

2018-2020

HUMANITARIAN RESPONSE PLAN

(Revised in August 2019)

November 2018 - May 2020

MOZAMBIQUE

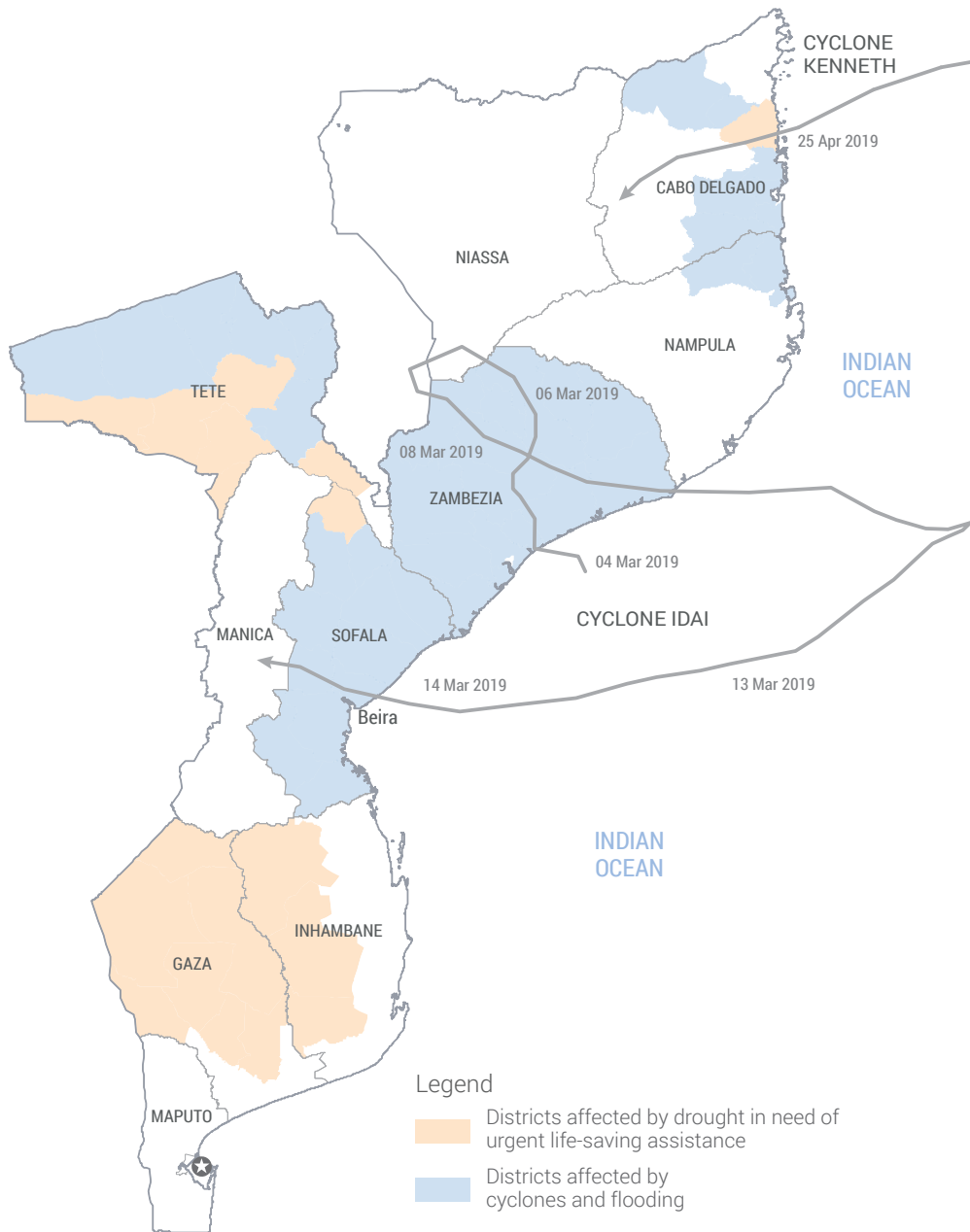
TOTAL PEOPLE IN NEED
2.5 MILLION

TOTAL PEOPLE TARGETED
2.0 MILLION

TOTAL FINANCIAL REQUIREMENTS (US\$)
\$620.4 MILLION
(Nov 2018 - May 2020)

NEW REQUIREMENTS

\$397.9 MILLION
(Jul 2019 - May 2020)



This document is the third revision of the Mozambique Humanitarian Response Plan (HRP) since November 2018. The HRP (November 2018 to June 2019) was first developed to support the Government-led response to the humanitarian impact of the poor performance of the January-March rainy season and the displacement of people due to insecurity in Cabo Delgado. The document was subsequently revised in March and May 2019 to reflect additional humanitarian needs following the consecutive Tropical Cyclones Idai and Kenneth which made landfall in the country in March and April. This third revision extends the HRP to May 2020 as humanitarian needs arising from the drought, cyclones and internal displacements will continue at least until the next harvest in March-May 2020.

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HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1



Save lives and alleviate the suffering of those most in need

of assistance and protection, including severely food insecure, hard to reach and displaced people

STRATEGIC OBJECTIVE 2



Support the restoration of livelihoods and strengthen

the resilience of crisis-affected people

STRATEGIC OBJECTIVE 3



Protect the rights and uphold the dignity of the most vulnerable

TOTAL PEOPLE IN NEED



TOTAL PEOPLE TARGETED



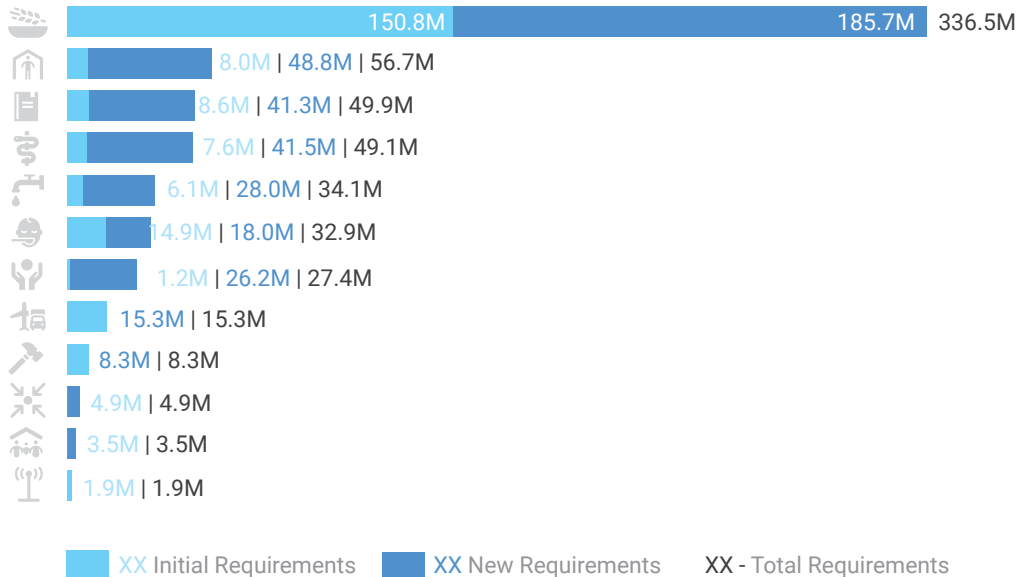
NEW REQUIREMENTS



TOTAL REQUIREMENTS (US\$)



