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Flood Displaced/Affected
30.01.2013 at 6:00PM

Legend

- Fully Acessed
- Not Yet Accessed
- Interrupted Road
- Major Road
- Secondary Road
- Tertiary Road
- Rivers
- Vicinal
- Province Boundary
- Other
- District Boundary
- RailWay

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

Spatial files from: DINAGEECA
Geographic Coordinate System, GCS WGS 1984
WFP - Maputo, 29 January 2013
1. Executive Summary

On 12 January 2013, the Mozambique authorities declared an orange alert due to heavy rains that lasted for more than a week. Until 20 January 2013, moderate to intense rains had already affected 150,000 persons throughout the country and total of 55 people lost their lives. The hardest hit is Gaza Province where 38 people have died and left 140,591 persons displaced. This number may potentially increase according to government sources, as some areas are still isolated and assessments are ongoing. Dwellings and infrastructures including roads and bridges have been severely damaged including an estimated 680 houses inundated. In other provinces, continuous rains have left around 20,000 affected people and damaged infrastructures and agriculture crops (Inhambane, Manica, Sofala, Zambezia). Further, the capital Maputo was seriously affected with 5,225 people displaced in 9 temporary sites.

The Government of Mozambique (GoM) is leading the coordination and continuing mobilizing fully resources at its disposal for response to recent natural disaster events in the country. Nonetheless, resources mobilized so far are not sufficient to meet the needs of the current situation. Therefore, on 30 January 2013 the GoM requested an immediate assistance from national and international humanitarian partners, in accordance with the National Contingency Plan for Rain and Cyclone Season of 2012-2013.

This Response and Recovery Proposal seeks USD 30.5 million to enable the International Community: United Nations agencies, non-governmental organizations and the International Organization for Migration to support the GoM in addressing the needs of 150,000 flood-affected in Gaza Province people for the period of six months. In addition, this proposal is based on additional assessments done during the last week of January 2013 and includes an initial early recovery strategy for helping people recover and rebuild their lives. The proposal will be revised within 30 days to more accurately reflect humanitarian needs as the situation evolves.

This proposal has been jointly developed by UN agencies and partners, in response to the call of assistance by the Government of Mozambique (see annexed letter). It is in line with the results and activities of the UN Development Assistance Framework (UNDAF) for the period 2012-15. The latter document was prepared together with line ministries, approved and discussed by the Council of Ministers and signed by the Government. The UNDAF represents exclusively the entirety of the UN’s activities in Mozambique, including those for humanitarian assistance and early recovery. The relevant humanitarian result of the UNDAF is Output 3.4 “Communities in disaster prone areas effectively benefit from emergency preparedness, humanitarian assistance and early recovery actions.”

Funding of humanitarian and early recovery activities is partially channeled through the “One Fund”. The “One Fund” is specifically set up to cut transaction costs for donors, government and UN agencies in terms of agreements, reporting and improved accountability and transparency. It is particularly beneficial when several UN agencies are involved in delivering common results. The “One Fund” can be described as one stop shop for donors as only one standard agreement will govern collaboration.

### Donor Proposal for Mozambique Floods 2013

<table>
<thead>
<tr>
<th>Key parameters</th>
<th>Duration</th>
<th>Affected population</th>
<th>Areas targeted by the Proposal</th>
<th>Key sectors for response</th>
<th>Key target beneficiaries (approx.)</th>
<th>Total funding requested</th>
<th>Funding requested per beneficiary / month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 months</td>
<td>Total population: 339,787 (2007 Census), including 150,000 people in temporary displacement sites</td>
<td>Gaza Province</td>
<td>WASH, Shelter, Food Security, Health, Protection, Logistics, Early Recovery, Nutrition, Education, Telecommunications, and Coordination</td>
<td>150,000 affected persons</td>
<td>USD 30.5 million</td>
<td>Approx. USD 34</td>
</tr>
</tbody>
</table>
with all UN agencies and one joint report will be produced instead of several individual reports from each UN entity. For this reason, the existing “One Fund” for Mozambique is the most reliable and efficient mechanism for channeling contributions, which has standing pre-approved contribution agreements and a specific pre-approved component for these activities. This mechanism allows donors to sign only one contribution agreement in preferred areas of support/clusters. The preferred area can be implemented by several UN Agencies and/or its NGO partners. Contributions can also be channeled directly to Government, individual UN agencies or NGO’s and UN System will ensure coordination with the overall efforts of the Humanitarian Team and Government.

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

The proposal presents the context and the response to date, the humanitarian consequences and needs analysis and the most likely scenario. Brief narrative on the current situation on each sector (WASH, Shelter, Food Security, Health, Protection, Logistics, Early Recovery, Nutrition, Education and Telecommunications, as enshrined in the Humanitarian Country Team) is presented with specific activities and budget. The proposed activities in this plan are for the immediate to medium term in order to restore normal lives of the affected population. The activities preferably are carried out with a gender perspective and human-rights-based approach.

The use of ‘humanitarian phase’ and ‘recovery phase’ as separate concepts responds to the need of facilitating the presentation of needs and gaps to traditional and non-traditional donors.

- “The definition of humanitarian assistance\(^1\) agreed in Stockholm in 2003 reaffirmed the distinctive purpose and principles of humanitarian action. The purpose of humanitarian assistance is to save lives, alleviate suffering and maintain human dignity”.

- “Early Recovery\(^2\) is defined as recovery which takes place in the humanitarian setting”. Most of early recovery activities should be mainstreamed in the sectors and projects, but they will be coordinated through the Early Recovery Cluster.

**Basic humanitarian and development indicators for Mozambique**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (total both sexes)</td>
<td>23,929,700 people</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Under-five mortality</td>
<td>142 deaths per 1,000 live births</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Maternity mortality ratio</td>
<td>550 deaths of women per 100,000 live births</td>
<td>WHO</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>50.2 years</td>
<td>UNDP</td>
</tr>
<tr>
<td>Gross national income per capita</td>
<td>USD 898</td>
<td>World Bank</td>
</tr>
<tr>
<td>Population living below USD1.25 per day</td>
<td>60%</td>
<td>UNDP</td>
</tr>
<tr>
<td>Improved sanitation facilities (2010)</td>
<td>18% of population with access</td>
<td>UNDP</td>
</tr>
<tr>
<td>Prevalence of HIV (2009)</td>
<td>11.5% of population 15-49 years</td>
<td>UNAIDS</td>
</tr>
<tr>
<td>Adult literacy rate, both sexes</td>
<td>55.1% aged 15 and above</td>
<td>UNESCO</td>
</tr>
<tr>
<td>UNDP Human Development Index (2011)</td>
<td>184(^{th}) position, out of 187 countries Low Human Development</td>
<td>UNDP</td>
</tr>
</tbody>
</table>

Source: UNDP HDI Report 2011


\(^{1}\) Definition of the Good Humanitarian Donorship (GHD)

\(^{2}\) Definition of the Cluster Working Group on Early Recovery (CWGER)
### TABLE I. SUMMARY OF REQUIREMENTS – BY CLUSTER/SECTOR

<table>
<thead>
<tr>
<th>Clusters</th>
<th>Humanitarian Phase (USD)</th>
<th></th>
<th>Recovery Phase (USD)</th>
<th></th>
<th>TOTAL (USD)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>CERF Request</td>
<td>Requirements (A)</td>
<td>Requirements (B)</td>
<td>Requirements (A+B)</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>2,620,000</td>
<td>899,870</td>
<td>1,720,130</td>
<td>1,155,000</td>
<td>2,875,130</td>
<td></td>
</tr>
<tr>
<td>Shelter</td>
<td>2,500,000</td>
<td>965,236</td>
<td>1,534,764</td>
<td>3,070,000</td>
<td>4,604,764</td>
<td></td>
</tr>
<tr>
<td>Food Security</td>
<td>6,800,000</td>
<td>1,600,000</td>
<td>5,200,000</td>
<td>4,800,000</td>
<td>10,000,000</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>1,650,000</td>
<td>775,422</td>
<td>874,578</td>
<td>767,255</td>
<td>1,641,833</td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>1,355,800</td>
<td>101,650</td>
<td>1,254,150</td>
<td>324,490</td>
<td>1,578,640</td>
<td></td>
</tr>
<tr>
<td>Logistics</td>
<td>2,366,503</td>
<td>700,000</td>
<td>1,666,503</td>
<td>N/A</td>
<td>1,666,503</td>
<td></td>
</tr>
<tr>
<td>Early Recovery</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>5,000,000</td>
<td>5,000,000</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>358,000</td>
<td>0</td>
<td>358,000</td>
<td>357,000</td>
<td>715,000</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>1,235,000</td>
<td>0</td>
<td>1,235,000</td>
<td>813,500</td>
<td>2,048,500</td>
<td></td>
</tr>
<tr>
<td>Telecommunications</td>
<td>206,520</td>
<td>0</td>
<td>206,520</td>
<td>N/A</td>
<td>206,520</td>
<td></td>
</tr>
<tr>
<td>Coordination</td>
<td>150,000</td>
<td>0</td>
<td>75,000</td>
<td>75,000</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>19,241,823</strong></td>
<td><strong>5,042,178</strong></td>
<td><strong>14,199,645</strong></td>
<td><strong>16,362,245</strong></td>
<td><strong>30,561,890</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Estimated pledges up to date (USD)** | **Approx. 5,000,000**


2. Context and Humanitarian Consequences

2.1 Context and Response to Date

Mozambique is a country located in a region cyclically threatened by extreme natural events (floods, drought, tropical cyclones, earthquakes, and epidemics) which predominate in the months of October to March each year (the rainy season). Historical records on natural disasters in Mozambique show that, over the past 52 years (1956-2008), experienced 10 drought events, 20 flood events, 13 tropical cyclones, 18 epidemics and one earthquake.

In 2000, floods and cyclones killed 800 people and affected several millions of people, which led to a massive international response and a USD 169-million Flash Appeal. The last major rainy and cyclone season occurred in 2007, when an estimated 285,000 people were affected and 163,000 displaced. During the 2011/2012 cyclone season the combined impact of tropical storms Dando, Funso and Irina are as follow: 44 deaths, with 108,048 people (25,880 households) affected.

Due to heavy rains that lasted for more than a week and caused an increase of hydrometric levels in main river basins in the southern (Limpopo, Incomati, Inhanombe and Save) and central (Zambezi, Pungoe and Buzi) regions, the Mozambique authorities declared an institutional orange alert on 12 January 2013. Since that date until 20 January 2013, moderate to intense rains had already affected 150,000 persons throughout the country, causing total or partial damage to 2,979 houses, inundating 679 houses, and damaged bridges and road infrastructure, as well as electricity and drainage systems. In the capital Maputo, nine temporary accommodation centres have been set up to provide shelter to about 5,492 people.

