



National Society Headquarters in Maputo

Appeal: MDRMZ019	Total DREF Allocation CHF 476,331	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2023-000006-MOZ	People Affected: 240,000 people	People Targeted: 240,000 people	
Event Onset: Slow	Operation Start Date: 2023-01-20	New Operational end date: 2023-07-31	Total operating timeframe: 6 months
Additional Allocation Re- quested -	Targeted Areas:	Gaza, Inhambane, Niassa, Sofala, Tete, Zambezia	

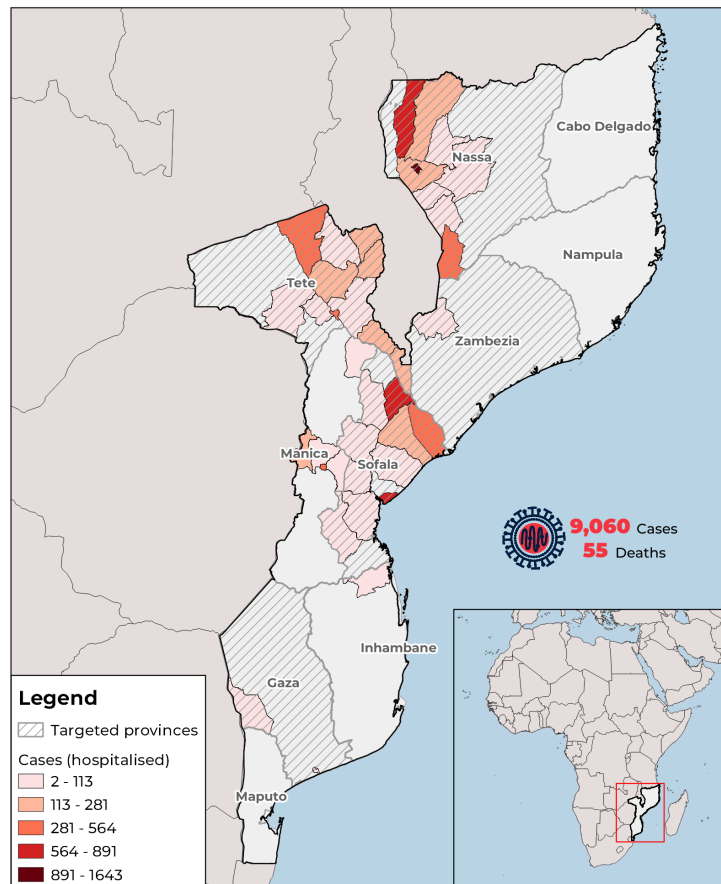
Description of the Event

Mozambique - Cumulative Cholera Cases

Produced on: 17/03/2023



+ IFRC



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: GADM, Mozambique RC, IFRC. Map produced by: SIMS

Cholera cases

What happened, where and when?

As of May 31st, 2023, there was a cumulative of more than 30,000 confirmed cases and 131 deaths from the cholera outbreak. Eleven provinces have now reported cases in more than 45 Districts according to the Ministry of Health.

Current hotspots in the country (according to reported cases) include Beira, Nhamatanda, and Marromeu in Sofala province, Quelimane in Zambezia province, Chimoio in Manica province and Memba and Nacala Porto in Nampula.

The 2 landings of Tropical Cyclone Freddy, on February 28 and March 12, 2023, have greatly affected the country and exacerbated the cholera situation. Extensive flooding has left families homeless, affected water supplies, and reduced access to many communities.

The city of Quelimane experienced a rapid increase of cholera cases and admissions to CTCs with a mortality rate reached the 0.6%. Reports are now coming in of cholera cases in other Districts in Zambezia, namely Nicoadala, Maganja da Costa, Namacurra, and Inhassunge.

In Quelimane, there have been reported 12,133 confirmed cases of cholera and 33 deaths. The CTCs in Quelimane have admitted 4,581 patients, stretching available resources. Reports coming in are that CTCs are overcrowded and control of family members is a challenge due to a lack of human resources. The crowding of CTCs and presence of family members will exacerbate the spread of cholera.

With the impacts of TC Freddy, resources are stretched and there are reports of demonstrations at Partners`



distributions with communities claiming that the selection process is not equal. Oral Rehydration Points have been vandalized with community members voicing concerns of cholera cases increasing in locations of the Oral Rehydration Points. Based on this assessment, there is a large need for Community Engagement and Accountability (CEA) to spread cholera awareness, safe health and hygiene practices, and to involve community in decision making.

Maputo City has reported Cholera cases (8) and deaths (2), skipped days, but the volunteers have been activated to develop sensitization activities directly in the zones with identified cases, these volunteers received health training before, and 15 of them participated in these actions for a period of 15 days.

3 districts in Nampula, namely Nacala Porto, Memba and Nampula city, are involving 95 Volunteers, (20 in Nacala Porto, 15 in Memba and 60 in the city of Nampula). Activities are on health promotion at community level, distribution of chlorine and soap to patients after being discharged, spraying in patients' and surrounding houses, and participating in coordination meetings with other NGOs.

At HQ the team is preparing new delivery of chlorine to provinces in need.

Procurement processes within Cholera DREF are done, except for the chlorine due to lack of supply in the country. Considering that some provinces are requesting for this item, IFRC is still pushing the NS to distribute the chlorine they have stocked.

At HQ levels a proposal for Manica Province response actions has been presented to Swedish RC for fundraising.

Provincia	Districto	Comunidades					Total (%)
		Administrativa	Census	Unchanged	Quota		
Niassa	Beira	12758	0	12758	0	0,0%	
	Chimoio	12758	0	12758	0	0,0%	
	Moçimboa do Baixo	12758	0	12758	0	0,0%	
	Moçimboa do Alto	12758	0	12758	0	0,0%	
	Moçimboa da Praia	12758	0	12758	0	0,0%	
	Moçimboa da Serra	12758	0	12758	0	0,0%	
	Moçimboa da Vila	12758	0	12758	0	0,0%	
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	Moçimboa da Vila	12758	0	12758	0	0,0%	
Sofala	Beira	12758	0	12758	0	0,0%	
	Chimoio	12758	0	12758	0	0,0%	
	Moçimboa do Baixo	12758	0	12758	0	0,0%	
	Moçimboa do Alto	12758	0	12758	0	0,0%	
	Moçimboa da Praia	12758	0	12758	0	0,0%	
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	Moçimboa da Vila	12758	0	12758	0	0,0%	
Gaza	Beira	12758	0	12758	0	0,0%	
	Chimoio	12758	0	12758	0	0,0%	
	Moçimboa do Baixo	12758	0	12758	0	0,0%	
	Moçimboa do Alto	12758	0	12758	0	0,0%	
	Moçimboa da Praia	12758	0	12758	0	0,0%	
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	Moçimboa da Vila	12758	0	12758	0	0,0%	
Inhambane	Beira	12758	0	12758	0	0,0%	
	Chimoio	12758	0	12758	0	0,0%	
	Moçimboa do Baixo	12758	0	12758	0	0,0%	
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	Moçimboa da Vila	12758	0	12758	0	0,0%	
Cabo Delgado	Beira	12758	0	12758	0	0,0%	
	Chimoio	12758	0	12758	0	0,0%	
	Moçimboa do Baixo	12758	0	12758	0	0,0%	
	Moçimboa do Alto	12758	0	12758	0	0,0%	
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Nampula	Beira	12758	0	12758	0	0,0%	
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	Moçimboa da Vila	12758	0	12758	0	0,0%	

that the actual number of cholera cases is much higher.

