

This report is produced by OCHA Mozambique in collaboration with humanitarian partners. It covers the period until 14 April 2023.

HIGHLIGHTS

- Over one million people have been affected by Tropical Cyclone Freddy, floods, and cholera. Since the beginning of the rainy/cyclonic season, a total of 1.4 million people have been affected by natural disasters with 314 deaths; 1,043 schools destroyed, affecting about 1.2 million students; 133,979 hectares of land were lost.
- A total of 385,930 people have been reached with some form of humanitarian assistance.
- Stocks including the pipelines are running extremely low. Less than half of the needed shelter, NFIs and health supplies area available.
- The second short season is less than four weeks away with only a quarter of the needed agriculture supplies available.
- The cholera outbreak continues to spread geographically. As of 19 April, 27,353 cases have been reported in 53 districts across nine provinces. The cholera vaccination campaign concluded reaching 1.2 million people. Only a third of the needed health and WASH supplies are currently available (stocks and pipeline).
- The HRP addendum was published aiming to support 815,000 people affected by the triple crisis, with a financial requirement of U\$138 million.

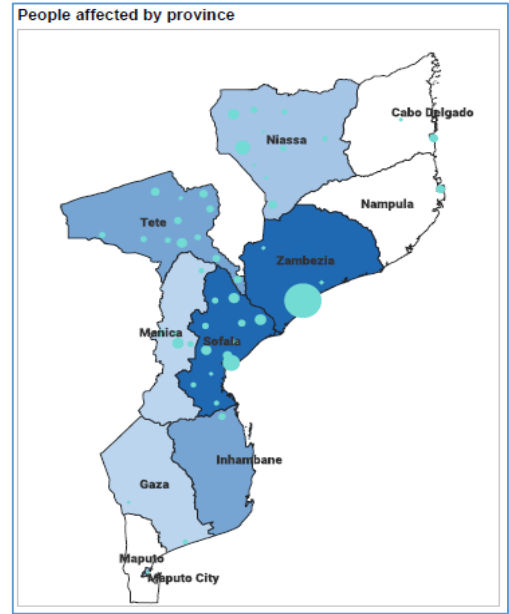


Figure 1: People affected by Cyclone Freddy, floods and cholera. Source: INGD, MISAU

1.1M

Number of people affected

27K

Total cumulative number of cholera cases

815K

People targeted for humanitarian assistance

385K

People reached by humanitarian assistance

SITUATION OVERVIEW

More than a million people were affected by cholera, Cyclone Freddy, and floods in Mozambique's provinces of Gaza, Inhambane, Manica, Maputo, Sofala, Tete, Niassa and Zambezia. An estimated 132,000 homes were destroyed, potentially displacing 640,000. A total of 1,017 schools and over 5,000 kilometres of road were damaged. As of 10 April, approximately 57,000 of the 184,000 people displaced by the cyclone and flooding remain in 33 Accommodation Centres (ACs) across Inhambane, Niassa, Sofala, Tete and Zambezia provinces. Food Security and Livelihoods, Shelter, and non-food items (NFIs), Water Sanitation and Hygiene (WASH), Health and Protection remain critical areas of interventions.

Some 385,930 people have been reached with some form of assistance by over 40 humanitarian partners working across eight provinces and 80 districts. In Zambezia province, the most affected by the triple threat of Freddy, floods and cholera some 190,000 people have been reached with humanitarian assistance out of a total caseload of 501,975 people. A Rapid Gender Needs Assessment is being conducted in Zambezia with inter alia UN Women support. The latest information on the response, including the 5Ws response dashboard by district can be found here: <https://response.reliefweb.int/mozambique>.

Mozambique is facing an alarming rise in food insecurity, with an estimated 3.15 million people experiencing severe acute food insecurity - i.e. IPC Phase 3 and above.

