Cholera Outbreaks in Tete, Sofala, Zambezia, Nampula and Niassa provinces

- 7,073 cases reported since 25 December and 22 March and 53 deaths with a case fatality rate of 0.7%.
- Cholera outbreaks are stabilizing in Nampula, Niassa and Tete and spreading to Sofala province with three districts already reporting cases (Beira city, Caia and Nahmatanda).
- Tete city and Quelimane continue to register large numbers of new cases.
- Cholera outbreak continues to rise in Zambezia with two more districts affected; Nicoadala and Gurué.
- 989 suspect cases and 200 confirmed cases of typhoid fever in Nampula.
- 649 suspect cases and 146 confirmed cases of Dengue in Nampula.

Floods in Zambezia, Cabo Delgado and Nampula

- 274,639 people affected and 161 deaths (134 in Zambezia).
- 50,507 people resettled in 64 resettlement centers

Cholera response

<table>
<thead>
<tr>
<th>Sectors</th>
<th>UNICEF results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
</tr>
<tr>
<td>Children below 15 years directly supported in Quelimane and Tete</td>
<td>4,564 children</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
</tr>
<tr>
<td>Household water treatment (Niassa, Nampula, Zambezia, Tete)</td>
<td>75,000 families (375,000 people)</td>
</tr>
<tr>
<td>Water trucking, water storage tanks and tapstands in Tete city</td>
<td>4,000 people</td>
</tr>
<tr>
<td><strong>Communication for Development</strong></td>
<td></td>
</tr>
<tr>
<td>Social Mobilization on cholera prevention and treatment</td>
<td>29,000 people</td>
</tr>
</tbody>
</table>

Cholera response challenges

- Weak case detection systems, mapping and confirmation of cholera cases.
- Multi-sectoral coordination for cholera response among government health, water departments and Municipalities.
- Strengthening epidemiological mapping using GPS, for improved case management, surveillance & prevention.
- Strengthen cholera national prevention social mobilization strategy and hygiene promotion (messaging) in the communities and schools.
UNICEF’s Response to floods

### Programme target & results

<table>
<thead>
<tr>
<th>Category</th>
<th>UNICEF HAC target</th>
<th>UNICEF results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years reached with emergency nutritional supplements</td>
<td>8,000</td>
<td>3,130</td>
</tr>
<tr>
<td>Children ages 6-59 months SAM enrolled in OPT and NRU programs</td>
<td>120</td>
<td>195</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 receiving adequate health services in accommodation centers</td>
<td>12,000</td>
<td>10,896</td>
</tr>
<tr>
<td>Children benefiting from mosquito nets distribution</td>
<td></td>
<td>8,000</td>
</tr>
<tr>
<td><strong>WATER, SANITATION AND HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flood-affected people supported with access to safe water and sanitation</td>
<td>50,000</td>
<td>63,000</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flood-affected school children benefit from school supplies (school-in-a-box and recreation kits)</td>
<td>20,000</td>
<td>23,760</td>
</tr>
<tr>
<td><strong>PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children affected by emergencies provided with psychosocial support</td>
<td>5,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Support to vulnerable families</td>
<td></td>
<td>400 families (2,000 people)</td>
</tr>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families with children under-5 in affected provinces are reached with key life-saving messages</td>
<td>11,000</td>
<td>39,000</td>
</tr>
</tbody>
</table>

### Situation Overview & Humanitarian Needs

Between 1 December and 23 March, 2015, there have been 7,073 cases of cholera in five provinces and 18 districts in the country. To date, the cholera situation has claimed 53 lives with a fatality rate of 0.7%. Multi-sectorial intervention involving members of the humanitarian country team (UNICEF, WHO and MSF) with leadership of the Health authority has led to improvements in the provinces of Tete, Nampula, and Niassa although large numbers of new cases are reported in Tete city and Quelimane. Currently, the situation is worse in Zambezia where two more districts have now been reported as cholera affected; Nicoadala and Gurué. The latest province to report cholera cases is Sofala with the city of Beira, the country’s second large being among the district affected.

