MOZAMBIQUE
TROPICAL CYCLONE CHIDO FLASH APPEAL

JANUARY - JUNE 2025

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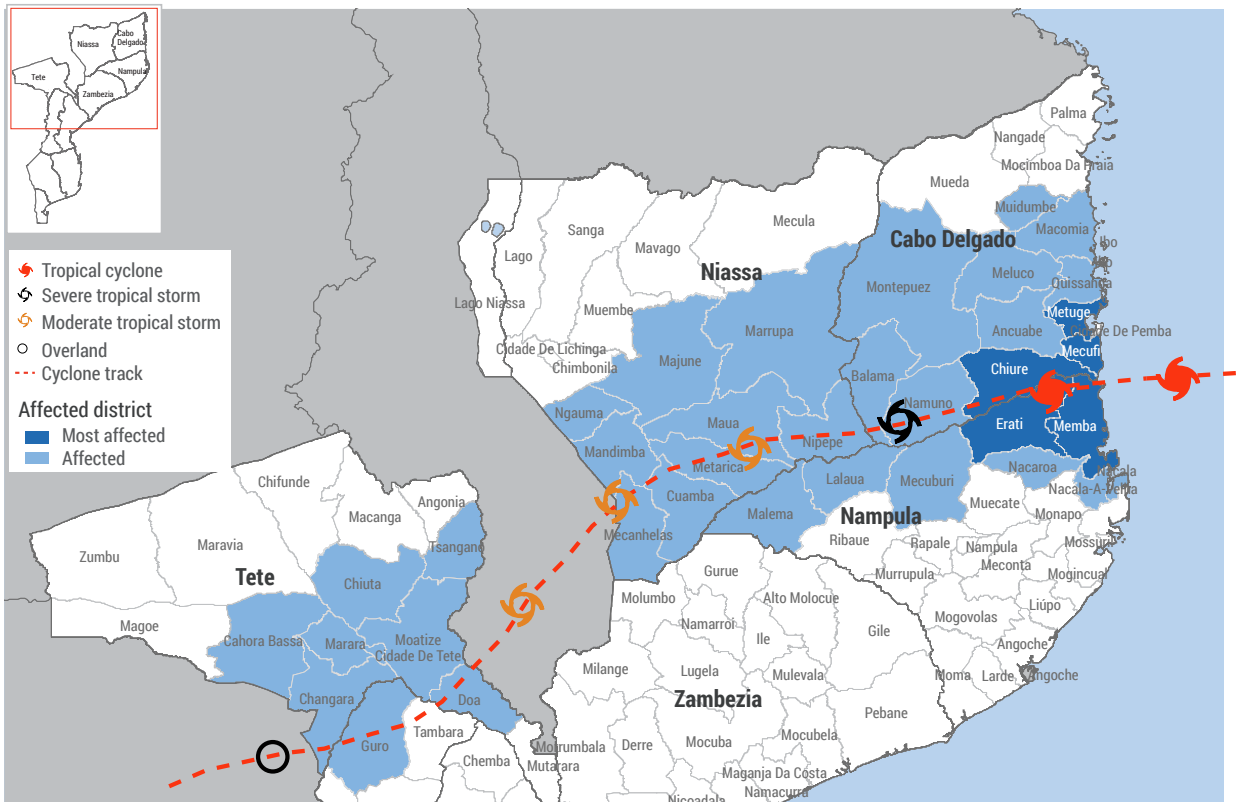
TROPICAL CYCLONE - AT A GLANCE

454K
PEOPLE AFFECTED

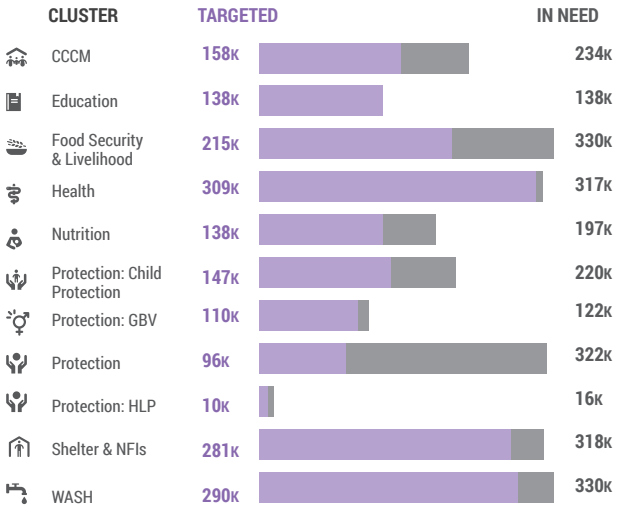
330K
PEOPLE IN NEED

320K
PEOPLE TARGETED

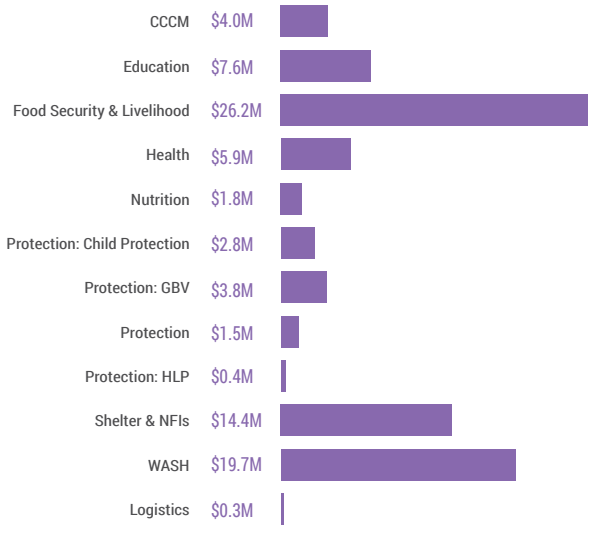
$88M
FINANCIAL REQUIREMENTS



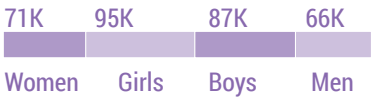
PEOPLE IN NEED AND PEOPLE TARGETED BY CLUSTER



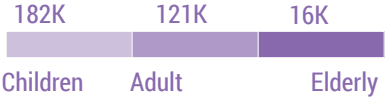
FINANCIAL REQUIREMENTS BY CLUSTER



TARGETED BY GENDER



TARGETED BY AGE



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

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COVER PHOTO: MECUFI DISTRICT, CABO DELGADO PROVINCE
Families affected by Tropical Cyclone Chido.
Photo: © UNICEF/Eduardo Mendes

Part 1: Crisis Overview

MECUFI, CABO DELGADO PROVINCE
Internally displaced persons affected by Tropical Cyclone Chido.
Photo: © UNICEF/Eduardo Mendes

Executive Summary

Communities in Mozambique are suffering from the devastating effects of Tropical Cyclone Chido, which has left a trail of destruction in its wake. On 15 December, Cyclone Chido made landfall in Mozambique, bringing torrential rainfall exceeding 250 mm in 24 hours and strong winds up to 120 km/h. By 16 December, the cyclone had moved into Malawi and Tete Province, dissipating in Zimbabwe on 17 December.

The scale of the damage and the needs of the affected population are widespread and severe. According to the National Institute for Natural Disasters (INGD), as of 24 December 2024, an estimated 453,971 people have been impacted, with 120 fatalities and 868 injuries reported. Over 70,000 houses have been completely or partially destroyed, along with 250 schools, 52 health centres, and 338 electricity poles. These figures are expected to rise as assessments continue.

The number of affected individuals has surpassed the 350,000-threshold needed to trigger a Flash Appeal. Widespread devastation and connectivity challenges continue to hamper situational awareness and response efforts.

In Cabo Delgado Province, the districts of Mecufi, Metuge and Chiure, along with the provincial capital, Pemba, have been heavily affected, followed by Namuno, Montepuez, and Balama. The number of people impacted in Cabo Delgado is estimated at 272,000.

A joint multi-agency assessment mission (MIRA) led by INGD with OCHA support in collaboration with humanitarian partners on December 18, witnessed widespread devastation in the affected areas. The mission's findings were overwhelming, with entire communities left in ruins. In Mecufi, nearly 100 per cent of homes were destroyed, with only a few structures still standing. Similarly, Nangolo has experienced near-total destruction.

For communities in Cabo Delgado, where over 90 per cent of the population lives in makeshift shelters— often relying on palm leaves as protection—Cyclone Chido's immense power stripped everything away in an instant. Across the affected regions, the cyclone left homes in ruins, health centres inoperable, and critical medical supplies destroyed. Many families lost everything.

In Nampula Province, the districts of Erati, Memba, Meucuburi, and Mossuril have also been severely affected. The number of people impacted is estimated at 175,169, with more than 35,000 homes partially or completely destroyed, according to INGD. Seven deaths and 24 injuries have been reported. Memba and Erati are the hardest-hit districts, followed by Nacala.

Adding to the crisis is a cholera outbreak in Nampula, with at least 302 cases and 29 fatalities reported so far. The rains and massive destruction of basic services by the cyclone may further exacerbate the public health emergency.

Damaged roads are complicating the evacuation of patients and the delivery of essential supplies. Adding to the complexity, communication with administrative posts in Mazua, Chipene, Lurio and other rural areas is limited due to poor mobile network coverage. Agricultural inputs are urgently needed, as affected populations could still participate in the main agricultural campaign if assistance arrives by January 2025. Repairing roads and reestablishing communication networks are critical priorities. Local authorities and INGD are mobilizing support with cooperation partners and civil society.

The government's preparedness and response efforts have played a crucial role in mitigating the loss of life and addressing the immediate needs of affected populations. Pre-emptive evacuations and early warning messages issued by INGD helped alert communities to the impending danger.

Authorities, NGOs and UN humanitarian teams are working closely to access impacted areas, assess needs, and deliver urgent assistance. As the scale of the disaster has become evident, with limited resources humanitarian partners have continued scaling up their response in coordination with the government, focusing on providing critical relief to those most in need.

However, the humanitarian needs generated by Chido are currently outstripping the capacity of humanitarian organizations to respond. We must respond urgently to bring assistance to those who need it and prevent the spread of water-borne diseases like cholera, and typhoid fever which can take away more lives very quickly, but the humanitarian supplies are woefully low.

