

# RAPID RESPONSE PLAN

## CABO DELGADO PROVINCE

### MOZAMBIQUE

MAY -  
DECEMBER  
2020





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# Foreword by the Resident Coordinator/ Humanitarian Coordinator

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As all efforts are made to bring security back to the Province of Cabo Delgado, this Rapid Response Plan aims at providing urgent life-saving and life-sustaining assistance to hundreds of thousands of populations still in insecure areas as well as displaced and host communities.

Those are mainly women, children, elderly and people with disabilities, whose life, dignity and protection have been completely disrupted. They need the full support of the Mozambican and the international community.

Supporting this Plan will, in itself, be a paramount contribution to peace and stability in the Province of Cabo Delgado and in Mozambique. For this to happen, the assistance provided through this Plan will strictly respect the humanitarian principles of humanity, impartiality, independence and neutrality.

On behalf of the humanitarian community in Mozambique, I am urging for the immediate and complete support of this Plan and for international community to demonstrate solidarity with the people of Mozambique.

**Myrta Kaulard**

Resident Coordinator/Humanitarian  
Coordinator

# Response Plan at a Glance

PEOPLE IN NEED

**713K**

PEOPLE TARGETED

**354K**

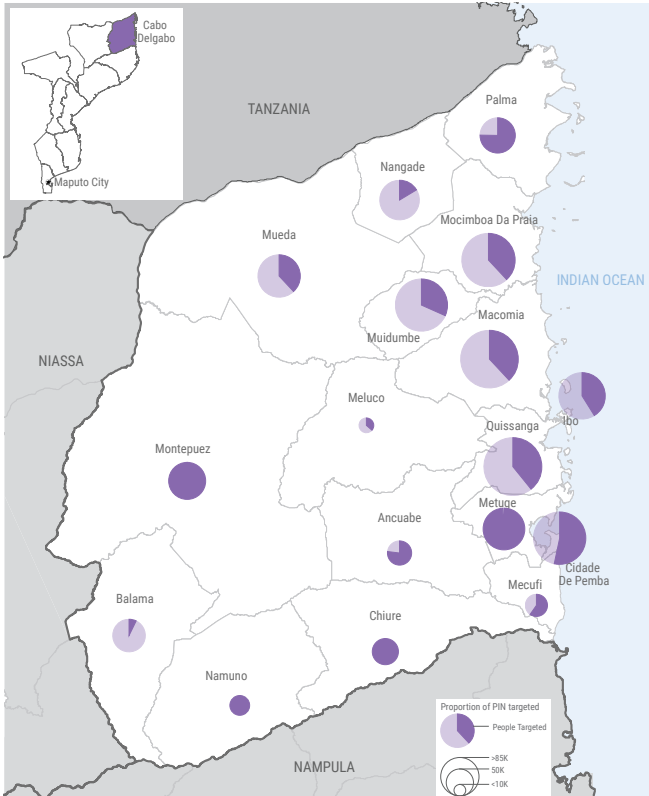
REQUIREMENTS (US\$)

**\$35.5M**

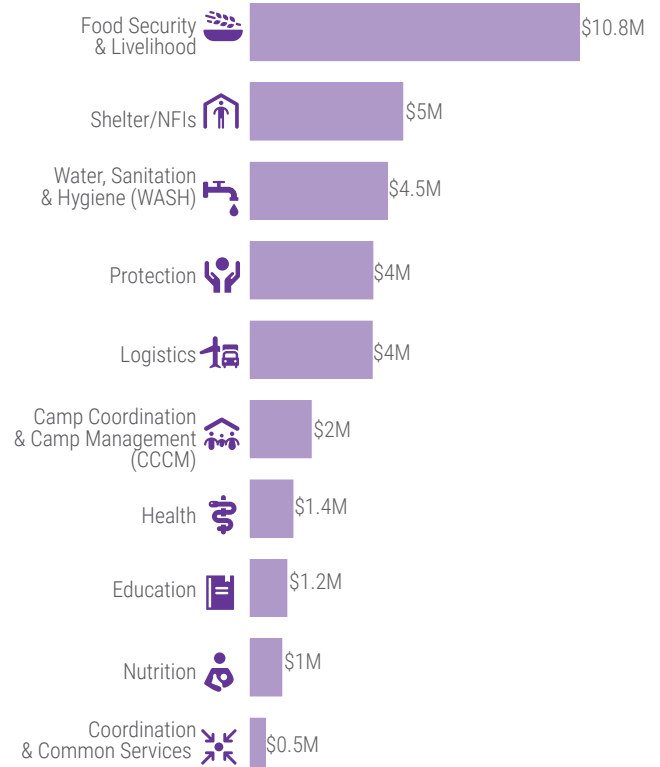
OPERATIONAL PARTNERS

**34**

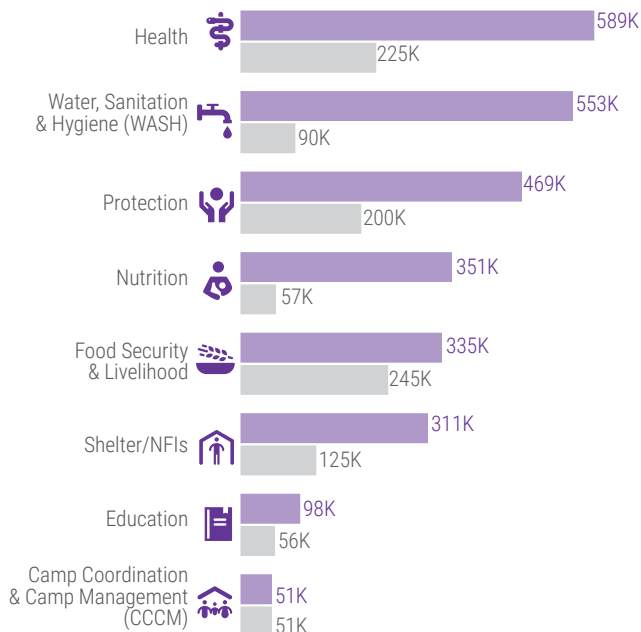
## People in Need and Targeted



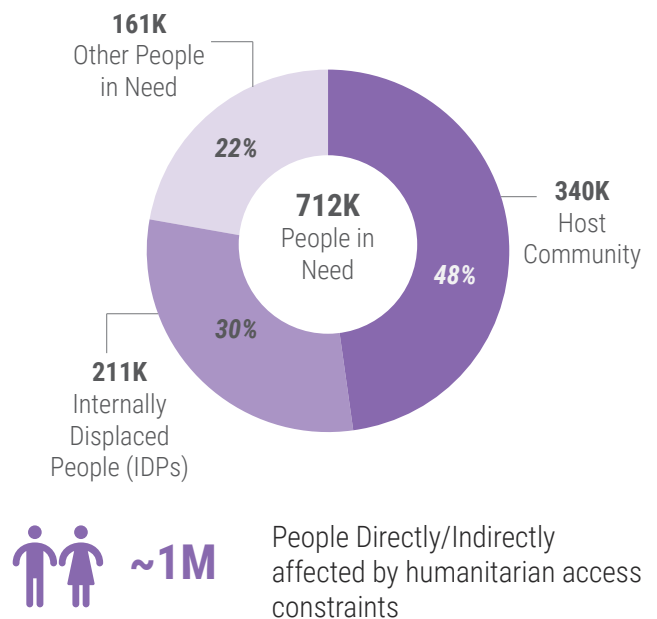
## Requirements by Cluster



## People in Need and Targeted by Cluster



## People in Need of Humanitarian Assistance



# Overview of the Crisis

**One year on from Tropical Cyclone Kenneth's landfall in April 2019, the humanitarian situation in Cabo Delgado province of Mozambique has deteriorated due to consecutive climatic shocks, insecurity and violence, leading to significant displacement, disruption of livelihoods and lack of access to basic services.** Cabo Delgado—home to over 2.2 million people—has been hit by a wave of violence since October 2017, which escalated significantly since January 2020. Over 300 violent incidents have been recorded to date, of which 71 were reported from January to March 2020, including attacks on villages by non-state armed actors and clashes between security forces and armed groups. According to media, more than over 500 civilians have been killed since October 2017, along with an estimated 200 security forces members and 250 alleged armed actors. Moreover, killings, beheadings, abductions and kidnappings of civilians (including girls and women), possible forced recruitment of children into armed groups, and burning and looting of public and private properties and infrastructure have been reported. Attacks by non-state armed groups have destroyed more than 107 schools (including a teacher training centre) so far, affecting more than 56,000 children and almost 1,100 teachers.<sup>1</sup> Over the past six months, attacks have increased in scale and scope, with Palma, Mocimboa da Praia, Nangade, Muidumbe, Macomia and Quissanga districts hardest-hit.

