

This report is produced by OCHA Mozambique in collaboration with humanitarian partners. It covers the period until 28 April 2023.

### HIGHLIGHTS

- Close to 400,000 people have had some form of assistance, with about 197,000 people receiving direct humanitarian assistance.
- With humanitarian supplies at a quarter of what is required, it is challenging to sustain and scale up the response.
- In the worse affected districts, under 20 per cent of the people targeted have received direct humanitarian assistance.
- The second short cycle planting season, starting in May, providing an opportunity for people to resume their livelihoods by September. However, only a quarter of the needed agriculture supplies are available.
- The cholera outbreak continues to spread geographically. As of 27 April, 28,958 cases were reported across ten provinces. A third of the needed cholera supplies are in place.
- The Cholera, Cyclone and Floods Response Plan was launched to support 815,000 people affected by the triple crisis, with a financial requirement of U\$138 million.

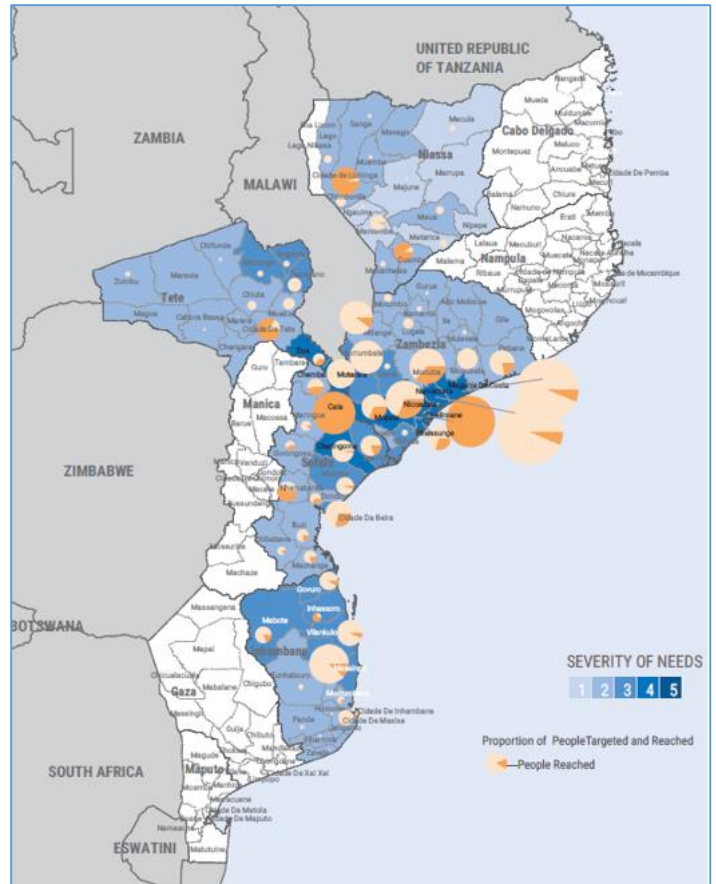


Figure 1: Severity Mapping of Cyclone Freddy, Floods and Cholera.

## 1.1M

Number of people affected

## 28.9K

Cumulative number of cholera cases

## 815K

People targeted for humanitarian assistance

## 385K

People reached with some form of humanitarian assistance

## 197K

People reached with direct 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 people. Over a thousand schools and an estimated 5,000 kilometres of road were damaged. According to the IOM's Displacement Tracking Matrix (DTM), 37,967 people (11,750 families) remain displaced across 19 active accommodation centres/temporary displacement locations in Inhambane, Niassa and Tete as of 25 April. Food Security and Livelihoods, Shelter, and Non-Food Items (NFIs), Water Sanitation and Hygiene (WASH), Health and Protection remain critical areas of intervention.

As of 28 April, some 385,930 people have been reached with some form of assistance by over 40 humanitarian partners working across eight provinces and 80 districts. About 197,000 people have been reached with direct humanitarian assistance. 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. The latest information on the response, including the 5Ws response dashboard by district can be found here: <https://response.reliefweb.int/mozambique>.

