

HUMANITARIAN RESPONSE PLAN

MOZAMBIQUE

HUMANITARIAN
PROGRAMME CYCLE
2022
JUNE 2022



Overview of Severity, People in Need & Targeted

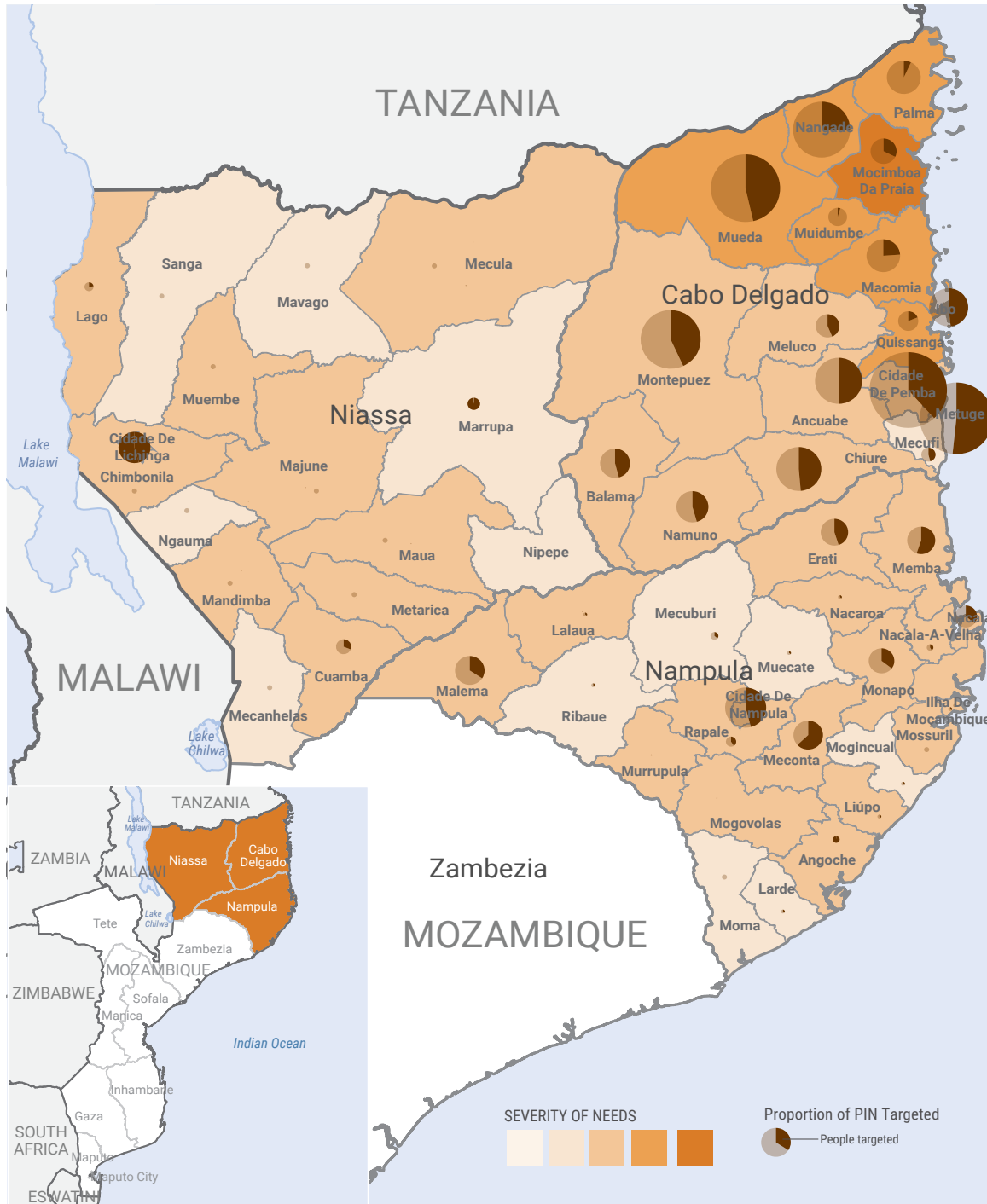


PHOTO ON COVER: METUGE DISTRICT, CABO DELGADO PROVINCE

When 21-years-old Sofia Adolfo house was attacked by armed groups in Quissanga, Cabo Delgado, she was forced to run and leave behind her documents and everything she owned. She was still pregnant with baby Rosa. Sofia and her family are living at the 25 de Junho accommodation centre in Metuge district. Photo credit: © UNICEF/ Franco

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Foreword by the Humanitarian Coordinator

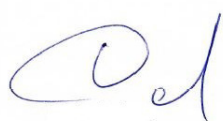
More than 735,000 people have fled from violence, brutality and terror in Cabo Delgado Province in Northern Mozambique, in the last four years. More than half of them are children and more than 60 percent of adults are women. Visibly traumatized, women and children are unable to talk, their eyes are empty.

Those who can overcome the shock, report, in tears, about the killing and abductions of their loved ones and of the countless nights they spent in hiding, fear, hunger and thirst. Pregnant and lactating women and children are malnourished. Once living and engaging in farming, fishing, trading and handcrafting in one of the most beautiful places in the world, they are now completely deprived of their future.

Confronted with this situation, host communities, themselves just above self-subsistence, have been sharing their scant resources with displaced people, in an amazing example of solidarity. Mozambican institutions have accelerated their response and have made the most out of their already limited budget which was already stretched due to COVID-19. While the flow of internally displaced persons continues, without an end in sight, this solidarity is reaching breaking point.

Needs have far surpassed communities' and the country's capacity. Only an urgent and international humanitarian response can reverse this trend and revive hope for a better future. It can contribute to peaceful coexistence between host and displaced communities, halt the speed of displacement, support principled returns wherever possible and prevent instability spreading further in the north of Mozambique and beyond.

For these reasons, a rapid and generous support to this Humanitarian Response Plan is the right and the most visionary thing to do. I urge the whole international community to urgently and substantially respond to this Humanitarian Response Plan that aims to provide urgent life-saving and life-sustaining assistance and protection to 1.2 million people, internally displaced people and host communities alike; there is no time to lose.



Myrta Kaulard
United Nations Resident and Humanitarian Coordinator for
Mozambique

Foreword by President of the National Institute for Disaster Management and Disaster Risk Reduction (INGD)

The National Institute for Disaster Management and Disaster Risk Reduction (INGD – in its Portuguese acronym), as the disaster preparedness and response agency of Mozambique, has been working tirelessly to assist both internally displaced people and host communities in the Provinces of Cabo Delgado, Nampula and Niassa. Since 2020, with the number of internally displaced persons increasing from 85,000 to over 735,000, the humanitarian needs of displaced women and men, girls and boys, have skyrocketed. The same populations have been affected by violence and consecutive climate shocks.

Host communities have also been affected. The situation is extremely critical. The INGD, together with the international and national humanitarian communities, have worked together throughout the year to provide assistance to those most vulnerable. This Humanitarian Response Plan for 2022 acts as a base for good collaboration and coordination between the international humanitarian community and the work of the INGD, for urgent life-saving and life-sustaining assistance to more than one million people. Over half are internally displaced who have suffered immense trauma and whose lives and future have been completely devastated.

As resources to provide urgent assistance are currently extremely scarce, and as the cyclonic season, violence, and COVID-19 brought extreme suffering, I appeal to the international community to urgently resource this Humanitarian Response Plan.

Asante, nibongile, takuta, tabonga, tatenda, kinachukuru, zikomo kwa mbiri, ndi noutamalelani, no ochukuro, nzi (hi) bongile, n'komu, ndi lombwelele, nyi (hi) bongide, kanimambo, thank you!

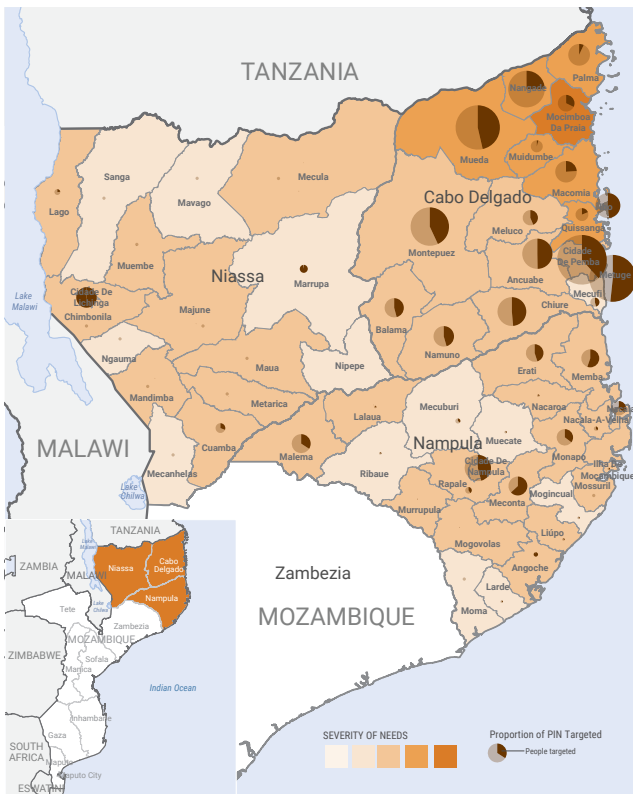


Gabriel Belém Monteiro
Vice-President of the National Institute for Disaster Management
and Disaster Risk Reduction Government of the Republic of
Mozambique

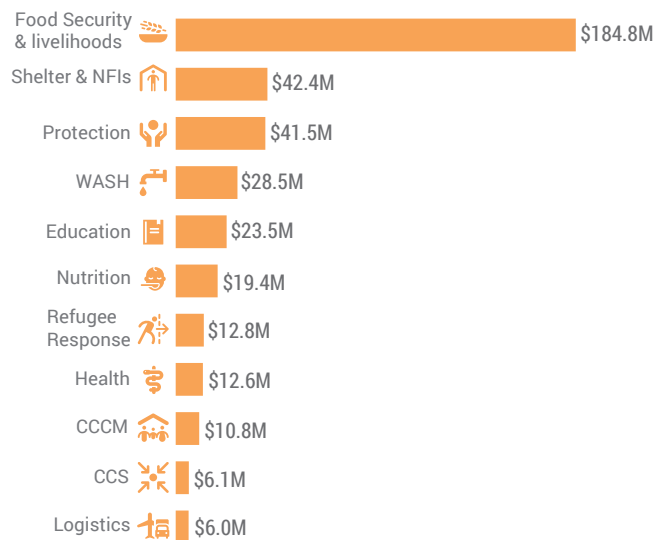
Response Plan At a Glance

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	
1.5M	1.2M	\$388.5M	48	
WOMEN & GIRLS	CHILDREN	WITH DISABILITY	WITH HIV	IDPS
51%	58%	15%	11.5%	735K

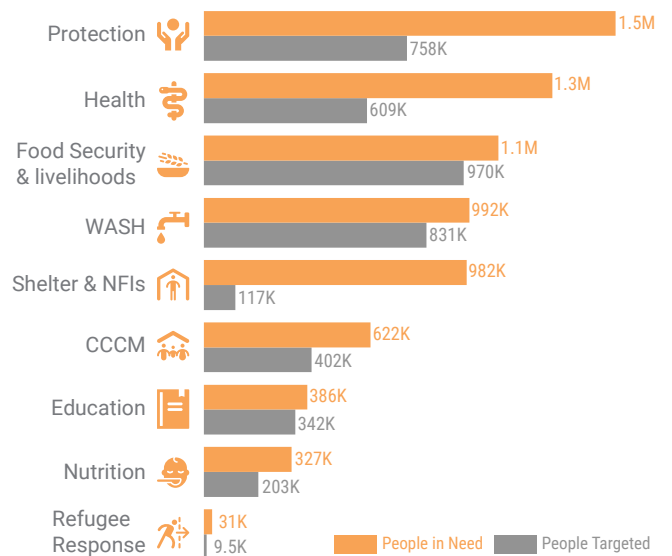
Proportion of People in Need Targeted by District



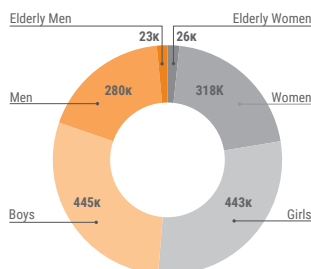
Financial Requirements by Cluster (in millions US\$)



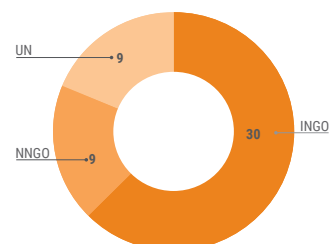
People in Need and Targeted by Clusters



People Targeted by Gender and Age



Operational Partners by Type



Crisis Context and Impact

At least 1.5 million people in northern Mozambique will need life-saving and life-sustaining humanitarian assistance and protection in 2022 as a result of the continued impact of armed conflict, violence and insecurity in Cabo Delgado Province. Over the course of 2021, the crisis in Cabo Delgado deepened the needs of both displaced people—many of whom have been forced to flee multiple times—and host communities, who have continued to show incredible solidarity in the face of increasingly stretched resources and services. While some returns of people to areas recaptured by the Government and allied forces is anticipated in 2022, the situation remains volatile. The conflict expanded geographically in the latter months of 2021, including the first verified attacks by non-state armed groups in neighbouring Niassa Province.

More than 735,000 people were estimated to be internally displaced in Mozambique due to the conflict in Cabo Delgado by November 2021—including 663,276 people in Cabo Delgado, 68,951 in Nampula, and 1,604 in Niassa—according to IOM's Displacement Tracking Matrix (DTM) Baseline Assessment Round 14. Children accounted for 59 per cent of displaced people, while more than half (52 per cent) of displaced people were women and girls. There were more than 7,700 elderly people, nearly 4,200 pregnant women, more than 3,000 unaccompanied children and more than 2,500 people with disabilities among those displaced. Around 73 per cent of displaced people were staying with family and friends in host communities' whose already meagre resources were strained tremendously by the growing influxes. Pemba city now hosts more than 150,000 displaced people, on top of the original population of around 224,000 people, putting the city's health and education services under immense pressure. In Metuge District, the number of displaced people (114,905) is higher than the original population (101,339).

Protection risks remain a grave concern—especially for women and girls, people with disabilities, older persons and people living with HIV/AIDS—with reports of horrific violence against civilians, including killings, beheadings and kidnappings. In 2021, civilians attempting to leave Palma faced a challenging

situation. The journey was perilous and expensive, with many people walking for days through the bush to reach safer areas. At the same time, people attempting to seek asylum in Tanzania were refouled to Mozambique, with nearly 10,400 Mozambicans forcibly returned from Tanzania to Mozambique between January and September 2021, according to UNHCR. People impacted by conflict are more likely to be exposed to gender-based violence and child abuse as well as to resort to negative coping mechanisms, including transactional sex, and be exposed to exploitation.

The armed conflict has also heightened food insecurity and malnutrition, with families forced to abandon their homes and fields with erratic rainfall compounding crop losses. In the three northern provinces—Cabo Delgado, Nampula and Niassa—more than 1.1 million people are estimated to be facing high levels of acute food insecurity (IPC Phase 3 or above) during the 2021/2022 lean season (November to March), according to the latest Integrated Phase Classification (IPC) analysis. In a previous analysis of seven southern districts of Cabo Delgado, more than 228,000 people who were either displaced (128,000) or hosting displaced people (101,000) in their households were projected to face severe food insecurity (IPC Phase 3 or above) between April and September 2021. The analysis covered internally displaced people in five districts—Metuge, Ancuabe, Chiúre, Namuno and Balama—and households hosting internally displaced people in seven districts—Pemba City, Montepuez, Metuge, Ancuabe, Chiúre, Namuno and Balama—and highlighted the severe toll the crisis has taken on host communities.

Essential services across Cabo Delgado have been significantly impacted by the increasing violence. Nearly half of Cabo Delgado's health centres (43 out of 88) were closed due to insecurity. The conflict has reportedly resulted in the destruction of 43 schools, 104 classrooms, 30 administrative blocks and 5 buildings of Cabo Delgado's education services since it began in 2017. In Mocimboa da Praia, widespread destruction of infrastructure—including airports, hospitals, schools, water and electrical systems—was reported in areas retaken by security forces in August.

In other parts of the province, including Macomia, Muidumbe, Nangade, Palma and Quissanga, the delivery of essential services—especially health care and education—was hampered by the absence of key personnel and destruction or damage to facilities and equipment. In the areas hardest-hit by conflict, people were without electricity and telecommunications for

most of 2021, with electricity re-established in Mueda in September 2021, following Muidumbe, Palma, Nangade and Mocimboa da Praia.

For a detailed analysis of the humanitarian situation in Mozambique, see the [2022 Mozambique Humanitarian Needs Overview](#).



An expecting mother during her pregnancy consultation at the center for displaced people in Metuge. Photo: UNFPA / Mbuto Machili

Part 1:

Strategic Response Priorities

METUGE DISTRICT, CABO DELGADO PROVINCE

In November 2021, Ana José, 38 years old, displaced from Palma, had been living for four months in the Pachinuapa temporary shelter centre, Nangua B locality, Metúge district, Cabo Delgado province, with her husband and four more children. After the attacks of 24 March, she fled with her children through the bush and after four days they finally managed to cross by boat. It was 10 days of moving through the bush and water, under heavy rain and sun. Photo credit: © UNICEF/ Franco



1.1

Scope of the Humanitarian Response Plan & Objectives

Under this plan, humanitarian partners aim to assist and protect 1.1 million people severely affected by conflict, COVID-19 and climate emergencies in the three northern provinces of Cabo Delgado, Nampula and Niassa in Mozambique in 2022. The top priority under the HRP is to provide life-saving assistance to those who have borne the brunt of the conflict, including protection services, shelter, food assistance, treatment for acute malnutrition, effective and timely disease outbreak management (including for cholera), and emergency obstetric care. In addition, humanitarian partners will provide life-sustaining support for people whose access to assistance, essential services (especially education, health care and water, sanitation and hygiene (WASH)) and livelihoods has been compromised by the conflict.

The Humanitarian Response Plan has prioritized response in 43 districts where people will face catastrophic (1 district), extreme (7) or crisis (35) humanitarian needs in 2022, according to the inter-sectoral analysis in the Mozambique Humanitarian Needs Overview. The proportion of people in need who will be targeted for humanitarian assistance and protection is lower in districts with extreme and catastrophic needs, versus crisis needs, due to the specific access constraints and challenges faced in the districts hardest-hit by the conflict. In Mocimboa da Praia, where needs are catastrophic, around 45 per cent of people in need will be targeted, while across the districts with extreme needs (Ibo, Macomia, Mueda, Muidumbe, Nangade, Palma and Quissanga) around 54 per cent of people in need will be targeted. In districts with crisis needs, 88 per cent of people in need will be targeted with humanitarian assistance and protection.

Humanitarian partners have jointly agreed on three Strategic Objectives that will guide the response throughout 2022:



Strategic Objective 1 (Life-Saving)

Save lives and alleviate suffering through safe, equitable, gender-sensitive and principled intersectoral assistance to the most vulnerable groups, including those displaced, directly impacted host communities and non-displaced people.



Strategic Objective 2 (Life-Sustaining)

Enhance timely and adapted access to essential services, including basic services, livelihoods and assistance that will strength the resilience of people impacted by the crisis.



Strategic Objective 3 (Protection)

Address the protection risks and needs of affected people—including gender-based violence and child rights violations—and strengthen the protection environment in northern Mozambique through collective and intersectoral action to protect women and girls, men and boys as well as uphold commitments to the centrality of protection across the humanitarian response in Mozambique.

The response plan is designed to ensure that displaced people and host communities receive tailored responses, in recognition that the conflict in northern Mozambique has impacted these groups differently. In particular, the response plan focuses on the needs of the more than 735,000 people internally displaced by the conflict in Cabo Delgado, who are faced with myriad challenges, particularly linked to the fact they are more likely to be exposed to protection violations and abuses, which generates unique needs, including for mental health and psychosocial support.

The plan acknowledges that women, men, boys and girls all experience the crisis in northern Mozambique differently, framed by the social norms, customs and economic expectations of their respective gender roles and ages, as well as the ways in which conflict has compounded and exacerbated gender roles and expectations. In particular, the response plan recognizes that, while many groups in northern Mozambique have encountered unique challenges, adolescent boys and girls have been exposed to a heightened set of risks and threats, which have compromised their present and undermined their hopes for a bright future.

Humanitarian partners are committed to ensuring that their responses are inclusive and cater to the specific needs of different groups, including people with disabilities and people living with HIV. This includes the estimated 478,000 people living with HIV in Cabo Delgado, Nampula and Niassa, more than half of whom are women, as well as people living with disabilities who are displaced, or members of host communities whose services have been stretched by the conflict and influx of displaced people. In particular, and in close coordination with the Disability Working Group, partners working under the response plan will aim to increase the participation of people with disabilities in humanitarian programmes, as well as enhance access to life-saving information for people with disabilities and raise awareness of the rights of this specific group.

The Centrality of Protection is ensured under this response plan through both a dedicated Strategic Objective and a strong cross-cutting emphasis on protection. Humanitarian partners, led by the Protection Cluster, are firmly committed

to strengthening the protection environment in northern Mozambique through collective and intersectoral action, including protection mainstreaming, monitoring of the protection environment and accountability to affected people.

1.2

Community Engagement & Accountability to Affected People

Listening, and responding, to the voices of affected communities remains a core tenet of the Mozambique humanitarian response. An Accountability to Affected Population/Community Engagement working group was established in December 2020 at Pemba level. The main objective of the working group is to advocate for, provide technical leadership in and facilitate the establishment of accessible complaint and feedback mechanisms that ensure accountability and the information flow between the affected population and the humanitarian community.

In Mozambique, the Linha Verde hotline—a free call centre with nation-wide coverage—plays a critical role in ensuring that the humanitarian community receives and responds to feedback from communities impacted by the crises. As of October 2021,¹ Cabo Delgado accounted for the second highest cases reported to Linha Verde by province in Mozambique (with Sofala—where Linha Verde was first rolled out during the 2019 cyclones—having the highest cases reported). In northern Mozambique, information requests (951 cases) and complaints (836 cases) accounted for the highest number of calls to Linha Verde between September and October 2021, while Linha Verde was able to provide feedback on more than 87 per cent of the cases received during the two months. More than 85 per cent of requests for information were related to the timing of distributions (810 calls out of 951 requests for information in September and October). Food security accounted for the majority of calls to Linha Verde from September to October 2021 (1,074 cases in September, 537 cases in October), followed by calls related to registration for assistance (183 cases in September, 97 in October) and shelter (52 cases in September, 103 cases in October). However, in terms of specific requests for assistance, non-food items accounted for more than 70 per cent of the

calls received by Linha Verde regarding northern Mozambique in September and October (166 calls out of 233 seeking assistance).

Exclusion errors—especially from displaced people claiming to have been registered various times but not receiving assistance—accounted for more than 77 per cent of the complaints received by Linha Verde in September and October (648 calls out of 836 complaints). In addition, there were 97 cases of alleged abuse of power, including fraud (44), diversion (26), corruption (15) and others.

The call centre is also used to report gender-based violence and sexual exploitation and abuse, and to ensure these are referred for follow-up and assistance. However, there was a significant imbalance in the users of the hotline in 2021, with 86 per cent being male and only 13 per cent female. Nearly all of the callers (94 per cent) were aged 18 to 58 years old.