Even more troubling is that this disaster is unfolding within an already existing crisis. Cyclone Chido struck areas in Cabo Delgado where people were already seeking refuge from violence by non-State armed groups. Displaced persons (IDPs) who fled conflict now find themselves in the path of another calamity.

More resources are urgently needed to address the severe immediate needs. People require safe, temporary shelter and repair kits to rebuild their homes and lives. Many still need food, potable water, medicines, and sanitation and hygiene facilities to prevent water-borne diseases to support communities weakened by three consecutive natural disasters. Health facilities must be urgently repaired to provide essential services, including emergency care, reproductive health services, immunizations, and nutrition. Schools also need repairs to ensure the continuity of education and prevent thousands of children from dropping out, especially as their education was already jeopardized by conflict. People who have lost their livelihoods will need immediate assistance to resume their lives. Those reliant on agriculture will require help to replant, while families dependent on livestock or fishing will need support to replace lost animals and fishing equipment.

There are widespread protection concerns in the aftermath of the cyclone as families have been separated. The risk of gender-based violence (GBV) is rife, and many of the displaced or evacuated people have lost civil documentation. People impacted by the cyclone require mental and psychosocial support to cope with the uncertainty about their situation following the loss of property and livelihoods in the medium to long term since high levels of trauma and distress have been reported. In such a context, harmful coping mechanisms such as transactional sex, child labour, and human trafficking are also a risk.

In a new and deeply concerning trend, reports of potential cases gender-based violence (GBV) by non-humanitarian actors (e.g., community members hosting affected individuals) have raised alarms among teams assessing needs in affected districts. There is a mixed context where some affected individuals are in accommodation centers while others stay in improvised sites, such as neighbors' backyards. Addressing these risks requires prioritizing GBV prevention and response within sectoral programming, alongside advocacy and close collaboration with Mozambican authorities. A comprehensive approach is essential to mitigate community-level risks and ensure a survivor-centered response to reports of gender-based violence.

Additional funding is urgently needed to sustain the humanitarian response. The cyclone struck at a particularly critical moment, at the end of the year with limited funding. The humanitarian operation had mobilized US$5.8 million for natural disaster preparedness and response under the 2024 Humanitarian Needs and Response Plan (HNRP).

Furthermore, Mozambique is simultaneously grappling with the compounded challenges of a drought in central and southern that has affected 1.4 million people; conflict which is affecting 1.3 million people; and a cholera outbreak that has so far affected approximately 302 people and caused 29 deaths. The humanitarian operation has mobilized 31 per cent of the drought appeal financial requirements and 39 per cent of the 2024 HNRP.

We must urgently replenish stocks for all humanitarian pipelines to sustain the ongoing response, contain the spread of cholera and save the agricultural season.

We have a small window of opportunity we cannot afford to miss.

Strategic Objectives

Strategic Objective:

Save lives and livelihoods by providing integrated package of humanitarian assistance and protection to people impacted by Cyclone Chido in December 2024.

Humanitarian programming will prioritize assistance to people with the most acute needs and in life-threatening situations. The response will encompass the provision of food and livelihoods assistance, the restoration of access to quality basic services, such as health (including mental health, psychosocial support and GBV risk mitigation, sexual and reproductive health), education, nutrition, water sanitation and hygiene, and the provision of shelter and non food items. In addition, partners will implement a protection-centered approach to humanitarian programming that alleviates the suffering faced by the most vulnerable population.

Specific Objective 1:

Humanitarian programming will prioritize inclusive assistance to women and men with the most acute needs and in life-threatening situations.

Specific Objective 2:

The response will encompass the provision of food and non-food assistance, as well as restoration of access to quality basic services, such as schools and health, nutrition, water, sanitation and hygiene as well as shelter.

Specific Objective 3:

Humanitarian partners will work in an integrated approach that concomitantly addresses both the humanitarian and protection needs of cyclone-impacted persons – including gender-based violence, child protection and PSEA - as well as uphold commitments to the centrality of protection across the humanitarian response.

MECUFI DISTRICT
A young woman continues to perform her chores amid the devastation caused by Tropical Cyclone Chido in Mecufi District.
Photo: © OCHA / B. Chalucuane

Part 2: Humanitarian Response

METUGE, CABO DELGADO PROVINCE
Nanlia village destructions after Tropical Cyclone Chido.
Photo: © OCHA / B. Chalucuane

Humanitarian Response

This Emergency Response Plan focuses on delivering life-saving, and life-sustaining assistance and protection to 320,000 people out of 380,000 people estimated to be in need between December 2024 and June 2024. The Emergency Response Plan was formulated on the premise that a multi-sectoral and integrated response to the crisis is critical to providing a holistic response to people's needs.

This response will be geographically focused on the most affected districts of Cabo Delgado and Nampula. The emergency response plan requires U$88 million, of which $4 million has already been mobilized through the United Nations Central Emergency Response Fund (CERF) Rapid Response Window. To ensure that partners can rapidly scale up their response, it is critical that additional funding is received swiftly under the Emergency Response Plan. The quick scale-up is urgent for sectors that need to procure supplies, some of which face imminent pipeline breaks.

This Emergency Response Plan complements the Government's response efforts by focusing on the immediate actions humanitarian partners can support in the coming six months. Humanitarian partners have considered the Government's planned activities in their responses, ensuring optimal complementarity and synergies whenever feasible. The emergency response plan brings together the work and funding requirements of the humanitarian community in Mozambique, including the United Nations, International Non-Governmental Organizations (INGOs), and National NGOs (NNGOs). In particular, the appeal acknowledges the critical role of organizations working with and for their communities.

The projects and financial requirements presented in the Emergency Response Plan for Tropical Cyclone Chido are separate from those included in the 2025 Humanitarian Response Plan (HRP), which targets the humanitarian needs driven by conflict and population displacement in northern Mozambique.

The Humanitarian Country Team (HCT) in Mozambique reiterates that efforts to respond to the humanitarian needs arising from the impact of Tropical Storm Chido should not draw capacities or resources away from the response in northern Mozambique.

Centrality of Protection, Accountability to Affected People and Protection Against Sexual Exploitation and Abuse

The Emergency Response Plan ensures the Centrality of Protection, including protecting children from violence, abuse, neglect, exploitation, and harmful practices. This approach also includes protecting the most vulnerable groups' rights, such as persons with disabilities, women heads of households, pregnant and lactating women, and the elderly, focusing on preventing and responding to GBV, particularly among displaced people. The implementation of complementary protection actions across sectors promotes an inclusive and tailored response that addresses the unique needs of women, men, girls and boys, people living with disabilities, people living with chronic diseases, Tuberculosis, HIV/AIDS, and the elderly.

Coordination

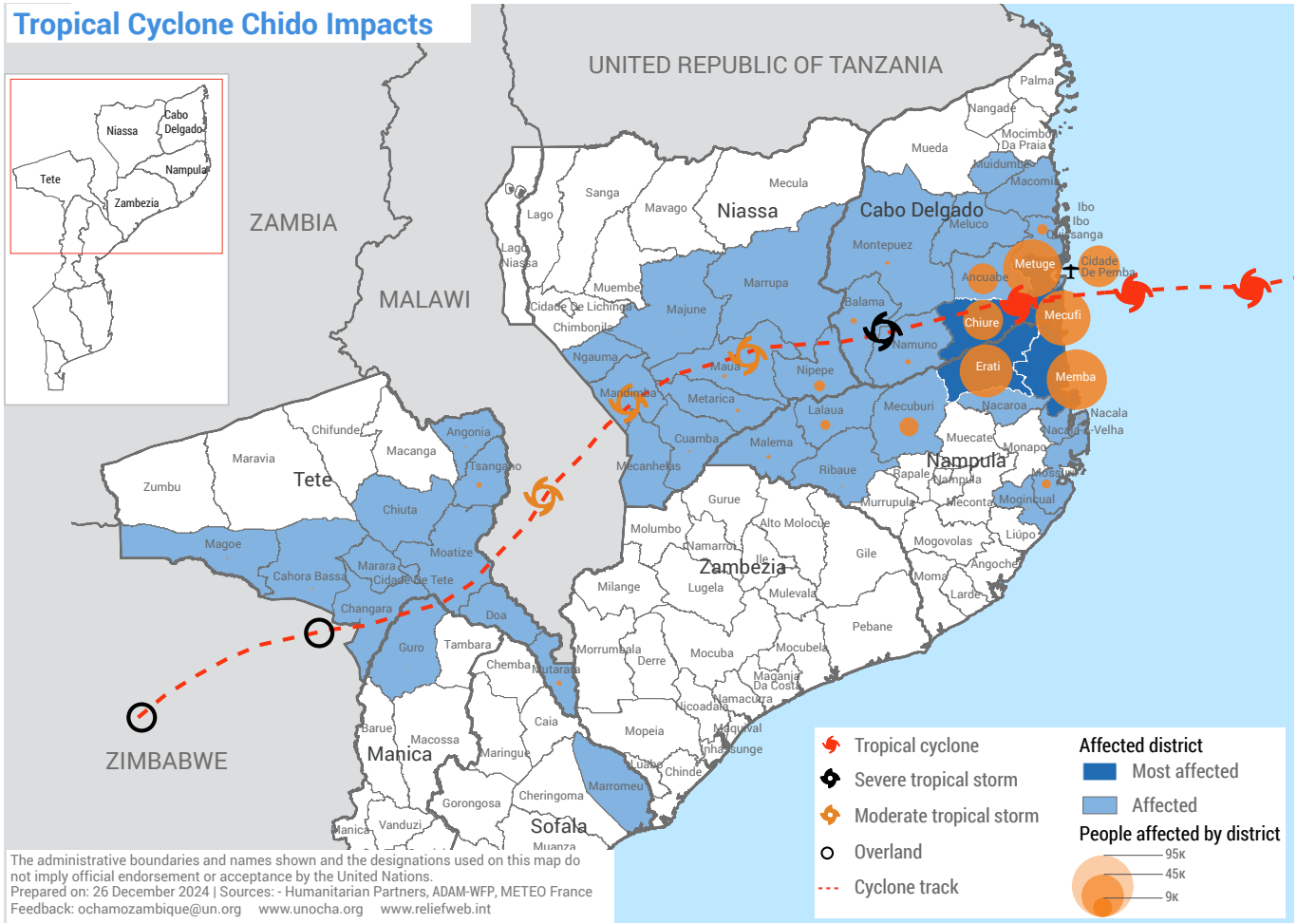
INGD is leading the coordination of the response to Tropical Cyclone Chido through its National Emergency Operational Centre (CENOE), with support from humanitarian partners, including INGOs/NGOs, UN entities, and donors. Provincial Operational Emergency Centres (COE) were active in Cab Delgado and Nampula, coordinating the response in the hardest-hit districts (Mecufi and Chiure / Memba and Erati). The District Operational Emergency Centres (COE) played a crucial role in ensuring a coordinated, timely, and predictable approach to the humanitarian response at the district level.

