MIGRATION & FOOD SECURITY NETWORK

Balancing Survival: COVID-19, Gender, and the Informal Food Sector in Mozambique

MiFOOD POLICY AUDIT NO. 7

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Cover photo: Women food vendors at an informal market in Maputo. Credit: Jonathan Crush

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Executive Summary

Mozambique identified its first COVID-19 case on 22 March 2020 and rapidly became a major public health emergency marked by multiple waves of community transmission and significant strain on households and livelihoods. The country recorded three major COVID-19 waves between March 2020 and January 2022, with the most severe transmission occurring between November 2020 and August 2021 as the Delta wave sharply increased hospitalizations and fatalities. National official COVID-19 figures indicate 233,731 cases and 2,250 deaths by January 2024, although the true burden was significantly higher due to low ascertainment rates and undercounting. Urban centres were the most important hotspots, with dense neighbourhoods and marketplaces that were especially risky for transmission due to overcrowding and limited sanitation infrastructure.

Implemented through repeated emergency declarations, curfews, school closures, restrictions on gatherings, and other measures, public health restrictions were intended to curb transmission but also significantly disrupted livelihoods, particularly for informal workers who rely on daily earnings. The crisis unfolded amid high structural vulnerability. Mozambique's economy is overwhelmingly informal, with estimates indicating that informal activity accounts for over 90% of economic activity and that approximately 80% of the workforce is employed informally. These conditions left urban households and informal traders, including food vendors, exposed to economic shocks from lockdowns, movement restrictions, and market and border closures.

Women constitute 60% of informal-sector workers in Mozambique and are major participants in urban food vending and small-scale trade, including cross-border food trade. Women street and market vendors were among the hardest-hit groups due to reduced customer flows, supply chain disruptions, and the closure or restructuring of major informal markets. They also faced compounded pressures from rising food prices, increased caregiving responsibilities, and weak safety nets, which intensified poverty and food insecurity among female-headed households. The pandemic led to widespread food insecurity, especially among urban households whose income sources collapsed under restrictions. World Bank phone surveys in Mozambique found that in June 2020, 76% of households were worried about not having enough food, 54% were hungry but did not eat, and 37% went a full day without eating, with hardship persisting into later months. Among households of informal workers in Maputo, longitudinal survey findings show sustained food insecurity across multiple waves. In 2020, 73% consumed less food than usual, and 80% skipped meals. In March 2021, over 60% still skipped meals.

Although Mozambique developed a large-scale social protection response, many informal workers received little or no support. At the same time, only 25% of pandemic mitigation and relief measures were gender-sensitive, and none addressed unpaid care work, despite clear evidence that women's caregiving burdens increased substantially.

This policy audit underscores the importance of treating informal food systems as essential urban infrastructure and strengthening crisis governance in ways that are gender-responsive, inclusive, and operationally feasible. Policy needs to prioritize: (a) protecting the livelihoods of women informal food vendors, (b) ensuring access to emergency assistance without excluding the informal sector, (c) investing in food system resilience and safe market infrastructure, and (d) building stronger surveillance, social protection, and preparedness capacities for future public health emergencies.

Key Findings

1. Mozambique's COVID-19 crisis was largely urban. Evidence indicates that more than 95% of recorded cases in Mozambique occurred in cities.
2. Containment measures disrupted informal livelihoods and daily survival. Emergency measures, curfews, restrictions on movement, and limits on gatherings constrained informal trading and reduced daily earnings, undermining household purchasing power.
3. Women in informal food vending were disproportionately affected. Women constitute the majority of informal workers and are highly concentrated in the food trade and vending, making them especially vulnerable to market disruptions and reduced mobility.
4. Food insecurity intensified rapidly, with severe coping strategies. Survey evidence showed widespread meal skipping, hunger and worry about food access, especially among informal and low-income households in urban areas.
5. Social protection mechanisms did not adequately reach informal workers. Despite mitigation measures, many informal workers accessed little to no state support, highlighting implementation and inclusion gaps.
6. Gender-responsiveness in pandemic relief was limited. Unpaid-care burdens were not addressed through relief policy, despite clear gendered impacts.

Key Recommendations

1. Design crisis-responsive social protection that includes informal workers. Relief systems should not rely on formal employment criteria or documentation barriers that exclude informal workers.

2. Recognize informal food markets as essential infrastructure for urban food security. Public health and emergency planning should treat markets and vending systems as essential services, rather than as sites to be closed.
3. Target women informal food vendors with tailored livelihood recovery support. Support should include cash assistance, simplified micro-credit, and mechanisms that protect women's enterprises and market access during shocks.
4. Improve food insecurity monitoring and early warning systems. Regular, localized data collection on hunger and food access should guide rapid intervention during crises, especially in urban informal settlements.
5. Strengthen coordination between public health measures and livelihood protections. Containment measures should be paired with compensatory income support and structured market safety protocols.
6. Mainstream gender equity into pandemic preparedness and relief programming. Emergency responses must incorporate gender-sensitive measures and explicitly address unpaid care burdens, which significantly shape women's economic vulnerability.
7. Invest in urban water, sanitation, and safe market infrastructure. Improving access to handwashing facilities, for example, can reduce disease transmission while allowing informal food trade to continue safely.

Introduction

COVID-19 intersected with longstanding structural challenges in Mozambique, including widespread poverty, deep inequality, and a labour market dominated by informal employment, creating a multidimensional crisis affecting health, livelihoods, and food access. While the pandemic was primarily framed by the government as a public health emergency, its most enduring consequences were felt in disruptions to everyday survival strategies and livelihoods, especially in urban areas where many households depend heavily on informal trade and daily income.

This policy audit examines how the COVID-19 pandemic, public health measures, and economic instability reshaped food security in Mozambique. Drawing on multiple sources, including government data, published studies, and survey findings, it maps how COVID-19 deepened food insecurity in Mozambique. It examines the interconnections among containment measures, informal livelihoods, and household food access, and assesses the extent to which public policy responses addressed (or failed to address) the specific vulnerabilities of women in the informal food economy. Particular attention is paid to the gendered impacts of the pandemic on informal food systems and the livelihoods of women food vendors, whose work is essential to urban food access and affordability.

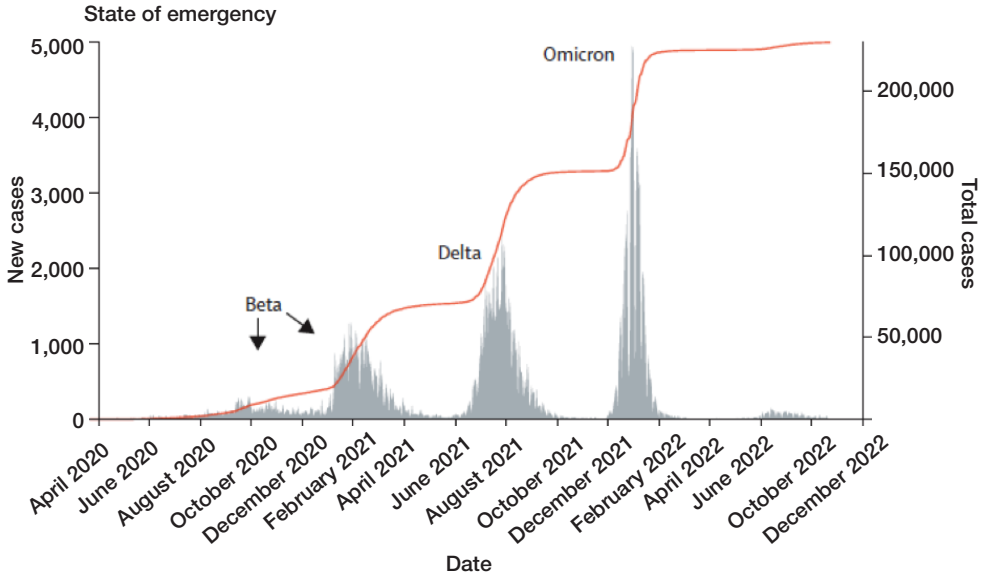
Women occupy a central position in Mozambique's informal economy and food provisioning networks, yet their labour remains largely unsupported by social protection mechanisms. When market activity was disrupted during the pandemic by movement restrictions, limits on public gatherings, and the reorganization of trading spaces, many informal vendors and their households experienced sharp declines in income and great difficulty in meeting their basic food needs. The report's findings provide evidence for more inclusive, gender-responsive crisis governance, emphasizing the need to strengthen social protection for informal workers and safeguard informal food systems as essential components of urban resilience.

Mozambique's Pandemic

Mozambique experienced four waves of the pandemic from March 2020 to January 2022 (De Jesus et al., 2024) (Figure 1). The first wave occurred from April to October 2020, followed by the second from January to March 2021, which was mainly driven by the Beta variant (Martínez-Martínez et al., 2023). The third wave, from June to September 2021, was dominated by the Delta variant, while the fourth wave was led by the Omicron variant. The peak of

COVID-19 transmission occurred between November 2020 and August 2021. Cases rose across these waves, peaking at 70,000 during the third and fourth waves (Martínez-Martínez et al., 2023).

FIGURE 1: COVID-19 Waves in Mozambique



Source: Martínez-Martínez et al. (2023)

The first documented COVID-19 case on 22 March 2020 involved an 80-year-old person with a travel history (Braga et al., 2022). Concerns about the potential spread of SARS-CoV-2 grew after the arrival of over 14,000 Mozambican migrants at the country's Ressano Garcia border post with South Africa at the end of March (IOM DTM, 2020a). The migrants had returned from South Africa shortly after that country's initial lockdown and border closures. Another report claimed a much higher number of returning migrants – 23,000 mineworkers – in late March (Weldon, 2020). By 30 March, eight cases of COVID-19 had been confirmed (WHO, 2020a). Mozambique experienced a cluster of cases between the beginning of April and mid-July, with infection numbers gradually increasing and very few deaths. Community transmission followed, and by 31 July, the country had recorded 1,808 cases and 11 deaths (WHO, 2020b). Confirmed cases had mounted to 3,304 with 20 deaths by 23 August 2020 (WHO, 2020c).

