

# MOZAMBIQUE

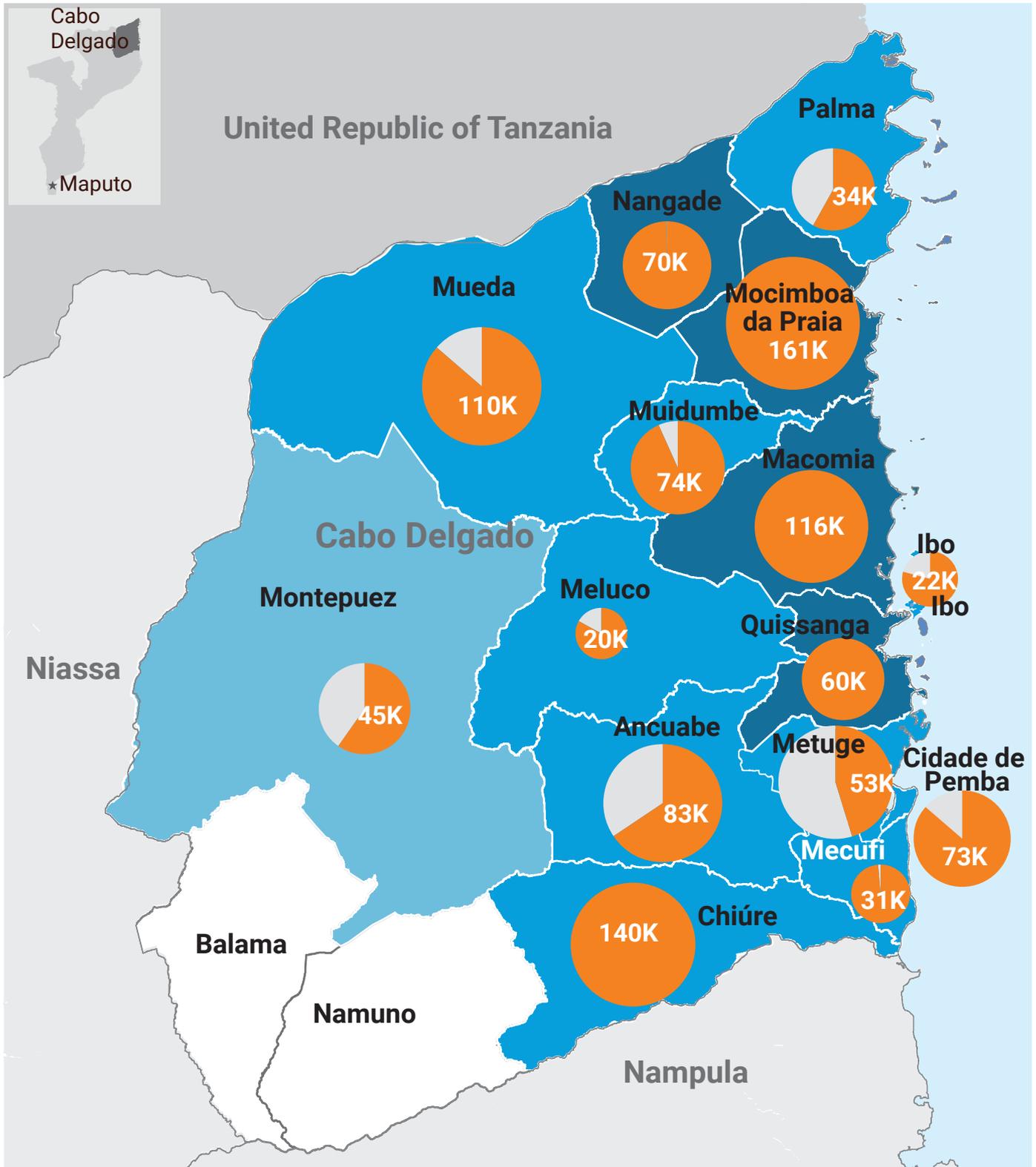
## HUMANITARIAN NEEDS AND RESPONSE PLAN

HUMANITARIAN  
PROGRAMME CYCLE  
2025  
ISSUED DECEMBER 2024



# People in need, targeted and severity of needs by district

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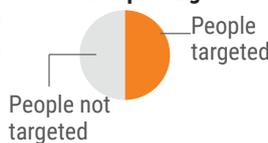
The administrative boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

**COVER PHOTO**  
**ERATI DISTRICT/NAMPULA PROVINCE**  
 7-day rations distribution to internally displaced people  
 Photo: WFP/VaSCO BUANAUSSE

**People in need**



**People targeted**



**Severity of needs**



# Table of contents

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<b>02</b>	<b>People in need, targeted and severity of needs by district</b>
<b>04</b>	<b>Executive summary</b>
<b>06</b>	<b>At a glance</b>
<b>08</b>	<b>Part 1: Humanitarian needs</b>
15	1.2 Analysis of shocks, risks & humanitarian needs
<b>19</b>	<b>Part 2: Humanitarian response</b>
20	2.1 Humanitarian response strategy
24	2.2 Response boundary-setting, prioritization & risk-informed action
26	2.4 Strategic objectives
27	2.5 Planning assumptions, operational capacity and access, & response trends
30	2.6 Accountable, inclusive & quality programming
34	2.7 Cost of the response
34	2.8 Multipurpose cash
35	2.9 Monitoring
<b>37</b>	<b>Part 3: Cluster needs and response</b>
38	3.1 Camp Coordination and Camp Management (CCCM)
43	3.2 Education
47	3.3 Food Security and Livelihoods
51	3.4 Health
55	3.5 Nutrition
59	3.6 Protection
63	3.7 Child protection
67	3.8 Protection - Gender Based Violence (GBV)
70	3.9 Protection -Housing, Land and Property Rights (HLP)
74	3.10 Shelter and NFIs
78	3.11 Water, Sanitation and Hygiene (WASH)
82	3.12 Coordination and Common Services (CCS)
84	3.13 Logistics
<b>86</b>	<b>Part 4: Refugee needs and response plan</b>
87	4.1 Refugee response plan

# Executive summary

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**In 2024, the compound effects of armed conflict in Cabo Delgado province, and vulnerability to natural hazards countrywide drove humanitarian needs in Mozambique.**

**The year 2024 was marked by a resurgence of the conflict in coastal districts of Cabo Delgado. The operational environment became more complex as non-State armed groups demonstrated increased capacity to plan and execute complex attacks.** In Chiúre district, in February, there was an unprecedented attack that displaced nearly 96,000 people and destroyed civilian infrastructure. In May, an attack on Macomia District Headquarters affected displaced people and the local population, including many returnees. The attack resulted in widespread looting of humanitarian supplies and disruption of humanitarian operations. In both districts, schools in affected areas remained closed for a long period of time with Macomia district having all schools and health and nutrition centers closed for nearly four months. Combined with increased non-State armed groups (NSAG) access to military-grade weapons and – as a new development - the use of Improvised Explosive Devices (IEDs), the operational environment is becoming increasingly complex, affecting humanitarian access and the ability to reach people in need. In July, Mozambique's defense forces, with military assistance from the Rwanda Defense Forces, began military operations, including the use of aerial bombings, to reclaim NSAG-controlled areas. This has resulted in civilian deaths and displacements. The NSAGs have split, seeking refuge in other parts of the province expanding their geographical presence. Overall, there has been a 400 per cent increase in attacks between 2023 and 2024.

**Attacks against civilians increased significantly.** Grave violations of children's rights quadrupled in the first half of 2024, compared to the entirety of 2023; one

in three people are food insecure. Violence against civilians, recruitment and use of child soldiers by non-State armed groups (NSAGs) as well as attacks on schools and hospitals were recorded. More people were internally displaced in the first five months of 2024 than in the previous three years combined (close to 200,000 people

**The pace of returns in Mozambique slowed since early 2024.** Some 610,000 people had returned to conflict-affected areas since 2022, often relocating to district capitals. Returnees face significant vulnerabilities, as basic services have not fully resumed, and livelihood opportunities remain constrained by ongoing insecurity. Despite these challenges, nearly all returnees plan to stay in their areas of origin, so long as no further attacks occur. Many displaced people are motivated to return home due to limited opportunities and poor conditions or low level of assistance in their current locations. As displacement becomes prolonged, displaced individuals are considering local integration. Many displaced people who choose to stay, do so out of necessity, rather than successful integration into their current communities.

**The displaced population remained vulnerable amid scarcer resources.** An estimated 580,000 people remain displaced, predominantly women and children, with the largest concentrations in Pemba, Metuge, and Macomia. Assistance levels in these areas have become inadequate due to reduced funding throughout the year, leading to rising tensions between internally displaced people (IDPs) and host communities, and a deepening cycle of poverty among both groups. For example, food distribution in 2024 took place every other month, providing only 39 per cent of the required kilocalories monthly. Vulnerabilities deepened as evidenced by the increasing number of people experiencing emergency levels of hunger and malnutrition.

**By the end of August 2024, humanitarian partners reached an estimated 1.28 million people, including 669,000 women and over 733,000 children,** supporting internally displaced persons (IDPs) and returnees as well as host communities. But assistance remained insufficient and was not regularly provided.

**Mozambique is one of the countries in Africa most exposed to extreme climate shocks, including drought, flooding and cyclones.** In 2024, the effects of an El Niño-induced drought caused a spike in food insecurity, with some 1.8 million people in IPC3+ (including 510,000 in IPC4), and acute malnutrition as a result of the rapid depletion of stocks, limited access to income, and above-average food prices. According to the Integrated Food Security Phase Classification (IPC) post-shock assessment crisis (IPC Phase 3) outcomes are expected to persist through March 2025, particularly in the central region, at least until the next harvest season in April-May. In August, a drought appeal, running from August 2024 to July 2025, was launched, targeting 1.4 million people in the most affected districts to respond to the worst drought in at least 40 years.

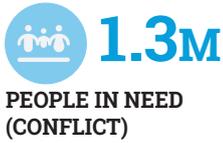
**With a potential La Niña effect in November 2024-January 2025, the frequency and intensity of rains and tropical cyclones is expected to increase in the southwestern Indian Ocean and floods are expected, including in areas currently affected by drought.** The National Institute for Disaster Management estimates that at least 2.2 million people will be at risk of urban/

rural floods, drought, tropical cyclones and strong winds during the 2024/2025 rainy/cyclonic season (October-April).

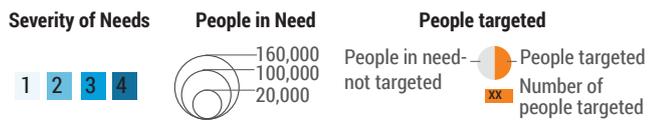
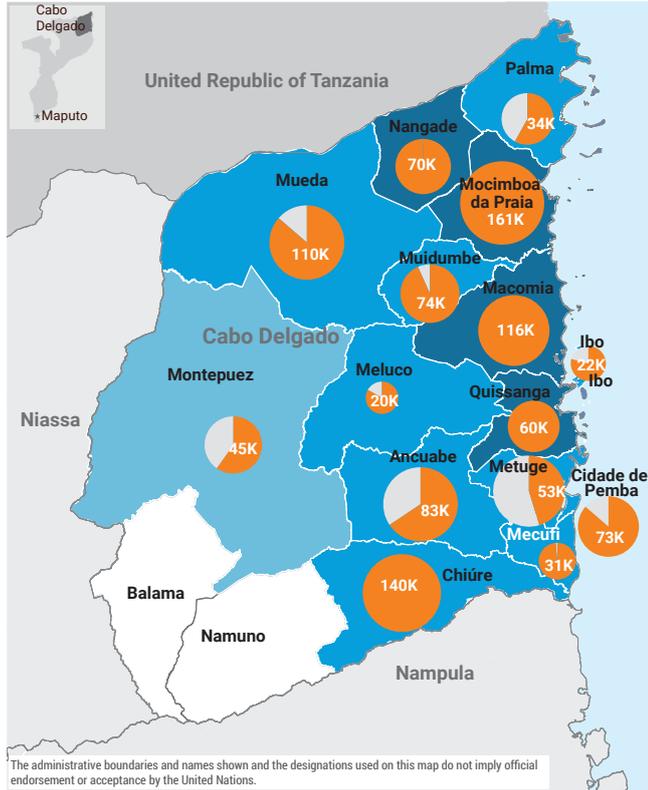
**Both conflict and climate-related crises are exposing women and girls to enhanced risks of gender-based violence, harmful practices and negative coping strategies, and fragilizing their resilience.** Access to basic services remains partial for maternal, sexual and reproductive health, education, nutrition and protection; safe water and adequate sanitation remain challenging, impacting on menstrual hygiene and on female workload and safety.

**Against this backdrop, the 2025 Humanitarian Needs and Response Plan requires US\$352 million to meet the most urgent humanitarian needs.** This includes \$326 million for conflict, \$17 million for readiness to respond to natural disasters, \$7.5 million is for anticipatory action and an additional \$1.9 million is for public health emergency preparedness and initial response. In 2025, Mozambique will further strengthen its engagement in Anticipatory Action and make humanitarian assistance more proactive and risk informed. Building on existing efforts mainly focused on mitigating the impact of drought, humanitarian partners will expand coverage to protect more people from more hazards, including cyclones, floods and cholera.

# At a glance



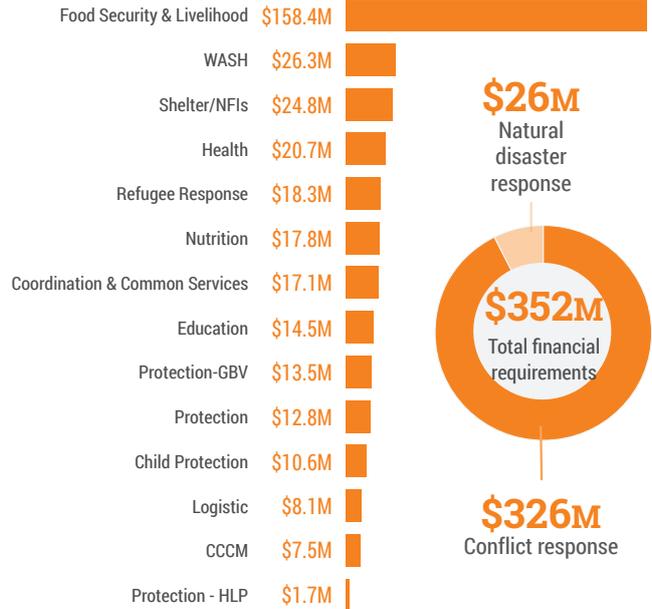
## PEOPLE IN NEED, TARGETED AND SEVERITY OF NEEDS BY DISTRICT - CONFLICT



## PEOPLE IN NEED AND TARGETED BY POPULATION GROUPS - CONFLICT

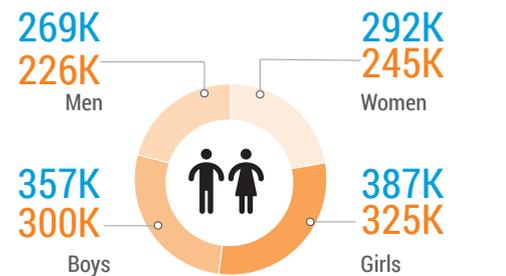


## FINANCIAL REQUIREMENTS BY CLUSTER

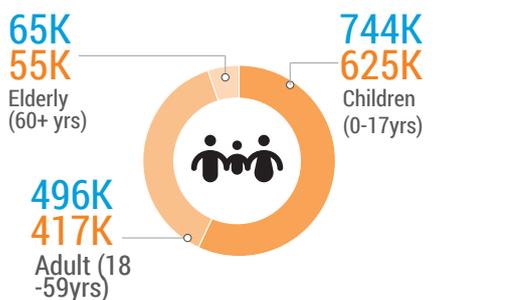


\*Including 7.5M for Anticipatory Action (AA for cyclone, floods & drought) and \$ 1.9M for health and wash response in public health emergencies

## BY GENDER



## BY AGE



## PEOPLE LIVING WITH DISABILITY



## CONFLICT

The response strategy has two components:

The first line of response: Prioritises newly displaced people and the most severely affected people, responding to urgent needs through rapid response mechanisms and mobile teams, including in underserved areas.

The second line of response: Provides multi-sectoral assistance to key groups, prioritizing women and children

Rural IDPs and affected populations: Providing support for livelihoods, agricultural inputs and essential services to reduce vulnerability, build resilience and reduce aid dependency.

Urban and peri-urban internally displaced persons: Ensure access to shelter, health care and education to stabilize their conditions.

## NATURAL DISASTERS

The humanitarian strategy for climate-induced shocks focuses on preparing to provide gender sensitive life-saving assistance to up to 350,000 people affected by natural disasters. Priority is given to shelters, hard-to-reach rural areas and urban areas. The approach aims to protect lives, promote public health and strengthen the resilience of communities during crises.

### PEOPLE IN NEED, TARGETED AND FINANCIAL REQUIREMENTS BY CLUSTER

CONFLICT				NATURAL DISASTER			
CLUSTER	TARGETED	IN NEED	REQ.(US\$)	TARGETED	REQ.(US\$)		
WASH	644k	862k	\$23.9M	350k	\$2.3M		
Shelter/ NFIs	334k	775k	\$21.8M	104k	\$2.9M		
Food Security & Livelihood	737k	763k	\$155.3M	50k	\$3.1M		
Protection	278k	558k	\$12.5M	140k	\$0.2M		
Child Protection	338k	540k	\$10.3M	105k	\$0.2M		
Protection - GBV	373k	533k	\$12.1M	115k	\$1.5M		
Health	434k	461k	\$16.7M	35k	\$4.0M		
CCCM	250k	447k	\$6.5M	38k	\$1.0M		
Education	211k	278k	\$12.7M	120k	\$1.8M		
Nutrition	268k	268k	\$16.7M	105k	\$1.2M		
Protection - HLP	59k	224k	\$1.7M	-	-		
Refugee	25k	25k	\$18.3M	-	-		
Coordination & Common Services	-	-	\$9.6M	-	\$7.5M		
Logistics	-	-	\$7.6M	-	\$0.5M		

\*Including 7.5M for Anticipatory Action (AA for cyclone, floods & drought) and \$ 1.9M for health and wash response in public health emergencies

# Part 1: Humanitarian needs

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## ERATI DISTRICT/NAMPULA PROVINCE

WFP staff working on the 7-day rations distribution to internally displaced people.  
Photo: WFP/Vasco Buanausse



Explore more at  
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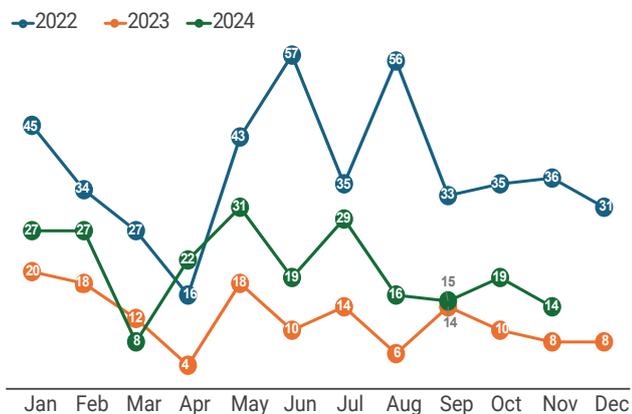
# 1.1 Crisis overview

## Conflict evolution in 2024

Seven years into the conflict in northern Mozambique, humanitarian needs have grown increasingly urgent as conflict continues, leading to more displacement for some, coping capacity is eroded and access to land is challenged. In 2024, Non-State Armed Groups (NSAGs) stepped up attacks and shifted tactics, starting to engage directly with international forces, including the Rwandan Defense Forces (RDF), after the withdrawal of SADC's military mission. Simultaneously, intensified RDF operations in NSAG-controlled areas are further impacting civilians, compounding the crisis.

In the first six months of 2024 attacks by non-State armed groups (NSAGs) spiked. Attacks concentrated in Chiúre, Meluco, Quissanga, Mocímboa da Praia, Muidumbe, Metuge, and Macomia Districts. In February 2024, NSAG attacks on several villages in southern Cabo Delgado, including Chiúre district, caused 96,000 people displaced and a significant outflow to Nampula province. Marking the most severe assault in Chiúre since 2017, NSAGs destroyed churches, homes, schools, warehouses and government buildings, forcing widespread flight among the local population.

### Incidents trend



The protection of civilians remained a significant concern not only in the number of attacks and the geographical area targeted but also in the way NSAGs targeted civilians and civilian infrastructure. The

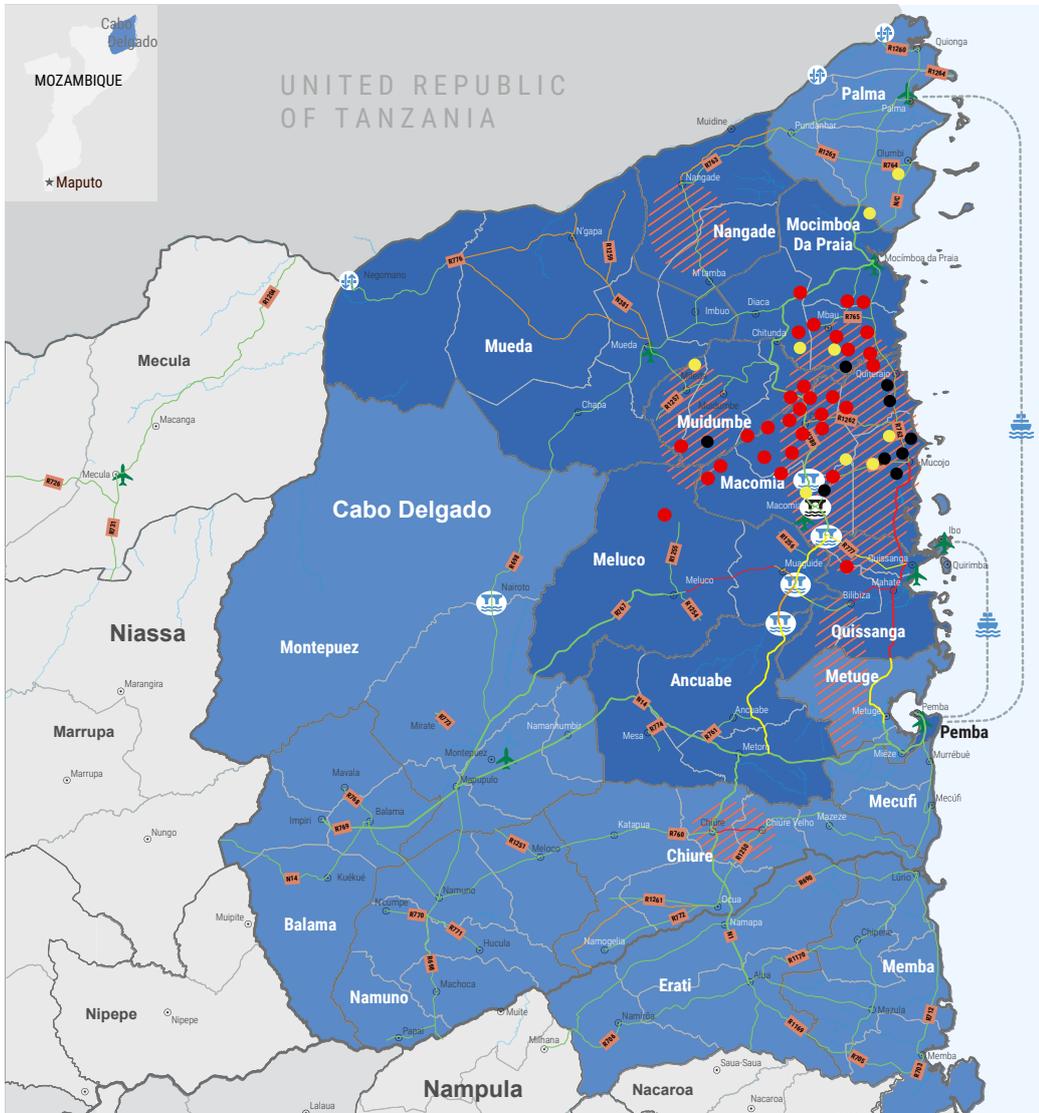
Protection Cluster reports that in the first six months of 2024, civilian deaths increased by 300 per cent and grave violations against children quadrupled, compared to the entirety of 2023. Increased recruitment and use of child soldiers by non-State armed groups (NSAGs) as well as attacks on schools were reported. The number of internally displaced people (IDPs) exceeded the total from the previous three years as a result of people leaving their homes because of attacks or fear of attacks.

Conflict disrupted humanitarian operations leading to temporary suspension of assistance and impacting main supply routes to some of the districts with the highest humanitarian needs. In May, NSAG launched a complex and multi-pronged assault on Macomia district's capital which largely targeted state actors (National Police, Defense Forces, Civil Servants) and state infrastructures. The attack resulted in the destruction of critical humanitarian and development infrastructure, including health and nutrition facilities, and the extensive looting of homes, markets, humanitarian warehouses, offices and assets. The attack resulted in the displacement of some 4,300 people, the majority women and children. It forced humanitarian organisations to suspend activities with aid workers relocated from Macomia to Pemba. Altogether some 66,000 people were deprived of assistance, including 17,000 children left without access to education. Security incidents and attacks in Ancuabe, Macomia, Metuge, Mocimboa da Praia, and Muidumbe impacted approximately 500,000 returnees living along the Cabo Delgado coast, as some stabilization and development programs were suspended due to safety concerns.

The increased NSAGs activity and the widespread use of Improvised Explosive Devices (IEDs), presents a complex and dangerous environment for humanitarian workers. The Protection Cluster reports that from January to August 2024, 92 per cent of recorded fatalities resulting from explosive ordnance incidents are civilian. In the wake of NSAGs' departure, the

discovery of improvised explosive devices (IEDs), unexploded ordnances (UXOs) and explosive remnants of war (ERWs) in several communities of Macomia generated widespread anxiety among the local population and aid workers. IEDs and UXOs were uncovered in Government offices, schools, and an NGO warehouse and at the main market. Mine survey and clearances were conducted by security forces, including on access roads to Macomia. Road closures and attacks along main supply routes complicated the efforts to reach people in need with the use of IEDs by NSAGs affecting the civilians and humanitarian workers alike.

**Access constraints - October 2024**



**Severity of needs 2024**



**Access**

Hard-to-reach areas: security situation highly volatile; humanitarian operations will require detailed security planning and intensive negotiations

- Main town
- ✈ Airstrip
- 🚢 Sea/river transport
- 🚦 Border crossing active
- 🚧 Border crossing not active
- 🌊 River
- 🌊 Accessible sea route
- 🚫 not accessible sea route
- 🌉 Open bridge
- 🚫 Closed bridge

**Violence type**

October 2024

- Clashes
- Violence against civilians, riots, strategic developments
- Improvised explosive device

**Routes**

- No movement for anyone because of insecurity
- Not in use due to poor road conditions
- Used by the private sector, and NGOs but not the UN
- Unimpeded movement

**Humanitarian trends**

Cabo Delgado remains the province most affected by the conflict. Some 577,500 people remain displaced across the northern provinces of Cabo Delgado, Niassa, and Nampula – just 1 percent less than in January 2024, according to the Displacement Tracking Matrix (DTM) report (round 21). Cabo Delgado hosts 94 percent of the displaced people, equivalent to 541,400 individuals. Nampula follows with 32,614 displaced persons, and Niassa with 3,531 displaced people. Cabo Delgado province accounts for 576,280 returnees, who are primarily in Mocímboa da Praia, Palma, and Mueda districts. An estimated 74 per cent of the IDPs live in host communities whilst 26 per cent are living in displacement sites.

More people were internally displaced in the first five months of 2024 than in the previous three years combined (close to 200,000 people). Half of those newly displaced experienced displacement for the first time. Some 50 per cent of those newly displaced originated from Chiure district, which was impacted by several attacks, starting February 2024 which resulted in the outflow of population into Nampula province.

In 2024, returns have largely stalled in northern Mozambique. Some 610,000 people have returned to conflict-affected areas. In

Cabo Delgado alone, returnees decreased by four percent, compared to January 2024. A great number of the returnees are in district capitals and continue to experience deep vulnerabilities, as most of the key infrastructure in areas of return is still not functioning. Virtually all returnees, despite difficult conditions in the place of origin, plan to remain in the absence of further attacks. According to IOM round 21, the priority needs identified by returnees are livelihoods, health, education, water and sanitation and protection.

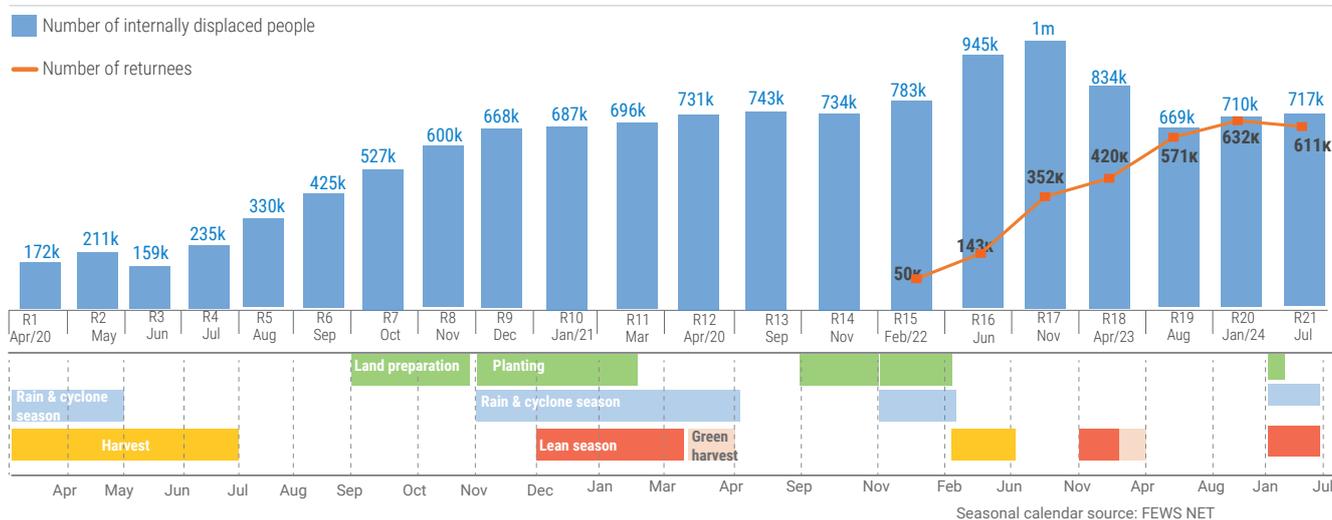
As displacement becomes more protracted, more displaced people intend to stay and integrate locally. For most displaced people who want to return, this intention remains aspirational rather than actionable. Many of those who intend to stay do so out of an inability to return home rather than having successfully locally integrated in the place of displacement. Displaced people and returnees face challenges to local integration and reintegration. Displaced people who intend to return are partially driven to do so by the lack of opportunities and unfavorable conditions in the place of displacement. The priority needs of the IDPS continue to be food security, financial support and source of income, water and sanitation, NFIs and shelter.

