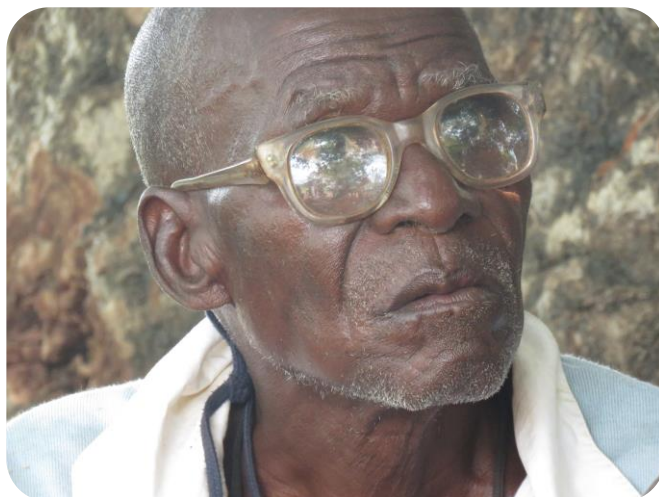


Mozambique – September 2020

 **COVID-19 Rapid needs assessment of older people**



Context

By mid-August 2020¹, Mozambique had registered 19 deaths from COVID-19. Almost 70,000 people have been tested and of the 2,559 people who have tested positive, 951 have recovered. The virus first appeared in the north of the country, among the communities close to major areas of external investment in oil and gas. An information campaign was instituted early in March and a test, track and trace system was set up, which to date has tracked over 1.7 million people. Currently infection rates are higher in the southern province of Maputo (348) and in Maputo City (571), while Cabo Delgado and Nampula provinces have registered 246 and 220 cases, respectively. Sofala, Tete and Gaza provinces have 42, 16 and 111 cases respectively, and Manica, Niassa, Inhambane and Zambezia account for the remaining 33 people who have contracted the virus to date.

A level 3 emergency aiming to control transmission of the virus was introduced on March 30th and has been extended until the 30th September. Borders have recently re-opened, but all travellers are required to quarantine for 14 days. Additionally, public leisure amenities are closed, public transport is limited, schools are closed unless they are able to guarantee necessary sanitary conditions, and face coverings must be worn in public places. People are required to maintain 1.5m distance from each other and gatherings of more than 20 people are prohibited.

Mozambique has mounted its response to COVID-19 whilst grappling with growing armed conflict in the north of the country and attempting to recover from the devastation caused by Cyclone Idai in March 2019, which flattened the country's second largest city, Beira, in Sofala province. It is estimated that more than 300,000 people are now internally displaced as a result of conflict and climate emergency, 2.5 million are already in need of humanitarian assistance, 2 million are reported to be living in food insecurity, and access to WASH is amongst the worst in the region, with only 36% of rural households having access to clean water.²

This assessment was undertaken in May 2020 in four provinces, two in the south and two in the central region, by local partners ACIDECO in Maputo, ASADEC in Sofala, Vukoxa in Gaza and APITE in Tete. The findings will support partners to adapt their programmes to better address older people's concerns and will provide information to Government and humanitarian actors to enable them to fulfil their responsibilities to older people at this time and in the future.

Key findings

Knowledge about COVID-19

99% of the older people interviewed stated that they had heard about COVID-19, although **30%** said that they faced barriers to accessing information as most is published or shared in Portuguese, which they do not understand. **77%** would prefer to receive information via the radio and in local languages.



COVID-19 Prevention and Control

44% of respondents stated that they were unable to access prevention materials such as masks or hand sanitiser as they cannot afford to buy them, while **26%** of older people and **34%** of older people with disabilities said they were unable to practice safe handwashing. A much higher proportion of older people in Tete and Sofala provinces reported this problem.



Health Services

While **23%** of older people confirmed that their access to health services has reduced, **10%** did not have access even before the pandemic and **39%** of those who need medicines for chronic conditions reported being unable to access them. **73%** of older people did not know where to get a test or treatment for COVID-19. After being informed of their nearest facility, **76%** said they were unable to access it anyway.



¹ Ministry of Health bulletin 12th August 2020

² <https://www.who.int/health-cluster/countries/mozambique/Mozambique-Flash-Appeal-COVID-19.pdf?ua=1>

Food Security

73% of older women and men and older people with disabilities in all research locations say that their main priority is access to food. **52%** of the respondents had food stocks for less than one week, with **22%** of older people and **30%** of those aged 80 years and above, having less than 2 days food available. **40%** reported having changed their diets significantly since March.



Protection and well being

73% of the older people interviewed have care responsibilities and **65%** are responsible for providing food and shelter. This is a huge pressure and **33%** say they are unable to cope, especially in Maputo. Both men and women report increased risks of neglect and isolation because of COVID-19 and **74%** report feeling anxious most or all the time.