After ten days, on 22 January 2013, an institutional red alert was declared by the Disaster Management Coordination Council (CCGC) in an extraordinary meeting. Following the red alert, the peak of the high water outflow from South Africa reached Limpopo and Incomati basins in Gaza Province. This caused flooding in Chokwe and Guija Districts in this province. This situation left 24 people dead in two days and an estimate of 150,000 people displaced in different sites in Gaza Province. In addition to soil saturation and flooding, the dyke in Chokwe, already damaged by the heavy rains during tropical depression Dando in 2012, was not fully rehabilitated and thus did not protect the town from being flooded.

On 25 January 2013, in Gaza Province, the entire residents in Chokwe have been evacuated. Guija and Chibuto also were partially evacuated. In Xai-Xai, other hardly-hit district in Gaza Province, the water caused floods in some areas, affecting houses and other infrastructures. In order to mitigate the effects of the floods to Xai-Xai city, the Ministry of Public Works cut the main road to allow the outflow of water to low-lands, but agriculture crops were seriously affected. In other areas, some partners have reported that main roads are under water, causing the isolation of populations, as the case of Chibuto.
In summary, a total of 48 people have lost their life in the period 11 to 27 January 2013, of which most reported deaths in Gaza Province (38 people). The total number of affected in Gaza Province is around 150,000 (87,500 women; 67,500 men; and, out of them, 29,500 children under five). According to the government in the fields, some areas are still isolated and the number can increase. Also in other provinces of Inhambane, Manica, Sofala, Zambezia, continuous rains left around 20,000 affected people and damaged infrastructures and agriculture crops. Further, the capital Maputo was seriously affected with 5,225 people displaced in 9 temporary sites.

The hardest-hit districts are Chokwe and Guija in the Gaza Province, with latest available data from government and partners’ sources placing the number of affected at 140,591 persons sheltering at 15 different displacement sites, with vulnerable members of the population such as children, women, the sick and elderly at particular risk. Only in Chihaqueelane center (Chokwe District), number of people sheltered is 53,641. Further, 5,000 have been evacuated in Chibuto, and other 17,500 people displaced in the nearby coastal city of Xai-Xai, and in the districts of Bilene and Chicalacuala (See Table 3 for more details on displacement figures in Gaza Province).

Table 2: Cumulative Impact from 12 to 27 January 2013

<table>
<thead>
<tr>
<th>Provinces</th>
<th>Deaths</th>
<th>Temporarily displaced people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaza</td>
<td>38</td>
<td>140,591</td>
</tr>
<tr>
<td>Inhambane</td>
<td>-</td>
<td>154</td>
</tr>
<tr>
<td>Manica</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Maputo City</td>
<td>5</td>
<td>5,222</td>
</tr>
<tr>
<td>Sofala</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Zambezia</td>
<td>4</td>
<td>400</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48</strong></td>
<td><strong>146,367</strong></td>
</tr>
</tbody>
</table>

Table 3: Temporary displaced people in Gaza Province

<table>
<thead>
<tr>
<th>Location</th>
<th>Accommodation centres</th>
<th>Temporary Displaced People</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bilene</strong></td>
<td>Macia</td>
<td>7,723</td>
</tr>
<tr>
<td></td>
<td>Mazivila</td>
<td>568</td>
</tr>
<tr>
<td><strong>Chibuto</strong></td>
<td>Chairmite</td>
<td>5,000</td>
</tr>
<tr>
<td></td>
<td>Chibuto city</td>
<td>1,000</td>
</tr>
<tr>
<td></td>
<td>(Aerodromo)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Village Millenium</td>
<td>1,050</td>
</tr>
<tr>
<td><strong>Chicualacuala</strong></td>
<td>Pafuri</td>
<td>5,335</td>
</tr>
<tr>
<td><strong>Chokwe</strong></td>
<td>Chihaqueilane</td>
<td>53,641</td>
</tr>
<tr>
<td></td>
<td>Chilemebene</td>
<td>1,824</td>
</tr>
<tr>
<td></td>
<td>Hokwe</td>
<td>9,000</td>
</tr>
<tr>
<td></td>
<td>Macaretane/Majange</td>
<td>24,000</td>
</tr>
<tr>
<td></td>
<td>Mapapa</td>
<td>16,000</td>
</tr>
<tr>
<td><strong>Guija</strong></td>
<td>Chibabel</td>
<td>9,250</td>
</tr>
<tr>
<td></td>
<td>Chinhacanine</td>
<td>700</td>
</tr>
<tr>
<td></td>
<td>Djavanhane</td>
<td>1,500</td>
</tr>
<tr>
<td><strong>Xai-Xai</strong></td>
<td>EPC Marien Nguabi</td>
<td>4,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>140,591</strong></td>
</tr>
</tbody>
</table>
Response
From the initial response, the National Disaster Management Institute (INGC) led the coordination and provided initial response. As of 29 January, an estimated total of MT 300 million (approx. USD 10 million) was disbursed from the Contingency Plan Funds. Early warning measures (orange alert on 12 January, and institutional red alert, on 22 January) were also put in place by the Government of Mozambique, which speed up the pre-positioning of staff and equipment (e.g. boats, Communication Center, the National Civil Protection Unit (UNAPROC).

Search and rescue operations are on-going daily through UNAPROC, for people still isolated on roofs and trees. In support to UNAPROC, the Government of South Africa sent 2 helicopters and 62 officials based in Chibuto. Evacuation included patients from a flooded hospital.

Food and non-food items distribution started on 24 January 2013 in Gaza Province, especially in the temporary displacement sites habilitated by local authorities. WFP and partners distributed 205 metric tons of maize and beans (seven-day food ration) to 95,000 people. UNICEF also distributed energy biscuits (BP5) for 25,000 people for 7 days to nutrition partners in Gaza Province.

Shelter cluster including the Ministry of Infrastructure with the support of INGC conducted a reconnaissance mission? on 25 January 2013 with to reach affected areas. Presently COSACA (Consortium of Concern, Save the Children and Care International), World Vision and the Mozambican Red Cross (CVM) are in the process of transporting shelter items to the ground from Maputo or other warehouses. Red Cross had set up 79 tents in Chihaquelane, the major concentration area. To date, 420 shelter kits - poles and tarps have been already distributed, as well as tents for family shelter, storage, hospital and schools. NFI and others relief items are expected to arrive in the coming hours, from COSACA, World Vision, Samaritan’s and Red Cross. Non-food items are being distributed in displacement sites in Chokwe by Government and partners, but in-country prepositioned stocks are very limited.

Regarding health issues, partners provided 5,000 mosquito nets and 1,152 family kits. WASH Cluster also contributed with 22 boxes of soap, 350 temporary latrines and water trucking from Macia to Chiaquelane and Hokwe, in Gaza Province.

Concerning protection, UNICEF in collaboration with the Ministry of Women & Social Action at decentralised level (SDSMAS and DPMAS) and the Local Operative Emergency Committee (COE) organised a field assessment: distribution of the assessment forms, orientation on the adequate use of the forms, distribution of the code of conduct and the guidelines on child protection in emergencies. UNICEF advocated to COE to strengthen surveillance for the prevention of and response to violence and abuse. As a result the police is doing regular rounds (night and day) within the displacement sites to monitor the situation and intervene. In dialogue with MMAS UNICEF stressed the need to use the identification and selection criteria for the most vulnerable families in order for these to receive the family kits. 435 family kits have been dispatched and distributed to families whilst an additional 716 have been dispatched and are in the process of being distributed.

UN Agencies and partners are supporting the Government (through INGC) with logistics. Logistics cluster partners supported to movement of items from Maputo and Beira to Gaza to the displacement sites. For instance, the First Lady Association is moving some items to Chihaquelane through a logistics cluster truck. WFP Telecommunications teams are also putting communications systems in
Chibuto (antennas) and supported mobile CENOE establishment in Xai-Xai organized by MSB as well as ensured field teams connection in distant locations.

In terms of early recovery, coordination activities started and partners agreed on the need of an in-depth assessment to provide an adequate response for affected communities for reconstruction in affected urban areas for vulnerable families, as materials are not readily available.

The Humanitarian Country Team Working Group (HCTWG) tightened coordination with government sectors at central levels and deployed more staff (Food Security, WASH, Shelter, Education, Protection, Health and Logistics) to Chokwe and Guija, in Gaza Province, to support the local structures and the rest of the process. Other HCT cluster members including WASH, Health, Education and Protection, are still closely monitoring the situation in Central Region, where they were deployed on 13 January 2013 support the Regional CENOE based in Caia. On 24 January, OCHA deployed a Humanitarian Affairs Officer to support the UNRC’s Office and HCT in coordination, information management and resource mobilization. IOM, UNICEF, WHO and WFP also deployed regional and HQ staff to support their operations in the field.

On 26 January 2013, a mobile CENOE was set up in Xai-Xai, capital of Gaza Province, to streamline the coordination of the response intervention to the areas affected. All partners, including HCT members are represented in this mobile CENOE.

After consultation with the Government and clusters the UNRC and HCT in Mozambique decided that the most urgent life-saving activities will be partially addressed through a Rapid Response Allocation to the Central Emergency Response Fund (CERF). On 30 January 2013, a CERF Rapid Response Application amounting USD 5,042,178 was submitted by the RC in Mozambique to the USG/ERC Ms Valerie Amos, to respond to immediate needs of the affected people in the hardest-hit province, Gaza.

Table 4. CERF Rapid Response Request for Mozambique

<table>
<thead>
<tr>
<th>Requesting Agency</th>
<th>Project Title</th>
<th>Cluster</th>
<th>Amount requested from CERF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 UNICEF</td>
<td>Emergency WASH – Limpopo Flood Response</td>
<td>WASH</td>
<td>$ 899,870</td>
</tr>
<tr>
<td>2 IOM</td>
<td>Life-saving humanitarian shelter in response to populations in Gaza Province displaced by flooding</td>
<td>SHELTER</td>
<td>$ 965,236</td>
</tr>
<tr>
<td>3 WFP</td>
<td>Relief food assistance to flood-affected population in Gaza Province</td>
<td>FOOD SECURITY</td>
<td>$ 1,600,000</td>
</tr>
<tr>
<td>4 WHO UNICEF UNFPA</td>
<td>Re-establishment of basic health services in flood affected areas of Gaza province</td>
<td>HEALTH</td>
<td>$ 775,422</td>
</tr>
<tr>
<td>5 UNICEF</td>
<td>Protection of flood-affected families and children in Gaza Province</td>
<td>PROTECTION</td>
<td>$ 101,650</td>
</tr>
<tr>
<td>6 WFP</td>
<td>Common logistics service to ensure appropriate access to population affected by floods in Gaza Province</td>
<td>LOGISTICS</td>
<td>$ 700,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>US$ 5,042,178</strong></td>
</tr>
</tbody>
</table>

Hydro meteorological Forecast

Water levels in some river basins remain above alert, with levels rising in the southern and central regions of the country. Government authorities and partners are closely monitoring the floods, with multi-sectoral teams including UNAPROC members deployed to strategic locations to support local authorities.
2.2 Humanitarian Consequences and Needs Analysis

Since the beginning of floods, several teams have been deployed in the field to support Government relief operations. Preliminary assessments informed about an urgent need to support affected population in terms of shelter, food and water and sanitation. In addition, as displacements are continuous, there is a serious risk for epidemic outbreak (cholera) and other water-borne diseases. Protection of vulnerable groups, especially regarding unaccompanied minor in displacement sites, could become a serious problem. If heavy rainfall continues, more people could be displaced in the forthcoming days.

