

MOZAMBIQUE DROUGHT APPEAL

AUGUST 2024 - JULY 2025

ISSUED AUGUST 2024



Table of contents

03	HNRP at a Glance
04	Foreword by President of the National Institute for Disaster Risk Reduction and Management (INGD)
05	Foreword by the Resident and Humanitarian Coordinator
06	Situation Overview
08	Part 1: Humanitarian Response Strategy and Methodology
13	Part 2: Cluster Response
14	2.1 Food Security and Livelihoods
16	2.2 Nutrition
19	2.3 Protection
24	2.4 Water Sanitation and Hygiene (WASH)
27	Part 3: Annexes
29	Acronyms

COVER PHOTO: CAIA DISTRICT, SOFALA PROVINCE

The drought has impacted the harvest of maize and other crops in central and southern Mozambique

Photo: © WFP – MOZAMBIQUE

Drought Appeal at a Glance



1.8M
Total People in Need

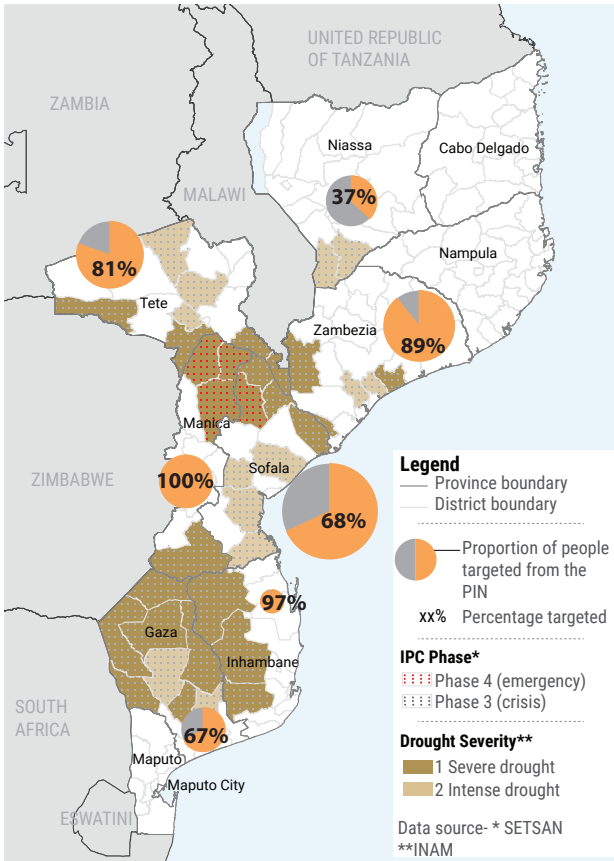


1.4M
Total People Targeted



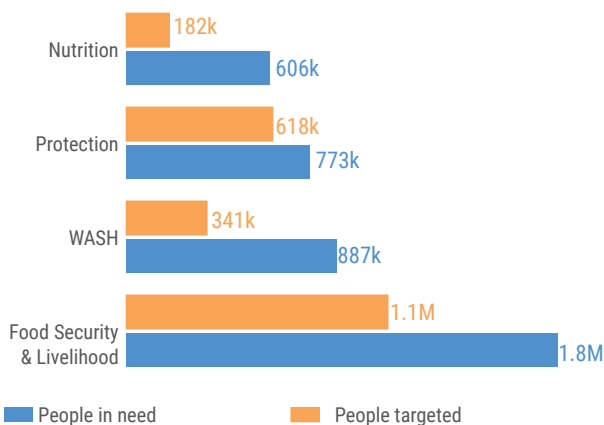
222M
Total Requirements (US\$)

PEOPLE IN NEED AND TARGETED BY DISTRICT



The administrative boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

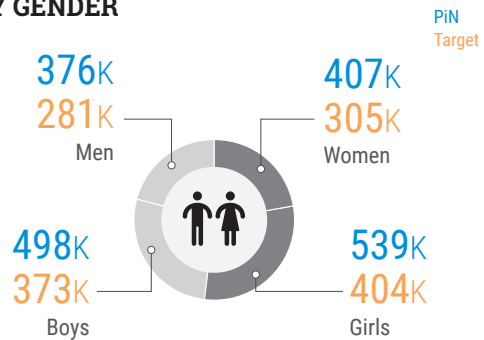
PEOPLE IN NEED AND TARGETED BY CLUSTER



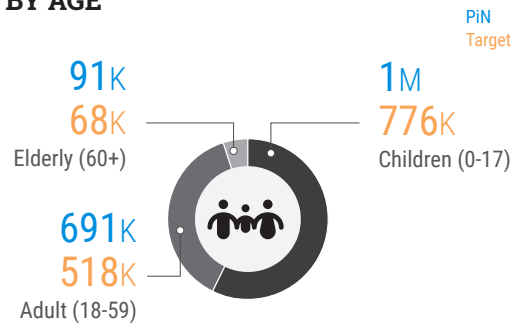
FINANCIAL REQUIREMENTS BY CLUSTER



BY GENDER



BY AGE



BY DISABILITY



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

The National Institute for Disaster Risk Management and Reduction (INGD), as the coordinating body for Disaster Risk Management and Reduction in Mozambique, has been working tirelessly to protect people, their livelihoods, and public and private assets that are exposed and vulnerable to the various phenomena that cyclically affect our country, as well as to any other risks or threats that could cause a partial or total interruption to the normal functioning of society.

Due to the impact of the drought induced by the El Niño phenomenon during the 2023-2024 season, the humanitarian assistance needs of affected communities have increased substantially, particularly in the Central and Southern Regions of Mozambique. It is expected that approximately 1.8 million people may experience food insecurity between October 2024 and March 2025.

In this context, the urgent appeal being launched reaffirms the determination of the National Institute for Disaster Risk Management and Reduction, along with its humanitarian partners, to seek immediate solutions to address the urgent needs of the most vulnerable populations affected by the drought. Through this appeal, we aim to ensure the provision of food, nutrition, sanitation, and protection, using existing structures while also strengthening local resilience capacities in the areas most affected by the drought.

Faced with this anomalous situation triggered by the drought, the National Institute for Disaster Risk Management and Reduction reiterates its gratitude to its international cooperation partners and humanitarian actors for their unwavering commitment to this noble cause of mobilizing urgent humanitarian assistance for drought-affected communities in Mozambique.



Luísa Celma Meque

A handwritten signature in blue ink, appearing to read 'L. Meque', written over a faint circular watermark.

Presidente do Instituto Nacional de Gestão e Redução do Risco de Desastres de
Moçambique

Foreword by the Resident and Humanitarian Coordinator

The impact of El Niño has left the central and southern regions of Mozambique grappling with a severe drought, affecting an estimated 1.8 million people.

In the drought affected areas, where crops have failed, one in every three people are vulnerable. Reports have emerged of families forced to leave their homes in search of water, moving from the Macossa district in Manica Province to Gorongosa in Sofala, and from Muanza district to Cheringoma in Sofala. This migration is a testament to the severity of the drought, as people seek the most basic necessity of life—water.

In this crisis, women and girls are bearing the heaviest burden. During a recent visit to drought-impacted communities in Gaza province, a woman shared her story with me. Her words have stayed with me: "We have seen it before. When livelihoods turn to dust, we are forced to make hard decisions for survival. We pull our children from school to support with daily tasks, resulting in fewer employment opportunities in the future and enormous wasted potential." This is the harsh reality that too many are facing today.

Despite the gravity of the situation, there is still hope. We have a brief window to alleviate the effects of El Niño and

prevent further suffering. Immediate investments are crucial to protect vulnerable households. By boosting off-season agriculture, we can avoid the worst and start rebuilding community resilience.

This Flash Appeal represents the collective efforts of humanitarian partners to support the Government of Mozambique in addressing the urgent needs of the most vulnerable. The response plan demonstrates our commitment to working with the National Institute for Disaster Risk Reduction and Management (INGD) to bring relief to those in need.

This Appeal outlines an inter-sectoral approach to delivering essential assistance in the hardest-hit areas, including food, nutrition, WASH (Water, Sanitation, and Hygiene), and protection services. We aim to provide this support through existing structures, while also enhancing local capacities and promoting gender equality and inclusion.

On behalf of the humanitarian community in Mozambique, I urge your steadfast support. We must build on our investments and keep Mozambique on a resilient path.



A handwritten signature in blue ink that reads "Catherine Sozi".

Dr. Catherine Sozi
United Nations Resident and Humanitarian Coordinator
Mozambique

Situation Overview

The effects of El Niño-driven rainfall shortages and above average temperatures posed a significant risk to agricultural production in Mozambique. Over 2.8 million people (2,785,751) face food insecurity (IPC 3+) including 510,151 people in IPC 4 (emergency level of food insecurity) and 2,275,600 in IPC 3 (crisis level of food insecurity) between April and September 2024, according to the latest post shock IPC report conducted in 63 of 159 districts of the country. Of these, 1.8 million are in drought-affected areas, accounting for a third of the population in the affected districts, while 1.3 million are in conflict-affected areas, specifically in Cabo Delgado and Nampula provinces.