Beneficiaries in low-lying areas are at increased risk now with the flooding from the rainy season and Tropical Cyclone Freddy's repeated landfalls. Those currently residing in temporary shelters are living in cramped conditions where WASH facilities may be overextended, further increasing the risk of cholera spread.

Extensive flooding experienced in Tete, Niassa, Sofala, and Zambezia provinces, reduced accessibility to communities hence exacerbating the cholera situation due to rising water levels affecting water sources and latrines.

Beneficiaries in accommodation centers (IDPs) in Zambezia province also experienced outbreaks of cholera. These accommodation centers are now closed, leaving many people homeless and with limited resources and access to clean water, Oral Rehydration Salts

(ORS), and sanitation facilities.

Manica and Nampula stood out as the provinces with more new cases, reaching more than 850 cases since the beginning of April.

Summary of changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	Yes
Are you making changes to the budget	No
Is this a request for a second allocation	No
Has the forecasted event materialize?	No

Please explain the summary of changes and justification

As of May 10th, 2023, a cumulative 30,232 confirmed admitted cases and 131 deaths from the cholera outbreak have been reported in Mozambique. Eleven provinces have so far reported cholera cases.

Through this operation update, the CVM is extending the timeframe of this DREF for one (01) month, new end date 31.07.2023. Allocation remains the same, but the NS is also updating on the changes that was made and planned under this intervention, following the changes on the outbreak data. Indeed, with the spread of the outbreak, the NS has quickly re-prioritized the actions and targeted areas, adjusting the team deployment and WASH supplies distribution. The cholera response has also been adjusted to be complementary with the TC Freddy response ongoing and in-country resources mobilized to extend the scope of the cholera actions by CVM. Main changes detailed under this update include:

- 1 - Geographical priority districts in the targeted provinces was changed from initial target in April.
- 2 - Priority actions to be focused for the next weeks on Sofala province (Beira, Nhamatanda, and Marromeu districts), Zambezia province (Quelimane districts which count 12K cases), Chimoio districts in Manica province and Memba and Nacala Porto in Nampula
- 3 - Targeted provinces being Gaza, Niassa, Sofala, Tete, Zambezia (initially included) and new hotspots areas in Inhambane since May when cases started spreading.
- 4 - An initial condensed cholera response training for volunteers completed initially to facilitate rapid mobilization of activities. With this extension, the NS will continue under with an extended ToT training that will allow to have



more skills in the various affected provinces, able to monitor the volunteers for the prevention activities.

5 - Community based health and first aid (CBHFA) training was postponed to be a focus after the emergency phase has passed and will now be completed.

6- CTC material provided as per request from MoH in the main hotspots.

7 - Redistribution of supplies and activities to include main affected districts in the 5 initial provinces and the new affected districts; specifically, the new main hotspots provinces: Manica and Nampula.

8 - Focus the actions to scale-up the risk communication, misinformation management and awareness for the coming week, include scaling-up the radio messages and extending the team on the field.

9 - Ensure the IFRC (through a staff member) travel to the affected region and support with a Needs Assessment in Quelimane

10- Extension for the surge and team for additional month and Public Health officers to be kept under rotations to continue to support provincial offices with the implementation of activities

11- Re-allocation of the shelter budget savings to the Health and WASH priority sectors. Following the launch of the Freddy DREF MDRMZ020 directly after cholera response was launched, the shelter intervention and shelter readiness was no more relevant here as it was complemented by Freddy allocation.

As of 31.05.2023, NS main achievements were as follows:

- Training OCV, ORP WASH, CBS, CEA, RCCE – condensed version conducted due to the quick deterioration of the situation.
- 533,457 people with WASH activities include direct reached of 13,184 people with WASH potabilization.
- 197,903 people reached with OCV support with social mobilization and door to door visit with vaccination team.
- Latrines constructions, 3 ORP setting, ORS support at community level.
- Coordination and monitoring with surge in country.
- Expenditure level is 95% of the DREF allocation, include transfer to the NS.

Implementation of response activities has been slow due to the low capacity at provincial level in some provinces while the escalation of the outbreak was getting worst quickly. Time was needed to strengthen the capacity of branches, support to coordinate distributions, volunteer management, collaboration with local partners, and financial management aims to build capacity and facilitate implementation of the planned activities.

This 1-month extension request will also support the replication of the mentioned TOT at province and district levels to reach an estimated 280 volunteers. As showed in the shared reports, overall cholera cases in the country are decreasing but the outbreak is still present and very dynamic. Diarrhea cases are still being reported by the provinces and therefore, community mobilization activities to improve hygiene awareness to reduce the spread of cases are still needed.

There is no change in the operational strategy. This one-month extension will give more time to the increase the current accomplishment of the goals established within the intervention, by putting a priority on health and WASH awareness to strengthen the risk communication and work against the misinformation driven by the outbreak at the moment. The complementarity between SDC funds actions (especially in Nampula and Manica) and this DREF operation is needed to keep the response to the cholera situation in Mozambique. Both projects now ending in July, and CVM will join the effort to scale-up the health and WASH prevention activities.

Current National Society Actions





Volunteers supporting CTC



CVM support in vaccination campaigning

Activation Of Contingency Plans

The National Society has no specific Contingency Plan for Cholera specific in Niassa province, as the last outbreak was about six years ago. The National Society has technical health staff, but volunteers are quite new to this response.

National Society Readiness

Ongoing trainings are occurring, building capacity and readiness. More volunteers may be recruited to support the cholera response in Quelimane. External funding has been discussed for this, assessment of CVM capacity to manage and coordinate an increase in volunteers is ongoing.

- CVM Volunteers are working with the Ministry of Health to support the work in the CTCs. Tasks include chlorine spraying, teaching of EPC strategies to families of patients, monitoring, encouraging handwashing, and hygiene kit distribution.

- Training of 74 volunteers in Niassa province in Oral Cholera Vaccines.

- Volunteers supporting Oral Cholera Vaccine distribution.

- Volunteers are carrying ORS as a mobile ORP response.

Community mobilization activities are currently ongoing to reach 306,27 people in the 5 targeted provinces, Sessions with groups of people (10 to 15 people) to better discuss disease prevention measures, and use of the megaphone by the volunteer to talk about prevention messages.

use of a megaphone attached to the car with a sound system with recorded messages that talk about disease prevention.

