



COSACA COVID-19 RESPONSE STRATEGY

COSACA COVID-19 Response Strategy

Overview

As of 21st May, Mozambique has 156 confirmed cases of COVID-19. The country's capital, Maputo, and the province of Cabo Delgado are the epicenters of the outbreak in Mozambique, with Pemba and Afungi registering more than 50 percent of the overall cases. The onset of COVID-19 could not have come at a more difficult time for Mozambique, as thousands of families are still recovering from the two devastating cyclones, Idai and Kenneth, which struck over a six-week period between March and April last year. Both cyclones caused mass displacement and severe infrastructural damage, and the main crop for the year was washed away.

Families are still struggling to recover their agricultural and fishing livelihoods. The impact of the cyclones also exacerbated protection needs for thousands of children in Manica, Sofala, Zambezia and Cabo Delgado provinces. COSACA is still operating in the worst-hit areas, supporting the government's recovery efforts. Since the cyclones, there has been more flooding in several of the cyclone hit areas, and an Islamic insurgency in Cabo Delgado has become increasingly more violent and aggressive. The drought in the southern provinces has also had a devastating impact on communities there. In addition to the pre-existing humanitarian needs, COVID-19 will have a significant impact on children and their communities and urgent assistance is needed to control the situation.

Further, due to recent escalation of attacks which affected both Quissanga sede and Mocimboa da Praia in Cabo Delgado, a second wave of displacement begun in March 2020. This wave of displacement has resulted in the movement of IDPs from district towns closer to the Cabo Delgado provincial capital of Pemba, and surrounding districts such as Mecufi and Metuge. Overcrowding inside the house will limit the household's ability to adequately practice safe distancing within the household and therefore the rapid proliferation of disease between household members.

COSACA Response:

COSACA proposes a two phased approach - The first phase will be comprising of fast and quick actions that have the highest impact and taking 1-3 months of response. The second phase will be a more long-term intervention which may involve WASH related infrastructure development if the risk for COVID-19 will still be present.

The response will address the needs of women, girls, boys, older persons, people with disabilities and all other groups vulnerable to the effects of the pandemic. Women and girls especially are likely to be hardest hit and therefore will be primary target— as they shoulder the vast burden of care-giving whether caring for sick relatives or looking after children at home because schools are closed or providing food and wellbeing of family members.



COSACA’s WASH programming activities include providing hygiene kits and appropriate latrine facilities.

FUNDING REQUIRED:

As per cluster analysis, the number of people in need is 7,839,000. COSACA will target **3,077,247** people through WASH, Health, Shelter, Food Security, Protection and Emergency in Education programming. Funding required to reach 1,857,765 individuals¹ is **\$20,695,500**.

GOAL: *To support the Government of Mozambique, and the relevant clusters addressing WASH, Health & Nutrition, Education, Protection, Food Security and Shelter to ensure that COVID-19 preparedness, prevention and response activities are child sensitive, support the most vulnerable children and communities, and address the secondary impacts on health, nutrition, education, child protection, child poverty, and child rights governance.*

Why COSACA?

COSACA is a consortium consisting of the international aid organizations CARE International, Oxfam, and Save the Children. This consortium was created in Mozambique in 2007, delivering emergency and large-scale humanitarian assistance to communities affected by floods. Over the past thirteen years, it has supported Mozambique responding to numerous humanitarian crises and has been funded by DFID, SIDA, ECHO, OFDA, and Flanders International. By working through a consortium, COSACA utilizes each organization’s regional and technical expertise to provide the best quality programming possible while saving resources, so that duplicative staff and efforts are minimized. Cross-organizational trainings, learnings, monitoring, and other activities are regularly undertaken to ensure that it is not only a consortium in name but is a living thriving partnership.

Geographical Focus:

The impacts of the new coronavirus disease could be considerably higher on the urban poor, where overcrowding also makes it difficult to follow other recommended measures such as social distancing and self-isolation. As government measures on limiting movement increase, rural communities may become

¹ Direct beneficiaries



even more isolated and face difficulties accessing services. COSACA will leverage existing presence in provinces to reach maximum number of individuals in urban, peri-urban, camp and informal settlements. Based on current COSACA presence and relationship with the provincial level authorities and stakeholder, COSACA will respond in Maputo, Sofala, Tete, Zambezia, Manica, Gaza, Cabo Delgado, Inhambane and Nampula.

SNAPSHOT OF SECTOR APPROACH:

Water, Hygiene and Sanitation

Poor hygiene makes people both vulnerable to COVID-19 infection and if infected, could result in complications due to exposure to infectious diseases perpetuated by poor hygiene and sanitation, such as diarrheal diseases. Millions of Mozambicans do not have access to soap and water in their homes, which is critical for staying safe.