The situation is expected to further deteriorate between October 2024 and March 2025, with 3,264,540 food insecure people, including 776,639 in IPC 4 and 2,498,787 in IPC 3, mainly in the southern and central regions.

Drought impacts disproportionately women and girls who faced greater and differentiated risks and needs in terms food security, nutrition, health, protection and WASH. The limited access to water and food, increase the burden of unpaid care work and time poverty. It also contributes to negative coping mechanisms and risks of sexual exploitation and intimate partner violence. For girls and adolescents, the access to water directly affects menstrual management and school attendance.

In Mozambique, the 2023/24 rainy season commenced under the influence of El Niño, which predominantly manifested in persistent dryness, with many areas receiving less than half of their typical rainfall quantity. According to INAM, from November 2023 to February 2024, the southern and central regions of the country registered a deficit in precipitation. In January 2024, there were more than 23 consecutive days without significant precipitation in the southern and central parts of the country, with severe seasonal deficits recorded in Manica, Nampula, Sofala, Tete and Zambezia provinces.

To mitigate the impact of the drought, the Government of Mozambique is working with partners, including UN agencies and NGOs, to implement Anticipatory Actions (AA). AA Plans were activated for the first time in nine districts (five in Gaza, two in Tete, and two in Sofala). The coverage of this effort is, however, insufficient compared to the needs, with more resources urgently needed to scale-up interventions.

The impact of the lean season includes the rapid depletion of below-average food stocks for families who were able to harvest some of their own crops. For rural families headed by women this leads to greater food insecurity and lower access to income to address basic needs.

FEWSNET estimates that maize production for the 2023/24 season will be below-average due to the negative impact of climate shocks and conflict, suggesting a 25 to 35 per cent decrease compared to the five-year average. Supplies from the 2024 cereal harvest are expected to be insufficient to cover regional requirements for Marketing Year 2024/25 due to El Niño conditions, including extended dry periods, high temperatures, and early end of the rainy season. Further complicating the situation, some areas in southern Mozambique are still struggling to recover from the flood impact of cyclone Freddy, while in others in the central region extensive dry spells persist.

The irregular distribution of rains resulted in contrasting sowing conditions across the country. In most central and southern semiarid areas, household food stocks have been depleted atypically early due to the cereal shortage caused by the El Niño-induced drought and resulting poor and/ or failed harvests.

Overall, the drought resulted in intense heat coupled with below average and unevenly distributed rainfall. Rainfall during the season was less than 80 per cent

of the average, with some areas receiving less than 75 percent (USGS/FEWSNET). Unusually high temperatures further aggravated the situation, with the first quarter of the year marked by high temperatures in central and southern parts of the country. The situation was

particularly critical in Tete province, where temperatures soared 8°C above average. These weather patterns led to deteriorating vegetation conditions and crop wilting in parts of central provinces.

GURU DISTRICT, MANICA PROVINCE

DRY VEGETATION LAND

Photo: ©OCHA– Mozambique 2024.



Part 1:

Humanitarian Response Strategy and Methodology

Strategic Objectives

Strategic Objective 1 (Life-Saving): Save lives and alleviate suffering through safe, equitable, inclusive, gender-responsive and principled inter-sectoral assistance to the most vulnerable groups.

Strategic Objective 2 (Life-Sustaining): Enhance inclusive, timely and adapted access to essential services, including assistance that will strengthen the livelihoods and resilience of people impacted by or at risk of crisis.

Strategic Objective 3 (Protection): Address the protection risks and needs of affected people - women and girls, men and boys - with the aim of safeguarding their dignity while strengthening the protection environment in Mozambique through collective and multi-sectoral action in line with commitments to gender equality principles, the centrality of protection, and PSEA across the humanitarian response.

Response Strategy

The Mozambique Drought Flash Appeal will run from August 2024 to July 2025. The appeal is based on a multisectoral and integrated response to the drought crisis aiming to address people's most urgent humanitarian needs. Under this Flash Appeal, 1.8 million people were identified as being in need with 1.4 million people targeted with humanitarian assistance in the most severely drought-affected districts, in complement to the response of the Government of Mozambique. The activities outlined by humanitarian partners under the Flash Appeal complement the Government's efforts to respond to the needs caused by the impact of El Nino on people across the country. The Flash Appeal builds on response activities carried out by humanitarian partners

under the 2024 Humanitarian Needs and Response Plan (HNRP), bringing together the United Nations, International Non-Governmental Organizations (INGOs) and National NGOs (NNGO). This appeal prioritizes the most vulnerable people affected by El Nino induced drought. The geographic focus is the 37 affected districts that are projected to be in IPC acute food insecurity phase 3 (crisis) and phase 4 (emergency) and with a drought severity index of 1 (severe) and 2 (intense) from October 2024 to March 2025.

The estimated number of affected people is 1.8 million in this geographic area. This includes 1.4 million people in IPC 3 and 400,000 people in IPC phase 4. While protection is focusing on all severely affected drought districts in IPC 3+, food security & livelihoods, nutrition and WASH will further prioritise drought severity 1 affected districts, with nutrition and WASH additionally focusing on districts with nutrition levels 4 (critical) and 5 (very critical). For household level targeting, FSL partners will consider the INGD vulnerability criteria for slow onset emergencies of (2019), that includes the impact of the drought, socio-economic factors, and household-level criteria.

The response is multisectoral, with the four prioritized sectors focusing on the most vulnerable people in the most affected districts. It will as much as possible work through existing structures and look at ways to sustainably enhance government and civil society capacity. Entry points will include health centres, nutrition centres, child protection referral spaces and safe spaces in addition to engaging with communities directly.

During the main agricultural season (October 2024–April 2025), food security partners will focus mostly on the distribution and promotion of the use of short-cycle and drought-tolerant crops seeds (e.g. maize,

sorghum, millet) as well as promoting water-harvesting and conservation practices. This includes supporting community seed production and conservation as well as scale-up of conservation agriculture practices in these first months. For the first quarter of 2025, food security partners will focus on vaccination campaigns for cattle, further dissemination of good agricultural practices and increasing access for smallholder farmers to improved grain storage facilities, post-harvest technologies and equipment, as well as water harvesting and management techniques.

Nutritional support will be provided to children and pregnant and breastfeeding women, with the key interventions focused on the provision of specialised nutrition commodities.

WASH support will aim to address access to potable water and safe sanitation providing support in cholera hotspots. This will be done through WASH services in healthcare facilities and institutions surrounding communities in severely affected districts (including cholera treatment centres, schools). WASH services will also be provided for people living in areas with reduced access to water (related to drought) for domestic and subsistence purposes.

Following assessments identifying the impact of drought, including for gender-based violence, the

protection partners plan to strengthen support to relevant government institutions to meet the protection needs of the affected people, aiming at enhancing the safety and well-being of affected children and families. Planned activities focus on a broad range of protection issues, including gender-based violence (GBV), sexual exploitation and abuse (SEA), child protection (CP), as well as Housing, Land and Property (HLP).

The clusters and partners will maximize the collective humanitarian action and strive to address the most urgent humanitarian needs caused by the drought, considering cross-cutting areas such as Community Engagement and Accountability to Affected People (CE/AAP), Prevention from Sexual Exploitation and Abuse (PSEA), and Gender.

The ICCG and the Humanitarian Gender Group will promote the integration of gender equality in all needs assessments and humanitarian projects to understand and address the different needs of boys, men, girls and women, throughout capacity building and technical assistance jointly with government and humanitarian partners.

Protection from Sexual Exploitation and Abuse (PSEA): PSEA will be a priority across all sectors, with accessible and safe mechanisms in place to identify, report, respond, and prevent sexual exploitation and

CAIA DISTRICT, SOFALA PROVINCE

FARMER IN THE MIDDLE OF LOST MAIZE PRODUCTION

Photo: ©WFP – Mozambique 2024.



abuse. The reporting mechanisms will be regularly monitored to ensure compliance with SEA code of conduct and procedures, including regular audits and evaluations involving the affected population to verify that the mechanisms are clear and effective in responding to SEA cases/allegations, in holding perpetrators accountable, and in supporting survivors. Clusters will work together to raise awareness among affected people and ensure that all staff and volunteers are trained and adhere to PSEA guidelines. The PSEA network will support the clusters in conducting SEA risk assessments in the affected areas to ensure that the code of conduct is disseminated to all humanitarian workers and to harmonize the approaches on PSEA prevention and response.

Accountability to Affected Populations (AAP): AAP will be integrated across all sectors to ensure that the voices of affected people are heard and that their feedback is used to improve the response. This includes by establishing and/or working with feedback mechanisms, transparency in decision-making, and communities' involvement in the design and implementation of the interventions.

Gender: The appeal promotes gender equality by ensuring that women and girls are actively involved in the planning, implementation, and monitoring of the drought response activities. Moreover, the Appeal will support the resilience and empowerment of women and girls and promote the engagement of women-led and women-rights organizations in humanitarian programming and coordination.

People with disabilities: The clusters will work in collaboration with the Disability Inclusion Working Group to identify access barriers and measures to address these effectively. Moreover, clusters will closely engage with national and provincial authorities to ensure clarity on vulnerability criteria and support in addressing the specific needs of people with disabilities in a safe and dignified manner.