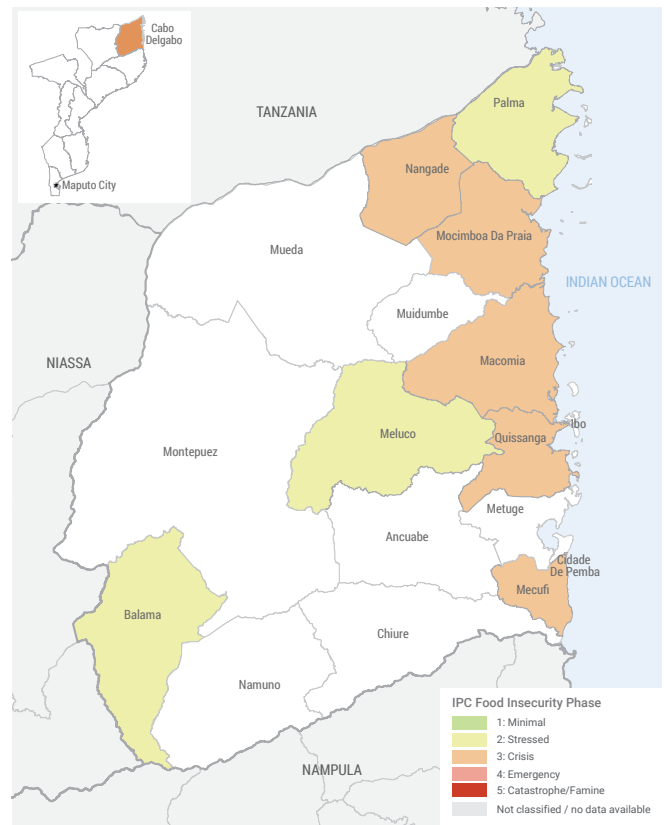
**Displacement has risen rapidly as violence has escalated, with 211,485 people now estimated to be internally displaced in Cabo Delgado, according to IOM Displacement Tracking Matrix (DTM)'s data.** The majority of internally displaced people (IDP) are children, followed by women. Food and shelter/non-food items (NFIs) and livelihood remain the most-needed assistance for IDPs, according to an assessment conducted in May 2020. While there are settlements and accommodation centres, the majority of IDPs are being hosted by families and relatives.

**While violence was previously confined to smaller villages, attacks on district capitals have increased in 2020, leading to larger displacement flows.** It is estimated that violence, especially around Mocimboa da Praia and Quissanga, has caused the displacement of over 50,000 people between March and May 2020. On 23 and 25 March 2020 respectively, armed actors temporarily occupied the towns of Mocimboa da Praia Muidumbe and Quissanga, forcibly displacing over 24,000 people,<sup>2</sup> and in a recent wave of displacement, over 10,149 IDPs fleeing from Quissanga district, including 3,620 children, temporarily sought accommodation in five collective centres in Metuge. Similarly, on 28 May 2020, armed actors attacked and temporarily occupied the town of Macomia, causing additional displacements to other districts as the town hosted 30,000 IDPs.<sup>3</sup> Areas hosting the largest number of displaced people include district capitals such as Montepuez, Chiuri, Mueda, and Pemba city, and coastal districts and islands, such as Ibo, Macomia, Mocimboa da Praia,

Quissanga, Muidumbe and Matemo. More than 13,800 IDPs have reached Cabo Delgado's provincial capital, Pemba, in search of safety and humanitarian assistance.

**The violence and insecurity have compounded the situation of people impacted by climatic shocks, including Cyclone Kenneth in April 2019 and flooding in December 2019 and January 2020, forcing many people to cope with a 'double crisis'.** Cyclone Kenneth—the strongest cyclone to ever hit the African continent—left 374,000 people in need, of whom an estimated 200,000 are still living in destroyed, damaged homes or makeshift shelters, and 6,600 are still living in five resettlement sites in Cabo Delgado and Nampula provinces, in urgent need of assistance and protection. In addition, from October 2019 to February 2020, heavy rains, strong winds and floods affected more than 14,970 people in Cabo Delgado, according to the National Disaster Management Institute (Instituto Nacional de Gestão de Calamidades, INGC) and the National Institute of Meteorology (Instituto Nacional de Meteorologia, INAM). As a result, many damages to public infrastructures were reported, most notably the collapse of various bridges which left up to one million people directly and indirectly isolated from basic services and supplies as well as humanitarian assistance.

## Acute Food Insecurity (Oct 2019 - Feb 2020)



**Within this context of multiple and compounding shocks, lack of access to clean water and sanitation facilities, together with poor hygiene practices, have led to disease outbreaks, including cholera.**

Over 960 cases and 15 deaths due to cholera had been reported by the end of May 2020, according to tests undertaken by provincial authorities. Many cases of diarrhoea have also been reported in Cabo Delgado, especially affecting the districts of Ibo, Macomia and Mocimboa da Praia.

**Food insecurity has also increased due to violence and disruption of livelihoods.**

Five districts in Cabo Delgado—Mocimboa da Praia, Macomia, Ibo, Quissanga and Nangade—were classified as facing Crisis (IPC 3) food insecurity during the latest analysis (valid until February 2020), out of nine districts analyzed. More than one in five people (160,088 out of 736,277) covered in the analysis in Cabo Delgado were in Crisis (IPC 3) and above. Moreover, a total of 42,114 people were identified in Stressed (IPC 2). Livelihoods were severely disrupted by Cyclone Kenneth, especially in Ibo, Macomia and Quissanga districts, which were hardest-hit. Pests also affected crops in some districts of Cabo Delgado, causing agricultural losses. Prices of fuel and basic commodities—such as rice, maize, beans and vegetable oil—have increased over the past months, increasing the challenges faced by families in accessing adequate food. Due to security conditions, the annual sectoral assessments have been put on hold. However, according to the recent Famine Early Warning Systems Network (FEWS NET) estimates,<sup>4</sup> many poor households in Cabo Delgado are expected to continue facing Crisis (IPC Phase 3) outcomes through September 2020. The latter might result in a severe deterioration of the overall food and nutrition security which could have a significant impact on livelihood.

**The overlap of insecurity and climatic shocks with pre-existing vulnerabilities in Cabo Delgado—including poverty, marginalization and harmful social and gender norms—has significantly heightened protection risks,**

especially for children, women and girls (including pregnant and lactating women and adolescent girls), women and child-headed households, people with disabilities (including people with albinism), older persons and people living with HIV/AIDS. Cabo Delgado has the second highest rate of chronic malnutrition in the

country (53 per cent, compared to the national average of 43 per cent), the highest illiteracy rate (more than 67 per cent), and a history of economic marginalization and high unemployment. As a result of the interlocking shocks they are having to face, people in Cabo Delgado are exposed to: violence against civilians, including loss of life; trafficking; exploitation, abuse and neglect; sexual and gender-based violence (GBV); sexual exploitation and abuse; child labour; child marriage; and exclusion and discrimination related to lack of documentation, land and property rights. As families face disruptions to their livelihoods and growing economic insecurity, the risk that they will resort to negative coping mechanisms will rise, especially for women and girls, including sexual exploitation, forced/early marriage, trafficking, child labour, illicit activities, and recruitment into armed groups. Psychosocial distress is also likely to have increased dramatically due to the trauma of consecutive crises, loss of family members and assets, displacement and precarious living conditions.