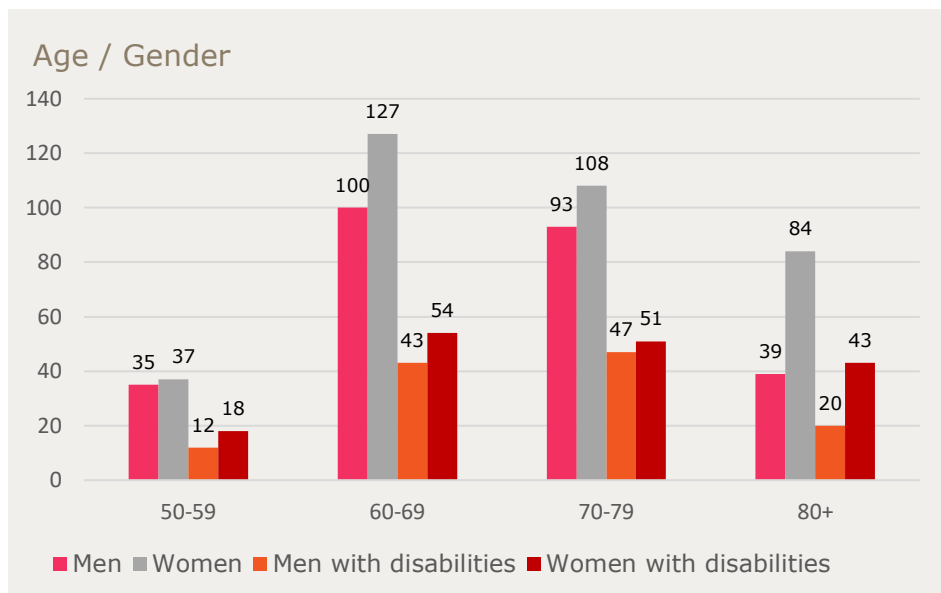


Key Recommendations

- 1.** Strengthen community awareness programmes for prevention and control of COVID-19 in local languages and through preferred modes such as radio, community meetings and word of mouth.
- 2.** Ensure that messages are appropriate and targeted to older persons. Also, address any traditional practices that may be harmful or promote ineffective protection measures.
- 3.** Provide protective equipment to older people in their own homes and in care homes and advocate for increased access to diagnosis, testing, and treatment services for COVID-19 at province and district levels.
- 4.** Establish volunteer groups to provide home deliveries of medicine for older people who have a mobility disability or are unable to reach the health centre. However, it should be noted that it is sometimes difficult for health centres to acquire medicines due to supply chain challenges.
- 5.** Extend provision of financial support to at-risk older people with chronic diseases, to ensure their continued access to medicines and food.
- 6.** Design and implement integrated training packages for health workers in specific areas for older people, with emphasis on geriatrics and other medical and psychological assistance and relevant understanding of the impact of COVID-19.
- 7.** Design and implement cash transfer programs to secure the sustainability, food security and diet of older people affected by COVID-19.
- 8.** Design strategies for mobilisation of financial resources for implementation of specific social protection programs for older people, with emphasis on the emergency period imposed by COVID-19.
- 9.** Expand existing social protection programmes for older people in order to respond to the pandemic in the short term and to build resilience in the long term.
- 10.** Encourage and promote home-based income-generating activities that will sustain older people and their families during the COVID-19 pandemic. These activities could include gardening and other small-scale business activities. In order to support these activities, provide older people with fishing and agriculture start-up kits and training on how to use them.
- 11.** Provide psychosocial support to older people, people with disabilities, and older people living alone. Support and engage older people in activities which help overcome their isolation and reduce their anxiety.
- 12.** Carry out community sensitisation campaigns and ensure that older women and men are aware of the support available to prevent and respond to incidences of violence, abuse, and neglect during periods of restricted movement and social isolation.



Demographics



52% of older people have at least one health condition

Hypertension: 8%

Diabetes: 2%

Joint aches and pains: 19%

Heart problems: 3%

Gastro: 1%

Respiratory: 3%

Mental health: 0%

Skin disease: 7%

Serious injury: 2%

Others: 8%

46% of older people have at least one disability

Sight: 31%

Walking: 24%

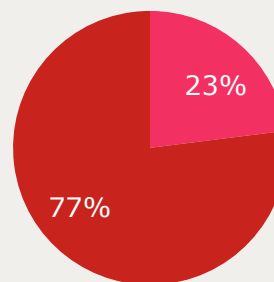
Remembering and concentrating: 17%

Communication: 12%

Hearing: 11%

Self-care: 8%

Living Alone



Legend: Yes (pink), No (red)

Methodology

The assessment was conducted by HelpAge's local partners in four provinces, in communities where they have active projects, namely: APITE in Tete, ASADDEC in Sofala, Vukoxa in Gaza and ACIDECO in Maputo. A total of 45 local enumerators were recruited, 19 women and 26 men. Enumerators were selected for their experience with similar assignments, ability to communicate in the local language, and knowledge of the local community. The fieldwork took place from 12th-24th May 2020.