Coordination

Through the activities covered by the Appeal, inter-sectoral coordination will be reinforced to ensure a timely and effective humanitarian response. Under the leadership of the Humanitarian Country Team (HCT) and

in coordination with the Government of Mozambique, the Appeal brings together national and international organizations to maximize the impact of humanitarian actions, avoid duplication, identify critical gaps, and monitor the implementation. At the strategic level, the Humanitarian Country Team (HCT) will engage with the National Institute for Disaster Risk Management (INGD) to support and complement government efforts to respond to the needs of the drought affected people. At the operational level, the Inter Cluster Coordination Group (ICCG) will coordinate the activities among partners and monitor the implementation of the humanitarian activities outlined in this plan. The Humanitarian Country Team Provincial Focal Points (HCT FPs), will coordinate at Provincial level engaging with the authorities and the humanitarian partners at provincial level. A response monitoring will be established to inform operations and decision-makers.

The intersectoral response strategy for this drought flash appeal highlights collaboration and coordination among the prioritized sectors as well as the integration of cross-cutting issues to ensure a comprehensive and effective response to the critical needs in Food Security and Livelihoods, Nutrition, Water, Sanitation and Hygiene (WASH), and Protection. By working together, clusters will be able to maximize the impact of their interventions, address the immediate needs of 1.4 million people, and lay the groundwork for resilience strengthening, in a coordinated and timely manner.

Drought had been identified as a hazard in the 2024 HNRP. The wide-ranging impact of El Nino has, however, deepened those needs. With the updated information, including on drought severity, food insecurity and nutrition among others, this flash appeal outlines the activities and financial requirements related to drought only. The requirements are \$222 million from August 2023 to July 2024.

Operational Presence

Under the response strategy, humanitarian partners including INGOs, NNGOs, UN agencies, and the Red Cross Society will implement response activities in line with the drought response plan.

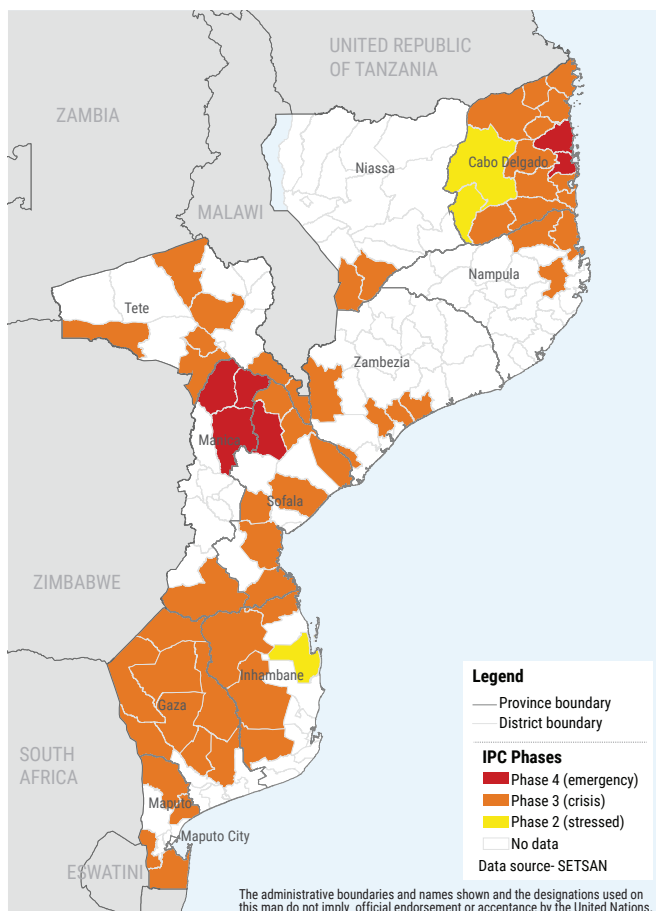
Most of the partners in this appeal will implement activities in areas where there are ongoing programmes.

Methodology

The appeal prioritizes the most vulnerable population in IPC 3+ (IPC 3 & 4) districts and under drought severity 1 and severity 2.

The Integrated Phase Classification (IPC) determines the severity and extent of acute and chronic food insecurity and acute malnutrition situations within countries, according to internationally recognised standards. IPC 3 (crisis) refers to households having food consumption gaps that are reflected by high or above-usual acute malnutrition; or being marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies. IPC 4 (emergency) is characterized by households either having large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or being able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation. In addition, nutritional information gathered through the IPC also informed the strategy. The data collection for the post shock IPC in Mozambique was conducted in April and May 2024.

IPC map (projection Oct 2024 - Mar 2025)

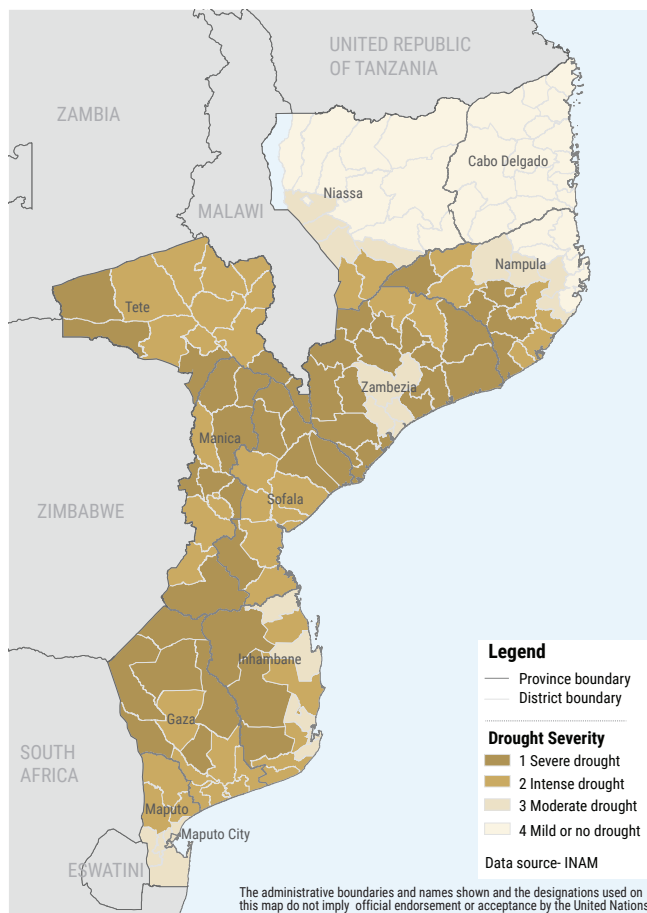


The drought severity classification was developed by INAM based on the Composite Drought Index. The index is a multi-variable indicator built on available gridded global climate variables representing the key variables of the water cycle:

- Rainfall, representing water availability, as the key driver for vegetation growth, based on the CHIRPS rainfall estimates.
- Potential evapotranspiration, representing water demand, based on FAO WAPOR database.
- Soil moisture (root zone), representing water storage, based on European Centre for Medium-Range Weather Forecasts (ECMWF) re analysis data.

Districts were classified as: severity level 1 (severe drought), severity level 2 (intense), severity level 3 (moderate) and severity level 4 (mild or no drought).

Drought severity map (May 2024)



The cluster targeting was based on the agreed geographic scope. This results in 37 affected districts that are projected to be in IPC acute food insecurity phase 3 (crisis) or phase 4 (emergency) and with

drought severity of 1 (severe) or 2 (intense). The baseline population projects 1.8 million people affected between October 2023 and March 2024. This includes 1.4 million people in IPC 3 and 400,000 people in IPC phase 4.

Food Security & Livelihoods will focus on 25 districts impacted by severe drought, that is 1.1 million people of whom 297,000 are in IPC 4 and 807,000 are in IPC 3. The nutrition and WASH clusters cluster will focus on 18 and 19 districts respectively. These are the districts with the worse nutritional levels (nutrition levels 4 and 5 in the IPC). In addition, nutrition partners will focus on children under five and pregnant and breastfeeding women, taking into consideration the prevalence of acute malnutrition (5 per cent or higher), admission trends for infectious/parasitic diseases in children under 5, districts showing an increase in cases compared to the previous period were given higher priority (SMART Survey) and other indicators. The WASH cluster will target all the people in IPC 4 population who do not have access to safe water and half of the people in IPC 3 lacking access to safe water. In addition, consideration has also been given to access to safe sanitation and cholera hotspots as defined by the Demographic & Health Survey 2022-2023 (DHS), the cholera hotspot mapping (National Health Institute and DHS, the National Statistics Institute and the Ministry of Health). As concerns protection, a portion of the people of the 37 affected districts have been included.

Monitoring

The drought appeal monitoring will be undertaken by humanitarian partners. The Humanitarian Country Team (HCT) will oversee the progress of the implementation of the plan while, the Inter-Cluster Coordination Group (ICCG) will monitor the cluster projects/activities and track progress ensuring the plan remains timely, effective, efficient, fit-for-purpose and at the required scale. The use of the IASC Gender with Age Marker (GAM) will be promoted in the design and monitoring of humanitarian projects.