The crisis in Mozambique is disproportionately affecting women and children who constitute the majority of people displaced (approximately 80 per cent). Their vulnerability cannot be understated. IDPs in general face numerous challenges, including disrupted social structures, loss of livelihoods, inadequate housing, limited access to education, health/nutrition, and

sanitation, and heightened risks of gender-based violence (GBV). Women and girls are especially vulnerable due to caregiving responsibilities, exposure in remote areas, and structural gender inequalities. Data from the Multi Sectoral Needs Assessment conducted in July 2024 highlighted the severe challenges faced by women and girls in accessing essential services. One in four women cannot reach healthcare facilities due to the distance, and around one in five deliveries take place outside healthcare settings. Only 18 per cent of female respondents reported having access to reproductive health services, while just 12 per cent benefit from recreational activities, and a mere 8 per cent receive psychosocial support. Access to basic needs is also critically limited. Half of the women surveyed lack access to safe drinking water, with one in four having to walk more than 30 minutes to collect water. Sixty-six percent of women report insufficient food, and 62 per cent do not have the necessary cooking items. Economic insecurity is widespread, with 45 per cent of both men and women in Cabo Delgado struggling to find income-generating opportunities. Furthermore, the lack of proper hygiene and sanitation facilities is a major concern: 73 per cent of households do not have handwashing stations, and 52 per cent lack soap. In addition, menstrual hygiene management is inadequate, with 73 per cent of women and girls using rags and 44 per cent relying on capulanas instead of sanitary products.

Forced displacement and violence have exacerbated existing structural GBV risks. Reported GBV risks include: i) Intimate partner violence; ii) Sexual violence;

### Displacement trend in Cabo Delgado, Nampula and Niassa provinces

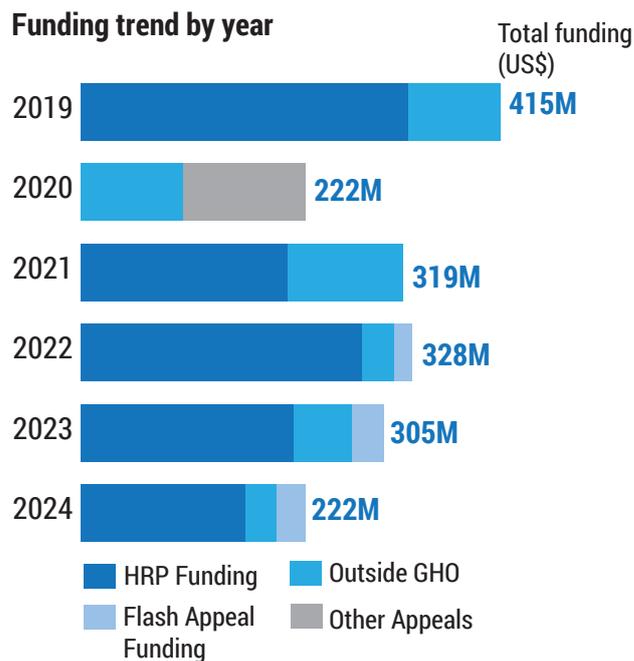


iii) Sexual exploitation and abuse; iv) Transactional sex; v) Child, early, or forced marriage; vi) Psychological/ emotional abuse or inflicted distress. Due to social stigma and lack of awareness of rights and services, many GBV incidents go unreported. The absence of strong judicial systems exacerbates impunity for perpetrators. Additionally, inadequate living conditions, such as overcrowded IDP sites, increased vulnerabilities create an enabling environment for GBV risks.

UNHCR reported an increase in gender-based violence (GBV) across Cabo Delgado between January to September 2024, particularly affecting women (88 per cent) and girls (10 per cent). The majority of survivors are IDPs (62 per cent), with 32 per cent from host communities. The highest rates were recorded in Pemba (26 per cent) and Montepuez (25 per cent), followed by Mueda (21 per cent), Palma (14 per cent), and Chiúre (13 per cent). In half of the reported cases, survivors identified family members, friends, or neighbors as perpetrators, while 38 per cent involved intimate partners. Nearly all perpetrators (97 per cent) are adult men. This rise since the beginning of the year in incidents calls for urgent, targeted support in IDP and host communities, focusing on protective measures, survivor assistance, and community awareness.

Humanitarian efforts are severely strained by funding limitations. With 40 per cent of the 2024 Humanitarian Needs and Response Plan (HNRP) funded, aid organizations struggled to deliver essential services as well as an integrated package of assistance in an environment where operations are costly including because security measures. Declining funding limited the ability of humanitarian organizations to provide comprehensive assistance, leaving many with unmet needs in critical areas like nutrition, education, and protection. This forced humanitarian actors to make difficult choices, such as curtailing food rations to cover a larger caseload of beneficiaries or stretching service provision between the displaced people and the returning people, affecting its quality and increasing protection risks in view of negative coping mechanisms. Moreover, poor conditions and lack of humanitarian assistance in IDP sites, was indicated

by returnees to as a significant push factor for their abrupt return.



**Natural disasters in 2024**

Mozambique is one of the countries in Africa most exposed to extreme climate shocks, including drought, flooding and tropical cyclones, which are the most frequent natural hazard with the greatest attributable economic losses. Since 2000, Mozambique has been impacted by a major tropical cyclone every other year and is the second largest recipient of cyclone funding from CERF (after Philippines). Historical data from the National Institute for Disaster Management and Risk Reduction (INGD) shows that the impact of cyclones in Mozambique has varied, affecting between 73,000 people (Cyclone Chalane in 2020) to 1.5 million people (Cyclone Idai in 2019). Prior to 2019, when Tropical Cyclone Idai and Tropical Cyclone Kenneth made landfall within six weeks, there was no record of two storms of such intensity striking Mozambique in the same season. Tropical Cyclone Idai remains amongst the top two costliest climate-related events in Africa over the last 50 years (estimated cost nearly \$2 billion). The high frequency of different climate-related hazards is diverting funding from much needed development objectives and reversing gains made in the last decades.

In 2023, Tropical Cyclone Freddy, a record-breaking storm lasting 48 days, hit Mozambique twice, with destructive winds, extreme rainfall, and widespread flooding affecting communities in central Mozambique. The storm worsened existing flooding as a result of upstream water release and seasonal rains and in Mozambique. People were displaced, there was significant damage and disruption of essential services. Roads were cut off, hindering social services provision and trade. The impact on water, sanitation and hygiene and healthcare contributed to a worsening of the cholera outbreak that had started in September 2022

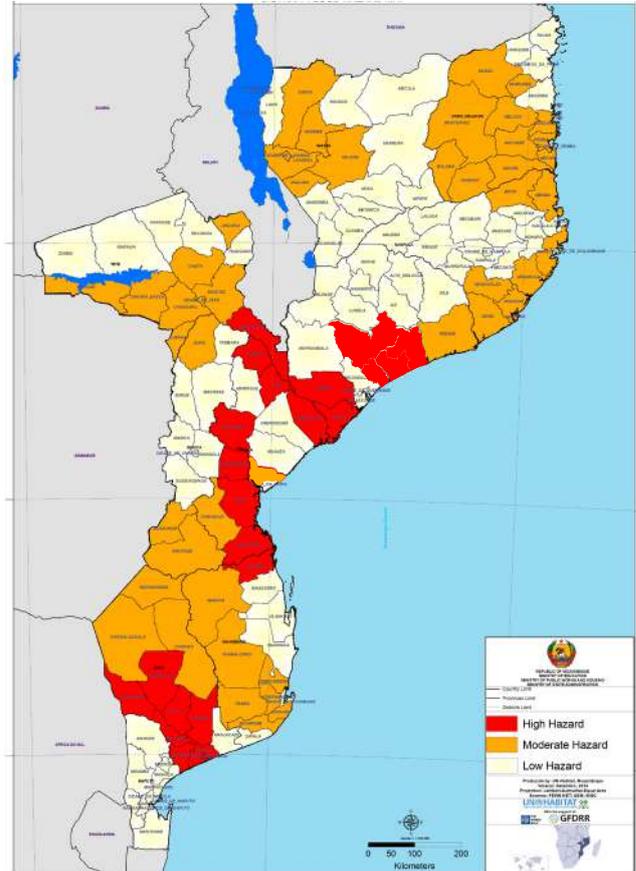
With support from the UN and partners, Mozambique has been developing a robust early warning system to protect its people and preserve development gains. While Tropical Cyclone Freddy affected one more province than Tropical Cyclone Idai (2019) and had comparable windspeeds and precipitation, the death toll was 57 per cent lower (905 people killed by Idai vs. 314 killed by Freddy). Early action is based on community action, new technologies and infrastructure, as well as emergency preparedness and response. The government agencies leading this work are INGD and the National Institute of Meteorology (INAM). The UN is harnessing resources from all 25 UN agencies active in Mozambique, providing targeted, cross-sectoral support to the government to further strengthen ties between early warning and early action.

Mozambique has made progress in disaster risk management by establishing a Disaster Management Fund in 2017 with an initial 0.1 per cent of the government budget, contracting contingent credit, and advancing catastrophe insurance initiatives. This can potentially enhance Mozambique’s financial resilience against natural hazards in the long term. Funding, however, remains primarily ex-post—available only after a disaster. Ex-ante resources are insufficient to cover the initial emergency phase. Currently, the Disaster Management Fund receives 0.7 per cent of the state budget. Resource mobilization challenges persist for post-disaster response, recovery and reconstruction.

INGD estimates that at least 2.2 million people will be at risk of urban floods, drought, cyclones and strong winds in the 2024/2025 rainy/cyclonic seasons.

Based on this, the HCT Emergency Response and Preparedness Plan (ERP) is being finalized with a planning figure of 350,000 people and a financial requirement of \$17 million.

**Flood risk map**



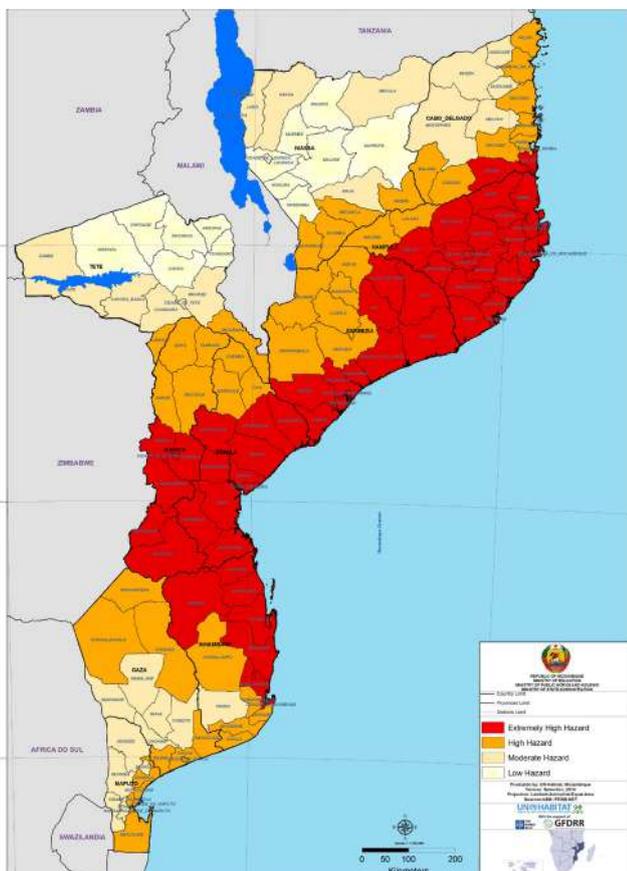
In 2024, the effects of the El Niño-induced drought caused a spike in food insecurity. As of August 2024, at least 1.8 million people were in IPC3+, due to the drought and as a result of rapid depletion of stocks, limited access to income, and above-average food prices. In August 2024, a drought response plan was launched to address the impact of an El Niño-induced drought. The appeal, running from August 2024 to July 2025, targets 1.4 million people in the most affected districts.

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

compared to the needs, with more resources urgently needed to scale-up interventions. There were also significant delays in the cash transfers, an issue that is being reviewed by INGD and the National Institute of Social Action (responsible for social protection transfers). The impact of the lean season (October 2024 to March 2025) includes the rapid depletion of below-average food stocks for families who were able to harvest some of their own crops. For rural families headed by women this leads to greater food insecurity and lower access to income to address basic needs. Approximately 400,000 people are benefiting from food security interventions.

As of mid-October 2024, ENSO-neutral conditions persist. The IRI ENSO prediction plume forecasts show 53 per cent chance for ENSO-neutral conditions to continue during October-December 2024. Borderline La Niña conditions are forecasted during November 2024 and February 2025. ENSO-neutral conditions subsequently re-emerge as the most likely scenario and remain so during the first and second quarter of 2025.

**Wind and cyclone risk map**



With a potential La Niña effect in November 2024-January 2025, the frequency and intensity of heavy rains and tropical cyclones is expected to increase in the Indian Ocean. Floods are also expected in many areas, including in areas currently affected by drought.

**Anticipatory Action**

In an effort to predict with confidence the occurrence of some of the shocks that are considered recurrent in Mozambique (e.g. droughts, floods, cyclones, cholera, etc ) and their corresponding humanitarian impact, the Government has also invested significantly in anticipatory action (AA) over the past few years. In 2021, a government-led National Technical Working Group on multi-hazard anticipatory action (AA) was established to oversee the development, implementation, and monitoring of standard procedures related to Early Warning (EW) and AA. The WG is chaired by INGD and includes representatives from various government sectors, humanitarian partners, NGOs, and academia. The government is moving towards the development of a multi-hazard anticipatory action plan, which is likely to happen in 2025.

To date, the WG developed an AA framework on drought which was recently activated in nine districts (five in Gaza, two in Tete, and two in Sofala). Humanitarian partners have been supporting the Government’s efforts on AA, regularly engaging with the INGD-led WG to ensure coherence. For drought, FAO, WFP, Save the Children and IFRC have been implementing actions targeting up to 300,000 people countrywide, with a budget of US\$8.5M. Regarding floods, IFRC has been implementing actions, targeting up to 10,000 people and with a budget of US\$550,000. As to cyclones and cholera, in July, the acting ERC approved a CERF-funded AA framework of \$7.5 million (cyclones for \$6 million and cholera for \$1.5 million). The cyclone framework is nearly finalized, while discussions are currently ongoing with the Ministry of Health to discuss the cholera framework.

Humanitarian partners plan to expand the coverage of the existing AA frameworks to protect more people from more hazards.

## 1.2 Analysis of shocks, risks & humanitarian needs

The Humanitarian Country Team in Mozambique agreed that conflict and natural hazards were the drivers of humanitarian needs and had to be included in the scope of the analysis for the 2025 HNRP. The following trends were noted;

**Conflict:** In 2024 conflict in northern Mozambique spiked, with NSAGs gaining strength and expanding their footprint. Their operational capabilities increased and they began using improvised explosive devices (IEDs) with greater frequency, adding a new layer of unpredictability that significantly impacted civilians and disrupted humanitarian efforts. The impact of the conflict was evidenced by the 400 per cent increase in number of grave violations of children's rights in the first six months of 2024 compared to all of 2023 and the number of people displaced (approximately 200,000). Increased violence led to an overall depression of returns and complex displacement patterns, with newly displaced people moving in pendular cycles, displacement was often for shorter periods and over shorter distances. Many people, though affected by the conflict, chose to remain in their homes. The instability, however, severely impacted their well-being and livelihoods.

With regard to natural hazards, tropical cyclones, floods and drought were considered the main shocks. Tropical cyclones: Mozambique coastline on the western border of the Southwest Indian Ocean, is one of the most active basins of tropical cyclone. Every year, this basin alone produces about 10 per cent of all cyclones in the world. Every year tropical cyclones that are formed in this area reach Mozambique, while the depressions of lesser intensity occur three to four times a year (EMU & FEWSNET, 2002). On average 473,000 people are affected by cyclones ranging from 24,000 to 1.5 million people.

**Floods:** Mozambique's high incidence of flooding is explained by the low elevation of some coastal areas

and the fact that Mozambique is a downstream country through which nine major international river systems, draining vast areas of southeastern Africa, flow to the ocean. On average 385,000 people are affected by floods ranging from 280,000 to 2.5 million people (INGD, 1977-2023).

**Drought:** Drought is a frequent phenomenon with the potential to cause long term economic disruptions. Severe drought occurs every 7 to 11 years, with lower intensity droughts occurring more regularly (INAM and FEWSNET 2002). On average, 454,000 people affected by drought ranging from 3,000 to 1.5 million people (INGD, 1979-2012).

In 2025, INGD estimates that 2.2 million people will be at risk of cyclones, drought, urban and rural floods, heavy rain and strong winds.

### Severity of needs and People in Need

District	Severity	Intersectoral PiN	Intersectoral target
Ancuabe	3	126,982	83,282
Chiure	3	139,888	139,888
Cidade De Pemba	3	84,739	73,366
Ibo	3	28,104	22,316
Macomia	4	116,018	116,018
Mecufi	3	31,225	30,799
Meluco	3	24,153	20,116
Metuge	3	117,196	53,266
Mocimboa Da Praia	4	161,108	161,108
Montepuez	2	75,522	45,265
Mueda	3	127,956	110,614
Muidumbe	3	79,597	74,305
Nangade	4	70,534	70,525
Palma	3	61,661	35,885
Quissanga	4	60,346	60,343

# Timeline of events

	<b>February 2022</b> The number of people displaced rises to 784,319	
	<b>September 2022</b> NSAG launches new attacks in Erati and Memba district in Nampula province displacing 65,000 people. Cholera case detected in Niassa.	
		
	<b>February 2023</b> Cyclone Freddy hits for a first time exacerbated flooding from heavy seasonal rains.	
	<b>March 2023</b> Overall physical access to underserved areas in northern Cabo Delgado improved; the road to Pundanhar opened for the first time since 2020.	
	<b>July - August 2023</b> Military operation Hard Punch in Katupa Forest, Macomia	
	<b>December 2023</b> More than 109,000 people were displaced in 2023 as result of violence according to IOM realtime IDP emergency tracking tool.	
	<b>March 2024</b> Cyclone Filipo hit the central part of the country	
	Climate Crisis Coordinator for the El Niño Response visits Mozambique to understand the impact of El Niño and climate change in the country.	
	<b>April 2024</b> CERF allocates US\$6M to the response in Cabo Delgado.	
	<b>June 2024</b> Increase in insurgent movements in Cabo Delgado and Nampula Provinces. Insurgent sightings were recorded in five districts in Cabo Delgado and one district in Nampula, leading to population movements.	
	<b>August 2024</b> HCT issued the drought flash appeal targetting 1.4M people out of the 1.8M people in need calling for US\$222M CERF allocates \$7M to the drought response	
	<b>December 2024</b> Cyclone CHIDO hit Cabo Delgado, Nampula and Niassa Province	
	<b>June 2022</b> NSAG launch attacks in southern Cabo Delgado (Ancuabe and Chiure districts) displacing 83,983 people.	
	<b>October 2022</b> Operation Volcano IV begins in lower part of Muidumbe district	
	<b>January 2023</b> Mozambique Defence Armed Forces (FADM) launched a combined military operation with RDF and the SADC mission forces in northern Macomia, southern Muidumbe, and Chai, along the Messalo river to dismantle NSAG bases.	
	<b>March 2023</b> Cyclone Freddy hits Mozambique a second time bringing rains surpassing the average rainy season precipitation; the cholera outbreak in Mozambique categorized by WHO as a multi-region Grade 3 Public Health Emergency.	
	<b>September 2023</b> Some 7,000 people are displaced due to attacks or fear of attacks in Mocimboa da Praia, Macomia and Muidumbe.	
	<b>February 2024</b> Attacks and fear of attacks leads to the displacement of nearly 100,000 people, the second highest since the start of the conflict.	
	Peer 2 Peer review mission. Follow-up mission to reflect on the collective humanitarian response	
	<b>March 2024</b> Joint UN High Commissioner for Refugees and UN Secretary-General's Special Adviser on Solutions to Internal Displacement mission. The duo called for renewed focus on Mozambique displacement	
	<b>May 2024</b> Macomia attack marks significant shift in insurgent tactics, complicating the operational environment. The insurgent demonstrated an increased capacity to plan and execute strategic and complex attacks.	
	<b>July 2024</b> Acting USG approves CERF funding (\$7.5M) for multi-hazard AA Framework. The framework covers storms (\$6M) and cholera (\$1.5M)	
	<b>Nov 2024</b> Attacks and fear of attacks in Chiure districts in Cabo Delgado province and Erati district in Nampula province leads to the displacement of nearly 25,000 people.	

## Humanitarian outlook & risks

### Conflict

The attack of Macomia in May 2024 marked a turning point on how humanitarian plans for access to the conflict affected population, as they are now more likely to be targeted alongside state officials and assets. The use of IEDs by NSAGs poses a growing threat to humanitarian staff’s ability to move by road in the central districts of Cabo Delgado. That requires strengthened risk management and security protocols and capacity to operate in a context of complex humanitarian emergency.

The conflict and security indicators point to a greater likelihood of NSAGs’ continued attacks and increased use of IEDs coupled with a degree of unpredictability over the next six months, further impacting humanitarian access. In this environment, the NSAGs are likely to assert their rule in areas without security forces as part of their strategy to expand territorial control and influence. Security is expected to remain volatile, which will severely impact the protection of civilians and humanitarian access in some areas. NSAGs are likely to continue conducting attacks in the central areas of Cabo Delgado with the purpose of disrupting movement of military assets and commercial goods between Nampula and Cabo Delgado (N1) along the main axis in between north and south Cabo Delgado (N380).

Humanitarians are expecting lesser displacement in the months to come. Some ‘returnees’ who were in some instances forced to return due to dwindling humanitarian aid (for example half food rations since

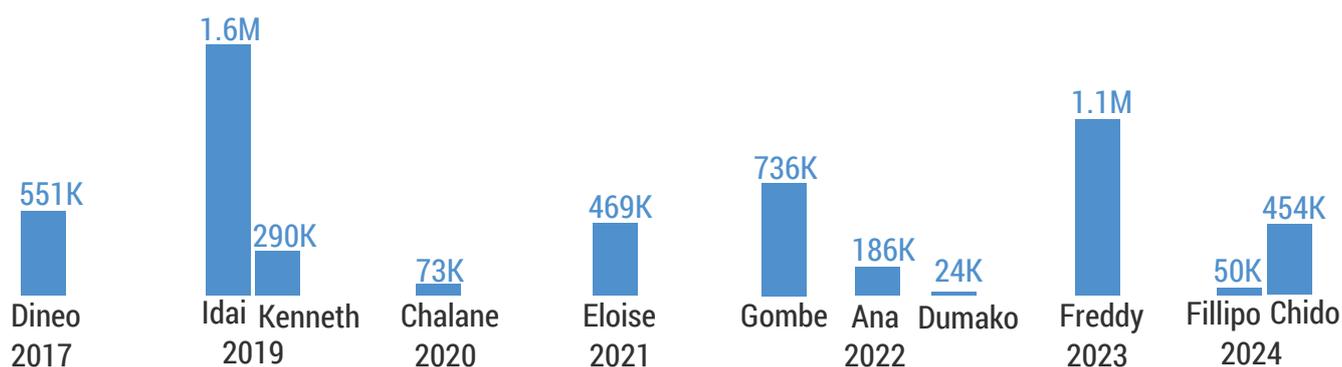
2022) have indicated that they are unlikely to leave home even if circumstances are similar to those that led them earlier to be displaced. As such, the reliance on displacement as a proxy to conflict will be tested and humanitarians will need a better understanding of who is impacted by conflict.

The new operational context requires humanitarian partners’ preparation to deliver in an evolving high-risk context. As NSAGs expand and mature their capability and footprint, several factors will contribute to challenging humanitarian access to conflict affected population, among those: the increase military presence and operations will likely spark increasing civilian’s displacement and humanitarian needs, with people having to deal with the consequences of conflict, multiple and pendular displacements, lack of jobs, and limited service provision. This will impact humanitarian access and space, with insecurity hindering emergency response calling for more CMCoord dialogue and engagements for safe and secure relief aid through humanitarian notification movements and deconfliction.

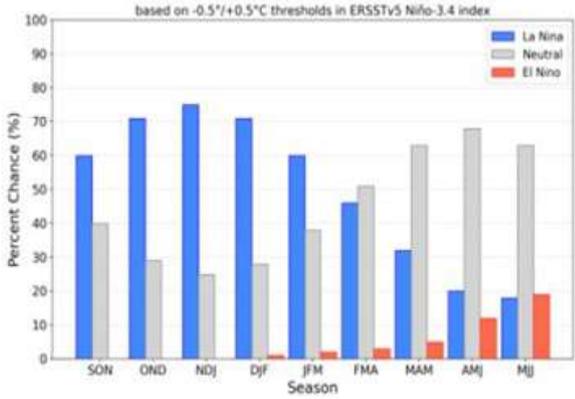
### Natural hazards

As of mid-October 2024, Mozambique remains in an ENSO-neutral phase, with neither El Niño nor La Niña conditions dominating. However, there is a strong likelihood—over 70 per cent—that La Niña conditions will develop during November and December 2024. This shift is expected to bring significant climatic impacts, including an increase in the frequency and intensity of rains and tropical cyclones, with flooding anticipated in areas currently affected by drought.

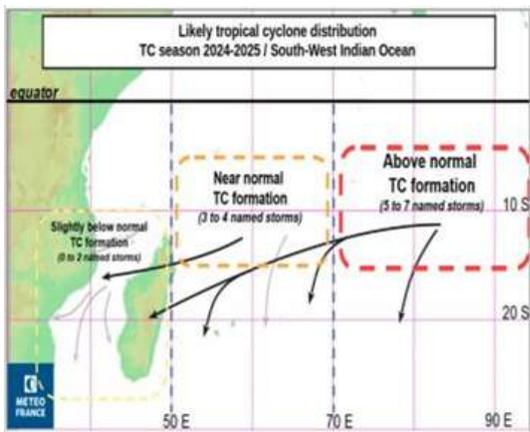
Number of people affected by cyclones 2017 - 2024



Official NOAA CPC ENSO Probabilities (issued October 2024)



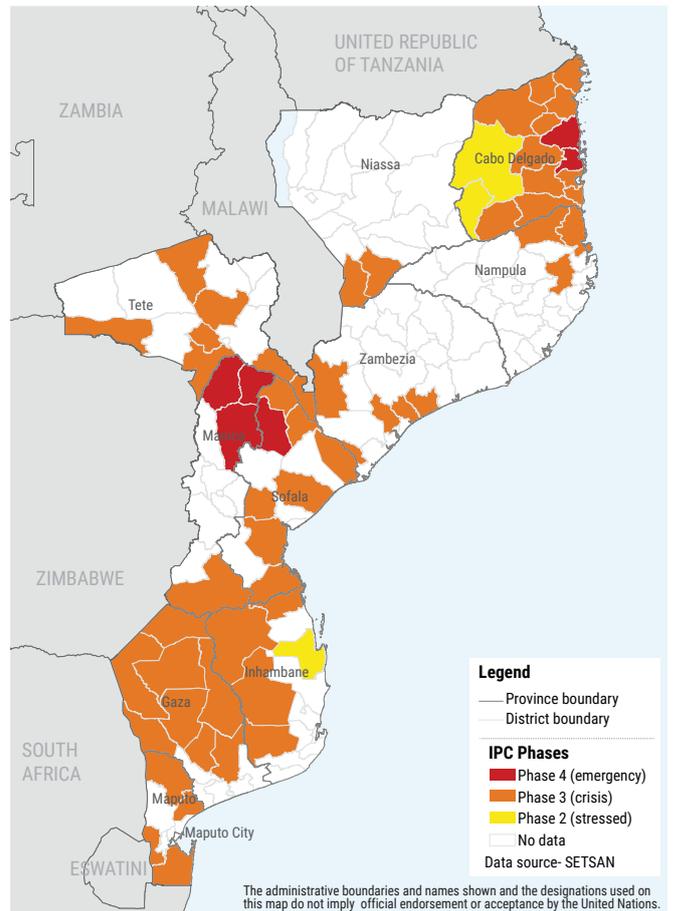
The probability of above-normal tropical cyclone activity in the Indian Ocean is estimated at 70 per cent, with an early onset of the cyclone season potentially leading to impact before the end of 2024. While the Mozambican Channel is expected to experience slightly below-normal cyclone formation, the projected cyclone trajectories, oriented predominantly towards the west or southwest, could affect inhabited regions in Mozambique.



Rainfall patterns suggest a high probability of normal to above-normal precipitation across southern and central Mozambique, particularly in Gaza, Inhambane, Manica, Sofala, and Tete provinces. The first half of the rainy season (October to December) carries a limited risk of flooding, but the risk increases significantly during the second half (January to March). Areas most vulnerable to floods include the river basins Maputo, Umbeluzi, Incomáti, Mutamba, Inhanombe, Save, Savane, and Licungo.

The food security outlook indicates severe challenges. Between October 2024 and March 2025, 1.8 million people are estimated to be in IPC Phase 3 or higher, with 510,000 in IPC Phase 4, according to the IPC post-shock figures.

IPC map (Oct 2024 - Mar 2025)



## Part 2: Humanitarian response

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**MOCIMBOA DA PRAIA DISTRICT/ CABO  
DELGADO PROVINCE**

Women partake in socioeconomic activities at the  
Mocimboa Sede.

Photo: UNFPA Mozambique/2024/Mbuto Machili





Rapid Needs Assessments (RNA) identified urgent priorities such as Food Security, Shelter/NFI, and WASH. Interventions included rehabilitating water points, building latrines, distributing survival kits, cash-based assistance, and emergency food distribution. In 2025, RRM partners will maintain first-line aid across Cabo Delgado, focusing on key districts like Quissanga, Metuge, and Macomia.

The Joint Response Programme (JRP) managed by IOM, UNICEF and WFP, is an essential mechanism to ensure that multisectoral assistance including, food, hygiene and household items are provided to people displaced by conflict in Cabo Delgado. The mechanism is an integral part of the first line response provided by humanitarian partners to provide sustenance in the wake of violence

With regard to climate-induced shocks, the humanitarian strategy is to provide life-saving assistance in case of a disaster, while building resilience and readiness by ensuring timely, coordinated, and effective response for vulnerable populations. The strategy prioritizes minimum preparedness actions, including pre-positioning essential supplies and scaling up anticipatory actions for hazards like drought, cyclones, and disease outbreaks. Key activities focus on managing accommodation centers, deploying shelter support, providing emergency food and WASH (Water, Sanitation, and Hygiene) assistance, and enhancing hygiene and protection messaging. The approach also emphasizes agricultural support, specialized GBV case management, mental health, addressing students and teachers psychosocial well-being and establishing learning spaces and providing minimum learning supplies to maintain education continuity. With a target of up to 350,000 out of a total caseload of 2.2 million people at risk, with a prioritized response for accommodation centers, hard-to-reach and rural areas as well as urban zones, the strategy aims to safeguard lives, promote public health, and strengthen community resilience amid crises.

As humanitarian needs in Mozambique remain severe, driven by conflict-related displacement and extreme vulnerability to natural disasters, the humanitarian

community urges donors to provide robust, flexible funding to address immediate humanitarian needs. In 2025, humanitarian partners are committed to continue enhancing alignment between humanitarian assistance and longer-term recovery and development initiatives, in close coordination with the Government's efforts in northern Mozambique, specifically through the Programa de Resiliência e Desenvolvimento Integrado do Norte de Moçambique and the Plano de Reconstrução de Cabo Delgado. The humanitarian community also calls on national authorities and stakeholders to continue fostering an environment that enables the delivery of vital, life-saving assistance and ensures unimpeded access to those most vulnerable.

### Strategic focus of the humanitarian response strategy

In 2025, the most vulnerable groups in Mozambique—including displaced, non-displaced, and returnee populations, with women and children comprising 75 per cent of those at risk—will continue to face severe humanitarian needs. These needs arise from multiple challenges: conflict shocks in Cabo Delgado province in the north, climatic shocks such as floods, droughts, cyclones, and strong winds in the south and central regions, as well as disease outbreaks like cholera across the country. Addressing these challenges requires a strategic, evidence-based humanitarian response that is tailored to the specific context of each district and prioritizes the needs of women, men, boys, and girls.