The deterioration of the cholera outbreak in Zambezia coincided with the downgrading of the Government Institutional Alert from Red to Orange on 3 March. This has meant challenges in terms of interagency coordination with the reduced presence of INGC (National Disaster Management Agency) as well as HCT members on the ground and the resulting reduction for the flood emergency response and a gradual shift to early recovery and an increased focus on the cholera emergency response. Over 16,000 people have moved back from accommodation centers to their place of origin. A total of 10,367 families totaling 50,547 persons have been resettled in 64 resettlement sites out of which 27 are new. Provincial authorities and NGOs are trying to identify resources to invest in basic infrastructure to make these sites more sustainable. Advocacy is required to ensure that recovery investments do not focus only damages to places of origin but also take into consideration the needs of viable resettlement sites.

Although cholera outbreaks now take the center stage there are still many humanitarian needs unmet, particularly those associated with early recovery and the cost of rebuilding, both structurally and non-structurally.
Humanitarian leadership and coordination

For the cholera response, coordination efforts and intervention have been initially led by the Provincial Directorate of Health (DPS), Provincial Directorate of Public Works and Housing (DPOPHRH), and the now coordinated under the Provincial Directorate of Environmental Action, with strong support from UNICEF, WHO, and MSF.

Overall, the INGC is the government leading disaster management institution, in charge of coordinating all disaster management and emergency response efforts. However, UNICEF works directly with INGC and line ministries to provide direct support to INGC and to the HCT through cluster leadership in WASH, Health, Nutrition, Education and Protection. The UNICEF Deputy Rep co-chairs the Mozambique Humanitarian Country Team (HCT) together with the Resident Coordinator and the WFP Country Director. UNICEF also led the HCT team deployed to Zambezia for the flood response. UNICEF and WHO representatives are also jointly supporting the Ministry of Health who is leading a multi-sector cholera response task force headed by the Vice Minister of Health.

UNICEF chairs the WASH clusters and is a very active member of the health/nutrition and the education/protection clusters.

Summary Analysis of Programme response

Cholera continues to pose great public health threat to the communities affected. Sanitation, real-time mapping, and social mobilization campaigns are the key intervention priorities defined and agreed among parts, including government and UNICEF, WHO and MSF. UNICEF is providing both material and technical support from the establishment of the cholera treatment centers, development of the cholera multi-sectorial plan, and provision of cholera medication to multi-sectorial coordination.

The impacts of the floods despite significant improvements will continue for some time. Floods have disrupted basic services—health, access to water, education, food and shelter. Have limited the circulation of goods and people and negatively impacted on the family economy and regular productive and economic activities of the affected communities. The social and economic impact of the flood is yet to be fully defined. However, without the intervention of the HCT/UNICEF, cluster members and implementing agencies, the destruction of the flood and the cost of resuming services, including access to basic services such as water and sanitation, reducing the risk of violence against children, minimizing the risk of protection would have been considerably higher.

WASH  
Cholera
- Provision of chlorine solution (Certeza) for household water treatment (Niassa, Nampula, Zambezia, Tete)
- Funds for water trucking operations and water storage tanks and tapstands provided for the most cholera affected neighborhoods in Tete city.
- Support provided to provincial multisectoral team for coordination and response, both in Tete and in Quelimane.

Floods
- Provision of 2,000kg of calcium hypochlorite 65-70% for the water treatment centers in four districts supplying water to over 63,000 people.
- Jerry cans distributed to 833 families or 4,165.
- 120 latrines slabs distributed in the accommodation centers.
- 2 PCAs signed with World Vision and Save the Children/Oxfam to provide WASH assistance to 50,000 people in the accommodation and resettlement centers.

Education and Protection
- 26 school tents benefiting close to 4,000 children.
- 23,700 learners' kits distributed to 23,700 school-aged children in the affected communities and RCs.
- 43 black boards benefiting more than 7,000 school-aged children.
- PCA with two NGOs (Save the Children and Forum Mulher) and support to Zambezia police department for protection services in accommodation centers.
- Family kits distributed to 400 vulnerable families (child headed households, families with people with disabilities) totaling 2,000 people.
- Training and distribution of 129 psycho-social kits for social workers