As it is critical that communities have access to multiple avenues to provide complaints and feedback, humanitarian partners are continuing to work to expand options and modalities for community engagement and accountability. This includes the establishment of the Camp Coordination and Camp Management (CCCM) standardized complaints feedback mechanism (CFM), which is designed to offer affected people additional avenues for accessing information, registering complaints, providing feedback and enhancing transparency. The CFM started on 21 April 2021 and covers 25 displacement sites in Chiure, Metuge, Montepuez and Ancuabe districts. In December 2021², 518 cases were filed through the CFM, a 79 per cent increase compared to previous months. Out of these 518 cases, 68 per cent were complaints, 30 per cent requests for assistance, 1 per cent requests for information and 1 per cent rumours. Around 53 per

cent of the cases received in December (277) were closed within the same month—of these, 82 per cent were closed after referral and 18 per cent were closed at site. Most of the cases were related to food security and livelihoods (38 per cent) and shelter (20 per cent) followed by NFIs and WASH sectors (8 per cent). The CCCM CFM is integrated and complementary to other inter-agency complaints and feedback mechanisms, including Linha Verde, ensuring both non-sensitive and sensitive complaints, including sexual exploitation and abuse, are received, referred, and acted upon in a timely manner.

In addition, efforts will be made by partners throughout 2022 to increase communities' participation in the humanitarian response, including through creating

1.3

Protection against Sexual Exploitation and Abuse (PSEA)

Uneven power dynamics, and increased likelihood of gender-based violence due to the conflict and COVID-19 have heightened the risk of sexual exploitation and abuse (SEA) in Mozambique. Humanitarian assessments have highlighted the risk of community leadership committing sexual abuse linked to the establishment of lists for humanitarian assistance. In addition, rising allegations of survival sex due to families' inability to meet their basic needs present an increased risk of SEA during humanitarian operations.

Protection of people impacted by the crisis against sexual exploitation and abuse is a top priority for humanitarian partners in northern Mozambique. Communities have highlighted—through focus group discussions—the risks of sexual exploitation of women and children, child labour, sexual abuse, trafficking and sexual slavery they face, especially among displaced people. Humanitarian action in Mozambique takes into account the specific needs of women and girls to contribute to gender equality and prevent this from happening, as well as make sure survivors will receive the support they require.

PSEA Networks are in place in both Maputo and Pemba to support prevention and response to allegations of sexual exploitation and abuse, composed of a focal point per

dedicated avenues for feedback by specific groups, such as children, women, older people and people with disabilities.

The Education Cluster has introduced a key indicator to ensure children's participation and receive feedback by children on the services and supplies provided from the response, and the Cluster's selection of planned activities for 2022 was based on the feedback provided during the piloting of a child participation study in which feedback was provided on the 2021 response. Community Engagement will also be strengthened in displacement sites, with CCCM supporting existing (or facilitating where absent) community governance structures, with a focus on creating or reinforcing women, people with disability, youth and elderly site committees.

agency (UN and INGO) under the leadership of the Humanitarian Coordinator. The networks will also work with the Protection Cluster, including child protection and gender-based violence, to ensure that victims/survivors, including children and adolescent boys and girls, are provided with an appropriate and holistic response. In addition, humanitarian partners have significantly ramped-up their efforts to prevent sexual exploitation and abuse (PSEA) during the response, including incorporating awareness-raising sessions during rapid assessment and response missions, regularly training humanitarian workers, service providers and affected communities on PSEA, and delivering leaflets and posters during distributions. The Linha Verde hotline and community-based complaints mechanisms receive and refer allegations of abuses, which are closely followed-up on by the PSEA Network and concerned agencies.

Humanitarian partners' work on this critical issue will be driven by analysis and consultation with communities to understand risk factors and drivers of sexual exploitation and abuse. The PSEA Network has carried out a detailed and shared risk analysis, while specific clusters will aim to contribute to ongoing analysis and understanding of the situation through their work. This will include, for example, creation of, and support to,

women and disability inclusion committees, by CCCM teams who will aim to understand and map out norms and values, gender dynamics, views, and practices around gender-based violence, misconduct relating to SEA, barriers and cultural, traditional, and religious biases that relate to how SEA may be perceived in the community, the shame, stigma, and fear of reprisal


that could result should a person disclose abuse. This analysis will inform adoption of tools and approaches for engaging communities on protection from SEA that are nonthreatening, accessible to all groups (especially children and people with disabilities), and contextually and culturally appropriate in tackling taboos or stigma related to PSEA.




A nurse examines an expectant mother in a health tent at the center for displaced people in Metuge. Photo: UNFPA / Mbuto Machili

1.4 Strategic Objectives


Strategic Objective 1

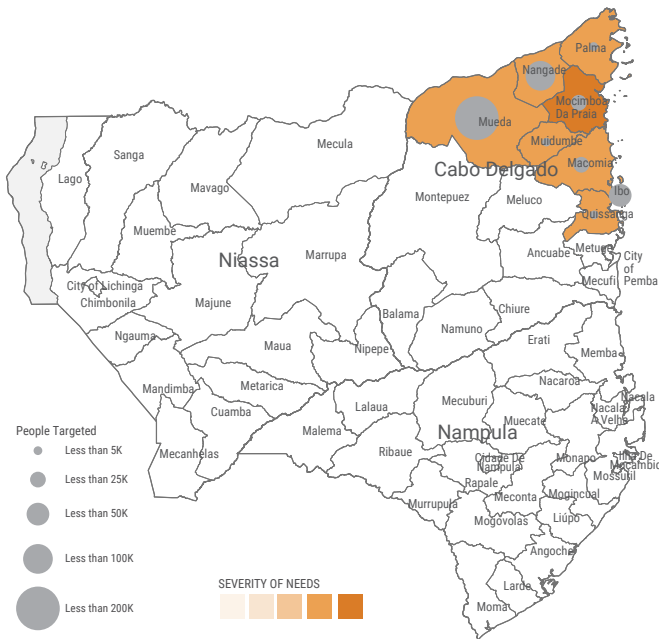
 Save lives and alleviate suffering through safe, equitable, gender-sensitive and principled intersectoral assistance to the most vulnerable groups, including those displaced, directly impacted host communities and non-displaced people.

Specific Objectives and Coordinated Response Activities

 **Specific Objective 1.1: Reduce the number of people facing acute food insecurity and malnutrition by 20 per cent and mitigate negative coping mechanisms by the end of 2022.**

Nearly 1.1 million people will face Crisis (IPC Phase 3) food insecurity from January to March 2022, and a further 23,553 people in Cabo Delgado will be in Emergency (IPC Phase 4), although no districts are classified in IPC Phase 4.³ About 74,700 children aged 6 to 59 months are or will be affected by global acute malnutrition (GAM) in January 2022, according to the latest IPC Acute Malnutrition analysis, of whom nearly 27,400 are projected to be severely acutely malnourished (SAM) and 47,300 are expected to be moderately acute malnutrition (MAM). During the same period, about 22,000 pregnant or lactating women are or will be acutely malnourished. Under this objective, humanitarian partners will aim to provide life-saving food assistance to 940,000 acutely food insecure people, including displaced people and immediate host communities, and to reduce nutrition-related mortality and morbidity through life-saving treatment for more than 137,100 children who are severely or moderately acutely malnourished and more than 15,700 acutely malnourished pregnant and lactating women, including people living with HIV and people with disabilities.

 **Specific Objective 1.2: Provide an integrated WASH and health response in cholera-prone districts to reduce excess morbidity and mortality by the end of 2022.**




Rationale and intended outcome

The conflict, COVID-19 and climate crises in northern Mozambique have taken a heavy toll on families and communities, leaving nearly 521,000 people facing extreme humanitarian needs and in urgent need of life-saving assistance to survive across eight districts that have been hardest-hit by the conflict. This includes more than 33,700 people facing catastrophic needs in one district (Mocimboa da Praia) and nearly 490,600 people facing extreme needs across seven districts (Ibo, Macomia, Mueda, Muidumbe, Nangade, Palma and Quissanga).

Under this Strategic Objective, humanitarian partners aim to reduce excess mortality and morbidity in northern Mozambique through strictly prioritized, protection-centred and multisectoral assistance to address the most life-threatening needs, including: protection threats and widespread displacement; high acute food insecurity; acute malnutrition; increased exposure to deadly communicable disease outbreaks; and heightened risk of maternal mortality

An increase in the number of cases of both cholera (3,400 cases in 2021 compared to 2,477 in 2020) and malaria (785,489 cases in 2021 compared to 770,036 in 2020) in Cabo Delgado highlights the risk of excess morbidity. In addition, Cabo Delgado has an estimated HIV prevalence of 11.4 per cent among adults aged 15 to 49 years old—with the rate being significantly higher among women (13.9 per cent) than men (8.8 per cent). Under this objective, humanitarian partners will aim to reduce morbidity and mortality linked to disease outbreaks—especially cholera—through an integrated health and WASH response, which will include rapid response to disease alerts (within 48 hours), treatment of more than 5,500 cholera cases, emergency vaccination against measles for more than 262,700 children, distribution of emergency medical kits to crisis-affected locations, reaching more than 124,500 people with handwashing behaviour-changing programmes and reaching at least 41,500 people with critical WASH supplies

 **Specific Objective 1.3: Provide emergency obstetric care for women at-risk of maternal complications.**


The maternal mortality rate in Mozambique is 289 per 100,000 live births, according to the United Nations Maternal Mortality Estimation Inter-Agency Group

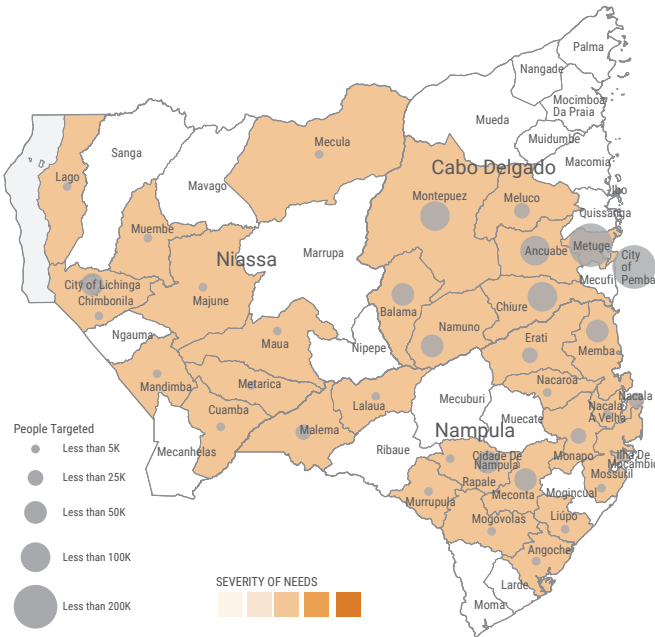
(UN MMEIG)⁴, and the challenges faced by pregnant women have been severely exacerbated by the conflict. One assessment, carried out in May 2021, found that 92 per cent of respondents reported a lack of access to sexual and reproductive health care and that displaced women had faced illicit charges to access services, including childbirth.⁵ In the second half of 2021, nearly 3,700 women were at risk of experiencing obstetric complications in Cabo Delgado alone, according to UNFPA.⁶ Under this objective, humanitarian partners will aim to reduce maternal mortality by ensuring that more than 12,200 deliveries are supported by skilled birth attendants.

Other life-saving activities

In addition to the three specific objectives above, humanitarian partners will carry-out a range of other life-saving activities, including providing life-saving services that address immediate protection risks and needs (including child protection and gender-based violence), and the delivery of clean water, sanitation, shelter and non-food items to people in urgent and immediate need. In order to avoid repetition of substantive content, these activities are covered under Strategic Objective 3 (Protection) and Strategic Objective 2 (Life-Sustaining) below.

Strategic Objective 2

 **Enhance timely and adapted access to essential services, including basic services, livelihoods and assistance that will strengthen the resilience of people impacted by the crisis.**



Rationale and intended outcome


Nearly 937,000 people are faced with severe humanitarian needs across 35 districts in Cabo Delgado, Nampula and Niassa and require life-sustaining assistance to counter-act the consequences of conflict, climate shocks and COVID-19 (critical living standard issues). This includes districts that host many displaced people, but that have not yet been the direct target of attacks during the conflict, such as Ancuabe, Chiure, Metuge, Montepuez, Pemba city and others, districts where conflict has only just begun to impact (including Mecula in Niassa Province) and districts that are facing challenges driven primarily by COVID-19, climatic events and the secondary effects of the conflict in Cabo Delgado on regional trade, livelihoods and access to services.

At the same time, all 1.5 million people in need under the 2022 Humanitarian Needs Overview require support and assistance to access to essential services—especially health, education, protection and WASH. Access to services and protection has become increasingly challenging in the northern provinces, especially due to the direct consequences of the conflict, the strain placed on essential services by the arrival of displaced people and the measures imposed to contain COVID-19.

Under this Strategic Objective, humanitarian partners aim to sustain lives and livelihoods by ensuring safe, equitable, gender-sensitive and dignified access to vital basic services and livelihoods

opportunities for people hardest-hit by the crisis in northern Mozambique. The activities implemented under this objective will be vital to restoring communities' resilience and preventing any further deterioration in people's well-being.

Specific Objectives and Coordinated Response Approaches

 **Specific Objective 2.1: Increase the number of conflict-affected people (both displaced and resident) with safe, equitable and dignified access to life-sustaining essential services including education, water, health and shelter by the end of 2022**

- **Nearly 340,400 girls, boys and children with disabilities—whose learning was disrupted by the conflict—with access to education.** Nearly 185,700 children affected by insecurity will also be targeted for pedagogical and psychosocial support, and education partners will regularly seek feedback on education services provided.
- **More than 539,500 people with life-saving and life-sustaining WASH support,** including access to safe water, use of safe and appropriate sanitation facilities, delivery of critical WASH supplies and handwashing behaviour-change programmes. In addition, nearly 52,200 women and girls will receive access to menstrual hygiene management services, which are critical for women and girls' dignity.
- **Some 609,000 people with accessible essential health services, focusing on the main causes of morbidity and sexual and reproductive health care.** This will include outpatient consultations, distribution of modern contraceptives to women of child-bearing age, and linking people living with HIV whose access to treatment and services has been disrupted by the conflict back to antiretroviral therapy.
- **Nearly 428,500 with immediate shelter and/or non-food items and 181,100 people with sustainable shelter and essential non-food items,**

including through cash-based assistance. This will include both immediate crisis shelter/NFI support, as well as approaches that promote the link between emergency and early recovery solutions, including access to livelihoods. Health partners will also aim to provide quality care for people with physical injuries, disabilities and mental health and psychosocial support needs, including victims/survivors of gender-based violence.

- **Some 571,500 children under age 5 with vitamin A supplementation to prevent acute malnutrition and micronutrient deficiencies.** Nutrition partners will also promote optimal breastfeeding and complementary feeding practices for nearly 62,500 caregivers of children under age 2, including those living with HIV.
- **More than 401,500 displaced people with enhanced self-governance,** including enhanced participation and engagement in camp coordination and camp management processes. CCCM partners will also enhance displaced people's access to site management services.



Specific Objective 2.1 – Protect and support the livelihoods of people in northern Mozambique through emergency agriculture, fishing and other livelihoods support, in line with their livelihoods and seasonality.


The conflict—and security measures imposed to contain it, including checkpoints and curfews—has severely limited displaced people's ability to access their livelihoods (including lands for subsistence farming or the ocean for fisheries). Although host communities and displacement sites have implemented initiatives to facilitate access to livelihoods, displaced people continue to face challenges, including having to adapt their livelihoods after fleeing their home areas (e.g. members of coastal communities who would have relied on fishing having to transition to subsistence farming in displacement sites that are further away from the coast). Under this objective, humanitarian partners will aim to help 970,000 people recover their livelihoods, resume food production and rebuild self-reliance. This approach reflects the Food Security Cluster's agreement to considerably increase livelihoods assistance for both displaced people and host communities in 2022,



Children playing at the 25 de Junho camp for displaced people in Metuge.
Photo: UNICEF/Bisol

while sustaining, but gradually reducing, life-saving humanitarian food assistance.

Strategic Objective 3


 **Address the protection risks and needs of affected people—including gender-based violence and child rights violations—and strengthen the protection environment in northern Mozambique through collective and intersectoral action to protect women and girls, men and boys as well as uphold commitments to the centrality of protection across the humanitarian response in Mozambique.**

Rationale and intended outcome

The conflict in Cabo Delgado has generated a grave protection crisis, with human rights violations experienced by displaced people in northern Mozambique including physical assault, abductions, murders, discrimination, gender-based violence, forced recruitment, family separation, harassment and arbitrary arrest, according to the Protection Cluster.

Under this Strategic Objective, humanitarian partners aim to strengthen the protection environment in northern Mozambique, through collective and intersectoral action, including protection mainstreaming, monitoring of the protection environment and accountability to affected people.

Specific Objectives and Coordinated Response Activities

 **Specific Objective 3.1: Provide access to age, gender and disability adapted services including for mental health and psychosocial support, child protection and gender-based violence—for people who are facing life-threatening risks of abuse, neglect, violence and exploitation, including boys, girls, adolescents, people with disabilities, people living with HIV and older people, by the end of 2022.**

Under this objective, humanitarian partners are committed to mainstreaming protection and gender considerations into their programming. This will include, for example, promoting protection and preventing conflict and gender-based violence through the provision of inclusive and gender-sensitive water, sanitation and hygiene services and supplies—including access by women and girls to menstrual hygiene management—as well as providing tailored health care and support to people


with specific needs, including people with disabilities, people living with HIV, people with physical injuries, people with mental health needs and victims/survivors of gender-based violence.



Specific Objective 3.2: Promote inter-agency collective action on the centrality of protection by ensuring implementation of mitigating measures, complaints and feedback mechanisms, PSEA and child safeguarding and disability inclusion across the humanitarian response in 2022.

Under this objective, protection partners will aim to strengthen the protection environment, including through: carrying-out human rights advocacy; implementing initiatives to advocate for protection standards, legal frameworks and principles; establishing community-based protection mechanisms for child protection; enhancing housing, land and property initiatives; increasing protection by presence; enhancing risk and safety mitigation structures in displacement sites; and training humanitarian partners on protection mainstreaming and the centrality of protection.

Humanitarian partners will also work intensively to increase two-way communication with communities, as well as accountability to people impacted by the crisis, including by increasing access to functioning complaints and feedback mechanisms—and thereby improve the quality of integrated services—for people living in displacement sites, strengthening community participatory approaches (including through verification exercises and special measures to ensure access to assistance for people with special needs, taking into account age, gender and diversity), and use of timely and accurate information on displacement for evidence-based decision-making.

 **Specific Objective 3.3: Provide integrated response and services to prevent, mitigate and address protection risks across sectors and achieve positive protective outcomes.**

Under this objective, protection partners will address and prevent immediate protection risks, including through: awareness-raising to prevent critical protection risks, including forced eviction, trafficking and gender-based violence; enhancing access to civil documentation; supporting reintegration of children associated with armed groups or forces; and ensuring children and women have access to group activities in friendly and safe spaces.

Protection partners will also provide quality life-saving protection services, including: providing assistance and support for survivors of gender-based violence (including legal aid and mental health and psychosocial support); supporting unaccompanied and separated children with registration and reunification; ensuring that individuals facing protection threats—including children and women—are assisted, managed and referred using established referral pathways; and distributing dignity kits, cash and voucher and in-kind assistance for people in need, including people with disabilities.




Rosa Paulo, 26, works in a field in Montepuez District. With her husband and their three children, they ran away from Muidumbe in September 2020. The family walked for eight consecutive days until they arrived at the south of Cabo Delgado Province, where their extended family members and friends had resettled already due to the conflict up north. With FAO support, Atanásio and Rosa were able to plant beans, maize and peanuts in the new resettlement area organized by the Government Photo: UN/Helvisney Cardoso


1.5

Spotlight on Response for Groups Hardest Hit by the Situation


A. Internally Displaced People

 Under this plan, the more than 735,000 people internally displaced by the conflict in Cabo Delgado will receive dedicated focus and attention, given the unique impacts of the conflict on their lives and livelihoods, as outlined in the Humanitarian Needs Overview (section 1.3.5.A). Across each of the clusters, internally displaced people will account for the majority of the people whom humanitarian partners aim to provide life-saving, life-sustaining and protection assistance to. For six clusters, internally displaced people will account for 65 per cent or more of the people targeted—CCCM (100 per cent), Food Security (76 per cent), Protection (75 per cent), Health (71 per cent), WASH (67 per cent), Shelter/NFI (65 per cent)—while Education partners will equally target displaced children and resident children in communities hosting displaced people.

B. Adolescent boys and girls

 Adolescent boys and girls in northern Mozambique have been exposed to a heightened set of risks and threats, which have compromised their present and undermined their hopes for a bright future, requiring dedicated attention and support. To this end, under this plan, partners will implement a range of activities designed to support adolescent boys and girls, especially within the Education Cluster. Child protection partners will also facilitate the reintegration of children associated with armed groups or forces into their communities, which is particularly critical given the number of adolescent boys recruited into non-state armed groups, as well as the high number of abductions of adolescent girls. In addition, the Shelter Cluster will take into account the specific risks faced by adolescent girls in its planning, and Health Cluster partners will ensure appropriate responses to the needs of adolescent girls, especially with respect to safe, dignified and accessible sexual and reproductive health care.

C. People with Disabilities

 Under this plan, humanitarian partners will strive to provide inclusive services that are accessible for, and responsive to, people with disabilities in northern Mozambique. These services will acknowledge the specific protection risks and challenges that people with disabilities face in accessing appropriate services and assistance, especially during displacement. Work on inclusion will be led by the Disability Working Group, which has advocated for the participation of people with disabilities in humanitarian programmes, access to life-saving information for people with disabilities and raising awareness of the rights of this specific group.

Each of the clusters within this plan will undertake efforts to ensure that their assistance is accessible to people with disabilities, while the Protection Cluster will facilitate tailored protection services and the provision of assistive devices for people with disabilities. In displacement sites, CCCM will support and advocate with service providers for accessible services and participation of those who face barriers to accessing services, or experience heightened vulnerability, including people with disabilities. Partners will ensure that people with disabilities are consulted in the design and implementation of programming, including shelters and displacement site design.

D. People Living with HIV



Many of the 478,000 people living with HIV in Cabo Delgado, Nampula and Niassa⁷ --more than half of whom are women--have lost access to vital services due to the conflict, COVID-19 and climate crises. Under this response plan, humanitarian partners will ensure that people living with HIV receive dedicated attention and response. This will be particularly critical for the Nutrition and Food Security and Livelihoods Clusters, given the two-way interlinkages between these issues and HIV: lack of food security and poor nutritional status may hasten progression from HIV to AIDS-related illnesses and undermine adherence and response to antiretroviral therapy; while HIV infection may undermine food security and nutrition by reducing work capacity and jeopardizing household livelihoods.⁸ At the same time, Health partners will adopt a variety of approaches to ensure that people living with HIV have access to the services they require, including through outreach—such as through mobile brigades—and active case finding and follow-up for people living with HIV, including to reconnect them to antiretroviral therapy in cases where they have lost access as a result of the conflict.

For a detailed analysis of the needs of these specific groups, see the 2022 Mozambique Humanitarian Needs Overview pp. 22-23.

Part 2:

Response Approach, Modalities, Capacity & Costing

MONTEPUEZ DISTRICT, CABO DELGADO PROVINCE

A woman fills a bucket of water in Nacate, Montepuez.

Photo: UNICEF



2.1 Response Approach & Modalities

Multisectoral Approach

Given the highly complex operating environment in northern Mozambique, a strong multisectoral response is required, especially in hard-to-reach areas. As the context is rapidly evolving, humanitarian partners will continue to identify adaptable, appropriate and effective approaches to access the most vulnerable in 'hard-to-reach' locations, including through inter-agency rapid and mobile response to ensure assistance in areas where humanitarians are unable to maintain a consistent presence.

A multisectoral approach is particularly critical on key thematic issues, where the response of more than one sector, simultaneously, is vital to save lives. Key examples include cholera (where joint WASH/Health response is vital), response to complicated severe acute malnutrition (where joint Nutrition/Health response is essential) and comprehensive support for survivors of gender-based violence (which requires immediate action by, at a minimum, Protection and Health partners (including clinical management of rape), together with multisectoral packages of assistance from other sectors).

