

Response Plan Mozambique

CYCLONE FREDDY, FLOODS
& CHOLERA

MARCH - SEPTEMBER 2023



Doa City, Tete Province, credit: INGD

Response Plan at a Glance

March - September 2023

TOTAL POPULATION

31.6M

PEOPLE IN NEED

976K

PEOPLE TARGETED

815K

REQUIREMENTS (US\$)

\$138M

OPERATIONAL PARTNERS

42

Cholera Targeting

PEOPLE AT RISK

16M

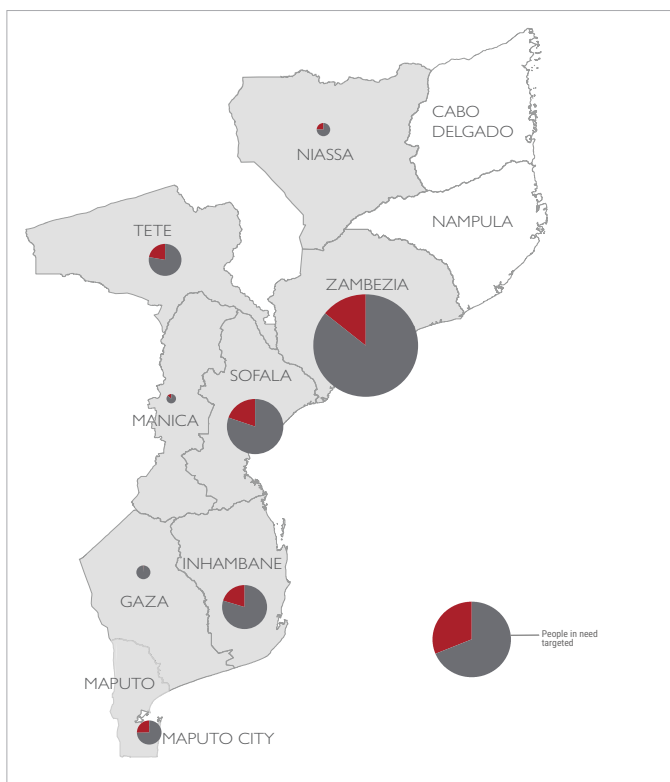
PEOPLE IN NEED

8M

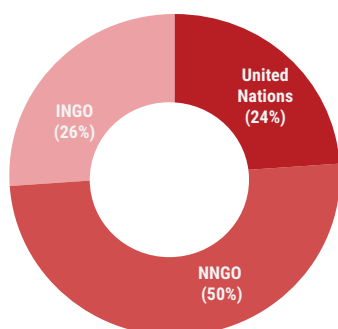
PEOPLE TARGETED

- **6.4M RCCE**
- **2.7M Wash/Health**
- **120K case management**

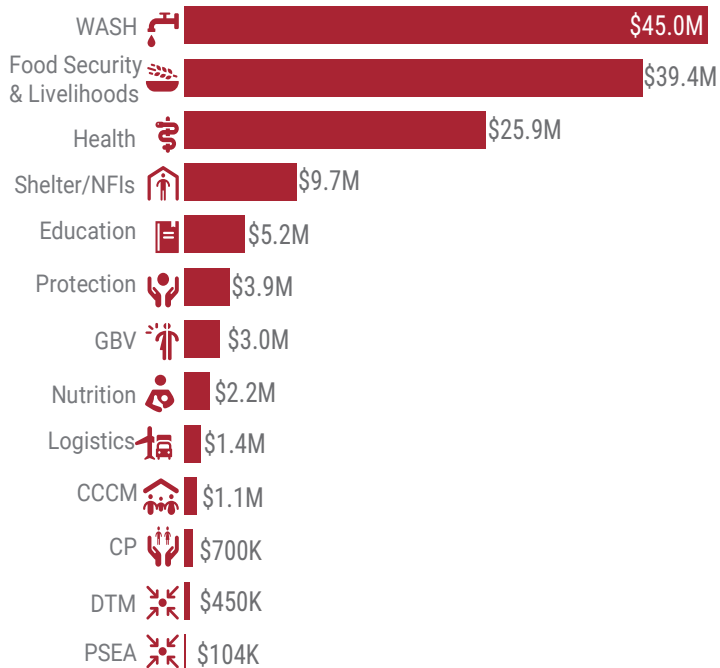
People in Need and Targeted



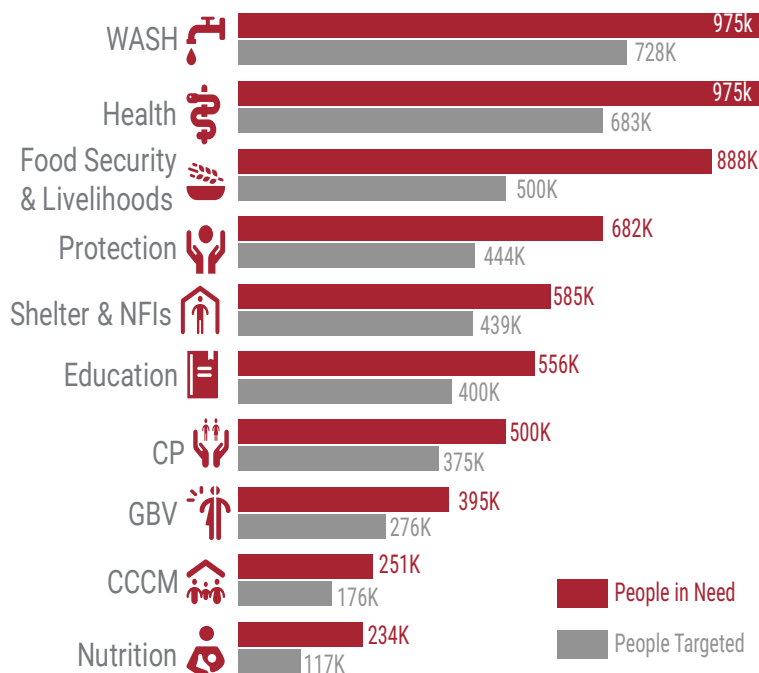
Operational partners by type



Requirements by Cluster



People in Need and Targeted by Cluster



Overview of the situation

More than a million people across eight provinces of Mozambique – Gaza, Inhambane, Manica, Maputo, Sofala, Tete and Zambezia are bearing the brunt of the compounding effect of cholera, floods and cyclone Freddy. Freddy displaced over 184,000 people, who have sought shelter in accommodation centers across the affected districts. Cyclone Freddy destroyed over 129,000 homes, leaving more than 640,000 people homeless. The impact of the multiple crises, on top of the emergency in northern Mozambique, means that every province of Mozambique is affected.