Each cluster has defined activities linked to the overarching strategic objectives, disaggregated people targeted to district level and by sex and age, with focus on the most vulnerable groups as identified by each cluster. All clusters will report progress against identified activities on the 5Ws mapping tool (Who does What, Where, for Whom and When) on a monthly basis. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) will publish a monthly inter-sectoral response dashboard, capturing the progress towards the objectives and associated reported funding status.

Part 2: Cluster Response

CAIA DISTRICT, SOFALA PROVINCE

FARMER IN THE MIDDLE OF LOST

MAIZE PRODUCTION

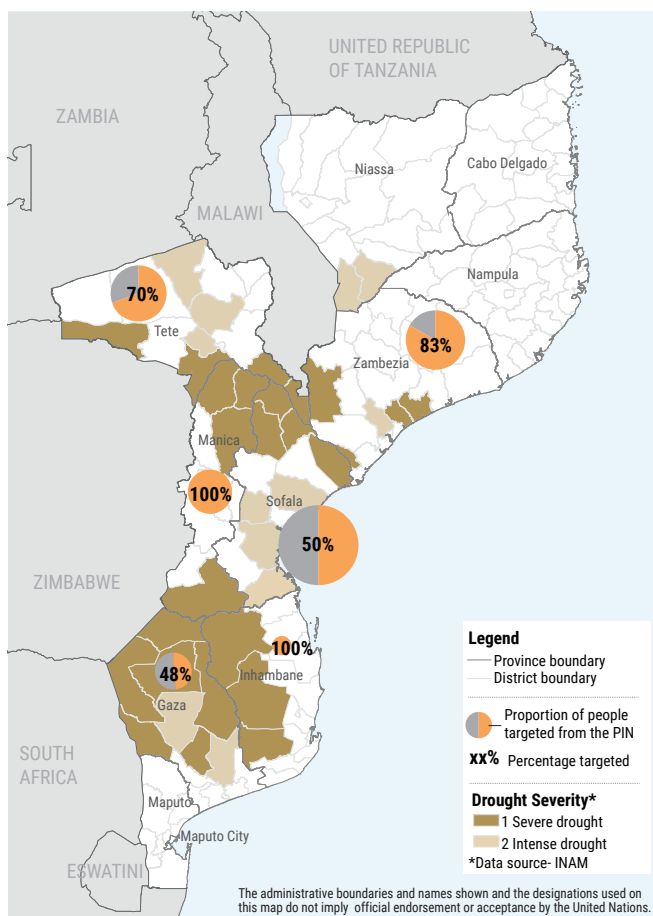
Photo: ©WFP – Mozambique 2024.





2.1 Food Security and Livelihoods

PEOPLE IN NEED		PEOPLE TARGETED		REQUIREMENTS (US\$)	
1.8M		1.1M		\$199.3M	
% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% WITH DISABILITY	
48	52	27	29	16	



The report reveals that the per cent of people facing food insecurity due to the El Niño induced drought has increased from 20 per cent in 2023 to 33 per cent in 2024. The number of people who are severely food insecure (IPC 4 or emergency phase) in the assessed districts is almost four times higher than in 2023: 776,639 against 219,965. Four districts in the central region (Guro, Macossa and Tambara in Manica, and Maringué in Sofala) are classified as IPC 4 during the lean season, with more than 20 per cent of the population in severe food insecurity.

Considerable yearly increase in maize meal price: The national average price for maize meal increased by +3.7 percent in a month and rose by +7.4 percent over six months and +11.1 percent compared to the previous year prices. Compared to the previous month, maize meal prices increased in most of the provinces, except in Gaza, where a decline of 1.2 percent were observed in Inhambane and Manica with prices unchanged. Year over year, maize meal prices increased in all the country, with the most drastic increase in Sofala (+45.2 percent), followed by Manica (+34.2 percent). The upswing trend is likely due to the impact of El Niño dry conditions and hot temperatures that led to crop losses.

People in Need and Targeted for Assistance

The Food Security and Livelihoods Cluster (FSL) estimates that over 9.8 million people are affected by drought (people living in areas exposed to the El Niño induced drought). Of these and based on the post shock IPC report, 2.78 million people would be in IPC 3+ between April and September 2024, including 510,151 in IPC 4. For the projected lean season (October 2024 – March 2025), 3.27 million people are expected to be food insecure (IPC 3+), including 776,639 in IPC 4.

Based on the above situation, the FSL cluster considered People in Need (PiN) in districts covered by the recent IPC analysis and classified as impacted by severe or intense drought (total figure of People in Need IPC 3+ = 1,789,000 people). While recognizing that this is just a partial picture of the people in need as there are other districts that were not assessed, cluster partners understand that only figures obtained through the IPC are to be considered. Out of the 1.8 million PiN, the

FSL Cluster partners agreed to target people in food insecurity (IPC 3+) in district classified as impacted by severe drought (1.1 million people), prioritizing people in IPC 4 (297,000 people) and followed by people targeted in IPC 3 (807,000 people).

In rural areas women and girls assume the main burden to bring food within families which implies walking long distances, high costs of transportation, and risks of gender-based violence. In addition to the lack of control of productive assets, drought increase damaged crops and seeds and income losses for women as well as the burden of paid and unpaid care work. Woman and girls struggle to have a healthy daily meal which impacts chronic malnutrition. This highlights the importance of promoting the economic autonomy of women by gender-responsive food security and livelihood assistance.

FSL cluster partners agreed to prioritize the response in the districts classified as IPC 4, followed by districts with higher per cent of emergency level (IPC 4) and overall crisis level of food insecurity (IPC 3+) in descending order, avoiding any overlap and covering all the gaps identified with the available resources. The FSL cluster will ensure that the agreed prioritization as a sector is followed by partners.

Sector Response Strategy

The FSL Cluster partners will aim to provide life-saving and gender-responsive humanitarian food and/or cash-based assistance to drought-affected people on a monthly basis during the duration of the lean season - coupled with a comprehensive livelihood intervention with priority for women and girls, mainly:

- Provide critical agricultural inputs, including drought-tolerant, short-cycle cereal seeds, legumes and vegetable seeds, cassava cutting, sweet potato vines and fertilizers.
- Implement livestock restocking, supplementary animal feed, and monitor and control livestock diseases, to sustain and improve livestock health and productivity.
- Scale up smallholder farmers’ access to improved grain storage facilities, post-harvest technologies, water harvesting and management techniques, and irrigation networks to boost off-season agriculture

production, prioritizing women farmers head of households.

During the main agricultural season (October 2024–April 2025), FSC partners will focus mostly on the distribution and promotion of the use of short-cycle and drought-tolerant crops seeds (e.g. maize, sorghum, millet) as well as promoting water-harvesting and conservation practices. Support community seed production and conservation and scale-up of conservation agriculture practices shall be also sought in these first months. The response will promote the economic empowerment of women through access to agricultural inputs and livestock as well as support in production and conservation. For the first quarter of 2025, FSL partners will focus on vaccination campaigns for cattle, further dissemination of good agricultural practices and increase access for smallholder farmers to improved grain storage facilities, post-harvest technologies and equipment, as well as water harvesting and management techniques.

Cost of Response

The response requirement is \$199.3 million.

Monitoring

FSL cluster partners will monitor the performance throughout the response, especially for the agriculture-based interventions, including through the 5Ws matrix and regular field visits. Implementing agencies will conduct process monitoring on a regular basis and outcome monitoring bi-annually. Process monitoring will be used to assess the effectiveness of the delivery of the response and monitor any protection issues, as well as determine timeliness, adequacy, accuracy, and efficiency of assistance provided.

Response Monitoring Indicators

Response indicator	Baseline	Target
Number of people receiving unconditional food assistance.	-	1,104,549
Number of people receiving livelihood support in any of the forms and integrating gender.	N/A	1,104,549

2.2 Nutrition



PEOPLE IN NEED

PEOPLE TARGETED

REQUIREMENTS (US\$)

606K

182K

\$6.1M

% OF MEN

% OF WOMEN

% OF BOYS

% OF GIRLS

% WITH DISABILITY

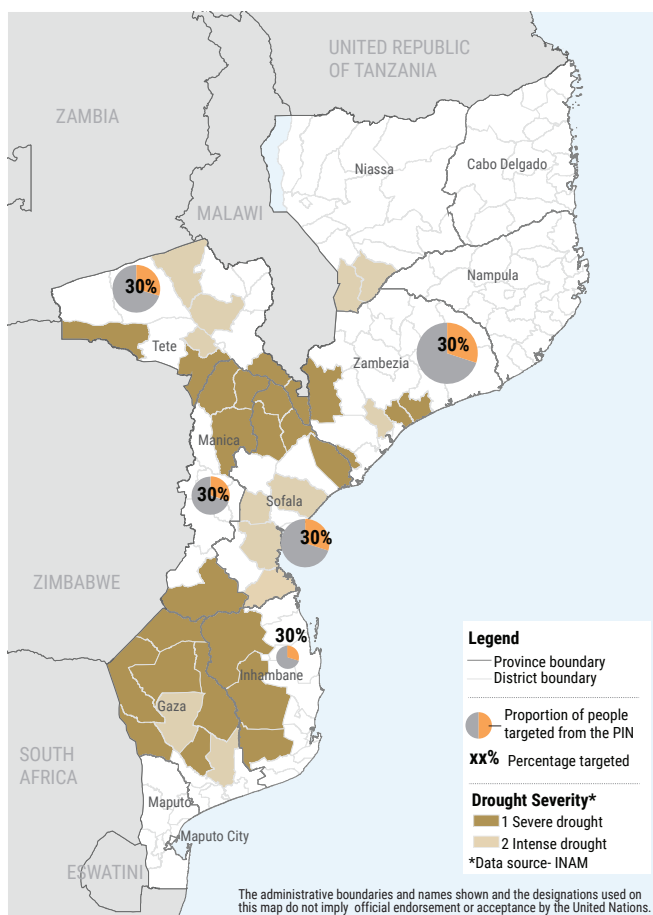
5

95

48

52

10



rates of stunting (37 per cent) and anaemia (73 per cent), with only 56 per cent of children under 6 months exclusively breastfed. The first quarter of 2024 saw a rise in child wasting cases, indicating a deteriorating nutrition situation.