Shelter
UN Habitat and IOM co-led a shelter cluster assessment on the 24-26th of January, 2013, to identify needs and locations of key concern, in Gaza Province. The assessment demonstrated that some locations – e.g. Chihaquelel (approx. 55,000 IDPs) – needed immediate shelter. Other locations with smaller numbers in Macia and Hokwe, identified IDPs sheltered in churches and schools. The cluster has thus settled on an operating number of 20,000 families – 100,000 IDPs – to begin immediate shelter support to those IDPs residing under trees or in unsafe accommodation centres.

After a first response with in-country stocks, the high number of affected people, particularly those who are in displacement sites requires a quick and appropriate humanitarian response, in order to avoid loss of lives and protect the most vulnerable groups. Shelter response should be coordinated with NFI assistance to cover basic needs of affected population.

Water, Sanitation and Hygiene (WASH)
People directly affected by displacement are in need of immediate WASH assistance: provision of safe water supplies, basic sanitation and hygiene promotion. This is fundamental to ensure minimum living conditions in displacement sites, but also prevent problems of water-related diseases and protection regarding sanitation facilities.

Food Security
Four districts Chókwe, Guijá, Chibuto and Xai-Xai are the most severely hit. Preliminary information indicates that an estimated 110,000 ha of crops, including maize, rice, beans and other vegetables, are lost. These numbers are likely to increase with prediction that more rains are expected.

The situation is particularly serious for maize, the staple crop, which was only at the flowering and grain formation stage when the fields got flooded. The main harvest, expected for March/April is therefore entirely lost. This situation creates an urgent need for immediate food assistance to an estimated 150,000 people who could have lost all their belongings and crops and reside in temporary accommodation centres or are hosted by communities in higher land. The Chokwe and Chimucane irrigations systems have also been badly damaged.

At the time the flooding started the population had already little or no food reserves left. In fact many of them had suffered crop losses at the beginning of the planting season due to dry spells in October-December 2012. Households had therefore replanted in the low lands which are now being destroyed by the floods.
The Food Security Cluster members are using some of its food stocks from the regular programs to provide immediate assistance to at least 150,000 people who are accessible. Distributions are for 7-day rations due to low stocks available in country while displaced people are entirely reliant on aid at this moment.

**Health**

Floods have disrupted provision of life saving basic health services. The three main health facilities in Chokwe, Guija and Chibuto have been flooded and all in-patients were evacuated to temporary shelters in Chokwe. Further exposure of the population to poor weather increases the risk of diseases such as malaria, pneumonia and diarrhoea. At present, no outbreaks of communicable diseases have been reported in the affected areas. However, epidemic preparedness is critical as the flood waters may take weeks to months to recede. The incidence of mental and psychosocial related illness is also expected to increase due to sudden displacement and loss of properties and livelihoods. Maternal mortality is also expected to increase due to the lack of access to health care at the time of delivery. Drop out from HIV treatment is also likely.

**Protection**

The affected families, and consequent evacuation, risk imminent or face actual harm, in particular violence against their lives and integrity, but also destruction of property, separation of families, etc. The accommodation of evacuated people in temporary centers without minimum conditions in terms of shelter and sanitation, is putting at risk affected people, especially those who require a particular protection due to their vulnerability: women headed families, girls, unaccompanied minors, disabled people, elderly people, people living with HIV/AIDS, and other groups which present a specific condition. Monitoring of the situation and activities to support psychosocial impact of disaster on affected population should be put in place, as soon as possible.

A preliminary rapid assessment was done in which two UNICEF child protection staff members; one programme officer on psycho social support and one child protection specialist on violence participated from the 24th of January till the 29th of January. The results of the rapid assessment indicate that family reunification, material support and support in the prevention and response to violence and abuse are needed. Exact numbers and identification of families is on-going and will be known in the coming days. The below numbers are based on extrapolation from existing data.

**Logistics**

The movement, storage and distribution of goods to the population affected continue to be critical due to the accessibility problems created by the waters. The difficult access to some affected areas make necessary to use air transport, as well as look at appropriate procedures to be put in place. The extent of the emergency requires special support to Government and humanitarian partner, including logistics services for transport, storage and handling.

**Early Recovery**

Early recovery interventions are needed from the onset of the humanitarian response to support local capacities to build the foundations for sustainable recovery and a return to longer-term development efforts. Such interventions seek to address immediate needs toward normalising the lives of the affected communities as well as reducing their vulnerabilities to the current and future disasters. Early recovery usually begins with the humanitarian phase and covers all sectors: as such, each sector has planned early recovery interventions (infrastructure, livelihoods, agriculture, health, education, etc.). As noted in the rapid response by various sectors, massive destruction has been caused to infrastructure including human settlements that need to be restored. Communities’ livelihoods and sources of income are lost, and there is a need to restore agriculture production and livestock raising.
activities, together with other emergency income generating activities and access to markets. The provision of small transportation infrastructure will be crucial in this regard as well. The agriculture sector is heavily impacted by inundation of farms that already have crops growing (estimated at 110,000 ha). In addition to this, there is a need to rehabilitate basic infrastructure and capacities for the resumption of basic services (health, etc). Sensitization on human rights and sensitization on HIV/AIDS need to be built-in to minimize risks to human security of the most marginalised populations. It is also extremely critical that early recovery intervention include a focus on disaster risk reduction and pave the way to a longer-term, holistic resilience approach.

In order to address the needs of the affected populations in a holistic manner toward building communities' resilience to the current and future floods there is the need for an in-depth assessment to identify both the specific needs of the affected communities covering all sectors. The early recovery cluster which constitutes all the cluster leads from the HCT WG as well as staff from the government sector – INGC, is mandated to coordinate and compile all the sector needs for the intervention.

**Nutrition**

The destruction of crops and poor sanitation can have a negative impact on food security, especially in the most vulnerable communities which may become at a later stage a nutritional problem. As many health facilities (health centres and hospitals) have been seriously damaged, the regular provision of nutrition services is clearly at stake, and the nutritional status of children under-five is at risk, as well as of pregnant and lactating women, requiring a particular attention in displacement sites and flooded areas.

**Education**

The recent floods are estimated to affect about 180 schools, and about 73,000 children and 1,500 teachers. The education system is affected by loss of shelter, damages to schools or inundation, loss of school materials, disruption of academic activities and the psychological effect of the event. Teachers also get diverted from the school activities like any other affected population. There is an urgent need to restore normalcy in education failing which, there is a serious risk of children dropping out of school or losing a school year.

**Telecommunications**

Floods leave a big part of the affected area without electricity power and phone communications. Communication to the affected population is difficult due to electricity power cut in most part of flooded areas. People cannot be reached as there is no means of charging their mobile devices. The Emergency Telecommunications Cluster is supporting the Government to set up mobile operation centres on the ground, but its capacity is very limited. There is a need to supply electricity power to displacement sites, in order to provide protection of displaced people and allow phone communications.
2.3 Scenarios

In summary, a total of 55 people lost their life since 11 to 31 January 2013, the most part in Gaza Province (38 people). The total number of affected in Gaza Province is around 150,000 but this number may potentially to increase according to government field sources, as some areas are still isolated. Also in other provinces, continuous rains left around 20,000 affected people and damaged infrastructures and agriculture crops (Inhambane, Manica, Sofala, Zambezia).

According to the INAM, a low pressure system with potential to cause intense rains (up to 75mm in 24h) in several districts of the low Zambezia and Sofala Province can increase the number of affected people in need of humanitarian assistance.

**Most likely scenario**

Southern and Central regions of Mozambique continue to be affected by heavy rains and flooding.

<table>
<thead>
<tr>
<th>Core elements</th>
<th>Effects on humanitarian needs and operations</th>
<th>Population most affected</th>
</tr>
</thead>
</table>
| High water levels and damaged infrastructure continue to obstruct relief from reaching isolated flood-affected populations; | • Reduced coping strategies for vulnerable and poorest segment of population  
• Prolonged disruption of critical services (power, water and sanitation, health and education)  
• An increase in food insecurity | • 150,000 temporary displaced people |
| Floods destroyed agriculture crops in affected areas (110,000 ha) | • Increase in protection concerns and reported cases of SGBV  
• Food insecurity  
• Negative effects on nutrition | • 150,000 people  
• 20,000 under-5 aged children |
| Serious damage on telecommunication equipment and electricity power network | • Lack of communication | • 150,000 people |
| Floods destroyed and / or damaged houses and social basic service facilities | • Protection concern (GBV, unaccompanied minor, separation of families)  
• Lack of access to basic services (shelter, health, education, water)  
• Risk of outbreak of water-related diseases and protection regarding sanitation facilities in displacement sites | • 150,000 temporary displaced people |
| Floods leaves school premises unusable or inaccessible | • Increase of absenteeism of children to school, especially girls | • 180 schools, 1,500 teachers and 73,000 children. |
| Damage and / or destruction of health facilities and pollution of water sources | • Further exposure of diseases such as malaria, pneumonia and diarrhea, as well as other communicable and water-related diseases. | • 150,000 people |
| Damage and /or destruction of infrastructures | • Lack of communication  
• Isolation from basic services and humanitarian assistance | • 150,000 people |
3. Response Plans

3.1 Strategic Priorities for Humanitarian Response

Priority needs and sectors have been identified through consultations between Government, HCT members and local actors, following a review of available assessment data and response capacities. To the maximum extent possible, projects aim to complement the activities and available resources of the Government of Mozambique, as well as activities by the Red Cross Movement and NGO partners.

