Situation Overview

The cases of COVID-19 and related hospitalizations and deaths in Mozambique continue increasing and with an upward trend. As of 25 September, 77 per cent of total districts (164) in the country reported at least one case and the positivity rate was 6 per cent. The health authorities reported a cumulative of 7,589 confirmed cases of COVID-19 (7,303 are from local transmission), 53 deaths and 207 hospitalizations which 54 are still in isolation centers under treatment (as of 25 September). Most cases are asymptomatic (56 per cent as of epidemiological report of 28 September 2020), 1 per cent of cases presented severe symptoms and 58 per cent of cases reported are on males. The covid-19 active cases are concentrated in Maputo city having 62.5 per cent of the total active cases, followed by Maputo, Nampula and Zambezia provinces. In terms of deaths, the Ministry of Health (MoH) reported that 66 per cent of the deaths (35) occurred in Maputo city and the age group with major cases are 20-29 years old.

It is worth to highlight that the country has improved its testing capacity having done so far 131,579 tests since the declaration of the pandemic. This is partially due to decentralization of testing capacity for COVID-19, having currently installed capacity in Pemba, Nampula and Beira cities besides the central level in Maputo. Moreover, the MoH has reported that 61.2 per cent of the people previously
infected with COVID-19 has fully recovered. As part of its strategy to increase knowledge on how the epidemic is unfolding in Mozambique, the National Institute of Health (INS) conducted sero-epidemiological surveys in Maputo, Pemba, Nampula, Tete and Quelimane cities. Preliminary results of these surveys varies from city to city but overall, there is indication that among the different target groups of the survey, market sellers and transporters are the most exposed to covid-19 and in terms of age group all are exposed to COVID-19 but the young, youth and elderly people are the most exposed. These results will help the authorities to make informed decisions and target the priority groups and locations in its response.

Given the increase in the number of COVID-19 cases and the need to balance the Prevention and Response strategy with gradual return to normality, the Government of Mozambique declared on 4th September 2020 the state of Public calamity nationwide and for undetermined period. This declaration/decrees bring additional measures and procedures to be followed such as 1) travelers arriving the country need to present a covid-19 test done in the country of origin in the last 72h with negative result; 2) Re-opening of schools subject to decision making on the revision of the school calendar and evaluations of basic WASH conditions; 3) resumption of passenger flights to specific countries based on reciprocity; 4) Functioning of public and private institutions should observe COVID-19 prevention and response measures (temperature screening, gathering limit to maximum of 40 people, disinfection with appropriate solutions).

**Coordination**

The Ministry of Health (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. The National Institute of Health, opened delegations at provincial level in Maputo city and Sofala.

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

**UNICEF Response (during reporting period)**

**Health**

- 535 community health workers (APEs) were trained on IPC for COVID-19 and continuity of services of which 300 APEs in Inhambane, 235 APEs in Tete. The trained APEs have a catchment area of estimated 640,000 people of which 300,000 children under the age of 15 years.
- 102 Health workers were trained on IPC for COVID-19 and continuity of services in Inhambane.
- 2,400 cloth masks were produced and distributed to APEs in Inhambane and Tete (1,800 masks in Inhambane and 600 masks in Tete).
- Supported technical meetings to review provincial progress of operationalization of community response strategy to COVID-19 (all provinces have identified challenges and gaps which are being shared with partners).

**Nutrition**

- An updated COVID nutrition response plan was defined with MISAU and nutrition partners to assure continuity of services and geographical prioritization on the response based on projected caseloads and affectation for a 12-month period.
- Nutrition supplies for SAM treatment assured for nutrition response related to COVID 19 until first quarter of 2021.
WASH
- Finalized WASH upgrading works in an additional isolation treatment center (CIVOVs) in Nampula – so far, there are four completed in total. Work is ongoing for an additional nine CIVOVs across the country.
- 34 boreholes rehabilitated in the urban periphery areas of Nampula City with government partners.

Communication for Development (C4D), Community Engagement & Accountability
- 216 community theater shows on live in 9 community radios in the districts of Zambezia province
- Ongoing production of 4 TV and radio spots on COVID19 signs and symptoms; IYCF during COVID19, risk mitigation at water points, demand health services.
- Approximately 4 million people have been reaching in 48 districts with COVID19 preventive messages and mitigation of secondary impact through messages dissemination of multimedia mobile units.
- Almost 10 million impressions on COVID-19 contents on social media.
- Implementation of special social media campaign to engage adolescents on COVID19 prevention reaching 574 thousand engagements on related contents.
- 9 community theater groups have been supported in 9 districts of the province of Zambezia.
- 65,133 people sharing their concerns on U-Report related to COVID19 and mitigation of secondary impact.

