Situation Overview

Mozambique continues to see an increase in COVID-19 cases, with 76 districts out of 158 registering at least one reported case as of 21 July (see the map). Health authorities reported a cumulative of 1,536 confirmed cases (1,380 from local transmission) and 11 deaths. The majority of cases are asymptomatic (63%) and concentrated in four provinces: Cabo Delgado, Nampula, Maputo province and Maputo city. The Ministry of Health (MoH) reported that since the declaration of the outbreak, only 36 people were hospitalized of which four are still receiving medical care in isolation wards set up in Nampula, Tete and Maputo city.

The country has improved testing capacity at the decentralized level with COVID-19 testing now possible in four additional cities: Nampula, Beira, Tete and Quelimane. The MoH is also establishing a new laboratory in Pemba. Since the declaration of the pandemic, 48,653 tests have been conducted.

The National Institute of Health (INS) completed a seroepidemiological survey in June as part of its strategy to increase knowledge on how the epidemic is unfolding in Mozambique. Preliminary results of the first survey conducted in Nampula city (disseminated on 1 July) indicated that COVID-
19 has reached all the city’s neighbourhoods, with youth and adults being the most impacted; among working groups, market sellers have the highest rates of COVID-19. These results will help authorities make informed decisions and target priority groups. A similar survey conducted in Pemba was completed during the final week of the reporting period and results are expected soon.

The latest data on COVID-19 in the country indicate that the disease expanded geographically and recorded an increase in COVID-19 test positivity rate from 3% to 5%. Factors that have contributed to this include a lack of compliance with preventive measures defined by the Government (e.g.: social distance, restricted movements, use of social masks), increased population movements between districts and provinces and increased returnees from neighbouring countries. In order to avoid further deterioration of the situation, the Government of Mozambique extended the state of emergency for the third time for an additional 30 days, now ending 29 July. For this extension, the Government decided to relieve some of the restrictions, indicating a gradual return to school, allowing visas for response experts and investors, and increasing allowable staff present in public and private institutions to 50%. On 16 July, the Government conducted an evaluation of the response and reported such challenges as incorrect use of masks, insufficient social distancing, difficulty in controlling the movement of international transporters, and insufficient WASH conditions in public institutions. Based on these results, the Government reaffirmed the restrictive measures in place, including school closure at all levels until WASH conditions are improved.

Coordination

The MoH established an emergency commission within the Ministry to ensure effective coordination of COVID-19 prevention and response through the efforts of nine Technical Working Groups co-led by staff of the MoH and development partners. Internally, the commission meets daily, and twice weekly in a broader group with the participation of key departments of the Ministry, line ministries and development partners.

There are also ongoing coordination efforts targeted at mitigating the secondary impacts that may emerge as a result of the outbreak. To this end, the Government’s disaster agency (INGC) and the Ministry of Economy and Finance (MEF) are currently working with line ministries to identify the needs and priority measures to be taken. Aligned with this, the Humanitarian Country Team (HCT), led by the Resident Coordinator and composed of UN agencies, NGOs, Red Cross and donor representatives, is developing a Response Plan to COVID-19, focusing on sector specific impacts of COVID-19.

UNICEF Response (during reporting period)

Health

- Community strategy for COVID-19 response and continuity of services approved and launched by Health Minister on 1 July in Nampula.
- Printed 2,000 copies of COVID-19 community strategy guidance and 300 register books.
- Trained 444 Community Health Works (APEs) and supervisors on COVID-19 IPC and continuity of services.

Nutrition

- Integrated Mobile Brigades have resumed in 6 districts of Cabo Delgado to support the IDP crisis, with operational guidance adjusted to the COVID-19 preventive measures.
- Operational research protocol drafted on family MUAC measurements in COVID-19 context agreed with MoH.
- Joint WFP/UNICEF concept note drafted on potential impact of COVID-19 on acute malnutrition for children under 5 years in Mozambique.

WASH

- WASH facilities in six isolation treatment centres (one in Maputo, two in Cabo Delgado and three in Nampula) upgraded. Depending on the specific needs of the facility, includes installation of laundry facilities, repairs to internal piped networks, increased water storage, repair of incinerators for waste management, and construction and repair of toilets and handwashing facilities.
- Developed technical assistance plans for urban water supply in Pemba, together with public utility FIPAG, to increase water capacity in the city’s centralized network.
Developed guidance document for the reorganization of markets, together with the MoH, CDC and the WASH technical working group. Participated in the reorganization of markets with installation of handwashing stations. Through a partnership with UN Habitat installed larger handwashing facilities in markets in Quelimane, Nampula, Pemba, Boane, Dondo and Beira, and disseminated messages in urban areas.

**Communication for Development (C4D), Community Engagement & Accountability**

- 12 million people reached by Radio Mozambique and 111 community radios through active support to weekly radio programmes: “Ouro Negro”, “Saúde e Vida” and daily radio spots (preventive measures and secondary impact).
- Over 5 million people reached through a FORCOM mobile radio campaign launched on 23 June, covering communities in 22 districts. 51 community radios transmitting messages on COVID-19 prevention and infection.
- 2 TV and radio spots on physical distancing and self-isolation finalized and ready to be broadcast in national and local TV and radios.
- Approximately 177,000 people reached with multimedia mobile units in 4 provinces (Sofala, Tete, Manica, Gaza) and 8 districts.
- 34,100 people participated in COVID-19 actions through U-Report platform.

