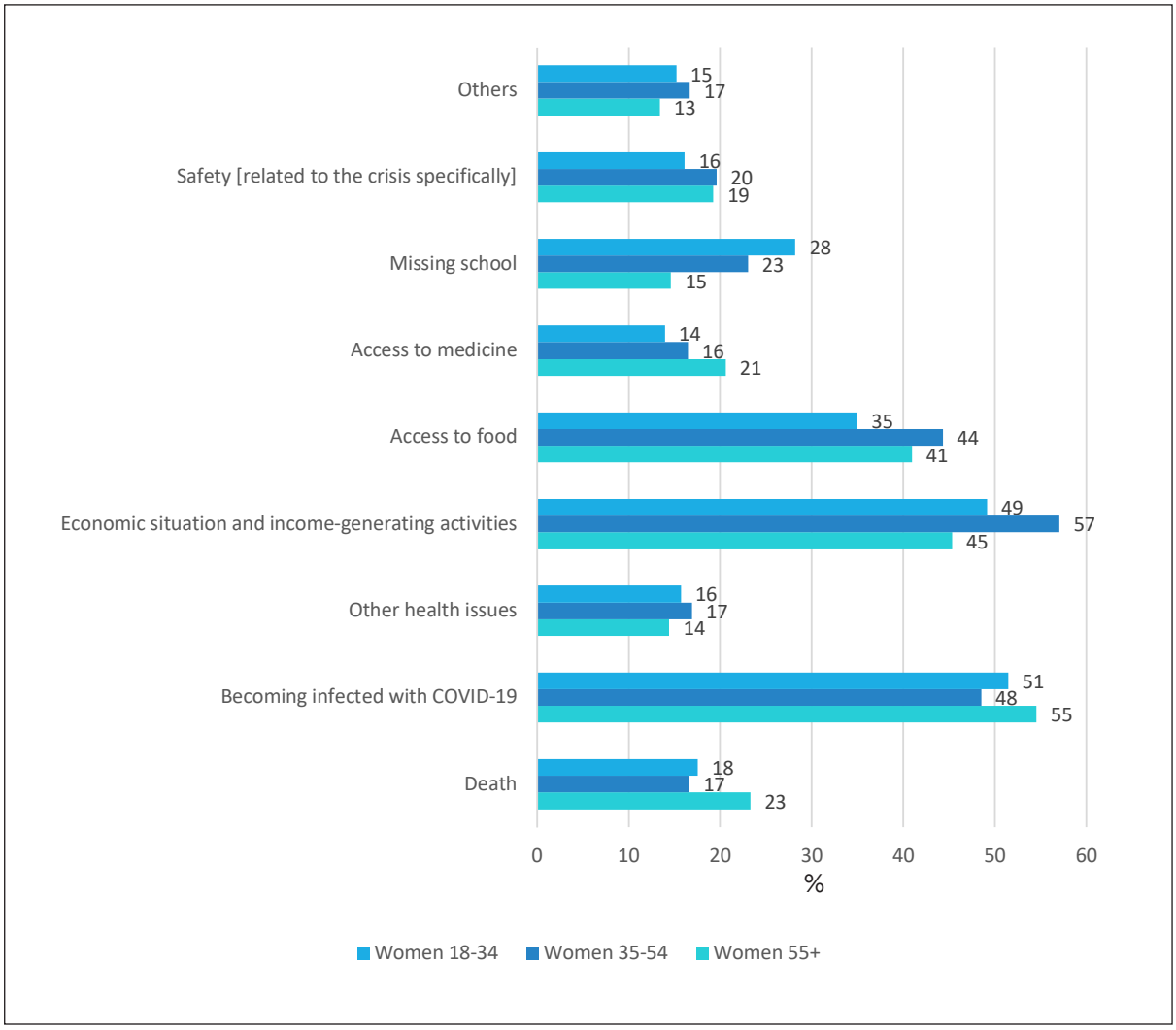
Figure 27: Respondents who felt their mental and emotional health have been affected by COVID-19, by sex and age group



About half of women (53%) and men (49%) felt that their mental or emotional health has been negatively affected since the onset of the COVID-19 pandemic (Figure 27).

An even higher percentage of women (74%) and men (77%) reported that the COVID-19 pandemic and its control measures (such as pandemic and curfew) have caused them worries. The three main worries for both women and men since the onset of the COVID-19 pandemic were becoming infected with COVID-19 (51% and 47%, respectively), economic and financial insecurity (51% and 55%, respectively), and access to food (39% and 33%, respectively). As the distribution of COVID-19 worries for women and men was similar, Figure 28 shows the source of worries among women only. When comparing age groups, worries about becoming infected with COVID-19 were highest for women 55 years and older (55%) compared to women 35–54 years old (48%) and women 18–34 years old (51%). Conversely, worries about economic and financial insecurity were highest among women 35–54 years old (57%) compared to women 18–34 years old (49%) and women aged 55 years and older (45%). Similarly, worries about access to food were highest among women 35–54 years old (44%) compared to women 18–34 years old (35%) and women 55 years and older (4110).

Figure 28: Main worries since COVID-19 pandemic among women, by age group

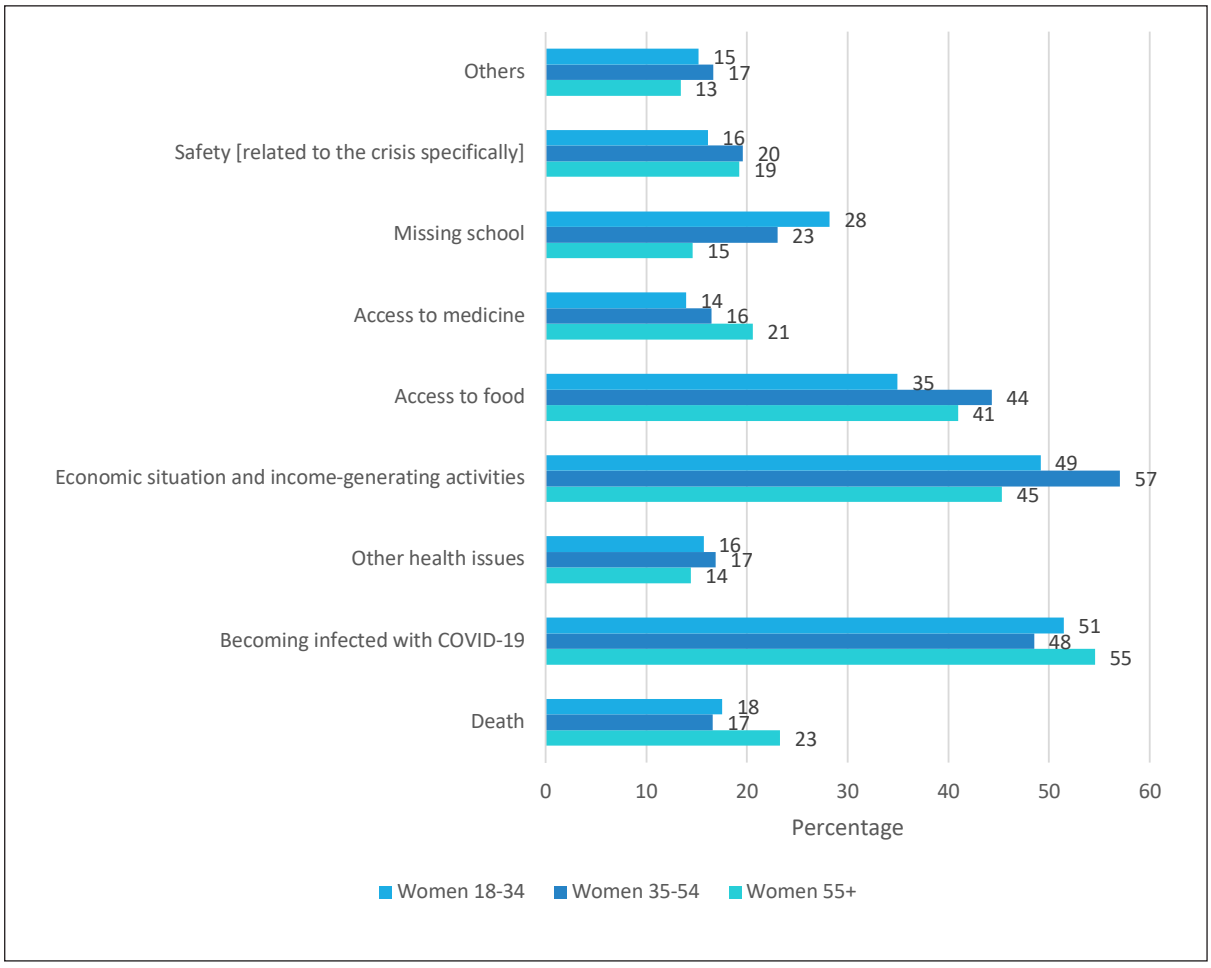


3.9 Health services

The majority of women (81%) and men (78%) reported that they were not covered by health insurance (either private or national). 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 SRH services during the COVID-19 pandemic than men (18%).

As seen in Figure 29, 66% of women 18–34 years old, 67% of women 35–54 years old, and 64% of women 55 years and older said they tried and were able to access healthcare services since the COVID-19 emergency started.