A cohort of 623 older people aged 50 years and above were interviewed, 57% women and 43% men, 47% of whom have at least one disability³. The cohort was distributed between the provinces as follows: 26% from Gaza, 21% from Maputo, 29% from Sofala and 24% from Tete. The identification and selection of respondents at community level was done by enumerators according to the methodology designed by HelpAge, allowing for disaggregation based on a minimum sample size of 30 people, selected randomly in communities where HelpAge has ongoing projects. 87% of those respondents were interviewed by enumerators in their homes, respecting COVID-19 prevention and control guidance, while the remaining 13% were interviewed by telephone. Each interview lasted approximately 10-30 minutes and respected ethical safety and confidentiality standards.

Older people's lives in Mozambique are diverse and influenced by the geography, economy, and culture of each province. In Tete and Gaza provinces, HelpAge and partners work with rural agricultural communities which frequently suffer from drought. The city of Beira (capital of Sofala province) and surrounding rural communities were devastated by Cyclone Idai in March 2019 and are still re-building their lives. Maputo is also a sparsely populated province, but host to the capital city where the majority work in the informal sector. According to a 2018 report by the World Bank, Sofala had the highest poverty rate among the

³ Using Washington Group Questions in interview

provinces surveyed and Maputo province the lowest (50% and 11% respectively)⁴. These and other factors shape the impact of the COVID-19 pandemic locally. To ensure that the sample captures both rural and urban experiences, 60% of the survey respondents selected live in rural communities and 40% in urban communities. All respondents are beneficiaries of projects implemented by local partners with support from HelpAge International in Mozambique. Projects focus on social protection, emergency response and recovery, including cash transfers, and better health for older people.

Priorities for Older People

When asked about their priorities or major concerns in relation to the COVID-19 pandemic, older people's responses were consistent across the different groups (gender, age, disability and province): food (73%); access to medicines (29%); and getting sick (16%). These concerns all pre-date COVID-19, but the impacts of the pandemic and the prevention and control measures imposed exacerbate already difficult situations in a country with high levels of poverty and inequality, where the majority of households are dependent on subsistence agriculture, the informal economy, and remittances for their survival, and in which public services and infrastructure are over-stretched and often inaccessible for older people.

Food insecurity or fear of food insecurity will have been a reality for many older people throughout their lives due to successive conflict and climate emergencies and a reliance on subsistence agriculture. Food security remains a constant pressure and COVID-19 restrictions are likely to intensify the problem. Anecdotal reports reveal inflation in the prices of basic goods in local markets and transport restrictions which make markets inaccessible to both buyers and sellers. In addition, supply chains have been significantly disrupted due to the border closure with South Africa, a country which provides a large quantity of Mozambique's commodities. Incomes have also reduced during the pandemic, as restrictions on movement have affected agricultural work and the informal sector, a major employer in the country, as well as remittances from family members, a traditional source of income particularly in the south where younger people migrate to the capital or to South Africa.

52% of older people surveyed reported having at least one health condition. **Access to medicines** is critical for older people with chronic illnesses and 39% reported that they had been unable to access their medication since the COVID-19 outbreak began. Previous surveys on household expenditure conducted as part of a social protection project⁵ showed that older people spend up to 43% of their social pensions on health. With reduced incomes and restrictions on travel, medicines become even less accessible.

Getting sick with COVID-19 or from any other condition or illness is a major worry for older people. 76% of respondents reported that COVID-19 testing and treatment facilities are totally inaccessible to them. Concern in Sofala province was particularly high, with 60% of those surveyed ranking this as one of their top 3 priorities. This is perhaps due to traffic congestion on the route between the coastal international port and neighbouring Zimbabwe, which has yet to rebuild infrastructure and services following the 2019 cyclone, in which 94 health facilities were destroyed⁶.