Activities related to the referral cases of diarrhea and vomiting were developed to reach 1,203 people. These are people found in the community with diarrhea and/or vomiting and who are advised/refer to health services.

In Zambezia volunteers working within "3 Light CAT teams" (case-target intervention area) have access to address people admitted in the CTCs in the last 24 hours-48 hours maximum). Mobile teams carried ORS to households in lieu of setting up ORPs.

CVM is working in coordination with the Ministry of Health through the Health Cluster which includes CVM, UNICEF, MSF, WHO, and MoH as the lead.

In Zambezia the activities continue with 12 active volunteers: following up community activities including BTIT spraying chlorine in homes of the few patients who entered with diarrhea in the two already existing CTCs. Capac-

Health

ity building of management teams from local branch was conducted in the office on hygiene promotion in CTC and community, distribution of hygiene kit-ORS-jerrykan. Capacity building was also done on the role of volunteers at CTC along with their responsibility in the data collection, communication with coordinator of local branch to activate BTIT team according to number of identified hotspot when needed.

Door to door activities described in WASH actions section also included health promotion key messages to ensure that all the critical actions in terms of care were covered within this intervention.

Aiming to build capacities for the response within the CVM provincial structures, a "Training of Trainers" was developed for 22 representatives of Manica (9), Zambezia (5), Sofala(3), and Tete (5) provinces. This training covered the following topics:

- PSS
- PGI
- Health (ORPs, CTCs, door to door actions, EPIC, OCV, Vaccination campaign)
- CEA
- PMER

In general, the team of facilitators focused on the following aspects

1. Prevention of diseases
2. Health promotion;
3. Emergency response to disasters;
4. Water and sanitation;
5. Engagement of members in gender inclusion protection actions
6. How to give psychological first aid
7. Engage members in community engagement at the community level
8. Communication risk management in communities
9. How to manage emergencies in communities of origin
10. How to manage data from reports on actions carried out in communities

Next steps

- Develop TOR for district level trainings
- Draw up the plan for carrying out training at the community level
- Train 300 volunteers in cholera blockade
- Proceed with the delivery of non-food goods for positive cases of Cholera in the communities

Its important to highlight that the CVM volunteers contributed with the government in its efforts to stop the spread of the disease through the support in the vaccination campaigns reaching 197,903 people (of 872,949) in door to door activities in fix points of vaccination led by the MoH.

Regarding Sofala, the situation in Beira is under control. However, CVM continues providing community mobilization services as well as the ORPs activated in 2 strategic points in the Grande Hotel building and Praia Nova neighborhoods. Even without demand for cases, the local health authorities appealed to CVM to maintain the posts.

In these ORPs one nurse was deployed by MoH leading volunteers and assisted with ambulance to carry out rescues whenever necessary. Usually, ORPs manage supply's to be distributed to patients, CERTEZA to purify water and from this point volunteers planned interventions to prevent cholera in households.

At the beginning of the epidemic the delegation was working with 80 volunteers and had to reduce the number to 20.

In addition to the ORPs strategy, there are others such as:



	• Awareness in communities. • BTIT. • Support at CTC • Water purification in suspected sources. • Distribution of CERTEZA, • Case references. There is no resistance from the communities in accepting the cholera combat strategies adopted. There is a need to have a few more quantities of granulated chlorine in some case of (non-cholera) diarrhea that still appears. Activities must continue until Beira is declared cholera-free. The health clusters are still active, and the health authorities vaccinated against cholera in Beira city, District of Marromeu and Caia. New rapid needs assessments were carried out in Zambezia, Nampula, Sofala and Manica during the month of May 2023.
Community Engagement And Accountability	Training of 74 volunteers in Niassa province in Community Engagement and Accountability was done by CVM staff. Focus Group Discussions in Niassa and Tete provinces was done with UNICEF. Partnership has been developed with UNICEF in Sofala, Tete, and Niassa provinces for community feedback mechanisms. CVM CEA specialist was deployed to Zambezia province to support CEA, conduct trainings and share messaging. Regional support is ongoing, to support challenges in Zambezia regarding community awareness and engagement in cholera approach decision making. More comprehensive messaging around Infant and Young Child Feeding in cholera was developed and shared internally and externally. CVM CEA specialist has been deployed to Zambezia to support community outreach and messaging activities implemented especially collecting rumors, and the partnership with UNICEF including conducting of FGDs and development of feedback strategies.
Protection, Gender And Inclusion	Condensed training was administered to 150 volunteers in Niassa and Zambezia province on Protection, Gender, and Inclusion. Focus Group Discussions with mixed genders and ages was conducted with external partners in Tete and Niassa provinces. Infant and Young Child Feeding strategies in cholera were developed and disseminated to provinces and shared with Ministry of Health and external partners.
	On-Site rapid WASH assessments were completed in 5 districts in Niassa, including assessment of functioning water pumps. Community door-to-door visits for water chlorination, food preparation, handwashing are ongoing by CVM volunteers with the Introduction of the activity to the households, direct conversation with the heads of families (mother or father if they are there, in case of absence, talk to those in the house) simple questions about the level of knowledge about the disease in question, request to verify outbreaks of contamination (garbage, latrine, stagnant water, water conservation place and food preservation place) sensitization to improve the level of hygiene of the subjects presented above, train how to apply certainty (products for water purification), offer small brochures, and inform the date of the next visit. Community messaging by group sessions,

Water, Sanitation And Hygiene	radio messaging, were also done. Water Chlorination in the home visit process with water purifier, 1 lid for 20 liters of water, even though there is chlorine which is used at a percentage of 0.02 for drinking water. The procedure for volunteer engagement must first complete the greeting to the people supported and present the process, then explain to the beneficiary what they will do, then must show the product with the respective explanatory writing of the product and ask the beneficiary's consent to apply chlorine. The distribution of chlorine process is through with tubes with 100 ml of chlorine concentrate, used to apply to the water (one cap for 20 liters) water to be used within 24 to 48 hours, the approach strategy we have used in coloring, normally a bottle is provided in advance with an exhaustive explanation of the importance of using this product, practical demonstration of the application of chlorine in water. Disinfection of the environment activities developed regarding the use of a spray tank (10 liters) containing a mixture of water and chlorine (see product recommendations), the mixture is applied to surfaces that are suspected to have been contaminated by Vibrio cholerae (latrines, bathroom walls, courtyard, etc.). In Zambezia volunteers are working within "Light CAT teams" (case-target intervention area) and have access to people admitted in the CTCs (3 CAT teams) in the last 24 hours-48 hours maximum),
Assessment	At national and provincial levels, the National Society is working closely with the Ministry of Health to monitor the situation and further understand the situation on a regular basis. After the Tropical Cyclone Freddy landings, assessments in WASH and health needs in community and accommodation centers have been conducted and are ongoing. Assessment of CVMs capacity to support the cholera outbreak and hotspots is ongoing. Technical assessment were also held especially in Niassa with the support of IFRC deployments, 1 Public Health Officer, 1 Health and Care officer. CVM also participated in this instances with CEA and WASH technicians deployments.
Coordination	Coordination has begun between the Mozambique Disaster Management Authority, and the National Institute of Disaster Management (INDG), to align the response and close gaps to support people in need. Mozambique Red Cross is part of the National Institute for Disaster Risk Management and Reduction (CTGD), the Coordinating Council for DRM, and the Humanitarian Country Team (HCT), which meets monthly or on an ad-hoc basis as necessary. It is a government platform that includes other actors. CVM hosts the Disaster and Emergency Operation Centre (GODE) which meets to discuss plans and decision-making on strategies to undertake towards disasters. Other clusters include UN sectorial clusters in various thematic areas. Partners were also called upon to provide support to help mitigate the impacts of the flooding which could worsen the cholera outbreak. CVM is deploying one of its health technicians from the head office to Niassa, to support the branch with coordination. Ministry of Health, Mozambique Red Cross, and IFRC are working closely, participating in the Provincial EOCs in some of the provinces. Coordination is more focused at the National level.



