

COMMUNITY
RECOVERY AND
RESILIENCE PLAN

2022-24

*A CHILD-FOCUSED
APPROACH
TO THE NORTH*



UNICEF/Mozambique/2021/Frank Dejo

This document summarizes the UNICEF approach to supporting community recovery and resilience interventions in the Northern Provinces of Mozambique in 2022-2024, with a focus on the most vulnerable children and families. It is integral to the Country Programme of Cooperation between the Government of the Republic of Mozambique and UNICEF for 2022-2026 (CPD) and intends to better articulate the coherence of our humanitarian and development programming as a way of addressing and preventing fragility and conflict to achieve better results for children. This is a living document that will continue to capture the evolving humanitarian and resilience-building needs of children and communities. The agile, flexible, and system-strengthening approach will continue to guide all programmatic activities and humanitarian interventions. The interventions are part of the Humanitarian Response Plan (HRP) and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026 for Mozambique. They support the Government’s efforts to achieve Agenda 2030 for children.

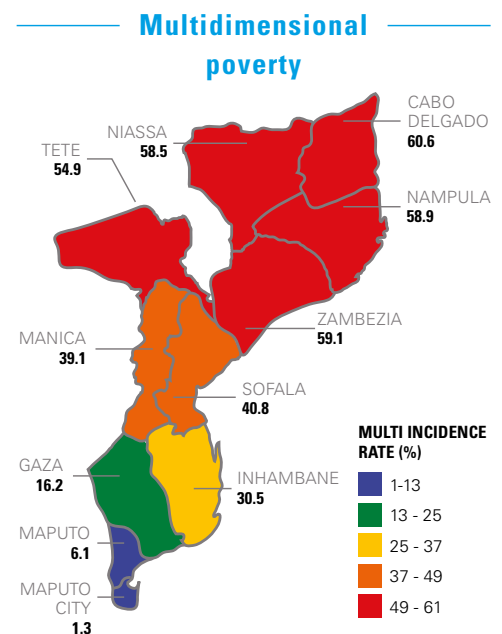
A Complex and Protracted Crisis

While the three northern provinces—Nampula, Cabo Delgado and Niassa—are the richest in natural resources and have significant potential for oil and gas exploration, they also have the highest poverty rates and the lowest development indicators in the country. While multidimensional poverty among children already stands at 46 per cent for children at the national level, children in the northmost provinces are 45 times more likely to be multidimensionally poor than those in Maputo.

The conflict in Cabo Delgado, has displaced more than 700,000 people of whom half are children. This is made more complex by various climate-related hazards, COVID-19 and disease outbreaks—all of which contribute to the increasing vulnerability of the population.

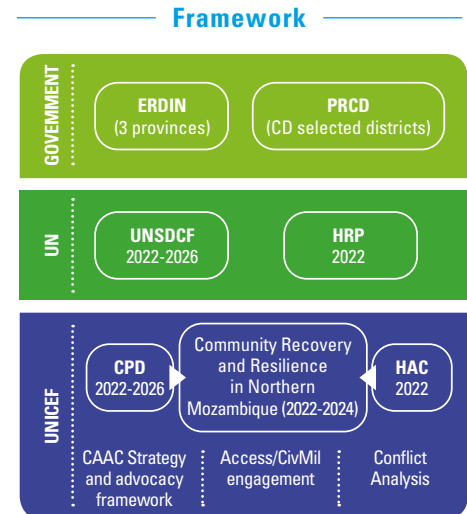
More than 70 percent of displaced people are staying with family and friends in host communities whose meagre resources and coping capacities are strained by the influx of internally displaced persons (IDPs). In addition, there have been some spontaneous returns in late 2021 as people try to head back to, or near to, their areas of origin if they are now perceived as safer. However, the security situation remains volatile and movements still require frequent analysis and tracking.

The crisis in the North is, first and foremost, a protection crisis, with civilians, especially women and children, exposed to grave human rights violations, including killings, maiming, abductions, the recruitment (and use of children) into armed groups and gender-based violence (GBV).



Aligning with Government Priorities, UN Collaboration and Engagement with Partners

UNICEF interventions in the North align with the Government of Mozambique’s priorities and support the implementation of the national development and sector plans. More specifically, they support the Government’s Strategy for Resilience and Integrated Development in the North (ERDIN), the Reconstruction Plan for Cabo Delgado (PRCD) and the Strategic Plans for the development of Cabo Delgado and Nampula provinces (2020-2024). While the PRCD focuses on reconstruction in six districts directly affected by armed conflict, the ERDIN focuses on integrated development in Nampula, Niassa and Cabo Delgado provinces. Both are structured around three pillars but vary in scope and focus, with an estimated budget of US\$2.8 billion. In addition, UNICEF interventions form part of the UNSDCF (2022-2026) within its four pillars: 1) Human Development; 2) Economic Diversification and Sustainable Livelihoods; 3) Climate Resilience and Sustainable Use of Natural Resources and 4) Peacebuilding, Human Rights and Inclusive Governance as well as the HRP. UNICEF mainly leads interventions in sectors aligned with its mandate and technical expertise, with a strong focus on human development and child protection.



Annual workplans are developed and coordinated with line ministries and authorities at central and provincial levels, including the Agency for Integrated Development of the North (ADIN) to operationalize the interventions. With the dual mandate of a humanitarian and development agency, UNICEF coordinates closely with the Government and partners through the Humanitarian Country Team (HCT) and mechanisms as cluster lead for education, WASH, nutrition, and child protection; the sector working groups such as health, education, WASH and social protection as a member of the coordination platforms of development partners (DCP); and within the UN Country Team (UNCT).