COVID-19 Awareness and Prevention

Restrictions of movement

At the start of the state of emergency, the Government introduced a number of measures to restrict all non-essential travel and reduce face-to-face interaction between people. Travel between provinces was prohibited, religious services were restricted, meetings were limited to no more than 20 people and funerals were restricted to no more than 20 attendants. As of May 2020, 34% of those surveyed are not experiencing any restrictions to their movements, although there are significant variations between provinces. In Gaza 57% are not observing any restrictions, while in Sofala 88% are observing governmentally instituted movement restrictions. The situation in Sofala may reflect the fact that many respondents are still in camps for internally displaced people, and many may have experienced limited movement since the crisis in 2019. 27% reported observing social distancing, with 48% reporting being able to observe social distancing, but only 7% being able to do so in Sofala province. Again, the variance in Sofala may be due to the living conditions in internally displaced camps and the on-going recovery from

⁴ "Strong but not Broadly Shared Growth" Mozambique —Poverty Assessment— April 2018 Poverty and Equity Global Practice Africa Region

⁵ Cash transfers and older, people's access to healthcare (AFFORD II project), HelpAge International, Irish Aid, 2017

⁶ <https://www.who.int/health-cluster/countries/mozambique/Mozambique-Flash-Appeal-COVID-19.pdf?ua=1>

the impacts of Cyclone Idai. In Gaza 7% of respondents were observing quarantine due to possible exposure to COVID-19 and 9% were limiting their movements for 14 days as either the respondent or someone in their household had tested positive for COVID-19 or demonstrated symptoms.

Awareness and Prevention

Awareness campaigns have been led by the Ministry of Health and 99% of respondents had heard of COVID-19, with many able to describe a range of advised protection measures. 90% of older people surveyed are aware of the need for frequent handwashing and 55% know that they must avoid touching their faces and must cough or sneeze into a tissue or their elbow. However, several older people mentioned washing hands with ash, a traditional practice used when soap is unavailable. Furthermore, practices such as social distancing and avoiding group gatherings seem to be less well known, with only 43% and 46% of people mentioning these measures. The province of Tete is an outlier here with only 9% of people mentioning physical distancing as a protection measure.

Three main challenges to complying with protection measures were mentioned. Handwashing is difficult for 26% of respondents due to lack of access to clean water and/or soap, and worryingly, 34% of people with disabilities, 43% of older people in Sofala and 87% in Tete reported that they were unable to wash their hands frequently. 47% of older people and 56% of people with disabilities were unable to avoid touching their face. Many said that this was a habit and they found it hard to remember not to do so. Respondents also commented that it was difficult to keep the required 2 metres distance from others at home due to having small houses and/or large families.

Barriers to Information

While 99% of older people surveyed were aware of COVID-19, 29% said that they faced barriers to accessing information. 40% of older people with disabilities, 32% of older women, 34% of those aged 80 years and above and 49% of people in Sofala reported barriers. This included language barriers, illiteracy, or inaccessibility of materials and messages for people with sensory impairments. Barriers like these can facilitate the spread of misinformation and anecdotal evidence pointed to the neglect of older people in some communities as a result.

Preferred sources of information about COVID-19

Older women and men in similar proportions across all groups and provinces listed their preferred sources of information as radio (77%), word of mouth (49%), community meetings (42%), and television (26%). Radio has a long history in Mozambique as a source of information and mobilisation, particularly post-independence. Radio can be accessed safely at home and usually broadcasts in the local language as well as Portuguese. Community meetings and word of mouth are also trusted sources of information for older people, enabling them to get information directly, to check their understanding, and at the same time have some social engagement. Older people in Sofala also rated posters (38%) and loudspeakers (31%) as good sources of information. Recognition of the usefulness of posters and loudspeakers as methods of information dissemination may be a result of these having been used during the Cyclone Idai emergency response and recovery. Just over a quarter of respondents mentioned television, although the percentage was slightly higher (35%) in Maputo. However, newspaper (2%), telephone (3%), SMS (1%), and internet (0%) are not viewed as useful methods of communication by older people.

Health

Health services

Access to health services for older people is challenging at the best of times, since more than 50% of the population lives more than 20 kms from a health facility⁷. Since the outbreak of COVID-19 access to health services has reduced for 23% of the respondents, with more people in their 50's, more older people with disabilities and more older people in Sofala registering reduced access (32%, 27%, 30%, respectively). It is important to note that on average 10% of those surveyed did not have access to health services prior to COVID-19. More older women (12%), more older people with disabilities (13%), and

⁷ <https://www.who.int/health-cluster/countries/mozambique/Mozambique-Flash-Appeal-COVID-19.pdf?ua=1>

23% of older people in Tete were without services prior to the pandemic. Reduced access may be due to a number of factors including transport restrictions and reduced availability of public transport to ensure safe travel. Although there are nominal fees for consultations and basic essential medicines are available, many prescribed drugs are only available in private pharmacies. Reductions in household income since the COVID-19 restrictions were enforced may have impacted on access to health services for older people. Although no health centre in the areas surveyed had been closed completely as a result of COVID-19, normal consultations were halted, and only emergency services were available. Consultations have since re-opened but only see 10 patients per day.

