

MOZAMBIQUE FLOODS 2015

RESPONSE AND RECOVERY PROPOSAL

Maputo, 5 February 2015



Bridge over Chire, Zambezia (c) UN-Habitat/Capizzi January 2015

HUMANITARIAN COUNTRY TEAM/MOZAMBIQUE
United Nations, IOM, Red Cross, and NGOs

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Acronyms and Abbreviations

* Acronyms of Mozambican Government ministries and bodies are those of their official names in Portuguese

CCGC	Disaster Management Coordination Council
CENOE	National Emergency Operations Centre
CERF	Central Emergency Response Fund
CLTS	Community-Led Total Sanitation
COE	Emergency Operations Centre (regional level)
COSACA	Consortium of NGOs (Concern, Save the Children, Care)
CSB	Corn, Soya and Blend
CTGC	Disaster Management Technical Council
CVM	Mozambican Red Cross
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
ETC	Emergency Telecommunications Cluster
FAO	Food and Agriculture Organization
GBV	Gender-based violence
GoM	Government of Mozambique
HCT	Humanitarian Country Team
HCTWG	Humanitarian Country Team Working Group
HDI	Human Development Index
HIV/AIDS	Human immunodeficiency virus infection/acquired immunodeficiency syndrome
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
INAM	National Meteorological Institute
INGC	National Institute for Disaster Management
IOM	International Organization for Migration
IYCF	Community based infant and young child feeding
MAM	Moderate Acute Malnutrition
MINED	Ministry of Education
MOH	Ministry of Health
MT	Metric Ton
MUAC	Mid-Upper Arm Circumference
NFI	Non-Food Item
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
OVC	Orphans and Vulnerable Children
PRN	Nutrition Rehabilitation Programme
RUTF	Ready-to-use therapeutic food
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAPROC	National Civil Protection Unit
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UN-HABITAT	United Nations Human Settlements Programme
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNRCO	United Nations Resident Coordinator's Office
UNS	United Nations System
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
USD	United States Dollar
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

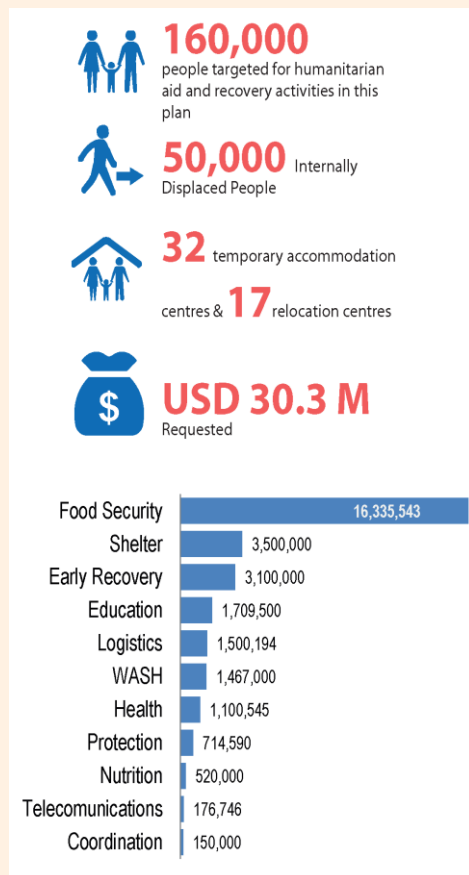
1. Executive Summary

PERIOD:

February – July 2015

TARGETED AREAS:

Affected districts in Zambézia, Nampula and Niassa Provinces



On 12 January 2015, the Council of Ministers of Mozambique declared an institutional red alert for central and northern Mozambique.

Flooding caused by extremely heavy rains in January 2015 surpassed the Mozambican government's capacity to respond to the emergency with the means and resources planned in the 2014/ 2015 National Contingency Plan for the Rainy Season. The Contingency Plan is the Government of Mozambique's standing emergency preparedness and response arrangement and explicitly includes the role and contributions of the HCT. When the institutional Red Alert was issued, the government requested that HCT assistance is activated and that HCT mobilize necessary support from humanitarian actors and development partners. This Response and Recovery Proposal is in response to that request.

Over 160,000 people, including 50,000 internally displaced (IDPs), were affected by flooding mainly in Zambézia, Nampula and Niassa provinces. Significant damage to infrastructure, including bridges and roads, is making access to affected districts - in Zambézia in particular - and delivery of immediate life-saving assistance an enormous challenge for the GoM through the National Institute for Disaster Management (INGC) and the humanitarian partners.

Public transport, basic infrastructure such as houses, schools, health centres, bridges, roads and telecommunications networks, have been severely damaged. In these conditions, the return of affected communities to normality, as well as restoring basic conditions for trade and transport, will result from mid to long-term recovery process. Approximately 65,000 hectares of crops were washed away, placing about 65,000 families at risk of food insecurity. Zambézia and Nampula were hardest hit, with 126,612 and 19,500 affected people respectively. As of 4 February, 43,600 people in Zambézia are hosted in 29 accommodation centres (30,651) and 17 resettlement sites (12,551), as defined by GoM. In Niassa Province, 3 accommodation centres are hosting 404 people. Overall, approximately 19,600 houses were totally or partially destroyed, along with 1,641 classrooms. The current death toll is at 158 in all affected provinces.

The GoM is leading the response through the INGC, while coordination is handled locally through the Provincial Emergency Operation Centre (COE) in Quelimane, Zambézia and Nampula City.

The National Civil Protection Unit (UNAPROC) has teams in Zambézia and has, together with the Mozambique Air Force and with the support of the South African Air Force, conducted rescue operations and delivery of relief assistance.

The Humanitarian Country Team (HCT) has deployed technical staff in Quelimane and Nampula from the on-set of the emergency, to support GoM efforts through stocks prepositioned across the country, as well as human resources. In addition, following the request issued by INGC on 19 January for support in terms of human resources, relief items and financial support, the HCT further mobilized resources and partners. A Central Emergency Response Fund (CERF) request of \$3.2 million was submitted to the United Nations Emergency

Financial Requirement

Total \$33,494,804

Total funded \$3,220,687 (CERF)

Total unfunded \$30,274,117

Relief Coordinator, to respond to the jointly identified critical needs in logistics, water, sanitation, hygiene, shelter, food security, and protection.

However, **the CERF will only jump start life-saving operations, and available resources are extremely limited.** There is a pressing need for additional support to overcome the challenging logistical situation, to continue addressing humanitarian needs, and to ensure a transition to early recovery. It is clear that, although the country, and Zambézia in particular, are regularly affected by

floods, the level of infrastructure devastation provoked this time is unprecedented, and will require significant investment to repair the large number of damaged bridges, roads, health posts, schools, and power plants.

Acknowledging these needs, and in response to the call of assistance officially submitted by the Government of Mozambique, the HCT has developed this Response and Recovery Proposal (RRP).

This document, jointly developed by UN agencies; IOM; the Red Cross; and NGOs, guides the support to be provided by HCT to GoM in meeting the humanitarian needs of the affected population and undertaking necessary steps towards an early recovery and resilience-building of communities.

It explains the overall and sectoral strategies, and resources needed by all partners and donors willing to support this tremendous effort. It includes both immediate life-saving assistance to the affected population and early recovery actions. The activities, when possible, are carried out with a gender perspective and human rights-based approach.

This RRP seeks \$30.3 million to enable the humanitarian community to address the needs of over 160,000 flood-affected people, in particular 50,000 IDPs, to recover and rebuild their lives. Furthermore, it seeks to support those whose crops and livelihoods were devastated by the heavy rains and floods.

The main **strategic objectives** of the Response and Recovery Proposal are:

- 1) To provide immediate lifesaving and life-sustaining assistance to the population affected by the floods in the following areas: shelter, water, sanitation, and hygiene, food, health, protection, nutrition and education;
- 2) To restore livelihoods and support the normalisation of flood-affected communities through early recovery and resilience-building activities that link the humanitarian activities to longer-term development efforts, and;
- 3) Boost logistics and operational capacity by strengthening coordination and reinforcing the logistics cluster, guaranteeing that relief items are adequately procured and distributed in a timely manner.

More specifically, the Response and Recovery Proposal contains:

1. Context and response to date;
2. Humanitarian consequences and needs analysis, and most likely scenario for the remaining rainy season;
3. Brief narrative for each sector (WASH, shelter, food security, health, protection, logistics, early recovery, nutrition, education and telecommunications, as enshrined in the Humanitarian Country Team), with specific activities and budget.

This proposal will be revised in 30 days to more accurately reflect humanitarian needs as access is granted to flooded areas, and will lead to development of an early recovery strategy as waters recede and the situation improves.

Funding the Response and Recovery Proposal for Mozambique through the “One UN Fund”

The preferred funding mechanism for supporting the Response and Recovery Proposal is via the existing “One UN Fund” for Mozambique. The One UN Fund is a pooled fund established as part of UN Delivering as One in 2008, specifically set up to cut transaction costs for donors, government and UN agencies in terms of agreements, reporting and improved accountability and transparency. It is a particularly effective channel when several UN agencies are involved in delivering common results. The “One UN Fund” is a rapid, one-stop shop for donors, as only one standard agreement will govern collaboration with all UN agencies and one joint report will be produced instead of separate individual reports from each UN entity. This mechanism also permits donors to earmark contributions to preferred areas of support or clusters. The preferred area can be implemented by several UN agencies and/or NGO partners. Alternatively, to support the Response and Recovery Plan, contributions can also be channeled directly to Government, individual UN agencies or NGOs, and the UN system will ensure coordination with the overall efforts of the Humanitarian Team and Government.

The HCT will coordinate and oversee the implementation of planned activities in this proposal through the cluster approach with the support of the Humanitarian Country Team Working Group (UN and NGOs).

Table 1. Basic humanitarian and development indicators for Mozambique

Population (total both sexes)	25.8 million	UNDP
Under-five mortality	97 per 1,000	DHS 2011
Maternity mortality ratio	408 per 100,000	DHS 2011
Life expectancy at birth	50.3 years	UNDP
Gross national income per capita	\$1,011	UNDP
Population living below \$1.25 per day	59.6%	UNDP
Improved sanitation facilities (2014)	39% of population with access	DHS 2011
Access to safe water	42% of population with access	DHS 2011
Prevalence of HIV (2013)	11.5% of population 15-49 years	INSIDA 2009
Adult literacy rate, both sexes	50.6% aged 15 and above	UNDP
UNDP Human Development Index (2014)	178/187 Low Human Development	UNDP

Source: UNDP HDI Report 2014

<http://hdr.undp.org/en/countries/profiles/MOZ.html>

Table 2. Summary of requirements – by cluster/sector

Clusters	Humanitarian Phase (USD)			Recovery Phase (USD)	TOTAL (USD)
	Total (CERF +Requirement A)	CERF Request	Requirements (A)	Requirements (B)	Requirements (A+B)
WASH	833,395	533,395	300,000	1,167,000	1,467,000
Shelter	2,262,454	478,825	1,783,629	1,716,371	3,500,000
Food Security	5,704,096	1,172,941	4,535,543	11,800,000	16,335,543
Protection	737,462	147,901	587,462	127,128	714,590
Logistics	2,387,829	887,635	1,500,194	0	1,500,194
Health	600,000	0	600,000	500,545	1,100,545
Nutrition	420,000	0	420,000	100,000	520,000
Education	697,000	0	697,000	1,012,500	1,709,500
Early Recovery	100,000	N/A	100,000	3,000,000	3,100,000
Telecommunications	131,523	0	131,523	45,222	176,745
Coordination	75,000	0	75,000	75,000	150,000
TOTAL	13,948,759	3,220,687	10,730,351	19,543,766	30,274,117

2. Context and Humanitarian Consequences

2.1 Context and Response to Date

2.1.1 CONTEXT

Mozambique ranks third among African countries most exposed to multiple weather-related hazards, suffering from periodic cyclones, droughts, floods, and related epidemics. The 2,700 km coastline forms the western boundary of the Canal de Moçambique in the Southwest Indian Ocean, one of the most prolific tropical cyclone basins, producing about 10% of the world's cyclones every year that hit Mozambique with almost a yearly frequency. Importantly, the country is also located downstream of nine international river basins, which demands effective and timely coordination efforts with upstream countries.

The four largest floods recorded in Mozambique occurred in 2000/2001, in 2007/08 in central regions (though with lesser volume than presently), in 2013 in the Limpopo basin, and now in 2015 in the central and northern parts of the country, with communities living along the Licungo River basin among the worst hit.

In 2000, floods and cyclones killed 800 people and affected several million. In the 2007 rains and cyclone, an estimated 285,000 people were affected and 163,000 were left displaced. During the 2011/2012 cyclone season, the combined impact of tropical storms Dando, Funso and Irina caused 44 deaths, with 108,048 people affected. In 2013, Southern Mozambique was again devastated by floods in the Limpopo River basin with 113 people killed, and up to 186,000 evacuated. Damage was estimated in excess of \$250 million, 50% of which was sustained by the road network and 30% by the agricultural sector.

In the second half of 2014/2015 rain and cyclone season, particularly in January, the country began recording heavy rains in the Northern and Central regions. As the forecast indicated more rains and water levels in some river basins such as Licungo were already above alert level, Mozambican authorities declared an institutional orange alert on 8 January 2015. At that time, 2437 families were affected and 845 houses destroyed, with Nampula and Cabo Delgado being the most affected provinces. The N1 road around Mocuba district to the North of the country was also cut.

Four days later, on 12 January 2015, the Council of Ministers of Mozambique declared the institutional red alert for the Central and Northern regions, due to heavy rains recorded and consequent floods in large areas in Zambézia province. This affected communities, public and private infrastructure, telecommunications, road transport, and electricity, especially in Zambézia and Nampula provinces.

According to INGC, the total number of people affected is at 160,000 people (33,188 families). Zambézia alone, the most affected province, has 126,612 people (25,638 families) affected by the floods, and 19,599 people (4,180 families) in Nampula province. In Niassa province (Cuamba, Mecanhelas and Metarica districts), 3

accommodation centres are hosting 404 people. The current death toll due to flooding, lightning strikes and infrastructure collapse is 158 in total, of which 134 in Zambézia and the remaining in Cabo Delgado, Niassa and Nampula.

In Zambézia, 43,600 people (11,151 families) are currently hosted in 29 accommodation centres¹ plus 17 relocation sites, most of them concentrated around Mopeia, Nicoadala, Namacurra, Maganja da Costa and Mocuba districts (table 1). The number of vulnerable groups hosted in the centres is quite significant, with 1,286 orphaned children, 84 newborns, 680 elderly people, 266 pregnant women and 6,563 children, though this last figure is likely much higher, as the proportion of children among displaced is universally considered to be about half. The level of destruction and damage to infrastructure has surpassed the 2012/2013 floods.

