

# MOZAMBIQUE: Cyclone Idai & Floods

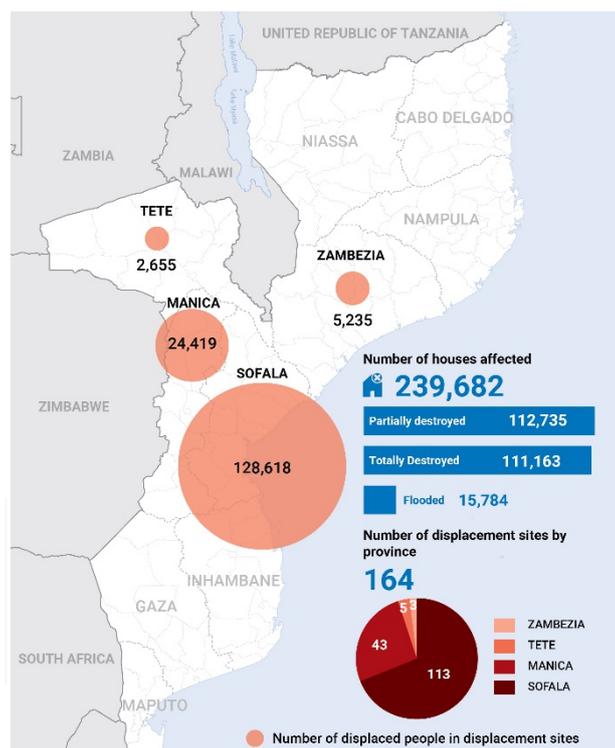
## Situation Report No. 7

As of 8 April 2019

This Situation Report is produced by OCHA Regional Office for Southern and Eastern Africa in collaboration with humanitarian partners. The Situation Report builds on Flash Updates #1 through #15 and provides detailed information on the situation and response by sector. The next report will be issued on 9 April 2019.

### HIGHLIGHTS

- Child-friendly spaces are being established by partners in multiple locations, including Beira, Dondo, and Buzi.
- Referral pathways for survivors of gender-based violence have been translated and are now being disseminated widely.
- Some 416 new cholera cases were reported on 8 April, bringing the total reported cases to 3,577, according to the Ministry of Health. More than 745,600 people had received the Oral Cholera Vaccine as of 8 April.
- More than 756,200 people have received food assistance across Manica, Sofala, Tete and Zambezia, and the distribution of seeds is set to begin on 9 April.



**3,577**

Cholera cases

**>745K**

Vaccinated against cholera

**602**

Deaths

**~161K**

Displaced people in 164 collective sites

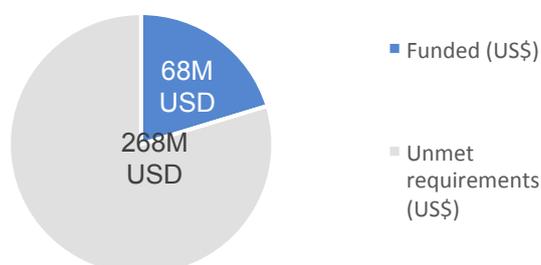
### SITUATION OVERVIEW

As of 8 April, the official death toll remained at 602 people. The number of houses destroyed or damaged also remained at 239,682, including 111,163 houses totally destroyed, 112,735 partially destroyed, and 15,784 flooded. There has reportedly been an increase in women-headed households as a result of the disaster, although exact numbers are yet to be verified or confirmed. At least 160,927 people were still sheltering in 164 accommodation sites across Manica (43); Sofala (113); Tete (5) and Zambezia (3) as of 8 April, according to government figures.

The total number of registered cholera case reached 3,577 cases on 8 April, with 416 new cases reported, according to the Ministry of Health. Of note, out of the 3,577 cases recorded to date, 3,485 have already been treated and recovered.

The Oral Cholera Vaccination campaign had reached 745,609 people as of 8 April, representing 82 per cent of the target.

#### HRP Funding Status - 8 April



### FUNDING

The revised Humanitarian Response Plan, which calls for US\$337.2 million (including \$282 million for the Cyclone Idai response) is just over 20 per cent funded. Multiple Member States have provided financial contributions for the humanitarian response in Mozambique,

with at least US\$85.3 million recorded in the Financial Tracking System (FTS) as of 7 April, of which \$68.3 million has been allocated against the appeal. This includes funding received for both the pre-existing drought response and the floods/Cyclone Idai response. Member States whose contributions are not yet reflected in FTS are encouraged to report as soon as possible: <https://fts.unocha.org/content/report-contribution>.

