

This report is produced by OCHA Mozambique in collaboration with humanitarian partners. It covers the period 29 April until the 16 May 2023.

HIGHLIGHTS

- Over one million people have been affected by Tropical Cyclone Freddy, floods, and cholera. Since the beginning of the rainy/cyclonic season, 1.4 million people have been affected by natural disasters with 314 deaths; 1,043 schools destroyed, affecting about 1.2 million students, and 133,979 hectares of land lost.
- An estimated 480,593 people have received some form of assistance in areas affected by Cyclone Freddy, floods and cholera. In the worse affected districts, a quarter of the people targeted have received direct humanitarian assistance, including in Mutarara district that has become accessible.
- The short cycle planting season that begins in May provides an opportunity for people to resume their livelihoods by September.
- Cholera cases continue to be reported. As of 16 May, 30,509 cases were reported across ten provinces.
- The Cholera, Cyclone and Floods Response Plan was launched to support 815,000 people affected by the triple crisis, with a financial requirement of US \$138 million. As of 16 May the plan has received \$10.8 million.



Figure 1: A woman carrying food supplies in Namitanguirine, Zambezia
Credit: Karin Christoffersen/OCHA

1.1M

Number of people affected

30.5K

Total cumulative number of cholera cases

815K

People targeted for humanitarian assistance

480K

People reached with some form of humanitarian assistance

263K

People reached with direct humanitarian assistance

SITUATION OVERVIEW

As of 16 May, 480,593 people have been reached with some form of assistance by over 44 humanitarian partners working across eight provinces and 80 districts. About 263,019 people have been reached with direct humanitarian assistance.

In Zambezia province, the most affected by the triple crisis of cyclone Freddy, floods and cholera, 216,347 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>.

Cholera cases continue to be reported. As of 16 May, health authorities have reported 30,509 cumulative cases of cholera in 10 provinces of the country, with 131 deaths.

The National Institute for Disaster Reduction and Risk Management (INGD) reports that as of 15 May, 17 accommodation centres hosting approximately 40,000 remain open in Niassa (5) and Tete (12).

There has been a rise in food insecurity, with an estimated 3.15 million people experiencing severe acute food insecurity - i.e. IPC Phase 3 and above. Since the beginning of the rainy/cyclonic season, 1.4 million people have been affected by natural disasters with 314 deaths. A total of 133,979 hectares of land were lost. In addition, 1,043 schools were destroyed, affecting about 1.2 million students.

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 120,750 people, 25 per cent of the targeted population in these districts, have received direct humanitarian assistance. The district of Mutarara has become accessible.

As recovery efforts to assist the communities in rebuilding their lives are multifaceted and will require time; in the meantime, humanitarian partners will focus on addressing most urgent life-saving needs. The Cholera, Cyclone and Floods Response Plan was launched to support 815,000 people affected by the triple crisis, with a financial requirement of US\$138 million. Humanitarian needs outstrip 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. Sectors seek funding to replenish loans that enabled the immediate start of the response at the outset of the emergency. According to the Financial Tracking System (FTS), as of 16 May the Cholera, Cyclone and Floods Response Plan is eight per cent funded, having received \$10.8 million.



Figure 2: A destroyed school in Zambezia. Photo: OCHA

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.

175K

People targeted

104K

People reached

- Site Development: floods and topographic analysis, demarcation, clearance, drainages.
- Information Management: service mappings, demographic and flow monitoring in displacement areas.

Response:

- CCCM Cluster partners supported INGD in Sofala, Zambezia, Niassa, and Tete with site care and maintenance tools to sustain IDP sites, accommodation centres and relocation centres' infrastructure including drainage systems.
- CCCM and INGD conducted an assessment in Inhangoma and Chare administrative posts in Mutarara district, Tete province. The majority of the IDPs expressed the need to be supported with seeds and tools to grow their own food. As shelter conditions were found to be poor, discussions were held with local authorities on how to for basic site care and maintenance improvement with active engagement of the displaced community.

Gaps & Constraints:

- Limited resources to scale up interventions.
- Local authorities in Tete, Niassa and Sofala need site planning, care, and maintenance tools.

