




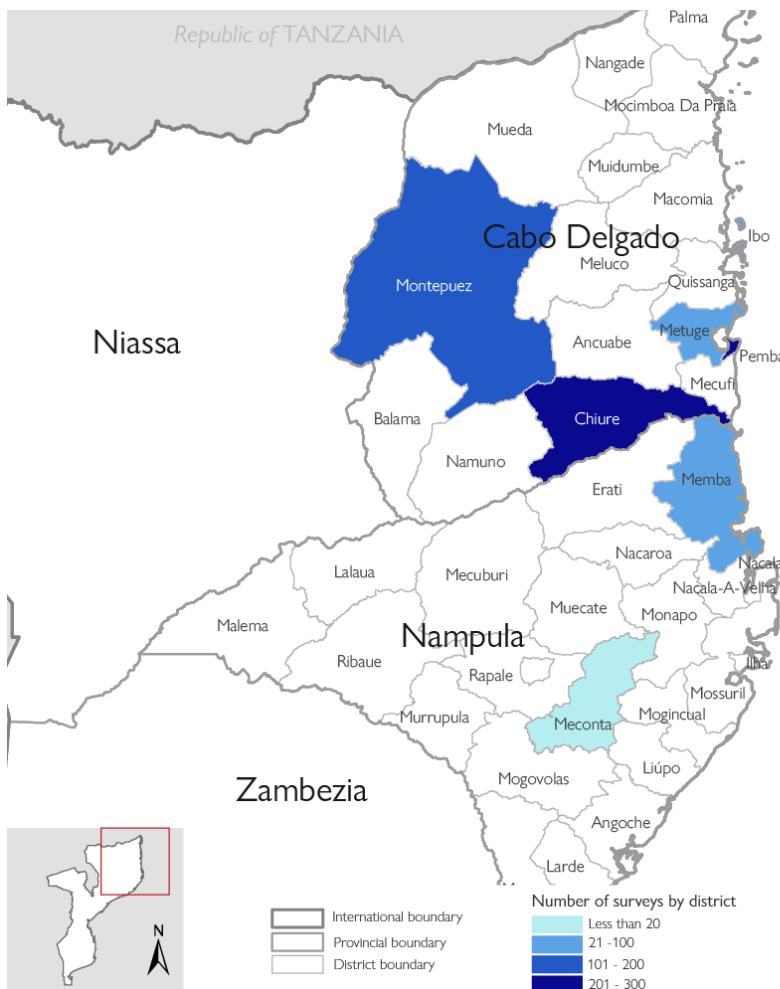
EXECUTIVE SUMMARY

The International Organization of Migration (IOM) Migrant Health Division (MHD), in cooperation with the Displacement Tracking Matrix (DTM) as well as the Provincial Directorate for Health, District Services of Health, Women and Social Action (SDSMAS), and Instituto Nacional de Gestão e Redução do Risco de Desastres (INGD), has been using its longstanding experience and expertise in the field of immunization to deploy the Vaccine Hesitancy and Acceptability Survey in Northern Mozambique in order to increase the overall positive perceptions on COVID-19 vaccination, gauge the prevalence of vaccine acceptance among vulnerable mobile populations that are at risk of being left behind in national vaccination campaigns, and to better understand reasons for vaccine hesitancy. The first Round of the Vaccine Hesitancy and Acceptability Survey was undertaken in December 2021, with the second round data collection taking place in May and November-December 2022. Through these rounds of data collection, IOM will support evidence-based planning of Risk Communication and Community Engagement (RCCE) and vaccination activities, including informing locations and logistics for vaccination campaigns. RCCE & vaccination activities will be informed by continued consultation of conflict-affected communities, specifically, as well as mobile populations generally.

 **11% of all respondents** have no known history of medical vaccinations

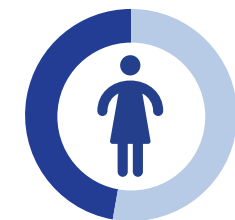
 **14% of all respondents** have pre-existing medical conditions

 **93% of all respondents** are very likely to accept a free COVID-19 vaccine



Map I: Survey coverage by district and province in Northern Mozambique, with number of interviews per district

As in Round 1, data was collected across Cabo Delgado and Nampula provinces. In Round 1, interviews took place in 7 districts with 924 interviews. Fifty-two per cent of the respondents were adult females, and 48 per cent were adult males. Furthermore, 31 per cent of the respondents were living with a family member older than 65 years. In Round 2, the same 7 districts were assessed with 2,127 interviews. The districts assessed are Chiure, Ibo, Metuge, Montepuez, Pemba, Meconta, and Momba. There were 1,100 female respondents and 1,027 male respondents (51% to 49% respectively). Only 18 per cent of respondents were living with a family member older than 65 years.