**Education**

- Recording of additional TV classes being transmitted.
- Working closing with UNICEF WASH team on guidance for safe school returns.
- Preparation of a communication spot/ToR/campaign for school re-opening.
- Advocacy editorial published on school reopening together with World Bank, UNESCO and WFP.

**Child Protection**

- Provided electronic/IT equipment (26 fully equipped computers for central level; 60 modems) to the Ministry of Gender, Children and Social Action (MGCAS). 33 computers donated to departments of Gender, Children and Social Action at provincial level (in 11 provinces) to guarantee information management regarding cases of VAC in designated districts.
- Re-activation of the child protection COVID-19 response coordination group at national level approved by Minister, and coordination has initiated.
- Radio spots on psychosocial support and parenting in times of COVID-19 finalized and dissemination initiated.
- In cyclone Idai-affected resettlement sites, conducted 1,139 home visit sessions with 3,716 (1,775 boys, 1,941 girls) children reached and supported by PSS facilitators with home-based PSS. The facilitators conducted recreational activities, including games, dancing, singing and storytelling.

**PSEA**

- Continued support to Linha Verde (LV), Linha Fala Criança (LFC) and police for a safe and accessible channel to reporting sexual exploitation and abuse by beneficiaries across the country.
- Developed SOPs for training LFC counsellors and LV operators.

**Social Protection and Cash-Based Assistance**

- MGCAS/INAS is moving forward with registration of beneficiaries for the COVID-19 response in all areas under Phase 1 of the Government plan. This amounts to 289,362 households in selected provinces and districts. Accompanied Government in monitoring enrolments in Zambézia (Mocuba) and will participate in upcoming joint monitoring visits in Nampula.
- UNICEF and WFP agreed with Government of Mozambique to provide direct support to implementation of the National Social Protection Response Plan to COVID-19 in two locations: Moatize (Tete) and Quelimane (Zambézia) districts. Initiative will support the Government in reaching approximately 80,000 households (20,000 in Tete province and 60,000 in Zambézia).
- Engaged with CSO partners in the provinces to promote the engagement of local and grassroots associations (with a focus on those working with women’s rights and people with disability) in verification, communication and monitoring of the social protection response. Work is ongoing to effectively support organizations
participation in Tete and Zambézia provinces, and to assure wider CSO involvement in the implementation of the national response plan.

- Finalized the selection of key behaviour change communication messages to complement cash transfers. These messages have a focus on gender empowerment and promotion of positive nutrition practices. Although the main channel will make use of mobile phone platforms, COVID-19 safe mobilization will also be prepared to make sure the most vulnerable groups are reached. Preparations of the mobile phone platform are ongoing.

**Supply and Logistics**

- Working with the MOH to review the quantification of some PPEs items, such as N95 masks, considering appropriate utilization by health workers. This is expected to trigger a change in the quantities initially included in ongoing orders.

- The global Supply Chain platform is being utilized with all relevant roles in place at the country level. The portal will now be opened to relevant partners like the MoH and other UN agencies to issue their requests through it.

**Funding Overview and Partnerships**

In support of the country efforts to prevent and contain COVID-19 as well as address its impact, UNICEF has developed a 9-month preparedness and response plan with a revised funding requirement of $25 million USD. As of end-July, the office has received $5,708,346 USD for COVID-19 response thanks to the generous contributions from Education Cannot Wait, European Union, Global Partnership for Education (GPE), Japan, Netherlands and USAID. In addition, about $693,814 USD from existing projects funded by Norway, KOICA and Canada were reprogrammed for COVID-19 response and UNICEF is managing $15 million from GPE as Grant Agent for the Government’s COVID-19 Education response.

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UNICEF Mozambique: [http://www.youtube.com/UnicefMozambique](http://www.youtube.com/UnicefMozambique)
Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target to 31 Dec 2020</th>
<th>Results as of 22 July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RCCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>15,000,000</td>
<td>12,000,000</td>
</tr>
<tr>
<td># of people engaged on COVID-19 through RCCE actions</td>
<td>2,500</td>
<td>77,500</td>
</tr>
<tr>
<td># of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td>
<td>13,500</td>
<td>30,200</td>
</tr>
<tr>
<td><strong>IPC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>112,000</td>
<td>0</td>
</tr>
<tr>
<td># of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>2,500</td>
<td>797</td>
</tr>
<tr>
<td><strong>CONTINUITY OF HEALTH CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases among children, pregnant and breastfeeding women</td>
<td>2,500</td>
<td>966</td>
</tr>
<tr>
<td>Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19</td>
<td>100,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)</td>
<td>19,000</td>
<td>6,153</td>
</tr>
<tr>
<td><strong>ACCESS TO CONTINUOUS EDUCATION, CHILD PROTECTION AND GBV SERVICES INDICATOR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children supported with distance/home-based learning</td>
<td>1,112,137</td>
<td>261,100</td>
</tr>
<tr>
<td># of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>400</td>
<td>3,102</td>
</tr>
<tr>
<td># of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>10,000</td>
<td>12,750</td>
</tr>
<tr>
<td># of UNICEF personnel &amp; partners that have completed training on GBV risk mitigation &amp; referrals for survivors, including for PSEA</td>
<td>326</td>
<td>149</td>
</tr>
<tr>
<td># of children and adults that have access to a safe and accessible channel to report SEA</td>
<td>164,488</td>
<td>64,776</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of households (economically affected by COVID-19) in urban and peri-urban areas receiving cash transfers for basic needs</td>
<td>200,000</td>
<td>0</td>
</tr>
</tbody>
</table>