An analysis was recently conducted on the severity of needs at the district level, considering the following criteria: (i) IPC Acute Food Insecurity classification, (ii) impact of Cyclone Freddy and Floods, (iii) malnutrition rates and (iv) cholera caseloads. The results of the analysis indicated the following severity mapping distribution among the 1.1 million people affected:

**Severity 4:** 790k people in 10 districts in Sofala, Tete and Zambezia.

**Severity 3:** 182k people in 15 districts in Inhambane, Sofala, Tete and Zambezia.

**Severity 2:** 149k people in 47 districts in Inhambane, Niassa, Sofala, Tete, Zambezia.

**Severity 1:** 4k people in seven districts in Niassa.

Across the 10 most vulnerable districts in the provinces of Sofala (Caia, Cheringoma), Tete (Cidade de Tete, Doa, Mutarara) and Zambezia (Cidade de Quelimane, Inhassunge, Maganja da costa, Namacurra, Nicoadala), approximately 78,767 people, equivalent to 17 per cent of the targeted population in these districts, have received direct humanitarian assistance.



Figure 2: A woman stands next to her damaged cassava crops in Namitangurine District. Photo: OCHA

As of 26 April, health authorities have reported 28,958 cumulative cases of cholera in 10 provinces of the country, with 129 deaths. In the past 24 hours, 143 new cases were registered. Cabo Delgado (district of Namuno with 42 cases) and Nampula (district of Memba with 22 and Cidade de Nampula with 124 cases) are the current hotspots of the cholera outbreak, both reporting additional number of affected districts and cases in the past week. To address this concern, humanitarian partners developed and rolled out cholera community kits to support the response at the household levels in the newly affected districts in both provinces. 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).

There is a rise in food insecurity in Mozambique, with an estimated 3.15 million people experiencing severe acute food insecurity - i.e., IPC Phase 3 and above. A total 133,979 hectares of land were either damaged or lost.

The Cholera, Cyclone and Floods Response Plan was launched to support 815,000 people affected by the triple crisis, with a financial requirement of U\$138 million. The new humanitarian needs are outstripping the capacity of humanitarian organizations to respond. Without immediate additional resources, humanitarian partners will be forced to make impossible choices, and hundreds of thousands of people may not receive the assistance they need to survive. Urgent contributions are sought to support people affected by cholera, Cyclone and Floods. Some sectors are urgently seeking funding to replenish loans that enabled the response at the outset of the emergency.

## HUMANITARIAN RESPONSE

### Camp Coordination and Camp Management (CCCM)

#### Needs:

- Provide technical and logistical 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, have continued to provide technical support to local authorities in Niassa, Sofala and Zambezia in site planning and coordination.
- The Cluster continued to support displaced persons living in ACs with site care and maintenance tools to improve the living conditions and protection of Internally Displaced Persons (IDPs) and ensure a coordinated and effective response.
- The CCCM teams conducted service monitoring to assess the level of humanitarian service provision to the newly displaced persons in Nhacuecha in Caia district resulting in the support to the government on-site planning matters and validation of population figures of a list of households SADD, FGD and site profiles.
- The CCCM Cluster has begun the transfer of camp management responsibilities to the local government at the district level. Consequently, capacity-building sessions have been delivered to IDPs and have thus far led to the Cluster progressively withdrawing its presence from Zambezia, Sofala, and Niassa.

#### 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. UNICEF distributed 8,469 learner kits in Quelimane and Nicoadala, 520 Menstrual Hygiene Management kits, and provided training to 70 teachers on MHPSS, teachers conduct, and referral. Additionally, 14,150 learner kits and 159 teacher's kits were distributed in Namacurra (SCI).
- 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 14,638 primary and secondary kits and 9,138 learner kits distributed by UNICEF. Five tents were distributed, and small school repairs were completed. 159 teachers' kits and tool kits for classroom repairs were distributed in Massinga benefiting 6,780 children (SCI).
- 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.
- WFP will be providing 3-month food assistance to approximately 190,000 people in the most affected communities of Zambezia, Tete, Sofala, Inhambane and Gaza.
- For Afrika donated fortified rice in Nicoadala, Namacurra e Quelimane districts (Zambezia) and 15.8 tonnes for Sofala.
- FH (Food for the Hungry) will assist 5,500 people in Caia District (Sofala) with food assistance and agricultural inputs.
- 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 their 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 of up to 100,000 people in Zambezia with both food assistance (1 month) and agricultural kits.
- Comunidade Musulmana assisted approximately 5,000 people in the Namacurra district.