Tropical cyclone Freddy, the longest-lasting and most energetic tropical cyclone on record, hit Mozambique twice, on 24 February and 11 March, with destructive winds and extreme rainfall. Freddy accumulated cyclone energy (index used to measure the energy released by a tropical cyclone) the equivalent of an average full North Atlantic hurricane season. Rainfall over the areas crossed by cyclone Freddy were on average 200 to 300 mm a day and reaching as high as 600 mm in some areas. An average rainy season across different areas of Mozambique's range between 600 and 1,000 mm a day over six months.

Freddy's second landfall exacerbated flooding from Freddy's first passage and from heavy seasonal rains as rivers and the ground were already full and saturated. Southern Mozambique received more than a year's worth of rainfall in February. The storm first made landfall in southern Mozambique on 24 February. It spent several days tracking over Mozambique and Zimbabwe, bringing heavy rains and flooding. It then looped back towards the Mozambique Channel and picked up energy from the warm waters and moved towards the south-western coast of Madagascar and then back towards Mozambique, where it entered again on 11 March. Accurate early warnings by the National Meteorological and Hydrological Services and coordinated disaster management on the ground prevented even greater loss of life. The anticipated magnitude of the cyclone led the Government of Mozambique to declare a red alert on 21 February in order to enable processes to respond to the

emergency to be expedited and simplified. Thousands of people were moved to accommodation centres as a precaution while rescue teams, food supplies, tents, and boats were put in place to support the aftermath.