The 2025 Humanitarian Response and Needs Plan (HRNP) outlines a total financial requirement of \$352 million for conflict-related needs, \$17 million for natural disasters, and \$7.5 million for anticipatory action. The plan prioritizes lifesaving and life-sustaining activities, targeting 1.3 million people affected by conflict in 15 districts of Cabo Delgado, with minimum preparedness measures for a caseload of up to 350,000 people affected by natural disasters. This plan is complemented by the separate Mozambique Drought Appeal (Annex 1), covering August 2024 to July 2025. Additionally, the government-led Contingency Plan/ Emergency Response Plan (ERP), annexed as Annex 2, will be activated to respond to potential worsening

humanitarian conditions. A Flash Appeal may also be issued in the event of a natural disaster.

Rigorous intersectoral data analysis, district-level context reviews, and stringent prioritization underpin the HNRP 2025. Since 2023, funding for Mozambique's HRNP has declined significantly, with the 2024 HRNP funded at 39.7 per cent, compared to 75 per cent in 2022. In response, humanitarian partners, under the leadership of the ICCG and strategic guidance from the HCT, conducted a tight prioritisation exercise, aiming at prioritizing the bare minimum needs for the conflict affected population. The logistics working group budget was halved, the Education Cluster budget reduced by more than 40 per cent while the WASH Cluster, Child Protection AOR, and CCCM Cluster budgets were reduced by one-third. Other clusters, including Protection (general), FSL, and Coordination and Common Services, saw reductions of 10 per cent or less, against an already poorly funded scenario (barely covering 50 per cent of the needs). Notably, 85 per cent of the financial requirement focuses on lifesaving activities aligned with Strategic Objective 1. Moving forward, the HCT will advocate for flexible financing mechanisms to adapt to Mozambique's changing operational context and ensure resources are directed to the most vulnerable populations.

Strengthening people's access to aid amid rising risks. In response to escalating challenges—including increased attacks, targeting of humanitarian organizations, expanded use of improvised explosive devices (IEDs), the first recorded kidnappings of humanitarian workers since 2017, and widespread looting of assets—the Humanitarian Access Working Group (HAWG) and Civil-Military Advisory Group (CMAG) will intensify efforts in 2025 to enable people's timely access to aid. Key priorities include expanding community acceptance strategies, enhancing risk management for local community-based organizations (CBOs), adopting “stay-to-deliver” approaches, fostering stronger relations with military actors, improving conflict analysis and sensitivity, and boosting stakeholder engagement to ensure lifesaving assistance reaches all those in need, no matter where they are.

## Strengthening the gender response to improve programming

In line with the updated IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action, the clusters and humanitarian partners, with the support of gender expertise, will ensure that the planning, implementation, monitoring and evaluation of the humanitarian response addresses the specific gendered impacts of the crisis, recognizing that women and girls have been disproportionately affected by crisis. This includes:

- Strengthening sex, age and disability disaggregated data (SADDD) collection and exploitation, ensuring a targeted, adapted, inclusive response to the needs of difference population groups, and enhancing quality monitoring of the impact of crises impacts and response activities.
- Fostering quality engagement of women and girls in consultations, planning and implementation phases of the humanitarian actions, ensuring that the voices of women in all their diversity are consistently centered, heard, and amplified in the humanitarian response through comprehensive needs assessments and gender-responsive reporting.
- Promoting meaningful and active participation of Women-Led and Women's Rights Organizations in the Humanitarian Programming Cycle, facilitating their involvement in preparation and response processes, their participation in humanitarian fora and their collaboration with clusters and partners, to ensure more inclusive and localized gender programming.

## The centrality of protection

As per the IASC Protection Policy, 2016, IASC Principals' Statement on the Centrality of Protection, 2013, the Mozambique HCT endorsed its Protection Strategy in June 2023 with the following overall goals:

- To mobilise a comprehensive, system-wide and multisector effort to prevent or respond

to the most serious protection risks facing affected populations

- To prevent and stop recurrences of violations;
- To redirect the humanitarian response as and when the protection situation evolves.
- To enable HCT to focus attention and to take action on protection priorities that possibly go beyond the scope of the HRP, and the protection cluster strategy.
- To leverage the expertise, mandates and capacities of different actors in a humanitarian response;
- To facilitate humanitarian dialogue, negotiation and protection advocacy as well as the HCT's engagement with a broader range of stakeholders in taking up their responsibilities in addressing key protection risks.

Due to the nature and scope of the protection risks in Mozambique, the strategy focuses on the following specific objectives:

- Promote a protection-centred and right-based inclusive response to the conflict and natural disasters of vulnerable affected populations, including during displacement, return, relocation, and local integration of displaced persons in urban settings and resettlement sites.
- Uphold children's rights in conflict and natural disasters.
- Protect and reintegrate GBV survivors, including Conflict-Related Sexual violence.

- Protection needs of people impacted by a natural disaster, especially those with specific needs, and dedicated responses are prioritized by the HCT, including through support of relevant authorities to mainstream protection, address and mitigate these protection risks.

The evolution of the situation in 2024 has confirmed the relevance of these objectives and triggered focus around new protection risks including those linked to the on-going attacks against civilians and displacement as well as the intensified use of improvised explosive devices by NSAGs which has increased fatalities against civilians including children.

While the implementation of the HCT Protection strategy remains a collective HCT responsibility, its members plan intervention to address the priority protection risks not only through advocacy, bilateral, multilateral meetings but also through inclusion of specific activities in the projects that are implemented directly or by partners. Specific consideration will be made to issues related to protection of civilians, prevention of displacement, establishment of mechanisms and development of a strategy to respond to the reintegration needs of individuals liberated from NSAGs, prevention of child recruitment and their association with armed actors.

To reinforce and monitor the implementation, as well as to ensure its update as required by the evolution of the situation, the HCT members agreed to establish an Implementation Support Group (ISG), to be constituted from the HCT member agencies and going to closely follow up the implementation of the strategy.

## 2.2 Response boundary-setting, prioritization & risk-informed action

To define the scope of its analysis, the Humanitarian Country Team (HCT) utilized violence and displacement as key indicators of conflict. In 2024, the majority of displacement was concentrated in Cabo Delgado, with a brief spillover of internally displaced persons (IDPs) into Nampula. The provinces of Niassa and Nampula were not classified as conflict-affected areas and were not included in the needs analysis, which focused exclusively on Cabo Delgado.

Within Cabo Delgado, the displacement analysis revealed that 15 of 17 districts had populations where more than 10 per cent were comprised of IDPs and returnees. Consequently, and as a result of the shock analysis, the districts of Balama and Namuno, were not included in the needs analysis.

The boundary settings for the response planning process incorporated a critical "reality check" to evaluate the capacity of humanitarian actors to deliver effectively, drawing on insights from past delivery performance within the country. Data analysis from the 2024 HNRP (the 5Ws) implementation was used to quantify the number of people reached by various clusters at the district level, while district-specific joint analyses conducted by clusters provided contextual knowledge to complement the overarching assessment. Contextual knowledge was critical in accounting for changes in the operating environment, including security risks and logistical challenges, which had influenced delivery throughout the year. The scope of the response was determined through the Joint Inter-Sectoral Needs Analysis (JIAF), which identified geographic areas with the highest needs. Additionally, population group analyses revealed distinct vulnerabilities across groups, leading to the conclusion that no group could be deprioritized in the response planning. For this reason, the HCT decided to align the humanitarian response with local priorities established by affected communities

and complementary frameworks to ensure that aid is relevant and coordinated with broader efforts. The response strategy prioritizes interventions based on geographical severity and population needs, focusing on districts classified as Severity 4 and Severity 3. Severity 4 districts, facing the highest risks, will receive immediate and intensive attention, followed by a phased response in Severity 3 districts.

In line with CERF guidance, activities will center on life-saving interventions, though some life-sustaining activities were included, particularly in districts with IPC 3+ population, to prevent a further deterioration of the humanitarian situation. The targeted population includes internally displaced persons (IDPs), returnees, and non-displaced individuals within affected areas.

Regarding conflict-related needs, the HCT agreed to analyze the requirements of specific population groups, including IDPs, returnees, affected individuals (e.g., host communities and those who remained in place), and refugees.

In addressing natural hazards, the HCT will focus on populations impacted by such events. Using projections from the National Institute for Disaster Management (INGD), the Mozambique Humanitarian Country Team planned to prepare for a potential caseload of 350,000 individuals likely to be affected by disasters. This preparation includes prepositioning a common humanitarian pipeline and implementing anticipatory action measures for cyclones, floods and cholera outbreaks.

### Risk-informed planning

The main drivers of risk and anticipated shocks, which could affect the humanitarian needs in Mozambique in 2025 include: conflict, cyclones, floods, strong winds, disease outbreak and drought.

#### Conflict risks

Since 2022, the Mozambican Defence and Security Forces (DFS), supported by the Rwanda Defence Forces (RDF) under a bilateral agreement and the Southern African Development Community (SADC) military mission (SAMIM), had successfully regained control of areas previously held by NSAGs.

Stabilization projects, the provision of basic social services by development partners and private sector companies, and efforts to restore livelihoods through the government reconstruction plans and other development initiatives had created conditions for returns, this combined with insufficient assistance in displacement areas. On July 15, 2024, SADC officially withdrew its military mission, SAMIM, from Mozambique.

In July 2024, the RDF and Mozambican Government Forces launched a military offensive, including aerial bombardments, targeting the main NSAG bases along the coastal areas of Macomia and Mocímboa da Praia districts. While these operations successfully dislodged the NSAGs from their strongholds, they had unintended consequences. The NSAGs have splintered into smaller, more mobile units, creating an unpredictable operating environment. These groups are now reoccupying former bases in Nangade and Palma districts and expanding into new areas, leading to fresh displacements and heightened humanitarian needs in regions that were previously stable.

The NSAGs have escalated their use of improvised explosive devices (IEDs), posing severe risks to civilians and humanitarian workers. Alarming, they are also recruiting more children, including girls, into combat operations, potentially fostering a new generation of fighters that can sustain their activities. Additionally, increased community engagement and acceptance of NSAGs among local populations complicates the situation further. This creates significant operational challenges for humanitarian partners, including risks in planning road-based aid delivery, difficulties in accurately targeting and distinguishing beneficiaries, and rising humanitarian needs amid growing insecurity.

### **Natural disaster risks**

Every year the National Institute for Disaster Management identifies the number of people at risk of natural disasters during the development of the Government contingency plan. In 2025, INGD estimates that 2.2 million people will be at risk of cyclones, drought, urban and rural floods, heavy rain and strong winds.

## **Humanitarian-development collaboration**

To foster humanitarian-development collaboration clusters were advised to review humanitarian needs against the availability of basic services particularly in areas of Cabo Delgado where there has been significant investment by development partners and IFIs.

This approach allowed for a clearer understanding of the gaps between urgent humanitarian needs and existing service provisions, enabling more targeted support. By evaluating the level of access to essential services such as healthcare, water, sanitation, and education, development and humanitarian actors could prioritize interventions, aiming to strengthen resilience and address underlying vulnerabilities more effectively. This integrated analysis fostered a more cohesive response, bridging emergency relief efforts with longer-term development objectives.

The humanitarian needs analysis was built on a series of humanitarian assessments including the IOM-DTM Mobility Tracking Assessment Round 21 conducted in June 2024 and the Multi Sector Needs Analysis conducted in July 2024. The information was used to assess the severity of needs, complemented by an analysis of development interventions – including solutions investments - and district profiles. The analysis also referred to the Integrated Food Security Phase Classification (IPC) 2024 data, and intention surveys by UNHCR. Additional assessment included the UNDP-led Infrastructure Damage Assessment in Cabo Delgado (November 2022), the Health Resources and Services Availability Monitoring System (HeRAMS 2024) and the FAO-led Land Availability, Accessibility & Use for Internally Displaced People (IDPs), Returnees and Host Communities in Northern Mozambique (2023). The database of the Government of Mozambique on development activities implemented within the framework of the programme for the reconstruction of Cabo Delgado as well as the northern resilience and integrated development programme (PREDIN) were considered. Moreover, multi-stakeholders consultations with development partners were held throughout the 2025 HNRP process.

## 2.4 Strategic objectives

The 2025 Mozambique Humanitarian Response Plan aims to ensure an inclusive and dignified humanitarian response to the people most vulnerable. Humanitarian partners have jointly agreed on three strategic objectives that will guide the humanitarian response to support IDPs in sites, IDPs in urban areas, IDPs in rural areas, returnees and host communities in 2024.

The humanitarian response will have to adapt to the specific needs and context. The provision of humanitarian assistance will be tailored to the different challenges that IDPs, returnees and affected host communities face, taking into account patterns and type of displacement (protracted vs. recent displacement and in-district vs out-of-district, in-site vs out-of-site displacement) the level of basic social services available in areas of displacements and return areas and the protection environment. Displaced persons returning to areas of origin may continue experiencing short-term acute humanitarian needs. Humanitarian actors will advocate principled returns, integration and resettlement including the sustainability of these durable solutions options.

### Strategic objective 1 (life-saving)

Save lives and alleviate suffering through safe, equitable, inclusive, gender-responsive, conflict-sensitive, and principled inter-sectoral assistance to the most vulnerable groups, including internally displaced people, non-displaced persons, and host communities, and returnees with protection lens.

### Strategic objective 2 (life-sustaining)

Enhance inclusive, timely and adapted access to essential services, including assistance that will strengthen the livelihoods and resilience of people impacted by or at risk of crises.

### Strategic objective 3 (protection)

Address the protection risks and protection needs of affected people - women and girls, men, and boys - with the aim of safeguarding their dignity while strengthening the overall protection of civilians and the protection environment in Mozambique through collective and multi-sectoral action in line with commitments to gender equality principles, the centrality of protection, prevention of sexual exploitation and abuse, and human rights considerations.

## 2.5 Planning assumptions, operational capacity and access, & response trends

### Overview

The response plan is based on a scenario that sees significant humanitarian needs across Cabo Delgado. This is the result of the convergence of violence against civilians, displacement, limited service provision in return areas and food insecurity. The total number of people affected by conflict is expected to remain approximately one million – including IDPs and returnees. Pendular movements are likely to continue in 2025 with a slowdown in returns. Efforts to integrate displaced people will continue in 2025.

The security environment is likely to continue to be volatile, and as such humanitarian partners may continue to face localized access constraints across Cabo Delgado. Access constraints include insecurity, restrictions on movements, or bureaucratic and administrative impediments. To maintain flexibility and operational responsiveness, humanitarians will invest in context monitoring, risk management and engagement strategies, in particular with local actors and military forces on the ground through strengthened Civil Military Coordination in close collaboration with the Civil Military Advisory Group (CMAG) and greater localization efforts will be supported.

More specifically the following issues will continue to persist:

**Security and conflict dynamics:** Continued NSAGs, counterinsurgency activity, the use of IEDs and potential post-election volatility are expected to affect access in key districts, including Chiure, Macomia, Nangade, Meluco, Muidumbe, Mocimboa da Praia and Quissanga. This will require support with planning and preparation to humanitarian partners by developing security risk management protocols, specialized training on humanitarian response in hostile environments, reliance on alternative transport/routes

and adaptive access strategies. The latter includes flights to maintain safe, flexible access, regular risk assessment and humanitarian notification system with national and international Security and Defense Forces.

**Administrative and visa challenges:** Short-term humanitarian visas (limited to three months with six-month extensions) and complex NGO registration processes are likely to continue impacting on the timely deployment of humanitarian personnel. Delays from government processes and requirements for permits may cause temporary gaps in aid delivery. These challenges may affect personnel continuity and require close coordination with government authorities to streamline visa and registration processes.

**Community acceptance and perception of neutrality:** Mixed communities and NSAG “winning hearts and minds” campaigns in Cabo Delgado, including Ibo, Macomia, Nangade, Quissanga, have altered community dynamics, requiring focused community engagement and do-no-harm principles to maintain humanitarian neutrality and acceptance. Local partnerships, real-time information sharing and continued dialogue with religious and community leaders will be essential to sustain access

**Improving information sharing:** Limited sharing information from humanitarian organizations, as seen in the 2024 Access survey, affects the accuracy of access assessments. Ensuring comprehensive and systematic reporting and collaboration on access monitoring (AMRF) update will help identify needs and patterns and trends contributing to improved planning and advocacy.

**Seasonal and infrastructure limitations:** Seasonal rains and cyclones will likely disrupt overland access, especially in remote and coastal areas, limiting ground transport during certain periods. Flexible transport, pre-positioning supplies, updated mapping of accessible routes will be essential for maintaining assistance continuity in affected districts.

Normal to below normal rainfall projected for the northern part of the country could impact the production of the main agricultural campaign, further impacting the food insecurity of the region.

## Operational capacity

In 2024, some 71 humanitarian organisations in Mozambique, including 34 international NGOs, 17 national NGOs, 7 UN Agencies, and 13 Government delivered humanitarian assistance within the framework of the 2024 HRNP. While not being part of the 2024 HRNP, OCHA has completed mapping of 20 new local Community Based Organizations (CBOs) in Macomia, Quissanga, Nangade, and Mocimboa da Praia districts, aimed at strengthening the local capacity of the first line of responders ahead of the 2025 HRNP. Capacity assessments for the local CBOs were ongoing at the time of publication of the HRNP.

In 2024, there were two main operational humanitarian hubs in Mozambique. The first hub is in Maputo, the national capital, and covers the country. The second hub is in Pemba, the capital of Cabo Delgado province, and covering response in northern Mozambique focusing on Cabo Delgado. To complement NGO presence outside Pemba, the UN established area hubs in Mueda and Mocimboa da Praia districts covering catchment area of 257,000 people targeted and 169,000 people respectively. In 2024, the UN also cleared and approved UN accommodation in four new districts (Ancuabe, Metuge, Mueda, and Mocimboa da Praia) to increase UN presence outside Pemba and facilitate area-based responses closer to the affected populations in the 2025 HRNP.

With full funding, Mozambique's humanitarian response can effectively have a strong mix of local and international NGOs, strategically located in districts and equipped to reach remote areas. Local partnerships enhance flexibility and community acceptance, critical in high-risk zones. Investments in mobile teams, flexible transport, armored vehicles, and ongoing staff training will ensure safe, efficient operations amid security challenges. Collaborating with local organizations to strengthen their capacity in security risk management and contingency planning will further enhance effectiveness. By integrating local knowledge and resources, the response can be tailored to specific community needs, leading to more sustainable humanitarian outcomes.

## Access, constraints and challenges

In Cabo Delgado, certain districts like Macomia, Chiure, Mocimboa da Praia, and Quissanga faced significant access barriers due to NSAG activity, armed clashes, and military operations. These challenges were compounded by increased aerial operations, which not only restrict access but also elevate protection risks for both civilians and humanitarian staff. Yet, adjacent districts such as Muidumbe and Meluco remain mostly accessible, providing viable entry points to reach displaced populations. Effective coordination and planning will be essential in utilizing these routes to ensure timely and safe assistance to vulnerable communities.

Additionally, recurrent visa renewals and prolonged NGO registration processes hinder personnel continuity, creating further obstacles in effective aid delivery. To address this, advocacy efforts will focus on fostering government collaboration on provincial and national levels and streamlining these processes to minimize delays and support uninterrupted humanitarian assistance.

The presence of IEDs, particularly in and along roads in the coastal areas, significantly impacts access. Awareness raising in IED/UXOs is important and requires continued investments. The use of armored vehicles, and improved information-sharing on safety measures to protect staff and facilitate safer operations in these zones. Together, these strategies will help ensure a more effective and resilient humanitarian response in the face of ongoing challenges.

## Response trends

By the end of September 2024, an estimated 1.39 million people were reached with some form of humanitarian assistance and protection services, including 666,993 men; 722,575 women; and 792,054 children. People reached included internally displaced people (IDPs), returnees, and host communities. A more granular analysis of the assistance provided reveals that while in Cabo Delgado the assistance provided was multisectoral in Niassa assistance was provided by two clusters (Education and FSL).

In Nampula, multisectoral assistance was provided in Erati district in response to the IDP outflow from Cabo Delgado.

In Cabo Delgado, between January and September 2024, FSL partners reached 962,608 unique beneficiaries across 14 districts of Cabo Delgado, yet they have covered only 13.02 per cent of the food needs of the targeted people. In terms of livelihoods, during the last main agricultural season (2023-2024), FSL partners only reached 357,000 people with agricultural inputs. Some 445,000 women and children were reached with nutrition services; 345,000 people were reached with clean and safe water; 180,000 people received shelter and NFIs assistance; and 143,000 people were reached with non-formal learning opportunities and supported to access formal education services in Cabo Delgado, Niassa and Nampula.

As a result of funding constraints, food rations were halved and distributed every other month impacting quality response and the calorific value of the people. The number of host communities assisted went beyond the initial target. The overreach can be attributed to the fact that during the planning phase the number of people in host communities was calculated to match the number of IDPs, on a one-to-one basis. However, as the crisis continued, it became clear that many more people— including those who had not fled but remained in their homes —were in urgent need and the humanitarian response was expanded to support all those affected by the crisis.

Access suspensions in districts like Macomia and Quissanga due to attacks have highlighted the need for adaptive, mobile response teams, humanitarian notification system and enhanced security measures. Effective engagement with communities and stakeholders proved essential for maintaining acceptance in these volatile areas, reinforcing the importance of flexibility in high-constraint areas. Limited access constraint incident reporting from partners, however, posed challenges for accurately assessing operational feasibility and adapting to real-time access barriers.

In 2025, the response will emphasize flexible mechanisms grounded in do-no-harm and protection

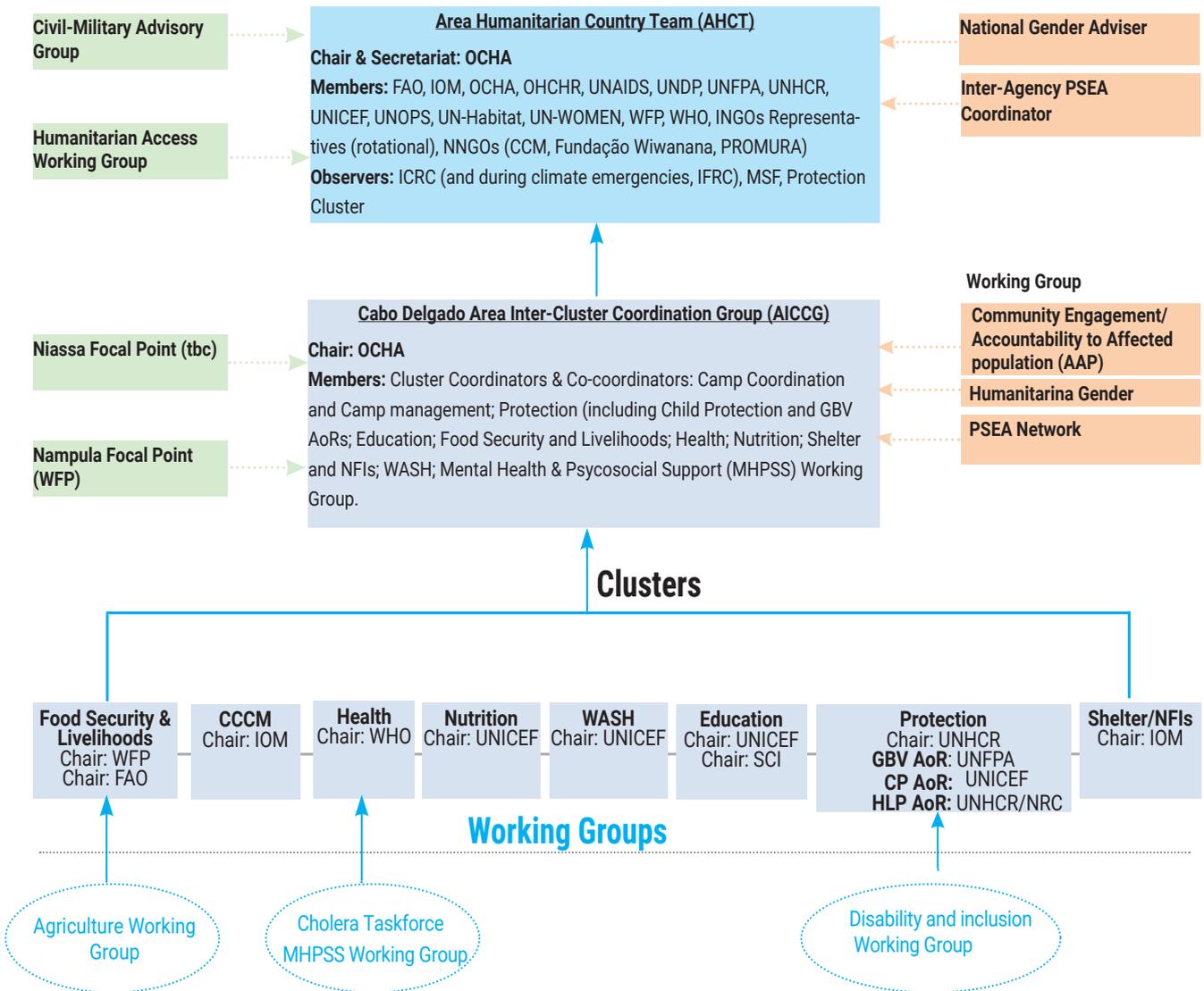
risk analysis principles, ensuring that aid aligns with safety and protection priorities. Enhanced data collection and information-sharing mechanisms with contextualized and flexible reporting practices will be essential in 2025 to improve access monitoring and response planning. Operational plans will also prioritize decentralized CivMil coordination in districts with high civilian protection needs, such as Ibo, to mitigate access barriers and maintain a continuous presence in critical areas.

## Coordination

In 2024, district coordination structures were operational in 14 out of 17 districts of Cabo Delgado in promotion of area-based coordination. District coordination groups (co-chaired by OCHA and SPDI acting as the government agency focal point) were operational in 10 districts while service provider mechanism groups (co-chaired by OCHA, CCCM and SPDI) were operational in four other districts. Both structures collected important voices, priorities, and feedback from the affected communities and local district authorities on the ground and feeding into the provincial level subnational/Area ICCG. For some sectors like education, partners and local authorities also engaged through sectorial district level coordination mechanisms. At the Cabo Delgado provincial level, the subnational/Area ICCG is based in Pemba and composed clusters supported by various working groups including the HAWG, CMAG, Gender, PSEA Network, and CE/AAP. The Subnational/Area ICCG feeds into the Subnational/Area HCT in Pemba. For the rest of the provinces, each province has an HCT focal point, who is the most senior UN staff in the province or a senior humanitarian. These focal points represent the HCT at the provincial level and support and facilitate coordination with provincial government through the national cluster, including coordination with INGD and among humanitarian actors to complement emergency response efforts. The provincial HCT feeds into the National ICCG and to the National HCT in Maputo.

In 2025, the coordination structure will be adapted to ensure it remains fit-of-purpose, and in line with recommendations from the February 2024 Peer-to-Peer mission to Mozambique.

## Humanitarian coordination architecture for Cabo Delgado in 2024



## 2.6 Accountable, inclusive & quality programming

Humanitarian partners in Mozambique are committed to the principles of quality and inclusive programming. This includes a response anchored in the centrality of protection and do-no harm approaches, as well as a response that is owned and delivered in partnership with communities and informed by two-way

communications with affected populations, including women, children, boys, and girls. Improving protection remains a cornerstone of the humanitarian response.

### Accountability to affected people & people-centred response

The humanitarian response is grounded in a rights-based approach, prioritizing the effective delivery of aid to the affected communities while ensuring accountability and respect for their rights and dignity. To improve accountability to affected people (AAP), humanitarian partners are committed to coordinate AAP initiatives, fostering a people-centered response that

continuously adapts to the evolving needs of affected communities.

In 2024, the CE/AAP Working Group has been focused on understanding the CE/AAP landscape and identifying gaps; building interagency AAP capacity; and strengthening existing community feedback mechanisms (CFMs), referral pathways and two-way communication channels to further create spaces for affected communities to meaningfully participate in the decision-making processes. These mechanisms are designed to not only allow communities to provide feedback but also to ensure that the feedback is acted upon in a transparent and responsive manner.

One of the challenges faced has been “closing the feedback loop”, with communities unaware of the actions (or lack thereof) taken based on their feedback. Often, affected populations are uncertain whether their concerns have led to any improvements in the response. A key issue arises when action needed to address feedback falls outside the immediate remit of the agency receiving the input, or when it requires collective action across multiple organizations. This can create frustration and a perceived gap in accountability.

In 2025, efforts to strengthen collective accountability will be expanded through enhanced coordination of AAP mechanisms with a broad range of stakeholders in the response, including local authorities, community-based organizations, community groups, and the affected populations themselves. Humanitarian partners will work together to implement community-centered approaches, integrating community perspectives at every stage of the response—from design and implementation to ongoing adjustments. This will promote local ownership of the response and foster active, sustained participation from the community, which in turn will help build trust and resilience for long-term recovery.

Key components of this collective accountability effort include:

1. **Collective Trends Analysis:** Aggregating and analyzing community feedback from multiple CFM

channels to provide a real-time, coordinated picture of community needs.

2. **Collective Key Messaging:** Supporting platforms for clear and consistent communication with affected communities about the response and their feedback.
3. **AAP Capacity Sharing:** Strengthening the ability of humanitarian partners to respond to community concerns through training and resource-sharing.
4. **Advocacy for Inclusive, Gender-Responsive Aid:** Ensuring aid is equitable, accessible, and tailored to vulnerable groups, while adhering to humanitarian principles.

The CE/AAP Working Group remains committed to ensuring that the voices of affected populations are not only heard but also acted upon in a meaningful way. By promoting coordination, transparency, and participation, the group will continue to improve the accountability of humanitarian interventions. The goal is for communities to be active stakeholders in shaping the response, building a more accountable and effective humanitarian system in 2025 and beyond.

### **Protection from sexual exploitation and abuse**

Protection Against Sexual Exploitation and Abuse (PSEA) is a top priority for humanitarian partners and authorities in crisis-affected locations in Mozambique. PSEA Networks are in place at national and Cabo Delgado levels, to support prevention and response to sexual exploitation and abuse (SEA). They are co-chaired by WFP and Plan International at the national level and by IOM and Save the Children in Cabo Delgado. Networks are composed of agency/organizational focal points under the overall leadership of the Humanitarian Coordinator. A full time Inter-Agency PSEA Coordinator is in place, to ensure technical assistance and capacity building in support of the humanitarian community, through the PSEA Networks. The humanitarian response in Mozambique has been implementing PSEA efforts, aligning with best practices from IASC and the Office of the Special

Coordinator for Improving the UN Response to Sexual Exploitation and Abuse (UN-OSCSEA).

Mozambique has in place a 2-year PSEA action plan that takes into account SEA risks identified through inter-agency SEA risk assessments (2021 and 2023), analysis of case trends, inter-agency community engagement and AAP assessments (2024), and most recently the Multi-Sectoral Needs Assessment (2024). Regular gender assessments also contribute to this effort.

Collectively, these assessments demonstrate that SEA risks are heightened by structural inequalities and uneven power dynamics in households, combined with gender and social norms which include normalization of gender-based violence and survival sex for women and girls in times of crisis. These risks are further exacerbated in the context of increasingly reduced funding and thus, limited capacity of humanitarian actors to meet the critical needs of the affected population. Furthermore, the critical role played by local leaders as information providers and mobilisers regarding access to humanitarian aid of affected populations, presents both opportunities and risks. Local leaders are trusted by the communities as information providers and communities approach leaders first in cases of concerns. They can play a key role in PSEA efforts, while the significant power they have for targeting and beneficiary registrations also presents notable risks in light of prevalent negative gender norms.