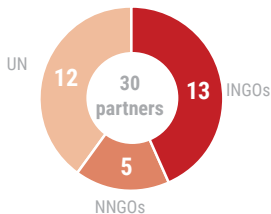
FUNDING REQUIREMENTS BY SECTOR



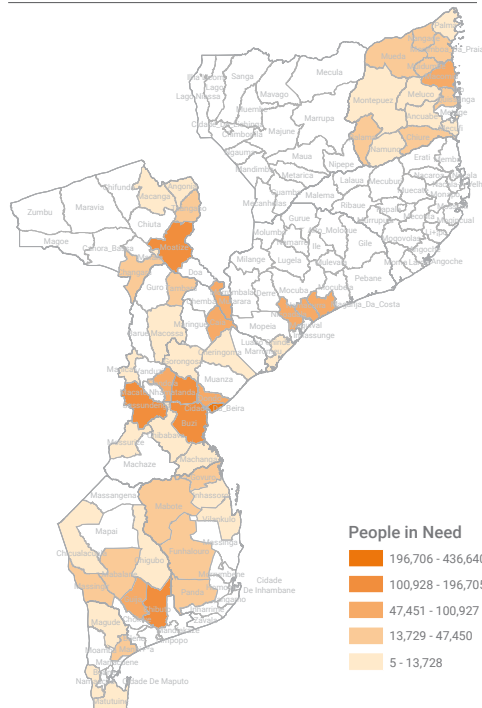
NUMBER OF PARTNERS

30

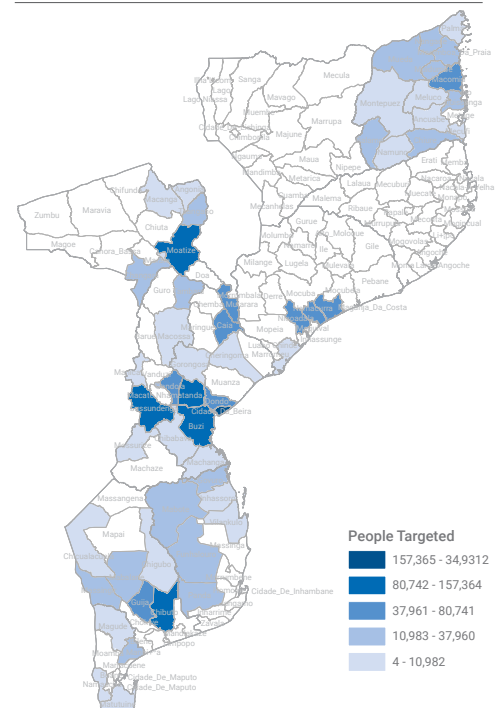
PARTNER TYPE



PEOPLE IN NEED



PEOPLE TARGETED



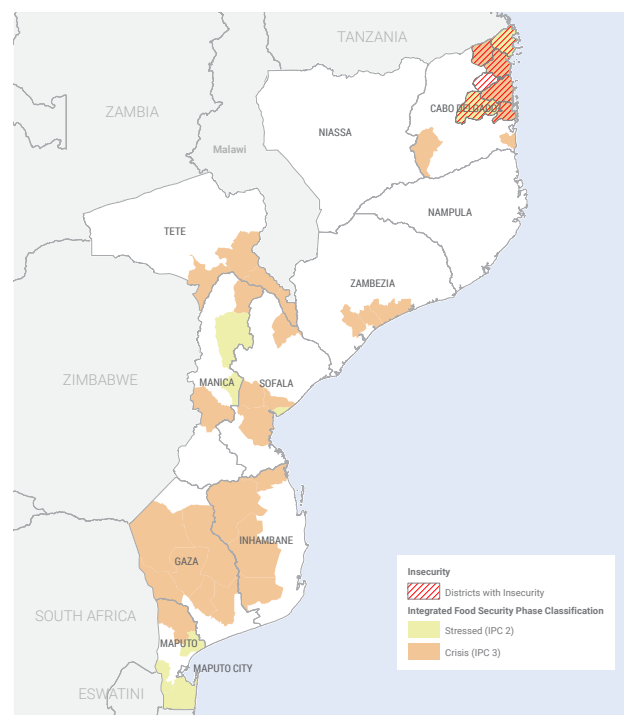
MOZAMBIQUE

OVERVIEW OF THE CRISIS

Multiple and consecutive shocks, including drought, cyclones, floods and insecurity, have left an estimated 2.5 million people* -almost 10 per cent of the country's population- in need of life-saving and resilience-building assistance in Mozambique

Poor performance of the January-March 2019 rainy season in southern provinces (Maputo, Gaza and Inhambane) caused substantial agricultural losses, with lingering effects expected to last until the next main harvest in 2020. Then, for the first time in recorded history, two strong tropical cyclones hit the country during the same season in 2019, leaving a trail of death, damage and destruction whose impacts will be felt well into 2020. Cyclone Idai made landfall in March 2019 near Beira City in Sofala Province, bringing strong winds and torrential rains to Sofala, Zambezia, Tete and Manica provinces. Six weeks later, Cyclone Kenneth struck the northern provinces of Cabo Delgado and Nampula. Combined, the two cyclones killed at least 648 people (45 deaths due to Cyclone Kenneth and at least 603 due to Cyclone Idai); injured nearly 1,700 people; damaged or destroyed more than 277,700 homes; and fully or partially destroyed more than 4,200 classrooms. In Cabo Delgado, it is estimated that approximately 60,000 people have been affected and/or displaced by insecurity since October 2017, including over 200 attacks on villages by armed groups and clashes between security forces and armed groups. For people in villages previously impacted by violence, Tropical Cyclone Kenneth's landfall represented a crisis on top of a crisis.

More than 1.6 million people are severely food insecure, and this number is expected to increase to 2 million people during the lean season (October 2019-March 2020), according to the Integrated Phase Classification (IPC) analysis and the Food Security and Nutrition Assessment conducted by the Technical Secretariat for Food Security and Nutrition (SETSAN) in June 2019. Entrenched gender inequalities in Mozambique render women and children more food insecure and susceptible to malnutrition than men. In areas impacted by Cyclones Idai and Kenneth, over 80 per cent of the population is dependent on farming/agriculture as primary source of income, and 76 per cent of households headed by women are reliant on subsistence farming. These smallholders have sustained significant crop loss, damaged land, and lost access to savings groups and most have inadequate seed supplies to prepare for the September/November planting season. Farming families who had already been affected by drought lost all or large portions of their seed stores and the cyclones wiped out the lower-than-usual harvests. Following Cyclone Idai's landfall, more than 715,000 hectares of staple crops were destroyed together with plant nurseries and irrigation systems, while Cyclone Kenneth affected nearly 55,500 hectares, uprooted over 100,000 cashew and coconut trees, and caused loss of livelihoods, including fishing and aquaculture. Farmers in Manica and Sofala – the two provinces hardest-hit by Cyclone Idai and the



subsequent catastrophic flooding - produce approximately 25 per cent of the national cereal output. In Cabo Delgado, violence-related displacement has distanced people from their livelihoods and farming in rural areas may be impacted in the months ahead as communities fear going to the fields in case of attack by armed groups. In the central zone, there are indications that part of the agricultural losses may be offset by the production of the second season, prospects of reconstruction and good agricultural production of the next 2019/2020 campaign. Yet, drought-affected areas in the south of the country are struggling to recover and will likely face an early onset to the lean season. Humanitarian assistance provided in the hardest-hit areas has prevented a more severe deterioration. However, people facing severe food insecurity require urgent assistance through integrated interventions -food assistance, agriculture, livestock and fishery inputs, rehabilitation of infrastructures- to mitigate the lack of food and restore their livelihoods and assets ahead of, and during, the next lean season.

Malnutrition is expected to rise during the 2019/2020 lean season and, for the first time since 2001, cases of pellagra (vitamin B3 deficiency) have been reported in Mozambique. To date over 250 cases have been confirmed and the Ministry

of Health is preparing for up to 3600 cases in the coming months. An estimated 67,500 children require treatment for malnutrition, including 6,500 for Severe Acute Malnutrition and 61,000 for Moderate Acute Malnutrition, according to the SETSAN nutrition survey which covered 31 districts as well as nutrition data in Cabo Delgado collected prior to Tropical Cyclone Kenneth. In districts affected by Cyclones Idai and Kenneth, figures do not yet reflect the impact of the cyclones on acute malnutrition, as surveys were carried out before or immediately after the cyclones. Two districts in Cabo Delgado - Ibo and Mecufi – are facing a Serious nutrition situation (Phase 3 of the IPC Acute Malnutrition classification) from July to September and this is expected to increase to four districts – Nicoadala and Maganja da Costa (Zambezia), Balama (Cabo Delgado) and Doa (Tete) – from October 2019 to February 2020.

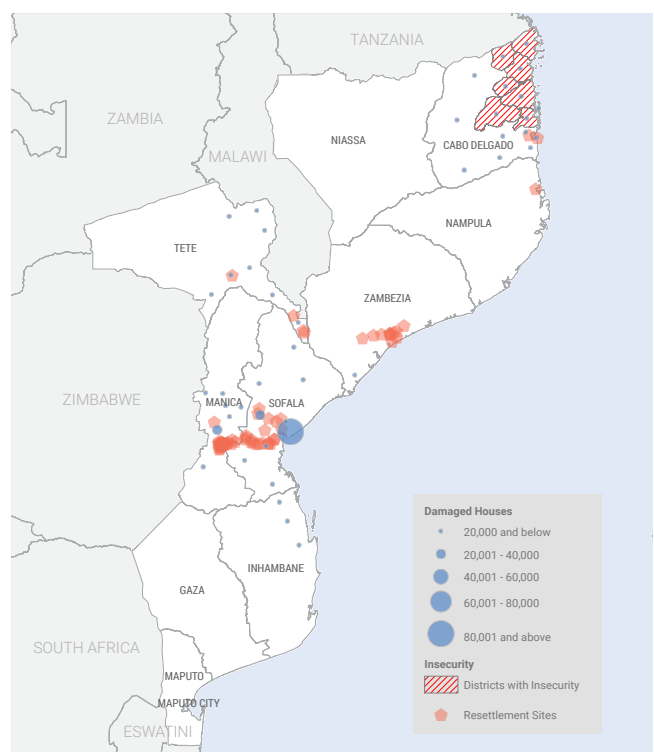
The cyclones significantly exacerbated pre-existing protection risks, including child protection concerns, sexual and gender-based violence, loss of personal documentation, and issues related to land and property rights. Before the cyclones, families affected by drought in Gaza, Inhambane and Sofala were adopting negative crisis strategies and emergency strategies, including selling productive assets and animals, and taking children out of school to perform household chores, including fetching water. After the cyclones in March and April of 2019, many families lost everything – their homes, their livelihoods and productive family members – and this has heightened the risks of adopting negative coping strategies, including pushing women and children into child labour, child trafficking, child early forced marriage and survival sex, to survive in the months ahead. Concurrently, the cyclones drastically weakened the response capacities of the social welfare and justice sectors, causing large numbers of pre-existing and emergency-related protection cases to go unaddressed. In areas affected by Cyclone Kenneth (Cabo Delgado and Nampula) it is estimated that approximately 60,000 people have been affected and/or displaced by insecurity, including over 200 attacks or raids on villages since October 2017 by unidentified armed groups and clashes between security forces and armed groups. Furthermore, displaced populations, particularly women, often do not have clear tenure arrangements and limited access to land ownership, which aggravates their insecurity and vulnerability to exploitation. Legal support to secure tenure, especially for women, will be critical to set the most basic preconditions for recovery.

Three months after the cyclones hit, and just four months before the next rainy season, more than half a million people (100,000 households) are reportedly still living in destroyed or structurally damaged homes or makeshift shelters.

Another 60,000 people (over 12,000 households) remain in resettlement sites and an estimated 60,000 people have been affected and/or displaced by insecurity in Cabo Delgado. Many of the shelters that people are residing in are unsafe, inadequately prepared, and lack access to fundamental basic goods and services – such as water and sanitation, shelter and non-food items (NFIs), health, education and protection services and safe spaces – which are their guaranteed minimum rights laid out in international human rights law and inter-agency guidance. Already before the cyclones, quality of housing both in rural and in urban areas was largely poor,

mostly due to families' lack of financial capacity to invest in quality materials, lack of knowledge of safe construction techniques (in urban areas) and traditional building techniques not being adapted to the increased impact of the climate related hazards. The high level of damage caused by Cyclones Idai and Kenneth was exacerbated by this prevailing poor quality of the existing housing stock. At the same time, pre-existing high poverty rates, compounded by high levels of food insecurity, have meant that many families have been unable to rebuild their homes to a minimum level of resilience. Reportedly, vulnerable families have been selling received shelter materials to buy food. At the same time, the precarious living conditions faced by people in destroyed or damaged shelters and resettlement sites have heightened exposure to protection risks, especially for women and children. In some sites, children must walk 3 to 7 kilometres to reach primary schools, while secondary schools are further than 7 kilometres away. Meanwhile, lighting in many sites is scant, numbers of latrines are insufficient, and women and adolescent girls are forced to walk long distances to access water and firewood – all contributing to increased cases of Sexual and Gender-Based Violence (GBV).