**On top of violence and climatic shocks, people in Cabo Delgado are now faced with potential humanitarian and socio-economic impacts due to COVID-19.**

The first case of COVID-19 was reported in Mozambique on 22 March 2020. As of 30 May, the country had recorded 254 confirmed cases. Cabo Delgado is disproportionately affected by the outbreak, with Pemba and Afungi registering more than 50 per cent of the overall caseload with 145 cases reported. During the outbreak, loss of livelihoods, limited access to education and challenges in the delivery of life-saving humanitarian assistance may force vulnerable populations to resort to negative coping mechanisms, as outlined above. Furthermore, a possible lockdown of the province and restrictions on imports could lead to higher prices for basic commodities (including fuel). The Humanitarian Country Team in Mozambique has developed a separate Emergency Appeal for the COVID-19 response (May-December 2020), which incorporates both the public health response and action to tackle the most urgent secondary consequences of the outbreak. The appeal complements the Government of Mozambique's National Plan for Preparedness and Response to COVID-19, which calls for US\$260 million for the public health response, and the Government's Multi-Sectoral Preparedness and Response Plan.

# Response Strategy, Coordination, Capacity & Constraints

## Strategy and Coordination

**Under this Rapid Response Plan, humanitarian partners are planning to scale-up life-saving humanitarian assistance and protection to reach 354,000 people who have been impacted by violence and climatic shocks in Cabo Delgado, in close coordination with the Government of Mozambique. The Plan includes the reponse of UN agencies , international NGOs and national/local NGOs.**

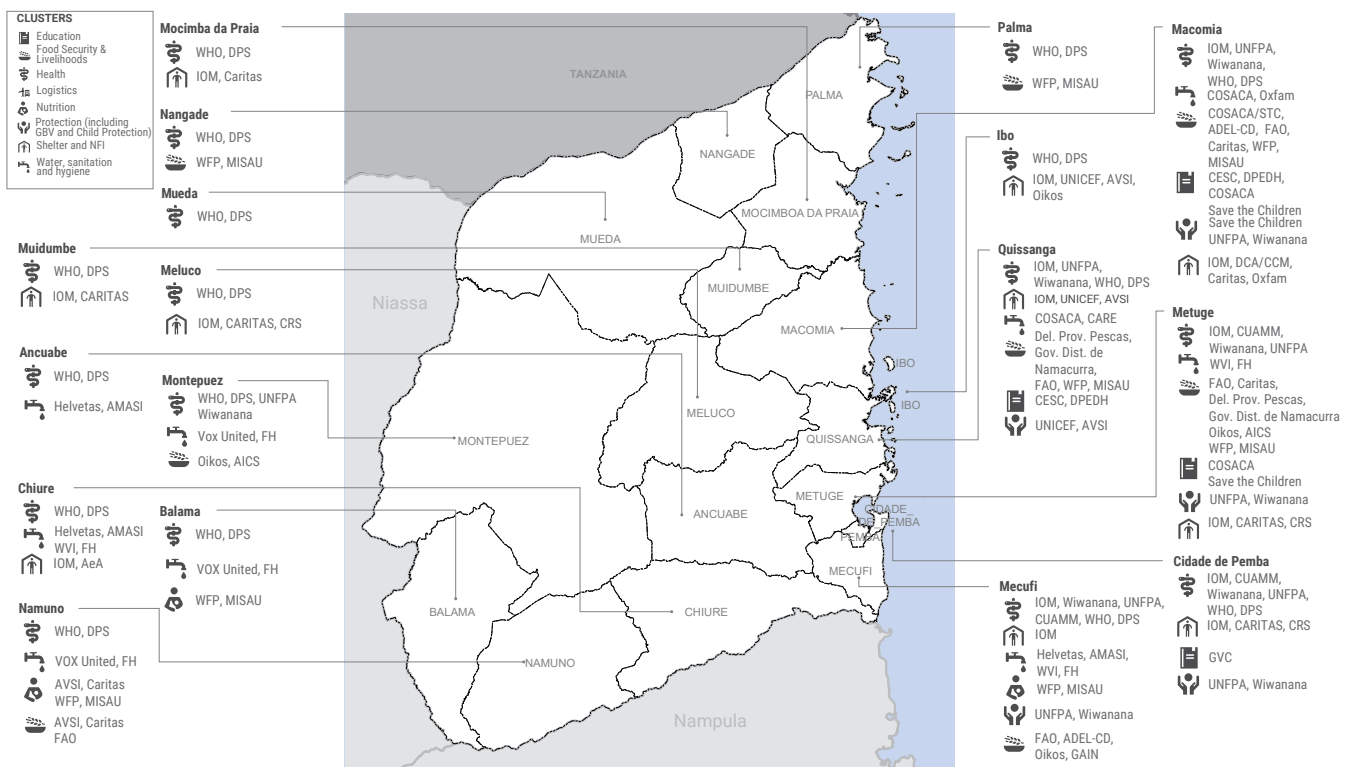
**Partners under this Plan will be guided by the humanitarian principles of humanity, neutrality, impartiality and operational independence, as well as by a firm commitment to centrality of protection, inclusivity, gender, conflict sensitivity and community engagement.** The Protection Cluster and HCT will advocate for all parties to abide by their obligations under international human rights law (IHRL) and international humanitarian law (IHL, including Guiding Principles on rights of Internally Displaced Persons) as well as national laws to ensure persons affected by violence have access to their basic rights, needs and safety. Humanitarian partners will take immediate steps to place communities at the centre of humanitarian action and decision-making, including through ensuring effective and transparent communication to enable informed decisions by affected communities; using feedback mechanisms to strengthen accountability

and inform adjustments in the response, providing meaningful opportunities for community participation in humanitarian action.

**Prevention of sexual exploitation and abuse (PSEA) will be a central tenet of the response.** The PSEA Network will serve as the primary body for coordination and oversight of activities related to protection from sexual exploitation and abuse by international and national personnel of UN, NGO entities and associated personnel involved in the response. The PSEA Network will provide technical support to the clusters, agencies and partners to ensure capacity building and community awareness on PSEA, access to safe reporting mechanisms and referral of SEA survivors to assistance services.

**Humanitarian partners are committed to doing no harm during the response, including in light of the COVID-19 outbreak that is underway in the province.** In close coordination with Government authorities at national and provincial level, as well as through community involvement and participation, the Plan seeks to strike a balance between ensuring the continuity and scale-up of humanitarian response programming and the protection of affected people from increased transmission of the virus or the reduction or prolonged suspension of humanitarian programming.

## Operational Presence Map





**The humanitarian response in Mozambique is led and coordinated by the national authorities through the National Institute of Disaster Management (INGC) and related emergency coordination mechanisms.**

This is supported by the Humanitarian Country Team (HCT), which is composed of UN agencies, International and National NGOs, Red Cross and donor representatives. The HCT is supported at the operational level by an Inter-Cluster Coordination Group (ICCG). In order to ensure maximum proximity to the affected populations and close coordination with local institutions, the above-mentioned coordination structure is replicated at provincial and districts level in Cabo Delgado.