The Response and Recovery Proposal has considered three strategic objectives, as follows:

**Strategic Objective 1**
Provide immediate life-saving and life-sustaining assistance (shelter; water; sanitation and hygiene; food; non-food items, health, nutrition and education) to flood-affected persons, as well as basic services in order to avoid loss of lives and ensure minimum living conditions in accordance with universal human rights and international protection standards, with especial attention the most vulnerable persons

**Strategic Objective 2**
Link relief efforts to recovery through an integrated and comprehensive approach aimed at restoring to pre-crisis levels the living conditions of the affected populations. This will be done through addressing needs in all sectoral dimensions affected by the floods: livelihoods and food security, shelter, water, access to basic social services (health, education) and shelter.

**Strategic Objective 3**
Ensure effective logistics capacity through a coordinated and reinforced logistics cell for timely and appropriate delivering of life-saving relief items to the flood-affected areas, including adequate storage and transport.

Projects that have been included in this donor proposal meet the following criteria, agreed upon by the Humanitarian Country Team, under the leadership of the RC:

- Provide life-saving assistance through the provision of food relief, water and sanitation services and shelter, as well as basic health care and protection.

- Respond to the specific needs of particularly vulnerable groups, including, as appropriate, an indication of how outcomes will affect men/women, age differentiation and particular issues concerning groups (women, adolescents young girls, disabled people, pregnant women, elderly, etc.), who are more exposed to abuse and exploitation.

- Capitalize on opportunities in the emergency response to foster the self-reliance of affected populations and rebuild livelihoods for implementing time-critical resilience activities

- Projects must support sector objectives as described in sector plans and should reflect one or several of the strategic objectives.

- Specified project outcomes must be achievable and completed within the timeframe of the Response and Recovery Proposal. However, the projects should contribute to and take into account existing national development strategies and on-going programmatic priorities of the UN system in Mozambique
Across all clusters, efforts will be made to identify the most vulnerable groups and individuals in need of protection and assistance.

As per preliminary analysis of needs, six sectors have been prioritized for the response: WASH; shelter; food security; health; protection and logistics. However, other sectors are also fundamental in the forthcoming phase of the response: early recovery, nutrition and education. Telecommunications Cluster is already assisting the Government and partners in setting up an emergency system to support mobile operations centres on the ground, and also is crucial to cover required funds to continue the services.

Please find below the sectoral response plans, by clusters.

### 3.2 Cluster Response Plans

#### 3.2.1 WASH CLUSTER

**LEAD AGENCY: UNICEF**

**Analysis of the Situation**

Heavy rains in January in the upstream countries of South Africa and Zimbabwe, as well as in southern Mozambique, caused the Limpopo River to overflow its banks and spill onto its floodplain, flooding the district town of Chokwe on 22 January. An estimated 70,000 people from Chokwe and environs evacuated to higher grounds in Guija, along the road to Macia and Macia town itself. The flood level continues to threaten Xai-Xai at the mouth of the Limpopo where low-lying neighbourhoods were evacuated to higher ground within the city.

The WASH response focuses on the needs in the Limpopo valley including the affected populations of Chokwe, Guija and Xai-Xai. An estimated number of 150,000 people are directly affected by displacement and are in need of immediate WASH assistance: provision of safe water supplies, basic sanitation and hygiene promotion. As of this writing, the situation is still evolving and the impact of the Limpopo River on Xai-Xai is still not known.

During the days since the flooding and evacuation of Chokwe, WASH partners have supported government services to mount an urgent emergency WASH response. Coordination has been through frequent Cluster partner meetings in Maputo and by linking together with the provincial water authorities and local officials in the field.

This proposal is the result of WASH Cluster consultations, field assessments and coordinated efforts with national and provincial water and sanitation authorities (DNA, DPOPH). The WASH Cluster includes OxfamIntermon, World Vision, IRD, ISAAC, CVM (Mozambican Red Cross), UNICEF, Samaritan’s Purse, PSI and COSACO (CARE/Save the Children/Concern). Funds received by UNICEF will be used for supply procurement, for NGO partnership agreements and also for support to activities with government.

**Sectoral objective**

The Emergency WASH response will provide 150,000 affected people with immediate and life-saving assistance in safe water supply, emergency sanitation and hygiene promotion, thus providing minimum safe conditions for reducing the risk to public health by water and sanitation-related diseases.

**Strategy:**

The Emergency WASH response will pursue these strategies:

- Providing priority assistance to those in displacement centres without adequate WASH services.
• Restoring improved WASH conditions in flood-affected areas, thus facilitating the early return to communities.

Humanitarian Phase – Key Activities:

• Water supplies in and near displacement areas are inadequate for the large influx of displaced people. In Chihauquelane camp, for instance, the existing handpumps could each produce only 1,000 litres/hour and waiting times for filling buckets exceeded 3 hours. Water trucking operations were initiated where feasible (road access and short travel times to treated water sources) will be continued as long as needed. Water distribution is through bladder tanks and tapstands. Where handpumps are out of order, emergency repairs will be carried out.

• Water containers (buckets, jerricans) are being distributed to families to facilitate water collection, storage and treatment. Water safety will also be ensured through the widespread distribution and use by families of the dilute liquid chlorine product ‘Certeza’ which is produced in Mozambique and whose use at household level is familiar.

• Emergency latrines are being installed to allow for private and safe sanitation. Latrine kits from existing stocks were deployed and are being installed which include plastic sanplats, plastic sheeting and rope. Personnel will be mobilized to keep these simple pit latrines clean and disinfected despite heavy use throughout the day and night. Latrines will be designated for women and for men and will be installed close enough to reduce risk for night use. Sanitation facilities will be de-commissioned as the displacement centres empty.

• Family hygiene kits and soap are being distributed widely. Key hygiene promotion messages will be passed through face-to-face communications and radio. Posters and leaflets will be used to reinforce messages on the importance of washing hands with soap after using the latrine and before handling food and of not practicing open defecation. Hygiene promotion messages will also emphasis to families the importance of re-building their household latrines upon returning home.

Recovery Phase – Key Activities: Restoring improved WASH conditions in communities
This phase will be logistically more difficult because instead of concentrated displacement areas, it will cover a large number of dispersed communities in Chokwe, Guija, Xai-Xai and Chibuto districts. It will tackle issues related to sustainability and community management of WASH facilities. Cluster partners are coordinating their interventions by geographic area to avoid duplication while identifying service gaps. The plan is to support returnees with some essential WASH supplies and at the same time providing training and community mobilization for improved hygiene and sanitation practices.

As flood waters in the towns of Chokwe and Xai-Xai and the surrounding rural communities recede and access is re-established, the water supply systems and rural water points will be assessed for damage. Immediate repairs and disinfection of the piped systems will be supported so that returning populations will have water for domestic use as they begin cleaning and re-occupying their homes. Handpumps will be inspected and repaired and wells will be disinfected against the contamination by flood waters so that families can access safe drinking water upon return. Activities related to improving water supplies are:

• Repairs and disinfection of town piped water systems (eg. Chokwe, Hoque)
• Assessment and rehabilitation of rural boreholes and handpumps
• Borehole and well disinfection and repairs to drainage aprons
• Family distributions of ‘Certeza’ liquid chlorine product and buckets/jerricans
• Re-vitalizing if necessary existing community water management committees

Participatory community approaches designed to lead to the adoption of improved hygiene and sanitation practices, primarily Community led total sanitation (CLTS) and Participatory hygiene and sanitation transformation (PHAST) will be employed to empower rural communities to achieve open defecation free (ODF) environments and adopt handwashing with soap.
• Training and support of community ‘activistas’ in CLTS and PHAST methodologies
• Distributions of plastic latrine slabs and digging tools for family sanitation
• Distributions of soap and hygiene kits
• Support local artisans to produce concrete latrine slabs for family sanitation
• Support and monitor communities as they achieve ODF and increase sanitation coverage

**Expected outcomes**
1) By March 2013, 100,000 people (20,000 families) in displacement centres are using safe water and sanitation
   - Water Target: 15 litres/person/day
   - Sanitation Target: 1 latrine/10 families
   - Water trucking operations and distributions are maintained on daily basis
   - 20,000 families have received ‘Certeza’ to treat water at household level
   - 20,000 families have received soap and buckets/jerricans
   - Sanitation facilities are kept clean and hygienic

2) By July 2013, 150,000 people (30,000 families) in return communities are using safe water and sanitation
   - Town piped water services are restored (eg. Chokwe, Hoque)
   - Rural water points (boreholes/handpumps) are functioning
   - Community water management committees are in place
   - Family latrines are in use

3) Effective coordination of immediate and recovery WASH activities
   - Regular WASH Cluster consultations and information sharing
   - Interventions are planned and implemented with government authorities
   - Progress reports on activities are available

**Funds Requirements USD (without CERF Request)**

<table>
<thead>
<tr>
<th>WASH</th>
<th>Humanitarian Phase</th>
<th>Recovery Phase</th>
<th>Total Budget</th>
</tr>
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<tbody>
<tr>
<td>Total Budget</td>
<td>1,720.130</td>
<td>1,155.000</td>
<td>2,875.130</td>
</tr>
</tbody>
</table>

**3.2.2 SHELTER CLUSTER**

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

**Analysis of the Situation**
Currently the shelter cluster is working with the INGC scenario – 150,000 people internally displaced, partly evacuated to higher ground over the whole affected area. The Shelter has put in place proposals that to date will attempt to reach a minimum of 20,000 families (100,000 or more IDPs), but funding has not yet become available and minimal shelter supplies have arrived for the IDPs. As of Friday 1st February, there is not sufficient NFI stock in-country to respond to this scenario, and almost all available stock has been mobilized already to the area. As this report is written, some roads are being restored, thus easing the access, but some areas still cannot be reached except by helicopter.

The greatest challenge in terms of shelter is that there was no adequate stock of shelter kits and coverage kits, and the fact that they lack basic items, such as poles and tools, which need to be bought separately. Red Cross Mozambique (CVM) is stretched and needs additional support for management
and service provision to the displaced population. For this reason IOM is supporting the coordination of the cluster in emergency. UN-Habitat has offered initial technical guidance, and is now on call to deliver basic technical trainings to volunteers and technicians, and support other clusters i.e. Education.

NFI and missing items such as poles must be urgently bought and brought to the sites. The site of Chiaquelane presents the largest challenges in terms of numbers. Tents are largely insufficient to meet the current demand. IOM is working on an initial supply of poles, likely to arrive only by the 6th or 7th of February 2013.

Save the Children, World Vision, Samaritan’s Purse, and Red Cross Mozambique (CVM) are on the ground to support shelter, while IOM has deployed a Shelter Coordinator to be based in Xai-Xai as per Sat. 2nd February. Save the Children is assessing to bring materials. Samaritan’s Purse is supporting UNAPROC in population evacuation, and has an Engineer in the ground. CVM is present and establishing temporary shelters in Chiaquelane (near Chokwe), and participating in disaster assessments. Samaritan’s Purse and COSACA have access to pipeline supplies in Dubai and Kenya, which IOM is supporting in terms of funds for freight and a possible 747 airlift to meet the needed demand.

