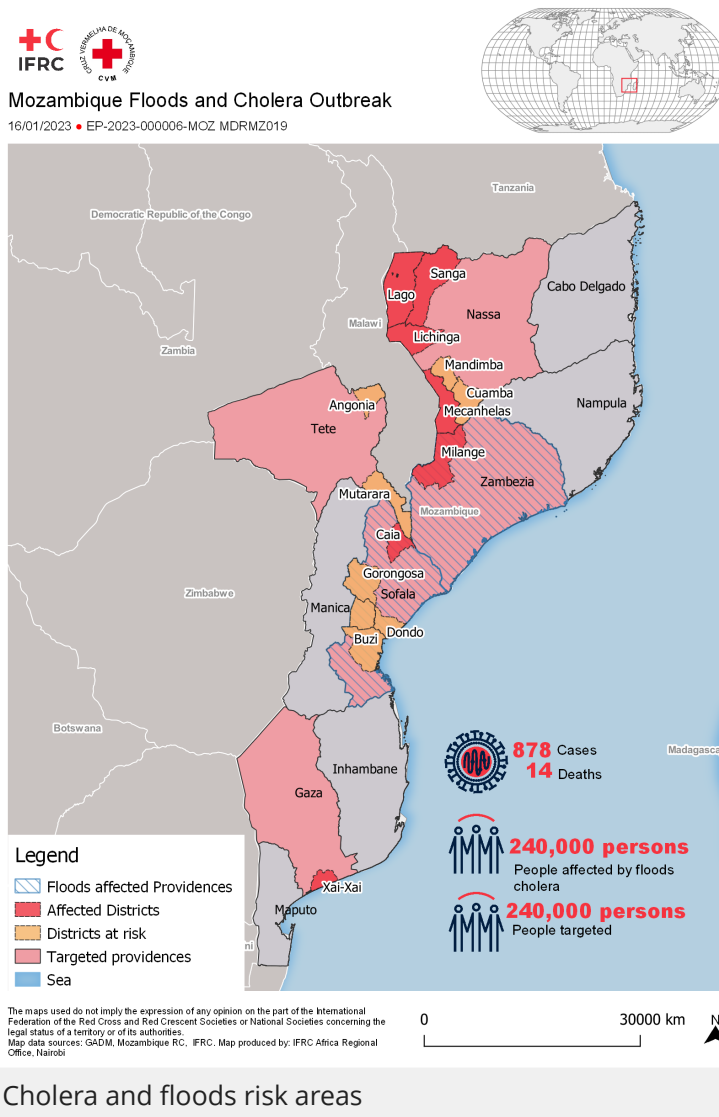




### National Society Headquarters in Maputo

Appeal: <b>MDRMZ019</b>	DREF Allocated: <b>CHF 476,331</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2023-000006-MOZ</b>	People Affected: <b>240,000 people</b>	People Targeted: <b>240,000 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>2023-01-20</b>	Operation End Date: <b>2023-06-30</b>	Operation Timeframe: <b>5 months</b>
	Targeted Areas:	<b>Gaza, Niassa, Sofala, Tete, Zambezia</b>	

# Description of the Event



## What happened, where and when?

On 8th January 2023, the Niassa Daily Cholera Bulletin from the Ministry of Health (MoH) indicated an alarming increase in the number of Cholera cases in the province of the same name, which borders Malawi where the current cholera outbreak is worsening. At the time, Niassa province recorded 379 confirmed cholera cases and 6 deaths in Lago, 250 in Lichinga district with 2 deaths reported. As of 13th January 2023, the reports from MoH showed a cumulative caseload of 878 confirmed cases and 14 deaths. This is an 80% increase from the number of cases recorded on 21 December 2022, which was 409 cases confirmed with 7 reported deaths.

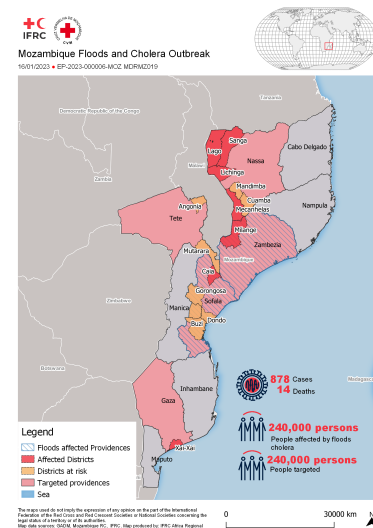
To note, five (05) provinces are facing the cholera outbreak or are at risk of experiencing it given the rate at which the outbreak is spreading. Concerned areas include the districts of Lago, Lichinga, Sanga, Chimbonila and Mecanhelas in Niassa province; the districts of Xai-Xai and Chilaulene in Gaza province; Tete province; Zambezia province and the districts of Caia and Buzi in Sofala province. A similar risk is also considered in other surrounding countries, mainly Malawi, Zimbabwe, Tanzania and Zambia.