The prioritization process was conducted in collaboration with UNICEF, WFP, FAO, and the Nutrition Cluster. This integrated approach ensured that multiple factors were considered to accurately identify and prioritise the districts most in need of assistance. Several criteria were used to determine the priority level of districts needing assistance:

- Prevalence of Acute Malnutrition: districts with a prevalence of 5 per cent or higher were prioritized.
- Trends in Admissions: Data on admissions for acute malnutrition and infectious/parasitic diseases in children under 5 were analysed. Districts showing an increase in cases compared to the previous period were given higher priority.
- Severity of Drought: The level of drought severity was considered, along with the per cent of people in IPC (Integrated Food Security Phase Classification) phases 3 and above.
- Other Indicators: These included the prevalence of anaemia in children under 5 and women of reproductive age, and the coverage of water, sanitation, and hygiene (WASH) services. districts were categorized based on the severity of their situation for nutrition: Drought Severity Level 1: Districts experiencing the most severe drought

People in Need and Targeted for Assistance

Climate related events like El Niño and drought impact access to health and nutrition services, safe water, and nutritious food, which can lead to increased acute malnutrition, stunting, and hidden hunger in children under 5 and pregnant and breastfeeding women. El Niño is expected to worsen the nutrition situation due to its effects on crop production, food prices, and disease outbreaks, particularly cholera. Mozambique has high

conditions. IPC Phases 3 and 4: districts with a high per cent of people in these phases, indicating crisis and emergency levels of food insecurity. Nutrition Vulnerability Levels 4 and 5: districts with the highest levels of nutrition vulnerability.

The PiN was calculated focusing on children under 5 and pregnant and breastfeeding women. According to data from the National Institute of Statistics (INE), 9.5 per cent of the female population is of reproductive age. Out of the total 605,966 people identified as in need, it is estimated that approximately 30 per cent will require nutrition support. This translates to a target population of 181,790 people.

Sector Response Strategy

The primary focus is on providing immediate and gender-responsive life-saving measures for the most vulnerable group for malnutrition and its effects, which is children under 5 years of age, especially those in the first 1,000 days of life. This period is critical as it includes pregnancy, where proper nutrition is essential for growth and development of the child. Pregnant and breastfeeding women are also prioritized because their nutritional status directly affects their children's health. Proper nutrition during pregnancy and lactation is crucial for the health of both the mother and the child. Malnutrition in mothers can lead to complications during pregnancy and childbirth and affect the child's development.

The key interventions are focused on the provision of specialised nutrition commodities. This includes therapeutic foods for treating severe acute malnutrition and micronutrient supplements to address deficiencies. Essential Medicines: ensuring the availability of medicines to treat acute malnutrition and related health issues. Human Resources: expanding the workforce to implement planned interventions effectively. This includes training healthcare workers and community volunteers. Operational Costs: Covering the costs necessary to maintain a robust humanitarian presence, including logistics and transportation to reach hard-to-access areas.

Given Mozambique's vulnerability to climate change, the strategy also focuses on long-term actions to

build resilience. This involves strengthening Health and Nutrition Networks to enhance the capacity of community and health facility levels to provide consistent and quality nutrition services as well as educating communities about nutrition, hygiene, and health-seeking behaviours to improve overall health outcomes. Gender-responsive capacity building activities with women head of households and female community leaders are key to prevent malnutrition and protection risks associated such as gender-based violence and child marriage. Gender perspective will be integrated on the screening of acute malnutrition. Also, partners will promote the engagement of men and boys in care activities associated with nutrition.

The strategy recognises the increased vulnerability of displaced population, in particular women and girls, due to drought and the associated protection risks, such as gender-based violence and negative coping mechanisms like sexual exploitation for food and child marriage. Efforts will be made to protect women and children and provide them with safe and supportive environments.

Cost of Response

The response requirement is \$6.1 million

Monitoring

The Nutrition Cluster will coordinate the response through an updated workplan, with regular monitoring and evaluation to track progress. This includes monthly progress updates with district-level, as well as gender and age disaggregated data that will be collected and analysed to monitor progress towards targets. Also, quarterly joint monitoring visits conducted by cluster lead organizations (UNICEF and the Ministry of Health) and other cluster members to assess the situation on the ground. Community-based platforms will be used to gather feedback and address accessibility and follow-up matters. Mid-year and end-year reviews will involve all cluster members to assess progress, identify bottlenecks, and define corrective actions to improve the response. This collaborative approach ensures that the strategy remains adaptive and responsive to emerging needs.

Response monitoring indicators

Response indicator	Baseline	Target
Number of children under 5 years old screened for acute malnutrition		142,773
Number of pregnant and breastfeeding women screened for acute malnutrition		37,066
Number of children under 5 years old admitted for SAM treatment		19,988
Number of children under 5 years old admitted for MAM treatment		28,554
Number of pregnant and breastfeeding women admitted for acute malnutrition		5,189
Number of children 6 to 59 months receiving vitamin A supplementation		142,773
Number of children 6 to 59 months receiving micronutrients		142,773
Number children under 5 years receiving deworming		114,218
Number of caregivers receiving IYCF messages		61,392

MARARA DISTRICT, TETE PROVINCE

EMPTY BARN, MEANING A FAILED

HARVEST SEASON

Photo: ©OCHA – Mozambique 2024.



2.3 Protection



PEOPLE IN NEED

PEOPLE TARGETED

REQUIREMENTS (US\$)

773K

618K

\$5.6M

% OF MEN

% OF WOMEN

% OF BOYS

% OF GIRLS

% WITH DISABILITY

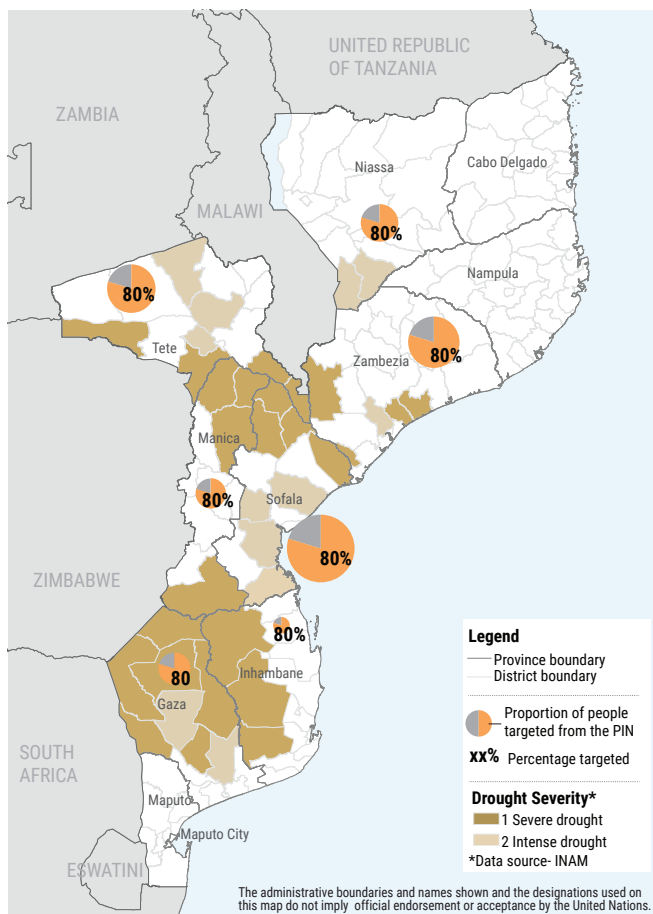
48

52

29

31

15



Gender, Children and Social Action respectively, aims to ensure the safety of vulnerable populations, particularly women, including pregnant and breastfeeding women, children, the elderly, people with disabilities, and marginalised groups. Planned efforts focus on preventing and responding to gender-based violence, child protection, and general protection concerns exacerbated by the drought, alongside providing capacity building, psychosocial support and awareness campaigns, including on housing land and property issues. Coordination among stakeholders within the Protection Sector and at local level is vital for effectively addressing these issues and meeting the needs of vulnerable populations.