**Current Needs:**
Given the large displacement, and the low levels of stock, an important number of families still lack shelter. In particular:

- Emergency NFI for accommodation areas – Shelter cluster is assessing/COSACA/INGC population: minimum 20,000 families in supplies.
- All-terrain vehicles for transport and delivery of NFIs to isolated/displaced populations
- Coordinated site support and service provision (technical assistance and supplies)
- Volunteers and technical capacities on the ground

Given the current situation and population displaced, the need for shelter is crucial and only a limited percentage of people is currently covered

Estimate minimum USD 2,500,000 for materials delivered to Maputo and additional funds for delivery and distribution to the affected population. Donors are solidifying support, and numbers will be updated.

**Sectoral objectives**
To achieve temporary shelter of at least 60% of the displaced population coverage within 5-7 days, depending on availability of funds, as well as guidance to rehabilitate and set up housing in areas affected by flood situation.

**Strategy:**
In the Humanitarian phase, ensuring that 100% of families and affected people receive shelter within maximum 10 days, while ensuring a participatory strategy for recovery/reconstruction is adopted within 1 month for transitional housing and human settlements recovery in affected areas, and first reconstruction provided.

**Humanitarian Phase – Key Activities**
- Set-up an updated distribution plan; IOM to coordinate in the field.
- Continue NFIs distribution to cover the maximum % of people in all areas
- Purchasing tools and poles to complete NFIs kits, where needed;
- Building community shelters if possible, to maximise NFIs availability;
- Monitor/Review and identify needs for full shelter coverage until 100% coverage
- Provide shelter coordination in the field and liaise directly with government/INGC.
  Coordination with Water supply and Sanitation for planning on shelter locations
Recovery Phase – Key Activities

A. Month 2: Conducting the sectoral assessment for affected human settlements including private housing, public and community building and accompany MOPH for larger civil infrastructure affected, in the following possible areas (to be checked with the MOPH and Infrastructure Group, i.e. WASH):

**Possible content:**
1. Assessment of formal and informal housing;
2. Basic Infrastructure (Schooling; Health Post etc.);
3. Large Infrastructure - to be coordinated with the MOPH and WB;
4. Preliminary mapping and construction recommendations for municipality and dwellers;
5. Planning and basic service delivery assessment.

B. Month 2 to 3: Adopting a participatory Reconstruction and Recovery Participatory Strategy (To be confirmed with Infrastructure group) to include for instance:

**Possible content:**
1. Large infrastructure recovery and reconstruction (Access, Egress, Drainage, Dikes)
2. Adaptive housing/schooling/health built environment (e.g. elevated housing, water harvesting; building back better; non-engineered flood-resistant housing etc.)
3. Participatory Planning and more detailed zoning including recommended building practices (Confirming previous work in Chokwe i.e. elevated areas, access/egress main infrastructures etc.)
4. Basic services continuity (Water, Sanitation, SWM)
5. Participation and Municipal/District Governance (Local Committees; Municipal DRR Units; Awareness/Preparedness raising; training materials)
6. Site planning of evacuation areas consolidated (Chihaquelane)
7. Support to municipalities of Chokwe and Xai-Xai and to District Authorities of Chibuto, and Guija on recovery

C. Month 3 to 6 (and beyond) Initial implementation of improved Housing and community-school improved reconstruction

**Expected outcomes**
- Shelter needs properly assessed in all areas
- NFIs purchased and available for operating figures of displaced persons
- Shelter coverage ensured to the total of displaced families within 10 days
- Early recovery/reconstruction needs assessed
- Priority actions and building back better started

**Funds Requirements USD (without CERF Request)**

<table>
<thead>
<tr>
<th>SHELTER</th>
<th>Humanitarian Phase</th>
<th>Recovery Phase</th>
<th>Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Budget</td>
<td>1.534.764</td>
<td>3.070.000</td>
<td>4.604.764</td>
</tr>
</tbody>
</table>

* → air freight for tarps
3.2.3 FOOD SECURITY CLUSTER

LEAD AGENCY: WFP / FAO

Analysis of the Situation
Over the last week vast areas of Gaza Province were affected by severe floods, with water reaching more than 2 metres high in some locations. Four districts Chókwe, Guijá, Chibuto and Xai Xai were most severely hit. Preliminary information indicates that an estimated 110,000 ha of crops, including maize, rice, beans and other vegetables, were lost.

The situation is particularly serious for Maize, the staple crop, which was only at the flowering and grain formation a stage when fields were flooded. The main harvest, expected for March/April is therefore entirely lost. Livestock (poultry, small ruminants and cattle) and aquaculture facilities (in Chokwe district), have also been seriously affected.

At the time the flooding started the population had already little or no food reserves left. In fact many of them had suffered crop losses at the beginning of the planting season due to dry spells in October-December 2012. Households had therefore replanted in the low lands which are now being devastated by the floods.

This has consequently compounded the households’ vulnerability to food insecurity. In the southern region of Mozambique, where Gaza province falls, majority of households are headed by women since most men are casual labourers in South African mines. These women headed households have low levels of resilience, weak coping capacity in response to natural disasters like floods. More so, their vulnerability is aggravated by their low purchasing power, poor access to the food markets and the highest prevalence of HIV in the country.

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

First and foremost relief assistance through general food distribution is needed to ensure that basic food needs in the four districts of Gaza where some 150,000 people have lost all their belongings and crops and reside in temporary accommodation centres or are hosted by nearby communities in higher land. Give the reliance of the population on external assistance for their survival, food assistance should meet 100 per cent of people nutritional needs to prevent any deterioration of their nutritional status, in particular of the most vulnerable individual, such as children, pregnant women and elderly.

Second, as water recedes and this population gradually return to their land, food or – where market conditions allows cash assistance, in the form of Food-for-work, cash-for-work labor intensive schemes should be combined with the distribution of tools and seeds to allow communities to restore as quickly as possible their livelihoods and production capacity. These activities will cover an estimated 50,000 families province.

Currently the Food Security Cluster members are using some of its food stocks from the regular programs to provide immediate assistance to meet the most acute needs in Gaza province. However in-country food stocks will only suffice for 7 days.

Given the short window of opportunity from March to mid-april to re-plant crops mainly, maize, beans, cow peas and vegetables, the agricultural kits will need to be urgently procured and distributed. These agriculture inputs are to kick start food production. As small scale agriculture is the main livelihoods of 80% of the rural population in the areas affected by the floods, failure to provide adequate and timely agricultural inputs will results worsen the food insecurity situation even further. With no food reserves or seeds to plant, small farmers will not be able to meet their basic needs through own production nor earn a minimum income through selling part of their produce in the market which will force to sell the few productive assets they own pushing them into complete destitution.
Sectoral objectives
- Meet basic food needs of floods-affected populations 150,000 people in four districts of Gaza
- Restore food production capacity of 30,000 people in Gaza.

Strategy:
In it is expected that floods-affected population in Gaza will be able to slowly return to their villages once water recede in the coming weeks and start re-planting in the low-lands. Population will require food assistance until the next harvest which would be around July/August. In the short-term – from February to April – food assistance will be provided through general food distribution to enable all the workforce in the families to be fully dedicated to rebuilding their houses and planting the fields. From May until the July harvest Food-For Work, or where market conditions are favourable cash-for-work activities will be organized supporting assets rehabilitation, with particular emphasis on tertiary roads rehabilitation, reconstructions of dykes and cleaning of small scale irrigation channels that have been damaged by the floods.

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

Humanitarian Phase – Key Activities
- Procurement and distribution of mixed commodities, namely Maize, Vegetable Oil, corn soy blend, salt and pulses.

Recovery Phase:
- Procurement of cereals, sugar beans and seeds as well as hoes and machetes
- Distribution of agricultural “kits”

Expected outcomes

<table>
<thead>
<tr>
<th>Outcome / output</th>
<th>Indicators/ Targets</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum kilocalorie needs of flood-affected population met</td>
<td>Numbers of complete food rations distributed per month</td>
<td>Water recedes within one month following flooding.</td>
</tr>
<tr>
<td>Farmers access to basic agriculture inputs improved</td>
<td>Number of agricultural kits distributed</td>
<td>Timely availability of funds</td>
</tr>
<tr>
<td></td>
<td>Number of vulnerable households reached (disaggregated by gender of household head, level of vulnerability etc.)</td>
<td></td>
</tr>
<tr>
<td>Household agriculture production resumed</td>
<td>Hectares of crop fields</td>
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</table>

Funds Requirements USD (without CERF Request)

<table>
<thead>
<tr>
<th>FOOD SECURITY</th>
<th>Humanitarian Phase</th>
<th>Recovery Phase</th>
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3.2.5 HEALTH CLUSTER

LEAD AGENCY: WHO

Analysis of the Situation
The ongoing floods in south and central regions of Mozambique have displaced around 150,000 people into temporary shelters where living conditions are precarious. The situation is most severe in the districts of Chokwe, Guija, Chibuto and Xai-Xai. The three main health facilities in Chokwe, Guija and Chibuto have been flooded and all in-patients were evacuated to temporary shelters in Chokwe. This has disrupted provision of life saving basic health services. Further exposure of the population to poor weather increases the risk of diseases such as malaria, pneumonia and diarrhoea. At present, no outbreaks of communicable diseases have been reported in the affected areas; however, epidemic preparedness is critical as the flood waters may take weeks to months to recede. The incidence of mental and psychosocial related illness is also expected to increase due to sudden displacement and loss of properties and livelihoods. The key gaps in the health sector include:

1. Lack of basic health care services for the affected populations mainly due to inadequate human resources for health, medicines and medical supplies in the affected areas;
2. Lack of life saving preventive public health interventions such as bed nets, vaccines, condoms, water purification tablets, etc;
3. Lack of information among affected populations on the health risk of the floods;
4. Lack of timely and complete disease data and health information required to monitor the health situation among the affected populations
5. Lack of health facilities and trained health personnel for delivery.
6. Weak coordination of health activities among implementing partners.