The storm generated significant damage to infrastructure, including houses, schools, and health facilities. Water systems, sanitation facilities as well as water supply infrastructures and latrines in communities and institutions were flooded and damaged. Water sources were contaminated. A key road linking northern and southern Mozambique along with many feeder roads were temporarily cut off depriving populations from much needed health care, social services and affecting trade.

Flooding in southern Mozambique, Cyclone Freddy and associated flooding had a massive humanitarian and socio-economic impact as 391,000 hectares of land were affected (INGD). Given the land tenure pattern, with average landholdings of one hectare this could mean that more than a million people are affected by crop losses. The significant crop loss right before the main harvest, has affected areas already highly food insecure as per the latest IPC. There are 3.15 million people in IPC 3 and above in Mozambique. Flooding has had a significant impact in southern Mozambique, where there are two planting seasons including a short planting season in April-May.

These conditions accelerated a cholera outbreak that had been growing since September 2022. The first case of cholera was reported from Lago district in Niassa province on 14 September 2022. As of 29 March, there are more than 19,000 cases. Cholera has affected 38 districts and eight provinces out of a total of 161 districts and 11 provinces. The cholera outbreak in Mozambique has been categorized by WHO as a multi-region Grade 3 Public Health Emergency, requiring a major WHO response. The Grade 3 categorization – the highest level within WHO's grading system – was made considering the scale of the outbreak, the potential for further international spread, the rapidity of spread, and

the lack of adequate response capacity. Low levels of access to safe drinking water and sanitation and hygiene facilities and a fragile surveillance system, are contributing to conditions that drive the spread of the cholera throughout the first quarter of the year.

The Response Plan takes into consideration that humanitarian crises have been affecting differently women and girls as well as men and boys of different

age groups and abilities. Humanitarian organisations will guarantee that all assistance is designed to be accessible for all and that the voice of all affected populations is heard and considered before, during and after the interventions.

Cholera response

The preparedness and response cholera activities aim to support the National Cholera Response Plan under development by the Ministry of Health. The overall goal of the cholera approach is to reduce occurrence and to minimise morbidity and mortality of cholera and Acute Watery Diarrhoea (AWD) through effective prevention and timely response. The response entails two approaches focusing on control and prevention.

The first approach “Control” focuses on districts that report suspected cases with positive rapid diagnostic tests and/or confirmed cases. This approach aims at controlling the spread of the outbreak in the affected districts.

While the second approach “Prevention” considers intervention in at risk districts to prevent and/or minimise the chances of introduction of the outbreak to the high-risk but outbreak-free districts.

Both approaches include early/rapid response, integrated response activities and integrated prevention activities that will continue until the cholera transmission is interrupted and no new cases are reported.

- **Early/rapid response activities enable** a quick response as soon as suspected cases are reported in an area. Some of these rapid responses include enhance early warning surveillance, timely laboratory confirmation, improved case management and infection control, strengthen water, sanitation and hygiene, and provision of essential supplies;
- **Integrated response activities** are based on the epidemiological analysis of the course of the outbreak, including contact tracing, incidence, case fatality rate, attack rate and mapping areas with contaminated water at household level.
- **Integrated prevention activities** are characterised mainly by WASH, Health and Risk Communication/Community Engagement strategy to protect people at all levels even those live in unaffected but at high-risk areas from AWD/cholera.

