

This report is produced by OCHA Mozambique in collaboration with humanitarian partners.

HIGHLIGHTS

- Over one million people have been affected by Tropical Cyclone Freddy, floods and cholera.
- A total of 290,000 people have been reached with multisectoral humanitarian assistance.
- The cholera outbreak continues to spread. As of 4 April, 24,075 cases have been reported across eight provinces.
- Assessments, have taken place in Sofala, Niassa and Zambezia.
- An addendum to the 2023 HRP for Mozambique was published to provide support to 815,000 people affected by the triple crisis, with financial requirements of U\$138 million.
- The significant crop loss right before the main harvest has further impacted people living in areas that were highly food insecure areas. There are 3.15 million people in IPC 3 and above in Mozambique.

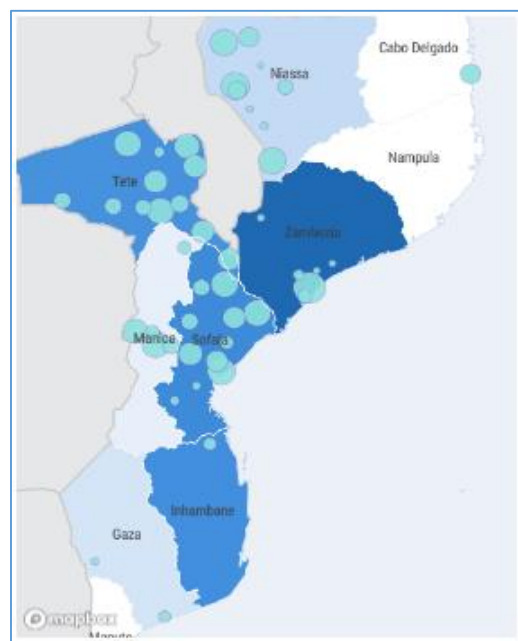


Figure 1: People affected by cyclone Freddy and floods and cholera cases by province. Source: INGD, MIS/ U

1.1M

Number of people affected

23K

Total cumulative number of cholera cases

815K

People targeted for humanitarian assistance

290K

People reached by humanitarian assistance

SITUATION OVERVIEW

More than a million people across eight provinces of Mozambique – Gaza, Inhambane, Manica, Maputo, Sofala, Tete and Zambezia – are bearing the brunt of the compounding effect of cholera, floods and cyclone Freddy. Freddy displaced over 184,000 people, who have sought shelter in accommodation centres (ACs) across the affected districts. Cyclone Freddy destroyed over 132,000 homes, leaving more than 640,000 people homeless damaged over 1,017 schools and over 5,000 kilometers of roads. The impact of the multiple crises, on top of the emergency in northern Mozambique, means that every province of Mozambique is affected.

The triple crisis has had a massive humanitarian and socio-economic impact. A total of 391,000 hectares of land have been affected (INGD). Given the land tenure pattern, with average landholdings of one hectare, this could mean that more than a million people are affected by crop losses. The significant crop loss right before the main harvest has affected areas already highly food insecure as per the latest [IPC report](#). There are 3.15 million people in IPC 3 and above in Mozambique.

As of 4 April, 24,075 cholera cases have been reported. In the last week of March, 4,829 cases and 12 deaths were reported. The majority of new cases and deaths were reported from Quelimane district (3,184 cases, 10 deaths). Following a first Oral Cholera Vaccination (OCV) campaign carried out at the end of February, a second OCV campaign started on 30 March in the provinces of Zambezia, Manica and Sofala. The campaign, conducted between 30 March and 3 April reached approximately 1,176,553 people out of 1,277,539 targeted with is equivalent to 92 per cent of the total caseload.

Some 290,000 people have been reached with multisectoral assistance. Partners have carried out several assessments in support of the response targeting persons who were internally displaced and host communities. A Multi-cluster Initial Rapid Assessment (MIRA) was completed in Zambezia province across five districts (City of Quelimane, Maganja da Costa, Mocuba, Nicoadala, and Namacurra), and the results are being analyzed. Displaced Tracking Matrix Assessments were conducted in Zambezia (Nicoadala, Nante, Namacurra, Milange), Sofala (Murraça, Caia, Sena) and Niassa (Mecanhelas, Mandimba) provinces while a GBV Safety Audit assessment took place in Zambezia (Nicoadala). Other multisector assessments were done in Zambezia (Namacurra) and Sofala (Beira, Dondo, Nhamatanda, Caia).