Zambézia is a province that registers some of the most poorest indicators in the country. According to the 2011 DHS, Zambézia has the highest under-5, infant and neonatal mortality ratios (142, 95 and 37 per 1,000 respectively), the highest rate of acute malnutrition (9.6%, which is close to WHO's critical threshold of 10%), the highest rates of underweight and anaemia in children, the lowest rates (by far) for deliveries in health facilities and assistance at delivery (28% and 26% respectively), the lowest vaccination rates (with only 47% of children aged 12-23 months fully vaccinated), the lowest proportion of the population using improved drinking water sources (a mere 26%), the second lowest proportion of households using improved sanitation (only 6.2%) after Cabo Delgado which has 6.1%, the lowest secondary school NAR (just 11%) and the lowest rate of birth registration (27% of children under 5). Given that almost 1 in every 5 Mozambicans lives in the province, the weight of Zambézia in the different dimensions of deprivation is especially high. Because of the morphology and the river and water network, Zambézia is regularly and severely affected by floods. Thus, the current flooding appears to be an exacerbating factor for these social indicators, particularly poor access to and use of safe water and sanitation. In the mid to long-term, therefore, in order to enable sustainable improvement of these indicators, a safer adaptive approach to building rural, peri-urban and urban settlements in the province should be adopted. GoM could be supported in initiating this approach, so that in the long-term, the need for responsive displacement and resettlements in safer areas after the floods could be reduced, and aggravating factors for socio-economic development mitigated.

¹ The number of accommodation centres was 49 in Zambézia and 8 in Niassa, but the Government in order to release schools and religious spaces is progressively identifying plots for temporary settlement

Table 3. Temporary displaced people in Zambézia and Niassa Provinces (figures CTGC 4 Feb 2015)

Districts	Accommodation centres	Internally Displaced People
Zambézia Province		
Namacurra	1	1,234
Mocuba	1	6,860
Maganja da Costa	6	10,634
Nicodala	9	5,431
Mopeia	9	5,742
Lugela	3	750
Sub-total	29	30,651
Niassa Province		
Cuamba	1	304
Mecanhelas	1	70
Metarica	1	30
Sub-total	3	404
GRAND TOTAL	32	31,055

Districts	Relocation Sites	Temporary Displaced People
Zambézia Province		
Namacurra	3	3,605
Maganja da Costa	1	1,080
Morrumbala	15	7,866
GRAND TOTAL	17	12,551



The bridge in Mocuba damaged by the floods cuts the N1 in two, separating North from South of the country (c) UN-Habitat/Capizzi

Limited access to affected areas continues to hinder effective response. Flooding in the Licungo river basin has seriously damaged the road network in Zambézia province, with an estimated 70% of the province unreachable by land. Authorities and HCTs are thus forced to rely more on air transport to deliver assistance such as medicines, food and other relief items.

Damage to roads, bridges, classrooms, private homes, health units, and water supply systems is severe. About 19,600 houses were totally or partially destroyed, and 1,641 classrooms affected in the provinces of Niassa, Nampula, Zambézia and Cabo Delgado. In Zambézia alone, 6,254 houses are totally destroyed, 5,262 partially destroyed, 1,581 classrooms destroyed, 7 health centres and 60 bridges were destroyed.



Ten electricity towers ensuring electricity to the north of the country have toppled, leaving thousands without electricity since mid-January. In Nampula and Niassa, the road network and railway lines were also interrupted, with over 3,476 houses destroyed. 443 classrooms and 5 health centres were also affected. Most of Nampula province was out of electricity for more than three weeks.

2.1.2. RESPONSE

The National Institute for Disaster Management (INGC) is coordinating the response locally, through the Provincial Emergency Operation Centres (COE) in Quelimane (Zambézia) and Nampula City (Nampula). Two teams from central level were deployed to improve provincial capacities in operation management, data collection, reporting and dissemination of information.

The National Civil Protection Unit (UNAPROC) has dispatched eight boats to Zambézia to support the evacuation and transport of people and goods. However, strong water currents and conditions in flooded areas hampered rescue operations by boat. Airborne assistance to deliver food, non-food items and other immediate assistance was delivered thanks to support from the South African Air Force (provided until the end of January) and the Mozambican Air Force. Partners are also supporting logistics for the delivery of immediate assistance, but are also facing tremendous logistical challenges.

Search and rescue operations are still ongoing, though less intensively now. The reduction in water levels in the Licungo River has enabled UNAPROC to help thousands of people cross the Licungo River.

The HCT has deployed focal points in Quelimane and Nampula to support and coordinate with the Provincial Emergency Operation Centres (COE) on the ongoing response, and to reinforce coordination on the ground with all involved partners.



WFP has begun delivering food assistance on 22 January in Mocuba district, reaching about 7,584 people with a 15-day ration in 12 accommodation centres. So far, a total of 221 tons of various commodities (fortified maize meal, pulses, oil, sugar and salt) from WFP and INGC were distributed to affected families in accommodation centres.

The WASH cluster, through the National Directorate of Water, UNICEF, PSI, COSACA, World Vision, Red Cross and ADRA, has distributed several non-food items in accommodation centres such as 2,604 tarpaulins, 459 slabs, 6,071 jerry cans, 3,625 buckets, 15,903 bars of soap, and 17,614 bottles of Certeza (water purifier), among other items.



Shelter in-depth need assessments are ongoing, as access is progressively gained by INGC, with the support of HCT members (UN Habitat, IOM, Red Cross and COSACA). COSACA and World Vision have dispatched a total of 1,657 household kits to Mocuba, containing tarpaulin for shelter. World Vision has distributed 750 shelter kits, 750 tarpaulins and 30

plastic rolls in Mocuba district. Red Cross initiated the support with tents (200 already distributed). So far, in Zambézia province a total of 5,989 household kits and 2,604 tarpaulins have been distributed to about 12,000 families. In terms of relocation of IDPs, 967 plots out of 2662 planned in Zambézia and 325 in Niassa were assigned and occupied.

In accommodation centres, basic health care services are being provided. As of 30 January, 3,570 people had access to medical assistance, with 15,848 mosquito nets and five tents distributed. UNICEF has deployed to partners a set of Information, Education and Communication - IEC health promotion materials and tools (flipcharts, megaphones, booklets) for 500 activists and 6,000 leaflets for caregivers to be used in accommodation centres for behaviour change and social mobilization.

UN agencies and partners are supporting the Government (through INGC) and NGOs with logistics. Logistics cluster partners supported the transport of items from Maputo and Beira to Quelimane, Mocuba and Caia. WFP in Beira promptly responded with dispatches of warehousing equipment of 110 pallets to Mocuba, as well as 40 pallets and a rubhall prepositioned in Quelimane. WFP has further been providing warehouse management assistance to INGC staff in Quelimane, with a WFP truck in Quelimane providing transport assistance to INGC for relief items.

UNDP is leading the coordination and early recovery in Nampula, while in Zambézia, UNDP is supporting government in planning, provision of relief to critical areas, as well as early recovery.



Flood victims queue for many hours to cross rivers (C) UN-Habitat/Capizzi



*With roads and bridges destroyed, items have to be carried by boat and on foot in several isolated areas, making assistance very difficult.
©UN Habitat/Capizzi*

GOVERNMENT REQUEST TO Humanitarian Country Team (HCT)

On 19 January 2015, and in accordance with the Contingency Plan, the Government requested immediate assistance from humanitarian partners. In response to this request and after consultation with Government and clusters, the UNRC and HCT in Mozambique decided on the submission of a grant request to the Central Emergency Response Fund (CERF) to support the most urgent life-saving activities. An OCHA surge staff was deployed on 21 January to support the UNRCO and HCT in coordination, information management, and resource mobilization. On 28 January, a CERF Rapid Response Application amounting to \$3,218,408 was submitted by the Resident Coordinator's Office in Mozambique to the United Nations Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, to respond to the immediate needs of affected people in Zambézia province.

Table 4. CERF Rapid Response Request for Mozambique

	Requesting Agency	Project Title	Cluster	Amount requested from CERF (US\$)
1	IOM	Life-saving humanitarian shelter and response to populations displaced by flooding in Zambézia Province	Shelter	\$478,825
2	UNICEF	Emergency WASH – Zambézia Province	WASH	\$533,395
3	FAO	Emergency livelihoods assistance for flood-affected households in Zambézia Province	Food Security	\$304,096
4	WFP	Relief Food Assistance To Flood-Affected Population In Zambézia Province	Food Security	\$864,457
5	UNICEF	Protection of flood-affected families and children in Zambézia Province	Protection	\$150,000
6	WFP	Common Logistics Service to Ensure Appropriate Access to Population Affected by Floods in Zambézia Province	Logistics	\$887,635
TOTAL				\$3,218,408

2.2 Humanitarian Consequences and Needs Analysis

As of 4 February, an estimated 160,000 people have been directly affected by the floods, with a death toll of 158. A total of 19,600 houses were either totally or partially destroyed, displacing many thousands of people across Zambézia and Niassa. Furthermore, according to the Ministry of Agriculture and partners, swaths of crops were totally washed away, destroying about 65,000 hectares of crops. These figures are expected to increase as assessments continue. The education sector has also been severely hit with approximately 1,641 classrooms destroyed in Zambézia, Nampula and Niassa.

The hardest hit provinces are Zambézia and Nampula, with the former registering 80% of all affected, or 126,612 people (25,638 households). Some 44,000 people (approximately 11,000 households) are displaced and sheltering in 29 accommodation centres and 17 relocation sites in Zambézia alone. The number of accommodation centres is now decreasing in Zambézia as plots at safe distances from flood-prone riverbanks or low-lying areas are being allocated to IDPs (so far 12,551 have relocated).

There is an urgent need of assistance in shelter, water, and food. An estimated 70% of Zambézia remains inaccessible due to extensive infrastructure damage - 60 bridges destroyed - making operations, assessments and the delivery of life-saving assistance a veritable challenge. In addition, seven health facilities in Zambézia and one in Nampula, as well as 10 electricity towers, were destroyed.

Identifying humanitarian needs is the result of consultation, joint assessment missions, information sharing and coordination with Government at central, provincial, district and local levels. Preliminary assessments indicate that support is urgently needed to provide affected communities with shelter, food, water and sanitation, agricultural inputs and protection.

Rains are expected to continue in February and March, with more people likely becoming displaced as a result. Furthermore, figures for affected and livelihood losses will likely increase as waters recede and deeper levels of assessment are conducted.

Water, Sanitation and Hygiene (WASH)

The WASH Cluster will give priority to the 44,000 displaced people (11,000 families) in Zambézia and 7,000 residents of Mocuba and Cuamba towns (317 families of 1,493 people), who are in need of immediate provision of safe water supplies, basic sanitation and hygiene promotion. Assistance will also be provided to families as they return home or relocate to safe areas away from flood-prone zones, by supporting the establishment of basic WASH services. An estimated 116 rural community water points in the affected districts have been impacted by flood waters or erosion, and so will require cleaning, disinfection, repair or replacement.



Water, sanitation and hygiene support is being provided to affected and displaced people. Here, latrines built in the Cajual accommodation centre in Mocuba, by partners of HCT and INGC (c) UN-Habitat/Capizzi



Accommodation centre in Cajual, Mocuba. Latrine construction. ©UNICEF Mozambique 2015 / R. Esmael

The Mocuba water system lost its river intake and pumping station, leaving about 7,000 residents without service. To become operational again, consumables and funding will be required. This number might increase as findings from assessments of the Cuamba water system in Niassa become available. This emergency water operation needs to be doubled to serve town residents and surrounding accommodation centres until verification of pumping and electrical systems can be completed and major repairs to intake structures contracted and completed in the early recovery phase. This is fundamental to ensure minimum living conditions in displacement sites, also to prevent water-related diseases as well as provide protection at sanitation facilities.

Shelter

Three main elements are considered to devise the most adequate response and recovery in the Shelter area: 1) the high number of houses destroyed, especially in local materials, that displaced thousands; 2) the availability of local materials in Zambézia and partly in Nampula; 3) the challenge of rapidly delivering shelter items to those who transit through accommodation centres, and the time needed for GoM to find safe and free areas for relocation.

In this context, it is urgent that families who lost houses entirely are provided with temporary shelter in accommodation centres, or on plots allocated by Government in safer areas. Moreover, people must be provided as soon as possible with transitional shelter or more resilient construction using local materials as much as possible. Finally, a longer term strategy must be initiated with GoM for a durable approach to human settlements in vast flood-prone areas in Zambézia and Nampula.

During the recovery phase, it is imperative to respond to the needs of internally displaced people, either in transitional areas or in safe relocation areas (if already available). As soon as possible, and considering the recurring nature of natural hazards in Zambézia and Nampula, the cluster should encourage more resilient reconstruction, supporting technical capacities and using locally available material. Strong efforts must be made so that communities, local authorities and households can rapidly shift from traditional emergency distribution of shelter supplies to more durable solutions. District Administrators, Public Works provincial and district departments DPOPH and SDPI, should be engaged through INGC-Reconstruction Cabinet (GACOR) to support this transition into a longer-term approach to housing and human settlement in flood-prone areas.

Initially, the shelter and tool kit (composed of tarpaulins, basic tools and fixtures) has been proven a good and cost-effective self-recovery solution, which also allows for moving from one place to another, rapidly channelling resources to provide transitional shelter solutions with basic and more durable materials, available locally such as poles and GI roof sheets, which can progressively be turned into permanent traditional housing. Real time needs assessments and information management will be essential throughout the recovery phase to ensure IDP basic needs are being met throughout, as well as to improve coordination among partners.

In the longer term, the HCT and donors should engage with INGC and sectors to conduct a study of the territory and to develop and adopt a strategy for adapting human settlements to recurring floods. In effect, to avoid the recurring setbacks provoked by regular floods (and strong winds) in Zambézia and Nampula, a safer adaptive approach to building rural, peri-urban and urban settlements should be adopted. This should include a territorial strategy (including e.g. the location of safer elevated areas; the provision of adaptive infrastructure, such as elevated schools and platforms; support for a local transport policy to and from agricultural areas) that cannot be developed during the emergency phase, but can commence during early recovery. Hence, this RRP should support government in initiating the strategy, while also supporting immediate needs for safe areas for displaced people who cannot or are unwilling to return to unsafe areas.