People's access to health was severely affected by Cyclones Idai and Kenneth, with at least 94 health centres damaged, according to the Post Disaster Needs Assessment of May 2019. Equipment, furniture, essential medicines and medical supplies were also destroyed, and staff working in the health sector were themselves impacted by the disasters. People impacted by drought, cyclones/floods and insecurity remain exposed to disease outbreaks (cholera, malaria, dengue etc.), while there is limited access to essential health care services at resettlement sites. While emergency health assistance has helped contain outbreaks and provide life-saving care, challenges related to re-establishment of health services



and ongoing provision of medical equipment and medicines remain. Hospitals and clinics in areas experiencing severe water crisis may not be able to maintain basic services due to shortages of water, leading to potential closure of inpatient/admission facilities, inability to conduct institutional childbirth deliveries and impact on those with chronic diseases like HIV/AIDS. In Beira City, which was among those hardest-hit by Cyclone Idai, one in six adults live with HIV, and access to anti-retroviral drugs was compromised by the cyclone. Of the total population affected by Cyclone Idai and Kenneth, UNFPA estimated that there were 149,000 pregnant women, 17,572 women at risk of life-threatening, pregnancy-related emergencies. With a pre-cyclone maternal death of 452 deaths per 100,000 live birth maternal mortality continues to be a challenge in Mozambique. Destruction of birthing health facilities, equipment, medicines and loss of health records predisposes women and girls of child bearing age to limited access to SRHR services including antenatal care, family planning services and skilled attendance at birth, and could lead to an increase in preventable maternal and neonatal deaths and unplanned pregnancies.

The consecutive crises have negatively impacted education for both boys and girls. Some 1,300 schools and more than 4,200 classrooms were damaged or destroyed. Many school buildings still do not have roofs, some school toilets and water supply are dysfunctional or lacking, and damaged asbestos sheets in school compounds posing health hazards to children and teachers. There are still 50 resettlement sites in 4 provinces, with some 30,000 children 1 to 17 years. About 90 per cent of them have access to a functional school but 24 per cent have to walk for more than one hour to get to school and only 14 per cent have a school in less than 15 minutes' walking distance. In the resettlement sites, children learn in Temporary Learning Spaces (TLS); with no desks or benches for teachers or pupils and poor ventilation due to overcrowding and hot tarpaulin tents. Authorities continue to request support for the reconstruction and repair of classrooms and tents and to set-up new temporary classrooms. The quality of teaching and learning are also

affected as many teachers and students remain traumatised, exhibiting symptoms of fear, nervousness and distress, resulting in lack of concentration. Female teachers, in particular, have concerns due to damage to their homes and for the safety of their children while at school. Psychosocial support and development of psychosocial support skills is therefore critical for teachers, parents and communities to enable them to assist school children. Contact time between teachers and pupils has reduced as the cyclones caused a loss of days of classes ranging from one to two weeks. Schools in resettlement sites run shifts to accommodate more children. In some cases, pupils in higher primary or secondary levels do not study because there are no corresponding levels of education offered in their camps. There is apprehension that there may be an increase in school dropouts and early marriages as negative coping strategies for vulnerable families who have lost their livelihoods. There are already reports that boys are absconding from school to earn money for their families and of girls being forced to stay home when funds are limited, as families prioritise boys' education. Teachers need teaching materials and children need essential educational materials.

Reduced access to safe water and sub optimal sanitation and hygiene practices could increase the risks of water borne and vector diseases. Safe water supply coverage in Mozambique stood at 49 per cent prior to the two cyclones, with a large disparity between urban coverage (80 per cent) and rural coverage (35 per cent) even prior to the climate events. Sanitation coverage across the country was 21 per cent, with only 11 per cent coverage in rural areas, and 40 per cent of people still practicing open defecation. Increased use of unprotected water sources increases the risk of outbreaks of cholera, typhoid, eye infections and intestinal parasites, and jeopardizes menstrual hygiene.

RESPONSE STRATEGY AND

CAPACITY

STRATEGY

In order to successfully implement this Humanitarian Response Plan, in support of the Government-led response to Cyclone Idai and Kenneth, and the drought that preceded it, humanitarian partners will:



1. Maximize efficiency, effectiveness and transparency. Recognizing the scale and urgency of the crisis caused by Cyclones Kenneth and Idai, and the monumental task ahead for the Government-led response, humanitarian partners will maximize synergies and promote efficiency gains to best serve people in need. Humanitarian partners will carry-out daily coordination with the government entities leading response efforts. To reduce duplication of management costs, the response will utilize common services and pipelines wherever feasible.



2. Implement robustly prioritized, well-coordinated and flexible support to the Government-led response. The humanitarian responses to Cyclones Kenneth and Idai are faced with multiple and complex challenges due to the scale of devastation caused by the storm and its impact on key infrastructure and basic services. Within this context, humanitarian actors urgently need to: robustly prioritize response locations and activities to ensure maximum utilization of collective assets and capacity; promote field-driven responses, wherever feasible; and strengthen mobile response capacity to deploy rapidly when field-driven response is not possible and to ensure that hard-to-reach and cut-off areas receive due attention and needs-based assistance.



3. Put protection and communities at the centre of humanitarian action. Concrete and complementary actions will be implemented across sectors to contribute to protection efforts and promote an inclusive and tailored response that addresses the unique needs of women, men, girls and boys, people with disabilities, people living with HIV and the elderly. Humanitarians will take immediate steps to place communities at the centre of humanitarian action and decision-making, including: ensuring effective and transparent communication to enable informed decisions by affected communities; using feedback mechanisms to strengthen accountability and inform adjustments in the response, including for the Prevention of Sexual Exploitation and Abuse (PSEA); and providing meaningful opportunities for community participation in humanitarian action.

COORDINATION AND CAPACITY

The humanitarian response in Mozambique is led and coordinated by the Government through the National Institute of Disaster Management (INGC) and related emergency coordination mechanisms. This is supported by the Humanitarian Country Team (HCT), which is composed of UN agencies, International NGOs, Red Cross and donor representatives.

The Government has established three main bodies in the country to manage disaster risk and emergency preparedness and response, as follows: 1) the Coordination Council for Disaster Management (CCGC) is chaired by the Prime Minister and includes all Council of Ministers members from the sectors directly involved and affected in situations of natural disasters; 2) the Technical Council for Disaster Management (CTGC) is chaired by INGC General Director and is composed of the National Directors from the relevant sectors usually affected by a disaster; and 3) the National Emergency Operations Centre (CENOE) - a multi-sector coordination and decision-making structure where representatives from different Government sectors, HCT and key stakeholders meet to ensure coordination and response planning. All these bodies are replicated at provincial and district levels.

The HCT is supported at the operational level by an Inter-Cluster Coordination Group (ICCG). As part of the Cyclones Kenneth and Idai responses, humanitarian clusters have been activated to support the Government line ministries and ensure optimal coordination.

For the Cyclones Kenneth and Idai responses, at provincial level, the Government has activated four coordination hubs – Pemba, Beira, Chimoio and Quelimani. Humanitarian partners have established presences in each of these locations to facilitate operational coordination and support the Government-led response.

On 22 March 2019, the global Inter-Agency Standing Committee (IASC) activated a System-Wide Scale-Up to facilitate the response to Cyclone Idai. Multiple humanitarian partners have surged additional capacity to Mozambique in order to ramp-up emergency operations. Some of the INGO partners in Mozambique are organised in consortiums and have the capacity to implement multiple activities across clusters/ sectors within districts impacted by crises.

SCOPE OF PLAN AND

STRATEGIC OBJECTIVES

The Humanitarian Response Plan (HRP) focuses on supporting the Government's response to the most urgent life-saving and life-sustaining needs, as well as building the resilience and protection of the most vulnerable, until the 2020 harvests.

The Plan focuses on:

1. Reaching isolated areas that remain in urgent need of life-saving assistance;
2. Engaging with the Government around residual planned population movements – including returns, relocations and resettlement – to ensure that these are safe, dignified, voluntary and informed and that sufficient services are available in sites; and
3. Supporting food insecure people who have lost their livelihoods with emergency response and resilience building interventions until the next harvests in 2020.

Remarkable progress was made in scaling-up humanitarian capacity and response in the aftermath of Cyclones Idai and Kenneth, including through the activation of the Inter-Agency Standing Committee (IASC) Humanitarian System-Wide Scale-Up on 22 March 2019 for a three-month period, in support of the Government-led response. The IASC Scale-Up activation was accompanied by the designation of a Humanitarian Coordinator and Deputy Humanitarian Coordinator (based in Beira), along with the activation of ten IASC Clusters (CCCM, Education, ETC, Food Security, Health, Logistics, Nutrition, Protection, Shelter/NFI and WASH). Three coordination hubs were activated (Beira, Chimoio and Quelimane) by the Government, and two Forward Operating Bases were established (Buzi and Nhamatanda) to support the delivery of assistance in remote locations. More than 1,000 aid workers deployed to Beira, where the Emergency Operations Centre (EOC) for the Cyclone Idai response was based. The number of humanitarian partners engaged in the floods and cyclone response increased from 20 organisations at the time of the revision of the Humanitarian Response Plan (HRP) on 26 March, to more than 400 organisations

at the peak of the response. In addition, an Early Recovery Working Group was established to support mainstreaming of Early Recovery from the outset of the response, a Preventing Sexual Exploitation and Abuse (PSEA) Network was rapidly established to ensure full attention was given to this critical issue, and a Community Engagement Working Group was established to enhance two-way engagement with affected communities. Since the cyclones made landfall, more than 2 million people were reached with food assistance, more than 2.5 million people were assisted to access clean water, sanitation and hygiene, an oral cholera vaccination campaign was rapidly implemented, life-saving vaccines, deworming and vitamins were provided to over 430,000 children, more than 400,000 people were protected from malaria through bed net distribution and indoor spraying. More than 126,000 households have been reached with shelter, and multiple actions have been taken to prevent and address protection risks, including the updating of key referral pathways for survivors of gender-based violence, extensive community engagement and action to reunify separated families. In line with the IASC protocol, an Operational Peer Review was carried out to determine key lessons learnt to inform ongoing and future humanitarian action in Mozambique, and an Inter-Agency Humanitarian Evaluation (IAHE) is planned.