Despite receding flood waters, water contamination and disruption to water sanitation and hygiene services have sharply increased cholera cases. As of 16 April, a cumulative total of 26,841 suspected cases and 123 deaths (CFR 0.5%) have been reported in 53 districts from ten out of 11 provinces in the country. Zambezia, Sofala and Niassa remain the provinces with the highest number of reported cholera cases, with 12,262, 5,829 and 3,445 respectively. Phase I of the cholera vaccination campaign launched on 27 February reached approximately 719,240 people in the provinces of Niassa, Zambezia, Sofala and Gaza, with Niassa having the highest number of people reached (566,202). Phase II was launched on 30 March and covered 1,277,539 million people in Zambezia, Manica and Sofala, with Sofala having the most coverage (556,889), followed by Zambezia with (410,629).



Figure 2: Midwife who contracted cholera telling her story. Source: OCHA

Since the beginning of the rainy/cyclonic season, a total of 1.4 million people have been affected by natural disasters with 314 deaths; 1,043 schools were destroyed, affecting about 1.2 million students. In the agricultural sector, 133,979 hectares of land were lost.

The 2023 Humanitarian Response Plan Addendum was published on 30 March, aimed at assisting 815,000 people affected by Freddy, floods and cholera. The Addendum is seeking a total of U\$138 million.

HUMANITARIAN RESPONSE

Camp Coordination and Camp Management (CCCM)

Needs:

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

175K

People targeted

104K

People reached

Response:

- CCCM Cluster partners, operating through camp management mobile teams in Niassa, Sofala and Zambézia, provided technical support to local authorities on how to conduct information dissemination to displaced persons in ACs and how to receive and address CFM, set up leadership structures, community engagement and site planning.
- The mobile team will continue to involve the community in managing the waste in ACs. In the coming weeks, CCCM will engage with communities and propose a system that will work for the community and partners to ensure a synchronized approach to hygiene practices.
- In Sofala, as part of the process to promote a safe a secure site environment, CCCM Cluster supported the displaced community in Bloco 9, Mafarinha and Rama-Rama with site care and maintenance tools that include 30 rakes, 3 wheelbarrows, 100 pick-axes, 200 shovels, 20 machetes, 70 hoes, 10 axes and 3000 empty bags for sandbagging.
- In Zambézia, CCCM continued to address complaints and feedback in the ACs to ensure accountability through the complaint desk. PSEA sensitization was provided in four ACs in Quelimane, covering 841 individuals and extended information sharing about assistance and service in 12 ACs.

- In Niassa, the CCCM Cluster assisted INGD in the verification of households' data during relocation activities, promotion of awareness-raising campaigns on fire safety and PSEA targeting committee's members and the IDPs in the ACs,
- In coordination with local authorities, CCCM Cluster set up and maintained Information desks in ACs, therefore maintaining the online service mapping documents and flagging gaps and duplications, making swift and efficient referrals to relevant clusters, and disseminating integrated messaging to the affected population.

Gaps & Constraints:

- Limited resources to scale up interventions.
- Local authorities in Tete, Niassa and Sofala need site planning, care, and maintenance tools. CCCM Cluster is unable to provide these services and tools with limited resources.

Education

Needs:

- Provision of learning and teaching kits for 400,000 children and 6,000 teachers, respectively.
- Rehabilitation and school cleaning material for over 1,000 schools and delivery of tarps.
- 40k students in need of menstrual hygiene management (MHM) kits.

400K

People targeted

23K

People reached

Response:

- In Zambezia, HPD with Plan International supported the installation of 12 improved Temporary Learning Spaces (TLS) and seven emergency WASH facilities, distributed 520 Menstrual Hygiene Management kits, provided training to 70 teachers on MHPSS, teachers conduct, and referral (UNICEF).
- In Sofala, MHPSS, behavioural 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 tarps (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 Manica, 27 classrooms were rehabilitated by the communities and INGD with the distribution of tarps, zinc, nails and 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 materials to the boarding Mandie school was provided. Seminars on the prevention of cholera and waterborne diseases are being held by the school community, INGD, in collaboration with the relevant local authorities.
- 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

Needs:

- Provision of emergency food assistance to people in ACs for one week
- Distribution of seeds and tools to 79,000 households
- Three-month general food distribution to 500,000 people