Several organizations, including the Red Cross, UN aHabitat, IOM, COSACA consortium, Samaritan's Purse, World Vision, WHH, Kulima, Kukumbi, and Oikos, are responding to the disaster, coordinated by the Shelter Cluster, which is integrated in the Governmental Infrastructure sector. The Shelter Cluster has targeted 11,000 families for immediate assistance throughout the initial emergency and recovery phases. The number corresponds to those in temporary and transitional accommodation centres.





Houses were severely damaged during the floods. Submerged houses in Vila Valdez, Nante. ©INGC 2015

Food Security

The floods have resulted in water schemes being damaged, livestock lost, family farms and cultivated crops (ranging from germination to vegetative growth stage) destroyed. Pasture and rangelands were been submerged by floodwater. The total estimated number of agricultural households affected is currently around 71,411 (approximately 357,055 people).

Several provinces of Mozambique, in particular Zambézia, Sofala, Niassa, Nampula and Tete, are the most severely impacted in terms of agricultural production. Preliminary data from the Ministry of Agriculture and Food Security (MASA) indicate that an estimated 86,869 hectares of crops, including rice, maize, cowpeas, beans, vegetables and cassava, were lost. These numbers are likely to increase as more detailed assessments are undertaken and knowing that more rains are expected. The situation is particularly dire for rice and maize, staple crops in the affected provinces, which were in advanced development stage when fields were flooded. The main harvest, expected in April/May, is therefore entirely lost. Another concern is that no certified seed for rice is available for the next season, since farmers normally use part of their harvest as seed for subsequent seasons. Irrigation systems in the most affected areas were also partly or completely destroyed, with much of the livestock lost.

The displaced have lost their entire livelihood, and are now entirely dependent on food assistance until they can return home or resettle, and will continue to require support, even after return, until livelihoods are restored. This seriously increases affected households' vulnerability to food insecurity. Providing life-saving agricultural support in the form of seeds, tools, inputs (including small irrigation equipment such as water pumps) and livestock is critically and urgently needed, to make sure the productive capacity of farming households is restored. This will also help prevent further deterioration among chronically vulnerable populations that were severely affected. This support will help address the most immediate and critical agricultural livelihood needs, and will also contribute towards building long-term resilience.

Protection

Vulnerable persons among the displaced in accommodation centres include 680 elderly, 266 pregnant women, 6,563 children, 1,286 orphans, 557 female single heads of household and 89 persons with disabilities. Overall, 51% of the population in accommodation centres are women. At least 6,563 children are currently hosted in accommodation centres (though this figure is likely much higher), and require special attention from authorities and partners to ensure wellbeing and protection from abuse.

The mere fact of displacement causes evident protection needs that add to current living condition in accommodation centres, requiring an urgent protection response.

In terms of protection space, it has currently been focused on the displaced. Whereas new relocation areas are meant to become long-term solutions for the majority of relocated families, they will have to begin a new life and rebuild all social structures, adding a further layer of vulnerability. These serious protection needs will be present in the first months of resettlement.

The most compelling needs of the sector are: 1) organizing prevention of and response to violence and abuse in accommodation centres and relocation areas with a particular focus on the protection of children and women at risk; 2) bring overall support to the Provincial Department of Social Affairs in Zambézia by distributing family kits, but also building capacity to further respond to protection needs in a coordinated manner; and 3) providing psycho-social support to families and children who might suffer stress as a direct consequence of displacement and current living conditions.

Logistics

Limited access and mobility throughout the province are major impediments, for the humanitarian and early recovery phases. As such, the Logistics Cluster, is committed in supporting Government, striving alongside other humanitarian actors to assist affected populations by air, road, and river, filling the gap in warehousing and handling services, and by providing coordination and communication support.



Health

Floods have isolated 32% of health facilities in Zambézia and destroyed 7 health centres with maternities in Mocuba, Mopeia, Morrumbala, Namarrói and Pebane. In Nampula and Niassa 5 health facilities are also affected. Depending on the speed of the recovery, it is necessary to guarantee a continuum in healthcare provision, including through community outreach services, and access to basic health services and emergency care in all areas affected by the floods. Support will also be required to establish basic maternal, obstetric care, and child services, including prevention and treatment of HIV-infected pregnant women and children living in catchment areas where health centres and maternities were destroyed. Furthermore, services will need to be restored to enable them to detect and respond quickly and effectively to any epidemic threat, especially diarrheal diseases (including cholera) and malaria. Treatment of those living with HIV/AIDS and chronic disease must finally not be interrupted.

Nutrition

The nutrition sector estimates that the recent heavy rain which resulted in flooding in Zambézia and Nampula provinces directly impacted the nutritional situation of over 8,000 children under five. Displacement, losses of food stock and disruption of access to markets have resulted in a negative change of diet for infant and young children who are one of the most vulnerable groups as far as nutrition is concern. In addition, an estimated 640 children suffering from acute malnutrition are likely to be severely affected by the disruption of nutrition programme in the provinces and the elevated risk on their nutritional status posed by their displacement. This

overall situation is likely to translate into immediate increased morbidity and mortality among infants and young children.

Nutrition sector needs an additional \$300,000 to be able to reach out to the 8,000 children whose nutrition status are affected by the current flooding. Active case finding and treatment of acutely malnourished children coupled with communication and counselling related to infant and young child feeding should be immediately scaled up. Nutrition emergency and recovery response should be supported by extensive water and sanitation, health and food security intervention to ensure that maximum impact on morbidity and mortality related to poor nutrition is not exacerbated.

Education

It is estimated that a total 1,641 classrooms are affected in the provinces of Niassa, Nampula, Zambézia, Manica and Sofala, considerably reducing the availability of learning space in the longer term. In addition, floods have damaged or destroyed important quantities of teaching and learning materials.

Emergency relief materials prepositioned by Government and partners remain far from sufficient to cover the educational gaps as of today. The capacity of the Ministry of Education to respond to the urgent needs in all affected areas is also impeded by the fact that the new government has not yet fully allocated its annual budget per sector. It is therefore urgent to ensure a return to normalcy in the sector of education with minimum disruption of the school year, and by ensuring all affected children are provided access to safe and adequate learning spaces, as well as basic learning materials. In this context, the most compelling needs of the sector are: 1) temporary shelters for classrooms and shelters; 2) distribution of learning and teaching materials and 3) provision of local construction materials for totally destroyed schools.

Early Recovery

Early recovery interventions are required from the onset of the humanitarian phase to support local capacities to build the foundation for sustainable recovery and return to long-term development efforts. As noted in the assessments and further monitoring, the floods have caused destruction of infrastructure (roads, bridges, railway lines) including human settlements. The affected communities have also lost livelihoods and main income sources, namely agricultural sector including fisheries. As a result, there is a need to restore livelihood activities e.g. agricultural production, and fishing, together with the implementation of income generating activities (IGAs), as well as improvement of access to local markets in affected communities. Hence, the provision of small transportation infrastructure will be crucial during the recovery phase especially in rural communities.

In addition to infrastructure rehabilitation to allow communities' access beyond villages, there is a need for capacity building, not only for affected communities, but government staff in flood-prone districts, as well, on disaster risk reduction and response to floods, droughts, and cyclones among others. This capacity building will strengthen coordination among government staff, pave the way for a sustainable recovery and a longer-term

holistic resilience approach for disaster-prone communities. As HIV/AIDS is also cross-cutting, community sensitization on human rights needs to be mainstreamed into humanitarian and recovery interventions, to minimize disaster risks to human security, especially for vulnerable groups in communities. For a sustainable recovery of affected communities and for their continued human security, the strategy on the affected provinces will be based, among other building blocks, on the linkages between detailed sectoral assessment and joint programming of recovery interventions with ongoing development programmes (e.g. poverty reduction, disaster risk reduction, governance, adaptation to climatic changes, HIV/AIDS, sustainable livelihoods, environmental protection, etc.) that are being implemented by government and development partners.

Telecommunications

Floods left large parts of affected areas without electricity and with unstable voice communications. Communication during evacuation and assistance of affected people is exacerbated due to power cuts. Information cannot be delivered on time with no power source to charge communication devices. In addition, people cannot be reached as there are no means to charge mobile devices or other means of communication.

The Emergency Telecommunications Cluster is supporting Government with allocation of radio equipment for short radio (VHF) network and generators for community radios, but needs are greater, considering the number of districts affected. Therefore, electricity needs to be supplied to operational areas or emergency centres with voice and data connectivity, in order to facilitate the flow of information. Currently, ETC and INGC have a radio repeater in Morrumbala covering parts of Sofala and Zambézia; this was installed in 2008 during the emergency operation in Caia. With the current emergency, INGC has installed a repeater in Mocuba but this requires additional support to extend to other districts. Furthermore, and in order to strengthen coordination and the delivery of response to the affected populations, it is important to enable provision of data connectivity and electrical backup to the humanitarian community responding in the affected areas.

2.3 Scenarios

Early in the rainy season, Mozambique is still likely to receive more rains, with potential impact in the already weakened infrastructures and community coping mechanisms. The impact is expected to increase damage, loss of livelihoods and social services.

The scenario below is a projection based on the information received as of February 4. These numbers are expected to increase if intensity of rains continues in Mozambique as well as in surrounding countries, such as Malawi, Zimbabwe, and South Africa.

Most likely scenario		
Northern and Central regions of Mozambique continue to be affected by heavy rains and flooding		
Core elements	Effects on humanitarian needs and operations	Population most affected
<ul style="list-style-type: none"> High water levels and damaged infrastructure continue to obstruct relief from reaching isolated flood-affected populations; 	<ul style="list-style-type: none"> Reduced coping strategies for vulnerable and poorest segment of population Prolonged disruption of critical services (power, water and sanitation, health and education) An increase in food insecurity 	<ul style="list-style-type: none"> Approximately 50,000 temporary displaced people
<ul style="list-style-type: none"> Floods destroyed agriculture crops in affected areas (65,000 ha) 	<ul style="list-style-type: none"> Increase in protection concerns Food insecurity Negative effects on nutrition expected 	<ul style="list-style-type: none"> 71,411 families (approximately 325,000 people)
<ul style="list-style-type: none"> Serious damage on telecommunication equipment and electricity power network 	<ul style="list-style-type: none"> Lack of communication Negative impact on basic service provision due to lack of electricity which can have major effect on health and WASH) 	<ul style="list-style-type: none"> Districts affected are mostly north of Zambézia and all Nampula South of Niassa
<ul style="list-style-type: none"> Floods destroyed and / or damaged houses and social basic service facilities 	<ul style="list-style-type: none"> Protection concern (GBV, unaccompanied minor, separation of families) Lack of access to basic services (shelter, health, education, water) Risk of outbreak of water-related diseases and protection regarding sanitation facilities in displacement sites 	<ul style="list-style-type: none"> 50,000 temporary displaced people
<ul style="list-style-type: none"> Floods leaves school premises unusable or inaccessible Possibility of schools being reoccupied as temporary shelters in case of new major floods 	<ul style="list-style-type: none"> Increase of absenteeism of children to school, especially girls General withdraw from school in particular IDPs (incidence on girls) 	<ul style="list-style-type: none"> 103,000 students affected 770 teachers
<ul style="list-style-type: none"> Damage and / or destruction of health facilities and pollution of water sources 	<ul style="list-style-type: none"> Further exposure of diseases such as malaria, pneumonia and diarrhoea and cholera as well as other communicable and water-related diseases. Expected increase of health concern 	<ul style="list-style-type: none"> Population impacted by the floods
<ul style="list-style-type: none"> Damage and /or destruction of infrastructures 	<ul style="list-style-type: none"> Lack of communication Isolation from basic services and humanitarian assistance as a result of collapse bridges and railway lines Increase of prices of basic commodities 	<ul style="list-style-type: none"> 44,000 IDPs directly affected for humanitarian assistance purpose plus populations that are living in isolated districts

3. Response Plans

3.1 Strategic Priorities for Humanitarian Response

In the aftermath of the heavy rains that occurred in northern and central Mozambique, the Government and HCT have been undertaking joint assessments to identify the needs of affected communities. 157,772 people have been found to be in need of humanitarian assistance and early recovery support. A total number of approximately 44,000 have been displaced and are considered the priority group for assistance.

Access has been a major concern due to high water levels and damage caused to roads and other infrastructure such as bridges. This limited access to isolated communities has marginally improved as water has slowly started to recede, allowing for more extensive identification of needs across all sectors and the acceleration of the response.

A CERF Rapid Response Grant application has been submitted for the amount of approximately \$3.2 million. However, CERF funds followed strict criteria of immediate life-saving activities and were requested to cover a period of 30 days, while additional funds are sought to assure the continuation of the response and the assistance of those in need. CERF funds will provide for the immediate life-saving assistance of 50,000 IDPs in Zambézia and Niassa provinces by boosting the logistical capacity to deliver immediate life-saving assistance in shelter, food security, WASH and protection.

The Response and Recovery Proposal (RRP) is complementary to the CERF strategy and will appeal for the allocation of resources to continue to support the most affected population during a six month period with life-saving and early recovery activities. It has been developed by UN agencies; IOM; Red Cross; and NGOs partnering within the HCT.

The overarching goal of the RRP is to support the efforts of the Government of the Republic of Mozambique and affected communities to ensure that the lives, dignity and well-being of those affected by 2015 January floods are protected. In addition, the RRP aims at addressing the needs of affected communities that have been identified by the sectors through consultations between Government, HCT members and local actors. Where possible, cluster responses were designed to complement the activities and available resources of the Government of Mozambique and the activities carried out by UN and NGOs partners.

Practically, it organizes and guides the support the HCT intends to give to the GoM for meeting the humanitarian needs of the affected population and undertaking the necessary steps towards an early recovery and resilience building of communities.

Importantly, it includes both immediate life-saving assistance to the affected population and early recovery actions. In effect, early recovery activities must begin hand in hand with humanitarian efforts, to ensure self-sustained and resilience-building processes in the aftermath.

Importantly, this document is developed with the information availed during the relief effort and rapid assessment teams. At a later stage when areas are accessible, a more comprehensive early recovery strategy will be developed to further address unmet gaps. It will consider longer-term development needs of the affected communities and will build up on humanitarian activities, establishing the link between humanitarian action and wider development efforts.

This response plan will focus on Zambézia, Nampula and Niassa provinces. The geographical selection was based on the following criteria: 1) number of displaced people 2) highest concentration of affected people and 3) damage to infrastructure and livelihoods. Nevertheless, due to the severity of the situation, more effort will be placed in Zambézia Province.

The Strategic objectives of the Response and Recovery Plan are:

Strategic Objective One:

To provide immediate life-saving and life-sustaining assistance to the population affected by the floods in the following areas: shelter; water and sanitation, and hygiene; food; non-food items; health; protection; nutrition; and education.