- Community Engagement: Community engagement will be key to effective epidemic control, be it delivering trusted messages, carrying out surveillance, or attempting to limit movement. This will be by actively engaging community leaders and groups through existing urban slum networks, youth centres and networks, training community leaders to manage handwashing facilities, act as monitors in identifying risks and to disseminate information about COVID-19.
- Risk Communication and Community Outreach: To avoid physical contacts, and maintaining recommended social distancing, the necessity to produce and provide IEC Materials including posters in local languages; radio based campaigns, among others will be required.
- Provision of public handwashing stations and supplies like soap, sanitizers and protective equipment
- Hygiene Promotion Campaigns through Mass media
- Hygiene kit distribution quantities to cover for potential future lockdowns and market disruptions to project households (materials include: soap, certeza, laundry soap, and female sanitary materials)

Health:

Supporting trusted Community Health Workers (APEs) and other community activists to help households cope with the virus is key, both in order to provide clear prevention information, ensure families are correctly quarantining or isolating individuals who are possibly COVID-19 exposed or suspected to be infected, and how and when to seek medical care.

- Large-scale mass communications campaign on awareness & prevention
- Support the training of community Health Care Workers (APEs) and other community care providers

Education in Emergencies:

Schools are currently closed in Mozambique, meaning that millions of children are no longer in formal education. The impact on learning has already been significant and the situation is unlikely to change soon. We risk a lost generation with the long-term impacts of children out of school extending beyond learning objectives. Out-of-school girls in particular are more vulnerable to exploitation, child marriage and pregnancy.

- Support MINEDH strategy & distance learning development
- Promotion of outbreak prevention amongst school community members
- Procurement of materials to support teachers to provide teaching in small groups maintaining social distancing (e.g. bicycles, PPE)



- Support to roll out of distance learning e.g. distribution of solar radios, development & distribution of learning materials & kits
- Distribution of child-friendly COVID-19 IEC materials with materials & kits
- Supporting parents to help children learn at home and look after their mental and psychosocial health.
- Leading back to school campaigns after the crisis, ensuring vulnerable children return and stay in education.

Protection and Child Protection:

COVID-19 could substantially heighten the risks of child abuse, neglect, violence, exploitation, psychological stress and other negative impacts on their development due to the loss of or separation from primary caregivers, the loss of protection services, limited access to community support, disruption in family income and social connections, increased fear and anxiety, and the increase of children's exposure to domestic violence. Children in abusive households could face increased risk of physical and psychological abuse. The mental health and psychosocial impact of quarantine, isolation, stigmatization, and separation from caregivers, loss of routine, connections and education can take a devastating psychological toll on children. Additionally, when parents and caregivers become ill, it becomes increasingly difficult for them to effectively care for their children. This is exacerbated by the fact that older adults, who themselves face additional risks to COVID-19, may play a caregiving role.

- Protection and child protection referral training for clinical & frontline staff
- Training (skype) for IP on messaging, Psychological First Aid and referral Mechanisms
- Training on adaptation of services and PPE for case workers
- Alternative care gaps/ options identified for children whose caregivers require treatment/ quarantine
- Distribution of hygiene kits of vulnerable families
- Improve access to GBV and PSEA information during a crisis

Gender Based Violence (GBV) Prevention

The lack of comprehensive systems and Protection/GBV actors on the ground to assess and respond to the needs is currently one of the major gaps to ensuring an effective response. Psychological first aid, psychosocial support, and distribution of dignity kits is urgently needed to support the victims at district and community level.

- Support in the strengthening of survivor- centered multi-sectorial services including medical, legal and psychosocial support and referral systems to respond to GBV.
- Identify, establish and ensure access to safe spaces for affected boys, girls, adolescents and young women.
- Identify, document and respond to GBV/protection needs children, men and women in high risk localities vulnerable to GBV risks.
- Strengthen community based GBV prevention and response mechanisms through Protection/GBV Community Based Groups that are trained on Psychological First Aid (PFA) and making referrals

Food Security

Closure of informal stalls and the increasing costs of food commodities may result in food shortages to households who are already overwhelmed with limited resources, drought and growing IDP situation. The

aftershocks of Cyclone Kenneth and Idai, and heavy rains of December 2019 has increased the risk of food insecurity.

- A three-month food assistance package will be considered based on emerging needs as a consequence of COVID 19 impact for most vulnerable households. The package will be aligned with the Food Security Cluster's guidelines
- A seed package will be designed based on consultation with communities and local Government authorities, and analysis of nutrition and commercial factors, for planned distribution in October.

Shelter:

Due to the influx of IDPs into Pemba city, local populations have been reported to be hosting two or more families in their compound and house. This has placed a strain on the ability of host families to provide adequate covered living space. Overcrowding inside the house will limit the household's ability to adequately practice safe distancing within the household and therefore the rapid proliferation of disease between household members.

- Extend covered living space to allow families living in overcrowded conditions space to mitigate risks related to the spread of COVID19 as well as a GBV risk mitigation measure through procurement of tarpaulins and bamboo.