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Humanitarian Action for Children

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Mozambique

Mozambique was affected by two category 4 cyclones in 2019: Cyclone Idai in March, which affected the central region; and Cyclone Kenneth in April, which affected the northern region and led to severe flooding. These events were the worst natural disasters in southern Africa in nearly two decades, resulting in 648 deaths.¹ More than 2.2 million people were affected, including 1.2 million children, and over 200,000 people were displaced in the central and northern regions.² The cyclones also impacted 400,000 students³ and 93 health facilities.⁴ Overall, some 2.5 million people⁵ in Mozambique require humanitarian assistance. This includes 2 million people projected to be food insecure⁶ in the coming months due to the cyclones and poor rainfall in the southern region; 500,000 people living in partially damaged houses; and 80,000 people in 66 resettlement sites.⁷ An estimated 60,000 people⁸ have been displaced due to the deteriorating security situation in Cabo Delgado province. In addition, some 67,500 children⁹ under 5 years are in need of treatment for acute malnutrition. Access and logistical constraints remain major challenges in all affected areas.

Humanitarian strategy

In line with the revised 2019–2020 Humanitarian Response Plan and the Disaster Recovery Framework, UNICEF is providing life-saving and recovery assistance in cyclone- and flood-affected provinces in Mozambique. A UNICEF field presence has been established in the most affected cities of Chimoi, Beira and Pemba to ensure operational efficiency and timely response. UNICEF is using an integrated response to meet the needs of affected children in both rural and urban areas, and targeting displaced households living in resettlement centres. Cash-/voucher-based assistance is planned where relevant. UNICEF is enhancing its capacity to provide operational support and undertake higher frequency monitoring and quality assurance for governmental agencies and partners, especially for outreach interventions in hard-to-reach areas. Cluster coordination is being strengthened at both the national and decentralized levels. Innovative technological platforms and approaches are being used for assessment, data collection, monitoring, information sharing and real-time feedback. UNICEF is working towards strengthening the linkages between humanitarian action and development programmes, and also plans to invest in resilience building in the recovery phase by adopting a risk-informed approach.¹⁰ UNICEF will continue to strengthen protection from sexual exploitation and abuse and reinforce coordination structures to ensure crisis-affected populations have access to reporting mechanisms and assistance.

Results from 2019

As of 31 July 2019, UNICEF had US\$35 million available against the US\$83.6 million requirements (44 per cent funded). UNICEF supported coordination and provided technical assistance and financial and in-kind resources to the Government and partners for the provision and restoration of basic services and cholera prevention and treatment. More than 1 million people gained access to safe water in affected areas, some 435,000 children received cholera vaccination and some 674,000 children received measles vaccination. UNICEF supported malaria prevention through the provision of mosquito nets to some 70,000 children under 5 years. Capacity building support was provided for the prevention of sexual exploitation and abuse, including through the development of an inter-agency induction training for 600 staff. An inter-agency and government platform for preparedness and response was rolled out with UNICEF support to encourage collaboration on data sharing. UNICEF led the formation of a task force on people living with disabilities to support sectors to reinforce accessibility mechanisms. In some cases, UNICEF reached more people than targeted as the initial plan was for cyclone response only. Where results were not achieved, this was due to limited access and government capacity and lack of availability of teachers and supplies.

Total people in need

2.5 million¹¹

Total children (<18) in need

1.3 million¹²

Total people to be reached

990,000¹³

Total children to be reached

786,000¹⁴

2019¹⁵ programme targets

Nutrition

- 993,082 children aged 6 to 59 months screened for acute malnutrition and receiving vitamin A supplementation
- 270,947 pregnant and lactating women reached with messages on infant and young child feeding

Health

- 761,796 children under 5 years receiving a consultation
- 24,400 pregnant women aged 15 to 49 years living with HIV receiving antiretroviral therapy

WASH

- 978,000 people with access to a sufficient quantity of safe water
- 364,000 people with access to appropriate sanitation facilities and receiving hygiene messages

Child protection

- 44,725 children receiving psychosocial support through child-friendly spaces and schools
- 131,924 children (re)issued birth registration
- 160,000 people receiving information on prevention of and response to violence, abuse and exploitation, including gender-based violence and sexual exploitation and abuse