Accessing medicines

65% of older people and 70% of older people with disabilities report that they take medication for their health conditions. However, only 40% of older people have been able to access their medication since the COVID-19 outbreak began. Slightly more older people with disabilities (50%) and older people aged 50-59 (60%) have been able to access the medication they need. Only 35% of the 80+ age group, and 28% of those in Maputo have access to medication. 33% of respondents are not on regular medication and 3% use traditional medicine. Many people who rely on medication need to travel to collect it or require someone to deliver it to them. Restrictions on travel and reduced access to public transport has directly affected access to medicines. For example, the medication delivery service by community health personnel for people living with HIV and AIDS was cancelled by the Health Department. In addition, medicine supply chains, which were already weak, have been further disrupted due to interruptions in international trade as a result of border closures and international travel bans.

Access to COVID-19 testing and treatment centres

COVID-19 testing and treatment centres within Mozambique are limited, especially for those in rural areas. Testing centres, as of August, are available in the provincial capitals of Cabo Delgado, Nampula, Maputo Province, Maputo City, Sofala, Tete and Zambezia. Hospitals with treatment centres are found in Nampula, Tete and Maputo City⁸. Tests conducted at district health facilities need to be sent to the provincial capitals for analysis.

Furthermore, as of May, very few respondents (20%) know where to get a test or treatment if they fall sick from COVID-19. Furthermore, even for those who are aware of these centres, 76% say they cannot access these facilities at all and a further 7% say they are between 1 and 3 hours away. Older people interviewed in the provinces of Gaza and Tete find it even more difficult to access these services (89% and 83% respectively) as the communities interviewed are very remote and would need to cross provincial borders to reach services.

Access to protection equipment

55% of older people are unable to access personal protective equipment such as masks and soaps, either because it is unavailable locally (9%), because it is unaffordable (44%), or for other reasons (2%). Early on in the pandemic, the National Institute for Economic Activities carried out an inspection of pharmacies and several were fined for charging speculative prices (up to 300% above the recommended price) for face masks, gloves, hand sanitiser, vitamin C, and even paracetamol. In most provinces, an average of 16% of older people received donated equipment such as masks, although in Tete 26% of older people received donated equipment, whereas in Sofala only 11% were given protective equipment.

Food and Income Security

Diet and food stocks

Access to food is the top priority for 73% of older people in the survey. This could reflect the fact that 64% reported finding it difficult to access food and 52% reported only having food stocks to last less than one week. 57% of older men have food stocks for between 1 and 2 weeks, this is especially concerning for older people in Gaza (67%).

Faced with this situation, many are adopting coping mechanisms to manage their food stocks; 47% of older people report having reduced the quantity of food they eat and 35% have reduced food quality. 51% of older people with disabilities have reduced quantity and 38% have reduced the quality. Again, the situation in Sofala is more concerning; 73% of older people in Sofala reported that they were eating less and 67% reported eating lower quality meals. In Sofala many older people have been unable to harvest their fields for the last two seasons. In 2019 the harvest was destroyed by the cyclone and fields were still unusable when it was time to prepare and plant for the 2020 season. Remittances and household incomes have also reduced, impacting on access to food that may be available in the market. One respondent noted *"I have to economise. My son's work was suspended, and this will affect my rations."*

Older people surveyed in Tete report a slightly more positive scenario. 70% reported having enough food to last for more than 2 weeks, and although 25% reported eating less, only 9% said they had reduced the quality of the food they eat and 69% reported no changes to what they usually eat. One contributing factor may be that in the communities in which HelpAge works, older people have been receiving the government social pension (PSSB) for many years and this may have enabled them to build some resilience to shocks.

Incomes

When asked about income sources during the COVID-19 outbreak, 68% of older people reported still being largely reliant on agriculture or livestock. 61% of older people with disabilities rely on agriculture and 38% are reliant on remittances from relatives (which is higher than the average percentage for older people). Very few older people (2%) report accessing COVID-19 related government or humanitarian assistance. The situation in Sofala is again markedly different, with least reliance on agriculture and livestock (49%), and most reliance on small businesses (41%) and remittances (38%). Respondents spoke about small businesses or income generating activities that could continue where possible, such as selling charcoal, fish, or agricultural produce, or picking up odd jobs on a daily basis (biscate). Sofala is a province with high poverty rates and in addition to a humanitarian crisis, has experienced a low-level conflict for several years, affecting agricultural production. Maputo is also an outlier in that 83% report reliance on agricultural production or livestock and only 2% receive any pension or other cash transfer. This reflects the patchy coverage of the social pension system in the country, which has been rolled out to tackle provincial or district poverty levels but does not sufficiently recognise the depth of poverty inequality in communities. However, as mentioned earlier, cash transfers are common in the communities in which HelpAge works in Tete province and reach 34% of older people surveyed in communities there.