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

45K

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 Nioadala, 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

149K

People reached

Response:

Food assistance

- WFP provided 7-day kits to 68,415 people at accommodation centres of Inhambane, Sofala, Tete and Zambezia.
- WFP provided return kits (30-day rations) to a total of 166,100 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 (Chinde, Inhassunge, Maganja Da Costa, Morrumbala, Mopeia, Namacurra and Nicoadala), Tete (Doa and Mutarara), Sofala (Muanza, Cheringoma and Marromeu), Inhambane (Mabote) and Gaza (Chigubo and Massangena).
- For Afrika donated fortified rice in Nicoadala, Namacurra e Quelimane districts in Zambezia and 15.8 tonnes for Sofala.
- CARITAS provided food items in the accommodation centres of Quelimane until their closure in early April and food assistance to 5,000 people in Boane. COSV provided food assistance to one accommodation centre in Mocuba.
- 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 per cent 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.
- Plan International will be assisting 1,000 people through vouchers in the Namacurra and Maganja da Costa districts.
- Tsu Chi Foundation have started their assistance to 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.
- FH (Food for the Hungry) will assist 5,500 people in Caia District in Sofala) with food assistance and agricultural inputs.

Livelihoods assistance

- Support with seeds and tools for the 2nd 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 assist some 60,000 people in Mocuba, Nicoadala and Namacurra, of which 2,500 with agricultural inputs for the second season.
- FAO will cover 15,000 people in Chibuto, Mabalane, Chicualacuala and Mapai (Gaza) with seeds.
- 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.
- CARITAS has provided seed assistance to 63,000 people in Boane and Namaacha.

Gaps & Constraints:

- Funding gaps constrain the scale-up of the operations.
- Some of the most affected districts do not have FSL partners' presence.
- The window of opportunity to assist affected people with short-cycle seeds is reducing.

Health

Needs (Cyclone 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

187K

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):

Zambezia:

- UNFPA shipped reproductive health kits containing medicines, delivery kits, equipment, and commodities to address basic and emergency obstetric complications, among other essential needs.
- IOM supported the distribution of 130 hygiene kits and soaps (1,030 bar and 260 detergent bags) in Nicoadala. IOM also supported Integrated Mobile brigades, reaching 8,417 individuals in Nicoadala and 1,657 individuals in Namacurra with essential primary health care services. Additionally, 2,864 individuals were reached with hygiene promotion sessions across Nicoadala, Namacura and Quelimane districts.
- FGH with PEPFAR funding through CDC established nine tents for temporary provision of services at health facilities in Nicoadala (2), Namacurra (2) and Quelimane (5) districts of Zambezia province.
- UNICEF provided acute watery diarrhea (AWD) kits, medicine kits and EPI to Nhamatanda district. UNICEF supported implementation of integrated mobile brigades (IMB) in Caia and Marromeu districts.
- FGH with funding from the Swiss Embassy and PEPFAR funding through CDC initiated the emergency repairs of roofs of health facilities destroyed by cyclone Freddy in Zambezia province. FGH will be repairing roofs at 41 health facilities, based on updated needs assessments.
- A 72 square meters tent were installed in the Irregone Health Facility, district of Quelimane to support continuity of sexual and reproductive health services provision in the facility.

Sofala:

- WHO supported the establishment of a new 10-bed CTC in Metuchira and Nhamatanda district
- Four oral rehydration points were established by WHO Lamego, Chirassícuá, Nhamatanda HQ and Metuchira.
- Cluster partners conducted water sampling and health promotion activities conducted in Sofala.
- WHO conducted training on risk communication and community engagement, with 35 professionals from different government organizations trained.
- WHO updated staff rotation plan for active outbreak provinces.

Nampula:

- WHO distributed 4,500 community kits to districts in Nampula Province, starting in Nacala city. WHO conducted an assessment to establish three additional CTU in Nampula.

Niassa:

- UNICEF provided medicine kits, mosquito nets and tents to guarantee continuity of services in Mecanhelas district. IOM reached 602 individuals with cholera prevention and key hygiene messaging.

Manica:

- UNICEF supported training of 365 community health workers in Manica province, in health promotion and disease prevention.

Tete:

- 2,848 people were reached through hygiene promotion sessions and cholera prevention messaging. IOM trained community health activists continue to support Chlorine treatment demonstration sessions.

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.
- 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.

Niassa

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

Tete

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

Cyclone Freddy Response:

Zambezia

- Supported Food and Shelter clusters by facilitating the linkage with new Logistic Cluster Working Group 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 Marroneu 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.

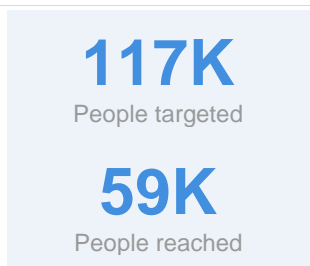
Gaps & Constraints:

- 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.
- Life-saving nutrition supplies stock replenishments in affected health facilities.