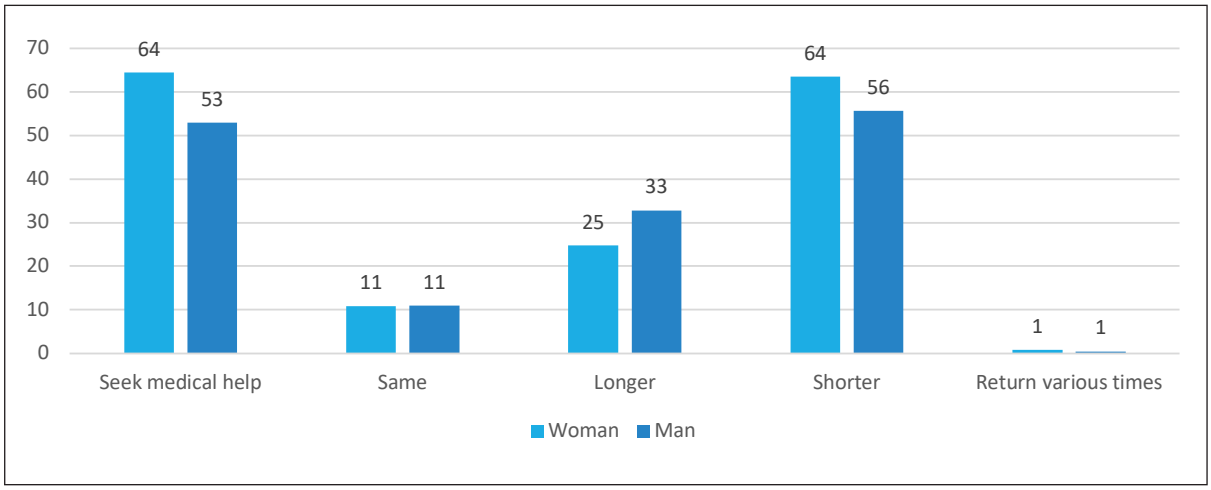
Figure 29: Attempts and ability to access healthcare services since COVID-19 pandemic among women, by age group



According to Figure 30[16] the individuals who attempted to access and who were successful in accessing healthcare services were generally waiting for shorter time periods than prior to the pandemic. Sixty-four% of the women and 56% of the men indicated that they waited for a shorter time period.

16 This figure is based on the harmonised regional data set.

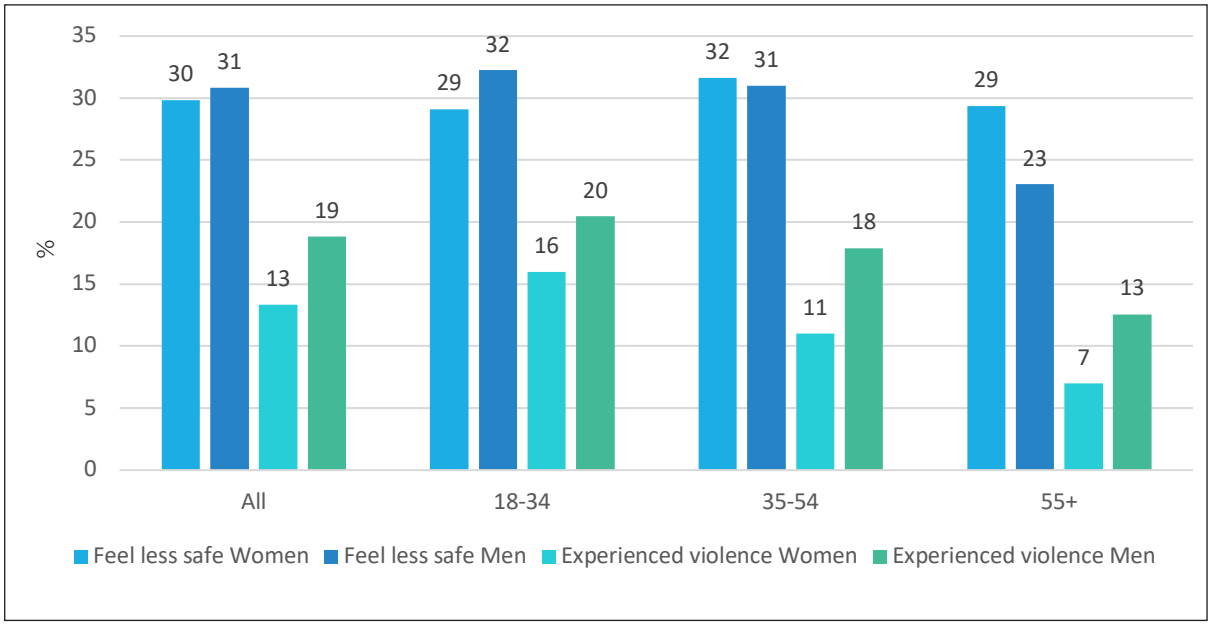
Figure 30: Waiting time for healthcare during COVID-19



3.10 Violence

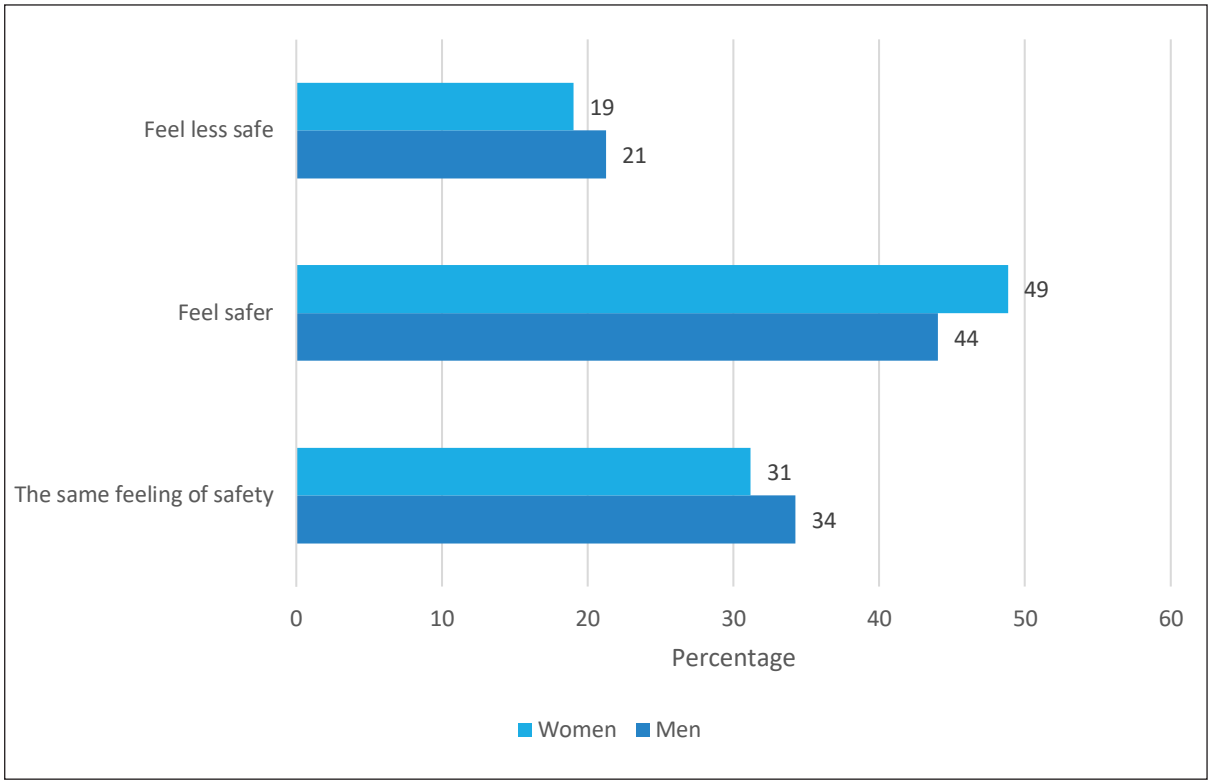
When respondents were asked if feelings of safety in their community from threat of violence or violence itself have changed since the onset of the COVID-19 state of emergency, 30% of women and 31% of men reported that they felt less safe (Figure 31). A lower percentage of women (13%) reported personally experiencing violence or threats of violence by police or security agents in the context of implementing restrictions to respond to COVID-19 (movement restriction, curfew, closure of certain premises) when compared to men (19%). As can be seen in Figure 27, 16% of women 18–34 years old, 11% of women 35–54 years old, and 7% of women 55 years and older reported violence or threats of violence by police or security agents in the context of implementing restrictions to respond to COVID-19.

Figure 31: Feeling less safe and experience of violence or threats of violence by police during COVID-19 pandemic, by sex and age group



When asked if feelings of safety have changed at home since the onset of the COVID-19 restrictions, about the same percentage of women (19%) and men (21%) reported feeling less safe. A larger percentage of women (49%) than men (44%) reported feeling safer at home since the COVID-19 pandemic (Figure 32).