By mid-2021, Mozambique had 70,850 confirmed cases and 836 deaths (Table 1). The June 2021 wave driven by the Delta variant had positivity rates reaching 25% by the end of that month (UNICEF, 2021e). The following month, there was another sharp rise with positivity rates doubling, hospitalizations increasing fivefold, and deaths rising thirteenfold (UNICEF, 2021f). By the end of 2021, the country had recorded 189,080 cases and 2,000 deaths. In mid-2023, Mozambique ranked 14th among African countries in cumulative cases and

15th in total COVID-19 fatalities (Owusu et al., 2026). Overall, Mozambique reported 233,731 COVID-19 cases and 2,250 deaths (Table 2).

TABLE 1: COVID-19 in Mozambique, 2020-2021

Date	Total cases	Confirmed deaths
30 March 2020	8	0
30 April 2020	76	0
31 May 2020	244	2
30 June 2020	883	5
31 July 2020	1,808	11
30 August 2020	3,760	22
27 September 2020	7,757	54
25 October 2020	12,161	88
22 November 2020	14,981	123
27 December 2020	18,162	159
24 January 2021	31,628	297
28 February 2021	58,772	630
30 March 2021	67,011	762
25 April 2021	69,643	804
23 May 2021	70,568	831
6 June 2021	71,082	837
8 August 2021	132,452	1,613
31 August 2021	146,316	1,864
31 December 2021	189,080	2,000
Source: UNICEF, 2020a-2020j; 2021a-2021k		

TABLE 2: COVID-19 Cases and Deaths in Mozambique (January 2024)

Category	No.
Total number of COVID-19 cases	233,731
COVID-19 deaths	2,250
Population vaccinated with complete primary series of vaccine (% share)	68
Population vaccinated with at least one booster dose (% share)	7
Source: WHO (2024)	

A recent study of SARS-CoV-2 transmission dynamics in Mozambique found that ascertainment rates identified through PCR or LFD testing were very low (Kaondera-Shava et al., 2025). The study notes that "lower ascertainment rates in Africa indicate that the majority of infections were never documented as cases; by extension, many severe cases requiring hospitalisation or resulting in death may have been missed due to limited access to health care and testing facilities" (p. 13). Further, the low detection levels mean that each reported case corresponded to 11-13 actual infections in most provinces of Mozambique. In other words, almost 90% of infections nationally may have gone undetected.

In a country of approximately 32 million people, this would mean that roughly 24–30 million Mozambicans may have been infected at least once during the three years of the pandemic. Therefore, the official case counts in Mozambique were significantly lower than the actual disease burden.

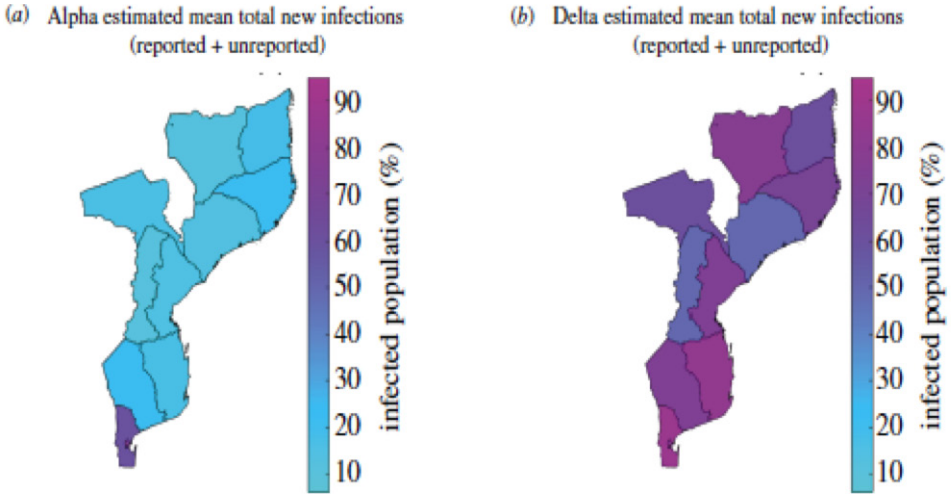
Sero-epidemiological surveys in the Manhiça District found that people aged 50 and under had the highest rates of coronavirus infection (De Jesus et al., 2024). They were also the most economically and socially active, with established migration patterns to and from the capital, Maputo, and neighbouring South Africa, which increased their exposure to the virus (De Jesus et al., 2024). Regional migration is believed to have been the primary driver of SARS-CoV-2 spread during the Beta wave. By contrast, international migration is thought to have played a larger role during the Delta wave (Martínez-Martínez et al., 2023). Although movement restrictions between Mozambique and other countries may have helped prevent the introduction of new variants from non-African nations, they could not stop the virus's spread from neighbouring countries. As a result, the restrictions had fewer benefits in controlling the virus than expected.

During the Beta wave, the Maputo city-region and the provinces of Tete and Sofala were the most affected. Later, the insurgency-hit northern province of Cabo Delgado, which was also heavily impacted by Cyclone Kenneth in 2019, became a hotspot for coronavirus cases (Perdigao, 2020). The Kaondera-Shava et al. (2025) model shows that the number of reported and unreported cases during the initial wave was largely concentrated in the southern Maputo region, whereas the Delta and Omicron waves affected the whole country and most of the population (Figure 2).

Regarding vaccine delivery and uptake, by 15 April 2021, 81,282 people had received their first COVID-19 vaccine dose – 41,857 women and 39,425 men – primarily health personnel (World Bank, 2021). An Afrobarometer sample survey in late 2021 found that 70% of Mozambican residents interviewed had already received one or two doses of the vaccine (Mpako & Ndoma, 2024). WHO data showed that by early 2024, 68% of the population had completed a primary vaccine series, but only 7% had received at least one booster (Table 2). The Afrobarometer survey found that about a quarter (23%) of the Mozambican population were hesitant, with 8%, 6%, and 9% of the sample indicating they were very unlikely, somewhat unlikely, and somewhat likely to get vaccinated, respectively (Mpako & Ndoma, 2024). Vaccination hesitancy was higher among women, people with no formal education, and households experiencing moderate to high levels of poverty. The main reasons for not getting vaccinated were concerns about vaccine safety (19%), worries about fake vaccines (15%), and the false belief that it could cause infertility (10%). Disadvantaged socioeconomic groups, including individuals with no formal education (Nkomo, 2021) and older adults (Krauss et al., 2022), had a poorer understanding of the risks associated

with COVID-19. Residents of rural areas and those in high-poverty situations also had slightly less awareness of COVID-19 (Nkomo, 2021).

FIGURE 2: Spatial Distribution of COVID-19 Infection



Source: Kaondera-Shava et al. (2025)

Public Health Containment Measures

The Mozambican Government responded swiftly to COVID-19 by implementing early measures to try to curb its spread, including closing borders, conducting surveillance in open-border areas, shutting schools and universities for a month, and restricting public gatherings (UNICEF, 2020a). The government's National Plan for Preparation and Response to the COVID-19 Pandemic was a comprehensive strategy to reduce transmission and mitigate the pandemic's effects on the economy, public health, and social sectors (Nuvunga et al., 2021; World Bank, 2021). The plan's multisectoral approach sought to reduce morbidity and mortality by considering two potential infection-rate scenarios (World Bank, 2021). Additionally, the Ministry of Health established treatment and isolation centres and Rapid Response Teams across all provinces to help contain the virus's spread (UNICEF, 2020e). The government also established a technical and scientific committee to advise on COVID-19 prevention and mitigation strategies (Prista, 2023).

The government's main strategies to address the public health crisis included training personnel for screening at points of entry, providing information to

health professionals, strengthening epidemiological and laboratory surveillance, preparing for isolation and case management, supplying personal protective equipment (PPE), training health facility staff in infection prevention and control, improving testing coordination and case management capacity through simulation exercises, increasing social mobilization for public health readiness at the community level, and mobilizing resources (World Bank, 2021). The plan was allocated a budget of USD260 million, and the government had received an estimated USD111 million in external funding as of January 2021 (World Bank, 2021). The government also developed a National Plan for COVID-19 Vaccination, with the first COVAX shipment arriving on 8 March 2021 (Namalela et al., 2025). The four-phase plan had a target population of 54% of the population nationwide and on 19 April 2021 eligibility for the second phase of groups began (World Bank, 2021).

The government adopted various preventive public health measures, including restricting domestic movement and border crossings, banning all public and private events, closing shops considered non-essential, monitoring prices of essential goods to prevent gouging, redirecting the industrial sector to produce items necessary for pandemic prevention and response, introducing employee rotation in workplaces, and ensuring that preventive actions were implemented in all institutions, whether public or private (IMF, 2021). It also implemented five COVID-19 safety measures in line with WHO recommendations – physical distancing, wearing face masks, practising hand hygiene, following cough etiquette, and avoiding touching the face.

All measures, including lockdowns, were enacted through the declaration of a state of emergency and a state of public calamity, accompanied by legal decrees to ensure compliance. The first in March 2020, the second in February 2021, and the third in August 2021 (IMF, 2021; Prista, 2023). The initial lockdown lasted 30 days and was renewed twice for a total of 90 days (Mavume-Mangunyane et al., 2025). Lockdown measures included closing educational institutions at all levels, banning large gatherings (such as religious services) with more than 50 participants, cancelling entry visas, and requiring a 14-day quarantine for travellers entering the country. In August 2020, forecasts indicated that lifting containment measures and resuming normal activities could cause a 200% increase in peak intensity, whereas maintaining lockdowns and a slower reopening might reduce the severity of the second wave by 28%, despite the economic shocks these measures would cause (Paulo et al., 2020).