Adult Females
1,100
51%



Adult Males
1,027
49%

GENERAL POPULATION INFORMATION AND PRE-EXISTING MEDICAL CONDITIONS

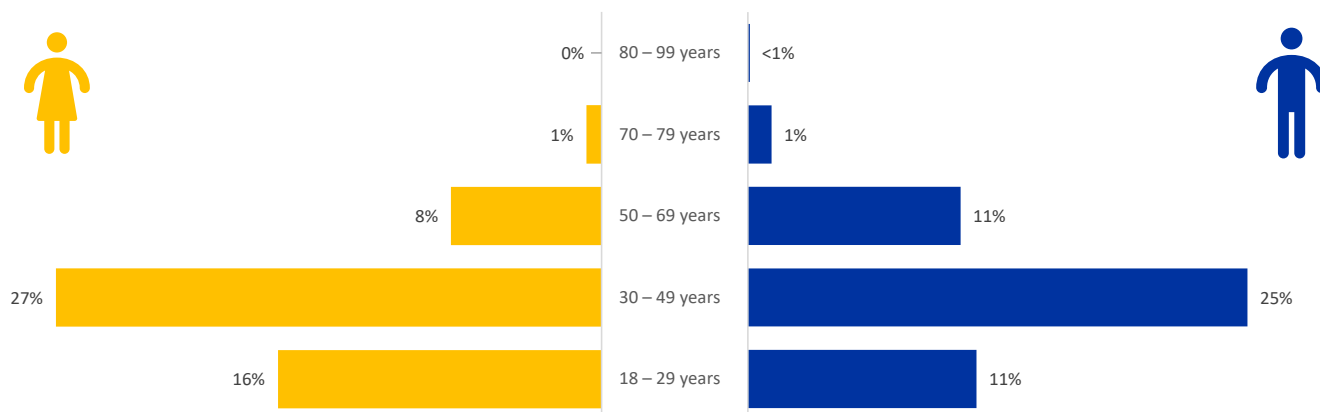


Figure 1: Demographics of respondents disaggregated by age and sex (female left, male right)

Overall 14% of respondents had a pre-existing medical conditions. As seen in Figure 2, cardiovascular diseases, rheumatological conditions, and pulmonary diseases were the most frequently reported amongst respondents. Amongst those with pre-existing conditions, 77% had one condition, 19% had two conditions, while 3% had three conditions (proportions are the same for both sexes).

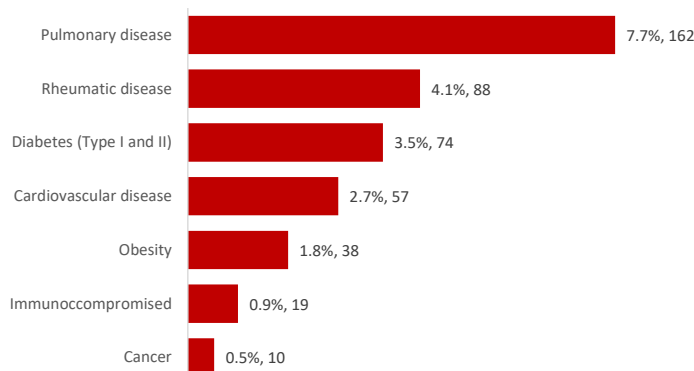


Figure 2: Pre-existing medical conditions

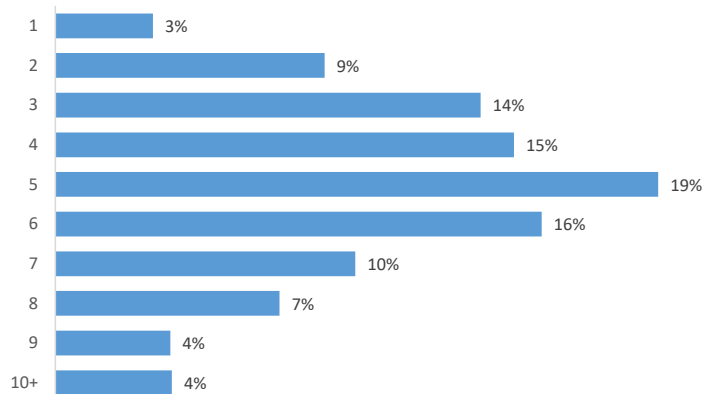


Figure 3: Number of household members

The average household size amongst respondents is 5.2 individuals (the largest household on average is in Pemba with 6.5 members, while the smallest where in Montepuez and Chiure - 4.3 and 4.5 members respectively). Figure 4 and Figure 5 below show whether respondents live with or close to elderly relatives, and also if respondents have had COVID-19 in the past.