Malawi borders Niassa province and it is likely that transmission is linked to activities along the border areas, increased rainfall and interactions from the recent festive season. There are cases of diarrhea being reported in other districts in Niassa as well, but no cholera laboratory confirmation yet. The upcoming rainy season further poses a threat of the disease spreading nation-wide. Given the surge in cases with the floods season ahead, there is a high risk to exacerbate the Cholera situation and overall humanitarian situation in the coming weeks, until the end of the rain and cyclone season.

Indeed, INAM has forecasted heavy seasonal rainfall in Mozambique through January and February, with the country expected to receive normal to above normal heavy rainfalls. Parts of the country are already experiencing rainfalls including Maputo, parts of Sofala and Zambezia povinces. However, the peak of the rainfall season is likely to occur from late January to February as has been the historical pattern in the country (World Bank Climate Change Portal). The latest release of the daily forecasts (Bulletin no.002 dated 7th January) by INAM has warned of heavy rains and strong winds in areas including the following districts of Sofala: in Machanga, Chibabbavu, Buzi, Dondo, Nhamatanda, Muanza, Gorongosa, Cheringoma, Merromeu, Maringue, Caia, Chemba and Beira city (Heavy rain advisory INAM 5th Jan 2023.jpg). A model by the NASA Global Flood (accessed through IFRC GO platform) and Imminent risk watch, issued a Floods Warning (Map3) on 24 December 2022, 19:33:00 UTC for possible flooding in Sofala, Manica, and Zambezia provinces of Mozambique.

Table recap of epidemic cumulative situation from coordination meeting with MoH as of 13.01.2023							
Province	Districts	Population	Cases Confirmed	Deaths	status of cases/observations	Direct Target	Overall Target
NIASSA	Lichinga	2,064,645	819	10	Active cases confirmed	2000	15000
	Lago				Active cases confirmed	2000	15000
	Sanga				Active cases confirmed	2000	15000
	Mecanhelas				Active cases confirmed	2000	15000
	Cuamba		1	0	suspected		15000
SOFALA	Madimba	2,528,442	1	0	suspected		15000
	Caia		38	1	Active cases confirmed	1000	15000
	Buzi		0	0	At risk		15000
	Dondo		0	0	At risk		15000
	Gorongosa		0	0	At risk		15000
	Nhamatanda		0	0	At risk		15000
TETE	Angonia	2,989,258	0	0	At risk		15000
	Mutarara		0	0	At risk		15000
GAZA	Xai-Xai	1,455,550	18	3	Active cases confirmed	1000	15000
	Chilaulene				Active cases confirmed	1000	15000
Zambezia	Melange	5,709,498	1	0	Active cases confirmed	1000	15000
<b>TOTAL</b>	<b>16 districts</b>	<b>14,747,393</b>	<b>878</b>	<b>14</b>		<b>12000</b>	<b>240000</b>
Suspected/At risk	08 districts		2	0		0	105,000
confirmed/affected	08 districts		876	14		12,000	135,000
<b>Households</b>						<b>2,400</b>	<b>48,000</b>

MoH cholera outbreak summary as of 13 January 2023.



Map of affected and targeted locations.

## Scope and Scale

In total, 878 cases have been confirmed and 14 deaths were reported in the country as of 13 January 2023. The confirmed cases cover four provinces as follows:

- 819 cases in Niassa province of which 4 districts with confirmed cases: Lago, Lichinga, Sanga, and Mecanhelas. Lago district is the most affected and is located less than 10 km from the borderline with Malawi. Cuamba and Madimba districts are considered high-risk districts with some suspected cases of diarrhea.
- 38 cases in Sofala province, all confirmed in Caia district. The province counts several districts at high risk including Buzi, Dondo, Gorongosa, and Nhamatanda.
- 18 cases in Gaza province, with affected districts being Xai-Xai and Chilaulene.
- One confirmed case on 13 January 2023 in Melange district of Zambezia province.

