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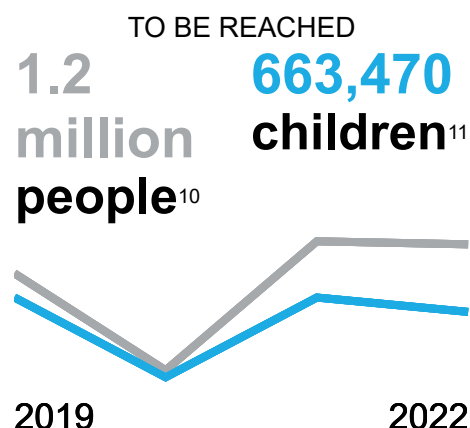
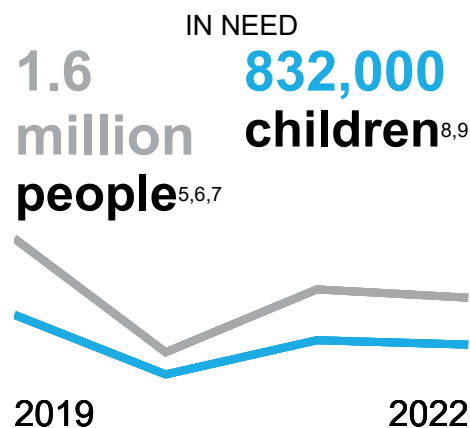
Humanitarian Action for Children

Cremildo and his mother benefit from a UNICEF programme in Sofala for disabled children. It includes assistive devices, psychosocial support, referral to legal and medical services and rehabilitation.

Mozambique

HIGHLIGHTS¹

- The humanitarian situation in Mozambique is critical, particularly in Cabo Delgado where nearly 856,000² people, including 414,272³ children, have been displaced and are in need of humanitarian assistance. In addition, 363,000⁴ people in the province are at risk of food insecurity (IPC crisis level 3 or above) and COVID-19 continues to deepen vulnerabilities of affected population, particularly in health, education and nutrition.
- UNICEF will provide multi-sector, life-saving assistance to vulnerable populations including children, women and people with disabilities. The response includes capacity building, system strengthening, reinforcement of community-based structures and provision of key supplies in Cabo Delgado, Nampula, Niassa, Sofala, Zambezia and Manica provinces. UNICEF will also strengthen its work in reporting, monitoring and responding to grave violations against children.
- UNICEF is requesting US\$98.8 million to reach 1.2 million people addressing the needs of the women, children and to prepare for the high risk of climatic events in the country.



KEY PLANNED TARGETS



283,160

children receiving vitamin A supplementation



700,000

people accessing a sufficient quantity of safe water



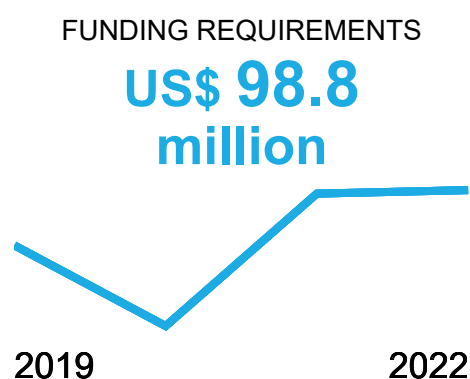
105,613

children/caregivers accessing mental health and psychosocial support



262,740

children accessing educational services



Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

HUMANITARIAN SITUATION AND NEEDS

The humanitarian situation in Mozambique is worrisome, requiring a flexible approach to address the most immediate needs of children and communities, while engaging in mid- to long-term peacebuilding and development strategies. The country has faced cyclones, conflict and COVID-19 in the last two years, affecting hundreds of thousands of children and caregivers. UNICEF estimates that 46 per cent¹² of children are multidimensionally poor, which exacerbates existing vulnerabilities, including gender and inclusion.