**Access and Logistics Constraints**

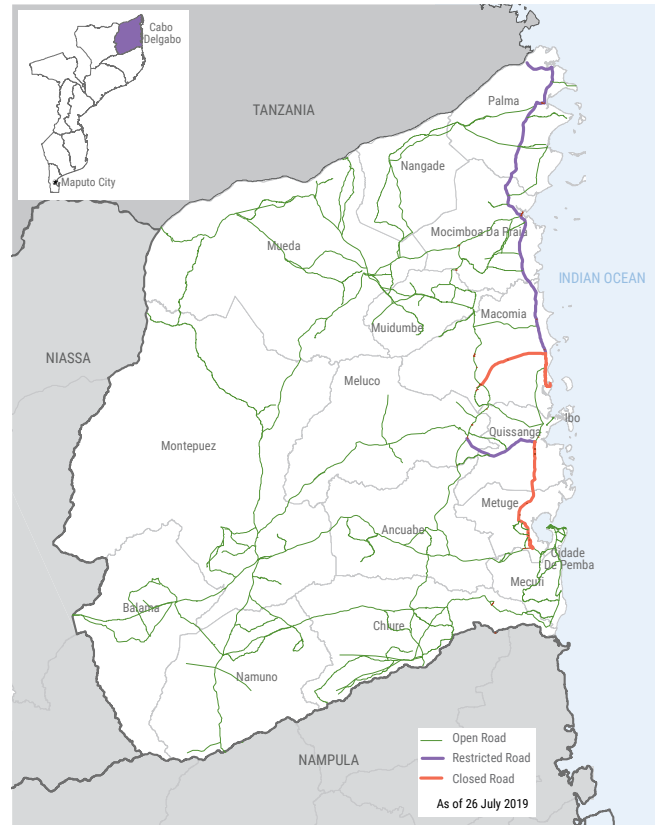
**Due to the escalation in violence, humanitarian access in Cabo Delgado has reduced in 2020, and humanitarian organizations working in the province are facing significant challenges to reaching people in need.**

Recent attacks on district capitals in Mocimboa da Praia, Quissanga, Muidumbe and Macomia districts have forced many humanitarian actors to temporarily withdraw from vital hub locations into Pemba and Maputo, reducing their ability to assess and respond to rising needs. The preliminary results of DTM’s household-level surveys with 10,500 families conducted in seven northern districts of Cabo Delgado in January 2020 showed that 75 per cent of the displaced population had not received any humanitarian assistance and 83 per cent of host families had not received assistance, including to support the displaced. This could exacerbate intra-community tensions due to increased pressures on local services and availability of goods due to resettlement/displaced families.

**At the same time, road transport has proven challenging throughout the province as roads and infrastructure are in poor condition and remain susceptible to weather conditions.** It is estimated that 350,000 people are critically isolated due to physical access constraints in Macomia, Meluco and Quissanga districts, while 550,000 people are moderately isolated in Mocimboa da Praia, Mueda, Muidumbe, Nangade and Palma.

**Within this complex and difficult context, humanitarian partners in Cabo Delgado need access to common logistics services (such as air/road/sea/river transport and humanitarian cargo storage) to ensure staff movement and delivery of critical humanitarian commodities from Pemba and other accessible districts.** Integrated options to ship cargo by road, sea/river and air can be sourced from local service providers, although the need to combine different means of transport raises costs for storage, handling and shunting services in Pemba and Nacala, and for delivery in Ibo, Macomia, Matemo, Mocimboa da Praia. Air transport is required to move humanitarian staff safely to the districts of Ibo, Macomia and Mocimboa da Praia, to ensure possible evacuations, and to deliver urgent and high value low volume items, as well as time-sensitive cargo.

**Physical Access Constraint Map**



A landing craft provided by the private sector to the Government to carry trucks and containers with commodities and fuel to Mocimboa da Praia has been extended, and it is being used by humanitarian partners operating in the northern districts. However, the space dedicated to humanitarian commodities on the barge remains limited. Prior to the deterioration in security conditions in Macomia and northern districts, barges and vessels were used to transport aid commodities to Mocimboa da Praia and Palma, Ibo and then further to Matemo and Quirimba.

**A Logistics Working Group in Cabo Delgado was recently established with the aim of ensuring information management/sharing and coordination of logistics activities for the overall humanitarian community.** The Logistics Working Group is co-led by WFP and INGC and will be instrumental to: monitor the situation on the ground and provide recommendations based on the contextual analysis; strengthen government capacity; and strengthen coordination with INGC, provincial authorities and humanitarian partners in the province. At present, enhanced security and IT measures are required to ensure the redeployment of humanitarian teams to the districts in the coming weeks.

# Sectoral Objectives & Response

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## CABO DELGADO

*A woman washes her hands at shelter distribution for displaced families in Cabo Delgado. To prevent a possible spread of COVID-19, the distribution is carried out in a small group size, keeping social distancing and including handwashing facilities. Photo: IOM / Wolfe Murray*



# Camp Coordination & Camp Management (CCCM)



## PEOPLE IN NEED

51k

## PEOPLE TARGETED

51k

## REQUIREMENTS (US\$)

\$2M

### People in Need

Out of the over 211,485 people displaced by the insecurity, an estimated 50,900 people are in need of Camp Coordination and Camp Management (CCCM) services, including reception management in key displacement hotspots, upgrades of existing settlements and accommodation centres and community engagement. The household level surveys conducted in seven northern districts of Cabo Delgado with 10,500 families revealed that 75 per cent of the displaced population has not received any humanitarian assistance and 83 per cent of host families declared having no means to support the displaced. Due to the overcrowded situation and new displacement waves, 10,149 IDPs originating from Quissanga district are temporarily being housed in five public buildings and collective centres in Metuge and are in dire need of assistance. The Government is working on defining alternative site modalities for relocation to other settlements, requiring advocacy, planning and accompaniment in this process. Informal settlements have also been assessed in several districts, including in the Ibo islands, which have received a large influx of IDPs over the past months. With new sites identified by the Government, settlements becoming overcrowded, the temporary establishment of accommodation centres for newly displaced people, as well as the large displacement needs in hotspot locations, CCCM must be urgently scaled-up -including on location and mobile approaches, as well as advocacy for humanitarian access, monitoring of standards and assistance, site improvements and community governance systems with participatory approaches- to ensure that minimum standards are met in the provision of assistance to IDPs as well as advocacy to ensure dignified living conditions. In the context of COVID-19, it is also essential to advocate for the continuation of critical services to IDPs in displacement hotspots, who are at risk due to their exacerbated vulnerabilities.

### Highlights of the Response

CCCM will improve access to basic services and improve living conditions for displaced people in camps, informal settlements and reception locations, including in and out of sites, through key activities, including: site planning and improvement; coordination of services to ensure minimum humanitarian standards; and effective community engagement/communication through mobile CCCM teams. CCCM will provide information management and capacity-building support to both the government and the humanitarian community.

Priority activities will include:

- Community engagement to ensure consultation with host communities and IDPs in the establishment of the new sites, in existing accommodation centres, informal settlements in host communities and in displacement locations;
- Capacity-building of Government counterparts and partners on minimum humanitarian standards and CCCM, including humanitarian reception management in displacement hotspots receiving influx of new arrivals;
- Site planning and improvements, including plot demarcation, clearing and preparation of land, basic infrastructures and care and maintenance interventions to ensure adherence to the minimum humanitarian standards;
- Coordination of service providers both at site and community level and using multisector approach as per CCCM mandate and advocacy;
- Extension of the CCCM mobile approach in key receiving areas and displacement hotspots, to support reception management of new arrivals.