##### Livelihoods assistance

- Support with seeds and tools for the second agricultural season being provided by MADER in the most affected provinces with confirmed 30,000 kits in Zambezia.
- 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. In May ADRA will provide 3,500 people with food assistance for one month in Massinga (Inhambane).
- SCI started livelihood support for 8,600 people in some of the most affected districts of Gaza province.
- Hidroeléctrica de Cahora Bassa (HCB) in Tete, will be supporting the 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, and RCCE.
- Provide emergency medical kits, routine EPI vaccines, tents, and 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 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 each response pillar working. groups to enhance effective coordination of the response at the respective levels.

**Response (Cyclone Freddy and Floods):**

- 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 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.

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Humanitarian organizations

**Response****Cholera Response**

## Zambezia

- Conducted six 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 including tents, medicines, medical supplies, and protection for Cholera (approximately 150m3).
- Transported by road various relief items entailed Tents and medical supplies for cholera:
- From Maputo to Quelimane (approximately 160m3).
- From Quelimane to Mocuba (20 m3).
- From Quelimane to Namcura and Nicuadala (40m3).
- Transported 80 food kits (1.2mt of rice, 0.80 mt of Pulses and 0.582mt of oil) in support of 400 health staff dealing with cholera in Quelimane
- Transport of 2.325 mt of Mixed nutrition items for Cholera
- Partners serviced: WHO, UNFPA, MoH, CARE, MSF, DPS, UNICEF.

## Tete

- Conducted road transport from Matema to Tete city (10m3).

## Niassa

- Conducted four UNHAS flights ex-Pemba to transport Cholera beds and medicines from Pemba to Lichinga (30m3).

**Freddy Response**

## Zambezia

- Supported Food and Shelter clusters by facilitating the linkage with new National Log Cluster members who are also responding with similar relief items.
- Shared District level road maps with the partners
- More than 1,606m3 of mixed relief items from shelter, food, wash and health clusters were transported by road from Maputo, Xai-Xai, Caia, Nampula and Pemba to Quelimane.
- Supported INGD and humanitarian partners by transporting approximately 1,155 m3 of relief items including food to several Zambezia districts. Those included the usage of multimodal transport via Marromeu to deliver 10 mt of mixed commodities to Luabo and Chinde and 6 mt at longe Island and 28 mt (14 mt) of mixed commodities transported using the Sherps in Namacurra.
- Supported the Maganja da Costa authorities by re-opening an old road between Maganja da Costa and Pareirão resettlement center. This is combined with the respective transport facilitation of approximately 40mt payload of mixed items from the District head to Pareirão and Numia villages.
- Secured 900m2 storage space in Quelimane (2x450m2 warehouses) until end of June 2023. More than 320m3 of humanitarian partner's cargo is currently being temporarily stored there.
- 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).
- One SHERP has been decommissioned, while the other has been kept on standby in Quelimane.
- Road and coastal assessment of several resettlement centers in Nicoadala, Quelimane (Marongane, Idago and longe Islands), Luabo, Chinde and Namacurra Districts have been conducted.
- Successfully expedited the re-opening of the road between Namacurra and Furquia through active liaison with both district and Local authorities leading to the cut/removal of trees blocking the roads.
- Successfully opened the road access between Quelimane and Marrongane.
- Concluded the setup and handover of two MSU in Quelimane.

## Sofala

- Installed one Mobile Storage Unit (MSU) in Caia.
- Conducted assessments in Machanga, Caia, Marromeu and Sena.
- Transported 3m3 of relief items using the SHERPS.

- Supported INGD with the transport of 10m3 of relief items with Beira city.
- Support INGD with the transport of population between accommodation centers.