The government began implementing a three-phase plan to ease COVID-19 restrictions in August 2020. The first phase permitted the reopening of universities and senior colleges, as well as religious gatherings of up to 50 people (IMF, 2021; Prista, 2021). In October 2020, additional measures were introduced to ensure companies were prepared to handle COVID-19 cases. By mid-December

2020, restrictions were further eased, allowing restaurants and bars to reopen and increasing the number of people allowed at private gatherings. However, with COVID-19 cases rising steadily, on 4 February 2021, the government tightened measures, including reinstating a ban on private social events, conferences, and religious services (IMF, 2021). Schools were closed and a curfew was enforced in Maputo City and Province, which accounted for roughly 70% of recorded cases (IMF, 2021). In March 2021, the President announced the reopening of primary and secondary schools and technical, professional, and higher education institutions for in-person learning. Further easing was announced in May 2021, allowing pre-school facilities, swimming pools, and gyms to reopen. When the Delta wave surged, the government increased restrictions on 25 June 2021 by extending overnight curfews and closing cultural centres (IMF, 2021).

Adherence to Containment Measures

Combined results from two consecutive large-scale online surveys reported high levels of public compliance with several COVID-19 containment measures (Júnior et al., 2021). Compliance rates of 90% or higher were reported for wearing face masks, regular handwashing, and cough hygiene, whereas adherence to physical distancing and avoidance of touching the face ranged from 80% to 90%. About 65% of the respondents reported regularly using alcohol-based gel. Older age, higher education, and employment in the healthcare sector were key factors associated with high adherence to preventive measures. However, more than half of the participants in this study lived in urban centres, 35% in suburban areas, and only 15% in rural regions (Júnior et al., 2021). Compliance was relatively high in Maputo City (Júnior et al., 2021).

The World Bank's high-frequency phone surveys indicated widespread understanding of COVID-19 preventive measures among residents in urban Mozambique, especially handwashing, social distancing, and avoiding large gatherings (De Maia et al., 2021). Nonetheless, compliance had declined by the end of 2020 as mobility and attendance at large gatherings increased, even though many continued to wash their hands frequently. Another study conducted in mid-2020 in Maputo City found that although many residents wore masks, 28% used them incorrectly (Balata et al., 2023). A small-scale study in the provinces of Sofala and Nampula found low compliance with public health measures (Julião & Cambrão, 2021). Informal traders accounted for more than half of the interviewees, with the rest being formal-sector workers. The study found that social inequalities influenced adherence to COVID-19 preventive measures. Non-

compliant respondents believed others were unaware of the harsh realities faced by disadvantaged groups. Informal traders also felt compelled to ignore these measures to ensure their economic and physical survival.

COVID-19 in Urban Centres

In Mozambique, urban centres were the primary hotspots for the pandemic. UN-HABITAT's COVID-19 Risk and Vulnerability assessment reported that over 95% of recorded cases occurred in urban areas. This vulnerability mapping covered 12 municipalities, including major cities such as Beira, Boane, Chókwè, Dondo, Manhiça, Maputo, Matola, Nampula, Pemba, Quelimane, Xai-Xai, and Marracuene (UN-HABITAT, 2021). Urban areas were identified as high risk and centres of transmission due to overcrowding and limited access to hand-washing facilities. The most vulnerable neighbourhoods were the most densely populated, and informal market vendors were often considered especially at risk. Informal market vendors and residents of informal settlements experienced the highest recorded COVID-19 positivity rates (UN-HABITAT, 2021). Initial findings from another sero-epidemiological survey in Chimoio City, the capital of Manica Province, indicated that shop workers and security personnel were most likely to be exposed to COVID-19 (UNICEF, 2020f).

Maputo City was the most affected location from the outset of the pandemic (Braga et al., 2022; UNICEF, 2020b). By early June 2020, Maputo City, along with Nampula province, was experiencing a significant rise in cases (UNICEF, 2020e). On 25 November 2020, recorded COVID-19 cases had increased by 23% over the previous seven days, with 88% of active cases in Maputo City (1,514 active cases and 98 deaths) (UNICEF, 2020j). As of March 2021, 58% of active cases were in Maputo Province, followed by 29.5% in Sofala Province (UNICEF, 2021b). During the Delta wave in mid-2021, Maputo City and surrounding areas were the epicentre of the outbreak, with positivity rates reaching 37% (UNICEF, 2021f). The UN-HABITAT (2021) vulnerability mapping and assessment of the COVID-19 response in Mozambique's municipalities revealed that a lack of basic infrastructure and a high concentration of populations living in informal settlements increased the risk of contagion in these areas. Maputo, one of the fastest-growing cities in the country, has a significant number of informal settlements with inadequate basic amenities and public services.

Other municipalities, such as Xai-Xai, faced similar challenges. The vulnerability mapping for Xai-Xai indicated a moderate level of vulnerability, with the most exposed areas being the densely populated neighbourhoods of Bairro Comunal A and the 2° and 3° Bairro Comunal (UN-HABITAT, 2021).

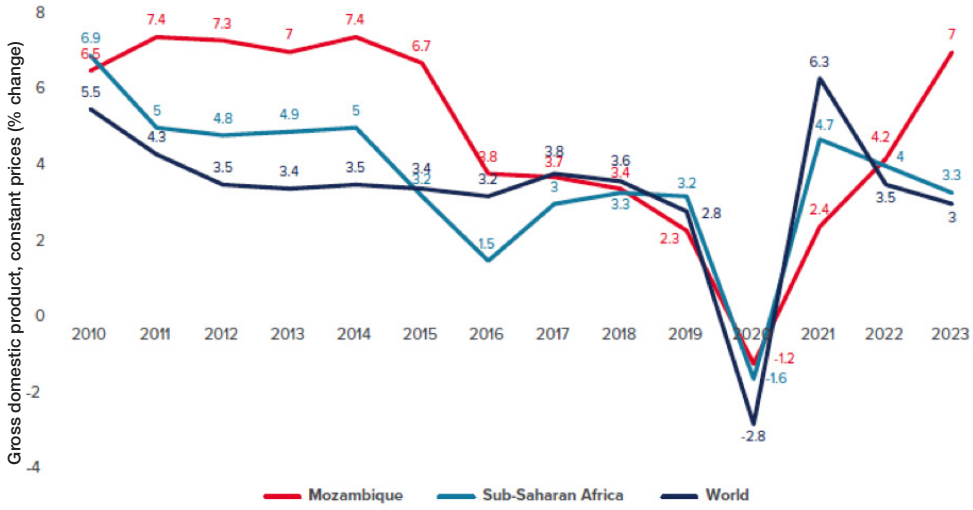
Markets in Xai-Xai were identified as particularly risky due to poor hygiene and sanitation, and to challenges in addressing these issues effectively. A survey by the National Institute of Health found that market vendors and street traders in Maputo were most exposed to COVID-19 and served as vectors of its spread (Desmon, 2020).

Pandemic Shocks

With 90% of Mozambique's economy informal and 79% of the labour force subsistence farmers, agriculture and related activities dominate the economy (UNDP, 2022). The country also faces high levels of poverty (UNDP, 2024). Although the Mozambican economy grew steadily from 2000 to 2014, poverty levels did not decrease substantially. Since then, an economic slowdown caused by "interconnected shocks" (Salvucci & Tarp, 2024), including frequent climate-related disasters, ongoing conflict in the northern regions, a hidden debt crisis, and falling commodity prices, has contributed to noticeable increases in extreme poverty (UN Women EASO, 2022). The COVID-19 pandemic exacerbated existing fragilities and created new ones, with violence in the north of the country and cyclones further burdening Mozambique. A UN EASO (2022) report noted that repeated extensions of states of emergency during the pandemic had additional adverse effects on the country's economic activity. Growth had already slowed to 3.3% in 2019 in the aftermath of cyclones Idai and Kenneth. The onset of the pandemic caused a further significant setback, with real GDP shrinking by 1.3% by the end of 2020 (Anac et al., 2022). Other estimates suggest that the economy contracted by 3.6% of GDP in 2020, and employment fell by 1.9%, with urban employment most affected (Betho et al., 2021). Figure 3 illustrates the decline in Mozambique's GDP in 2020, mirroring declines in other Sub-Saharan African countries and around the world.

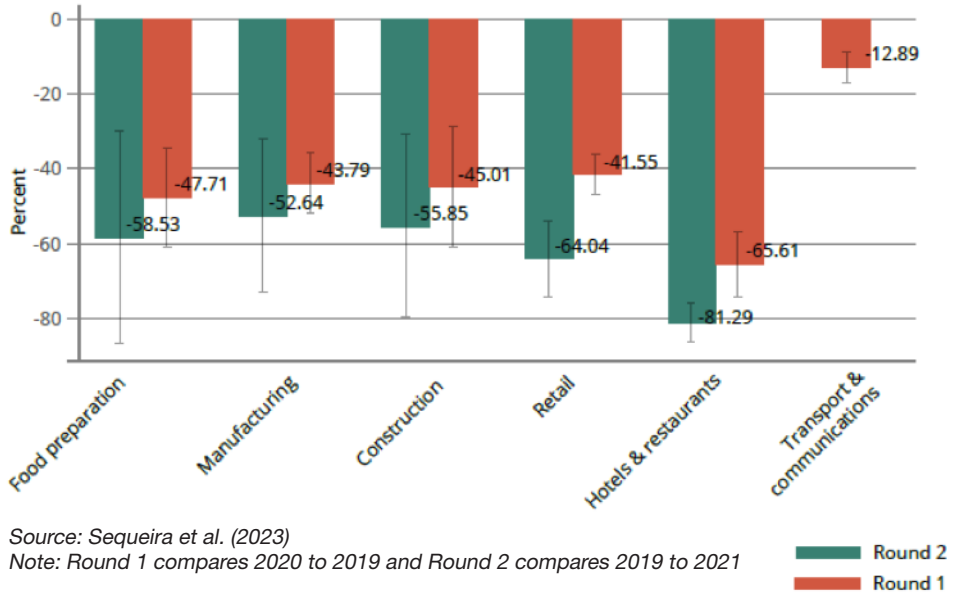
The pandemic significantly reduced business activity in Mozambique. Sequeira et al. (2023) report that the hardest-hit sectors in terms of sales were hotels and restaurants, retail, and food preparation enterprises (Figure 4). Small businesses and microenterprises are heavily represented in retail and food preparation. Food preparation businesses and microenterprises also saw the highest rates of workers quitting or taking leave (Figure 5). These businesses faced cash-flow constraints and struggled to adapt their operations to the restricted market conditions. Very few of these small-scale enterprises received pandemic-related support to mitigate the adverse effects. Most relied on loans from family and friends. They were also more likely to close temporarily or permanently (Sequeira et al., 2023). By July 2021, signs of recovery began to emerge, including rehiring, particularly in hospitality, food preparation, manufacturing, and transportation (Figure 5).