Strategic objectives and scope

The Response Plan for Freddy, Floods and Cholera presents the costed activities prioritized to respond to critical needs of 815,000 people in southern and central Mozambique, targeted for assistance from March to September 2023. The response will be geographically focused on the districts that were most affected by Freddy and areas affected by cholera. The objectives are in line with the HRP strategic objectives (page 8 of the HRP).

1. Preventing loss of lives through the provision of critical humanitarian assistance. This will be done by providing timely assistance to save lives and alleviate suffering through delivering essential shelter, health, critical household items, food security and emergency livelihoods support, water, sanitation, hygiene, and education to people affected.
2. Providing life-sustaining assistance to enable people to restart their lives. This will be done by responding to the destruction and damage of vital facilities—including health centres, schools and water networks—sanitation and water supply infrastructures in close coordination with local authorities and development actors, including through the delivery of critical supplies, emergency repairs to restore life-saving and life-sustaining services, including health care, water sanitation and hygiene (WASH), education and protection.
3. Addressing the protection risks and needs of the affected people. This will be done by implementing an integrated response and services, in line with commitments to gender equality principles, the centrality of protection, and PSEA across the humanitarian response.

Response approach

The Government of Mozambique has provided strategic and operational leadership during the response. Early warning systems were established, communications were in place and measures implemented to mitigate the impact on people at home and in accommodation centres. The Response Plan complements the Government's response efforts by focusing on the immediate actions that humanitarian partners can support in the coming six months.

Humanitarian partners with projects in the appeal have considered the Government's planned activities in their responses, ensuring optimal complementarity and synergies. Besides working in close collaboration with their respective line ministries, the clusters will work with local partners and organisations operating in the affected communities, including host communities who are most often the first responders. The plan recognizes the value and role of community-based partners close to the affected people, and the need to strengthen their capacity to enable an effective, timely and efficient response.

The overall strategy of the response is to prioritize lifesaving interventions, while providing life-sustaining assistance to enable people to restart their lives. This will be done in line with the response approaches as outlined in the HRP (page 10), that is an evidence based, prioritized integrated multisectoral response that has a built-in agility to enable key elements of the response to adjust to the changing needs of a fast-moving emergency. Pinned on centrality of protection and localization, the approach will identify linkages with development partners to ensure continuity and sustainability of key support. PSEA will be streamlined throughout the response operation. Special attention and focus will be given to the cholera response, to ensure the arresting of cases which have seen a sharp increase after the floods.

Coordination and operational capacity

The National Institute for Disaster Management (INGD) is leading the coordination of the response to the humanitarian needs created by Freddy, floods and cholera through the National Emergency Operational Centre, with support from humanitarian partners. Provincial Operational Emergency Centres were activated in all the provinces affected by the triple emergencies to coordinate the support to the people in the hardest-hit districts.

The Response Plan plan brings together the work and financial requirements of the humanitarian community in Mozambique. In particular, the appeal acknowledges the critical role of organizations working with and for their communities. The Humanitarian Country Team (HCT) will provide the strategic steer to the response. The national clusters will manage the operational response in support of the HCT Provincial Focal Points and humanitarian teams in the provinces.

Humanitarian partners will monitor the response implemented of the Response Plan to ensure that it is timely, efficient, at the required scale, and accountable to people impacted by the triple crises. Overall progress against the addendum—including gaps and challenges—will be tracked through monthly monitoring dashboards which will provide

the status of humanitarian needs, response and gaps, as well as funding and funding gaps. Response achievement data will, wherever possible, be disaggregated by sex and age. In addition, humanitarian partners will work to report on the specific response mobilized for people living with disabilities.

The organizations included in the Response Plan have a recognized humanitarian track record in the country and can swiftly mobilise capacity presence in the affected provinces. Under this Response Plan 36 humanitarian partners—including 15 NNGO, 12 INGOs, and 9 UN entities—will implement activities supporting the Government-led response. The appealing organisations are ready to ramp up activities to respond to the needs generated by the convergence of Freddy, floods and cholera.