The impact of El Niño on child protection in Mozambique is notable, particularly as drought conditions lead to significant disruptions in essential services, diminishing resource availability, and adversely affecting the well-being of children and families. With the impact of El Niño-induced drought, access to critical health, nutrition, and education services deteriorated, leading to increased malnutrition and higher incidence of disease among children. These hardships can push vulnerable families further into poverty rates, prompting negative coping mechanisms such as child labour, early marriage, and increased exposure to exploitation. Without the planned interventions, an estimated additional 1.2 million children may fall into severe need, exacerbating their vulnerability to child protection risks. The lack of targeted and timely gender and age sensitive responses could lead to a significant increase in children experiencing violence, and recruitment by armed groups, further destabilizing communities and creating long-lasting

People in Need and Targeted for Assistance

While the humanitarian country team in Mozambique, supported by the government, is leading a multi-sectoral response including provision of emergency food aid, clean water, and delivering healthcare services to address drought-related health risks, the Protection Cluster jointly with its Area of Responsibility (AoR), in consultation with the National Institute for Disaster Risk Management and Reduction (INGD) and the Ministry of

repercussions on the development and future prospects of Mozambique's youth. Addressing these challenges with immediate, community-focused interventions is essential not only for safeguarding children's rights but also for promoting social cohesion and resilience in the face of climate-related adversities.

El Niño exacerbated pre-existing gender inequalities, disproportionately affecting women and girls who depend heavily on climate-sensitive work like agriculture. Their limited access to economic resources heightens their vulnerability during droughts, as they must travel longer distances to secure food firewood and water, exposing them to increased risks of sexual violence and exploitation. Additionally, these pressures often force girls to withdraw from school to help manage the increased workload, reducing their long-term resilience. The increased burden of care for women during droughts reduces their time to access essential services, including sexual and reproductive health.

Sector Response Strategy

The Protection Cluster and the AoRs on child protection, gender-based violence and housing, property & land, plan to strengthen support to relevant government institutions to meet the protection needs of the affected population, caused by drought conditions. The IPC 3+ districts are home to 1.8 million people, where urgent humanitarian assistance is required. The Protection Cluster estimates that 776,556 people, out of whom 370,521 are under 18 years of age will require protection interventions. Eighty per cent of PiN, corresponding to around 621,230 people are targeted by Protection Cluster and the AoRs.

The Protection Cluster response strategy in IPC 3+ districts aims to conduct gender-responsive drought assessment activities in central and southern provinces to identify the impact, affected families, communities, their future intentions, PSNs, CSOs/NGOs, existing CBPNs, concerns related to HLP, child protection and GBV, enhance coordination between government and Protection Cluster partners for continued monitoring of climate risks/drought and recommend actions. Furthermore, the cluster aims to enhance safety and well-being for affected children and families, focusing on a broad range of protection issues, including GBV,

sexual exploitation and abuse and HLP awareness raising and information counselling with gender and age perspectives. The strategy encompasses multi-sectoral GBV services, MHPSS, medical care, legal assistance, safe shelters, and livelihood support. It also targets GBV risk mitigation, prevention, and rights-based awareness for women, girls, and boys as well as capacity building. A key component involves gender-responsive training of CSOs, and local NGOs, including women-rights and women-led organizations, involved in the response to Protection from Sexual Exploitation and Abuse and effective use of reporting mechanisms. Capacity building is prioritised for women and men community leaders, members of the local disaster risk reduction committees, INGD and the Ministry of Gender, Children and Social Action (MGCAS) officials at the provincial and district levels, security forces, medical actors, women and child protection networks, focusing on care and support for survivors of violence, including GBV and PSEA. In collaboration with the INGD and MGCAS, the strategy aims to provide livelihood options for about 1,200 families (6,000 ind.) with children at risk of adverse conditions like violence, early marriage, and school dropout, and headed by women, to foster resilience and prevent negative coping mechanisms.

The CPAoR response strategy emphasizes a coordinated approach to address the urgent needs of vulnerable families, particularly in the context of health and nutrition services. The intervention aims to reach 79,216 children and caregivers, with 53 percent identified as female and 10 percent as individuals with disabilities. Members of the CPAoR, including government bodies such as Social Action, will specifically target approximately 5 percent of the most vulnerable children and families in the most drought-affected locations for case management support. To facilitate this, safe and gender-responsive spaces will be established near health centres, serving as accessible support hubs for at-risk families. These safe spaces will provide a welcoming environment, mental health and psychosocial support (MHPSS), and critical case management services integrating gender and age perspectives to prevent child protection risks, such as exploitation and neglect.

In selecting target populations for assistance, priority will be given to those experiencing the greatest hardships

due to the drought and its impacts on health and nutrition. The community-based approach will ensure engagement with local child protection committees and women leaders to identify and refer vulnerable families for additional support. Furthermore, Information, Education, and Communication (IEC) materials will be disseminated to enhance awareness and ensure families are informed about available resources and support mechanisms.

Integrating child protection services with other sectors, such as education, health, and psychosocial support, will be a cornerstone of the response strategy. This holistic approach will facilitate comprehensive care for children and their families, ensuring a cohesive response that addresses multiple vulnerabilities and promotes overall well-being. By strengthening health and nutrition referrals alongside child protection services, a comprehensive safety net will be created to reinforce resilience and well-being for children and their families, prioritizing women and girls during these challenging times.

The GBV AoR response strategy includes mitigating and responding to the increased risks of GBV exacerbated by the El Niño-induced drought through the following activities by its partners and with the support of UNFPA.

Rapid GBV assessments and safety audits to identify the specific needs and vulnerabilities of women and girls in affected areas; integrating GBV prevention and response into the existing humanitarian programs, including food security, WASH, and health services; implementing community-based protection mechanisms, including training community leaders and members on PSEA, GBV awareness and prevention; ensuring access to comprehensive healthcare services, including sexual and reproductive health services, for women and girls; advocating for the inclusion of GBV issues in national drought response and recovery plans; developing and implementing livelihood programs targeting women and girls, providing them with alternative income-generating activities to reduce economic dependency and vulnerability to GBV; strengthening the establishment of clear referral pathways and standard operating procedures (SOPs) for GBV cases to ensure timely and appropriate support; support capacity building

of identified partners on GBV especially on Case Management and Clinical Management of Rape (CMR) of partner staff and relevant government authorities; delivery of GBV survivor assistance (including through mobile brigades), and provision of case management to GBV survivors, including SEA.

The priority will be to develop clear coordinated GBV referral pathways in the affected provinces and SOPs for all survivors and to ensure that entry points for disclosure and safely accessing services and support are known. A victim-centred approach will be central to and will guide all actions.

The HLP AoR response strategy includes information and gender-responsive counselling on the security of tenure, provision of legal assistance for the settlement of possible disputes and capacity building of community judges on medication; tenure security documents (DUATS, Declarações Oficiosas, Declarações de trespassse) and others that give better tenure security to IDPs, including displaced women, is important as this will prevent possible eviction situations IDPs might face. To prevent, mitigate and resolve conflicts/disputes that might arise over land, legal assistance institutions may be engaged but also interactions with Paralegals will be conducted and involvement of other community leadership structures can be important; continuous gender-responsive sensitization and education in relation to land issues to the overall community members (IDPs and Host, women leaders), supporting technical and material capacity of local courts, CBOs, government institutions will ensure sustainability and peaceful coexistence between the groups.

Strategic initiatives in the response include a focus on the a) identification and capacity building of Civil Society Organizations (CSOs) and local NGOs, in particular women-rights and women-led organizations, to ensure sustainability, b) enhancement of coordination between government and Protection Cluster and AoRs partners to ensure continued monitoring of climatic risks and recommend actions, c) protection from sexual exploitation, abuse, GBV and violence against women and children as well as protection of women's rights. These initiatives, supported by technological solutions, will ensure regular monitoring of the implementation

of the projects on the ground, timely intervention and reporting, and will facilitate information sharing across involved stakeholders.

Cost of Response

To effectively implement the activities in the response plan, partners in the Protection Cluster require an estimated \$5,559,880 (\$1,856,640 general protection, \$1,188,240 for child protection, \$2,095,000 for GBV and \$420,000 for HLP planned activities) for 12 months.

Monitoring

To ensure effective understanding and management of the impact of drought on protection issues, a variety of strategies will be implemented. In the initial phase, this will include conducting a comprehensive and gender-responsive assessment of the protection impact to identify its impact and differentiated needs on the affected communities, their future intentions, people with specific needs, CSOs/NGOs/WLO-WRO, existing Community-Based Protection Networks, Child Protection and GBV, concerns related to HLP, to enhance coordination between government and Protection Cluster partners for continued monitoring of climatic shocks. During the second phase, the Protection Cluster will monitor funded activities during their implementation to ensure the delivery of the best quality and gender-

responsive services to affected communities. During this phase, firsthand observation and interaction with affected communities and implementing partners will be conducted and feedback from beneficiaries and stakeholders collected. These strategies are designed to capture both quantitative and qualitative data, offering insights into the ongoing challenges and successes of the response efforts.