FIGURE 3: Percentage Change in GDP, 2010-2023



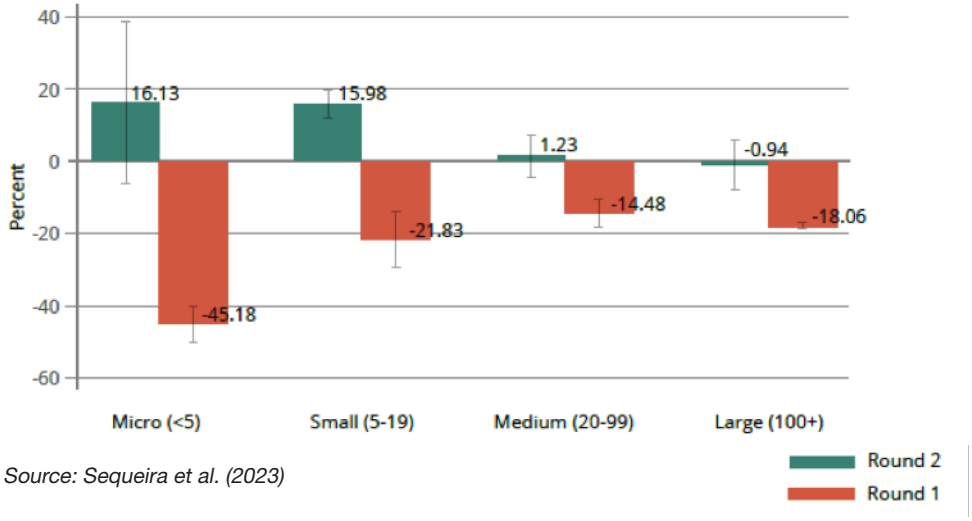
Source: UNDP (2024)

FIGURE 4: Percentage Change in Sales by Sector, 2019-2021



Source: Sequeira et al. (2023)
Note: Round 1 compares 2020 to 2019 and Round 2 compares 2019 to 2021

FIGURE 5: Percentage Change in Employment by Firm Size, 2019-2021



Source: Sequeira et al. (2023)

The World Bank's phone surveys in 2020 confirmed that lockdowns and containment measures had disrupted the economic activities of urban households, with earnings from wage employment falling for 40% of respondents in June (De Maia et al., 2021). Income from non-farm businesses, such as small-scale trading, also declined. Across successive survey rounds from July to November, two-thirds of respondents reported not having worked in the previous seven days. Between 12% and 17% of these respondents had been economically active before the pandemic. Moreover, earnings remained severely affected even as economic activity increased by the end of 2020. Agriculture was reported as a source of income by an increasing number of respondents, even in urban areas, suggesting that retrenched workers engaged in farming for their livelihoods and perhaps to supplement their food supply (De Maia et al., 2021).

Several studies have confirmed that the pandemic increased risks and hardships for both low-income and other households across Mozambique (Salvucci & Tarp, 2021). A notable rise in household poverty was observed, reversing the pre-pandemic decline (Barletta et al., 2022). An Afrobarometer survey conducted from May to July 2021 found that although only 3% reported a family member's COVID-19-related illness, one-quarter of households had lost a primary source of income (Nkomo, 2021). Income losses were considerably higher in urban areas (33%) than in rural areas (17%). Another Afrobarometer survey from October to December 2022 found that 20% of Mozambican households had lost a job, a business, or their primary source of income, and 6% reported that a family member had contracted COVID-19 (Mpako & Ndoma, 2024).

A UNDP (2024) study reported that between December 2021 and December 2022, food price inflation rose by 14.6%, triggering consumption shocks for many households. It assessed the impact of the cost-of-living crisis on poverty

using the World Bank's international poverty lines of USD2.15 and USD3.65 per person per day, reporting both headcount rates and absolute numbers. By the end of 2021, before the war in Ukraine and the cost-of-living crisis began, extreme poverty affected 20.7 million residents (67.9% of Mozambique's population), including 78.9% of the rural and 46.9% of the urban populations. A year later, another 1 million people (3.3% of the total population) had fallen into extreme poverty, increasing the extreme poverty rate by 4.6 percentage points. Nearly 60% of those were urban residents, raising the urban poverty rate to 52.2%. The study estimated that at least 71% of the country's population (21.7 million people) were living in extreme poverty in 2022, although the actual figure may be higher (UNDP, 2024).

Another study focusing on two impact channels – direct income/wage and employment losses – estimated that consumption declined by 7.1% to 14.4% and that poverty increased by 4.3% to 9.9% in 2020 (Barletta et al., 2022). These estimates suggest that approximately 2 million people fell into poverty and that Mozambique experienced a reversal of the declining poverty trend observed until 2014-2015. Small traders faced the most significant shocks to their consumption, while those engaged in subsistence agriculture experienced the steepest increases in poverty rates. The study confirmed that both urban and rural areas were adversely affected. Given pre-existing poverty levels, rural areas were hit particularly hard. Although the decline in consumption was similar across educational levels up to complete schooling, poverty rates rose more sharply among individuals with no formal education. The COVID-19 shocks also deepened economic inequalities, especially in urban areas.

Climate shocks, including extreme events such as cyclones, placed additional pressure on the Mozambican economy during the COVID-19 period and caused other harmful outcomes for affected households, including displacement and related hardships. The Global Climate Risk Index ranked Mozambique as the country most exposed to extreme weather events in 2019 and the fifth most affected country since 2000 (UNDP, 2024). In early 2021, new cyclonic activity, notably Cyclone Eloise, posed additional challenges, including the displacement of people and the destruction of health facilities, particularly in Sofala Province (UNICEF, 2021a). Another notable challenge was internal displacement, mainly caused by recurring clashes and violence in the northern region, with estimates of 857,084 Internally Displaced Persons, including 411,916 children, as of July 2021 (UNICEF, 2021f).

Cabo Delgado remained unstable and unpredictable, with clashes in early 2021 leading to further waves of displacement (UNICEF, 2021a). A 2020 IOM DTM survey of 513 Internally Displaced Persons at resettlement sites across four provinces in central Mozambique (Manica, Sofala, Tete, and Zambezia) highlighted the socioeconomic shocks triggered by the pandemic. Thirty-nine percent of

participants reported a decline in income, 6% reported reduced income sources, and 2% reported job loss. Most participants (71%) were affected by rising food prices and product shortages. Participants in Tete were at the greatest risk of food insecurity, with 52% having borrowed food from family or friends and 67% having reduced meal sizes in the past week. Additionally, 62% had limited the number of meals they ate, and 52% had eaten less to provide food for their children.

Drawing on qualitative data from weekly phone interviews with 92 panellists from diverse social groups across nine rural communities, Krauss et al. (2022) found that non-pharmaceutical interventions, including lockdowns, social distancing, and mobility restrictions, heightened existing vulnerabilities related to gender, age, and insecure incomes, while also creating new risks and stressors. Transport restrictions severely affected many farming households, vending restrictions significantly impacted women's livelihoods, and mobility restrictions had profound effects on those engaged in casual labour. Participants received no pandemic-related support to mitigate these outcomes. A mix of overlapping old and new risks and hazards during the COVID-19 crisis created "double exposures" for vulnerable individuals, households, and groups in Mozambique. Preexisting economic pressures and environmental stressors, combined with pandemic-related socioeconomic challenges, resulted in complex shocks and insecurities (Krauss et al., 2022).

COVID-19 and Gender

Based on education, health, and income measures, the UNDP Gender Development Index score for Mozambique in 2019 was 0.912, the lowest among Southern African Development Community countries (UN Women EASO, 2021). Gender inequality was already a formidable challenge in Mozambique, with its high rates of extreme poverty, before the pandemic. In 2019, women comprised the larger share of the population living in extreme poverty, at 64%, compared with 52% for men (UN Women et al., 2021).

The pandemic had significant negative socioeconomic impacts, disproportionately affecting vulnerable groups, including women and girls, youth, and the poor (Egger et al., 2021). A rapid gender assessment of COVID-19 in Mozambique found that extreme poverty among women deepened as early as the first year of the pandemic (UN Women et al., 2021). Moreover, the pandemic hindered gender-focused statistics and data collection, which already had a weak record of production and dissemination in Mozambique (UN Women EASO, 2021).