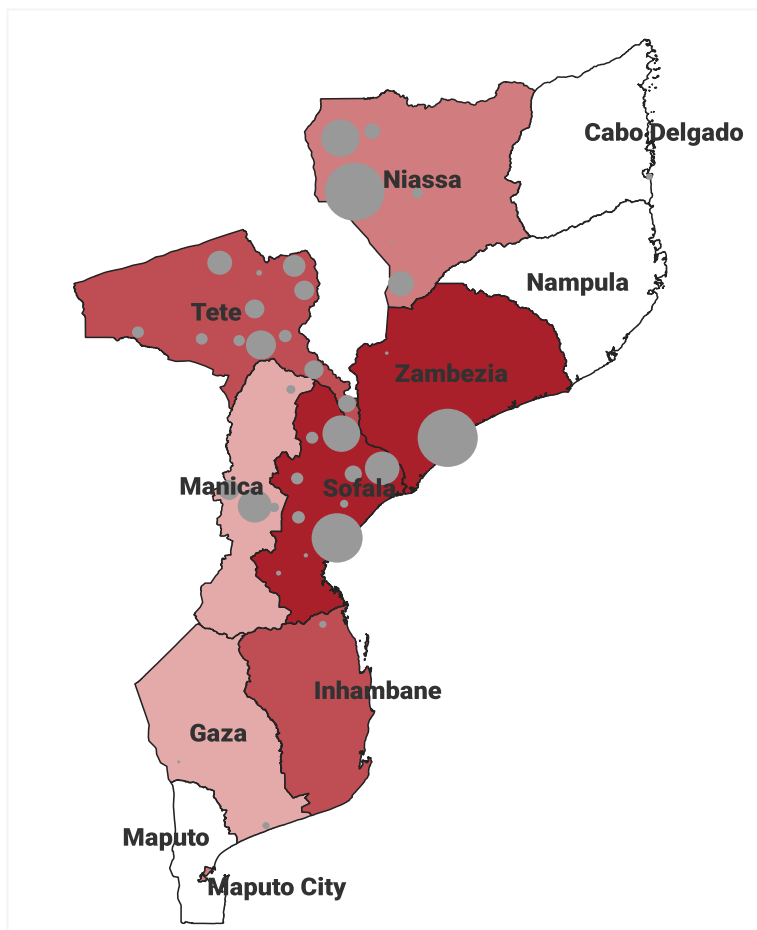
The clusters will work with local partners and organisations in the affected communities and the host communities. The plan recognizes the value and role of the “field level” and community-based partners closer to the affected people, areas at risk, and the need to strengthen field-level capacity in order to enable effective, timely and efficient response to those affected during emergencies.

Impact of Freddy, Floods and Cholera

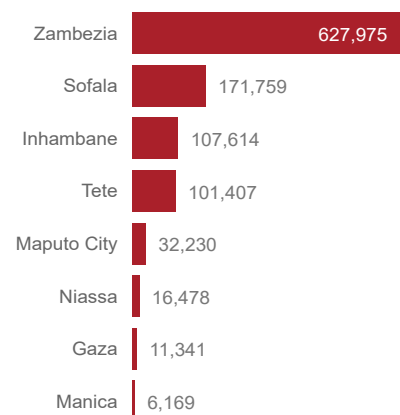
Key Figures



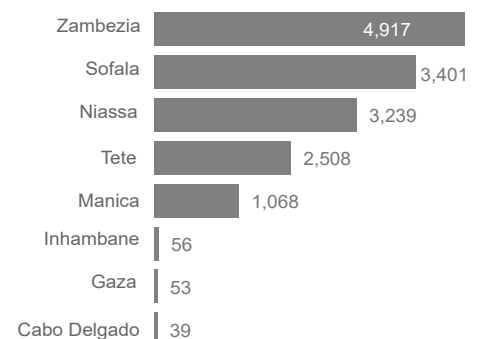
People affected by province



People affected by Freddy and floods



Cumulative cases of cholera by province



22 March 2023

Priority sectoral activities identified by cluster

FOOD SECURITY AND LIVELIHOODS



PEOPLE IN NEED

888k

PEOPLE TARGETED

500k

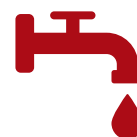
REQUIREMENTS (US\$)