Many IDPs are still in accommodation centres, in camp-like situations, or waiting to be moved to settlement/relocation sites, and are entirely dependent on humanitarian assistance to meet their basic needs. The focus will be placed on IDPs to ensure equitable access to essential services and livelihood opportunities. Basic services will be provided in order to avoid further loss of life and ensure minimum living conditions in accordance with international standards for assistance, including international law and international protection standards. Special attention will be given to the most vulnerable, such as orphans, unaccompanied children, the elderly, disabled, pregnant women, single women, and female headed-households.

Strategic objective Two:

To protect livelihoods and support the recovery of flood-affected communities through early recovery and resilience-building activities that link humanitarian activities to longer-term development efforts.

RRP is to link the relief efforts to recovery through an integrated and comprehensive approach aimed at allowing the affected population to resume their normal lives and build resilience for future shocks. This will be achieved through early recovery activities and the search for durable solutions addressing needs in all sectorial dimensions affected by the floods, including livelihoods and food security sustainable activities.

Strategic Objective Three:

Boost logistics and operational capacity by strengthening coordination and reinforcing the logistics cluster, guaranteeing that relief items are adequately stored and distributed in a timely manner so partners can address the needs of the affected population.

Coordination Framework: Projects included in the RRP were agreed by the Humanitarian Country Team under the leadership of the RC.

The rationale for the response strategy is based on the following:

The extensive devastation of crops has led the Ministry of Agriculture to request support to assist the affected population to resume agricultural activities as soon as the water recedes, not only in Zambézia, but in other affected locations, as well. Food support will be necessary to allow people to recover from the floods, resume agricultural activities and survive the next lean season. Furthermore, food-for-work activities will be implemented to support this objective, as well as to support the rehabilitation of infrastructure.

Immediate support is required for emergency water and sanitation facilities to provide safe water and hygienic conditions to the affected population in accommodation centres or camp-like situations and temporary settlement areas. Major repairs are required for the Mocuba town water system, and to other towns' water systems for which information is still not being gathered.

Transportation of shelter items has been a challenge for the Shelter Cluster. The availability of shelter stocks is also very limited and cannot cover all the current needs of the affected population. Priority will be given to the IDPs but a total of approximately 19,600 houses have been totally or partially destroyed. Equally important is the provision of technical capacity to erect the tarps to be storm-proof. Site planning, training and support to partners and affected population on shelter construction is crucial to saving people's lives, and to prevent additional rains in February and March from having a dramatic impact on those already affected by the January rains. In an early recovery phase, focus will also be placed on 'building back better'.

Logistics and communications remain a challenge in areas in which communication was cut off. Accessibility constraints remain, but this is expected to improve over the coming weeks. Additional staff is required to secure air and ground operations. Additional funding will be required to meet the logistical needs for aerial and surface operations (roads and rivers) during the emergency and early recovery phase.

In the Protection Cluster's overall response plan, immediate protection needs are beginning to be addressed. However, when and after displaced families leave accommodation centres and either return to their homes or receive land to relocate to, cluster members are foreseeing an evolving response in which the protection response in accommodation centres continues beyond the first month (covered by CERF grant). Moreover, protection needs in temporary resettlement areas as well as education must be addressed immediately during

the first stage of the early recovery response. The results of a more detailed on-going assessment will feed into the response plan for a more comprehensive response.

Immediate health needs are being covered by the Ministry of Health and partners. Significant increases in cases of malaria and cases of acute diarrhoea have been registered. However, stocks for the regular health system are being depleted and additional support is required. Furthermore, health posts were destroyed and Government has asked for support to ensure that the population has access to health in the recovery phase. People with chronic and infectious diseases, such as HIV and TB, need to be registered and monitored.

A high number of schools/classrooms were partially damaged or completely destroyed. The education sector is responding and support will be required to set up temporary schools and rehabilitate and construct those that were damaged. School materials will also be needed.

With regards to telecommunications, mobile generators will be required for field operations.

Early recovery and resilience activities will be implemented with a view to addressing the immediate requests by Government, and making the link between early recovery and mid-to-longer term resilience needs of affected communities, including strengthening information management and coordination of the various clusters and promoting building back better interventions.

Based on HCT consultations, response plans and associated projects included in the response and early recovery plan meet the following criteria:

- Life-saving assistance through provision of food assistance, water, sanitation, and hygiene services, shelter, basic health care, nutrition and protection;
- Priority attributed to the most vulnerable people among the affected such as orphans, unaccompanied children, elderly, disabled, single women, and female breadwinners. Whenever possible, data will be disaggregated and outcomes will be gender -based
- Relocation of IDPs from accommodation centres and camp-like situations to temporary settlement areas
- Capitalize on opportunities in the emergency response to foster the self-reliance of affected populations and rebuild livelihoods for implementing time-critical resilience activities
- Type of infrastructure and importance for the provision of basic services to the population
- Gaps identified jointly by Government and the HCT
- Response capacity of Government
- Specified project outcomes must be achievable and completed within the timeframe of the Response and Recovery Proposal. However, projects should contribute to and take into account existing national development strategies and on-going programmatic priorities of the UN system in Mozambique
- Projects must be in line with sector objectives as described in the cluster response plans.

3.2 Cluster Response Plans

3.2.1 WASH CLUSTER

LEAD AGENCY: UNICEF

This proposal focuses on the WASH needs in the most affected districts of Zambézia province and the displaced populations within those districts, and Cuamba town in Niassa. The WASH Cluster will give priority to the 44,000 displaced people (11,000 families) and 1,493 people (317 families) in Cuamba, as well as Mocuba town residents, in need of immediate emergency WASH assistance: provision of safe water supplies, basic sanitation and hygiene promotion.

It will also assist these families as they return to their home communities or as they settle in newly identified resettlement areas, away from flood-prone zones, by supporting the establishment of basic WASH services.

To date, the initial response has been facilitated by accessing WASH supplies pre-positioned around the country by WASH Cluster partners prior to the rainy season. Water tanks, jerricans, 'Certeza' water treatment products, latrine slabs and hygiene kits, including hygiene promotion materials, are examples of the items that are now being distributed to those accommodation centres that are accessible. On-the-ground coordination has taken place with district, provincial and INGC authorities. Better mapping of partner capacities and operational areas is ongoing. The initial response cannot be sustained or expanded to meet the needs of all targeted displaced people without the mobilization of resources to cover the procurement of additional supplies and field implementation costs.

This proposal is submitted by the WASH Cluster, which includes UNICEF, the COSACA consortium (Concern, Oxfam, Save the Children, CARE), World Vision, IRD, ISAAC, CVM (Mozambican Red Cross), Samaritan's Purse, PSI, LWF, CEDES and Plan International. WASH Cluster consultations, joint assessment missions, coordination with government water authorities and initial mobilization of essential WASH supplies have all already taken place. Funds received by Cluster partners will be used for procurement of supplies and equipment, implementation of WASH interventions targeting displaced families and early recovery activities to repair and re-establish water and sanitation conditions in resettlement areas and return communities.

An estimated 116 rural community water points in the affected districts have been impacted by flood waters or erosion, and so will require cleaning and disinfection, or repair or even replacement. The Mocuba town water system suffered loss of its river intake and pumping station. About 7,000 water customers are now without service. An immediate provisional operation is being mounted that takes raw river water and treats it for water trucking distribution, but it requires consumables and funding to become operational. Currently about 50m³ of safe water are being produced daily of which $\frac{3}{4}$ is being supplied by truck to Cajual accommodation centre that shelters another 7,000 affected people, while the remaining $\frac{1}{4}$ is provided to water customers in Mocuba. This emergency water operation needs to be doubled to serve town residents and surrounding accommodation centres until verification of pumping and electrical systems can be done and major repairs to the intake structures contracted and completed in the early recovery phase.

Immediately after the onset of the emergency, the WASH Cluster partners initiated humanitarian assistance to the affected families through life-saving measures, through provision of WASH emergency supplies (buckets, jerry cans, soap, family and hygiene kits, Certeza for water treatment) safe water and sanitation facilities. To date, over 30,000 bottles of Certeza have been distributed to affected households, as well as over 5,000 family and hygiene kits, latrine plastic slabs and other WASH essential supplies.

Water, sanitation and hygiene (WASH) is a critical initial response in almost any emergency where people are displaced from their homes and are surviving in precarious circumstances without normal arrangements for food, shelter and WASH. From the outset, provisions need to be made to provide safe drinking water and adequate sanitation facilities that meet minimum requirements for cooking, drinking, and bathing, and which ensure hygienic excreta disposal with safety, privacy and dignity. The aim of this project is to accomplish these objectives for an initial response period.

Sectoral objective

The objective of the WASH Cluster is to provide immediate and life-saving assistance to over 44,500 displaced people (44,000 in Zambézia and 404 in Niassa/Cuamba) in emergency water supply, emergency sanitation and emergency hygiene promotion, thus providing minimum safe conditions for reducing the risk to public health by water and sanitation-related diseases.

Priority will be given to meeting the needs of men and women, boys and girls who have been displaced from their homes and are without adequate basic services. Among those most vulnerable and at risk of poor quality drinking water and lack of hygienic conditions are very young children, caregivers, the ill and people with disabilities.

Strategy

The emergency WASH response will pursue two main strategies:

- Provide priority assistance to those in displacement centres without adequate WASH services.
- Establish WASH services in new resettlement areas and restore improved WASH conditions in flood-affected areas, thus facilitating the early return of displaced people to their communities, and children to their schools.

Humanitarian Phase – Key Activities:

Basic water and sanitation services in accommodation centres or resettlement areas

- Water supplies in and near accommodation centres are inadequate for the large influx of displaced people. Piped water supplies, where they exist, and hand pumps are not providing adequate quantities. WASH partners will target displaced families in accommodation centres, some of which

have been designated as new resettlement areas where plots are being distributed for permanent presence away from flood-prone areas.

- Water bladders, tanks and tapstands will be mounted in accommodation centres for storage and distribution. Water will be trucked in when required. For each household, water containers (buckets, jerricans) will be distributed to facilitate water collection, storage and treatment. Water safety will also be ensured at household level through the widespread distribution and use by families of the chlorine product 'Certeza', which is produced in Mozambique and whose use at household level is common.
- Through a new initiative, PSI is introducing 'Certeza' in tablet form accompanied by instructions on its proper use. Social marketing of water treatment products will use the innovative SMS-based 'Troca Aki' platform whereby customers can redeem an SMS voucher at retail outlets for free 'Certeza'. The platform has already been designed and is being rolled out.
- Emergency latrines will be installed in accommodation centres to allow for private and safe sanitation. Latrine slabs, plastic sheeting and rope will be used to install shared emergency sanitation facilities. Personnel will be mobilized to keep these simple pit latrines clean and disinfected despite heavy use throughout the day and night. Latrines will be designated for women and for men and will be sited close enough to reduce risk during night use.
- Where displacement areas are located in places with existing sanitation facilities, such as schools, the emphasis will be on the proper cleanliness and maintenance of these facilities serving a large number of people. However, these schools will soon need to be vacated to permit the school year to begin in February.

Emergency water supply in Mocuba town

An emergency water trucking operation needs to be mounted and expanded, with the main costs being truck rentals, treatment chemicals and portable water treatment units. Over 7,000 town residents, and another 7,000 in nearby accommodation centres, will benefit from the emergency water trucking operation once it is expanded. The government agency AIAS has conducted an assessment mission and has requested emergency assistance from UNICEF.

Emergency hygiene promotion for the proper use of sanitation facilities and hand washing with soap, including nutrition and health promotion

- Families in accommodation centres, resettlement areas and return communities will be reached with key life-saving hygiene messages, through face-to-face sessions delivered by activists, radio programmes produced by community radio, video sessions delivered by multimedia mobile units and community theatre performances.

- Communication tools for activists such as megaphones and flipcharts will be deployed and IEC materials such as posters and leaflets will be used to reinforce messages on the importance of washing hands with soap after using the latrine and before handling food. The importance of not practicing open defecation will also be emphasized.

Hygiene promotion messages will emphasize to families the importance of rebuilding their household latrines upon returning home. Hygiene promotion messages will also be complemented with nutrition and health promotion messages, particularly on breastfeeding promotion and malaria prevention.

Recovery Phase – Key Activities: Restoring improved WASH conditions in communities

- As floodwaters in the low-lying areas recede and access is re-established, water points (primarily boreholes with hand-pumps) in rural communities will need to be assessed for damage and immediate repairs and disinfection undertaken as it poses an imminent danger for the population. This operation is vital if displaced people in accommodation centres are to be able to return home and have safe water for domestic use. There are an estimated 116 water points located in flood zones (serving 35,000 people) which need to be reached through this operation.
- In new resettlement areas, an estimated **20 new boreholes with hand-pumps** will need to be constructed to provide minimum water services. This work will be achieved through drilling contracts with private sector companies.
- **Community water committees will be created** or re-activated where necessary to ensure sustainable management of their hand-pumps. Handpump mechanic training and household contributions for spare parts are elements of community management to be reinforced.
- **Flooded schools** will be assessed for damage and an operation put in place to fix water supplies and repair damaged sanitation facilities (latrine blocks) to permit the school year, which starts in February, to proceed.
- **In Mocuba town**, detailed tests to the pumping and electrical equipment and repairs to the river intake structures will be needed to bring the **water system back into full operation**. Technical tests will need to check the condition of the submersible pumps at the river intake tower, the control panel and the power supply (from the grid). Major repairs will be contracted to private sector firms and will include: rehabilitation of the intake tower structure, possible replacement of the pumps and control panels, installation of floating pumps, installation of about 150 metres of main pipe and electric cables to the intake tower. Other towns that have not yet been evaluated, including Cuamba and Mucorage in Nampula province, may also require repairs for full restoration of water services.
- **Hygiene promotion** for use of sanitation facilities and hand washing with soap, including nutrition and health promotion, will continue as an important complement to provision of water and sanitation

facilities. The hygiene promotion activities (described in the humanitarian phase) will follow families as they leave accommodation centres and return to their communities. Multimedia mobile units deployed by the Institute of Social Communication will use 'edutainment' to reach them with critical hygiene messages. The community radio network in Zambézia province will gear its programmes towards improved behaviour change of families and children in school. Theatre troupes, community activists and NGO social mobilization teams will promote Community-led Total Sanitation (CLTS) as communities will be triggered to stop open defecation and build their own household latrines. C4D leaflets and flipcharts will be used to support these district wide campaigns.

Expected outcomes

By the end of August 2015, over 44,500 affected people are supported with access to safe water and sanitation facilities and hygiene promotion interventions.

