



Save the Children

## **RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)**

# **COVID-19 RAPID ASSESSMENT SUMMARY**

**MAY 2020**

# 1. CONTEXTUAL BACKGROUND

Since its first confirmed COVID-19 case on 22 March, Mozambique has reported a total of 316 confirmed cases and 2 deaths<sup>1</sup>, sadly one a 13-year-old boy, but these figures are likely to be underestimated due to a lack of testing capacity in the country. On April 1st, the government declared a state of emergency (level 3 out of 4) and imposed strict measures such as movement restrictions, the closure of all schools and universities and mandatory preventive measures in public places. The state of emergency has since been extended until the end of June 2020.

The pandemic comes at a time when many communities are still recovering from the cyclones Idai and Kenneth (March and April 2019). In Cabo Delgado where most confirmed COVID-19 cases currently are, the growing insecurity has significantly reduced access for humanitarian actors. COVID-19 is expected to add to the economic distress among the most vulnerable households.

## Mozambique humanitarian snapshot

Total people in need of assistance:  
7,839,000

272,000 displaced people are living in informal settlements or overcrowded shelters

235,000 more children at risk of malnutrition

Health system already overstretched and high number of people with underlying health conditions.

People with disabilities amongst the most vulnerable

<sup>1</sup>As of June 4, according to Ministry Of Health, Mozambique — <https://covid19.ins.gov.mz/>

## 2. RCCE ASSESSMENT METHODOLOGY

The assessment was conducted through household surveys with adults and children (9-18 years old), with a total of 768 surveys conducted across 6 provinces: Cabo Delgado, Nampula, Zambezia, Manica, Sofala and Gaza. This data collection took place between April 28th and May 4th 2020 and the household survey tools were adapted from the WHO/UNICEF/IFRC Covid-19 Rapid Needs Assessment quantitative tool<sup>2</sup>. Data was collected on tablets by SCI staff who administered the questionnaire face-to-face, but followed social distancing measures and were equipped with Personal Protective Equipment (PPE) to limit the risks of viral transmission.

The sample size was of 768 respondents (201 women, 195 men, 195 girls and 177 boys), with at least 60 people (50% adult, 50% children) per district. Households were selected based on a stratified purposive sampling method. Excel was used for the data analysis. Ethical considerations: The surveyors were all trained on Save the Children's child safeguarding and ethical data collection protocols. For interviews with children, a written informed consent was collected from a parent/ caregiver as well as a verbal consent from the child.

<sup>2</sup> Available: [https://www.who.int/docs/default-source/coronaviruse/covid19-rcce-guidance-final-brand.pdf?sfvrsn=6602b069\\_1&download=true](https://www.who.int/docs/default-source/coronaviruse/covid19-rcce-guidance-final-brand.pdf?sfvrsn=6602b069_1&download=true)

### 3. KEY FINDINGS

#### Have you ever heard about the new coronavirus?

98% of adults and 94% of children surveyed have heard about the virus.

#### How dangerous do you think the new coronavirus is?

91% of respondents think that the virus is “very dangerous”. Notable variations were observed in Cabo Delgado where 22% think that COVID-19 is “somewhat dangerous”. This could be attributed to a higher information deficit on COVID-19 in Cabo Delgado, or to the fact that the virus may be considered comparatively less dangerous than the insurgency attacks in this area.

#### Who do you think is at the highest risk to get the coronavirus?

Amongst children surveyed, 68% think all age groups are at high risk; 19% indicated the elderly; 7% said adults; and 7% stated that only children were affected by the virus. The answers were significantly different

*In Cabo Delgado, more than half (64%) of the adults surveyed stated that they did not know how to prevent the infection and spread of the virus; of these the majority were women.*

for adult respondents: across provinces, the elderly was clearly considered as the most at-risk group (85%).

The second and third most at-risk people were adults (43%) and pregnant women (30%). Children between 5-18 years were perceived as one of the least at-risk group, except in Cabo Delgado where children came as the second most vulnerable group.

Nampula was the only province where health workers were ranked as one of the top at-risk group.