\$39.4M

Activities

- 1 week emergency food assistance in Accommodation Centres for 100,000 people
- 3 months general food distribution for 500,000 people (1 month with 75% of the Kcal needs + 2 months 50% needs with CB)
- seeds & tools - 2nd season cereals & horticultures (79,000 HHs)
- Livestock - vaccination, re-stocking, H2O & supplementary feed for livestock (21,000 HHs)

WATER SANITATION AND HYGIENE



PEOPLE IN NEED

975K

PEOPLE TARGETED

728K

REQUIREMENTS (US\$)

\$45M

**FREDDY AND FLOODS
FINANCIAL REQUIREMENTS (US\$)**

\$15.3M

**CHOLERA FINANCIAL
REQUIREMENTS (US\$)**

\$25.6M

Freddy and Floods Activities

- One-off distribution of Hygiene kits, including MHM materials, for 145,600 families in accommodations centers and communities
- Temporary water supply for 145,600 families in accommodation centers and communities
- Support for re-construction of sanitation and hygiene facilities in accommodations centers and communities
- Hygiene promotion for 145,600 families in accommodations centers and communities

Cholera Activities

- WASH activities: Case/cluster area targeted interventions, water and sanitation, WASH in CTCs (2,673,000 people)
- RCCE activities: door-to-door sensitization, mobile units, radio, etc. (6,400,000 people)



HEALTH

PEOPLE IN NEED

975K

PEOPLE TARGETED

683K

REQUIREMENTS (US\$)

\$25.9M

FREDDY AND FLOODS FINANCIAL REQUIREMENTS (US\$)

\$15.4M

CHOLERA FINANCIAL REQUIREMENTS (US\$)

\$10.5M

Freddy and Floods Activities

- Establish and support Emergency Medical Teams (including MCH Nurses)
- Provide Integrated PHC package for prevention/treatment of common diseases, EPI, MHPSS, SRH, HIV, RCCE
- Provide Emergency medical kits (IARH-Kit, IEHK, trauma kits & ERHK), routine EPI vaccines, LLIN, tents, logistics
- Support mobile gender balanced health teams, support to existing health facilities, minimal rehabilitation, availability of RH commodities, community health promotion, mass campaigns, support to referral pathways
- Carry out a campaign of Massive Administration of Medicines (AMM) against malaria in more affected districts
- Support Minimal rehabilitation of affected health facilities
- Response to disease outbreaks
- Support to the community health including mobile brigades

Cholera Activities

- Strengthen Surveillance and Laboratory Investigation.
- Strengthen cholera Case Management in Oral Rehydration Points (ORPs) and Cholera Treatment Centres and Units (CTCs and CTUs).
- Provide of essential cholera investigation and management supplies.
- Improve referral systems
- Water safety monitoring and quality including point of use, water treatment, and in households
- Support the Oral Cholera Vaccination campaigns.
- Strengthen support to multisectoral national and district coordination teams and to each response pillar working groups to enhance effective coordination of the response at the respective levels

LOGISTICS



PEOPLE IN NEED

976k

PEOPLE TARGETED

815k

REQUIREMENTS (US\$)

\$1.4M

Activities

- Provision of storage services all cost inclusive
- Transport including running costs
- SHERP deployment and operation
- Air assets including running costs



SHELTER / NFIs

PEOPLE IN NEED

585k

PEOPLE TARGETED

439k

REQUIREMENTS (US\$)