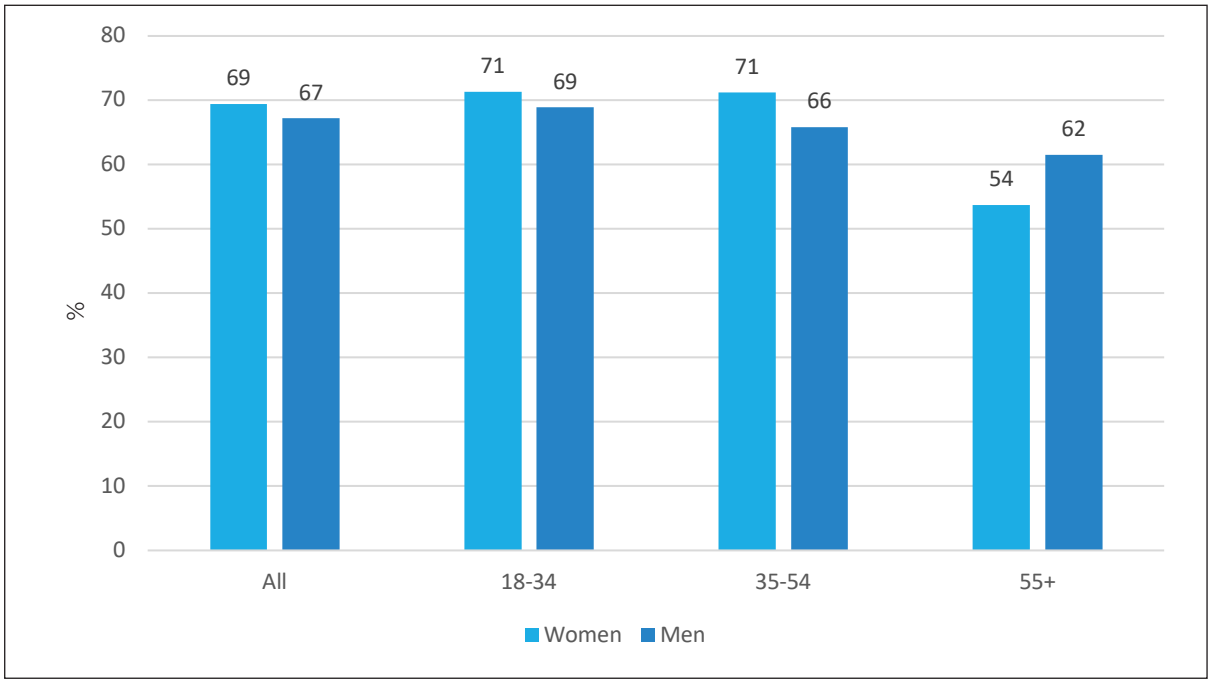
Figure 32: Changes in feelings of safety at home during COVID-19, by sex



The main reasons for women and men feeling less safe at home since the COVID-19 pandemic started were crime has increased (47% and 50%, respectively), they live in a densely populated area and children play and move around the home making it unsafe (49% and 48%, respectively), and other reasons (25% and 28%, respectively).

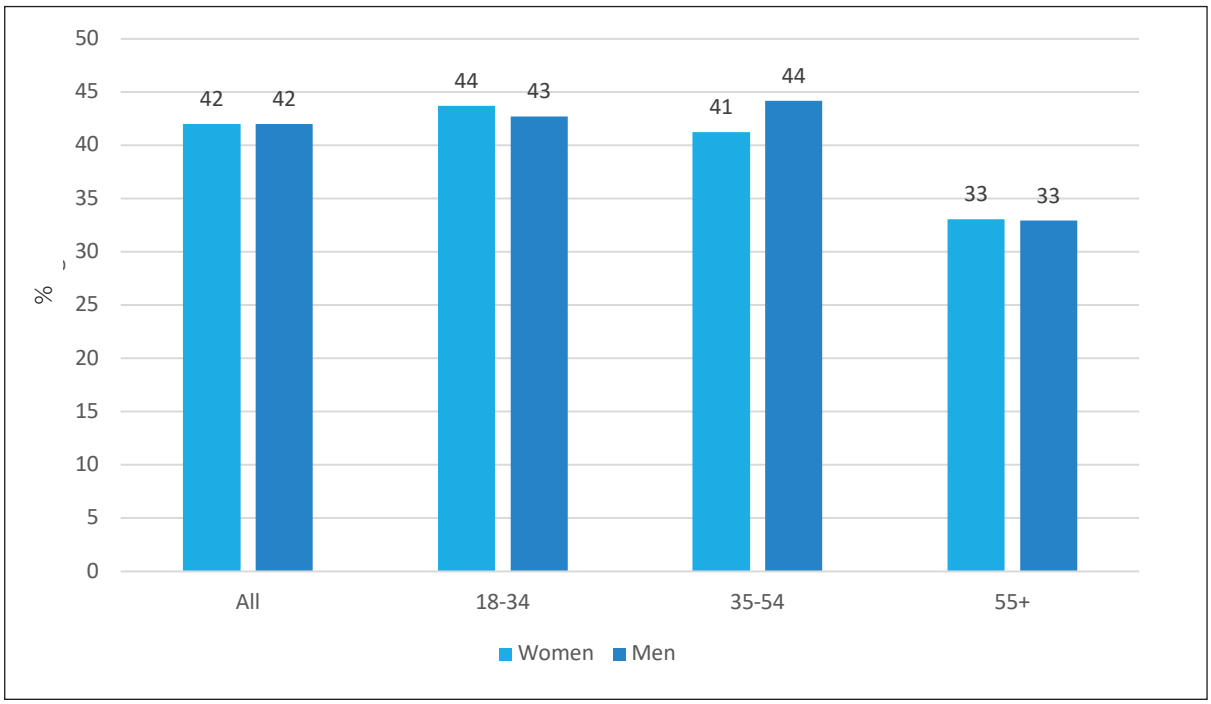
About two-thirds of women (69%) and men (67%) felt that GBV is a substantial problem in Mozambique. Among women, this was most true for those 18–34 and 35–54 years old, with 71% reporting GBV as a major issue in Mozambique. Interestingly, a lower percentage of women 55 years and older (54%) felt that GBV is a substantial problem in Mozambique. See Figure 33.

Figure 33: Respondents who felt that GBV is a big problem in Mozambique, sex and age group



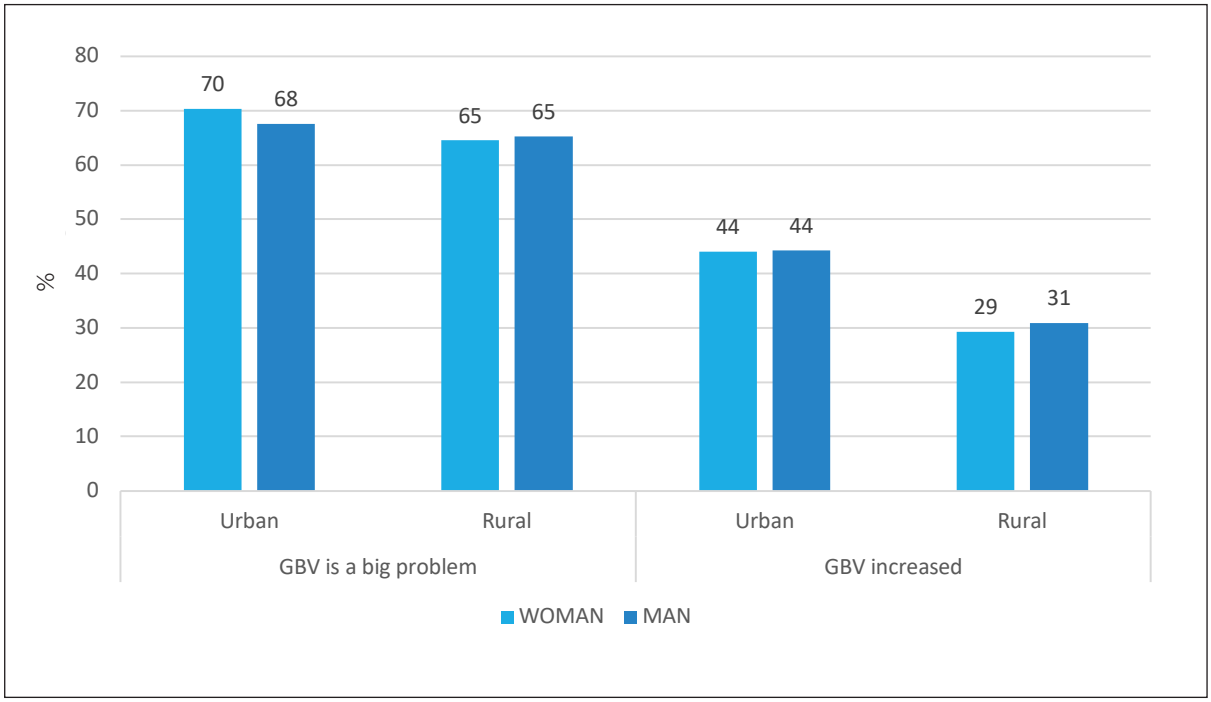
About the same percentage of women (58%) and men (55%) reported that GBV happens very often in Mozambique, while 31% of women and 32% of men felt that GBV only occurs sometimes. Forty-two% of women and men felt the incidence of GBV has increased since the onset of COVID-19. Younger women were more likely to think it has increased than older women. As can be seen in Figure 30, 44% of women 18–34 years old, 41% of women 35–54 years old, and 33% of women 55 years and older said that GBV has increased since the COVID-19 state of emergency started.