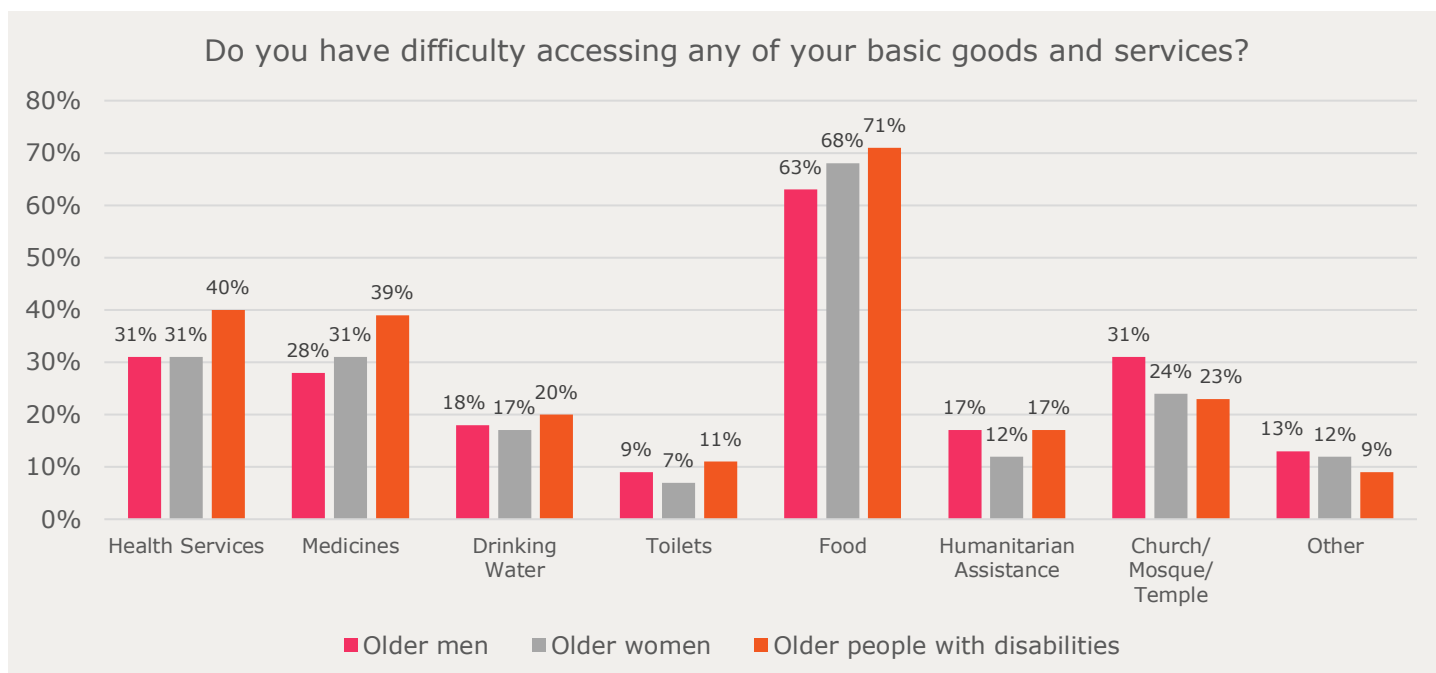
Protection and wellbeing

Access to goods and basic services

The COVID-19 outbreak has exacerbated older people's challenges in accessing basic goods and services in Mozambique. 64% of older people interviewed found it difficult to access food. Furthermore, 31% found it difficult to access health services, while 30% found it difficult to access medicines. While these are pre-existing problems for older people, the situation has worsened due to the impacts of lock down measures and the resulting secondary impacts on service availability and incomes.

Access to WASH facilities is critical to maintaining community health and preventing the spread of COVID-19. Several barriers were identified for older people in accessing all the essential WASH services: 34% of older people surveyed and 59% of those in Maputo reported being too scared of the virus to leave their homes. Lockdown measures also contributed to reduced access, while in Gaza 26% of older people cite lack of facilities as the reason they are unable to access these services.

One of the basic services affected is religious services. Many older people see the church as a place of spiritual and social support. Due to the restrictions this service has become impossible to access. Additionally, water sources are now more difficult to access due to the introduction of scheduled times for each family to access to the local water source and COVID-19 preventive measures for people and their equipment, to ensure the safety of the water point. This makes this access more difficult, especially for older people.



Safety and security

Survey responses identifying the increased risks for older men and women during the pandemic reveal very similar perceptions of risk for both men and women in relation to neglect and isolation. Neglect is the principle risk identified by older people, with older men (48%) and older people with disabilities (45%) being more concerned than older women (37%). This risk is also more of a concern for older people in Tete (66% for men and 71% for women) and in Sofala, although here the risk is perceived as significantly more acute for older men (71% for men and 54% for women). This may reflect the fact that in many parts of Mozambique older women are more likely to be engaged in income generating activities and have a greater deal of independence, therefore they are less reliant on others than older men, who fear the lack of support.