\$9.7M

Activities

- Shelter Emergency (basic + standard + upgrade), including toolkits - Target: 40'000 HHs
- Shelter Resilient/Transitional + Repair kits - Target 5'000 HHs
- Tents - Target 2'000 HHs
- HHs Emergency kits (mosquito nets, blankets, mats, jerrycans, family kits, kitchen sets,...) for 40'000 HHs
- Activate Local DRR Committees
- IEC material on Shelter/NFIs Key Preparedness and good practices messaging (shelter/houses reinforcement advice and promotion Build Back Better principles).
- Distribution and Technical assistance for construction (Teams + Logistics)
- Cluster coordination

CAMP COORDINATION AND CAMP MANAGEMENT

(CCCM)



PEOPLE IN NEED

251k

PEOPLE TARGETED

176k

REQUIREMENTS (US\$)

\$1.1M

Activities

- Provide technical and logistic support to INGD/ SDPI and partners in the management of temporary accommodation centers
- CCCM mobile teams coverage to multiple centers including coordination of services and monitoring of information
- Complaint and Feedback Mechanisms, communication and outreach including accessibility and PSEA outreach and awareness raising
- Replenishment of tools for site development, maintenance and decommission of Accommodation Centers
- Site Development: floods and topographic analysis, demarcation, clearance, drainages
- Information Management: service mappings, demographic and flow monitoring in displacement areas

NUTRITION



PEOPLE IN NEED

234k

PEOPLE TARGETED

117k

REQUIREMENTS (US\$)

\$2.2M

Activities

- Rapid nutrition screening (using MUAC), diagnostic of malnutrition and referral to treatment
- Lifesaving nutrition supplies stock replenishments in affected health facilities
- Treatment of acute malnutrition cases among children U5 and pregnant and lactating women (through integrated mobile brigades)
- Sustain breastfeeding practices and monitor enforcement of BMS code (no in-kind donations of formula and other breastmilk substitutes)



EDUCATION

PEOPLE IN NEED

556k

PEOPLE TARGETED

400k

REQUIREMENTS (US\$)

\$5.2M

Activities

- Learner kits for 400,000 children
- TLS setting for mixed and conventional classrooms 250 classrooms
- Teachers kits for 6,000 teachers
- Blackboards for classrooms reaching 400,000 children (4,000 blackboards)
- MHM kits for 40,000 children
- MHPSS / PSEA / GBV radio spots
- School cleaning materials for 1050 schools (20USD per kit). Beneficiaries: children + teachers
- Tool kit for repairing classrooms + tarpas for 1000 schools (600USD per kit)



GENERAL PROTECTION

PEOPLE IN NEED

683k

PEOPLE TARGETED

444k

REQUIREMENTS (US\$)

\$3.9M

Activities

- Protection by presence including provision of protection services (please make sure to indicate the activities listed below to explain what this category comprise)
- Emergency Protection Units (mobile protection response with CPGBV, MHPSS and support to persons with specific needs)
- Support individuals with heightened vulnerability with Individual Protection Assistance (in-kind/ assistive devices and/or cash)
- Support with renewing Civil Documentation for climate-shock impacted vulnerable individuals
- Reinforcing and strengthening community based capacities to protection (please make sure to indicate the activities listed below to explain what this category comprise)
- Support impacted communities with Community Based Protection Activities (through Protection Focal Points who can provide Psychological First Aid, protection referrals and identification)



CHILD PROTECTION

PEOPLE IN NEED

500k

PEOPLE TARGETED

375k

REQUIREMENTS (US\$)

\$700K

Activities

- Family Tracing and Reunification services
- Mobile MHPSS services for children and caregivers
- Child Friendly Space Services
- Provide services on Alternative Care and Case management for violence against children
- Prevention messaging related to supporting vulnerable children at risk of trafficking, recruitment by armed groups etc.

