SSPP COVID Mozambique Survey

Start of Block: Intro

Study title: Combatting COVID-19 in Mozambique.

Research team: James Allen IV, Patricia Freitag, Ryan McWay, Tanya Rosenblat, Dean Yang, and Hang Yu.

Welcome! Thank you for making the time to take our survey. We are interested in your prediction of the effects of our over-the-phone interventions COVID-19 knowledge and social distancing.

Privacy. No individually identifiable data from this survey will be shared or published.

Survey duration and consent. This survey should take approximately 10-15 minutes. We are very grateful for your time and expertise. Please click on the blue forward button below if to consent to take this survey. Your participation is completely voluntary.

Contact us. If you have questions, concerns, comments, or complaints, please reach out to James Allen at alleniv@umich.edu

Human subjects review. #HUM00113011 at the University of Michigan.

End of Block: Intro

Start of Block: Outline

In this survey, we will ask you to make five predictions for outcomes from our study. There are three sections to the survey:
1) Overview of the study
2) Your predictions
3) Questions about you

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End of Block: Outline

Start of Block: Overview

Overview

We implemented five randomized over-the-phone interventions in Mozambique regarding COVID-19 knowledge, beliefs and behavior. In this survey, we will ask you to make five predictions regarding the effect of these interventions on COVID-19-related outcomes. **Sample:** The sample is 2,116 households from 76 communities across three provinces in central Mozambique. Compared to other communities in Mozambique, the study areas are relatively accessible to main transport corridors (highways and ports). We recruited households from an ongoing randomized evaluation of a community-level health program (registered here). Our analysis uses community fixed effects to account for this prior intervention. **Structure:** See Timeline below. Round 1 survey: Piloted questions and collected required input for interventions Round 2 survey: Baseline and then Treatments administered over the phone Round 3 survey: Endline – 95.1% retention rate from Round 2 baseline
For additional information please see our pre-analysis plan at the AEA RCT Registry.

Study timeline

End of Block: Overview

Start of Block: Experimental Design

Experimental design We test interventions using a randomized controlled trial study design and estimate the intent-to-treat (ITT) effect. We cross-randomized two families of interventions:
1) Two **Social Distancing Treatments** to encourage social distancing behavior
SD1: Community support for social distancing – N=655 (29%)
SD2: Local leader support for social distancing – N=671 (30%)
SD-Control: Control Group – N=900 (40%)
2) Three **Knowledge Treatments** to improve COVID-19 knowledge
K1: Knowledge incentives – N=433 (19%)
K2: Tailored feedback – N=441 (20%)
K3: Knowledge incentives & tailored feedback – N=464 (21%)
K-Control: Control Group – N=888 (40%)

Randomization occurred at the household level prior to the Round 2 survey. Randomization for each treatment family was stratified by the 76 community designations and within treatment

arms of the other treatment family.

End of Block: Experimental Design

Start of Block: Primary Outcomes social distancing

Social Distancing Interventions

First, we want to ask for you to predict the effects of the social distancing interventions. Before we do, here is some information on the primary outcome.

Social distancing index: The primary outcome will be an indicator for the respondent practicing social distancing, based on the respondent's self-report and the reports of others in the community. It will be constructed from two component indicators:

One's own report of practicing social distancing, AND Others' reports on the respondent practicing social distancing. (For each respondent, we asked others in the community -- local leaders and other households -- to report on the respondent's social distancing behaviors. Each respondent household was known by an average of one community leader and three neighboring survey respondents.) **The primary outcome will be equal to one if both one's own report and others' report of practicing social distancing is equal to one, and zero otherwise.** Additional Details: The own report of social distancing indicator is equal to one if:

The respondent says they have observed the government's recommendations on social distancing, AND They say they are doing more than six of eight behaviors related to social distancing (strictly above the median number). For example, we ask if respondents gathered with several friends in the last seven days and interpret "no" as indicative of social distancing behavior. (See full list of questions here)

The others' report of the respondent's social distancing indicator is equal to one if: All other surveyed persons(s) who report seeing the respondent in the past 14 days also report that the respondent did not come closer than 1.5 meters, did not try to shake hands, and did appear to be observing the government's recommendations on social distancing, OR No other surveyed person reported knowing the respondent or seeing the respondent in the past 14 days.