Communities seem to understand that SEA is forbidden but they are not confident that assistance is free. This calls for strengthened community engagement efforts on this matter. Limited understanding and awareness of rights of communities and to the obligation to report by humanitarian actors through the existing reporting channels, highlights the urgent need for enhanced continuous capacity-building efforts on mandatory reporting, as well as, building trust and capacity in follow up procedures and investigations.

The Linha Verde 1458, which is, the inter-agency toll-free emergency response hotline is the central

reporting line for SEA with operators regularly trained on PSEA with capacity and commitments to securely refer SEA cases to PSEA focal points within 24 hours of receiving a case. The hotline furthermore confirms the referral to the reporting actor and verifies that contact has been made with the survivor. Noting that community preferences are for face-to-face communication and phone ownership is low, functional community-based feedback mechanisms with teams that are trained on PSEA, are thus key to capture SEA cases early on, enabling a timely and effective follow up. This is being ensured through close engagement of the PSEA network with the CE/ AAP working group.

In 2025 PSEA priorities will include:

- Continued and enhanced training to ensure all humanitarian actor's understanding of the PSEA principles and associated responsibilities, including mandatory reporting and follow up and investigations procedures.
- Enhanced efforts around HR and security induction processes including induction training, understanding of codes of conduct and collaboration between organisations for accountable recruitment processes.
- Ongoing cooperation of the PSEA Networks with all clusters to mainstream and protect communities against sexual exploitation and abuse, with targeted engagement with the Protection Cluster, Child Protection and GBV Areas of Responsibility. This is aimed at ensuring that survivors, including children, are provided with an appropriate and holistic response in line with the UN Victim Assistance Protocol.
- Work closely with the Gender Working Group for Humanitarian Action to ensure that interagency gender equality programming is in place to prevent sexual exploitation and abuse and bring transformational change.
- Enable strengthened local investigations capacity working with international investigations bodies, focusing on local organisations.

- Establish effective ways to leverage local leaders as agents for change including through active dissemination of INGDs code of conduct for humanitarian actors coupled.
- Active collaboration with relevant government entities, namely INGDs Social and Environmental Safeguarding Division and with the Attorney General's Office's criminal division and reference groups, to enable alignment and capacity-development on effective referral and processing of SEA reports against local actors, noting that some aspects of SEA are considered crimes in the Mozambican Penal Code.
- Continue significant efforts to prevent sexual exploitation and abuse including by incorporating awareness-raising sessions during rapid assessment and response missions, regularly training affected communities on PSEA, and delivering information on beneficiaries' rights and reporting channels for complaints during distributions.

### Disability inclusion

Mozambique has shown a strong commitment to promoting and protecting the rights of persons with disabilities, as evidenced by passing the first Disability Act in 2024, following its ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2012 and its ratification of the Protocol to the African Charter on Human and People Rights on the Rights of Persons with Disabilities in Africa (ADP) in 2022.

However, the country still faces challenges in translating the rights of persons with disabilities commitments into concrete policies, systems, programs, and services. Persons with disabilities face barriers to participation and inclusion at all levels, including family, community, and state. Persons with disabilities affected by humanitarian crisis in Mozambique have reported specific barriers related to the access to services, including lack of information, fear of injury and long distances. The lack of or limited disability inclusion awareness and skill among humanitarian professionals has also been pointed out

as a key problem. Enabling services and facilities, such as those related to hygiene and sanitations, especially for women with disabilities, have also been deemed inaccessible.

In addition, existing data on disability is limited due to inadequate information collection methods and questionnaires. The existing limitation has affected negatively the planning and delivery of humanitarian services. Recent initiatives have confirmed the underestimation of disability prevalence in humanitarian settings in Mozambique, providing estimates that go beyond 30 per cent. Mental health impairments and age are significant contributors to disability prevalence, yet there have been enough efforts to address the same. There are inadequate policies, guidance, regulations, and standards for disability support services in different areas. There is significant inequality in access to mainstream services between persons with disabilities and those without. Equally, disaster risk reduction response to emergencies continues to have gaps in the provision of adequate protection for persons with disabilities in humanitarian crisis and emergencies. To address these issues, a United Nations Partnerships on the Rights of Persons with Disabilities study identified several priorities for UN support to advance disability inclusion in Mozambique. These include supporting a comprehensive and inclusive legal and policy reform process for disability inclusion, strengthening coordination and oversight in the implementation of disability commitments, addressing gaps in disability inclusive budgeting, supporting the development of national capacity for the collection of disability disaggregated data, and supporting persons with disabilities and their representative organizations in advocacy and awareness raising. The study also emphasized the need for the UN to develop its capacity to mainstream disability inclusion in planning and programming. Response to the needs of persons with disabilities requires collective support. Therefore, when revised, this issue needs to be covered in a comprehensive manner through the HCT Protection Strategy. There is also a need for data collection on persons with disabilities in a centralized and harmonized manner that could allow proper analysis and programming.

To address these issues, a United Nations Partnerships on the Rights of Persons with Disabilities study identified several priorities for UN support to advance disability inclusion in Mozambique. These include supporting a comprehensive and inclusive legal and policy reform process for disability inclusion, strengthening coordination and oversight in the implementation of disability commitments, addressing gaps in disability inclusive budgeting, supporting the development of national capacity for the collection of disability disaggregated data, and supporting persons with disabilities and their representative organizations in advocacy and awareness raising. The study also emphasized the need for the UN to develop its capacity to mainstream disability inclusion in planning and programming.

## 2.7 Cost of the response

### Costing methodology

Mozambique's HNRP is a hybrid plan which includes project-based and activity-based submissions by clusters. Project owners include UN organizations, national and international non-governmental organizations (NGOs). Each cluster produces a cost-per-beneficiary estimate, which combines the costs associated with in-kind supplies, cash provision (where appropriate), and expenses associated with the physical delivery of assistance (logistics, staff, security and other overheads).

Projects in each cluster were vetted by cluster coordinators and further peer-reviewed by OCHA to ensure adherence to overall strategic objectives. A number of clusters have seen their cost per person increase due primarily to inflationary pressures on commodities. The average cost per beneficiary ranges between US\$39 and \$81.

## 2.8 Multipurpose cash

Over the past years, the Government of Mozambique (GoM) has taken important steps to put in place and strengthen the national social protection system (SPS), in alignment with international best practices. This despite the many different actors and preferences, programs, policies, instruments, institutions, financing, and often difficult trade-offs that this entailed. In terms of CVA for humanitarian purposes, Mozambique's experience with Cash and Voucher Assistance (CVA) during past emergencies demonstrates its flexibility, efficiency, and ability to empower affected people while strengthening local markets and systems. Vouchers were used for the first time in the country in 2016-2017, in response to El Niño-induced drought, where it supported rapid recovery by allowing households to purchase necessary goods and services.

In Mozambique, the Ministry of Gender, Children and Social Action (Ministério do Género, Criança e Acção Social - MGCAS) is the government institution that directs and coordinates the execution of government policies in the areas of Direct Social Action and Productive Social Action. Within MGCAS, the National Direction for Social Assistance (DNAS) is responsible for the definition of policies for social action, as well as coordination and supervision of social action activities. In turn, the National Institute of Social Action (Instituto de Acção Social - INAS), an institution subordinated to MGCAS, is responsible for the execution of direct and productive social action programmes (including cash disbursements) in coordination with other governmental and non-governmental organizations. The National Institute for Management and Disaster Risk Disaster (Instituto Nacional de Gestão e Redução do Risco de Desastres – INGD) provides in-kind assistance in response to humanitarian crises and it has not been involved in cash programming or cash disbursement.

Donors and humanitarian partners are currently working towards scaling up the wider CVA, given other positive experiences at the country and regional level. In fact, CVA has the potential to improve humanitarian response through:

- **Rapid and Timely Assistance:** Cash can allow for the flexible and rapid distribution of humanitarian assistance.
- **Flexible Assistance:** The flexibility that CVA can offer (by allowing people to prioritize their needs) can support a more impactful and relevant response.
- **Market and Economic Impact:** By using CVA during a response, it can stimulate market economies and support market recovery post disaster.

**Cost Efficiency:** Global studies show that cash can be more efficient for humanitarian response. Evidence from global studies highlight that 18 per cent more people could be reached at no extra cost through the delivery of cash instead of in-kind food.

Moreover, CVA enables affected communities to make decisions that best address their immediate needs, respecting their preferences and dignity.

## 2.9 Monitoring

Monitoring of humanitarian needs will be undertaken throughout the year to assess risks and changes in context and any implications for response operations and strategy. Various types of monitoring will be conducted using multiple sources to ensure comprehensive data collection and timely response. Real-time monitoring will capture immediate changes through on-the-ground reports from field staff and community feedback; periodic assessments will be conducted to provide a broader overview of trends and evolving needs, drawing from local authorities, NGOs, and community leaders. By employing diverse monitoring methods, the response team can maintain

an accurate and adaptive understanding of the situation across different timescales and regions.

### Situational monitoring

Key indicators—such as population displacement, level of food insecurity, malnutrition rates prevalence, resource availability, security incidents, and public health metrics will be regularly tracked to collect and analyze information about conditions in a specific area or context, especially during crises or rapidly changing environments. By maintaining a continuous flow of data from various sources, situational monitoring enables humanitarian organizations responders to adjust their strategies quickly, prioritize resources, and implement timely interventions.

### Risk monitoring

Risk monitoring helps identify emerging risks early, adapt their plans, and implement preventive measures. This proactive approach is essential for minimizing harm, protecting resources, and ensuring the preparedness and resilience of communities and projects facing uncertain environments. Risk monitoring is of paramount importance during the rainy/ cyclonic season in Mozambique. Through systematic engagement with INGD, INAM and National Water Directorate the humanitarian team will analyze trends to understand their likelihood, timing, and potential impact. With regard to conflict, risk monitoring will be conducted through the Humanitarian Access Working Group.

### Response monitoring

The Humanitarian Country Team will oversee progress of the implementation of the HRP through the regular review of the Humanitarian Monitoring Framework.

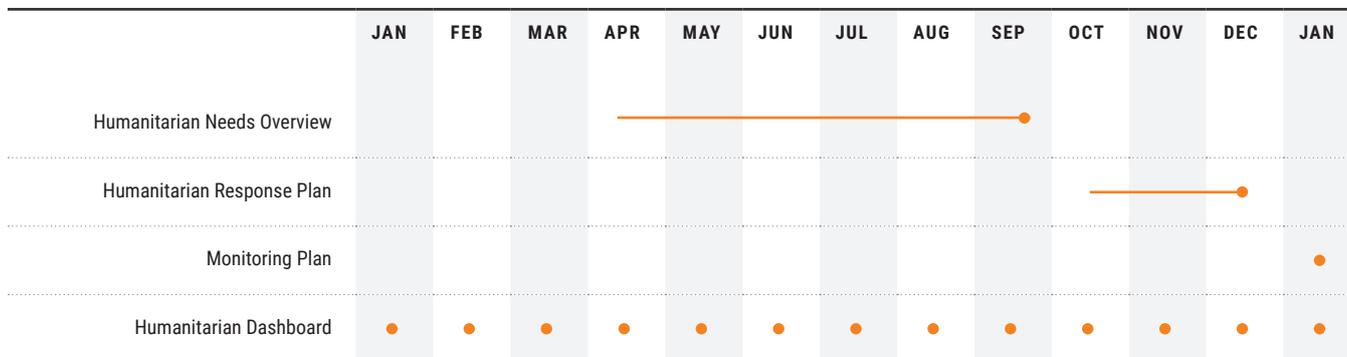
The Inter-Cluster Coordination Group and the Information Management Working Group will monitor inter-sectoral outcome indicators and operational programme and physical presence data, and track progress against output indicators. Response achievement data will be reported at district level and disaggregated by population group (refugees, internally displaced people, returnees and non-displaced), and sex and age.

Cluster response monitoring will be undertaken through sectoral monitoring. Each cluster has defined its objectives, linked to the overarching strategic objectives, disaggregated people targeted to district level, as well as demographically, with a focus on the most vulnerable groups as identified by each cluster. All clusters will report progress against selected indicators through the 5Ws mapping tool (Who does What, Where, For Whom and When) on a monthly basis. The clusters will also encourage their partners to monitor the implementation of funded projects regularly in the field to make sure that good quality services are delivered, related issues regarding SEA, disability and inclusion as well as AAP are considered and implemented followed. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) will publish a monthly inter-sectoral response dashboard and organizations operational presence

capturing the progress towards the HNRP objectives and associated funding status, as reported in the Financial Tracking Service.

Cluster indicators have been classified as directly or indirectly supporting people to allow for a more nuanced tracking of reach. Direct indicators refer to activities such as which in-kind assistance, supplies, cash or services are provided to households or individuals. Indirect indicators refer to those activities that have an impact at the community level or for which detailed tracking of the number of recipients of assistance is not possible. For example, provision of clean water or hygiene kits will be considered a direct indicator, while hygiene promotion through different mediums will be considered an indirect indicator. Total reach, reach by direct and reach by indirect indicators will be provided for all cluster

### Humanitarian programme cycle timeline



# Part 3: Cluster needs and response

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## MACOMIA DISTRICT/ CABO DELGADO PROVINCE

A woman carries a sack of food received by the World Food Programme to internally displaced people

Photo: WFP/Alfredo Zuniga



# 3.1 Camp Coordination and Camp Management (CCCM)

PEOPLE IN NEED

PEOPLE TARGETED

447K

250K

PARTNERS

PROJECTS

REQUIREMENTS (US\$)

6

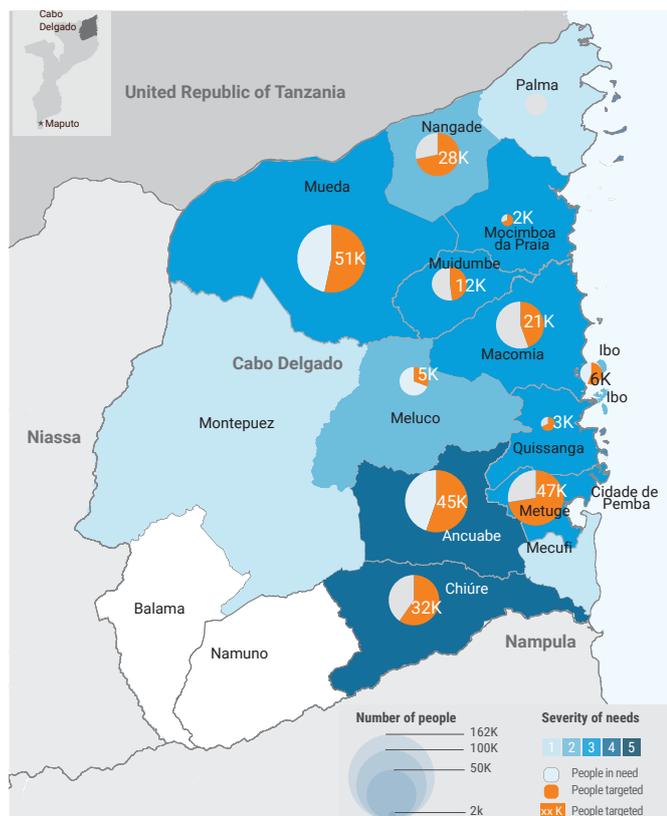
7

\$7.5M

Conflict \$6.5M

Natural Disaster 1M

## Cluster severity of needs, number of people in need and targeted by district



### Summary of needs

An estimated 446K displaced persons including returnees and people affected by displacement are in

need of Camp Coordination and Camp Management (CCCM) services in 2025. This includes 164K IDPs in protracted displacement who are unable to return home due to ongoing conflict in some potential areas of return and those whose housing, land and property have either been destroyed or occupied. There is no significant decrease from the 600K people who needed assistance in 2024.

The Multi-sectoral Needs Assessment results and the CCCM 5ws show a significant need for strengthened CCCM structures across Cabo Delgado displacement sites. The IOM DTM Multi-sector Local Assessment round 14 data also indicate a worrying limitation of services and assistance, particularly in areas outside sites where close to 76 per cent of displaced people sought refuge. Displaced people in rural and urban areas living out of displacement sites lack access to information about the available services. The existence of settlements without any coordination and management structures has led to either sporadic or a complete lack of service provision for vulnerable people in informal settlements. Based on site level site profiles produced monthly by CCCM Cluster partners, 60 per cent of the overall displaced people reported being exposed to increased protection, public health and gender-based violence risks. A weak coping mechanism among IDPs women and girls makes the situation difficult and cause frustration and hopelessness.

The sporadic conflicts in Macomia, Ibo and Quissanga further entrenched protracted displacement and the associated burden on the displaced population, returnees and conflict affected communities particularly due to uncertainty over the continuation of humanitarian services, security and safety in the areas of displacement. This uncertainty and the incessant armed incursions coupled with intense conflict between the displaced and host community over scarce resources and unbalanced provision of humanitarian assistance may lead to most displaced people currently in displacements to prematurely depart to find shelter and livelihood opportunities in other locations but essentially remain displaced.

CCCM used specific indicators targeting women, persons with disabilities and children, IDPs; women, boys, girls and who are unable to return home due to insecurity, Houses, Land and property destroyed in places of origin will continue to require humanitarian assistance.

Poor living conditions, below-standard services, and exhausted financial resources, contribute to increasing psychosocial stress, affecting physical and mental wellbeing of mostly women and persons with disability.

According to the CCCM Cluster service monitoring dashboard, October 2024, overall minimum service standards have not improved since the initial emergency phase, and this has contributed to secondary displacement. Displaced women and girls living in urban areas, are most at risk to Gender Based Violence (GBV). A breakdown of traditional protection mechanisms coupled with changing roles within the family and the increased exposure to groups with differential power to commit violence have made these groups more vulnerable.

### Affected people

On average, women, girls, and persons with disabilities are constrained in when and how basic services can be accessed. The unplanned nature of IDP sites in Mozambique, presents immense barriers for women, girls and persons with disabilities to access essential services within the site. Consequently, care and maintenance measures and site infrastructure upgrade must focus on persons with disabilities needs. The CCCM approach will focus on enhancing

safe and secure access to critical services available within IDP sites. The need to strengthen partnerships and capacity building with organizations working with people with disabilities to better identify their needs and ensure data is disaggregated and that humanitarian interventions are tailored to specific needs of vulnerable individuals remains the CCCM aspirations in 2025.

### Response strategy

Cluster objective 1: Ensure equal access and needs based assistance to improve the quality of integrated services for populations affected by displacement through Coordination and monitoring. Aligns with SO1

The CCCM operation will be guided by four objectives: (1) Coordination and monitoring that aims to facilitate effective coordination among various humanitarian actors working in displacement site settings. This aligns with the SO1 that calls for a coordinated approach to ensure services are provided without duplication to ensure effectiveness of humanitarian intervention to save life

Cluster objective 2: Respond to vulnerable population by addressing protection gaps and strengthen the predictability and effectiveness of multi sectorial interventions through robust community engagement and participation. Aligns with SO1&2

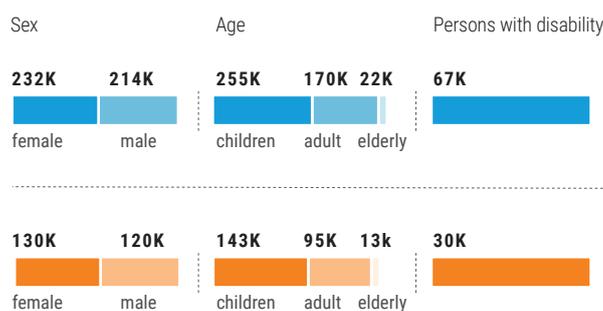
Cluster objective 2 aligns with SO1, 2 and 3 ensures that Internally Displaced Persons (IDP) are consulted and engaged throughout the implementation of humanitarian programming and that displaced people

### PiN and target breakdown

by population group



by sex & age



have access to information about the available services. Prioritizing the well-being and security of those affected with special emphasis on persons with disabilities and that measures are in place to prevent and respond to any forms of sexual Exploitation and Abuse thereby placing the centrality of protection (SO3) at the core of the cluster operations

Cluster objective 3: Strengthen inclusive community participation to ensure local ownership, self-governance and self-reliance. Aligns with SO2

Cluster Objective 3 Encourages robust community participation in resilient-oriented services to support progressive and sustainable community driven initiatives to improve the quality of life and eventually phase-out humanitarian assistance. This objective aligns with the SO2 that seeks to empower displaced individuals to actively contribute to decision-making processes, leading to self-management initiatives that align with their unique needs and aspirations. Ultimately, these efforts aim to pave the way for durable solutions, by facilitating the transition from displacement site-like response to sustainable outcomes that support the resilience and recovery of displaced communities

Cluster objective 4: Strengthen Community Cohesion by facilitating the transition of IDP sites into neighborhoods through capacity building and initiation of women and youth led livelihood projects. Aligns with SO2&3

Finally, cluster objective 4, places emphasis on facilitating community cohesion through conflict sensitive approach in which CCCM activities will aim at building bridges between the displaced and the non-displaced community by assuming a comprehensive and vulnerability-based targeting. This objective is anchored on Area Based Approach (ABA) that prioritizes Women and youth led livelihood projects and promotes sustainable outcomes enhancing coordination efforts at area levels to facilitate seamless information sharing among stakeholders, enabling timely decision-making and improved service delivery. Through this objective, CCCM aims at empowering displaced people by

transferring site governance responsibilities to foster self-governance; and strengthening the capabilities of local government and community leaders through targeted capacity enhancement initiatives. This objective aligns with SO2&3

CCCM will continue to scale up community consultations with an emphasis on ensuring that services are fully accessible by persons with disabilities and minority group members of different sex and ages. CCCM interventions will include ensuring that affected populations have equitable access to humanitarian services, generating inclusive community governance structures that include meaningful involvement of persons with disabilities, elderly persons, women and girls, and individuals of minority ethnic backgrounds, and maintaining accessible two-way communication for all Internally Displaced Persons.

The CCCM Cluster response strategy and priorities aligns with its strategy whose approaches are phased into what is commonly referred to as the ABC strategy. The prioritized locations have been aligned to this ABC approach whereby sites in Ancuabe and Metuges that fall under Adjusting Approaches will be handed over to the local authority for self-governance within the first quarter of 2025. Similarly, sites in Chiure and Mueda were prioritized under Building Bridges whereby, they will be handed over to the local authority by end of 2025. Whereas sites and areas in Macomia, Quissanga, Muidumbe, Nangade and Mucimboa da Priar will receive comprehensive CCCM approaches with the aim of pursuing a safe and secure environment where displaced persons are not only recipients of assistance but active partners in shaping their own futures. Through coordination and monitoring of humanitarian service provision this vision aspires to make solution a whole-of-cluster priority thereby ensuring the cluster fit for purpose and accountable for solution by creating linkages between development actors, Civil Society Organizations to foster solution beyond humanitarian aid to function in tandem with development.

In the previous year, CCCM focused its response modality exclusively on displacement sites. This focus inadvertently attempted to neglect a significant

portion of displaced individuals who, for various reasons, sought shelter and protection outside displacement sites. This approach left out vulnerable individuals who chose alternative forms of shelter in urban areas and integrated into host communities and yet, these individuals faced unique challenges, that include limited access to resources, and a lack of essential services.

In 2025 through this strategy, the cluster recognizes that displacement is a complex and multifaceted issue, and a one-size-fits-all approach may not adequately address the diverse needs of the affected population, therefore, the Cluster will utilize Area-Based Approach (ABA) targeting whole community that involves investment in host community areas and developing a deep understanding of both displaced, returnee and host community needs and aspirations, turning the area into viable community as an aspect of displacement solution.

The CCCM by nature is a cross-cutting sector that places protection at its core response modality. By intertwining protection principles within its care and maintenance strategies, CCCM ensures that the safety, dignity, and well-being of displaced populations take precedence. This approach involves not only the establishment of physically secure environments but also actively integrates measures to prevent and respond to protection risks faced by women boys and girls, especially persons with disabilities. By recognizing the unique vulnerabilities of this population category, CCCM aims to create holistic responses that address the unique vulnerabilities of displaced communities, fostering an environment that upholds human dignity, and ensures the overall safety of those in need.

### **People targeted**

The Camp Coordination and Camp Management (CCCM) Cluster identified 446k people in need of CCCM Assistance in 2025. This is 154K people less in absolute numbers from 600k people in need in 2024. The CCCM Cluster will target 250K people across all the districts in Cabo-del-Gado. About 123,784 IDPs resident in IDP sites in Ancuabe, Chiure, Metuge and Mueda have been targeted to integrate within the host

community in 12 months of the response in 2025. First, starting with 70,040 IDPs resident in Ancuabe and Metuge that have been prioritized to transition within the first quarter of 2025.

### **Response modalities**

In 2025 the CCCM Cluster will continue to coordinate and ensure that displaced people have equitable access to basic services, assistance, and protection including support towards self-reliance, enabling them mitigate dependence on humanitarian assistance. With the progressive change in dynamics, the Cluster envisages the expansion of its activities further into return areas, where the focus will be based on a three phased (ABC) approach .

### **Cost & prioritization of the response**

In 2025, the CCCM cluster will embark onto a response modality that will see close to 67 sites turned into viable communities. The operation will involve rehabilitation of some infrastructure. This serves as significant cost drivers within CCCM operations. The process involves careful and responsible dismantling and rehabilitation of infrastructure, waste disposal, and environmental rehabilitation. Costs are incurred in managing the logistical complexities of decommissioning, facilitating integration of displaced persons into host communities. The financial burden includes capacity building, and the restoration of sites to their pre-displacement conditions. Moreover, community engagement, consultation, and coordination with various stakeholders contribute to the expenses associated with an organized and ethical site integration. Balancing the humanitarian imperative with cost-efficiency will require collaboration, and resource allocation to execute CCCM site integration and rehabilitation effectively.

### **Community engagement & accountability to affected people**

The CCCM response will enhance participation of women, men, boys and girls in the management of the site by forming and supporting women committees, this will foster accountability to the affected people, and facilitate information management, a lifeline of

humanitarian operation relies on the credible and accurate information about the affected population. Therefore, the CCCM community engagement and information gathering will play a critical role in ensuring that other service providers receive timely and credible information of the displaced population to contribute to the evident based response. The community participation structures are often instrumental in empowering the affected people to organize and mobilize their communities, create tangible contributions to the delivery of assistance and help the affected population make informed decisions for themselves and their families.

### **Prevention of sexual exploitation & abuse**

CCCM partners will actively engage in PSEA prevention and response by first establishing comprehensive training programs and capacity-building initiatives to familiarize staff with PSEA policies and guidelines. These efforts will be complemented by ongoing awareness campaigns, assessment of main SEA risks associated with CCCM interventions and implementation of mitigation measures identified, to foster a zero-tolerance culture for abuse and exploitation within the displacement settings. Partners will collaborate in disseminating a clear Code of Conduct and IEC PSEA materials and will appoint PSEA focal points to enhance PSEA mainstreaming into CCCM interventions and activities and ensure ethical behavior is reinforced consistently. Awareness raising on reporting mechanisms and the right to free assistance will be integral to CCCM partners' commitment to accountability, transparency, and the ongoing improvement of PSEA prevention and response mechanisms.

### **Response monitoring**

The CCCM Cluster in Mozambique strives to ensure that the provision of humanitarian assistance to IDPs living in camps and camp-like settings is well coordinated and delivered in ways that reduce

protection risks and targets the specific needs of the displaced while meeting international standards. This impact will be measured by developing harmonized survey tools to assess the satisfaction level of the affected population towards CCCM services and community leadership structures. This survey will be conducted thrice per year and information will be fed back to the community and service providers for increased accountability and programme adjustments. The Cluster will review the level of satisfaction of the cluster partners on the performance of the Cluster based on its six core roles and responsibilities by conducting the survey twice in a year. To ensure that the CCCM activities will appropriately address the needs of the displaced people, the Cluster will monitor the progress against key CCCM output indicators and adapt operational planning and response as needed. The Cluster team will conduct monitoring visits in the districts with active CCCM operations to provide technical oversight and assess the quality of the CCCM activities. Following the visits, the Cluster will provide guidance to the relevant CCCM partner about the implementation of the Camp Management activities.

Accountability to affected population shall be monitored through collection of monthly CFM by cluster partners. A situation report shall be published monthly.

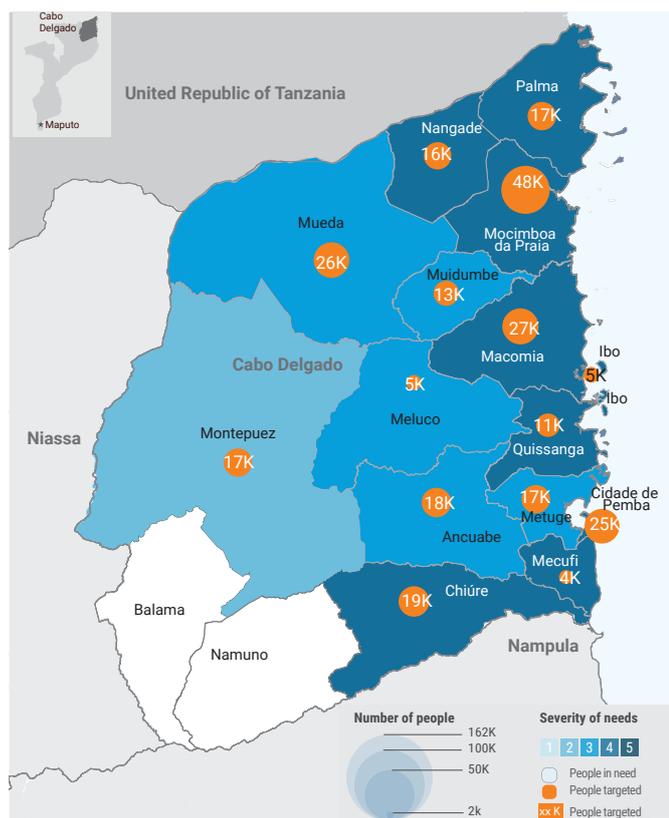
Contingency plans for each site and area of operation shall be produced with close consultation and engagement with local authority and site/area management committees. Similarly, sites that shall be handed over to the local authority for self-management, detail hand over reports with clear terms of reference and a memorandum of understanding signed between CCCM partner and the local authority shall be published and placed in the public domain.

Number of people reached by CCCM services. Information collected for this indicator will be captured through the monthly 5Ws submitted by cluster partners.

## 3.2 Education

PEOPLE IN NEED		PEOPLE TARGETED	
<b>278K</b>		<b>211K</b>	
PARTNERS	PROJECTS	REQUIREMENTS (US\$)	
<b>16</b>	<b>17</b>	<b>\$14.5M</b>	
		Conflict \$12.7M	
		Natural Disaster \$1.8M	

### Cluster severity of needs, number of people in need and targeted by district



### Response strategy

The Education Cluster’s 2025 response strategy in Mozambique focuses on addressing critical education needs in emergencies in conflict-affected areas of Cabo Delgado. Prioritisation is informed by severity

levels, the low quality of available services due to prolonged disruptions, attacks on education, partner presence and capacity, and alignment with other sectors like Child Protection. The northern districts of Macomia, Quissanga, Mocimboa Da Praia, and Ibo, where education services have been severely disrupted and thousands of children lack access to safe learning opportunities, are designated as first-priority areas.

Second-priority districts include Palma, Chiúre, Nangade, and Mueda, which also face significant educational challenges but to a slightly lesser extent. Third-priority areas include Ancuabe, Muidumbe, Mecufi, Meluco, Metuge, and Cidade de Pemba, where vulnerabilities persist but are less critical compared to first- and second-priority districts.

