Situation Overview

The COVID-19 cases in Mozambique continue to increase and with an upward trend. As of 26 August, 60% of total districts (164) in the country reported at least one case. The health authorities reported a cumulative of 3,590 confirmed cases of COVID-19 (3,332 are from local transmission) and 21 deaths. The majority of cases are asymptomatic (56% as of epidemiological report of 24 August 2020) and concentrated in Maputo city, Maputo province, Cabo Delgado and Nampula. The Ministry of Health (MoH) reported that since the declaration of the outbreak, only 69 people were hospitalized of which nine are still receiving medical care in isolation wards installed in Gaza, Sofala and Maputo city.

It is worth to highlight that the country has improved its testing capacity having done so far 90,566 tests since the declaration of the pandemic. Moreover, the MoH has reported that more than 50% of the people previously infected with COVID-19 has fully recovered.

Although the recovery rate from covid-19 is above 50%, on 10 August 2020, the MoH declared Maputo city with community transmission pattern for covid-19 given the high positivity rate, scattered distribution of cases and change in the profile of

Key Facts and Actions

• The Government of Mozambique declared a new state of Emergency for 30 days ending on 6 September 2020 with phased approach restrictive measures;
• UNICEF supported the training of 1,292 community health workers on IPC for COVID-19, continuity of services and supplied with social masks;
• UNICEF is supporting WASH upgrading works in 12 isolation treatment centers in 6 provinces;
• More than 90% of all PPEs ordered through UNICEF have been already delivered to the MoH;
• UNICEF provided financial support to MINEDH for the preparation of radio and TV programs for distance education;
• 20 Community Based rehabilitation field workers in Sofala were trained and equipped to provide remote PSS.

Situation in Numbers

<table>
<thead>
<tr>
<th>3,590</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,638</td>
<td>Active cases</td>
</tr>
<tr>
<td>21</td>
<td>Deaths</td>
</tr>
<tr>
<td>90,566</td>
<td>Tested</td>
</tr>
<tr>
<td>3,449</td>
<td>Active contacts</td>
</tr>
<tr>
<td>1,927</td>
<td>Recovered</td>
</tr>
</tbody>
</table>

infected that was observed. This is the 3rd location in the country declared with this pattern after Cabo Delgado and Nampula.

The National Institute of Health (INS) is currently conducting the 3rd sero-epidemiological survey in Maputo city as part of its strategy to increase knowledge on how the epidemic is unfolding in Mozambique. The first two surveys were conducted in Nampula and Pemba city and preliminary results of Pemba survey disseminated on 27 July indicated that among the different target groups of the survey, market sellers are the most exposed to covid-19 followed by IDPs and health professionals and in terms of age group adolescent (and elderly people are the most exposed. These results will help the authorities to make informed decisions and target the priority groups.

The latest data on COVID-19 in the country indicate that the disease expanded geographically and recorded increase of COVID-19 test positivity rate, from 5% to an average of 7% since the last report (22 July). 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 neighboring countries. In order to avoid further deterioration of the situation, the Government of Mozambique declared a new state of Emergency for 30 days ending on 6 September 2020. The aim of this extension is 1) maintain the control and prevention measures for COVID-19 and 2) ensure the social and economic life has its normal course.

For objective 2, the Government defined the relief of the restrictions in three phases: phase 1 – for low risk activities (e.g: classes at universities and academy, religious cults with maximum of 50 people) starting in 18 August; phase 2 – medium risk activities (e.g: cinema, gym) which will start on 1st September and phase 3 (classes of 12 grade) – high risk activities which expects to start on 1st October. The resumption of the pre-school, primary and secondary school will be dependent on the restrictions imposed by sanitary and inspection authorities.

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.

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

- 1,292 APEs were trained on IPC for COVID-19 and continuity of services and supplied with social masks of which 623 APEs in Tete, 392 APEs in Niassa and 277 APEs in Gaza. The trained APEs have a catchment areas of 1.6 million people of which 600,000 children under the age of 15 years;
- Supported online training of 45 provincial focal points for operationalization of community response strategy to COVI-19. The training included the steps for operationalization and contents for training of community actors on COVID-19 surveillance.
- Supported online advocacy meeting with 80 participants between Ministry of Health, primary health care department and NGOs working on community health, to call for province and district level support for operationalization of community response strategy for COVID-19.
- 2,000 copies of community response strategy has been distributed by UNICEF to all provinces and currently in process of distribution to all districts. Cabo Delgado (170), Niassa (160), Nampula (230), Zambezia (220), Tete (150), Manica (120< Sofala (130), Inhambane (140), Gaza (140), Maputo province (80), Maputo city (60), Ministry of Health (400).
Nutrition

- UNICEF provided technical and financial support for training of 44 health workers, 372 CHWs and 1,412 Volunteers in Nutrition Intervention package including counseling on child feeding in the context of Covid19 pandemic in Manica and Sofala provinces
- 28 supervision, technical support and monitoring of continuity of nutrition services under Covid scenario visits in Manica province were logistically supported by UNICEF.

WASH

- Finalized WASH upgrading works in three isolation treatment centers in Cabo Delgado and Maputo. Work is ongoing for an additional nine CICOV facilities, including partnerships with World Vision, Helpcode, and Provincial Departments of Public Works for support to CICVOVs in Zambezia, Sofala, Manica, Inhambane, Nampula, and Gaza Provinces.
- Works ongoing for the repair of 56 non-functional boreholes in Nampula in the periphery areas of Nampula City.
- Installation of communal handwashing stations ongoing in urban areas in partnership with UN Habitat, Provincial Departments of Health, and Provincial Departments of Public Works
- Dispatched supplies for health facilities in Inhambane, Gaza, Zambezia, Sofala, and Manica Provinces. Distributing hygiene items to quarantined households with surveillance teams in Nampula Province.
- 77 activists and government officials trained to provide inclusive COVID-19 prevention activities, including 46 FAMOD activists and 31 government officials through a partnership with Humanity and Inclusion.