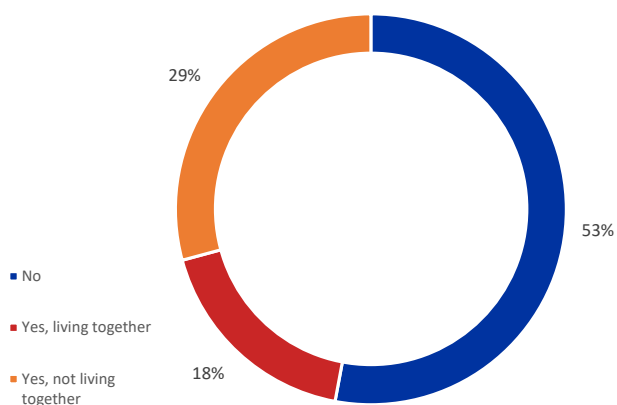


Figure 4: Do respondents have close relatives older than 65 years?

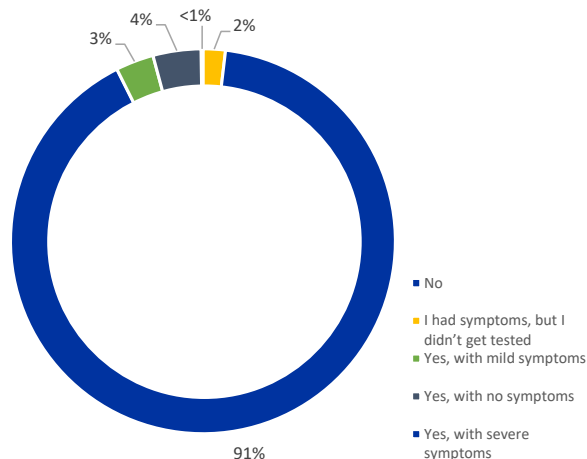


Figure 5: Have respondents ever had COVID-19

VACCINE COVERAGE

The following section presents analysis on the perceptions on vaccinations of respondents in Northern Mozambique. Figure 6 and Figure 7 present the rates of vaccination against COVID-19, disaggregated by age group and by district respectively. Overall, the rate of vaccination was slightly lower amongst younger individuals. When disaggregating by district, the lowest vaccination rates were in Chiure. The highest rates of vaccination were in Pemba, Montepuez, and Ibo.