The Humanitarian Country Team (HCT) includes heads of UN entities, international and national NGOs, donors, and observers. This team is chaired by the Humanitarian Coordinator (HC), who convenes regular HCT Team meetings to ensure coordinated and principled response operations, including the Pemba Area Humanitarian Country Team (AHCT) and the Nampula HCT focal point.

Operational Capacity, Access & Feasibility

Under the emergency response plan, Humanitarian Partners, including NNGOs, INGOs and UN entities will implement activities complementing the Government-led response. The organizations included in the Flash Appeal have a well-established presence in the affected provinces. They have scaled up their activities to respond to the needs generated by the cyclone.

Tropical Cyclone Chido significantly affected physical access to several areas, damaging logistics infrastructures (including warehouses and power lines), critical road networks, culverts, and bridges. Together with private sector partners, national and provincial authorities are rehabilitating roads, bridges, and power lines. However, some of these works are temporary, and there continues to be limited transport capacity and insufficient fuel in affected communities.

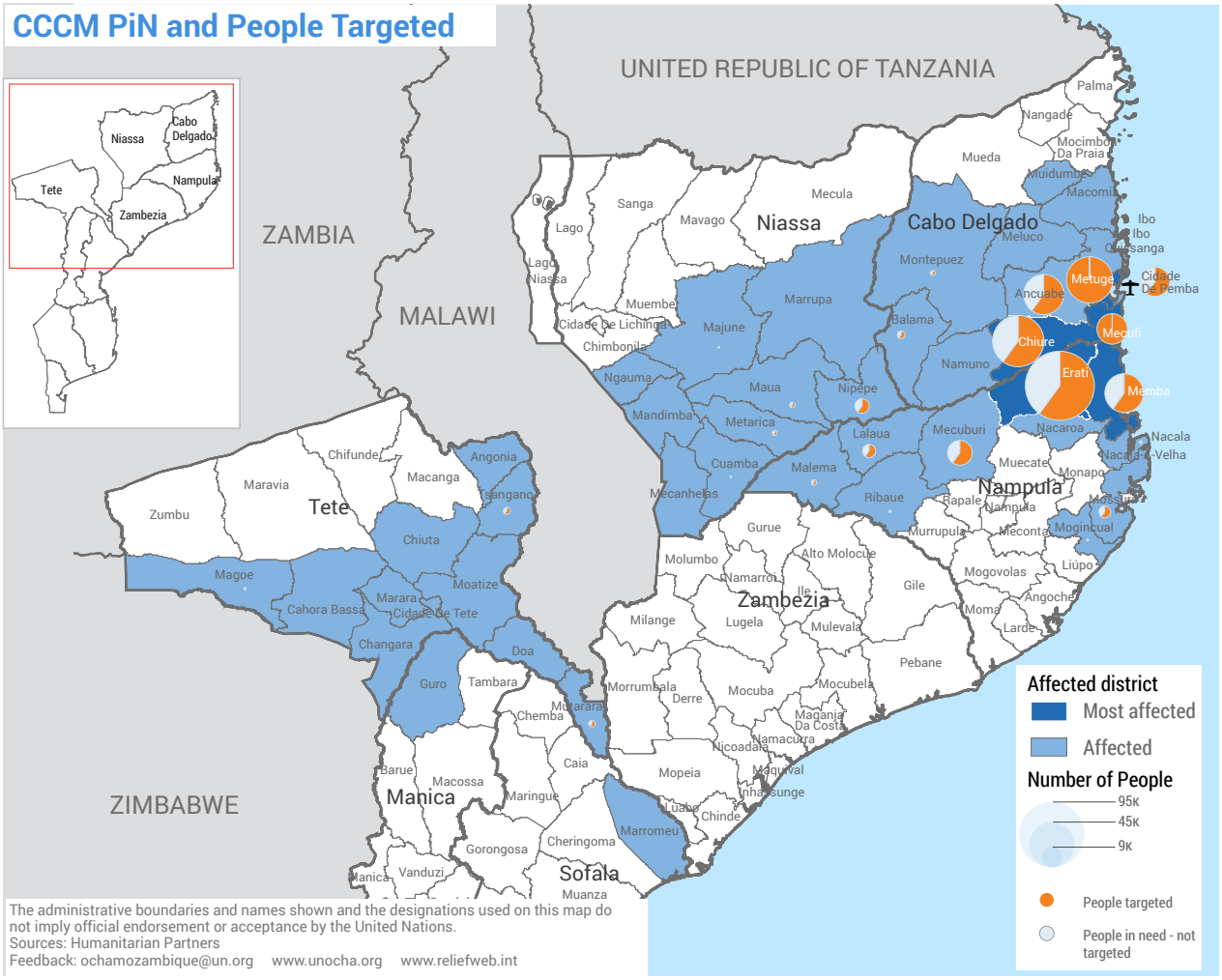


Part 3: Cluster Priorities

MECUFI, CABO DELGADO PROVINCE
Communities affected and displaced by Tropical Cyclone Chido.
Photo: © UNICEF/Eduardo Mendes

4.1 Camp Coordination and Camp Management (CCCM)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
234K	158K	$4.0M

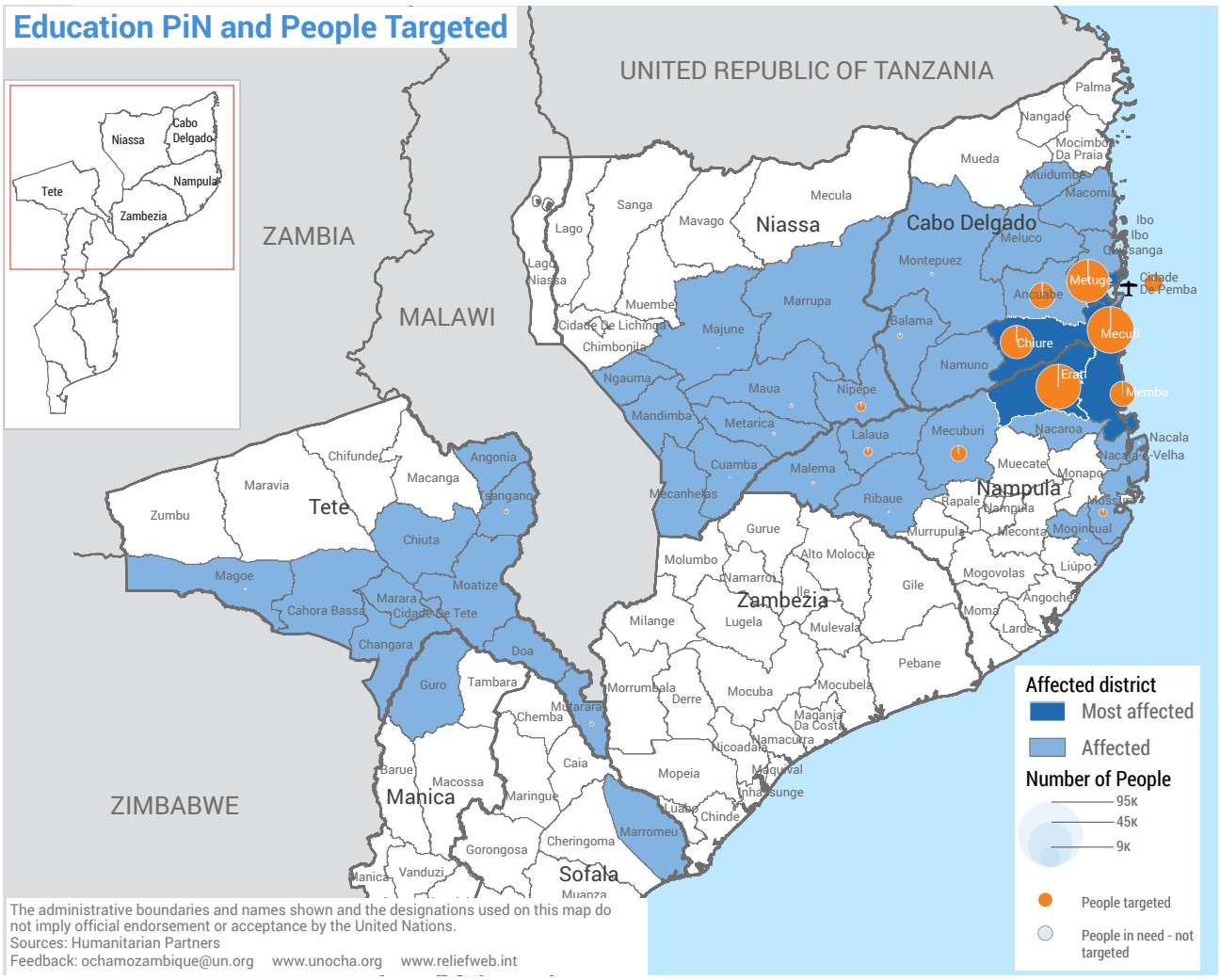


Priority Activities

1. Provision of community engagement support in site settings and human settlements to ensure effective consultation with host communities and IDPs during the establishment of new sites.
2. Information dissemination and awareness raising to disaster-prone communities and support to national authority to establish safe locations for IDP movement during emergencies, including evacuation plans.
3. Site planning and reconfiguration, including plot demarcation, site clearing, rehabilitation and/or construction of community centers, among other care and maintenance improvements in compliance with minimum humanitarian standards.
4. Deployment of site management teams to manage accommodation centers and locations hosting displaced communities.
5. Coordination and monitoring of partners and service providers by collecting, analyzing, and sharing site data to identify gaps and needs in displacement sites, followed by advocacy for appropriate intervention.

