

Tropical Cyclone Chido

Photo: © UNFPA Mozambique / António Mussuque

Country:

Mozambique

Emergency type:

Climate - Natural Disaster

Start Date of Crisis:

Dec 15, 2024

Date Issued:

Jan 9, 2025

Covering Period:

Dec 15, 2024 to Jan 9, 2025

Contact Persons:

Lara Longle, longle@unfpa.org, Communications and External Relations Specialist

Key Figures



453,970Total people affected



108,950 Women of reproductive age



12,870 Estimated pregnant women



43,760People targeted with SRH services



19,900People targeted by GBV programmes

Highlights

- Tropical Cyclone Chido made landfall in Mozambique on 15 December 2024, wreaking havoc mainly in Cabo Delgado and Nampula provinces in the north of the country.
- As of 26 December 2024, there have been 120 fatalities, 868 injured, and an estimated 453,970 people were affected, according to the National Institute for Natural Disaster (INGD).



- The risk of gender-based violence (GBV) is exacerbated by factors such as inadequate lighting, insufficient gendersensitive water and sanitation (WASH) services, overcrowded displacement sites with limited privacy, and restricted access to critical services, including health care, food, and shelter.
- Disruptions to health facilities have significantly impacted the availability of maternal health care and sexual and reproductive health (SRH) services.

Situation Overview

- Communities are still grappling with the aftermath of Cyclone Chido, which struck Cabo Delgado and Nampula provinces on 15 December 2024, causing widespread devastation. According to the National Institute for Natural Disaster Management (INGD), the cyclone claimed 120 lives, injured 868 people, and affected an estimated 453,970 individuals. Cabo Delgado, with 272,000 people affected, and Nampula, with 175,000 people affected, account for 98% of the total affected population.
- The districts most affected are Mecufi, Pemba, Metuge, Ancuabe, Namuno, and Balama in Cabo Delgado province, with extensive destruction to homes and public infrastructure, including 52 health facilities. Nampula province, mainly the Memba, Erati, Mecuburi, and Mossuril districts, were also affected.
- Preliminary findings from the Multi-Sectoral Initial Rapid Assessments (MIRA), conducted across 165 sites in 10 districts of Cabo Delgado and Nampula, reveal extensive devastation. An alarming 95% of houses have been affected, along with 73% of schools, 62% of farmlands, 55% of markets, and 44% of health care facilities.

UNFPA Response

- UNFPA has prepositioned essential items to address immediate needs. This includes 11,239 dignity kits to support
 the hygiene and safety of women and girls, 35 tents to serve as temporary health facilities ensuring the continuity of
 SRH services, maternal health care, and psychosocial support; additionally, 13 reproductive health kits catering to a
 population of 100,000 were provided. These kits provide essential equipment, medicines, and supplies for safe
 deliveries and critical SRH services.
- In the early response, UNFPA distributed 520 dignity kits to women and girls in Cyclone Chido-affected areas. These kits included key messages on GBV, protection from sexual exploitation and abuse (PSEA), and available services such as the Linha Verde hotline. Three temporary health facilities were established in the Mecufi and Chiure districts to ensure the continuity of SRH services, offering prenatal consultations, delivery care, and women-friendly spaces. Support was also provided to Chiure District Hospital by operationalising a power generator to guarantee uninterrupted maternal health services, assisting at least 50 women daily, including six to seven deliveries. In addition, the containerised clinic and theatre in Metuge were kept operational, providing an average of six maternal health services daily and on-the-job technical support to health providers.
- UNFPA emphasises the urgent need for additional funding to restore the full capacity of damaged health facilities, equip them with essential supplies, and address GBV risks in the affected areas. Without this support, the most vulnerable populations will remain at significant risk.