To ensure effective monitoring of the child protection drought response, a combination of quantitative and qualitative methods, including surveys, focus group discussions, and case management records, to gather data on service utilization, child protection incidents, and the well-being of affected families, will be implemented. Data collection will occur on a monthly basis, with interim assessments conducted quarterly to evaluate the response's effectiveness and adaptability. Likewise, the use of the IASC Gender with Age Marker (GAM) will be promoted in designing and monitoring of humanitarian projects. Responsibility for monitoring lies with trained community-based child protection and women committees, social workers, and CSO/WLO/WRO staff, who collaborate to compile and analyse the data with the support of the CPAoR. This ongoing monitoring effort supports informed decision-making and allows for timely adjustments to the response strategy as needed

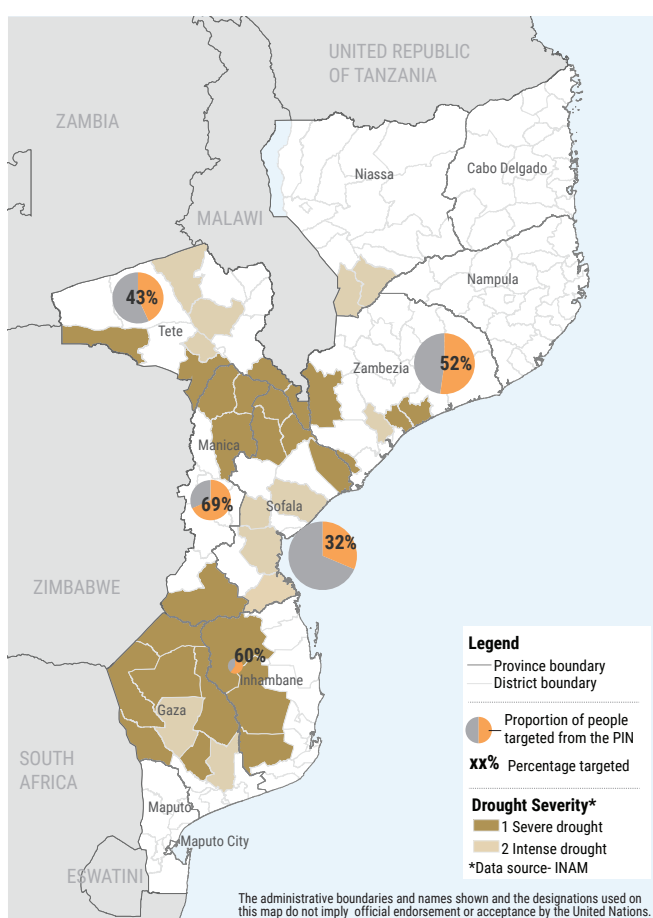
Response Monitoring Indicators

Response indicator	Baseline	Target
Protection		
Number of people reached through Protection assessment and GBV Safety Audit to identify the impact, affected families, communities, their future intentions, PSNs, CSOs/NGOs, existing CBPNs, concerns related to HLP, child protection and GBV risks, gaps, enhance coordination between government and Protection Cluster partners for continued monitoring of climatic risks/drought and recommend actions.		3,650
Number of people received protection and assistance services		14,100
Number of people reached through provision of information counseling on risks associated to migration, protection of children, women, elderly and physically disabled persons through a specialized NGO		3,500
Number of enhanced coordination activities between government and UNHCR, Protection Cluster and continued monitoring of climatic risks/drought increased		21
Number of Local Disaster Risk Reduction Committees established, supported with working gear and benefited from capacity building.		9
Number of sites where coordination is enhanced and facilitating equitable and dignified access to cross-sectoral humanitarian service through service monitoring and coordination		10
Number of NGOs, CSOs/WLO/WRO and government institutions benefited from the capacity building on GBV Case Management and Clinical Management of Rape		21
Number of GBV referral pathways and SOPs for all survivors developed		7
Child Protection		
Number of children registered in case management system		7,922
Number of community-based referrals to nutrition or health services		4,000
Number of children accessing safe spaces near health facilities		68,884
GBV		
Number of individuals reached by awareness raising activities on GBV prevention, risk mitigation and response		30,624
Number of individuals receiving material assistance including cash /voucher/dignity kits and other materials		3,062
Protection -HLP		
Number of communities who received information counselling on security of tenure and sensitization and education on land issues		76
Number of individuals received legal assistance for the settlement of HLP disputes		1,000
Number of individuals received support for tenure security documents (DUATS, Declarações Oficiosas, Declarações de transpasse)		500
Number of local courts, CBOs, government institutions supported through provision of technical and material capacity		30
Number of community judges benefited from capacity building on mediation		60



2.4 Water Sanitation and Hygiene (WASH)

PEOPLE IN NEED		PEOPLE TARGETED		REQUIREMENTS (US\$)	
887K		341K		\$11.1M	
% OF MEN	% OF WOMEN	% OF BOYS	% OF GIRLS	% WITH DISABILITY	
49	52	29	31	15	



People in Need and Targeted for Assistance

Under normal circumstances, adequate coverage in access to WASH services in Mozambique is a challenge and with the worsening of drought in the southern and central areas of the country, potential adverse effects on water quality/quantity, availability for consumption and domestic use, and increased risk of waterborne diseases, decrease safe hygiene practices and reduced

availability of water resources for agricultural production and livestock/fisheries management.

Women and girls, who mostly manage water within families, face also effects in terms of less access to water to personal hygiene, increase burden of care work and sexual violence when searching and transporting water particularly in crops and rural areas, male dominated decision-making in water committees, and less access to menstrual supplies and infrastructure which prevent them to attend the school.

The WASH Cluster estimates that 890,000 people are in need. WASH will target 341,000 individuals in 19 districts in 5 provinces. The WASH Cluster coordinates closely with other clusters to ensure a cohesive and gender-responsive response, focusing on the same target districts and the most critically affected populations, prioritizing women and girls, as identified by data from Food Security, Nutrition, and WASH. Emergency interventions will prioritize: (i) individuals, women and men, seeking care at health facilities in severely affected districts, including therapeutic feeding sites and cholera treatment centres, and WASH in schools, including menstrual management; and (ii) communities severely impacted by drought and facing water shortages for domestic and subsistence needs, including women head of households.

Sector Response Strategy

Coordinated by the National Directorate for Water Supply and Sanitation (DNAAS) of the Ministry of Public

Works, Housing and Water Resources (MOPHRH), the multisectoral response plan will align with national plans developed by INGD and will integrate with the response strategies and actions of Nutrition and Food Security, and will collaborate with other sectors, principally Protection, as well as promoting gender integration, as much as possible.

WASH directly aligns with the 19 highest priority districts that have been identified through Food Security analysis (IPC) and nutrition vulnerability assessments. Within these, WASH prioritised districts based on the severity of three key indicators related to WASH including access to potable water, safe sanitation and cholera hotspots.

The overall scope will be to ensure adequate WASH services in two key areas:

I	WASH in healthcare facilities and institutions surrounding communities in severely affected districts (including cholera treatment centers, schools, including menstrual management in schools)	In collaboration with Nutrition cluster
II	WASH services for people living in areas with reduced access to water (related to drought) for domestic and subsistence purposes.	In collaboration with Food Security and Livelihoods cluster

The WASH response will prioritise immediate relief measures for the most in need. To build broader resilience to climate change, the WASH sector will identify long-term actions to strengthen infrastructure resilience and the community it would benefit from.

Emergency Measures

- Provision of emergency water services to health facilities (cholera treatment centres, therapeutic feeding facility, mobile treatment centres), communities and schools. This will include rehabilitation of existing water systems and limited water trucking in the most urgent scenarios, considering gender and protection measures..

- Provision of emergency sanitation and hygiene services in healthcare facilities (cholera treatment centres, therapeutic feeding facility, and mobile treatment centres) and schools. This will include rehabilitation of existing institutional sanitary facilities integrating gender and protection measures, emergency and inclusive latrines in highly impacted health centres/cholera treatment centres and handwashing, water treatment and gender-responsive hygiene promotion package for SAM-affected children and their mothers, and menstrual supplies and infrastructure..
- Targeted distribution of essential hygiene supplies (certeza, chlorine, soap, disinfectants for cleaning floors, gender-responsive hygiene kits, including menstrual kits, drinking water storage containers,) to health facilities and schools, as well as vulnerable families in drought- affected districts, prioritizing women head of households.
- Cholera preparedness and rapid response activities integrating gender perspective, including district-level emergency plans, identification of cholera micro-hotspots, increased readiness of cholera treatment centre and CATI (case area-oriented intervention) teams, pre-positioning of cholera material, training of community agents and women leaders in surveillance, prevention and response integrating gender and involving women and men, changing social behaviour (e.g. engaging men and boys in care work related to cholera).

Establish Resilient WASH Services

1) Provision of resilient drinking water services to communities, and female-and-child-headed households, health units (especially therapeutic feeding centres, maternity and paediatric centres) and schools that face limitations in the water supply and sanitation component, through:

- Rehabilitation of existing water systems, modernisation and construction of new climate resilient water supply systems with increased access for woman, including solar-powered multi-purpose water systems that apply an integrated

approach to livelihoods and domestic water use

- Increased water storage capacity (cisterns, tanks and others) at community and institutional level
- Increase sustainable access to water, including for women and girls, to productive use including the construction of small community dams considering gender and protection measure

2) Improve the use of basic sanitation services for communities, health units (especially therapeutic feeding centers, maternity and pediatric centers) and schools, through the rehabilitation and/or construction of new existing institutional sanitary facilities and increasing sanitation coverage at the household level through PEC approach (Community Participation and Education) with priority given to women and children who are heads of households.