500K

People targeted

99K

People reached

Response

Food assistance

- WFP provided 7-days kits to 68,415 people at the accommodation centres of Inhambane, Sofala, Tete and Zambezia.
- WFP provided return kits (30 days ration) to a total of 73,900 people in the provinces of Sofala, Tete, Niassa, Inhambane and Zambezia.
- For Afrika donated fortified rice in Nicoadala, Namacurra e Quelimane districts (Zambezia) and 15.8 tonnes for Sofala.
- CARITAS provided food items in the accommodation centres of Quelimane until their closure in early April.
- COSV provided food assistance to one accommodation centre in Mocuba in Zambezia.
- MANI TESE is providing emergency food assistance to 1,500 people for a week in Maganja da Costa (Zambezia).
- WFP will be assisting 2,500 people in Maganja Costa (Zambezia) with food assistance kits for one month (75% of the energy requirements).

- OXFAM will provide food assistance to 2,500 people in Namacurra and 2,500 in Maganja da Costa with vouchers to cover the needs for 30 days (Zambezia).
- Plan International will be assisting 1,000 people through vouchers in the Namacurra and Maganja da Costa districts (Zambezia).
- Tsu Chi Foundation will cover the needs for up to 100,000 people in Zambezia with both food assistance (1 month) and agricultural kits.
- Comunidade Musulmana assisted approximately 5,000 people in Namacurra district.

Livelihoods assistance

- Plan International, together with OXFAM and NANA will be conducting a rapid market assessment in the districts of Namacurra and Maganja da Costa that shall guide the modality of their assistance.
- FAO will be providing livelihood assistance for the second agricultural season in the districts of Mocuba, Nicoadala and Namacurra (Zambezia), as well as Chibuto, Mabalane, Chicualacuala and Mapai (Gaza).
- Action Aid assisted more than 15,000 people affected by flooding in Maputo province.
- ADRA assisted 880 people in Maputo and will be assisting 1,200 people in the community of Conane in Mocuba (Zambezia) in the coming days.
- SCI started livelihood support for 8,600 people in some of the most affected districts of Gaza province.
- Support with seeds and tools for the 2nd agricultural season being provided by MADER in the most affected provinces.
- Hidroeléctrica de Cahora Bassa (HCB) in Tete, will be supporting affected population with seeds (11 tonnes) for the agricultural season.

Gaps & Constraints:

- Funding gaps constrain the scale-up of the operations.
- Some of the most affected districts do not have FSL partners' presence.
- 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.

682K
People targeted

167K
People reached

Needs (Cholera):

- Strengthen surveillance and laboratory Investigation.
- Strengthen cholera Case Management in Oral Rehydration Points (ORPs) and Cholera Treatment Centres and Units (CTCs and CTUs).
- Enhance cholera investigation and management supplies.
- Improve referral systems.
- Ensure water safety monitoring and quality including point of use, water treatment, and in households.
- Support and expand 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, UNFPA has provided training in the General Hospital of Quelimane as well as on-site training for 60 maternal and child health nurses and community health workers on providing immediate care for cholera in pregnancy.

- UNFPA is distributing tents to be utilized as temporary health facilities to ensure service continuity; 9 tents have already been mounted, Maganja da Costa (2), Pebane (2), Inhassunge (2), and Cidade de Quelimane (3).
- UNFPA is shipping reproductive health kits to Zambezia, Provincial Health Directorate Zambézia (DPS), containing medicines, delivery kits, equipment, and commodities to address basic and emergency obstetric complications, among other essential needs.
- The OCV campaign in Tete province, which started on 10 April 2023 in four districts (Angónia, Doa, Mutarara and Tete city), was completed with 491,771 doses administered and 100% of the target population reached.
- Twenty tents have been constructed in Zambezia province to support the continuity of health services while health facilities damaged by Cyclone Freddy are rehabilitated.
- Operational capacities are being reinforced with the recruitment and deployment of additional surge capacities in Maputo and in the provinces.
- Community-based response actions are being implemented alongside the procurement and planification of distribution of community kits for affected households to limit the transmission of cholera.
- Reinforcement of the understanding of the dynamic of transmission of the outbreak by using a socio-anthropological approach.
- Investigation and initiation of response actions in Maputo city after the report of cholera cases in Katembe.
- UNFPA supported the Ministry of Health in developing guidelines at the central level on cholera case management for pregnancy.