The ongoing conflict deteriorated significantly in 2021, resulting in the massive displacement of over 856,000 people (48 per cent children).¹³ About 83 per cent of internally displaced people (IDPs) live in host communities and 17 per cent live in IDP camps or resettlement sites.¹⁴ The situation in Cabo Delgado is a protection crisis, with children and women continuously exposed to grave violations including killings, abductions, recruitment by armed groups and gender-based violence. Family separation and mental health are also of concern. Protective learning environments require support with over 500,000 children and 2,000 teachers needing learning spaces and materials.¹⁵

Conflict and other shocks have led to increased food insecurity, with more than 866,000 people¹⁶ likely to need assistance through June 2022. The July 2021 Integrated Food Security Phase Classification Acute Malnutrition analysis revealed that nearly 75,000 children aged 6 to 59 months are threatened by acute malnutrition, with nearly 27,400 at risk of severe acute malnutrition (SAM) in 2022.¹⁷ Health reports reveal coverage of SAM services below 30 per cent due to limited health facility access and availability, and shortages of therapeutic products. The nutrition situation is likely to deteriorate if urgent prevention and response measures are not quickly implemented.

The country has also been seriously affected by the COVID-19 pandemic, with infection rates doubling in 2021 and hospitalizations increasing five times. In 2020, school closures due to COVID-19 affected 8.5 million¹⁸ children/youth. In 2021, closures affected 14 per cent of primary and 37 per cent of secondary school students. Mozambique also suffers from communicable disease outbreaks, including cholera, requiring a coordinated, multi-sector response.

Mozambique is 9th out of 191 countries on the INFORM Index due to conflict and climate change. As climatic shocks occur with more frequency and severity, preparing and responding to shocks is critical. The climatic risks, combined with the conflict in the north, have dramatically increased the needs of children and their families.

SECTOR NEEDS



545,100
children in need of
nutrition
assistance^{19,20}



596,000
children in need of
immunization
services^{21,22}



950,000
people lack access to
safe water^{23,24}



440,200
children in need of
MHPSS services^{25,26}



522,000
children in need of
access to school^{27,28,29}

STORY FROM THE FIELD



"Me and my friends were playing hide-and-seek. Suddenly, some masked men came and took them by force, I ran away, I was lucky," says Tina, 10.

Tina's friends were abducted by insurgents in Mocimboa da Praia Province, in May 2020. To save their lives, her family fled into the bush and walked two weeks to reach Meculane Resettlement Center, Chiure, Cabo Delgado Province, where UNICEF supported nearly 2,000 people with safe water.

"Here we are safe, and I go to school," says Tina.

UNICEF has reached nearly 492,000 children with health, water, education, child protection and nutrition services in 2021.

Ten-year-old Tina Saide and her mother Sofia Sumail stand in front of a UNICEF-supported health unit in Meculane resettlement centre, where they received assistance from a nurse.

HUMANITARIAN STRATEGY

UNICEF is working, with the Government and implementing partners, to prioritize multisectorial, life-saving interventions, and to address urgent humanitarian needs. UNICEF will support displaced populations, including in remote areas where help is most needed. Given that 83 per cent³³ of internally displaced people live in host communities, UNICEF will address their combined needs through the expansion of existing basic services using a gender-sensitive and inclusive approach to health, nutrition, water and sanitation, child protection and education. In hard to reach areas, UNICEF will provide immediate assistance to people on the move through survival hygiene and water kits. UNICEF will also prepare and preposition for the foreseen climatic shocks and natural hazards.

UNICEF promotes child survival by preventing and responding to disease outbreaks through health education, reducing excesses mortality, capacity building of health professionals, and training of community health workers. UNICEF will prevent deterioration of the nutrition situation among women and children through scaling up proven high-impact prevention and treatment activities. UNICEF will support the Government and partners to expand coverage and quality of community-based services. Access to safe water, clean latrines with handwashing stations, and hygiene promotion counselling and supplies will enable children and caregivers, including people with disabilities and adolescent girls, to maintain dignity and significantly reduce risks of disease.

The return of children and adolescents to formal and non-formal learning will be prioritized by providing safe learning environments³² and key supplies. Out-of-school adolescents will be targeted with job training, literacy and numeracy skills. The Child Protection³¹ team will work together with stakeholders to ensure children can access structured support, protective learning environments and psychosocial support services. UNICEF is leading the monitoring, reporting and response to grave violations against child rights and advocacy on children in armed conflict.

Community engagement for behaviour change will support adoption of key life-saving practices through multiple communication channels and community platforms including specific messaging for women and girls. UNICEF will continue to support the Government's social protection cash grants for displaced people and families with children under two years.