**How does the virus spread?** Overall, the adults surveyed had a good understanding of how the virus spreads, the most cited source of transmission were droplets from infected people (68%), by coughing (47%) and by touching contaminated objects (40%). In Gaza though, sexually transmission was often cited (41%) as well as by eating contaminated food (39%) or drinking unclean water (23%). In Cabo Delgado where the incidence rate is the highest, 64% of the respondents stated that they did not know how to prevent the infection and spread of the virus, of these the majority were women. In Nampula, Manica and Sofala between 9% to 12% of the adults surveyed said they do not know how COVID-19 is transmitted.

Children respondents in Nampula, Sofala and Zambezia showed a very good understanding of how the virus spreads, with more than 70% of them who could correctly identify the COVID-19 ways of transmission.

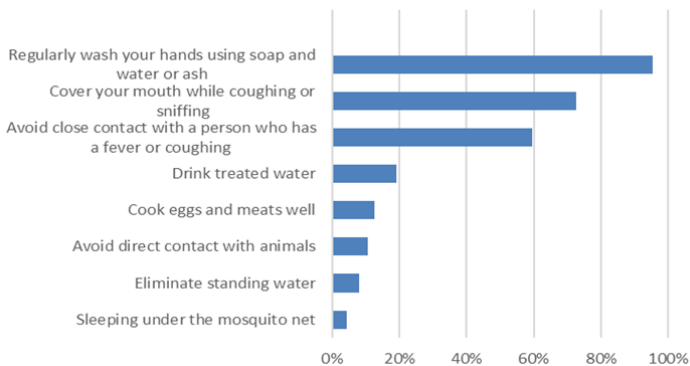
This percentage is much lower in Cabo Delgado and Gaza where only 28% of children knew how the virus is transmitted.

## KEY FINDINGS

**What have you and your family done to prevent becoming sick with coronavirus in the recent days?** Figure 1 shows that most adult respondents are following the WHO recommended preventive measures by washing their hands with soap, by covering their mouths when coughing/ sniffing and by avoiding contact with people with fever and coughing.

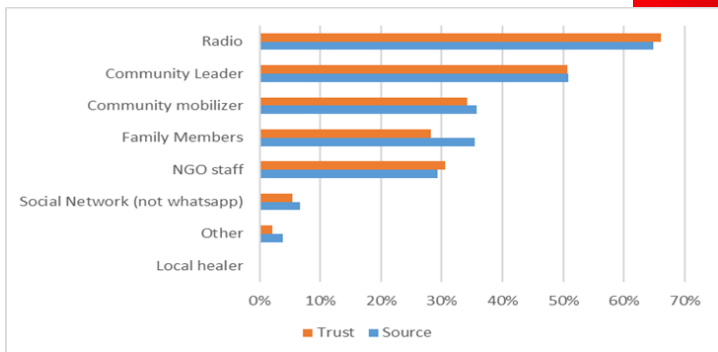
Interestingly, 81% of children reported that they know how to protect themselves from the virus and listed social distancing, staying at home, wearing masks and covering their mouths as effective preventive measures but they fail to mention handwashing.

**Figure 1: Preventive measures used by adults to avoid getting sick with coronavirus**



**Trusted source of information:** The level of trust on the source of information is directly proportional to the popularity of the source: community radios are the most popular and also the most trusted source of information. Social networks were the least popular and least trusted source of information, but this may also be due to the fact that most household surveyed live in rural areas.

**Figure 2: Popularity and level of trust by source of information**



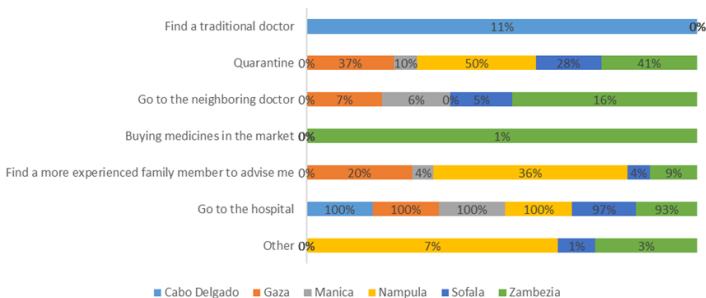
When asked adults and children how they would like to receive information on COVID-19, most adults prefer their children to receive information from them (adults) or from other family members first, to ensure that the information given to children is correct and verified.