The HRP calls for humanitarian response capacity to be sustained until at least May 2020 to address remaining humanitarian needs through principled humanitarian action and undertake advocacy for longer-term solutions as the Government and development partners embark on recovery efforts. The HRP complements the Government and development partners' Five-Year Disaster Recovery Framework (DRF), which requires \$3.2 billion to build livelihoods and tackle short-, medium- and long-term recovery and reconstruction. These efforts will be critical to mitigate a prolonged humanitarian crisis. Recovery efforts should prioritize investment in building back better/safer so that pre-existing vulnerabilities are not reinstated, homes are made more resilient and people and assets are protected from future climate change-related weather events.

The revised HRP is being developed at the same time as a Five-Year Disaster Recovery Framework (DRF) for the Cyclone affected regions, led by the Government and its development partners with an estimated requirement of US\$3.2 billion. The recovery plan provides an opportunity to build the resilience of the most vulnerable people affected by the Cyclone. The DRF is being implemented in three phases, as follows: 1st phase - short term recovery needs to be implemented in one year; 2nd phase - medium-term recovery needs to be implemented in 1-3 years; and 3rd phase - long-term recovery needs to be implemented in over 3 years. While critical early recovery components directly linked to life-saving interventions with time-critical deliver requirements have been included in the HRP, humanitarian and development partners have worked together to ensure that the DRF effectively captures the short-term recovery requirements of people affected by the Cyclones who are particularly vulnerable to repeated shocks and require additional short-term recovery interventions.

Strategic Objective 1



Save lives and alleviate the suffering of those most in need of assistance and protection, including severely food insecure, hard to reach and displaced people by:

- Delivering aid to isolated areas that remain in urgent need of life-saving assistance.
- Providing food and cash-based assistance for people facing IPC Phase 3 and above.
- Ensuring adequate shelter for displaced people and those whose houses remain destroyed or damaged.
- Advocating with the Government to ensure that returns, resettlements and relocations are safe, dignified, voluntary and informed .
- Supporting integrated Primary Health Care (PHC), including sexual reproductive health (SRH), mental health and psychosocial support (MHPSS) and disease prevention and preparedness.
- Facilitating delivery of water, sanitation, hygiene, health and education services, particularly in resettlement sites.

Strategic Objective 2



Support the restoration of livelihoods and strengthen the resilience of crisis-affected people by:

- Supporting land clearance/preparation and provision of agricultural inputs for the next season.
- Helping to restore fishing and aquaculture activities.
- Supporting repairs/rehabilitation/and reconstruction of damaged or destroyed schools to provide more quality learning spaces for children to access education.
- Providing and distributing essential school materials for boys, girls and teachers.
- Developing psychosocial support skills among teachers, parents and communities and ensuring cascading of coping skills among children.
- Strengthening the capacity of education authorities, parents and communities to plan, coordinate, manage and participate in providing education for all children affected by the cyclones.

Strategic Objective 3



Protect the rights and uphold the dignity of the most vulnerable by:

- Ensuring full respect for human rights and the centrality of protection in the delivery of humanitarian assistance.
- Supporting establishment and strengthening of systems and mechanisms for prevention and response to all forms of violence, exploitation, abuse and neglect -including discrimination in the delivery of humanitarian assistance; sexual and gender-based violence; and sexual exploitation and abuse- including through formal and community-based awareness raising, prevention, mitigation, reporting and feedback mechanisms.
- Supporting, coordinating and facilitating access to survivor services, including: strengthened inter-sectoral identification, referral and reporting mechanisms, with a focus on immediate life-saving health, protection and psychosocial support, including clinical management of rape (CMR); and justice sector response.
- Reinforcing the Statutory Case Management system through engagement with the Social Welfare and Justice Sectors via increased financial, material and technical support.
- Mainstreaming protection, child protection and gender across all clusters, including through application of vulnerability criteria in delivery / prioritization of assistance, through application of frameworks such as the Minimum Standards for Child Protection in Humanitarian Action (CPMS) and the Gender Handbook in Humanitarian Action.
- Building sustainable community-based protection networks, including by strengthening existing community structures and establishing more in newly created sites where they are lacking.
- Ensuring teaching/learning take place in a safe and protected environment.

CLUSTER

RESPONSE PLANS

**\$3.5
MILLION**

New requirements
(Jul 2019 - May 2020)

\$3.5 million
Total required
(Nov 2018 - May 2020)

**CAMP COORDINATION
& CAMP MANAGEMENT**



Cluster Objectives:

Ensure dignified conditions for people living in collective settings by improving access to assistance, services, and safe living environments.

Impact:

In the immediate aftermath of Tropical Cyclone Idai, CCCM actors managed seven official “accommodation centers” where humanitarian partners distributed emergency relief to 3,173 households (11,202). These centers closed in June 2019, with CCCM actors overseeing ongoing decommissioning work. To offer displaced families a durable solution, the Government of Mozambique established 60 “resettlement neighborhoods”. As of July 2019, 12,800 households or 58,233 individuals live in these resettlement sites. CCCM actors continue to provide site management and coordination services in 42 resettlement neighborhoods across Sofala and Manica, where 10,537 households (49,523 individuals) live. Basic humanitarian needs and site planning gaps persist in resettlement neighborhoods, especially in Buzi and Sussundenga Districts: more than 1,400 households have not received shelter assistance; at least 6,352 households on sites in Buzi do not have access to adequate drinking water or latrines; and protection actors have reported increased crime, housing, land, and property conflicts, and increased GBV cases across resettlement neighborhoods. Sites require urgent planning and improvements including: mapping, primary road opening, drainage systems, construction of community centers, shading, demarcation, and flood prevention systems. Responding to these gaps requires information management, coordination, and communication with communities. CCCM actors envision a transition to government authorities and early recovery actors in early 2020.

PEOPLE IN NEED



75.8k

PEOPLE TARGETED



75.8k

OF MEMBERS



1

After Cyclone Kenneth hit Cabo Delgado and Nampula provinces, CCCM actors managed two “accommodation centers” in Pemba (Chuiba) and Metuge (Taratará) districts of Cabo Delgado, distributing emergency relief to 212 households (1,060 individuals). After an assessment in Memba district of Nampula province, 950 households (4,750 individuals) displaced by the flooding of the Mecuburi river were identified as in need to be resettled and the district authority requested assistance. The new “relocation site” needs access to drinking water, latrines, mapping and site planning, primary road opening, drainage systems, construction of a community center, shading, demarcation, and flood prevention systems. Given the vulnerability of the displaced population in both relocation sites and traditional sites in Cabo Delgado, the CCCM teams needs to strengthen the local structures and to ensure protection for the displaced community where minimum standards of assistance are covered to uphold the rights of the IDPs. While transitioning from the emergency phase to early recovery, the CCCM cluster envisions to undertake a series of actions to support the process.

Priority Activities

- Communication and engagement with communities in resettlement sites - providing information (through hubs, mobile teams, and community committees) and facilitating community ownership (through committees, capacity building local authorities, and site improvements).
- Site planning and site improvements and technical support to government authorities on site planning, site improvements, minimum standards for resettlement sites, and contingency plans.

- Developing and executing a CCCM Cluster exit strategy – handing over site management services to the community, local government, and early recovery / development actors.
- Coordination of service provision with all the partners involved in humanitarian response to inform the level of needs satisfaction and gaps to better plan mitigation, including through monitoring and reporting on activities and gaps in resettlement sites through information sharing between sectors, joint-assessments in resettlement areas, regular meetings with government and humanitarian partners, and follow-up on action points. Advocacy with other Clusters / actors to fill gaps in basic assistance for underserved and hard-to-reach areas.
- Monitoring of service provision in Transitional Centres to make sure that IDPs have equal access to basic services irrespective of their social, physical and financial conditions by creating local committees.
- Capacity building for government officials on CCCM (protection and assistance) of people in camps based on international minimum standards.
- Provide technical inputs and support in site planning and opening of access roads, drainages, putting up of identification signs as a critical protection measure in the resettlement sites.

Photo: OCHA / Saviano Abreu



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**\$41.3
MILLION**

New requirements
(Jul 2019 - May 2020)

\$49.9 million
Total required
(Nov 2018 - May 2020)

EDUCATION



Cluster Objectives:

- To build education back better in cyclone-affected regions to ensure equitable access to quality education for all affected girls and boys.
- To improve quality of education ensuring teaching/learning take place in safe and protected environment for resilience
- To strengthen the capacity of education authorities, parents and communities to plan, manage and participate in providing education for all children.