Women and men in Mozambique faced both similar and distinct impacts on their employment and income during the pandemic. Women were less affected when employed, whereas men experienced larger declines in individual income. Women primarily relied on self-employment as subsistence farmers, without hiring others, whereas men shifted from wage employment to self-employment (UN Women et al., 2021). Women aged 35-54 were most affected by declines in individual income, whereas men aged 18-34 and 35-54 experienced larger losses (UN Women et al., 2021). A COVID-19 Rapid Gender Assessment in the country by UN Women, United Nations Population Fund, and International Labour Organization found that unpaid domestic and care work increased for 64% and 69% of women, respectively (UN Women et al., 2021). There was also a significant increase in women seeking employment during the pandemic (from 4% in 2019 to 12% in 2020), while the rate among men decreased (from 4% in 2019 to 2% in 2020).

As noted earlier, agriculture is the largest sector of Mozambique's economy, employing 80% of households (FAO, 2016). Nearly half of women and men engaged in farming reported a decline in the availability of seeds and other inputs since the start of the pandemic (UN Women et al., 2021). Women and men involved in agricultural activities reported similar levels of change in availability. Regarding food security, 85% of women reported higher food prices, 10% reported no change, and 4% reported lower prices. In terms of unpaid and domestic care work, women spent more time on household chores during the pandemic, including cleaning and childcare (UN Women et al., 2021).

Regarding violence or threats of violence by police or security agents related to COVID-19 movement restrictions, curfews, or the closure of certain premises, women were less affected than men. Only 13% of women, compared with 19% of men, reported experiencing such incidents. Women aged 18-34 years had the highest proportion of experiencing violence or threats from security forces connected to COVID-19 containment measures, compared with women aged 35-54 years and those aged 55 and above (UN Women et al., 2021). The impact of pandemic-related increases in gender-based violence, such as domestic or intimate partner violence, is less well understood due to weak documentation and information gaps. The COVID-19 Rapid Gender Assessment in Mozambique found that 44% of women in the 18-34 age group and 41% in the 35-54 age group reported that gender-based violence had increased since the onset of the pandemic (UN Women et al., 2021). Displaced women in northern Mozambique have also been at greater risk of gender-based and sexual violence, though it is unclear whether these increased during the COVID-19 crisis (Caux, 2024). Results from the 2022-2023 Mozambique Demographic and Health Survey showed that one-third of women reported experiencing emotional/verbal, physical or sexual violence from their current or previous partners (Shaikh, 2025).

There is other evidence that certain socio-economic cohorts of women were particularly hard hit by the pandemic. A study of rural communities found that women were disproportionately affected by COVID-19 containment measures, particularly in their productive and reproductive labour and household food security (Krauss et al., 2022). Women faced increased care responsibilities for children due to school closures, as well as new challenges in collecting water in water-scarce areas. Other studies confirmed that women informal workers, especially street and market vendors, were much more affected by pandemic-related measures, resulting in substantial livelihood losses (Anac et al., 2022; MEF & UNDP Mozambique, 2021). Studies suggest that women in at-risk groups, such as informal vendors, were largely excluded from pandemic aid (MEF & UNDP Mozambique, 2021). In 2021, only 6% of women (compared with 9% of men) surveyed reported receiving government pandemic-related relief or assistance, such as food, cash payments, and other forms of support (Nkomo, 2021). However, by 2022, a slightly higher percentage of women (22%) than men (20%) reported receiving pandemic relief assistance (Mpako & Ndoma, 2024).

Pandemic Food Insecurity

Recent estimates indicate that 80% of Mozambicans cannot afford a healthy diet, and nearly 60% live in extreme poverty (Militao et al., 2023). The country, therefore, faced numerous challenges related to food insecurity prior to the COVID-19 pandemic. In 2008, AFSUN conducted a representative survey of low-income households in Maputo and found that only 5% of households were completely food secure (Table 3) (Frayne et al., 2018; Raimundo et al., 2016). The remainder experienced some degree of food insecurity, with 54% being severely food insecure. A follow-up study by the Hungry Cities Partnership in 2018 surveyed the entire city and found that 38% of households were severely food insecure and another 32% were mildly food insecure (Raimundo et al., 2018).

TABLE 3: Levels of Food Insecurity, 2008-2022

	Maputo low-income neighbourhoods survey (2008)	Maputo city-wide survey (2018)	Maputo Province (2022)
Food secure	5	29	13
Mildly food insecure	9	11	13
Moderately food insecure	32	22	21
Severely food insecure	54	38	53

Source: Frayne et al. (2018); Molelekoa & Oyekale (2024); Raimundo et al. (2018)

The available evidence suggests that food insecurity levels increased substantially in 2020, particularly in the early months of the pandemic. COVID-19 restrictions severely impacted economic activities in the cities, worsening household food security and further straining household budgets. This was exacerbated by declining remittances and restrictions on food imports from South Africa (IPC, 2020). Retail prices for maize and rice generally increased in 2020, while prices for imported crops remained steady. A cross-sectional econometric analysis showed that food consumption, in both fiscal and caloric terms, decreased later in 2020 due to public health restrictions and economic shocks, indicating that many households depleted savings or sold assets before reducing food intake (Squarcina & Egger, 2022).

The Integrated Food Security Phase Classification (IPC) pilot study on acute food insecurity, conducted from June to September 2020, found that 30% of the population in the cities of Maputo and Matola experienced food stress, and 15% were in a crisis (IPC, 2020). About 365,000 people experienced acute food insecurity and needed humanitarian aid. The increase in food insecurity was concentrated in the southern regions of the country, although households engaged in subsistence farming were able to mitigate some of the effects of COVID-19-related restrictions. Child stunting, already widespread prior to the pandemic, increased because of the economic fallout caused by COVID-19.

Food insecurity was identified as a principal challenge for a large share of participants in urban areas across six rounds of the World Bank surveys from June to December 2020 (De Maia et al., 2021). In June 2020, 76% of households were worried about not having enough food, 54% were hungry but did not eat, and 37% went at least one full day without eating. These numbers had increased somewhat by December 2020, suggesting that the pandemic's economic shocks had sustained negative outcomes for household food insecurity in urban areas. Molelekoa & Oyekale (2024) found that rural farming households were most negatively affected by the COVID-19 crisis in terms of food security. The predominantly rural provinces of Sofala, Nampula, and Cabo Delgado had the highest levels of food insecurity, at 63%, 62%, and 61%, respectively. Between February and May 2021, most of Mozambique's southern area faced a strained food security situation. Nonetheless, the situation varied across cities, provinces, and regions. Local farmers in Maputo benefitted from restrictions on food imports due to closed international borders (Paganini et al., 2020). However, they relied more heavily on their own produce for consumption due to declining sales and fewer customers, both of which were primary effects of COVID-19 control measures.

A COVID-19 Informal Sector Survey (CISS) in 2020 and 2021 found that increased food insecurity and food-related stress were key pandemic outcomes among informal workers and their families in Maputo (Table 4) (MEF & UNDP

Mozambique, 2021). Almost three-quarters (73%) of surveyed informal workers and their households reported consuming less food than usual, and 80% of households skipped meals in September 2020. No significant change was reported a month later, although the numbers had declined somewhat by December and fell further by March 2021. Even then, over 60% of the households continued to experience food insecurity in early 2021. Nutritional stress was particularly high among the multidimensionally poor, with more than 80% of this cohort reporting reduced food intake and skipping meals across the four surveys (MEF & UNDP Mozambique, 2021). Moreover, the number of skipped meals among study participants increased from an average of 1.8 in March 2020 to 8.4 in March 2021.

TABLE 4: Food Insecurity among Informal Workers, 2020-2021

Type of food insecurity	September 2020	October 2020	December 2020	March 2021
Informal workers and their household members consumed less food than usual	72.5	71.1	67.2	65.4
Informal workers and their household members skipped meals	80.0	80.9	79.5	60.9
Source: MEF & UNDP Mozambique (2021)				

Using phone survey data collected in 2021, another study examining the pandemic's impact on food security in four African countries, including Mozambique, found that one in every two households experienced moderate to severe food insecurity during this period (Regassa et al., 2025). These effects were particularly pronounced among female-headed households, large households, households with limited access to public services, and households with few assets. Mozambique had the highest share of food-insecure households (56%). Exposure to COVID-19, through personal infection or proximity to infected individuals, increased the probability of experiencing food insecurity. Economic strain, including job losses, reduced earnings, and mobility restrictions, was the main channel through which the COVID-19 crisis eroded food security. Food-insecure households were more likely to adopt harmful coping practices, including accumulating debt, selling productive assets, depleting savings, and reducing essential non-food expenditures, such as for health and education.

The pandemic exacerbated the impacts of droughts, floods, and conflicts, affecting the food security and livelihoods of many Mozambicans. According to the FAO (2021a), the country's food security situation was already fragile due to insecurity and conflict in northern areas, as well as exposure to climate change, including extreme weather events. Erratic weather patterns, droughts, and floods have posed significant risks to agricultural production and rural and urban livelihoods in recent years. In 2019, for example, two tropical cyclones devastated

the country (FAO 2021a; IOM 2021; Sunu, 2024). Six weeks after cyclone Idai struck, another category 4 tropical cyclone, Kenneth, hit the northern provinces of Nampula and Cabo Delgado, displacing nearly 20,000 people and resulting in at least 45 deaths (UNDP, 2019).

The Post-Disaster Needs Assessment for Idai in 2019 shows that these disasters are recurring, with southern Mozambique particularly prone to droughts and central and northern Mozambique to floods, both occurring almost every two years. However, recurrent disasters have had severe human and infrastructure impacts, as well as indirect socio-economic effects, leading to food insecurity in the country. All areas affected by cyclones, droughts, and armed conflicts experience food insecurity approaching crisis levels (FAO, 2021a). One example is Xai-Xai, the capital of Gaza province in southern Mozambique (Raimundo & Caesar, 2023). The region, which depends heavily on agriculture, has been plagued by climate shocks that have destroyed infrastructure and crops, resulting in food insecurity. Families who used to grow their own food have been impacted by urbanization and civil war, which have disrupted their farming activities and forced them to rely on food aid to survive (Raimundo et al., 2018).