The strategy focuses on enabling the return of students and teachers to safe and secure educational spaces, integrating child protection measures, psychosocial support, and targeted inclusion for children with disabilities, who represent 6 per cent of the children targeted. By addressing the distinct needs of each priority level, the response ensures that the most vulnerable populations receive appropriate and timely support, contributing to a safe, inclusive, and equitable education system.

For the conflict response, key interventions include addressing key learning gaps and ensuring access to formal and non-formal education basic learning materials, for displaced children and implementing programs that are tailored to meet different age groups’ needs: Accelerated Education (Accelerated Learning, Catch-up and Remedial) focus on children aged 6-12 for reintegration into government led formal education, while Alternative Education (Life skills, basic literacy and numeracy) target adolescents aged 13-17, who have been out of school for long periods or have never been enrolled in formal education face greater risks of not returning to/ entering the school system. The set up of Temporary Learning Spaces, the provision of Learning supplies, hygiene kits, and menstrual hygiene materials will be distributed to support school enrollment and attendance, particularly for adolescent girls, and prevent school dropout. School feeding programmes encourage attendance and provide

essential nutrients to support cognitive development and learning in emergencies.

To enhance the quality of education, approximately 3,500 teachers and education staff will be trained in Mental Health and Psychosocial Support (MHPSS), Teachers in Crisis Contexts (TiCC) framework, Inclusive Education, and strategies to prevent Violence Against Children (VAC), including gender-based violence (GBV). This training ensures teachers are equipped to provide inclusive, supportive environments that address both boys' and girls' overall needs, including psychosocial well-being. Gender-responsive and inclusive education activities, including life skills and basic literacy and numeracy, will further support adolescents who may not re-enter formal schooling.

Education Cluster members will be also implementing preparedness activities across natural disasters prone areas across the country aiming to build sectoral coordination systems capacity and expertise, liaison with other sectors for integrated approach and pre-positioning of supplies

### People targeted

In 2025, the Education Cluster targets approximately 211,000 children and adolescents affected by conflict, with specific focus on school-age children in conflict-affected districts. In addition, Education Cluster members will be targeting around 120,400 to benefit from preparedness related activities across the country.

The plan prioritises girls, who are more vulnerable to school dropout, as well as children with disabilities,

who face additional barriers to accessing education. The needs analysis indicates that these groups are particularly impacted by school closures, displacement, and limited educational infrastructure, necessitating targeted interventions to restore and support educational access.

The targeted group is disaggregated by gender, age, and disability, ensuring that programming addresses the unique needs of each group. Specific strategies will support young children in re-entering school, adolescent girls at risk of early marriage, and children with disabilities through the provision of assistive devices and inclusive learning programs. This prioritization aligns with the findings from the Humanitarian Needs Overview 2025, which identified these populations as particularly vulnerable within the education sector.

### Response modalities

The Education Cluster will work in close collaboration with member organisations and education authorities at national, provincial, and district levels, will implement a mix of service delivery modalities to address the diverse needs of displaced and out-of-school children. The response prioritises Accelerated and Alternative Education programmes to provide flexible learning options and help children reintegrate into education pathways and the distribution of teaching and learning materials, ensuring that both teachers and students are equipped for effective learning.

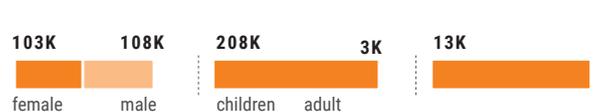
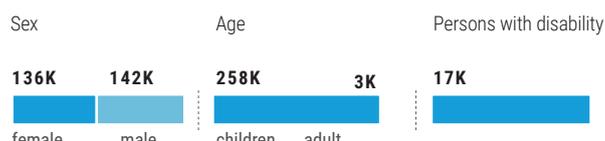
Teacher training on critical topics—such as Teachers in Crisis Contexts (TiCC), Mental Health and

### PiN and target breakdown

by population group



by sex & age



Psychosocial Support (MHPSS), gender-based violence (GBV), and inclusive education—will further enhance the quality of education and foster a safe, supportive environment where both girls and boys can thrive. To address hygiene and gender-specific barriers, menstrual hygiene management supplies will be distributed, encouraging school attendance among adolescent girls. Assistive devices will be provided to children with disabilities, ensuring their full participation in educational activities. Additionally, school feeding programmes will be implemented to improve children’s nutrition, enhance concentration, and encourage regular attendance.

Temporary Learning Spaces (TLS) will be supplied as needed to support these primary interventions, ensuring continuity of education in areas where formal schools are unavailable or unsafe. The response is designed to adapt to fluid conditions and security challenges, ensuring that educational interventions remain effective, inclusive, and responsive to the needs of the most vulnerable children.

### **Cost and prioritisation of the response**

The funding requirement for the Education Cluster’s 2025 for preparedness activities is \$1.8 million and \$12.7 million for the conflict response. Particularly for the conflict response prioritisation is informed by severity levels, low quality of available services due to ongoing disruptions, and heightened risks from attacks on education. Funding allocation follows a matrix that prioritises life-saving and sustaining activities, directing resources to areas with severe needs, as identified through partner project submissions and geographic analysis. The response prioritises both internally displaced persons (IDPs) and returnees, while also including host communities, as all displaced children and adolescents are to be included in host community schools and under the “do no harm” principle.

Collaborative efforts across education partners and intersectoral coordination will be leveraged, ensuring a holistic response to the needs of affected children. Particularly, coordination with Child Protection, WASH, Nutrition, and Health clusters enhances the impact of educational interventions by integrating complementary services such as safe sanitation,

mental health support, and case management, reproductive health. These collaborative efforts aim to ensure continuity of education while addressing the broader well-being and protection needs of vulnerable children and adolescents in Mozambique’s conflict-affected districts.

### **Community engagement & accountability to affected people**

The Education Cluster prioritises community engagement and accountability to ensure that diverse population groups, including women, girls, children with disabilities, and vulnerable individuals, are informed of their rights to educational assistance. Efforts are made to provide access to safe, trusted, and existing reporting mechanisms adapted to the needs of all groups. These mechanisms allow beneficiaries to express concerns and provide feedback on services. Also, cluster members will work to ensure that inclusive feedback mechanisms are in place within school communities, and to enable parents, students, and caregivers to actively participate in decision-making processes.

Gender-sensitive approaches will ensure that the voices of girls and women are amplified, addressing barriers they may face in accessing education and reporting concerns. By fostering a participatory approach that respects the needs of all community members, the Education Cluster ensures that education interventions are safe, inclusive, and responsive to the unique challenges faced by different groups in Mozambique’s conflict-affected regions.

Accountability to affected populations is further reinforced through community engagement, particularly with women and girls, in the design and delivery of interventions. Monitoring systems are in place to protect beneficiaries from exploitation and abuse, while also tailoring education programmes to meet the intersectional needs of school-aged children, including gender- and age-specific vulnerabilities. These efforts aim to prevent prolonged disruptions to learning pathways and foster continuity within the education system in Mozambique.

## **Prevention of sexual exploitation & abuse (PSEA)**

PSEA measures are integral to the education response, with mandatory training for all staff and partners on PSEA principles and reporting procedures, ensuring compliance with inter-agency reporting and referral pathways. Community-based complaints mechanisms will be established within educational facilities, providing children and parents with a safe, confidential way to report issues. Monitoring systems will ensure accountability and responsiveness to PSEA incidents, with a focus on protecting children and supporting survivors. The Education Cluster will continue to support partner organisations in ongoing PSEA trainings and strengthening of protocols and policies, where needed.

### **Response monitoring**

The Education Cluster will conduct regular monitoring of activities and outcomes, collecting sex, age, and disability-disaggregated data on standardised indicators, including the number of children accessing learning opportunities benefiting from school feeding support and receiving psychosocial support. Data collection on this will be supported by 5W reporting to capture detailed information on who is doing what, where, when, and for whom, ensuring comprehensive

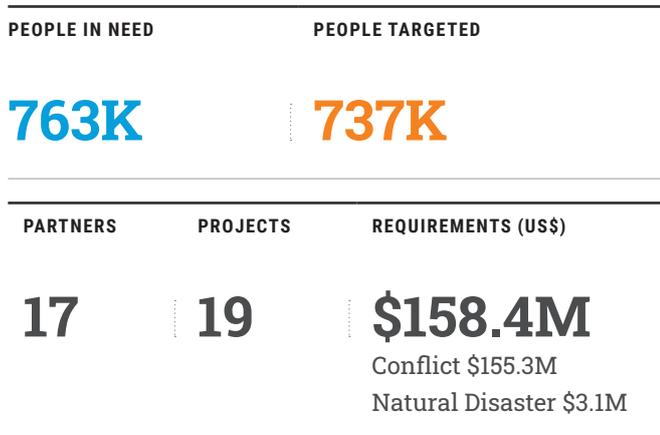
tracking of education interventions and identifying gaps or overlaps.

Regular Education Cluster meetings will take place at both sub-national and national levels that will facilitate the sharing of information on updates, risks, needs, planning and response activities directly from implementing partners, Provincial Education Directorate and district level education authorities. District-level coordination meetings will also be ongoing.

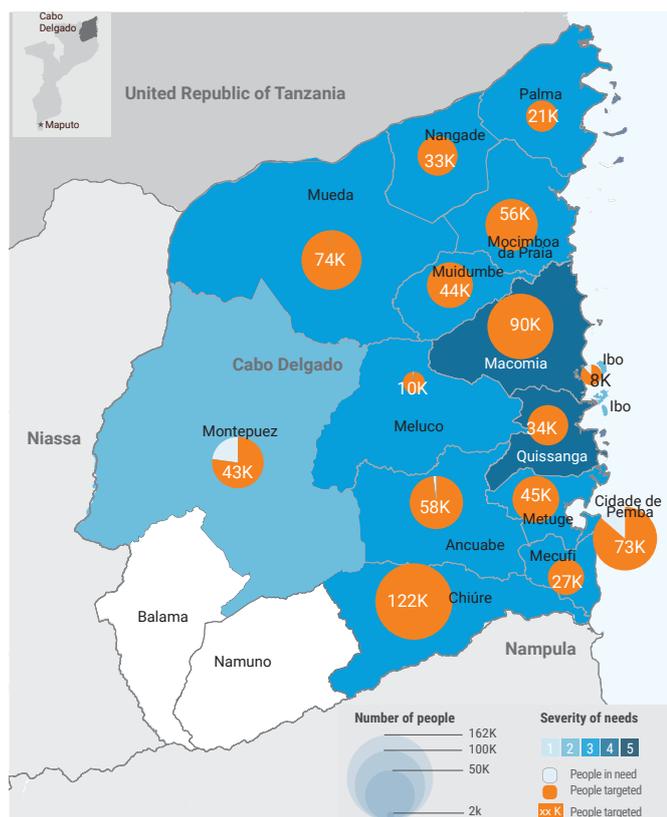
Field visits will be undertaken to validate data, observe programme implementation, and engage directly with beneficiaries to ensure accountability and inclusivity. Needs assessments will be conducted to refine understanding of evolving requirements and guide the prioritisation of activities.

Community feedback mechanisms will be in place to ensure services meet the dynamic needs of children and families and are designed to be trusted and accessible to vulnerable groups. Monitoring data, combined with findings from field visits, 5W reporting, and needs assessments, will be shared with inter-sectoral partners to align efforts, enhance coordination, and adjust interventions as necessary based on community input and real-time analysis.

## 3.3 Food Security and Livelihoods



### Cluster severity of needs, number of people in need and targeted by district



### Response strategy

The FSLC’s response strategy will focus on increasing livelihood support while maintaining food assistance, particularly in IPC 4 districts (emergency level). FSLC partners are committed to significantly expanding

livelihood assistance to the most food-insecure populations in Cabo Delgado, aiming to reduce aid dependency, support recovery and strengthen the resilience of local food systems. Concurrently, humanitarian food assistance (HFA) will be prioritized for the most vulnerable groups, based on comprehensive vulnerability assessments. Where feasible and as funding allows, HFA will be decreased after the main harvest and increased during the lean season to assist people when they are at their most vulnerable.

In response to the increased needs caused by conflict and displacement, the 2025 strategy will emphasize reaching those in protracted displacement, returnees, and vulnerable host communities (non-displaced). Livelihood interventions will prioritize access to agricultural interventions, covering agriculture, livestock and fisheries, but also income generating activities and vocational training, aiming at the restoration of disrupted livelihoods to foster recovery and stability.

To enhance sustainability, FSLC partners will adopt a community-based approach that addresses both immediate food security needs and the long-term resilience of food systems.

Cross-cutting issues are integral to this strategy. Gender-sensitive approaches will ensure that support reaches vulnerable women including female-headed households and rural women, who often face greater vulnerability.

Protection will also be central, with additional consideration for people with disabilities, people living with HIV and elderly individuals. Integrating HIV in the cluster response, by addressing food insecurity among people living with HIV and hence improving treatment adherence and viral load suppression, is crucial to fight the epidemic, which continues to be the number one cause of death for people aged 15-49 in Mozambique (INS, 2020). The cluster will also promote environmentally sustainable practices, especially in agriculture, to prevent resource depletion and encourage climate resilience within the targeted communities.

## People targeted

Vulnerable groups, including women, girls, children, people with disabilities, widows, female-headed households, the elderly, and individuals living with HIV, are most severely impacted by food insecurity and encounter significant barriers to accessing critical information in displacement settings. The FSL Cluster will prioritize these populations in its response, ensuring that adaptations are made to facilitate their active and meaningful participation.

**Internally Displaced Persons (IDPs):** The FSL Cluster classifies all newly displaced individuals as acutely food insecure, requiring urgent life-saving food aid. For IDPs in protracted displacement, either in relocation sites or integrated into host communities, FSLC partners will assess vulnerability levels, acknowledging that many individuals have adapted to their current environments to varying degrees, given the prolonged nature of their displacement. Displacement often results in the loss of critical assets, including land, capital, and social networks, which heightens food insecurity in temporary resettlements. Most displaced individuals lose access to essential livelihood assets and opportunities, compounding their vulnerability.

**Host Communities (non-displaced):** Food-insecure host communities also face heightened challenges as their limited resources continue to be strained by the prolonged presence of displaced populations. The influx of IDPs intensifies pressure on natural resources, public services, and local institutions. Immediate food assistance will support both newly

displaced groups and host communities; however, in areas with prolonged displacement, livelihood support for host communities will be essential to help them expand their resource base and to maintain social cohesion. Likewise, people in relocation sites will benefit from livelihood interventions to rebuild household economies.

**Returnees:** Returnees face complex obstacles, including disrupted livelihoods, broken social networks, and limited public services and infrastructure. Timely support for this group is critical, with the FSL Cluster focusing on basic food aid and livelihood recovery to support both immediate needs and medium-term stability. This targeted assistance aims to reduce vulnerabilities and facilitate sustainable reintegration in their home districts.

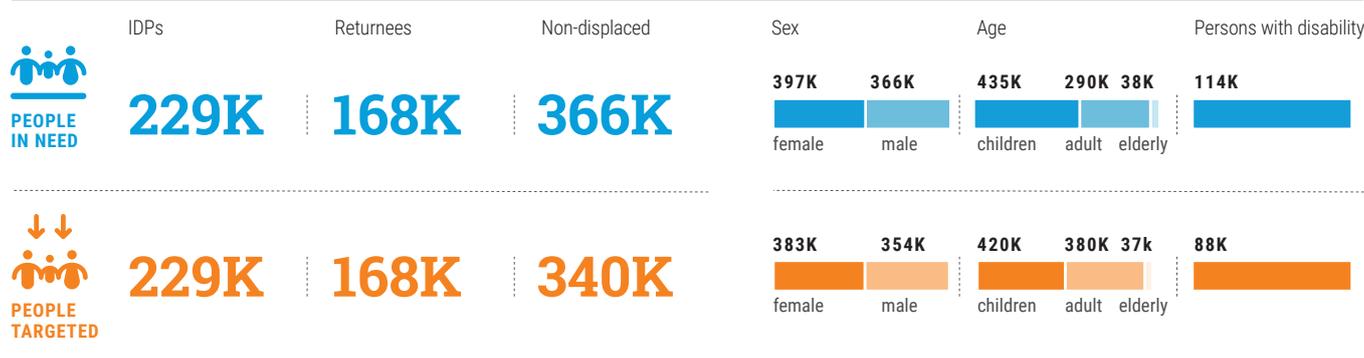
The FSL Cluster also considers the national averages across population groups (men, women, children, etc.), recognizing that food insecurity is likely to impact these demographics in line with the national IPC post-shock estimates used to calculate district-level needs in the HNO.

**For conflict:** The target was established during the HRP workshop with FSLC partners, who submitted their proposed interventions and targets. A sector-wide discussion followed to agree on a sectoral target designed to address estimated needs based on partners' capacities. In districts where the People Targeted (PT) surpasses the People in Need (PiN) for the livelihood component, partners will explore ways to complement each other's activities.

## PiN and target breakdown

by population group

by sex & age



## Response modalities

**Rapid Response Rations:** This food assistance modality will focus on newly displaced individuals, those on the move, and populations in hard-to-reach areas, providing 100 per cent of daily nutritional requirements for 15 days.

**Regular General Food Distribution (GFD):** Food-insecure populations will receive food assistance through in-kind food distributions, commodity vouchers, or value vouchers, depending on the local context and market assessment outcomes ensuring that gender discrimination and social norms do not prevent women from accessing food assistance. These distributions will meet 78 per cent of daily caloric needs. The current transfer amount for cash-based transfers (CBT) is approximately 4,300 MZN, subject to adjustment based on beneficiaries' changing livelihood access and findings from ongoing market assessments.

**Emergency Agricultural Aid and Food Assistance for Assets (FFA)/Cash for Work (CFW):** food insecure population will receive emergency livelihood support, aiming to restore and strengthen productive assets while meeting immediate food needs at 78 per cent of daily kilocalories. To foster social cohesion and contribute to peacebuilding, these initiatives will encourage collaboration between IDPs and host communities to achieve shared objectives and equitably distribute enhanced resources. The support includes both in-kind and cash-based assistance, supplemented by relevant training. Planned activities encompass providing inputs for agriculture, livestock, and fisheries; protecting productive assets; supporting household food production and income generation; post-harvest practices; infrastructure rehabilitation; and community training to sustain these assets.

## Cost & prioritization of the Rresponse

The total cost of FSC overall responses is US\$: 155,316,816 for conflict response, implemented by 17 partners, covering both humanitarian food assistance and livelihood support. This will be project-based methodology.

This amount reflects the minimum cost of the FSC response, determined based on needs outlined in the Humanitarian Needs Overview and coordinated with FSC partners involved in the response. The planning process was collaboratively organized during an online workshop held on October 11th.

## Response priorities

The Cluster's needs analysis highlights severe acute food insecurity in northern Mozambique, primarily driven by conflict and displacement. Despite over four years of humanitarian efforts addressing the conflict's effects, a significant portion of the Cabo Delgado population remains acutely food insecure. This situation demands a focused response to save lives, restore and protect livelihoods, and reduce the need for harmful coping mechanisms. Such a response contributes to both protection and resilience, ultimately decreasing reliance on humanitarian aid.

The Cluster will prioritize its response using a dual approach: (a) by geographical area and (b) by household vulnerability. Geographical targeting will prioritize IPC 4 district (Macomia and Quissanga), followed by Moçimboa da Praia and Nangade, as they were highlighted as Severity 4 districts during the JIAF 2.0 analysis. On a third level, Cluster partners will prioritize IPC 3 districts, looking into identifying the most food insecure population (IPC 4). District-level needs are informed by the IPC post-shock findings from SETSAN. Household targeting will be based on specific vulnerability criteria.

## Community engagement & accountability to affected people

Accountability to Affected Populations (AAP) will be embedded throughout the response, ensuring communities receive timely, accessible information, and that consultation and feedback mechanisms are prioritized. FSLC partners will engage assisted households in selecting food security interventions and preferred assistance modalities, with considerations for security, food preferences, and market access. Community input will be actively sought through

consultations with community committees, focus groups, and feedback from established community feedback mechanisms (CFMs). Minority and vulnerable groups, including IDPs and host communities, will be specifically engaged in focus group discussions to ensure their perspectives are considered.

Well-established CFMs, including NGO-staffed helpdesks and suggestion boxes at distribution sites, will remain available. Additionally, Linha Verde 1458, a toll-free inter-agency hotline managed by WFP, will provide up-to-date assistance information as well as referring complaints to implementing organizations via referral pathways agreed with the FSLC for action and closure of the feedback loop. FSLC partners will ensure designated protection and AAP focal points are in place, maintaining effective communication, ensuring and monitoring case follow-up, and ensuring timely closure of the feedback loop.

### **Prevention of sexual exploitation & abuse**

The FSLC partners uphold a strict zero-tolerance policy for sexual exploitation and abuse (SEA), which is reinforced through codes of conduct, comprehensive training (both online and in-person) and multiple reporting mechanisms, including Linha Verde 1458, which is the central reporting mechanism for SEA in Mozambique. Key SEA prevention measures include thorough context analysis, risk assessment, and targeted community engagement on beneficiary rights at all stages of food security and livelihood interventions. The Cluster prioritizes transparent and needs-based targeting, ensuring community

participation in the selection process. Additionally, the Cluster emphasizes the need for member organizations to provide SEA training for field staff, reinforcing mandatory reporting and victim centred approach to SEA reports utilizing referral pathways established and shared by the protection cluster. FSLC partners are committed to promptly addressing SEA cases in partnership with government counterparts when needed, ensuring swift action within 24 hours to prioritize survivor safety and well-being, with close coordination between FSC focal points and investigations teams.

As co-chair of the PSEA network, WFP collaborates closely with FSLC members, encouraging each to designate PSEA focal points and actively participate in regional and national network meetings. WFP provides technical support and capacity building in line with IASC guidance and PSEA network standards, ensuring victim-centered approaches and coordinated responses with SGBV and child protection services as appropriate.

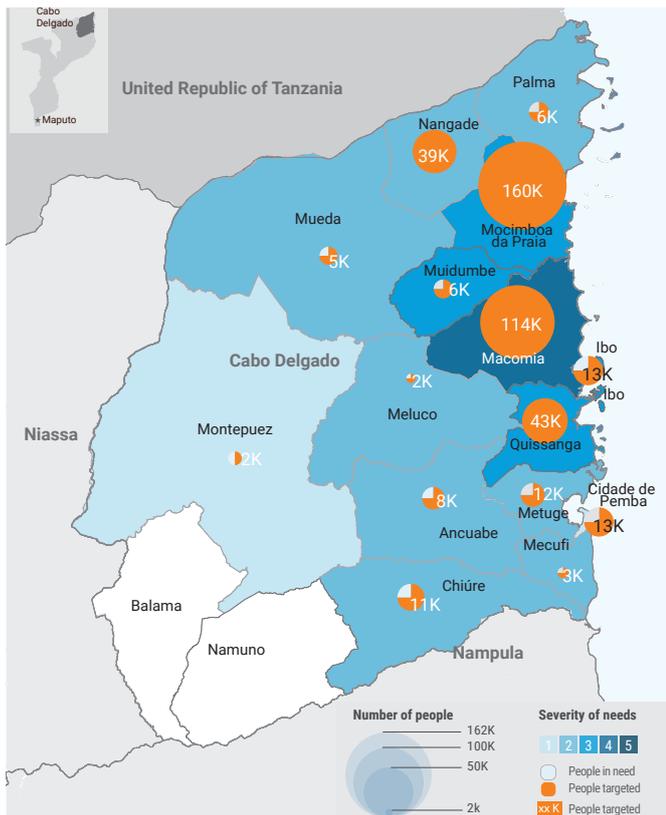
### **Response monitoring**

The FSLC will depend on Cluster Lead Agencies and partners to monitor food security responses in Mozambique using key output indicators. These indicators will be reported by all operational partners and compiled monthly in the 5Ws matrix to maintain a current overview of food security and livelihood activities. The main indicators to be tracked are summarized below:

# 3.4 Health

PEOPLE IN NEED		PEOPLE TARGETED			
461K		434K			
PARTNERS		PROJECTS		REQUIREMENTS (US\$)	
7		10		\$20.7M	
				Conflict \$16.7M	
				Natural Disaster \$4M	

## Cluster severity of needs, number of people in need and targeted by district



## Response strategy

Compared to last year where a broader response was planned, In 2025 the Health Cluster plans to focus the intervention on the 15 conflict-affected districts of Cabo Delgado, as agreed upon at the Humanitarian

Country Team (HCT) level, but maintaining certain capacity and flexibility to respond to changing needs in different locations following the conflict dynamics.

The goal is to provide free and effective preventive and curative emergency health services to crisis-affected populations. The intervention will use an integrated primary health care package, emphasizing high-impact activities such as vaccination, timely treatment and or referral of common causes of morbidity and mortality, rapid detection and response to epidemics, antenatal care, and skilled birth attendance.

Health services will be tailored to meet the diverse needs of specific groups, including women, children, adolescents, people with disabilities, GBV survivors, and people living with HIV (PLHIV) and tuberculosis (TB). Working closely with the Nutrition and WASH cluster and in collaboration with the inter-cluster Mental Health and Psychosocial Support (MHPSS) Technical Working Group (TWG) and protection cluster to address cross-sector specific needs, as expanding access to mental health and psychosocial support services for the most vulnerable, providing adequate clinical and protection care to survivors of sexual violence, ensuring a holistic and integrated response

To support frontline partners, the Health Cluster will enhance an emergency health supply pipeline, ensuring that essential kits are readily available, prepositioning supplies when and where it's needed.

In 2025, the Health Cluster aims to reach 460,850 people, including 226,512 men and 234,338 women. The targeted population is disaggregated by sex, age, and specific needs:

Sexual and Reproductive Health (SRH) Care: 49,623 women of reproductive age will receive SRH services, addressing vulnerabilities such as sexual violence and limited access to health services. Children Under 18 Years Old: 232,633 children will be targeted due to their vulnerability to conflict-related issues like abduction, sexual violence, displacement, and interruptions in education and health programs. Essential services will aim to reduce excess mortality and morbidity among children.

**People Living with Disabilities:** 65,072 individuals with disabilities will be targeted, with adapted responses to increase their access to essential health services.

**Humanitarian Needs Analysis:** The prioritization of these groups is informed by the Humanitarian Needs Overview, which highlights the severe impact of conflict on these populations. Women of reproductive age, children, and people with disabilities are identified as the most in need of immediate health interventions due to their heightened vulnerability and critical gaps in health service access.

**Emergency Health Assistance:** Priorities include managing common illnesses, treating injuries, delivering Minimum Initial Service Packages (MISP) for SRH, and vaccinating children aged 6-59 months. Continuity of care will be ensured for individuals with mental health issues, chronic infectious disease (TB and HIV) and non-communicable diseases.

**Support to Existing Health Systems:** The Health Cluster will support existing health systems in the most affected districts, enhancing their capacity to deliver emergency health services. This approach aligns with humanitarian principles of neutrality and proportionality, respecting medical ethics and ensuring that the most vulnerable populations receive necessary care.

By focusing on these key groups and informed by a thorough needs analysis, the Health Cluster aims to address critical health needs and improve health outcomes for the targeted populations in 2025.

## Response modalities

The Health Cluster, through its partners, will deliver lifesaving and life-sustaining essential health services to targeted groups, addressing the main causes of morbidity and providing sexual and reproductive health (SRH) care. This aligns with the three core objectives of the Humanitarian Response Plan (HRP) and will be implemented in collaboration with SPS/DPS, SMDAS, and other health partners. Services will be provided through both fixed health facilities and mobile clinics/health brigades, targeting vulnerable groups such as the elderly, child-headed and female-headed households, people with disabilities, and other at-risk populations. Direct technical and financial support to the health teams of the Ministry of Health will be a prioritized modality. Needs of specific groups will be considered, providing safe spaces for woman and children and access to people living with disabilities.

Coordination meetings will be used to monitor response activities and address gaps, particularly in high-returnee areas. Community health promotion efforts will include health education sessions and the involvement of multipurpose community activists providing community case management services. These activists will play a key role in epidemic control through targeted health promotion activities.

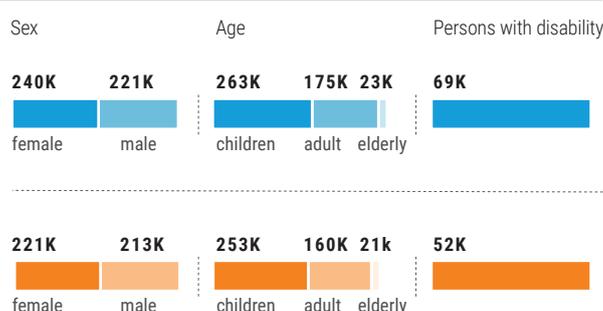
Health partners, using both static and mobile teams, will support districts in implementing preventive and reactive mass vaccination programs for disease outbreaks such as cholera and measles. Essential

## PiN and target breakdown

by population group



by sex & age



supplies will be prepositioned, and anticipatory actions will be taken to mitigate the impacts of climatic shocks.

### **Cost & prioritization of the response**

The Health Cluster needs \$16.6 million USD to deliver essential health services to 433,813 people over one year through partner projects. About 70 per cent of the funds will support the health workforce, ensuring service availability via mobile and fixed health services. Around 15 per cent will go towards procuring, shipping, and distributing emergency health kits. The remaining 15 per cent will fund community awareness and specialized services, including emergency referrals, support for PLHIV-led organizations, specialized care for PLWD and the elderly, and integrated SRH and MHPSS services. 3 per cent is needed for coordination between partners and to have the capacity of rapid assessments.

Projects are prioritized based on population needs, alignment with Health Cluster objectives, and delivery capacity. Throughout the year, priority will be given to life-saving activities, including preventive and curative services for children under five, pregnant women, and lactating mothers, as well as trauma care. Integrated sexual and reproductive health services, control of diseases like malaria, HIV, and TB, and response to outbreaks will also be prioritized. Emphasis will be on including gender-responsive mental health and psychosocial support and addressing the needs of people with disabilities. Non-communicable disease control and elective surgeries through referral services will be deprioritized.

### **Community engagement & accountability to affected people**

CE/AAP is a foundational element in Health Cluster partners' efforts to ensure accountability, effectiveness, and community participation. The Health Cluster will collaborate with the CE/AAP Working Group to standardize tools and harmonize partners' CE/AAP activities across projects. PSEA protocols and awareness sessions should exist within all partners and openly shared with the community. Compressible feedback to the supported individuals and the communities should be available and encouraged.

Community leaders, as well as key representatives of women, adolescents, and the elderly, will participate in needs assessments through direct observation, key informant interviews, and focus group discussions, considering sex, age, and abilities. These insights will guide project design and implementation. Community members will participate in local projects and facility management committees, while healthcare workers will be recruited locally and from among the targeted populations. Service delivery points will regularly monitor concerns through complaint boxes, patient exit interviews, and a unified feedback mechanism. Information will be disseminated in local languages through community leaders, FM radio stations, and information, education, and communication materials

### **Prevention of sexual exploitation & abuse**

In targeted communities, sector partners will establish mechanisms to prevent, report, and manage sexual exploitation and abuse (PSEA). Health projects will outline key PSEA measures, including referral strategies and support for potential survivors. WHO's PSEA focal person will lead sensitization efforts for Health Cluster partners to raise awareness. Ensuring gender balance in personnel allocation will be a priority to safeguard women and girls accessing services.

Key PSEA messages will be translated into local languages and distributed as educational materials to the target population. Clear reporting channels will be set up within partner organizations and linked to existing interagency clinical mentorship programs (CBCMs). All Health Cluster partners will designate trained, active PSEA focal points to provide operational support and participate in PSEA Networks.