Response Modalities, including Cash-Based Programming

Under this plan, humanitarian partners will utilize a combination of static and mobile response modalities to deliver services and assistance to people in need. Static presence will be established where feasible and needed to guarantee strong and continuous engagement with affected communities and local authorities. For the Camp Coordination and Camp Management (CCCM) Cluster, for example, static programmes will be prioritized in areas with more than 15,000 displaced people living in sites. Simultaneously,

mobile response modalities will be implemented to expand the reach of humanitarian partners, especially in areas that are hard-to-reach and/or hard to sustain a static presence in due to the security situation.

Humanitarian partners implementing projects under this plan will utilize in-kind distributions and cash/vouchers where feasible. The use of cash/voucher or in-kind modalities has been gradually increasing in Mozambique in recent years, in close consultation with the Government. In 2022, the utilization of cash and vouchers will be determined by a range of factors, including community consultations, micro retail capacity, market prices, security and partners' capacity. The two sectors that are expecting to incorporate the highest amount of cash and voucher programming are Food Security and Livelihoods and Shelter/Non-Food Items, the latter of which will pilot cash and voucher initiatives in 2022. In addition, partners working on gender-based violence intend to incorporate cash and vouchers as part of a holistic and comprehensive support package for survivors.

Phases & Seasonality

Seasonality is critical in northern Mozambique, which has an annual rainy season (November-May) and an annual lean season (December-March), during which hunger peaks. The rainy season brings both key risks to people's lives and livelihoods—as highlighted by Tropical Cyclone Kenneth, which struck Cabo Delgado in April 2019—and significant challenges in the humanitarian response, as many roads become impassable and airports become unusable during this period. In addition, the annual rainy season brings with it a significant spike in the risk of water-borne disease outbreaks, and especially cholera, which requires timely preparedness and response. During the lean season, families' needs increase, and this

has been exacerbated by the conflict, which has decreased people's access to agricultural and fishing livelihoods, thereby heightening the risk of severe food insecurity and hunger.

To account for the significant impacts of seasonality on humanitarian needs and response, partners under this response plan undertake a range of activities.

These include annual preparedness for the rainy/cyclone season (including detailed contingency planning and stock mapping), pre-positioning of critical relief supplies in key locations ahead of the rains (to ensure they are accessible to communities who may become inaccessible by road), and ramping-up the food assistance response during the lean season.

The multisectoral humanitarian response under this plan will therefore be implemented in three main phases:

1. **Phase 1 (January-March 2022):** response to the peak of the 2021/2022 lean season and annual cyclone season. During this period, critical multi-sectoral interventions—including Food Security, Nutrition, Health, WASH and Protection— will focus on preventing loss of life and livelihoods among both displaced people and residents in conflict-affected host communities, especially in districts facing IPC Phase 3 or 4 and/or cholera outbreaks. As the peak of the lean season coincides with the annual cyclone season in the South-West Indian Ocean, this period may also see sporadic responses to new sudden-onset emergencies in northern Mozambique.
2. **Phase 2 (April-September 2022):** focus on life-saving and life-sustaining assistance and protection activities, including with an emphasis on hard-to-reach locations which are facing the most severe humanitarian needs. During this period, humanitarian partners will continue to implement a multi-pronged set of activities to save lives and livelihoods and ramp-up access to essential services, including Education, Nutrition, Protection and WASH.
3. **Phase 3 (October-December 2022):** preparedness for the annual cyclone season, pre-positioning of relief items and response to the onset of the 2021/2022 lean season. During this period, humanitarian partners will continue their response to conflict-driven needs, while also providing assistance—scale to be determined by the 2022 harvests—to ensure the most vulnerable are able to survive the next lean season and responding to any new sudden-onset emergencies caused by the cyclone season.

Seasonality & Phases

In 2022, humanitarian actors will coordinate closely with development actors in northern Mozambique, who will be working to rebuild infrastructure and re-establish essential services impacted by the conflict. It will include identifying complementarities with the activities promoted by the Government's Agency for Integrated Development of the North (ADIN). The Agency, with support from the international community, is working with UN agencies, local authorities, non-governmental organizations, and other local stakeholders to build or rehabilitate public and private services such as public administration buildings, health and education facilities, access roads, energy and telecommunication systems, water supplies, markets and shops.

Planned Response

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER PROJECTS
Coordination and Camp Management	622K	402K	10.8M	4	4
Education	386K	342K	23.5M	15	16
Food Security & Livelihoods	1.1M	970K	184.8M	15	15
Health	1.3M	609K	12.6M	14	14
Nutrition	327M	203K	19.4M	8	8
Protection	1.5M	758K	41.4M	19	28
Shelter & NFIs	982K	117K	42.4M	11	11
WASH	992K	831K	28.5M	18	19
Coordination & Common Services	-	-	6.1M	3	4
Logistics			6.0M	1	1
Refugees Response	31K	9.5K	13.0M	1	1
Total	1.5M	1.2M	388.5M	48	121

2.2

Operational Capacity & Humanitarian Access

Operational Capacity

Humanitarian organizations substantially increased their capacity in northern Mozambique during 2021. By the end of August 2021, there were more than 850 aid workers—more than 730 of them Mozambican—delivering assistance and protection across Cabo Delgado Province (up from just over 300 in October 2020), and by the end of September, at least 66 humanitarian organizations were responding (up from 47 in January 2021), of which 58 per cent (38) were international non-governmental organizations (INGOs), 30 per cent (20) national NGOs, and 12 per cent (8) United Nations entities.

Under this response plan, 48 humanitarian partners—9 national NGOs, 30 international NGOs and 9 UN entities—will aim to assist 1.2 million people in the most urgent need of assistance and protection in Cabo Delgado, Nampula and Niassa. These organizations have enhanced their presences in northern Mozambique over the past year, including their capacity to operate in a highly complex and fluid security environment, and will coordinate closely with other humanitarian actors that are delivering support outside of the response plan, including MSF and the International Committee for the Red Cross (ICRC).

Humanitarian Access

Humanitarian access in Mozambique has been primarily impacted by the conflict in Cabo Delgado. Access to Mocimboa da Praia and Muidumbe districts, as well as parts of Palma and Macomia districts, was particularly complex for humanitarian partners in the last quarter of 2020 due to insecurity, and this is expected to remain the case into 2021.

Administrative challenges have also affected access in some districts in Cabo Delgado. Delays in the issuance of visas for international staff, as well as prolonged customs clearance for emergency supplies impacted operations in the latter part of 2020 and

in 2021. The UN and the diplomatic community are working together with the Government of Mozambique to simplify visa approval processes and support the deployment of humanitarian personnel to concerned areas in Mozambique amidst the COVID-19 pandemic.

A key focus in 2021 was expanding the scale and scope of humanitarian operations in hard-to-reach and partially accessible areas. This was done through a combination of inter-agency rapid assessment and response missions, as well as the establishment of district-level coordination and response, leveraging the capacity of partners based in the districts, in Ancuabe, Balama, Chiure, Ibo, Namuno, Mueda and Macomia. However, humanitarian movements remained constrained in some areas due to insecurity and administrative obstacles. People's access to essential services—especially health and education—remained inadequate in many parts of Cabo Delgado due to destruction, damage and absence of personnel.

In 2022, humanitarian partners will continue to work to increase humanitarian access, as well as to expand people's access to humanitarian assistance and essential services. This will be facilitated by the Humanitarian Coordinator, Humanitarian Country Team and Area Humanitarian Country Team in Cabo Delgado, supported by the Access Working Group and Civil-Military Coordination Working Group in collaboration and close coordination with local authorities.

Feasibility

During the implementation of the Humanitarian Response Plan, the evolution of the conflict situation may affect the humanitarian response. However, humanitarian partners will continue to identify options to continue their work, including during periods of active conflict. As highlighted above, this will include utilizing multisectoral teams for rapid needs assessment and response, engaging with local and national partners who have sustained access in hard-to-reach

areas, and considering cash-based response where this is feasible.

Despite contextual challenges, the humanitarian community is confident in its ability to implement



the planned activities under the HRP. As noted above, humanitarian partners significantly increased their presence and capacity in northern Mozambique in 2021 and this provides a solid foundation for the 2022 humanitarian response.

2.3 Costing Methodology

The Mozambique Humanitarian Response Plan was prioritized through extensive cluster-specific and inter-cluster discussions. Each cluster has reviewed all of the projects proposed by their partners to ensure that they were aligned with the cluster and overarching response priorities, provide value-for money, and tackle cross-cutting issues, including gender, protection, accountability to affected people and the prevention of sexual exploitation and abuse. In addition, inter-cluster discussions were held to ensure complementarity, avoid duplication, and promote multi-cluster action to address issues which require more than a single cluster response.

The response plan is project-based, with each cluster having reviewed their partners' projects to determine whether they would be included under the prioritized cluster envelope in the appeal. The following criteria were used to assess project proposals: partners' operational presence and capacity in northern Mozambique; project alignment with cluster's strategic objectives; prioritized activities and geographical location for interventions; inclusion of cross-cutting issues (protection mainstreaming, accountability to affected people, gender, disability inclusion and environment); and the response capacity of partners, including considering access issues.

2.4 Prioritization

CLUSTER	1-25% FUNDING TOP PRIORITY ACTIVITIES	26-50% FUNDING ADDITIONAL ACTIVITIES	51-75% FUNDING ADDITIONAL ACTIVITIES	76-100% FUNDING ADDITIONAL ACTIVITIES
	CCCM mobile response where the Severity Scale of needs have been rated as Extreme to Catastrophic, coordination of services at sites level, including information management, critical site development works, Community Engagement and Accountability to Affected Populations, capacity building and preparedness for local authorities, complaints and feedback mechanisms' referrals.		Progressive expansion of scope of activities and geographical coverage, with expansion of life-sustaining activities, including for displaced people living out of sites (congested and overstretched urban areas or underserved rural host communities).	
	Key education activities (see Cluster Strategy) in districts which have been identified as having the most stressful conditions for children (Severity 4).	Key education activities in Severity 3 districts.	Key education activities in districts with lower severity needs.	23 districts to receive support for promoting out of school and IDP-children to return to school and providing important training for teachers and ensuring children's direct participation is an active part of the response.
	Prioritized response based on: a) geography (severity ranking of districts); and b) household vulnerability (determined by household levels of food security and socio-economic status).			
	Preventive and curative services targeting children under age 5 and pregnant and lactating women, and trauma care.	Sexual and reproductive health services, control of common diseases like malaria, HIV, TB, and response to disease outbreaks.	Mental health and psychosocial support and specific needs of people with disabilities	Services for the control of non-communicable diseases and elective surgeries, mostly through referrals.
	Procurement and delivery of life-saving nutrition commodities and essential medicines to treat malnutrition; human resources to ensure expansion of planned interventions; training; and operational costs to allow a robust humanitarian presence including in hard-to-reach areas.			
	Tier 1 activities (see Protection Response Strategy for definition) in districts with Severity Levels 5 and 4.	Tier 1 activities in districts with Severity Level 3 Tier 2 activities in districts with Severity Level 5 (see Protection Response Strategy for definition).	Tier 1 activities in districts with Severity Level 2 Tier 2 activities in districts with Severity Level 4	Implementation of all priority activities in all priority locations.
	Priority activities ensuring maximum coverage of emergency life-saving NFI/ Shelter response, including strengthening the Pipeline and Coordination. Gender, inclusion aspects are considered and integrated, using validated tools promoting accountability and learning.	Additional activities such as distribution of extra shelter construction materials, labour support for the construction and provision of technical support via construction committees and training of local artisans.	Activities related to promotion of resilience building, cash-based interventions and livelihood activities.	Implementation of all priority activities in all priority locations.
	Priority WASH response actions, tailored according to the needs of four specific groups: people in resettlement centres established for one year or more; people living in new resettlement centres created in 2021; people newly displaced in 2022; and displaced people living in host communities and host families and communities themselves.			
	Multisectoral and comprehensive activities that contribute to the strengthening of the protection environment for refugees and asylum seekers in Nampula, primarily targeting those living in Maratane Refugee Settlement as well as host community members from the surrounding areas.			

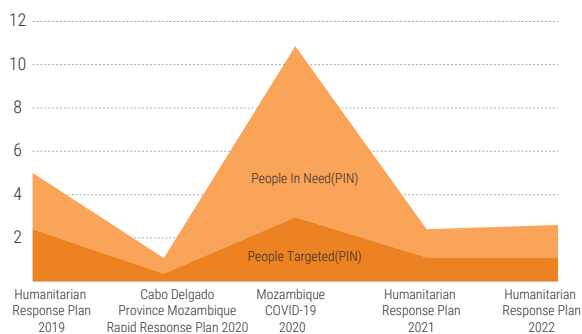
2.5 Historic Response Trends (2019-2021)

Humanitarian action in northern Mozambique has significantly increased over the past two years. In 2020, with needs rapidly rising, donors generously stepped-up to fully fund the Cabo Delgado Rapid Response Plan (May-December 2020), which called for US\$35.5 million for 34 partners to deliver life-saving and life-sustaining assistance, enabling humanitarian partners to reach 515,000 people. However, the significant escalation in the conflict in

2020 meant that multiple areas were not reached with humanitarian assistance for significant periods of time. In 2021, humanitarian organizations further scaled-up their response in northern Mozambique, reaching 1.29 million people—more than double the number of people reached in 2020—with assistance and/or protection under the Humanitarian Response Plan, which called for \$254.1 million and was 67 per cent funded.

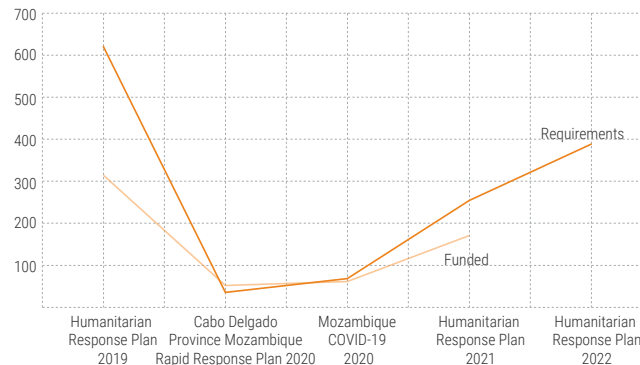
Humanitarian Response (2019 - 2022)

In millions of people



Financial Requirements (2019 - 2022)

In millions of US\$



Response reach under 2021 HRP

SECTOR	REQUIREMENTS (US\$)	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED (2021)
CCCM	\$7.4M	351K	351K	119K
Education	\$5.2M	541K	246K	273K
Food Security & Livelihoods	\$136M	950K	750K	957M
Health	\$10.5M	1.2M	564K	537K
Nutrition	\$15M	237K	152K	25K
Protection	\$20M	761K	517K	243K
Shelter & NFIs	\$28M	1.3M	564K	489K
WASH	\$24M	1.2K	541K	407K

Part 3: Response Monitoring

CHIURE DISTRICT, CABO DELGADO PROVINCE

IOM Health Team working together with District Health, Women and Social Services in Chiure District, Cabo Delgado. IOM provides primary health care and integrated HIV/TB services in resettlement sites, surrounding areas and in distant communities hosting people internally displaced. Photo: IOM 2021



3.1 Monitoring

Response Monitoring

In 2022, humanitarian partners will monitor the response implemented under this plan to ensure that it remains timely, efficient, fit-for-purpose and at the required scale, as follows:

- Overall progress against the HRP will be discussed at the Humanitarian Country Team.
- Inter-sectoral outcome indicators and operational presence data will be monitored through the Inter-Cluster Working Group and the Information Management Working Group, which will track progress against output indicators in order to update the Humanitarian Coordinator, Humanitarian Country Team and Government of Mozambique. Response achievement data will be reported at district level and disaggregated by population group (refugees, internally displaced people and residents), sex and age. In addition, clusters have committed to strengthen reporting on people living with disabilities and/or HIV.
- Cluster response monitoring will be undertaken through sectoral monitoring tools. Each cluster has defined its objectives, linked to the overarching strategic and specific objectives, disaggregated to district level, as well as demographically, with a focus on the most vulnerable groups as identified by each cluster. All clusters will report progress against selected indicators through the 5Ws mapping tool (Who does What, Where, For Whom and When) on a monthly basis.

Various information products and analysis will be produced on a regular basis to provide updates on the response, in particular monthly Humanitarian Dashboards, which will provide the status of humanitarian needs, response and gaps, as well as funding and funding gaps.

Monitoring of Needs

Monitoring of humanitarian needs in northern Mozambique will be undertaken throughout the year to assess risks and changes in context and any implications for response operations and strategy. Multiple sources of data (IOM Displacement Tracking Matrix, interagency rapid assessments, sectoral rapid assessments and risk monitoring tools, IPC Food Security and Nutrition data, etc.) will be used to understand changes in the humanitarian context. As further vulnerability information becomes available, the HRP may be reviewed if there are significant changes in the severity of the needs that might require a shift in the response strategy.

Part 4: Sectoral Objectives and Response

METUGE DISTRICT, CABO DELGADO PROVINCE

A woman boils greens in Metuge, where a temporary shelter is hosting individuals and families displaced by conflict. Photo: UNICEF/Mercado

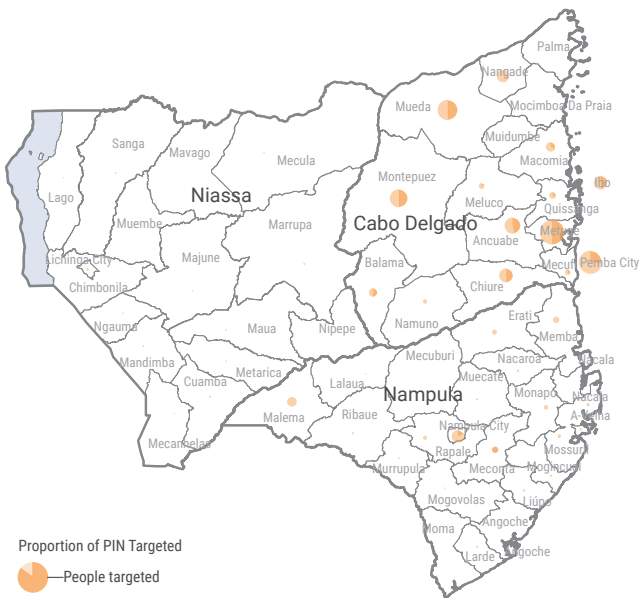


4.1

Camp Coordination & Camp Management (CCCM)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
622K	402K	\$10.8M	4	4



People Targeted

In 2022, the CCCM Cluster will target 401,520 people, with the primarily target being internally displaced people (IDP) that as a last resort have been forced to live within temporary accommodation sites, relocation sites and host community extension sites in Cabo Delgado, Nampula and Niassa provinces. As of October 2021, an estimated 220,000 IDPs were living in 81 IDP sites. However, the number of displaced people living in IDP sites is projected to rise to a minimum of 300,000 individuals by the beginning of 2022, according to CCCM Cluster analysis and observed trends. Nearly 55 per cent of the displaced population living in sites are women and girls, 50 per cent are children, and nearly 10 per cent live with disabilities.

In addition to displaced people living in sites, the CCCM Cluster will target displaced people dispersed in congested and overstretched urban areas (e.g. Cidade de Pemba and Nampula) or underserved rural host communities (e.g. Ibo, Macomia, Quissanga). For the out-of-camp response, priority will be given to those areas where the Severity Scale of needs have been rated as Extreme to Catastrophic, according to the 2022 HNO inter-sectorial framework. In these communities, nearly 80 per cent of displaced people are reportedly women and children, and elderly people represent the largest vulnerable group, followed by unaccompanied minors, pregnant women, and people with disabilities². Displaced people living out-of-sites will account for

25 per cent of the overall 401,520 displaced people targeted by CCCM in 2022.

Response Strategy & Modalities

In 2022, CCCM operational partners will implement three operational modalities: static CCCM programs; CCCM mobile response; and CCCM area-based responses.

The **static CCCM programmes** will be implemented in sites with larger IDP populations (i.e. above 15,000 people). The presence of CCCM teams in these sites is static to guarantee strong and continuous engagement with the displaced communities and the local authorities overseeing the administration of the sites. Dignified living standards will be upheld through coordination of humanitarian services, monitoring of needs and gaps, and advocacy; information management, including collection of gender-and age-disaggregated population data; support to community representation and participation; and site infrastructure development and maintenance. Accountability to affected populations (AAP) and communication with communities (CwC) will be promoted through complaints and feedback mechanisms, information desks, and community mobilization activities. Capacity-building and preparedness will target IDPs, service providers and local administrations to ensure CCCM concepts and best practices are implemented.

The **CCCM mobile response** will be based on targeting areas according to the highest number of sites with smaller populations, where sites are dispersed, and continued humanitarian needs are highlighted in assessments. The focus will be on improving basic living standards through service mapping, advocacy and referrals, supported by information management and needs assessments, support to community representation and participation, and physical site improvements and risk reduction. This includes supporting and advocating with service providers for accessible services and participation of those who face barriers to accessing services, or experience heightened vulnerability, for example people with disabilities, elderly people and female headed households.

The **CCCM area-based responses** will be implemented in congested and overstretched urban areas or underserved rural host communities. This will include setting up community hubs with the affected communities (displaced and non-displaced), establishing and/or supporting community governance structures and mechanisms

through capacity building, facilitation and consultation processes, establishing skilled teams (e.g., mobile outreach teams with diverse skill sets) on the ground to work closely with all communities and different population groups, creating diverse channels for CwC.

Cost & Prioritization of the Response

The CCCM Cluster requires \$10.8 million for the planned activities of four partners (two UN entities and two INGOs, with one project each) in 2022. The Cluster envelope was determined taking into consideration the 41 per cent increase in the displaced population in northern Mozambique compared to the previous year and the proportional increase in the number of displaced people living in sites (nearly 60 per cent in the third quarter of 2021).

The projects were prioritized for inclusion based on partners' current operational presence and capacity in northern Mozambique, institutional knowledge of CCCM, and contribution to the CCCM Cluster at global level. The cost of intervention per individual was determined through an analysis of the average costs across partners, provided all implement in diverse geographical areas and operate with a tailored combination of the three main CCCM modalities of responses.

The CCCM Cluster prioritized activities for funding based on Strategic Objectives criteria and Severity Scale of needs. Basic life-saving site-management interventions will fall under the first and second quartiles of the budget (0-50 per cent: CCCM mobile response where the Severity Scale of needs have been rated as Extreme to Catastrophic, coordination of services at sites level, including information management, critical site development works, community engagement and accountability to affected populations, capacity building and preparedness for local authorities, complaints and feedback mechanisms' referrals). CCCM will progressively expand scope and geographical coverage under the third and fourth quartiles of the budget, with expansion of life-sustaining activities, including for displaced populations living out of sites (congested and overstretched urban areas or underserved rural host communities).

Community Engagement & Accountability to Affected People

Community engagement and accountability to affected people are foundation blocks of CCCM interventions that aim to empower communities, promote self-reliance and ensure participation of all groups, especially the most vulnerable and marginalized, in the day-to-day management of sites.

To offer affected people additional avenues for accessing information, registering complaints, providing feedback and enhancing transparency, CCCM partners will expand the complaints and feedback mechanism (CFM), which is made available to communities through CCCM information desks and mobile outreach teams. The CFM aims to uphold accountability to affected people as well as increase communication with communities. The CCCM CFM is integrated and complementary to other inter-agency complaints and feedback mechanisms, as Linha Verde, ensuring both non-sensitive and sensitive complaints, including SEA, are received, referred, and acted upon in a timely manner.

Community engagement will be strengthened, supporting existing (or facilitating where absent) community governance structures, with a particular focus on creating or reinforcing women, people with disability, youth and elderly site committees. CCCM aims to ensure that these structures are inclusive, with age, gender and diversity mainstreamed, and consider needs and concerns of all groups.