	After the second TC Freddy landfall in Zambezia and consequent outbreak spread, specific meetings were held between the local CVM Provincial Delegation, IFRC at Maputo level (Public Health, DM and Ops Manager) and CVM HQ authorities (Programs Director and DM). These forums contributed to support the immediate activities developed by the CVM including the deployment by IFRC of a Field Coordinator (3 weeks) and DM officer. It's important to note that as Zambezia was implementing activities within the TC Freddy response DREF, and special measures have been taken to ensure proper accountability, including the mentioned IFRC deployments and the coordination with the French Red Cross that is also supporting the CVM provincial delegation. At HQ level, a Finance regional deployment (1 month) was requested and its currently supporting the CVM accountability process for both operations. IFRC also supports the Movement representation within the Health Cluster.
Resource Mobilization	There is no resource mobilization plan yet, but PNS are part of the ongoing discussions regarding the operation and committed to support the National Society in every possible way. External partners are supporting with donation of goods and funding to increase response activities. WASH and Health items have been procured and are on transit to the various provinces. Partner National Societies have supported with staff on loan.

Movement Partners Actions Related To The Current Event

IFRC	The IFRC Maputo Delegation has been working closely with the National Society, offering technical support in the design of this operation. Together with its Regional Office based in Nairobi. It provided strategic support, allowing flood preparedness elements to be included in the cholera response, given that the floods could exacerbate the cholera situation if not properly managed. Support is ongoing with facilitation of trainings in provinces, procurement of supplies, and coordination and monitoring of activities. IFRC is supporting capacity building within CVM, by encouraging and supporting WASH assessments and planning, and collaboration with partners. IFRC is liaising for CVM with external partners to help build relationships and strategies to coordinate efforts. IFRC is supporting with coordinating extra funding sources and partnerships such as UNICEF, SDC, and CARE. Health Assessments post-Cyclone Freddy was conducted by IFRC Health Coordinator to assess the changing health needs and facilitate appropriate responses. IFRC is collecting data provided by CVM on activities completed and compiling all information. Field visits for monitoring and evaluation are ongoing.
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	IFRC is leading technical meetings to support all CVM branches in cholera response.
ICRC	There is an ICRC Delegation in Maputo which has been informed about the situation and the National Society's plans on this DREF operation.
Participating National Societies	In Mozambique, there is a presence of the Spanish RC to support the cholera DREF. Discussions are still ongoing for any potential support but PNSs are part of the National Society coordination meetings and have been briefed on the situation and on the planned intervention of the CVM. Discussion are ongoing with the Spanish Red Cross regarding WASH assessment and support. Contribution of surge staff has been given by Canadian and Portuguese Red Crosses.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Ministry of Health of Mozambique through its structures has been supporting the affected districts through the following actions: - Contact tracing, - Distributing water purification tablets (Certeza), - Conducting home-based visits, - Conducting monitoring activities and holding regular meetings with community leaders, - Raising community awareness through media, - Building capacity of local health committees, and holding regular coordinating meetings. - Supporting CTCs - Supporting Oral Cholera Vaccine implementation
UN or other actors	WHO, UNICEF and MSF are strengthening surveillance in the area. UNICEF is actively working with CVM in Niassa, Tete and Sofala through Focus Group Discussions (FGDs). IFRC and UNICEF are working to formalize a partnership to realize a feedback mechanism to be used by all within the communities. UNICEF is proposing a formal partnership with CVM / IFRC to provide resources to scale up the cholera response. WHO is supporting all actors through coordination, messaging, and networking. UNICEF is working closely with IFRC and CVM in the field in Quelimane conducting needs assessments and intervention planning. CVM volunteers are supporting MSF-run CTCs.
Are there major coordination mechanisms in place?	
Emergency operation team of the CVM (GODE) has been activated. Daily debrief and monitoring of the situation including decision making of the ongoing operation are conducted with MoH and internally at the National Society. Cascading of decisions are then addressed to the branches.	



CVM is working in coordination with the Ministry of Health through the Health Cluster which includes CVM, UNICEF, MSF, WHO, and MoH as the lead. The Health cluster meetings also hold daily at the provincial level, while they hold on a monthly basis at the national level. This is the main coordination platform.

Coordination includes regular Movement coordination updates to ensure that as the Red Cross Movement, actions can be adjusted in border areas affected/at risk of cholera but also discuss how the National Society can deliver integrated and efficient assistance through this cholera response and floods anticipation being launched.

IFRC is leading technical meetings to support all CVM branches in cholera response.



Needs (Gaps) Identified



Water, Sanitation And Hygiene

The unavailability of safe drinking water in some rural areas and urban slums is also a major concern for areas currently affected by the cholera outbreak and at-risk areas as this may be worsened by upcoming floods. The main problems identified are:

- Limited access to drinking water for vulnerable communities, which has led to poor hygiene and sanitation situation in the affected areas.
- Unavailability of water purifying agents and proper storage containers.
- Unavailability of hygiene items such as soap to promote hygiene.

Heavy rainfalls leading to flooding in these areas are likely to worsen the access to water when flood waters mix with sewages leading to contamination of water. Similarly, latrines are likely to be submerged by flood waters, while water pipes which are mainly present in urban regions as may break, thereby cutting off the water supply to taps for domestic use. Most people living in rural areas and rural communities have no access to good sanitation and still depend on unsafe water sources.

Many rural communities are unable to access soap and Certeza for water purification. The flooding being experienced will exacerbate this by interrupting supply chains.

Unless provided in programming, many people do not have the money to purchase these items themselves.

Handwashing stations are not available or accessible in rural communities.

Some communities are continuing to use rivers and lakes as water sources, despite the outbreak and their continued use for laundry and bathing.



Livelihoods And Basic Needs

Being 80% rural, the living conditions are still poor. Due to poverty, the communities face challenges to access safe food and water as they live in poor environmental, housing and sanitation conditions, which are factors of transmission of the disease. The districts are rural communities with high prevalence of nutritional challenges and exposed to bad practices were implemented.