On 8 April, the EU [announced](#) that it will provide €7 million (US\$7.9M) to support 1.85 million people in Mozambique who are in need of urgent humanitarian assistance. This funding will enable the provision shelter, water and sanitation, food assistance, healthcare and psychosocial support. In the same announcement, the EU allocated additional funding for Zimbabwe (€4 million) and Malawi (€1 million).

## HUMANITARIAN RESPONSE

### Camp Coordination and Camp Management

#### Needs:

- At least 160,927 people were still sheltering in 164 accommodation sites, as of 8 April, across Manica (43); Sofala (113); Tete (5) and Zambezia (3), according to government. Following the government's direction to relocate internally displaced persons from public-school and hospital buildings, there is a need to support authorities to ensure safe, voluntarily, dignified and informed relocation.

>160K

People sheltering in 164 sites

#### Response:

- A relocation guidance note has been shared with CCCM partners and will be translated and circulated broadly. Cluster members continue to engage and advocate with authorities.
- On 8 April, CCCM coordinated with INGC to put on hold the relocation of 168 families from a private building in Beira. The relocation will take place once families are provided with shelter kits. UNHCR is ready to support with protection monitoring.
- The Community Engagement Working Group has developed FAQs for people living in temporary relocation sites and other temporary settlements.
- The government has suggested two additional sites for temporary relocation centers. One will be at Samoro Mashal and can house 82 families with sanitation and water facilities and protection desk. This is in addition to the five consolidated sites already being supported on the outskirts of Beira.
- Gender-Based Violence (GBV) tents, and other activity tents e.g. temporary learning centres (TLC) and child-friendly spaces (CFS) are being set up in accommodation sites to support affected people's different needs.

#### Gaps & Constraints:

- Limited understanding of guidelines on principled returns and relocations.
- Shelter materials and water and sanitation facilities are needed in new accommodation sites.
- WASH capacity is still insufficient to keep up with the installation of latrines and water required for the accommodation centers.
- Psychosocial support remains a gap for both children and adults in the accommodation centers.



### Early Recovery

#### Needs:

- UNDP is conducting a rapid socio-economic assessment to increase understanding of early recovery needs. UNDP - jointly with the EU and World Bank - will support a Post-Disaster Needs Assessment (PDNA).

#### Response:

- The Early Recovery Working Group (WG) is prioritizing interventions in Buzi, where returns are due to take place this week. The WG is discussing with the Food Security Cluster and ILO the importance of promoting/integrating Early Recovery, as a number of accommodation centers will be closed in the coming days.
- UNDP has allocated \$500,000 to support livelihoods and governance in return areas and is developing a recovery strategy, as requested by the Government.

**Gaps & Constraints:**

- The Early Recovery WG has received no funding, out of \$4.25 million requested. For the next month, \$600,000 is urgently required to implement critical activities to support rapid recovery. Without this funding, partners will be unable to reduce threats to lives and health risks due to prolonged exposure to unsanitary environment conditions.

**Education****Needs:**

- The number of classrooms destroyed remained at 3,359 as of 8 April, according to the Government, affecting 263,181 school-age children.
- In Buzi, 50,000 students and 100 teachers were affected; 378 latrines were destroyed; 1 dormitory and all food in storage destroyed. Only 36 schools have resumed classes. Although all districts have needs, the government has requested that priority is given to Buzi including repair of school and dormitory.

**>263K**school-age children  
affected**Response:**

- 11 temporary learning spaces were provided through COSACA, reaching 2,640 children.
- In Beira, Mission Education has agreed to support an assessment of school infrastructure and the government has appointed staff to work on this.
- The relocation task team (Protection, Education and CCCM) met with the government to plan the relocation of families from schools to the new camp (Samora Machel). This camp can accommodate 164 families, with 82 double tents and 20 latrines. This will allow the relocation of families staying in six schools, which have been identified.
- Cluster partners are supporting the Provincial Directorate of Education and Human Development in disinfecting and cleaning schools previously used as accommodation centers.

**Gaps & Constraints:**

- While there is a regular information exchange and coordination between cluster and the government, the government expressed it had insufficient information on partners' activities and appealed to all partners to inform and engage with the government in the implementation of activities. The 4W for education will be shared with DPEDH and MINEDH twice-weekly.
- Education partners continued to emphasize the need to ensure that the norms and standards defined for relocation of people, including the need for the process to be voluntary and done in a safe and signified manner, are respected.