Coordination with platforms such as the Multi-Stakeholder Platform in Cabo Delgado and engagement with the private sector on business and human rights as well as their corporate social investment decisions to leverage resources for children will be an integral part of our work.

UNICEF Approach to Strengthening Resilience and Recovery in the North

Humanitarian, development and peacebuilding programmes need to be interlinked, having shared analysis, planning and joint and convergent results to address vulnerabilities and strengthen community recovery and resilience. To contribute to this, UNICEF will build on the current humanitarian response programme with the objective of enhancing social cohesion and equity through system strengthening. The importance of adaptable and agile programming working with a wide range of partners and through different modalities will be at the centre of our work to ensure children have access to basic services and are protected from violence, exploitation and abuse.

UNICEF guiding approaches and principles:

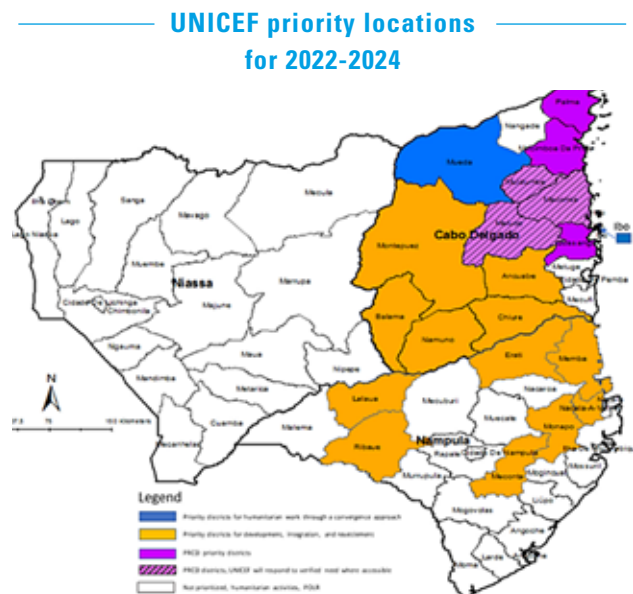
- A **human rights-based approach** with interventions guided by the **Core Commitments for Children in Humanitarian Action (CCC)** and the underpinning international humanitarian and human rights laws.
- **Humanity, impartiality, neutrality** and **independence** with **conflict-sensitivity** at the centre of programming and advocacy.
- Adherence to **UNICEF’s child rights and protection mandate, technical ability and comparative advantages** including capacities at different levels.
- The **integrated lifecycle approach** addressing children 0-18 years in areas of high need.
- Alignment with **national and provincial government priorities**.

The support focuses on ensuring the delivery of equitable service provision to meet immediate needs; tackling systemic causes of vulnerability and conflict; promoting the protection of children and encouraging participation and local leadership. Working at the sub-district level, in priority areas, UNICEF promotes decentralized government services and links resilient and empowered communities with the broader system. Engagement with the private sector will be further explored following a risk-informed approach that aims to protect human rights, influence businesses and their corporate social investment decisions and leverage resources to scale-up programmes for children and their families.

Geographic Priorities and Context

In **Cabo Delgado**, UNICEF has three priority geographic groups based on a set of criteria including population, child rights deprivations, number of IDPs, number of unaccompanied and separated children and security. UNICEF also prioritizes locations with fewer partners and where existing programmes can be expanded or strengthened.

- **Group 1 (orange):** Districts where the situation is relatively calm and where some limited services are available. These districts are hosting IDPs in host communities or resettlement sites or were selected because the multi-dimensional poverty index identified significant barriers to personal development due to lack of access to strong and equitable public services. These districts include **Namuno, Balama, Chiure, Ancuabe** and **Montepuez**.
- **Group 2 (blue):** Districts which are conflict-affected but somewhat accessible for service delivery and where humanitarian needs may be more acute but more sustainable programming is feasible. These districts are **Mueda** and **Ibo**.
- **Group 3 (purple):** These areas have tenuous access to services but may experience significant spontaneous returns soon. Depending on changes in the security and access situation, a flexible approach will be taken in the districts where active conflict has largely stopped. Remaining populations and spontaneous returns require humanitarian assistance and restoration of essential services, but access can be difficult. These districts are prioritized in the Government's PRCD. Though UNICEF may work in any of these six locations, we prioritize **Palma, Quissanga** and **Mocimboa da Praia**. Of the six, these are more secure districts following the recent military operations and the continued presence of security actors.



The interventions in these districts will aim to support governmental institutions at the local level in the rapid restoration of basic services, both in terms of temporary solutions, provision of supplies and capacity building. At the same time, collaboration with CSO partners will be expanded to establish community-based interventions for integrated support for maternal child health and nutrition; WASH; education and child protection.

In Nampula: Similar to Cabo Delgado, UNICEF identified locations based on deprivations, vulnerabilities, number of IDPs and population size. We also prioritize locations with fewer development partners and where we can build on achievements and existing programmes from the previous programming cycle. All of the target districts in Nampula Province fall into the orange category. These districts are **Ribaue, Monapo, Nacala a Velha, Lalaua, Memba, Erati** and **Meconta**.