Response:

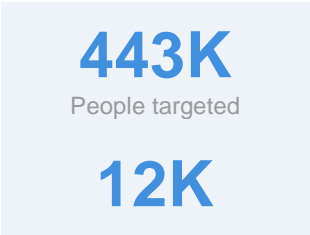
- 2,550 boxes of ready-to-use therapeutic food (RUTF) for SAM treatment and 1,659 boxes of ready-to-use supplementary food (RUSF) for MAM treatment delivered to affected health facilities of Zambezia, Sofala, Tete and Inhambane provinces.
- 41,299 children under five and 1,890 pregnant and lactating 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 per cent 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 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.
- 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.

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 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 activities

- 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.
- 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 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 13,753 children and 1,510 men were reached with MHPSS through CFS activities, and 499 (254 Boys, 245 girls) children reached with Case Management services by Action Aid and REPSSI in Maputo and Zambezia through UNICEF funding.
- 1828 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 18th April 2023 with child protection actors (9 organizations including local authorities and WFP) to recommend measures to coordinate and implement quality Child Protection in Emergencies activities across all locations affected by the crises.

Gaps & Constraints:

- 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 level of stocks.

Shelter & NFIs

Needs:

- The total targeted population for Shelter/NFIs 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:

- The Shelter and NFI's Cluster assisted 7,008 people as follows: 3,503 in Zambezia (Maganja da Costa, Nicoadala and Namacurra) reached by World Vision and IOM with provision of kits, tarps, mosquito nets and kitchen sets. In Sofala (Chemba) 3,505 people were reached with fixing kits and tarps by IOM.

The following activities are planned/ongoing:

- Sofala: IOM planning to reach 7,040 people with fixing kits and tarps in Sofala (Chemba)
- Zambezia: CVM/IFRC is planning to reach 1,860 people in Namacurra with Shelter Toolkit, tarps, family kits (soap, jerrycans chlorine for water purification, mosquito net), plastic sheet x 7m. IOM planning to reach 2,910 people with fixing kits and tarps in Maganja da Costa.

Gaps & Constraints:

Shelter cluster is discussing with partners how to improve data collection and inclusion in the Cluster reporting.

Water, Sanitation and Hygiene (WASH)

Needs:

- Over 2.6 million people need targeted water and sanitation interventions to respond to the cholera outbreak.
- Temporary water supply and sanitation are required for approximately 728,000 people in affected communities and transit centres.
- Chlorination and disinfection of water supply sources and systems in cholera affected districts, and in communities affected by flooding.
- Construction of emergency sanitation facilities in transit centres and host communities
- Promotion of cholera and wash hygiene activities and training of local activists.
- Rehabilitation of WASH infrastructures in 200 institutions (HCF, schools and marketplaces).

728K

People targeted

153K

People reached

Response:

- Since the beginning of May, the WASH cluster reached 28,472 affected people with disinfectant supplies for the cholera response in the provinces of Manica (Manica and Chimoio) and Sofala (Buzi and Nhamatanda) mainly.
- The cholera response is slowing down with fewer declared new cases in most of the provinces. The focus is now shifting to case area targeted interventions (CATI) in the hotspots, surveillance, and active monitoring. Preparedness for the upcoming cyclone season is undertaken by improving health and wash coordination mechanisms and training of hygiene activists as well as pre-positioning of minimum supplies at a provincial level.
- Since the beginning of the response, over 543,607 households' disinfectant products were distributed in 8 provinces, and CTCs in over 17 cities were provided with disinfectant supplies.
- Support with disinfectant chemicals to affected water systems (8) is continuing until rehabilitation works are finalized. Water trucking is continuing for CTCs in Quelimane, Icidua, Maguaua, Micajune, Beira, Nhamatanda, and Nacala Porto.
- Over 438,900 people were reached with hygiene kits distribution and hygiene promotion messages in flood-affected communities mainly in Zambezia, Sofala, Niassa, and Inhambane.
- Flood response is now shifting from urban areas to rural and remote communities that were previously hard to reach (Doa and Mutarara in Tete, Inhassunge, Namacurra and Majanga da Costa in Zambezia, Caia in Sofala).