To ensure accountability, sector partners will engage in regular follow-ups on PSEA-related issues. This includes monitoring the effectiveness of PSEA measures, providing continuous training, and maintaining transparent communication with the community. Feedback mechanisms will be established to ensure community members can report concerns safely and confidentially. By integrating these strategies, sector partners aim to create a safe and supportive environment for all community members.

## Response monitoring

The Health Cluster will engage in Inter-Cluster Coordination Group multisectoral needs assessments. Health partners will conduct comprehensive health needs assessments with community representatives from key groups to evaluate how health response activities address community and individual needs and integrate with regular healthcare services added to partners direct observation on the ground will provide necessary information, which will guide both ongoing and new health interventions.

Community feedback, along with data from DTM multisectoral location assessments, will further inform the response. Health services will have feedback and complaints mechanisms through complaint boxes and patient exit interviews. Health Cluster indicators will guide response monitoring. The HRP performance

monitoring and DHIS-2 indicators will track health interventions, including maternal and child health services and routine immunization for children.

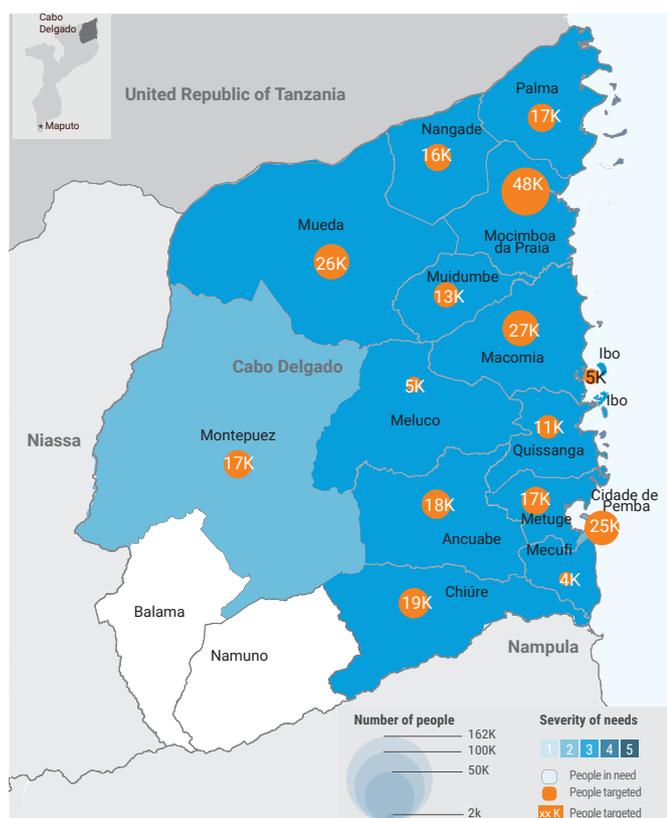
Access and support to improving the Electronic Integrated Disease Surveillance and Response (e-IDSR, SIS-MA in Portuguese) system will allow monitoring of disease outbreaks, while HeRAMS will assess health facility functionality and service availability. Post-campaign evaluations will also track measles vaccination coverage for children aged 6 months to 15 years.

By regularly collecting and analyzing this data, the sector will ensure effective joint inter-sectoral response monitoring and adapt interventions based on community feedback to meet evolving needs.

# 3.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	
268K	268K	
PARTNERS	PROJECTS	REQUIREMENTS (US\$)
10	12	\$17.8M
		Conflict \$16.7M
		Natural Disaster \$1.2M

## Cluster severity of needs, number of people in need and targeted by district



## Response strategy

The Nutrition Cluster will focus on life-saving and life-sustaining support for the treatment of acute malnutrition expanding safe access to, and coverage of, high-impact nutrition interventions targeting

children under five (CU5), adolescent girls and women of reproductive age, particularly pregnant and lactating women (PLW), and people living with disabilities, HIV/AIDS and TB. Key strategies aim to reduce mortality and morbidity, prevent an increase of acute malnutrition, treat micronutrient deficiencies in CU5 and PLW, promote optimal breastfeeding and complementary feeding practices, through Infant and Young Child Feeding (IYCF) programmes and men engagement in nutritional care key messages and considering the nutritious food locally available and the climate change context of Mozambique that has been impacted by drought due to El Nino and contemplating La Nina for 2025.1-4 Implementing partners are working to support the government in health facilities and integrated mobile brigades to access hard-to-reach areas, considering reports of 37 per cent of the health/ nutrition facilities in Cabo Delgado were still inoperative5. Cluster partners will ensure linkages of the integrated nutrition package with social protection actors to ensure cash grant activities for families with children under 24 months understand and engage in positive nutrition practices. In hard-to-reach areas, simplified approaches will be utilized providing increased quantities of therapeutic or supplementary foods to increase uptake and reduce dropouts of lifesaving nutrition services. The entire country is also prone to natural disasters like cyclones, floods and drought, etc. that can deteriorate quickly the health and nutrition status of the most vulnerable. The nutrition cluster, also contemplates activities to protect the nutrition status of children under 5 and PLWs. For that, there will be a range of preventive measures including anticipatory actions under the leadership of Government entities such as INGD, MISAU (MoH) and SETSAN.

## People targeted

The Nutrition Cluster will target 268,484 people in need of nutrition services. A severity analysis was completed to allow for the identification and prioritization of the most vulnerable populations, focusing on an integrated response in nutrition, health, WASH, food security, and protection. The Cluster also considered the operational presence and capacity of partners. Given the high nutritional vulnerability of

CU5 and the critical food security needs of displaced people and returnees increased by the drought due to El Nino, the Cluster will target 100 per cent of the people in need, of whom 65,5 per cent are IDPs and returnees, 206,099 (76,8 per cent) girls and boys under 5 years of age, 23,2 per cent are pregnant and breastfeeding women and girls, and 10 per cent are children with disabilities. There has been an increase in the number in PLW targeted compared to last year since the SMART surveys and IPC analysis of 2023 and 2024 report critical levels of food intake in children aged 6-23 months and women of childbearing age, and these are major contributing factors to acute malnutrition.<sup>6</sup> The minimum diversity of the diet and the minimum acceptable diet are below 10 percent, which indicates that children under 6 to 23 months have not had at least three meals a day and at least five food groups in their diet. The Nutrition Cluster prioritizes intersectoral support for children under five, PLWs, people living with HIV/AIDS, and those with disabilities, as these groups are more vulnerable to malnutrition and thus face higher morbidity and mortality. According to the SMART 2023 and 2024 report, malnutrition impacts boys and girls equally, while PLW and girls show a higher percentage of low weight and low dietary diversity, negatively affecting their babies' growth and development.<sup>6-7</sup>

### Response modalities

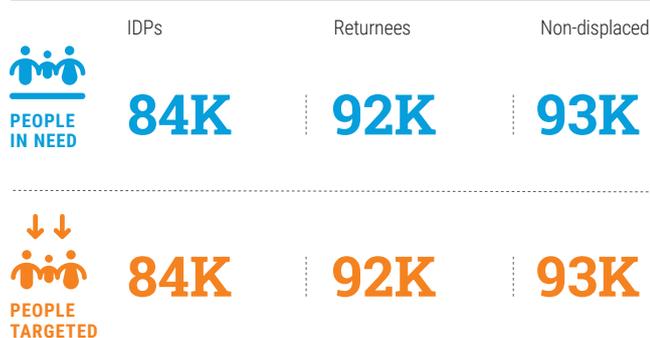
First, the Nutrition Cluster will undertake a multi-pronged approach to address nutrition-related issues, particularly the identification and treatment of acute malnutrition in CU5 and PLW.

Children under 24 months will be prioritized for support through a network of community health workers (CHWs) who will extend the reach of static health/ nutrition facilities with integrated mobile brigades, provide nutrition screenings, management or treatment of AM and case management of common childhood diseases. The CHWs will work with female and male caregivers on key preventative practices that improve IYCF and simple non-medical services that promote healthy babies including growth monitoring, provide supplies for the treatment of AM without complications, deworming and vitamin A supplementation, and the provision of additional micronutrient powders. The Cluster, via the CHWs, will promote optimal breastfeeding practices, men engagement in nutrition and integral care of their children, provide cooking demonstrations and cash transfer programs that are linked with education in nutrition and cooking schools with locally available nutritious food, demonstrate hygiene practices, and promote complementary feeding.

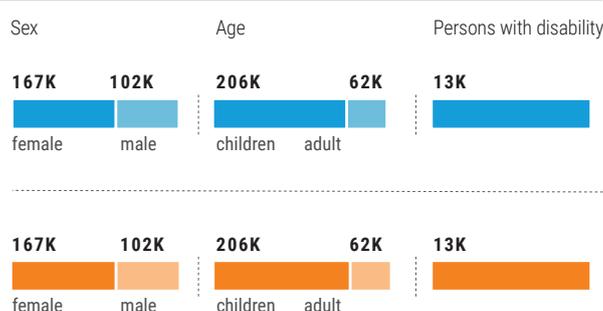
Secondly, the Cluster will support the capacity of the government to strengthen and improve routine program data at national and sub-national levels and the national information systems to improve monitoring and allow the comparison of trends, as well as ensure availability of high-quality data. This includes ensuring surveillance of key nutrition indicators for timely identification of increased needs. Capacity building also includes the strengthening of supply systems and the Nutrition Rehabilitation Programme (PRN) at hospitals, health centers and communities to increase the coverage of integrated

### PiN and target breakdown

by population group



by sex & age



quality care to children with wasting, through health-care professionals trained in AM treatment and the expansion of community treatment programme.

Lastly, nutrition assessments will guide an evidence-based response. SMART surveys are planned for 2025 followed by IPC analysis workshop.

### **Cost & prioritization of the response**

The Nutrition Cluster requires US\$16,6 millions to deliver and strengthen timely delivery of life-saving assistance through 16 partners to support complementarity of the Government's strategy for Cabo Delgado and provinces at most risk of natural disasters. Key project costs include procurement and delivery of life-saving specialized nutrition commodities and essential medicines to treat acute malnutrition; human resources to ensure expansion of interventions, training, SMART survey and operational costs to allow a robust humanitarian presence. A district-level severity scale was developed based on malnutrition prevalence, access to health/nutrition facilities, availability of nutritious and diverse local food, WASH services, and protection risks. Costings were based on cluster targets and planned activities in targeted locations, as well as standard costs for international procurement, and updated logistics costs of supplies and medicines.

A hybrid costing approach was used to determine financial needs for 2025. Cluster partners submitted projects with unit-based costing, focusing on lifesaving criteria, targeting vulnerable groups of the cluster. Prioritization of key interventions and project proposals was based on programme criticality, geographic targeting and humanitarian needs following IPC Acute Malnutrition and existing vulnerability assessments. Humanitarian presence in hard-to-reach areas and operational capacity was taken into consideration while prioritizing cluster projects.

### **Community engagement & accountability to affected people**

The Nutrition Cluster partners will have community delivery platforms to engage in identifying malnutrition cases, sensitizing them on optimal hygiene and infant

feeding practices, and in mainstreaming protection in the humanitarian response, including consultations with women, girls and those with disabilities to determine their risk perceptions related to nutrition activities. The Nutrition Cluster will oversee that services and facilities are inclusive, accessible, and adaptable to meet the specific needs of the targeted groups. Additionally, beneficiary communities will have access to safe, efficient, and confidential complaint and feedback mechanisms to improve programming, understand community perceptions, promote beneficiary empowerment, and assist in the early detection of misconduct, including sexual exploitation and abuse, food diversion and fraud. Community leaders, health committee representative, and CHWs will play an active role in decision-making and developing solutions for identified problems. All staff and health committee members will receive protection and PSEA training, as they play a key role in identifying issues related to exclusion and discrimination and be proactive in ensuring the voice of marginalized groups is represented. During nutrition assessments and surveillance, efforts will be made to collect and analyze protection-related concerns, including GBV and SEA, with data collected disaggregated by sex, age, and disability.

### **Prevention of sexual exploitation & abuse**

The Nutrition Cluster will ensure partners to prioritize the prevention of sexual exploitation and abuse (PSEA) in their activities through community sensitization, and the training of government, partners, and suppliers, on the prevention and identification of such cases and the referral pathways, strengthening of friendly and accessible reporting mechanisms and coordination with the wider humanitarian structure and the Government of Mozambique, taking into account sector-specific risks highlighted in the most recent Mozambique SEA Risk Register<sup>8</sup> and make efforts to mitigate against negative coping strategies/protection risks such as early marriage and transactional sex for food. The Nutrition Cluster will ensure that PSEA mechanisms are present, updated and functioning effectively to have risk mitigation measures, empowerment messages to the communities and timely and proper support network for survivors. The

Cluster will continue to strengthen coordination with the PSEA network and will identify dedicated focal points and raise awareness, while responding to all concerns and complaints following existing principles and procedures as recommended by the interagency PSEA network.

### **Response monitoring**

The Nutrition Cluster will continue to enhance the joint workplan to coordinate the humanitarian response in 2025. District-level disaggregated monitoring and analysis of progress against identified needs will be updated monthly and presented at cluster coordination meetings. Gender- and age-disaggregated indicators will be monitored using the 5W. Joint monitoring visits

will be conducted on a quarterly basis, with cluster lead organizations—UNICEF and the Ministry of Health—and utilizing the integrated digital checklist to provide prompt feedback. Key issues identified will be reported and addressed at the cluster coordination meetings. Mid- and end-year review sessions with all cluster members will be organized to assess progress against planned targets, discuss key bottlenecks and defining main corrective actions to mitigate and address key issues. Feedback mechanisms of community-based platforms will be enforced by the district-level health teams. Accessibility and follow-up issues will be discussed on monthly basis in the subnational cluster coordination meetings.



## People targeted

The cluster systematically advises involvement of affected populations of all ages and genders in the design of its interventions as part of its accountability to affected populations. This is to ensure that IDPs, returnees and vulnerable host community members can equally enjoy their rights, have access to protection, services, and assistance on an equal footing, and can participate fully in decisions that affect them and their family members and communities. Therefore, the Protection Cluster is going to target individuals that are affected by the crisis and not covered through CP, GBV and HLP AoRs activities. As per the standard breakdown of population by OCHA, 48 per cent of people targeted are men, 52 per cent women, 57 per cent children, 38 per cent adults, 5 per cent older people and 16 per cent PwDs.

Particular attention will be made to protection risks and needs of PWSN, including PwDs. The Protection Cluster adopts the approach to disability enshrined in the UN Convention on the Rights of Persons with Disabilities (CPRD) (PwDs to include those who have long-term physical, mental, intellectual, or sensory impairments, which, in interaction with various barriers, hinder their participation in society on an equal basis with others). This highlights that persons with disabilities are persons first – women, men, girls, and boys – and that disability does not reside in an individual, but is contextual, and is the result of interaction between societal and individual factors. An intersectionality approach will be applied to protection interventions to address specific vulnerabilities that

result from various social factors such as gender, age, race, ethnicity, disability, socio economic status.

The MSNA, Protection Monitoring findings, Protection Analysis Update, the findings of the Protection Risk Analysis Workshop as well as protection assessment missions conducted to the deep filed informed prioritization of people targeted and the main areas of intervention.

## Response modalities

The partners will deliver their activities through a) static programs by establishing facilities in community hubs, health centers, featuring gender-sensitive designs, providing safe, private spaces for women and girls; b) Deploying mobile units to reach remote or conflict-affected areas where static facilities are inaccessible, possessing essential services, such as medical care, psychosocial support, and legal assistance, with staff trained to meet the specific needs of women and girls; c) where possible, implement cash-based interventions to empower people targeted, especially women, by letting them prioritize their needs. This approach supports local markets and promotes economic recovery. Financial literacy training will be included to enhance women's economic autonomy. Other Cash based activities are related with case management costs (access to services - such as physical movements costs - and specific items needed for the person/family support).

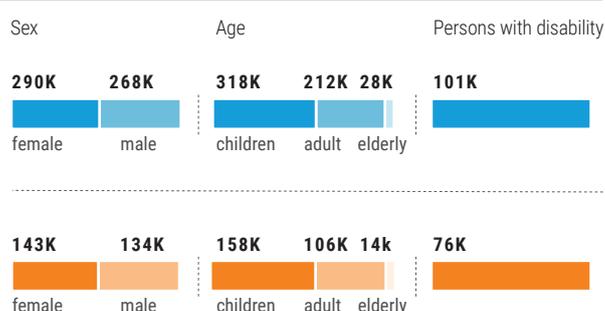
The cluster believes that cash/voucher assistance (CVA) could improve decision making processes ownership by the affected population. In doing so, the

## PiN and target breakdown

by population group



by sex & age



cluster partners first assess the functionality of local markets, and where they are not functioning, in-kind support will be provided. Furthermore, protection concerns such as security risks, especially for women and girls, are critical. Mobile units adapt to security dynamics, while static centers are in secure areas with GBV prevention measures. Mobile responses are essential for reaching dispersed or mobile populations, while static centers serve as stable points for settled communities. Involving local communities, particularly women, in program planning and implementation ensures culturally appropriate and gender-responsive interventions. The response modality of the cluster also involves active advocacy at the national, provincial and district level on protection of civilians, particularly on IEDs, implementation of the guiding principles on internal displacement and provisions of the Kampala IDP Convention.

### **Cost & prioritization of the response**

The overall cost of the Protection Cluster response for HRP 2025 is USD 12.54 million, covering the implementation of 29 projects that address key protection needs across prioritized areas. Approximately 30 partners, including UN agencies, international NGOs (INGOs), and national NGOs, including women led and women's rights organizations (NNGOs), are contributing to this effort, ensuring a coordinated approach to meet protection needs comprehensively.

The Protection Cluster prioritized activities for funding using a tiered matrix (0-25 per cent; 26-50 per cent; 51-75 per cent; 76-100 per cent), based on both field data and risk analysis. Insights from the August PAU workshop and the on-ground experience of partners helped to identify priority districts with heightened protection risks. Key activities were then discussed and agreed upon in cluster meetings, ensuring that the highest-need areas received the most resources. Each partner defined their specific role in assigned districts and activities, minimizing duplication and optimizing resource use to target the most vulnerable populations.

This prioritized and structured approach maximizes the impact of available resources, directing funds toward the most critical protection activities and

ensuring comprehensive, non-duplicative responses across districts.

### **Community engagement & accountability to affected people**

The Protection Cluster and its partners are committed to Community Engagement and Accountability to Affected People (AAP) by integrating Protection from Sexual Exploitation and Abuse (PSEA) principles across all activities. All staff, implementing partners, and contractors will continue to be trained on PSEA commitments, ensuring they understand and comply with these standards. In parallel, communities are actively sensitized about PSEA, and accessible mechanisms, including Linha Verde are in place for reporting SEA concerns, with follow-up ensured through inter-agency reporting and referral pathways.

The Protection Cluster prioritizes meaningful engagement with crisis-affected individuals, taking into account specific needs with a gender, age, and disability lens. Throughout all intervention phases, including planning, implementation, monitoring and evaluation, the cluster promotes inclusive participation, ensuring that feedback, complaints, and information-sharing mechanisms are accessible and responsive to the needs of all groups.

This approach is comprehensive, covering communities affected by conflict, drought, and high-risk areas for cyclones and floods. By tailoring interventions to the unique vulnerabilities and needs of each group, the Protection Cluster strives to ensure that all affected populations are not only heard but also supported effectively throughout the humanitarian response. This commitment to accountability strengthens trust and reinforces protection outcomes in diverse and challenging contexts.

### **Prevention of sexual exploitation & abuse**

The Protection Cluster ensures that all partners, staff members, and contractors clearly understand Sexual Exploitation and Abuse (SEA) definition and principles and the UN's Zero Tolerance Policy. Sexual exploitation involves any abuse of a position of vulnerability, differential power, or trust for sexual purposes,

including profiting monetarily, socially, or politically. Sexual abuse constitutes any actual or threatened physical intrusion of a sexual nature, whether through force, coercion, or unequal conditions, including online exploitation.

To uphold these standards, the Protection Cluster commits to training all personnel on SEA awareness and compliance with the Zero Tolerance Policy. Additionally, targeted communities are informed about this policy and provided with safe, accessible feedback channels, including humanitarian hotlines, to confidentially report SEA concerns. The Protection Cluster ensures that all complaints are managed with accountability and follow-up through established inter-agency mechanisms.

Moreover, the cluster supports the integration of protection mainstreaming across other clusters, developing protection mainstreaming checklists, and conducting protection risk analyses to ensure all activities adhere to SEA prevention principles. This approach strengthens accountability and reinforces the commitment to safe, ethical humanitarian responses.

### **Response monitoring**

The Protection Cluster's response monitoring strategy includes regular data collection, analysis, and intersectoral sharing to ensure accountability and effectiveness. Key indicators related to protection monitoring, legal assistance, civil documentation support, case management, mental health and

psychosocial support (MHPSS), referrals, community-based protection, capacity strengthening, and advocacy are systematically collected via 5Ws reporting. This data, disaggregated by gender, age and disability is analyzed and shared across sectors for coordinated response monitoring.

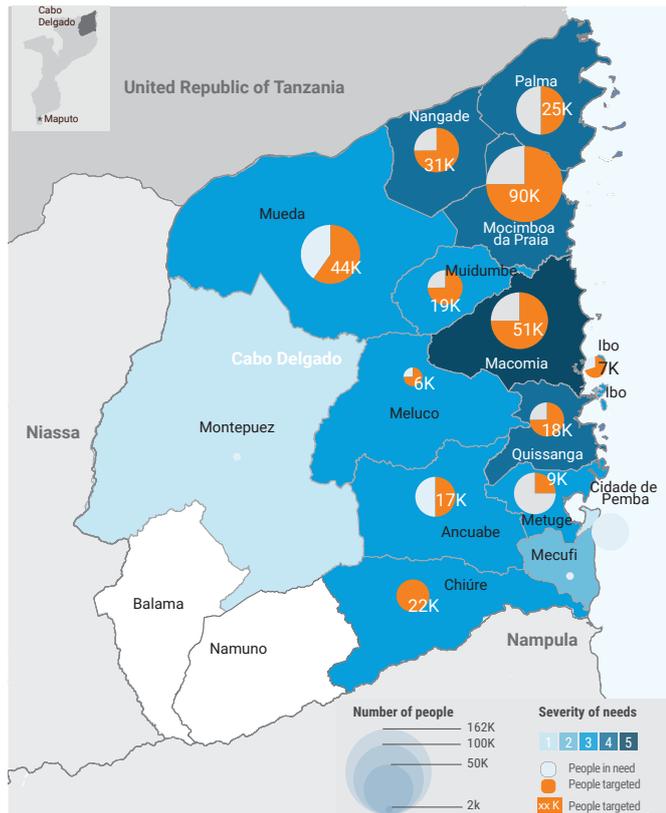
To uphold quality standards, the Protection Cluster will monitor the implementation of funded projects in the field, ensuring that targeted IDPs, returnees, and host communities receive effective and appropriate services. Monthly cluster meetings provide partners with opportunities to report on activity progress, identify gaps, address challenges, and prevent duplication. Insights from these reports will feed into the 5Ws data analysis for comprehensive intersectoral monitoring.

Engagement with communities is prioritized through focus group discussions, participatory assessments, individual meetings, and community consultations. Community feedback on planned and ongoing activities is gathered via complaint boxes, feedback desks, and regular interactions. The Protection Cluster also participates in Linha Verde Hotline meetings, integrating community feedback into response adaptations to address concerns promptly and improve service delivery. This community-centric approach strengthens accountability and ensures that interventions remain inclusive and responsive to evolving needs

## 3.7 Child protection

PEOPLE IN NEED		PEOPLE TARGETED			
<b>540K</b>		<b>338K</b>			
PARTNERS		PROJECTS		REQUIREMENTS (US\$)	
<b>15</b>		<b>16</b>		<b>\$10.7M</b>	
				Conflict \$10.4M	
				Natural Disaster \$0.3M	

### Cluster severity of needs, number of people in need and targeted by district



### Response strategy

The 2025 Child Protection Area of Responsibility (CP AoR) strategy prioritizes delivering critical, specialized child protection services through a comprehensive socio-ecological approach in line with child protection

minimum standards. The CP AoR actively promotes age-adapted, disability inclusive, and gender-responsive programming to appropriately match children’s developmental stages, accommodate the needs of all children and reduce barriers to services, and work towards gender equality, combatting harmful social norms and associated risks. Support will be shaped on the needs of different population groups and their specific vulnerabilities. Additionally, collaborating with other sectors to center children’s protection via child protection mainstreaming and integration is a core strategy component.

To achieve deeper, more meaningful impact, the CP AoR will concentrate on fewer districts with the most severe needs as assessed by CPAoR members. Adolescent girls and boys, identified as particularly vulnerable groups, require immediate life-saving and life-sustaining services. Our strategy focuses on tailored interventions that address their specific needs, gender-responsive and integrated approach, including for girl survivors of sexual violence and boys who are mainly used in fighting roles. Collaborating closely with health and Gender-Based Violence (GBV) actors, we will enhance access to essential services for these vulnerable populations.

Multisectoral reintegration services for children associated with armed forces and armed groups (CAAFAG) will be provided, alongside initiatives to promote social behavior change among families, enhancing protective factors for children. Given that child marriage often emerges as a coping mechanism in crisis situations, addressing this issue through family engagement along with collaborations across GBV, Education, and health will be a core priority.

Strengthening partnerships with district authorities, sectoral clusters, and community leaders is vital to bolstering local protection mechanisms, ensuring interventions are effective and sustainable. By fostering local ownership, we aim to create immediate support pathways for at-risk children and their families. Ultimately, the CP AoR aims to improve access to critical services and foster a safer environment for at-risk children and their families in Cabo Delgado.

## People targeted

In response to a 200 per cent increase in grave violations against children compared to the previous year and with trends in abduction linked to recruitment and use of children, the Child Protection Area of Responsibility (CP AoR) recognizes the urgent need to address the specific needs of affected children, comprising approximately 48 per cent boys and 52 per cent girls. Tailored interventions will focus on these groups, particularly vulnerable adolescents. Our strategy will support primary age school children while also serving adolescents aged 11-18 years, who represent 70 per cent of our targeted child population.

Our targeted approach prioritizes the following groups: out of a total of 337,506 children, 91,127 are aged 0-10 years (30 per cent), and 212,629 are adolescents aged 11-18 years (70 per cent). Additionally, we will engage caregivers, who account for 10 per cent of our targeted population, including 27,000 adults aged 18-59 and 6,750 elderly individuals aged 60 and above. The strategy also includes specific provisions for persons with disabilities, ensuring that 10 per cent of our targeted population consists of children and individuals with disabilities.

In collaboration with the education sector and health actors, we aim to create integrated support systems for adolescents and their families, acknowledging the distinct needs of both boys and girls in a conflict context. Our comprehensive approach will address barriers these populations face in accessing essential services, including threats of abduction, child marriage,

recruitment by armed groups, and risks posed by improvised explosive devices (IEDs) for children working in rural areas.

## Response modalities

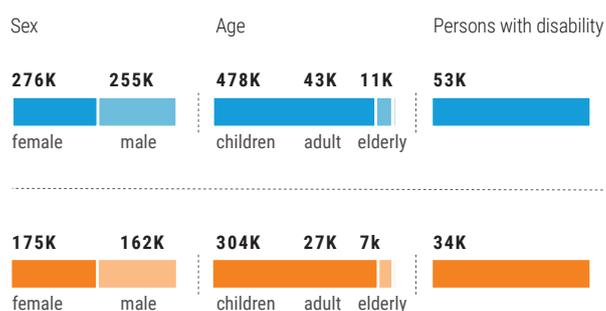
CP AoR partners design interventions based on identified needs, community perceptions and participation, risk assessments, and minimum standards. To foster a more holistic, sustained protective environment for children, the CP AoR will 1) provide coordinated, specialized CP case management, including focused mental health and psychosocial support (MHPSS), family tracing and reunification, alternative care for individual children in vulnerable situations, and information management; 2) facilitate group MHPSS activities including safe spaces with a focus on adolescent programming, including peer to peer networks; 3) strengthen community-level child protection through support for community groups addressing harmful social norms, identifying risks and raising awareness, facilitating referrals, and developing risk mitigation plans; 4) to ensure the prevention and response to child marriage and harmful practices that are particularly affecting girls rights and well-being and ensure birth registration services are accessible in collaborating with local authorities and community leaders to enhance the legal identity; and 5) expand availability of localized, culturally-relevant services through interagency coordination and capacity strengthening and intersectoral collaboration to reduce the vulnerability and access to the fundamental rights of the children, especially affected by disasters. Coordinated capacity strengthening through training

## PiN and target breakdown

by population group



by sex & age



and coaching local, national, and international child protection staff and volunteers, community networks, other relevant sectors, specifically education and health, will focus on CP prevention and response strategies per the CPMS and CP mainstreaming and integration. Efforts to recruit, train, and support sufficient number of women staff and volunteers alongside male staff is key to promoting accessible, trusted services. Joint training and streamlined referral pathways with GBV actors aims to remove barriers to accessing services, promote improved services, and use resources more efficiently and prevent duplication. Collaborative linkages with other sectors will also ensure a holistic approach to supporting Children Associated with Armed Forces and Armed Groups (CAAFAG), including access to informal education, improved health services, justice, and essential documentation. The CP AoR will prioritize reaching the most vulnerable out-of-school children through increased emphasis on community-based structures and outreach activities and engage working children on farms and in rural areas, ensuring activities are scheduled at suitable times for both boys and girls. A mobile approach will be utilized to access remote and high-risk locations, offering a minimum package of services that includes monitoring child protection risks, MHPSS, and family tracing and reunification.

### **Cost & prioritization of the response**

The Child Protection AoR developed a strategic approach with the Protection Cluster and member organizations to ensure effective resource allocation, avoid duplication, and enhance support for local actors. This involved preparing detailed costings and identifying priority life-saving activities. To address urgent child protection needs, the CP AoR requires USD 10.4 million to provide services to 330,000 children and caregivers. This funding is vital for immediate interventions that save lives and establish sustainable, long-term solutions. Project assessments were based on geographic location, potential impact on children, and alignment with life-saving and life-sustaining activities. Selected projects prioritize the most vulnerable districts and uphold children's rights.

Key activities needing substantial funding include family reunification for unaccompanied and separated children (UASC), prevention and response to child marriage, and reintegration services for Children Associated with Armed Groups and Armed Forces (CAAFAG). Funding needs are calculated based on the number of people targeted and expected caseloads per activity. By evaluating input costs and dividing by the target population, the CP AoR ensures realistic estimates. In partnership with the Strategic Advisory Group (SAG), cost estimates consider child protection minimum standards.

### **Community engagement & accountability to affected people**

The CP AoR and its partners are dedicated to Community Engagement and Accountability to Affected People (AAP) by supporting the establishment of safe, confidential and gender-responsive channels where girls, boys and their parents can express complaints and receive feedbacks. CP AoR embeds Protection from Sexual Exploitation and Abuse (PSEA) principles across all activities. All staff, implementing partners, and contractors receive training on PSEA commitments to ensure a thorough understanding of these standards. Concurrently, communities are sensitized about PSEA, and accessible mechanisms are established for reporting SEA concerns, with follow-up actions coordinated through inter-agency reporting and referral pathways.

The CP AoR prioritizes meaningful engagement with crisis-affected individuals, recognizing intersectional vulnerabilities and specific needs depending on sex, age, and ability. Inclusive participation is promoted throughout all phases of intervention—planning, implementation, and evaluation—ensuring that feedback, complaints, reporting, and information-sharing mechanisms are accessible and responsive to the needs of diverse groups, including children. While prioritizing assistance to the most vulnerable group affected by conflict, drought, and high-risk areas prone to cyclones and floods. By tailoring interventions to meet the unique vulnerabilities and needs of each group, the CP AoR aims to ensure that all affected

populations are not only listened to but also supported effectively throughout the humanitarian response. This strong commitment to accountability builds trust and enhances protection outcomes in complex and challenging environments.