Provision of water and sanitation services in accommodation centres, resettlement areas or return communities:

- Over 11,000 families have safe water supplies: initial target 10 litres/person/day
- 11,000 families have received 'Certeza' to treat water at household
- 11,000 families in accommodation centres use emergency latrines: initial target 1 latrine/20 families
- 116 water points in rural communities serving 35,000 people are repaired and operational
- 20 new boreholes with handpumps installed in resettlement areas

Restoration of water supply in Mocuba town

- Emergency water distribution: 100m³ treated water produced daily
- Technical studies and contracting to private contractors completed
- System fully restored with repairs to river intake, pumping station and electrical supply

Hygiene promotion for the proper use of sanitation facilities and hand washing with soap, including nutrition and health promotion

- Hygiene promotion sessions are conducted in all accommodation centres and resettlement centres
- At least two bars of soap are distributed to 10,000 families
- At least 500 activists are equipped with C4D tools and IEC materials to distribute to the IDP families and are trained on interpersonal communication skills and lifesaving messages
- CLTS is triggered in return communities and resettlement areas for achievement of open defecation free (ODF) status

Gender considerations

Gender considerations are reflected in the WASH response, guided by Global WASH Cluster guidelines and SPHERE standards on gender-sensitive response. As women and girls are the primary household water managers, their preferences, use and safety are paramount.

Gender-disaggregated data are collected in the INGC rapid assessment tool.

WASH partners are aware of the importance of reducing risk to women and girls by minimizing danger to them, particularly at night. For example, when possible, the locations of water distribution points and sanitation facilities are determined with the safety of the most vulnerable in mind.

Implementation arrangements

The project will be implemented by WASH Cluster partners operating on the ground to reach the most vulnerable populations. These activities are coordinated with, and in support of, government services at provincial and district levels. The provincial water authority DPOPH (Direcção Provincial das Obras Públicas e Habitação e Recursos Hídricos) has a presence in the operational zone and is contributing a water and sanitation response to the overall emergency operation managed by INGC. UNICEF is ensuring close communications with the national DNA and AIAS, as well as provincial DPOPH. WASH Cluster coordination, in both Maputo and Quelimane, is ensured through frequent meetings and electronic communications to plan and mount an effective and efficient response.

Cluster partners with good provincial presence and ability to respond quickly are: COSACA, World Vision, CVM, PSI and CEDES. UNICEF has a regular WASH programme in Zambézia province and has reinforced its team there under this emergency.

Donor contributions will be used for procurement and distribution of WASH items. Funds will also be used to finance district interventions by implementing partners to install the water and sanitation facilities and ensure their operation during the period. In addition, funds will be provided to government counterparts to facilitate assessments and immediate response activities such as water trucking operations. The definition of partner responsibilities will be either by geographic zone or by WASH component, or a combination of both, but these arrangements and mapping of Who-What-Where is ongoing.

The immediate and life-saving WASH activities in this proposal are envisioned as covering a three-month period to the end of April 2015. The rehabilitation of water and sanitation services included in the early recovery phase will take longer to plan and implement, and so are anticipated to continue until August 2015.

Monitoring and evaluation

Data on planned and implemented WASH response activities will be collected through joint efforts of the WASH Cluster partners and compiled by UNICEF. This information will assist in tracking supplies and activities

and identifying gaps in services. Cluster partners will maintain close contact with local government officials and provincial DPOPH on the ground. Final reports will be submitted at the end of the project period.

Funds Requirements USD (excluding the CERF proposal)

WASH	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$300,000	\$1,167,000	\$1,467,000

3.2.2 SHELTER CLUSTER

LEAD AGENCY: Mozambican Red Cross (Humanitarian Phase)
UN-Habitat (Recovery Phase)

Analysis of the situation

The distribution of shelter is presently slow for two main reasons: 1) Logistical challenges (such as cut-off areas and difficulties with alternative transportation such as boats, helicopters); 2) Government policy requiring shelter NFIs to be distributed only to beneficiaries who have been allocated new plots in safer areas. Unfortunately the search for suitable and available land is time-consuming. The Shelter Cluster suggests that temporary and transitional areas are agreed upon with Government to provide immediate shelter for those in schools and other public spaces. In the longer-term, though, partners agree with Government that there is a need for a more sustainable approach, which includes 1) territorial analysis and planning; 2) adopting an adaptive approach to human settlements, including adaptive architecture for housing and basic infrastructure.

Sectorial Objective

During the recovery phase, the Infrastructure Sector will focus its efforts on ensuring that most vulnerable families have access to (i) transitional shelter, (ii) ensuring the transfer of knowledge on permanent shelter/housing through the building back better approach, coordinated with water and sanitation main actors, strengthening skills and capacity if the community and local authorities, in order to build resilience in affected areas, reducing vulnerability to periodical floods.

Cluster Strategy

The Cluster aims at covering the needs of 100% of people in accommodation centres and relocation sites (presently around 44,000) with shelter items, but shifting as soon as possible into support with local materials for transitional shelter or improved and safer reconstruction of houses by promoting self-recovery, with materials, technical capacities and advocacy with Government.

There are several examples that have been piloted by Government and partners that should be capitalized upon and scaled up. Activities such as real-time needs assessment of IDPs in temporary shelter in Gaza

Province areas and relocation communities, which ensured needs coverage during the emergency and through the early recovery period; the plot registration campaign to elaborate cadastre plans in new relocation areas (Gaza province 2013); the rapid improved reconstruction in Zambézia province in Pebane and Chinde districts (2012); the territorial strategy for Zambézia “Living with floods” (2009) that proposes adaptation and mitigation measures for settlements, housing and infrastructure in areas selected by local authorities and communities are good examples of proofed models that could benefit affected families.

Emergency phase: Key activities

- Distribution of emergency shelter material (tarpaulins, tents)
- Shelter kit training
- NFIs distribution (household items), in coordination with WASH cluster.

Recovery Phase: Key Activities

- Distribution of self-recovery material (tools, fixtures) for at least 40% of displaced populations
- Rapid post damage assessment on housing and schools in coordination with Protection & Education Cluster and Social Sector.
- Support and training on building-back-better (safer) on housing. Building on capacities of shelter members, support also improved reconstruction in schools
- Support territorial strategy for safe areas and adapted settlements (including cadastre)
- Information management and real-time needs assessment of IDPs in temporary shelter areas and relocation communities to ensure needs coverage.

Expected Outcomes

- At least 40% of displaced population have access to transitional shelter in areas not at risk;
- At least 75% have access to capacity-building programmes on adaptive housing and building back better approach;
- Government has access to an actionable strategy for housing and basic infrastructure in Zambézia Province.

Funds Requirements USD (excluding the CERF proposal)

Shelter	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$1,783,629	\$1,716,371	\$3,500,000

3.2.3 FOOD SECURITY CLUSTER

LEAD AGENCY: WFP & FAO

Analysis of the Situation

In January 2015, vast areas of the country were affected by severe floods. Just in Zambézia Province, a number of districts were affected including a total of 61,979 ha of cultivated area. The situation is particularly serious for rice and maize, the staple crops, which were in an advanced development stage when fields were flooded. The main harvest, expected for April/May is therefore entirely lost. Another concern is that no certified rice seed will be available for the next planting season, since farmers normally keep part of their harvest as seed for the following planting seasons. Livestock (poultry, small ruminants and cattle) has been lost and small irrigation equipment has been damaged.

Large numbers of people have lost all their livelihoods in the floods, and have become entirely dependent on food assistance until they can return home or are resettled. However, even when people return, they will need support until livelihoods are restored.

This has compounded affected households' vulnerability to food insecurity. Most of their livelihoods has been lost and must be quickly restored. Women, as responsible for food security in the family, are facing difficulties since they have low levels of resilience and weak coping capacity in response to natural disasters such as floods. Moreover, their vulnerability is aggravated by their low purchasing power and poor access to food markets.

Addressing the needs of affected persons in those areas demands a two-pronged intervention.

First and foremost, relief assistance through general food distribution is needed to meet basic food needs of some 100,000 people who have lost all their belongings and crops and reside in temporary accommodation centres, or are hosted by other communities on higher ground. Given the reliance of the population on external assistance, food assistance should meet 100% of people's nutrition needs to prevent any deterioration of their nutritional status, particularly most vulnerable groups such as children, pregnant women and elderly. Family food rations will include maize meal, pulses, vegetable oil and corn-soya-blend (CSB) to fulfil beneficiaries' monthly food requirements, and to further guarantee their food security.

Second, as water recedes and people gradually return to their land, food or – where market conditions allow – cash assistance through labor intensive schemes in the form of food-for-work or cash-for-work should be implemented for some 200,000 people. This will help avoid the deterioration and forced sale of existing assets, and support the rehabilitation and/or creation of assets while maintaining adequate levels of food security until the next harvest. To address the immediate agricultural needs of the affected population in the areas worst affected by the floods and restore as quickly as possible their livelihoods and production capacity, this should be combined with the provision of seeds, agricultural inputs and livestock.

Currently, Food Security Cluster members are using some existing food stocks to provide immediate food assistance and meet the most acute needs. However, existing stocks can meet only some of the needs during

the first weeks. Food Security Cluster members are planning to support 40,000 households out of 71,411 affected farmer households affected, as per estimates by the Ministry of Agriculture and Food Security (MASA). Given the short window of opportunity to re-plant crops from March to mid-April, agricultural inputs (mainly maize, rice, beans, cow peas and vegetables) will need to be urgently procured and distributed. These agriculture inputs are to kick start food production. As small-scale agriculture is the main livelihood of 80% of the rural population in the areas affected by the floods, failure to provide adequate and timely agricultural inputs will worsen the food insecurity situation even further. With no food reserves or seeds to plant, small farmers will not be able to meet their basic food needs through own production nor earn a minimum income through selling part of their produce in the market which will force them to sell the few productive assets they own, pushing them into complete destitution.

Sectoral objectives

- Meet basic food needs of 100,000 flood-affected people during the relief phase and 200,000 people during the recovery phase in Zambézia, Nampula, Niassa and Cabo Delgado provinces;
- Restore food production capacity and food and nutrition capacity of 40,000 households in Zambézia, Nampula, Sofala and Tete provinces.

Strategy

It is expected that the flood-affected population will be able to slowly return to their villages once water recedes in the coming weeks and start re-planting in the lowlands. They will require food assistance until the next harvest, which should be around July/August. In the short term, from February to April, food assistance will be provided through general food distribution to people who are displaced, to enable all workforce in families to be fully dedicated to rebuilding houses and planting fields once they return home or are resettled. From May until the July harvest, Food-For Work, or where market conditions are favourable cash-for-work activities will be organized supporting assets rehabilitation, with particular emphasis on tertiary roads rehabilitation, reconstructions of dykes and cleaning of small scale irrigation channels that have been damaged by the floods. Such activities are gender and HIV-sensitive to enable the participation of labour-restricted households.

A basic agricultural kit with assorted inputs (seeds and tools), livestock and basic irrigation equipment, as appropriate, will be distributed to affected households. These agriculture inputs are to kick start food production. Selection of crop varieties will be based on the preference of beneficiary farmers, maturity period, and adaptation to local agro-ecological conditions, as recommended by the agriculture government authorities. Therefore locally adapted kits will be designed and distributed depending on the agro-ecological zones along the river valley and the farmers' vocational orientation. Additionally, on-the-job training and technical support at community level on the one hand will help strengthen farmer capacity on how to prepare, respond and cope to natural disasters. Beneficiary identification and selection will be conducted by the District Services for Economic Activities – SDAE with strong involvement of partner NGOs and local and traditional authorities.

Humanitarian Phase – Key Activities

- Procurement and distribution of mixed commodities, namely maize meal, vegetable oil, corn soy blend and pulses.

Recovery Phase – Key Activities

- Procurement of seeds, agricultural tools and basic equipment and livestock
- Distribution of agricultural inputs
- Procurement and distribution of mixed commodities, namely maize and pulses or the equivalent in cash where appropriate.

Expected outcomes

Outcome / output	Indicators/ Targets	Assumptions
Minimum kilocalorie needs of flood-affected population met	Numbers of complete food rations distributed per month	Water recedes within one month following flooding. Timely availability of funds
Food and nutrition security of affected households improved	Number of agricultural kits, basic agricultural equipment and livestock distributed Number of vulnerable households reached (disaggregated by gender of household head, level of vulnerability etc.)	
Household agriculture production resumed	Hectares of crop fields	

Funds Requirements USD (excluding the CERF proposal)

Food Security	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$4,535,543	\$11,800,000	\$16,335,543

3.2.4 PROTECTION CLUSTER

LEAD AGENCY: UNICEF

Analysis of the Situation

The mere fact of displacement causes evident protection needs for the displaced that are to be added to the current living conditions in accommodation centres, which together call for an urgent protection response.

According to the latest data collected by Government on 4 February, the population hosted in accommodation centres in Zambézia there are 680 elderly, 266 pregnant women, 6,563 children, 1,286 orphans, 557 female single heads of household and 89 persons with disabilities. In its 3 accommodation centres, Niassa counts some 218 elderly persons, 141 children at risk, 83 single female heads of household, and 28 persons with disabilities. Overall, 51% of the population in the accommodation centres is estimated to be female. Whereas further disaggregated data is not yet available, one can immediately see the multiple categories of vulnerable people who are currently hosted in those centres and transitional areas, and need to receive appropriate response to

their specific protection needs and risks, mainly exposure to violence and abuse but also limited access to services and assistance.

Efforts for family reunification are already ongoing and it appears that all unaccompanied children have now been reunited with their parents and relatives.

In Zambézia, some 6,563 children are currently hosted in accommodation centres (though this is likely to be much higher), which demands special attention from Government and partners to ensure their wellbeing and protection from abuse.

In terms of protection space, it has currently been focused on the displaced population and should remain so even while displaced families progressively move to transitional sites and relocation areas. Whereas new relocation areas are meant to become long-term for the majority of those families, they will have to begin a new life, with the necessity of rebuilding all social structures anew, which constitutes an additional layer of vulnerability. It is therefore considered that the urgent protection needs addressed in the current proposal will be present in the first months of resettlement in new areas.

Save the Children has already dispatched some 8,000 family kits; 423 by UNICEF and 300 kits by World Vision and will be distributed to families without delay.

The protection response is slowly gathering momentum in Zambézia by Government and partners, but current stocks and interventions do not suffice to cover all needs and gaps. In this context, the most compelling needs of the sectors include:

- Organizing the prevention of and response to risk of violence and abuse for displaced families in accommodation centres and relocation areas, with a particular focus on the protection of children and women/girls at risk.
- Bring overall support to the Provincial Department of Social Affairs in the province of Zambézia by distributing family kits, but also building their capacity to further respond to protection needs in emergency in a coordinated manner.
- Bring psychosocial support to families and children who might suffer stress as a direct consequence of displacement and living conditions.