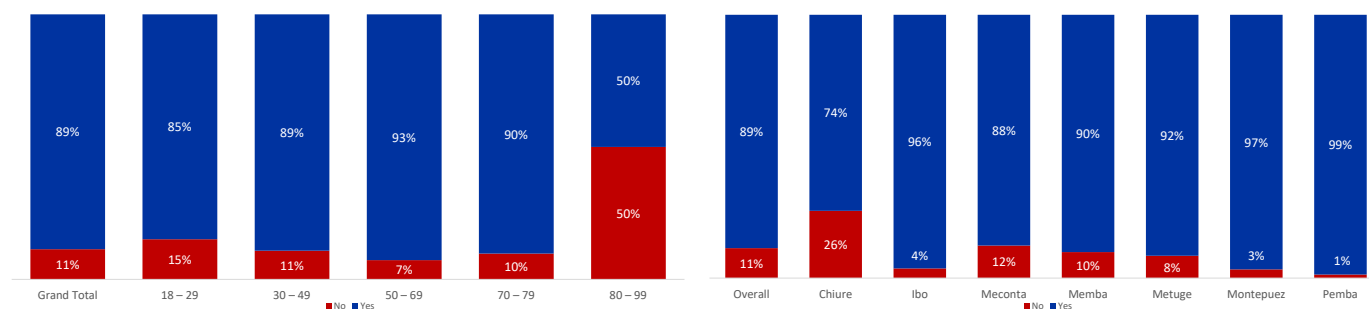


Figure 6: COVID-19 vaccination rates by age group

Figure 7: COVID-19 vaccination rates by district

Figures 8 and 9 present the proportion of people in each district reporting underlying medical conditions, who either never been vaccinated or specifically not received a COVID-19 vaccine. Overall, only around 10 per cent of people surveyed had not been vaccinated. For both cases (any vaccine and specifically COVID-19 vaccines), Ibo has the largest proportion of individuals with pre-existing medical conditions who are not vaccinating, followed by Memba and Metuge. Taking into account the total survey sample around two per cent of individuals in any district have not been vaccinated and have at least one pre-existing condition.

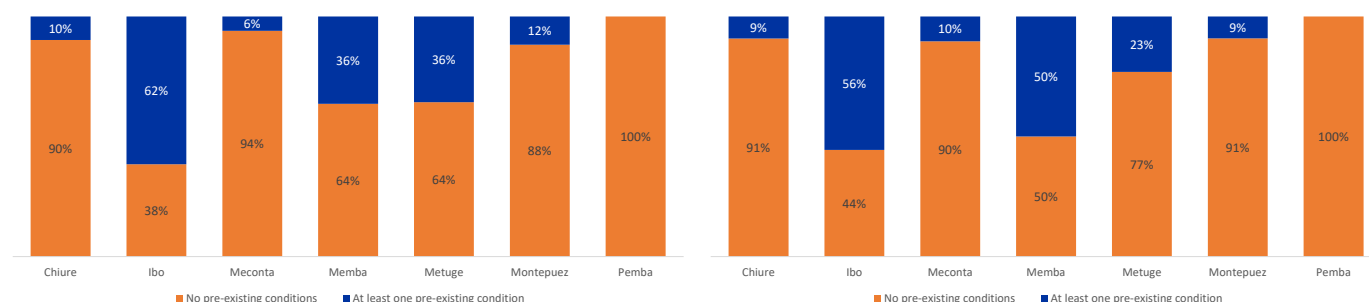


Figure 8: Percentage of people who have never received some form of vaccination compared with whether they have pre-existing conditions by district

Figure 9: Percentage of people who have not received a COVID-19 vaccination compared with whether they have pre-existing conditions by district

Amongst the respondents, 11 per cent (242 individuals) indicated that they had not received a COVID-19 vaccination. They were asked follow-up questions on why they were not vaccinated. The most common reasons were that they were sick at time vaccine was offered (19%), and that they did not know where to be vaccinated (17%). Twelve per cent indicated that they don't want to be vaccinated at all, and 13 per cent that they do not wish to be vaccinated at the current time. Many cited "other", with the majority reporting that they were not present in their postos while the vaccinations were taking place.

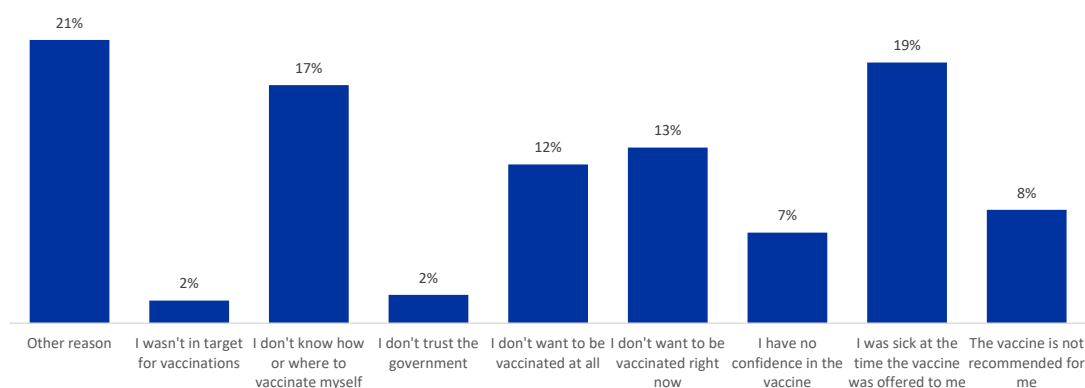


Figure 10: Why did respondents not receive a COVID-19 vaccine

VACCINE PERCEPTIONS (cont.)