Education
- Survey (U-report) on school reopening organized in collaboration with Communication, Advocacy and Partnerships -CAP with more than 43,000 respondents.
- Webinar on school reopening organized in collaboration with the civil society organizations (MEPT) and with good participation from MINEDH, international NGOs and UN as well to help mobilize for a safe school reopening. MINEDH has indeed started to reopen schools at higher education and secondary school level (grade 12).
- Personal hygiene (11,500 masks, 920 bars of soap) and school cleaning kits have arrived in Cabo Delgado.
- Support to distance education through training of 62 teachers and monthly financial support to Institute of Social Communication (ICS) to facilitate lessons via community radios.
- Continuing support to MINEDH TWGs on school reopening, M&E and distance education

Child Protection
- Remote or one on one Psychosocial support provided to 2,931 children
- Child Protection implementing partners are continuously carrying out sensitization campaigns with regards to Covid-19 in the Cabo Delgado resettlement sites.
- 5,433 children reached through case management referral services to various services including sensitization with regards to Covid-19

Disability inclusion
- 11 children received assistive devices
- 50 persons with disabilities received remotes PSS
- One radio debate was organized on the implications of resuming activities in COVID context for persons with disabilities
- 600 persons with disabilities were sensitized on COVID prevention and 10 referred to health units

PSEA
- With support to Linha Verde, Linha Fala Crianca and police, a total of 18,140 (15,238 Male & 2,902 Female), including 1,451 children) were able to have access to reporting mechanisms on SEA.
Social Protection and Cash-Based Assistance

- MGCAS and INAS initiated enrolments into the Phase 2 (target is approximately 700,000 households countrywide). First payments to Phase 1 beneficiaries (290,000 households) are expected in late October, while in the case of Phase 2 beneficiaries' implementation is dependent on final availability of State Budget Support funds.

- As co-chair of the COVID-19 Technical Advisory Group (TAG) for social protection response, UNICEF raised concerns about potential delays in payments of PASD-PE Pandemics following lengthy process of signature of agreements between INAS and mobile money operators (one out of two providers were signed into the program in the past month) and foreseeing difficulties to procure basic mobile phones for all beneficiaries, as stipulated by Government plans. TAG members supported Government to come up with alternatives, such as combining different payment modalities throughout the country in order to speed up delivery of cash transfers.

- MGCAS/INAS, WFP and UNICEF fully aligned enrolment and payment procedures to reach over 80,000 households in areas in which UN will be supporting implementation. Joint registrations will start on October 5th in Tete (Moatize) and October 12th in Zambezia (Quelimane).

- UNICEF is setting up formal partnerships with women’s networks organizations to promote gender responsive implementation. In preparation for the remote C4D component, key messages are defined and setting up of the Rapid Pro platform (that will allow to send SMS and voice messages and gather feedback from cash transfer recipients) is ongoing in coordination with Government and mobile network operators.

Supply and Logistics

- More than 90% of all PPEs ordered through UNICEF have been already delivered to the MoH. Delays related to test reagents and laboratory equipment still observed given global demand and pressure on manufacturers. The 300 oxygen concentrators are being delivered during the coming weeks.

- $9 MM from the IDB committed to continue procurement of PPEs and laboratory supplies and equipment are to be transferred from the MoH to SD in the coming days, now that the MoU in between both parties have been finally signed.

- The Global Supply portal is fully operational, now opening it up to other partners like UNFPA and the MoH. Global shipping challenges continue, as well as delays experienced to import goods as they reach the port of entry.

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 9-month preparedness and response plan with revised funding requirement of $25 million USD. As of end-September, the office has received $10,015,468 USD for COVID-19 response thanks to the generous contributions from Education Cannot Wait, Global Partnership for Education (GPE), Japan, Netherlands, USAID, World Bank and Norway. About $ 5,457,900 USD from existing projects funded by European Union, DFID, Canada, Norway and KOICA were reprogrammed for COVID-19 response and UNICEF is managing $15 million from GPE as Grant Agent for the Government’s COVID Education response.
## Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target to 31 Dec 2020</th>
<th>Results as of 26 August 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>12,000,000</td>
<td>12,000,000</td>
</tr>
<tr>
<td># of people engaged on COVID-19 through RCCE actions</td>
<td>2,500</td>
<td>43,109</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>65,133</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>297,930</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>3,170</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>2,895</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>72,532</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)</td>
<td>19,000</td>
<td>12,797</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>13,776</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>99,075</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>