**Emergency Telecommunications (ETC)****Needs:**

- Internet connectivity is improving but several areas remain cut-off from telecommunications.

**1,236**Humanitarians registered  
to access ETC services**Response:**

- The ETC is working on longer-term solutions for the response. This includes replacing the existing rapid-deploy satellite terminal at the Emergency Operations Centre (EOC) in Beira airport with a fixed satellite terminal.
- The ETC team had a meeting with security officers to determine the future of the Communications Centre (COMCEN) that the team will establish. It was agreed that the ETC will fund the COMCEN for three months and the SMT will decide how it will then be cost-shared.
- Since the start of the ETC response, 1,236 humanitarians have registered to access ETC Internet connectivity services in Beira and Buzi. The ETC is also providing internet connectivity to responders in 14 additional sites (refer to previous SitRep); and in the forward operating bases in Buzi and Matarara, and plans to provide connectivity services to humanitarians in forward operating bases in Grudja, Nhamatanda/Mutichira and Dombe.

**Gaps & Constraints:**

- The national electricity grid in Beira has been non-operational.
- The ETC requires US\$1.2 million for the provision of services in up to four EOCs for six months, along with several connection sites at accommodation centers, health centers, distribution points and joint location NGOs.

So far it is 50 per cent funded with US\$100,000 from the Central Emergency Response Fund (CERF) and \$500,000 from WFP's Strategic Resource Allocation Committee.

## Food Security

### Needs:

- The cyclone and floods damaged at least 715,378 hectares of agricultural land, affecting 500,000 producing families. According to the World Bank, the land is equivalent to 13 per cent of total agricultural land in Mozambique and the agricultural losses are estimated between \$141 million and \$258 million.
- The number of crops destroyed, and fisheries and livestock affected, is expected to rise as the full extent of the damage becomes known. Food insecurity is therefore expected to rise significantly in the coming months.
- Provision of agricultural inputs through distribution of seeds (corn, beans and vegetable seeds) and tools, is critical to ensure farmers capitalize on the 1- to 3-week planting window.

**>756K**

Number of people reached with food assistance

### Response:

- Some 756,255 people have been reached with food assistance in Sofala (570,670), Manica (122,512), Zambezia (54,238) and Tete (8,835).
- World Central Kitchen, in coordination with the FSC, WFP, Education Cluster and Municipality of Beira, is preparing cooked meals in Matadouro School in Beira, targeting 10,000 people daily. The cooked food is distributed in ten different locations, including three cholera centers.
- Seeds distribution will start on 9 April 2019, starting with Nhamatanda in Sofala province, followed by Manica province. Over 180 tons of second season seeds (maize and pulses) will be distributed, together with tools. Over 20,000 households will be targeted for the seeds and tools support. FAO, Head of Provincial Agriculture Service Sofala & Manica, CESVI, ORAM, SCI, WHH, CWW, Samaritans Purse, Kobus are coordinating a joint seed distribution (FAO inputs). Belgian Red Cross with Mozambique Red Cross, Matarara, ICRC and Matida are also distributing seeds.

SUMMARY OF BENEFICIARIES REACHED BY PROVINCE	Number of individuals
Sofala (Beira, Buzi, Cheringoma, Chibabava, Dondo, Gorongosa, Maringue, Muanza, Nhamatanda)	570,670
Tete (Tete City)	8,835
Zambezia (Lugela, Maganja da Costa, Molumbo, Namacura, Nicoadala,)	54,238
Manica (Gondola, Macate, Mossurize, Sussundenga)	122,512
<b>TOTAL</b>	<b>756,255</b>

### Gaps & Constraints:

- According to FTS, only 25.9 per cent of the FSC funding requirement has been received. Additional funding is urgently required, both to replenish agencies budgets, which have pre-financed the response to date from their own emergency funds, and to enable the expansion of operations.
- Access in some areas remains difficult without a helicopter. An unknown number of people have reportedly received no assistance.

## Health

### Needs:

- As of 8 April, the total number of registered cholera cases increased to 3,577 (from 3,161 case on 7 April), according to the Ministry of Health.
- Cumulatively, 7,124 malaria cases have been reported since 27 March.
- The Emergency Medical Teams (EMTs) are working on their exit strategies as the health needs are switching from direct care to health facilities support.