## KEY FINDINGS

Child-friendly and inclusive communication messages: 70% of respondents indicated that there were no child-friendly communication mechanisms at the community level, and 82% never saw information messages in sign language or other formats adapted for people with disabilities. The majority of those who have seen messages adapted for people with disabilities were in Sofala province (66%).

**Health seeking behaviors during COVID-19:** If someone gets sick, almost 100% of the adults said they will go to the hospital. Self-isolation and looking for advice from a family member were also very common health seeking behaviors. In Cabo Delgado, only 25% of the respondents said they know what to do, and amongst them, 11% said they will go to the traditional healer.

**Figure 3: What do you do if you or someone from your family has symptoms of this disease?**





### Children well-being, education and safety during

**COVID-19:** Since schools closed on 20 March, a virtual classes system has been put in place by the Ministry of Education, but it requires an access to a television or radio signal, which is not the case for all children. Only 12% of the children interviewed said that there was an alternative learning space established in their communities where they could attend classes. In Nampula, none of the interviewed children reported having any learning place in their communities.

Almost all children (93.5%) stated that they felt safe at home. However, about 11% of children in Zambezia and about 7% of children from Cabo Delgado stated that they did not feel safe at home due to the threat of physical violence in their homes or because they face hunger at home. Others stated that they did not feel secure because their parents would go out of the house and when they return, they could bring back the virus.

Of those interviewed, only 49% of children said that they have some place where they could go and play during the state of emergency.

## 4. KEY RECOMMENDATIONS

### Risk communication and community engagement interventions

- ◆ Some critical information gaps were identified, with important variations between age groups, provinces, and genders.
- ◆ More targeted messages are needed to address the knowledge gaps in each area. In Cabo Delgado for instance, increase efforts to reach women and children as they shown a lower level of knowledge of the virus.
- ◆ Design communication campaigns and community engagement mechanisms adapted to people with disabilities.
- ◆ Community radios and community leaders appeared to be the most adequate communication channels for adults, but specific communication mechanisms and messages should be put in place for children at the community level while schools are still closed.
- ◆ Overall, children were not considered as one of the most at-risk group by adults although recent evidence has shown that children could also be carriers of the virus.
- ◆ Raise awareness amongst parents, teachers and community leaders and provide them with clear guidance on how they can reduce children's exposure to the virus.

## KEY RECOMMENDATIONS

- ◆ Even if parents know the importance of handwashing to prevent COVID-19, children did not list it as a common practice. Find creative ways to communicate directly with children on handwashing.
- ◆ Set-up a rumour tracking system to identify and address the different misconceptions about COVID-19. This system could be embedded in the existing program monitoring and community feedback mechanisms.

### Enhance child protection mechanisms and safe spaces for children

- ◆ Child-friendly space should be created at the community level to ensure that children can have a space to learn, cope with stress, stay safe from violence and from risks of contamination.
- ◆ Government guidelines should include how to best establish and secure safe spaces for children during COVID-19.
- ◆ If the vast majority of children said they felt safe at home, some child protection concerns were also identified during the assessment. A mechanism to rapidly refer these cases to the relevant services should be put in place, as well as a monitoring mechanism to detect and prevent child abuse during COVID-19. Put in place activities to guide parents for homeschooling and education without violence.

## 4. KEY RECOMMENDATIONS

### Design integrated interventions

- ◆ COVID-19 has created a health and economic crisis and stresses the need for further integration between sectors to ensure that households and communities are supported to cope with the economic, social, and emotional shocks.
- ◆ RCCE activities are cross-cutting by nature and should be mainstreamed in every sectoral intervention.

#### **For more information, contact:**

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#### Annexes

[Child Assessment tool](#) (in Portuguese)

<https://ee.humanitarianresponse.info/x/#C7v9Kx9t>

[Adult Assessment tool](#) (in Portuguese)

<https://ee.humanitarianresponse.info/x/#u0Jx8dNj>