Gaps & Constraints:

- Geographic spread creates operational obstacles to controlling cholera (10 out of 11 provinces reported cholera cases in the past two months).
- Resources mobilization and availability of human resources need to be strengthened.
- Presence of multiple health emergencies in the country (COVID-19, cVDPV, WPV1 and humanitarian situation in the northern part of the country).
- Lack of capacity to maintain continuity of health care in certain locations.

Logistics

Needs:

- Provision of road and coastal transfer services across Zambezia, Tete and Inhambane.
- Provision of specialized vehicles to reach areas inaccessible through conventional transport in Zambezia.
- Provision of storage services to the humanitarian community operating in Zambezia

42

Humanitarian organizations

Response:

Cholera Response

- Performed road transport from Matema to Tete city (10m³ of supplies).
- Conducted four UNHAS flights ex-Pemba to transport cholera beds and medicines from Pemba to Quelimane (60m³).
- Chartered two LAM chartered flights from Maputo to transport various items entailed of tents, medicines, medical supplies and protection for Cholera (approximately 150m³).
- Transported by road various relief items including of tents and medical supplies for cholera.
- Transported 160m³ of supplies from Maputo to Quelimane.
- Transported 20m³ of humanitarian supplies from Quelimane to Mocuba.
- Transported 40 m³ of humanitarian supplies from Quelimane to Namcura and Nicuadala.
- Transported 80 food kits (1.2mt of rice, 0.80 mt of Pulses and 0.582mt of oil) in support to 400 health staff dealing with cholera in Quelimane.
- Transported 2.325 mt of mixed nutrition items for cholera response.

Freddy Response

- Transported by road various relief items, including Food: From Tete to Doa, Mutarara (89 m3); from Doa to Mutarara (8 m3); from Mutarara several villages (70 m3).
- Received request from INGD to install two Mobile Storage Units (MSU) in Machanga and Caia.
- Transported 30m³ of CARE relief items from Maputo to Maxixe.
- Shared District level road maps with the partners
- Road and coastal assessment of several resettlement centres in Nicoadala, Quelimane (Marongane, Idago and longe Islands), Luabo, Chinde and Namacurra Districts.

- Successfully expedited the re-opening of the road between Namacurra and Furquia through active liaison with district and local authorities leading to the cut/removal of trees blocking the roads.
- Successfully opened the road access between Quelimane and Marrongane.
- Supported the Maganja da Costa authorities by re-opening an old road between Maganja da Costa and Pareirão resettlement centre.
- Supported INGD with multi-modal transport of approximately 60mt payloads of mixed items from Maganja da Costa to Pareirão and Numia villages with delivery of 10mt of mixed commodities to Luabo and Chinde via Marromeu with the delivery of 6 mt to Longe Island via Zalala Beach and delivered of 28 m³ of mixed commodities to Namcurra using the Sherps.
- Supported INGD and humanitarian partners by transporting approximately 1,100 m³ of relief items, including food, to several Zambezia districts.
- More than 1,700m³ of mixed relief items from the shelter, food, wash, and health clusters were transported by road from Maputo, Xai-xai, Caia, Nampula and Pemba to Quelimane.
- One SHERP has been decommissioned as the waters are receding while the other has been kept on standby in Quelimane.
- Established an airbridge to Quelimane. Approximately 460 m³ of relief items from health, wash and shelter clusters were transported from Pemba (six UNHAS flights) and Maputo (four 737 flights).
- Secured nine storage space in Quelimane (2x450m² warehouses) until end of June 2023.
- More than 320m³ of humanitarian partners' cargoes are currently being temporarily stored there.
- Expanded INGD storage capacity in the Quelimane compound.