**3,577**

Cholera cases

### Response:

- A Malaria Task Force has been set up and is implementing a response plan that includes case management, vector control and entomological surveillance.
- At least 745,609 people had been vaccinated – over 82 per cent of the targeted population - in the ongoing oral cholera vaccination (OCV) campaign as of 8 April, in Beira (389,632 people, 81 per cent of target); Dondo (149,416, 86 per cent); Nhamtanda (162,017, 96 per cent); and Buzi (44,544, 109 per cent).
- The Early Warning, Alert and Response System (EWARS) is being rolled out.

#### Gaps & Constraints:

- There is need to intensify WASH interventions and cholera risk communication in the most affected neighborhoods.
- Additional human resources are needed for surveillance and epidemiology, information management, reporting and health operations. There is limited surveillance information outside of Beira, Dondo and Nhamatanda due to poor communication network and access.
- Poor access to health facilities, which have been cut-off by the cyclone and floods, is hampering restocking of essential drugs and medical supplies in the health centers, as evidenced by the Buzi rapid assessment.

## Logistics

#### Needs:

- Accessibility is evolving quickly; delivery modalities are adapting to ensure maximum efficiency. The Logistics Cluster will advise on the most efficient means of transportation based on locations and priorities.

#### Response:

- The Logistics Cluster is supporting the set up of three FOBs (out of six) – Buzi, Buzi South and Nhamatanda. In Nhamatanda, common Mobile Storage Unit (MSU) has been set up and loaned to Concern Worldwide.
- The Logistics Cluster has storage capacities available in Chimoio and Beira (airport and city).
- The Logistics Cluster will continue to offer a service of boat delivery to South Buzi. However, organizations must have offloading capacities on ground.
- Efforts are ongoing to re-float the ferry from Guara Guara to the south side of Buzi to enable distributions.

#### Gaps & Constraints:

- The Air Bridge (US Military) between Maputo and Beira will be deactivated the night of 10 April.
- Several isolated populations are only reachable by boat and air. The latest Access Constraints map is available at <https://logcluster.org/ops/cyclone-idai19>

## Nutrition

#### Needs:

- The nutritional needs of infants and young children, and pregnant and lactating women, are a priority for the cluster. Cluster members are working to promote and support continued breastfeeding, and optimal complementary feeding to save children's lives in emergencies.
- Mid-Upper Arm Circumference (MUAC) screening of children 6-59 months has begun in affected areas. To date, 5,357 children have been screened of which 40 were identified as severely malnourished and 168 as moderately malnourished.
- It is estimated that 10,937 children under five years old will face severe acute malnutrition over the next nine months. UNICEF is targeting 8,750 cases.
- More than 41 percent of Mozambique's children were physically stunted pre-Cyclone Idai. In Sofala and Manica provinces, global acute malnutrition (GAM) prior to the cyclone was estimated at 7 per cent.

**>5,300**

Children MUAC  
screened

#### Response:

- Save the Children has completed site selection for its activities in Sofala and Manica and has finished recruitment of the nutritionists, including an Infant and Young Child Feeding (IYCF) Officer who will be posted to the program.
- In Chimoio, nutritional screening (relating with food security) is a priority for the cluster.
- WFP Nutrition is prioritizing continued support for moderate acute malnutrition (MAM) treatment in health facilities, per the six-month plan to treat 53,000 children and 44,000 women. MAM treatment has started in accommodation

centers in Sofala, per the now signed agreement with DPS. Nutrition staff continue to work in Manica, Zambezia, and Tete on rolling out training, and moving of nutrition supplies to health facilities to commence treatment in those areas. WFP will also support provision of high energy biscuits as breakfast to three cholera treatment centers.

- UNICEF supported MUAC screening. Between 25th March and 7th April, 594 children (6-59 months) were screened in Sofala) of which 55 were acutely malnourished. WFP is conducting nutrition screenings in Bebedo locality to assess the nutrition situation.

#### Gaps & Constraints:

- Save the Children has reported challenges in receiving timely funding for its planned response in cyclone affected provinces. There is also a delay in recruiting a Nutrition coordinator to be based at the provincial level.
- Gaps in staff and personnel to conduct nutrition screening in communities and IYCF counselling.
- The internet network remains an issue causing lack of report on ongoing activities. It is also a challenge to change frequency of routine activities to meet the needs of the emergency.