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

Sectoral objectives
- To support MoH efforts to restore access to basic curative and preventive health services and to provide emergency care to populations in all areas affected by floods
- To strengthen capacity to detect and respond quickly and effectively to any epidemic threat, especially diarrheal diseases (including cholera) and malaria
- To guarantee treatment for people living with HIV, with special attention to pregnant women
- To strengthen capacity to respond to delivery needs of displaced women
- To support MoH to ensure availability of supplies to manage obstetric and newborn complication at health facilities
- To strengthen effective coordination, supervision, monitoring and evaluation of the health emergency response to the floods in affected areas.
- To support MoH to ensuring availability of supplies to manage obstetric and newborn complication at health facilities

Strategy:
In view of the above gaps, the health sector aims to re-establish provision of basic health services in the affected areas of Gaza Province namely Chokwe, Guija, Chibuto and Xai-Xai. Partners will urgently strengthen health care delivery in displacement areas to meet the increased demand for health services, while re-establishing health services in the flooded health facilities. In such facilities, Partners will work with Ministry of Health to provide essential medicines and other health supplies to replace destroyed stocks, re-establish the normal drug supply chain management system, and replace
essential equipment destroyed by the floods. Additional health workers will be brought from non-affected areas to support service delivery where needed.

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

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

**Humanitarian Phase – Key Activities**

- Conducting rapid health assessments
- Provision and distribution of essential medicines, basic medical and laboratory supplies and equipment to flood affected health facilities (some of the supplies will be pre-positioned in strategic locations for epidemic response)
- Supporting temporary deployment of health workers to supplement health service delivery in the flood affected health facilities including assisting in delivery of pregnant women.
- Provision of technical, logistic and financial support to national MOH to establish active disease surveillance and collect, analyze and disseminate epidemic diseases data on a regularly basis
- Provision of on-the-job refresher training for health workers on management of epidemics and other flood related healthcare problems
- Sensitization of communities on water borne disease, hygiene, malaria, TB&HIV/AIDS, sexual and reproductive health; health promotion and hygiene education, taking the opportunity to inform both men and women on health
- Establishment emergency water quality monitoring system where necessary
- Supporting community mobilization, health promotion and hygiene education activities in flood affected communities.
- Supporting coordination of health implementing partners for life saving activities
- Provision and distribution of mosquito nets for malaria prevention in flood affected areas;
- Provision and distribution of hospital tents and equipment for use in the flood affected health facilities;
- Development and dissemination IEC material for diarrhoea, malaria prevention and promotion of basic hygiene in the flood affected areas;
- Sensitization of communities on water borne disease, hygiene, malaria, TB&HIV/AIDS, nutrition, health promotion and hygiene education
- Supporting community mobilization, health promotion and hygiene education activities in flood affected communities
- Provision and distribution of Reproductive Health kits for clinical delivery assistance

**Recovery Phase – Key Activities:**

- Procuring basic medical and laboratory equipment
- Continuation of activities described for the humanitarian phase.

**Expected outcomes**

- Regular, accurate and timely data about the health situation in flood-affected areas
- Affected population has full access to quality primary health care services
- Timely identification and effective response to any epidemic (measured by attack and case fatality rates) in the flood affected districts
- Well-coordinated emergency health response to the floods
Morbidity and mortality in the flood affected areas reduced
Affected population has access to malaria prevention interventions
Affected population has access to primary health care services
Morbidity and mortality in the flood affected areas reduced
Pregnant woman access to quality Emergency Obstetric Care

Funds Requirements USD  (without CERF Request)

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3.2.5 PROTECTION CLUSTER

LEAD AGENCY: UNICEF

Analysis of the Situation
Due to its magnitude, the emergency poses a real threat to child protection and wellbeing. Emergency may cause family separation, which may increase children’s vulnerability to physical and sexual harm and their distress levels. Therefore, it is of the utmost importance to consider specific interventions to prevent and mitigate possible negative consequences to the lives and well-being of children. Family tracing and reunification, prevention and response to violence and sexual abuse, provision of psychosocial support and recreational materials are essential to ensure wellbeing of affected children and mitigate the impact of the shock.

Emergencies increase women and girls vulnerability to sexual violence and exploitation leading to unwanted pregnancy, sexually transmitted infection and trauma. Hence, it is of utmost importance to immediately guarantee the safety and security of women and girls in the temporary shelters by working closely with the police, social welfare, NGOs, the Institute of Social Communication and community radios to spread the messages on violence prevention and response.

Up to 8,000 elderly are estimated to have been affected by flooding nationally. In Chokwe district alone, an estimated 4,600 have been affected with 3,300 displaced in or near transit centres. Older people in Mozambique face specific difficulties as they are no longer very mobile and therefore become dependent on others to support them in their distress and flight. They are particularly vulnerable to depression and mental illnesses that can get aggravated in emergencies and suffer trauma as they contemplate rebuilding livelihoods. Security, isolation and access to basic needs are exacerbated in the immediate aftermath of emergency for the elderly. Therefore re-establishing livelihoods, access to shelter, social protection and health services are priority in the recovery phase.

Sectoral objectives
- The overall objective is to ensure protection, mitigate the impact of the shock and to promote early recovery of the most vulnerable members of the community. Specifically, to: Ensure equitable access to services and appropriate support for all vulnerable groups, including the elderly, people with disabilities or with chronic illness, vulnerable women and children;
- All children and women have access to psycho-social support through community committees, CBOs and activists;
- All children, older people, people with disabilities, women and girls are protected from violence and abuse secured through close collaboration with the police, social welfare, CBOs and community radios;
- 10,000 households receive family kits with basic household material;
- 5,000 recreational kits procured to enhance the right to play for children and youth in distress;
• Birth registration documents re-issued to 6,000 children (and mothers) that may have lost documentation in flooding;
• Social protection is provided to ensure families return back to their homes and can start with the rehabilitation of their homes and livelihoods.

Strategy:
Protection strategy will focus on strengthening the capacity of Government to identify and deliver services to the most vulnerable groups to ensure that safety and security of these groups is ensured whilst at the same time striving to ensure equitable access to services to meet basic needs and promote their timely recovery. The strategy therefore will include identifying the most vulnerable, enhancing their protection and security, linking them to support services, mobilising community support necessary to meet basic needs, monitoring service provision and ensuring that vulnerable people and service providers know what their rights and entitlements are in this context. The focus must be to violence prevention and promote inclusion of all vulnerable groups as a priority in all recovery efforts.

Key communication messages on health, hygiene and prevention and response to violence and abuse of children will be disseminated in the affected communities and psycho-social support will be provided to all affected by the shock. On-going work with and through community radios to spread information on lost children, family tracing and reunification, prevention and response to violence and abuse will be further intensified. These community radios play an indispensable role in communicating these messages with the displaced population.

Working with the Registry and Notary office, efforts will be made to ensure that all birth certificate and registration documents of 6,000 children and their families are re-issued over a month period. This falls within the time frame that will be available to reach the displaced families in the camp prior to their returning home. This number could increase if the staff made available by DNRN is available and provided with the necessary resources for so doing. It is very likely that some families have lost their children’s certificates in the flooding and moving and some may not have ever registered their child.

Utilizing community mobilization techniques, including the use of drama and or dance groups (typo Xindiro) to attract children and their mothers to a central meeting point for entertainment, the importance of being registered will be transmitted and families will be informed about the need and methods to keep documentation safe in future disasters.

Humanitarian Phase – Key Activities:
• Provision and distribution of 10,000 family survival kits (blanket, clothes, household items, water canisters, sleeping mats with hygiene items);
• Provision and distribution of 200 psycho-social support disaster packs and psychosocial support to displaced communities through school councils, community activists and community leaders with special focus on children;
• Provision and distribution of 5,000 recreational kits (containing play and sports equipment) for children and youth in distress;
• Mobilization of school councils and training and mobilisation of 100 child protection committees for protection of children.
• Awareness raising strategy to provide messages for prevention of gender-based violence and sexual abuse and HIV/AIDS, health and hygiene - including IEC materials and radio, TV and community radios, coordinated through the Institute of Social Communication;
• Establishment of Child friendly spaces in ‘settlement camps’;
• Family tracing and Reunification including Database and data collection in collaboration with the police, community radios and the Red Cross;
• Technical assistance, coordination, monitoring and evaluation;
• Improving targeting of the response by continuously assessing the protection needs of the most vulnerable groups to better meet their needs in 10 centres
• Registration of 6,000 children and their families
Early Recovery – Key Activities:
Following the initial phase of 3 months, most of the same activities will have to be sustained for a longer period of time (additional 3 months), to adequately cater for the caseload of vulnerable children, women, people with disabilities and other vulnerable people and ensure their recuperation after the shock.

Partners will be supported in identifying, monitoring and reporting on serious protection concerns to trigger response and advocacy for the most vulnerable people within the affected communities. School councils and child protection committees will be mobilised to support this process as can other existing community committees. Information as to the specific needs of older people, those with disabilities and child-headed households will need to inform the recovery plans, so it will be critical that vulnerable groups are well organised and represented in planning the longer term recovery. Very vulnerable people will need to be provided with social protection support to re-establish a decent standard of living combined with their livelihoods and will need to access social protection services as soon as possible.

Psychosocial support will be integrated along with other protection responses for children, women in coordination with other sectors. Technical assistance will be provided for coordination, monitoring and evaluation and support will be provided to ensure safety and security, family tracing and reunification of children with their families.

Survival and recreational kits will be distributed to provide families and children with a response to basic needs and psycho-social support kits will be utilised by trained activists and community committee members in the provision of psycho-social support and children will be provided with child friendly spaces where this support can be provided.

Expected outcomes
- All separated children and unaccompanied children are identified and are in family based care and or appropriate alternative care.
- 10,000 households have access to basic household material to be able to cook, and have adequate shelter and hygiene conditions and are provided with psycho-social care to mitigate the impact of the shock on household well-being.
- 5,000 recreational kits are distributed to enhance children their right to play
- Affected communities are mobilized to prevent and address violence, exploitation and abuse of children and women and existing systems to respond to the needs of GBV survivors are in place.
- 1600 children have access to the facilities and services of child friendly spaces and psycho-social support services
- 3500 older people know their rights, are supported to access services and are able to contribute to the recovery.
- Establish social structure and practical support for permanent resettlement and local disaster risk reduction strategy.
- Inclusive plans for long term recovery have been developed and include the specific needs of older people, people with disabilities and other vulnerable groups.
- Registration of 6,000 children and their mothers
- In support of and through the Institute of Social Action, provision of social protection support to allow households to return and rebuild their homes and livelihoods.

Funds Requirements USD (without CERF Request)

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3.2.6 LOGISTICS CLUSTER

LEAD AGENCY: WFP

Analysis of the Situation
Persistent seasonal rains in the neighbouring countries Malawi and Zimbabwe, has this year resulted in alarmingly high water levels in the rivers of Limpopo and Zambeze and caused severe flooding in the lower Limpopo (Gaza Province) where an estimated 150,000 people are affected and in need of immediate humanitarian assistance. In response to the INGC’s request, seven clusters formulated their response plans for the immediate and early recovery needs. A successful response to the situation depends on efficient logistics machinery that can ensure a consistent and uninterrupted supply of relief items to the affected areas. Based on a request from the Humanitarian Country Team, WFP, as Logistics Cluster lead, is requesting for a total of US$ 2,366,503 to implement the operation, including CERF request.