Education

- 239,497 children aged 6 to 15 years accessing education
- 38,344 children aged 3 to 5 years accessing play-based learning

Social protection

- 23,000 households supported through joint multipurpose value vouchers
- 10,000 households with children under 5 years supported with a shock-responsive child grant

Communication for development

- 990,000 people reached with key life-saving and behaviour change messages

	Cluster target (March 2019– May 2020)	Cluster results (March 2019–July 2019)	UNICEF target (March 2019–May 2020)	UNICEF result (March 2019–July 2019)
NUTRITION				
Children under 5 years screened for acute malnutrition	1,107,967	606,067	993,082	586,082 ⁱ
Pregnant and lactating women reached with infant and young child feeding services	270,947	98,447	270,947	98,447
HEALTH				
Children aged 6 months to 15 years vaccinated			833,614	673,614 ⁱⁱ
Children under 5 years receiving a consultation			761,796	279,296
Pregnant women aged 15 to 49 years living with HIV receiving antiretroviral therapy			24,400	Not available ⁱⁱⁱ
WATER, SANITATION AND HYGIENE^{iv}				
People provided with access to safe water (7.5–15 litres per person per day)	1,710,000	1,024,000	978,000	766,000
People benefiting from sanitation, hygiene promotion activities, including point-of-use water treatment safe practices/people with access to appropriate sanitation and receiving hygiene messages	1,744,000	1,058,000	364,000	152,000
CHILD PROTECTION				
Children receiving psychosocial support through safe spaces	123,648	31,648	44,725	13,725
People (re)issued birth registration documents	131,924		131,924	26,924
People receiving information on prevention of and response to violence, abuse and exploitation, including gender-based violence and sexual exploitation and abuse ^v	200,000	Not available	160,000	Not available
EDUCATION				
Children aged 6 to 15 years in humanitarian situations accessing education	506,468	123,751	239,497	72,497
Children aged 3 to 5 years in humanitarian situations accessing play-based learning	62,744	5,344	38,344	5,344
SOCIAL PROTECTION^{vi}				
Affected households supported through joint multipurpose value vouchers			23,000	Not available
Households with children under 5 years supported with a shock-responsive child grant			10,000	Not available
COMMUNICATION FOR DEVELOPMENT				
People reached with key life-saving and behaviour change messages on health, nutrition and safe and appropriate sanitation and hygiene practices			990,000	987,776 ^{vii}

UNICEF results are as of March to July 2019 against UNICEF and cluster targets from March 2019 to May 2020.

ⁱ This includes 586,082 children under 5 years screened for acute malnutrition during the Emergency Response Health Week held 6–11 May 2019.

ⁱⁱ This is the number of children under 5 years vaccinated against measles and rubella during the Emergency Response Health Week held 6–11 May 2019 in 21 districts affected by Cyclone Idai and flooding. This result includes 330,890 children vaccinated against cholera in Sofala and Cabo Delgado. For the period July 2019 through May 2020, an additional 160,000 children will be vaccinated for diphtheria, tetanus and pertussis.

ⁱⁱⁱ This is a newly proposed indicator for the period July 2019 through May 2020. Results are not yet available.

^{iv} Water, sanitation and hygiene (WASH) results are calculated by adding the number of people reached with different interventions over time, such as emergency water supply and sanitation at accommodation centres, cholera prevention and response, provision of emergency WASH services in resettlement areas, and provision of permanent WASH services. In some cases, the same person has received different services.

^v This is a newly proposed indicator for the period July 2019 through May 2020. Results are not yet available.

^{vi} Social protection was not part of the initial appeal. Therefore, results are not yet available.

^{vii} This includes 430,000 people reached through a one-time oral cholera vaccination campaign / through social mobilization on hygiene and sanitation promotion in preparation for the cholera vaccination campaign held 3–4 April in Beira, Buzi, Nhamatanda and Dondo; as well as people reached through family social mobilizers and multimedia mobile units with integrated packages with key life-saving behaviour change messages in Pemba and Mecufi districts, and trainings and advocacy meetings for the oral cholera vaccine campaign. From July 2019 through May 2020, communication for development will mostly reach the same people with life-saving intervention messages.