# Education



## PEOPLE IN NEED

98K

## PEOPLE TARGETED

56K

## REQUIREMENTS (US\$)

\$1.2M

### People in Need

Attacks by non-state armed groups have destroyed more than 107 schools (including a teacher training centre) so far, affecting more than 56,000 children and almost 1,100 teachers.<sup>5</sup> Many schools in areas receiving IDPs are struggling to accommodate newly arrived children, while in some areas there is no access to schools at all. Because of the increasing insecurity, and fear, many families and children (in particular girls because of gender based violence-GBV) are now on the run to or have already arrived in safer areas, mostly in relocation sites or they succeeded to find shelter with family support. Therefore, many children and teachers will not have a conducive teaching and learning environment during the State of Emergency, neither when schools will reopen, it will be easy to accommodate the influx of many new children and to provide quality education. Some of these schools where these children will go to, already suffered from the heavy rains, floods and storms in the rainy period 2019-2020. Furthermore, Cabo Delgado is the province where most of the COVID-19 cases have been confirmed and the current suspension of classes will have a negative impact on the access and quality of teaching and learning. Most children have no communication means to be taught at home or where they are living with families or in the relocation centres. As soon as classes are reopened, because of the damaged or poor school infrastructure and the migration of many families and children, temporary learning spaces (TLS), basic teaching and learning materials will be urgently needed at the locations where families have migrated to. The delivery of training on PSS, hygiene kits combined with awareness raising on child protection issues will be crucially important as well. If the suspension of classes continues, these trainings will be delivered through distance mode or in small groups keeping physical distancing in consideration. In close collaboration with the Direcção Provincial de Educação e Desenvolvimento Humano (DPEDH) and Serviços

Distritais de Educação, Juventude e Tecnologia (SDEJT) damaged classrooms will be restored where possible with roofing sheets to help accommodate about 56,000 most vulnerable children attending classes.

### Highlights of the Response

Priority activities will include:

- Establishment of at least 455 temporary learning spaces (TLS), as well as basic teaching and learning materials for more than 56,000 children who have fled for insecurity. TLS will be installed in the most critical humanitarian hotspots, in coordination with Direcção Provincial e Desenvolvimento Humano (DPEDH) and Serviços Distritais de Educação, Juventude e Tecnologia (SDEJT).
- Delivery of training on PSS, hygiene, child protection, GBV, and disaster risk reduction (DRR), including through distance modalities, during the suspension of classes for all teachers.
- Development and delivery of an integrated service package (education, health services, clean water and child protection and information on the prevention of and response to COVID-19), in close collaboration with provincial and district authorities, health, WASH and child protection partners, concentrating on locations where the majority of displaced families are sheltering.
- Where possible, just before reopening of classes, TLS will be installed and teaching and learning materials will be delivered in the most critical humanitarian hotspots to be selected by the Direcção Provincial e Desenvolvimento Humano (DPEDH) and Serviços Distritais de Educação, Juventude e Tecnologia (SDEJT). Elsewhere where there is no insurgency, damaged classrooms will be restored where possible and needed with roofing sheets.



# Food Security & Livelihood

PEOPLE IN NEED

**335K**

PEOPLE TARGETED

**245K**

REQUIREMENTS (US\$)

**\$10.8M**

## People in Need

Increasing food insecurity in the province is a serious concern. The reported climatic shocks and attacks resulted into wide displacements of people and limited access to the affected populations, disrupting lives and livelihoods. According to the last FEWS NET/IPC Acute Food Insecurity and Malnutrition Analysis, over 160,000 people are currently facing severe food insecurity (IPC 3 and above) in Cabo Delgado, particularly affecting the districts of Ibo, Macomia, Mecufi, Mocimba Da Praia, Nangade and Quissanga. Moreover, more than 42,000 people are facing stress levels of food insecurity (IPC 2). Without adequate support, the food security situation could quickly deteriorate in the months ahead. The FEWS NET/IPC Analysis published in February 2020 confirmed a deteriorating food security situation in Cabo Delgado from March to May 2020 and highlighted a likely expansion of areas under IPC Phase 3 (Crisis). Moreover, according to the last FEWS NET estimates,<sup>6</sup> many poor households in Cabo Delgado are expected to continue facing Crisis (IPC Phase 3) outcomes through September 2020 which might result in a further deterioration of the overall food and nutrition security.

## Highlights of the Response

The Food Security Cluster will target 245,000 people (170,000 for food assistance for six months and 75,000 people for livelihoods during the winter season with 20,000 receiving both food assistance and livelihoods) by:

- Providing life-saving food assistance, targeting the most vulnerable among the affected population, including IDPs and remote communities, through vouchers or in-kind distributions to vulnerable/highly food insecure people in flood- and cyclone-affected districts and areas affected by insecurity, prioritising on the basis of seasonal food and nutrition security assessments outcomes.
- Providing quality agriculture inputs (through vouchers or in-kind distributions) such as cereals, pulses and vegetable seeds, fertilizers, farming and irrigation tools, fisheries and aquaculture inputs. The livelihoods package will prioritize actions with quick impact.



Photo: IOM / Wolfe Murray

# Health



## PEOPLE IN NEED

**589K**

## PEOPLE TARGETED

**225K**

## REQUIREMENTS (US\$)

**\$1.4M**

### People in Need

Access to primary health care in Cabo Delgado is a challenge: integrated Mobile Health Brigades have been affected by insecurity and are no longer functional; health workers in affected districts have fled for safety; and health facilities have been destroyed or vandalized. Across the province, it is difficult to implement COVID-19 preventive and response measures due to overcrowding in IDP sites and recurrent displacement of people due to the frequent attacks. Contact tracing of the suspected cases is difficult in this environment. Water systems have been destroyed in Mocimboa da Praia, making handwashing and sanitation not possible, which are key in the COVID-19 prevention and response. Moreover, lack of Personal Protective Equipment (PPEs) remains a challenge.

The risk of increased disease outbreaks in Cabo Delgado is high due to poor hygiene practices and poor access to clean water and sanitation facilities, which are increasingly overstretched due to the influx of IDPs into relatively better served areas. Since January 2020, many cases of diarrhoea have been reported from different districts of Cabo Delgado. A confirmed cholera outbreak has been reported from five districts of Ibo, Macomia, Mocimboa da Praia and Pemba since the end of January 2020. Over 960 cases and 15 deaths due to cholera had been reported by the end of May 2020, according to tests undertaken by provincial authorities.

### Highlights of the Response

Due to the humanitarian impacts of violence, insecurity and heavy rains/floods, there is an urgent need to provide IDPs and host communities with comprehensive and quality health services, including Mental Health and Psychosocial Services (MPHSS).

- Mobile Health Brigades and static health teams to support overstretched facilities.
- Hiring additional nurses to ensure all women, girls and their new-borns have access to quality, life-saving, sexual and reproductive health services, as the country faces a shortage of human resources, especially in maternal and child health.
- Procuring, pre-positioning and providing essential medical supplies as well as ensuring training of health staff in proper and timely case management in cholera treatment centres. The impact will be measured by tracking the percentage decrease in the number of reported cholera cases or diarrhoeal diseases.
- Support to Community Health Workers to provide basic health care.
- Distribution of medical kits to ensure access to basic health care in key healthcare facilities.



A tent was installed outside Mahate Health Centre to allow adequate distancing in health units to prevent spread of COVID-19. Photo: UNFPA/Muianga

# Nutrition



**PEOPLE IN NEED**

**351K**

**PEOPLE TARGETED**

**57K**

**REQUIREMENTS (US\$)**

**\$1M**

**People in Need**

Cabo Delgado has the second highest rate of chronic malnutrition in the country (53 per cent compared to the national average of 43 per cent) and the highest Acute Malnutrition prevalence, according to the latest IPC analysis that included 31 districts in all Mozambique. Since the beginning of the Cyclone Kenneth response, a total of 150,486 children were screened for global acute malnutrition, of whom 1,450 have been treated for Severe Acute Malnutrition (SAM). The escalating conflict and displacement have disrupted vulnerable households' access to food, livelihoods and health and nutrition services, worsening food security and nutrition conditions and causing the disruption of nutrition services and the possibility of seeking care by the affected population. As a result of the increased levels of food insecurity, challenges in the provision of routine and outreach health and nutrition services due to violence and insecurity, restrictions on movements due to COVID-19, and compromised human resources capacity, the nutrition situation will likely deteriorate in the months ahead.