The restrictions and public health measures to control the virus disrupted the entire food supply chain from production to processing, packaging, transportation, marketing, and consumption (FAO, 2021b). This left vulnerable populations with even less access to food due to shortages, high prices, and reduced incomes. Additionally, transportation disruptions and logistical challenges hindered movement between locations. These issues led to shortages and price increases, particularly in urban areas (FAO, 2021b). Cross-border trade flows and procurement processes were also affected, as were labour availability, agricultural cycles, and the production and distribution of agricultural products. Income shocks led to persistent hunger, especially among households already near the food poverty line, and existing social assistance programs failed to significantly improve food security (Molelekoa & Oyekala, 2024).

The conflict in Cabo Delgado, Sofala, and Manica provinces has also led to a rising number of displaced people experiencing food and nutrition insecurity (IOM DTM, 2021a; UNDP, 2019). From February to May 2021, most of Mozambique's southern area faced a strained food security situation. Nonetheless, the food security situation varied across cities, provinces, and regions.

Pandemic Informal Sector

Profile of the Informal Sector

According to the ILO, Mozambique's informal sector accounts for over 90% of economic activity (UNDP, 2022). Other estimates indicate a slightly lower proportion, with the World Bank (2018) calculating that around 80% of Mozambique's workforce is informally employed . Most informal workers are in agriculture and self-employment, and most retail informal businesses are owned by women (52%). The rural informal economy in Mozambique is primarily linked to agriculture, with 97% of rural informal workers engaged in agriculture or other primary activities (World Bank, 2018). The INFOR-2005 survey, cited in the UNDP report, showed that 17% of formal workers also engage in informal activities. This figure rises to 36% in rural areas, where a significant share of formal workers are engaged in informal work. Women constitute 59% of informal sector workers, with 43% aged 35 and older. Most are self-employed or run small- to medium-sized enterprises (UNDP, 2021).

Informal enterprises dominate business and market activities in Mozambique (Aga et al., 2020; Jolevski & Aga, 2019). In a 2020 World Bank survey of informal enterprises in nine cities across four African countries (Mozambique, Somalia, Zambia, and Zimbabwe), cities in Mozambique showed the highest level of informal business activity (Aga et al., 2020). In the cities of Nampula, Beira, and Maputo, only one in every ten businesses was registered (Aga et al., 2020). The World Bank survey of informal enterprises in Mozambican cities before the pandemic found that these informality ratios were markedly higher in the smaller cities of Beira and Nampula than in Maputo (Jolevski & Aga, 2019).

The World Bank's 2018 national survey of businesses in Mozambique found that informal enterprises are smaller and younger than formal enterprises. Most are women-owned and in the retail sector, which accounts for 72% of all informal firms, with manufacturing, personal services, and food production among other common industries. The UNDP (2022) argues that informal enterprises in Mozambique need to transition to the formal economy rapidly to create a more structured and organized system. However, the shift from the informal to the formal sector remains limited. A notable share of formal firms began as informal firms, and few informal firms have considered or taken steps to transition to the formal sector. The main reasons informal workers give for not registering their businesses include limited benefits of formalization, the time required for the process, fees, paperwork, and a general lack of information (Aga et al., 2021).

The Hungry Cities Partnership (HCP) 2017 survey of 1,022 small-scale food vendors in Maputo's markets found that 76% were women and 24% were men

(Raimundo et al., 2020). They lacked financial capital and relied heavily on daily sales to sustain their businesses and households. Although these informal food vendors in city markets played a key role in the urban food system by supplying affordable food to most low-income households, they operated under precarious conditions, including intense competition, low sales, high costs of supplies, customers who did not pay their debts, limited access to credit, and theft (Table 5). The HCP survey, therefore, identifies a central paradox in the city's food system. That is, the informal food system is indispensable to household food access, but the women who dominate it operate with few resources and weak buffers against economic shocks. Furthermore, informal businesses and workers have minimal access to social protection and were not reached by the various government initiatives implemented in response to COVID-19. This made the sector, and women vendors in particular, acutely vulnerable to the disruptions wrought by COVID-19 (UNDP, 2021).

TABLE 5: Operating Challenges

	Often %	Sometimes %	Never %
Competition			
Too many competitors around here	43.2	38.1	18.7
Too few customers	17.9	73.9	8.2
Insufficient sales	16.1	71.5	12.4
Competition from supermarkets/large stores	14.0	17.8	68.2
Conflict with vendors from Mozambique	1.6	8.9	89.5
Conflict with vendors from other countries	0.3	4.0	95.7
Operational			
Suppliers charge too much	11.5	69.8	18.8
Customers don't pay their debts	8.4	44.5	47.2
Restricted by lack of relevant training in business skills	9.0	19.9	71.2
Lack of access to credit	7.5	21.6	70.9
No refrigeration	6.1	3.3	90.6
Storage problems	3.8	14.3	81.8
Security threats			
Crime/theft of goods/stock	3.2	32.5	64.3
Verbal insults against your business	3.1	20.4	76.5
Confiscation of goods by police	2.8	11.1	86.1
Harassment/demands for bribes by police	1.5	6.8	91.7
Crime/theft of money/income	1.2	17.7	81.1
Physical attacks/assaults by police	0.5	2.8	96.7
Arrest/detention of yourself/employees	0.4	0.9	98.7
Prejudice against my gender	0.4	3.4	96.2
Prejudice against my nationality	0.3	2.2	97.5
Physical attacks/assaults by citizens of this country	0.1	2.1	97.8

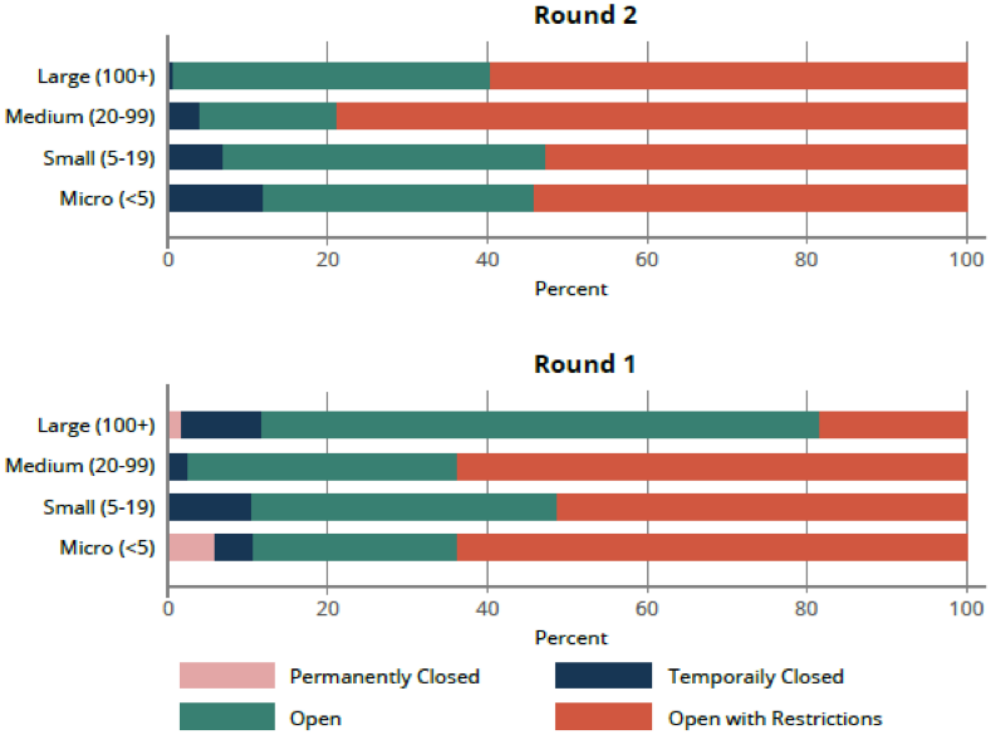
Source: Raimundo et al. (2020)

Pandemic Effects

The pandemic restrictions significantly affected Mozambique's urban informal food sector, amplifying existing barriers and vulnerabilities (FAO, 2021b; IMF, 2021; UNDP, 2021). Market closures and restrictions on street vending led to income losses for vendors. Local authorities forced up to 46% of informal workers to shut down their businesses, leading to a 63% decline in earnings (UNDP, 2021). These restrictions also disrupted food production, distribution, and sales, resulting in food shortages and increased food insecurity among urban populations (FAO, 2021b). Additionally, because the food markets they trade at are informal, vendors had limited access to government support during the pandemic, leaving them especially vulnerable to economic shocks (Anac et al., 2022). Despite these difficulties, Mozambique's informal urban food sector showed resilience and adaptability, with many vendors using savings to sustain their trading activities (Hamzeh et al., 2023).