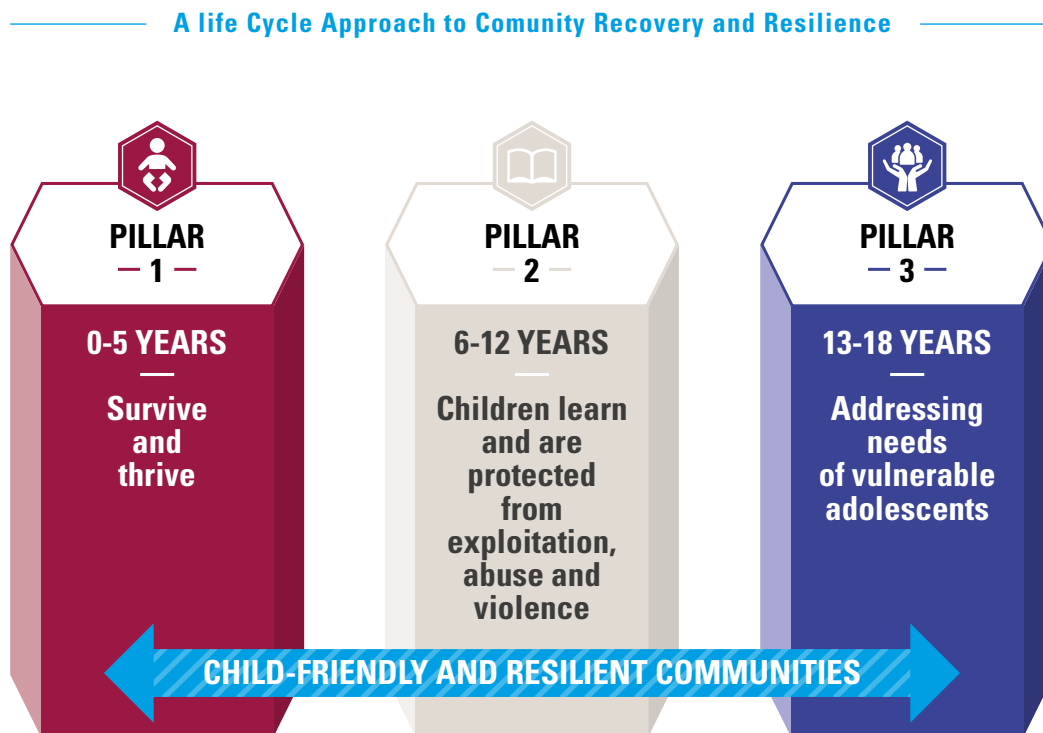
In Niassa: This province is currently not a priority in our CPD and thus has not been included here. However, humanitarian activities will continue as needed and UNICEF will continue to evaluate the needs and opportunities for engagement in Niassa. The province will also benefit from nationwide system strengthening activities managed by the UNICEF Maputo office.

To ensure our activities are aligned with the evolving needs in the relevant locations, UNICEF will consistently monitor access, incidents, security and needs. This will allow us to adapt our approach using agile programming as the situation develops. Increased field-level accountabilities, particularly in Cabo Delgado, will also allow strengthening for agile and effective programming.

A Child Rights and Lifecycle Approach to Community Recovery and Resilience in the North

Based on the five outcome areas of the CPD for 2022-2026, UNICEF programming for the North takes an integrated approach to programming across the lifecycle of a child to provide social support that is long-term, focused, connected and embedded in government and community structures to yield the most significant results for children and their families while addressing acute humanitarian needs.

This approach, rooted in effective caregiver, community engagement and local leadership, lends itself to community recovery and resilience as a way of addressing and preventing fragility and conflict to achieve better results for children. This child-focused approach is divided into three pillars that focus on unique stages in a child's lifecycle:



Each pillar has a package of interventions and actions focusing on a specific age group and centred on addressing the known root causes of conflict. The theory of change underpinning this work is based on achieving the following:



Micro level: i. Parents and other caregivers practice healthy, caring, nurturing and protective behaviours in a supportive community environment where harmful social and gender norms and practices are addressed; ii. Children, especially adolescents, are empowered and participate as agents of change to promote child rights; and iii. The relationships between and among communities and between communities and governments are strengthened to better resist shocks and prevent conflict.



Meso level: Children, adolescents and their families, particularly the most disadvantaged, have greater access to quality, inclusive and sustainable essential social services—including accessible and child-friendly justice—and social protection programmes.



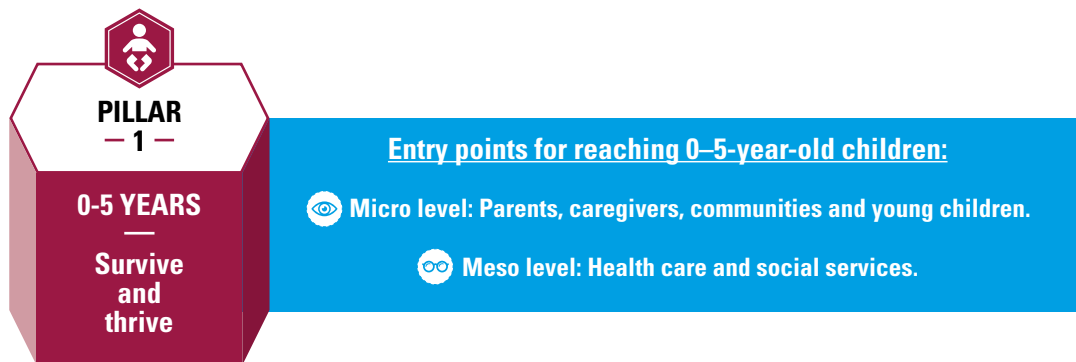
Macro level: The Government, especially at the local level, has enhanced capacities to plan, implement, monitor and coordinate shock-responsive and resilient service delivery systems.