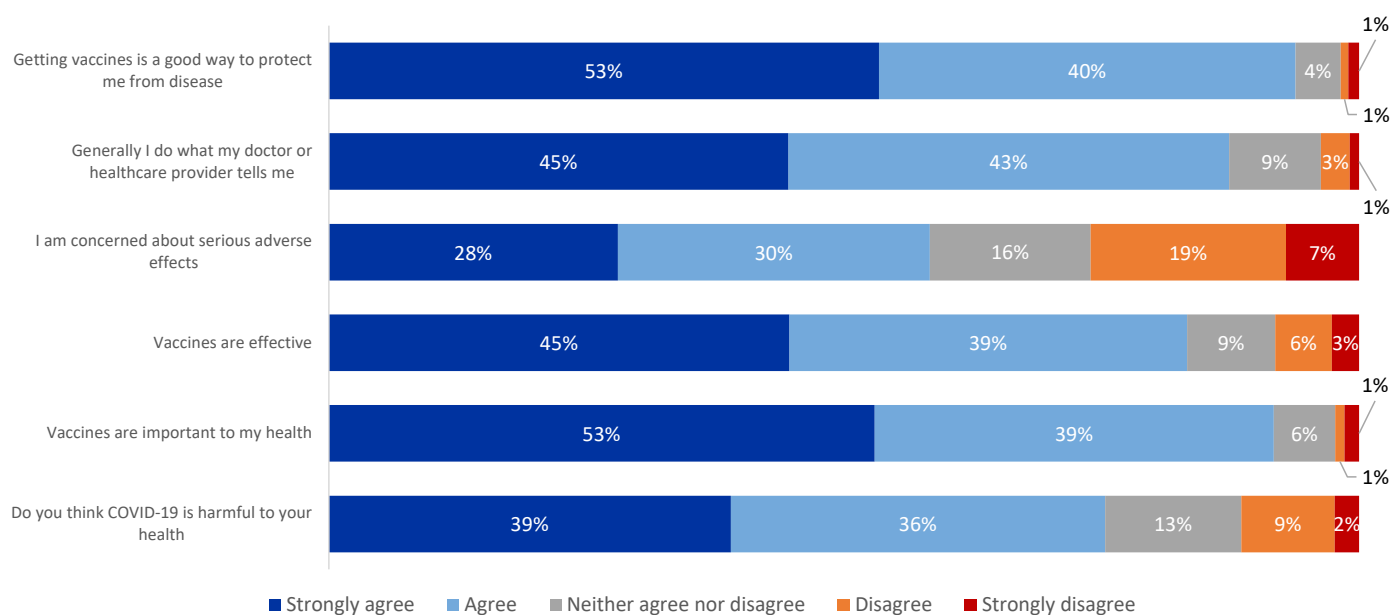


Figure 11: Individual perceptions on aspects of vaccines

Figure 11 presents the perceptions on six aspects of vaccinations. The following is a breakdown of the key districts with diverge from the trends presented above. When asked if respondents believed that COVID-19 is harmful to their health, on average 9 per cent disagreed with this statement, though this was much higher in Metuge (26%) and Meconta (19%). Overall, those over 50 were more likely to disagree with this statement. In Metuge and Ibo, respondents were more likely to disagree that vaccines are effective (23% and 15% respectively, compared to the average of 6%). Males were twice as likely to disagree with this statement as females.

In Metuge, respondents were much more likely to not be concerned with serious adverse effects of the vaccine (41% compared to a 19% average). In Memba, respondents were less likely to do what a doctor/healthcare provider tells them to do (13% compared to 3% average). There was no variation dependent for the age or sex of the respondents for this indicator, nor for whether vaccines are a good way to protect against the disease.