There are no cases confirmed in Tete province but, it is stated at high risk because of the border and high population influx with Malawi. Border districts in Malawi are more at risk, as well as prone to floods which routinely expose the population to the potential spread or resurgence of Cholera and other waterborne diseases but also more loss in terms of shelter, livelihood, and living conditions. This thus increases their vulnerability to cholera and heightens their urgent need for assistance in response to the current outbreak. This also means there is a need to increase prevention from further effects of floods which could worsen the outbreak.

As the rainy season continues, it is anticipated that more districts will be affected between January and April 2023. Indeed, the rainy season lasts until March-April, usually with a peak of rainfall recorded in January and early February (Source INAM). All the provinces currently affected by Cholera share the Zambezia Valley, which is a flood-prone area. It is anticipated that the impact of floods could hit approximately 450,000 people according to data from UNDRR's global risk model and INFORM.

Based on historical data, it is expected that about 260,000 people could be affected by the upcoming flood season.

Sofala province is highly vulnerable to the impacts of flooding due to high levels of poverty, poor infrastructure, and the fact that the area is mainly below sea level, exposing it to flooding risks. In addition, Buzi and Pungue basins dominate Sofala province thus influencing all hydrological and topographic aspects of the region. However, although the main concern is Sofala province for flood risk, all cholera-impacted areas could be affected by floods as well.

Equally at risk are the communities living near riverbanks, which are highly exposed, as well as those living along Lake Niassa in Niassa province and some rivers crossing the communities, such as Zambezi River and Pungue and Buzi Basins. Houses and huts near the riverbanks (Lake Niassa, Zambezi River), put at risk Niassa, Zambezia, and Sofala already dealing with the Cholera outbreak.

The general socio-economic situation of the at-risk communities and communities with the ongoing outbreak is worrying. WASH conditions are already poor with very limited access to safe drinking water, latrines, and poor living conditions.

An increase in cholera cases could easily get out of control in the coming weeks if there is no integrated support to prevent the transmission factors as well as provision of adequate response to interrupt the ongoing outbreak.

The above situation is prompting an intervention in the affected districts, with priority being the districts of Niassa, Sofala, Gaza, Tete, and Zambezia, where immediate response is needed to the cholera outbreak while conducting preparedness and prevention in the districts with suspected cases. Likewise, it is important for Mozambique Red Cross to start readiness works towards the floods season in these areas, to ensure this does not worsen the cholera situation.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	<b>Yes</b>
Did it affect the same population groups?	<b>Yes</b>
Did the National Society respond?	<b>No</b>
Did the National Society request funding from DREF for that event(s)?	<b>Yes</b>
If yes, please specify which operations	<b>MDRMZ018 – 2021 (Cyclone EAP) MAA63001 – 2022 (Flood EAP) and several Responses operations MDRMZ016 in 2021, MDRMZ014 in 2019 for the re-cents.</b>

### **Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation**

Having experienced several episodes of Cholera outbreak and its compounding effect when coupled with floods, the National Society has collected some key operational lessons which will be put to use during the implementation of this operation including:

- The need to have stocks prepositioned in accessible areas. In previous operations, roads leading to the warehouses were cut off, creating a challenge with moving the stocks. It is also important to have stocks in regional warehouses and not only in the forecasted areas. The general readiness of the National Society would be an added value to the speed of the assistance.
- Effective engagement of local leaders is vital in influencing adherence to cholera prevention and control measures by community members

- RCCE is a critical tool to enhance behaviour change as well as addressing myths and misconceptions
- Engagement and training of volunteers in Community Based Surveillance and Oral Rehydration Therapy reduces transmission and case fatality rate through community case management.
- As operational learning from Mozambique and Malawi cholera response, response adjustments and understanding of the infection dynamic, are key for effective results. This includes learnings to focus on particular groups such as fishing communities.
- Strong focus on WASH integration and essential integration between active surveillance and BTIT / home spraying to interrupt transmission.