**Highlights of the Response**

As part of the Nutrition Cluster response, the following actions will take place in the targeted north and centre districts affected by the conflict:

- Increase community distribution and treatment programs for acute malnutrition through community health workers;

- Procurement of ready to use therapeutic foods and therapeutic milks to treat the predicted increase on demand of these products;
- Provision of essential nutrition supplies to cover the needs of that affected population; an alternate and effective system to monitor proper utilization of supplies will be a priority for MoH;
- Active case finding and screening for possible acute malnutrition cases, through increasing identification of cases at community with involvement of community health workers, i.e. APes, activists, volunteers to facilitate early identification, treatment and follow up in the community;
- Blanket micronutrient supplementation for children under 2 with micro-nutrient powder (MNP);
- Supplementation of Vitamin A and deworming;
- Increase awareness on good infant and young child feeding (IYCF) practices, including cooking demonstrations;
- Surveillance and nutrition assessments, including assessments of the affected populations, as well as.

Treatment for severe acute malnutrition will target the most vulnerable groups i.e. under five children. Case finding, and treatment of moderate acute malnutrition will target under five children under, pregnant and lactating women, and people living with HIV and tuberculosis.



Carloto Rosario and her baby lost many of their belongings when Cyclone Kenneth hit Pemba in April 2019. Photo: UNICEF / De Wet

# Protection



## PEOPLE IN NEED

469K

## PEOPLE TARGETED

200K

## REQUIREMENTS (US\$)

\$4M

### People in Need

The situation in Cabo Delgado is a protection crisis that requires coordinated multi-sectoral response. Since the violence began in October 2017, there have been reports of human rights abuses by armed groups against civilians, including killings, beheadings, abductions and kidnappings of civilians (including girls and women), possible forced recruitment of children into armed groups, and burning and looting of public and private properties and infrastructure. Among the 400,000 persons in need, vulnerable groups such as women, children, older persons, persons with disabilities, persons with albinism, persons with HIV/AIDS and persons with other diversities face heightened protection risks and are in need of specific assistance/services.

Gender-based violence (GBV) is pervasive in the lives of women and girls during times of conflict, with adolescent girls often bearing the brunt of the crisis and/or disaster. In Cabo Delgado, 30 per cent of people affected are women and young girls: 24 per cent are women of reproductive age (107,100), including 12,791 who are currently pregnant; and 6 per cent are adolescent girls from 10 to 14 years old (28,620). A COSACA Rapid Gender Assessment conducted in the aftermath of Cyclone Kenneth, noted that “domestic violence and other forms of GBV, including sexual violence, were raised repeatedly by women, girls, boys and men. Interviews with key informants provided further background regarding GBV and the unequal gender dynamics which contribute to it”<sup>7</sup> which have been well documented in previous protection assessments.<sup>8</sup> Since that assessment, the risk of GBV has increased, particularly, domestic and family violence, early/forced marriages (including due to early pregnancy) and sexual exploitation and abuse, according to Department of Women, Children and Social Affairs (DPGCAS) and partners’ anecdotal reports. A December 2019 assessment by COSACA found many accounts of sex for food among women and adolescent girls who fled without their husbands/fathers, a negative coping mechanism that predates displacement but has been exacerbated.<sup>9</sup> Most IDPs are seeking refuge with already resource-strapped extended family members, often leading to overcrowding in shelters, which heightens the risk of GBV. At the same time, government GBV service providers are overstretched, impacting on capacity for quality and timely service provision, including access to PEP kits, Clinical Management of Rape (CMR), psychosocial support and case management. Disruption of livelihoods, in addition to sudden displacement, puts many women and girls at risk of GBV and contributes to protection concerns, including psychosocial stress and potential for increased recourse to negative coping mechanisms, highlighting the need for specialised and quality GBV services.

Children are among the most-affected by forced displacement in

Cabo Delgado, accounting for 50 per cent of the total number of IDPs. Although there is a dearth of data, with increasing displacements, it is assumed that the numbers of Unaccompanied and Separated Children (UASC) has increased. As a result, the need for child protection agencies to support with family tracing and reunification as well as strengthening of alternative care options, prioritising foster family care, must be anticipated. Anecdotal evidence suggests that young people are being recruited by non-state armed groups, but data on exact location, numbers and age is lacking. Most recently, in April 2020, the Government reported that 52 young people in Muidumbe were killed for resisting recruitment. A large number of children are also affected with Post Traumatic Stress Disorder (PTSD) after witnessing acts of extreme violence. Culturally appropriate PSS and MHPSS are needed to help children and their caregivers utilise positive coping mechanisms to deal with their distress, however these are constrained due to the lack of access resulting from the security situation.

As a result of COVID-19, Government-led institutions supporting programme implementation are refocusing their resources, and most partners organizations and relocating their staff to Pemba or to Maputo, weakening service provision capacity in affected districts and communities. Overwhelmed health services, reduced mobility and reprogrammed funding will likely hamper general access to protective services by the displaced communities, and in particular women and girl’s access to health services, including sexual and reproductive health, GBV survivor care. Persons with underlying medical conditions such as HIV/AIDS or persons with disabilities cannot access health services and care according to their specific needs.

There is therefore an urgent need to resume and intensify protection advocacy and response, including through integrated mobile teams in parts of Cabo Delgado to provide information and ensure the referrals of persons in need of protection services, with special attention to GBV and CP prevention and response services, as well as targeting other vulnerable groups, such as persons with disabilities, and older persons.

### Highlights of the Response

In spite of the many challenges, protection – and the empowering of communities to be active protection actors - needs to remain at the centre of the humanitarian response in Cabo Delgado, including through access to legal and physical security, Mental Health and Psychosocial Support (MHPSS) services, Gender-based Violence (GBV) case management, quality access to life-saving services and collecting analyzing and sharing life-saving protection data with key institutional and operational actors. Comprehensive protection services and referral mechanisms at district level must be put in place,



from protection monitoring, awareness-raising of target populations, identification of issues and cases, psychosocial support and case management. Protection monitoring and mapping of community focal points in hard-to-reach communities is prioritized in order to collect life-saving data on protection needs to guide the response and to identify community entry points that could play a crucial role in protection monitoring and response. Vulnerable groups, such as children, women and child-headed households, people with disabilities, with albinism, older persons and people living with HIV, LGBTIQ+, should receive particular attention. Further priorities will be to ensure full respect for human rights, including in areas affected by insecurity; and the reinforcement of the centrality of protection in the delivery of humanitarian assistance.