The following sections lay out the specific directions that UNICEF, working with national governments and/or local, national or international partners, will undertake to accelerate equitable progress to scale up programming for children and their caregivers in the North. It is adaptable and flexible given the complexity and vulnerability to shocks—climatic or conflict-related. A holistic approach to programming including soft (i.e., capacity building and trainings, prevention measures, etc.) and hard (i.e., rehabilitation and construction of infrastructure) components will be at the centre of this work. In locations where resources and security allow, UNICEF will apply a more shock-resilient model—for example rehabilitation of cyclone-resistant schools. In locations where this is not yet possible, UNICEF will install less permanent, but much less expensive solutions—like temporary learning spaces using a simple bamboo and wood frame to quickly expand or restart formal education opportunities.

An integrated package of complementary services that include health, nutrition, WASH, child protection, education and social protection, accompanied by social-behavioural change communication, creates synergies to maximize long-term positive outcomes. Integrated programming provides opportunities to reach the most vulnerable and influence the overall child-social support system while offering entry points to address critical transversal issues such as gender parity and inclusion of children with disabilities. Integrated programming also provides platforms for participation and empowerment.

The integrated packages will be concentrated at a sub-district level requiring dedicated, multi-year and flexible investment. Thus, we will look for opportunities to innovate or evaluate the investment in each activity to ensure programming is scaled up to reach more children. UNICEF will seek opportunities to replicate or promote replication of successful programmes by leveraging resources and partnerships outside of our target communities.





Programmatic approach: Under this pillar, interventions will create the enabling environment necessary for children to survive and thrive in a context of distress, which has affected the well-being of caregivers and children and the availability of services that enable children to reach their optimal cognitive and physical development.

With over fifty per cent of the affected population being women and children, we will focus on facilitating an integrated community approach to ensure children reach fully develop in their early years. Networks of community health workers and key community change agents will be re-established by providing materials and training on skills linked to key preventive and curative health services. In addition, UNICEF will promote a family-centred model to guarantee the best care and development of children. We will engage caregivers in converging implementation of the model family approach, community-based nutrition actions and safe access to water, hygiene and sanitation to create the enabling environment necessary for children to develop and excel in their later years.

UNICEF will also create spaces to empower caregivers to practice preventive and positive health-seeking behaviours, like responsive feeding and providing nutritious foods to their children; identify psychomotor delays; seek needed assistance; and support their child’s development through positive parenting.

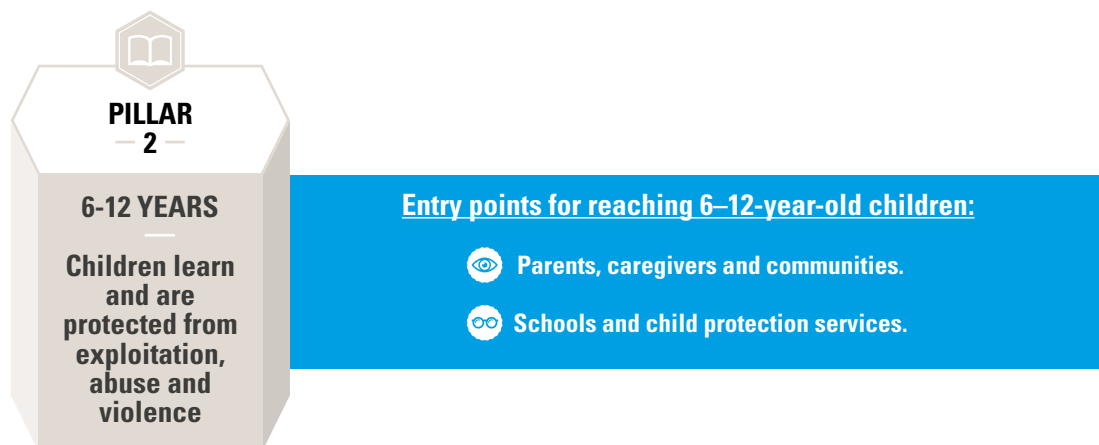
We will seek to provide caregivers with child grants for families with children under two to address their needs in a flexible manner and purchase adequate and nutritious foods for their children while protecting them from other risks through case management. In communities, new spaces will promote nurturing care, exploration and play with local toys and school readiness support. This will ensure children achieve the critical skills they need to transition into successful students in schools and change agents as adolescents in communities. Early years are foundational to children’s futures, which have been put at high risk due to the conflict.

For situations where caregivers identify the need for additional lifesaving assistance, adequate and quality maternal, newborn, child health, nutrition (MNCHN) and HIV services will be available. UNICEF will support reestablishment of primary health care service delivery through rehabilitation of health facilities with safe water and sanitation structures, essential MNCHN equipment and medicines and qualified health personnel—who are prepared with interpersonal skills to provide adapted services to women, adolescents and children living in a fragile and stressful environment.

Our approach to early childhood growth and development is based on evidence from the nurturing care framework showing that combined improvements in child and maternal health, including adolescent sexual health and reproductive rights (ASRHR), nutrition and integrated WASH services are foundational to a child’s ability to survive and thrive. In addition, this pillar addresses key rights and needs of children in the 0-5 age range—such as identity and birth registration, stimulation, play, early learning, protection, responsive caregiving and social protection measures.