## Current National Society Actions

<b>Resource Mobilization</b>	There is no resource mobilization plan yet, but PNS are part of the ongoing discussion regarding the operation and committed to support the National Society in every possible way.
<b>Coordination</b>	<p>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.</p> <p>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.</p>
<b>Assessment</b>	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.
<b>National Society Readiness</b>	Volunteers in the province have not dealt with Cholera related programs before and would therefore need good training and orientation. CVM has staff and volunteers trained in Community-based Health and First Aid (CBHFA), Community Based Surveillance (CBS) with a focus on active case finding, and Community Engagement and Accountability (CEA). They also have substantial experience in the implementation of health programs including health in emergencies. Such skills are vital and will help CVM with the containment of this outbreak. The National Society has 398 volunteers in Niassa Province, who can be mobilized and trained to support Risk Communication and Community Engagement (RCCE) efforts in the province.
<b>Activation Of Contingency Plans</b>	The National Society has no specific Contingency Plan for Cholera specific to 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.

## Movement Partners Actions Related To The Current Event

<b>IFRC</b>	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.
<b>ICRC</b>	There is an ICRC Delegation in Maputo which has been informed about the situation and the National Society's plans on this DREF operation.
<b>Participating National Societies</b>	In Mozambique, there is a presence of the Spanish RC, French RC and Belgium RC. 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.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<p>The Ministry of Health of Mozambique through its structures has been supporting the affected districts by through the following actions:</p> <ul style="list-style-type: none"> <li>- Contact tracing,</li> <li>- Distributing water purification tablets (Certeza),</li> <li>- Conducting home-based visits,</li> <li>- Conducting monitoring activities and holding regular meetings with community leaders,</li> <li>- Raising community awareness through media,</li> <li>- Building capacity of local health committees, and holding regular coordinating meetings.</li> </ul>
<b>UN or other actors</b>	WHO, UNICEF and MSF are strengthening surveillance in the area.

### 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 will also include 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 how the National Society can deliver integrated and efficient assistance through this cholera response and floods anticipation being launched.



# Needs (Gaps) Identified



## Community Engagement And Accountability

Lack of Effective RCCE/CEA to control and contain cholera outbreak in the communities. Identifying key entry points such as community leaders or any other key influencers is one of the critical approaches to controlling cholera outbreaks. Addressing rumours and myths should also be taken into account and this can 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.



## Health

Flooding is likely to worsen the current rising trend of cholera and could contribute to spreading the disease to areas which are not yet affected. Moreover, the risk of floods also means thousands of families are likely to be exposed to different water and vector borne diseases, such as diarrhea or malaria, which will increase their vulnerabilities.

Mozambique is currently facing an increase in cholera cases and from historical and WHO analysis, flood is a lead factor of increased pattern in cholera outbreaks. The urgent need for prevention against health risks and to stop cholera is pressing the launch of this operation. Some gaps in the response have been identified as seen below:

### Health and Care:

The government is leading the response in the affected areas but for the moment, there is no specific information on available resources and capacity in the different provinces. However, the current analysis of the situation shows limited logistics and human resources for both the Ministry of Health and CVM (staff and volunteers) to carry out community awareness and health education at the branch level. As cases are rapidly increasing, the current efforts are insufficient, which is negatively affecting the level of coordination by the branch. There is only one Cholera treatment centre that has been set up in Lichinga for isolation and treatment and no cholera vaccination campaign is planned for the moment as vaccines are reported to not be available for the moment in the districts. As such, the MOH has approached the Red Cross to support with medical equipment for setting up ORPs, as well as supplies such as beds and buckets.

The Red Cross branch of Niassa has limited human resources and logistical capacity to manage the outbreak. This is negatively affecting the level of coordination by the branch. Transmission chains are mainly linked to two elements from the current observation: the water transmission resulting in general poor WASH conditions which is the case in the affected areas and the deteriorating situation with the increased rainfall.

### Cases management:

In terms of case management, the low resources influence the capacity of health centers to support case management, especially as cases are increasing. At the moment, ORT is managed in CTC so, there is no separate ORP at the community level. The needs of Health centers include CTCs material as expressed by Provincial MoH branches requested during Cluster meetings. A specific list was not shared, as they are all open to what partners can provide. Previous experience and current needs identified by volunteers supporting the CTC/Health centers must be considered for example, lack of beddings, WASH items, ORS, etc.

As such, the MOH has approached the Red Cross to support with medical equipment for setting up ORPs, as well

as supplies such as beds and buckets.