Additionally, the CCCM teams will ensure that, irrespective of the modality of response, regular community consultations are conducted throughout the program cycle, communication with communities systems are in place and functional, and mapping and support systems for people with specific needs are linked with the referral pathways established for the sites. CCCM will support community-led initiatives including quick impact projects that benefit both displaced people and host communities, aiming to enhance peaceful co-existence.

Protection against Sexual Exploitation & Abuse

In 2022, the Cluster will continue to encourage partners to actively engage in and uphold zero-tolerance policies towards PSEA. Besides ensuring that all CCCM personnel are trained and made accountable to enforce international PSEA standards, partners need to ensure that the communities they work with can access timely, relevant, appropriate and context specific information about expected and prohibited staff behaviour and the organizations' measures and systems that address SEA by aid workers, including available complaint and feedback mechanisms' access modalities.

CCCM partners will always maintain an active, inclusive and regular dialogue with community members to increase awareness of SEA risks and ensure the rights of programme participants and community members to receive assistance without the risk of SEA, irrespective of age, gender, disability or social status. Through creation and support to women and disability inclusion committees, CCCM teams will aim to understand and map out current norms and values, gender dynamics, views, and practices around GBV, misconduct relating to SEA, barriers and cultural, traditional, and religious biases that relate to how SEA may be perceived in the community, the shame, stigma and fear of reprisal that could result should a person disclose abuse. This analysis will inform adoption of tools and approaches for engaging communities on protection from SEA that are nonthreatening, accessible to all groups (especially children and people with disabilities), and contextually and culturally appropriate in tackling taboos or stigma related to PSEA. CCCM will ensure that program participants and community members clearly understand at the very minimum that aid is always free and should never be exchanged for sexual, financial, social or political gain, what are the expected or prohibited behaviour among aid workers, and how to report inappropriate behaviour.

Response Monitoring

Data collection, monitoring of needs and measuring the impact of CCCM activities in IDP sites for planning and accountability purposes is an essential component of the work of the CCCM Cluster. On a monthly basis, the CCCM site list is updated for northern Mozambique, based on feedback collected from district

administrations, humanitarian partners and the IOM Displacement Tracking Matrix. Regular population counting exercises ensure that gender and age disaggregated data is made available to the humanitarian community. Data on the situation and living conditions in sites is collected through regular site standards monitoring exercises led by the CCCM Cluster (Site Monitoring Tool), including qualitative and quantitative multisectoral indicators. Core activity information is reported by partners to the CCCM Cluster on a monthly basis. Field monitoring visits are conducted regularly to ensure the

quality of the response and corroboration of reported activities. The CCCM Cluster will also continue to train camp-based staff on monitoring and reporting.

Additionally, the CCCM cluster, through its partners, established a CFM for IDP sites. The CFM aims to support improved accountability to affected people as well as increase communication with communities. It is designed to offer affected people additional avenues for accessing information, registering complaints, providing feedback and enhance transparency.

Camp Coordination & Camp Management (CCCM) Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>CCCM Objective 1: Enhance self-governance through participation and engagement with displaced persons.</p> <p>Relates to HRP Strategic Objective 1, 2 and 3</p>	Number of IDPs with access to inclusive and representative governance structure.	622,108	401,520
	Provide life-sustaining assistance to ensure access to livelihoods, basic services and strengthen the resilience capacity of crisis-affected people.		
	Protect the rights and uphold the dignity of the most vulnerable.		
<p>CCCM Objective 2: Enhance the protective environment in site and site-like settings for the displaced populations and the host community.</p> <p>Relates to HRP Strategic Objective 1, 2 and 3</p>	Number of IDPs with access to site management services.	622,108	300,000
	Provide life-saving humanitarian aid to the most vulnerable groups, including those displaced, host communities and people in hard-to-reach areas.		
	Provide life-sustaining assistance to ensure access to livelihoods, basic services and strengthen the resilience capacity of crisis-affected people.		
Protect the rights and uphold the dignity of the most vulnerable			
<p>Coordinate access to services and provision of information to improve the quality of integrated services for displaced populations in site and site-like setting.</p> <p>Relates to HRP Strategic Objective 2, 3</p>	Number of IDPs with access to functioning complaints and feedback mechanisms.	622,108	401,520
	Provide life-sustaining assistance to ensure access to livelihoods, basic services and strengthen the resilience capacity of crisis-affected people.		
	Protect the rights and uphold the dignity of the most vulnerable.		

Cost & Prioritization of the Response

The Education Cluster requires \$24.5 million for the planned activities of 15 partners—2 UN entities, 1 local NGOs and 12 international NGOs—in 2022. The Cluster has categorized the severity of needs in districts within the three northern provinces based on the number of displaced children reported and the number of Education Cluster partners reaching each district during the 2020-2021 response. With 0-25 per cent of funding, the cluster will prioritize the districts which have been identified as having the most stressful conditions (Severity 4) for implementation of key activities, removing barriers for access, improving quality and the monitoring of the response. Upon receiving 26-50 per cent of funding, the Cluster will focus on districts which have been categorized as a Severity 3. Upon receiving 51-75 per cent of the funding, it will be allocated toward districts which have lower levels of severity. With 100 per cent of the funding received, 23 districts will receive support for promoting out of school and IDP-children to return to school and providing important training for teachers and ensuring children's direct participation is an active part of the response.

Community Engagement & Accountability to Affected People

The Education Cluster implements various mechanisms to ensure community engagement and all partners are encouraged to mainstream activities that would strengthen Prevention of Sexual Exploitation and Abuse (PSEA). The National Linha Verde complaints mechanism system provides feedback which is presented in National Education Cluster meetings for action to be taken in response to complaints. The Education Cluster has also introduced a key indicator to ensure children's participation and receive feedback by children on the services and supplies provided from the response. The selection of the planned activities for the 2022 HRP are based on the feedback provided during the piloting of a child participation study in which feedback was provided on the 2021 response. Various partners have indicated use of child participation through the cluster indicator to monitor their activities, including a key civil society partner whose focus is to scale up the child participation work for all affected

provinces. Because the insecurity crisis has caused a protracted learning, health and protection crisis, teachers will be trained in PSS, VAC, GBV, DRR, IE, gender sensitivity and TiCC by which children will receive more adequate pedagogical, protection and hygiene support, including more support for children with disabilities.

Prevention of Sexual Exploitation & Abuse

The Education Cluster and its partners are fully committed to ensuring and implementing zero tolerance for PSEA. All partners will be encouraged to engage in the inter-agency PSEA Network and to comply with all relevant international standards. The Cluster's work on PSEA is closely connected to its working on community engagement and accountability to affected people, as outlined above.

Response Monitoring

The Education Cluster will collect monthly 5W formats from all 15 partners, who will be supported by regular capacity building in information management, and regular national and provincial education cluster meetings which are led by MINEDH and DPE Cabo Delgado respectively. UNICEF and SCI jointly support MINEDH and DPE in the coordination of the response. Based on a set of agreed indicators for improvement of access, quality and management in the response, the progress will be monitored and presented monthly through fact sheets. Two Education Cluster joint monitoring field visits will be organized to see progress and review partner activities. As one of the Cluster's key indicators is feedback from children on the services and supplies provided, the Education Cluster consciously aims to monitor to what extent the implementing partners are actively involving children in the implementation and monitoring of their projects. For that purpose, the Cluster has already designed and shared a practical tool with partners, which can be easily adapted to the specific services provided.

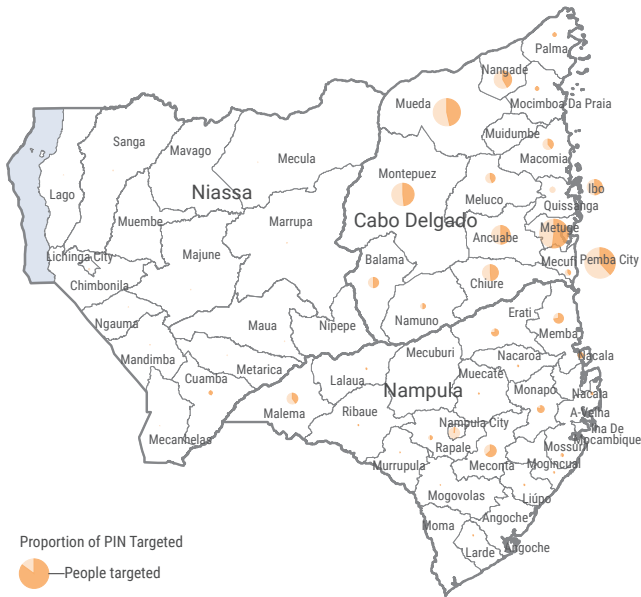
Education Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Education Objective 1: Provide equal access to girls, boys and CWD of 5-19 yrs. in emergency context.</p> <p>Relates to HRP Life-Saving Strategic Objective (SO) 1: Provide access to education services for all displaced children in host families or accommodation and relocation centres due to the violence.</p>	Number of girls, boys and CWD 5-19 years old which have been denied the right to education due to conflict.	386,200	340,387
<p>Education Objective 2: To enable teachers to provide relevant pedagogical, PSS support to children affected by insecurity.</p> <p>Relates to HRP Life-Sustaining SO 2 Provide principled, inclusive and gender-sensitive life-saving assistance to the most vulnerable groups, including those displaced, host communities, people in hard-to-reach areas and severely food insecure</p>	Number of affected children (5-18 years, girls/boys, IDP, including CWD) provided with PSS.	382,444	185,682
<p>Education Objective 3: To enable IPs and government to coordinate, monitor and evaluate response and progress made in insecurity.</p> <p>Relates to SO2: Provide principled, inclusive and gender-sensitive life-sustaining assistance to ensure access to livelihoods, basic services, strengthening the resilience capacity of all crisis-affected people.</p> <p>And relates to SO 3: Address the protection gender specific risks and needs of affected populations—including GBV and child rights violations and strengthen the protection environment in northern Mozambique through collective and intersectoral action to protect women, men, girls and boys.</p>	Number of boys and girls 5-19 affected by the crisis not providing feedback on IP activities and services.	382,444	126,776

4.3 Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.1M	970K	\$184.8M	15	15



People Targeted

The Food Security Cluster (FSC) plans to assist 970,000 acutely food insecure people out of 1.1 million people in need (PIN) in the provinces of Cabo Delgado, Nampula and Niassa in northern Mozambique. Activities will be adjusted according to the specific conditions and needs of the unique groups of people targeted, as follows:

- Recently displaced, or on the move and 'hard-to-reach' people:** As people seek safety from violence, they need immediate life-saving assistance. This category also includes people who find themselves in hard-to-reach areas. The FSC will target those recently displaced, on the move or finding themselves in hard-to-reach areas (whether because of conflict or adverse weather conditions) with a specific response based on their situation and needs.
- Displaced people:** Displaced people in temporary centres or staying with host communities that have gone through a registration and verification process but have not been allocated land to resettle and have no access to livelihood options need food assistance to cover their basic needs while more durable solutions to increase their self-reliance are in place.
- Host communities and resettled people:** The Cluster will prioritize the needs of extremely vulnerable individuals including children, pregnant and lactating women, people with disabilities, people living with HIV and older people through frequent

assessments. The targeted acutely food insecure population includes children (58.7 per cent), female (51.5 per cent) and people with disabilities (15 per cent).

Response Strategy

The Cluster needs analysis indicates high levels of acute food insecurity in northern Mozambique due to the impact of conflict and displacement. This calls for a targeted response that saves lives, protects livelihoods and reduces the use of harmful coping strategies. To that end, Food Security partners will aim to increase livelihood support while maintaining live-saving food assistance. The FSC has agreed to considerably increase livelihoods assistance for both displaced people and host communities, aiming at assisting all displaced people and 25 per cent of host families. At the same time, partners will sustain, but gradually reduce over time, life-saving humanitarian food assistance which will decrease from 941,000 people targeted during the first three months of 2022 (coinciding with the lean season), to 791,000 between April and June, and down to 726,000 from July onwards. These figures include up to 47,000 people in hard-to-reach locations such as Macomia, Mozimboa da Praia, Muidumbe, Namuno, Nangade, Palma and Quissanga. This progressive reduction in the figures of life-saving food assistance counts on the reduction of people assisted by WFP as the results of their Vulnerability Based Targeting become available, as well as reduced levels of food insecurity following progressive investments in livelihoods programming by FSC partners as well as by development actors (such as through the World Bank-funded Northern Crisis Recovery Project and the Mozambican Government's ERDIN strategy).

The two prongs of the FSC's strategy will be implemented as follows:

- Provision of life-saving food assistance to IDPs and host communities:** A harmonized food basket will be provided addressing monthly food gaps through contextually appropriate modalities (in-kind and cash-based transfers). This response calls for robust household targeting to reach the most in need and aims at providing consistent assistance on a monthly basis to vulnerable households covering 100 per cent of the required 2,100 kcal per person/per day for those most in need and a reduced ration for those who have gained access to other sources of income. Acute food requirements of those recently displaced, on the move or in hard-to-reach areas will be met through Immediate Response Rations (IRRs).
- Support recovery of livelihoods of affected people in resettlement sites and host communities:** Support to

emergency livelihoods aims to restore and strengthen productive assets and create livelihood opportunities, thus contributing to overall food production and availability. Timeliness of inputs provision as per seasonal calendar to maximize benefits and contribute to domestic production will be prioritized.

In addition, FSC partners will prioritize cross-cutting issues, as follows:

- **Centrality of Protection:** FSC partners will endeavour to ensure safe and dignified distributions and raise awareness of beneficiary rights (including CFM and PSEA) with a communication strategy that facilitates accessible messaging to crisis-affected people. Referral pathways determined by the Protection Cluster, areas of responsibility and working groups will be used and FSC partners will help link crisis-affected people to dedicated services for survivors.
- **Gender sensitive response:** The FSC HRP strategy incorporates different needs of men, women, boys, and girls. HRP indicators are disaggregated by age and gender to facilitate monitoring of FSC partners responses and reporting. FSC's responses aim at assisting the most vulnerable segments of the population, with the objective of preventing these groups from becoming victims of abuses and trauma.
- **People with disabilities:** The FSC will work in collaboration with the Protection Cluster to identify access barriers and identify measures to address these effectively. FSC partners will work closely with local authorities to ensure clarity on vulnerability criteria and support needed by people with disabilities to access their entitlements in a safe and dignified way.

Response Modalities

The FSC response will ensure that needs are met in a manner that responds to the needs of the different target groups while taking into account access constraints. To this end, three main modalities will be utilized by FSC partners:

- **Immediate Response Rations (IRR):** This response modality of food assistance will primarily target people that are newly displaced, on the move or in hard-to-reach areas, covering 100 per cent of daily kilocalorie requirements for seven days through ready-to-eat rations.
- **Regular General Food Distribution (GFD):** Registered IDPs and the most vulnerable households from host communities will receive in-kind food, commodity vouchers and value voucher modalities depending on local context and market assessment findings. Rations will cover 100 per cent of daily kilocalorie requirements for those most in need, and a reduced ration for those who have gained access to other sources of income. Similarly, the current transfer value for the CBT modality is 3,600 MZN and may be subject to change depending on crisis-affected peoples' changing access to livelihoods as well as relevant findings from market assessments.
- **Emergency livelihoods support and Food Assistance for Assets (FFA) / Cash for Work (CFW):** Host communities, resettled displaced people and potentially returned populations

will receive support to emergency livelihoods which aims to restore and strengthen productive assets and create livelihood opportunities, while alleviating immediate needs with 50 per cent rations. To support social cohesion and peacebuilding, FFA will be implemented in a manner that brings together IDP and host communities for shared objectives and to enable fair sharing of increased resources and assets. The modalities to be used include in-kind assistance and vouchers, complemented with appropriate trainings. The following activities are planned as part of the emergency livelihoods modality: provision of agricultural and fisheries inputs, asset protection, support to household production, income generation opportunities, postharvest and storage infrastructures, rehabilitation of critical infrastructure and associated trainings as well as enhancing communities' capacity to sustain their productive assets through training.

For both food assistance and livelihoods components, the modalities to be used include in-kind distribution and cash/vouchers where feasible, dependent on: a) micro retail capacity, b) market prices, c) field security, d) cooperating partners' capacity and e) community consultations.

Cost & Prioritization of the Response

FSC partners require \$184.8 million in 2022 and will work on a two-fold approach to prioritization: (a) geographical; and (b) household:

- Geographical prioritization will be based on the severity ranking of districts and dependent on access constraints. The needs in each district is based on the latest DTM figures of IDPs at district level (round 13, September 2021), the percentage of host families in IPC+3 from the IPC Acute Food Insecurity and Acute Malnutrition Situation of February 2021 and the preliminary SETSAN IPC results (November 2021). For all districts (except for Mecufi with IPC phase 2) with the highest levels of food insecurity (IPC 3 and above), the priority will be saving lives and the protection of livelihoods. In the districts with moderate severity of needs (IPC2), protection of livelihoods will be prioritized, alongside life-saving food assistance to populations under higher stress as per the food security related vulnerability criteria.
- Household-level targeting will identify the most vulnerable for each of the Cluster activities, through a common lens of analysing vulnerability. In addition to specific activities required for an emergency response when and where population displacements occur, the Cluster recommends household-based targeting criteria for all other cluster activities. Therefore, the Cluster will provide a platform for all partners to analyse and adapt a harmonized approach to household targeting and verification so that resources can be prioritized and channelled to the most vulnerable people in northern Mozambique. These targeting criteria will be based on vulnerability levels, using a food security lens and socio-economic status. These vulnerability criteria will serve to reduce from 941,000 people assisted with food assistance in the first three months (January – March 2022) to 791,000 between April and June and 726,000 onwards. For the second half of the year, the Cluster also expects to reduce the

food rations providing a food basket of 50 per cent of the energy kcal, expecting that the livelihood support provided in the first half of the year will reduce the needs of the IDPs and vulnerable host communities.

Community Engagement & Accountability to Affected People

Community engagement and accountability to affected people will be incorporated throughout Food Security partners' response, including through information provision, consultation, communication, accountability and participation of crisis-affected people. The FSC will ensure that people are consulted on the choice of food security responses and modalities, considering security, distance from markets and food preferences. People will be engaged in consultations via community committee platforms and focus group discussions, ensuring continuous feedback on the assistance provided. Minority and vulnerable groups, including displaced people, and their immediate host communities will be targeted for focus group discussions to ensure that their voices are heard. FSC partners will also work through local and national level coordination groups such as the Protection Cluster and Community Engagement/AAP Working Group to share and apply feedback from affected people. Findings from surveys and other community-based assessments are analysed and reflected in operational planning, in parallel with reports from the CFM as relevant and possible in the dynamic context.

Well-established complaints and feedback mechanisms exist, consisting of help desks staffed by Cooperating Partners staff and complaints and feedback boxes at distribution sites. **Linha Verde 1458**, the tollfree inter-agency hotline, managed by WFP, is accessible to affected people, providing clarifications on rights, capturing needs and associated gaps in assistance. FSC partners will ensure that designated protection and AAP focal points are in place that ensure communications are up to date and that cases are followed up on in order to close the feedback loop in a timely manner. FSC partners will be encouraged to use the **Linha Verde 1458** inter-agency hotline in addition to each partner's specific feedback and complaint

mechanisms. The FSC will continue to raise awareness of **Linha Verde 1458** and its services. Considering different communication needs, education levels including literacy and language, FSC partners will apply communications approaches that are accessible to all affected people, particularly those that are most vulnerable.

Prevention of Sexual Exploitation & Abuse

The FSC is committed to ensuring zero tolerance for sexual exploitation and abuse, including through codes of conduct, online and face-to-face training, and several reporting mechanisms. Through **Linha Verde 1458**, FSC partners work closely together with the PSEA Network to ensure awareness of the service as well as linking affected people to vital services in cases of SEA, SGBV and child protection. FSC partners will endeavour to determine constructive approaches to handle SEA cases in a timely manner internally and with the Government as relevant. All SEA reports are acted on within 24 hours, prioritizing the safety and well-being of the survivor, working in collaboration with partner ethics offices. To support the prevention of sexual exploitation and abuse, several cluster-specific measures are recommended to ensure protection mainstreaming throughout the programme cycle, including aligning partner's responses with FSC SOPs for a harmonized response. Other measures include ensuring the understanding and monitoring of the contextual environment, providing targeted protection and PSEA messages during food and livelihoods inputs distributions, and applying needs-based targeting/selection criteria. Furthermore, the Cluster recommends enhanced efforts to support partners to train their staff on the ground to increase their understanding of sexual exploitation and abuse (SEA) as well as to ensure that minimum protection standards are adhered to across the Cluster's programming and responses.

Response Monitoring

The FSC will monitor food security responses in northern Mozambique through selected output indicators, which will be collected by all operational partners and consolidated by the Cluster in the 5Ws matrix on a monthly basis in order to keep an up-to-date overview of

all food security and nutrition operations in Northern Mozambique.
Below is a summary of indicators that will be monitored.

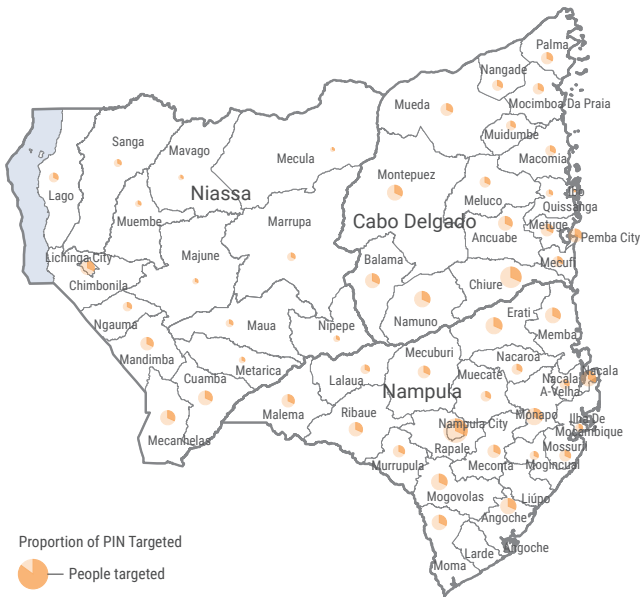
Food Security & Livelihoods Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Life-Saving Objective: Provision of life-saving food assistance to acutely food insecure population including displaced population and immediate host communities.</p> <p>Relates to HRP Life-Saving Strategic Objective 1</p>	Number of IDPs assisted disaggregated by age & gender; MT/value of food provided.	1,100,000	940,000
	Number of targeted people receiving regular life-saving food assistance by modality disaggregated by age & gender; MT/value of food provided (minimum 10 months covered).		
	Number of staff from partners' organizations and government counterparts trained disaggregated by age and gender.		
<p>Life- Sustaining: Emergency Support to recover agriculture-based livelihoods in resettlement sites and host communities.</p> <p>Relates to HRP Life-Sustaining Strategic Objective 2</p>	Number of targeted people receiving livelihood assistance disaggregated by age and gender.	1,100,000	970,000
	Number of targeted people with increased access to livelihood inputs for resumed food production and self-reliance.		
	Number of targeted people with enhanced food and nutrition security.		

4.4 Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.3M	609K	\$12.6M	14	14



People Targeted

The Health Cluster will target 609,000 people in all 17 districts of Cabo Delgado Province and Nampula City, Malema and Memba districts of Nampula Province for emergency health response. These include 430,000 displaced people (58 per cent of total IDPs, based on DTM round 13), who will account for 71 per cent of people targeted by the Cluster. In addition, more than 179,300 people—29 per cent of the Cluster target—from host communities, who are directly affected by the impact of the IDP influx on existing health resources and services, will be targeted by the Cluster. It is estimated that, out of the people targeted for assistance, 91,000 will be children under age 5 (15 per cent), 140,000 women of childbearing age (23 per cent), and 91,000 people with disabilities (15 per cent). The 20 districts targeted by Health Cluster partners are all facing health severity of needs 3 and 4, with low vaccination coverage for DPT3 vaccine (below 14 per cent) and measles vaccine (below 31 per cent) and increasing malaria and HIV caseloads. Seven of the targeted districts have experienced cholera outbreaks recently.