Shelter Housing And Settlements

At least 450,000 people are at risk of the effects of the heavy rainfalls as predicted by INAM. A large percentage of the population residing in the coastal areas are vulnerable to the impacts of floods and strong winds, due to the structure of their shelters constructed using sticks and mud, with thatched roofs. The Mozambique Red Cross will undertake an assessment to identify the most vulnerable families which currently need to receive support to reduce their vulnerability to floods. Poverty is not allowing some of the at-risk families to reinforce their buildings and are thus exposed to receive a more severe impact of floods and be exposed to health issues. With water inside the houses when heavy rainfall will start, the families will be completely exposed, and maintaining good hygiene conditions that way becomes a bit more challenging.

So, the planned assistance will also aim at providing the families with risk materials for roofing and wall repair.





Protection, Gender And Inclusion

In cases of disasters such as flooding, it is female-headed households, orphans, elderly persons, and people with disabilities or chronic illnesses that are the most impacted. Often, the elderly and children may be left behind when disaster strike. People with chronic diseases may lose access to medication when access to health facilities is cut off, leaving them exposed to compounded illnesses.

Multiple shocks have also led groups such as orphans and female-headed households to have reduced coping capacities, which may lead them to engage in negative coping mechanisms such as the sex trade. In the event of floods, it is likely that evacuation centres lack sleeping separation and sanitation areas for males and females, thereby exposing women and girls to sexual harassment.

The planned operation will focus on the most vulnerable persons. Measures will be taken to ensure that female-headed households, orphans, elderly persons, and those with disabilities or chronic illnesses will be included in appropriate interventions to meet their needs.



Risk Reduction, Climate Adaptation And Recovery

Floods cause loss of lives and community 'assets' due to lack of anticipated action. Mozambique Red Cross will continue monitoring and disseminating the early warning information through the volunteer's structures. IEC materials for community awareness will be produced and distributed among the affected communities to raise awareness about the risks before the event to prevent loss of life and assets.

Following the heavy rainfall seasonal forecast by the INAM, Mozambique received normal to above normal heavy rainfalls in the months of January to March in the provinces of Maputo, Gaza, Inhambane, Manica, Sofala and the southe eastern districts of Tete- province and the southwestern districts of the province of Zambezia.



Health

At the launch of the DREF, the outbreak was standing at 878 cases, 14 deaths in 5 provinces, 14 districts across: Niassa with 819 cases; Sofala, Tete, Gaza and Zambezia for the rest. By March, 9,060 cases and 55 deaths were already recorded. As of 10th May, the last update from MoH, the outbreak had spread to 45 districts in 11 provinces with 30,232 cases/ 131 deaths. The hotspots are now on a decreased order: Zambezia with 12 districts affected and 12,580 cases/34 deaths, Sofala 6,633 cases /28 deaths, Niassa 3,501 cases/25 deaths, Tete with 2,944 cases/16 deaths, Nampula 1,760 cases /2 deaths; Manica 1669 cases/9 deaths, and Cabo Delgado with 770 cases/3 deaths. The other cases are in Inhambe, Maputo, Gaza with less than hundred cases. New provinces hotspots since the launch of the DREF are: Nampula, Manica, Cabo Delgado.

Mozambique has been affected by flooding due to the rainy season and Tropical Cyclone Freddy (which has impacted the country twice) increasing the risk of spreading cholera further. Current hotspots in Mozambique (according to reported cases) include Beira and Marromeu in Sofala province, Chimoio in Manica province, and Quelimane in Zambezia province. None of these districts were included in the original cholera DREF and Operational Strategy. Expanding the cholera activities to encompass activities in Manica province and in Quelimane will address the current cholera hotspots. It is important to note that with the arrival of Tropical Cyclone Freddy (x2), a new DREF was launched to support the affected provinces of Zambezia, and Sofala. The new DREF in response to



Freddy included support activities for Health and Hygiene in Zambezia and Sofala as the flooding and damage to health care greatly increased the risk of more cholera cases. However, both DREFS were coordinated and aimed to complement each other. When the initial Cholera DREF was launched, there was one confirmed case of cholera in Zambezia, in Milane District. At this time, there are more than 7,700 confirmed cases of cholera in Zambezia province.

Quelimane was greatly impacted by the second landing of Tropical Cyclone Freddy. 50 health care centers were damaged and information on cholera and other health needs has been a challenge to obtain. An in-person needs assessment will determine appropriate interventions required and the feasibility of implementing actions. It will also determine if there is a need to request further support from Partner National Societies. There is a strategy to conduct CVM operations as well as support partners' activities with CVM volunteers.

During a visit to Manjune peripheral health center (CTC) in Zambezia, the health technician confirmed that the cases had not been registered for more than 2 weeks and the few patients who had arrived, had moderate diarrhea often associated with malaria. They conducted outpatient treatment; however, the volunteers are following the cases providing the best approach for everyone as well as through health education. IFRC and CVM visited the tents set up and there were no traces of patients who had been hospitalized. During the visit to the major CTC for the provincial hospital of Quelimane, the doctors on the afternoon shift gave a positive assessment, informing that they no longer had any entries for cholera and that tent could be dismantled the following week. Currently only 5 patients were present of which 4 were discharged, with only one child continuing to be hospitalized. It was confirmed that the tent received cases and not all cases were cholera, but malaria. There were rare cases that arrived in CTC from very distant communities, and probably the problem could be very far from Quelimane.

A rapid assessment was done in Nampula Province to understand the current situation and capacities of the NS Provincial Delegation. The assessment reported situations of concern related to the cases of cholera that are still active, lack of PPE equipment for use in the CTC, lack of megaphones and batteries to use in the community. However, cases tended to drop and the partners they were supporting ended their activities. The district communities did not receive the cholera vaccination, and there were many cases of the disease in April. There was a slight improvement, but on the 25th, 20 cholera patients were admitted in a single day at a stage when they no longer had stock reserves to continue with the activities. The only ones that are still supporting is Red Cross volunteers. The WHO support ends on the 30th of June, and they paid salaries to 1 medical doctor, 4 nurses and some cleaners. After that date there will be no way to manage the situation.

While there were previously many trainings for volunteers in health and hygiene promotion activities, it is unclear how many active volunteers have this experience and training. Not all provinces have health technicians and the position of National Health Coordinator is currently vacant.

Recruitment of more volunteers is needed, as well as leadership and coordination strategies in the field and comprehensive training in cholera and health promotion strategies.



Community Engagement And Accountability

Lack of effective RCCE/CEA to control and contain cholera outbreak in the communities is a key challenge. Identifying key entry points such as community leaders or any other key influencers is one of the critical approaches to controlling cholera outbreaks. Addressing rumors and myths should also be taken into account and this will be addressed through the set-up of two-way feedback mechanisms.

The needs assessment will comply with the PGI minimum standards. Also, the volunteers implementing the activities will be trained in PGI and CEA elements, allowing a better need assessment and passing relevant information to the communities.