On 30 March, an Addendum to the 2023 HRP was published. The Addendum aims to complement the efforts of the Government of Mozambique to assist people affected by cholera, floods and cyclone Freddy. The Addendum seeks to address the most immediate and critical needs of 815,000 people in southern and central Mozambique, out of a total of 1.1 million people affected by the compounding effects of the triple crisis. Activities included in the HRP Addendum to in support of the cholera response target 6.4 million people with RCCE, another 2.7 million people with Wash/Health interventions and 120,000 people with case management. A total of U\$138 million is sought to provide life-saving humanitarian assistance and enable the most affected people to restart their lives with food security and livelihoods support, health, water, sanitation, and hygiene, and shelter/NFIs. The HRP Addendum also reflects requirements to contain and treat cholera in Mozambique. On 16 March, a grant of \$10 million was released by the Central Emergency Response Fund (CERF), to kick-start the cyclone and cholera response.

HUMANITARIAN RESPONSE

Camp Coordination and Camp Management (CCCM)

Needs:

- Provide technical and logistic support in the management of temporary accommodation centers.
- Ensure CCCM mobile teams coverage to multiple accommodation centers including coordination of services and monitoring of information.
- Complaint and Feedback Mechanisms, communication and outreach including accessibility and PSEA outreach and awareness raising.
- Replenishment of tools for site development, maintenance and decommission of Accommodation Centers (ACs).
- Site Development: floods and topographic analysis, demarcation, clearance, drainages.
- Information Management: service mappings, demographic and flow monitoring in displacement areas.

439K

People targeted

Response:

- CCCM Cluster have presence through partners in three provinces (Niassa, Sofala and Zambézia). CCCM teams are supporting the government with the provision of technical support related to the management of formal and/or informal accommodation centres, which includes coordination with partners, information management, establishment of complaint and feedback mechanism (CFM) and leadership structures, community engagement and site planning/development activities. There are over 200 active accommodation centres in the country, the majority in Zambézia, followed by Sofala, Tete and Inhambane. Although some accommodation centres are being deactivated, the needs remain a challenge and most of the families are still unable to return to their areas of origin.
- CCCM teams assessed the need of providing CCCM capacity building to local authorities and staff working in the management of the accommodation centres. Additional site planning and site development capacity in Niassa and Sofala, including flood analysis of potential resettlement areas is required.
- In Zambezia, the CCCM Cluster conducted assessment in ACs to identify needs and gaps of the affected population and support to the monitoring and eventual closure of the ACs in coordination with partners, supported return kits distributions (vouchers) and crowd control during distributions.
- Community engagement continues in 11 ACs in Zambezia, along with contacts and mapping in the areas of origin for post accommodation site life activities in all open ACs.
- Site assessments were conducted in Namutangurine relocation site in Nicoadala, Zambezia. The CCCM Cluster supported INGD-SDPI on mapping new areas for site extension, identification of empty plots, assessing flood areas with the site and tents set up to accommodate new families coming from Quelimane. 20 empty plots identified, almost 30 family tents set up, extension area identified, local authorities to conduct community engagement.
- Set up of CFM in the ACs to ensure accountability by complaint desk. PSEA sensitization provided in 4 ACs around Quelimane covering 841 individuals and extended information sharing about assistance and service in 12 ACs.

- In Sofala, the CCCM Cluster conducted joint assessments at areas of origin of the IDPs and possible locations for temporary accommodation center in Beira should the number of IDPs increase.
- Support local authorities with information management in the ACs. In coordination with INGD, the CCCM Cluster realized a go-and-see visit with provincial authorities to the proposed resettlement sites in Dondo district in Sofala province.
- Site clearing tools were provided to INGD for the clearing of plots in the two areas proposed for resettlement in Dondo district, Sofala provide.

Education

Needs:

- Provision of learning and teaching kits for 400k children and 6k teachers, respectively.
- Rehabilitation and school cleaning material for over 1k schools and delivery of tarps.
- 40k students in need of menstrual hygiene management (MHM) kits.