Cholera Response:

- UNICEF has provided cholera kits in Manica (19,855), Chimoio (4,535), Vanduzi (840), Gondola (710), Tambara (430), OXFAM in Nova Sofala (4,125) and Buzi (4,185) providing at the same time the affected population with cholera hygiene messages.
- In Cabo Delgado, four districts have an active surveillance task force (Pemba, Meluco, Namuno, and Ibo). UNICEF is increasing stock supplies and supporting the cholera response in Nampula with some pre-positioning.
- UNICEF with local partners is implementing CATI interventions, continuing to support 4 CTCs with water trucking (Icidua, Micajune, Sangarivera, and CTC 2 in Quelimane) and providing bucked chlorination in 6 water points reaching over 3 563 people weekly.
- UNICEF is providing onsite chlorination in Nacala Porto in Nampula and continues to support water system chlorination and the distribution of Certeza in Nacala Sede CTC. Emergency latrines were constructed in 3 CTCs: Memba (2), Nacala Porto (2), and Nacala Sede (2).
- In Niassa, UNICEF distributed 300 cholera kits to patients discharged from CTCs in Lichinga.
- CTCs in Sofala were assisted by UNICEF and partners with the construction of emergency latrines in Lamago (2), Tica Sede (2), Nhamatanda Sede (2), Siluvo (2), Tica Sede (2) and the distribution of disinfectant supplies and case follow up in Nhamantada and Dondo.

Cyclone Freddy and Floods Response:

- In Sofala province, SOLIDAR SUISSE has constructed household latrines for 755 persons in Nova Sofala and 175 in Dombe. OXFAM reached 9,361 affected people with hygiene promotion activities in Buzi and Nova Sofala.

- UNICEF and SOLIDAR SUISSE reached over 28,130 people with household wash promotion messages and the support of the local CTCs with hygiene kits in Manica, Chimoio, Dombe, Tambara, Vanduzi, and Nova Sofala.
- OXFAM in collaboration with AOJAGO has rehabilitated handpumps and small water supply systems and reactivated water committees in Tchunga, Macurrungo, and Inhabirira. UNICEF has reached 9,502 children in Dondo and 10,140 in Nhamatanda with hygiene promotion messages.
- In Niassa province, UNICEF and government partners distributed hygiene kits to IDP in the transit center of Cuamba Sede (421), Mandimba (160), and Mecanhelas (419) and provided a 10m3 water tank in Cuamba Sede. Emergency latrines were also installed in the CTC in Lichinga (5), Lago (4), Sanga (3), and Chimbonila (3).
- In Zambezia province, assistance has started in previously hard-to-reach districts: CARE INTERNATIONAL has distributed 500 household hygiene kits in Mussaia and Majanga da Costa. UNICEF and partners reached 4 606 households with door-to-door hygiene promotion in Quelimane and finalized technical assessments in Morrumbala and Inhassunge.
- In Tete province, Doa and Mutarara are now accessible: WORLD VISION has reached 885 people with hygiene promotion in Inhangoma, UNICEF 960 people in Chifunde and Chiuta. UNICEF continues to provide chlorine for the water supply in Tete and has provided 3,360 people with Certeza in Doa and 960 people in Angonia.
- In Inhambane province, hygiene kit distribution was finalized by PEACE WINDS JAPAN in Govuro but CARE INTERNATIONAL is continuing the distribution in Govuro and Inhassoro (1,050). UNICEF is continuing the provision of chemicals for the water supply system.

Gaps & Constraints:

- The large geographical spread of affected areas (over 80 districts out of 154) remain a challenge for the need and gap assessments.
- The scale-up of the response at the district level is hindered by a lack of local partners in remote communities with sufficient human and logistic resources.
- Lack of hygiene and cholera-trained activists with the logistic capacity to deploy in remote areas despite the scale-up in training.

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.
- Reduced access to information for women and girls.

Prevention of Sexual Exploitation and Abuse (PSEA)

On 3 May, the PSEA Network, represented by WFP as Co-chair alongside INGD's National Social and Environmental Safeguarding Division and Zambezia Provincial Delegation, Provincial Prosecutor as well as the Protection Cluster led a one-day workshop in Quelimane on the prevention of abuses of power including sexual exploitation and abuse in the emergency response. The workshop brought together INGD, the Provincial Prosecutor, district Administrators, and protection representatives from Social Services from the districts of Quelimane, Mopeia, Inhassunge, Nicuadala, Namacurra, Maganja da Costa, Morrumbala, Chinde and Marromeu.

On 4 May a half-day meeting was held with local leaders in Namacurra led by the district administrator of Namacurra and the Director of INGDs Social and Environmental Safeguarding Division, with presentations by the provincial Delegates of INGD in Zambezia and Sofala, WFP and the District Prosecutor for Namacurra.

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