Examples of programming and costs for interventions:

Community outreach through Agentes Polivalentes Elementares (APEs) or Community Health Workers (CHWs)	US\$2000 per network (CHW and permanent activists)
Supporting a family-centred integrated model, including stimulation and play	US\$30 per person
Child grant, including cash and care	US\$250 per child 0-2 years
Accelerated School Readiness (ASR) programme	US\$60 per child, 5-6 years Please note the ASR programme can also be used in Pillar 2



Programming approach: Given the critical education indicators in the North and the serious impacts on learning of the COVID-19 pandemic, conflict and natural disasters, efforts must be doubled or tripled to ensure children are not trapped in a vicious cycle of poverty and made vulnerable to child protection risks such as child labour, child marriage or entering into NSAGs. The right of children to personal development, education and protection is the key focus of this pillar.

The lack of available and appropriate physical space in IDP sites and in host communities presents a huge challenge for programming, including integrating and increasing services for children. It is crucial to ensure children have access to appropriate education, including innovative approaches for accelerated learning to catch up on lost learning, with sufficient time to learn foundational skills and life skills that are critical for their growth and social stabilization in the future.

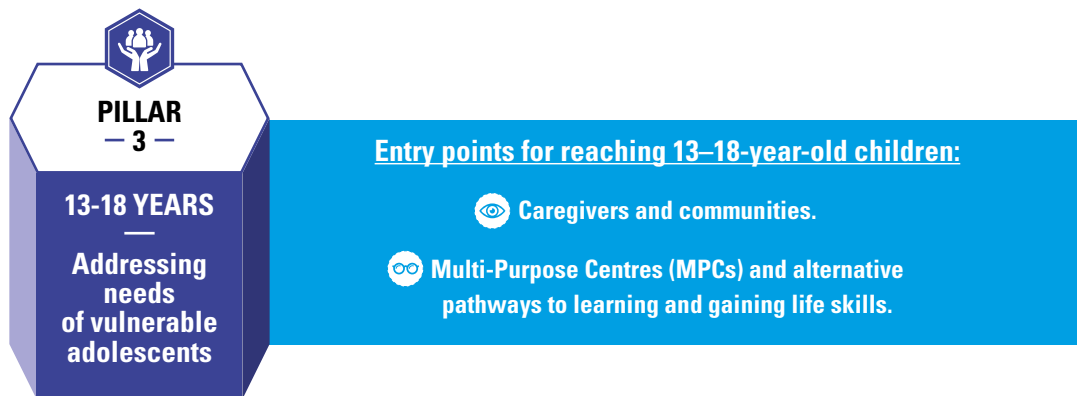
Closely interlinked with education services, which play a critical role in providing a safe and protecting environment, is the child protection system. Support will be provided to strengthen and expand access to appropriate mental health and psychosocial support and legal services, including access to child-friendly justice and alternative care, that respond to the needs of children survivors of violence, abuse and exploitation.

Community engagement and schools with safe learning spaces will serve as a platform for children to access other services that are vital for their well-being and growth, including WASH and menstrual hygiene management (MHM) as well as referrals to other required support services. In addition, engaging parents of children in this age group is vital to help identify risks for their children and signs of distress that might not be as easily identified in other age groups. The existing Multisectoral Mechanism for Prevention, Reporting, Referral, Response to Violence and Assistance to Victims at school will contribute to a safe and healthy school environment by preventing, referring and responding to violence at school and assisting victims. Recreation and psycho-social services will reinforce formal learning through play. Guided reading and writing and focused activities will help develop life skills and camaraderie as well as a sense of belonging within the community.

Examples of programming and costs for interventions:

The cost of programming under this pillar depends on the type of infrastructure needed for each school:

<p>For a rapid response intervention using a tent or Temporary Learning Space (TLS) to secure a safe space to learn, along with learning/teaching materials, teacher training, mental health and psycho-social support (MHPSS), case management (tailored response and alternative care for those who need) and community mobilization, the approximate cost per school are as follows</p>	<p>US\$145,000 for a tent without a borehole or school desks</p>
	<p>US\$170,000 for a TLS without a borehole or school desks</p>
<p>For a sustainable school with the same services mentioned above, the approximate costs are as follows</p>	<p>US\$302,000 for a rehabilitated school with durable classrooms, a borehole and school desks.</p>
	<p>US\$360,000 for a school with new classrooms a borehole and school desks</p>



Programming approach: The aim of this pillar is to improve the well-being and opportunities for the most vulnerable adolescents, with an emphasis on improving the lives of vulnerable girls who are susceptible to GBV and considering the long-term impacts of conflict on both boys and girls.

Adolescents have wide-ranging capacities and unique needs, but they often get lost between programming for children and adults. This makes them extremely vulnerable to the draw of promises made by NSAGs as well as negative coping mechanisms like early marriage and drug use.

This pillar focuses on addressing the specific needs of adolescents—tailoring programming for this specific age group and developing peer-to-peer approaches held in a space for adolescents that is managed by adolescents. These MPCs were initiated as a community initiative by the Government with UNICEF support and are designed for inclusion and social cohesion.

The MPCs provide access to both alternative learning and skills opportunities as well as spaces for youth-led activities. They are an entry point to identify specific needs and provide information on referrals to health care and protection services, including legal aid, counselling, mental health and psycho-social support. The centres also provide space for vulnerable groups to integrate into communities without fear of stigmatization or discrimination and will be inclusive for children who have experienced family separation, have been associated with armed groups or who are survivors of violence.