Crisis-affected people are faced with the risk of excess morbidity and mortality without adequate and timely access to essential health services. The first five years of life are the riskiest if children are not vaccinated and do not receive prompt treatment for preventable diseases like diarrhoea and pneumonia. Uncontrolled disease outbreaks will result in high attack rates, case fatality rates and

increased burden to the health system. Casualties of the conflict will require trauma care to prevent deaths and long-term complications of their injuries. Access to contraceptives, antenatal care, skilled birth attendance and emergency obstetric care for women will avert unnecessary deaths and long-term complications. Survivors of SGBV will require urgent clinical services to prevent post-traumatic stress disorder, infectious diseases and unplanned pregnancies. People with new or pre-existing mental health disorders and other non-communicable diseases like hypertension and diabetes will require continuity of care.

Response Strategy

The Health Cluster will aim to deliver free and effective preventive and curative emergency health services to crisis-affected people with speed, flexibility and efficiency. Health projects will be designed and set up as close to affected people as possible. The integrated primary health-care package will be preferred, with emphasis on high impact interventions like vaccination, timely treatment of the most common causes of morbidity and mortality, and antenatal care and skilled birth attendance. Health services—including sexual and reproductive health—will be sensitive to the needs of specific groups, including women, children, adolescents, people with disabilities, survivors of GBV, and people living HIV and TB. In collaboration with the inter-cluster mental health and psychosocial support working group, the health response will aim to increase availability of services to vulnerable people.

The Health Cluster will support trainings on priority primary health-care topics and cross-cutting issues in line with existing MOH, WHO and Inter-Agency Standing Committee (IASC) guidelines to improve dignity and quality of care. To facilitate the work of frontline partners, the cluster will establish an emergency health pipeline where kits will be available and easily accessible. Working closely with development partners, linkages will be strengthened in order to utilize existing opportunities in the health system to enhance emergency health services. The Health Cluster will work with other clusters through the inter-cluster coordination group to ensure joint assessments are conducted for new emergency events like displacement, and contribute to the quantification of needs, action planning and coordination of the response at national, provincial and district levels. Additionally, the Cluster will participate in joint inter-sectoral prioritization exercises to ensure the most vulnerable get help first. The Cluster will adopt commonly agreed upon tools and be part of joint response monitoring exercises and accountability to affected people.

Response Modalities

Five response modalities will be applied by Health Cluster partners. These include: static health facilities; temporary clinics; integrated mobile brigades; community health promotion; and mass vaccination campaigns. A good network of health facilities—including health centres and hospitals—exist in the targeted crisis-affected districts, although their functionality cannot be ascertained. As much as possible, the Health Cluster, working with the provincial and district health authorities and partners will prioritize emergency response through these facilities. Partners will provide surge capacity in the form of health workers, medicines, medical supplies, laboratory supplies and logistics to cover increased caseloads and disease surveillance. Referral pathways will be strengthened or established to ensure that deserving patients are transferred from the communities to health centres and further to the hospitals. Where applicable, temporary clinics will be set up in IDP settlements hosting large numbers of people without access to health facilities. Such clinics should meet minimum standards and deliver integrated primary health-care services.

District-led integrated mobile brigades (iMB) will remain a key option for hard-to-reach populations that lack functional and accessible health facilities. Health Cluster partners will support the districts with additional health workers, medicines and logistics to ensure that the iMB provide regular services covering priority groups, including displaced people. Since the existing iMB are already overstretched, health partners will support the districts to form additional iMB to expand the coverage and increase the frequency of services. Through the community health promotion approach, regular health education on different primary health topics will be conducted, multipurpose activists (APE) will do community case management for common illnesses, and active case finding and follow up of patients with chronic diseases like HIV and TB linking them to services. Health partners will support the provinces and districts to implement preventive and reactive mass vaccination campaigns that are required in times of disease outbreaks like cholera, measles, COVID-19, using both static and mobile teams.

Cost & Prioritization of the Response

The Health Cluster requires \$12.6 million to reach 609,000 people targeted with life-saving and essential health services for one year, through 14 partners' projects, at a unit cost of \$20.7 per beneficiary. The unit cost and target population increased slightly from 2021 due to the higher number of people in need of humanitarian assistance and the rising cost of doing business. It is projected that 30 per cent of these funds will go to procurement, shipment and distribution of emergency health kits. Around 40 per cent of the funds will be utilized to support the health workforce and ensure that services are available at different points of delivery. Another 30 per cent will pay for support services like logistics and overhead costs. The health partners' projects were prioritized based on geographical presence, contribution to the Health Cluster objectives, and capacity to deliver expected emergency health services. Quartile one priorities include preventive and curative services targeting children under five and pregnant and

lactating women, and trauma care. Quartile two priorities are sexual and reproductive health services, control of common diseases like malaria, HIV, TB and response to disease outbreaks. Quartile three priorities include mental health and psychosocial support and specific needs of people with disabilities. Quartile four priorities are those services for the control of non-communicable diseases and elective surgeries, mostly through referrals.

Community Engagement & Accountability to Affected People

The Health Cluster will work with the Community Engagement and Accountability to Affected People (CE/AAP) Working Group towards adopting standardized tools and jointly implementing strategies that will harmonize different CE/AAP activities that partners have already embedded in their projects. Needs assessments will be conducted jointly with community leaders and key focal persons representing specific groups like women, adolescents and the elderly, and will apply methods like direct observation, key informant interviews and focus group discussions. Their views and recommendations will be included in the project design and implementation. At the local level, project and facility management committees will include community representatives. Health-care workers will be recruited locally and from among the target population, when they meet required qualifications. More women will be encouraged to take up roles. Complaints will be monitored at service delivery points on a regular basis using complaints boxes and patient exit interviews and through a common feedback mechanism. Messages will be communicated in the local languages through the community leaders, FM radio stations and information, education and communication materials. Data of beneficiaries for health services will be disaggregated by gender and age, and all best practices will be documented and shared regularly with communities.

Prevention of Sexual Exploitation & Abuse

All humanitarian health services will be free, and people targeted with assistance will be made aware through different means, for example signage at the points of service delivery. Health projects will be required to outline necessary actions for the prevention of sexual exploitation and abuse. Health partners will be sensitized by the PSEA focal person during cluster meetings to increase awareness on the topic. There will be regular reminders advocating for all health responders to undergo training on PSEA, and to facilitate training for their target populations. As much as possible, health teams will consider gender balance in staffing, so that women and girls feel safe when they access services. Service areas will be open, and when privacy is required, a chaperon or family member will be present in the examination room. IEC materials in local languages will be printed and distributed amongst the target populations, with key messages on PSEA included in health education sessions at health facilities and in communities. Also, the partners will set up clear reporting pathways within their organizations and project areas. Reported cases will be confidentially investigated through laid down mechanisms without delays, while ensuring the victims are protected, and that alleged perpetrators face the consequences of their actions.

Response Monitoring

Health Cluster partners will submit monthly reports in three parts, including 5W matrix, short narrative and the cluster's HRP indicators. These will be compiled into one 5W matrix and bulletin. The 5W matrix will show what projects each partner is implementing, as well as their locations, activities, duration and target populations. The bulletin will summarize the achievements of the cluster for the month against the HRP targets, and will be shared with partners, donors and government. Since the cluster mostly responds through existing health facilities and integrated mobile brigades, partners will also directly report to the local health authorities through the health information management system (DHIS-2) and electronic integrated

disease surveillance and response (eIDSR) system. During the Health Cluster coordination meetings at all three levels, partners will update on their operations in order to share best practices and learn from one another, discuss and resolve challenges. Project managers, cluster coordination team, health authorities and the ICCG will conduct regular support supervision and monitoring visits to observe service delivery and quality of care, conduct key informant interviews and focus group discussions with beneficiaries whenever necessary, and translate recommendations into actions. Structured intra-action reviews, after-action reviews and joint operational reviews will be conducted for specific interventions.

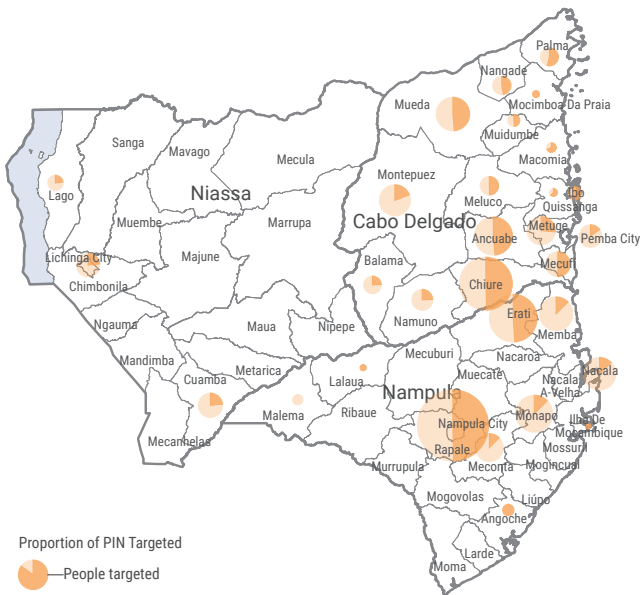
Health Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Health Objective 1: To provide accessible essential health services to targeted populations, focusing on main causes of morbidity and sexual and reproductive health. Relates to life-saving and life-sustaining	Number of health facilities and mobile teams supported in crises affected locations.	151	76
	Number of total OPD consultations.	1.3M	609,000
	Number of normal deliveries attended by skilled birth attendants.	52,067	12,236
	Number of women in childbearing age receiving modern contraceptives.	299,386	70,356
	Number of community members receiving health IEC messages.	1.3M	609,000
	Number of assorted emergency medical kits distributed in crises affected locations.	2,400	1,200
	Number of PLHIV on ART traced and linked back to HIV services	90,000	45,000
Health Objective 2: To provide quality care for people with physical injuries, disabilities and mental health needs. Relates to life-saving and life-sustaining	Number of people protected against diarrhoeal diseases and COVID-19	195,253	45,689
	Number of cases receiving mental health and psychosocial support services.	286,369	67,011
	Number of survivors of GBV receiving clinical care for rape	29,938*	7,036
Health Objective 3: To prepare for, detect and respond to epidemic prone disease outbreaks. Relates to life-saving	Proportion of epidemic prone disease alerts verified and responded to within 48 hours.	100%	80%
	Number of cholera cases treated.	1.3M	5,536
	Number of children 6 months to 15 years receiving emergency measles vaccination.	559,722	262,730

4.5 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
327K	203K	\$19.4M	8	8



People Targeted

The Humanitarian Needs Overview indicated a general deterioration of nutrition conditions in the northern provinces of Cabo Delgado, Nampula and Niassa, with one in every two children stunted, and 74,700 children aged 6 to 59 months and 22,000 pregnant or lactating women (PLW) projected to be affected by wasting⁹. Malnutrition is a life-threatening condition that increases susceptibility to disease and infections and impairs physical and cognitive development.

Given the high nutritional vulnerability of children under age 5 and the critical food security needs of displaced people, the Nutrition Cluster is aiming to reach approximately 60 per cent of the overall People in Need, of whom 66 per cent are IDPs, 64,354 girls under age 5, 59,403 boys under age 5, 18 per cent are PLW and 6 per cent are children with disabilities, considering their increased vulnerability and protection needs.

Response Strategy

To meet the existing and projected humanitarian needs in 2022, the Nutrition Cluster will support the provision of an intersectoral package of emergency interventions delivered by the humanitarian community and the Government (Ministry of Health and Technical Secretariat for Food Security and Nutrition (SETSAN)), aiming at preventing all forms of malnutrition while sustaining and promoting early recovery of conflict-affected communities.

The Nutrition Cluster’s response strategy includes: i) Expansion of nutrition assessment capacity and strengthening the routine nutrition information system; ii) Preventing the increase in prevalence of wasting, stunting and micronutrients deficiencies; and iii) Scaling-up life-saving support for the treatment of wasting.

Inter-sectoral collaboration will be critical to tackle malnutrition and will be implemented through intersectoral programming and joint targeting of people in need. This will include working in an integrated manner with the WASH Cluster to ensure safe sanitation and hygiene practices for good nutrition and health are promoted across displaced people and host communities. Similarly, integration with the Health Cluster will be implemented using the same delivery platforms to ensure adequate health workforce are capacitated to provide essential nutrition services, while guaranteeing nutrition commodities are available in all health facilities. Close collaboration with the Food Security Cluster will be key to enhance diets for children, while making sure that the social protection system for women and children is nutrition responsive and sensitive with established referral mechanisms for caregivers of children with wasting to benefit from food distributions. Similarly, nutrition screenings and referrals will be promoted during the distributions of food and dignity kits, coupled with integrated social and behaviour communication for change (SBCC) messages to encourage optimum food choices to increase diet diversity at household level. Nutrition partner staff will also be trained on mainstreaming protection into nutrition programming and all nutrition trainings targeting the outreach and community-based services will incorporate sessions in GBV, PSEA, HIV and disability inclusion.

The Nutrition Cluster has agreed, following an intersectoral consultation process, on the following districts as top priority, based the IPC Acute Malnutrition assessment released in July 2021 and the number of IDPs reported in the DTM of September 2021, as well as security and accessibility assessments:

- ACCESSIBLE AREAS: Cabo Delgado – Montepuez, Chiure, Metuge, Ancuabe Mecufi, Namuno, Mueda; Nampula – Nampula city, Erati, Meconta, Memba, Monapo, Nacala; Niassa – Lichinga, Cuamba and Lago.
- PARTIALLY ACCESSIBLE AREAS: Cabo Delgado – Palma.
- HARD-TO-REACH AREAS: Cabo Delgado – Nangade.

The following people will be targeted per key strategic intervention:

- Through the Nutrition Rehabilitation Programme (PRN), 15,754 PLW and 137,177 children under age 5 to be enrolled in treatment of wasting of which 89,190 children with MAM and 47,987 children with SAM.
- At least 571,500 children under age 5 to be screened for malnutrition and receive vitamin A supplementation through outreach and community-based nutrition services.
- At least 44,310 caregivers of children 6 to 23 months to be reached with IYCF-E counselling and support for adoption of optimal feeding practices.
- About 129,000 children aged 6 to 59 months to be reached with blanket supplementary feeding programme.

Response Modalities

Nutrition Cluster partners aim to prevent further deterioration of the nutrition situation through scaling-up a proven set of high impact nutrition interventions in a two-pronged approach of prevention and treatment of malnutrition. This will include the following response modalities:

1. **Nutritional surveillance and intersectoral rapid response mechanisms (RRM).** Key nutrition indicators will be inserted in the electronic infectious disease surveillance and response (EIDSR) platform being piloted by WHO, allowing for timely identification of increased needs followed by provision of life-saving support through inter-agency rapid response missions and delivery of survival kits to newly displaced populations. This will be coupled with increased capacity of health information officers from Ministry of Health to report quality nutrition indicators in the health information system (SISMA) for evidence-based planning and monitoring of the humanitarian response.
2. **Nutrition Rehabilitation Programme (PRN) at the hospital, health centre and community level.** Priority will be given to increase programme coverage by scaling up platforms providing quality care to children with wasting, through training and increased number of health-care professionals applying simplified approaches for SAM and MAM treatment, expansion of the community treatment programme (TDC) and supply systems strengthening to ensure timely delivery and allow real time monitoring at district, health facility and local/ community levels. Linkages with WASH, food security and social protection will be enforced to reduce household vulnerabilities, minimize relapses, and promote adherence to treatment. Strong community emphasis and participation of female caregivers and leaders in the follow up and contact tracing of children with wasting will be strengthened.
3. **Outreach of nutrition services through community health workers (APE) and integrated mobile brigades,** with provision of nutrition screenings, wasting management, integrated community case management of childhood illnesses (iCCM), vitamin A supplementation and deworming services, delivery of

key messages on malnutrition preventative practices linked to infant and young child feeding (IYCF), health seeking behaviours and appropriate WASH practices to most remote communities.

4. **Social mobilization and demand generation to improve uptake of nutrition services and optimal practices,** including establishment of IYCF corners (safe spaces) in the IDPs and resettlement sites, expansion of the Nutrition Integrated Package (PIN) to reinforce the preventative service delivery of essential nutritional interventions, including supplementation with MNPs, scale up implementation of Blanket Supplementary Feeding Programme with provision of fortified blended food to prevent malnutrition among IDP's children 6-59 months and promotion of optimal IYCF in emergencies, hygiene and sanitation promotion, growth monitoring and micronutrients supplementation. Social and behaviour communication for change packages will be tailored and broadcasted to support dissemination of key life-saving messages and community engagement to increase capacity to identify early signs of malnutrition, adopt adequate IYCF practices and optimal health and WASH behaviours. Mother-to-mother counselling and support to lactating mothers will be strengthened while implementing effective mechanisms to monitor enforcement of the Breastmilk Substitutes Code in humanitarian settings.
5. **Nutrition vulnerability and nutrition assessments in affected districts to guide the humanitarian response.** To align with validity of the IPC projections and update the situation, SMART surveys will be conducted in February 2022 followed by an IPC analysis workshop to inform programme implementation and monitoring. SETSAN will be leading the SMART survey from Government side and nutrition cluster partners will participate accordingly. Further engagement with other sectors will be strengthened in the area of assessment data analysis to understand the drivers of malnutrition, all data collected will be disaggregated by sex, age disability and will enhance advocacy efforts for resource mobilization.

Cost & Prioritization of the Response

The Nutrition Cluster requires \$19.8 million to deliver and strengthen timely delivery of immediate life-saving assistance through 8 partners while promoting complementarity with the Government's strategy for the north and the UN's support to the same. Key project costs include: procurement and delivery of life-saving nutrition commodities and essential medicines to treat malnutrition; human resources to ensure expansion of planned interventions; training; and operational costs to allow a robust humanitarian presence including in hard to reach areas. Project requirements were based on the agreed cluster targets and planned activities in each targeted location, as well as standard costs for international procurement, freight costs and transportation of supplies and medicines. Likewise, travel and HR costs are in line with Government-UN agreed fees for humanitarian actors.

Prioritization of key interventions and project proposals was based on programme criticality, geographic targeting and humanitarian needs following IPC Acute Malnutrition and existing vulnerability

assessments. Humanitarian presence in hard-to-reach areas and operational capacity to quick start response was taken into consideration while prioritizing cluster projects.

Community Engagement & Accountability to Affected People

The Nutrition Cluster and its partners will strengthen community engagement for behaviour and social change to support the adoption of key life-saving practices in health, optimal nutrition, infant and young child feeding practices, signs and symptoms wasting, WASH, child protection and PSEA. This will be supported mainly through the identification and active participation of community leaders, with strong emphasis on women's participation, and the selection of community volunteers, with prioritization of most critical communities and selection of places to conduct outreach interventions.

Strong linkages between communities and health and WASH facilities will be promoted through the SBCC interventions. Social mobilizers will be trained to conduct community engagement in displacement sites and host communities to promote the adoption of life-saving practices, while mothers and primary caregivers of children under age 5 will be engaged through peer-to-peer support and counselling. The community delivery platform will be utilized by nutrition partners to engage communities in identifying cases malnutrition, sensitizing them on optimal hygiene and infant feeding practices will be utilized in mainstreaming protection in the response.

During social mobilization sessions, communities will be sensitized on their rights to receive information related to the response and they will be informed on existing feedback and complaints mechanisms, including Linha Verde. Community Health Workers will be trained to identify protection-related concerns and to report those to the appropriate actors, using existing referral channels. Regarding persons with disabilities, their representative organizations will be included in community engagement mechanisms to contribute to ensuring that all interventions are accessible and inclusive.

Prevention of Sexual Exploitation & Abuse

The prevention of sexual exploitation and abuse will be prioritized across all nutrition programmes through community sensitization, training of government, partners and suppliers, strengthening of reporting mechanisms and coordination with the wider humanitarian structure and the Government of Mozambique. Some nutrition deficiencies have protection implications. For example, household

food insecurity can increase the likelihood of gender-based violence, forcing women and young girls into negative coping mechanism such as forced marriages, transactional sex. Community nutrition workers (CHWs and IMB) will be trained and sensitized on the identification of such cases and the referral pathways. Established IYCF corners in displacement sites will be utilized to provide safe spaces to dialogue with affected mothers on the sensitive issues that affect them, including some of the cultural practices that could be discriminatory in regards to food consumption, access to reproductive health services and sexual exploitation and abuse. While undertaking nutrition assessment and surveillance, efforts will be made to collect and analyse protection-related concerns, including SEA, and data collected from these assessments will be disaggregated by sex, age and disability.

Response Monitoring

To effectively respond to the emergency situation in the context of COVID-19, the Nutrition Cluster has adopted a joint workplan to coordinate the humanitarian response in 2022 which was developed in a consultative process during a two-day workshop in November 2021 as part of the HRP process.

District-level disaggregated monitoring and evaluation framework and analysis of progress towards the targets will be updated monthly and presented at the cluster coordination meetings. HRP sex and age disaggregated indicators will be monitored using the 5W as partners reporting tool. Joint monitoring visits will be conducted on a quarterly basis, with participation of cluster lead organizations—UNICEF and Ministry of Health—and representation of cluster members using an integrated digital checklist. Key issues identified during the joint monitoring visits will be reported and addressed at the cluster coordination meetings. Mid-year and end-year review sessions with all cluster members will be organized to assess progress against planned targets, discuss key bottlenecks hampering humanitarian response and defining main corrective actions to mitigate and address key issues.

Feedback mechanisms are part of the community-based platforms and will be enforced by the district-level health teams. Accessibility and follow-up issues will be discussed on a bi-weekly basis in the subnational cluster coordination meetings.