GENDER BASED VIOLENCE



PEOPLE IN NEED

395k

PEOPLE TARGETED

276k

REQUIREMENTS (US\$)

\$3.0M

Activities

- GBV - Dignity kits
- GBV - Briefing of accommodation centers' management and affected population on GBV reporting and referral
- GBV - Safety Audits (sectoral assessment)
- GBV - Operationalization of GBV referral pathways (including update, and dissemination at service point)
- GBV - Temporary women and girls Safe Spaces (tents)
- GBV - MHPSS and case management

COORDINATION AND COMMON SERVICES



PEOPLE IN NEED

976k

PEOPLE TARGETED

976k

REQUIREMENTS (US\$)

\$554K

DTM Activities (\$ 450k)

- 48-hour monitoring cycle of most vulnerable populations immediately displaced across all activated Accommodation Centres in the 6 provinces (disaggregated by location, sex, age, gender and vulnerability)
- Community profiles providing overview of community-level displacements, damages, needs and conditions post initial rapid assessments.

PSEA Activities (\$104k)

- PSEA Coordination support/deployment of Focal Points and Inter-Agency PSEA Coordinator, staff trainings
- Production, translation and dissemination of PSEA materials and radio spots (3 months) in local languages for humanitarian staff and communities
- Engagement of INGD, risk management committees and local actors on Code of Conduct, PSEA, establishment of complaints mechanisms
- Trainings for humanitarian staff, PSEA FPs and health, GBV/CP actors on SEA survivor intake, referral and assistance
- Linha Verde text messages on PSEA (200,000 sms)

Participating Organizations

ORGANIZATION	ACRONYM	ORGANIZATION	ACRONYM
ActionAid	INGO	Kukumbi	NNGO
ADCR	NNGO	Kulima	NNGO
ADRA	INGO	Nos Saude	NNGO
AJOAGO	NNGO	OCHA	UN
Associacao FACE	NNGO	Peace Winds Japan	INGO
CAM	NNGO	Plan International	INGO
CARE	INGO	PWJ	NNGO
Caritas Diocesana de Quelimane	NNGO	RED Cross	NNGO
CEDES	NNGO	Save The Children	INGO
CIP	NNGO	Solider Suisse	NNGO
ComuSanas	NNGO	UCM	NNGO
Conselho Empresarial de Zambesia - CEZ	NNGO	UNDP	UN
CUAMM	NNGO	UNFPA	UN
CVM	INGO	UN-Habitat	UN
FAO	UN	UNHCR	UN
FGH	NNGO	UNICEF	UN
FH Association	NNGO	VILLAGERIACH	INGO
ForAfrika	INGO	WFP	UN
Good Neighbors	NNGO	World Health Organization	UN
Helpcode	INGO	World Vision	INGO
IOM	UN		
IPAS	NNGO		

Acronyms

CENOE	National Emergency Operational Centre
CERF	Central Emergency Response Fund
COE	Provincial Operation Emergency Centers
CRI	Basic Package of Health Services
DTM	Displacement Tracking Matrix
GBV	Gender- Based Violence
GDP	Gross Domestic Product
HCT	Humanitarian Country Team
IDPs	Internally Displaced Persons
IGAs	Income Generating Activities
INDG	Institute for Disaster Management and Risk Reduction
IPC	Integrated Food Security Phase Classification
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychosocial Support
NNGOs	National Non Governmental Organizations
PLWs	Pregnant and Lactating Women
PSEA	Prevention of Sexual Exploitation and Abuse
SAM	Severe Acute Malnutrition
TLS	Temporary Learning Space
UNESCO	United Nations Educational, Scientific and Cultural Organization
WASH	Water, Sanitation and Hygiene

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 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

About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Response Plan is a presentation of the coordinated, strategic response devised by clusters in order to meet the acute needs of people affected by the crisis.

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.

www.unocha.org/mozambique

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Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

<https://response.reliefweb.int/mozambique>

Humanitarian Action

ANALYSING NEEDS AND RESPONSE

Humanitarian Action supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

<https://humanitarianaction.info/>



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/>

Response Plan
MOZAMBIQUE

ISSUED MARCH 2023