Situation Overview

Mozambique reported its first confirmed COVID-19 case on March 22. As of April 15, there were 29 confirmed cases, including 21 of local transmission, with two fully recovered. Confirmed cases to date were in two provinces, Cabo Delgado (12 in Palma district and 2 in Pemba city) and Maputo (15). Both outbreaks are linked to the same imported infection carrier.

The Government of Mozambique has taken early measures to prevent the further spread of the virus in the country. The government has closed border posts, put in place surveillance measures at borders that remain open, closed schools and universities for a period of 30 days starting and placed limits on size of public gatherings. The Ministry of Health is also establishing treatment and isolation centers and Rapid Response Teams in all provinces. The Ministry of Health has developed an initial Preparedness and Response Plan with actions in the following areas: coordination, epidemiological, disease surveillance and point of entry, laboratory, case management, supplies and logistic, human resources, infection prevention and control (IPC) and communication.

Key Facts and Actions

- Mozambique has 29 confirmed of COVID-19.
- Mozambique Government declared state of emergency on 30 March 2020, moving to phase 3 restrictions (out of 4 phases).
- Providing consistent support to Government led coordination mechanisms at central and decentralized levels.
- Over 12 million people have been reached with messaging on COVID-19.
- UNICEF supported the Launch of 1st Poll on COVID-19 through U-report. 90% of the respondents had knowledge of the disease and 80% understood how COVID19 was transmitted and how to prevent it;
- WASH IPC assessments of COVID isolations wards ongoing

Situation in Numbers

29 Confirmed cases
0 Deaths
793 Tested
184 Active monitoring
2 Recovered

1 https://covid19.ins.gov.mz/
social mobilization. Other Ministries are working closely with MOH to develop plans to respond to the secondary impacts of the pandemic.

**Coordination**

The Ministry of Health (MoH) has 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 a development partner. 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.

In addition, the Health Partners Group has established a complimentary coordination mechanism of development partners and other health actors specifically for the pandemic response. This group is chaired by WHO with a management team composed of UNICEF, USAID, WB and the PROSAUDE common fund (represented by Spain). The group provides guidance to the MoH at higher level and coordinates resource mobilization efforts.

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 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 Preparedness and Response Plan to COVID-19, focusing on sector specific impacts of COVID-19.

There are ongoing coordination efforts to ensure integration of disability into all areas of programming. UNICEF and relevant stakeholders have started developing a national agenda for inclusion in the COVID-19 response.

**UNICEF Response**

**Health**

- Supporting government coordination meetings and working groups and supported development of MoH CoVID-19 operational response plans.
- Supported simulation exercise at Maputo international airport.
- Supported the development of SOPs and flowcharts for management of CoVID-19 suspected cases and guidelines for continuation of immunization, HIV and maternal and child health services.
- Supported training of 74 health professional who are part of provincial rapid response teams.
- Development of training materials for community health workers.
- Placed supply order with UNICEF Supply Division in Copenhagen for 100 Oxygen concentrators, 7,500 test reagents for Cobas equipment, 3,000 Ginexpert devices including sample collection kits, 192 thermometers and PPEs.

**Nutrition**

- Supporting the nutrition partners coordination group on COVID19 and nutrition under lead of the Mozambican Ministry of Health.
- Providing technical support to working group on treatment of acute malnutrition, Infant and Young Child feeding, and Nutrition supplies in the COVID-19 context. Supported the MoH on revised flow charts for nutrition services to minimize morbidity and mortality due to COVID19.
- Produced guidance on healthy lifestyle and appropriate feeding and nutrition during the implementation of social distancing measures.

**WASH**

- Supported development of WASH IPC isolation ward assessment tool with MoH. Tool being applied to assess identified isolation wards for future WASH actions, including aspects of accessibility for people with disabilities.
- Leading WASH cluster response together with line ministry, development of WASH cluster response plan. Co-leading WASH IPC technical working group within MoH.
• Ongoing local procurement of emergency handwashing stations, soap, disinfection materials, waste management materials, and laundry detergent for distribution to over 200 Health Facilities and COVID-19 isolation wards.

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

- Co-leading the Risk Communication and Community Engagement (RCCE) component of the response together with MoH and WHO.
- Developed and distributed Q&A on COVID-19 to 100 community radios to support them in the weekly radio programs in local languages. Broadcasting 6 radio spots on preventive messages several times a day in Portuguese and local languages.
- Produced and distributed 82 roll up and more than 80,000 posters targeting school kids, general population, custom officers and health staff.
- Produced advocacy videos with high level representatives of different faiths and supported meeting with religious leaders, chaired by the Ministry of Health.
- SMS Biz platform adapted to disseminate preventive messages and receive queries on COVID-19. 36 Maputo-based counselors trained on COVID-19 contents. Platform has been used to share messages on preventive measures against COVID-19 with 282 thousand subscribers of SMS BIZ platform. On daily basis, the SMS BIZ platform receives and responds to ~137 SMS on questions related to COVID-19 transmission and prevention.
- Two SMS Biz polls conducted (17 March and 8 April) with over 60,000 people responding in each, 90% of them between the age of 15 and 30 years old. Approximately 90% of the respondents had knowledge of the disease and ~ 80% of respondents understood how COVID19 was transmitted and how to prevent it. However, myths and rumors continue to circulate among a consistent percentage of respondents including: 56% believe only symptomatic people can be infectious, 39% believe mosquito bites can spread the virus, and 37% believe pneumonia vaccine protects against COVID19.