Nutrition Objectives, Indicators and Targets

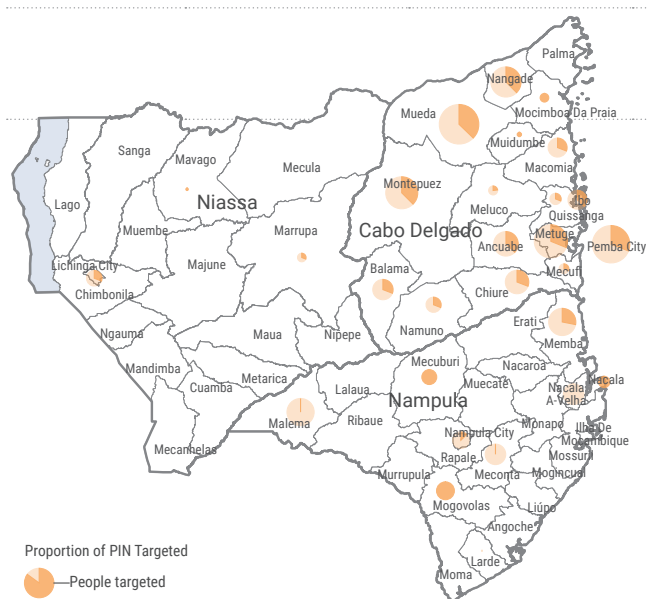
CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Life-Saving Strategic Objective: Life-saving support for treatment of acute malnutrition in under-five children and pregnant and lactating women to reduce mortality and related morbidity including those with HIV and other vulnerable groups (adolescent girls and children with disability).</p> <p>Relates to HRP Life-Saving Strategic Objective 1</p>	Number of under-five children admitted for treatment (SAM and MAM) in IMAM programme (PRN).	249,412	137,177
	Number of pregnant and lactating women (PLWs) admitted for treatment (SAM and MAM) in IMAM programme (PRN).	28,643	15,754
	Number of SMART nutrition assessments conducted.	26	9
<p>Life-Sustaining Objective 1: Prevent the increasing of acute malnutrition and micronutrient deficiencies in under-five children and pregnant and lactating women including those with HIV and other vulnerable groups (adolescent girls and children with disability).</p> <p>Relates to HRP Life-Sustaining Strategic Objective 2</p>	Number of children 6 to 59 months receiving vitamin A supplementation.	1,142,993	571,500
	Number of under-five children that received a specialized nutritious food or micronutrients supplementation.	258,000	129,000
	Number of under-five children screened for acute malnutrition.	1,142,993	571,500
	Number of pregnant and lactating women screened for acute malnutrition.	154,000	84,700
<p>Life-Sustaining Objective 2: Promote optimal breastfeeding and complementary feeding practices, and overall infant and young child feeding (IYCF) best practices messages for caregivers of children under two including those with HIV.</p> <p>Relates to HRP Life-Sustaining Strategic Objective 2</p>	Number of caregivers reached with IYCF messages.	15,274	62,474
	Number of people reached with radio spots, interviews, novellas that are broadcast on nutrition and HIV.	15,274	62,474

4.6

Protection



	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
PROTECTION	1.5M	758K	\$41.5M	19	28
GENERAL PROTECTION	1.5M	758K	\$16.1M	3	4
GENDER-BASED VIOLENCE	978K	479K	\$16.3M	9	13
CHILD PROTECTION	1.1M	672K	\$9.1M	7	11



People Targeted

In 2022, the Protection Cluster—including the Child Protection, Gender-Based Violence and Housing Land and Property Areas of Responsibility—will target nearly 758,500 people, 75 per cent of whom are displaced and 25 per cent of whom are residents in host communities. This represents around half (49 per cent) of the People in Need of protection in 2022 (1.5 million). Since insecurity, violence and conflict have led to an exponential increase in displacement, the emphasis of the Protection Cluster’s response will be on internally displaced people as a priority, while also ensuring that particularly vulnerable individuals and families in the host communities are not left behind. As most displaced people in the Cabo Delgado, Nampula and Niassa provinces are women and adolescent girls, the humanitarian response will be adapted to include the growing needs of women. Children under age 18 constitute an estimated 45 per cent of displaced people in northern Mozambique, with more than 430,000 children in need of protection. For this reason, gender sensitive life-saving protection activities for children will be an important part of the response.

Protection assessments conducted in the Centro Desportivo after the Palma attacks in March 2021 demonstrated high levels of people

with specific needs (PSN) amongst the arrivals, with as high as 98 per cent of families reporting one or more PSN, including 46 per cent women head of households, 25 per cent survivors of torture and 20 per cent people with disabilities, among others. This demonstrates the need to scale-up partners to work with persons with different abilities. In order to ensure that no one is left behind, people with specific needs (PSNs), undocumented persons, pregnant and lactating women, GBV survivors, widowed women, female-headed households, unaccompanied and separated children, albinos, elderly people without effective family support and child-headed households will receive careful consideration by the Protection Cluster as they are often unable to access protection and services without assistance, particularly in hard-to-reach areas.

Response Strategy

Displacement in Cabo Delgado escalated throughout 2021, driven by conflict and human rights violations and leading to disruption of access to essential protection services and increased exposure to protection risks. This heightened protection crisis requires the immediate scale-up of specialized protection services. Furthermore, the humanitarian response needs to incorporate protection principles and be guided by the Centrality of Protection. The Protection Cluster has identified 1.5 million people in need in the provinces of Cabo Delgado, Nampula and Niassa. The Cluster’s Severity Analysis identified several districts that require urgent support, such as Ancuabe, Ibo, Montepuez, Mueda, Nangade, Meconta, Membra, and Nacala-A-Velha. Many displaced people are in hard-to-reach locations that require investment in logistical capacity.

The Protection Cluster and Areas of Responsibility will prioritize the following tier 1 life-saving responses in 2022:

- **General Protection:** civil documentation, protection monitoring, protection of civilians, MHPSS, case management and referral, information on services, HLP and mine risk education.
- **Child Protection:** child protection grave violations monitoring, prevention and response support, family reunification, alternative care, child survivor assistance and victims' assistance to unexploded ordnance or mines, tailored MHPSS for children impacted by conflict.

- **GBV:** GBV survivor assistance, GBV case management, health care for GBV survivors, women and girls' friendly spaces.

As a second priority (tier 2), the Protection Cluster and Areas of Responsibility will tackle life-sustaining activities, including:

- **General Protection:** community-based protection mechanisms for risk reduction, law and policy intervention, community-based protection monitoring, legal assistance and counselling, access to justice and rights awareness-raising.
- **Child Protection:** community-based prevention and mitigation mechanism for child protection, response services for children who have been associated with armed forces or armed groups, resilience building for caregivers and children, case management and referral to services (including health and justice), training to security forces on child rights violations.
- **GBV:** Dignity kits, cash and vouchers, legal aid, MHPSS, risk and safety mitigation, women and girl's empowerment and Women HLP rights.

Child Protection - Response Strategy

The well-being of children in northern Mozambique is threatened by multiple protection risks, including conflict and multiple displacements, presence of armed actors, family separation, physical and sexual violence, psycho-social distress, abduction, use and recruitment by non-state armed groups and child marriage. Overall, limited access to food, quality education, health care and lack of adequate parental care, particularly for children with disabilities, continues to significantly affect the physical, mental, emotional and social well-being of children. Displaced children are living in districts that are heavily militarized and are at risk of security incidents. Unaccompanied and separated children are at risk of abuse, neglect, and exploitation including risk of trafficking.

Within this context, the Child Protection Area of Responsibility (CP AoR) will focus on strategies to prevent and mitigate child protection risks through integrated approaches with health and education services and with the GBV AoR on child and adolescent survivors. The CP AoR will strengthen referral mechanisms to quality and accessible services and respond to violence against children of different ages and abilities. The CP AoR will also strengthen community-based child protection mechanisms and government social services, while working towards strengthening community-based family/foster care systems to ensure appropriate alternative care for children. Access to MHPSS through child-friendly spaces and schools will be critical. Conflict-affected children, adolescents and caregivers' wellbeing will be enhanced through provision of quality MHPSS and information on childcare and protection. Interventions will include socio-economic reintegration of children and youth, particularly girls at risk of forced marriage and boys at risks of recruitment by non-state armed groups. The CP AoR will also work with the GBV AoR and MHPSS TWG and Case Management Technical Group to develop a harmonized approach towards psychosocial support and case management, including referral pathways and case management standard operating procedures (SOP).

Gender-Based Violence - Response Strategy

The GBV AoR will implement life-saving gender-based violence (GBV) projects, including GBV emergency services, MHPSS, GBV case management, CBI, strengthening and establishing safe referral pathways, including: information dissemination of available services in women and girls safe spaces; mobile brigades that provide integrated GBV-related services and Sexual and Reproductive Health (SRH) with a focus on clinical management of rape services/post-rape kits; procurement and distribution of emergency dignity kits; GBV community engagement, including GBV capacity building for community volunteers and structured GBV awareness initiatives; capacity building of GBV multisectoral services providers (social, health, security and justice), helpline staff, volunteers as well as women-led organizations; capacity building for local authorities; and promotion of GBV risk mitigation into all aspects of the humanitarian response and support to the GBV AoR coordination with technical support.

Life-sustaining services, such as livelihood and life-skills training opportunities, will be provided to support the recovery of GBV survivors. GBV partners will build the capacity of local authorities to further support and expand the existing Centro de Atendimento Integrado (CAI), which is a national multisectoral mechanism for integrated assistance to women victims of violence (social, health, justice and police). The GBV AoR, will work closely with the CP AoR and MHPSS Technical Group to develop a harmonized approach towards psychosocial support and case management, including referral pathways and case management standard operating procedures (SOP).

GBV partners will deliver through existing and newly established women and girl safe spaces as well as through mobile brigades and static health facilities. The capacity of GBV-related service providers will be enhanced and will take into consideration the specific needs and capacities of female and male in different age groups and abilities.

Response Modalities

Individualized approach for those most in need: The response will reduce protection risks for individuals, especially those with specific needs through case management, provision of inclusive and adapted specialized services to specific needs through multi sectorial service provision, legal assistance (especially for legal documentation, birth registration and HLP), MHPSS and access to justice and economic empowerment where possible.

Reinforcing local protection actors and community-based

protection: To ensure a sustainable and strengthened local protection systems, empowerment of local actors, including displaced and host communities, local civil society and local authorities will be key. Training and awareness raising on protection and PSEA—in particular of community leaders—will continue throughout 2022. Protection Cluster members will contribute to strengthening capacity of local protection actors through technical support. Most importantly, local displaced communities themselves will have their protection capacities reinforced through the establishment of community protection focal points to identify and refer persons with specific needs to case management and specialized services; disseminate

various information on human rights including women rights, child protection, protection of persons with specific needs and referral pathways; among others. Access to life-saving protection services depends on strong and robust referral mechanisms at district level, protection monitoring and awareness-raising.

Protection monitoring and protection data collection is key:

Strengthening evidence base and protection incident monitoring, including through sex and age disaggregated protection data collection and monitoring will be crucial to have a complete and up to date analysis of protection needs and risks. Protection monitoring and mapping of community focal points in hard-to-reach communities will be prioritized in order to identify community entry points that could play a crucial role in protection monitoring and provision of response.

Cost & Prioritization of the Response

The Protection Cluster and AoRs requires \$41.4 million and will heavily emphasize life-saving activities due to the high number of people requiring urgent protection services that were left unattended due to the low funding obtained in 2021. The severity of each district has been determined by various protection indicators measuring risks that compound exposure to protection risks such as number of persons who lack civil documentation and percentage of IDP children and unaccompanied or separated children (UASC) in each district.

With this prioritization plan, the Protection Cluster will ensure that protection assistance will target those geographic areas and individuals who need it the most:

25 per cent funded: prioritize districts characterized by high severity levels (severity level 4 and 5) with life-saving activities.

50 per cent funded: life-saving activities will be implemented in districts with lower severity level (severity level 3) and life-sustaining activities in higher severity levels (severity level 5).

More than 50 per cent funded: life-saving activities will be implemented in districts with lower severity level (severity level 2) and life sustaining activities in districts with relatively high severity level (severity level 4).

76 per cent funded: both life-saving and life-sustaining activities will be implemented in all priority locations.

Community Engagement & Accountability to Affected People

The Protection Cluster will integrate AAP into its response, building on existing policy guidance, tools and methods that inform and strengthen accountability to all affected people. All projects will be designed and implemented in line with protection mainstreaming principles and human rights-based approaches, of which AAP is a core principle. Furthermore, projects will include gender equality programming, prevention of sexual abuse and exploitation (PSEA) measures, social protection and human rights-based approaches to programming and humanitarian performance monitoring tools. Programme activities will be based on, and benefit from, interagency needs assessments, regular coordination meetings with protection and gender actors providing CP and GBV services through the CP and GBV AoR coordination meetings, regular consultations with women and girls through partners feedback mechanisms. The Protection

Cluster will promote women and girls' participation in the formulation and the implementation of the response. The GBV AoR will work to promote women and girls' inclusion and meaningful participation in decision-making processes and community leadership. Women and girls-friendly feedback mechanisms will be put in place to collect feedback from women, girls, boys and men beneficiaries, and assistance will be adapted accordingly. Sex and age disaggregated data through data collection, monthly report, gender analysis, will be used to report on gender equality.

Prevention of Sexual Exploitation & Abuse

The Protection Cluster is committed to ensuring that protection against sexual exploitation and abuse (PSEA) is a priority for Protection partners under the leadership of the Humanitarian Country Team and in coordination with the PSEA Network. Protection partners will work together to establish a collective system on PSEA, raise awareness, ensure that robust measures to prevent SEA by humanitarian workers are in place, ensure appropriate complaints mechanisms are established and procedures are in place to address PSEA issues, including referral for survivor assistance to core Protection services. The Protection Cluster will be an active contributor to the PSEA Network action plans that will be rolled out and implemented by Protection Cluster members. The plan will include: 1) Protection Cluster participation in the PSEA Network, 2) community engagement on PSEA and inclusion in the reinforcement and development of community-based complaint mechanisms, 3) complaints managed according to the inter-agency PSEA Network SOPs and survivors are referred to Protection support services, 4) activities are in place for prevention including training and awareness raising on PSEA policy for staff and volunteers. The Protection Cluster will adhere to all global UN and IASC PSEA guidance, coordinate accordingly with the PSEA Network and ensure regular reporting and monitoring of PSEA activities, all in line with the accountability to affected populations framework.

Response Modalities

In Mozambique, the Protection Cluster has been strengthening its 5W reporting mechanism in order to ensure that HRP Protection partners can report targets reached on specified indicators, including through the establishment of an online PowerBi report/dashboard on its [HumanitarianResponse.Info](https://www.unhcr.org/en/operations/5w-reporting) page. The Protection Cluster will also continuously monitor the implementation of the HRP through continuous engagement with HRP Protection partners through field visits and coordination meetings. The GBV and Child Protection AoR will produce online dashboards to monitor their specific programmes. GBV IMS and the MRM have been rolled out in 2021 and will continue to be strengthened throughout 2022. The Protection Cluster will continue to implement community-based protection monitoring to identify the protection incidents suffered by IDPs as well as protection trends. The Protection Cluster plans to strengthen its protection incident monitoring by combining existing protection monitoring mechanism, such as the ones being piloted by UNHCR, UNICEF and UNFPA. OHCHR will continue to be a strategic partner for human rights advocacy—especially on sensitive topics and issues of human rights violations.

Protection Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Protection Cluster Strategic Objective 1: Provide quality life-saving services to address inclusive protection immediate risks and needs (including CP & GBV) of most vulnerable populations in priority areas.</p> <p>People Targeted: 751,294</p> <p>Relates to HRP Life-Saving Strategic Objective 1 & 3</p>	Number of awareness raising activities implemented on preventing forced eviction.	315,000	189,100
	Number of community-based volunteers (eg. Protection focal points have built capacity in protection (eg. Mainstreaming, monitoring and others).	N/A	1,500
	Number of individuals provided with assistance and support, including MHPSS (individual counselling)	N/A	25,000
	Number of individuals assisted, managed, and referred using established referral pathways (individual protection assistance)	N/A	65,000
	Number of people reached by dignity kits, cash, in-kind and voucher assistance (include disaggregation by PWD) (including assistive device)	N/A	60,000
	Number of people reached through advocacy activities implemented to raise awareness on issues relating to trafficking.	N/A	85,000
	Number of persons reached through awareness raising on GBV related topics	400,000	300,000
	Number of individuals who attend at least one focused group PSS session (curriculum based)	N/A	2,000

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
	Number of UASC provided support for registration and reunification initiatives.	3,000	3,700
	Number of women and girls have accessed referral pathways and other GBV risk mitigation services.	N/A	20,000
<p>Protection Cluster Strategic Objective 2: Prevent protection risks (including CP & GBV) of most affected and vulnerable populations in priority areas through enhanced preparedness and resilience capacity</p> <p>People Targeted: 696,000</p> <p>Relates to HRP Strategic Objective 2 & 3</p>	Number of CAFAAG (children) reintegrated into communities.	N/A	2,000
	Number of children accessing group activities (disaggregated by age and gender, diversity) in friendly and secure spaces.	300,000	40,000
	Number of locations (districts) with presence of functional community-based protection and risk reduction structures or mechanism in place.	N/A	27 (Districts)
	Number of people who have received civil and individual documentation including recovery of identity documentation.	N/A	51,000
	Number of sites (locations) with functional risk and safety mitigation structures in place.	N/A	36 (Sites)
	Number of women and girls accessing group activities (disaggregated by age and gender, diversity) in friendly and secure spaces and other empowerment activities.	N/A	250,000

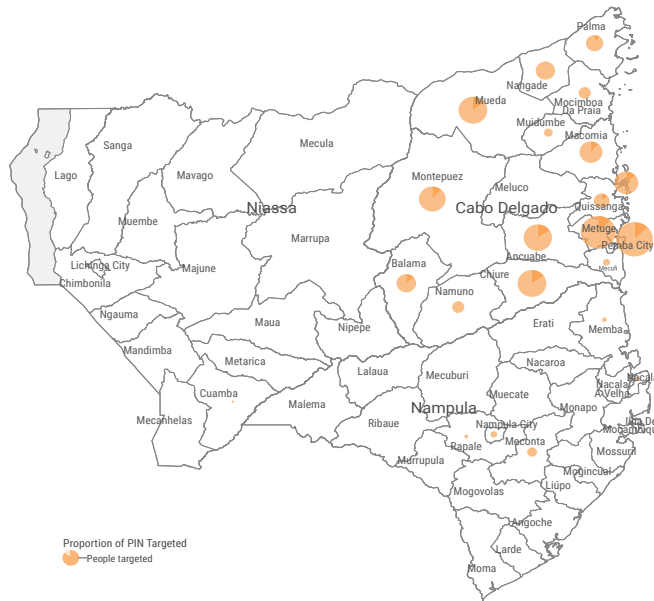
CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Protection Cluster Strategic Objective 3: Strengthen the protection environment and enhance the protection of affected populations, including related to GBV and child protection, and through collective and intersectoral action</p> <p>People Targeted: 558,000</p> <p>Relates to HRP Strategic Objective 3</p>	Number of human rights advocacies conducted by the Protection Cluster.	N/A	12 (human rights advocacies)
	Number of coordination activities implemented.	N/A	60 (activities)
	Number of functional community-based protection mechanisms or structure for child protection.	N/A	40 (community-based mechanisms)
	Number of initiatives undertaken to advocate protection standards, legal frameworks and principles.	N/A	60 initiatives
	Number of partners (cluster and humanitarian and development actors) trained in protection mainstreaming and centrality of protection.	15 (Partners)	15 (Partners)
	Number of sites (locations) reached by humanitarian actors through protection presence and advocacies in response to protection needs.	N/A	70 (sites)
	Number of sites with HLP-related activities implemented.	N/A	10 (sites)

4.7

Shelter & NFIs



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
982k	117k	\$42.4M	11	11



People Targeted

The Shelter/NFI Cluster will aim to assist 117,000 people in 2022, using its validated and updated methodology whereby risk levels and social and vulnerability levels are centrally integrated throughout the response.

Four different groups of households have been identified as in need of Shelter/NFI assistance: 1) internally displaced persons living in temporary sites; internally displaced people living in relocation sites; 3) internally displaced people living in host communities; and 4) vulnerable families hosting internally displaced people and with residual needs from Cyclone Kenneth.

A tailor-made approach will determine the type, scope, and scale of timely Shelter/NFI assistance provided, taking into consideration the specific needs of each group and within the four different groups, considering that households may progress into new groups, especially those living in temporary sites to resettlement sites or host communities. The Shelter Cluster will review the needs of the people continuously as needs can change over time, which is reflected in the approach, adjustments of tool sets and the content of the NFI kit/shelters. The need to improve, adjust, enlarge and fortify emergency shelters is foreseen.

Protection and gender aspects are integrated in the response as

most displaced individuals in the Cabo Delgado, Nampula and Niassa provinces are women and adolescent girls. Many are at risk, they need to feel safe, protected and supported and require privacy as women will continue to be disproportionately affected by the lack of Shelter and NFIs. The Shelter Cluster prioritizes households with single mothers, people with chronic diseases (HIV and TB), persons under social assistance, women caring for other people's children and elderly people and people with disabilities, include them in consultation rounds, the design and implementation of the shelters.

Response Strategy

In Cabo Delgado, many of the internationally displaced people (IDPs) residing either in sites or with host communities and their hosting communities require urgent support in terms of shelter, shelter upgrades, essential household items, toolkits to prepare damages and fortify emergency shelters, for a dignified, safe, and healthy living conditions, providing basic protection from the elements.

The key aim of the Shelter Cluster is to ensure provision of immediate live-saving Shelter/NFI support to the crises affected population and for those residing in recently accessible areas such as Quissanga and Palma. The Shelter/NFI Cluster makes use of an approach that includes a tailor made and inclusive targeted approach.

In addition, the Shelter/NFI Cluster promotes community engagement, ensuring social cohesion is strengthened between the hosting communities and displaced populations.

In 2021, the Shelter/NFI Cluster expanded the operation of the common pipeline for Shelter and NFI items made it easily accessible, user friendly and more robust. The pipeline system addresses challenges faced by partners such as long lead time of procurement of key quality Shelter and NFI items such as tarpaulins, blankets, solar lights or kitchen sets. The system ensures partners benefit from economy of scale and enabling rapid response to emerging Shelter needs. This system serves as last resort and is assessable to all shelter partners serving and capacitating especially those partners with ample ability to procure in bulk. In 2022, the common pipeline will be expanded, scaled up, diversified so that hard to reach areas are being targeted through mobile and static teams and challenges with suppliers in the northern provinces are avoided and unit costs of items remain stable.

The Shelter/NFI Cluster also looks beyond the scope of this

emergency and stresses the fact that climate shocks will occur more frequently and will have a bigger impact on Cabo Delgado, Nampula and Niassa provinces by aligning with the Government's Contingency Plan, pre-positioning of stock as cyclones and heavy rains will be a trigger for IDPs to move to safer locations. The Shelter Cluster encourages more preparedness activities such as shelter support for relocations of people out of risk prone areas.

The Shelter/NFI Cluster will coordinate regularly with other clusters, related government authorities and partners to ensure gaps in response will be addressed, this will reduce a scattered approach and increases the overall coverage.

For the hard-to-reach areas, the Shelter/NFI Cluster will seek the support of dedicated partners with a presence in or proximity of affected areas. Lastly, the Shelter/NFI Cluster will examine various scenarios of response due to the highly unpredictable and volatile context this includes supporting possible return of IDPs to districts of origin.

Response Modalities

Shelter/NFI Cluster partners will continue to combine a dual preparedness and response approach consisting of a mobile and static approaches, making use of best placed actors to respond in a timely manner for inclusive service delivery. Static teams will provide direct support where shelter partners coordination at district level is regular and strong, while mobile teams of inter-agency or inter-cluster approach will ensure flexibility to be responsive to addressing needs in hard-to-reach areas.

Depending on the level of vulnerability of each household, the Shelter Cluster will deliver different types of assistance. This will guarantee a holistic approach that emphasizes the humanitarian response, early recovery and the nexus. Emergency shelters will be provided to families in host communities or resettlement sites to achieve minimum standards on a timely basis. For protracted displaced people and the host community, the Shelter/NFI Cluster will maximize the response, introducing and piloting cash-based interventions (CBI) where markets are functioning. Furthermore, direct shelter construction, fortification, including additional materials, toolkits, technical and labour support, will be provided to the most vulnerable households living in areas with dysfunctional or non-existent markets, or high exposure levels at risk prone areas.

The capacity of the Shelter/NFI common pipeline will be increased to accommodate more partners' requests for items, making more stock and diversified funds and items available. This means the pipeline will be a reliable source for the provision of last resort, to serve as immediate life-saving emergency shelter and NFIs kits provider, distributing to newly displaced persons upon arrival and living in temporary sites. Priority will be given to NFIs which have durable lifespans.

Shelter Cluster activities are inherently linked with other clusters. Sustainable urban planning methods will be promoted, piloted with the CCCM Cluster and other relevant actors at relocation sites.

Cost & Prioritization of the Response

The Shelter Cluster requires \$42.4 million for projects implemented by 11 partners, of which \$5 million will be allocated to the Shelter Pipeline. The financial ask was based on an analysis scoring various levels of NFI/Shelter needs per district, verified and in consultation with all active Shelter Cluster partners and aligned with the overall strategy. Key activities in every project proposal were discussed considering, appropriateness, proportionality, capacities, presence, and ability to implement. In addition, all crosscutting themes such as gender sensitivity and environmental mitigation were included.