Gaps & Constraints:

- Funding constraints and current have compromised the ability to continue providing upstream transport into Zambezia.
- Several villages remain inaccessible due to limited capacity at the district level to remove fallen trees blocking the roads.
- As a result of the delays in beneficiaries' identification and distribution points prioritization, some partners have been moving ahead with requesting transport to their own identified distribution points.
- Lack of updated resettlement centres or distribution point coordinates compromises the effectiveness of the transport planning and production of maps.

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

13K

People reached

Response:

- 2,550 boxes of ready-to-use therapeutic food (RUTF) for SAM treatment and 1,659 boxes of ready-to-use supplementary food (RUSF) for MAM treatment delivered to affected health facilities of Zambezia, Sofala, Tete and Inhambane provinces.
- 41,299 children under five and 1,890 pregnant and lactating women screened for acute malnutrition, 463 children under 5 and 98 pregnant and lactating women treated for wasting, 25,211 children supplemented with vitamin A, 16,218 children dewormed, and 661 caregivers counselled for infant and young child feeding through mobile brigades in accommodation centres and hard to reach communities.
- Nutrition cluster coordination (bi-monthly at the national level and weekly at the subnational level), weekly 5W & stock updates, joint needs assessments, rapid MUAC screenings combined with post-shock assessments in affected districts.

Gaps & Constraints:

- Limited partners' presence and capacity for nutrition in emergency support in hard-to-reach areas.
- 80% funding gap to ensure adequate nutrition stock supply in affected health facilities. Priority will be given to wasting high-burden provinces (Zambezia, Nampula, Inhambane).
- Urgent need to mobilize US\$ 1,464,520 to procure 30 MT of RUTF and 829 RUSF to treat severe and moderate wasting.
- Funding to undertake a rapid SMART 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.
- Results of the GBV Safety audits in Namacura and Nicoadala sites in Zambezia showed that critical GBV risks exist in accommodation and resettlement areas. Survival sex and early marriage were reported as critical risks
- There is an urgent need to Strengthen provision of GBV Case Management and build the communities' awareness about PSEA and how and where to refer GBV survivors in a survivor-centered way
- It is estimated that 22,000 sexual violence survivors will seek care and treatment and therefore need access to specialized case management and psychosocial support.
- In Sofala, there is need to expand CP response especially in hard-to-reach locations (Marrumeo and Caia);
- In Zambezia, child protection support especially in locations affected by the cyclone/flood would require continued MHPSS activities and other case management response to cyclone/flood affected children with specialized needs.

443K

People targeted

12K

People reached

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 and local disaster risk reduction committees in Nicoadala.
- 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 local authorities by UNICEF in collaboration with UNFPA.
- GBV AoR partners have positioned 3,288 Dignity kits for distribution, of which 1) 1,000 reached Quelimane, Zambezia, and 71 were distributed in Namitanguiri 2) 1,442 are ready for distribution in the districts of Nicoadala, Namacura, and Maganja da Costa of Zambezia. 3) 846 dignity kits will be distributed in Caia and Marrumeo in Sofala.
- In Zambezia, UNFPA reached a total of 1,400 individuals through messages on PSEA and GBV prevention, in Quelimane (272), Namacurra (856) and Nicoadala (272).
- UNFPA trained 19 staff members from partner organizations on GBV case management and psychological first aid (DPS, Coalizão, Rede Hopem, NAFEZA, and community activists).
- As part of mitigating GBV risks, UNFPA mobilized activists to be involved in community-led awareness raising.
- Action Aid conducted assessments in Mocuba, Namacurra, Nicoadala and Milange in Zambezia. Following closure of the accommodation centres, have been involved in monitoring GBV risks, training on PSEA and divulging the hotline (linha verde).
- A SRHiE expert was deployed to Zambezia and will support the GBV - Protection component.
- 3,664 (1753/Boys,1911/Girls) children reached with MHPSS and case management including 4 Family Tracing and Reunification services.