**Education**

- Supporting MINEDH (Ministry of Education and Human Development) to develop distance learning programmes to be transmitted via radio and television.
- Supporting MINEDH to have remote communication tools to manage remote meetings.
- Supporting MINEDH to prepare proposal for Global Partnership for Education Accelerated Funding for the COVID-19 response.

**Child Protection**

- Supporting the Ministry of Gender, Children and Social Action (MGCAS) to develop COVID-19 specific child protection guidelines and on-line training for social workers.
- Advocating with MOH to include detection and referral of violence, need for psycho-social support and alternative care in COVID-19 training of community-based health workers.
- Continuing and expanding the existing psych-social support mechanisms, including the Child Help Line and capacity of social workers to respond.
- Ensuring that the needs of children and people with disabilities are considered in all measures, communication and response by reviewing all communication materials and developing an action plan.
- Advocating and provide support for release of Children in Conflict with the law that are in detention centers.
- Supporting the functioning of the courts and legal aid for vulnerable population to meet the needs and standardized requisites and friendly procedures to GBV, children’s and other urgent cases.

**Social Policy and Cash-Based Assistance**

- Supporting development of strategy for rapid scale-up of cash transfers with UN agencies (WFP, ILO), WB, donors and government partners. Initiative will target urban and peri-urban areas, covering 200,000 additional households (reaching 300,000 poor and vulnerable families in total). Initiative will also include top-up of benefit to the existing government social assistance programme (500,000 families).
• Supporting inclusion of vulnerable populations (persons with disabilities, child-headed households, women victims of violence, etc.) to be reached with cash transfers.

Supply and logistics
• Co-leading Health Procurement Technical Working Group together with USAID. Developed Procurement Tracker for partners to monitor and coordinate COVID-19 related supply/equipment procurement.
• Supported partners to place Procurement Services order of test kits and laboratory equipment, as well as PPE supplies through Supply Division.

Funding Overview and Partnerships
In support of the country efforts to prevent and contain the COVID-19 as well as address its impact, UNICEF has developed a 6-month preparedness and response plan with preliminary funding requirements of $14.5 million USD. As of Mid-April, the office has received ~US$ 820,000 for COVID-19 response thanks to the generous contributions from USAID, Education Cannot Wait and Global Partnership for Education.

Challenges
• The country has limited capacity for laboratory testing equipment and reagents.
• Global crisis affecting other countries at greater scale, which make is difficult for supplies or funding to see Mozambique as a priority.
• High demand globally for key supplies for response which will affect the ability of the authorities and partners to act timely.
• Continued civil unrest in north of country.

UNICEF Mozambique: [http://www.youtube.com/UnicefMozambique](http://www.youtube.com/UnicefMozambique)

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Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target to 31 Dec 2020</th>
<th>Results as of 15 April 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>7 million</td>
<td>12 million</td>
</tr>
<tr>
<td># of people engaged on COVID-19 through RCCE actions</td>
<td>2,500</td>
<td>0</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>2,000</td>
</tr>
<tr>
<td>IPC</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>0</td>
</tr>
<tr>
<td>CONTINUITY OF HEALTH CARE</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>74</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>0</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)</td>
<td>19,000</td>
<td>0</td>
</tr>
<tr>
<td>ACCESS TO CONTINUOUS EDUCATION, CHILD PROTECTION AND GBV SERVICES INDICATOR</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>0</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>0</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 in detention facilities that benefit from Amnesty law</td>
<td>1000</td>
<td>0</td>
</tr>
<tr>
<td># of cases dealt by courts during State of Emergency disaggregated by typology</td>
<td>4000</td>
<td>0</td>
</tr>
<tr>
<td>SOCIAL PROTECTION</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>
Annex B: Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements (US$)</th>
<th>Received² (US$)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,000,000</td>
<td>0,0</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Health</td>
<td>1,850,000</td>
<td>320,000</td>
<td>1,530,000</td>
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<tr>
<td>WASH</td>
<td>4,300,000</td>
<td>0,0</td>
<td>4,300,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>-</td>
<td>0,0</td>
<td>-</td>
</tr>
<tr>
<td>Education</td>
<td>1,500,000</td>
<td>220,000</td>
<td>1,280,000</td>
</tr>
<tr>
<td>Social Protection and Cash transfer</td>
<td>5,000,000</td>
<td>0,0</td>
<td>5,000,000</td>
</tr>
<tr>
<td>Communication for Development</td>
<td>900,000</td>
<td>200,000</td>
<td>700,000</td>
</tr>
<tr>
<td>Total</td>
<td>14,550,000</td>
<td>740,000</td>
<td>13,810,000</td>
</tr>
</tbody>
</table>

² The total funding received does not include US$ 35,555 allocated to cross sectoral to cover operation costs and cost recovery for some grants.