400K

People targeted

Response:

- In Manica, 27 classrooms were rehabilitated by the community and INGD with the distribution of tarps, zinc, nails, repairing tools to benefit 4,042 students. Another 31 classrooms are being rehabilitated by the communities and supported in the districts of Mossurize, Macossa, Vanduzi, Tambara and Machaze. Distribution of repairing material to the boarding Mandie school was provided. Seminars on prevention of cholera and waterborne diseases are being held by the school community, INGD, in collaboration with the relevant local authorities.
- In Zambezia, HPD with Plan International supported the installation of 12 improved Temporary Learning Spaces (TLS) and seven emergency WASH facilities, distributed 520 MHM kits, provided training to 70 teachers on MHPSS, teachers conduct, and referral (UNICEF).
- In Sofala, MHPSS, behavior change and reproductive health for 45,000 children and adolescents was provided along with the distribution of 8,500 learner kits, 25 teachers' kits and 4 tarpas (50 meters).
- In Inhambane, the Education Cluster supported the relocation of 220 children and 40 educational staff from the residential school to a safe space. School damage assessments were conducted along with the distribution of 5,500 primary and secondary kits. Five tents were distributed, and small school repairs were completed.
- In Nampula, the Education Cluster distributed 3,500 learner kits and tarps to set 20 TSL.

Gaps & Constraints:

- Limited resources available prevent the scale up of activities.

Food Security & Livelihoods

- WFP provided 7-days kits to 60,655 people at the accommodation centres of Inhambane, Sofala, Tete and Zambezia. WFP also provided return kits (30 days ration) to 14,235 people in the provinces of Inhambane and Zambezia.
- SCI started livelihood support to 8,600 people in some of the most affected districts of Gaza provinces.
- In Zambezia
 - COSV provided food assistance to one accommodation centre in Mocuba.
 - ADRA will be assisting 240 HHs in the community of Conane in Mocuba in the coming days.
 - For Afrika donated fortified rice to assist 371 HHs in Nicoadala, Namacurra e Quelimane districts.
 - OXFAM will provide food assistance to 500 HHs in Namacurra and 500 in Maganja da Costa with vouchers, to cover the needs for 30 days.
 - MANI TESE will be providing emergency food assistance to 300 HHs for a week in Maganja da Costa.
 - Plan International will be assisting 200 HHs through vouchers in Namacura e Maganja da Costa districts.
 - Comunidade Musulmana assisted 1000 HHs in Namacurra district.
 - Tsu Chi Foundation will be significantly scaling up their assistance, covering some needs for up to 100,000 people in Zambezia, with both food assistance and agricultural kits in the coming weeks.
 - FAO provided livelihood assistance for the second agricultural season in the districts of Mocuba, Nicoadala and Namacurra.

500K

People targeted

Gaps & Constraints:

- Funding gaps constrain the scale up of the operation.
- Some of the most affected districts do not have FSL partners presence.
- Common agreement on the criteria for targeting most vulnerable households is required.

- There is a narrow window of opportunity to assist affected people with short cycle seeds in some of the most affected provinces.

Health

Needs (Freddy and Floods):

- Establish and support Emergency Medical Teams.
- Provide Integrated Primary Health Care (PHC) package for prevention/ treatment of common diseases, Expanded Programme on immunization (EPI), MHPSS, Sexual and Reproductive Health (SRH), HIV, RCCE.
- Provide emergency medical kits, routine EPI vaccines, tents, logistics.
- Support mobile gender balanced health teams, support to existing health facilities, minimal rehabilitation, availability of RH commodities, community health promotion, mass campaigns, support to referral pathways
- Carry out a campaign of Massive Administration of Medicines (AMM) against malaria in most affected districts
- Support minimal rehabilitation of affected health facilities.
- Response to disease outbreaks.
- Support to the community health including mobile brigades.