4.2 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
138K	138K	$7.6M

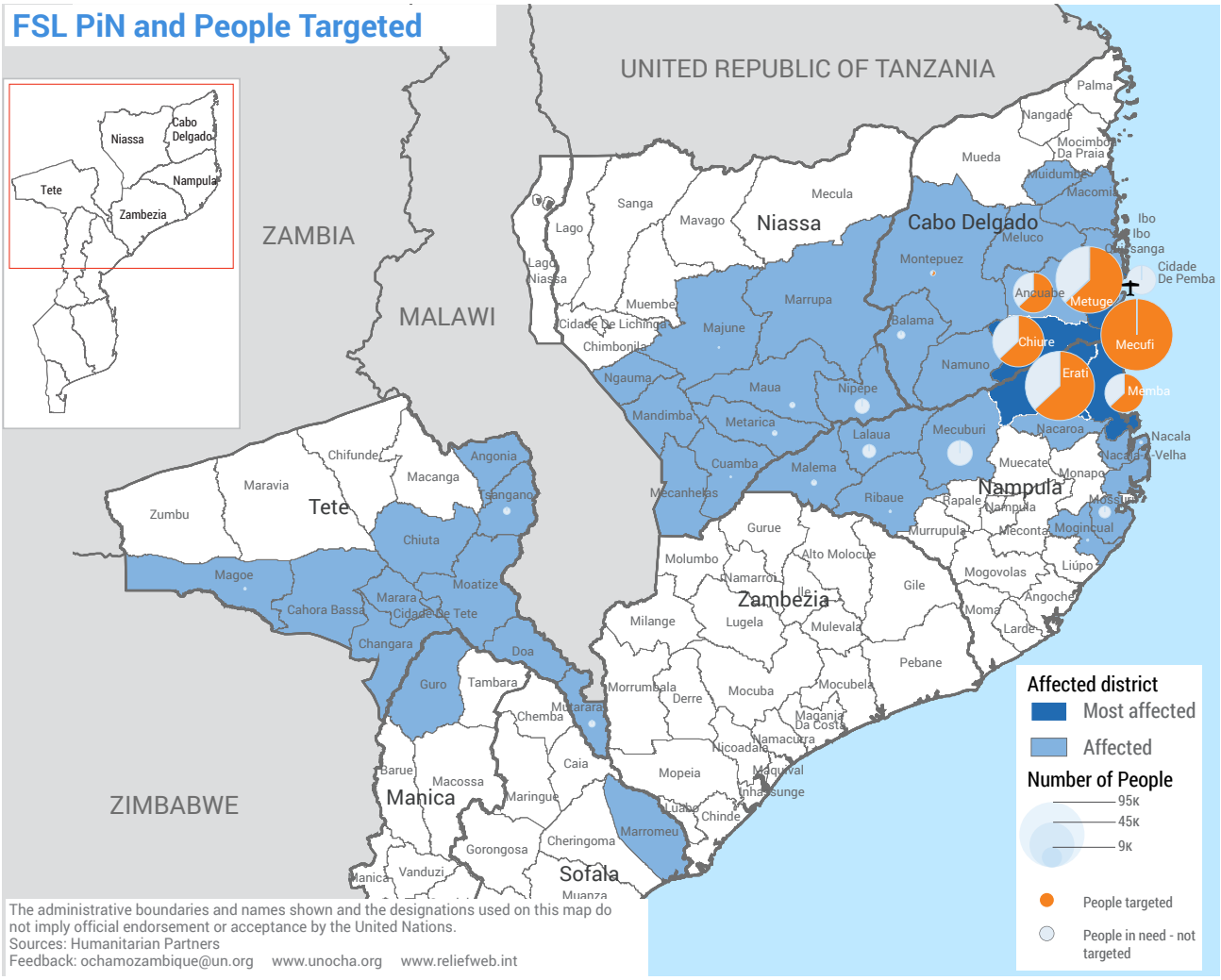


Priority Activities

1. Emergency repairs of damaged schools. Based on the findings of the technical assessment of the viability of education facilities affected, education authorities, partners and schools-based disaster management committees (under PEBE – Plano de Emergencia Básico de Escola- Schools Emergency Plan- programme) will work together on repairing small-scale damages.
2. Construction of temporary learning spaces (TLS) in affected schools, damaged classrooms that cannot be repaired or were destroyed.
3. Rehabilitation of damaged latrines and bathrooms in schools affected to ensure safe conditions for the return of children to educational activities.
4. Distribution of learning and teaching materials.
5. Provision of school meals to facilitate the return to school.
6. Distribution of cleaning (for infrastructure and learning spaces) and hygiene kits for students to prevent disease outbreaks, particularly cholera.
7. Delivery of school-based MHPSS and recreational activities, in collaboration with CPEiE partners, seeking to raise awareness on protection risks, including GBV, and health risks.
8. Distribution of learning and teaching materials to affected children to support the return to school in 2025 academic year.
9. Training of teachers in emergencies, including PSEA, to build their capacity to support children, adolescents and youth in their psychosocial well-being and ability to learn after having experienced high levels of stress.

4.3 Food Security & Livelihood

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
330K	215K	$26.2M

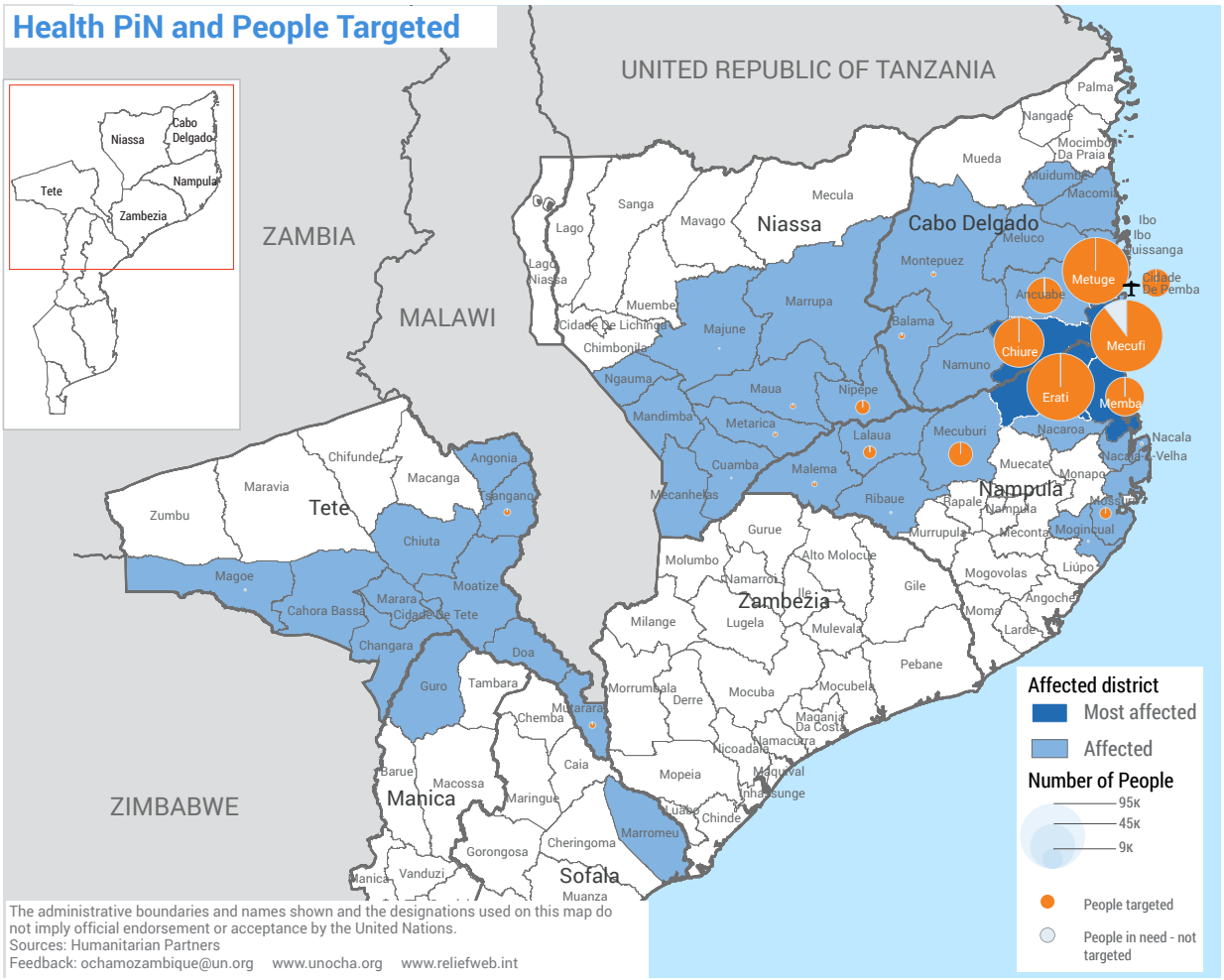


Priority Activities

1. Distribution of immediate 7-day food rations to the most affected population.
2. Distribution of food assistance for three months to the most affected populations covering 78 per cent of Kcal per month.
3. Provision of agricultural inputs for the main agricultural campaign, coupled with trainings in good agricultural practices.
4. Provision of livestock and fisheries support to affected population.