#### Tete

- Transported by road various relief items including Food between Tete, Doa and Mutarara (167 m3).
- Partners serviced: INGD. Inhambane
- Provided transport of 30m3 of CARE relief items from Maputo to Maxixe.
- Provided transport of 17m3 of UNICEF nutrition supplements from Pemba.
- Received a request to set up a new MSU in Vilankulos
- Conducted assessments in Mabote, Vilankulos and Inhassoro.

#### Niassa

- Received a request to conduct a road assessment to Mecanhelas.

#### Gaps & Constraints:

- Funding constraints 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.
- Limited information on the joint response has limited the optimization of transport and storage.

## 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.

#### 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.

# 117K

People targeted

# 13K

People reached

## 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 are 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.

# 443K

People targeted

# 12K

People reached

- 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 the 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 a 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 responses to cyclone/flood affected children with specialized needs.

## 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 the 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 the 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 of 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 standard prevention and response in emergencies messages to UNICEF WASH, Education and Nutrition Section staff 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 the 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 the Maguiguane community (Magude District), Ndividuane, Impaputo, and Mahelane communities (Namaacha District) and Tedeco community (Boane District).
- 12 Activists were trained to 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, and the importance of CFS, 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)

##### Needs:

- In Sofala, there is a 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 responses to cyclone/flood-affected children with specialized needs.

##### Response:

- In Zambezia, Sofala and Maputo 12,065 (5,494/Boys, 6,571/Girls) children reached with MHPSS through CFS activities, and 18 (7 Boys, 11 girls) children reached with Case Management services by Action Aid, REPSSI and Save the Children in Maputo, Sofala and Zambezia through UNICEF funding.
- 914 caregivers and parents continue to receive awareness raising from REPSSI on the importance of MHPSS activities for their children through CFS (Child-Friendly Spaces) including parental care.

#### Coordination:

- In Sofala, a CPAoR Working Group meeting took place on 18<sup>th</sup> April 2023 with child protection actors (9 organizations including DPGCAS and WFP) and discussed a way forward on how Child Protection in Emergencies activities could be coordinated and implemented with quality across all locations affected by the Cyclone/Floods.

#### Gaps & Constraints:

- In In Sofala, most of the Child Protection organizations are lacking not only funding but also knowledge in Child Protection in Emergencies

#### GBV AoR

##### Gaps & Constraints:

- 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:

- The total targeted population for Shelter/NFI cluster is approximately 367,000 people (73,450 Households).
- 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).

# 367K

People targeted

# 19K

People reached

#### Response:

- Cluster's partners completed the distribution of 832 Shelter kits in Inhambane (IOM - 4,160 people), 1,000 Shelter kits + 1,000 NFIs kits in Niassa (IOM - 5,000 people) and 50 Shelter kits + 745 NFI kits in Zambezia (IOM, CARE, and IFRC/CVM - 3,976 people).
- The following activities are planned/ongoing:
  - Gaza: CVM/IFRC planned distribution of 340 kits NFIs.
  - Sofala: IOM is distributing 2,000 shelter kits targeting 10,276 people.
  - Zambezia: SC Partners (Care, IFRC/CVM, IOM, UNHCR, WV) are planning to distribute approx. 4,200 shelter kits targeting 21,000 people + 4,570 NFI kits targeting 22,860 people.
  - Tete: SC partners are preparing plans for the response.

#### Gaps & Constraints:

- Main gaps are in Tete, where Shelter Cluster's Partners are still in the planning phase of the response.

- Assessments continue to be a priority. Partners require more information on some hard-to-reach areas (i.e., Mutarara in Tete Province).
- Main presence of the Shelter Cluster's Partners (see map below) is in Zambezia (main areas of intervention: Maganja da Costa, Namacurra and Mopeia).
- CVM/IFRC reported a small accident on 16/04/2023 after distribution in Ronda (Namacurra - Zambezia), with neighbor communities requesting support. The accident has been resolved; however, concerns remain about the location of the interventions of the different Clusters.