#### Risk Communication and Community Engagement (RCCE):

Community knowledge of the disease is low. Messages on cholera have not been integrated into regular preventive messages, especially in Niassa, where the last outbreak was 6 years ago and for other provinces, the level of knowledge also remains low. The limitations of the current cholera prevention campaign with the unavailability of IEC materials such as posters, flyers, and banners to support community access to information about the disease.

In these rural communities, mobilizing volunteers is sometimes hard and reaching the communities is also challenging. Large communication systems are needed and the volunteers selected will need a good training package, especially in RCCE.

#### Logistics:

There are limited logistics and human resources (staff and volunteers) to carry out community awareness and health education at the branch level.



### **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 is expected to receive 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.



### **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 are the most impacted. Often, the elderly and children may be left behind when disaster strikes. 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.



### **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 is 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.



## **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.



## **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 and 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.

# **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 behaviours 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, to be implemented in Niassa, Sofala, Tete, Gaza, and Zambezia provinces through a comprehensive community-based approach including Health, Risk Communication, and Community Engagement (RCCE) and Water, Hygiene and Sanitation (WASH).

## Operation strategy rationale

To address the needs of the targeted populations, Mozambique Red Cross (CVM) strategy will include 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 others sectors vulnerabilities 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 upcoming floods, CVM will focus on preparedness measures in Sofala and/or Zambezia provinces, where floods are expected in coming weeks. 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 HH 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.

## 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.

## 3- Shelter

- Disaster Risk Reduction (DRR): CVM has shelter kits and WASH related household items (HHI) from in-country stocks prepositioned in Sofala province. These items will be quickly mobilized for the most vulnerable households at risk. The National Society will carry out the distribution of the HHIs within 48 hours after the alert. In the event of a response to the floods, the National Society shall distribute the items in stock and request a replenishment through the DREF mechanism.

- Evacuation: CVM will support Government in identifying and preparing evacuation centres as well as support early evacuation for high-risk households, as needed. CVM will ensure special consideration for persons with special needs, especially pregnant women, persons living with disabilities and the elderly. In addition, CVM will mobilize 50 volunteers to support search and rescue, river crossing transport, and First Aid services in targeted locations. The teams will ensure adequate measures are taken to reduce the risk of COVID-19 transmission during evacuation of vulnerable groups.

Through its local branches, CVM will conduct post-disaster needs assessment and provide technical support from HQ as required with up to 300 volunteers available to support the operation throughout the 3 target provinces. CVM will coordinate with the Government and other actors in the field for the assessments.

# 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 localities of:

- Lichinga, Lago, Senga, and Mecanhelas districts in Niassa province.
- Caia district in Sofala province
- Xai-Xai district in Gaza province
- Milange district in Zambezia province.

All districts in the 5 targeted provinces will be reached through community mobilization, RRCE, cholera prevention actions, surveillance, and preparedness for the risk of floods and the spread of waterborne diseases. This brings the overall target for all activities to 240,000 people (48,000 HH). The 240,000 people targeted will be reached in areas with cholera suspected cases, high risk of cholera, and floods such as

- Cuamba and Madimba districts in Niassa province,
- Buzi, Dondo, Gorongoza, and Nhamatanda districts in Sofala province
- Tete province

Preparedness and prevention will be conducted in priority in the previously mentioned districts, considering the high level of immediate risk and already suspected cases reported.

## 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.

## 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
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.
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.
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. 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	
Number of districts covered by assessment		16	
Percentage of targeted communities with active CBS volunteer		100	
Number of ToT/ Supervisors trained in CBS		36	
Number of volunteers trained in CBS		360	
Percentage of people confirming they have recieved and integrated the radio messages		70	
Number of people confirming they received health messages through door to door		12000	
Number of people reached with health awareness messages		240000	
		<p>1) Prevention and Interrupt chain of transmission with Community- based health. Activities will include actions on health prevention and education to the communities on Cholera and water-borne diseases and cholera specific response as follows:</p> <ul style="list-style-type: none"><li>• Assessment and mapping of gap per districts, with initial wash assessment.</li><li>• Training of 36 volunteer’s supervisors/ refresher on EPIC, CBS</li><li>• Training of 360 Volunteers in EPiC, Branch Transmission Intervention Teams (BTIT), Community Based Surveillance and assessment- using paper based data collection. Volunteers will receive a 12 DAYS training package starting with assessment briefing and- data collection, 3 days CBS training, EPiC training for 4 days, BTIT 3 days. Same capacity will be provided to the volunteers as they will need to be ready for rotations sometimes needed in the activities due to context of hard to reach and rural areas.</li><li>• Develop messages for awareness raising, prevention of communicable diseases and hygiene. Messages will cover health education, knowledge and prevention of common waterborne diseases, focus on cholera prevention messages, raising awareness on risk ahead of the floods. IYCF/ ANIE breastfeeding messages will also</li></ul>	

be incorporated to the messages to be promoted by volunteers door to door, meetings and radio diffusion. Messages will be validate with Health cluster.