638K

People targeted

Cholera activities:

- Strengthen surveillance and Laboratory Investigation.
- Strengthen cholera Case Management in Oral Rehydration Points (ORPs) and Cholera Treatment Centres and Units (CTCs and CTUs).
- Cholera investigation and management supplies.
- Improve referral systems.
- Water safety monitoring and quality including point of use, water treatment, and in households.
- Support the Oral Cholera Vaccination campaigns.
- Strengthen support to multisectoral national and district coordination teams and to each response pillar working groups to enhance effective coordination of the response at the respective levels.

Response:

- In Zambezia, partners reached 28,245 beneficiaries with different health interventions in Zambezia mainly in Quelimane City (as 28 March).
- WHO surged a team to Quelimane, Zambezia to support assessment and response to the cholera, address wider health needs of the population including continuity of basic health services, assure epidemiological surveillance and for information management.
- Support is provided to the establishment of the cholera treatment centres including drugs and structural supplies (eg. beds, IPC materials) and mentoring of clinical staff (132) in Cholera Treatment centers (132).
- UNICEF has supported CTCs with the provision of 100 cholera beds, 7 tents, emergency medical kits, 1000 mosquito nets and established 28 oral rehydration points in Quelimane.
- WHO provided 14 tents to Zambezia to ensure the continuation of health services.
- UNFPA SRH, Humanitarian & GBV technical staff are deployed in Quelimane to support humanitarian and health response, assess gaps in health – sexual & reproductive health service provision, provide training on GBV case (clinical) management and support pregnant women cholera case management. Rapid needs assessment is being conducted in 20 affected health facilities in Quelimane city. Technical support on maternal health needs, on-the-job technical training on cholera management in pregnancy is being provided.
- IOM supported an integrated mobile brigade in Namintangurine (Nicoadala district) to provide primary healthcare services to populations in accommodation centers in Quelimane.
- Local NGOs/CSOs are contributing to the emergency response in Zambezia.
- FGH is providing health services including psychosocial support at the accommodation centers, referral to the health facilities, sensitization message through community health workers.
- Kukumbi is supporting outreach activities and awareness campaigns.
- UNICEF has deployed surge teams to Zambezia and Sofala for the response to Freddy and cholera response. The organization is supporting health and nutrition cluster coordination in the affected areas and engaging in rapid assessment activities.
- IOM has reached 19 accommodation centres in Gaza and Inhambane with health promotion, hygiene promotion and sensitization on cholera prevention.
- IOM has trained community health activists in Inhambane, Gaza, Niassa and Tete on hygiene promotion & cholera prevention messaging.

Gaps & Constraints:

- Lack of geographic access (roads are blocked), lack of electricity and water in several locations of different districts in Zambezia pose serious threats in access to health care.
- Significant infrastructure damages especially for maternal and child health threatens adequate access to quality continuity of services' provision.
- Based on feedback from districts in Quelimane, there is still need for basic case management items to support setup of CTCs such as beds, cholera kits, tents and ringer's lactate.

 Logistics**Needs:**

- Provision of storage services to the humanitarian community.
- All-terrain vehicles (SHERP) deployment and operation for last mile delivery.
- Provision of road transport services, coastal transfer services and air bridge into Zambezia.

42

Humanitarian organizations targeted

Response:

- More than 1,500m³ of mixed relief items from food, health, shelter and WASH clusters have been transported by road from Maputo and Pemba to Quelimane.
- An airbridge to Quelimane was established. Approximately 460 m³ of relief items from health, shelter and WASH clusters were transported from Pemba (six UNHAS flights) and Maputo (four flights).
- Supported the INGD and humanitarian partners by transporting approximately 200 mt of mixed food and other relief items to several Zambezia districts. Those includes the usage of multimodal transport via Marromeu to delivery 10mt of mixed commodities to Luabo and Chinde in Zambezia province.
- The two amphibious vehicles supported the last-mile delivery of 14mt of mixed commodities in Namacurra, Zambezia.
- In Zambezia supported the Maganja da Costa authorities by re-opening an old road between Maganja da Costa and Pareirão resettlement center. This combined with the respective transport facilitation of approximately 40 mt payload of mixed relief items from district head to Pareirão.
- Successfully expedited the re-opening of the road between Namacurra and Furquia, Zambezia, by actively liaising with both district and locality authorities to cut the trees blocking the roads.
- Road assessment to Nicoadala, Quelimane district and Namacurra Districts were conducted.
- Aailed 900m² warehouse in Quelimane which is currently storing more than 200m³ of humanitarian supplies.