Figure 34: Respondents who feel that GBV has increased during COVID-19, by sex and age group



Women (70%) and men (68%) living in urban areas are slightly more liklkey than women (65%) and men (65%) living in rural areas to think that GBV is a big problem in Mozambique. However, urban women (44%) and men (44%) are significantly more likely than women (29%) and men (31%) living in rural areas to feel that the incidence of GBV increased during the pandemic.

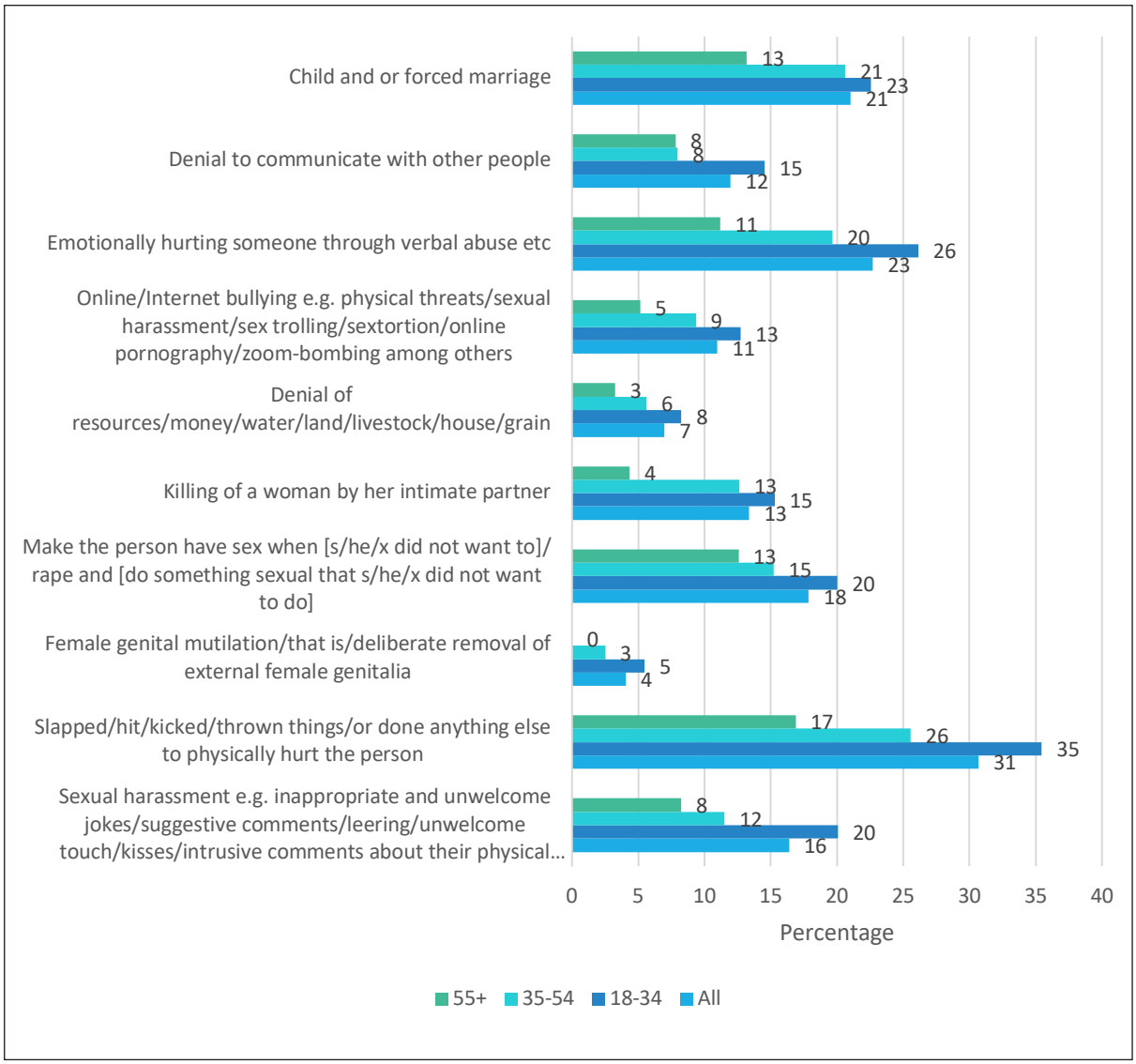
Figure 35: Respondents who feel that GBV is a big problem and that it has increased during COVID-19, by location



When asked if they know anyone who has experienced GBV since the COVID-19 state of emergency started, 52% of women and 53% of men indicated that they know at least one person who has bene the victim of GBV during the pandemic (Figure 36).

The main types of GBV identified among women and men were slapping, hitting, kicking, and other forms of physical violence (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 18–34 years old reported the highest percentages for every type of GBV, followed by women 35–54 years old, and finally women 55 years and older. As can be seen in Figure 31, 35% of women 18–34 years old, 26% of women 35–54 years old, and 17% of women 55 years and older reported knowing someone who had experienced physical violence such as slapping, kicking, or hitting since the onset of the COVID-19.

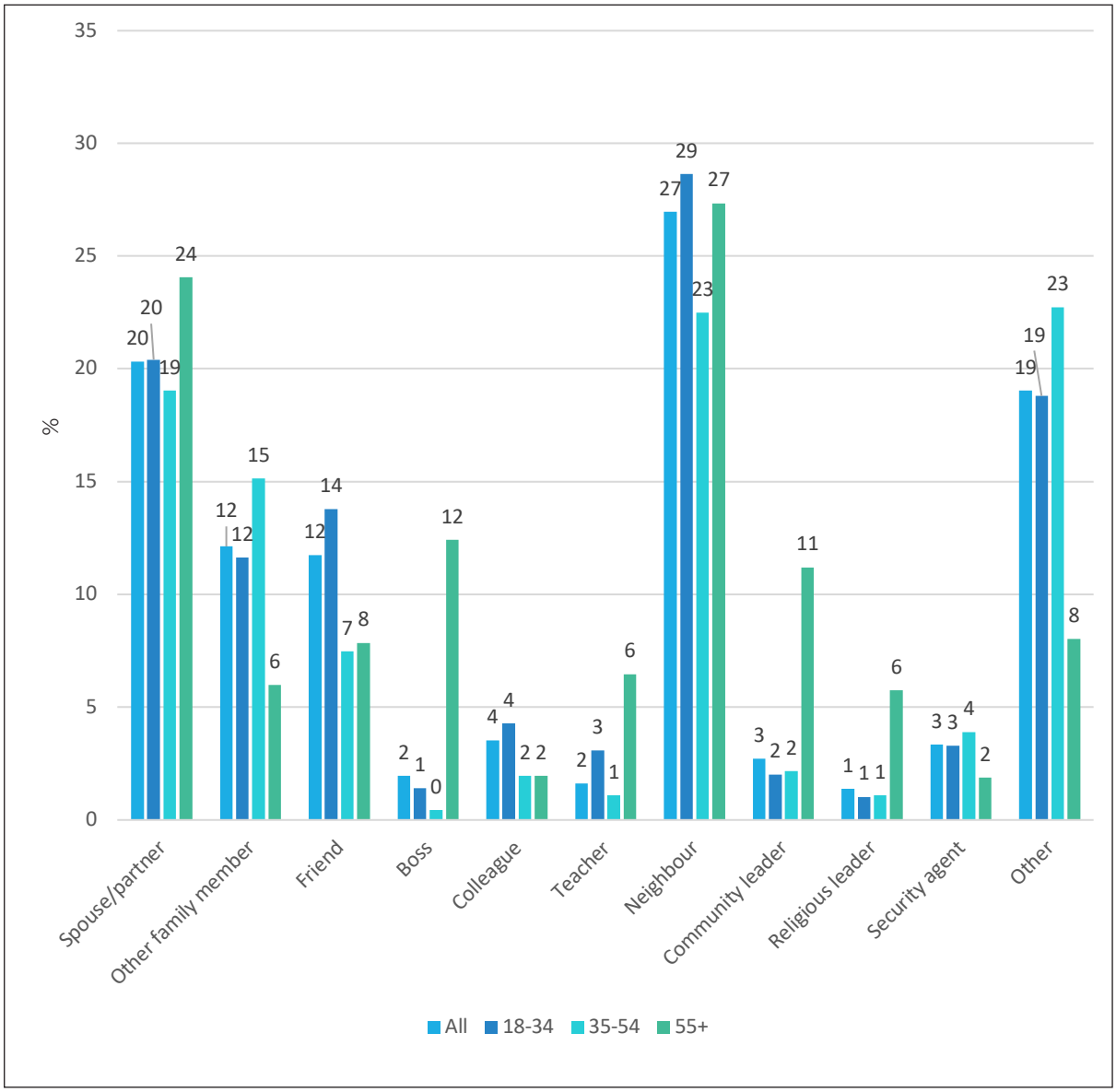
Figure 36: Types of GBV identified in known contacts during COVID-19 among women, by age group[17]



When asked who the offender/perpetrator was of the most recent case of GBV that they were aware of, most women (27%) and men (24%) said it was a neighbor. Figure 32 highlights offenders identified by women (Figure 37).