Sectorial Objectives

- The overall objective is to ensure protection, mitigate the impact of the shock and to promote early recovery of the most vulnerable members of the community; specifically to ensure equitable access to services and appropriate support for all vulnerable groups including the elderly, people with disabilities or with chronic illness, vulnerable women, girls and children.
- All children have access to psychosocial support

- Distribution of family kits to all displaced families in accommodation centres and relocation areas
- Creation of 10 child-friendly spaces in accommodation centres and relocation areas.
- Distribution of 3,000 dignity kits
- Support to the implementation of multi-sectorial mechanisms for prevention and response to gender-based violence.

Cluster Strategy

The joint Education-Protection Cluster is currently led by Save the Children and co-led by the UNHCR (UNHCR co-leading since 21 January 2015). It includes members from diverse international and local NGOs, UN agencies and representatives of Ministries of Education and Social Affairs. The cluster works closely at the national level to coordinate early response and recovery strategies in the affected areas, building on each other's expertise and presence in the field, ensuring the implemented activities are well coordinated and in line with Government response and plan.

In the sector of Protection, due to their ongoing programme and presence in the affected area, both UNFPA and UNICEF will be lead agencies within the cluster that will provide technical support and be accountable for efficiency of the response and recovery activities, effective use of resources and field monitoring. UNICEF and UNFPA will receive all required support from cluster members and partners on the ground, mainly Save the Children and World Vision. UN Women will play a catalytic role ensuring that gender issues are embedded in all implemented activities.

The present proposal has been developed on the basis of rapid assessments undertaken jointly by Cluster members and local authorities in Zambézia. In addition, active participation and ongoing support of a representative of the Ministry of Social Affairs at cluster meetings has ensured a constant exchange and update of available data.

Due to the large-scale displacement in Zambézia and urgent protection needs identified, the Protection proposal will only focus on affected districts of this province (Namacurra; Mocuba; Morrumbala; Nicoadala; Mopeia; Lugela and Mangaja da Costa).

The strategy developed by the Cluster will be very much influenced by external factors such as the evolution of the meteorological situation (and accessibility) and the decision of the Government to allocate its budget to the Ministry of Social Affairs in order to urgently address current needs.

Importantly, if the content of the strategy is the result of a consensus of all its members, the location of implementation remains uncertain: activities will be implemented both in accommodation centres and/or new relocation areas, as there is no certainty as to when local authorities will start allocating resettlement plots to displaced families. As mentioned above, protection risks and needs are considered to be the same in both locations. For that reason all planned activities can be easily implemented in both locations, or successively.

The Cluster strategy aims at offering a global response of “protection by presence” with particular activities targeting risks of gender-based violence and risk of abuse of children and youth (including orphan children and child heads of household).

The protection strategy will focus on strengthening the capacity of the Provincial Department for Social Affairs and local police to identify and deliver services to the most vulnerable groups to ensure their safety and wellbeing, whilst at the same time striving to ensure equitable access to the services necessary to ensure early recovery. Coordination and referral of vulnerable cases will thus be key in the Protection strategy.

Key communication messages on prevention and response to violence are already being organized by local authorities, through the Institute for Social Communication in most accommodation centres.

The strategy is divided into two phases: humanitarian (1-2 months) and early recovery (4-5 months).

Humanitarian Phase – Key Activities

Activities complement prepositioned material and material dispatched during the first two weeks of the crisis, and efforts undertaken by Government since the start of the displacement.

- Dispatch and distribution of 2,000 family kits in addition to the 9,000 already distributed
- Dispatch and distribution of 3,000 dignity kits
- Sensitization, prevention and information-sharing activities on gender-based violence targeting youth, girls and women in accommodation centres and/or new relocation areas
- Ensuring multi-sectorial mechanisms and response to victims of (sexual) gender-based violence (identification and referral)
- Distribution of 11,500 torches along with distribution of family kits as a security prevention measure
- Setting up and management of 10 child-friendly spaces by Save the Children
- Prevention and response to abuse and violence through capacity-building and training of local authorities (Social Affairs and police) and community leaders: refresher training on protection and child protection in emergencies
- Prevention and response to abuse and violence through support to the existing system of community leaders and deployment of social workers and police officers in accommodation centres and new relocation areas.

Recovery Phase – Key Activities

Following the initial phase of humanitarian response, activities will remain generally focused on the same objectives to ensure adequate long-term response and recovery for the caseload of vulnerable children, women and girls, elderly and people with disabilities and other specific needs. In this second phase of the

proposal, it is foreseen that all population displaced will have relocated to new relocation areas or eventually return to areas of origin.

- Management of 10 child-friendly spaces in new relocation areas
- Continuous prevention and response to abuse and violence through support to the existing system of community leaders and deployment of social workers and police officers in accommodation centres and relocation areas.
- Continuous sensitization, prevention and information-sharing activities on gender-based violence targeting youth, girls and women; and multi-sectorial mechanisms and response to victims of (sexual) gender-based violence (identification and referral)
- At the early recovery phase, the strategy will target the continuous monitoring of activities and capacity-building of local authorities.

Expected Outcomes

- 11,000 households have access to basic households material to have adequate shelter and hygiene conditions
- 3,000 children are assisted with psychosocial support through the management of 10 child-friendly spaces
- Affected communities are mobilized to prevent and address violence, exploitation and abuse of children and women and existing systems to respond to the needs of GBV victims are in place
- Capacity of local community leaders, police officers and social workers is reinforced to provide adapted response and prevention to cases of abuse and violence
- Capacity of local authorities, mainly social affairs, is reinforced in identifying and referring cases with specific needs and vulnerabilities.

Funds Requirements USD (excluding the CERF proposal)

Protection	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$587,462	\$127,128	\$714,590

3.2.5 LOGISTICS CLUSTER

LEAD AGENCY: WFP

Analysis of the Situation

In view of the urgently required humanitarian and early recovery undertakings, the logistics cluster apparatus is conceived to provide optimal relief and recovery execution. In that sense, looking at securing a continuous provision of critical emergency support services (air, road, river transportation; storage, coordination and communication).

The Logistics Cluster is submitting an appeal for \$2,310,390 to implement a special operation, also coupled with the CERF request.

Sectorial objectives

In essence, the key objective of the Logistics Cluster is to cater for the delivery of an estimated 14,000cbm or 4,250mt of humanitarian assistance to affected areas. These items include but are not limited to shelter and wash material including hygiene, dignity and emergency kits, and emergency food aid. The use of transport and storage assets will fall in line with priorities set by the HCT.

Strategy

The Logistics Cluster strategy entails the following:

- Provide common logistics services to the humanitarian community reaching the population in critical need;
- Coordinate the overall logistics response;
- Gather, consolidate and disseminate logistics information;

Key Activities (both during the Humanitarian and Recovery Phases)

- Provision of common logistics services:
- Road transport ex Beira and Maputo direct to intermediary warehouses;
- Road and river transport from the intermediary storage hubs to the final delivery points as terrain permits;
- Deliver airlift capacity to assist transportation of relief items isolated areas;
- Collection, consolidation and dissemination of logistics relevant information;
- Provide enhanced logistics coordination at central and field levels

Expected outcomes

- Identification of logistics gaps for common logistics services;
- Provision of primary and secondary transport by road and river;
- Provision of air transport to reach isolated communities and deliver life-saving supplies or rescue assistance;
- Intermediate warehouse and handling in Quelimane, Mocuba and Caia, as well as other locations, upon Government request and subject to availability of funds

Funds Requirements USD (excluding the CERF proposal)

Logistics	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$1,500,194	--	\$1,500,194

3.2.6 HEALTH CLUSTER

LEAD AGENCY: WHO & UNFPA

Analysis of the Situation

The situation is most severe in the districts of Maganja da Costa, Morrumbala, Mopeia, Nicoadala, Mocuba, Namacurra and Lugela, where around 29 accommodation centres are still set up. These districts bear 58% of the total population of the province (2,790,986/4,802,365) and 85% of the total affected population (106,150/124,381). In the remaining districts, the affected people, generally in small numbers, have been integrated within their families. There are an estimated 29,794 women of reproductive age, 5,978 pregnant women and 5,380 expected deliveries. In Nampula province, 19,599 people (4,180 families) were affected by floods and five health centres were destroyed. A total of 12,673 women of reproductive age, 2,155 pregnant women and 1,940 newborns were identified. In Niassa province, information on health situation remains critical. 12,833 people (3,206 families) were affected by the floods. An estimated 4,132 women of reproductive age, 703 pregnant women, and 633 newborns are identified. In Nampula and Niassa, MoH has confirmed cholera, raising the level of health risk in these regions. In Nampula, so far, 600 cases and two deaths were announced.

In terms of infrastructure, 7 health centres with maternities in Mocuba (1 HF), Mopeia (1 HF), Morrumbala (2 HF), Namarrói (1 HF) and Pebane (2 HF) were destroyed in the floods. Large quantities of medicine were also lost. In addition, 32% (72/224) of health facilities in the province are isolated by serious damage to roads in Milange, Inhassunge, Gilé, Namacurra, Ile, Morrumbala, Derre, Namarroi, Pebane, Mopeia, Molumbo, Mocuba, Maganja da costa, Lugela, Luabo, Gurue and Nicoadala. This situation will likely persist for several weeks as the rainy season will continue.

Floods have severely disrupted provision of life-saving basic health services in the affected areas by destroying health facilities and isolating populations due to damaged roads and bridges. Further exposure of the displaced population to poor living conditions also increases the risk of disease such as malaria, pneumonia and diarrhoeal diseases, including cholera.

At present, no outbreak of communicable diseases has been reported in affected areas or accommodation centres. However, epidemic preparedness is critical as floodwaters may take weeks to months to recede. The incidence of mental and psychosocial related illness is also expected to increase due to sudden displacement and loss of property and livelihood.

So far, 280 pregnancies and 122 newborns were registered in accommodation centres in the region. Basic maternal health care and neonatal care services should be provided for this target group immediately. The continuum of care during and after the recovery period, mainly in health facilities and/or through community outreach services depending on the speed of recovery, should be guaranteed. Agencies should support the establishment of basic maternal, obstetric care, and child services, including HIV prevention and treatment services for pregnant women and children infected by HIV, living in catchment areas where health centres and maternities were destroyed.

The key gaps in the health sector include:

- Lack of basic health care services for the affected populations mainly due to inadequate human resources for health, medicines and medical supplies in affected areas;
- Limited lifesaving preventive public health interventions such as bed nets, vaccines, condoms, water purification tablets, etc;
- Lack of information among affected populations on health risk of the floods;
- Lack of timely and complete disease data and health information required to monitor the health situation among the affected populations
- Lack of health facilities and trained health personnel for delivery.
- Weak coordination of health activities among implementing partners.
- Damaged health facilities in areas of origin and lack thereof in accommodation areas.
- Lack of mosquito nets for malaria prevention.

General Objective

Restore access to basic health services and provide emergency care to populations in all areas affected by floods in order to a) detect and respond quickly and effectively to any epidemic threat, especially diarrheal diseases (including cholera) and malaria; b) avoid interruption of medical treatment of people living with HIV/AIDS and chronic disease.

Sectoral objectives

- To support MoH efforts to restore access to basic curative and preventive health services and to provide emergency care to populations in all areas affected by floods.
- To support MoH to respond quickly and effectively to diarrhoea/cholera outbreak in flood affected areas
- To guarantee treatment for people living with HIV, with special attention to pregnant women, as well as to people living with chronic diseases.
- To strengthen capacity to respond to delivery needs of displaced women
- To support MoH to ensure availability of supplies to manage obstetric and newborn complication at health facilities
- To support MoH to ensure availability of supplies to meet health needs of affected communities in isolated areas and accommodation centres
- To strengthen effective coordination, supervision, monitoring and evaluation of the health emergency response to the floods in affected areas.
- To provide comprehensive SRH/ HIV community based and health facility level interventions to affected population with focus on adolescent and youth people
- To ensure safe motherhood to all pregnant women and newborn care in affected population/area
- To ensure child health services including PMTCT services.

Strategy

In view of above gaps, the health sector aims to re-establish provision of basic health services in the affected areas in Zambézia Province in above-mentioned districts. Partners will urgently provide health care delivery in displacement areas to meet the increased demand for health services, while support the government's effort to restore health services in the damaged health facilities. Outreach in the context of **Reach Every District / Reach Every Community (RED/REC) strategies** will be used for provision of basic health services in the flooded health facilities. In such facilities, partners will work with the Ministry of Health to provide essential medicines, equipment, and other health supplies to replace destroyed stocks, re-establish normal drug supply chain management system, and replace essential equipment destroyed by the floods. Additional health workers will be brought from non-affected areas to support service delivery where needed.

Agencies will provide support through the provision of equipment and medicines to deliver comprehensive health services with focus on vulnerable populations (children, pregnant women, adolescents and youths) through community mobilization, outreach services, health professional capacity reinforcement, regular follow up, monitoring and supervision.

The intervention will benefit from the involvement of our team and implementing partners in delivering prevention services on the field. An inter-agency coordination team will work closely under the leadership of the DPS.

To quickly detect and respond to epidemics, partners will strengthen the disease surveillance and early warning system by moving from passive to active surveillance; key lifesaving, targeted epidemic preventive and case management interventions will be supported. Community-based health initiatives such as Village Health Committees or Workers will be strengthened to deliver basic first aid and health education to flood affected populations and to identify and report epidemics and cases of malnutrition to health facilities.

Partners will continue to apply the cluster approach to strengthen coordination of the emergency flood response activities at the MOH. Technical assistance will be provided to the MOH to conduct on-going health assessments to better define the health situation, identify critical gaps in the response efforts and advocate for filling such gaps.