### **Prevention of sexual exploitation & abuse**

The CP AoR ensures all partners, staff members, and contractors are well-informed about child safeguarding, Sexual Exploitation and Abuse (SEA) and the UN's Zero Tolerance Policy. To uphold protective standards, the CP AoR is committed to providing training for all personnel on child safeguarding, SEA awareness and adherence to the Zero Tolerance Policy. Communities targeted by interventions are also informed about this policy and given safe, accessible feedback mechanisms, such as humanitarian hotlines, to report SEA concerns confidentially.

The CP AoR guarantees that all complaints are handled with transparency and follow-up through established inter-agency procedures. In addition, the CP AoR promotes child protection mainstreaming across other sectors, developing practical checklists and conducting thorough protection risk assessments to ensure that all activities align with child safeguarding and SEA prevention principles. This comprehensive approach enhances accountability and reinforces a commitment to safe, ethical humanitarian responses.

### **Response monitoring**

The CP AoR's response monitoring strategy emphasizes systematic data collection, analysis, and sharing across sectors to ensure accountability

and effectiveness. Key indicators related to Mental Health and Psychosocial Support (MHPSS), case management, Family Tracing and Reunification (FTR) for Unaccompanied and Separated Children (UASC), reintegration services for Children Associated with Armed Forces and Armed Groups (CAAFAG), child marriage prevention, and access to birth registration are collected through 5Ws reporting. Child-friendly participatory monitoring tools will be employed to capture feedback from affected children, enhancing strengthened intersectoral data sharing for coordinated response efforts.

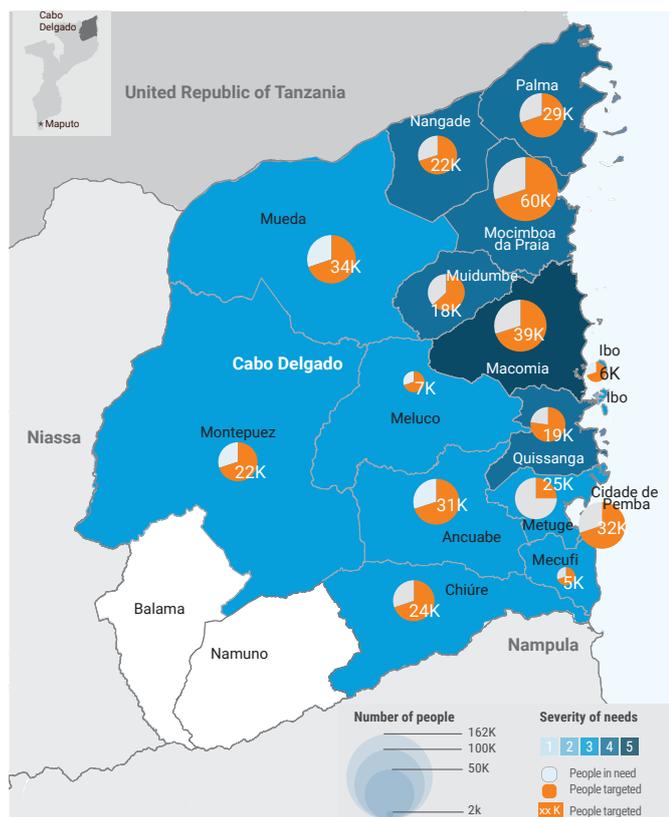
To uphold high-quality standards, the CP AoR will oversee project implementation, ensuring that services effectively reach internally displaced persons (IDPs), returnees, and host communities. Monthly AoR meetings provide a platform for partners to report on progress, identify gaps, and address challenges, with findings informing the 5Ws data analysis.

Gender equitable community engagement will focus on focus group discussions, participatory assessments, and consultations with women, men, girls and boys to gather feedback using child-friendly methods. Additionally, the CP AoR will promote the use of hotlines like Linha Fala Criança, enabling children to report issues and seek assistance confidentially. The CP AoR will also conduct lessons learned workshops with partners, government representatives, and affected populations to enhance monitoring practices. An increased presence of the CPAoR coordination meetings and regular visits at the district level will strengthen coordination with local actors and government and ensure responsiveness and greater understanding to community needs.

# 3.8 Protection - Gender Based Violence (GBV)

PEOPLE IN NEED		PEOPLE TARGETED
533K		373K
PARTNERS	PROJECTS	REQUIREMENTS (US\$)
12	13	<b>\$13.5M</b> Conflict \$12.1M Natural Disaster \$1.4M

## Cluster severity of needs, number of people in need and targeted by district



## Response strategy

GBV AoR prioritized lifesaving and life-sustaining activities to address the immediate needs of GBV survivors and vulnerable groups of people, including Elderly women, Female-headed households, LGBTQIA+,

adolescent girls, women and girls with disabilities and women and girls in intersectoral severity 4 and 5. GBV AoR activities will focus on districts with high needs, such as Macomia, Quissanga, Mocimboa Da Praia, Nangade, and Palma. During the prioritization of districts and GBV needs, indicators such as partner presence and response capacity, access and availability of services, caseload, concentration, specific target groups, and levels of state involvement were considered.

The prioritized GBV lifesaving activities are specialized GBV case management and case referral, Clinical management of rape and other medical care for survivors of GBV, Psychosocial support and psychological First aid services, legal aid services, Dignity kits, and cash assistance as part of case management, GBV Prevention, and risk mitigation activities, including access to lifesaving GBV information. Besides, GBV AoR also identified life-sustaining activities such as Capacity enhancement for the community, local actors, women and girls' networks, and women and girl's empowerment and life skills activities.

GBV AoR identified inclusive, participatory, and confidential response strategies to ensure timely access to safe GBV services based on 2024 good practices and lessons learned. GBV AoR will build on the existing resources and women-led GBV Prevention mechanisms to deliver localized services tailored to the needs of the GBV survivors. In 2024, GBV AoR partners reached 46 per cent of the planned target, and only \$4.2M (23 per cent) of the required funding was received as of September 2024. Compared to the 2024 HRP, there is a 57 per cent decrease in target and a 51 per cent decrease in financial requirements. All GBV AoR partners' service provision will be guided by a survivor-centered approach, GBV case management principles, and GBV minimum service provision in emergencies. Intersectoral and coordinated approaches will be considered in all GBV interventions to ensure effective and efficient utilization of resources among sectors and clusters.

## People targeted

Individual and location-based vulnerability criteria were used to prioritize target groups from those affected people in need of GBV services. The most vulnerable people prioritized in 2025 HRP are survivors of GBV, Women, and girls at risk of GBV and other protection risks, Female-headed Households, elderly women, women and girls with disabilities, and LGTBQA+ individuals. These groups are highly vulnerable to the different forms of GBV risks due to their vulnerable position, limited self-protection, unequal access to services, social and cultural discrimination, and retaliation from the perpetrators and their family members. In addition, their vulnerability can be disproportionately affected by the availability of essential services and risk mitigation measures, including insecurity and social protection mechanisms.

GBV AoR identified 533,025(458,756 (86 per cent) women and girls) people in need. From this, GBV AoR will target 373,117(223,870(60 per cent) women, 223,870(26 per cent) girls, 97,011 (9 per cent) men, 33,581 (5 per cent) Boys, 9,504 (2.8 per cent) Elderly, 55,968 (15 per cent) people with disabilities. 115,147 (89,496, 78 per cent) women and girls were targeted in natural hazard affected areas through integrated GBV response and prevention activities.

The GBV prevention, risk mitigation, and response services are in deteriorated severity 5 and 4 districts, such as Macomia, Quissanga, Mocimboa Da Praia, Nangade, and Palma. Despite the under-reporting, women and girls account for 98 per cent of survivors

and are seeking lifesaving GBV services. Conflicts and climate shocks have weakened social support structures, institutions, and networks, leading to a breakdown of traditional accountability mechanisms, increased exposure to and normalization of acts of GBV amid restricted access to services, shortages of frontline providers, and limited service availability. Moreover, some existing GBV service facilities, such as GBV One-Stop Centers, Safe Houses, and Women and Girls Friendly Spaces, provide minimal services below the minimum standards.

## Response modalities

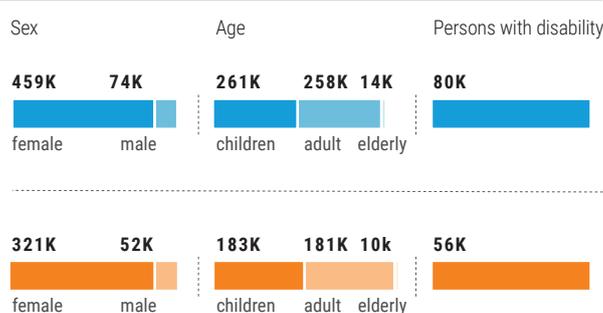
GBV AoR partners will use hybrid modalities of service provision to address specific and differential needs of women, girls, men, and boys. These include: (i) facility-based GBV service provision through women and girls’ friendly spaces, GBV one-stop centers, integrated health facilities, and SRHR Mobile clinics. GBV facilities will be used as points of referral and GBV information, provide specialized case management, and offer structured psychosocial support and physical and emotional safety for survivors and women and girls at risk of GBV. (ii) Community-based service provision through mobile outreach team, such as GBV social mobilization, information dissemination through the help of volunteers, mobile bridges, and change agents. (iii) Provide Nonfood items (dignity kits) and capacity enhancement through coaching, mentoring, and consistent life skill training. These modalities are essential in protecting the dignity and confidentiality of target groups, enabling access to hard-to-reach areas, promoting community

## PiN and target breakdown

by population group



by sex & age



participation and their contribution to the project, and empowering them to claim their rights. Modalities were prioritized based on their comparative advantage over other models observed in 2024. Service provision through multiple response modalities will help GBV partners in addressing the diversified and differential needs of GBV survivors by employing inclusive gender and age-friendly services in line with Survivor centered approach.

### **Cost & prioritization of the response**

The total funds required to address the life-saving and sustaining interventions of GBV response and prevention activities is \$12M, and \$10M (86 per cent) fund is required for lifesaving while \$2M (16 per cent) is for life-sustaining GBV activities such as community and volunteers' capacity enhancement and women empowerment activities. Out of this, 1.38M is required to address urgent GBV needs in natural hazard-affected locations, prioritizing vulnerable women and girls. All women and girls in intersectoral severity 4 and 5 districts will be considered for life saving interventions. In 2025, 8 HRP partners submitted their budgets and response plans for nine projects to address the identified GBV needs in 15 districts of Cabo Delgado.

### **Community engagement & accountability to affected people**

GBV AoR will collaborate with the AAP working group and advisory team to plan and respond with stakeholders, enabling rights holders to assert their rights. AoR will ensure relevancy and accessibility by consulting and engaging targeted community members in IEC material production. In conjunction with partners, GBV AoR will increase complaint and feedback mechanisms in all areas by implementing the Client Satisfaction Survey and other community-led monitoring mechanisms, such as safety audits, to ensure AAP. Partners will promote women and girls' participation and gender sensitivity, using various women and girls' safe spaces feedback and reporting mechanisms throughout the program cycle.

### **Prevention of sexual exploitation & abuse**

GBV AoR will focus on the following SEA/GBV pillars:  
(i) Prevention: All GBV AoR partners, staff, and related

personnel know the IASC standards of conduct for protection from sexual exploitation and abuse (PSEA) and understand their personal and managerial responsibilities to address sexual exploitation and abuse and other misconduct. (ii) Safe and accessible reporting: Establish a system for access to safe and gender-sensitive pathways to report GBV/SEA, including through Complaints Feedback and Response Mechanisms (CFRMs) and Linah Verde (1458). This will lead to access to appropriate, timely, and conceptualized services for those in the most vulnerable situations. (iii) Victims' right to assistance: Every survivor of GBV/SEA will be offered immediate, quality assistance (medical care, psychosocial support, legal assistance, sustainable reintegration support). (iv) Accountability and investigations: Every woman and girl affected by GBV/SEA cases will be investigated in a prompt and safe way, in accordance with a survivor's centered approach.

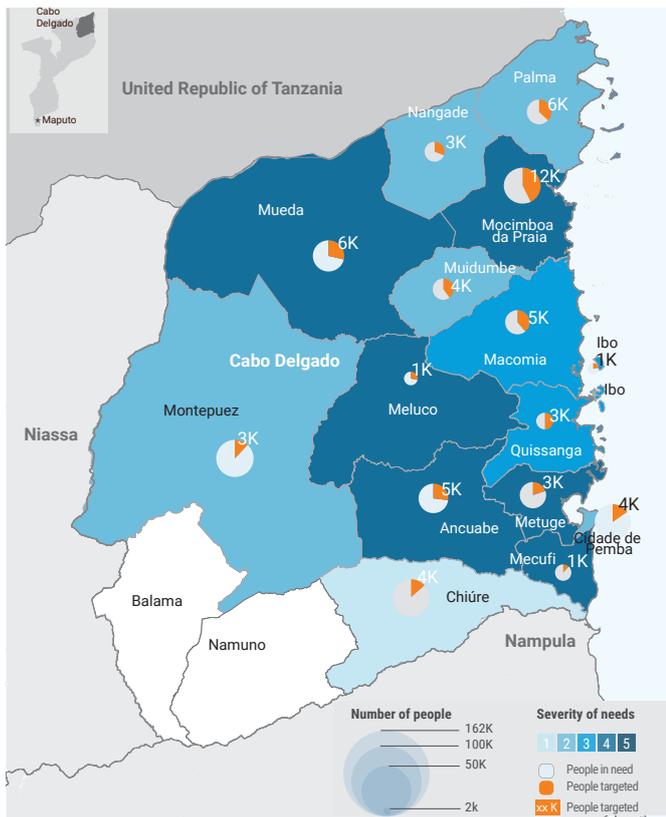
### **Response monitoring**

GBV AoR will report targets reached on specified indicators through monthly updates by partners using 5W response dashboard monitoring and response gap analysis, as well as quarterly service mapping. Regular monitoring and analysis of the GBV AoR situation on the ground, including through the activities of the GBV case management and GBVIMS launched in 2024, will support the production of regular GBV AoR briefing notes and Trend Analysis Updates to be shared with the broader humanitarian community. Moreover, the AoR will produce dashboards and infographics to reflect the progress made and to identify gaps and delays in implementation. GBV AoR will assist partners in using a result-based management approach in their programming and monitoring by setting the foundation for the use of GBVIMS and 5W response reports. Accountability to affected populations (AAP) will remain a priority for protection partners who will facilitate meaningful participation and engagement of affected communities, including but not limited to establishing effective feedback mechanisms within Women and girls' safe spaces and hotlines. Monitoring progress against indicators will be disaggregated by sex, age, gender, and disability to better understand whether protection interventions reach all those who need them the most.

# 3.9 Protection -Housing, Land and Property Rights (HLP)



## Cluster severity of needs, number of people in need and targeted by district



## Response strategy

Urgent needs in geographic areas with high number of returnees and land disputes. The AoR response strategy emphasizes understanding and addressing the differentiated needs of women, men, and other marginalized groups. In response to the barriers

faced by women in accessing land and property due to gender discrimination and traditional gender roles, targeted interventions will ensure women receive tailored support through information sharing on their property rights to reduce the risk of gender-based exclusion; and access to safe housing services reducing their vulnerability to gender-based protection risks. Similarly, vulnerable groups, including people with disabilities and the elderly, will be prioritized in all services related to land and housing.

This year, HLP AoR response plan builds on last year’s efforts by expanding programmatic priorities to include provision of comprehensive legal access to land and housing, information sharing and community capacity-building initiatives. In 2024, a total of 17,000 people were supported with HLP services. For 2025, the AoR is aims to reach around 59,000 people, including returnees, IDPs and host communities.

The response strategy also incorporates critical cross-cutting issues. Gender sensitivity is integral to all programs, ensuring that the specific needs, barriers and challenges of women are recognized, protection risks reduced, and women’s participation prioritized in decision-making processes related to housing and land rights. Inclusivity for people with disabilities will be ensured while prioritizing them in accessing HLP services.

## People targeted

The HLP AoR in its humanitarian efforts focuses on a targeted demographic breakdown, acknowledging the specific needs of different groups. The approach involves a meticulous disaggregation by gender, age, and disability. Furthermore, special attention will be given to vulnerable groups including people with disabilities, women, women heads of households and elderly, ensuring that HLP services and interventions are inclusive and accessible. Overall, the target population for HLP activities is 59,119 people. From this number, 28,377 are males and 30,742 females. Additionally, there are 41,384 adults aged 18 to 59, and 11,824 elderly individuals aged 60 and above. Among the overall population, 1,773 are people living with disabilities.

In the ambitious pursuit of advancing HLP initiatives, a comprehensive plan has been outlined based on needs analysis, emphasizing a strategic allocation of resources and efforts, especially to areas of returns. At the forefront of implementation, legal assistance pertaining to HLP is deemed critical. The approach is twofold, addressing both collective and individual needs related to housing, land, and property. This legal support is poised to lay a robust foundation for subsequent interventions. Simultaneously, a concerted effort to engage with host communities through HLP due diligence exercises is set in motion. The objective here is to consult and sensitize these communities, fostering a collaborative understanding of the HLP framework in the context of housing, land, and property. The next crucial step in the high-priority phase involves assisting communities in enhancing their land tenure security within the housing and property context. This is envisaged through the meticulous process of community land delimitation and titling in area of returns.

### Response modalities

In response to the multifaceted challenges, the AoR partners have strategically identified modalities and programs, ensuring a gender-responsive approach to address the differentiated needs of women and men. The activities encompass a range of service delivery modalities designed to maximize the impact. Firstly, provision of HLP legal assistance, whether collective or individual, stands as a cornerstone. Secondly, this ensures that vulnerable individuals, especially women and marginalized groups, receive tailored support to

navigate legal complexities in securing their housing and property rights.

Dynamic and inclusive approaches include consulting and sensitizing host communities via HLP due diligence exercises. This not only fosters community engagement but also ensures that the unique perspectives and specific needs of women and men are considered in the decision-making processes. Furthermore, the sector partners will actively support communities in increasing land tenure security through community land delimitation and titling. This tangible effort empowers communities to assert their rights over their land. Additionally, the formation of joint associations, demarcations, and titling initiatives further strengthens community resilience and their ability to collectively advocate for and secure their land rights. Considerations in determining these modalities are comprehensive, considering the operability of local markets and addressing protection concerns.

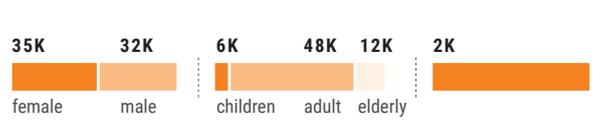
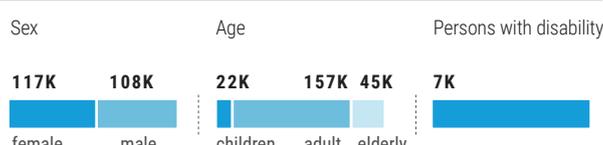
The gender-responsive approach ensures that interventions are not only effective but also tailored to the distinct needs and vulnerabilities of both women and men. By engaging communities in consultative processes and providing legal assistance, the strategy actively involves beneficiaries, fostering a sense of ownership and empowerment in securing their housing, land, and property rights. Finally, information sharing will also be prioritized through door-to-door visits but also in groups community meetings, information sharing through community leaders. This intends to strengthen the knowledge of the communities about their HLP rights and related available services.

### PiN and target breakdown

by population group



by sex & age



The AoR considered modality of response includes static and mobile programs. It will also ensure gender equality and protection concerns of the population in the targeted areas before and during the delivery of services by integrating gender-responsive assessments and participatory approaches to identify the specific needs of women, men, boys, and girls, ensuring that services are accessible, inclusive, and responsive to the diverse needs of all community members. This will involve training staff on gender issues, establishing referral mechanisms for GBV survivors, and engaging with local women's organizations to amplify their voices in program design and implementation.

### **Cost & prioritization of the response**

As the initiative progresses into its next phase, constituting the allocation of 26 per cent to 50 per cent of funding, medium-priority actions come to the forefront. Among these is the imperative task of providing HLP capacity-building trainings to community leaders. This strategic move seeks to empower community leaders with the necessary knowledge and skills to effectively navigate HLP challenges related to housing, land, and property. Simultaneously, communities will be engaged through awareness-raising sessions, fostering a deeper understanding of their rights within the HLP framework.

The third and final phase, contingent upon receiving over 76 per cent of the anticipated funding, encompasses low-priority actions. A key focus in this stage is the provision of HLP capacity-building and mainstreaming trainings to both humanitarian organizations and government authorities, specifically tailored to address housing, land, and property issues with a focus on women's challenges and rights in relation to housing, land, and property. By integrating HLP principles into the practices of these key stakeholders, a sustainable and widespread impact is envisaged in the realm of housing, land, and property.

Furthermore, local partners are envisioned to play an integral role as active members of the HLP Area of Responsibility (AoR) within the housing, land, and property context. Their participation is not only welcomed but considered essential for the success

and continuity of HLP initiatives related to housing, land, and property. This engagement extends to organizing and participating in HLP advocacy engagements, amplifying the initiative's reach and impact in the housing, land, and property sphere.

### **Community engagement & accountability to affected people**

The Housing, Land, and Property is committed to mainstreaming Protection from Sexual Exploitation and Abuse (PSEA) through comprehensive strategies that engage partners and affected communities effectively. All staff, including implementing partners and contractors, will undergo mandatory training on PSEA commitments to ensure a shared understanding of responsibilities. Partners will conduct regular sensitization sessions to different communities to raise awareness about PSEA and provide clear information on how to report concerns and abuses. Accessible reporting mechanisms will be established, allowing affected individuals to voice their issues confidentially and safely, further ensuring accountability and follow-up through inter-agency reporting and referral mechanisms.

To engage crisis-affected people inclusively, the AoR will consider the gender, age, and diversity approach. Focus group discussions and consultations with diverse population segments to identify their specific needs and concerns regarding housing and land rights will be conducted. By promoting participatory decision-making, the AoR aims to empower marginalized groups, including women and women heads of households, ensuring their voices are heard and considered in our interventions. Additionally, the partners will adapt communication methods, community outreach strategies and complaint and feedback mechanism to accommodate different groups. This aims at ensuring that everyone has equal access to information, means to report SEA or other issues and give feedback.

### **Prevention of Sexual Exploitation & Abuse**

The Housing, Land, and Property (HLP) sector partners will actively engage in the prevention and response to Sexual Exploitation and Abuse (PSEA) through a

multifaceted approach that emphasizes accountability and follow-up on related issues.

1. **Training and Awareness:** All the AoR partners will undergo comprehensive training on PSEA principles, including prevention strategies, recognition of abuse, and appropriate response protocols. This training will also be extended to staff, implementing partners, and contractors to ensure a unified understanding of PSEA commitments.
2. **Community Engagement:** We will conduct community sensitization sessions to inform affected populations about PSEA, their rights, and the avenues available for reporting concerns. These sessions will promote a culture of zero tolerance towards exploitation and abuse.
3. **Collaboration with Inter-Agency Networks:** The HLP AoR will actively participate in inter-agency networks to coordinate PSEA efforts, share best practices, and ensure alignment with established reporting and referral mechanisms. This collaboration will enhance the overall effectiveness of PSEA initiatives and support a united front against exploitation and abuse.

### **Response monitoring**

The HLP AoR response monitoring strategy includes regular data collection, analysis, and intersectoral sharing to ensure accountability and effectiveness.

Data on key indicators related to awareness raising, dispute resolution, HLP legal assistance and advocacy, individual and group counseling and capacity building are systematically collected via 5Ws reporting. This data is analyzed and shared across sectors for coordinated response monitoring.

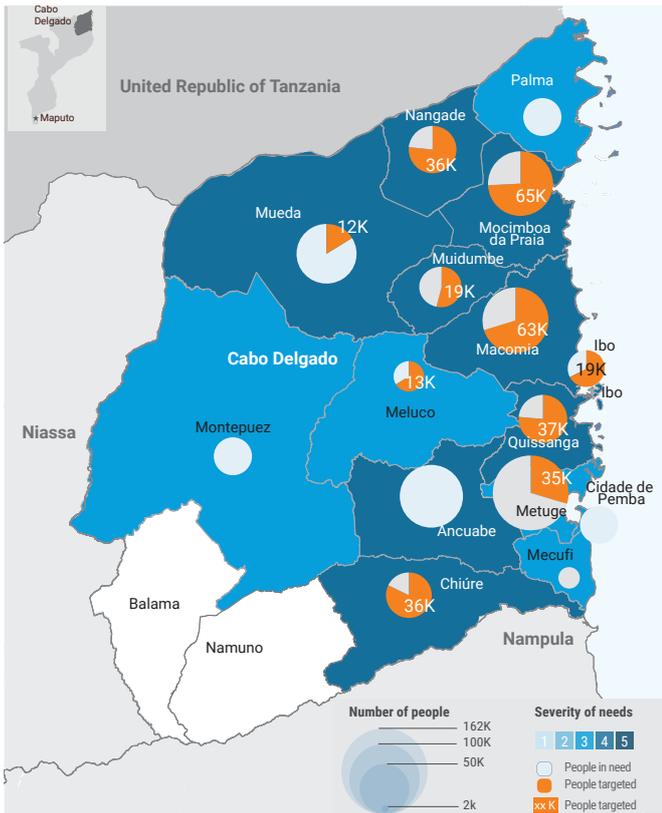
To uphold quality standards, the AoR will monitor the implementation of funded projects in the field, ensuring that targeted IDPs, returnees, and host communities receive effective services. Monthly HLP AoR meetings provide partners with opportunities to report on activity progress, identify gaps, address challenges, and prevent duplication. Insights from these reports will feed into the 5Ws data analysis for comprehensive intersectoral monitoring.

Engagement with communities is prioritized through gender-sensitive focus group discussions, participatory assessments, individual meetings, and community consultations. Community feedback on planned and ongoing activities is gathered via complaint boxes, feedback desks, and regular interactions. The HLP AoR also participates in Linha Verde Hotline meetings, integrating community feedback into response adaptations to address concerns promptly and improve service delivery. This community-centric approach strengthens accountability and ensures that interventions remain inclusive and responsive to evolving needs.

# 3.10 Shelter and NFIs

PEOPLE IN NEED		PEOPLE TARGETED			
<b>775K</b>		<b>334K</b>			
PARTNERS		PROJECTS		REQUIREMENTS (US\$)	
<b>11</b>		<b>11</b>		<b>\$24.8M</b>	
				Conflict \$21.8M	
				Natural Disaster \$2.9M	

## Cluster severity of needs, number of people in need and targeted by district



### Response strategy

During the first half of 2024, attacks and fear of attacks in Ibo, Macomia, Quissanga, Chiure, Mecufi, Mocimboa da Praia, and Muidumbe triggered the nearly five times (201,000) more internal displacements than

in the previous year. Owing to these attacks and displacements, DTM Round 21 subsequently observed a 4 per cent reduction in the rate of returns as compared to 2024 while Cabo Delgado remains the most affected province with 541,400 IDPs and 576,280 returnees, particularly in Mocímboa da Praia, Palma, and Mueda districts.

In 2024, shelter clusters partners were able to mobilize 37 per cent of the requested financial ask. This resulted in reduction in operational footprint of partners hence resulting in prioritization of the response in the most affected districts. Given a similar funding trend expected in 2025, shelter cluster partners will adopt a multi-layered approach to prioritization. Districts facing lack of service restoration, with critical infrastructure damage compounded by worsening access and security in 2024 will be prioritized for assistance. As returns continue, far flung and hard to reach locations will be prioritized for assistance while partners will prioritize addressing needs of most vulnerable families in line with the protection cluster guidance on the selection criteria.

In line with the CERF life-saving shelter cluster partners will utilize a wide range of response options for displaced, non-displaced and returning populations. Assistance will range from provision of essential household items, provision of emergency shelters, shelter repairs and upgrades, provision of temporary shelters as well as emergency repair of community infrastructure. Low-cost upgradable shelters combined with technical trainings for local artisans and affect communities will enhance affected populations' capacity to self-recover, reduce reliance on humanitarian aid and increase outreach.

Engagement with CCCM cluster and government bodies (including SDPI) will be paramount to ensure reassignment, safe decommissioning or upgrades of shelters as appropriate. Shelter cluster will also closely coordinate with the development partners to create synergies for improved livelihood opportunities, technical assistance and community led reconstruction practices.

The cluster's response to natural disasters is divided into two approaches:

1. Improving preparedness by pre-positioning key items to provide emergency shelter (toolkits and tarps) and essential household items (blankets, sleeping mats, kitchen kits, mosquito nets, and solar lamps). This pre-positioning aims to reach 60,000 people, approximately 12,000 households.
2. Capacity building and community resilience in the reinforcement, repair, and reconstruction of shelters, based on the Build Back Better initiative, through:
  3. the design and production of Information, Education, and Communication materials.
  4. Training community leaders

These approaches aim to reach 44,137 people, bringing the total number of people reached by the shelter sector strategy to 104,137, more than 20,000 households.

### People targeted

In 2025, the Shelter cluster projects 774,717 people in need of Emergency Shelter and NFI assistance of which shelter cluster partners intend to target 333,914 individuals in the conflict affected districts. This comprises of 39 per cent returnees, 51 per cent IDPs and 10 per cent non-displaced. Over 101,000 people will be targeted in the displacement hotspots in southern districts of Chiure, Metuge,

Ibo and Mueda while nearly 232,360 people will be targeted in the northern districts of Macomia, Quissanga, Nangade, Muidumbe Mocimboa da Praia and Meluco.

Needs analysis was conducted using Multi-sector Needs Assessment (by DTM in June 2024), DTM Emergency Tracking Tool reports and RRM-assessments in 2024 while targets were determined based on CCCM cluster's ABC approach, Shelter cluster 5Ws and partner operational capacities in 2024.

MSNA results indicate only 5 per cent of the assessed shelters were made of CGI and cement blocks while 50 per cent of the assessed shelters were made of traditional materials with a pau a pique structure and the remaining 45 per cent were made of mixed materials. The results also indicated varying degree of damages of shelters with only 24 per cent shelters noting no damages. Shelters were observed that were completely collapsed, with roof at the risk of collapse roof, roof with cracks, with critical damages to walls and floors and damages to windows and doors posing key protection risks.

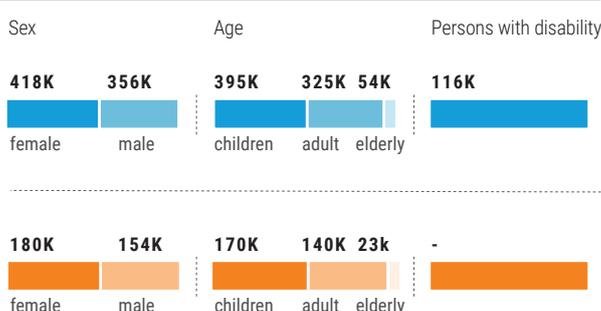
Households headed by women face security challenges and inadequate living conditions due to leaks during rain (33 per cent), lack of privacy inside the shelter (22 per cent without partitions, doors), shelter often too hot/cold (17 per cent), and lack of lighting outside the shelter (14 per cent).

### PiN and target breakdown

by population group



by sex & age



Challenges to cook and access to resources and basic infrastructure to ensure food security are also faced for households headed by women who also are impacted by greater burden of care work and associated protection risks. A high percentage of women (62 per cent) report insufficient essential cooking items, such as utensils and kitchen sets, while 54 per cent indicate the lack of access to cooking facilities, 24 per cent unsafe cooking facilities, 22 per cent inadequate space for cooking (leaks during rain, no ventilation), and 13 per cent insufficient space.