Isolation is also seen as a potential risk for both men and women (25% and 29% respectively), but is cited by a slightly higher proportion of older women (33%), older people with disabilities (39%), older people in the 70-79 age group (36%) and in Gaza province (43%). Older people in Maputo province were much less concerned about the risk of isolation for both men and women (9%), reflecting their urban setting in the capital of Manhica district.

In relation to other types of abuse there are some interesting findings. The risk of physical abuse is perceived as similar for men and women (13% and 15% respectively) while emotional abuse and sexual violence are seen as a higher risk for women (18% and 11%) than for men (9% and 4%). However, it is interesting that more men (20%) than women (17%) identify the risk of emotional abuse against women, and more men than women identify the risk of sexual abuse against women (men 15% women 8%). Men may be more comfortable about flagging the risks women face regarding emotional and sexual abuse due to cultural norms which cause women to be reluctant to talk about these issues.

Furthermore, older men were more at risk of financial abuse than women (15% for men and 9% for women), but harmful traditional practices were equally highlighted as a risk for both men and women (17%). Harmful traditional practices such as accusations of witchcraft are common and often lead to violence and abandonment of older people in the community.

Again, Sofala was an outlier in almost all respects with only 2% of older people feeling no major concerns for women and 3% for men. In all types of violence and abuse, more older people from Sofala felt at increased risk. The increased risk of harmful traditional practices was particularly high, at 37% for women and 38% for men. Also, financial abuse was seen as a greater threat for men (39%) than for women (25%). These differences may reflect a combination of high poverty rates, and a more traditional culture overlaid by the upheaval of the humanitarian crisis and response, which will have destabilised social networks and structures.

Caring for others

66% of older women report providing care for others, while 73% of men and 65% of older people with disabilities report the same. The differences appear to be largely due to recognition of men's traditional role in providing food, financial support, and shelter. However, it is interesting to note how 40% of men and only 25% of women report providing emotional support, while 34% of women said they have no care responsibilities at all.

Wellbeing

Considering the situations and concerns described above, it is hardly surprising that older people are feeling anxious and worried. 74% of older people interviewed feel anxious all or most of the time. Older men report more anxiety than older women (85% men, 67% women). This maybe symptomatic of their perceived role as providers to the family and the burden that this places on them. People in their 50s also reported the highest rate of anxiety (89%) and in fact those who report feeling anxious less often are older women (67%), people in their 80s (68%) and older people in Sofala province (66%).

58% of older people surveyed reported feeling depressed about the current situation all or most of the time. More men (65%) and older people from Gaza province (74%) reported this, while older people in Tete report feeling depressed the least (42%).

On average, just 29% of older people across all groups felt that they could cope without additional support, with 43% in Gaza reporting they could cope, but just 11% in Tete. Despite frequent drought, Gaza province is a rich agricultural area with access to irrigation, especially in Chokwe where the survey took place. Tete does not have the same conditions for year-round agricultural production and also suffers drought. 38% of older people said that they can manage the situation if they have some support, while one third of older people felt unable to cope at all. In Maputo 62% of older people felt unable to cope as did 40% of those aged 80 years and above.

Annex – COVID 19 information material produced by HelpAge


Coronavirus (COVID-19)

Conselhos para a Pessoa Idosa


COVID-19 é uma doença grave que pode deixá-lo muito doente, especialmente se você tiver outros condicionamentos, como hipertensão, diabetes e doenças cardíacas.

COMO SE TRANSMITE ?


De uma pessoa com a doença para outra através de gotículas de saliva quando tosse ou espirra. Por tocar objectos ou superfícies contaminadas.



Gotículas de saliva quando Tosses ou espirra.




Tocar Objectos/Superfícies contaminadas. Tocar os olhos, nariz e a boca sem desinfetar as mãos.




Contacto com pessoa infectada e tocar os olhos, nariz e a boca sem desinfetar as mãos.


PREVENÇÃO




Lave as mãos regularmente com água e sabão ou cínia por 20 segundos. Ou use o álcool para desinfetar as mãos.




Permaneça em casa. Se tiver que sair evite aglomerações. Mantenha distância de 2 metros de qualquer pessoa que estiver a tossir ou espirrar.




Se tiver febre, tosse seca, dores musculares e dificuldade em respirar. Avise rapidamente aos seus familiares.



Evite tocar os olhos, nariz e a boca.




Se tiver qualquer outro problema de saúde, continue a tomar a sua medicação normalmente.