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 Nicoadala.
- 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, Nocoadala and Mocuba districts by UNHCR and Action Aid.

Other protection responses

- The Universidade Catolica de Mocambique (UCM) will partner together with UNHCR to provide 4,500 people with civil documentation while 1,500 people will receive legal assistance. In addition to that UCM will also raise awareness on the importance of obtaining civil documentation.
- 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, Nicoadala and Quelimane
- Save the Children received 5 CFS tents and 5 ECD kits to support Nicoadala.
- DPGCAS assumed the co-chair role of the protection cluster in Zambezia.
- Joint mission assessment (protection cluster, CPAoR and DPGCAS) conducted in Namitanuring, Nicoadala 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.
- 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.
- 28 participants (12 DPGCAS staff and 16 social workers) were trained by the CPAoR coordinator on Family Tracing and Reunification and MHPSS.
- CPAoR shared a standard prevention and response in emergencies messages to UNICEF WASH, Education and Nutrition Section staffs to be mainstreamed by its partners during their field activities.
- Through UNICEF funding, DPGCAS (Directorate of Gender, Children and Social Action) is set to commence next week MHPSS activities via CFS (Child Friendly Spaces) to over 500 children affected by cyclone/flood in four different sites/locations (Beira – Slaughterhouse, Block 9 – Dondo, Magaia – Dondo, Tica – Nhamatanda).

Maputo

- Handover of five 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.
- 847 (375/Girls and 472/Boys) reached with MHPSS through CFS activities (Cultural activities, life skills type activities, activities to stimulate creativity and imagination, manipulative, communicative and physical type activities) by REPSSI in Maguiguane community (Magude District), Ndivudane, Impaputo, and Mahelane communities (Namaacha District) and Tedeco community (Boane District).

- 12 Activists were trained conduct MHPSS activities in the five different districts;
- 482 parents and other community members were provided awareness raising activities by REPSSI on the importance of non-violent discipline, a discussion to improve parental care, the importance of CFS, in order to encourage the participation of their children in CFS activities.

Protection Gaps & Constraints

- Displaced persons in Quelimane who are not willing to be resettled to Nicoadala –will continue to 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).

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.

GBV AoR

- 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.
- Healthcare system damages limit the ability to respond to GBV cases and provide Sexual and Reproductive Health (SRH) services.
- No dedicated funding for the response has been received by GBV AoR partners. GBV AoR only has two partners in the affected provinces, with most partners operating in Cabo Delgado only.
- Low stock.

Shelter & NFIs

Needs:

- Shelter emergency kits (basic + standard + upgrade), including toolkits - Target: 200,000 people.
- Shelter resilient/transitional + repair kits - Target 25,000 people.
- Tents - Target 10,000 people.
- HHs emergency kits (mosquito nets, blankets, mats, jerrycans, family kits, kitchen sets) for 200,000 people.
- Information, Education, and Communication (IEC) material on shelter/NFIs key preparedness and good practices messaging (shelter/houses reinforcement advice and promotion of Build Back Better principles).
- Distribution and technical assistance for construction (teams and logistics).

438K

People targeted

19K

People reached

Response:

- Cluster's partners completed the distribution of 832 Shelter kits (IOM – 4,160 people) in Inhambane, 1,000 Shelter kits + 1,000 NFIs kits in Niassa (IOM – 5,000 people) and 50 Shelter kits + 641 NFI kits in Zambezia (IOM and CARE – 3,456 people).

- The following activities are planned/ongoing: CVM/IFRC plan 340 kits NFIs distribution in Gaza, IOM is distributing 250 shelter kits in Sofala, SC Partners (mainly IOM) are planning to distribute 21,000 shelter kits + 20,000 NFI kits in Zambezia.
- For Tete and other areas, some partners are evaluating the possibility of interventions.