Key Activities - Humanitarian Phase

- Provision and distribution of essential medicines, basic medical and laboratory supplies and equipment to flood affected health facilities (some of the supplies will be pre-positioned in strategic locations for epidemic response)
- Supporting temporary deployment of health workers to supplement health service delivery in the flood affected health facilities including assisting in delivery for pregnant women.
- Provision of technical, logistical and financial support to national MOH to establish active disease surveillance and collect, analyse and disseminate epidemic disease data on a regular basis
- Development and dissemination of IEC material for diarrhoea, malaria prevention and promotion of basic hygiene in flood-affected areas;
- Sensitization of communities on water-borne disease, hygiene, malaria, TB&HIV/AIDS, nutrition, health promotion and hygiene education
- Provision and distribution of mosquito nets for malaria prevention in flood-affected areas;
- Provision and distribution of hospital tents and equipment for use in the flood affected health facilities;
- Provision and distribution of reproductive health kits for clinical delivery assistance
- Supporting coordination of health implementing partners for life-saving activities
- Procurement and provision of basic medical (interagency emergency kits, diarrhoeal disease kit)
- Procurement and provision of mosquito nets for malaria prevention to replace that diverted from antenatal care system to emergency response in flood affected areas;
- Provide 50 emergency reproductive health kits, and additional equipment comprising delivery tables and beds
- Support the establishment of one adolescent-friendly health service in the more populated camp
- Establish adolescent-friendly condom distribution points
- Implement integrated outreach intervention (mobile clinic with antenatal care and other prevention activities to adolescent and youths)

- Procurement of essential equipment to rehabilitated maternities.

Key activities -Recovery Phase

- Provision of on-the-job refresher training for health workers on management of epidemics and other flood-related healthcare problems
- Procuring basic medical and laboratory equipment to re-equip damaged health centres to become operational.
- Strengthening a referral mechanism to ensure patients in areas with no adequate health facilities will be transported to nearest health centres
- Supporting community mobilization, health promotion and hygiene education activities in flood-affected communities.

Expected outcomes

- Regular, accurate and timely data about the health situation in flood-affected areas will be available
- Affected population has full access to quality primary health care services
- Pregnant women have full access to quality emergency obstetric care
- Women of reproductive age have access to antenatal care and reproductive/family planning services,
- Pregnant women living with HIV/AIDS and exposed/infected children have access to HIV services, including ARVs
- Children of all ages have full access to basic health care including vaccination
- Timely identification and effective response to any epidemic (measured by attack and case fatality rates) in flood-affected areas
- Affected population has access to malaria prevention interventions
- Morbidity and mortality in flood-affected areas are reduced;
- Well-coordinated emergency health response to the floods is fully operational;
- Adequate response to diarrhoea outbreaks among affected population is available.

Funds Requirements USD (excluding the CERF proposal)

Health	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$600,000	\$500,545	\$1,100,545

3.2.7 NUTRITION CLUSTER

LEAD AGENCY: UNICEF

Analysis of the Situation

The nutrition sector estimates that flooding in Zambézia and Nampula provinces directly impacted the nutritional situation of over 8,000 children under the age of 5. Displacement, losses of food stock and access to markets have resulted in a negative change of diet for infants and young children who are amongst the most vulnerable. In addition, an estimated 6402 children suffering from acute malnutrition are likely to be severely affected by the disruption of nutrition programmes in the 2 provinces and by elevated risk factors due to displacement and loss of regular livelihood and coping mechanisms. This overall situation is likely to translate into immediate increased malnutrition morbidity and mortality among infants and young children. The nutrition department under the MoH with support from the nutrition cluster already mobilised large amounts of resources from regular programmes to carry out the initial response. An initial 1,800 boxes (worth about \$120,000) of ready-to-use therapeutic food were used to treat acutely malnourished children.

Objectives

Three priority action areas/objectives were identified by the nutrition cluster to prevent the deterioration of the nutrition situation among under-five children displaced by floods in Zambézia and Nampula.

- Active case-finding to detect and refer all children with acute malnutrition among the displaced
- Deployment of additional human resources and essential nutrition supplies to outreach health teams and health centres to ensure treatment of all referred children with acute malnutrition and replenishment of regular nutrition supplies.
- Communication and counselling of at least 80% of caretakers with children under 5, to ensure adequate support to infant and young child feeding practices in an emergency context.

The proposed strategy will rely on already established structures and partnership arrangements between UNICEF, the Government of Mozambique and other partners to implement the nutrition response plan, in collaboration with the health and food security sectors. UNICEF and partners have already deployed a team and supplies, who provided the initial nutrition response, albeit with limited supplies, IEC material and human resources.

² This is an estimate based on a conservative average of 5% prevalence of acute malnutrition (with a 1.6% incidence rate) among children living in Zambézia and Nampula.

Expected outputs

- 100% of children suffering of acute malnutrition are detected and referred to a nutrition rehabilitation centre
- At least 80% of children admitted in the nutrition programme recover and mortality rate is maintained below 5% (SPHERE standard)
- At least 80% of caretakers with infants and young children in accommodation/resettlement centres are reached with communication messages and counselling to support adequate feeding during the emergency

Proposed activities

Nutrition Cluster- Proposed Activities	Humanitarian Phase	Recovery Phase
Active case-finding and referral of acutely malnourished children (reaching 8,000 children)	YES	YES
Procure essential nutrition supplies and support malnutrition treatment programmes to treat about 640 children and replenish regular stock diverted for the emergency.	YES	YES (except for procurement)
Communication and counselling on promotion of adequate infant and young child feeding in an emergency context (reaching 8,000 children)	YES	YES

Funds Requirements USD (excluding the CERF proposal)

Nutrition	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$420,000	\$100,000	\$520,000

3.2.8 EDUCATION CLUSTER

LEAD AGENCY: UNICEF

Situation Analysis

Since the start of January 2015, the floods in the Central and Northern regions have severely impact public infrastructure, including schools. As per latest data collected by the Ministry of Education (3 Feb, 2015), a total of 1,641 classrooms are affected in the provinces of Niassa, Nampula, Zambézia, Manica and Sofala reducing considerably the availability of learning space for a long time. In addition, floods have damaged or destroyed important quantities of teaching and learning materials.

Heavy rains and flooding have caused delays in the enrolment of children for the new school year, a process that was supposed to be finalized by late January, and in the distribution of school materials and books by the Ministry of Education, mainly due to road inaccessibility.

Zambézia is the most affected with 1,581 classrooms totally destroyed and 169 partially destroyed, corresponding to 338 schools. This impacts a total of 76,650 students and 691 teachers who will not be able to resume school activities on February 9, the official start of the school year in Mozambique. Nampula is the second most impacted province, with a total of 422 classrooms partially destroyed, corresponding to 96 schools, preventing some 25,439 students and 50 teachers from resuming school activities normally.

It is expected that when classes resume on February 9, many schools will be overcrowded forcing many children to learn in inadequate learning spaces. With Zambézia and Nampula already at the bottom in many education indicators (Zambézia has one of the lowest primary completion rates, for example), there are serious concerns over significant delays in the start of the school year, which will put children in these provinces at an even greater disadvantage, with increased risks of dropout and higher exposure to vulnerability as a result.

Emergency relief materials prepositioned by Government and partners remain far from sufficient to cover gaps as of today. Government is currently expending all possible efforts to respond to infrastructural damage, providing zinc sheets and other construction material in Nampula, and seeking alternative solutions for thousands of families hosted in schools that were transformed into temporary accommodation centres in Zambézia, by developing transitional sites and new relocation areas. While the situation seems to be improving in Nampula, large areas remain inaccessible in Zambézia, with heavy rains and wind preventing road repairs. The capacity of the Ministry of Education to respond to the urgent needs in all affected areas is also impeded by the fact that the new government has not yet fully allocated its annual budget per sector.

It is therefore urgent to ensure a return to normalcy in education with a minimum period of disruption of the school year and by ensuring all affected children are provided access to safe and adequate learning spaces, including basic learning material. In this context, the most compelling needs of the sector are:

- Temporary shelters for classrooms and shelters
- Distribution of learning and teaching material
- Provision of local construction material for totally destroyed schools.

Sectoral objectives

The overall objectives in the sector are to ensure that school activities in the affected provinces resume with minimum disruption, and that learning spaces are restored in a minimum period of time.

Concretely, the sectorial objectives are:

- 113,629 affected students have access to school and basic learning material in affected provinces of Zambézia, Nampula, Niassa, Tete, Manica and Sofala
- 1,286 affected teachers receive teaching material and housing to resume their activities within a minimum period of time
- 689 partially destroyed classrooms are rehabilitated
- 640 totally destroyed classrooms are rebuilt and equipped with adequate material

Strategy

The joint Education-Protection Cluster is currently led by Save the Children and co-led by UNHCR (co-lead since 21 January 2015). It includes members from diverse international and local NGOs, as well as UN agencies and ministries of Education and Social Affairs. The cluster works closely at the national level to coordinate early response and recovery strategies in affected areas, building on each other's expertise and presence in the field, ensuring the implemented activities are well coordinated and in line with Government response and plan.

In the sector of Education, given their ongoing programmes in affected areas, UNICEF will be the lead agency within the cluster providing technical support, and will be accountable for the efficiency of the response and recovery activities, as well as for the effective use of resources and field monitoring. UNICEF will receive all possible support from cluster members and existing partners on the ground (i.e. Save the Children).

In the first two weeks of the emergency, UNICEF dispatched 11 school tents to Zambézia, 89 school kits, 23,750 learner kits and 442 teacher kits.

The present proposal has been developed on the basis of rapid assessments undertaken jointly by the Humanitarian Country Team, cluster members and local authorities in both provinces of Nampula and Zambézia. In addition, the active participation and ongoing support of a representative of the Ministry of Education at cluster meetings has ensured a constant exchange and update of available data.

The strategy developed by the Cluster will be very much influenced by external factors such as the evolution of the meteorological situation (and access) and the decision of Government to allocate its budget to the Ministry of Education in order to urgently address current needs.

The strategy is divided into a humanitarian phase (1-2 months) and an early recovery phase (4-5 months).

Humanitarian Phase – Key Activities

Activities complement prepositioned material and material dispatched during the first two weeks of the emergency.

- Provision of 30 school tents to Zambézia as temporary learning spaces
- Dispatching and distribution of 90,000 learning kits and 550 school kits to Zambézia
- Advocating for the release of schools currently used as accommodation centres for displaced families

Recovery Phase – Key Activities

- Purchase and distribution of local construction material to cover 40% of the 640 totally destroyed classrooms
- Assessment of destroyed schools with the support of UN-Habitat to ensure durable reconstruction and training of local construction teams in the most affected districts
- Technical support to Ministry of Education in its early recovery response plan
- Monitoring missions of UNICEF to Zambézia

Expected Outcomes

- All children in the affected areas are back in school with minimal disruption of education
- All children in the affected areas have received learning materials for the new school year
- All schools in the affected areas are equipped with school kits
- 40% of totally destroyed classrooms are rebuilt and adequately equipped

Funds Requirements USD (excluding the CERF proposal)

Education	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$697,000	\$1,012,500	\$1,709,500

3.2.9 EARLY RECOVERY CLUSTER

LEAD AGENCY: UNDP

Analysis of the Situation

In order to respond to the needs of the affected communities and build communities' resilience to current and future floods, in-depth assessment is required to identify short and long term needs of affected communities covering all sectors. Geographical coverage of early recovery will include the most affected provinces, i.e. Zambézia, Nampula and Niassa.

Sectoral objectives

- Strengthen information management and coordination of the various clusters;
- Rapid needs assessment with a special focus on damage and loss assessments including needs for early recovery and rehabilitation;
- Develop both early recovery and resilience activities with the view to address immediate request by government, making the link between early recovery and mid-to-longer term resilience needs of affected populations.

Strategy

The Humanitarian country team through the cluster approach will work together with the four sectors of the National Disaster Management Institute (INGC) to identify the needs for intervention and building back better. Given the need, technical expertise will be sought either in-country or externally to assist in the assessment and implementation of the activities.

Recovery Phase – Key Activities

- Conducting damage and needs assessments on infrastructure, livelihoods and social services, jointly with the other clusters;
- Promotion of effect-immediate livelihoods interventions in affected areas, including emergency employment (cash for work) focused on rehabilitation of critical community infrastructure, debris management, restoration of community transportation services
- Promotion of access to rehabilitation of small infrastructure to enable circulation of people and goods, and access to markets
- Supporting environmental clean-up, debris removal and rehabilitation, preferably through labour-intensive schemes, especially in Cuamba;
- Strengthen national and local response capacities including early warning for floods and other hazards;
- Conducting vulnerability assessment to identify communities' vulnerabilities arising from the floods;
- Supporting local and district level disaster risk management and natural resource management committees in all stages of the response, recovery and rehabilitation process;
- Conducting DRR training and mainstreaming of DRR in the humanitarian response activities;
- Development of resilience framework for the districts of Mocuba and Cuamba and Moma in the provinces of Zambézia, Nampula and Niassa.
- Conducting training on data gathering, processing and information management
- Providing technical assistance, coordination monitoring and evaluation
- Advocating on the resilience strategy agenda – Building back better.

Expected outcomes

Displaced communities return to normal life with an improved standard of living in a less vulnerable environment, having access to restored agriculture productivity and to income generating opportunities.

Funds Requirements USD (excluding the CERF proposal)

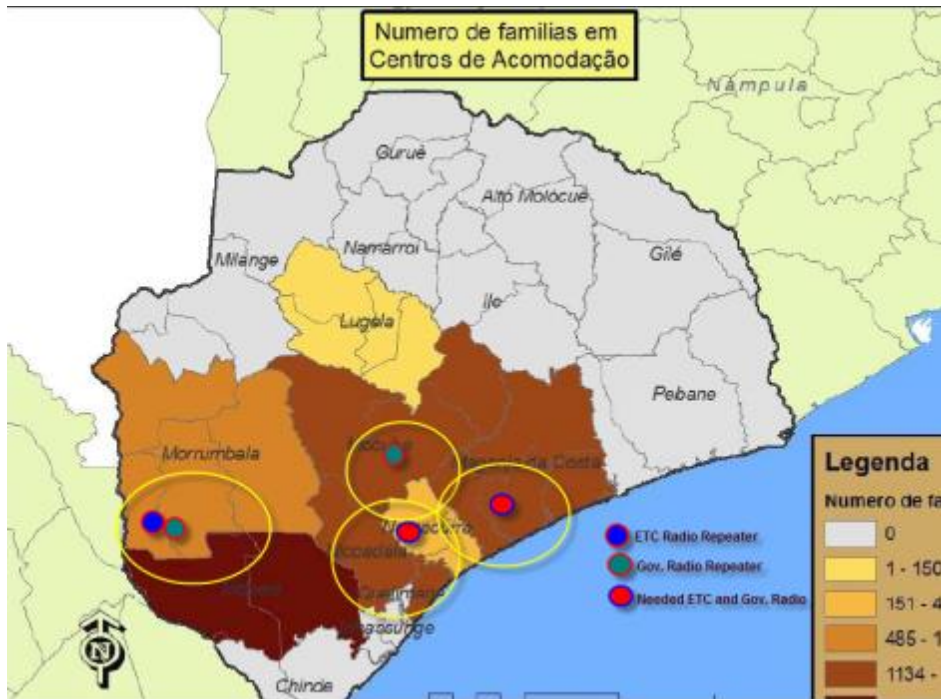
Early Recovery	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$100,000	\$3,000,000	\$3,100,000

3.2.10 TELECOMMUNICATIONS CLUSTERLEAD AGENCY: **WFP****Analysis of the Situation**

Floods left large parts of affected areas without electricity and with unstable voice communication. Communication during evacuation and assistance of affected people is exacerbated due to power cuts. Information cannot be delivered on time with no power source to charge electrical communications devices. The Emergency Telecommunications Cluster is supporting Government with allocation of radio equipment for short radio (VHF) network and generators for community radios, but needs are greater, considering the number of districts affected. Therefore, there is a need to supply power to the operational areas and emergency centres with voice and data connectivity, in order to facilitate the flow of information.