- Create jingles and translate in local language
- Produce – print IEC materials such as banners, pamphlets, brochures. Some 30,000 IEC and 1000 Leaflets on early warning messages will be used with locally translated messages to be validated by MoH and reviewed with Health Cluster and to support educational activities in the 16 districts.
- Dissemination of messages and jingles on 5 radio stations, 1 per provinces for 4 months, broadcasted 3 time a week.
- Advocate to get support from other radio with the help of communities' leaders.
- Conduct information dissemination at public places, using volunteers house-to-house visits to sensitize communities on the early signs of cholera to enable early detection, educating household members in Cholera prevention, case management, handling of safe drinking water, hygiene practices and ANJE and safe food practices. Volunteers will be deployed for 3 month. These volunteers will reach 48,000 households in the 16 districts.
- IYCF/ ANJE messages promotion to households in the 16 districts
- Conduct community-based surveillance (CBS) 3 times a week for 3 months, in collaboration with the MoH CBS teams. Volunteers will support in the identification of potential cases and refer to MOH for further analysis for a minimum of 3 months. These will be conducted in Hotspots districts (08) and at risk districts (08). Paper-based CBS system will be used with printed forms for volunteers and reporting support for supervisors.
- Procurement of protection material for 396 volunteers (gloves, gumboots, and facemasks).


#### Priority Actions:

2) Support case management and treatment through material support to 4 treatment centers in the highest hotspot district: 2 in Niassa, 1 in Sofala and 1 in Gaza as follows:

- ORS for supervisors' volunteers immediate first aid to people found during CBS in the 8 hotspots
- Support of 4 CTC managed by MoH with material: ORS, granulated chlorine, chlorine, bucket, beds, Mosquito nets, blankets, basins. Package to be donated also includes kits for discharged patient and WASH material for Health centers 4 CTCs for sanitation (plastic cups, jerrycans 1L , plastic jerrycans of 15L for ORS treatment, hand gel, 50 buckets with taps 50L, 20 beds to be used by patients with cholera, 20 basins, granulated chlorine, plastic cups, 200 mosquito nets, jerry cans 15L, plastic jerry cans 1L). It will include also Provision of NFIs kit including (hand sanitizers and chlorine for clothes) to patients discharged from cholera treat-




	<p>ment centres.</p> <ul style="list-style-type: none"> <li>• Material will be used by MoH health workers to provide to patients in provinces with highest cases and mortality: 2 in Niassa given the level of the outbreak, 1 in Gaza, 1 in Sofala. Assessment with data of the districts with more patient admitted will clarify the districts.</li> <li>• MoH will manage the kits donated by CVM. Content is based on needs identified by CVM volunteers and staff active in the health centers- CTCs that they are supporting.</li> <li>• Volunteers will provide PSS to affected communities in the 8 current hotspots</li> </ul> <p>3) First aid and PSS to affected communities</p> <ul style="list-style-type: none"> <li>• Identify and train 50 volunteers to provide First Aid services and community-based healthcare;</li> <li>• Volunteers are maintained ready for first aid</li> </ul>
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	Community Engagement And Accountability	Budget	CHF 5,509
		Targeted Persons	240000
Indicators	Target		
Percentage of feedback collected which is addressed	100		
Number of volunteers trained on CEA	396		
Priority Actions:		Community Engagement and Accountability (CEA) strategies will be rolled out throughout the implementation of this operation to ensure that the communities are at the centre of all interventions and that there is community ownership. Consultative meetings will be held with communities during the assessment and the next steps of the implementation. The meetings imed at discussing preferences on feedback channels. A feedback mechanism will be put in place to get the necessary feedback from community members on issues related to the overall Cholera response. This feedback will be shared with all relevant platforms at community, district and national levels to ensure adjustments in programming where necessary. The community members in the target areas will be involved as fully as possible in the planning stages and throughout the response, to increase their ownership of the re- sponse sharing clear information about response activities, selec- tion criteria and distribution processes with communities through community meetings and door to door activities. Dedicated ses- sions on CEA will be incorporated into all main trainings that will be carried out for staff and volunteers. CEA activities shall include:  - Training of 446 volunteers and 5 provincial staff Focal point on CEA - Ensure CEA is incorporated in main EPiC training	