Gaps & Constraints:

- Main gaps are in Tete as Shelter cluster's partners do not have a significant presence and/or do not yet have clear ongoing/planned activities.
- Assessments continue to be a priority, as so far, there is still not a clear visibility on main needs and gaps, particularly in hard-to-reach areas.
- Mapping the intervention of the cluster's partners is a way that will be used to appreciate the presence in the field of the Partners and where the activities could be directed to optimize the resources.

Water, Sanitation and Hygiene (WASH)

Needs:

- Temporary water supply, sanitation services, and hygiene kits for approximately 728,000 people 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.

728K

People targeted

98K

People reached

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 Quelimane city.
- 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:

- Rapid Gender Assessment was conducted in Nicoadala district, Zambezia, for the identification of gender-related concerns caused by/exacerbated by the cyclone and floods.

Gaps & Constraints:

- Limited availability of gender expertise across partners and sectors in the province.
- Reduce access to information for women and girls.

Resources: Stocks/Pipelines Mapping

Cluster	Kit/Item	Required	Available	Pipeline	Gap	Available	Pipeline	Arrive month	Gap
	Gender Based Violence AoR	38,124	<div style="width: 29%; background-color: #0070C0; height: 15px;"></div> 29%	<div style="width: 70%; background-color: #E67E22; height: 15px;"></div> 70%		10,906	700	April 2023	26,518
	Child Protection AoR	265,171	<div style="width: 100%; background-color: #E67E22; height: 15px;"></div> 100%						265,171
	CCCM	3,000	<div style="width: 100%; background-color: #E67E22; height: 15px;"></div> 100%						3,000
	Health/Cholera	1,000	<div style="width: 20%; background-color: #0070C0; height: 15px;"></div> 20%	<div style="width: 75%; background-color: #2ECC71; height: 15px;"></div> 75%	<div style="width: 5%; background-color: #E67E22; height: 15px;"></div> 5%	45	201		754
	Health/Freddy	2,270	<div style="width: 12%; background-color: #0070C0; height: 15px;"></div> 12%	<div style="width: 14%; background-color: #2ECC71; height: 15px;"></div> 14%	<div style="width: 73%; background-color: #E67E22; height: 15px;"></div> 73%	281	326		1,663
	FSL - Agricultural support	79,000	<div style="width: 33%; background-color: #0070C0; height: 15px;"></div> 33%	<div style="width: 66%; background-color: #E67E22; height: 15px;"></div> 66%		26,000	1,000		52,000
	FSL - Food assistance	300,000	<div style="width: 57%; background-color: #0070C0; height: 15px;"></div> 57%	<div style="width: 43%; background-color: #E67E22; height: 15px;"></div> 43%		169,866	1,740		128,394
	Education	451,300	<div style="width: 11%; background-color: #0070C0; height: 15px;"></div> 11%	<div style="width: 86%; background-color: #E67E22; height: 15px;"></div> 86%		14,824	50,423	April 2023	386,053
	NFis	40,000	<div style="width: 38%; background-color: #0070C0; height: 15px;"></div> 38%	<div style="width: 62%; background-color: #E67E22; height: 15px;"></div> 62%		15,115			24,885
	Shelter	47,000	<div style="width: 39%; background-color: #0070C0; height: 15px;"></div> 39%	<div style="width: 58%; background-color: #E67E22; height: 15px;"></div> 58%		18,282	1,500	April 2023	27,218
	Protection	16,725	<div style="width: 100%; background-color: #E67E22; height: 15px;"></div> 100%						16,725
	WASH (hygiene kits)	116,480	<div style="width: 13%; background-color: #0070C0; height: 15px;"></div> 13%	<div style="width: 12%; background-color: #2ECC71; height: 15px;"></div> 12%	<div style="width: 75%; background-color: #E67E22; height: 15px;"></div> 75%	14,881	14,500	April 2023	87,099
	WASH (Water purification - Certeza)	1,088,320	<div style="width: 9%; background-color: #0070C0; height: 15px;"></div> 9%	<div style="width: 21%; background-color: #2ECC71; height: 15px;"></div> 21%	<div style="width: 70%; background-color: #E67E22; height: 15px;"></div> 70%	97,435	232,000		758,885

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