## Protection

#### Needs:

- As of 8 April, the Government has identified 27,764 vulnerable people – including children, people with disabilities, female-headed households and the elderly – living in IDP sites
- The number of women-headed households has increased as a result of the disaster, hence, there is a need for the immediate response as well as long-term livelihood and resilience programmes to be tailored to girl's and women's needs and capacities.
- The risk of GBV is high, as IDPs in collective sites are sleeping in classrooms, with women and children occupying one classroom and men the other. According to the 2011 DHS, domestic violence is the most prevalent type of GBV in Mozambique.
- Consistent and continued advocacy is underway on principled relocations as well as relevant follow-up activities such as monitoring and complaint and feedback mechanisms.

**>1,400**

Children benefiting from child-friendly spaces

#### Response:

- Discussions are ongoing regarding discontinuation of establishment of new tented camps in favor of a more sustainable voluntary return support strategy, in full consultation and cooperation with INGC. Protection partners have reiterated the need to ensure that any returns or relocations are voluntary, dignified and safe.
- Twenty-three (23) UNHCR-donated tents to INGC were erected at Samora Machel. Relocation from schools to Samora Machel is planned for 10 April. A multi-functional team, including various clusters and UNHCR, is at the site to ensure preparedness and adherence to relocation standards. UNHCR will support with orientation of volunteers provided by partners and conduct protection monitoring. Under the coordination of UNICEF, the Child Protection (CP) subgroup, together with Education, CCCM and the INGC, visited the Samora Machel relocation site, to assess readiness discuss protection concerns in preparation for the relocation exercise. This visit was followed by deployment of CP specialist and volunteers to assist with the registration, at the departing sites, namely Sansão Mutemba and Eduardo Mondlane.
- GBV referral pathways have been translated and are now disseminated within the humanitarian community. Roll out took place during OCHA briefings and with EMT teams, Protection cluster and CCCM. A briefing will be given to Food, Wash and Health clusters during their bi-weekly meeting on 10 April. A briefing note on GBV is also available on HR info (English and Portuguese)
- A task force has been set up with IOM, UNICEF, UNFPA and UNHCR concerning the “protection desks” to be set up in each of the six camps. The objective is to have an integrated approach with child protection and GBV actors and ensure that any protection response at camp level is embedded into government mechanisms and channelled through Police officers, Health focal points and social workers already present in most of the camps. The protection desk at Picoco 1 is being piloted. IOM will lead the coordination and ensure these protection desks are in place and functional in each camp.
- The CP AoR met with government (Provincial Directorate for Gender children and Social affairs) to discuss family tracing and reunification (FTR). The government validated the tool and agreed to support its implementation. Training was suggested for 18 April and will cover the referral pathway and FTR concepts, definitions and forms.
- AVSI has started running CFS and providing recreational activities in Sao Pedro, Amilcar Cabral, EPC Macurungo.

- Over 1,446 children continue to benefit from Child Friendly Spaces (CFS) activities implemented by Save the Children (with support from UNICEF), World Vision and IsraAID volunteers in six sites. (refer to previous SitRep)
- Save the Children is in the process of setting up CFS in Nhamatanda (Tica, Tica Intersection, Tica Nunes, Tica Lamego and Tica Village) and Dondo (Samora Machel and Chipende). 35 CFS tents procured by UNICEF to support Save the Children CFS activities will arrive in Beira on 9 April.
- Plan International is setting up 5 CFS in Buzi (Estaquinha, Bandua, Estaquinha, Ampara). The 5 CFS are expected to reach more than 2,500 children. World Vision will set-up CFS in Buzi (Guaraguara and Buzi city).

#### Gaps & Constraints:

- There is a need to work on GBV awareness raising and messages to be disseminated. The Community Engagement Working Group has been approached by the GBV sub-cluster for collaboration.
- There is a need to rehabilitate the offices of the Women and Children's Protection Desk, the Women Shelter in Beira and one stop centre (CAY). UNFPA is also in contact with Government counterparts to increase the capacity of their field staff on GBV. Local partners will need capacity building on GBV in emergencies to scale up their community-based services.
- There is a need for greater awareness around the importance of carrying out relocations in a safe, dignified, informed and voluntary manner. Guidance on monitoring relocations is being shared.
- There is a need to strengthen the capacity of Government's social workers to provide psychosocial support services to the affected population, especially on GBV.