The first quartile of the budget (1-25 per cent) is allocated to top priority activities ensuring maximum coverage of emergency life-saving NFI/Shelter response, including strengthening the Pipeline and Coordination. Gender, inclusion aspects are considered and integrated, using validated tools promoting accountability and learning.

With additional funding (26-50 per cent), budget will be allocated to additional activities such as distribution of extra shelter construction materials, labour support for the construction and provision of technical support via construction committees and training of local artisans. With more funding confirmed (51-75 per cent), activities related to promotion of resilience building are added complemented by CBI and livelihood activities, if all requested budget is allocated (over 76 per cent)

Community Engagement & Accountability to Affected People

Shelter/NFI Cluster activities will predominately be conducted through a community-led approach ensuring that activities and results are efficiently shared and discussed with beneficiaries before, during and after implementation. This will create two-way communication mechanisms that promote the continuous improvement of operations across all partners. This mechanism embeds housing, land and property (HLP) due diligence assessments in shelter/NFI projects, includes field guidelines to comply with minimum standards on protection, and GBV and accountability to affected people.

The Shelter Cluster will ensure all crisis-affected people, especially the most vulnerable, are included in decision-making process and feedback mechanisms, through household assessments, during registration, cross-verification of eligibility, focus group discussions and key informant interviews.

The Shelter Cluster will enable feedback mechanisms which will provide real-time responses that enhance interventions, and through post-distribution monitoring to ensure the expected results are obtained. The feedback and lessons learnt will be shared across partners to ensure best practices are widely known and implemented. Additionally, all interventions will promote participation of beneficiaries to improve the ownerships of results, as well as peer-to-peer support within affected communities. Training of shelter committees and local service providers will promote the creation of an environment conducive to resilience by fostering self-recovery of communities.

Prevention of Sexual Exploitation & Abuse

The Shelter/NFI Cluster will ensure all staff working for partners are trained and receive refresher training on the prevention of sexual exploitation and abuse. Leveraging the expertise and established training methodologies of Shelter/NFI partners, such as IOM and UNHCR, all staff will be reached with the relevant information prior to engagement with communities. To monitor the behaviour of staff, standardized questions on sexual exploitation and abuse will be included during post-distribution monitoring to identify incidence.

To promote the empowerment of crisis-affected people on the prevention of sexual exploitation and abuse, information will be disseminated in all activities, even before activities are implemented. Messaging will include key information on the rights of people receiving assistance as well as information on how to access complaint mechanism, which will be made available and accessible depending on the needs of the beneficiary. These above listed actions are a common practice and will leverage the already established and operational Linha Verde complaint and feedback mechanism. If complaints are received, a zero-tolerance approach will be taken.

Response Monitoring

Key performance indicators will be used by the Shelter/NFI Cluster to measure the quality and quantity partners' interventions. This will be mainstreamed to ensure comparability and joint result monitoring of a coordinated response. Quantitative indicators will measure the reach of interventions, including through comparisons of the people in need and those reached. Data will also be stratified per type of assistance and disaggregated per gender, age and location of displacement. The analysis will be regularly shared at Cluster meetings, as well as its progression in comparison to changing dynamics allowing the Cluster to identify and respond to gaps in efficiently, ensuring the most vulnerable affected people are included within and throughout the response. Indicators will indirectly measure the quality and satisfaction with construction materials and NFI's distributed, the timeliness of the response, the quality of distributions through PDMs, and the improvements in the living conditions, perceived benefits, and reduced vulnerability of beneficiaries. These indicators will be measured through tools such as individual survey, key informant surveys and focus group discussions. The results of these processes



A newly displaced person after his arrival at Paquitequete beach, Pemba City. Photo: UN Mozambique / Helvisney Cardoso

will be shared with partners during cluster meetings. When identified, best practices and lessons learned will be documented and shared with all partners.

Shelter Objectives, Indicators and Targets

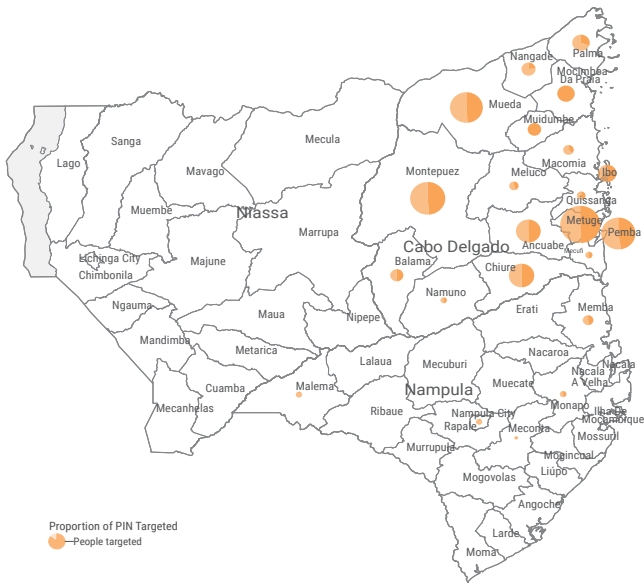
CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Life-Saving Objective: Provide shelter and non-food items life-saving assistance responding to the immediate needs of most vulnerable crisis affected population.</p> <p>Relates to HRP Life-Saving Strategic Objective 1 SO1: Save lives through a safe, equitable, gender-sensitive and principled intersectoral assistance to the most vulnerable groups, including those displaced, directly impacted host communities and non-displaced populations.</p>	Number of displaced HHs and host community HHs affected by the crisis served with immediate shelter and/or NFI assistance.	981,528	428,470
	Number of pipeline requests received from Shelter Cluster partners.	0	15
<p>Life-Sustaining Objecti: Provide Sustainable shelter and essential non-food items support promoting links between emergency and early-recovery solutions and with access to livelihoods for most vulnerable crisis affected population.</p> <p>Relates to HRP Life-Sustaining Strategic Objective 2 SO 2: Enhance timely and adapted access to essential services which include livelihoods, basic services and strengthening resilience capacity of the targeted people.</p>	Number of displaced HHs and host community HHs affected by the crisis served with sustainable shelter and/or essential non-food items assistance.	981,528	181,100
	Number of displaced HHs and host community HHs affected by the crisis served with cash-based sustainable shelter and/or essential non-food items assistance	981,528	37,500
<p>Strengthen the Shelter and NFIs assessment, analysis and implementation capacity through community participatory approaches, to support quality emergency and early recovery response, and reinforce the accountability to affected population.</p> <p>Relates to HRP Life-Sustaining Strategic Objective 3 SO 3: Address the protection risks and needs of affected populations – including GBV and child rights violations and strengthen the protection environment in northern Mozambique through collective and intersectoral action to protect women and girls, men and boys.</p>	Number of displaced HHs and host community HHs assessed through verification exercises or needs assessment prior to distributions.	981,528	505,220
	Number of displaced HHs and host community HHs assessed through verification exercises or needs assessment prior to distributions.		10
	Number of HLP due diligence assessments in shelter/NFI projects.		19

4.8

Water, Sanitation & Hygiene (WASH)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
992K	831K	\$28.5M	18	19



People Targeted

The WASH Cluster plans to target 831,000 people affected by the conflict in the three provinces of Cabo Delgado, Nampula and Niassa, representing 83 per cent of the people in need (PiN). People targeted by the WASH Cluster will include: IDPs in resettlement centres, IDPs living in host communities, as well as host families and communities. The 17 per cent of People in Need not targeted by the WASH Cluster are planned to be covered by non-WASH cluster partners, or live in areas that are not accessible to humanitarian actors due to insecurity. The people targeted by the WASH Cluster include 18 per cent adult males, 20 per cent adult females and 58 per cent children. An estimated 16 per cent of people receiving WASH assistance will be children under age 5 at risk of malnutrition, who will be targeted with specific nutrition-sensitive WASH activities. Some 13 per cent of people targeted are people living with a disability, sometimes due to age, who will require specific WASH activities adapted to their disability. The specific WASH needs of women will be addressed following consultation with women’s groups and will orientate certain response aspects such as the siting and design of water and sanitation infrastructure, or the design of menstruation hygiene management kits.

WASH partners will also implement WASH improvement works in schools and health facilities. These activities will be done under the Education and Health Humanitarian Response Plan.

Response Strategy

The WASH Cluster response will include tailored support for different groups of people affected by the conflict, as follows:

- People in resettlement centres established for one year or more: The WASH Cluster will cover remaining WASH humanitarian needs, while recovery programmes are initiated. In these locations, additional water points need to be constructed until emergency standards are reached, while people are accompanied to build household-level latrine and improve their hygiene behaviours. New arrivals in existing centres will also need to be attended in emergency.
- People living in new resettlement centres created in 2021: The WASH Cluster will implement a full-scale WASH humanitarian response in 2022, including water trucking, emergency water points, emergency communal latrine and showers and distribution of complete hygiene kits.
- People newly displaced in 2022: In some districts where security is still extremely volatile and where a rapid response mechanism is required, the WASH Cluster will distribute light hygiene kits and other rapid WASH response activities where feasible.
- Displaced people living in host communities and host families and communities themselves: The WASH Cluster will work to provide new water points and promotion or construction of household latrine and hygiene promotion. In urban areas, support should be given to private and public urban water operators (including FIPAG1 and AIAS2) to extend and improve the quality of their services to neighbourhoods affected by displacement.

Community awareness of good practices in hygiene and sanitation will be continuously raised by WASH Cluster partners. Messages will include the safe use of water, food hygiene, hand washing with soap, use of latrines and COVID-19 prevention. Strategies to reduce GBV risks and improve gender aspects linked to WASH interventions will continue to be implemented in accordance with the GBV and Gender working group guidelines.

All WASH cluster partners activities should be implemented in such a way that it enhances the leadership of WASH-related government agencies such as SDPI3 (at district level), DPOP4 and SPI5 (at provincial level) and DNAAS6 (at national level) in terms of response implementation and coordination.

Response Modalities

The WASH Cluster will implement this response plan using several modalities: 1) direct service and material provision, 2) promotion activities for engagement of affected communities, 3) support to rapid response mechanisms, 4) support to WASH governmental agencies, 5) use of private sector actors when feasible and relevant.

In resettlement sites, partners will implement boreholes equipped with hand pumps or small water systems through private contractors or governmental agencies. In order to ensure quality, the use of a third-party monitoring, locally called fiscal, is recommended by the WASH cluster for any borehole drilling contract⁷. Boreholes should be implemented during the dry season. Hygiene and household sanitation will be promoted by international or local NGOs through community-based hygiene volunteers. Whenever feasible, WASH Cluster partners will exit from sanitation subsidies for IDPs to align with the national Community-Led Total Sanitation strategy. Targeted WASH NFI distribution for both IDPs and host communities will be done using voucher system and strengthening local market actors when feasible, using in-kind distribution when not. Cluster partners will strengthen water point sustainability system in resettlement centres, progressively introducing payment of water by the IDPs as their economic status improves.

For IDPs and host communities living in urban areas, the most common modality will be to support private or public water operators already running the system, improving production capacity and extending the pipe water network with additional household connections and public tap stands. Sanitation improvement work in urban area will be implemented for the most vulnerable and crowded households through material and service voucher system.

In hard-to-reach areas, the WASH Cluster will support rapid response mechanisms including rapid assessment, provision of a light NFI package of hygiene and water collection, storage, and treatment materials in addition to other feasible activities as defined by specific needs. Where feasible, partners will support public water operators such as AIAS and FIPAG with disrupted or impacted services and monitor service provision remotely. The WASH Cluster will coordinate with the Health Cluster for remote mechanisms to prioritize areas with cholera and diarrhoeal disease outbreaks.

Cost & Prioritization of the Response

The WASH Cluster requires \$30 million to implement the outlined activities in 2022. This amount was calculated using both project-based and activity-based costing: partners have submitted their financial and targeted population figures for each district, that has been crosschecked with activity-based costing and unit costs to address potential duplication.

The priority for short term life-saving humanitarian funds will be given to people living in districts affected by new displacements, such as Mueda, Nangade or Montepuez, Ibo or Metuge, where some IDP are still considered to be in transit or living in unstable situations, while other areas can be targeted for longer-term recovery funding, also addressing humanitarian needs where they will appear through rapid response mechanisms.

Community Engagement & Accountability to Affected People

The WASH Cluster will engage affected communities—including displaced women, girls, men, and boys and their hosting communities—in the development, delivery and monitoring of programmes to incorporate feedback and improve them. This will include specific consultations with women and girls for the siting of WASH infrastructure and with individuals living with disabilities to design adapted facilities that are appropriate for the specific needs of individuals. Water committees comprised of women and men from the affected populations are central to the promotion of sanitation and to management and operation of water infrastructure as a critical interlocutor to the affected populations. Blanket distributions of hygiene items for IDPs and verification of households with affected populations will be prioritized to mitigate against exclusion and exploitation. Post distribution monitoring for NFIs will be conducted for distributed items to confirm acceptability and preferences, to confirm understanding of safe use of products, and to identify any issues with distributions mechanisms to improve future delivery of items.

Protection against Sexual Exploitation & Abuse

Partners working in the WASH Cluster will participate in trainings to develop internal mechanisms and processes for addressing PSEA reported issues. Partners will inform communities of expectations that no payments of any type are accepted for humanitarian services. Partners will promote the Linha Verde call centre in all programs and support, as appropriate, broader PSEA mechanisms as advised by the Protection Cluster. Partners will also use internal tools such as feedback and complain mechanism and train local focal points to ensure any case of sexual exploitation and abuse are reported

Response Monitoring

The WASH Cluster will track WASH services in formal IDP locations to ensure coordinated presence and coverage of partners and minimum standards of infrastructure and services based on the populations and corresponding needs. This will be similarly done in hosting areas where data is available. Depending on the situation, both emergency SPHERE and national standards will be used to evaluate needs and gaps.

Five indicators are planned to be used to monitor the evolution of the WASH humanitarian response. These indicators will be informed by the WASH cluster 5W matrix, by the monthly surveys implemented by DTM (MSLA and baseline assessment) as well as specific monitoring systems used by WASH cluster partners using a harmonized monitoring system. The WASH Cluster will also collect quality-oriented indicators (such as satisfaction regarding WASH services, protection issues, water quality) in IDP sites through third party monitoring. Indicators related to WASH in schools and WASH in Health will be followed up by Education and Health clusters in close partnership with the WASH Cluster. When feasible, the Cluster monitoring system will give way to national WASH monitoring tools such as SIGMA and ODF (Open Defecation Free) database will be prioritized.

Community feedback on provision of WASH services will be collected from both the Linha Verde system and specific complementary

feedback and complain mechanism set up by WASH partners in IDP sites. These can consist of suggestion boxes, focus group discussion and personal interview with affected population, especially with women and children.

Water, Sanitation & Hygiene (WASH) Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Provide inclusive and gender sensitive life-saving water; sanitation; and hygiene services, items, and facilities for vulnerable populations affected by conflict, including displaced populations and affected individuals in difficult to access areas. Relates to HRP Strategic Objective 1 and 3	Number of people accessing a sufficient quantity of safe water for drinking and domestic needs.	176,622	147,779
	Number of people use safe and appropriate sanitation facilities.	297,600	249,000
	Number of people reached with hand-washing behaviour-change programmes.	249,492	208,749
	Number of people reached with critical WASH supplies.	124,746	104,374
	Number of girls and women accessing menstrual hygiene management services.	62,373	52,187
Promote protection of populations and prevent conflict and gender-based violence through provision of inclusive and gender sensitive water; sanitation; and hygiene services, items, and facilities for vulnerable populations, including hosting communities Relates to HRP Strategic Objective 1 and 3	Number of people accessing a sufficient quantity of safe water for drinking and domestic needs.		
	Number of people use safe and appropriate sanitation facilities.	644,800	539,500
	Number of people reached with hand-washing behaviour-change programmes.		
	Number of people reached with critical WASH supplies.		
	Number of girls and women accessing menstrual hygiene management services.		
Provide emergency WASH services, including continuity of existing services, to prevent and mitigate the impact of public health emergencies and prevent disease outbreak. Relates to HRP Strategic Objective 1 and 2	Number of people accessing a sufficient quantity of safe water for drinking and domestic needs.	382,681	320,187
	Number of people use safe and appropriate sanitation facilities.	148,800	124,500
	Number of people reached with hand-washing behaviour-change programmes.		
	Number of people reached with critical WASH supplies.		
	Number of girls and women accessing menstrual hygiene management services.		

Refugee Response Strategy



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
31K	9.5K	\$12.8M	1	1

People Targeted

The conflict in Cabo Delgado has added to the challenges of refugees and asylum-seekers in Nampula by, among other aspects, restricting the territorial asylum as the conflict affects the main route used by asylum seekers when entering the country and exposing refugees and asylum seekers to risks or arbitrary detention if found in conflict risk areas. The arrival of IDPs has also changed the socio-economic dynamics of the refugee hosting communities which now support IDPs as well.

There are reports that some refugees face excessive security checks and questioning for being foreigners and are suspected of association with armed groups. In light of this situation, refugee response partners will strengthen the existing programmes, with special attention to the increased risks and needs caused by the conflict and internal displacement to ensure that refugees and asylum-seekers access life-saving assistance; receive life-sustaining support; are assisted with individual documentation and legal support; and are protected from violence and exploitation. Persons with specific needs, including GBV survivors and children at risk will receive specialized services.

This Refugee Response Plan targets refugee women, men and children and aims to address vulnerable groups like survivors of violence, children at risk, elderly, persons with disabilities and single women-headed households. Mozambique currently hosts 28,996 refugees and asylum-seekers, mainly from countries in East and Central Africa, and this number is projected to grow to around 30,500 in 2022. Of the total number of refugees and asylum-seekers, some 33 per cent live in the Maratane Refugee Settlement in Nampula, 9 per cent live in urban areas of Nampula city, 16 per cent in Maputo city and 18 per cent in Maputo Province. The remaining 24 per cent live in other locations including the provinces of Tete, Cabo Delgado and Zambezia. In spite of Mozambique’s formal reservations to the 1951 Refugee Convention, asylum-seekers and refugees have freedom of movement, access to primary and secondary education as well as public health care.

Response Strategy

UNHCR leads the response to the protracted refugee situation with the overall objective of identifying durable solutions for refugees in Mozambique. UNHCR supports government efforts to improve the national asylum system through capacity building and technical advice on strengthening refugee status determination procedures and enhancing the capacity of authorities to conduct population registration. The National Institute for Refugee Support (INAR) undertakes the biometric registration of refugees and asylum-seekers.

UNHCR also helps refugees receive much-needed civil documentation while assisting authorities to clear the backlog of refugee status determination cases at the same time that the legal assistance is available to all refugees and asylum seekers both at camp and urban settings.

While UNHCR is supporting repatriation requests by the refugees willing to return to their countries of origin, it is also supporting the transition towards local integration by providing opportunities for the refugees to be self-reliant, have access to services at the same level as local population and access to durable solutions in the form of naturalization in the long run.

The refugee response is fully in line with the objectives and is included in the Mozambique Humanitarian Response Plan for 2022. Focusing in particular on the refugee settlement of Maratane, with broader protection and assistance availed to all refugees and asylum seekers, while the strategic objectives aim at addressing the specific situations and multisectoral needs, including protection as well as food and nutrition, core common objectives include: preserving and enhancing the protection environment and living conditions for asylum seekers and refugees and the promotion of peaceful co-existence with host communities; strengthening protection through the expansion of improved community-based and multisectoral child protection, PSEA and GBV programmes; strengthening access to basic services such as health and education; expanding livelihoods opportunities; ensuring access to civil documentation and campaigning with the relevant to prevent and reduce statelessness, supporting the implementation of the Government’s local integration/out-of-camp goal so as to expand access to rights, services, and self-reliance opportunities in the longer-term, in line with the Global Compact on Refugees; contributing to linkages with local and national development interventions; and expanding access to solutions.

The National Institute for Refugee Support (INAR) of the Ministry of Interior and the UN Refugee Agency (UNHCR) is responsible for the coordination of the refugee response in Mozambique and UNHCR leads the inter-agency response, including with UN partners and NGOs, in support of the Government.

Refugee response partners provide assistance both in Maratane settlement and in urban areas to ensure the (1) protection environment is conducive for the enjoyment of rights; (2) refugees are gradually absorbed into national systems to access basic services; (3) government’s “out of camps” goal progresses as the settlement concept and urban integration are implemented; (4) refugees enhance their self-reliance through increased access to livelihoods

and economic inclusion opportunities; (5) refugees have increased opportunities for comprehensive solutions such as local integration, voluntary repatriation and resettlement

Response Modalities

Individual support persons of concern: The response will strengthen case management, the provision of inclusive and adapted specialized services through a multi sectorial service provision, including legal assistance, psychosocial support services, access to legal remedies and economic empowerment as a tool to increase self-reliance. UNHCR will work to strengthen referral mechanisms at district and provincial levels to ensure that persons of concern are receiving adequate support while they are integrated into the local systems. Psychosocial counselling and activities will be carried out with refugees and asylum seekers in Maratane as a means to improve the mental health environment of the settlement. This service will ensure that all persons at risk receive the needed counselling and support in MHPSS and contribute to the general well-being of the settlement.

Strengthening Community-based approaches: UNHCR will maintain its efforts to strengthen local protection systems while ensuring synergies and complementarity are in place. Focus will be given to the capacity building of local stakeholders, including civil society and government entities. Training and capacity building in PSEA and GBV will be incorporated into regular programming and throughout the multisectoral interventions, including livelihoods.

Protection solutions: UNHCR will provide a comprehensive package of protection solutions to address the various needs of the population of concern in Maratane and urban areas, including vulnerable host community members. Planning and programming are conducted following e-based protection, including age and gender disaggregated data disaggregation. Modalities of implementation will be varied and crosscutting, ensuring that the specific need of the various groups are considered and that they have access to adequate solutions. Some of the main components are:

1. Access to documentation: It is envisaged that by 2022, more than 10,000 IDs will expire. Provision of civil documentation to refugees and asylum seekers will be increased by targeting those who will have their IDs expired and those who will require a new one. This effort will be in line with UNHCR strategic objectives in ensuring refugees and asylum seekers have access to documentation, services and full enjoyment of rights and therefore prevent protection risks such as arbitrary detention.
2. Support to persons with specific needs: Through its implementation partner, UNHCR will continue to provide targeted assistance to persons with specific needs. The assistance will include but not limited to the provision of assistive devices to persons with disability, complementary and supplementary feeding to chronically ill and malnourished persons and children at the kindergarten level respectively.
3. UNHCR will continue to provide quality education to camp-based refugee children, including through the Vodafone Foundation-funded INS Programme, as well as primary health care for the camp population. Support to individual resettlement cases will

continue for selected protection profiles. UNHCR will continue to support the Government to clear the backlog of pending RSD cases with the aim of completing the process in 2022, as well as implementing the strategy for transitioning the camp into a settlement. Skilled refugees interested in local integration will be supported to establish themselves outside of the camp in locations of their choice.

Cost & Prioritization of the Response

For 2022, the refugee programme requires \$12.8 million for multisectoral and comprehensive activities that are contributing to the strengthening of the protection environment. Based on an extensive prioritization analysis exercise, UNHCR will ensure that protection assistance reaches individuals who need it the most. The interventions will primarily target the refugee and asylum seeker populations living in Maratane Refugee Settlement as well as host community members from the surrounding areas, who also benefit from the services provide in the settlement. In addition, the project will seek to extend support to urban refugees in Nampula and other provinces. The response will be conducted with the support of six implementing partners, including governmental entities, as well as operational partners.

Community Engagement & Accountability to Affected People

In line with feedback shared by refugees in various focus group discussions and the safety audit conducted in Maratane Refugee Settlement, UNHCR will continue to promote the active involvement of all refugee groups in the response. UNHCR strengthen existing accountability to affected populations mechanisms to improve the two-way communication and guide the response. Community consultations will be conducted as a crucial means of identifying and assessing protection risks and issues in the community. Consultations will be employed in the development and operationalization of community-based mechanisms including protection desks and complaint and feedback mechanisms, and the appointment of protection focal points.