4.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
317K	309K	$5.9M

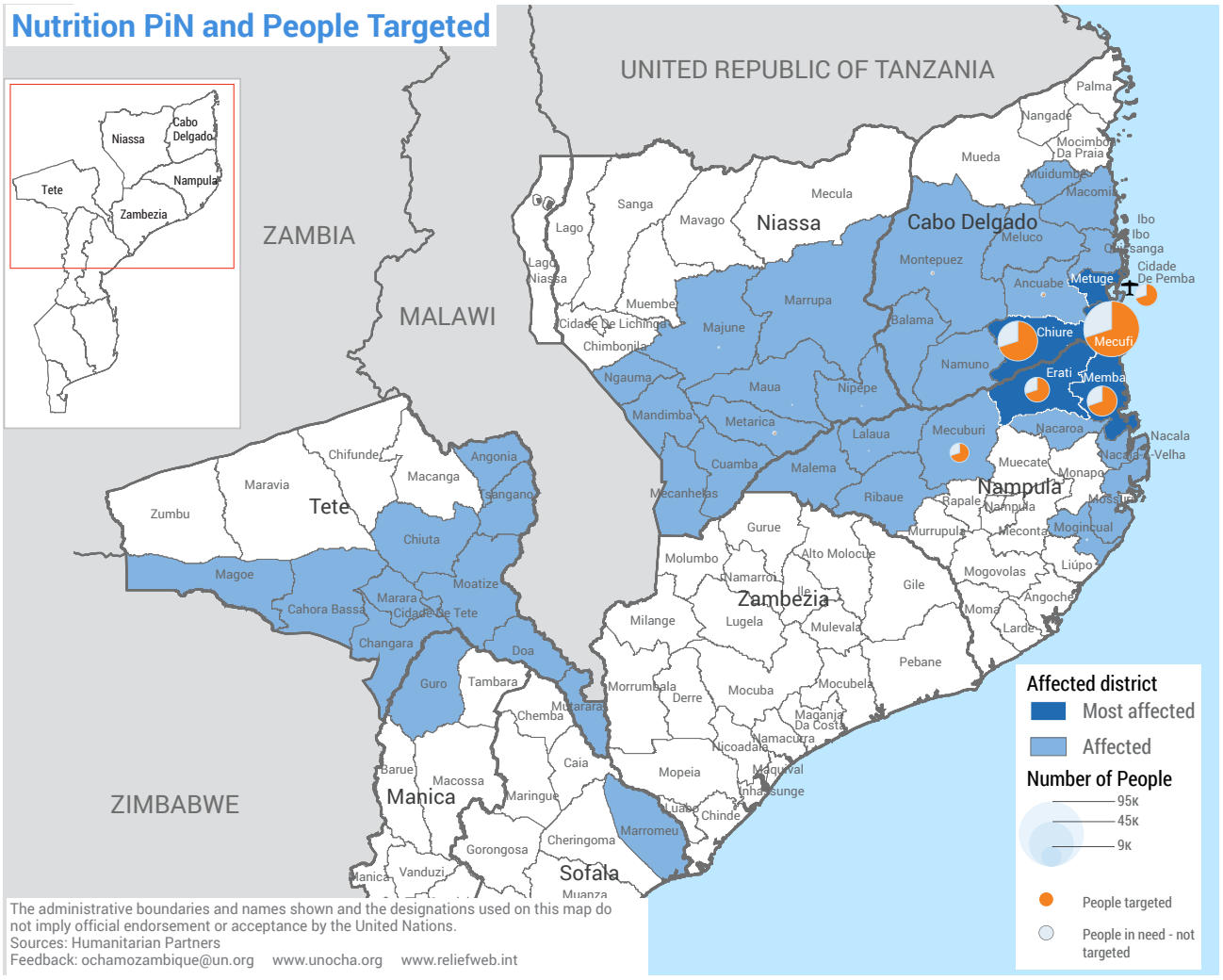


Priority Activities

1. Reestablish the continuity of care of health care services in the affected areas by deploying temporary health structures (tents).
2. Respond to immediate health needs with mobile clinics and extra staff to support the provision of services.
3. Coordinated support medical stock replenishments by procuring and delivering life-saving essential medical and emergency supplies, including emergency medical kits (IEHK, Cholera kits, ERHK), medical equipment (cold chain, etc.) and non-medical equipment (inspection beds, chairs, tables) required to re-establishing services essential health services.
4. Ensure maternal and newborn child health, including immunization, HIV and TB packages through mobile brigades.
5. Re-establish services in static health facilities and provide lifesaving sexual reproductive health and clinical management of SGBV cases.
6. Integrate quality mental health and psychosocial support in Health facilities and mobile brigades following international and national standards.
7. Ensure support for the Community Health Workers (CHW) network to resume delivering critical services at the community level.
8. Strengthen disease surveillance and prevention in most affected areas by support of community health workers activities, and District health authorities', surveillance network to manage early detection and response of epidemic prone diseases.
9. Ensure a coordinated multisectoral response to health outbreaks (including cholera, measles, malaria, polio, and other emerging diseases).
10. Ensure inter-sector coordination to deliver inclusive, effective, efficient, and coordinated services to the affected population.

4.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
197K	138K	$1.8M

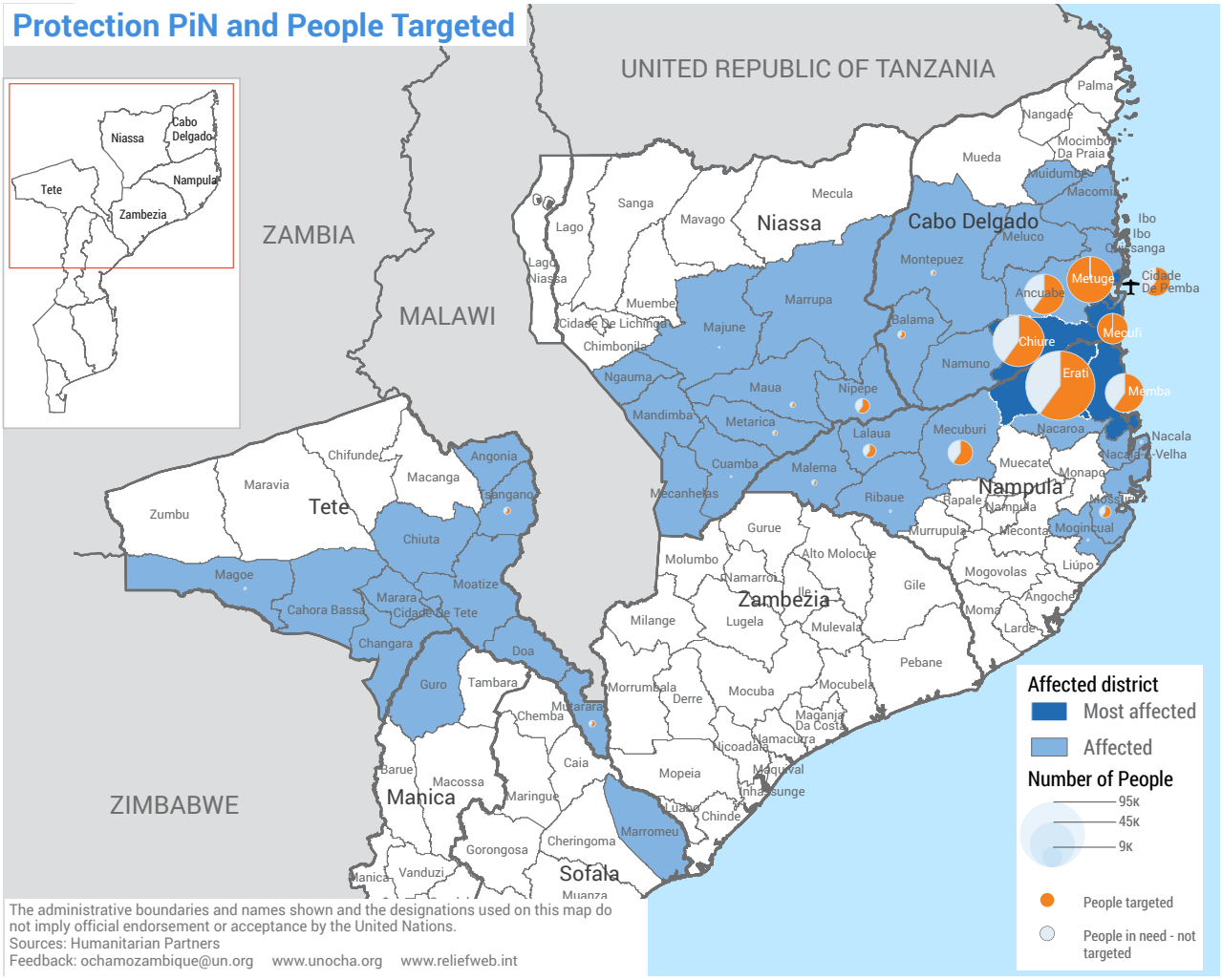


Priority Activities

1. Support nutrition supply stock replenishment through procurement and delivery of life-saving nutrition supplies and equipment required to re-establish services that manage severe and moderate wasting.
2. Screening, prevention, and management or referral of acute malnutrition (wasting) cases in children under 5 years and pregnant and lactating women (PLW) and support community-based outreach activities to increase coverage of acute malnutrition services and provide an integrated package of health and nutrition interventions, including HIV and TB as well as people living with disabilities.
3. Infant and Young Child Feeding and emergency counseling and support, including enforcement of Breastmilk Substitute Code in emergencies.
4. Implement rapid nutrition and multisectoral post-shock assessments for sectoral evaluation and surveillance of the needs.