### Shelter & NFI

#### Needs:

- The number of houses reportedly destroyed or damaged remained at 239,682 houses as of 8 April, including 111,163 houses totally destroyed, 112,735 partially destroyed and 15,784 flooded, according to government figures. This is three-times the number of damaged houses estimated during the revision of the Humanitarian Response Plan, leaving a significant gap.
- As a bare minimum package, displaced people need shelter kits, including toolkits to ensure recovery and return as soon as possible. Priority items for the response are: tarpaulins and rope (pipeline gap at least 61,000 tarpaulins); tool kits; blankets; sleeping mats; buckets; solar lamps.

**>239K**

Houses destroyed or damaged

#### Response:

- Shelter Cluster is now focusing on support to people being relocated and/or who are choosing to return to their areas of origin. Shelter partners are also supporting return intentions surveys to better understand the return constraints and do better planning.
- 750 shelter kits were provided to families being relocated from the Sao Padro camp on 7 April. The families were also provided with two blankets per family.
- Deliveries via air and road are ongoing in three provinces (Sofala, Manica, Zambezia), in the districts of Beira, Buzi, Dondo, Nhamatanda, Gondola, Gorongosa, Mocuba, Morrumbala and Sussendenga

#### Gaps & Constraints:

- There are still areas in the north of the coast line which are under served and shelter gaps remain in these areas.
- Others major constraints are with data for planning and targeted purposes, rapid scale up and implementation capacity, insufficient materials in the pipeline to meet the needs and limited distribution capacity.

### Water, Sanitation and Hygiene

#### Needs:

- Provision of safe water, appropriate sanitation and health and hygiene education to affected communities is critical to minimize the risk of WASH related disease outbreaks, including cholera.
- Handwashing stations and practices are limited or properly maintained and waste management is a general problem in most affected areas.

**1:20**

Sphere standard for latrines/person in camps

#### Response:

- WASH cholera strategy has been developed, with priorities including coordination between wash and health, coordination with community engagement WG, provision of water supply (access to water network with FIPAG, Certeza distribution, water treatment units, small material system, and water trucking), hygiene and sanitation (focus on key communities' hotspots)
- WASH cluster continues to support in recovering the power supply to the water supply pumps and waste treatment plants. However, a WASH cluster partner informed they were stopped from distributing hygiene kits in one of the informal settlements.
- An assessment to reactivate the waste water treatment plant in Munhava, an suburb of Beira most affected by cholera, is underway.

#### Gaps & Constraints:

- Certeza (for water purification) is available in camps but is not systematically or appropriately used. Some volunteers are not trained on how to use it.
- Waste management capacity of Beira municipality was low prior to the cyclone and has deteriorated, creating significant gaps.
- Installation of WASH facilities in relocation camps is ongoing but needs to be improved and scaled up.

## GENERAL COORDINATION

The humanitarian response in Mozambique is led and coordinated by the Government through the National Institute of Disaster Management (INGC) and related emergency coordination mechanisms. This is supported by the Humanitarian Country Team (HCT), which is composed of UN agencies, International NGOs, Red Cross and donor representatives. The HCT is supported at the operational level by an Inter-Cluster Coordination Group (ICCG).

Coordination arrangements are taking place at the national level in Maputo and through the three coordination hubs activated by the Government at the provincial levels in Beira (Sofala), Chimoio (Manica) and Quelimane (Zambezia). Humanitarian partners have established presences in each of these locations to facilitate operational coordination and support the Government-led response. Multiple humanitarian partners have surged additional capacity to Mozambique in order to ramp-up emergency operations. OCHA has deployed surge staff to support coordination and United Nations Disaster Assessment and Coordination teams have been deployed to Beira and Chimoio.

For further information, please contact:

**Maputo:** Truphosa Anjichi-Kodumbe, OCHA Humanitarian Reporting Officer, Email: [anjichi@un.org](mailto:anjichi@un.org); Cell +258 850 482 549; WhatsApp +254 722 839 182.

**Beira:** Saviano Abreu, OCHA Public Information Officer, Email: [deabreuisidoro@un.org](mailto:deabreuisidoro@un.org); Cell: +254 722 513 503 (WhatsApp)

**Nairobi:** Guiomar Pau Sole, Head, Communications Unit, OCHA ROSEA, Email: [pausole@un.org](mailto:pausole@un.org); Cell: +254 786 633 633

For more information on the "Mozambique – Cyclone Idai & Floods" response, please visit

<https://www.humanitarianresponse.info/en/operations/mozambique>

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