- Setting up of feedback mechanisms
- Feedback meetings


	National Society Strengthening	Budget	CHF 95,234
		Targeted Persons	452
Indicators		Target	
Number of coordination meetings attended by the Health cluster and MoH		20	
Number of coordination meetings organised within the Movement		10	
Number of coordination meetings held in GODE		20	
Number of months of deployment for the Rapid Response Team member (Surge)		3	
Number of provincial response focal point mobilised and trained		5	
Supervision report completed at districts level that are shared with coordinator		20	
Number of missions to be conducted by HQ		4	
Number of volunteers trained who are mobilised		446	
Priority Actions:		<ul style="list-style-type: none"><li>• Kick off meeting with staff and volunteers on the operation, roles and responsibilities</li><li>• Provide insurance to 446 volunteers involved in the operation.</li><li>• Conduct induction of the volunteers on key trainings and throughout the operation. 396 under health and hygiene; 50 volunteers focusing on shelter, readiness for evacuation and early warning for floods.</li><li>• Provide 446 volunteers and 10 staff with PPE as well as protection and visibility materials (raincoats, backpack, bib, t-shirts, gumboots).</li><li>• Deploy CVM staff from HQ with experience in cholera response actions to strengthen the provincial team.</li><li>• CVM health coordinator will manage the operation from the HQ and will be assisted by one focal point in each branch which will ensure weekly monitoring and reporting of activities to the HQ. Reporting of CBS shall be communicated with MoH.</li><li>• Branch will count on the provincial focal point - 1 per province, 2 volunteers supervisors at least to support field monitoring.</li><li>• Surge health will be deployed to also strengthen the response team</li></ul>	


	<p>In terms of readiness for floods, CVM will ensure:</p> <ul style="list-style-type: none"> <li>• Resource mobilization</li> <li>• Alert system will be put in place and shared with team</li> <li>• Security briefing will be conducted and volunteers equipped</li> <li>• Coordination with others partners will be strengthened</li> </ul> <p>In total, 446 volunteers and 6 staff will be engaged, deployed to cover this intervention. •</p>
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	Shelter Housing And Settlements	Budget	CHF 27,247
		Targeted Persons	2250
Indicators		Target	
Number of volunteers who completed training in emergency shelter		50	
Number of people reached with shelter kits to support reinforcement of shelter		2250	
Number of HH who confirmed the shelter materials have helps them reinforced their houses		450	
Priority Actions:		<ul style="list-style-type: none"><li>- Refresher session of volunteers on emergency Shelter construction</li><li>- Selection and registration of vulnerable households</li><li>- Set up logistics for NFI's purchasing and transportation</li><li>- Train volunteers for post distribution monitoring</li><li>- Ensure use of visibility produced for early warning and early community based action to address the vulnerabilities.</li><li>- Distribution of shelter tool kits to support communities in reinforcing shelters</li><li>- Post distribution monitoring and support to communities to ensure communities have reinforced their shelters.</li><li>- Continuous monitoring of the floods situation</li></ul>	

	Secretariat Services	Budget	CHF 31,576
		Targeted Persons	4
Indicators		Target	
Percentage of coordination meetings organised with IFRC participation		10	
Number of mission from IFRC to support CVM		4	
		IFRC missions for technical Support and Regional Office. From Operations, technical health, PMER and finance officer to support the	

<b>Priority Actions:</b>	National Society but also to ensure the monitoring and reporting. <ul style="list-style-type: none"> <li>• Remote support</li> <li>• Missions every 6 weeks</li> <li>• Technical support</li> <li>• 1 surge deployment will be supported</li> </ul>
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	Protection, Gender And Inclusion	Budget	CHF 0
		Targeted Persons	12000
Indicators		Target	
Percentage of feedbacks linked to protection concerns that are managed		100	
number of briefing in the intervention on PGI		5	
Priority Actions:		The operation will ensure the promotion and participation of men and women including persons with disabilities. Staff and volunteers will be briefed on the Code of Conduct and on prevention and response to sexual exploitation and abuse and child safeguarding as they implement Cholera interventions. It will ensure all NS, IFRC, PNS staff, and volunteers involved have signed the Code of Conduct. All trainings to be carried out will have dedicated session on PGI to ensure PGI and its application is re-enforced. <ul style="list-style-type: none"><li>• Volunteers' orientation session on PGI in each provinces</li><li>• Protection message dissemination</li><li>• PGI actions and cost integrated to the sectors</li></ul>	