To ensure better living conditions and face adverse weather settings, women and their households urgently need basic items such as sleeping bags (69 per cent), kitchen sets (63 per cent), blankets (59 per cent), clothing (56 per cent), mosquito nets (48 per cent) and tools for shelter repair (38 per cent).

In line with the protection cluster guidance shelter cluster partners will ensure targeting of most vulnerable through household level needs and/or verification assessments to prioritize, households with single mothers, disabled, with chronic diseases (HIV and AIDS), displaced women previously under social assistance, women caring for other people's children and elderly people.

### **Response modalities**

In 2025, shelter cluster partners will continue to operate using static and mobile response approaches. The NFI Common Pipeline will remain key in supporting the UN and NGO rapid response mechanisms. Shelter cluster will closely work with the Rapid Response Fund and the OCHA led pooled fund to increase outreach, build local capacities, promote localization.

While the cluster will encourage cash based response where markets are functional, a large proportion of the response is expected to be provided through in-kind support. Technical support from shelter actors and coordination with development and livelihood programmes will be essential in ensuring an efficient response that promotes self recovery and reduces reliance on humanitarian aid.

The cluster will continue to conduct joint inter-sector assessment visits and work with the Protection Cluster

and CCCM Clusters to address issues related to HLP, protection mainstreaming, tackling GBV and the inclusion of most vulnerable households. Participatory approaches in the shelter design and construction processes will help promote conflict sensitive interventions and to ensure additional support is made available to vulnerable individuals during distributions and construction processes.

### **Cost & prioritization of the response**

In 2025, Shelter and NFIs cluster response overall budget is US\$ 21.8 million, distributed across 10 partners. The sector envelope is estimated based on the operational capacities of the partners, needs determined at district level and activities prioritized as part of the shelter cluster strategy.

The first quartile and 2nd quartile of the budget (1-50 per cent) is allocated to life saving E-Shelter and NFI assistance including support for strengthening the Shelter cluster, the cluster pipeline and cluster coordination. The second and third quartile (26 per cent-75 per cent) will be allocated to activities such as provision of additional construction material, labour support, technical trainings for construction teams as well as local artisans.

Where allocated budget exceeds, 76 per cent additional funding budget will be allocated offer promotion for of the promotion of "build back better" techniques principles in shelter programming and resilience building activities. Where possible, shelter activities will be supported with cash-based interventions and linked with other livelihood activities.

### **Community engagement & accountability to affected people**

Effective community engagement measures are paramount to reduce protection risks and empower affected communities. In coordination with the AAP/CE working group, Shelter cluster partners will continue to work towards strengthening various mechanisms in place that raise and report community concerns. This includes utilizing channels such as a) Site Maintenance Committees to inform the affected communities about type of assistance, beneficiary contribution, prioritisation criteria prior to implementation, b) Linha

Verde 1458 and CCCM Complaints and Feedback Mechanisms, to record grievances, complaints and feedback about the assistance provided and provide assistance to the most vulnerable families that are referred through these channels c) partners own monitoring mechanisms to collect feedback and improve the response. Partners will ensure communities are aware of their rights and channels to report their concerns.

Community engagement plays a key role in activities such as decommissioning of shelters and reassignment of shelters in displacement sites where SDPI as well as the site maintenance committees are also engaged. Communities are engaged in technical training exercises with the intention to give guidance on the use of the shelter materials and improved construction techniques.

### **Prevention of sexual exploitation & abuse**

In close coordination with the protection cluster and PSEA network, shelter cluster partners will receive refresher trainings on the prevention of sexual exploitation and abuse. Efforts will be made to ensure IEC material related to PSEA and protection are provided at the intervention sites. In coordination with the protection cluster, Shelter cluster partners will raise awareness of affected communities on the existence of referral mechanisms related to protection risks and needs including GBV, child protection,

and HLP right violations, among others. Shelter cluster promotes a zero-tolerance approach for any feedback and complaints received through the various monitoring channels.

### **Response monitoring**

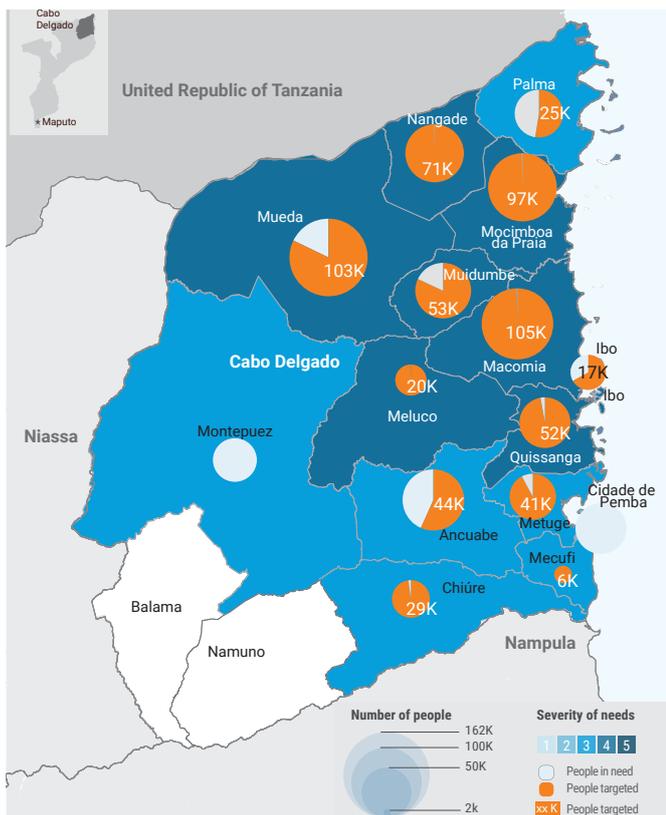
Shelter cluster partners utilize various tools to monitor gaps in the response. This ranges from detailed household level assessments such as the Multi sector needs assessment as well as Emergency Tracking Tool and Movement Alerts from DTM and Rapid Needs Assessments from the Rapid Response Mechanism (RRM) and protection monitoring reports by the protection cluster. Partner progress and response capacities are regularly monitored through the stock and 5W reports, referrals and feedback through the Linha Verde 1458 as well as CCCM Complaints and Feedback Mechanisms. Regular cluster coordination meetings foster stronger collaboration and identify areas of improvement

Partners will also conduct post distribution monitoring to gauge the satisfaction levels and quality of assistance provided. Joint monitoring visit with the INGD and technical departments and results from community engagement and feedback will be utilized to improve shelter designs and build capacities of the affected population to self recover.

# 3.11 Water, Sanitation and Hygiene (WASH)

PEOPLE IN NEED		PEOPLE TARGETED
862K		664K
PARTNERS		REQUIREMENTS (US\$)
17		\$26.3M
PROJECTS		
18		Conflict \$23.9M Natural Disaster \$2.3M

## Cluster severity of needs, number of people in need and targeted by district



### Response strategy

In 2025, the WASH Cluster will prioritize lifesaving humanitarian interventions to conflict-affected districts. Focus will be on providing critical WASH services to newly displaced populations (IDPs and

returnees), and, where necessary, extending services to non-displaced populations.

The WASH response will be flexible, adapting interventions to address the most urgent needs. Rapid-response activities will include distributing critical hygiene supplies, rapid water provision, and setting up emergency latrines for displaced populations. WASH partners will coordinate with the shelter cluster and others to deliver support through the Rapid Response Mechanism (RRM) and the Joint Response Plan (JRP).

Protection will be prioritized in the WASH strategy, as 19 per cent of women feel unsafe collecting water, 12 per cent lack gender-segregated facilities, and 7 per cent report inadequate privacy. Adequate and dignified menstrual health management (MHM) remains a challenge, with most women and girls using traditional cloths, and women’s voices often go unheard in WASH decision-making. Partners aim to reduce gender-based violence in WASH by providing inclusive, accessible, and gender-responsive services. Hygiene and sanitation efforts will include risk communication and community engagement (RCCE) to actively involve women and girls in decision-making, promote shared responsibilities, and prevent disease outbreaks. Messaging and IEC materials will be gender-responsive, developed in collaboration with the Humanitarian Gender Working Group, Protection Cluster, and GBV guidelines.

Collaboration with government and development partners will bridge the gap between short-term humanitarian WASH and long-term infrastructure development. Engaging with national /local agencies strengthens leadership across response activities, aligning interventions with both immediate needs and long-term goals. The cluster will increase its engagement with development sector counterparts, in particular with the Grupo Água e Saneamento (WASH development sector working group). Geographic targeting, guided by priority districts and severity rankings, will reinforce a humanitarian-development-peace nexus for more sustainable WASH outcomes.

WASH preparedness for 350,000 people at risk from natural disasters and public health emergencies (e.g.,

cholera) will include bolstering warehousing capacity across Mozambique. Critical supplies, including hygiene kits (with dignity items), water treatment chemicals, handwashing stations, and latrine slabs, are prepositioned in government and partner warehouses. Implementing partners are establishing contingency agreements and seeking rapid response funding. WASH in Emergencies trainings for provincial and district technicians will strengthen local preparedness and response capacity.

### People targeted

Approximately 861,906 individuals in conflict-affected areas require lifesaving water, sanitation, and hygiene services. WASH will target 664,212 people (77 per cent) identified as the most vulnerable. Special consideration will be given to women (51 per cent), children (57 per cent), and people with disabilities (PWD) (57 per cent).

Priority districts for WASH include Quissanga, Macomia, Mocímboa da Praia, and Nangade, where many conflict-affected individuals lack access to the minimum standard for water (15 liters/person/day), accessible sanitation, and adequate hygiene services. In 2024, limited access reduced humanitarian WASH assistance in these districts, and they are most vulnerable based on intersectoral analyses. Mueda, Ibo, Muidumbe, and Meluco are secondary priority districts where many conflict-affected individuals struggle to access basic WASH services. In Palma, Metuge, Mecufi, Chuire, and Ancuabe, WASH will provide limited interventions to address specific

needs, coordinating with development partners to expand services.

Targeting is informed by the WASH input to the Humanitarian Needs Overview, which considered household-level WASH data from the MSNA, acute malnutrition rates, and cholera. Displaced populations (IDPs/returnees) were prioritized due to their heightened vulnerability and limited access to already strained WASH services. Recognizing that the presence of displaced populations puts additional stress on existing water and sanitation facilities, non-displaced populations are also targeted to address urgent community needs and mitigate potential tensions. Special consideration will be given to PWD by improving the identification of these individuals to better implement adapted WASH facilities.

Intersectional aspects and multiple vulnerabilities are considered to best address the needs of women and girls. Many women feel unsafe accessing WASH services and rely on unsanitary materials for menstrual hygiene. To address these concerns, WASH will target women with specific interventions: MHM supplies will be included in hygiene kits, latrines will be gender-segregated, equipped with secure locks, and located in safe areas. In collaboration with the Education Cluster, WASH will improve MHM facilities in schools to address a major barrier to school attendance for adolescent girls.

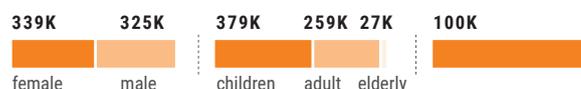
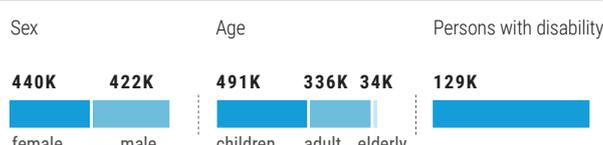
WASH will also prepare for 350,000 individuals at risk of natural disasters and public health emergencies.

### PiN and target breakdown

by population group



by sex & age



## Response modalities

The WASH Cluster will employ strategies to effectively carry out the interventions outlined in the response plan, including:

- Direct provision of lifesaving WASH services and supplies
- Deployment of rapid response mechanisms (RRM and JRP)
- Engagement with affected communities, particularly with women and PWD
- Coordination with the Direcção Nacional de Abastecimento de Água e Saneamento (DNAAS) and provincial and district-level authorities
- Collaboration with development sector partners

When displacements occur, WASH partners will prioritize lifesaving interventions by delivering essential hygiene supplies and safe water through Rapid Response Mechanisms (RRM/JRP). Following a rapid needs assessment, cluster partners aim to activate additional actions, including water trucking, installation of water bladders, construction of temporary communal latrines, and critical hygiene promotion. Second-line responses will focus on the rapid rehabilitation or construction of boreholes and support to communities for household-level sanitation. Coordination with the Health Cluster will focus on areas affected by cholera and diarrheal outbreaks. Collaboration with CCCM will improve WASH services in camps, coordination with the Education Cluster will strengthen WASH in schools and youth hygiene activities, and coordination with the Protection Cluster will ensure WASH services are accessible, reduce gender-based violence risks, and promote safety at water points and sanitation facilities.

In accommodation centers, critical hygiene promotion will be conducted by community-based volunteers. Hygiene kits (including dignity items) will be distributed or, where feasible, provided through vouchers to support local markets. Immediate access to safe water will be provided via water trucking or, where possible, through private contractors or the government for the

rehabilitation or installation of boreholes or extensions to small-scale water systems. Emergency communal sanitation facilities will be set up with gender separation and in consultation with the community.

For returnees, WASH partners will conduct needs assessments to inform humanitarian services, including the distribution of hygiene kits, rehabilitation or repair of small-scale water points, and support to communities to improve sanitation access. Advocacy with development partners will aim to ensure longer-term, sustainable improvements to WASH infrastructure.

## Cost & prioritization of the response

the overall WASH Cluster financial request is US\$26.2 million. This includes US\$24.2 million for conflict-affected populations and US\$1.97 million for emergency preparedness and anticipatory action in the event of natural disasters. These estimates also include amounts earmarked for public health emergencies.

A hybrid costing approach was used to determine the financial needs for 2025. Eighteen partners, including international and national NGOs, submitted projects based on unit-based costing. The WASH Cluster worked closely with each partner to ensure a strong focus on "lifesaving" criteria in line with CERF standards, targeting appropriate population groups (IDPs, returnees, and non-displaced populations) and the three key WASH activities: water provision, sanitation access, and appropriate hygiene.

A district-level severity scale was developed, based on (1) access to essential WASH services, (2) acute malnutrition rates, and (3) cholera risk. This scale is used to identify priority areas and lifesaving activities. Under Strategic Objective One, 664,211 people are targeted for critical "lifesaving" support. At the onset of a critical event, humanitarian funds will be mobilized for short-term critical WASH support.

Under Strategic Objective Two, 72,400 people will receive "life-sustaining" support as part of an ongoing project funded partially by HNRP 2024 for the

reconstruction of a large water system serving the priority districts of Mueda/Nangade.

For urgent needs arising in areas with lower severity ratings, the Cluster will respond through rapid response mechanisms to address immediate humanitarian needs.

### **Community engagement & accountability to affected people**

All humanitarian response actors, including those in WASH, are accountable to the communities they serve. This means engaging all community members—displaced persons, women, girls, men, boys, and host communities—in the design, implementation, and monitoring of WASH programs.

The WASH Cluster will ensure PSEA aspects are integrated in sector specific needs assessments and will support its inclusion in inter-agency assessments (e.g. MSNA).

To promote inclusivity and improve program outcomes, WASH actors will integrate adapted, accessible, and safe community feedback mechanisms. Consultations with women and girls will help determine the location of WASH facilities and the specifications for hygiene supplies and promptly identify risks or unmet needs. Targeted outreach to individuals with disabilities and older people will ensure that services and facilities are inclusive, accessible, and adaptable to meet their specific needs. Water committees, made up of both women, men, and those with disabilities, will serve as key links to the broader community, advocating for safe sanitation and managing water infrastructure operations.

After distributing non-food items (NFIs), monitoring will assess the suitability of these items, confirm understanding of safe use, and address any issues with distribution processes to improve future deliveries.

### **Prevention of sexual exploitation & abuse**

Being mindful of sector-specific risks highlighted in the most recent Mozambique SEA Risk Register and recognizing that gaps between those in need of assistance and those targeted increase SEA risks,

the WASH Cluster has enhanced its PSEA support to member organizations. In 2025, the Cluster will build on the PSEA training delivered to members in 2024, ensuring that PSEA remains integral across staff trainings, project planning and design, strategic discussions, and monitoring. Each partner organization, with oversight and support from the Cluster, will continue training staff on PSEA, strengthening internal protocols, and refining complaints and response mechanisms. The WASH Cluster will also facilitate sector-specific technical support on PSEA to members and reinforce coordination with the inter-agency PSEA Network at both the national and Cabo Delgado levels.

### **Response monitoring**

The WASH Cluster closely monitors response progress through monthly partner updates submitted via the 5W matrix. The Cluster analyzes data, disaggregated by gender, age, and disability, to support the WASH dashboard, which guides the Cluster and its partners and contributes to overall humanitarian response monitoring. Updates from national and sub-national cluster meetings will provide information on the context, needs, risks, response activities, and any gaps be it for conflict response or preparedness/response to natural disasters and/or public health emergencies.

In Cabo Delgado, monthly WASH coordination meetings, facilitated by local WASH focal points and government representatives from Serviços Provinciais de Infra-estruturas (SPI), Direcção Provincial De Obras Públicas (DPOP), and Serviço Distrital de Planeamento e Infra-estruturas (SDPI), are held in priority districts which allows for the tracking progress and increase coordination.

The Accountability and Quality Approach (AQA) initiative, launched in 2024, will continue into 2025. This global initiative aims to strengthen accountability and quality in humanitarian WASH responses through enhanced monitoring tools and strategies. The AQA tracks quality-oriented indicators, such as water quality, beneficiary satisfaction, protection-related issues, and accessibility for people with disabilities. WASH indicators specific to schools and health facilities will be monitored in collaboration with the Education and Health Clusters.

## 3.12 Coordination and Common Services (CCS)

PARTNERS	PROJECTS	REQUIREMENTS (US\$)
3	4	<b>\$17.1M</b> Conflict \$9.6M Anticipatory Action \$7.5M

### Response strategy

Coordination and Common Services—including the work of OCHA, PSEA and DTM will support and facilitate inter-sectoral prioritization of areas with the highest concentration of people facing the most severe needs, as well as promoting a gender- and disability-sensitive humanitarian response that adopts and implements a zero-tolerance approach to sexual exploitation and abuse.

In 2025, the following Coordination and Common Services activities will be prioritized:

Ensuring safe and accessible channels for reporting of Sexual Exploitation and Abuse in Mozambique; Strengthen district coordination and support to local authorities.

Coordination of inter- cluster needs assessments, as well as ongoing consolidation of secondary data, to identify the most urgent humanitarian needs and ensure humanitarian decision making is based on common situational awareness.

Collection of timely data on displacement through IOM’s Displacement Tracking Matrix (DTM). Timely dissemination of key information to all stakeholders, including to affected communities and in local languages.

- Regular needs, response and gaps analysis, including through information products such as the monthly Humanitarian Dashboard and 5W.

- Operational coordination of humanitarian delivery, through coordination mechanisms adapted to the context that support the effective and coherent delivery of humanitarian assistance.
- Joint strategic response planning based on prioritized needs.
- Advocacy and coordination to ensure that people in emergencies are protected from harm and have access to assistance.
- Community engagement, protection, gender, age, and disability sensitivity of the humanitarian response.

### People targeted

The scale of humanitarian needs in conflict-affected northern Mozambique and disaster-prone areas in both northern Mozambique (Tropical Cyclone Chido) and central and southern provinces of the country affected by drought require strong strategic and operational coordination of the response to ensure that synergies, efficiency and cross-sectoral analysis and response are reaching the most vulnerable people. To ensure an optimally efficient and effective humanitarian response, including support to the Humanitarian Country Team (HCT), Area Humanitarian Country Team in Cabo Delgado and InterCluster Coordination Groups in both Maputo and Cabo Delgado levels, OCHA will continue to play a central role, including through inter-cluster coordination, information management, preparedness and contingency planning, resource mobilization and advocacy. The Coordination and Common Services provided under this Humanitarian Needs and Response Plan will directly benefit the humanitarian organizations included in this plan thus will indirectly supporting the the 1.3 million people targeted for assistance and protection.

### Cost & prioritization of the response

Approximately \$9.6 million is required to support coordination and common services in 2025, with the following three priorities:

- Protection against sexual exploitation and abuse - \$438K
- Strategic and operational coordination of the response - \$4.7M
- Displacement Tracking Monitoring- \$4.5M

An additional \$7.5M will cover Anticipatory action.

### **Community engagement & accountability to affected people**

Beyond the cluster-specific measures planned to enhance community engagement and accountability to affected people, OCHA will promote a joined-up and system-wide approach to this issue, including through ensuring that feedback from affected communities is regularly raised and addressed in both strategic and operational coordination forums.

### **Protection against sexual exploitation & abuse**

Protection against Sexual Exploitation and Abuse (PSEA) is a core priority of the 2025 Humanitarian Needs and Response Plan for Mozambique. Under the leadership of the Humanitarian Coordinator and with the technical support of the PSEA Network, OCHA, in support of the Humanitarian Country Team, has ensured that PSEA is incorporated throughout all stages of the planning process. A PSEA coordinator will be based in Maputo under the leadership of the Resident Coordinator's Office. Recognizing that PSEA needs to be implemented rapidly and effectively, the 2025 HNRP includes a dedicated inter-agency PSEA project to ensure that resources are available for collective PSEA initiatives, which is included under this Coordination and Common Services segment of the HNRP. This builds on the work of Mozambique's PSEA Network, as well as the roll-out of sexual exploitation and abuse reporting standard operating procedures.

## 15 3.13 Logistics

PARTNERS	PROJECTS	REQUIREMENTS (US\$)
1	2	<b>\$8.1M</b> Conflict \$7.6M Natural disaster \$0.5M

### Summary of needs

Many of the areas where humanitarian needs are most acute, face the biggest access challenges due to volatility wrought by armed attacks, infrastructure damage from cyclones and flooding and lack of maintenance of the latter. Consequently, access to transportation becomes unattainable, limited or costly. The project will combine different modes of transport to reach the areas where the vulnerable populations are. Cargo consolidation possibilities will be offered to allow cost efficiency. Further humanitarian partners already face challenges to find appropriate storage areas for critical relief items in Cabo Delgado’s capital Pemba as well nearer to beneficiaries. The project will establish common spaces, where possible, which will be shared by the humanitarian actors to ensure safe and cost-effective storage of relief items before transport and distribution. To allow efficient information share, a coordination platform will continue to be maintained in 2024 at national and locally in Cabo Delgado. This will address blockages, solutions and gaps in the logistics sector affecting response. Air passenger and light cargo transport is vital to reach the beneficiaries for humanitarian support. To this end, launched in December 2020, UNHAS operations have been running for almost four years and has since been accompanying the opening of humanitarian space in Cabo Delgado. So far key destinations are Ibo, Mueda, Palma, Afungi Mocimboa da Praia and Macomia. Based on demand and depending on the opening of the humanitarian space, UNHAS aims to fly to nearby provinces such as Niassa, Zambezia and Nampula as next destinations, these air services will continue as necessary in

2024-2025. With the aim to fill the gap among the Government and the Humanitarian community, the National Logistics Cluster (former National Logistics Working Group) has been facilitating the surface (road and costal) transport of their relief items, from Pemba to the affected districts in Cabo Delgado and Nampula. The provision of such service has contributed for the implementation of Humanitarian response programs and respective cargo preposition activities. Furthermore, in preparation for the 2024-2025 raining season the National Logistics Cluster expects to support the Humanitarian Community with transport for preposition of their relief items from sourcing provinces to Cabo Delgado or another strategic disaster-prone province. These surface services will continue as necessary in 2024-2025.

### Response strategy

The Northern provinces of Mozambique continue to be confronted with insecurity leading to continued displacements of men, women, and children. Logistical access within Cabo Delgado, the epicenter of the insecurity is expected to remain a challenge. The advent of the rainy & drought season will exacerbate the tenuous situation in some of the more remote locations. Logistical support also requires to be expended to other provinces of displacement including Niassa and Nampula provinces in northern Mozambique to where of the displacement has taken place. Since 2017, an armed conflict in Cabo Delgado province in northern Mozambique has continued to escalate, affecting more than 1.3 million people including over 1.042 million displaced people. 950,000 people are facing high levels of food insecurity in the northern provinces of Cabo Delgado, Niassa, Nampula and Zambezia. The conflict exacerbates and compounds existent vulnerabilities experienced in Cabo Delgado province, which despite having significant economic potential in terms of natural resources (including ruby reserves, graphite, gas and oil) and tourism, is the poorest province in terms of multidimensional poverty. Other vulnerabilities including socio economic impacts of climatic shocks have been reported to affect over 1, 414 persons who are currently food insecure and in need of other basic needs. The humanitarian and development actors are

fully engaged in responding to support the displaced men, women and children in Cabo Delgado, Nampula and Niassa Provinces. One of the main challenges to ensure success of this support is assured and sustained access from undeveloped tertiary road networks, insecurity, adequate transport service providers for sea transport and the potential for further infrastructure deterioration during the rainy season. Common services under the logistics cluster would aim to address the above challenges by offering a platform for logistical solutions in warehousing, costal and surface transport. Additionally access via air under the WFP mandated air services (UNHAS) to the humanitarian community for both passenger and cargo air transport will be implemented.

### **Targeting & prioritization**

Logistics sector will be supporting the third (3rd) tier beneficiaries; these include the Government and the Humanitarian organizations responding to the crisis in the northern region of Mozambique. The logistics sector will target about 40 organizations both humanitarian, development as well as diplomatic missions and government departments requiring

logistics related support. In light of the prevailing insecurity in Cabo Delgado province, Nampula and Niassa provinces have also become hosts of the internally displaced persons and therefore partners working in these provinces will benefit from sustained assistance where necessary. Due to the nature of the project, as a service provider to partners as 3rd tier beneficiaries, the disaggregation of the baseline data by gender and age is not applicable. However, data will be collected, especially for the use of air services for gender. Contracted commercial companies will be considered for gender aspects with female owned companies encouraged to participate in tenders. Cost of response Logistics cluster will prioritize the procurement of transport and warehousing for humanitarian relief items on behalf of the humanitarian and development partners. This will include multi-modal transport selection to provide a more comprehensive solution. Additionally, the passenger and cargo service air transport will continue to be offered accordingly and costs are based on monthly consumption trends established so far.

# Part 4: Refugee needs and response plan

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## ERATI DISTRICT/ NAMPULA PROVINCE

AWFP staff working on the 7-day rations distribution to internally displaced people

Photo: WFP/Vasco Buanausse



## 4.1 Refugee response plan

PEOPLE IN NEED		PEOPLE TARGETED	
25K		25K	
PARTNERS	PROJECTS	REQUIREMENTS (US\$)	
3	5	\$18.3M	

### Summary of needs

Women, girls and persons with disabilities to access eMozambique hosts approximately 25,000 refugees and asylum seekers, who originate primarily from the Democratic Republic of the Congo, Burundi, Rwanda and Somalia. Around a third of the refugee and asylum-seeker population reside in Maratane Refugee Settlement in Nampula Province. Despite Mozambique’s formal reservations to key provisions of the 1951 Refugee Convention including related to education, property, work permits, right to association, freedom of movement, residence and naturalization laws, refugees and asylum seekers have de facto access to identification documents, birth registration, work, health, education, and justice systems. Nevertheless, in each of these areas some challenges remain in terms of access associated with services, and gaps in quality of services. Certain groups, such as women and girls face an increased risk of gender-based violence (GBV) including sexual violence, forced and child marriages, intimate partner violence, economic and psychological violence, and sale and exchange of sex - often stemming from socio-economic vulnerabilities. Opportunities for livelihoods remain a challenge due to constraints in accessing land and employment, particularly for women, persons with disabilities and young people. Maratane refugee settlement does not benefit from any formal system

of solid waste management, risking the health of residents. Food needs also remain critical.

Specific risks are faced by refugees living in areas vulnerable to climate shocks leading to multiple protection risks including destruction of shelter, livelihoods, documentation, GBV, including sexual exploitation and abuse, and family separation. Enhance the quality of any shelters and infrastructures that will be constructed in 2025 to mitigate the impact of extreme weather and strengthening disaster risk preparedness remains important.

Given the protracted nature of the refugee situation, durable solutions, including local integration, voluntary repatriation, and resettlement, remain paramount.

### Response strategy

UNHCR’s Government counterpart, the Instituto Nacional para el Apoio aos Refugiados, under the Ministry of Interior, is the lead authority on refugees in the country, together with relevant line Ministries, and works together with national and international partners to respond to the needs of this population.

In 2025, the response to the protracted refugee situation in Maratane refugee settlement and urban areas in Mozambique will continue with the overall objectives of strengthening the protection environment and enjoyment of rights by refugees and asylum seekers; supporting and advocating for their equitable inclusion to national systems and services; ensuring their meaningful engagement in decision making that affects their lives; supporting access to durable solutions, including voluntary repatriation, resettlement, local integration, and complementary pathways; and providing life-saving humanitarian assistance where needed.

The response strategy will also include advocacy for the strengthening of the legal and policy framework, the national asylum system in a mixed movement context, and access to rights and services for both refugees and asylum seekers. the national asylum system. The strategy is built on the premise of ongoing close and fruitful coordination with the

Government of Mozambique and key partners to reinforce solutions for refugees and asylum seekers including through enhanced support for voluntary repatriation and the development and implementation of a local integration strategy guided by the Government of Mozambique's commitment at the 2023 Global Refugee Forum, which solidified the Government's longstanding commitment towards refugees and asylum seekers in Mozambique. This strategy also includes the spatial integration of Maratane into its locality and transitioning it into an integrated climate resilient green village.

### **People targeted**

In 2025, the refugee response will target 25,000 refugees and asylum seekers as all the population is targeted for services as registration and access to documentation. The overall population is comprised of 61 per cent men, 39 per cent women, 26.4 per cent children, 71.4 per cent adults, and 2.1 per cent older people. In addition, a special focus will be placed on people with specific needs – including persons with legal and physical protection needs, persons with

disabilities, survivors of violence, persons with serious medical conditions, unaccompanied and separated children, as well as older persons and women and children at risk. Finally, some services will only target refugees and asylum seekers living in Maratane based on the specific needs existing in this context.

### **Cost & prioritization of the response**

For 2025, the refugee programme requires US \$18.3 million for comprehensive multisectoral and countrywide activities that contribute to the strengthening of the protection environment, lifesaving assistance and durable solutions. Based on an extensive prioritization exercise, UNHCR will ensure that protection and lifesaving assistance reaches individuals who need it the most. The interventions will primarily target refugees and asylum seekers living in Maratane Refugee Settlement as well as host community members from the surrounding areas who also benefit from the services provided in the settlement, in addition to refugees and asylum seekers in other locations.

# How to Contribute

## Contribute towards Mozambique Humanitarian Response Plan

Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Mozambique, as identified in this Humanitarian Response Plan.

## Contribute through the Central Emergency Response Fund

CERF is a fast and effective way to support rapid humanitarian response. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round.

[www.unocha.org/cerf/donate](http://www.unocha.org/cerf/donate)

## About

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

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

## Get the latest updates



OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

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## Humanitarian Action

ANALYSING NEEDS AND RESPONSE

[Humanitarian Action provides a comprehensive overview of the humanitarian landscape. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.](#)  
[humanitarianaction.info](http://humanitarianaction.info)

## rW response

ReliefWeb Response is part of OCHA's commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available to facilitate situational understanding and decision-making. It is the next generation of the Humanitarian Response platform.  
[response.reliefweb.int/mozambique](https://response.reliefweb.int/mozambique)



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

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

**MOZAMBIQUE**  
HUMANITARIAN NEEDS  
AND RESPONSE PLAN