End of Block: Primary Outcomes social distancing

Start of Block: Prediction SD1

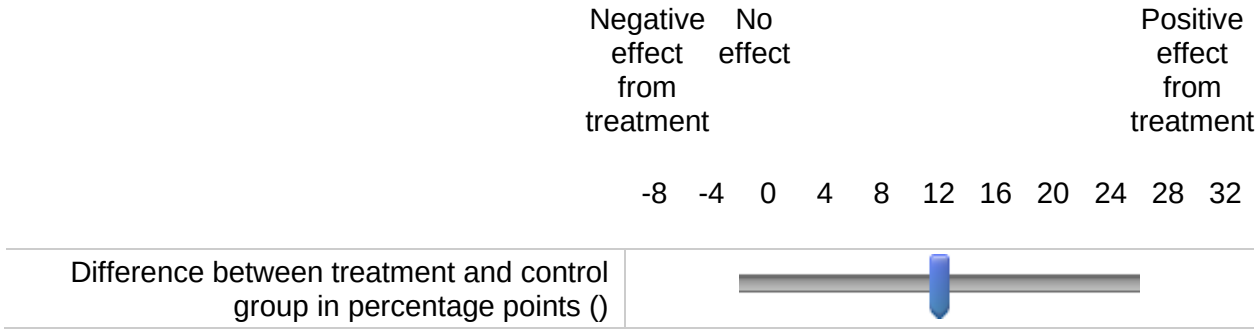
SD1: Community support for social distancing

Intervention: We asked individuals whether they themselves support social distancing in Round 1, and used this information to calculate the fraction of households in the community who support social distancing. Then, in the Round 2 baseline survey, we asked individuals to guess the share of households in the community who support social distancing. Respondents' guess

of the share of households in the community who support social distancing had a mean of 80.0%. By contrast, 98.9% of households in communities said they supported social distancing. At the end of the Round 2 baseline survey, treated individuals who underestimated the true share of households in the community that support social distancing (48.6% of the sample) were given information on the true (higher) share of support for social distancing, and individuals correctly guessing the true share (50.3% of the sample) were told that their guess is correct.

What do you think was the effect of Intervention SD1 on the social distancing index? Please report as a percentage point change from the control group mean. For example, the control group mean is 8.0%. If you think the social distancing index in the SD1 treatment group would be 10.0%, you would report 2 percentage points. If you think the social distancing index in the SD1 treatment group would be 6.0%, you would report -2 percentage points.

Context: In the Round 3 endline survey, the **control group's** social distancing index had a mean of 0.080 (out of 1) and a standard deviation of 0.271. This means that 8.0% of the control group was social distancing according to our measure, and that a 1 percentage point change in the social distancing index is equivalent to a change in 0.037 standard deviations.



NOTE: the slider is bounded at -8 percentage points since this effect would bring the outcome to its minimum value of 0.

How confident are you in your estimate?

- ○ Not confident at all (1)
- ○ A little confident (2)
- ○ Mostly confident (3)
- ○ Completely confident (4)