4.6 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
322K	96K	$1.5M

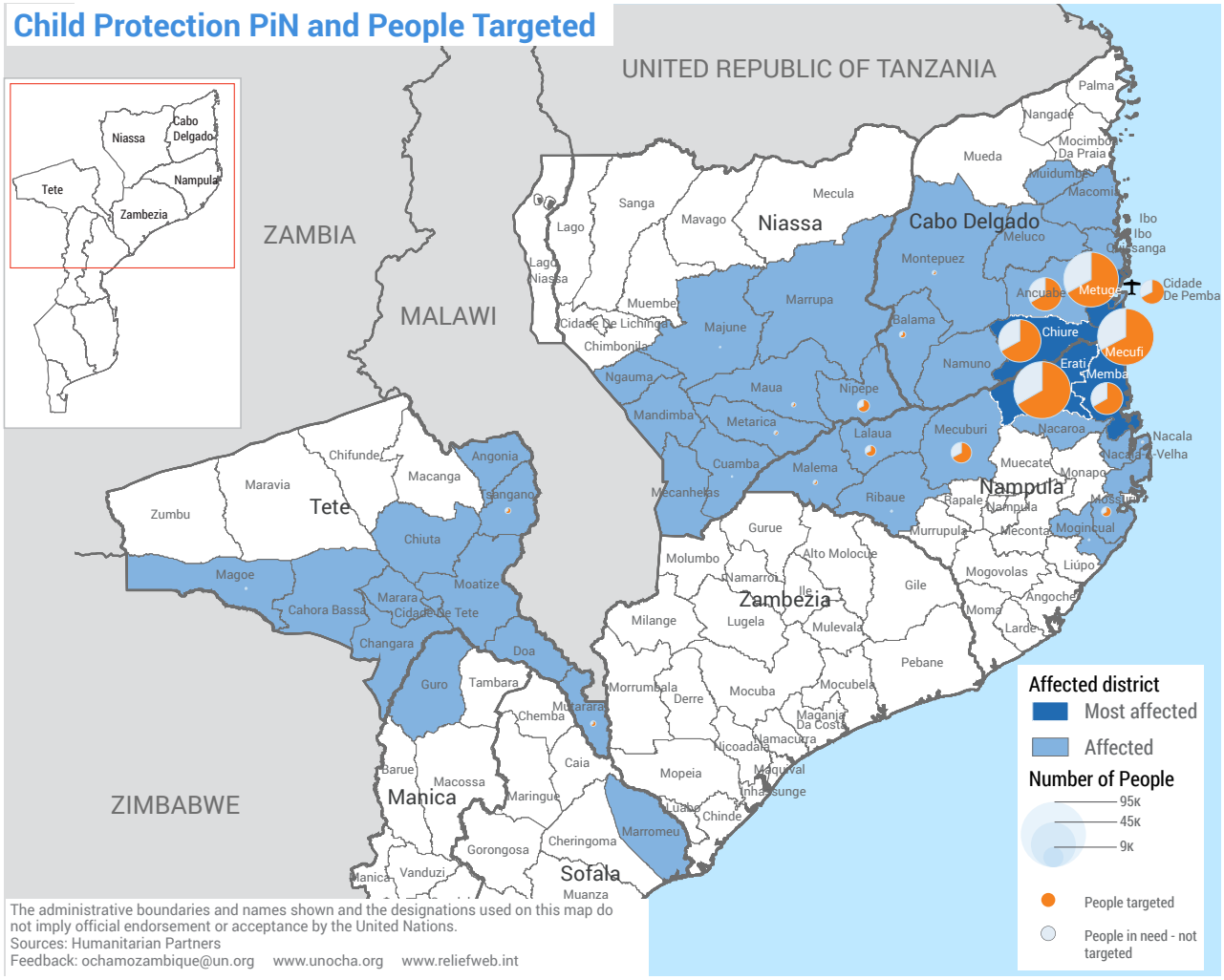


Priority Activities

1. Conduct protection monitoring assessments among the affected population to identify their protection needs and risks, human rights violations, and persons with specific protection needs (PWSNs), persons with disabilities (PwD) and others.
2. Establish/deploy protection mechanisms such as help desks, mobile units, emergency protection units to identify and address/advise on identified individual/ community protection needs, to refer to other agencies and services, follow up with relevant government institutions and actors.
3. Provide protection assistance and services to the identified PWSN, PwDs, and others.
4. Provide MHPSS to the affected population, men, women, PWSNs, PwDs and others.
5. Strengthen community-based protection through building the community's capacity on identifying and responding to protection needs and risks.
6. Establish safe and accessible Community Feedback Mechanisms (CFMs) and inform affected people including children on their use.

4.7 Child Protection AoR

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
220K	147K	$2.8M

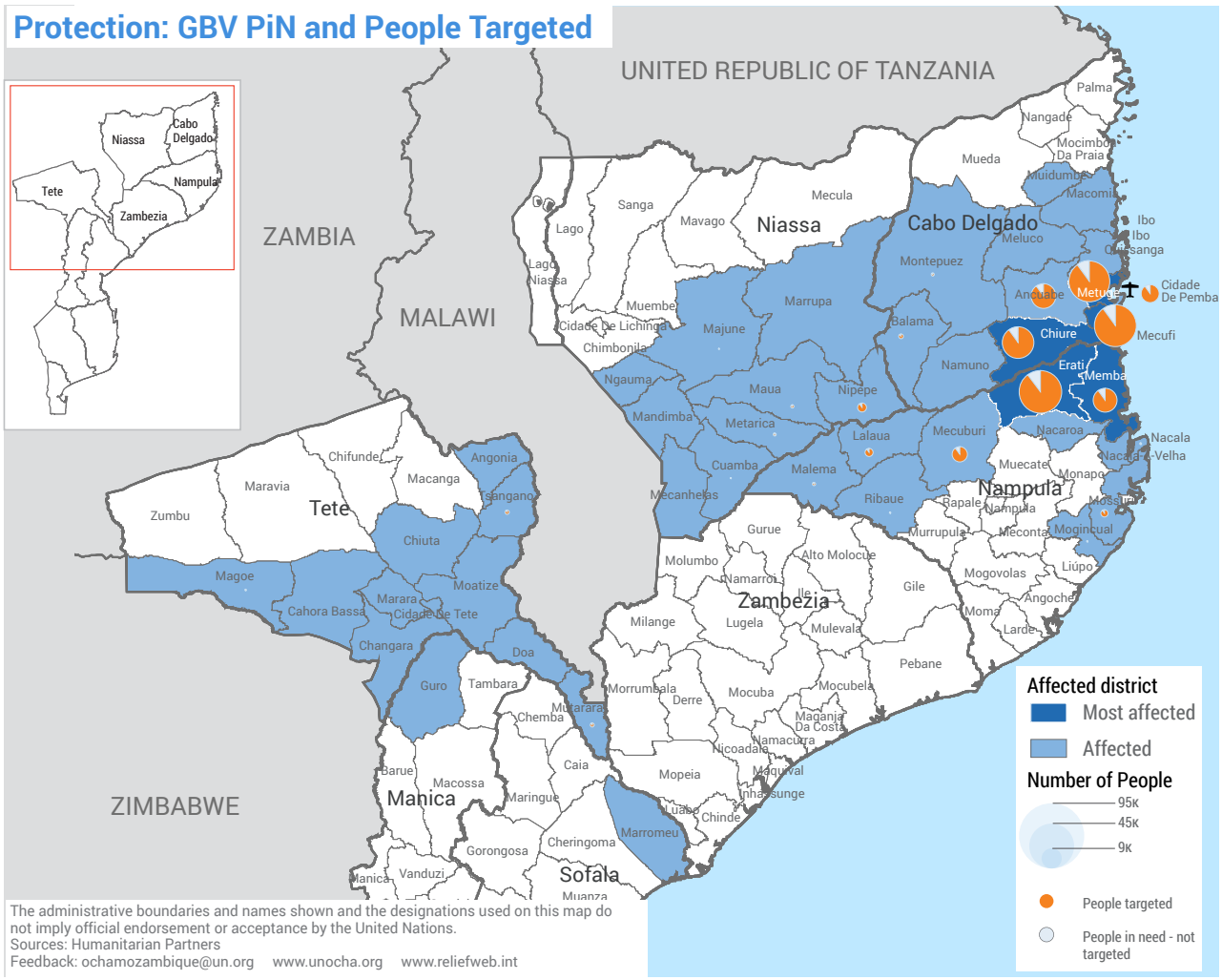


Priority Activity

Provide Child Protection Case Management, MHPSS, family tracing and reunification (FTR), alternative care for unaccompanied and separated children, vulnerable children, and information management. Mobile service delivery reaching high-risk, remote areas through a minimum package of services such as monitoring child protection risks, MHPSS, and FTR, prevention and response to child marriage, ensuring access for the children to birth registration.

4.8 Protection: Gender Based Violence AoR

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
122K	110K	$3.8M

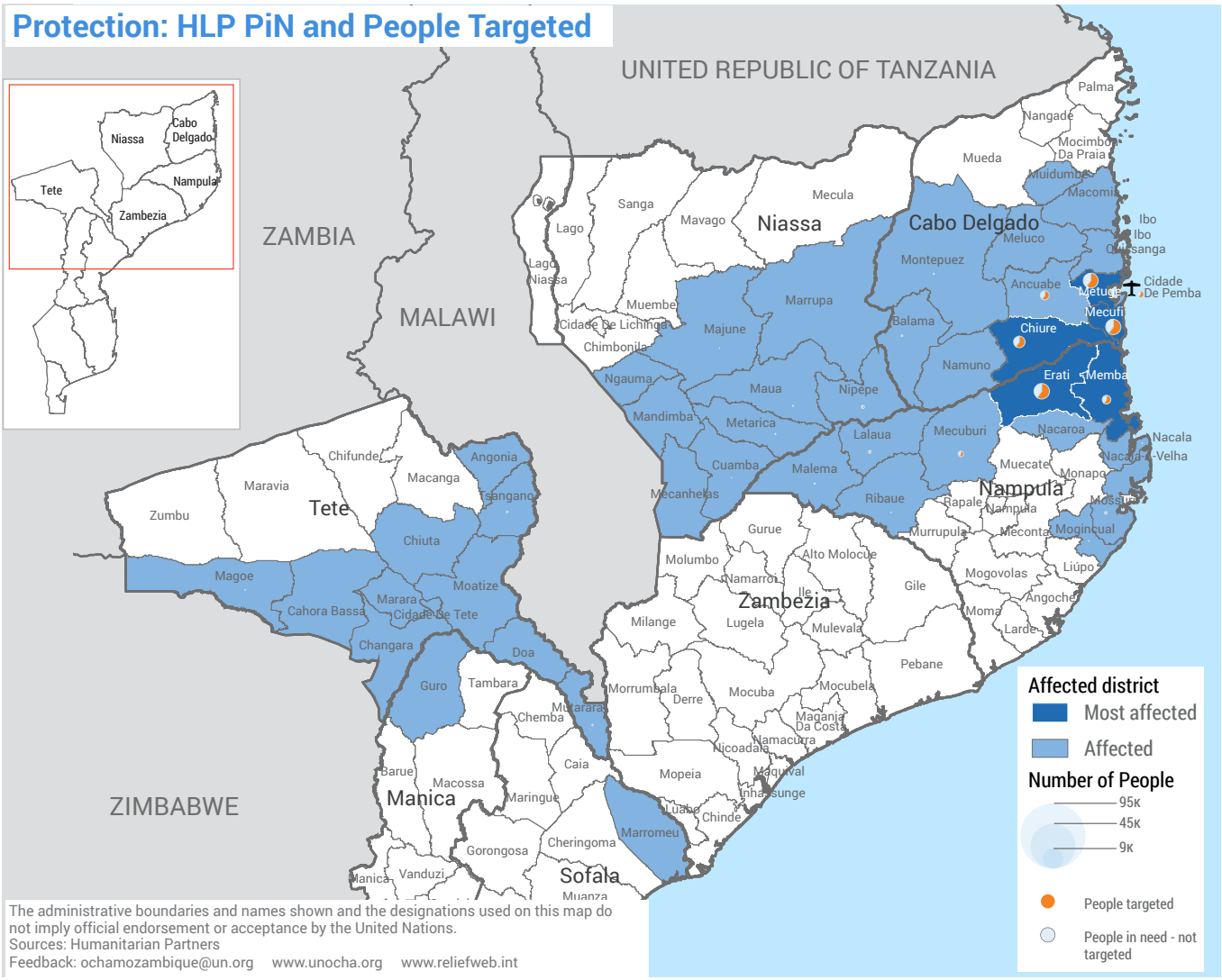


Priority Activity

Provide GBV specialized case management, medical care for GBV survivors, MHPSS, legal aid services and counseling and justice for survivors, provision of dignity kits and cash assistance for at risk groups, GBV prevention and risk mitigation activities.