17 Percentages reflected as zero represent small numbers that when rounded become zero.

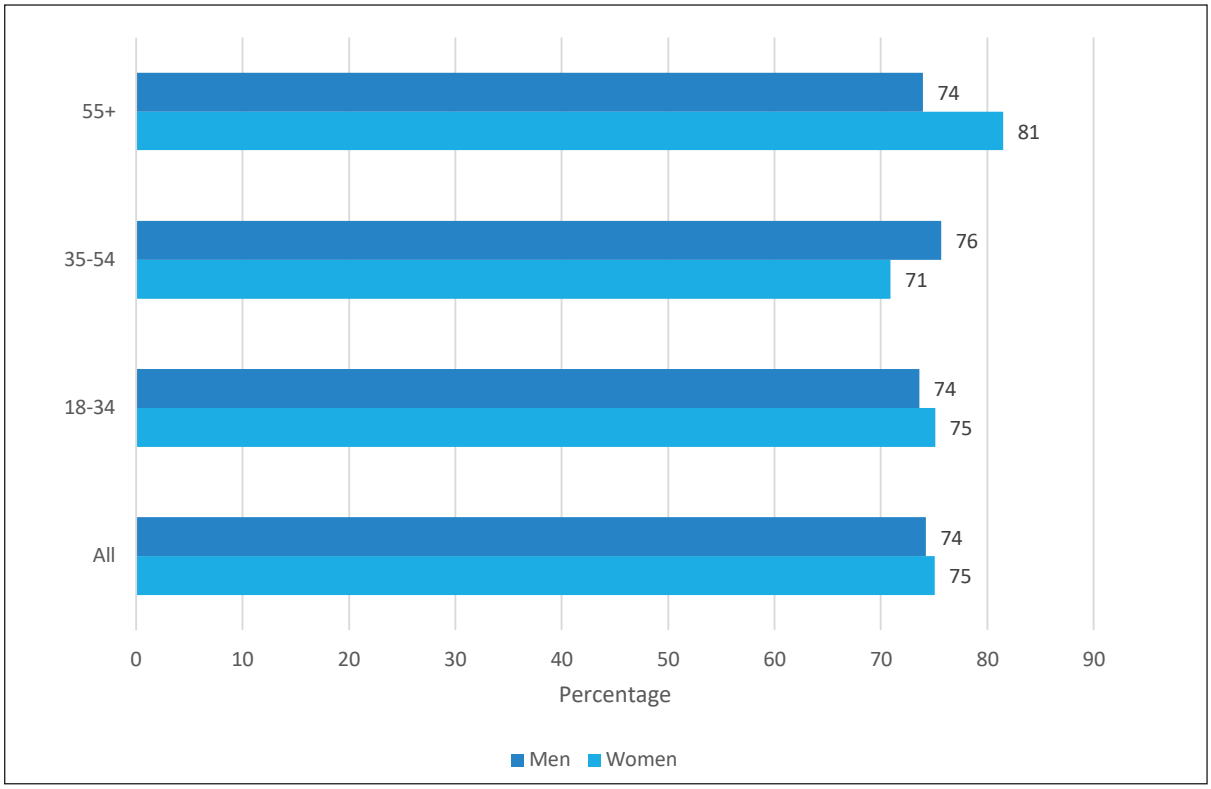
Figure 37: GBV offenders identified by women, by age group[18]



Similar percentages of women (75%) and men (74%) said that they knew where to find help if they or someone else was exposed to GBV. However, when looking across age groups for women, a higher percentage of women 55 years and older (81%) felt confident they knew where to find such help compared to women 18–34 years old (75%) and women 35–54 years old (71%). See Figure 38 below.

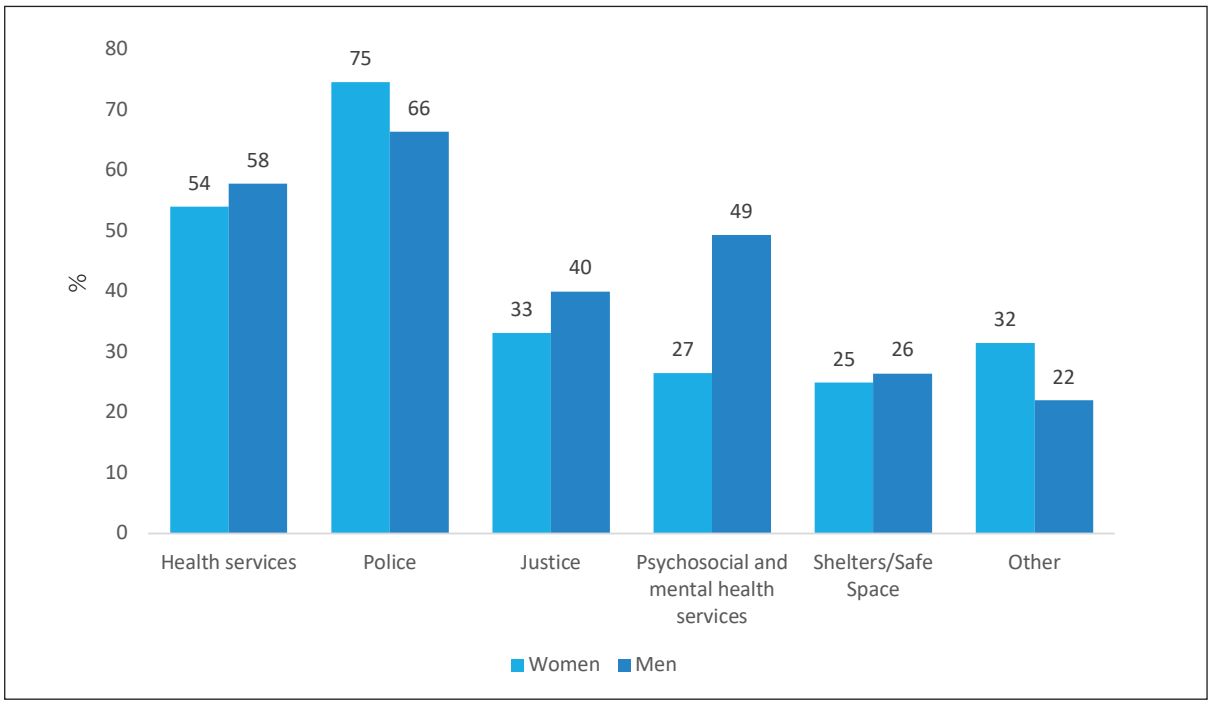
18 Percentages reflected as zero represent small numbers that when rounded become zero.

Figure 38: Respondents who know where to seek help if exposed to GBV, by sex and age group



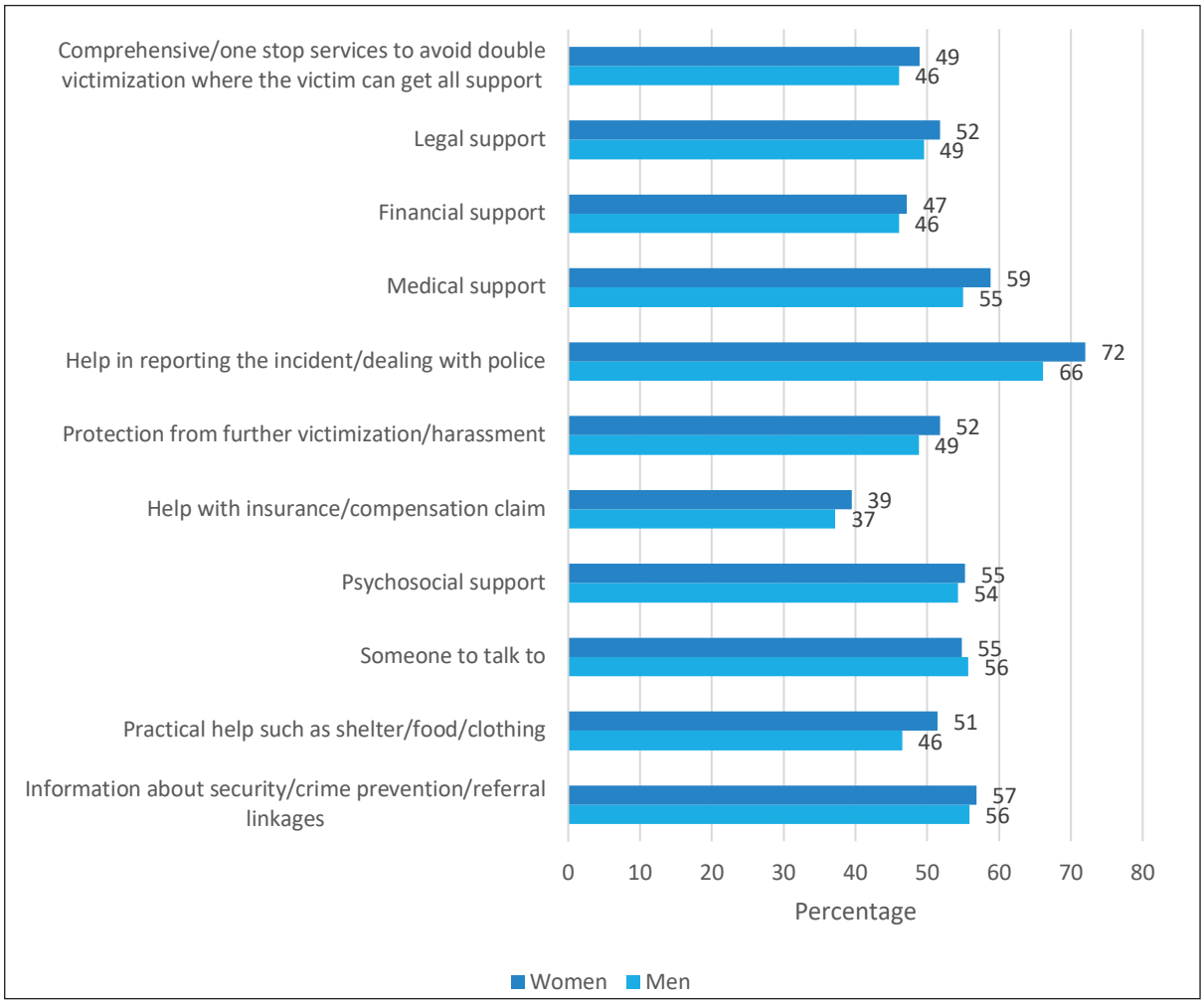
Only four % of women and men said that they sought GBV services since the onset of the COVID-19 pandemic. As Figure 39 shows, of those who sought services, the majority of women (75%) and men (66%) sought help from the police. A lower percentage of women and men turned to health services (54% and 58%, respectively), the justice system (33% and 40%, respectively), or psychosocial and mental health services (27% and 49%, respectively).