The proposed Emergency Telecommunication Cluster (ETC) response plan is to establish a secure communications system (Short Range Radio communication) in Licungo valley covering Mocuba, Maganja da Costa, Namacurra, Nicoadala and Quelimane; and enable internet connectivity and power supply in major centres of operations for mentioned districts.

Currently, ETC and INGC have a radio repeater in Morrumbala covering parts of Sofala and Zambézia, installed in 2008 during the emergency operation in Caia. With the current emergency, INGC has installed a repeater in Mocuba and requires additional support to extend to other districts.



Sectoral objectives

WFP as the Emergency Telecommunications Cluster (ETC) lead agency will support the humanitarian community with:

- Overall coordination of ICT activities in Zambézia and possibly other areas affected by the floods;
- Provision of secure communication means to the humanitarian community and Government (INGC) through expansion of the VHF network covering Quelimane, Mocuba, Namacurra and Maganja da Costa districts in Zambézia, with set-up of additional VHF repeater and back-up power. The equipment to be installed will remain there for future requirements in the Licungo area; agreement with local authorities will be required to secure the equipment;
- Provision of data connectivity and electrical backup means to the humanitarian community responding in the affected areas;
- Deployment of basic IT equipment such as printers, scanners, etc.

Strategy

The projects will be implemented in two phases:

- *Response Phase* – In this phase basic IT (operational, security voice, data and electrical) services will be established and maintained in sites opened for operation. This includes set-up of VHF connectivity in affected areas by installing base stations, allocation of VHF handheld devices/3G modem and redundant power backup.

- *Recovery Phase* – This phase includes maintenance of equipment and training for ICT personnel of the Humanitarian Community and Government.

For both phases, data and electrical support to emergency operational areas are included.

Humanitarian Phase – Key Activities

- Negotiate with local authorities or partnership with GSM companies to share space for radio equipment installation;
- Installation of VHF repeater in three new locations in Licungo valley, mainly Mocuba, Namacurra and Maganja da Costa;
- Setting up VHF connectivity from areas affected by installing base stations and allocating handhelds;
- Providing data support to emergency operational areas using GSM network or local ISP companies;
- Providing electrical support to emergency operational areas with backup power supply;
- Monitoring and controlling use of secure communications means.

Recovery Phase – Key Activities

- Train Humanitarian and Government ICT personnel in emergency actions. Training gaps identified including introduction to ICT emergency management and radio communications;
<http://ictemergency.wfp.org/web/ictopr/introduction-to-it-emergency-management>
<http://ictemergency.wfp.org/web/ictopr/lets-comm>
- Conduct onsite maintenance visit after six months of equipment installation.

Expected outcomes

- Existence of VHF network coverage for humanitarian actors and Government in Licungo Valley;
- Availability of secure communication means (VHF base communication system) in some localities and in major operation centres;
- Access to internet, VHF communication and power supply available in major operation centres;
- Operation staff equipment with VHF handheld radios;
- Improved communication means to share information;
- ICT personnel for humanitarian partners and Government trained in emergency activities and radio communications.

Funds Requirements USD (excluding the CERF proposal)

Telecommunications	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$131,523	\$45,222	\$176,745

3.2.11 COORDINATION

LEAD AGENCY: **UNRCO**

The Humanitarian Country Team Working Group (HCTWG) tightened coordination with government sectors at central levels and deployed more staff to Zambézia Province, to support local structures in emergency response and humanitarian assistance. OCHA deployed a Humanitarian Affairs Officer to support the UNRCO and HCT in coordination and information management issues.

However, inter-cluster coordination and information management become quite challenging due to the amount of interventions, actors and the evolving situation.

Sectoral objectives

Reinforce inter-cluster coordination and improve information flow and management, including reporting issues.

Strategy

Activities will be carried out in strong collaboration with Government, humanitarian partners and donors in order to ensure a good exchange of information and high-quality analysis. Existing coordination mechanisms (national and field), cluster meetings and ad-hoc contact will be established to ensure good information flow and analysis.

Humanitarian Phase – Key Activities

- Strengthening inter-cluster information flow from cluster leads and cluster members
- Organizing and conducting multi-sectoral assessments
- Strengthening liaison with the INGC at national and field level
- Delivering inclusive and high-quality reporting products to the humanitarian community
- Regular tracking of needs, gaps and funding contributions.

Recovery Phase – Key Activities

In strong collaboration with the early recovery cluster lead:

- Strengthening inter-cluster information flow from cluster leads and cluster members
- Strengthening liaison with the INGC at national and field levels

- Provision of inclusive and high-quality reporting products to the humanitarian community
- Regular tracking of needs, gaps and funding contributions.

Expected outcomes

- Daily information from clusters is compiled and analysed
- Regular contact with INGC at both national and field levels
- Reporting products drafted and disseminated among humanitarian community
- Needs, gaps and financial contributions regularly tracked.

Funds Requirements USD

Coordination	Humanitarian Phase	Recovery Phase	Total Budget
Total Budget	\$75,000	\$75,000	\$150,000

4. Roles and Responsibilities

The institutional red alert, declared on 12 January 2015, seeks coordinated and effective harmonization of actions of various actors (Government sectors at various levels, local Disaster Risk Management Committees, UN system and Civil Society Organizations) in the process of humanitarian assistance to flood victims.

UNAPROC's intervention has been crucial to ensure the safety of people who were not able to evacuate in time in some of the affected areas. This action was complemented by local disaster management committees, which have been supporting the affected population since the early stages of the emergency. HCT clusters composed of UN agencies and NGOs are currently working closely with Government in coordination, conducting assessments, provision of relief and pre-positioning key non-food item stocks in strategic locations in Zambézia province.

Daily CTPGC meetings in Quelimane and alternate CTGC meetings in Maputo continue including sectoral meetings at CENOE. This ensures adequate monitoring of the hydro-meteorological situation throughout Mozambique and in upstream countries, which indicates moderate to heavy rains in Central and mostly in the North of the country. The Humanitarian Country Team Working Group (HCTWG) tightened coordination with

government sectors at central levels and is currently deploying more staff to Zambézia to join the provincial structures in more detailed needs assessment to be carried out.

Since the onset of the emergency, several HCT cluster members have been deployed to the affected locations to provide support to local structures and assist the affected population. Simultaneously two requests for funding were very recently formulated, one focusing on immediate needs (CERF) and another on short to medium term needs. The purpose is to reinforce in-country capacity to more adequately cover emerging needs in affected locations so that affected people can rapidly return to a sense of normalcy.

In view of keeping response needs and gaps up to date, a comprehensible tracking system has been implemented by the UNRCO:

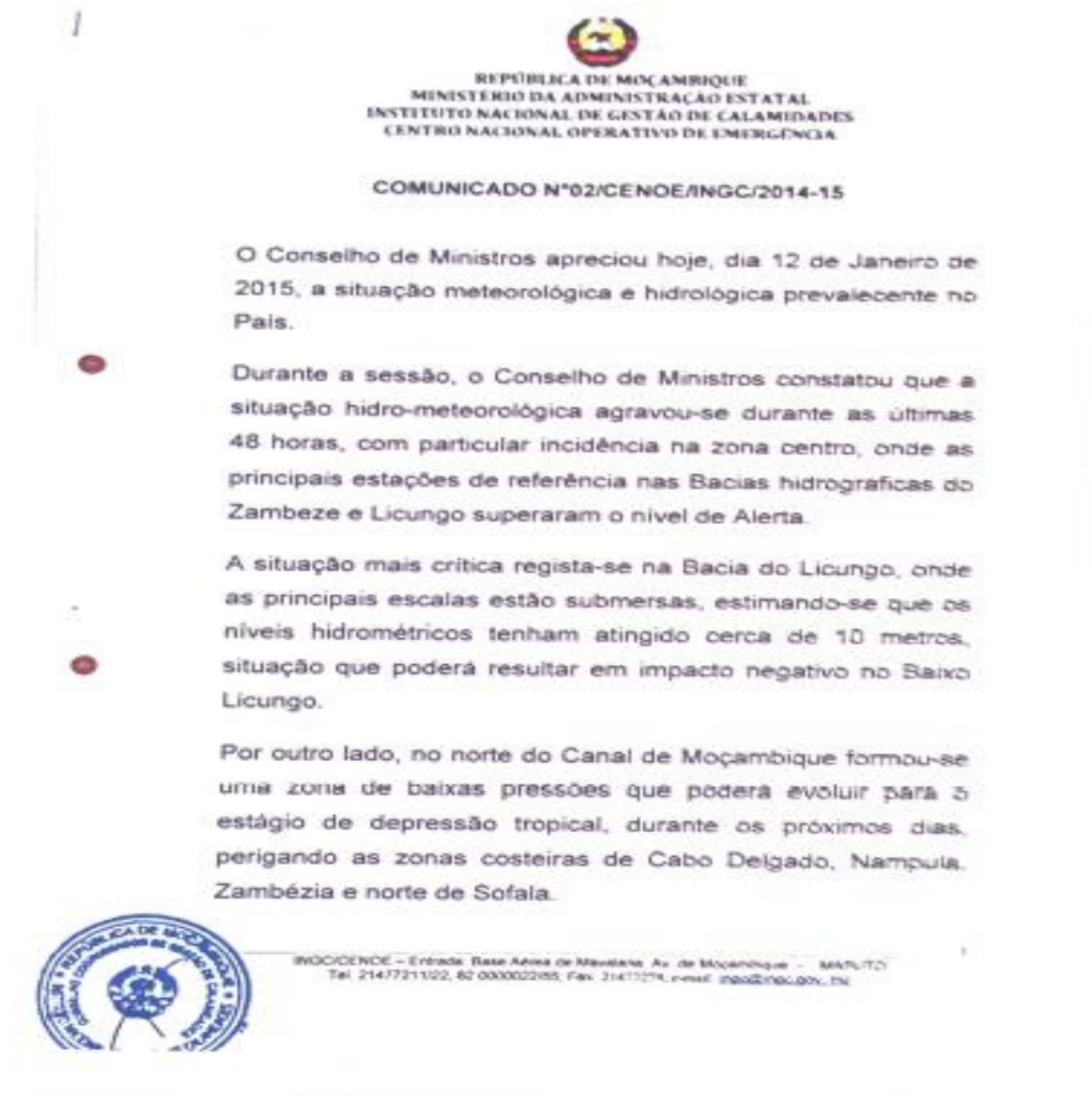
- Who Does What Where (3W tool) - HCT cluster members intervening in affected provinces: through respective cluster leads, each cluster member is requested to fill in the table indicating in which area they are operating and for how long.
- Needs and gaps monitoring tool – clusters should report on needs and gaps (quantity of items required, people to be targeted and estimated costs).
- Funding tracking tool for monitoring financial needs, gaps and financial contributions. Clusters should indicate donor's name, type of contribution (cash or in kind) and specify the type and quantity of goods received, and amount.

List of partners currently working in the sectorial humanitarian response

Clusters	Governmental institutions	Cluster lead	Other humanitarian stakeholders
WASH	Ministry of Public Works and Housing	UNICEF	COSACA Mozambique Red Cross (CVM) ISAAC PSI Samaritans Purse Save the Children World Vision Acção Agrária Alemã ADRA Kulima CECOHAS
Shelter	Ministry of Public Works and Housing	Mozambique Red Cross (CVM) & UN-Habitat (Recovery phase)	COSACA IOM Samaritans' Purse World Vision WHH
Food Security	Ministry of Agriculture	WFP & FAO	Conselho Cristão de Moçambique Food and Agriculture Organization Kulima COSACA Samaritan's Purse

			Save the Children Alliance World Vision International
Health	Ministry of Health	WHO & UNFPA	Mozambique Red Cross (CVM) MSF UNICEF
Protection	Ministry of Women and Social Affairs	Save the Children/ Co-lead UNHCR	ActionAid HelpAge International UN WOMEN UNFPA UNICEF World Vision CEMIRDE
Logistics	Ministry of State Administration	WFP	Concern COSACA CUAMM INGC IOM Kulima MSF Belgium and MSF CH Red Cross Mozambique Samaritans purse Save the Children Mozambique UNICEF World Vision Mozambique Red Cross (CVM)
Early Recovery	Ministry of State Administration	UNDP	All HCT WG
Nutrition	Ministry of Health	UNICEF	CONCERN FAO Food for the Hungry MOH/Nutrition MSF Belgium (observer) MSF Switzerland (observer) SAMARITAN'S PURSE WFP WHO WORLD VISION
Education	Ministry of Education	Save the Children Co-lead UNHCR	ActionAid Save the Children
Emergency Telecommunications	Ministry of Transportation and Telecommunication	WFP	UNICEF

Annex: Institutional Red Alert –12 January 2015



Tomando em conta o elevado nível de saturação dos solos bem como a continuação de chuvas e ventos fortes no País, o Conselho de Ministros, ao abrigo do disposto no nº2 do Artigo 16, da Lei 15/2014, decreta um **Alerta Vermelho Institucional**, para as regiões Centro e Norte do País, para permitir o início da retirada de pessoas e bens nas zonas em risco para as zonas seguras.

O **Alerta Vermelho Institucional** significa:

- Activação total do Centro Nacional Operativo de Emergência (CENOE) e da Unidade Nacional de Protecção Civil (UNAPROC);
- Evacuação de pessoas para as zonas seguras e início da assistência humanitária;
- Reforço imediato das medidas de precaução.

Nestes termos, *todos os funcionários*, colaboradores e pontos focais afectos ao CENOE e Centros Operativos (distritais e provinciais) de Emergência (COE) das regiões Centro e Norte do País, deverão envolver o **Colete Vermelho a partir de hoje**.



 Maputo, 28 de Setembro de 2015
 O Coordenador Nacional
 João Ribeiro
 (Técnico Superior de Agro-pecuária N1)

UNITED NATIONS RESIDENT COORDINATOR'S OFFICE IN MOZAMBIQUE

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