UNHCR and partner agencies maintain a daily presence in Maratane settlement and meeting with refugees and asylum seekers in Nampula, Maputo Cidade and Maputo Province weekly. Focus Group Discussions are conducted on a monthly basis, if not more frequently.

Community engagement is at the centre of planning and decision-making to build protection strategies in partnership with beneficiaries. In a rights-based and community-based approach, people of concern not only have the right to participate in making decisions that affect their lives, but they also have a right to information and transparency from the humanitarian actors.

PSEA trainings are conducted at community level as a means to increase awareness and open to the communication channels for reporting of cases. Capacity building on SEA is also extended to implementing partners operating in Maratane settlement.

Prevention of Sexual Exploitation & Abuse

UNHCR will monitor and enhance its gender equality commitments through improved gender equality capacity and monitoring, including

the gender balance on teams, the implementation of PSEA and sexual harassment policies, and consultation with staff on gender-based needs.

Trainings on GBV, PSEA and the Linha Verde hotline are provided to local authorities (police, social and health workers, and governmental communitarian leaders). In Nampula Province, which hosts the Maratane refugee settlement as well as a sizable population of urban refugees, a women's group, established jointly by UNHCR and UN Women has been trained on referral/ reporting mechanisms on GBV, including SEA, so that they share information within the communities.

All partners of UNHCR are required to be compliant with the UNHCR's global SGBV strategy and the UN Protocol on Allegations of SEA and sign the Code of Conduct. The partnership agreement requires the partner's commitment for integrity, ethical and professional conducts and also provides the required standards for managing misconduct. Partners are required to go through inductive training and periodic training on the Code of Conduct and PSEA. The Code of Conduct and PSEA principles are binding on not only staff members of partners, but also affiliate workers and contractors who may have direct contact with refugees and asylum-seekers.

Response Monitoring

UNHCR will continuously monitor the implementation of the HRP through continuous engagement with partners and relevant stakeholders. Means of monitoring include, but are not limited to, field visits, coordination meetings, reports, focus group discussions, etc. UNHCR will strengthen community-based protection monitoring to increase identification of different protection incidents suffered by refugees and asylum seekers and will maintain its regular protection monitoring to understand and respond to protection trends.

As part of UNHCR's results-based management, the implementation through partners will be conducted following specific sets of performance and impact indicators to ensure adequate accountability and follow-up throughout project implementation. Following this approach will guarantee that proper adjustments are timely made during the implementation cycle to ensure the expected results are achieved.

Additional tools are also in place, such as Participatory Assessments in which partners hold separate discussions with women, girls, boys, and men of concern, including adolescents, are undertaken regularly

in order to gather accurate and disaggregated information on the specific protection risks they face and the underlying causes, to understand their capacities, and to hear their proposed solutions.

In Maratane refugee settlement, UNHCR and partners staff are present with predictable schedules for focus group discussions and for direct consultations. For urban refugees, monthly meetings will be held in order to share achievements and challenges and strengthen participation and feedback.

Partners engaged in response are guided by the concept of 'putting people first' and drawing on the rich range of experiences, capacities, and aspirations of refugees and asylum-seekers with recognition of age-gender diversity mainstreaming and UNHCR and partners are committed to being accountable to the people they serve by listening and responding to their needs, perspectives and priorities

Refugee Response Plan Objectives, Indicators and Targets

While the strategic objectives aim at addressing the specific situations and multisectoral needs, including protection as well as food and nutrition, core common objectives include: preserving and enhancing the protection environment and living conditions for asylum seekers and refugees and the promotion of peaceful co-existence with host communities; strengthening protection through the expansion of improved community-based and multisectoral child protection, PSEA and GBV programmes; strengthening access to basic services; expanding livelihoods opportunities; ensuring access to civil documentation by stateless persons or others at risk of statelessness; supporting the implementation of the Government's local integration/ out-of-camp goal so as to expand access to rights, services, and self-reliance opportunities in the longer-term, in line with the Global Compact on Refugees; contributing to linkages with local and national development interventions; and expanding access to solutions.

Multisectoral and comprehensive activities will contribute to the strengthening of the protection environment. Based on an extensive prioritization analysis exercise, UNHCR will ensure that protection assistance reaches individuals who need it the most. The interventions will primarily target the refugee and asylum seeker populations living in Maratane Refugee Settlement as well as host community members from the surrounding areas, who also benefit from the services provide in the settlement. In addition, the project will seek to extend support to urban refugees in Nampula and other provinces.

Coordination & Common Services



REQUIREMENTS (US\$)

\$6.1M

PARTNERS

3

PROJECTS

4

People Targeted

The scale of humanitarian needs in northern Mozambique requires strong strategic and operational coordination of the response to ensure that synergies, efficiency and cross-sectorial analysis and response are reaching the most vulnerable people. To ensure the humanitarian response is optimally efficient and effective, including support to the Humanitarian Country Team (HCT), Area Humanitarian Country Team in Cabo Delgado and Inter-Cluster Coordination Groups in both Maputo and Cabo Delgado, OCHA will continue to play a central role, including through inter-cluster coordination, information management, preparedness and contingency planning, resource mobilization and advocacy.

The Coordination and Common Services provided under this Humanitarian Response Plan will directly benefit the 54 humanitarian organizations included in this appeal, and will indirectly support the 1.1 million people targeted for assistance and protection.

Response Strategy & Modalities

Coordination and Common Services—including the work of OCHA, PSEA and DTM—will support and facilitate inter-sectoral prioritization of areas with the highest concentration of people facing the most severe needs, as well as promoting a gender- and disability-sensitive humanitarian response that adopts and implements a zero-tolerance approach to sexual exploitation and abuse.

In 2021, the following Coordination and Common Services activities will be prioritized:

- Ensuring safe and accessible channels for reporting of Sexual Exploitation and Abuse in Mozambique;
- Coordination of inter-agency rapid needs assessments, as well as ongoing consolidation of secondary data, to identify the most urgent humanitarian needs and ensure humanitarian decision making is based on common situational awareness;
- Collection of timely data on displacement through IOM's Displacement Tracking Matrix (DTM);
- Timely dissemination of key information to all stakeholders, including to affected communities and in local languages;
- Regular needs, response and gaps analysis, including through information products such as the monthly Humanitarian Dashboard and 5W;
- Operational coordination of humanitarian delivery, through coordination mechanisms adapted to the context that support the effective and coherent delivery of humanitarian assistance;
- Joint strategic response planning based on prioritized needs;

- Advocacy and coordination to ensure that people in emergencies are protected from harm and have access to assistance;
- Community engagement, protection, gender, age and disability sensitivity of the humanitarian response.

The IOM Displacement Tracking Matrix (DTM) will serve as a coordination and key accountability tool to regularly inform analysis by other humanitarian and policy actors. IOM DTM assessments will highlight persistent gaps and serve to inform relevant actors about where assistance is most needed and how the interventions are impacting in the population in need.

Cost & Prioritization of the Response

Approximately \$6.1 million is required to support coordination and common services in 2022, with the following two priorities:

- Protection against sexual exploitation and abuse - \$200,000
- Strategic and operational coordination of the response - \$2.5 million
- Displacement tracking Matrix - \$3.3 million

Community Engagement & Accountability to Affected People

Beyond the cluster-specific measures planned to enhance community engagement and accountability to affected people, OCHA will promote a joined-up and system-wide approach to this issue, including through ensuring that feedback from affected communities is regularly raised and addressed in both strategic and operational coordination forums. OCHA will also work with partners to develop relevant materials in local languages.

Protection against Sexual Exploitation & Abuse

Protection against Sexual Exploitation and Abuse (PSEA) has been established as a core priority of the 2022 Humanitarian Response Plan for northern Mozambique. Under the leadership of the Humanitarian Coordinator and with the technical support of a dedicated PSEA Coordinator, OCHA, in support of the Humanitarian Country Team, has ensured that PSEA is incorporated throughout all stages of the planning process.

Recognizing that PSEA needs to be implemented rapidly and effectively, the 2022 HRP includes a dedicated inter-agency PSEA project to ensure that resources are available for collective PSEA initiatives, which is included under this Coordination and Common Services segment of the HRP. This builds on the work of Mozambique's PSEA Network, as well as the roll-out of sexual exploitation and abuse reporting standard operating procedures.

Logistics



REQUIREMENTS (US\$)

\$6.0M

PARTNERS

1

PROJECTS

1

Response Strategy

Logistical access within Cabo Delgado, the epicentre of the insecurity is expected to remain in year 2022. The advent of the rainy season will exacerbate the tenuous situation in some of the more remote locations. Logistical support also requires to be expended to other provinces of displacement including Niassa and Nampula provinces in northern Mozambique to where of the displacement has taken place. One of the main challenges to ensure success of this support is assured and sustained access from undeveloped tertiary road networks, insecurity, adequate transport service providers for sea transport and the potential for further infrastructure deterioration during the rainy season.

Common services under the Logistics sector would aim to address the above challenges by offering a platform for logistical solutions in warehousing and surface transport. Additionally, access via air under the WFP mandated air services (UNHAS) to the humanitarian community for both passenger and cargo air transport will be implemented.

People Targeted

Logistics sector will be supporting the third tier beneficiaries; these include the Government and the humanitarian organizations responding to the crisis in the northern region of Mozambique. The logistics sector will target about 40 organizations both humanitarian, development as well as diplomatic missions and government departments requiring logistics related support. Contracted commercial companies will be considered for gender aspects with female owned companies encouraged to participate in tenders.

Response Modalities

Many of the areas where humanitarian needs are most acute, face the biggest access challenges due to volatility wrought by armed attacks, infrastructure damage from cyclones and flooding and lack of maintenance of the latter. Consequently, access to transportation becomes unattainable, limited or costly. The project will combine different modes of transport to reach the areas where the vulnerable populations are. Cargo consolidation possibilities will be offered to allow cost efficiency.

Further humanitarian partners already face challenges to find appropriate storage areas for critical relief items in Cabo Delgado's capital Pemba as well nearer to beneficiaries. The project will establish common spaces, where possible, which will be shared by the humanitarian actors to ensure safe and cost-effective storage of relief items before transport and distribution. To allow efficient information share, a coordination platform will continue to be maintained in 2022

at national and locally in Cabo Delgado. This will address blockages, solutions and gaps in the Logistics sector affecting response. Air passenger and light cargo transport is vital to reach the beneficiaries for humanitarian support. UNHAS operations have been running since December 2020 and has been accompanying the opening of humanitarian space in Cabo Delgado. So far, key destinations are Ibo with the highest traffic followed Mueda. With the reconstruction and opening of the Macomia air strip on 18 August 2021, UNHAS has commenced operations there. Other destinations include Palma, Afungi and Mbatamila. Based on demand, UNHAS aims to fly to Niassa and Mocimboa da Praia as next destinations, depending on the opening of the humanitarian space. These air services will continue as necessary in 2022.

Cost & Prioritization of the Response

Logistics Sector will prioritize the procurement of transport and warehousing for humanitarian relief items on behalf of the humanitarian and development partners. This will include multi-modal transport selection to provide a more comprehensive solution. Additionally, the passenger service air transport will continue to be offered accordingly and costs are based on monthly consumption trends established so far. To support increased and more appropriate air cargo transport, UNHAS intends, if approved, to position a helicopter which would ensure better outreach to hard-to-access areas.

Community Engagement & Accountability to Affected People

For accountability purposes, the logistics response will be guided by partner requirements expressed in the various platforms including the Logistics Sector working groups, the ICCG-(Inter Clusters Coordination Group) as well the UNHAS steering committee. The Logistics Sector will provide the services under the stewardship of WFP procedures. With the support of partners, WFP delivers community engagement materials that clearly define humanitarian response objectives while incorporating rights-based communications, including access to CFMs. Linha Verde is equipped to receive and handle all kinds of complaints, including those related to gender-based violence, sexual exploitation and abuse and any other harm that may be caused by WFP or its partners or contractors, and enables timely response adjustments in line with communities' concerns and identified needs during the course of interventions. All contracts entered into on behalf of the humanitarian community via the Logistics Sector have clauses that calls for compliance by the contractors with children's rights and prevention of sexual exploitation or abuse of anyone by their employees or any other persons engaged and controlled by the contractors to perform any services under the contracts.

Prevention of Sexual Exploitation & Abuse

The logistics Sector will participate in collection through Linha Verde and/or addressing PSEA matters accordingly. Should partners in the Logistics Sector be involved in PSEA, correct measures will be taken in line with the appropriate set procedures.

Response Monitoring

The Logistics sector will work closely with clusters and partners to continue to monitor the scale of the response needs and the

required logistics support in northern Mozambique quarterly through selected indicators including but not limited to: volume of requests for transport, volume of requests for warehousing, volume of request for air passenger movement, and return of regular access via the road.

The sector will also collect data on road access constraints, mapping this data and sharing the information to all users to ensure information is equitably available. This information will include areas of progress of repair projects envisaged by the government.



A man builds a shelter in Montepuez District. Photo: UN/ Helvisney Cardoso

Part 5:

Annexes

METUGE DISTRICT, CABO DELGADO

25 de Junho temporary shelter centre in Metúge District was sheltering about 34,000 internally displaced persons in November 2021. Photo credit: © UNICEF/ Franco



5.1 Participating Organizations

ORGANIZATIONS	REQUIREMENTS (US\$)	SECTOR
Action Contre la Faim	4,250,000	Food Security, Health, Nutrition, Water Sanitation Hygiene
ActionAid International	1,481,322	Water Sanitation Hygiene, Education, Protection, Protection - Child Protection
Adventist Development and Relief Agency	400,000	Protection - Child Protection
Agency for Technical Cooperation and Development	1,707,048	Protection - Child Protection
Associação Helpo NGO	155,138	Protection - Child Protection
Associação juvenil Kubatsira	120,000	Protection - Child Protection
Associação Moçambicana Para o Desenvolvimento da Família	200,000	Protection - Child Protection
Associação Pronanac Educational	647,160	Protection - Child Protection
Associazione Italiana Amici di Raoul Follereau	1,196,440	Protection - Child Protection, Protection - Gender-Based Violence, Food Security
Associazione Volontari per il Servizio Internazionale	9,583,262	Food Security, Camp Coordination and Camp Management, Education, Protection - Gender-Based Violence, Health, Water Sanitation Hygiene, Protection, Protection - Child Protection, Protection - Gender-Based Violence
Ayuda en Acción	3,150,000	Protection - Gender-Based Violence, Camp Coordination & Camp Management, Education
CARE International	4,309,106	Education, Emergency Shelter and NFI, Food Security, Nutrition
CARITAS	1,200,000	Nutrition, Protection, Protection - Child Protection
Catholic Relief Services	3,000,000	Protection - Child Protection
Dorcas Aid International	1,309,601	Protection - Child Protection, Protection - Gender-Based Violence, Water Sanitation Hygiene

ORGANIZATIONS	REQUIREMENTS (US\$)	SECTOR
Family Health International - FHI 360	1,930,000	Water Sanitation Hygiene, Emergency Shelter and NFI, Food Security, Water Sanitation Hygiene, Emergency Shelter and NFI
Fondazione "Opera San Francesco Saverio" CUAMM	600,000	Emergency Shelter and NFI, Food Security
Food & Agriculture Organization of the United Nations	26,674,398	Food Security
Fundação Ariel Glaser	630,000	Food Security
Fundação Wiwanana	200,000	Food Security
Fundación IBO	100,000	Food Security, Protection - Child Protection, Protection - Gender-Based Violence
Helpcode	1,550,000	Protection - Gender-Based Violence, Emergency Shelter and NFI, Food Security
Helvetas Swiss Intercooperation	730,000	Food Security
Humanity & Inclusion	450,000	Food Security
International Organization for Migration	35,309,260	Food Security, Water Sanitation Hygiene, Emergency Shelter and NFI, Food Security, Nutrition, Water Sanitation Hygiene, Health, Protection, Protection - Child Protection
Iris Global	1,098,434	Protection - Child Protection
Istituto Oikos onlus	2,989,890	Protection - Child Protection, Protection - Gender-Based Violence
Johanniter International Assistance	2,845,000	Protection - Gender-Based Violence, Water Sanitation Hygiene, Health, Nutrition
Joint Aid Management International	1,491,395	Nutrition, Food Security
Light for the World	340,000	Food Security
Movimento de Educação Para Todos	328,163	Food Security
MULEIDI	168,400	Food Security
Norwegian Refugee Council	8,353,500	Food Security, Health, Health, Protection

ORGANIZATIONS	REQUIREMENTS (US\$)	SECTOR
Office for the Coordination of Humanitarian Affairs	3,960,278	Protection
Plan International	2,815,559	Protection, Protection - Child Protection, Protection - Gender-Based Violence
Regional Psychosocial Support Initiative	300,000	Protection - Gender-Based Violence
Save the Children	8,171,862	Protection - Gender-Based Violence, Education, Protection, Water Sanitation Hygiene, Water Sanitation Hygiene, Education, Camp Coordination & Camp Management
Solidarités International	4,240,000	Camp Coordination & Camp Management, Coordination and support services
Street Child Organization	2,966,840	Coordination and support services
The Israel Forum for International Humanitarian Aid	336,000	Coordination and support services, Emergency Shelter and NFI, Health
UN Resident Coordinator's Office	200,000	Health
United Nations Children's Fund	37,756,470	Health, Protection, Protection - Child Protection, Protection - Gender-Based Violence, Water Sanitation Hygiene
United Nations High Commissioner for Refugees	36,382,098	Water Sanitation Hygiene, Food Security, Emergency Shelter and NFI, Water Sanitation Hygiene, Emergency Shelter and NFI, Health, Nutrition, Water Sanitation Hygiene, Food Security, Water Sanitation Hygiene, Protection
United Nations Population Fund	5,300,000	Protection, Education
WeWorld Onlus	3,882,379	Education, Protection - Gender-Based Violence
World Food Programme	159,291,299	Protection - Gender-Based Violence, Education, Emergency Shelter and NFI, Food Security, Protection
World Health Organization	3,400,000	Protection
World Vision Mozambique	1,069,501	Protection, Coordination and support services
World Vision International	1,069,501	Education,WASH

5.2 Planning Figures

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER PROJECTS
Coordination and Camp Management	622K	402K	10.8M	4	4
Education	386K	342K	23.5M	15	16
Food Security & Livelihoods	1.1M	970K	184.8M	15	15
Health	1.3M	609K	12.6M	14	14
Nutrition	327M	203K	19.4M	8	8
Protection	1.5M	758K	41.4M	19	28
Shelter & NFIs	982K	117K	42.4M	11	11
WASH	992K	831K	28.5M	18	19
Coordination & Common Services	-	-	6.1M	3	4
Logistics			6.0M	1	1
Refugees Response	31K	9.5K	13.0M	1	1
Total	1.5M	1.2M	388.5M	48	121

5.3 Acronyms

5Ws	Who does What, Where, For Whom and When	GFD	General Food Distribution
AAP	Accountability to Affected People	HCT	Humanitarian Country Team
ADIN	Agency for Integrated Development of the North	HIV	human immunodeficiency virus
AIDS	Acquired Immunodeficiency Syndrome	HLP	Housing, Land and Property
AoR	Area of Responsibility	HNO	Humanitarian Needs Overview
CAI	Centro de Atendimento Integrado	HRP	Humanitarian Response Plan
CBI	Cash Based Intervention	IASC	Inter-Agency Standing Committee
CCCM	Camp Coordination and Camp Management	ICCG	Inter Cluster Coordination Group
CFM	Complaints Feedback Mechanism	ICCM	Integrated Community Case Management
CFW	Cash for Work	ICRC	International Committee for the Red Cross
COVID-19	Coronavirus disease of 2019	IDP	Internally Displaced People
CP	Child Protection	IE	Inclusive Education
CwC	Communication with Communities	IEC	Information, Education and Communications
DHIS2	District Health Information System	iMB	integrated Mobile brigades
DPE	Department of Provincial Education	INAR	National Institute for Refugee Support
DPT3	Diphtheria Pertusis Tetanus	INGO	International Non Government Organizations
DRR	Disaster Risk Reduction	IOM	International Organization for Migration
DTM	Displacement Tracking Matrix	IPC	Integrated Phase Classification
eIDSR	electronic integrated disease surveillance and response	IRRs	Immediate Response Rations
ERDIN	Education Resilience and Development for the North	IYCF-E	Infant and Young Child Feeding in Emergencies
FFA	Food Assistance for Assets	MAM	Moderately Acute Malnourished
FSC	Food Security Cluster	MHPSS	Mental Health and Psychosocial Support
GAM	Global Acute Malnutrition	MINEDH	Ministry of Education and Human Development
GBV	Gender Based Violence	MOH	Ministry of Health
		MoPSE	Ministry of Primary and Secondary Education

NFIs	Non Food Items	SOPs	Standard Operating Procedures
OCHA	Office for Coordination of Humanitarian Affairs	SRH	Sexual and Reproductive Health
ODF	Open Defecation Free	TB	Tuberculosis
OHCHR	Office of the United Nations High Commissioner for Human Rights	TiCC	Training in Crisis Context
PIN	People In Need	TLS	Temporary Learning Spaces
PLW	Pregnant Lactating Women	TWG	Technical Working Group
PRN	Nutrition Rehabilitation Programme	UASC	Unaccompanied or Separated Children
PSEA	Protection against Sexual Exploitation and Abuse	UN	United Nations
PSN	People with Specific Needs	UNFPA	United Nations Population Fund
PSS	Psycho-Social Support	UNHAS	UN Humanitarian Air Service
RRM	Rapid Response Mechanisms	UNHCR	United Nations High Commissioner for Refugees
SAM	Severely Acutely Malnourished	UNICEF	United Nations International Children's Emergency Fund
SBCC	Social and Behaviour Communication for Change	UNMMEIG	United Nations Maternal Mortality Estimation Inter-Agency
SCI	Service Civil International	VAC	Violence Against Children
SEA	Sexual Exploitation and Abuse	WASH	Water, Sanitation and Hygiene
SETSAN	Secretariat for Food Security and Nutrition	WFP	World Food Programme
SGBV	Sexual and Gender Based Violence	WHO	World Health Organization

5.4

End Notes

- 1 <https://reliefweb.int/report/mozambique/linha-verde-da-resposta-emerg-ncia-report-period-1st-september-31st-october-2021>
- 2 <https://reliefweb.int/report/mozambique/cccm-cluster-mozambique-complaint-and-feedback-mechanism-monthly-report-december>
- 3 <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155342/?iso3=MOZ>
- 4 <https://www.who.int/publications/i/item/9789241516488>
- 5 <https://plan-international.org/publications/rapid-gender-analysis-conflict-cabo-delgado>
- 6 https://mozambique.unfpa.org/sites/default/files/pub-pdf/unfpa_cabo_delgado_flash_appeal_-_updated_june_2021.pdf
- 7 Relatório Anual das Actividades Relacionadas ao HIV/SIDA (2019)
- 8 https://www.unaids.org/sites/default/files/media_asset/jc1515_policy_brief_nutrition_en_1.pdf
- 9 The term 'wasting' within this document incorporates severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). The terms 'wasting' and 'acute malnutrition' are in common use and in general refer to the same manifestation of undernutrition. However, both terms have shortcomings; e.g. 'acute malnutrition' implies a recent or more urgent condition, while 'wasting' does not include oedematous malnutrition. We use both terms interchangeably;' (reference ENN FEX 60)

How to Contribute

Contribute towards Mozambique Humanitarian Response Plan

Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Mozambique, as identified in this Humanitarian Response Plan.

Contribute through 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.

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About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

HUMANITARIAN RESPONSE PLAN MOZAMBIQUE

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Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

www.humanitarianresponse.info/operations/mozambique



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

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