Priority protection activities will include:

- Strong advocacy with all relevant actors to uphold their obligations under international human rights and humanitarian law;
- Obtain approval to conduct assessments on protection, child protection, gender and GBV, (including PSEA) and advocate to integrate these issues in assessments conducted by other sectors;
- Protection monitoring, analysis and timely dissemination of information to key actors to allow for a consistent identification of protection gaps and trigger appropriate response. Where access is not possible, this will need strong community-based protection structures;
- Identification and training of community entry points focal points –to monitor, report and serve as “first respondents”- coached remotely as needed;
- Strengthening of complaint and feedback mechanisms adapted to the local context to ensure persons of concern are engaged in humanitarian assistance programmes and issues raised are consistently addressed;
- Identification of vulnerable groups/individual with specific needs that require extra support and case management;
- Identification of and response to the protection needs of children, especially unaccompanied children and child-headed households;
- Mapping of school and protection options and train teachers and local law enforcement/administrators;
- Establishment (or continued operation) of women- and girl-friendly spaces;
- Expansion of access to MHPSS services by exploring new approaches, including mobile health/PSS services, putting in place a mid-level PSS cadre, and virtual service provision to reach those most at risk of GBV and child protection violations;
- Assess and possibly enhance the quality of service provision through capacity-building of statutory and non-statutory service providers, including social workers, community-based focal points and justice actors, to respond – both face-to-face and virtually, ensuring safe referral systems, mapping of available services;
- Assess the availability and quality of clinical management of GBV and rape services and the response to the needs of adolescent girls and child survivors of GBV and other types of violence;
- Conduct awareness to prevent GBV and child protection violations especially by working with communities and sharing information regarding available services;
- Strengthen information management systems to ensure that data is collected for reporting and programmatic decisions;
- Provide training on GBV risk mitigation and advocate for improved prioritization of GBV and strategies that reduce the risks of GBV in the humanitarian response (e.g. WASH, FSL and Shelter etc), in addition to current efforts on PSEA;
- -Conduct sensitization and awareness raising activities in order to ensure communities understanding of PSEA issues, humanitarian conduct standards and reporting mechanism, particularly of vulnerable groups. Enhance coordination among humanitarian partners and key stakeholders for referral of PSEA cases and access to assistance services in coordination with GBV and CP stakeholders as well;
- Support the government in increasing family-based alternative care options;
- Enhance collaboration with other community-based actors and focal points for example in schools and APE (CHW) to identify and refer vulnerable groups, such as children and women in need of MPPSS, and ensure available services are functional and a response available.

# Shelter & NFIs



## PEOPLE IN NEED

# 311K

## PEOPLE TARGETED

# 125K

## REQUIREMENTS (US\$)

# \$5M

### People in Need

The majority of the population in Cabo Delgado is on the move. An estimated 200,000 people are still living in precarious shelter conditions more than one year since Cyclone Kenneth made landfall in April 2019, while nearly 211,500 people (over 42,000 households) have been displaced by insecurity and violence and in need of shelter/NFI support. Additional support is required for a minimum of 20,000 host families (100,000 people) in need of NFI and shelter support to extend their housing area/coverage and minimize protection risks associated with overcrowding. A recent shelter assessment highlighted that over 9,000 houses in Mucojo itself have been affected either by the cyclone or been burned to the ground during violent attacks in Mucojo post,<sup>7</sup> which had previously been unassessed. Additionally, thousands of IDPs are on the move on a weekly basis due to insecurity– they arrive with little to nothing and require immediate support. In Pemba city itself, over 13,900 IDPs have been seeking shelter in crowded host communities; however, numbers are expected to be much higher as registration is ongoing.

Displaced populations and their host communities are in urgent need of emergency shelter support, including essential household items to secure safe, dignified, and healthy living conditions that provide at least basic protection from further adversities. Eighty-one per cent of IDP families living with host families report overcrowding and lack of space, heightening protection risks, including gender-based violence. This is of utmost importance in case of protracted displacement of populations seeking refuge into host communities. Based on the results of shelter household surveys, 75 per cent of IDP families reported having never received any type of humanitarian assistance and 83 per cent of host families are reporting being unable to support the needs of IDPs. Reports of tensions between host families and IDPs are becoming more common, showing a decrease in terms of social cohesion and highlighting the need for support to host families. In response to this situation, access to adequate and appropriate shelter and non-food items (NFIs) is critical to ensure that the most vulnerable are not at risk and they do not resort to negative coping mechanisms. With such rapid and unpredictable movements of populations, the stockpiling of NFI items are rapidly depleted and in need of replenishment for a minimum of 10,000 family kits to ensure items are readily available in case of sudden displacement.

### Highlights of the Response

Shelter and non-food item (NFI) assistance are critical to ensure the safety and survival of people impacted by violence and climatic shocks. Considering that the vast majority of IDPs are living in host families across the province and while ensuring that emergency shelter / NFI support is provided as well to families in settlements and at displacement locations, the shelter response will also be tailored to ensure support to host families together with the IDPs to extend shelter space to improve living conditions for displaced people.

Priority Shelter/NFI response activities will include:

- Conduction of detailed shelter/NFI assessments to assess housing and shelter needs
- Provision of emergency shelter and non-food item (NFI) kits for internally displaced populations
- Shelter support for host families to extend their housing area/ coverage to protect themselves from external elements and minimize protection risks associated with overcrowding. This will require market assessment to ensure availability, procurement and distribution of local building materials – mainly sticks and bamboo, sufficient to erect a basic structure upon which to place a 6x4m tarpaulin. Walls will be made following local, traditional techniques such as the known as pau-e-pique, whereby bamboo is woven between upright sticks. Shelter partners will endeavor to adhere to SPHERE standards for emergency shelter (3.5m<sup>2</sup>/ person) wherever possible. Additional technical assistance will be provided to most vulnerable people that are not able to set up their shelter themselves.
- Essential household items (NFI) -such as cooking utensils, solar lights, buckets and blankets- also need to be provided to new arrivals and people in need, both displaced and host families. To do so, continuation of the common pipeline mechanisms will be made to ensure enough prepositioning of items and rapid response in case of sudden event and displacement.
- Post distribution monitoring will be conducted to ensure the appropriateness of the shelter/NFI support provided.

# Water, Sanitation & Hygiene (WASH)



## PEOPLE IN NEED

**553K**

## PEOPLE TARGETED

**90K**

## REQUIREMENTS (US\$)

**\$4.5M**

### People in Need

Widespread displacements of people have created mobile populations in areas with already stressed water and sanitation services, generating needs for water supply and sanitation infrastructure for an estimated 211,485 IDPs and an estimated 370,000 people in hosting communities. Population displacement also increases the risk of the spread of diarrhoeal diseases, with the three districts of Mocimboa da Praia, Macomia and Ibo already facing an outbreak of cholera. Prior to Cyclone Kenneth, fewer than 22 per cent of households in the province had access to improved sanitation infrastructure. The existing coverage is considered to be lower in the northern districts of the province, where many development partners have not had sanitation promotion programs in recent years due to insecurity. After the recent insecurity in Mocimboa da Praia and Quissanga districts, in the water supply systems in both district capitals were deeply affected, and the services are not operational. The recent significant population displacements have been forcing people from those districts, mainly to Metuge and Pemba city. In areas receiving displaced populations, an increased strain on already stressed resources increases the disparity and needs for WASH services. Metuge, Palma, Ibo, Macomia, Mocimboa da Praia, Muidumbe, and Pemba are priority districts for the WASH Cluster due to the demand for WASH services with new influx populations and cholera response needs. Due to access constraints, Metuge and Pemba will be the primary targets while other districts will be targeted through cluster partners operational in Macomia, Mocimboa da Praia and Ibo. Lastly, resettlement planning is still ongoing for individuals displaced by flooding that require WASH services in their newly settled areas.

### Highlights of the Response

The WASH Cluster will prioritize the following activities:

- Ensure access to safe drinking water and essential sanitation and hygiene services to displaced populations and their host communities in Cabo Delgado.
- In areas where government authorities have established resettlement or transit sites for families resettling or awaiting safe conditions to return to their place of origin, the WASH Cluster will support with: emergency water trucking as needed; new water points through drilling boreholes and installation of handpumps or small-scale systems with tap stands depending on the population densities and drilling yields; construction of latrines and bathing units; hygiene promotion; and procurement and distribution of hygiene non-food items;
- Due to the increased demand on WASH infrastructure in areas hosting IDPs, where the risk of transmission of water-borne diseases is heightened, the WASH Cluster will increase access to safe drinking water and sanitation and hygiene services at the community level. These services will focus on: construction of new water points; rehabilitation of existing water points and expansion of piped networks where applicable; sanitation promotion for household latrine coverage; and media campaigns and household level hygiene promotion.
- In areas experiencing caseloads of cholera and increased diarrhoeal cases, the Cluster will implement targeted distributions of non-food item hygiene items, including household water treatment products with the corresponding instructions on use of the products and hygiene and cholera prevention messaging.