Coordinated feedback mechanisms are not currently in place. Feedback comments and rumors are collected



by volunteers and the information is collected by the municipalities. How this information is used by the municipalities is not currently known.

UNICEF is interested in an official partnership with CVM to address RCCE needs. There is currently no main focal point at CVM regarding RCCE.

Any identified gaps/limitations in the assessment

Operational Strategy

Overall objective of the operation

The objective of this operation is to contribute to government efforts to stop the ongoing cholera outbreak by improving the hygiene and health behaviors of communities, interrupting the chain of transmission, strengthening access to case management, and providing information to communities about the upcoming floods season to prevent its impact and potential worsening of the outbreak.

The operation, which targets 240,000 people (48,000 families), is launched for a five (5) months timeframe and now extended to 6 months, to be implemented in Gaza, Inhambane, Niassa, Sofala, Tete, Zambezia and provinces through a comprehensive community-based approach including Health, Risk Communication, and Community Engagement (RCCE) and Water, Hygiene and Sanitation (WASH).

Further districts are now affected by cholera and are to be included in the activities. The province of Manica will also be included in the response with the objective of targeting hotspots to reduce spread and mortality rate while continuing to support government implementation of vaccination and treatment centers.

Operation strategy rationale

To address the needs of the targeted populations, Mozambique Red Cross (CVM) strategy includes a response to stop the ongoing outbreak and support to the disease prevention actions which are also part of readiness and early action ahead of the floods season to mitigate various effects of the likely impact of floods on shelter, livelihood and health conditions of the communities. Noting that cholera health condition is expected to deteriorate depending on the other sectors vulnerabilities if not addressed in advance.

The Cholera intervention will cover both the areas with ongoing outbreak and areas at risk. The National Society will ensure volunteers and staff are mobilised and receive appropriate Epidemic Prevention in Communities (EPiC), Community Engagement and Accountability (CEA) training to be able to conduct activities to stop the spread of the outbreak in Niassa, Gaza, Zambezia, Tete, and Sofala provinces. CVM aims to structure the cholera response and preparedness as well as taking disaster risk reduction measures to prevent escalation of the situation with the upcoming rainy season.

In the areas with ongoing outbreak indicated in target sections, CVM will focus its strategies on interrupting cholera transmission, support case management at community and facility levels including community outreach in RCCE. The operation will prioritize the capacity building and deployment of Branch Transmission Intervention Team (BTIT), to support monitoring of the outbreak through community-based surveillance, CVM will strengthen community capacity to identify and refer cholera cases through volunteers by ensuring message on cholera prevention. Teaching of the communities will also cover WASH practices and warning on risk of floods through different channels. Hygiene and health sensitization activities will be integrated to the RCCE activities to be conducted. The two-way



feedback mechanism to be established will support understanding and addressing the rumours, misinformation, and questions from communities. IYCF/ ANJE messages will also be incorporated to the messages to be promoted by volunteers about safe continuation of breastfeeding during cholera and avoidance of early weaning given the context of malnutrition in some of these areas.

The National Society will also cover the WASH gaps in the most needed districts following the assessment results to be completed. Improving access to water with rehabilitation of boreholes and improving sanitation condition with latrines and installation of handwashing facilities.

In areas at risk, CVM will work on preventing the spread of the disease out of the current 8 hotspots, thus the actions will be conducted in all the 5 provinces with priority to the 16 districts affected, including the 8 with high risk or suspected cases. The National Society will ensure prevention activities in these districts are conducted using the same RCCE logic above and will also be supporting the surveillance at community level, improving WASH conditions and support message dissemination across all targeted locations, including the hard-to-reach communities, highly vulnerable and at-risk communities, and fishing communities through radio and RCCE.

With regards to the floods, CVM will focus on preparedness measures in Sofala and/or Zambezia provinces. The initial assessment will support the identification of community early warning system and families most likely to be severely flooded and exposed to additional vulnerability factors as being homeless or having houses flooded or washed away. Based on the results, NS will ensure early warning, ensure readiness for the evacuation and support 450 HHs with shelter material to reinforce their building.

CVM has a pool of approximately 880 volunteers trained in various areas including health, food and non-food items distributions and WASH amongst others. As such, focus will be on the following activities as volunteers are ready to deploy immediately:

1- Health:

- Mobilize and provide the needed capacity to the team engaged in the 5 provinces to curb the rising trend of the Cholera outbreak.
- Provide technical and material support to interrupt the chain of transmission with activities in 16 districts
- Improve access to treatment in 3 main Cholera hotspots
- Ensuring mapping of gaps in the cholera response are detailed with an assessment to inform the WASH activities to be conducted.

Based on monitoring from technical team, the following adjustments have been integrated also to the strategy:

- Training: the originally proposed 12-day training in EPIC, BORT, OCV, RCCE is intended as preparedness training. Condensed, One-day training to volunteers in multiple provinces is an efficient strategy for emergency response.
- Expanding the scope of the DREF to include newly affected provinces will help to prevent further spread and mortality. Addressing hotspots is key to preventing an extended cholera outbreak.
- Some Latrines constructions.

2- Water, Sanitation and Hygiene (WASH):

CVM will deploy up to 50 volunteers in all possible impacted provinces to reach out to the at-risk communities with early warning early action messages. This will include awareness raising on cholera, hygiene and other diseases of public health concern. COVID-19 prevention messages will be integrated in the communication to support containment measures as prescribed by MoH and WHO. Awareness activities will be made possible through implementation of the following activities:

- Home visits by volunteers using communication materials
- Dissemination of information at public places such health centres and community meetings
- Engagement of community leaders or other influential community members.

Exit strategy include few actions to be completed in the coming weeks and that will serve to continue supporting the intervention on cholera:

1) Nampula and Manica support is extended with complementarity funding from SDC funds. Nampula, Zambezia, Sofala and Manica have been key districts hotspots since April. The effort under this operation have been complemented through the activities supported by SDC funds, covering Nampula and Manica. CVM is currently implementing a Public Health mission with deployment of health officer and the public health officer of the Canadian RC covering the provinces of Nampula, Zambezia, Sofala and Manica. These provinces are the ones with more cases



declared since April and should be noted that Nampula and Manica didn't received resources from the DREF but will be included in the response with the SDC funds. The findings of this mission will contribute with the final adjustment of our response strategy for the last months of the DREF, this includes the reallocation and use of some items that are still in purchasing process or arrived in the provinces a few weeks ago and will be more useful in other locations. In addition, through the SDC funds, WASH items stored in provinces with no significant active cases, will be sent to new provinces with high cases as Napula and Manica, increasing the scope of the CVM actions in response to the disease.

Targeting Strategy

Who will be targeted through this operation?

The operation will target approximately 240,000 people (15,000 people in each districts), which is about 10% of the people living in affected districts and districts at-risk of facing floods and cholera.

Direct targets who shall receive material support will include the most vulnerable families in communities where cholera cases have been recorded or are at risk of being recorded, as well as facing flood risk. The operation will thus directly target 12,000 people (2,400 HH) in the highest hotspot districts.