The centres will enable a long-term approach to support adolescents to move from a time of conflict to peacebuilding. They will also ensure a space to have their voices heard within their communities and a place to define their future in the recovery of the Northern provinces. Finally, the centres will promote rights and safe environments for adolescents and their families through social sports and recreational programmes with a focus on life skills education, strengthening resilience, community leadership and cohesion.

In addition, specific programming is required for rescue release from armed groups/forces and reintegration of children back into communities. The reintegration process will include initial reception centres, specialized services and community dialogue, including ensuring a child-friendly justice system that treats children as victims of conflict based on international standards.

Examples of programming and costs for interventions in Pillar 3:

Six MPCs are under construction in Ancuabe, Metuge, Montepuez and Mueda districts in Cabo Delgado. Twenty-one future sites are planned in Palma (2), Mueda (2), Ancuabe (4), Chiure (4), Montepuez (4) and other resettlement locations (5) as funds permit. Some cost examples linked to MPCs are listed below	Cost of running an MPC	US\$33 per child/adolescent for MHPSS activities, staffing and recreational kits
	Cost of one MPC with capacity to reach 800 adolescents	US\$32,000

Cross-Cutting Themes Across Programming and Advocacy Efforts

The cross-cutting themes that will be integrated in all three pillars mentioned above and related advocacy efforts are described below:

- **Children Affected by Armed Conflict (CAAC) Agenda:** The prevention and response to children affected by armed conflict is part of UNICEF's core mandate and will be at the centre of our programming and advocacy efforts. This involves innovations to strengthen prevention and response to grave violations of children's rights in the armed conflict.
- **Inclusive Social and Behaviour Change:** Community engagement, behaviour and social change strategies to address cognitive and socio-cultural determinants will be a common thread throughout UNICEF's programmes. Community groups, communication platforms and local leadership will be trained and engaged through partnerships with government and NGOs/CSOs on the identification of out-of-school children, at-risk and vulnerable children and adolescent groups for promoting preventive and practices to improve health, nutrition, hygiene and protection.
- **Disability inclusion:** Given the high number of people and children with disabilities among families in Cabo Delgado, UNICEF Mozambique has adopted a twin-track approach to disability programming—targeted support with specific disability-focused programmes and mainstreaming disability in regular programmes, across the life cycle of the child.
- **Gender-transformative programming:** Shaping gender norms, supporting gender-based violence services, attitudes and behaviours in the earliest life cycle of children, ensure barriers and bottlenecks are identified and tackled in all life-cycle stages, increase work with men and boys to counter gender inequality, utilize peer-to-peer clubs to increase appropriate interpersonal contact between girls and boys.
- **Accountability to Affected Populations (AAP):** UNICEF will integrate AAP by establishing community-based systems to promote children and women's participation in programme design, implementation, feedback and monitoring. We will place particular attention on following up on issues or complaints raised by communities and reporting back on actions taken.
- **Prevention of Sexual Exploitation and Abuse (PSEA):** PSEA remains a top priority for UNICEF. It will continue to be mainstreamed across programmes and operations. Interventions will include continued sensitization of UNICEF personnel and partners; rollout of the guidance on safe distributions, selection and registration of beneficiaries; sensitization and awareness-raising of communities on their rights, entitlements, expected conduct from humanitarians and reporting mechanisms; and strengthening community complaint, referral and response mechanisms linked with AAP.

Information Management and Monitoring

UNICEF uses a comprehensive and unified multi-sectoral analysis methodology to properly understand needs and the root causes of vulnerability, fragility and inequality. We focus on holistic data analysis to inform cross-disciplinary indicators of success that strengthen a consistent approach between humanitarian and development programmes. Data collection and a 'living' analysis of the context will include cross-cutting gender, protection and conflict-sensitivity issues to understand how communities feel about safety, fairness, quality of services and trust in government institutions.

We will strengthen monitoring as part of the overall Programme of Cooperation to measure results and progress against targets. UNICEF will support the Government to generate disaggregated data within the different sectors to monitor progress. In addition, we will take specific measures, such as regular programmatic visits, third-party monitoring and a new end-user supply monitoring system to ensure UNICEF-supported interventions achieve results. Strengthening child rights monitoring and prevention and response to child rights violations in line with the CCCs is a priority.

Estimated Budget

The total estimated budget for the Community Recovery and Resilience Plan is based on the current calculation of our estimated budget needs for the next two years, along with humanitarian needs identified in the Humanitarian Action for Children (HAC) appeal in 2022 and an estimate for 2023 based on the trend of the past several years.

The total estimated requirements are

Development Requirements	\$66 million
Humanitarian Requirements	\$134 million
Total CRRP Requirements	\$200 million



unicef 
for every child



COMMUNITY RECOVERY AND RESILIENCE PLAN

2022-24

A CHILD FOCUSED APPROACH TO THE NORTH

unicef 
for every child



UNICEF/Mozambique/2021/Dejongh

Orange and Blue areas: The goal of these services is the same. In blue areas, those that are less secure or with sporadic access issues, UNICEF may engage in more temporary measures to address immediate acute needs, e.g. emergency temporary latrines rather than household latrines. However, whenever possible UNICEF will make every attempt to integrate IDPs into community structures which are strengthened through our support.