Members of Nacuta community use a water pump, which was rehabilitated after suffering significant damage during Cyclone Kenneth.  
Photo: Ayuda en Acción

# Coordination & Common Services



## REQUIREMENTS (US\$)

# \$500k

### Humanitarian Needs Overview:

The humanitarian situation in Cabo Delgado has increased in scale and complexity in 2020: the insecurity environment has sharply deteriorated, physical access has become further restricted, and the number of displaced people and humanitarian needs have increased significantly. Inter-sectoral and inter-agency coordination, as well as access to information and understanding of humanitarian needs, will be critical to respond to the multifaceted needs of affected people. The Humanitarian Coordinator's role to expand humanitarian engagement will be increasingly critical.

### Highlights of the Response:

In response to the current emergency, coordination efforts will focus on:

- Strengthening of humanitarian coordination at national and district level in Cabo Delgado;
- Facilitation of access negotiations and promotion of humanitarian principles;
- Facilitation of joint assessments and response planning;
- Promotion of accountability to, and two-way communication with, affected people;
- Gathering of lessons learnt to ensure timely and effective humanitarian response to ongoing and future humanitarian emergencies;
- High-level engagement, advocacy and communications by the HC with national and local institutions and international community.

In addition, in light of the increase in internal displacement, activities undertaken through the Displacement Tracking Matrix (DTM) will be enhanced and augmented, as follows:

- Extend the coverage of the Displacement Tracking Matrix (DTM) in the 17 districts of Cabo Delgado, utilising permanent teams on the ground and utilising and strengthening key informant networks to provide monthly baseline assessments in all locations and multi-sectoral location assessments (MSLA), paired with household assessments, to support the response, in close coordination with all clusters. This will be complemented by thematic surveys, such as Shelter/housing conditions assessments, with the aim to triangulate information and accurately capture multisector needs to better serve information requirements of local authorities, communities and humanitarian responders;
- Provide reporting and analysis on a monthly basis, including dashboard, maps and multisectoral reports on needs of displaced populations;
- Use the DTM Emergency Tracking Tool (ETT) to capture new and sudden displacement trends, including arrivals and departure. This will include: the deployment of enumerators in key receiving areas such as Macomia, Matemo, Mocimba da Praia and Ibo Islands among other locations and deployment of its network of key informants in the case of inaccessible areas and travel restrictions the referral of those in need to responsible and relevant partners to ensure provision of assistance; and the publication of flash updates on a regular basis to support the rapid response from the Government and humanitarian community.
- Undertake training for local authorities, partners and to extend key informant networks to ensure access to hard to reach areas as well as to increase capacities.

# Logistics



## REQUIREMENTS (US\$)

# \$4M

### Needs Analysis

The combination of logistics constraints caused by adverse weather conditions and high levels of insecurity have significantly restrained the access to several districts of Cabo Delgado. It is estimated that 350,000 people are critically isolated due to physical access constraints in Macomia, Meluco and Quissanga districts, while 550,000 people are moderately isolated in Mocimboa da Praia, Mueda, Muidumbe, Nangade and Palma. Access to IDP reception areas is in some cases limited due to security constraints along key access routes. Partners are currently using a combination of boats, barges and aircraft to access isolated populations.

### Highlights of the Response:

Humanitarian partners in Cabo Delgado need access to common logistics services (such as air/road/sea/river transport and

humanitarian cargo storage) to ensure staff movement and delivery of critical humanitarian commodities from Pemba to the affected districts. Air transport is currently required to move humanitarian staff safely to reach the districts of Ibo, Macomia and Mocimboa da Praia, to ensure possible evacuations and the delivery of urgent and high value low volume items as well as time-sensitive cargo. The Logistics sector will re-establish access to affected areas by air and sea, enabling humanitarian organizations to deliver critical life-saving items to the isolated populations. As such, the Logistics sector will ensure the provision of common transport services for relief supplies; the provision of storage and handling services as well as coordination and information management services.



Photo: IOM / Wolfe Murray

# Annexes

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Photo: IOM / Wolfe Murray



# Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>IOM</b>	International Organization For Migration
<b>CCCM</b>	Camp Coordination and Camp Management	<b>IPC</b>	Integrated Phase Classification
<b>CHW</b>	Community Health Workers	<b>IYCF</b>	Infant and Young Child Feeding
<b>CMR</b>	Clinical Management of Rape	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>COVID-19</b>	Coronavirus disease 2019	<b>MISAU</b>	Ministério da Saúde
<b>DPEDH</b>	Direcção Provincial de Educação e Desenvolvimento Humano	<b>MNP</b>	Micronutrient Powders
<b>DPGCAS</b>	Department of Women, Children and Social Affairs	<b>MoH</b>	Ministry of Health
<b>DTM</b>	Displacement Tracking Matrix	<b>MSLA</b>	Multi-Sectoral Location Assessments
<b>EU</b>	European Union	<b>NFIs</b>	Non-food items
<b>ETT</b>	Emergency Tracking Tool	<b>NGO</b>	Non-governmental organisation
<b>FEWS-NET</b>	Famine Early Warning Systems Network	<b>LGBTIQA+</b>	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/ Questioning, Asexual
<b>GBV</b>	Gender-Based Violence	<b>PEP</b>	Post-Exposure Prophylaxis
<b>FSL</b>	Food Security and Livelihood	<b>PSEA</b>	Post-Exposure Prophylaxis
<b>GBV</b>	Gender-base Violence	<b>PSS</b>	Prevention of Sexual Exploitation and Abuse
<b>GoM</b>	Government of Mozambique	<b>PTSD</b>	Psycho-social Support
<b>HC</b>	Humanitarian Coordinator	<b>RRP</b>	Post Traumatic Stress Disorder
<b>HCT</b>	Humanitarian Country Team	<b>SDEJT</b>	Rapid Response Plan
<b>HIV</b>	Human Immunodeficiency Virus	<b>SETSAN</b>	Serviços Distritais de Educação, Juventude e Tecnologia
<b>ICCG</b>	Inter-Cluster Coordination Group	<b>TLS</b>	Secretariado Técnico de Segurança Alimentar
<b>IDP</b>	Internally Displaced Persons	<b>UASC</b>	Temporary Learning spaces
<b>IHRL</b>	International Human Right Law	<b>UN</b>	Unaccompanied and Separated Children
<b>IHR</b>	International Humanitarian Law	<b>WASH</b>	United Nations
<b>INAM</b>	Instituto Nacional de Meteorologia	<b>WFP</b>	Water, Sanitation and Hygiene World Food Programme
<b>INGC</b>	Instituto Nacional de Gestão de Calamidades		
<b>INGO</b>	International Non-Government Organization		

## End Notes

1. Information DPEDH Cabo Delgado, 14 May 2020
2. IOM DTM ETT Report #2
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4. [https://fewsn.net/sites/default/files/documents/reports/MZ\\_Key%20Messages\\_2020\\_05\\_Final.pdf](https://fewsn.net/sites/default/files/documents/reports/MZ_Key%20Messages_2020_05_Final.pdf)
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9. COSACA, Child Protection Needs Assessment: Resettlement areas in Ibo, Matemo and Macomia, Cabo Delgado, Mozambique 6 December 2019
10. IOM / NEMA Shelter assessment in Mocujo, Macomia District, February 2020

# How to Contribute

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## About

This document is consolidated by OCHA on behalf of the UN Country Team and humanitarian partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

*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*

**RAPID RESPONSE PLAN**  
**CABO DELGADO PROVINCE**  
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[fts.org/appeals/2020](http://fts.org/appeals/2020)