

MOZAMBIQUE CHOLERA UPDATE 31 JAN 2024

Cholera cases continue in the lead-up to rainy season

Chiúre, Cabo Delgado province: Conta Ibrahim washes her hands to ensure safe hygiene, as taught by the health committee

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HIGHLIGHTS

Mozambique is currently affected by the largest cholera outbreak of the last 25 years. More than 43,000 cholera cases have been reported between September 2022 and January 2023. The outbreak has a very large geographical spread, with 30 districts in seven provinces currently affected.

After a general increase of cases during November and December 2023, and a peak in the second week of 2024, in Cabo Delgado and Nampula provinces, we are now observing a stabilization of the number of cases at national level. Only a moderate increase still shows in Zambezia, Niassa and Manica provinces.

However, trends are expected to increase during the rainy season, with a peak expected in February/March. As in 2023 with Cyclone Freddy cyclone, any extreme climate event - such as cyclones or flooding - could lead to a rapid deterioration of the epidemiological situation.

KEY FIGURES

-  **43,200** cholera cases
-  **165** deaths
-  **7** provinces and **30** districts currently affected
-  **6,600** cholera patients supported in **44** CTC
-  **26,398** people affected by Acute Watery Diarrhea received oral rehydration treatment
-  **392** health workers trained for cholera treatment
-  **1,305** community agents trained for cholera surveillance and prevention
-  **166,080** people reached with WASH services
-  **371,565** people benefited from door to door cholera case follow up (CATI)
-  **1,152,180** people reached with prevention messages

Sources: Ministry of Health Daily cholera bulletins, UNICEF and partners field reports

UNICEF FUNDING NEEDS

FUNDING CONFIRMED
\$2,980,000 / 30%

FUNDING GAP
\$7,020,000 / 70%

TOTAL FUNDING REQUIRED
SIX MONTHS (JAN-JUN)
US\$ 10,000,000



Humanitarian needs arising from the impacts of the cholera outbreak have required UNICEF Mozambique's emergency response to expand. Without timely, unearmarked and flexible funding, the most vulnerable children and families will suffer greater exposure to the impacts of current and increasing humanitarian needs and emergencies. A big thank you to all our donors and partners.



Latrine CTC Mocuba by Kukumbi
© UNICEF



Volunteer of UNICEF partners Cuamm doing bucket chlorination
© CUAMM

UNICEF'S RESPONSE

UNICEF has been supporting the response since September 2022 and has provided support in all affected districts, focusing on WASH and infection prevention and control in Cholera Treatment Centers (CTC), as well as case follow-ups, surveillance and treatment at community level.

UNICEF is also implementing large scale social communication activities to improve cholera prevention and health seeking behaviors.

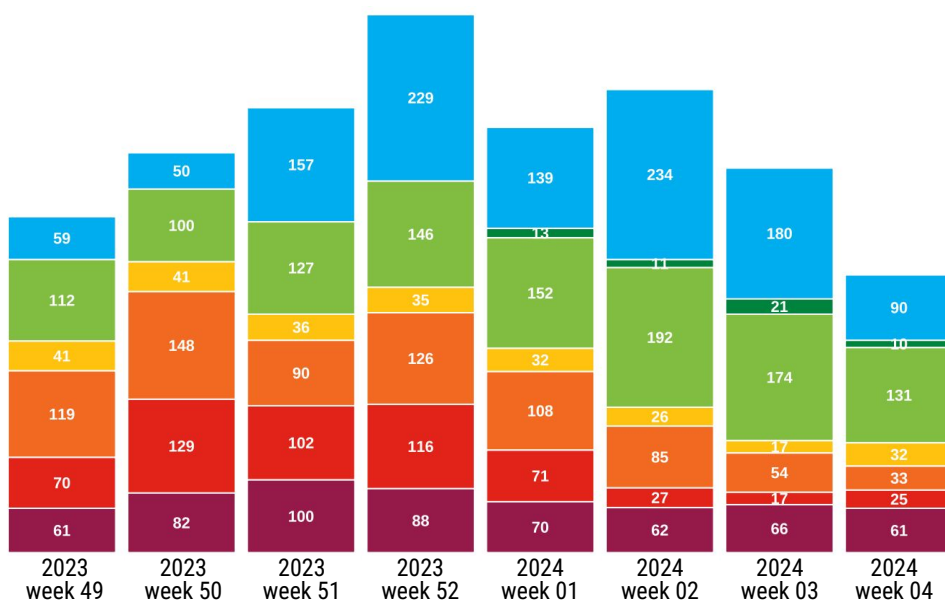
In coordination with WHO, UNICEF provides support on case management training, provision of CTC material and Oral Cholera Vaccination campaigns.