The prevention of sexual exploitation and abuse will be prioritized across all programmes, including activities focused on community sensitization and the training of government counterparts, partners, and suppliers. UNICEF will also work to strengthen reporting mechanisms and coordination with the wider humanitarian network and the Government. UNICEF will further ensure cluster coordination for WASH, education, nutrition and child protection at national and sub-national levels.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/mozambique/situation-reports>

2022 PROGRAMME TARGETS



Nutrition

- **34,880** children aged 6 to 59 months with severe acute malnutrition admitted for treatment³⁴
- **443,850** children aged 6 to 59 months screened for wasting
- **79,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling^{35,36}
- **283,160** children aged 6 to 59 months receiving vitamin A supplementation³⁷



Health

- **365,000** children and women accessing primary health care in UNICEF-supported facilities³⁸
- **178,900** children under 15 years vaccinated against measles³⁹
- **150,000** children under five receiving mosquito nets⁴⁰
- **110,500** children under five provided with consultations



Water, sanitation and hygiene

- **700,000** people accessing a sufficient quantity of safe water for drinking and domestic needs⁴¹
- **700,000** people use safe and appropriate sanitation facilities⁴²
- **1,000,000** people reached with hand-washing behaviour-change programmes
- **700,000** people reached with critical WASH supplies⁴³



Child protection, GBViE and PSEA

- **105,613** children and parents/caregivers accessing mental health and psychosocial support⁴⁴
- **102,600** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **100** per cent of children identified who have received individual case management⁴⁵
- **102,610** people who have access to a safe and accessible channel to report sexual exploitation and abuse



Education

- **262,740** children accessing formal or non-formal education, including early learning^{46,47}
- **262,740** children receiving individual learning materials⁴⁸
- **2,500** children/adolescents accessing skills development programmes



Social protection

- **63,000** households benefitting from new or additional social transfers from governments with UNICEF technical assistance support



Cross-sectoral (HCT, C4D, RCCE and AAP)

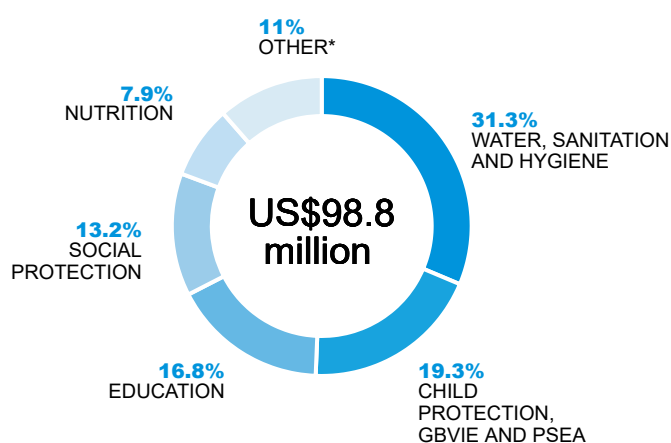
- **467,000** people reached through messaging on prevention and access to services^{49,50}
- **500,000** people with access to established accountability mechanisms
- **373,600** people receiving information on prevention of and response to sexual exploitation and abuse⁵¹
- **39,000** adolescents and young people participating in engagement actions

FUNDING REQUIREMENTS IN 2022

In 2022, populations in Mozambique will require timely humanitarian assistance for affected children, caregivers and families. The combination of conflict, climate disasters and disease outbreak have pushed communities beyond their limits. To this end, UNICEF is requesting US\$98.8 million to meet the humanitarian needs of nearly 1,200,000 people affected by conflict in Cabo Delgado, COVID-19, food and nutrition insecurity and climatic shocks.

About 67 per cent of the funding requirements are for the response to displacement and conflict, 12 per cent are for the COVID-19 response, and 12 per cent to address residual needs resulting from Cyclone Eloise. The remaining amount will address acute malnutrition and preparedness for the rainy season given the high likelihood of flood and cyclone risks, which increases the risk of cholera outbreaks.

Given the varied needs, flexible funding will allow UNICEF to prioritize hard-to-reach or vulnerable areas with emergency supplies and to support a response that addresses acute needs and lays the foundation for development work, while improving community resilience. Without adequate and timely funding, UNICEF and partners will be unable to provide critical support to vulnerable children, adolescents and caregivers.