Gaps & Constraints:

- While flooding waters have started to recede in most of the areas, several villages remain inaccessible due to limited capacity at district level to remove the fallen trees blocking the roads.
- Limited information on possible joint response undermines transport and storage optimization. Joint planning will be pursued at the inter-cluster level through the Logistics Group.

 Nutrition**Needs:**

- Children under the age of 5 and pregnant and lactating women require treatment for acute malnutrition.
- Provision of rapid nutrition screening (using MUAC), diagnostic of malnutrition and referral to treatment.
- Lifesaving nutrition supplies stock replenishments in affected health facilities.

117K

People targeted

Response:

- Nutrition-lifesaving stock replenishments continues in affected districts of Inhambane, Zambezia and Tete provinces.
- Update of guidance and decision tree for nutrition management in cholera response.
- Training in nutrition in emergencies to nutrition supervisors in Sofala.
- Nutrition screenings, vitamin A supplementation and infant and young child feeding support continues in accommodation centers of Inhambane and Zambezia provinces.

Gaps & Constraints:

- Limited humanitarian presence for nutrition in emergency support in hard-to-reach areas.

- Lack of funding to ensure adequate nutrition stock supply in affected health facilities.
- Lack of nutritional survey to capture information on malnutrition trends to inform the response.

Protection (including GBV and Child Protection)

Needs:

- PSEA communication messages and awareness raising initiatives are confined to a few natural disaster-affected localities and outreach and communication about complaint and feedback mechanisms is needed.
- Need to scale up and establish emergency protection units in affected areas beyond accommodation centres and/or relocation/resettlement sites to establish mobile protection response.
- Strengthen community-based capacity to identify cases requiring protection referrals to address child protection, GBV, and mental health and psychosocial (MHPSS) support.
- Support people with specific needs, including case management for vulnerable groups and other groups with special needs.

444K

People targeted

Response:

Zambezia

Training activities

Training on PSEA training provided by the protection cluster, including UNHCR, UNICEF, and UNFPA, to

- Five protection focal points and 10 activists
- Local disaster risk reduction committees in Niooadala
 - Training of trainers on
- PSEA targeting 15 social action technicians and 3 ActionAid staff members from UNICEF.
- Safety Audit targeting 5 ActionAid staff members, and PSEA and Safety Audits cascading training to volunteers to follow with assistance from UNICEF and UNFPA.
 - Training of social workers on
- Community-based psychosocial support services on family tracing and reunification, case management and procedures in running child-friendly spaces by UNICEF, Action Aid, and Save the Children.
- Family Tracing and Reunification and MHPSS in child-friendly spaces to 15 social workers from Social Welfare Provincial Directorate (DPGCAS) from local authorities by UNICEF in collaboration with UNFPA.

Awareness raising

Awareness raising on PSEA to 12 partners, including over 50 government officials on PSEA and Complaints and Feedback Mechanism – Linha Verde, and 25 accommodation centres covering more than 500 affected populations in Niooadala.

- Community sensitization on PSEA, GBV and Complaints and Feed Back Mechanism – Linha Verde, and importance of civil documentation to 6,000 affected persons in Namacurra, Niooadala and Mocuba districts by UNHCR and Action Aid.

Other protection responses

- Distribution of dignity kits to 239 persons, including female-headed households and girls at risk in three accommodation centres by UNFPA and NAFEZA
- Provision of MPHSS and recreational activities to 3,030 children reached in Zambezia province, including 486 children, individual case management to 2 separated children from their families in Quelimane by UNICEF
- Establishment of a protection coordination platform in the Mocuba district, Zambezia by UNHCR to ensure complementarity in protection response.
- Provision of Child-Friendly Space (CFS) tents and Early Childhood Development (ECD) kits by UNICEF and ensure coordination among child protection actors.
 - ActionAid received 8 CFS tents, 8 ECD kits Mocuba, Namacurra, Niooadala and Quelimane
 - Save the Children received 5 CFS tents and 5 ECD kits to support Niooadala.
- DPGCAS assumed the co-chair role of the protection cluster in Zambezia.
- Join mission assessment (protection cluster, CPAoR and DPGCAS) conducted in Namitanuring, Niooadala district, Zambezia, to assess protection needs.