Health and WASH supplies were prepositioned with health authorities in each province and district in November 2023. Since then additional material was supplied to replenish stocks or support new districts reporting cases.

UNICEF has signed partnership agreements for cholera response with 10 local and international NGOs, and has supported provincial health services in five districts, provincial public work directorates in two provinces and the social communication institute in all seven affected provinces.

UNICEF also works through a religious leader association (PIRCOM) to support cholera prevention and improve health seeking behaviors.

To provide rapid response capacity and coordination services, UNICEF recruited a team of three experts and one coordinator at national level and has a team of three WASH, Health and Social Behavior Communication (SBC) experts for cholera response in four of the affected provinces, as well as 14 consultants dedicated to cholera response monitoring.



Total weekly cholera cases per affected province (by year/epi week)
January 2024



CHALLENGES AND GAPS

Cholera-related violence erupted in several districts of Zambezia and Cabo Delgado Provinces, districts with a long history of disinformation and rumors related to cholera. Communities started accusing health authorities and community leaders of spreading cholera, leading to their killing or injuring. A health center was burned, several vandalized and health staff obliged to flee the area for several days.

Cholera follow up in communities can be very complex in these areas. UNICEF is implementing social communication and facilitating discussion platforms, community-based organizations, community and religious leaders, traditional healers, local law enforcement and health authorities.

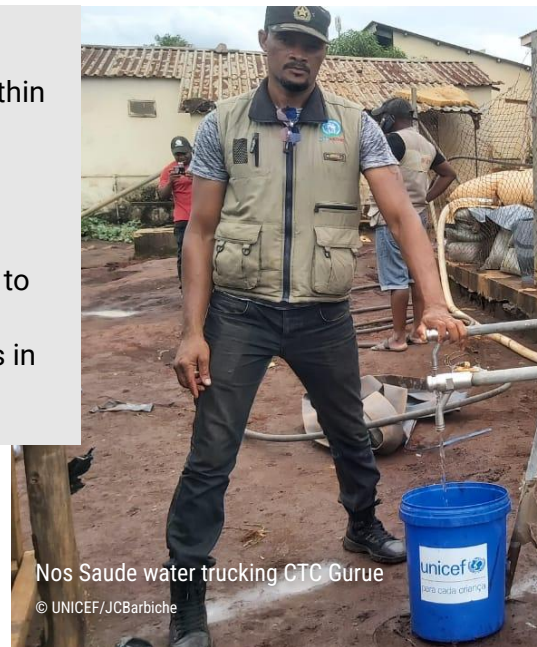
Although cholera health material was prepositioned by UNICEF and donated to the health authorities in most districts, there is now a need for replenishment.

Affected districts are very large. In some cases, CTCs have been set up in rural areas, two hours from the district capitals, areas where it is difficult to base staff or monitor intervention.

So far, the outbreak dynamic has shown a small number of cases within a very large geographical spread. This creates the need for extreme flexibility of the implementing partners: NGOs must respond to a certain district, and from one week to another have to scale down and relocate their teams and volunteers in other places.



Diffusion of cholera prevention radio message on community radio
© UNICEF/JCBarbiche