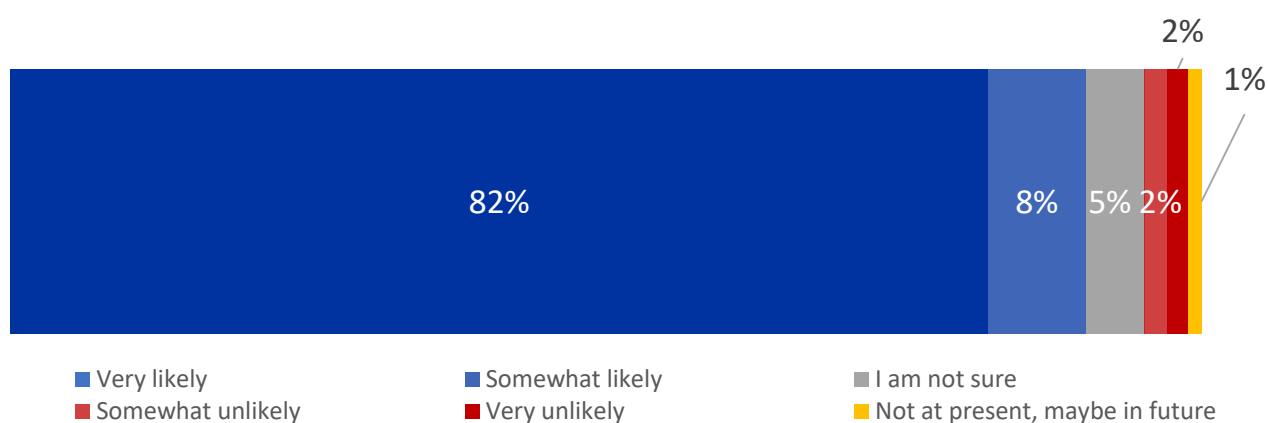


Figure 12: How likely respondents are to accept a free vaccine if offered in the next three months

Figure 11 shows that 91 per cent of respondents are very likely or somewhat likely to accept a free vaccination against COVID-19 if offered in the next three months. In the data, there is no divergence from this trend when the population is grouped by either their district, their age, or their sex. Of those that indicated that they would not, or are unlikely to accept a vaccine, 42 per cent indicated that this is because they have heard rumours concerning the efficacy or safety of the vaccines, or have heard information on the nature of the disease/pandemic.

VACCINE PERCEPTIONS (cont.)