	Water, Sanitation And Hygiene	Budget	CHF 165,624
		Targeted Persons	240000
Indicators		Target	
PDM conducted		1	
Number of families confirming they received water supply material		2400	
Number of families confirming they received hygiene material		2400	
Number of handwashing stations set up		2000	
Number of households reached with hygiene promotion		48000	
		The WASH intervention will be complementary to health activities by providing improved living conditions which will contribute to breaking the chain of transmission. As such, the CVM strategy is	

### Priority Actions:

formulated around the key objectives below:

- Improve access to safe water for the most exposed communities in the 10 current affected districts to address the challenge of potable water. WASH items distribution including containers, water purification tablets, bottles, and services to 2400 families in the most vulnerable communities in the 16 districts following the assessment results.
  - Sanitation is improved through water point rehabilitation and latrines access
  - Trained staff and volunteers will support the setup and management of hand-washing facilities.
- Necessary supplies will be procured to support this intervention.

Activities include:

- Distribute Certeza bottles for water treatment to ensure that households using unsafe water for drinking are treating the water at the point of use (6 bottles per family for three months).
- Ensure demonstration of the use of Certeza to the communities prior to the distributions, during, and after.
- Ensure hygiene promotion in the communities for four months, with door-to-door visits and radio messages to sensitize the population in the 16 districts on good hygiene practices and environmental sanitation. A total of 396 volunteers to be deployed for that.
- Ensure dissemination of early warning messages in floods prone areas, especially in Sofala
- Procure and distribute jerry cans (15L). This will only be given to patients who are discharged from cholera treatment centres so that they are able to continue with the treatment at home.
- Procure and distribute 2400 water containers 25L (2/family) and 14,400 bars of soaps - 2 / family for three months to the most vulnerable people.
- Set up 2,000 hand washing facilities in key community entry points, markets, schools and other public places in the 16 districts targeted.
- Deploy 5 volunteers per district to conduct spraying in communities and houses with cases identified and suspected cases with vomiting and diarrhea. To be conducted in hotspots districts.
- Construction of 50 latrines in hotspot communities. Current priorities being in Niassa, Sofala and Gaza. Mapping of WASH gaps will be finalized with the assessment.
- Rehabilitation of 10 boreholes to improve access to safe drinking water of 2400 families in hotspot districts
- Support the establishment of community committees for management and monitoring of boreholes and latrines cleaning and appropriate use.

## About Support Services

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

In total, 452 staff and volunteers will be engaged in this operation. This include 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 will be involved in the health response and prevention planned.

Volunteers will be 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 will have overall oversight of this operation, and he will be supported by the National Health Coordinator and DM Manager who will be providing technical support to the field teams and ensure all capacities gaps are identified and addressed.

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

One Operation manager surge will be 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 sound knowledge of Epidemic control and WASH.

**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 will use the existing stocks and the DREF will support replenishment of the stock used and complement to cover the needed materials. Current stocks will first be used for preventions activities due to the long procurement process sometimes faced which could delay delivery to the communities.

**How will this operation be monitored?**

CVM will have the overall responsibility of ensuring that the operation is effectively monitored at all levels. IFRC PMER will support CVM by providing technical inputs and support with planning, continuous monitoring, assessment results and information management. A monitoring plan will be 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. 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.

# Budget Overview



## DREF OPERATION

### MDRZM019 - Mozambique Red Cross Cholera Outbreak

#### Operating Budget

<b>Planned Operations</b>	<b>349,522</b>
Shelter and Basic Household Items	27,247
Livelihoods	0
Multi-purpose Cash	0
Health	151,141
Water, Sanitation & Hygiene	165,624
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	5,509
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>126,810</b>
Coordination and Partnerships	0
Secretariat Services	31,576
National Society Strengthening	95,234
<b>TOTAL BUDGET</b>	<b>476,331</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)