End of Block: Prediction SD1

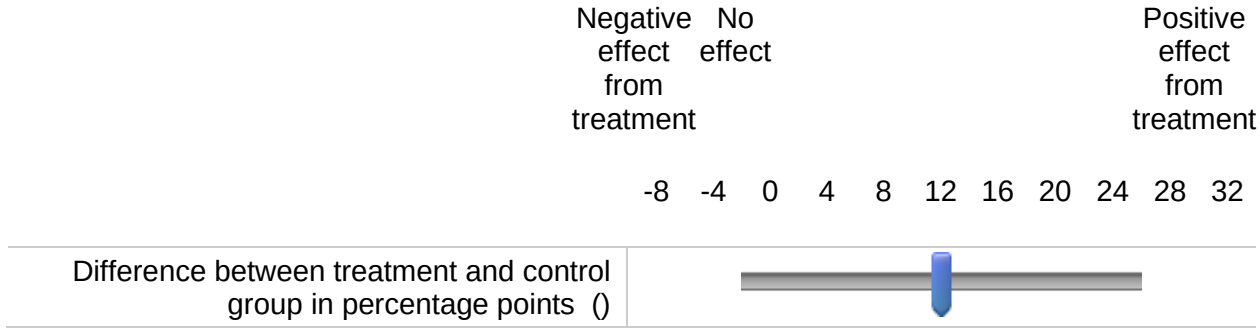
Start of Block: Prediction: SD2

SD2: Local leader support for social distancing

Intervention: We surveyed community leaders and asked them to endorse social distancing in their communities. In this treatment, we informed households by phone call that their own community leaders support social distancing in their communities at the end of the Round 2 baseline survey.

What do you think was the effect of Intervention SD2 on the social distancing index? Please report as a percentage point change from the control group mean. For example, the control group mean is 8.0%. If you think the social distancing index in the SD2 treatment group would be 10.0%, you would report 2 percentage points. If you think the social distancing index in the SD2 treatment group would be 6.0%, you would report -2 percentage points.

Context: In the Round 3 endline survey, the **control group's** social distancing index had a mean of 0.080 (out of 1) and a standard deviation of 0.271. This means that 8.0% of the control group was social distancing according to our measure, and that a 1 percentage point change in the social distancing index is equivalent to a change in 0.037 standard deviations.



NOTE: the slider is bounded at -8 percentage points since this effect would bring the outcome to its minimum value of 0.

How confident are you in your estimate?

- ○ Not confident at all (1)
- ○ A little confident (2)
- ○ Mostly confident (3)
- ○ Completely confident (4)

End of Block: Prediction: SD2

Start of Block: primary outcomes knowledge

Knowledge Interventions

Now we want to ask for your predictions on our knowledge interventions. Before we do, here is some information on the primary outcomes:

Knowledge index: Share of correct answers in the Round 3 endline survey to 40 knowledge questions on COVID-19: 12 on general knowledge (4 on risk factors, 4 on transmission, 4 on symptoms), 16 on preventive actions (8 on social distancing, 8 on household prevention), and 12 on government actions (e.g, shutdowns, mask mandates, etc.) Questions were pre-specified, responses are indicated as correct if they match the research team's pre-specified "correct" answer and are indicated as incorrect otherwise. (See full list of knowledge questions here)

Feedback-eligible knowledge index: Share of correct answers in the Round 3 endline survey to the 20 knowledge questions that were also asked in the Round 2 baseline survey and thus eligible for the K2 feedback treatment. In Round 2, we asked respondents half of the Round 3 question pool, randomly selected from within each category: 6 on general knowledge (2 on risk factors, 2 on transmission, 2 on symptoms), 8 on preventative actions (4 on social distancing, 4 on household prevention), and 6 on government actions (e.g., shutdowns, mask mandates, etc.) Responses are indicated as correct if they match the research team's pre-specified "correct" answer and are indicated as incorrect otherwise. (See full list of knowledge questions here)

End of Block: primary outcomes knowledge

Start of Block: Prediction K1

K1: Knowledge incentives

Intervention**:** In this treatment, we told respondents at the end of the Round 2 baseline survey that they would earn 5 Mozambican meticais (US$0.07) for every correct response to previously asked and newly asked COVID-19 knowledge questions on the Round 3 endline survey. If they answered all 40 questions correctly in the Round 3 endline survey, respondents could earn a maximum of 200MT (approx. US$2.71).

What do you think was the effect of Intervention K1 on the knowledge index? Please report as a percentage point change from the control group mean.