Figure 39: GBV services sought, by sex



Respondents were asked what types of information, advice, or support is needed in their community to prevent GBV and harmful practices from happening during the COVID-19 pandemic. As shown in Figure 40, the majority of both women (72%) and men (66%) responded that they needed help in reporting incidents and dealing with police. The second highest identified need among women was medical support (59%) and among men it was tied between someone to talk to and information about security/crime prevention/referral linkages (56%).

Figure 40: Types of information and support needed to prevent GBV during COVID-19, by sex



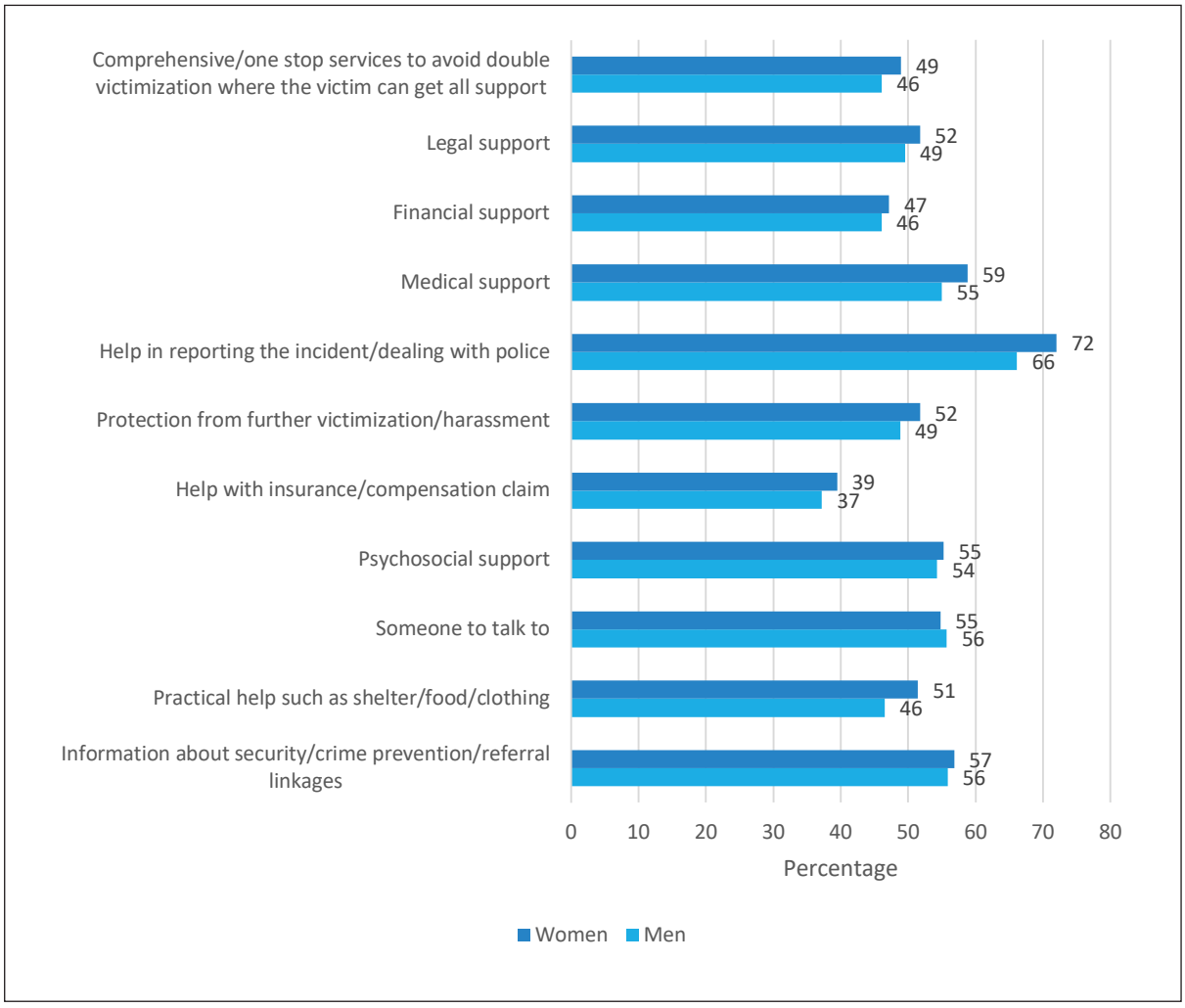
3.11 Priorities

Respondents were asked what the top priority needs for themselves and their households are during the COVID-19 state of emergency (Figure 41). The overall top three priorities for women and men were:

- Earning a living/income and working: women (66%) and men (67%)
- Food security: women (66%) and men (63%)
- General healthcare serices women (37%) and men (40%)

Interestingly, when looking across age groups among women (Figure 36), a higher percentage of women 55 years and older (76%) felt that food security was a major priority for them during COVID-19 than women 35–54 years old (66%) and women 18–34 years old (65%). Conversely, a lower percentage of women 55 years and older (62%) reported earning income and working as a major priority during COVID-19 than did women 35–54 years old and 18–34 years old (66%).

Figure 41: Top priority needs for household during COVID-19 pandemic among women, by age group[19]



19 Percentages reflected as zero represent small numbers that when rounded become zero.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

Conclusions

The study was conducted within the context of a UN Women global effort to increase data availability regarding the gendered impacts of COVID-19. Given the nature of the pandemic and the difficulties associated with collecting quality statistical data using statistically sound methodologies, the UN Women East and Southern Africa Regional Office (ESA-RO) has conceptualized a uniform data collection methodology for RGAs across the region. For Wave 1, a sample of 2,464 women and men aged 18 years and older were interviewed, and for Wave 2, a sample of 2,421 women and men aged 18 years and older were interviewed. The sample was composed in such a way that it conformed to predetermined quotas that were representative of the population by age, sex and location. Soft quotas were applied post-collection by rural/urban and living standards measure. An analysis of the basic demographic characteristics of the sample show that the realized as well as weighted sample conforms well to the basic age, sex and location distribution in the country. The survey methodology and sample sizes were constrained by safety, financial and time constraints and using a CATI mode with sampling quotas for the main demographic characteristics was the best survey modality under the circumstances. The achieved sample was representative as per the design specifications and, even though relatively small, can provide reliable estimates for women and men at national level.

The 15–20 minute limitation on interview length affected the number of questions that could be included in the questionnaires and several instances have been identified where additional questions (e.g. current receipt of social grants and location during the pandemic) could have enriched the analysis. The study was aimed at providing a broad overview of the impact of COVID-19 on women and men. However, there are still opportunities to do a more in-depth analysis of the available data to develop more targeted policy and strategy recommendations.

The findings highlighted several intersectional differences related to age and location which could have been more robustly tested if the sample size was bigger. Even though enumerators were trained how to handle the sensitive GBV questions and most questions only required yes/no responses, more attention should be given in future studies to establish whether the respondent is in a safe place when answering the questions, as well as whether they are using the speaker phone setting during the interview.

Recommendations

It is recommended for future studies that:

- The sample size need to be increased to enable greater analysis of intersectionality and better identify and target the problems of specific marginalized groups such as for example the LGBTQ community, disabled women or HIV sufferers.

- Additional measures are needed for the gender-based violence module to check whether the respondent is in a safe place and to check for and mitigate against the potential negative impact of the use of speaker phones.

Opportunities for future studies:

- Focus specifically on own-account workers and include more detailed questions related to their circumstances and the extent to which their business activities have been affected by the pandemic.

- In Mozambique the response options in the question on which measures were used to learn while the schools were closed did not adequately capture all possibilities and relatively high percentages of respondents selected the 'Other' option. There is a need to further explore what was included in the "Other" option.

- Measure the change between school attendance of children age 7–18 before COVID-19 and after.

4.2 Economic impacts

Conclusions

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. One of the biggest concerns of approximately half of the women and six out of ten men was the financial and economic consequences of the pandemic. Even though working for an employer for pay prior to pandemic was not that common amongst respondents (20% for women and 37% for men), this sector was severely affected due to movement restrictions with participation declines of 7 percentage points for women and 14 percentage points for men at the time of the survey. Pre-COVID-19, 3 in 10 women were in self-employment as a subsistence farmer and one in four were own-account workers (without employing others in both cases). At the time of the survey agricultural activities without employees was still the most common form of economic activity for women, but with participation in this and the own-account sectors respectively reduced to 28 and 18%. The most common economic activity for men prior to the pandemic was working for an employer (37%). This changed to subsistence farming without employing others (24%) at the time of the survey.