Communication for Development (C4D), Community Engagement & Accountability

- 12 million people reached by Radio Mozambique and 111 community radios that through the active support to weekly radio programmes: Ouro Negro, Saude e Vida and daily radio spots (preventive measures and secondary impact).
- Ongoing production of 4 TV and radio spots on COVID19 signs and symptoms; IYCF during COVID19, risk mitigation at water points, demand health services.
- Almost 6.5 million impressions on COVID-19 contents on social media
- Launch of social media campaign to engage adolescents on COVID19 prevention
- 288,125 people were reached on COVID-19 through messaging on prevention and access to services and 127,947 people sharing their concerns on U-Report.
- 468 community actors have been trained to support the promotion of COVID19 preventive practices in 9 districts of the province of Nampula

Education

- Ministry of Education (MINEDH) has started an assessment of the tertiary education institutes on the WASH facilities. First draft reporting on secondary schools (SE2) indicates less than half of schools have functioning latrines and just half have access to public water system. Collaboration with WASH has been stepped up to promote for WASH facilities at every school and to include global WASH indicators in the EMIS of MINEDH.
- PCA with Terre des Hommes Italy has been signed and three other PCAs for the response to COVID 19 are in preparation (with GVC/We World, AVSI and UNESCO). Also a proposal for innovation in the provision of distance learning by the private sector is in development.
- UNICEF provided financial support to MINEDH for the preparation of radio and TV programs for distance education since the start of GPE COVID 19 project.
- UNICEF has been working intensively with MINEDH on policy notes for the school reopening, which were regularly adapted to the latest lock down measures by government.
Child Protection

- Support DGCAS to develop the Mapping Guide, for surveying children involved in informal selling at the level of municipal district markets and preparation of the operational plan in the context of closing markets.
- Radio spots on parenting and PSS are being aired nationwide, both in Portuguese and local language. Likewise, radio drama stories (Ouro Negro) on parenting and psychosocial is being broadcasted since July this year.
- 20 Community Based rehabilitation field workers from Nhamatanda, Dondo and Beira have been trained and provided with smartphone and psychosocial support tool and they are now providing support remotely to their beneficiaries.
- 647 beneficiaries from ADEMO and 724 persons in Nhamatanda received hygiene packs.
- 45 people with disabilities received training and set up of small businesses in Beira, Dondo, Buzi and Gorongosa (currently focusing on face mask production).
- Ombudsman Office continue site visits to provinces (Maputo & Gaza) visiting prisons, civil registry services, police stations and conducting meetings with government and local entities to assess the compliance of the SoE measures follow Human Rights Standards.
- One radio debate has been organized by RADIO INDICO on “Situation of person with disabilities during COVID-19 Pandemic” with participation of FAMOD, ACRIDEME and HelpAge International.
- Development of Inclusive COVID-19 training to be provided ONLINE to humanitarian organizations and any other organization, it will be released soon to Humanitarian organizations by LFW.

PSEA

- 31 counsellors (8M, 23F) from Linha Fala Criança, Linha Verde and SMS Biz were trained by UNICEF on PSEA. These counsellors were equipped in identifying SEA cases from calls received from the beneficiaries through the toll-free lines and to safely refer SEA survivors to appropriate service providers and to specific organizations for accountability.

Social Protection and Cash-Based Assistance

- Technical Advisory Group (TAG) carried out joint monitoring visits with MGCAS/INAS to enrolment sites (Nampula, Tete, Maputo provinces). Although efforts are being made, observation of preventive practices (social distancing) and communication to beneficiaries need improvement.
- Preparatory visits for implementation in support of Government Response plan carried out jointly by UNICEF and WFP. Training to enumerators (verification/registration) and CSOs (communication and monitoring). Focus on engaging women’s networks of grassroots organizations to promote gender responsive implementation.
- C4D mobile phone (SMS/Voice/Feedback) component, with focus on gender and nutrition, in preparation. UNICEF to support INAS in Tete, Zambezia and Cabo Delgado with this mobile approach initially. More provinces to be added upon review of funds/results.
- MGCAS/INAS completed enrolments of beneficiaries into the PASD-PE (cash transfer program) for the Phase 1 (approx. 290,000 households). First payments pending finalization of contracts with service providers.

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. Finally 200 oxygen concentrators about to be delivered by the end of August, with 100 more ready for shipment during September.
- While the only outstanding order with the $1.2 MM recently received from MoH/Pro Saude is under finalization, we are waiting for the imminent $9 MM from the MoH/IsldBank to expedite this procurement as well, now that the GoMoz has finally signed the MoU with the Bank.
• 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 once goods 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-August, the office has received $8,984,710 USD for COVID-19 response thanks to the generous contributions from Education Cannot Wait, Global Partnership for Education (GPE), Japan, Netherlands and USAID. About $5,457,900 USD from existing projects funded by European Union, DFID, Canada, Norway, KOICA and Canada were reprogramed for COVID-19 response and UNICEF is managing $15 million from GPE as Grant Agent for the Government’s COVID Education response.

UNICEF Mozambique: http://www.unicef.org.mz/
UNICEF Mozambique: http://www.facebook.com/unicef.mozambique
UNICEF Mozambique: 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 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>96,857</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>127,947</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>225,470</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>1,292</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>1,292</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>51,777</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)</td>
<td>19,000</td>
<td>8,649</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>80,935</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>