- Field visits conducted in six accommodation centres by the protection cluster led to the identification of vulnerable groups, of which the most vulnerable are: persons with disabilities (PWD) - including families with multiple PwD, elderly, single elderly headed households (looking after grand-children or *orphans*), single female-headed households, unaccompanied and separated children, pregnant women and lactating women.
 - Advocacy to district government and INGD on the need to ensure returns are voluntary and that age, gender, and diversity (AGD) approach should be at the centre of the process conducted by UNHCR.
 - Protection monitoring was conducted in transit accommodation and permanent IDP sites on the impact of cyclone Freddy by UNHCR, Social Welfare and ActionAid, which revealed a lack of adequate shelter, food, civil documentation, latrine and water sources.
- Sofala
 - Training delivered to 12 social workers from DPGCAS technicians on community MHPSS through CFS by UNICEF
 - Handed over 12 tents, 12 tarpaulins, and 7 recreational kits to be used in the CFA provided by UNICEF.
 - Provision of financial support to Social Welfare to monitor and supervise interventions, conduct case management and disseminate messages on prevention and response to VAC and GBV and prevention of separation by UNICEF.
 - Maputo
 - Handover of 5 tents to Regional Psychosocial Support Initiative to support the rolling out of MHPSS interventions in Maputo city and Maputo province.
 - Provision of financial support to Social Welfare to supervise and monitor interventions, disseminate protection messages, and conduct case management.

Protection Gaps & Constraints

Child Protection Area of Responsibility (AoR)

- Scarce financial resources to train social workers on Child Protection in Emergencies (CPIE)
- Limited GBV financial resources make it challenging to scale/expand the response and prevention interventions in host communities and relocation/accommodation centres.
- Healthcare system damages limit the ability to respond to GBV cases and provide Sexual and Reproductive Health (SRH) services.
- Limited financial resources affect the ability of humanitarian to raise awareness about complaints and feedback mechanisms such as Linha Verde in affected communities.
- Very few limited protection services from authorities and humanitarian actors to provide services to families with members requiring special care (i.e., families with multiple people with disabilities), elderly, single elderly headed households looking after grand-children or orphans, single female-headed households, unaccompanied children, pregnant women and lactating women.
- Gender issues
- Lack of disaggregated data in assessment and response to allow in-depth analysis for differentiated needs among affected groups. Data disaggregation allows targeted and contextualized support for the needs of women, children, and people with special needs.
- Lack of separation in accommodation centres based on gender exposes facilities to protection risks, including GBV and lack of dignity.
- Limited gender expertise across humanitarian actors.
- Protection
- Displaced persons in Quelimane who are not willing to be resettled to Nicoadala – areas identified by the authorities, instead opt to remain in Quelimane, which will require assistance.
- Some accommodation centres and resettlement sites have access issues due to difficult road conditions and flooding in some areas.
- Lack of capacity of local authorities at the Bairros, posto administrative level to manage issues relating to the expansion of resettlement sites in areas and reception of affected population (i.e. Namitangurini).

Shelter & NFIs

Needs:

- Shelter emergency kits (basic + standard + upgrade), including toolkits - Target: 40,000 HHs.
- Shelter resilient/transitional + repair kits - Target 5,000 HHs.
- Tents – Target 2,000 HHs.
- HHs emergency kits (mosquito nets, blankets, mats, jerrycans, family kits, kitchen sets) for 40,000 HHs.
- Information, Education, and Communication (IEC) material on shelter/NFIs key preparedness and good practices messaging (shelter/houses reinforcement advice and promotion Build Back Better principles).
- Distribution and technical assistance for construction (teams and logistics).

439K

People targeted

Response:

- IOM completed distribution in Inhambane (NFIs and shelter kits for 320 people) and Niassa (NFIs and shelter kits to 1,750 people).
- Shelter/NFIs distribution in Inhambane, Niassa, Sofala and Zambezia. Due to low availability of shelter items, the priority will be given to support the HHs with basic shelter kits, mostly tarpaulins (1 or 2 /HH) and rope, when possible adding basic tool kits.