Health and Nutrition  
Cholera:
- Technical assistance for the development of the cholera multi-sectorial response plan in Zambezia and Tete
- Technical and material support for the establishment of cholera treatment centers in Tete, Zambezia, and Niassa, including cholera treatment equipment and medications.
- Technical support for cholera surveillance and real time mapping in Quelimane in coordination with WHO and MSF.
Floods
- Nutritional supplements (BP-5) distributed to 3,130 children.
- Basic health emergency kit (for 10,000 people) and hospital tents for health services in accommodation centres benefiting 10,896 people (of which 333 treated for diarrhea, 3,481 for malaria and 386 for acute respiratory infection).
- 18,000 mosquito nets distributed to 9,000 families approximately 8,000 children under the age of 5 years were protected against malaria.
- The screening for malnutrition of 1,304 children has resulted into the detection of 365 children with moderate acute malnutrition and 195 with severe acute malnutrition who were referred to health centers for treatment.

C4D Cholera
- Social mobilization on cholera prevention and treatment through radio announcements, provision of information and communication material, and mobile units.
- Technical support to health and municipal authorities with the development of cholera communication plan/activities.
- Technical support to health authorities GPS epidemiological mapping of cholera case.
- Technical and financial support to the Ministry of Health to a country wide cholera prevention campaign in the potential hot spots across the country.

Floods
- 39,072 units of diverse IEC material distributed in the accommodation centers and resettlement centers focused on key behaviors to protect children in emergencies.
- Families with children under-5 in affected provinces are reached with key life-saving messages, including infant and young child feeding, malaria prevention, hand washing, hygiene and child protection and care practices.

Early Recovery
- UNICEF is currently participating in the UN/INGC led rapid assessment to support early recovery interventions in Zambezia, Nampula, Niassa and Cabo-Delgado. As co-chair of the HCT, UNICEF has also been facilitating the collaboration of HCT members in the World Bank lead Recovery Rapid Assessment requested by the Ministry of Economy and Finance. This report will include both structural and non-structural recovery.
- Cost for structural recovery for Education in Zambezia Meticais\(^1\) 156,183,859\(^2\) (equivalent to $4,732,844).
- Cost for non-structural recovery for Education in Zambezia aimed at reducing vulnerability Meticais 10,133,940\(^3\) (app. $307,089).

Funding
UNICEF Mozambique’s total humanitarian requirements for 2015 highlighted in the Humanitarian Action for Children (HAC) are US$ 2,840,000 to support the flood response for six months. To date, UNICEF received a total of US$ 690,770 for flood response mostly from CERF (WASH and Protection) and a small contribution from Portugal for Nutrition (through One UN Fund). In addition, US$281,511 were received for cholera response from CERF and the Government of Flanders (through one UN fund). In total the appeal is thus funded at 34%. Additional funding is needed to support the increased needs of the cholera response and the early recovery needs of flood-affected communities. On-going discussion are taking place with the Gates Foundation for cholera response and Sweden for a thematic emergency contribution.

<table>
<thead>
<tr>
<th>Sectors</th>
<th>2015 Requirements (US$)</th>
<th>Funds received</th>
<th>% Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>115,000</td>
<td>29270</td>
<td>25%</td>
</tr>
<tr>
<td>Health</td>
<td>125,000</td>
<td>281,511</td>
<td>225%</td>
</tr>
<tr>
<td>WASH</td>
<td>2,000,000</td>
<td>498,500</td>
<td>25%</td>
</tr>
<tr>
<td>Education</td>
<td>400,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Protection</td>
<td>150,000</td>
<td>163,000</td>
<td>108%</td>
</tr>
<tr>
<td>Communication for Development</td>
<td>50,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>2,840,000</td>
<td>972,281</td>
<td>34%</td>
</tr>
</tbody>
</table>

\(^1\) Mozambican currency
\(^2\) Provincial Directorate of Education in Zambezia (DPECZ)
\(^3\) UNICEF/DPECZ assessment
Who to contact for further information:

UNICEF Mozambique
Koenraad Vanormelingen
Representative
Tel: (258-21) 481 100
Email: kvanormelingen@unicef.org

UNICEF Mozambique
Michel Le Pechoux
Deputy Representative
Tel: (258-21) 481 104
Email: mlepechoux@unicef.org

UNICEF Mozambique
Tito Bonde
Emergency Specialist
Tel: (258-21) 481 100
Email: tbonde@unicef.org