Approximately six out of ten women and men indicated that they experienced a decrease in or total loss of income. Women (59%) were less likely than men (64%) to have experienced a decrease in or total loss of income. The largest difference in decreased income between women and men was among those 18–34 years old, with 52% of women reporting decreased income compared to 63% of men. Approximately half of the women and men indicated that

the combined incomes of all household members changed since the onset of the COVID-19 state of emergency, and for 86% this represented a decrease in income.

With regard to external sources of financial support, approximately 15% of women and men received remittances from somewhere else and of these, 44% of the women and 86% of men reported that the amounts received decreased since the COVID-19 pandemic. Women and men (and other members of their households) were unlikely to receive the same type of support from the government. Only 9% of the women respondents reported receiving any kind of support and the two most common types of support received were supplies for prevention (e.g. gloves and masks) (5%) and new social protection grants (1.6%).

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-maker, whereas 42% of men identified themselves or another man in the household as the sole decision-maker. Furthermore, a lower percentage of women (36%) thought financial decision-making was jointly undertaken by women and men than did men (44%).

The study did not specifically measure how the uptake and use of internet and other technological solutions changed for businesses during the pandemic. However, other observers indicated a greater uptake and use of mobile phones and technology globally during the pandemic[20] and it may be necessary to further explore this within the wider context of the global fourth and fifth industrial revolution.

Recommendations

Besides adapting their economic activities to the state of emergency measures, the women and men included in the study in Mozambique received limited external support through the Government or in the form of remittances.

It is therefore recommended with respect to post-COVID-19 recovery that:

- Gender equality and women's economic empowerment work need to be continued, and planning for multiple uncertainties should be integral to the process.
- Support to small-scale agricultural production activities will be one of the key ways of directly impacting the ability of a relatively large percentage of women and men to increase their incomes and support their families.
- Facilitating upgrading from informal to formal sector by promoting professional and business associations of women and tax policies, such as tax breaks or holidays in the initial stages, negotiating with entrepreneurs' associations, etc.
- Facilitate the access of MSMEs, also owned by women and young people to public recruitment, market information and skills and business training and provide tax breaks or rebates for MSMEs in the short and medium term.
- Provide women and youth-owned firms extra points in public procurement and improved access to market information.

20 World bank. Mobile phone data during COVID-19: What it means for the future of data governance. Available at: https://blogs.worldbank.org/digital-development/mobile-phone-data-during-covid-19-what-it-means-future-data-governance,. Accessed 13 February. STATISTA. https://www.statista.com/statistics/1106607/device-usage-coronavirus-worldwide-by-country/

- Target women, people with disabilities and youth in the informal sector of economy. Facilitate access to credit to MSMEs, ensuring that those owned by women and young people benefit. Facilitate access to financial institutions and credit and more particularly for women.

- The pandemic created a huge impetus to fast-track buy-in into the digital economy. During the post-COVID-19 recovery phase the momentum gained during this period can be further harnessed for wider and increased adoption of technology and innovation for women and youth-owned businesses.

- It will be essential for local organizations and international agencies working towards women's economic empowerment to share good practices and to support the Government in this work as well as raise funds and collaborate with MFIs in the region to target women and youth.

4.3 Food production and food security

Conclusions

The agricultural sector in Mozambique is largely driven by smallholder farmers and the second biggest contributor to GDP in the country[21]. Agricultural activities should therefore not only a source of food, but general household sustenance in the country. The findings of this study supports this. More men (61%) than women (56%) indicated that they are involved in some form of food production albeit on a small scale as more than six out of ten of these indicated that it provides in some of their food needs.

Women and men reported similar levels of perceived changes in the availability of seed and other inputs since the onset of the pandemic: three in ten women and men who are involved in food production experienced no changes but approximately five in ten women and men involved in food production reported a decrease in the availability of seeds and other inputs.

Food availability in local markets appears to have stayed the same for approximately 45% of women and men. However, for 31% of women and 36% of men food availability decreased since the onset of the pandemic. Women 55 years and older (23%) were less likely than women from other age groups to have experienced a decrease in food availability since the onset of pandemic. The comparative percentage for other age groups were 32–33%. Once again, women and men reported similar experiences with regard to changes in food prices. More than eight in ten women and men felt that food prices have increased since the onset of the pandemic.

Recommendations

compliment to other income generating activities, is a sustainable way to expand social protection services and enable women and men to better cope with the economic consequences of the pandemic. It is therefore recommended that particular focus be placed on this during the post-COVID19 recovery period. A strong small-scale agricultural

21 Farrao et al. 2018,Agriculture and food security in Mozambqiue. Journal of Food, Nutrition and Agriculture, 2018: 1(1) 7-11, Doi.: 10.21839/jfna.2018.v1i1.121. Available from: https://www.researchgate.net/publication/324509795_Agriculture_and_Food_Security_in_Mozambique/link/5ad160d2aca272fdaf779b42/download

production sector will have potential gains into the future and can also build resilience in the face of future pandemics.

It is also more generally recommended that:

- Increased support be provided to small-scale food producers and subsistence farmers, especially women, in the form of input supply, which will enhance food security – especially in rural areas.
- Work should be expanded on helping women transition from small-scale and subsistence production to more commercial activities to maximize land use and empower women economically.
- There is a need to facilitate partnerships between women producers and the private sector in support of localized and expanded marketing opportunities of agricultural produce.
- Easing drops in income and negative impacts on nutritional requirements need to be addressed swiftly through different social safety net measures, such as for example food aid, cash transfers, etc.

4.4 Education

Conclusions

More than nine out of ten girls and boys aged 7 to 18 years and living in households of the women and men selected for the study were attending school prior to the pandemic. Approximately a quarter of girls and boys did not continue with learning from home after the pandemic started. The most commonly used measure was "Other" (39% for girls and 25% for boys). Unfortunately, no information was collected on what was included in these other measures. Television (31% for both girls and boys), and radio and social media (12–13% for both girls and boys) were the other most commonly used measures.

Respondents were asked what challenges children 7–18 years old in their household were faced with when learning from home. The biggest challenges for girls (45%) and boys (43%) was limited access to the internet. The second biggest challenge for girls was limited access to learning materials (41%), whereas the second biggest challenge for boys was both limited access to learning materials (40%) and lack of a skilled instructor or an adult in the household (40%).

Recommendations

It is recommended in general that:

- The resumption of education of girls and boys be prioritized to prevent further increases in inequalities between learners who are resource poor vs wealthy, those based in rural vs their urban counterparts and learners in Government institutions and those attending private institutions.

- It is essential that particular attention be paid to the re-integration of girls and boys into the school system, while safeguarding the rights of all girls and boys and mitigating potential increases in school drop-out rates.

- The voices of women and girls in planning for and implementing measures at recovery be considered and amplified to accommodate their specific needs.

- Many of the technology-based and remote-learning methods can and will continue to be used as complementary mechanisms to traditional teaching methods. It is essential that technical literacy classes be provided and or expanded where needed in schools to ensure that girls and boys can take advantage of learning opportunities associated with these technologies.

- Work on expanding internet coverage and making internet available at lower cost or free of charge will make a significant contribution towards reducing inequalities and access during remote learning as well as in the post-COVID-19 recovery phase.

More specific recommendations appropriate to the empowerment of women and girls in the post-COVID-19 recovery phase include:

- It is important to promote an integrated and coordinated approach that addresses girls' holistic education, health and protection needs in an integrated manner. This will only be possible with strong cooperation between teachers, school administration, families and communities.

- There is a need to establish the extent to which girls have been affected by GBV and sexual exploitation within their schools and communities during the pandemic and identify ways for girls to report and seek help if they become victims.

- There is some evidence to suggest that significant gains made prior to the pandemic in preventing early marriage and pregnancy have been lost and efforts to mitigate this need to be put in place.

- Targeted programs need to be implemented to support the poorest and most marginalized girls to continue their education.

- There is also a need to continue strengthening access of women and youth to education and vocational training to reduce their vulnerability for future pandemics and other crises.

4.5 Water and sanitation

Conclusions

Given than one of the preventive measures for COVID-19 has been frequent handwashing, water availability or the lack of it once again came under the spotlight during the pandemic. The proportion of respondents who reported access to clean and safe water was slightly lower for women (71%) than for men (75%) and across age groups. The most common reasons for limited or no access to clean and safe water was that piped water supply is only available on certain days of the week (28% and 26%, respectively for women and men) and the water source is too far away (24% for women and 27% for men). Approximately a third

of women and men received piped water in their dwelling or house yard. However, this figure drops to two in ten for women and men older than 65 years.

Approximately eight in ten women and men indicated that women were responsible for collecting water and firewood for the household.

Recommendations

Access to clean and safe water has been more important than ever during the COVID-19 pandemic. The data collected during this study indicates that women and girls are more likely to collect water than men and boys in situations where no piped water is available. Women were also more likely than men to indicate that the time they spend collecting water has increased 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.

Even though no specific questions related to menstruation needs were included in the study, the water needs associated with the menstruation of women and girls also need continued support and attention at home and school.