Ligue para os seguintes números para teste e tratamento:




Maputo Cidade : 82 788 3900
Maputo Província: 84 637 4158
Tete: 82 409 6188
Sofala: 82 152 5880
Gaza: 82 719 3060



Sempre que tossir ou espirrar cubra a boca com o braço em forma de "V", ou use um lenço descartável, e Lave as mãos logo de seguida.

CONSELHOS

1. Identificar na família um jovem que será responsável pela ida ao mercado, padaria, etc, para evitar o máximo a saúde dos idosos;
2. Evitar o contacto com netos/crianças da família que não vivem na mesma casa;
3. Evitar o consumo de cigarros e outras drogas que prejudicam a função respiratória.

Coronavirus (COVID-19)

SWILELETO SWALAVUKULO

Mavabwi ya ku karhata ngonpfo A Makarhate ku makuma loko uvambwa yi tensio

MAKUTHULELA YI LOKO MUNO MUNWANE ALI NAWO



Hi kola ka marhi loko a vulavula ni hi kukholhola ni hi kuhelomelolana



Ku khoma zwigotso kumbi mimbango hingani zibangwathungwane kuhama matilhu, Nonpfo, kumbi noma na unga thlanganga mavoko



uti koma nawu nga thlanganga ni hi ku rhuhtana

KU TI VONELELA




Lhapwa mavoko minkama ni kwayo hi sabdo kumbe hi nkuma



Tnama kaya unga humahume Loko u huma unga tnama ka ku tala hi vano Yaluhakana ni vanu xipomo za 2 metros



Loko utwa kuvaviana ka mirhi, Mukulhwana ni ku rurbumela, lavelela a moli wa wuziwane kumbe machaka hi ku katlhula swinene



Unga thlame matilhu, noma ni nompfo na unga thlanganga mavoko



Loko uri swikacatu swinenebano mahakani ni shidibelo, yama malwerwe u kulekela swileketo owa shidibelo.



loko u lava swikambelo kumbe kudalhiwa sweta Ka.

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Tsimba xi vikelelo ka nompfo ni noma hi Mascara... Loko u kolhola tsimba a voko ripalala noma nambi ku utirhisa a xi rikawwana.

SWA SWINENE KU SWILANDZA

Kheta unwe atakaya a bazara, padaria kumbe kwine lomo kulakakaka.

Ti vikele ku losana niva tukulo vaku ahi tneme navu lantikaya

Unga Dzahi fole ra macigari, tabaco.






Coronavirus (COVID-19)

MALANGIZO KWA OKALAMBA


COVID-19 ndi matenda oopsa omwe amatha kukudwalitsani kwambiri, makamaka ngati muli ndi zina, monga matenda oopsa, shuga ndi matenda a mtima.

KODI MUNGAWATENGE MOTANI?


Kuchokera kwa munthu m'modzi yemwe akudwala matendawa kupita kwa wina kudzera m'malovu, kutsokomola kapena kuyetsemula. Mwa kukhudza zinthu zakuda kapena pamalo.



Madontho a malovu makatsokomola kapena kuyetsemula




Kupwira Zinthu / Malo ya yanzipa. Kukhudza maso, mphuno ndi pakamwa popanda kupukutira manja.




Kukhudzana ndi munthu amene ali kachilombo, kupwira m'maso, mfuno ndi nkamwa usana tsuke m'manja


KUPEWA




Sambani m'manja nthawi zonse ndi madzi komanso sopo kapena phulusa kwa masekondi 20. Kapena kumwa mowa kuti muchotse mankhwalu m'manja.




Khalani kunyumba. Ngati mutuluka panyumba pewani magulu. Sungani mtunda wa mita 2 kwa aliyense amene ali kutsokomola kapena kuyetsemula.




Ngati muli ndi malungo, chifwasa chowuna, ululu minofu ndi kupuma movutikira. Fotokozani mwachango abale anu.



Pewani kukhudza maso anu, mphuno ndi pakamwa




Ngati muli ndi mavuto ena ya zaumoyo, pitilizani kumwa mankhwalu anu mwachizolweri



Imbani manambala otatirawa ngati makuyetsetsa kapena kulandira chithandizo

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Nthawi zonse mukakhomomola kapena kogona ikani pakamwa pansu ndi mkono wamu "V", kapena gwiritsani nchitcho zopukutira ndi kutaya. Kapena Sambani manja anu nthawi yomweyo.

MALANGIZO

1. Dziwani wachinyamata m'mabanja yemwe adzakhalo ndi udindo wopita kumsika, kogulitsa buledi. Kuletsa okalamba kupita mu masewu;
2. Pewani kulumikizana ndi zidzukululu / ana omwe akukhala mnyumba imodzi;
3. Pewani kusuta ndudu ndi mankhwalu ena omwe amalepheretsa kupuma.