Nos Saude water trucking CTC Gurue
© UNICEF/JCBarbiche



Cholera treatment center supported by UNICEF in Mocuba, district Zambezia

© UNICEF/JCBarbiche

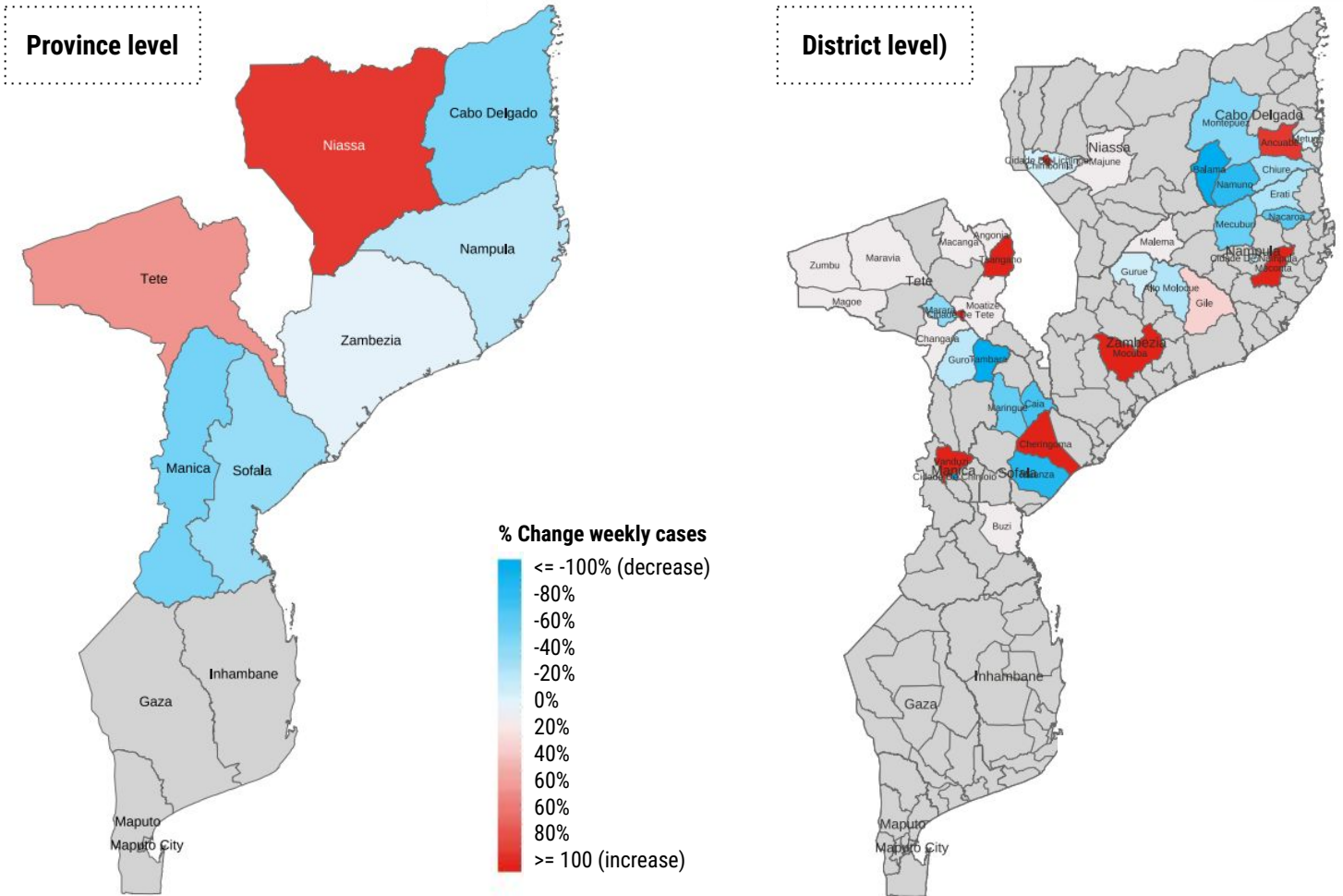


10m3 water tank installed by UNICEF partner Kukumbi in the cholera treatment center of Mocuba district, Zambezia

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% CHANGE IN WEEKLY CHOLERA CASES

January 2024 - week 04 vs 03



URGENT NEEDS

- Increase the geographical coverage and the duration of partnerships with NGOs;
- Upscale coordination and response through government agencies (including capacity building, system strengthening, warehousing and supply management);
- Pilot and evaluate solutions for cholera rapid response mechanisms;
- Improve infection and control standards in Cholera Treatment Centers;
- Increase the number of Oral Rehydration Points and bucket chlorination at unimproved water point in communities;
- Replenish Health and WASH material stock, improve local prepositioning of cholera material kits;
- Improve cross-border collaboration and programing;
- Identify and address the drivers of cholera-related violence and the main drivers of cholera transmission in Mozambique;
- Innovate solutions and technologies for monitoring, community feedback and health information systems.

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