Purple Areas: Depending on the developments of the security and access situation, a flexible approach will be taken in districts where active conflict has largely stopped. Remaining populations and occurring spontaneous returns require humanitarian assistance and restoration of essential services, but access can be difficult. These areas have tenuous access to services but may experience significant spontaneous returns soon in the future. These are outlined as a priority in the government's PRCD. Though UNICEF may work in any of these six locations, the priority districts are: **Palma, Quissanga,** and **Mocimboa da Praia** which are, of the six, the more secured districts following the recent military operations and the **continued presence of security actors.**

UNICEF's interventions will aim at supporting the government of Mozambique district institutions in the rapid restoration of basic services, both in terms of temporary solutions, provision of supplies, and capacity building. At the same time UNICEF with NGO partners will establish community-based multipurpose centres (MPC) to cover core activities in the areas of child protection, education, WASH and nutrition, i.e. Child-Friendly Spaces, adolescents engagement, alternative/community education, hygiene and sanitation sensitization and Infant and Young Child Feeding (IYCF).

Examples of life-saving humanitarian interventions, UNICEF intends to support Government institutions in purple districts

-  Support the Government Water institutions through a damage assessment to activate rapid restoration of water supply systems.
-  Construction of Temporary Learning Spaces (TLS) for school reopening.
-  Psycho-social training and support for returnee teachers.
-  Provision of tents and equipment for partially destroyed health facilities.
-  Capacity building through training and remote mentorship.
-  Strengthening the capacity of social services

A Child Focused Approach to the North - Community Recovery and Resilience Plan 2022-24