Gaps & Constraints:

- There are few partners with resources to implement activities in the affected areas. Main partners so far are IOM, CARE, CVM/FRC while other partners are mobilizing/looking for funds and resources.
- Assessments continue; so far there is not a clear visibility on main needs and gaps, particularly in hard-to-reach areas.
- Only one partner is present in Niassa.

Water, Sanitation and Hygiene (WASH)

Needs:

- Temporary water supply, sanitation services, and hygiene kits for approximately 145,600 families in accommodations and community centres.
- Re-construction of sanitation and hygiene facilities in accommodations centres and communities.
- Over 2.6 million people in need of targeted water and sanitation interventions to respond to the cholera outbreak.

145K

Families require temporary water supply in accommodations and community centres

Response:

- The cluster has reached an estimated 94,000 beneficiaries.
- Construction of emergency latrines in communities and CTCs in flood affected areas in Zambezia, Sofala and Tete provinces
- Distribution of WASH hygienic kits to public institutions, host communities and affected mixed groups in Zambezia, Manica, Sofala and Inhambane (19,854 beneficiaries).
- Provision of cholera kits (1,000 kits) or disinfectant (41,685 people reached with certeza) in Zambezia, Manica, Tete, Niassa, Inhambane and Sofala in most affected areas (Quelimane, Nicoadala, Beira, Tete, Moma, Doa, Mutarara, Gondola, Govuro, Lichinga).
- Provision of on-site chlorination for boreholes and water treatment chemicals for water systems in Cidade de Quelimane and Caia.
- Rehabilitation of boreholes and piped water systems in Zambezia (Nicoadala) and in Inhambane (Massinga, Mabote, Vilankulo and Govuro).
- Provision of emergency handwashing stations in Quelimane (CTC in Military Hospital, General Hospital and UEM Chuambo Dembe).
- Water trucking in Cidade de Quelimane.
- Household hygiene promotion and training of teachers and education personnel in Cidade de Quelimane.

Gaps & Constraints:

- Targeted assessment still required in many affected areas that remain difficult to reach despite the receding floodwaters.
- Size of affected areas (over 80 districts out of 154) and geographical spread of the affected areas is challenging to reach all affected people at the same time.

- There is a lack of hygienic activists and resources in general.
- Current stock supplies low and lack of partnerships locally especially in Niassa, Tete and Zambezia prevent the scale up.

Gender

Needs:

- Identification of vulnerable groups, particularly female headed households, pregnant and lactating women, people with disability.
- Establishment of accessible, inclusive, safe and confidential complaints and feedback mechanisms at community level.
- Awareness raising of women and girls on available humanitarian assistance, standards of conducts, safeguarding mechanisms, available services.
- Men and boys mobilization on prevention of gender based violence, harmful practices and negative coping strategies.

Response:

- Conduct of Rapid Gender Assessment in Nicoadala district, Zambezia, for the identification of gender-related concerns caused by/exacerbated by the cyclone and floods.
- Capacity strengthening of 35 young activists (17 girls and 18 boys) on positive masculinities, GBV risk mitigation and PSEA.

Gaps & Constraints:

- Data on affected populations has not been disaggregated by sex, age and vulnerability.
- Limited availability of gender expertise across partners and sectors in the province.
- Reduce access to information for women and girls.

Prevention of Sexual Exploitation and Abuse (PSEA)

PSEA is being mainstreamed into the emergency response from the outset. PSEA focal points are present in all affected areas and support inter-agency coordination, capacity building for humanitarian and government partners and community engagement across all sectors. PSEA related information is being disseminated among the affected population and to local emergency coordination committees, in accommodation centres and in communities. All PSEA activities are closely coordinated with the INGD Safeguarding Department.

For further information, please contact:

Paola Emerson, Head of Office, emersonp@un.org

Federica D'Andreagiovanni, Head of Communications and Information Management, dandreagiovannif@un.org

For more information, please visit <https://www.unocha.org/mozambique>

To be added or deleted from this Sit Rep mailing list, please e-mail: dandreagiovannif@un.org