A survey of Mozambican businesses in July 2020 and 2021 found that over 60% of micro-enterprises were operating within COVID-19 restrictions, and only 10% were either temporarily or permanently closed. A year later, in 2021, 55% were still operating with restrictions, and 10% were temporarily closed (Figure 6) (Sequeira et al., 2023). The CISS documented the severe consequences for

FIGURE 6: Pandemic Restrictions on Businesses in Mozambique, 2020-2021

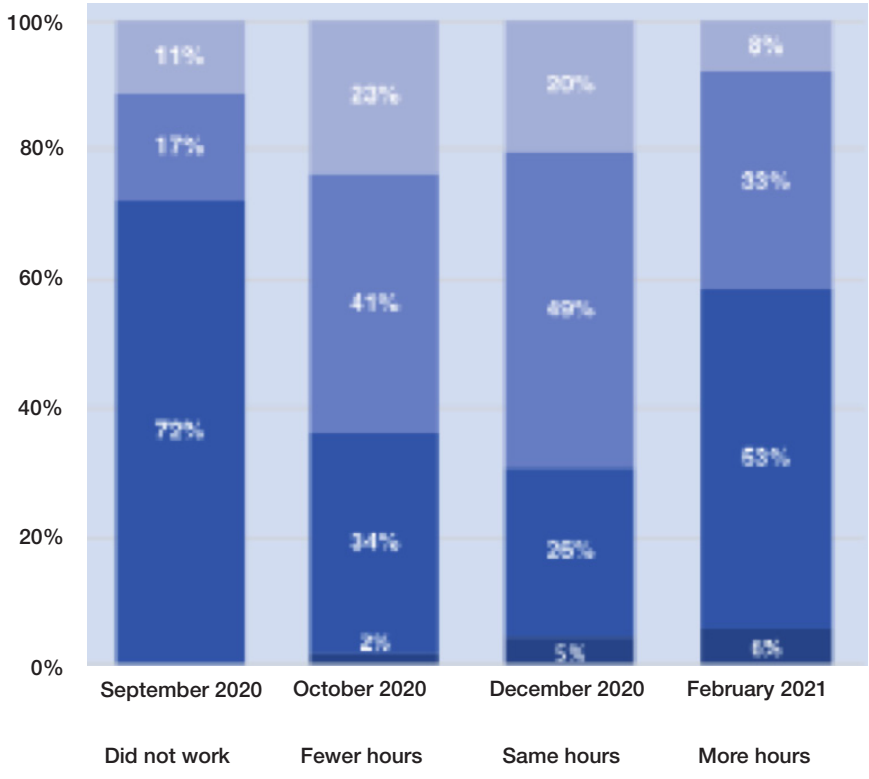


Source: Sequeira et al. (2023)
Note: Round 1 compares 2020 to 2019 and Round 2 compares 2019 to 2021

informal workers' businesses, living conditions, and families in Maputo, particularly in the early stages of the pandemic (Anac et al., 2022; MEF & UNDP Mozambique, 2021).

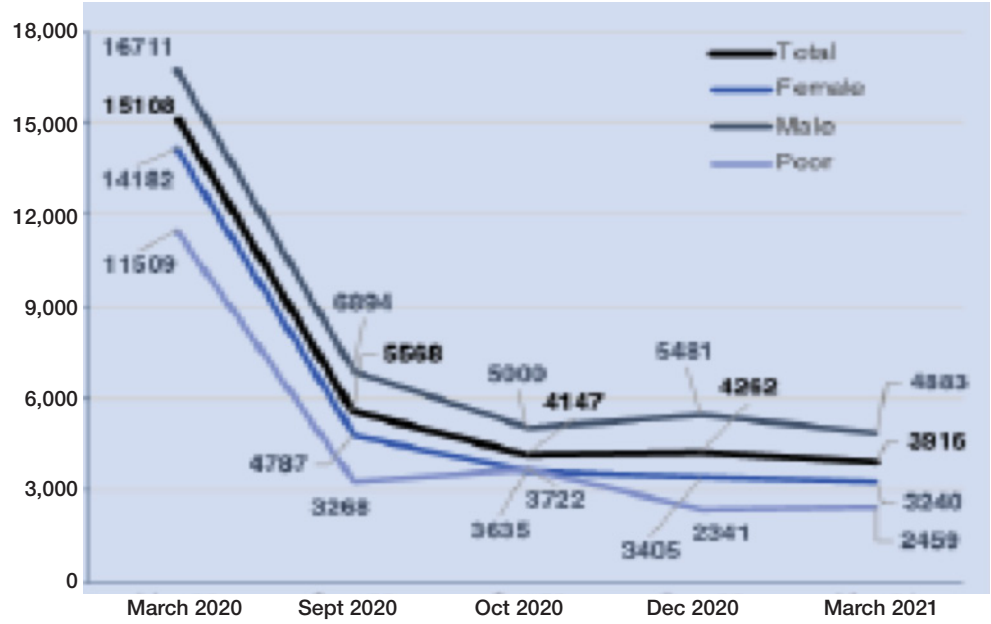
Despite efforts to adapt to the challenging environment, the CISS cohort experienced a sharp decline in working hours and earnings, and savings were lost as a result (Figures 7 and 8). Informal workers' contributions to the informal, trust-based rotating credit system, or xitiques, fell by 71% between March and September 2020, with the steepest declines among the multidimensionally poor (89%) and women (77%) (Figure 9). Between 20% and 30% of workers stopped working, and unemployment rose from 21% in September 2020 to 27% in October 2020, then to 29% in December 2020 before easing slightly to 26% in March 2021. These hardships were compounded by the fact that most study participants did not receive any government pandemic-related aid. Only 1.2% and 0.4% of respondents reported receiving state assistance in September 2020 and March 2021, respectively. Vendors faced other challenges, including difficulty acquiring products, higher restocking costs, and declining demand due to fewer customers. As Table 6 shows, these difficulties persisted well into March 2021.

FIGURE 7: Working Hours of Informal Workers, 2020-2021



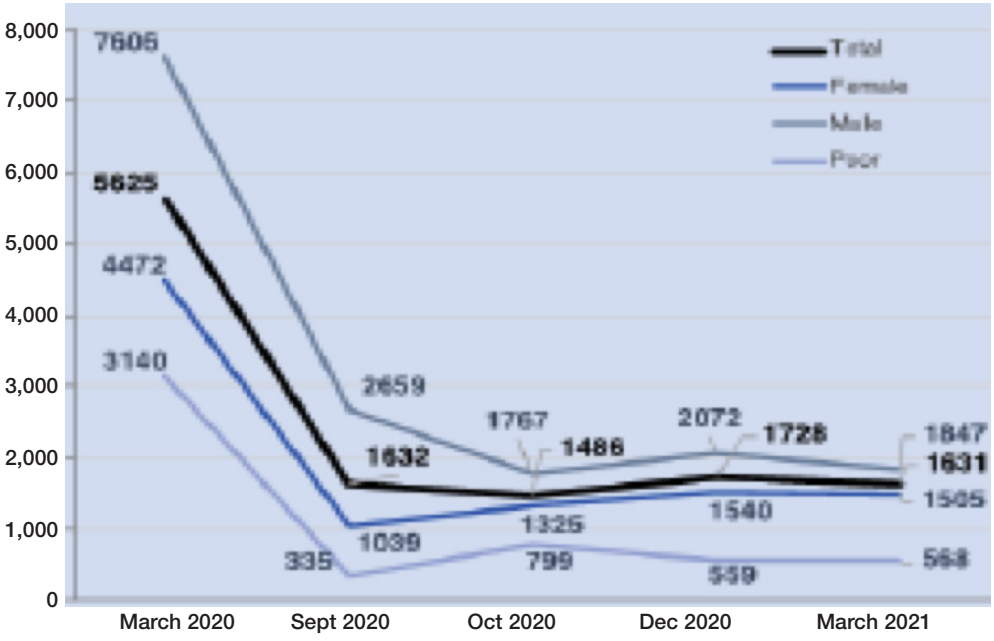
Source: UNDP (2021)

FIGURE 8: Decline in Informal Sector Income, 2020-2021



Source: UNDP (2021)

FIGURE 9: Decline in Xitique Contributions, 2020-2021



Source: UNDP (2021)

TABLE 6: Pandemic-Related Challenges to Informal Vendors, 2020-2021 (%)

Type of change experienced by vendors	October 2020	December 2020	March 2021
Products/equipment were hard to find	15.0	22.0	16.4
Products/equipment more expensive	25.0	32.0	34.1
There were fewer customers	43.0	31.0	35.6
Source: MEF & UNDP Mozambique (2021)			

Other CISS outputs confirm that informal workers were highly vulnerable to pandemic shocks (Anac et al., 2022). The crisis had a significant negative impact on their earnings, resulting in sharp declines in savings, depletion of household assets, and increased food insecurity. It also contributed to a reduction of almost two-thirds in sales and profits, as well as in informal savings. The pandemic coincided with the municipality's initiative to remove informal activities from Maputo's central market area, leaving vendors without clients or market infrastructure. As a result, they were disproportionately affected, losing both their clients and market stalls (Anac et al., 2022).

After COVID-19 cases were detected, the local authorities temporarily shut down and "re-organized" several large informal markets in Maputo in mid-2020, leading to some street traders losing their stalls and livelihoods (CoM, 2020; Cossa, 2020; VOA, 2020). The government planned to implement an emergency cash transfer in Mozambique, but it was delayed and failed to reach eligible households, including informal workers. Long bureaucratic processes and technical challenges hindered the implementation of the social protection plan. Very few of the informal workers who participated in the study received any support (Anac et al., 2022).

A rapid survey of informal traders across various markets in Maputo and Matola during the first wave of COVID-19 found that vendors' difficulties included those described above such as declining sales and higher wholesale prices, which were worsened by reduced consumer confidence and shifting purchasing patterns (WIN, 2020). Fifteen percent of businesses had closed, while another 23% were contemplating closure. WIEGO's evaluation of informal food traders' recognition and protection during the pandemic across 41 African countries found that small-scale street and market food vending was considered an essential service in Mozambique (Bamu & Marchiori, 2020). Despite this recognition, new restrictions including limited operating hours and mandatory mask use disrupted vendors' operations, reduced their earnings, and imposed additional costs for cleaning, sanitization, and PPE. Furthermore, informal food vendors received little to no support in obtaining PPE.

The combination of lockdowns, income losses, containment measures, disrupted supply chains, and rising food prices disproportionately affected women in the informal food vending sector, leaving female-headed households poorer

than male-headed ones. As a result, women and their families faced severe food insecurity and hunger. Earnings fell by approximately two-thirds, while informal savings declined by 64%, forcing many households to draw on their savings (Anac et al., 2022). Many households had no savings to fall back on. Nonetheless, this lack of financial security underscores the survivalist strategies of many informal food workers, who prioritize maintaining their businesses rather than expanding them.