Explain the selection criteria for the targeted population

The population of Niassa, Gaza, Zambezia, Sofala and Tete provinces are affected as per cholera reports confirmed by the Ministry of Health. CVM will target the most vulnerable families with no access to basic items to prevent and protect themselves and their families. This includes:

- Vulnerable groups in the communities such as pregnant and lactation women, persons living with disabilities and older people, children, as well as people suffering from chronic diseases.
- Priority will also be given to the most exposed communities from districts with ongoing outbreaks which are also at risk of experiencing floods this season.
- Priority criteria 3 will cover vulnerable groups as above but specific groups living on the borders areas of Malawi such as the fishing communities and fishermen; people living in flood-prone areas and along the basins, Lake Niassa and Zambeze River.
- The families with high numbers of members, who also share housing with minors, the elderly, lactating mothers, and people who are ill.
- For specific flood prevention and readiness, CVM will prioritize Sofala province which has been identified as the target province due to its geographic location to the sea with two basins passing within Buzi and Pungue.
- Community-based targeting will be used to ensure the most vulnerable ones are supported.

Update: Communities will be decided with CVM provincial offices, based on the cholera statistics, prioritizing hotspots.

Total Targeted Population

Women:	106,404	Rural %	Urban %
Girls (under 18):	18,396	70.00 %	30.00 %
Men:	96,052	People with disabilities (estimated %)	
Boys (under 18):	19,148	2.60 %	
Total targeted population:	240,000		



Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Migration: Niassa shares border with other countries including Zimbabwe, Zambia and Malawi, which is experiencing a cholera outbreak. High migratory movements have been reported, which could increase the risk of the cholera contamination.	Deployment of volunteer to work on awareness raising with communities living in those areas, through house to house community awareness and RCCE.
Natural disasters: The recurrence of disasters is increasing as well as the number of affected people. Other extreme weather events may likely occur in the coming months.	Monitoring weather updates from INAM and ensure security briefings will be given to volunteers and operation team.
Procurement challenges in rural areas.	Procurement may need to be done in Maputo and budgeted accordingly.

Please indicate any security and safety concerns for this operation

Conflict: Mozambique is experiencing conflict in the province of Cabo Delgado, caused by armed groups' violent actions targeting government structure and officials, with an impact on the civilian population as well as growing concern about IDP in some districts of Niassa.

The National Society shall ensure continuous security monitoring in partnership with ICRC, government, and other NGOs. Weekly security briefings of staff by the security officer will be done. Risks will be monitored, and volunteers will receive a briefing for individual security. Protection equipment is also planned for the engaged staff and volunteers.



Planned Intervention

	Health	Budget	CHF 151,141
		Targeted Persons	240000
Indicators	Target	Actual	
#of hygiene kits distributed within CTC 's	200	0	
# of CTC 's supported in cholera response	5	0	
Number of radios that disseminated cholera prevention messages	5	0	
Number of people reached with health awareness messages	240000	306376	
Number of people confirming they received health messages through door to door	12000	0	
people reached through radio awareness messages	302000	0	
Number of volunteers trained in CBS	360	0	
Number of ToT/ Supervisors trained in CBS/RCCE/OCV	36	22	
Percentage of targeted communities with active CBS volunteer	100	0	
Number of districts covered by assessment	16	0	

Progress Towards Outcome

CVM has adapted the intervention to the new priority areas and pillars, ensuring the health response fit the needs on the ground and request from MoH as the situation evolve. The health activities have covered Sofala, Maputo, Niassa, Zambezia, Tete, and will be scaled-up during the remaining weeks to Nampula, Manica. The following actions were achieved since the launch of the DREF:

- 3 ORPs set-up and functioning in Sofala province
- Plans for ORPs in Zambezia province with MoH approval
- Volunteers are supporting the MoH CTCs with chlorine spraying and hygiene teaching
- Volunteers supported the MoH with Oral Cholera Vaccine (OCV) distribution reaching 197,903 through this support.
- Volunteers are carrying ORS to distribute at door-to-door visits if needed by residents.
- Condensed training is occurring to support WASH, ORP, OCV knowledge.

- Cholera messaging is being distributed through radio in Niassa province.
 - IYCF messaging has been produced and shared with Health centers and at community level in the different provinces
 - PPE has been procured
 - Items for CTCs have been procured. As part of the new priority, CVM engaged more on supporting the government CTC 's facilities with material.
 - As mentioned, the focus to prevent the spread of the outbreak were community mobilization activities such as group sessions, disseminations of key messages including the use of radio messaging and door to door activities.
 - All the items under the line of Health and PPE have already been purchased and the health technicians of the CVM and IFRC are working on a distribution plan according to the current cholera situation as the outbreak has been very dynamic through the provinces.
 - Volunteers reached 7,673 people through PSS activities especially in Niassa and Zambezia provinces, the most affected.
 - Support to the OCV and RCCE to promote OCV. The team deployed to support the OCV effort was first trained on RCCE and Process of social mobilization during OCV.
 - 197,903 people reached with OCV support with social mobilization and door to door visit with vaccination team.
 - Radio messages diffusion reaching thousands of people.
- Activities not yet reported will be finalized during the extension period and will be reported during the final report.

	Community Engagement And Accountability	Budget	CHF 5,509
		Targeted Persons	240000
Indicators		Target	Actual
Number of volunteers trained on CEA		396	150
Percentage of feedback collected which is addressed		100	
Progress Towards Outcome			
• Training of 150 volunteers in RCCE/CEA strategies in Niassa and Zambezia province • Focus Group Discussions with Unicef were conducted in Niassa Province. • UNICEF is partnering with Niassa, Sofala, Tete to develop a feedback mechanism. • Volunteers are collecting feedback in hygiene door-to-door visits. Feedback is being collected by the municipality.			

	National Society Strengthening	Budget	CHF 95,234
		Targeted Persons	452
Indicators		Target	Actual
		446	414

Number of volunteers trained who are mobilised		
Number of missions to be conducted by HQ	4	3
Supervision report completed at districts level that are shared with coordinator	20	0
Number of provincial response focal point mobilised and trained	5	0
Number of months of deployment for the Rapid Response Team member (Surge)	3	4
Number of coordination meetings held in GODE	20	0
Number of coordination meetings organised within the Movement	10	18
Number of coordination meetings attended by the Health cluster and MoH	20	0

Progress Towards Outcome

- 150 volunteers have received Health and Hygiene training from CVM HQ staff
- Plans are made for more training in other provinces, being coordinated by CVM HQ staff to disseminate the TOT learnings within provincial and district structures
- Some distribution of visibility items and PPE/equipment has been distributed.
- Due to operational needs and with the support of the Uruguayan Red Cross, the Operations Manager deployed extended its mission from 3 to 4th month to ensure the continuity of key coordination actions, including reporting and accountability.
- GODE and Cholera technical meetings have been developed since the very beginning of the outbreak. The GODE meetings included the participation of the CVM authorities (Secretary General and Programs Directors) and coordinators, PNSs representatives, CVM provincial delegations and IFRC coordinators. The technical ones were aimed to discuss specific topics related to the cholera impact and intervention strategy. Activities not yet reported will be finalized during the extension period and will be reported during the final report.