PEOPLE IN NEED



383k

PEOPLE TARGETED



383k
STUDENTS

9.6k
TEACHERS

OF MEMBERS



10

Impact:

Cyclones Idai and Kenneth will have long-term negative effects on the education of more than 382,000 children, with at least 9,619 teachers affected and more than 4,222 classrooms destroyed or damaged. Many school buildings still do not have roofs, some school toilets and water supply are dysfunctional or lacking, and damaged asbestos sheets in school compounds posing health hazards to children and teachers. There are still 50 resettlement sites in 4 provinces, with some 30,000 children 1 to 17 years. About 90 per cent of them have access to a functional school but 24 per cent have to walk for more than one hour to get to school and only 14 per cent have a school in less than 15 minutes' walking distance. In the resettlement sites, children learn in Temporary Learning Spaces (TLS); with no desks or benches for teachers or pupils and poor ventilation due to overcrowding and hot tarpaulin tents. Authorities continue to request support for the reconstruction and repair of classrooms and tents and to set-up new temporary classrooms. The quality of teaching and learning are also affected as many teachers and students remain traumatised, exhibiting symptoms of fear, nervousness and distress, resulting in lack of concentration. Female teachers, in particular, have concerns due to damage to their homes and for the safety of their children while at school. Psychosocial support and development of psychosocial support skills is therefore critical for teachers, parents and communities to enable them to assist school children. Contact time between teachers and pupils has reduced as the cyclones caused a loss of days of classes ranging from one to two weeks. Schools in resettlement sites run shifts to accommodate more children. In some cases, pupils in higher primary or secondary levels do not study because there are no corresponding levels of education offered in their camps. There is apprehension that there may be an increase in school dropouts and early marriages as negative coping strategies for vulnerable families who have lost their livelihoods. There are already reports that boys are absconding from school to earn money for their families and of girls being forced to stay home when funds are limited, as families prioritise boys' education. Teachers need teaching materials and children need essential educational materials.

According to the PDNA (May 2019) teachers are distressed and not able to assist children in need. They have lost homes and livelihoods and female teachers and parents particularly have greater concerns not only for the damage of their homes, but for the safety of their children while at school. This affects the teacher's performance at work greatly and the attendance rates by children. The need for psychosocial support skills is very high among teachers for themselves and to enable them to support their students as well. Parents and communities also need support in psychosocial skills enable them to assist school children.

Priority Activities

- Procurement of materials for construction of classrooms and WASH facilities.
- Support repairs/rehabilitation/and reconstruction for damaged or destroyed schools.
- Provide furniture to schools affected by the cyclones.
- Undertake structural assessment of school infrastructure.
- Provide and distribute essential school materials and ensure boys, girls and teachers in need have adequate educational materials.
- Support the development of psychosocial support skills among teachers, parents and communities and ensure cascade of coping skills among children.
- Teachers training.
- Support development of emergency preparedness and response plans and facilitate development of school-based Disaster Risk Reduction plans for future crises.
- Conduct back to school and awareness-raising campaigns; organise orientations addressing PSS, PSA, positive discipline, referral and protection mechanisms and ECD issues.
- Parenting sessions on child development

Photo: OCHA / Saviano Abreu

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**\$185.7
MILLION**

New requirements
(Jul 2019 - May 2020)

\$336.5 million
Total required
(Nov 2018 - May 2020)

FOOD SECURITY AND LIVELIHOODS



Cluster Objectives:

- Provide life-sustaining food assistance to people experiencing severe food insecurity.
- Help restore key agricultural and fisheries livelihoods of drought- and flood-affected small-holder farmers affected by severe food insecurity.
- Support the restoration of rural livelihoods and the rehabilitation of infrastructures to mitigate the impact of climatic shocks.

Impact:

More than 1.6 million people need food security assistance in Mozambique from July to September 2019, rising to nearly 2 million people during the lean season between October 2019 and February 2020, according to the latest IPC findings. The poor performance of the January-May rainy season, coupled with the damages caused by recent floods, strong winds, cyclones and insecurity, affected agricultural production at harvest time and impacted on land preparation and planting for the next season, undermining food security, especially for the most vulnerable people. In addition, infestations of crop pests, including the Fall Armyworm, have spread to many districts in central Mozambique, contributing to reduced crop production. At the same time, the rising prices of maize has resulted in lower purchasing power, inadequate access to food, and low grain stocks, and these factors are likely to impact on food security at household level at least until the next harvest (March 2020). Staple cereal prices, for instance, are higher than the five-year averages, and are expected to further increase across the lean season.

Drought-impacted areas in Southern Mozambique had a significantly below-average harvest, coupled with unfavourable conditions during the second season cropping. Over 309,000 people in the southern provinces affected by drought are already in IPC Phase 3, with the largest number of food insecure people in Gaza and Tete provinces (more than 50 per cent of the population), according to the IPC. During Cyclone Idai, significant crop losses were experienced in Manica, Sofala and Zambezia provinces, which normally contribute between 40 and 50 per cent of the national cereal output. Stored cereals were soaked in water becoming unfit for consumption, affecting food and nutrition security at household level. Stored agricultural inputs such as seed and fertilizers were destroyed during the flooding, impacting on the capacity to produce for the 2019 winter and 2019/2020 summer seasons. Following the passage of Cyclone Kenneth through the northern province of Cabo Delgado, about 55,000 hectares of staple crops (maize, rice, cassava) were destroyed, over 100,000 cashew and coconut trees were uprooted, and plant nurseries and irrigation systems were severely damaged. Coastal and inland fisher communities lost their homes, local fish markets, fishing gears and boats. Many of the people impacted by Cyclone Kenneth have also been impacted by violence in Cabo Delgado, with insecurity-related displacement forcing people from their livelihoods and preventing them from planting due to fear of possible attacks if they visit their fields.

Unless they receive support to meet their food needs and livelihoods support for the incoming agriculture season (September-November), the food security situation of people affected by the drought, cyclones Idai and Kenneth, and insecurity will continue to deteriorate, particularly amongst vulnerable groups.

PEOPLE IN NEED



PEOPLE TARGETED



OF MEMBERS



Strategy & Priority Activities

Food Security Cluster partners will target: 1.26 million people in areas affected by Cyclone Idai; approximately 258,000 people projected to be IPC Phase 3 and above in drought-affected areas; and 225,500 food insecure people in areas affected by Cyclone Kenneth. Due to the economic situation and other complexities, Food Security Cluster partners will employ diverse response options, such as in-kind assistance, cash-based and voucher transfers, and provision of basic services related to the livelihoods of affected people, particularly in the districts affected by the cyclones. Seasonal food security assessments, localised market assessments, gender analysis, and continuous monitoring will inform the appropriate choice of response modalities, promoting a people-centric approach in humanitarian response. The Food Security Cluster will strive to create a protective environment in which the most vulnerable can safely access services and goods. The Cluster will work with the Protection Cluster to mitigate protection risks during food/ livelihoods inputs distribution, increase access to livelihood opportunities for survivors of GBV, and strengthen partners' ability to target the people most in need, including socially marginalised groups, enhance planning with communities and local authorities to ensure alignment to context, priorities, and needs, and improve accountability to affected populations.

Through this approach, the Food Security Cluster will aim to:

- Provide food assistance (In-Kind or Cash-Based Transfer) to vulnerable/highly food insecure people in drought- and cyclone-affected districts and areas affected by insecurity, prioritising on the basis of seasonal food and nutrition security assessments outcomes.
- Provide quality agriculture inputs (through vouchers or in-kind distributions) such as cereals, pulses and vegetable seeds, fruit trees saplings, fertilizers, farming and irrigation tools, fisheries and aquaculture inputs.
- Support the expansion of key livelihood productive capacity under an integrated resilience umbrella, aiming at: reducing post-harvest loss; enhancing the role of Farmers Organizations; strengthening linkages with institutional demand (such as schools, markets, etc); addressing issues and gaps related to value chain development and adequate access to food market; promoting augmentation of integrated food value chain to increase income opportunities for the rural poor.
- Implement Cash-for-work/Food-for-Work/Food for Assets interventions to support early recovery activities and restoration of livelihoods (reclamation of damaged agriculture lands, rehabilitation of rural assets and infrastructures).
- Support irrigation systems, water harvesting and storage systems, seeds storage facilities, rehabilitation of coastal lines, etc).
- Establish nurseries for onward distribution of coconut and cashew nuts saplings, bamboos, banana suckers, etc.
- Restock poultry, small ruminants, livestock inputs and equipment, including support to veterinary extension services.
- Link to government recovery strategies, especially as outlined by the PDNA and related strategic plans at national and provincial level, and link to long-term resilience-building activities to ensure communities are able to withstand future shocks.
- Scale-up assistance in hard-to-reach areas through strengthened engagement with local authorities and NGOs.

Contacts

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**\$41.5
MILLION**

New requirements
(Jul 2019 - May 2020)

\$49.1 million
Total required
(Nov 2018 - May 2020)

HEALTH



Cluster Objectives:

- Improve access to essential health care for drought-, cyclone-, and insecurity-affected populations.
- Prevent, detect and respond to epidemic prone disease outbreaks in drought-, cyclone-, and insecurity-affected areas and among vulnerable populations.
- Improve access to psychosocial support and mental health services for vulnerable people.

Impact:

People’s access to health was severely affected by Cyclones Idai and Kenneth, with at least 94 health centres damaged, according to the Post Disaster Needs Assessment of May 2019. Equipment, furniture, essential medicines and medical supplies were also destroyed, and staff working in the health sector were themselves impacted by the disasters. People impacted by drought, cyclones/floods and insecurity remain exposed to disease outbreaks (cholera, malaria, dengue etc.), while there is limited access to essential health care services at resettlement sites. While emergency health assistance has helped contain outbreaks and provide life-saving care, challenges related to re-establishment of health services and ongoing provision of medical equipment and medicines remain. Hospitals and clinics in areas experiencing severe water crisis may not be able to maintain basic services due to shortages of water, leading to potential closure of inpatient/admission facilities, inability to conduct institutional childbirth deliveries and impact on those with chronic diseases like HIV/AIDS. In Beira City, which was among those hardest-hit by Cyclone Idai, one in six adults live with HIV, and access to anti-retroviral drugs was compromised by the cyclone. Of the total population affected by Cyclone Idai, UNFPA estimated that there were 74,650 pregnant women, with more than 43,276 livebirths expected in the 6 months following landfall, and nearly 7,465 women at risk of life-threatening, pregnancy-related emergencies. In areas impacted by Cyclone Kenneth, UNFPA estimates there are 62,500 women of reproductive age, more than 7,181 pregnant women at risk of insecure delivery, and more than 1,077 pregnant women who could experience complications in the 9 months following landfall. Maternal mortality continues to be a challenge in Mozambique, where 452 women still die per 100,000 born babies.