3) Promoting hygiene and encouraging safe and gender-responsive sanitation practices with access and energy, including water conservation actions through health and hygiene mechanisms established in communities, as well as the media, ensuring women and girls participation and leadership.

4) Strengthen the technical capacity of authorities at provincial, district and community levels for supervision and adherence to technical construction and management standards to ensure the resilience, gender mainstreaming, and inclusion of rehabilitated and/or constructed water supply and sanitation infrastructures.

5) Strengthen effective involvement in coordination mechanisms in the sector at the national, provincial and district level of the sector with strong links, in particular, to the coordination mechanisms of Food Security, Nutrition and Education.

Accountability to affected populations and community engagement will be a central component of the WASH sector response. As with other humanitarian response activities in the country, the WASH Cluster must ensure that all cross-cutting issues, such as Protection from Sexual Exploitation and Abuse (PSEA), gender equality integration (in coordination with the Humanitarian Gender Working Group), child protection and environmental issues, are integrated into the response.

Cost of Response

The overall WASH Cluster financial request is US\$ 11.1m. This includes US\$ 6.8m for the provision of potable water access, \$2.7m to ensure safe sanitation, \$1m for key emergency supplies, \$340,000 for hygiene promotion/cholera mitigation and \$225k for strengthen the technical capacity of authorities at provincial, district and community levels.

Monitoring

Monitoring of the drought response will be integrated into the existing systems that are in place for the monitoring of the conflict-related emergency response in the northern Mozambique. The WASH 5W (Who, What, Where, When, and Why) tool will be adapted to cover these areas and account for these specific activities. Post-distribution monitoring will ensure affected people receive adequate services.

Regional WASH Cluster focal points will be activated to engage cluster implementing partners via periodic WASH coordination meetings and to support intersectoral coordination at provincial/district levels. WASH will enhance surveillance by collecting data on WASH coverage, water security reports, and epidemiological data to prioritize hotspot areas. We will work with health sector to ensure monitoring of cholera hotspot areas. Joint monitoring visits in all project areas will increase accountability and compliance with the response strategy.

Response Monitoring Indicators

Response indicator	Baseline	Target
Number of people with access to sufficient quantity and quality of drinking water for human and domestic consumption.		341,000
Number of additional people with access to inclusive and gender-responsive basic sanitation services.		341,000
Number of additional people reached through handwashing behavior change programs.		341,000

Part 3: Annexes

Cluster Activities

Cluster	Activity description	Activity target	Activity cost
Food Security and Livelihoods	Provision of 6 months live saving food assistance during the Lean Season to people IPC 3+ population in the most affected districts	1,104,549	148,798,530
Food Security and Livelihoods	Provide critical agricultural inputs, including drought-tolerant, short-cycle cereal seeds, legumes and vegetable seeds, cassava cutting, sweet potato vines and fertilizers.	1,104,549	40,398,615
Food Security and Livelihoods	Implement livestock restocking, supplementary animal feed, and monitor and control livestock diseases, to sustain and improve livestock health and productivity.	308,232	4,694,989
Food Security and Livelihoods	further dissemination of good agricultural practices and increase access for smallholder farmers water harvesting and management techniques.	110,000	5,385,600
WASH, Sanitation and Hygiene	Water Service Provision (Construction/rehabilitation of boreholes, modernization of water systems, water extensions, solar pumps, water trucking, increase water storage capacity, multi-use water points)		\$20 per person
WASH, Sanitation and Hygiene	Sanitation provision (Emergency sanitation, Institutional Latrine, CATS/PEC)	\$8 per person	
WASH, Sanitation and Hygiene	Hygiene Promotion/Water conservation outreach/ Cholera Outreach		\$1 per person
WASH, Sanitation and Hygiene	WASH supplies certeza, chlorine, soap, disinfectants for cleaning floors, hygiene kits, drinking water storage containers)	\$7 per person	
WASH, Sanitation and Hygiene	Strengthen the technical capacity of authorities at provincial, district and community levels		\$1000 per month per district (19) = \$12,000 per year
Nutrition	Children under 5 years old screened for acute malnutrition	14,2733	285,466
Nutrition	Pregnant and lactating women screened for acute malnutrition	37,066	7,4132
Nutrition	Children under 5 years old admitted for SAM treatment	19,988	1,399,160
Nutrition	Children under 5 years old admitted for MAM treatment	28,554	1,427,700
Nutrition	Pregnant and lactating women admitted for acute malnutrition	5,189	259,450
Nutrition	Children 6 to 59 months receiving vitamin A supplementation	1427,33	285,466
Nutrition	Children 6 to 59 months receiving micronutrients	142,733	2,048,218
Nutrition	Children under 5 years receiving deworming	114,218	2284,36
Nutrition	Caregivers receiving IYCF messages	61,392	122,784

Cluster	Activity description	Activity target	Activity cost
Protection	Number of people reached through Protection assessment and GBV Safety Audit to identify the impact, affected families, communities, their future intentions, PSNs, CSOs/ NGOs, existing CBPNs, concerns related to HLP, child protection and GBV risks, gaps, enhance coordination between government and Protection Cluster partners for continued monitoring of climatic risks/drought and recommend actions.	0	3,650
Protection	Number of people received protection and assistance services	0	14,100
Protection	Number of people reached through provision of information counselling on risks associated to migration, protection of children, women, elderly and physically disabled persons through a specialized NGO	0	3,500
Protection	Number of enhanced coordination activities between government and UNHCR, Protection Cluster and continued monitoring of climatic risks/drought increased	0	21
Protection	Number of Local Disaster Risk Reduction Committees established, supported with working gear and benefited from capacity building.	0	9
Protection	Number of sites where coordination is enhanced and facilitating equitable and dignified access to cross-sectoral humanitarian service through service monitoring and coordination	0	10
Protection	Number of NGOs, CSOs/WLO/WRO and government institutions benefited from the capacity building on GBV Case Management and Clinical Management of Rape	0	21
Protection	Number of GBV referral pathways and SOPs for all survivors developed	0	7
Child Protection	Number of children registered in case management system		7,922
Child Protection	Number of community-based referrals to nutrition or health services		4,000
Child Protection	Number of children accessing safe spaces near health facilities		68,884
Protection - GBV	Number of individuals reached by awareness raising activities on GBV prevention, risk mitigation and response	0	30,624
Protection - GBV	Number of individuals receiving material assistance including cash /voucher/dignity kits and other materials	0	3,062
Protection - HLP	Number of communities who received information counselling on security of tenure and sensitization and education on land issues	0	76
Protection - HLP	Number of individuals received legal assistance for the settlement of HLP disputes	0	1,000
Protection - HLP	Number of individuals received support for tenure security documents (DUATS, Declarações Oficiosas, Declarações de transpasse)	0	500
Protection - HLP	Number of local courts, CBOs, government institutions supported through provision of technical and material capacity	0	30
Protection - HLP	Number of community judges benefited from capacity building on mediation	0	60

Acronyms

AAP	Accountability to Affected Populations	OCHA	Office for Coordination of Humanitarian Affairs
CDI	Composit Drought Index	PSEA	Prevention of Sexual Exploitation and Abuse
CE	Community Engagement	SADD	Sex and Age Data Disaggregated
CERF	Central Emergency Response Fund	SAM	Severe Acute Malnutrition
CHIRPS	Climate Hazards Center InfraRed Precipitation with Station Data	SETSAN	Secretariado Técnico de Segurança Alimentar e Nutricional
DNAAS	National Directorate for Water Supply and Sanitation	UN	United Nations
ECMWF	European Centre for Medium-Range Weather Forecasts	UNICEF	The United Nations Children's Fund
FAO	Food and Agriculture Organization of the United Nations	USGS	United States Geological Survey
FEWSNET	Famine Early Warning Systems Network	WASH	Water, Sanitation and Hygiene
FSL	Food Security and Livelihoods Cluster	WFP	World Food Programme
GAM	Gender and Age Marker		
GBV	Gender- Based Violence		
HCT	Humanitarian Country Team		
HLP	Housing Land and Property		
HNRP	Humanitarian Needs and Response Plan		
ICCG	Intercluster Coordination Group		
IDPs	Internally Displaced Persons		
INGD	Institute for Disaster Risk Reduction Management		
IPC	Integrated Food Security Phase Classification		
INAM	Instituto Nacional de Meteorologia		
MAM	Moderate Acute Malnutrition		
MHPSS	Mental Health and Psycho-social Support		
MOPHRH	Ministry of Public Works, Housing and Water Resources		
NGOs	Non-Governmental Organizations		

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

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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humanitarianaction.info

rw response

ReliefWeb Response is part of OCHA's commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available to facilitate situational understanding and decision-making. It is the next generation of the Humanitarian Response platform.

response.reliefweb.int/mozambique



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

<https://fts.unocha.org/>