Sector	2022 requirements (US\$) ⁵²
Nutrition	7,771,410 ⁵³
Health	7,327,165 ⁵⁴
Water, sanitation and hygiene	30,952,150 ⁵⁵
Child protection, GBVIE and PSEA	19,061,650 ^{56,57}
Education	16,593,910
Social protection	13,065,860 ⁵⁸
Cross-sectoral (HCT, C4D, RCCE and AAP)	3,979,800 ⁵⁹
Total	98,751,945

*This includes costs from other sectors/interventions : Health (7.4%), Cross-sectoral (HCT, C4D, RCCE and AAP) (4.0%).

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ENDNOTES

1. UNICEF's public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. National Institute for Disaster Management and Risk Reduction (INGD) as October 2021 - <https://www.ingd.gov.mz/deslocados-internos/>
3. Ibid.
4. <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1154889/?iso3=MOZ>
5. Numbers are provisional as the HNO/HRP is not finalized. However, the geographic scope of HAC is beyond the HRP, therefore, the HAC figures will most likely be slightly higher than the HRP.
6. 48% of the PIN are estimated to be men = 753,508; 52% of the PIN estimated to be women = 816,300; People with disability 10% of the PIN = 156,981 (Global percentage)
7. Overall PIN is based on the maximum sectoral PIN for WASH, Nutrition and Education. Sectoral PIN has slightly reduced compared to 2021 due to reduction in the number of people in IPC 3+ as well as people affected by cyclones/floods early 2021. In addition, in 2021, UNICEF assisted part of the population in need that may not require the same type of assistance next year. For 2022 PIN, CO mainly considered the IDPs, host communities, acute malnutrition, and residual needs from cyclone ELOISE. For COVID-19, we used 5% of the population of large urban centers.
8. Estimated based on the percentage of children population (0-17 years) which according to 2017 Census is 53%. 53% of the PIN=CIN.
9. Boys (48% of CIN) = 320,544; Girls (52% of CIN)= 347,256. Percentages based on census 2017. Children with disability, 5% of the CIN = 33,390 (Global percentage)
10. Estimated based on the total targets for Nutrition (children under 5 years), Education (children above 5 years), WASH target (deducting the number of children) and cash transfer target in urban areas of Sofala. This includes 642,331 women/girls (52%) and 123,525 people with disabilities (10%). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
11. Estimated based on the sum of nutrition target (children under 5 years), education target (children above 5 years). This includes 345,000 girls and 33,170 children with disabilities.
12. UNICEF Mozambique estimate.
13. National Institute for Disaster Management and Risk Reduction (INGD) as October 2021 - <https://www.ingd.gov.mz/deslocados-internos/>
14. Ibid.
15. Education sector estimate based on displacement data available at <https://www.ingd.gov.mz/deslocados-internos/> and impact data from cyclone ELOISE - <https://www.ingd.gov.mz/eventos-extremos/>
16. <https://fews.net/southern-africa/mozambique>
17. http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Mozambique_Acute_Malnutrition_2021Feb2022Jan_Report_Portuguese.pdf
18. Ministry of Education estimated based on number of schools closed due to COVID-19.
19. UNICEF Nutrition sector estimate based on number of people displaced and host families. <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1154889/?iso3=MOZ>
20. Gender disaggregation based on 2017 census: boys (48%) = 261,641; girls (52%)= 283,444; Children with disability (5% - Global percentage) = 27,254
21. UNICEF Health sector estimate based on number of people displaced and host families. The figure is based on population displaced and in host communities. IDP figures extracted from INGD (as of August 2021) report.
22. Gender disaggregation based on 2017 census: boys (48%) = 286,045; girls (52%)= 309,882; Children with disability (5% - Global percentage) = 29,796
23. UNICEF WASH estimate based on number of people displaced and host families.
24. Disaggregation by age and gender based on 2017 census: men (48%) = 456,000; women (52%)= 494,000; People with disability (10% - Global percentage) = 95,000; number of children (aged 0 to 17 years; 53%) = 503,500
25. UNICEF CP sector estimate based on number of people displaced and host families.
26. Gender disaggregation based on 2017 census: boys (48%) = 137,302; girls (52%)= 228,899; Children with disability (5% - Global percentage) = 22,010
27. UNICEF Education sector estimate based on number of people displaced and host families.
28. Gender disaggregation based on 2017 census: boys (48%) = 250,435; girls (52%)= 271,305; Children with disability (5% - Global percentage) = 26,087