PEOPLE IN NEED



PEOPLE TARGETED



OF MEMBERS



Priority Activities

- Provide primary healthcare (PHC) services including sexual and reproductive health (SRH) and psychological First Aid in RSs through existing fixed facilities and mobile health clinics to the population affected by Cyclone Idai and Kenneth, drought-affected vulnerable populations, people impacted by insecurity and hard-to-reach communities.
- Strengthen and expand the early warning alert and response system (EWARS) EWARS to monitor communicable diseases including Cholera and response to disease outbreaks, deployment of rapid response teams (RRT), and case management capacities health facilities Cyclone and drought affected areas.
- Strengthen SRH services including clinical management of rape (CMR) for survivors and psychosocial support within the multi-sectoral approach to Gender-Based Violence (GBV) to ensure that survivors of violence are referred to appropriate services.
- Establish referral services from the resettlement sites in cyclone affected communities and drought-affected communities to nearest health facilities to higher level of care through provision of transports.
- Preposition essential medicines and medical supplies such as Interagency Emergency

Health Kit (IEHK), Interagency Diarrhoeal Disease Kits (IDDK; revised Cholera Kit (RCK), Reproductive Health Kit (RHK), Non-communicable diseases kit (NCDK) SAM kits etc.

- Collaborate with Nutrition, Food Security and Livelihood and Agriculture cluster to establish Nutrition Surveillance system in addressing malnutrition including Micronutrient Deficiency Disorders (MDD) such as Vitamin A, Iron, vitamin C, niacin deficiency, and timely identification of Severe Acute Malnutrition (SAM) with complications, timely management, and establish a referral system from community to health facilities.

Photo: OCHA / Saviano Abreu



Contacts

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**\$18.0
MILLION**

New requirements
(Jul 2019 - May 2020)

\$32.9 million
Total required
(Nov 2018 - May 2020)

PEOPLE IN NEED



880k

PEOPLE TARGETED



619k

OF MEMBERS



9

NUTRITION



Cluster Objectives:

Facilitate access to treatment services for Acute Malnutrition and micronutrient deficiencies in identified districts with Nutrition humanitarian situations.

Impact:

Malnutrition is expected to rise during the 2019/2020 lean season and, for the first time since 2001, cases of pellagra (vitamin B3 deficiency) have been reported in Mozambique. An estimated 67,500 children require treatment for malnutrition, including 6,500 for Severe Acute Malnutrition and 61,000 for Moderate Acute Malnutrition, according to the SETSAN nutrition survey which covered 31 districts as well as nutrition data in Cabo Delgado collected prior to Tropical Cyclone Kenneth. There are already over 250 confirmed cases of pellagra and this could rise to 3,200 in the months ahead. In districts affected by Cyclones Idai and Kenneth, figures do not yet reflect the impact of the cyclones on acute malnutrition, as surveys were carried out before or immediately after the cyclones. Two districts in Cabo Delgado - Ibo and Mecufi – are facing a Serious nutrition situation (Phase 3 of the IPC Acute Malnutrition classification) from July to September and this is expected to increase to four districts – Nicoadala and Maganja da Costa (Zambezia), Balama (Cabo Delgado) and Doa (Tete) – from October 2019 to February 2020.

Priority Activities

- Restore and expand capacity for life-saving nutrition interventions through health facilities and outreach activities for children under five suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), and Pregnant and Lactating Women with Acute Malnutrition living in the affected districts.
- Implement active case finding and referral of malnourished children and pregnant and lactating women and monitor the nutrition situation through MUAC screenings.
- Assure nutritional treatment for Pellagra cases following MISAU/WHO guidelines and supplement with multivitamins the affected populations.
- Provide nutrition supplies for therapeutic feeding and micronutrient supplements for the nutrition response activities.
- Undertake rapid nutrition assessments and screening for detection, referral, and follow-up, supported by community health and nutrition workers.
- Promote optimal breastfeeding and complementary feeding practices, and overall Infant and Young Child Feeding (IYCF) best practices messages for caregivers of children under two in the affected districts.

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**\$26.2
MILLION**

New requirements
(Jul 2019 - May 2020)

\$27.4 million
Total required
(Nov 2018 - May 2020)

PROTECTION



Cluster Objectives:

- Identify and reduce protection risks for affected populations;
- Protect vulnerable groups including children, female and child-headed households, people with disabilities (PWDs), persons with albinism, older persons, and people living with HIV (PLHIV) from all forms of violence, exploitation, abuse and neglect; and
- Ensure full respect for human rights, including in areas affected by insecurity and strongly reinforce and the centrality of protection in the delivery of humanitarian assistance

Impact:

The precarious living conditions in areas impacted by Cyclones Idai and Kenneth expose people, especially women and children, to significant protection risks. In some sites, children must walk 3 to 7 kilometers to reach primary schools, while secondary schools are even further away.

Meanwhile, lighting in many sites is scant, the numbers of latrines are insufficient, and women and adolescent girls are forced to walk long distances to access water points and firewood.

All these factors have contributed to an increased number of SGBV cases. In addition, gender norms in the community tend to provide greater benefits and representativeness to men rather than women: the level of literacy of women tends to be lower than that of men; leadership roles are predominantly held by men (Chefe do Bairro and Chefe do Centro); and law enforcement and security personnel are all men (military, police, community police). The insecure living conditions combined with poor parental coping mechanisms and lack of psychosocial support services result in frequent instances of violence, exploitation, abuse and neglect of children, both intentional and unintentional. Concurrently, the lack of meaningful recreational spaces and activities is contributing to frustration among children, potentially leading to risky sexual unions and exposure to heightened risk of sexual violence, abuse and exploitation that could result in physical and psychological trauma, unwanted pregnancy, and STI/HIV infections. It is also a push factor for family separation, especially for adolescents, who seek out opportunities elsewhere for education and employment.

The already fragile protection situation is compounded by endemic sexual exploitation and abuse (SEA). Given the situation of extreme vulnerability of the populations affected by Cyclones Idai and Kenneth, the number of humanitarians working in the response, the strong reliance on community and government volunteers by international organizations, the poor oversight and the lack of effective reporting mechanisms, the risk of SEA is extremely high. Females and children leading households, and children who are separated or unaccompanied, are particularly at risk of SEA – and their avenues for recourse are vastly diminished when perpetrators are government officials. Intensive efforts are required by humanitarian actors to proactively increase PSEA visibility at all sites; raise community awareness about PSEA and the right to report; engage communities on community-led / community-preferred SEA reporting mechanisms; and conduct regular protection monitoring during distributions, as well as post-distribution monitoring.

The emergency disrupted and further weakened identification, referral and case management mechanisms, as community-based mechanisms and actors within the Social Welfare and Justice sectors continue to be affected by their own personal loss, human resource constraints, lack of materials, damaged infrastructure and poor communications, as well as inexperience operating in a humanitarian context.

PEOPLE IN NEED



2.0M

PEOPLE TARGETED



1.7M

OF MEMBERS



21

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The cyclone in Cabo Delgado has added to an already pressing situation in the province in which nearly 60,000 people have been displaced or affected by insecurity in eight districts. Since October 2017, at least 200 attacks on villages or transports by unidentified armed groups and/or clashes with security forces have reportedly resulted in over 380 fatalities, including women and children, and 120 injured. Over 1,900 structures, primarily homes but also shops and public facilities, are estimated to have been destroyed or damaged. Persistent security concerns, including allegations of continued destruction and loss of civilian life, may continue to hamper return of families to affected areas in the north and present challenges for humanitarian delivery and access of communities to essential services.

Priority Activities

- Ensure access to legal documentation including identity and House, Land and Property (HLP) documentation. Special focus should be given to HLP documentation for women.
- Support establishment and strengthening of systems and mechanisms for identification, monitoring and prevention of, and response to protection cases which include inter alia, all forms of violence, exploitation, abuse and neglect; discrimination in the delivery of humanitarian assistance; sexual and gender-based violence and abuse, including through formal and community-based awareness raising, prevention, mitigation, reporting and feedback mechanisms.
- Support, coordinate and facilitate access to survivor services through strengthened inter-sectoral identification, referral and reporting mechanisms, with a focus on health care, psychosocial support, and justice sector response.
- Support application of best practices and international standards in return, relocation and resettlement processes, including through house, land and property assistance.
- Reinforce the Statutory Case Management system through engagement with the Social Welfare, Health, Police and Justice Sectors via increased financial, material and technical support for capacity development.
-
- Mainstream protection, including child protection, PSEA and disability inclusion across all clusters, including through application of vulnerability criteria in delivery / prioritization of assistance and of frameworks such as the Minimum Standards for Child Protection in Humanitarian Action (CPMS), the Gender Handbook in Humanitarian Action; International standards in protection of persons with disabilities in emergencies action.
- Training for Military, Police and leaders on PSEA and corruption prevention and response.
- Advocacy and training to ensure women representation among military, National and Community police.
- Advocacy and awareness raising activities to ensure gender parity in decision making bodies and leadership roles.
- Build sustainable community-based protection networks, including by strengthening existing community structures and establishing more in newly created sites where they are lacking.

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\$48.8
MILLION

New requirements
(Jul 2019 - May 2020)

\$56.7 million
Total required
(Nov 2018 - May 2020)

SHELTER AND NON-FOOD ITEMS



Cluster Objectives:

- Families can resume essential daily routines (like cooking, sleeping and personal hygiene) in a dignified and appropriate manner.
- Families can improve their shelters (safe, covered living space) to provide at least minimum level of safety, security, privacy and dignity.
- Affected communities have better access to community and public services and are more resilient to future disasters

PEOPLE IN NEED



620k

PEOPLE TARGETED



574k

OF MEMBERS



13

Impact:

In the areas affected by Cyclone Idai, some 12,000 families in resettlement sites and 100,000 families in damaged houses or makeshift shelters within the same area are living in substandard shelter conditions that affect both physical health, mental well-being and personal safety.