Sectorial objectives
The objective of the Logistics Cluster operation is to cater for the delivery of an estimated 16,100cbm or 5,395mt of humanitarian assistance to the affected areas. The items include but are not limited to shelter material, emergency kits, wash materials and emergency food. The use of transport and storage assets will be prioritised in line with priorities set by the HCT.

Strategy:
The Logistics Cluster is mounting an operation which aims to

- provide common logistics services to the humanitarian community reaching the populations in critical need;
- coordinate the overall logistics response;
- gather and disseminate logistics information.

Key Activities (both Humanitarian and Recovery Phases)
- Provision of common logistics services:
  - first-leg road transport ex Maputo and Beira to the cluster intermediary warehousing areas
  - intermediate storage in selected field locations
  - helicopter, river or road transport from the storage sites to the final delivery points as the terrain permits
- Enhanced logistics coordination at Maputo and field levels
- Collection, consolidation and dissemination of logistics relevant information

Expected outcomes
- A well-coordinated, efficient, safe and uninterrupted delivery of 16,100cbm or 5,395mt of life-saving emergency aid to the affected populations
- A cost-efficient use of resources dedicated to logistics across the humanitarian community responding to the emergency
- Collection, consolidation and dissemination of logistics relevant information throughout the emergency response

Funds Requirements USD (without CERF Request)

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3.2.7 EARLY RECOVERY CLUSTER

LEAD AGENCY: UNDP

Analysis of the Situation
Due to heavy and persistent rains over the past two weeks in the central and southern parts of the country, there had been significant damages to infrastructure in Maputo City and some settlements in Gaza Province (Chibuto, Chokwe, Guija, Xai-Xai and Bilene). In total 66 lives are lost with more than 150,000 persons displaced. Livelihoods are heavily affected. Available figures indicate a total number of 1,994 houses totally destroyed with 985 partially destroyed. The number of houses inundated stands at 679. A total of 180 schools are affected with 25 schools rendered unusable. Further, significant number of roads have also been rendered impassable (totally collapsed or partially). More than 110,000 ha of cultivated crops have been lost. These numbers are likely to increase with prediction that more rains are expected. In order to respond to the needs of the affected communities and also build communities' resilience to the current and future floods, there is the need for an in-depth assessment to identify both the short and long term needs of the affected communities covering all sectors. Geographical coverage of the early recovery will include Maputo City, and Gaza and Inhambane Provinces (Chibuto, Guija, Chokwe, Bilene, and Xai-Xai).

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

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

Recovery Phase – Key Activities
- Conducting damage and needs assessments on infrastructure, livelihoods and social services.
- Promotion of effect-immediate livelihoods interventions in affected areas, including emergency employment (cash for work) focused on rehabilitation of critical community infrastructure, debris management, restoration of community transportation services
- Promotion of access to a rehabilitation of small infrastructure to enable circulation of people and goods, and access to markets
- Supporting environmental clean-up, debris removal and rehabilitation, preferably through labour-intensive schemes; Strengthen national and local response capacities including early warning for the floods and other hazards;
- Conducting vulnerability assessment;
- Supporting local and district level disaster risk management and natural resource management committees in all stages of the response, recovery and rehabilitation processes;
- Conducting DRR training and mainstreaming of DRR in the humanitarian response activities;
- Development of resilience framework for the city of Maputo, Gaza and Inhambane Provinces
- Conducting training on data gathering, processing and information management
- Providing Technical assistance, coordination monitoring and evaluation
- Advocating on the resilience strategy agenda – Building back better.
Expected outcomes
Displaced communities return to normal life with an improved standard of living in a less vulnerable environment, having access to restored agriculture productivity and to income generating opportunities.

Funds Requirements USD

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3.2.8 NUTRITION CLUSTER

LEAD AGENCY: UNICEF

Analysis of the Situation
As a result of heavy rains in the area of the Limpopo river, north of Maputo city, large areas of Gaza province are being inundated by the Limpopo river and its subsidiary rivers. In particular, information from CTGC indicates that close to 150,000 people, mainly from the districts of Chokwe and Guija have either been evacuated to higher grounds, and/or severely affected by the floods. We can however expect that this number may increase, since rescue operations are still underway, aerial views are showing the extent of the floods, and the weather forecast does not seem to be favorable. Just in the areas surrounding Chokwe and Guija there have been five casualties. Government reported 38 casualties caused by the floods in Gaza province.

The heavy rains have also led to the flooding of crop fields in many districts. If crop losses ensue, this can have a negative impact on food security, especially in the most vulnerable communities. Lack of road access may hinder relief assistance.

Three hospitals in Gaza Province have already had all their patients evacuated to other structures, before being reached by the waters.

The regular provision of health and nutrition services is clearly at stake, and the nutritional status of children under-five is at risk.

Interventions such as:
- Supplementary feeding for moderately malnourished children, pregnant and lactating women and people affected by HIV/AIDS.
- Therapeutic feeding for severely malnourished children, pregnant and lactating women and people affected by HIV/AIDS.
- Vitamin A supplementation, de-worming and active screening
- IEC initiatives would be urgently required.

General objective
- Prevent and response to acute malnutrition

Sectoral objectives
- Facilitate active screening of all children under-fives, as well as vitamin A supplementation and de-worming
- Contribute to ensuring adequate nutrition supplementation for malnourished under-fives, pregnant and lactating women, and people affected by HIV/AIDS in flood affected areas, over a period of six months
• Contribute to ensuring therapeutic feeding for severely malnourished under-fives, pregnant and lactating women, in flood affected areas, over a period of six months
• Spread to all communities in flood affected areas messages related to infant and young child feeding and maternal health.

Strategy:
All activities to be carried out in order to achieve the above mentioned objectives will be conducted in close coordination with the Ministry of Health, which will also ensure the overall coordination. Ministry of health provincial and district structures will be the main responsible for the actual implementation of the programme, jointly with NGOs currently being identified, and in strict collaboration with UN agencies.

Humanitarian Phase – Key Activities:
• Planning and conduct of rapid nutrition assessments.
• Procurement and distribution of BP-5 compact food, RUTF, Therapeutic milk F-75 and F-100, Vitamin A, Mebendazole, and food supplements for MAM.
• IEC (radio messages, leaflets, mobile teams, etc.)
• Sensitization activities by Community Health Workers;
• Operational costs for teams in charge of vitamin A supplementation, de-worming, MUAC screening, monitoring, and referral
• Technical assistance;
• Administrative/advocacy support with a focus on women participation.

Recovery Phase – Key Activities:
Following the initial phase of 3 months, most of the same activities will have to be sustained for a longer period of time (additional 3 months), to adequately cater for the caseload of vulnerable children and women which may result from decreased food security, as a result of loss of crops. Vitamin A and mebendazole would not be procured again, since the administration should be repeated only at six month interval.

Expected outcomes
• Children under-five, pregnant and lactating women and people affected by HIV/AIDS are screened for malnutrition, and enrolled in supplementary feeding (PRN, or therapeutic feeding, as appropriate)
• Children under-five are supplemented with vitamin A and de-wormed
• Communities are exposed to nutrition messages, mainly to related IYCF, including exclusive breastfeeding

Funds Requirements USD

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3.2.9 EDUCATION CLUSTER

LEAD AGENCY: UNICEF

Analysis of the Situation
The recent floods in Gaza province are estimated to have affected about 180 schools in 12 districts of Gaza province. Education of early 73,000 children has been severely disrupted. 1500 teachers have been. Over 280 classrooms have been destroyed mainly on account of water inundation making
schools inaccessible and classrooms unusable for a long time. In addition, children and schools have lost teaching/learning materials. Apart from disruption of academic activities, children are also suffering psychological effects of the event. Around 1500 teachers have been diverted from their normal duties due to the impact suffered by them and their families.

While the government is trying its level best to accommodate children from affected schools into the functioning ones, this has led to severe overcrowding of schools. Classes are being held in the open but very little learning is taking place due to loss of materials, inadequate space and exposure of children to the sun or intermittent rains. There is an urgent need to restore normalcy in education failing which, there is a serious risk of children dropping out of school or losing a school year.

The needs of the sector are:
- Temporary shelters for classrooms and schools
- Teaching and Learning materials for children and teachers
- Life skills education (play, awareness on protection especially for girls) through school clubs
- Mobilization of the schools councils to track and monitor children’s attendance and support functioning of schools

**Sectoral objectives**
- All affected children have access to schools and basic learning materials.
- 180 schools in the flood affected areas are equipped with basic teaching/learning materials
- Schools have secure spaces to conduct classrooms and ensure children’s learning.
- All schools are functioning normally with minimum period of disruption.

**Strategy:**
This proposal represents the joint request of the Education (and Protection) Cluster which comprises a number of organizations both government (Ministry of Education), multi-lateral and non-governmental. The Cluster works closely at the national level to coordinate response and recovery strategies in the affected areas, building on each other’s comparative advantage and ensuring that activities are well coordinated in the field with the district education departments. UNICEF will be the lead agency that will be provide technical support and will be accountable for the results of the response and recovery activities, for the effective use of resources, efficiency in the implementation of activities and field monitoring.

The proposal has been developed on the basis of rapid assessment undertaken jointly with the government, on the extent of damage suffered by schools. Members of the Cluster with field presence will implement the activities in close coordination with the local government to minimize disruption and ensure early resumption of normal schooling. Technical capacity of the local government in monitoring

**Humanitarian Phase – Key Activities:**
- Provision of local materials for school reconstruction and establishment of temporary classroom spaces with tents and roofing materials.
- Provision of Learner’s kits, school in a Box, portable blackboards and Sports Kits.
- Mobilization of school councils for tracking children and supporting schools to function normally.
- Awareness raising strategy to provide messages for prevention of gender-based violence and sexual abuse, HIV/AIDS, health and hygiene - including IEC materials and community radios
- Train girls through school clubs to encourage their retention in schools.
- Technical assistance, coordination monitoring and evaluation
- Support for distribution and end user monitoring of supplies

**Expected outcomes**
- All children in the affected communities are back in school with minimal disruption of education.
- All schools in the affected communities are functioning with the requisite materials for teaching and learning for teachers and each child and have appropriate and safe spaces for conducting classes.

Funds Requirements USD

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3.2.10 TELECOMMUNICATIONS CLUSTER

LEAD AGENCY: WFP

Analysis of the Situation
The purpose of this document is to present an Emergency Telecommunication Cluster (ETC) response plan to Limpopo Valley in Gaza Province, affected by Floods. The most affected Districts are Guija, Chokwe, Chibuto, Bilene and XaiXai districts, with more than Twenty (20) accommodation centres. The proposed support is to establish a Data & Voice communication mean and power supply in all centres as well as Mobile Emergency Operation Center in XaiXai.