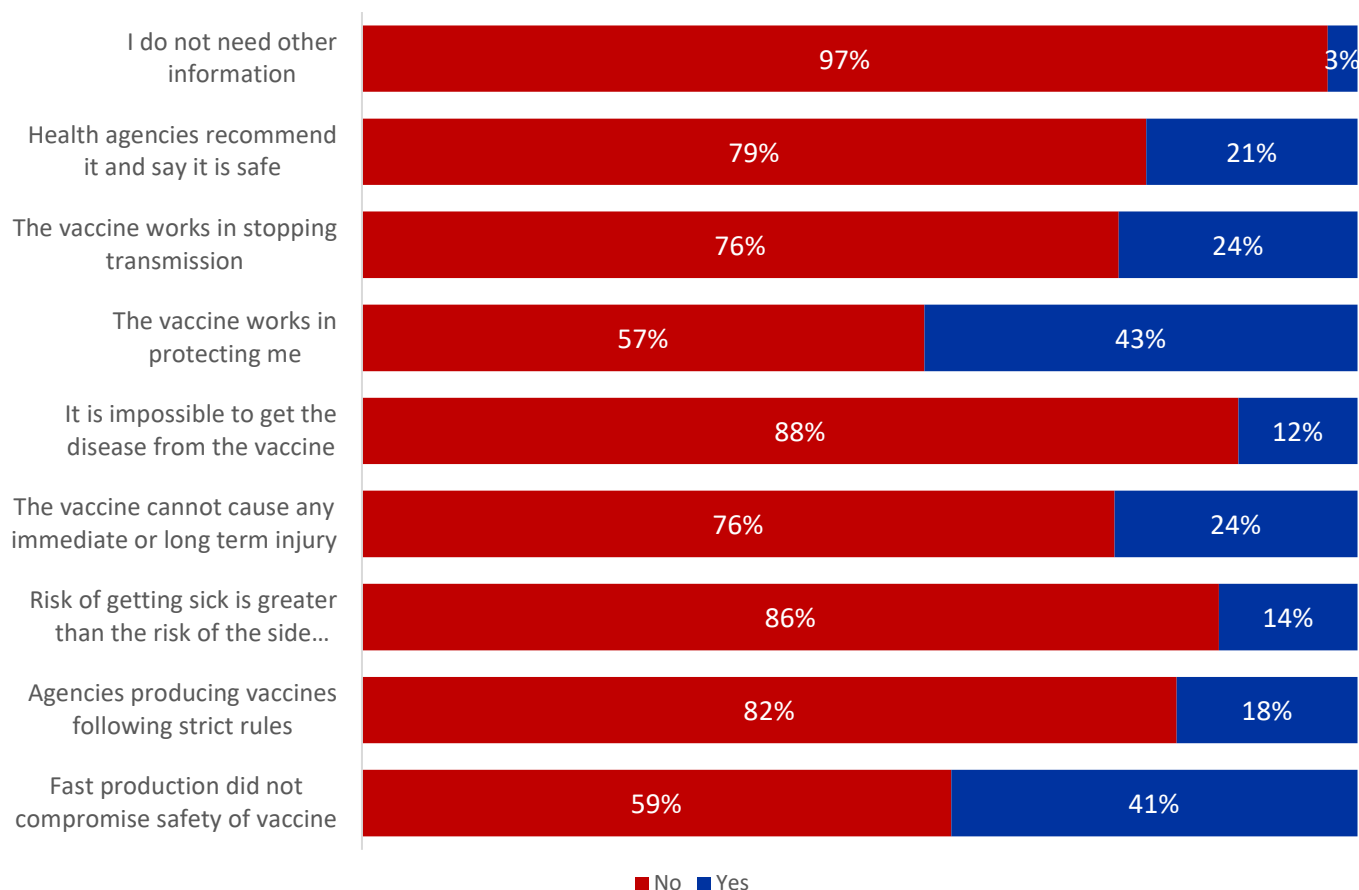


Figure 13: Perceptions on the COVID-19 vaccine

Figure 13 shows the breakdown of eight questions concerning specific information points were misinformation concerning aspect of the vaccine. It is to understand what types of rumours and misinformation people have received in the recent past. Most importantly, the first question asked respondents if they felt they did not need more information concerning vaccines. Ninety-seven per cent indicated that they did not have enough information and would want to know more about the vaccine.

Twenty-one per cent of respondents have encountered misinformation on whether health agencies recommend the vaccine and say it is safe (i.e. information that made them doubt this fact). However, this is much greater in Montepuez where 78 per cent have received such misinformation. Similarly for if vaccines work in stopping transmission, Montepuez and Chiure districts have reported receiving more misinformation than other districts (58% and 38% respectively compared to 24% on average).

The highest rate of received misinformation was over whether vaccines work in protecting individuals, with 43 per cent having heard such rumours. This was high amongst all districts except Ibo, where only 9 per cent of respondents suffered from such misinformation. There are no significant trends for the reception or this misinformation when accounting for sex or age.

In Chiure, 31 per cent of respondents received misinformation on whether it is possible to get the disease from taking the COVID-19 vaccine (compared to 12% on average). While for misinformation concerning immediate injury or long term negative effects, Pemba and Ibo had the lowest exposure (7% and 13% respectively compared to 24% on average). However, at the same time, respondents in Pemba were the most likely to have heard misinformation concerning the rules and regulations governing the production of the COVID-19 vaccine (40% compared to 18% average). On average, 41% of all respondents received misinformation on if the fast production of vaccines compromised their safety (though this was lower in Chiure at 33% and Memba 31%).

VACCINE PERCEPTIONS (cont.)

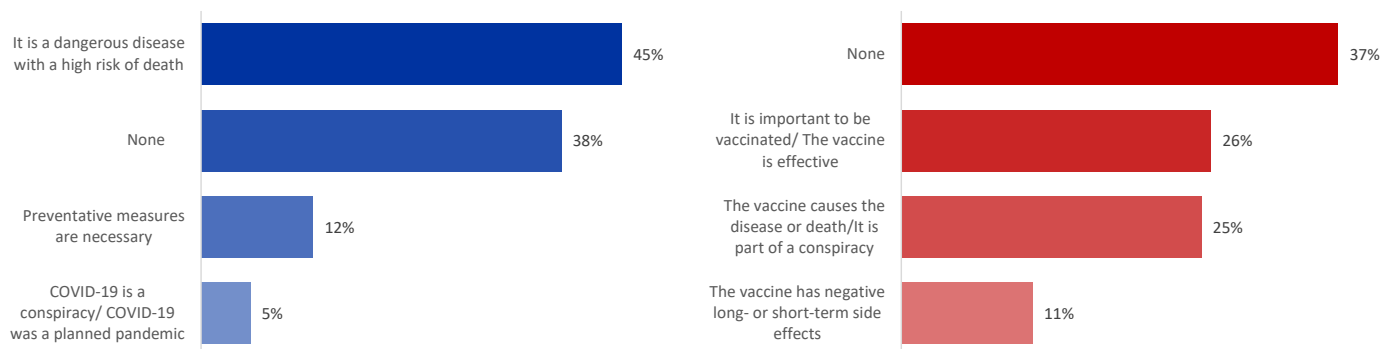


Figure 14: Types of rumours or information heard concerning the COVID-19 disease (left) and types of rumours or information heard concerning the vaccine (right) perceptions on vaccination