Context: In the Round 3 endline survey, the **control group's** knowledge index had a mean of 0.781 (out of 1) and a standard deviation of 0.108. This means that the control group answered 78.1% of the 40 knowledge questions correctly on average, and that a 1 percentage point change in the knowledge index is equivalent to a change in 0.093 standard deviations.

	Negative effect from treatment					No effect					Positive effect from treatment	
	-12	-10	-8	-6	-4	-2	0	2	4	6	8	10	12
Difference between treatment and control group in percentage points ()													

How confident are you in your estimate?

- ○ Not confident at all (1)
- ○ A little confident (2)
- ○ Mostly confident (3)
- ○ Completely confident (4)

End of Block: Prediction K1

Start of Block: Prediction K2

K2: Tailored feedback

Intervention: In this treatment, we gave tailored feedback to respondents at the end of the Round 2 baseline survey based on their responses to COVID-19 knowledge questions in the Round 2 baseline survey. For 80% of their incorrect answers and 20% of their correct answers, respondents were reminded of their answer, told if they were correct or incorrect, and then told the correct answer. For example, if selected to receive feedback on “drinking hot tea” as a preventive action, feedback will state: “For ‘Drinking hot tea’, you chose YES / NO / DON’T KNOW / REFUSE TO ANSWER. Your answer is INCORRECT / CORRECT / INCORRECT / INCORRECT. The correct answer is NO. This action will NOT prevent spreading coronavirus to yourself and others.”

What do you think was the effect of Intervention K2 on the feedback-eligible knowledge index? Please report as a percentage point change from the control group mean. **Context:** In the Round 3 (endline) survey, the **control group’s** feedback-eligible knowledge index had a mean of 0.784 (out of 1) and a standard deviation of 0.123. This means that the control group answered 78.4% of the 20 feedback-eligible knowledge questions correctly on average, and that a 1 percentage point change in the feedback-eligible knowledge index is equivalent to a change in 0.081 standard deviations.

	Negative effect from treatment					No effect					Positive effect from treatment		
	-12	-10	-8	-6	-4	-2	0	2	4	6	8	10	12
Difference between treatment and control group in percentage points ()													

How confident are you in your estimate?

- ○ Not confident at all (1)
- ○ A little confident (2)
- ○ Mostly confident (3)
- ○ Completely confident (4)

End of Block: Prediction K2

Start of Block: Prediction K3

K3: Knowledge incentive and tailored feedback

Intervention**:** In this treatment, respondents receive both Intervention K1 and Intervention K2 exactly as previously defined. Thus, at the end of the Round 2 baseline survey, they are offered respondents 5 Mozambican meticais (US$0.07) for every correct response on the Round 3 endline survey AND receive feedback on a subset of their incorrect and correct answers.

What do you think was the effect of Intervention K3 on the feedback-eligible knowledge Index? Please report as a percentage point change from the control group mean.

Context: In the Round 3 (endline) survey, the **control group's** feedback-eligible knowledge index had a mean of 0.784 (out of 1) and a standard deviation of 0.123. This means that the control group answered 78.4% of the 20 feedback-eligible knowledge questions correctly on average, and that a 1 percentage point change in the feedback-eligible knowledge index is equivalent to a change in 0.081 standard deviations.

	Negative effect from treatment					No effect					Positive effect from treatment	
	-12	-10	-8	-6	-4	-2	0	2	4	6	8	10	12
Difference between treatment and control group in percentage points ()													

How confident are you in your estimate?

- ○ Not confident at all (1)
- ○ A little confident (2)
- ○ Mostly confident (3)
- ○ Completely confident (4)

End of Block: Prediction K3

Start of Block: Demographics

Thank you for your predictions. Before we conclude, we would appreciate if you could share some information about yourself. This information will only be used to distinguish patterns in the answers of different types of respondents.

What is your field of expertise?

- ○ Economics (1)
- ○ Other (please specify) (0) _____

What best describes your current professional position?