Based on existent Emergency communication setup in Limpopo valley and from current situation, we were in need to finalise the deployment of VHF Repeater in Chibuto, which was part of UN Joint Support for 2012. The VHF Repeater can cover a radius of 50 Km from the installed point in Chibuto, and therefore covering some accommodation centres, see image below.
The Cluster has some stock of Emergency equipment but this is not enough to provide required support to all Districts and accommodation centres.

The Electrical system is the main concern because areas affected are having problem of Electricity and most of the equipment’s’ batteries are discharged and affecting all communication. In addition, the deployed team need to have the communication mean to transfer the information to the Districts and then to the Mobile Centre. The propose plan includes the purchase of VHF base, Hand Held, Data Modems, Electrical System and more VHF Repeater to extend the coverage of Radio communication

**Sectorial objectives**

- Provide inter-agency telecommunications infrastructure and services, covering Data, Electricity and security communications, which are essential for the efficient and effective operations;
- Ensure that communication is available and accessible to facilitate information management;

**Strategy:**
The projects will be implemented in two phases:

- **Response Phase** – commenced on the day of Institutional RED ALERT and will last up to 2 Weeks. In this phase basic IT (operational and security voice and data) services will be established and maintained in sites opened for operation. This include, set up of VHF connectivity from areas affected by installing Base stations and allocate handhelds;
- **Deployment Phase** - will continue for another 8 weeks and aims at establishing or restoring IT and Telecommunication infrastructure and services in all sites. This includes Installation of VHF Repeater in three new locations on Limpopo valley

For both phases above, Data and Electrical support to the Emergency operational areas are included.

**Humanitarian Phase – Key Activities:**

- Installation of VHF Repeater in three new locations on Limpopo valley. The locations will be identified after assessment of coverage and need;
- Negotiating with Government on Areas of installation;
- Setting up VHF connectivity from areas affected by installing Base stations and allocate handhelds;
- Assessing and Monitoring if there is a need for VSAT or BGAN Data connectivity;
- Providing Data support to Emergency operational areas using GSM network or Local ISP companies;
- Providing electrical support to Emergency operational areas with backup power supply;
- Monitoring and controlling the use of security communications means;

**Expected outcomes**

- VHF Network coverage in Limpopo Valley;
- VHF Base communication system installed in some localities and accommodation centres;
- Data connectivity, VHF communication and power supply available in accommodation centres;
- Field staff equipment with VHF handheld Radios;
- Mobile CENOE (National Emergency Operation Centre) equipped with necessary equipment to respond the need;
Funds Requirements USD

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3.2.11 COORDINATION

LEAD AGENCY: UNRCO

Analysis of the Situation

The Humanitarian Country Team Working Group (HCTWG) tightened coordination with government sectors at central levels and deployed more staff in Gaza Province, to support the local structures and the rest of the process. OCHA deployed a Humanitarian Affairs Officer to support the UNRC’s Office and HCT in coordination and information management issues.

On 26 January 2013, a mobile CENOE was set up in Xai-xai, capital of Gaza Province, to streamline the coordination of the response intervention to the areas affected. All partners, including HCT members are represented in this mobile CENOE.

However, inter-cluster coordination and information management become quite challenging due to the amount of interventions, actors and the evolving situation
**Sectoral objectives**
Reinforce inter-cluster coordination and improve information flow and management, including reporting issues.

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

**Humanitarian Phase – Key Activities**
- Strengthening inter-cluster information flow from cluster leads and cluster members
- Organizing and conduct multi-sectoral assessments.
- Strengthening liaison with the INGC at national and field level
- Delivering inclusive and high-quality reporting product to the humanitarian community
- Regular tracking of needs, gaps and funding contributions.

**Recovery Phase – Key Activities**
In strong collaboration with the Early Recovery cluster lead:
- Strengthening inter-cluster information flow from cluster leads and cluster members
- Strengthening liaison with the INGC at national and field level
- Provision of inclusive and high-quality reporting product to the humanitarian community
- Regular tracking of needs, gaps and funding contributions.

**Expected outcomes**
- Daily information from cluster is compiled and analysed
- Regular contact with INGC both national and field level
- Reporting products drafted and disseminated among humanitarian community
- Needs, gaps and financial contributions regularly tracked

**Funds Requirements USD**

<table>
<thead>
<tr>
<th>COORDINATION</th>
<th>Humanitarian Phase</th>
<th>Recovery Phase</th>
<th>Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Budget</td>
<td>75,000</td>
<td>75,000</td>
<td>150,000</td>
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</table>
4. Roles and Responsibilities

The institutional red alert, declared on 22 January 2013, seeks coordinated and effective harmonization of actions of various actors (Government Sectors at various levels, Local Disaster Risk Management Committees, UN System and Civil Society Organizations) in the process of humanitarian assistance to victims of the floods. As data/information is still scarce, an aerial mission was also carried out on 22-23 January 2013 to affected areas to assess damage and needs.

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

Daily CTGC meetings continue including sectoral meetings at CENOE. This ensures adequate monitoring of the hydro-meteorological situation throughout Mozambique and in upstream countries, which are currently stabilizing. The Humanitarian Country Team Working Group (HCTWG) tightened coordination with government sectors at central levels and is currently deploying more staff (Food Security, WASH, Shelter, Education, Protection, Health and Logistics) to Chokwe and Guija to support the local structures and the rest of the process. OCHA deployed a Humanitarian Affairs Officer to support the UNRC’s Office and HCT in coordination and information management issues.

Other HCT cluster members including WASH, Health, Education and Protection, are still closely monitoring the situation in Central Region, where they were deployed to support the Regional CENOE based in Caia.

On 26 January 2013, a mobile CENOE was set up in Xai-xai, capital of Gaza Province, to streamline the coordination of the response intervention to the areas affected. All partners, including HCT members are represented in this mobile CENOE.

Since the onset of the emergency situation several HCT cluster members have been deployed to the affected locations to provide support to local structure and assist the affected population. Simultaneously two requests for funding were very recently formulated one focusing on the immediate needs and other one on short and medium terms needs. The purpose is to reinforce the in country capacity to more adequately cover the emerging needs in the affected locations so that the affected people would return rapidly to the sense of normalcy.

In view of keeping the response needs and gaps up to date, a comprehensible tracking system have been implemented by the UNRC’s Office:

- Who Does What Where (3W tool) - HCT Cluster members intervening in Gaza provinces: through respective cluster leads each cluster members is requested to fill in the table indicating in which area of Gaza district/camp is operating and for how long.

- Needs and gaps monitoring tool – clusters should report on needs and gaps (quantity of items required, people to be targeted and estimated costs).

- Funding Tracking tool for monitoring financial needs, gaps and financial contributions. Clusters should indicate donor’s name, type of contribution (cash or in kind) and specify the type and quantify of goods received, and amount.

Please find in the next page a list of partners currently working in the sectoral humanitarian response on the ground:
<table>
<thead>
<tr>
<th>Clusters</th>
<th>Governmental institutions</th>
<th>Cluster lead</th>
<th>Other humanitarian stakeholders</th>
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REPÚBLICA DE MOÇAMBIQUE

CONSELHO COORDENADOR DE GESTÃO DE CALAMIDADES

COMUNICADO DE IMPRENSA

O Governo da República de Moçambique analisou hoje, dia 22 de Janeiro de 2013, na 1ª Sessão Extraordinária do Conselho Coordenador de Gestão de Calamidades, a situação hidrológica e meteorológica nacional, tendo constatado com preocupação que as principais bacias hidrográficas da zona Sul e Centro do País apresentam caudais acima do nível crítico, devido à continuação de chuvas no interior do nosso País e nos Países vizinhos.

Tomando em consideração que a época chuvosa ainda não terminou e que a situação hidrológica e meteorológica poderá se agravar, o Governo da República de Moçambique declarou o Alerta Vermelho Institucional para as Zonas Centro e Sul do País, com os seguintes objectivos:

- Activação total do Centro Nacional Operativo de Emergência (CENOIE) e da Unidade Nacional de Protecção Civil (UNAPROC) para a coordenação das
operações de busca e socorro às pessoas em risco, evitando a perda de vidas humanas;

- Harmonização mais coordenada e efectiva das acções dos diversos parceiros intervenientes no processo de assistência humanitária;

- Registo de infra-estruturas afectadas, áreas e culturas agrícolas inundadas.

O Governo da República de Moçambique exorta a população para que se mantenha calma e continue a obedecer minuciosamente aos avisos e alertas das autoridades competentes.

Os Governos Provinciais, Distritais, líderes comunitários e Comitês Locais de Gestão de Risco de Calamidades (CLGRC) devem continuar a mobilizar a população para abandonar as zonas de risco bem como prestar assistência e solidariedade aos afectados.

Maputo, 22 de Janeiro de 2013
### Annex II. Acronyms and Abbreviations

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

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<td>CCGC</td>
<td>Disaster Management Coordination Council</td>
</tr>
<tr>
<td>CENOE</td>
<td>National Emergency Operations Center</td>
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<tr>
<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<tr>
<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
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<td>COE</td>
<td>Emergency Operations Center (regional level)</td>
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<td>COSACA</td>
<td>Consortium of NGOs (Concern, Save the Children, Care)</td>
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<td>CSB</td>
<td>Corn, Soya and Blend</td>
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<td>CTGC</td>
<td>Disaster Management Technical Council</td>
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<td>Mozambican Red Cross</td>
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<td>DRM</td>
<td>Disaster Risk Management</td>
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<td>Disaster Risk Reduction</td>
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<td>Gender-based violence</td>
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<td>HCT</td>
<td>Humanitarian Country Team</td>
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<td>Humanitarian Country Team Working Group</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<td>HIV/AIDS</td>
<td>Human immunodeficiency virus infection / acquired immunodeficiency syndrome</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>International Labour Organization</td>
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<td>National Meteorological Institute</td>
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<td>National Institute for Disaster Management</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>IYCF</td>
<td>Community based infant and young child feeding</td>
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<td>Moderate Acute Malnutrition</td>
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<td>MUAC</td>
<td>Mid-Upper Arm Circumference</td>
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<td>Non-Food Item</td>
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<td>Orphans and Vulnerable Children</td>
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<td>RUTF</td>
<td>Ready-to-use therapeutic food</td>
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<td>National Civil Protection Unit</td>
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<td>United Nations Industrial Development Organization</td>
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<td>UNRCO</td>
<td>United Nations Resident Coordinator’s Office</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>UNS</td>
<td>United Nations System</td>
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<tr>
<td>UNWOMEN</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<td>Water, sanitation and hygiene</td>
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