Figure 14 shows some of the rumours and types of information that respondents shared with the DTM enumerators. These responses were categorised into those presented above. Overall many respondents did not wish to share information they had heard concerning the disease (38%) or the vaccine (37%). Forty-three per cent indicated that they believed the disease was dangerous or lethal, while 5 per cent indicated a variation on the misinformation that COVID-19 was a planned or artificial pandemic. However, 25 per cent shared that they have heard information that the vaccine causes the disease or that the vaccine is in some way connected to a conspiracy, reflecting how much such rumours and misinformation are perpetuated in the communities.

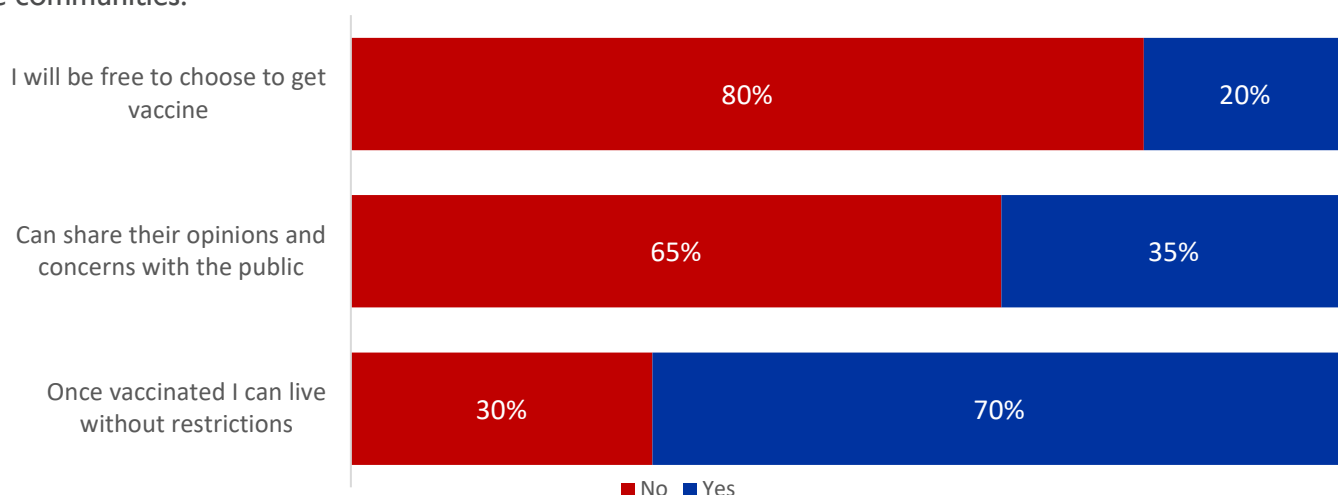
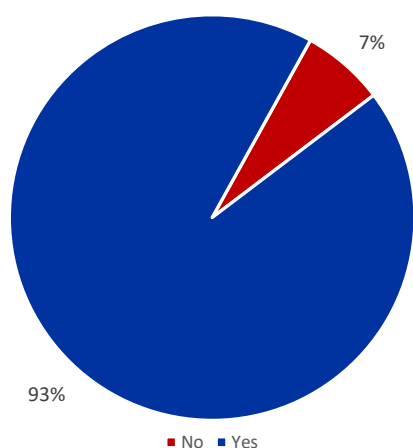


Figure 15: Perceptions related to future life, and living in the community post-pandemic perceptions on vaccination

Overall, only 20 per cent of respondents believe they will have the agency or freedom to choose if they want to be vaccinated in the future. Also 65 per cent believe that it is difficult to share their opinions or discuss the pandemic in public. Also 70 per cent of individuals believe that once vaccinated, they will be able to live without any restrictions imposed upon them.



Importantly, 93 per cent of respondents indicated that they would encourage a parent or elderly relative to take the vaccine. However, though on average only 7 per cent would not encourage, this is higher in Pemba (26%) and Meconta (8%). Overall females were slightly less likely to encourage elderly relative to take the vaccine, while those aged 30-49 and 50-69 were also less likely to encourage the taking of the vaccine than those aged 18-29.

Figure 16: Individual perceptions on vaccination