4.6 Time use

Conclusions

Time spent on unpaid domestic and care work has been identified as one of the biggest impediments to women's economic participation, but also to their overall workload and general well-being. The measurement of time use is typically complex and requires diaries to be accurate. The CATI survey included questions on time use, especially with regard to unpaid domestic and care work. This provides some insights into practices prior to the pandemic as well as changes that took place during the pandemic. It is notable that women and men gave very different accounts of the involvement of women and men in unpaid domestic and care work prior to the pandemic, with men generally reporting more involvement of men, than women would. However, once the responses of women and men are combined, women were more likely to spend time on unpaid domestic and care work than men prior to the pandemic. Women's burden prior to the pandemic was heavier than that of men for most of the unpaid domestic and care work, as a significantly higher percentage of women were primarily responsible for these unpaid domestic and care activities than men.

The increases in time spent by women on unpaid domestic and care activities during the pandemic were most notable (two in five women) for the following activities: cleaning, passive care of children, teaching children and the physical care of children.

For men, the situation is different. Even though significant percentages of men indicated that the time they spent on unpaid care and domestic work increased, the types of activities for which they experienced significant increases were different from those provided by women. For men, more than two in five men indicated increases in cleaning activities, passive care of children, teaching children, physical care of children and emotional support of adults. In summary, an increase in unpaid domestic and care work activities took place for women and men during the pandemic. However, men generally started from a low base, as prior to the

pandemic, women were more likely than men to be primarily responsible for most of these activities.

Respondents who indicated that they received help from a domestic worker, babysitter or nurse were then asked how the situation had changed since the COVID-19 state of emergency started. A third of the women and a quarter of the men stated that they hired a domestic worker, babysitter or nurse; for 36% of women and 31% of men the hired person has been working longer hours for them; and 20% of women and 32% of men responded that the person they employed no longer works for them.

Recommendations

It will remain important to continue to recognize, reduce and redistribute these unpaid domestic and care activities. That cannot be done without putting specific normative frameworks in place in support investments that would make it possible for women to increasingly share and delegate some of these tasks with others. A specific area that has been shown to impact immediately on women's time use in this area has been Government support for increased access and subsidization of child-care services, as well the provision of and extension of paid family and sick leave amongst other measures.

Even though women and men provided conflicting information about unpaid domestic and care work prior to the pandemic, the general evidence points towards women carrying a heavier load than men. The study also provided evidence that both women and men were spending more time on these activities during the pandemic. This shift that took place towards greater sharing of these tasks between women and men within households can be harnessed in advocacy campaigns about the division of labour between women and men at household level to further encourage men to support women with these tasks.

4.7 Health and well-being

Conclusions

Almost all respondents (96%) indicated that they have received information about how they can protect themselves against COVID-19. The distribution of source of information among women and men was fairly similar, with the two largest sources of information being radio/television/newspaper (81% and 83%, respectively) and community, including family and friends (37% and 34%, respectively). Only 16% of the women and 22% of the men indicated that their main source of information was from social media or the internet. When comparing age groups, use of radio/television/newspaper for COVID-19 prevention information was highest among younger women – 18–34 years old (85%) – compared to women 55 years and older (69%).

About half of women (53%) and men (49%) felt that their mental or emotional health has been negatively affected since the onset of the COVID-19 pandemic. An even higher percentage of women (74%) and men (77%) reported that the COVID-19 pandemic and its control measures (such as pandemic and curfew) have caused them worries. The three main worries for both women and men since the onset of the COVID-19 pandemic were becoming infected with COVID-19 (51% and 47%, respectively), economic and financial insecurity (51% and 55%, respectively), and access to food (39% and 33%, respectively). Concerns about

becoming infected with COVID-19 were highest for women 55 years and older (55%) and worries about economic and financial insecurity were highest for women 35–54 years old (57%).

Approximately eight out of ten women (81%) and men (78%) reported that they were not covered by health insurance (either private or national). Women (64%) were more likely to seek healthcare services since the onset of the pandemic than men (53%). There were no significant differences between women of different age cohorts with regard to accessing healthcare services. Approximately 65% of women of the various age groups tried and were successful at accessing health services. Of the women and men who accessed healthcare services, women (29%) were more likely to seek family planning and SRH services during the COVID-19 pandemic than men (18%).

Recommendations

The available data suggests that during the first wave of the COVID-19 pandemic, most individuals (6 out of 10) who sought medical care waited for the same amount of time for services or less time than previously. The rapid growth of positive cases during the second wave have put more strain on the health system already weakened by the demands of the first wave.

Even though the limited information provided by the survey on access to healthcare does not highlight big disparities between women and men, nor significant access problems, it is expected than general strain on the healthcare system has increased since the data summarized in the report were collected. Some services deemed as non-critical such as for example maternal and child health may have been further compromised during the second wave of the pandemic.

Specific recommendations for the post-COVID-19 recovery phase include:

- Efforts to address misinformation around the pandemic and immunization, using multiple channels need to continue. Engaging community and religious leaders to understand and counteract misinformation will be particularly important.
- Advocacy around the application of public health and safety measures (PHSM) needs to continue to ensure an inclusive approach, including women, men, girls and boys, people living with disabilities, with HIV, refugees and IDPs.
- More financial and other support is needed for community-based organisations in providing health and social services to vulnerable groups.
- There is a need to strengthen data collection systems to support a gendered analysis of changes in the use of health services and allow for swifter and more effective action during health emergencies such as the pandemic.
- Sex-disaggregated data serves as a basis for gender-responsive budgeting and should be gathered as a routine at all levels and especially in support of health budgets that are gender sensitive.

- The mitigation of service disruptions, using the WHO recommended strategies, needs to receive more support and continue.

- Suspend or reduce user fees, to offset potential financial difficulties for patients, particularly for the most vulnerable groups of women and men.

- Increased resources will be needed to maternal and child health to rectify some of the damage caused by the COVID-19 pandemic in the region, which might set back advances made so far by 2 to 3 years, according to some estimates.

- It will be important to put mechanisms in place that will ensure that needs for sexual and reproductive health, including access to family planning and safe abortions as well as access to menstrual hygiene are guaranteed even during future pandemics and lockdowns. Marginalized groups, particularly women and young people, including those with disabilities, living with HIV/AIDS, refugees and internally displaced people and older people, need to be involved in planning and prevention of COVID-19 pandemic measures.

4.8 Violence

Conclusions

Respondents were asked a series of questions about exposure to violence in their communities during pandemic as well as detailed questions about GBV. It is important to note that respondents were told in advance of these sensitive sections and given the opportunity to not answer if they felt uncomfortable.

Three out of ten women and men felt less safe from threats of violence or violence itself during the pandemic than before. Women (13%) were less likely than men (19%) to have personally experienced violence or threats of violence by police or security agents in the context of implementing restrictions to respond to COVID-19 (movement restriction, curfew, closure of certain premises) when compared to men (19%). Women aged 18–34 years (16%) were more likely than women of other age groups to have experienced violence.

Approximately two out of ten women and men indicated that they felt less safe at home since the onset of the pandemic. The main reasons for women and men feeling less safe at home were increases in crime (47% and 50%, respectively), they live in a densely populated area and children play and move around the home making it unsafe (49% and 48%, respectively), and other reasons (25% and 28%, respectively).

Most women and men feel that GBV is a serious problem in Mozambique. Close to seven out of ten women and men regard it as a serious problem. Younger women (71%) were more likely than women 55 years and older (54%) to consider it a serious problem.

Similar percentages of women (58%) and men (55%) indicated that GBV happens very often in Mozambique, while 31% of women and 32% of men feel that it occurs sometimes. Four out of ten women and men feel that the incidence of GBV increased since the start of the pandemic. Younger women were more likely than older women to report that GBV has increased.

When asked if they know anyone who has experienced GBV since the COVID-19 state of emergency started, the main types of GBV identified among women and men were slapping, hitting, kicking, and other forms of physical violence (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 18–34 years old reported the highest percentages for every type of GBV, followed by women 35–54 years old, and finally women 55 years and older.

When asked who the offender/perpetrator was of the most recent case of GBV that they were aware of, the most common response for women (27%) and men (24%) was a neighbor.

Approximately three-quarters of women and men said they knew where to find help if they or someone else was exposed to GBV. Older women were more likely than younger women to find help – 81% of women 55 years and older compared with 71% of women aged 35–54 years.

A very small percentage of women and men (4%) reported seeking GBV services since the onset of the pandemic. Of those who sought help, the majority of women (75%) and men (66%) sought help from the police, whilst 54% women and 58% men sought help from health services.

Respondents were asked what types of information, advice, or support is needed in their community to prevent GBV and harmful practices from happening during the COVID-19 pandemic. Most women (72%) and men (66%) indicated that they needed help in reporting incidents and dealing with the police. The second highest identified need amongst women was medical support (59%) and for men it was tied between 'someone to talk to' and 'information about security/crime prevention/referral linkages' (56%).

Recommendations

The study identified that GBV is increasingly seen as a serious and widespread problem in Mozambique and that 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.

- During the post-COVID-19 recovery phase it will be important to learn from and build on lessons learnt with regard to the use of technology and report support mechanisms for victims and survivors of GBV.

- Human rights training of police, prevention of police brutality. Training of police to receive and handle complaints from victims and survivors of rape and SGBV.

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