	Shelter Housing And Settlements	Budget	CHF 27,247
		Targeted Persons	2250
Indicators	Target	Actual	
Number of HH who confirmed the shelter materials have helped them reinforced their houses	450	0	
	2250	0	

Number of people reached with shelter kits to support reinforcement of shelter		
Number of volunteers who completed training in emergency shelter	50	0

Progress Towards Outcome

Within the Cholera DREF implementation Mozambique was hit by TC Freddy two times, then was defined that the shelter response will remain under TC Freddy response DREF. These indicators are covered then in the mentioned response DREF, and budget allocated initially is re-prioritized to scale-up the health, WASH and RCCE activities. Activities not yet reported will be finalized during the extension period and will be reported during the final report.

	Secretariat Services	Budget	CHF 31,576
		Targeted Persons	4
Indicators	Target	Actual	
Number of mission from IFRC to support CVM	4	6	
Number of coordination meetings organised with IFRC participation	10	10	

Progress Towards Outcome

- Within the the TC Freddy response DREF a 1 month Finance deployment is also supporting the Cholera DREF accountability to ensure the clarity of this process working directly with the CVM Finance Director.
- Also, with the support of the Portuguese Red Cross, a field coordinator was deployed for 1 month to support Zambezia province because of the outbreak after TC Freddy second landfall. This contributed with the NS in key activities such as coordinating response actions with other partner including the government.
- The Canadian Red Cross contributed with the deployment of two public health officers for a total of two months that supported the CVM with field deployments for needs assessments, capacity building, strategic partnerships and reporting.
- IFRC DM and Health and Care Officer also supported with deployments in key moments of the outbreak, mainly to the provinces of Niassa and Zambezia, the most affected ones.

The total of the Cholera response coordination meetings were led by the IFRC Health and Care department.

	Protection, Gender And Inclusion	Budget	CHF 0
		Targeted Persons	12000
Indicators	Target	Actual	
	5	0	

number of briefing in the intervention on PGI		
Percentage of feedbacks linked to protection concerns that are managed	100	0

Progress Towards Outcome

Training sessions on PGI occurred in 5 Districts in Niassa province (109 volunteers). Plans for similar training in Manica province will be implemented once funding is received.

This induction has also been made for 41 volunteers in Zambezia when the outbreak started in Quelimane district

Messaging for IYCF during cholera has been created and shared with provinces and Health representatives. Zambezia Province implemented feedback mechanisms, but no protection concerns highlighted.

Activities not yet reported will be finalized during the extension period and will be reported during the final report.

	Water, Sanitation And Hygiene	Budget	CHF 165,624
		Targeted Persons	240000
Indicators	Target	Actual	
Number of households reached with hygiene promotion	48000	106691	
Number of handwashing stations set up	200	0	
Number of families that receives hygiene material	2400	0	
Number of families that receives water supply material	2400	0	
PDM conducted	1	0	
# of houses/places pulverized	5000	0	
# emergency latrines constructed	50	0	

Progress Towards Outcome

As of 31.05.2023, CVM reached 533,457 people (10,669hhs) with WASH activities include direct reached of around 13,184 people with WASH potabilization through distribution of Certeza.

Among the key actions conducted, are:

- Hygiene kits have been procured.
- Volunteers have been trained in basic EPIC.
- Boreholes have been assessed by CVM HQ WASH Technician in Niassa and CVM Provincial Secretariat in Sofala.
- Actions conducted by volunteers to reduce the spread of the disease at community level through houses and

common places disinfection

- Starting the construction of latrines process as latrines construction kits were purchased.
- "Certeza" water purification is being distributed throughout. 13,184 bottles distributed within the 5 targeted provinces.
- The response has been also mainly focused on the hygiene and health promotion, as it was recognized as the most effective way to stop the outbreak reaching 533,457 beneficiaries through community mobilization activities that included door to door activities.
- 126 people were benefited with support building latrines in 4 districts. Other key activity was the disinfection of the environment where equipped volunteers worked to disinfecting latrines, bathrooms walls, courtyard, etc. Through this activity reached 11,533 people, with the highest average in Niassa (47%) were the outbreak started.

PDMs are planned for the last month of the intervention and is going to be carried out by a PMER team deployed to the targeted provinces. Awareness raising continue and sanitation where most needed in the main hotspots. Activities not yet reported will be finalized during the extension period and will be reported during the final report.



About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

In total, 452 staff and volunteers have been engaged in this operation. This includes 446 volunteers distributed as follows:

- 50 volunteers on shelter, awareness raising and early warning messages for floods in Sofala and Zambezia
- 396 volunteers from 16 districts involved in the health response and prevention planned.

Volunteers are involved in all sectors of the operation, and the branch will be managing their schedules to ensure all villages are covered. At the head office level, the Director of Program has overall oversight of this operation and is supported by the National Health Coordinator and DM Manager and provides technical support to the field teams and ensures all capacities gaps are identified and addressed.

Will surge personnel be deployed? Please provide the role profile needed.

One Operation manager surge was deployed to reinforce the capacities of both IFRC and CVM for this operation. The deployment is anticipated for 3 months. The deployed personnel should have knowledge of Epidemic control and WASH.

A Field Coordinator x1 month to coordinate response on the ground has been deployed. Originally intended to be based out of Niassa, this position is based in one of the cholera hotspots.

If there is procurement, will it be done by National Society or IFRC?

Procurement will be done through IFRC Maputo Delegation in close coordination with the National Society. For this intervention, CVM used the existing stocks and the DREF will support replenishment of the stock used and complement to cover the needed materials. Current stocks have been used for preventions activities due to the long procurement process sometimes faced which could delay delivery to the communities.

Procurement has been delayed as predicted. Challenges include distribution of goods already being stored by CVM. IFRC is encouraging distribution of items already in stock.

How will this operation be monitored?

CVM has the overall responsibility of ensuring that the operation is effectively monitored at all levels. IFRC PMER supports CVM by providing technical inputs and support with planning, continuous monitoring, assessment results and information management. A monitoring plan has been developed to support the implementation teams in the field. Monitoring reports shall be used to make proper adjustments to the plans and inform on-going actions. IFRC will undertake four technical support visits to the province by the end of the operation. At the end of the operation, the PMER team will lead a joint lesson learnt workshop with all stakeholders to document lessons that can be incorporate in future such operations.

Please briefly explain the National Societies communication strategy for this operation.

CVM has a dedicated Communications Officer who will ensure that operation gets good visibility through various social media platforms of the NS and local press. IFRC Communications officer will also work closely with the NS to promote the visibility of the operation on IFRC and NS social media platforms.



Contact Information

For further information, specifically related to this operation please contact:

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