4.9 Protection: Housing, Land and Property (HLP) AOR

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
16K	10K	$0.4M

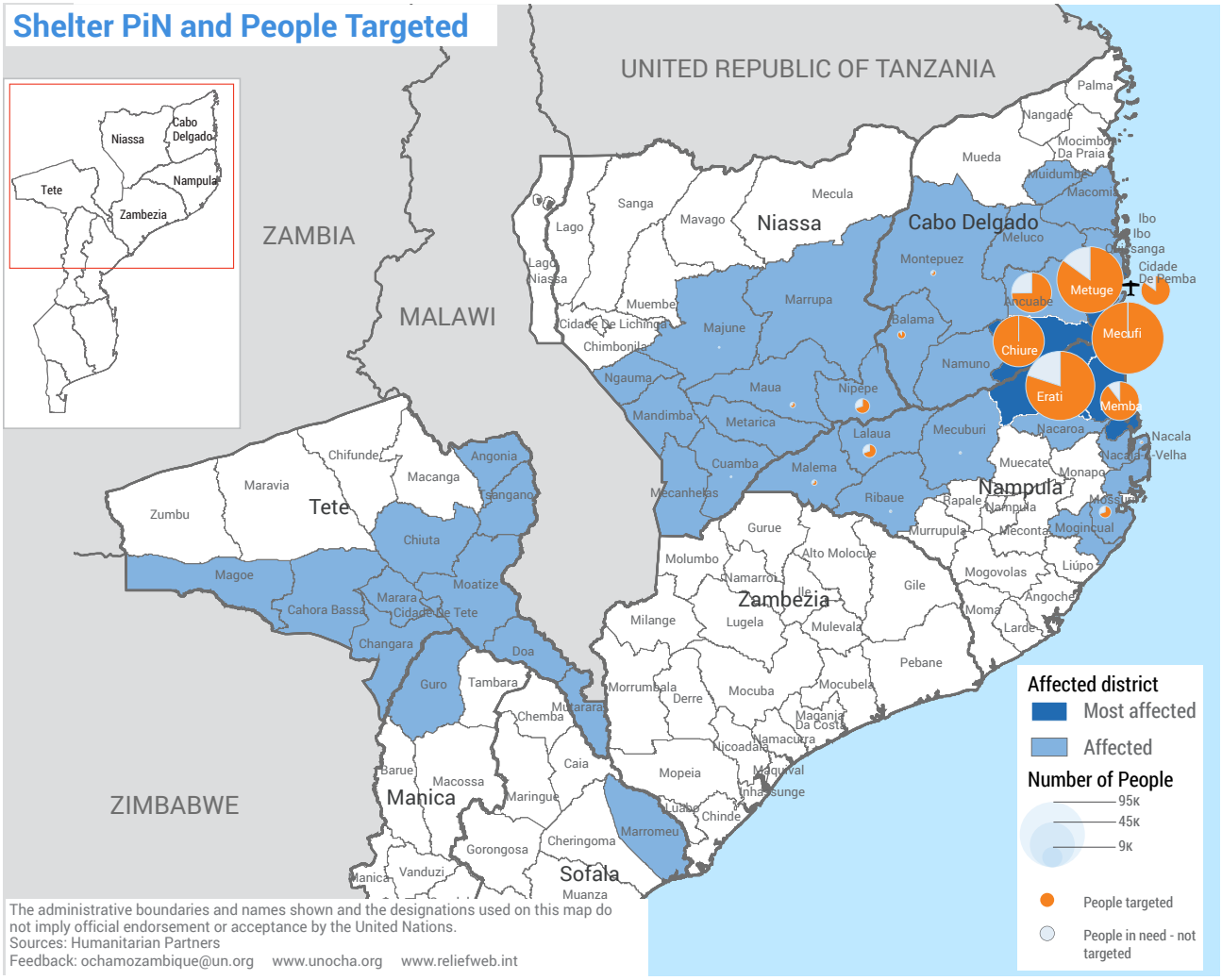


Priority Activity

The HLP AoR will prioritize awareness raising, due diligence, legal counseling and assistance related to issuance of lost HLP titling and Direito de Uso e Aproveitamento da Terra (DUAT).

4.10 Shelter & NFIs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
318K	281K	$14.4M

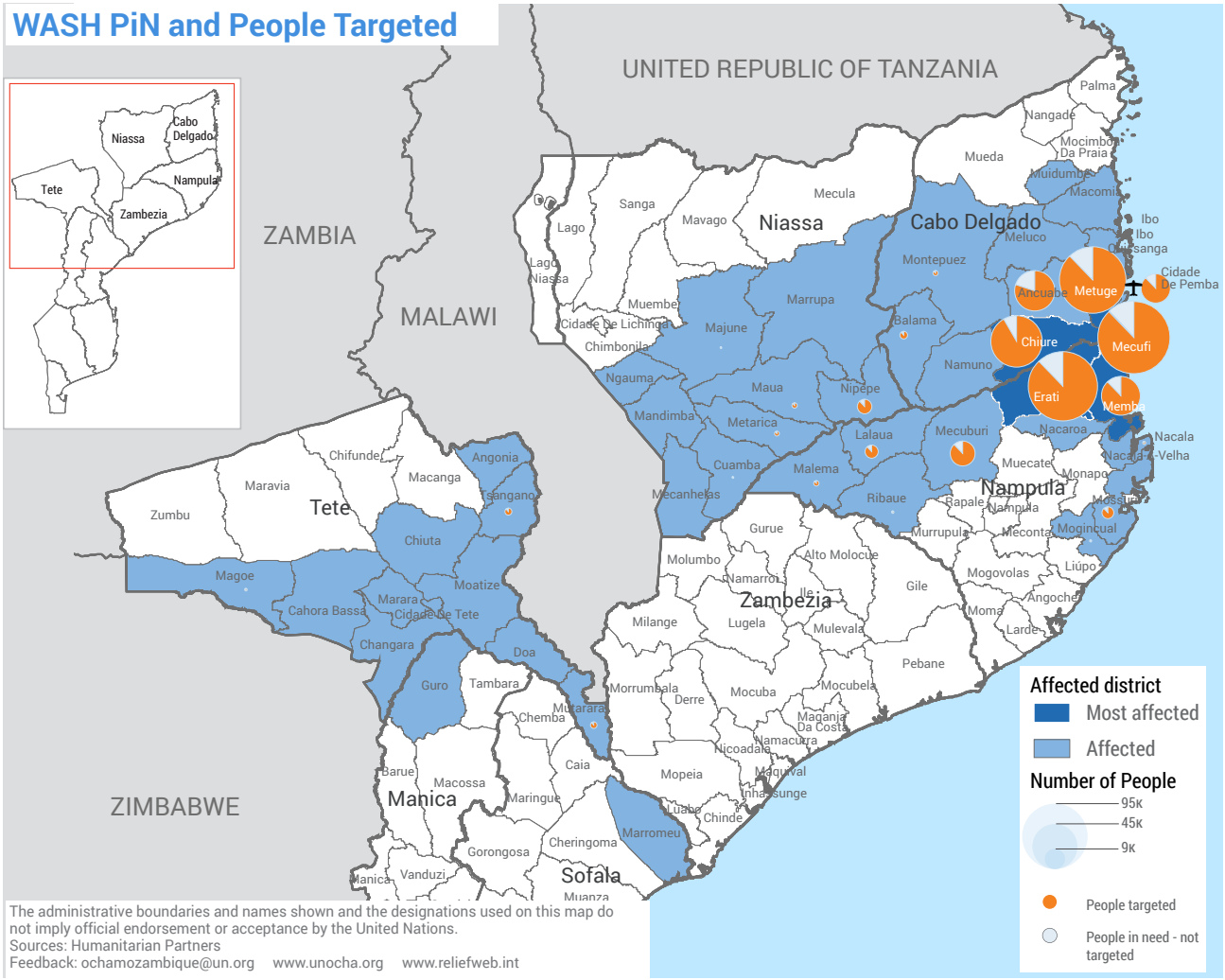


Priority Activities

1. Provision of immediate lifesaving shelter assistance, including basic household items such as blankets, sleeping mats, and mosquito nets for most vulnerable groups.
2. Provision of shelter repair support for transitional shelter, distribution of shelter material with essential household kits, distribution of common pipeline toolkits and technical assistance for the repair or upgrade of totally damaged houses.
3. Provision of emergency support in more resilient housing, roof repair, provision of basic household items and training on resilient construction.

4.11 Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)
330K	290K	$19.7M



Priority Activities

1. Rehabilitation and disinfection of points and water systems damaged by Chido.
2. Restore operations of centralized water supply systems in affected urban centers and provision of water trucking in urban areas during the restoration activities.
3. Distribution of basic hygiene and dignity kits.
4. Construction of emergency latrines in accommodation centers, and decommissioning of the latrines once the centers are closed.
5. Provision of an emergency WASH package to resettlement centers by ensuring water trucking until new water points can be built, emergency latrines, and then promoting the construction of household latrines including subsidies, payment of community hygiene volunteers to ensure the operation, maintenance, and cleaning of the communal infrastructures and hygiene promotion, and distribution of complete hygiene kits for three months.
6. Strengthening of district health authorities' capacity to respond to water-borne disease outbreaks through the provision of cholera kits, implementation of household and water point disinfections, and sensitization about hygiene and cholera prevention.
7. Rehabilitation of damaged WASH system in priority schools and health care facilities, in coordination with Health and Education clusters.