Funding requirements

UNICEF is requesting US\$46.8 million out of the total requirements of US\$83.7 million,¹⁶ through May 2020, to meet the humanitarian needs of people affected by cyclones, drought and disease outbreaks and to support early recovery in Mozambique in 2019. The revised funding requirement is lower than the initial appeal given the needs and target revision, the significant reduction in costly interventions (e.g., water trucking and child vaccination) and the lack of reconstruction work. Without timely resources, UNICEF will be unable to support the health, nutrition, WASH, child protection, education and social protection needs of vulnerable women and children, as well as their survival and recovery.

Sector	2019 original funding requirements (US\$)	Revised funding requirements (March 2019–May 2020) (US\$)	Funding available ¹⁷ (US\$)	Funding gap ¹⁸ (US\$)	Funding gap (%)
Nutrition	6,000,000	7,457,099	3,172,199	4,284,900	57
Health	11,000,000	10,168,389	5,243,859	4,924,530	48
WASH	30,000,000	21,957,565	14,055,961	7,901,604	36
Child protection	4,000,000	7,190,577	2,279,709	4,910,868	68
Education	20,000,000	21,804,776	7,169,048	14,635,728	67
Social protection	-	10,728,323	2,745,265	7,983,058	74
Communication for development	1,600,000	4,350,999	2,177,499	2,173,500	50
Logistics and operations	15,000,000	-	-	-	-
Resilience and recovery	15,000,000	-	-	-	-
Total	102,600,000	83,657,728	36,843,540	46,814,188	56

¹ Office for the Coordination of Humanitarian Affairs, 'Mozambique: 2018–2020 Humanitarian Response Plan', OCHA, revised August 2019.

² Office for the Coordination of Humanitarian Affairs, 'Southern Africa: Cyclones Idai and Kenneth snapshot', OCHA, 10 July 2019.

³ Technical Secretariat for Food Security and Nutrition, National Emergency Operating Center, 2019.

⁴ National Institute for Disaster Management, 'Ponto de Situação – Ciclone Idai', April 2019; and National Institute for Disaster Management, 'Balanco da Epoca Chuvosa 2018/2019', August 2019.

⁵ 'Mozambique: 2018–2020 Humanitarian Response Plan'.

⁶ Integrated Food Security Phase Classifications 3 and 4.

⁷ 'Mozambique: 2018–2020 Humanitarian Response Plan'.

⁸ International Organization for Migration Displacement Tracking Matrix, August 2019.

⁹ Technical Secretariat for Food and Nutrition Security, Integrated Food Security Phase Classification analysis, June 2019.

¹⁰ 'Mozambique: 2018–2020 Humanitarian Response Plan'.

¹¹ Ibid.

¹² Ibid. Half of the people in need are children (as per the census projection).

¹³ The number of people to be reached was estimated based on the highest number of people targeted by different services and the sum of the seven provinces targeted.

¹⁴ The number of children to be reached was calculated based on the highest number of children who benefited from different services. Based on the comparison, birth registration, protection and education messages have the highest targets in most of the provinces.

¹⁵ UNICEF targets in the revised Humanitarian Response Plan are based on the residual humanitarian needs during July 2019 through May 2020. In the Humanitarian Action for Children appeal, the UNICEF targets are from March 2019 through May 2020.

¹⁶ The revised funding requirements are lower but aim to reach more people than the initial appeal given the fact that at the onset of the emergency, the operational cost of the response was very high. UNICEF established three hubs in the affected provinces and the cost of transportation/rentals and the provision of basic services was extremely high due to damages to infrastructure and the disruption of services in the market. In addition, the resilience and recovery requirements, which were part of the initial appeal, have been moved to the Disaster Recovery Framework, which is a separate workstream outside of the Humanitarian Response Plan. The revised funding needs are based on detailed planning to meet the needs that were reassessed through recent inter-agency assessments for the period of July 2019 to May 2020. It excludes a) the response from March through June 2019; and b) any reconstruction work (which will be part of the Disaster Recovery Framework).

¹⁷ Available funds are as of 31 July 2019 and include funds received since March 2019. As of July 2019, the balance is US\$18.4 million. This also includes cross-sectoral allocations for programme support. The funds available for nutrition and health did not consider the Emergency Programme Fund repayment that needs to be made. The available funds do not include funds in the pipeline that are confirmed but not yet reflected in the system.

¹⁸ This funding gap refers to the period of March 2019 through May 2020.

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