29. Sector needs based on PIN and CIN figures from INGD, August 2021, INE estimations of children under 4 (subtracted from total CIN). Also, added to CIN are children affected by Eloise, for which data were made available by DPE Sofala. For teachers affected by Eloise and insecurity in North, data from DPE Sofala, Manica and Cabo Delgado are used. For disaggregated data (boys and girls) we use data from MINEDH, 2021.
30. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
31. UNICEF will work with partners and in coordination with the GBV AoR to develop prevention, mitigation and response services that are age and gender appropriate. Community based prevention strategies will be developed in consultation with men, women, boys and girls, mitigation measures will be mainstreamed through sectors and quality of services to respond to the needs of survivors (women, boys and girls) will be increased.
32. Some IPC measures to implement safe school protocol include the communication campaign to COVID-19 prevention in schools, provision of hygiene kits to school, and setting up of temporary learning spaces for overcrowded schools to allow physical-spacing.
33. National Institute for Disaster Management and Risk Reduction (INGD) as October 2021 - <https://www.ingd.gov.mz/deslocados-internos/>
34. Targets were defined collectively with Ministry of Health and cluster partners. UNICEF is targeting 100% of the SAM caseload of districts affected by emergencies assuming a 50% coverage of the IMAM program as per SPHERE standards.
35. The FEWSNET update indicates that many areas across the country will be in IPC level 2 or below from the 2020/2021 harvest, except for Cabo Delgado. We reduced the number of provinces affected by emergencies from 7 to 6 and readjusted the PIN and CIN estimates targeting only people in IPC level 3 or more, except for Cabo Delgado, where we considered the ratio of 2 IDPs: 1 host to estimate the PIN and CIN.
36. <https://fews.net/southern-africa/mozambique>
37. The FEWSNET update indicates that many areas across the country will be in IPC level 2 or below from the 2020/2021 harvest, except for Cabo Delgado. We reduced the number of provinces affected by emergencies from 7 to 6 and readjusted the PIN and CIN estimates targeting only people in IPC level 3 or more, except for Cabo Delgado, where we considered the ratio of 2 IDPs: 1 host to estimate the PIN and CIN.
38. In Cabo Delgado the prevalence of HIV is 15.7% according to IMASIDA 2018, and the retention to ARV treatment among pregnant women before the cyclone and insecurity crisis was 53% at 12 months analysis. Due to the interruption of services in 4 most affected districts (Mocimboa da Praia and Palma districts) the retention to ARV treatment is estimated to have dropped to 40% (13% points) which might be a proxy of drop of access to testing and treatment. This requires investment to improve the access beyond pre-crisis level to reach 95% testing, 95% ARV treatment and 95% retention as indicated in the country's strategies.
39. The UNICEF target for 2022 is 178,778 (CIN estimated at 595,927 children). The remaining number of CIN after UNICEF contribution will be covered by Ministry of Health using GAVI funding to provide vaccines.
40. PIN is 225,127 and we are reducing UNICEF target to 67,538, because the Ministry of Health with Global Fund can meet the gap. Last year, the Country Office considered all the PIN, and was not able to mobilize sufficient mosquito nets due to funds and unavailability in the market.
41. Disaggregation by age and gender based on 2017 census: men (48%) = 336,000; women (52%) = 364,000; People with disability (10% - Global percentage) = 70,000; number of children (aged 0-17 years; 53%) = 371,000
42. Disaggregation by age and gender based on 2017 census: men (48%) = 336,000; women (52%) = 364,000; People with disability (10% - Global percentage)=70,000; number of children (aged 0-17 years; 53%) = 371,000
43. Disaggregation by age and gender based on 2017 census: men (48%) = 336,000; women (52%) = 364,000; People with disability (10% - Global percentage) = 70,000; number of children (aged 0-17 years; 53%) = 371,000
44. Disaggregation by gender based on 2017 census: men (48%) = 50,694; women (52%) = 54,919; Children with disability (5% - Global percentage) = 5,281.
45. The intent of using percentage instead of absolute number is to state that all children requiring individual CM receive those services. We don't want to put a number target because we don't know how many children we will encounter and do not want to make up that number. So, if we encounter a child who needs CM, then we provide that service. We could then report (monthly) on the number of children we have reached.