Annex A - Programmatic Packages per Pillar and Location

The lifecycle pillar approach	EARLY CHILDHOOD 0 - 5 YEARS		MIDDLE CHILDHOOD 6 - 12 YEARS	ADOLESCENTS & YOUTH 13- 18 YEARS
	CHILD FRIENDLY, AND RESILIENT COMMUNITY			
	PILLAR ONE: H&N, WASH AND SOCIAL PROTECTION	PILLAR TWO: EDUCATION AND CHILD PROTECTION	PILLAR THREE: ADDRESSING NEEDS OF VULNERABLE ADOLESCENTS	
Level and type of programming				
Location: Orange and Blue Areas				
Micro level Building Core Capabilities and Leadership at households, caregivers, and community levels	<ul style="list-style-type: none"> • Health and nutrition outreach services including mobile clinics and strengthening community health workers and ensuring CHWs are aware of key rights-based issues for young children including birth registration and referrals • Community-based HIV prevention and capacity building of local health workers on PMTCT, Elimination of Mother to Child Transmission (eMTCT) of HIV and Anti-Retroviral Therapy (ART) education and adherence • Scaling up nutrition, WASH and SBC community services with a focus on the first '1,000 days' (conception to two years) when most stunting occurs and when interventions can have the greatest impact – focus on nutrition intervention package (PIN), community-led total sanitation (CLTS) and Familia Modelo approach, including community-based hygiene and sanitation promotion, improved feeding practices and family-led Mid-Upper Arm Circumference (MUAC), prevention of malaria with bednets • Improving access to durable safe water supply and sanitation facilities through rehabilitation or construction of new water points or water systems, and set up of water points' operation and maintenance system • Expansion of 'Child Grants' programme "cash & care" to address their needs in a flexible manner and purchase adequate and nutritious food for their children and to reduce other risks through case management • Protected, safe, and sanitary baby/ child-friendly spaces for exploration and play (0-5) in IDP sites and host communities, including structured activities for preschool children (space in communities for 5-6 year olds in school readiness programme) • Inclusive child and gender-sensitive social behaviour change communication on GBV, VAC, child marriage and protection against sexual exploitation and abuse (PSEA) and effective use of cash transfers to address children's development and household needs • Comprehensive positive parenting packages will be provided to parents and caregivers of very young children to ensure the necessary knowledge, skills, and social services concerning child-rearing, specifically in the areas of <i>health, nutrition, protection, social-emotional development and how to recognize disabilities in young children</i> • Establish feedback and behavioural monitoring approaches with caregivers and communities 	<ul style="list-style-type: none"> • Preventing child-protection risks: Scale-up of existing child protection services and supporting protection mechanisms including child-inclusive community-based MHPSS, preventing and mitigating risks to gender-based violence, and ensuring children have access to appropriate care and services, including VAC in schools • Inclusive behaviour change messages: sensitization & campaigns on the right to and importance of education, safe return to schools, prevention and protection from different violence and abuse, children's health and hygiene, as well as vaccination • Age-appropriate and gender-responsive capacity building of community platforms, especially School Councils 	<ul style="list-style-type: none"> • Alternative learning options: vocational training, leadership, and employability trainings, for young people to access economic opportunities (including WASH-related vocational training and opportunities such as plumbing, water point repair, hygiene manufacturing, etc) • Involvement of adolescents to address their needs in WASH, Health, CP, Education and other community led committees • Conflict prevention and resolution through sports for development, life skills and other recreational activities • Inclusive Social and behaviour change for, Menstrual Hygiene Management (MHM), adolescent sexual and reproductive health, HIV and Violence Against Children (VAC), Gender-based Violence (GBV), Case Management (CM), Sexual Exploitation & Abuse (SEA), promotion of gender equality and disability inclusion and adolescent engagement and AAP/ community feedback mechanism Support to children associated with armed forces/armed groups to access long-term reintegration programs within communities, and participate in community campaigns for peace, security, and protection 	
Meso level Accessible and quality services	<p style="text-align: center;"><i>In and Around Health Centres</i></p> <ul style="list-style-type: none"> • Provision of basic maternal newborn child health and nutrition services and strengthen service delivery, including equipping breastfeeding, newborn support spaces and capacity for to promote Prevention of Mother To Child Transmission (PMTCT), in health centre and hospitals • Access to birth registration facilities in the health centres • Improvement of WASH facilities at health centres • Provision of hygiene and water treatment kits for caregivers of children successfully exiting severe acute malnutrition treatment • Support supply chain: provision of health, nutrition and WASH supplies required to deliver the basic integrated package of services including essential medicines, medical equipment, nutritional supplements and ready-to-use-therapeutic food, and hygiene supplies • Education of health workers on key rights-based issues for young children including birth registration and referrals 	<p style="text-align: center;"><i>In and Around Schools</i></p> <ul style="list-style-type: none"> • Promote access to education: rehabilitating classrooms or temporary learning spaces (TLS), accessible for children with disabilities with WASH facilities, basic learning, teaching, hygiene materials, MHM • WASH in schools • Expanding child protection services and referral mechanisms • Expand social and judicial services by deploying community-level para-social workers to strengthen protection networks and by mobile and community courts and increased services of child-friendly interview rooms through the police • Child-friendly spaces and recreational activities • Improving the quality of education: Training of teachers to reinforce pedagogical capacity to improve children's foundational literacy and numeracy, school supervision and management so that teachers are better guided for improved performance • Supporting well-being of students/teachers: peer-learning through Circulos de Interesse by introducing themes on peace/solidarity, climate change, positive gender socialization, education in emergencies and GBV prevention, MHPSS, PSEA, hygiene education, inclusive and distance education, PSS and life-skills and Citizenship/Peace education • Provide alternative pathways for OOSC, such as accelerated learning (Catch-up remedial) 	<p style="text-align: center;"><i>In and Around Multi-Purpose Centres</i></p> <ul style="list-style-type: none"> • Inclusive and safe spaces for adolescents • Health and protection services including psychosocial support, HIV testing and counselling, sexual and reproductive health services and safe spaces for adolescents to get information, counselling, and referral to relevant services • Age-appropriate and gender-responsive capacity building of service providers (Education, Child Protection, Health, WASH) and community platforms 	
Macro level Enabling policies, programmes, budget, and coordination	<ul style="list-style-type: none"> • Strengthen management, monitoring, & information systems for provincial, district, and community actors to plan, deliver, and monitor interventions that enable young children to survive and thrive • Inclusive & equity-based planning and budgeting • Mobilization and engagement of local government and community leaders on positive masculinity and parenting 	<ul style="list-style-type: none"> • Strengthen management, monitoring, & information systems for provincial, district, and community actors to plan, deliver, coordinate and monitor interventions that enable children to learn (gender-responsive planning and budgeting), Education in Emergency (EiE), case management, informal family-based alternative care options • Inclusive & equity-based planning and budgeting • Mobilization and engagement of local government and community leaders on access to education 	<ul style="list-style-type: none"> • Strengthen management, monitoring, & information systems for provincial, district, and community actors to plan, deliver, and monitor interventions for adolescents • Inclusive & equity-based planning and budgeting • Mobilization and engagement of local government and community leaders on positive masculinity, parenting and GBV risk mitigation • Justice for children through strengthened community courts and access to justice, focusing on children's rights • Barrier analysis for out-of-school adolescents linking to child labour and child marriage • Social cohesion for peacebuilding and a multisectoral community response approach through available and strengthened community platforms • Strengthening women and girls' leadership and participation in decision making at the community level 	
Location: Purple Areas (PRCD (Palma, Mocimboa de Praia and Quissanga))				
Purple Districts	<ul style="list-style-type: none"> • Basic Health & Nutrition Services: key lifesaving interventions and messaging • Emergency Water Supply and hygiene kits: (water trucking, HHWT) + Emergency sanitation (temporary latrines) • Support to restoration of health and WASH services • Referral services: Identification and referral GBV, PSEA and VAC • Life-saving protection messages • Family separation and tracing services: Identification of separated children and family tracing, prevention of family separation messaging • Mental Health and psychosocial support (MHPSS) 	<ul style="list-style-type: none"> • Temporary learning spaces (TLS) setting-up or Tents, Learners' Kits, School in a Box, Hygiene Kits, Dignity Kits, Chalk boards to make TLS functional • Distance learning – provision of materials, tools for teachers, access to internet, content for radio • Rapid teacher training and tools • Support restoration of education and protection services • Education, hygiene, and protection messages: Campaigning for the right to education & hygiene messages and school enrolment including accelerated learning (Catch-up remedial), or alternative learning if schools have not reopened) • Mental Health and psychosocial support (MHPSS) 	<ul style="list-style-type: none"> • Temporary learning spaces (TLS) setting-up and Tents, School in a Box, Hygiene Kits, Dignity Kits, Chalk boards to make TLS functional • Rapid teacher training providing tools • Package to promote health and protection for adolescent girls and boys on SRH, VAC, MHM and make referrals (via partners) • Rapid SAAJ team by training and supporting DPS (coordinate with partners) • Promote life-saving behaviours and protective practices by providing materials and rapid training to community radio, ICS and other community platforms • Provide water and sanitation to communities • Child rights monitoring systems • Referral to existing services (mapping of services, referral pathway) • Basic MHPSS packages to provide structure and routine • Training on Psychological First Aid 	

Note: Currently the situation is rapidly evolving and access is already improving in some places. UNICEF is working beyond rapid response, hence this package may not be relevant to the three districts mentioned but will be relevant to any district that requires rapid response.