4.12 Logistics

REQUIREMENTS (USD)

$0.3M

Priority Activities

1. Transport of relief supplies by road and water.
2. Storage and handling of relief supplies in support of the humanitarian operation.

MECUFI, CABO DELGADO PROVINCE
Mecufi sede after Tropical Cyclone Chido.
Photo: © OCHA / B. Chalucuane

Part 4: Annexes

PEMBA, CABO DELGADO PROVINCE
Cyclone Chido making landfall near Pemba, in northern Mozambique's Cabo Delgado province.
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Cluster Activities

CLUSTER	ACTIVITY	TARGET	BUDGET (US$)
CCCM	Provision of community engagement support in site settings and human settlements to ensure effective consultation with host communities and IDPs during the establishment of new sites.	158,483	$400,000
CCCM	Information dissemination and awareness raising to disaster-prone communities and support to national authority to establish safe locations for IDP movement during emergencies, including evacuation plans.	158,483	$400,000
CCCM	Site planning and reconfiguration, including plot demarcation, site clearing, rehabilitation and/or construction of community centers, among other care and maintenance improvements in compliance with minimum humanitarian standards.	79,242	$2,000,000
CCCM	Deployment of site management teams to manage accommodation centers and locations hosting displaced communities.	158,483	$800,000
CCCM	Coordination and monitoring of partners and service providers by collecting, analyzing, and sharing site data to identify gaps and needs in displacement sites, followed by advocacy for appropriate intervention.	158,483	$400,000
Education	Technical assessments.		$30,000
Education	Emergency repair of education facilities.	83,036	$2,241,983
Education	Temporary learning spaces and other supplies.	55,357	$2,214,304
Education	Hygiene and cleaning kits.	83,036	$332,146
Education	School Based MHPSS and recreational activities to raise awareness on protection risk, including GBV; health and hygiene.	138,394	$553,576
Education	Teaching and learning materials.	138,394	$2,075,910
Education	Training of teachers in emergencies, including PSEA.	1,384	$138,400
Food Security	Life saving food assistance for 7 days.	181,500	$1,543,059
Food Security	3 months food assistance to the most.	214,911	$17,515,263
Food Security	Provision of the agriculture kit, covering both main and freash season (crop and vegetables seeds, tools).	150,437	$6,017,514
Food Security	Livestock kit for small ruminants = 180/household, covers 3 goats + supplement and vector control treatments.	10,745	$386,840
Food Security	Fisheries kit.	10,745	$698,461
Nutrition	Children under 5 years old screened for acute malnutrition.	114,662	$286,655
Nutrition	Pregnant and lactating women screened for acute malnutrition.	22,538	$56,345
Nutrition	Children under 5 years old admitted for SAM treatment.	3,439	$120,365
Nutrition	Children under 5 years old admitted for MAM treatment.	5,733	$114,660
Nutrition	Pregnant and lactating women admitted for acute malnutrition.	1,126	$22,520
Nutrition	Children 6 to 59 months receiving vitamin A supplementation.	68,797	$137,594
Nutrition	Children 6 to 59 months receiving micronutrients.	34,398	$275,184
Nutrition	Children 6 to 59 months receiving nutritious food.	34,398	$275,184
Nutrition	PLW receiving micronutrients.	22,538	$180,304
Nutrition	PLW receiving nutritious food.	11,269	$90,152

CLUSTER	ACTIVITY	TARGET	BUDGET (US$)
Nutrition	Children 12- 59 months receiving deworming.	45,864	$91,728
Nutrition	Female and male caregivers receiving IYCF- E messages.	57,331	$114,662
Health	Restor health facilities structures.	37 health facilities	$2,000,000
Health	Medical stock replenishments.	317,320	$1,500,000
Health	Provision of integrated mobile health clinics / support to existing structures.	317,320	$1,200,000
Health	Increased survilance.	317,320	$600,000
Health	Ensure inter-sector coordination to deliver effective, efficient, and coordinated services to the affected population.	317,320	$150,000
Health	Integrate quality mental health and psychosocial support in Health facilities and mobile brigades following international and national standards.	79,330	$250,000
Health	Ensure maternal and newborn child health through mobile brigades, re-establish services in static health facilities, and provide lifesaving sexual reproductive health and clinical management of SGBV cases.	79,311	$200,000
Logistics	Provision of road and costal transport services with in cabo delgado, Nampula and Niassa.		$187,500
Logistics	Provision of storage services in Nacala and Pemba.		$50,000
Logistics	Coordination and information sharing.		$12,500
Shelter and NFIs	Rehabilitation of transitional shelters and technical asistance on maintainance and reparation.	8,000	$450,000
Shelter and NFIs	Construction of emergency shelters and training on maintainance and reparation.	9,000	$300,000
Shelter and NFIs	Provision of shelter repair support for transitional shelter, distribution of shelter material with essential household kits, distribution of common pipeline toolkits and technical assistance for the repair or upgrade of totally damaged houses.	14,875	$2,140,500
Shelter and NFIs	Emergency shelter response.	30,000	$1,080,000
Shelter and NFIs	Assistance with 1000 CRIs kits to 1000 families in 4 affected districts in Nampula Province.	5,000	$170,000
Shelter and NFIs	Assistance with Non-Food Items (NFIs) to displacement-affected populations to improve their living conditions in 4 affected districts in Cabo Delgado Province.	25,000	$765,000
Shelter and NFIs	Emergency shelters.	100,000	$5,337,861
Shelter and NFIs	NFIs.	17,500	$500,000
Shelter and NFIs	Technical Support.	3,000	$100,000
Shelter and NFIs	Provision of survival kits and wash activites including repariring and rehabilitation of water points, latrines, and water trucking.	9,000	$500,000
Shelter and NFIs	Identifying the most affected and vulnerable families in 5 neighborhoods in Pemba (Josina Machel, Alto Gingone, Mahate, Chuiba and Paquitequete) and reconstruct temporary shelters with the support of the community itself in the construction process.	5,000	$473,536
Shelter and NFIs	Identifying safe and non-flood-prone locations and building safe and improved shelters for vulnerable families	10,000	$913,696
Shelter and NFIs	Provision of survival kits and WASH activites including repariring and rehabilitation of water points, emergency latrines, water trucking.	45,000	$1,700,000

CLUSTER	ACTIVITY	TARGET	BUDGET (US$)
Protection	Conduct monitoring protection assessment (Unit: people).	9,649	$144,735
Protection	Estabilish/deploy protection mechanisms such as help desk (Unit: services).	21	$4,200
Protection	Provide protection assistance and services (Unit: services).	57,889	$868,335
Protection	Strengthen community-based protection (Unit: services).	9,649	$144,735
Protection	Reinforce capacity of local authorities/law and follow up the protection concerns (Unit: services).	19,296	$289,440
Protection	Establish, raise awareness of the people on complaint, feedback and response (Unit: services).	21	$315
Child Protection AoR	MHPSS.	147,445	$2,211,675
Child Protection AoR	Case management (Including response to child marriage).	14,745	$442,350
Child Protection AoR	UASC (FTR & alternative care).	738	$62,730
Child Protection AoR	Birth registration.	3,686	$110,580
GBV AoR	GBV case management service provision for vulnerable women and girls & GBV Survivors.	11,462	$458,512
GBV AoR	Provide dignity kits and NFIs.	26,364	$1,318,222
GBV AoR	Provide PSS, PFA & MHPSS for GBV survivors and Vulnerable groups of women and girls.	40,119	$200,599
GBV AoR	Establish mobile and temporary WGSS.	59,606	$300,000
GBV AoR	Dissimination of humanitarian information and GBV key messages.	72,215	$573,140
GBV AoR	GBV/PSEA Awareness raising activities with women, girls, Boys and Men.	72,215	$573,140
GBV AoR	Update referral pathway, refersher focal points, and service directory.	1	$20,000
GBV AoR	Provide clinical management of rape services through referral and integrated GBV-health facilities, ensuring access to post rape kits.	2,292	$183,405
GBV AoR	Coordination and advocacy.	1	$188,135
HLP AoR	HLP rights awareness-raising.	9,648	$178,476
HLP AoR	HLP legal assistance (collectively or individually).	9,648	$178,476
WASH	Temporary water.	236,880	$12,404,060
WASH	Temporary sanitation.	128,310	$3,359,430
WASH	Hygiene promotion.	289,520	$1,516,052
WASH	WASH supplies.	131,600	$2,411,899
WASH	WASH in schools.	13	$40,800
WASH	WASH in health-care facilities.	7	$20,400

Acronyms

AHCT	Area Humanitarian Country Team
AoR	Area of Responsibility
CCCM	Camp Coordination and Camp Management
CENOE	National Emergency Operational Centre
CERF	Central Emergency Response Fund
CHW	Community Health Workers
COE	Provincial Operational Emergency Centres
CRI	Core Relief Item
DUAT	Direito de Uso e Aproveitamento da Terra
FTR	Family Tracing and Reunification
GBV	Gender-Based Violence
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HLP	Housing, Land and Property
HNRP	Humanitarian Needs and Response Plan
ICCG	Inter-Cluster Coordination Group
IDPs	Internally Displaced Persons
INGD	National Institute for Disaster Risk Reduction and Management
INGOs	International Non-Governmental Organisations
IYCF-E	Infant and Young Child Feeding in Emergencies
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychosocial Support Services
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
NNGOs	National Non-Govermental Organisations
PFA	Psychological First Aid
PLW	Pregnant and Lactating Women
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support Services
PwD	Persons with Disabilities
PWSN	Persons with Special Needs
SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
TLS	Temporary Learning Spaces
UASC	Unaccompanied and Separated Children
WGSS	Women and Girls Safe Spaces

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Contribute Towards Tropical Cyclone Chido - Flash Appeal

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

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.

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The Mozambique Envelope of the Eastern and Southern Africa Humanitarian Fund is a country fund under the Eastern and Southern Africa Humanitarian Fund, one of the UN's regional pooled funds. Your donation will help humanitarian NGOs and UN agencies in Mozambique to assist the most vulnerable communities and people, and to provide them with urgently needed food, water, shelter, and other support. Through this rapid and flexible response mechanism, your gift today can be truly lifesaving.

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About

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

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humanitarianaction.info

rw response

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response.reliefweb.int/mozambique

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