In areas affected by Cyclone Kenneth (Cabo Delgado and Nampula) it is estimated that approximately 60,000 have been affected and/or displaced because of insecurity resulting from over 200 attacks or raids on villages since October 2017 by unidentified armed groups and or clashes with security forces.

Already before the cyclones, quality of housing both in rural and in urban areas was largely poor, mostly due to families' lack of financial capacity to invest in quality materials, lack of knowledge of safe construction techniques (in urban areas) and traditional building techniques not being adapted to the increased impact of the climate related hazards. The high level of damage caused by the two cyclones Idai and Kenneth was exacerbated by this prevailing poor quality of the existing housing stock.

The pre-existing high poverty rates compounded by high level of food insecurity in consequence of the damage to agricultural production, entail that many families have been unable to rebuild their homes to a minimum level of resilience. Reportedly, vulnerable families have been selling received shelter materials in order to buy food. Without proper material and technical support, the targeted vulnerable populations remain exposed to high risk in hazardous shelter conditions. Furthermore, displaced populations, particularly women often do not have clear tenure arrangements and limited access to land ownership, which aggravates their insecurity and vulnerability to exploitation. Legal support to secure tenure, especially for women, will be critical to set the most basic precondition for recovery.

Priority Activities:

- Provision of essential household items through in kind distribution, cash, vouchers or other modalities as appropriate, to enable vital household functions.
- Provision of shelter materials through appropriate modalities (in kind, voucher etc.) and support for family shelters (with both materials and skills for construction, repair, retrofitting, etc.) to ensure a healthy and safe living environment that protects families and their possessions from externalities as weather natural hazards and unwanted intrusion.
- Provision of technical support to ensure minimum standards of safety and adequacy.
- Technical support for settlement planning and preparation interventions to make them more resilient towards hazards (e.g. drainage and physical mitigation measures) and provide an environment that is conducive to a peaceful, healthy and functional community life (adequate space allocations for public spaces and community infrastructures).
- Implementation support for community infrastructures (e.g. basic drainage) through cash for work or other modalities as appropriate.
- Legal support to secure land tenure.
- Awareness-raising for safe shelter practices and mitigation measures.

Contacts

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**\$28.0
MILLION**

New requirements

(Jul 2019 - May 2020)

\$34.1 million

Total required

(Nov 2018 - May 2020)

WATER, SANITATION AND HYGIENE



Cluster Objectives:

- Sustain access to water, sanitation and hygiene promotion services for vulnerable population affected by cyclones, drought and insecurity.
- Re-establish and improve access to water, sanitation and hygiene promotion services for the vulnerable population affected by cyclones, drought and insecurity.
- Enhance emergency WASH capacities of local communities, authorities and partners.

Impact:

Following the extended mid-season dry spell (December-January) and subsequent heavy rains, people’s access to safe water was compromised. Safe water supply coverage in Mozambique was already low, at 49 per cent, with a large disparity between urban coverage (80 per cent) and rural coverage (35 per cent). At the same time, sanitation coverage across the country is only 21 per cent, with only 11 per cent coverage in rural areas, and 40 per cent of people still practicing open defecation. This means that any climate related shock, particularly those impacting rural areas, has made immediate consequences for access to safe water and sanitation. Cyclone Idai had a devastating impact on access to clean water and improved sanitation in affected areas. Water treatment and distribution systems were temporarily disrupted. The cyclone and subsequent floods significantly increased the already high risk of waterborne diseases, including cholera. The combination of significant displacement, people stranded or trapped by rising flood waters and disruption of access to safe water systems increased the risk of people consuming surface water. Resettlement areas for displaced populations require installation of water sources and sanitation and bathing facilities in areas where there were no pre-existing facilities. The response included delivery of water purification supplies for populations that require sources of safe water, as well as emergency support to the restoration of water systems and prevention of the spread of waterborne diseases through adequate sanitation and hygiene actions. Women are particularly impacted by reduced access to safe water and unsanitary conditions. Having to walk longer distances to access safe water, as well as having to use crowded latrines in communal spaces, increases the risk of gender-based violence. Cyclone Kenneth made landfall at the end of the rainy season, when river levels were already high, increasing the risk of river flooding. By 2 May, cholera cases started being reported, increasing the urgency for delivery of water, sanitation and hygiene (WASH) emergency services to affected populations and high-risk areas. The epidemiological profile of Cabo Delgado and Nampula is characterized by a large number of diseases of environmental origin, namely malaria and diarrhoeal diseases, especially cholera. This is exacerbated by poor garbage collection systems, poor disposal of excreta (open defecation is practiced) and poor WASH systems prior to the cyclone. Towns and villages that were dependent on electricity-based water supply, such as Mucojo and Macomia sede in Macomia, and Quissanga and Mahate in Quissanga, were entirely cut-off from water in the days following the cyclone, with people resorting to surface water for drinking and general use.

PEOPLE IN NEED



736k

PEOPLE TARGETED



682k

OF MEMBERS



31

Priority Activities:

- Increase access to clean water in drought-affected areas, including through water trucking only where absolutely necessary; clean and disinfect existing water points; rehabilitate/ upgrade/construct (solar MUS) water points; distribute point-of-use water treatment and purification products and household water storage supplies; and conduct water quality monitoring.

- Ensure adequate supply of safe water and sanitation facilities in resettlement areas.
- Identify water systems to be quickly repaired, including to ensure chlorination systems are functioning.
- Ensure access to drinking water in health structures, particularly in areas at highest-risk of cholera.
- Sensitize affected people on public health risks and cholera prevention.
- Improve sanitation, including through construction of communal latrines and bathing facilities for affected people in resettlement sites; provide communal solid waste containers; promote activities for self-construction of household latrines and garbage pits in resettlement and returning areas (including the provision of sanitation supplies for most vulnerable households).
- Provide family hygiene supplies and menstrual hygiene kits to the most severely affected by the cyclone, in particular displaced women and women cut-off from access to basic services.
- Intensify hygiene promotion activities to strengthen awareness and adoption of safe hygiene practices; and distribute hygiene supplies.
- Ensure functioning WASH facilities for schools and health structures.
- Ensure adequate excreta management and elimination in affected areas.

Photo: OCHA / Saviano Abreu



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**\$4.9
MILLION**

New requirements
(Jul 2019 - May 2020)

\$4.9 million
Total required
(Nov 2018 - May 2020)

OF MEMBERS



400 partners supported

**COORDINATION AND
COMMON SERVICES**



Impact:

Cyclones Idai and Kenneth brought massive destruction and loss of life to the central and northern regions of Mozambique. The scale of the disasters generated an urgent need for rapid, efficient and effective humanitarian action in support of the Government-led response. In order to respond to the impact of Cyclone Idai, an Inter-Agency Standing Committee (IASC) Humanitarian System-Wide IASC Scale-Up was activated on 22 March 2019 for a three-month period. The IASC Scale-Up activation was accompanied by the designation of a Humanitarian Coordinator and Deputy Humanitarian Coordinator (based in Beira), along with the activation of 10 IASC Clusters (CCCM, Education, ETC, Food Security, Health, Logistics, Nutrition, Protection, Shelter/NFI and WASH). In addition, an Early Recovery Working Group was established in-country with the aim of ensuring Early Recovery was mainstreamed from the outset of the response, and a Preventing Sexual Exploitation and Abuse (PSEA) Network was rapidly established to ensure full attention was given to this critical issue. The number of humanitarian partners engaged in the floods and cyclone response increased from 20 organisations at the time of the revision of the Humanitarian Response Plan (HRP) on 26 March, to more than 400 organisations at the peak of the response. More than 1,000 aid workers deployed to Beira, where the Emergency Operations Centre (EOC) for the Cyclone Idai response was based, and hundreds deployed to Pemba, which was the base for Cyclone Kenneth operations. In the aftermath of the cyclones, there remains a critical need for humanitarian coordination, including to ensure the most vulnerable people are reached with life-saving assistance, as well as to promote effective linkages with recovery and reconstruction efforts. In line with the IASC protocol, a Scale-Up activation requires an Operational Peer Review to be carried out. This took place in May 2019 and provided key recommendations to enhance operational coordination of the humanitarian response in Mozambique. In addition, the protocol requires that an Inter-Agency Humanitarian Evaluation (IAHE) be initiated within 12 months after the Scale-Up activation. On 14 June 2019, the Emergency Relief Coordinator requested the Inter-Agency Steering Group (IASG) to initiate the IAHE of the response to Cyclone Idai.

Priority activities:

- Strengthen humanitarian coordination at national and local level.
- Facilitate joint assessments and response planning.
- Promote accountability to, and two-way communication with, affected people and strive to meet their information needs, including through the use of radio as a key communication modality.
- Promote lessons learnt to ensure timely and effective humanitarian response to ongoing and future humanitarian emergencies.

Contacts

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\$1.9 million
Total required
 (Nov 2018 - May 2020)

OF MEMBERS



1

400 partners supported

EMERGENCY TELECOMMUNICATIONS



Impact:

Following Cyclones Kenneth and Idai, telecommunications were cut in multiple locations in both Beira and Cabo Delgado, leaving hundreds of thousands of people without the ability to communicate with their families. While the private sector and government are re-establishing connectivity, humanitarian partners in Mozambique will require coordination support for the implementation and maintenance of radio communications and internet connectivity services. This is important both to support well connected and coordinated humanitarian operations, as well as for the safety and security of humanitarians.

Priority Activities:

- As a provider of last resort, support the humanitarian community through coordination, building partnerships and brokering emergency telecommunications services.
- Strategically pre-position equipment for rapid deployment.
- Strengthen partnerships with authorities and the private sector to promote the importance of allocating resources to emergency telecommunications infrastructure and services.

Note : The Emergency Telecommunications Cluster was deactivated following its successful response to Cyclones Idai and Kenneth. The requirements stated here reflect the period March-July 2019.