The pandemic also disrupted food supply chains, leading to potential food shortages, price spikes, and reduced or lost incomes (FAO, 2021b). Import restrictions and transportation issues led to shortages of essential goods, affecting both vendors and consumers. The closure of markets, food stalls, and eateries during lockdowns directly impacted urban informal food vendors, who struggled to sustain their businesses amid fewer customers and limited operating hours. Many informal food workers live in unstable conditions and lack social safety nets (Anac et al., 2022). Despite these hurdles, some vendors adapted by diversifying their product offerings or exploring alternative digital platform distribution channels, such as home delivery (Jones & Manhique, 2021).

Restrictions on the informal cross-border food trade with South Africa, Malawi, and Zimbabwe significantly affected the informal food distribution system. Studies conducted before the pandemic showed that women are the major actors in the trade (Chikanda & Raimundo, 2016; Finmark Trust & FSD Network, 2025; Raimundo & Chikanda, 2016). COVID-19 containment measures disrupted informal trade with recurrent border closures, border-crossing restrictions, and new requirements, such as negative PCR test results (FEWS NET, 2021). These measures reduced the informal food trade as the regular supply of cross-border products from other countries declined (Khan, 2024; Mangiza & Chakawa, 2021; Manyungwa-Pasani et al., 2025). These disruptions also increased the operating costs of small-scale food traders (Khan, 2024).

Pandemic Relief and Impacts

The government's Social Protection Response Plan to COVID-19 included both vertical and horizontal expansions of existing social assistance programs. In June 2020, the Ministry of Gender, Children and Social Action, together with the National Institute of Social Action (INAS) and the Provincial Social Affairs Services, began implementing the response plan, using technological innovations to register beneficiaries and distribute payments. This was intended to improve outreach to informal workers and other vulnerable populations (ILO, 2020). The Plan involved two main strategies. First, there was a vertical expansion of existing programs, providing three months of additional transfers to beneficiaries of the Basic Social Subsidy Programme, the Productive Social Action Programme, and

the Direct Social Support Programme (PASD) Food Basket. Second, there was horizontal expansion through the PASD-PE to reach new beneficiaries.

The PASD-PE provided bimonthly cash transfers for six months to an estimated 1.6 million poor and vulnerable households in urban, peri-urban, and border areas of the country (IPC-IG & WFP Mozambique, 2022). Overall, the response plan reached approximately 1,582,000 beneficiaries, including existing INAS beneficiaries, newly enrolled PASD-PE recipients, and additional households registered during the pandemic. With an estimated total cost of USD240 million, the program was externally financed by the ILO, WFP, UNICEF, the World Bank, the United Kingdom, Sweden and others.

In addition to cash transfer programs, the government implemented broader social protection measures targeting poor and vulnerable households. These measures included assistance to households headed by older people, people with disabilities, pregnant women without income, and women with many dependants (Nuvunga et al., 2021). Beneficiaries also received in-kind support, including food baskets, hygiene supplies, and PPE, often funded through external partners. Nevertheless, there were significant challenges in implementing social protection programs.

Andrade (2022), for example, identifies a range of operational problems, including delivery delays, coordination difficulties among implementing agencies, shortcomings in planning and financing, and weaknesses in targeting, coverage, and payment systems. These findings suggest that implementation constraints limited the effectiveness of the program, which, though it expanded coverage significantly, did not reach workers in the informal economy, among other vulnerable groups (Anac et al., 2022). In Maputo, for example, informal workers, especially women, received relatively little support from government programs or from alternative sources such as NGOs and charities (UNDP, 2021). Indeed, the Social Protection Response Plan did not explicitly identify women as a target group (UN Women EASO, 2022). This omission was particularly significant given the disproportionate impact of the pandemic on women working informally.

The government's pandemic response included economic and fiscal stimulus measures to support the private sector. These included a credit line for small and medium-sized enterprises. However, the effectiveness of these measures was constrained by high levels of informality and bureaucratic and technical barriers, which limited access to these programs and contributed to uneven coverage among vulnerable groups (Anac et al., 2022; Nuvunga et al., 2021). As a result, many micro, small, and medium-sized enterprises that employ large numbers of women were unable to benefit from these initiatives (UN Women EASO, 2022). In response to these gaps, UN Women and the National Investment Bank

established the Women Fund to provide credit to women-led enterprises producing goods or services for women. Furthermore, UN Women and the African Development Bank collaborated with the Ministry of Gender and Social Action to design a National Programme on Women's Empowerment, which aimed to create a more supportive environment for women-owned businesses and ensure that economic recovery measures better address their needs.

Other efforts to assist women and other vulnerable groups included the Spotlight Initiative, directed at ending violence and harmful practices against women and girls (Costa Neves, 2020). The Initiative aimed to raise awareness of gender-based violence, promote sexual and reproductive rights, and improve access to services for over 135,000 women and girls, as well as train 446 government staff on integrated gender-based-violence services. Economic support programs were introduced, including initiatives offering financial aid and loans to small and medium enterprises, although women as a group were generally not the primary target (Nuvunga et al., 2021).

Although several studies have acknowledged the disproportionate effect of the pandemic on women and girls, there is limited information on the implementation of COVID-19 gender-based programs. Only 25% of the government's pandemic mitigation and relief measures were gender-sensitive and no programs were in place to address the increased unpaid care work for women (Table 7) (UNDP & UN Women, 2022).

While Mozambique's COVID-19 social protection response represented a significant expansion of the country's social safety net system and the PASD-PE extended assistance to large numbers of households, important challenges remained. These included deficiencies in implementation, coverage of informal workers, and gender sensitivity, highlighting the difficulties in rapidly scaling up social protection during crises in a context characterized by high levels of informality and institutional constraints.

TABLE 7: Gender-Sensitive COVID-19 Mitigation and Relief Measures

Type of measure	No.	Share (%)
Total number of pandemic mitigation and relief measures	16	100
Total number of gender sensitive measures	4	25
Violence against women	1	25
Women's economic security	3	75
Unpaid care work	0	0
Average share of women in COVID-19 task forces	–	–

Source: UNDP & UN Women (2022)

Conclusion

Mozambique faced repeated waves of the pandemic between March 2020 and January 2022, with transmission and mortality concentrated in urban centres, where crowded informal settlements increased exposure risks. Kaondera-Shava et al. (2025) suggest that, despite the introduction and enforcement of stringent public health measures to contain the virus's spread, over 90% of the country's population may have been infected. The COVID-19 crisis also revealed the fragility of Mozambique's urban livelihoods and food systems, while demonstrating the central role of the informal sector, and especially women food vendors, in sustaining household survival.

The crisis highlighted that urban markets and informal trading spaces are not marginal economic activities but foundational to national food security and social stability. For informal workers, the pandemic's effects went beyond a temporary loss of income. Informal-sector enterprises run predominantly by women faced a sustained decline in custom and earnings. Women vendors were especially vulnerable to the combined pressure of productive and household responsibilities, including rising unpaid domestic and care labour. Overall, the negative impact on the informal food sector's operations increased food insecurity among low-income households. Many households were forced into harmful coping strategies, including skipping meals and reducing food intake for extended periods.

Although Mozambique introduced a large-scale social protection response supported by international partners, the pandemic exposed significant operational gaps in reaching informal vendors in timely and effective ways. Many informal workers had little access to state support, even as their livelihoods were heavily constrained by pandemic restrictions. At the same time, the gender-responsiveness of Mozambique's pandemic response remained limited, with only a minority of mitigation and relief measures explicitly addressing women's economic security and violence risks, and none addressing the burden of unpaid care work. The policy lessons from COVID-19 are therefore clear. First, preparedness planning for pandemic and other sudden crises needs to explicitly recognize informal food markets and street vending as critical to urban food systems and ensure that restrictions do not unintentionally destroy the livelihoods on which city food access depends. Second, future social protection responses need to include informal workers by default through simplified eligibility mechanisms that do not require formal registration, bank accounts, or bureaucratic documentation. Third, women's vulnerability in informal food economies needs to be addressed through gender-responsive crisis frameworks that incorporate economic protection, basic services, and measures that reduce unpaid care burdens during emergencies.

Mozambique's experience demonstrates that pandemic governance cannot be effective if it treats informal food systems as marginal or illegal. Instead, building resilience for future public health emergencies requires integrating informal vendors into urban preparedness, strengthening surveillance and reporting systems, and investing in inclusive social protection that reaches those most exposed to economic shocks. By applying the lessons of COVID-19, Mozambique can strengthen crisis readiness, protect women's livelihoods, and reduce the risk that future emergencies will deepen poverty and food insecurity.

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Mozambique's COVID-19 crisis was predominantly urban. Evidence indicates that more than 95% of recorded cases occurred in cities. The pandemic led to widespread food insecurity, especially among urban households whose income sources collapsed under restrictions imposed to contain the spread of the virus. It unfolded amid high structural vulnerability in Mozambique, where the economy is overwhelmingly informal. Women street and market vendors were among the hardest-hit groups due to reduced customer flows, supply chain disruptions, and the closure or restructuring of major informal markets. They also faced compounded pressures from rising food prices, increased caregiving responsibilities, and weak safety nets, which intensified poverty and food insecurity among female-headed households. This policy audit underscores the importance of treating informal food systems as essential urban infrastructure and strengthening crisis governance in ways that are gender-responsive, inclusive, and operationally feasible. Policy needs to prioritize protecting the livelihoods of women informal food vendors, ensuring access to emergency assistance without excluding the informal sector, investing in food system resilience and safe market infrastructure, and building stronger social protection systems, and preparedness capacities for future public health emergencies.

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