46. UNICEF education will take on 50% of the total estimated 521,740 children in need, as the cluster including partners supported by EU, UNDP, ECW, Norway is assumed to take other 50%. Furthermore, based on experiences till date in 2021, the total of children we have been able to assist together with other partners is 175,000 children having access to formal/non formal education, while financial support has been considerable (including from GPE) and more partners have been available in the beginning of this year and last year, than now. In short, we have set a more realistic target based on current and expected NGO and other partners' capacity (in terms of organizing access through TLS, distance education, better gender sensitive WInS facilities). It also means, 262,739 is still an ambitious target.
47. Disaggregation by gender based on 2017 census: men (48%) = 126,115; women (52%) = 136,624; Children with disability (5% - Global percentage) = 13,137.
48. Disaggregation by gender based on 2017 census: men (48%) = 126,115; women (52%) = 136,624; Children with disability (5% - Global percentage)=13,137.
49. Disaggregation by age and gender based on 2017 census: men (48%) = 224,160; women (52%) = 242,840; People with disability (10% - Global percentage) =46,700; number of children (aged 0-17 years; 53%) = 247,510.
50. COVID-19 target is not included, focusing only on IDPs, climate related emergencies. Plan to reach about 50% of the PIN through direct UNICEF actions based on IPC/CE excluding mass media.
51. Disaggregation by age and gender based on 2017 census: men (48%) = 179,328; women (52%) = 194,272; People with disability (10% - Global percentage) =37,360; number of children (aged 0-17 years; 53%) = 198,008
52. The total funding requirement includes programme support costs estimated at US\$ 8.3 million (Operations, Security, Coordination, communication, information management, among other functions)
53. Funding increased to enable a full time subnational cluster coordinator position based in Cabo Delgado and to expand implementation of CMAM (TDC) in all extension of Cabo Delgado, plus districts affected by emergencies. This strategy will enable to expand coverage of SAM treatment program and ensure service delivery in new accessible areas in the north of Cabo Delgado, i.e. Palma, Mueda, Palma, Muidumbe and Mocimboa. Sustaining operations in conflict affected areas will require increased costs as UNICEF will mostly rely on HPDs with INGOs. For the indicator on children aged 6-59 months admitted for treatment of SAM, a cost of US\$200 per person was estimated.
54. Budget was reduced compared to HAC 2021 due to Oxygen concentrators, pulse oximeter and procurement of N95 masks for health workers which accounted for 50% of the budget and not included in HAC 2022. MoH is procuring Oxygen plants to main COVID-19 treatment centers, and vaccination of health workers has reduced demand for more expensive N95 masks which are now reserved to professionals working in COVID-19 treatment centers. UNICEF targets reduced particularly for PHC (central regions have recovered) and measles vaccination and mosquito nets (Ministry of Health with GAVI and GFAM covering most of the needs, and UNICEF on PS role for vaccines including COVAX and AVAT mechanism). Multiple lifesaving interventions represent US\$20 per person reached.
55. Funding for water supply and critical hygiene supplies is important because IDP in the particular contact of Cabo Delgado often need to be targeted several times (transit/emergency, relocation/durable, returnees/durable). For the indicator on hand washing, a cost of US\$5 per person was estimated. This includes mass media campaign, transfer to partner for gender segregated and inclusive community based and household-based hygiene promotion session including hand washing.
56. As we move into 2022, child protection has increased its focus on providing an increased level of MHPSS level 3 activities (focused activities for specific age groups and genders) and this requires a higher cost per beneficiary as this requires more animators, increased capacity building and a greater emphasis on coaching and supervision. With the likelihood of the release of children from armed groups, there will be a need for specific case management and community-based activities including IGA and vocational training which has increased the overall funding requirements.
57. Funding amount for PSEA = US\$576,473
58. HAC 2021 had an elevated target due to the government SP response to COVID-19 whose target was 1.6 million households (1.1 million new beneficiaries and 500,000 existing beneficiaries for vertical expansion.) HAC 2022 focuses mainly on SP response to the conflict in the North and therefore its target is kept lower.
59. Funding in 2022 is higher than 2021 although with reduced targets, because in 2021 COVID-19 specific funds were used to cover broader emergency response and we are foreseeing a reduction in 2022