Photo: OCHA / Saviano Abreu



\$15.3 million
Total required
 (Nov 2018 - May 2020)

LOGISTICS



OF MEMBERS



1

400 partners supported

Impact:

Both of the cyclone’s weather systems caused significant damage to infrastructure in multiple locations across the central and northern regions of Mozambique. In Beira, the N6 highway – a major road artery which connects Beira to the rest of the country – was cut, with large chunks of the road washed away. In Cabo Delgado, there are still some areas that are still only accessible by air or boat. Other roads in both Sofala and Cabo Delgado provinces were also blocked in multiple locations and road travel remains extremely challenging. The Logistics Cluster will ensure an effective, timely, and cost-efficient humanitarian response, the cluster will provide coordination, information management and logistics services. The objective of the Logistics Cluster’s services is to enable responding organizations to establish an uninterrupted supply chain that supports the delivery of humanitarian relief items to the population affected by Cyclones Kenneth and Idai. These services are not intended to replace the logistics capacities of other organizations, nor are they meant to compete with the commercial market. Rather, they are intended to fill identified gaps and provide a last resort option in case other service providers are not available.

Priority activities:

- Facilitate access to the following WFP-contracted aircraft: 2x MI-8 (3-4 mt capacity) helicopters for Sofala and Cabo Delgado which started humanitarian air operations from 21 March; 1x MI-8 (3-4 mt capacity) which arrived in Beira on 23 March; 1x C-295 cargo plane (8- 10 mt capacity) which arrived in Maputo on 21 March.
- Enable humanitarian personnel to reach critical field locations through establishment of the United Nations Humanitarian Air Service (UNHAS).
- Make warehouse space available - on a free-to-user basis - to humanitarian organizations for cargo storage (including handling in/ out).
- Provide road transport from and to hard-to-reach areas in all affected districts.

Note : The Logistics Cluster was deactivated following its successful response to Cyclones Idai and Kenneth. The requirements stated here reflect the period March-July 2019.

ANNEX

HUMANITARIAN RESPONSE PLAN

PROJECTS SUMMARY

CAMP COORDINATION & CAMP MANAGEMENT

PARTNER	TARGET	REQUIREMENT (US\$)
International Organization for Migration	75,800	3,520,000
World Vision Mozambique	10,000	
TOTAL		3,520,000

EDUCATION

PARTNER	TARGET	REQUIREMENT (US\$)
Associazione Volontari per il Servizio Internazionale	26,675	811,659
COSACA, Save the Children	5,100	633,882
Food for the Hungry	184,458	800,000
Gruppo Volontariato Civile	39,370	2,125,340
Helpcode	12,573	652,736
Plan International	9,617	700,000
Save the Children, COSACA	55,000	7,000,000
United Nations Children's Fund	514,072	13,000,001
United Nations Human Settlements Programme (UN-HABITAT)	22,800	2,100,000
World Food Programme	220,000	9,000,000
World Vision International	85,000	-
World Vision Mozambique	82,001	4,482,544
TOTAL		41,306,162

FOOD SECURITY AND LIVELIHOODS

PARTNER	TARGET	REQUIREMENT (US\$)
CARE International, COSACA	27,000	1,606,500
CARITAS	34,000	-
Comitato Europeo per la Formazione in Agricoltura	8,400	780,000
Cooperazione E Sviluppo - CESVI	12,000	840,000
COSACA, CARE International	67,000	2,295,760
COSACA, Save the Children	95,250	6,742,500
Food & Agriculture Organization of the United Nations	1,143,501	28,700,000
Food for the Hungry	261,300	2,336,570
Istituto Oikos onlus	20,000	290,000
OXFAM, COSACA	62,500	2,326,528
Peace Winds Japan	8,000	203,000
Plan International	39,860	500,000
Save the Children	100,000	3,000,000
Save the Children, COSACA	101,250	7,001,250
WeWorld - Gruppo Volontariato Civile Onlus	19,215	2,700,000
World Food Programme	1,350,000	116,100,000
World Food Programme, Food & Agriculture Organization of the United Nations		250,000
World Vision Mozambique	410,000	10,000,000
TOTAL		185,672,108

HEALTH

PARTNER	TARGET	REQUIREMENT (US\$)
Associaçao Anjos Terrestres Da Beira	778,865	600,000
COSACA	305,000	4,000,000
Escola de Futebol Beira Lara	400,000	76,923
International Organization for Migration	338,600	4,600,000
IPAS	1,022,157	3,000,000
Komitee Cap Anamur	200,000	2,500,000
Medici con l'Africa CUAMM	592,090	2,994,000
Medicos do Mundo	7,500	2,500,000
The Mentor Initiative	1,700,000	2,250,000
United Nations Children's Fund	700,000	4,510,000
United Nations Population Fund	537,500	6,000,000
World Health Organization	2,056,822	5,500,000
World Vision Mozambique	150,000	3,000,000
TOTAL		41,530,923

NUTRITION

PARTNER	TARGET	REQUIREMENT (US\$)
Associação Anjos Terrestres Da Beira	1,250	20,000
COSACA, Save the Children	45,000	2,000,000
Gruppo Volontariato Civile	60,000	2,040,000
Humanity Empowerment and Leadership Promotion Organization	5,500	206,500
Save the Children, COSACA	10,000	734,000
United Nations Children's Fund	407,700	4,000,000
World Food Programme	800,000	9,000,000
TOTAL		18,000,500

PROTECTION

PARTNER	TARGET	REQUIREMENT (US\$)
Associazione Volontari per il Servizio Internazionale	19,426	166,321
COSACA, Save the Children	9,700	1,225,502
Handicap International / Humanity & Inclusion	2,000	200,000
International Organization for Migration	70,000	3,300,000
IsraAID	12,000	160,000
Office of the High Commissioner for Human Rights	1,800,000	380,000
OXFAM	60,000	-
Plan International	7,000	500,000
Save the Children, COSACA	54,300	3,238,862
UN Women	65,000	-
United Nations Children's Fund	442,700	5,550,000
United Nations High Commissioner for Refugees	350,000	3,550,000
United Nations Population Fund	555,000	6,000,000
World Food Programme	2,013,500	500,000
World Vision Mozambique	209,429	1,420,000
TOTAL		26,190,685

WATER, SANITATION AND HYGIENE

PARTNER	TARGET	REQUIREMENT (US\$)
ACT Alliance / DanChurchAid, Conselho Cristão de Moçambique	1,900	65,750
African Medical and Research Foundation	2,080	196,800
Alliance 2015 (Consortium), Cooperazione E Sviluppo - CESVI	30,000	850,000
AMURT International	8,230	290,500
Associação Anjos Terrestres Da Beira	30,000	150,000
Associação de Ajuda Cristã, Associação ISAAC Moçambique, AMURT International	26,289	282,446
Associação Pára o Desenvolvimento Comunitário Kuwangisana	3,000	95,000
Associação para Promoção e Desenvolvimento da Mulher	5,855	49,792
Association FACE of Water and Sanitation	33,365	150,000
Care for Life	5,000	6,500
CARE International	10,000	79,000
Conselho Cristão de Moçambique	3,500	125,000
Conselho Cristão de Moçambique, ACT Alliance / DanChurchAid	1,500	55,600
Consorzio Associazioni con il Mozambico onlus	5,143	180,000
Dorcas Aid International	37,000	1,554,200
Family Health International - FHI 360	20,000	700,000
Food for the Hungry	31,000	558,000
Helpcode	24,200	712,000
Helvetas Swiss Intercooperation	35,400	575,167
International Organization for Migration	191,500	1,575,000
IsraAID	12,572	220,000
Istituto Oikos onlus	17,700	730,000
Kukumbi - Organização Desenvolvimento Rural	17,150	400,000
Kulima Organization	16,900	588,222
OIKOS - Intercoperação e Desenvolvimento	28,572	1,000,000
OXFAM Netherlands (NOVIB)	148,300	3,809,765
Peace Winds Japan	4,500	550,500
The Mentor Initiative	800,000	73,934
United Nations Children's Fund	212,000	7,420,000
WaterAid	8,515	486,955
WeWorld - Gruppo Volontariato Civile Onlus	17,000	854,000
World Vision Mozambique	71,050	3,650,000
TOTAL		28,034,131

SHELTER AND NON-FOOD ITEMS

PARTNER	TARGET	REQUIREMENT (US\$)
Care for Life	2,500	105,000
CARE International	203,000	7,667,460
Cooperazione E Sviluppo - CESVI	30,000	1,125,000
Food for the Hungry	9,550	1,050,275
German Red Cross	7,500	789,474
Gruppo Volontariato Civile	50,500	6,060,000
International Federation of Red Cross and Red Crescent Societies	67,000	4,045,400
International Organization for Migration	201,425	18,150,000
Istituto Oikos onlus	1,850	423,209
OIKOS - Intercoperação e Desenvolvimento	10,000	750,000
Spanish Red Cross	1,500	351,000
United Nations Human Settlements Programme (UN-HABITAT)	1,002,720	-
World Vision Mozambique	185,000	8,250,000
TOTAL		48,766,818

COORDINATION AND COMMON SERVICES

PARTNER	TARGET	REQUIREMENT (US\$)
International Organization for Migration		2,600,000
Office for the Coordination of Humanitarian Affairs		2,300,000
TOTAL		4,900,000

GUIDE TO GIVING

There are multiple ways to give to this flash appeal including the modalities listed below.

DONATING THROUGH THE MOZAMBIQUE FLASH APPEAL



Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Mozambique, as identified in this Flash Appeal. For a full list of contacts and information on humanitarian activities included in this plan, as well as information on humanitarian activities throughout the country, please:

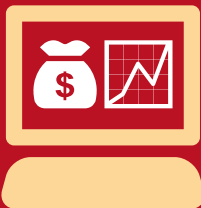
Contact the cluster focal points identified in this appeal.

CONTRIBUTING THROUGH THE CENTRAL EMERGENCY FUND



The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round.

www.unocha.org/cerf/donate



REGISTERING AND RECOGNISING YOUR CONTRIBUTIONS

We thank you in advance for your generosity in responding to this urgent appeal. OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>



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