- ○ Faculty member (1)
- ○ Postdoc or equivalent (2)
- ○ Graduate student (PhD, Masters or equivalent) (3)
- ○ Undergraduate student (4)
- ○ Research assistant, staff, manager or coordinator (5)
- ○ Field practitioner (6)
- ○ Other (please specify) (7) _____

Have you worked on an Randomized Control Trail (RCT) before?

- ○ Yes (1)
- ○ No (0)

Are you associated with the University of Michigan?

- ○ Yes (1)
- ○ No (0)

Display This Question:

If Are you associated with the University of Michigan? = Yes

We are presenting our results at the H2D2 seminar on Dec. 1st. If unfamiliar, H2D2 is the Human Capital, History, Demography & Development seminar. If you interested in attending, you can get the Zoom link by reaching out to the coordinators directly.

For fun, we would like to acknowledge the attendee who had the most accurate predictions of our five treatment effects. If you would like to **opt in**, please provide us with your name so we can acknowledge (i.e., publicly praise) you in our presentation.

By opting in, you are making your responses identifiable, but your responses will only be known to the study team.

_____

Would you like for our team to send you a working paper on these results once they are available? If so, please provide us with an email address where we can reach you.

By opting in, you are making your responses identifiable but your responses will only be known by the study team.

_____

End of Block: Demographics

Start of Block: Block 12

Thank you for your participation! If you have time, please consider the following

BONUS prediction:
Tailored Feedback & Clues

Outcome: Respondents were asked to offer two of their responses to their 8 feedback-eligible preventive action questions as "clues" to share with other people in their community (see full list of preventive action questions here). Clues were asked for during the Round 2 baseline survey (before receiving tailored feedback) and Round 3 endline survey (after receiving tailored feedback).

Clues are indicated as correct if they match the research team's pre-specified "correct" answer. Further, we elicit respondents' confidence in each of their preventive action responses on a five-point Likert scale. Using this, we categorize respondents' clues as follows:
Strongly held correct (above respondent's average confidence on correct answer)
Weakly held correct (below respondent's average confidence on correct answer)
Weakly held incorrect (below respondent's average confidence on incorrect answer)
Strongly held incorrect (above respondent's average confidence on incorrect answer)

Intervention: Based on a randomized sub-treatment, respondents received feedback on their responses in one correct category and one incorrect category -- thus there were 4 different combinations of feedback administered. As before, respondents were reminded of their answer, told if they were correct or incorrect, and then told the correct answer.

Please indicate whether feedback on STRONGLY HELD CORRECT beliefs or WEAKLY HELD CORRECT beliefs had a bigger impact on selecting a clue from the corresponding category in Round 3 (endline) compared to Round 2 (baseline).

- ○ Feedback on STRONGLY HELD CORRECT beliefs made subjects more likely to name a clue from this category in Round 3 (endline) versus Round 2 (baseline) compared to feedback on WEAKLY HELD CORRECT beliefs. (1)

- ○ Feedback on WEAKLY HELD CORRECT beliefs made subjects more likely to name a clue from this category in Round 3 (endline) versus Round 2 (baseline) compared to feedback on STRONGLY HELD CORRECT beliefs. (2)

Please indicate whether feedback on STRONGLY HELD INCORRECT beliefs or WEAKLY HELD INCORRECT beliefs had a bigger impact on selecting a clue from the corresponding category in Round 3 (endline) compared to Round 2 (baseline).

- ○ Feedback on STRONGLY HELD INCORRECT beliefs made subjects more likely to name a clue from this category in Round 3 (endline) versus Round 2 (baseline) compared to feedback on WEAKLY HELD INCORRECT beliefs. (1)

- ○ Feedback on WEAKLY HELD INCORRECT beliefs made subjects more likely to name a clue from this category in Round 3 (endline) versus Round 2 (baseline) compared to feedback on STRONGLY HELD INCORRECT beliefs. (2)

End of Block: Block 12

Start of Block: Block 13

Thank you for your participation and for responding to our BONUS prediction!

End of Block: Block 13