## Water, Sanitation and Hygiene (WASH)

### Needs:

- Over 2.6 million people are in need of targeted water and sanitation interventions to respond to the cholera outbreak.
- Temporary water supply and sanitation services are required for approximately 728,000 people in accommodations and community centres.
- Re-construction of sanitation and hygiene facilities in accommodations centres and communities
- Distribution of hygiene kits to displaced people and health facilities.
- Rehabilitation of WASH infrastructures in 200 institutions (HCF, schools and marketplaces).

# 728K

People targeted

# 98K

People reached

### Response:

- The Wash cluster distributed 55,546 household disinfection products reaching 277,745 beneficiaries.
- In Sofala, UNICEF has provided disinfectants in healthcare facilities visited by internally displaced people (Cidade de Beira, Chemba, Cheringoma, Chibabava, Dondo, Gorongosa, Machanga, Maringue, Marromeu and more recently Caia)
- 14 manual pumps received chlorination in Chimoio, and 1,615 tons of water treatment chemicals were provided by UNICEF to assist with the clean water delivery in Caia, Marromeu, Chemba and Gorongosa in Sofala and in Quelimane in Zambezia
- A total of 820,040 m3 of clean water was delivered by UNICEF and Kukumbi in Quelimane to 4 Cholera Treatment Centres (CTCs) and Campo base, zero and Hospital Geral suburbs.
- Emergency handwashing facilities were provided to healthcare facilities in Quelimane and Dondo as well as 16 Emergency latrines installed in the CTC in Sofala, Manica and Tete provinces.
- Water tanks were installed in the CTC in Chimoio in Manica by Solidar Suisse as well as in the community of Lichinga in Niassa by UNICEF and government counterparts and in temporary settlements in Zambezia in different parts of Quelimane
- Hygiene promotion activities were also carried out, especially with the distribution of hygiene kits and in cholera-affected districts with specific cholera-related hygiene messages.
- Care International distributed 640 hygiene kits in Namacurra, Peace Winds Japan 171 in the Inhambane province.
- Zambezia province has benefitted from the provision of cholera kits (1,000 kits) Hygienic kits were also distributed to public institutions, host communities and affected mixed groups in Zambezia, Manica, Sofala and Inhambane (19,854 beneficiaries).

### Gaps & Constraints:

- Targeted assessment is 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 the geographical spread of the affected areas are challenging to reach all affected people at the same time.
- There is a lack of hygienic activists and resources in general.
- Current stock supplies are low and the lack of partnerships locally especially in Niassa, Tete and Zambezia prevents the scale-up.

## Gender

### Needs:

- Identification of vulnerable groups, particularly female-headed households, pregnant and lactating women, and people with disability.
- Establishment of accessible, inclusive, safe, and confidential complaints and feedback mechanisms at the community level.

- Awareness raising of women and girls on available humanitarian assistance, standards of conduct, safeguarding mechanisms, and 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

A third of the first line response stocks, including cholera is available. Only two quarters of the needed agriculture supplies are available as the second short crop season is about to start.

Cluster	Kit/Item	Required	Available	Pipeline	Gap	Available	Pipeline	Arrive month	Gap
	FSL - Food assistance	300,000	57%	43%		169,866	1,740		128,394
	Shelter	47,000	39%	58%		18,282	1,500	April 2023	27,218
	NFIs	40,000	38%	62%		15,115			24,885
	FSL - Agricultural support	79,000	33%	66%		26,000	1,000		52,000
	Gender Based Violence AoR	38,124	29%	70%		10,906	700	April 2023	26,518
	Nutrition	829	14%	86%		112			717
	Health/Freddy	2,270	12%	14%	73%	281	326		1,663
	Education	451,300	3%	11%	86%	14,824	50,423	April 2023	386,053
	CCCM	3,000	100%						3,000
	Protection	16,725	100%						16,725
	Child Protection AoR	265,171	100%						265,171
<b>Cholera</b>									
Cluster	Kit/Item	Required	Available	Pipeline	Gap	Available	Pipeline	Arrive month	Gap
	WASH (hygiene kits)	116,480	13%	12%	75%	14,881	14,500	April 2023	87,099
	WASH (Water purification - Certeza)	1,088,320	9%	21%	70%	97,435	232,000		758,885
	Health/Cholera	1,000	20%	75%		45	201		754

### 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

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