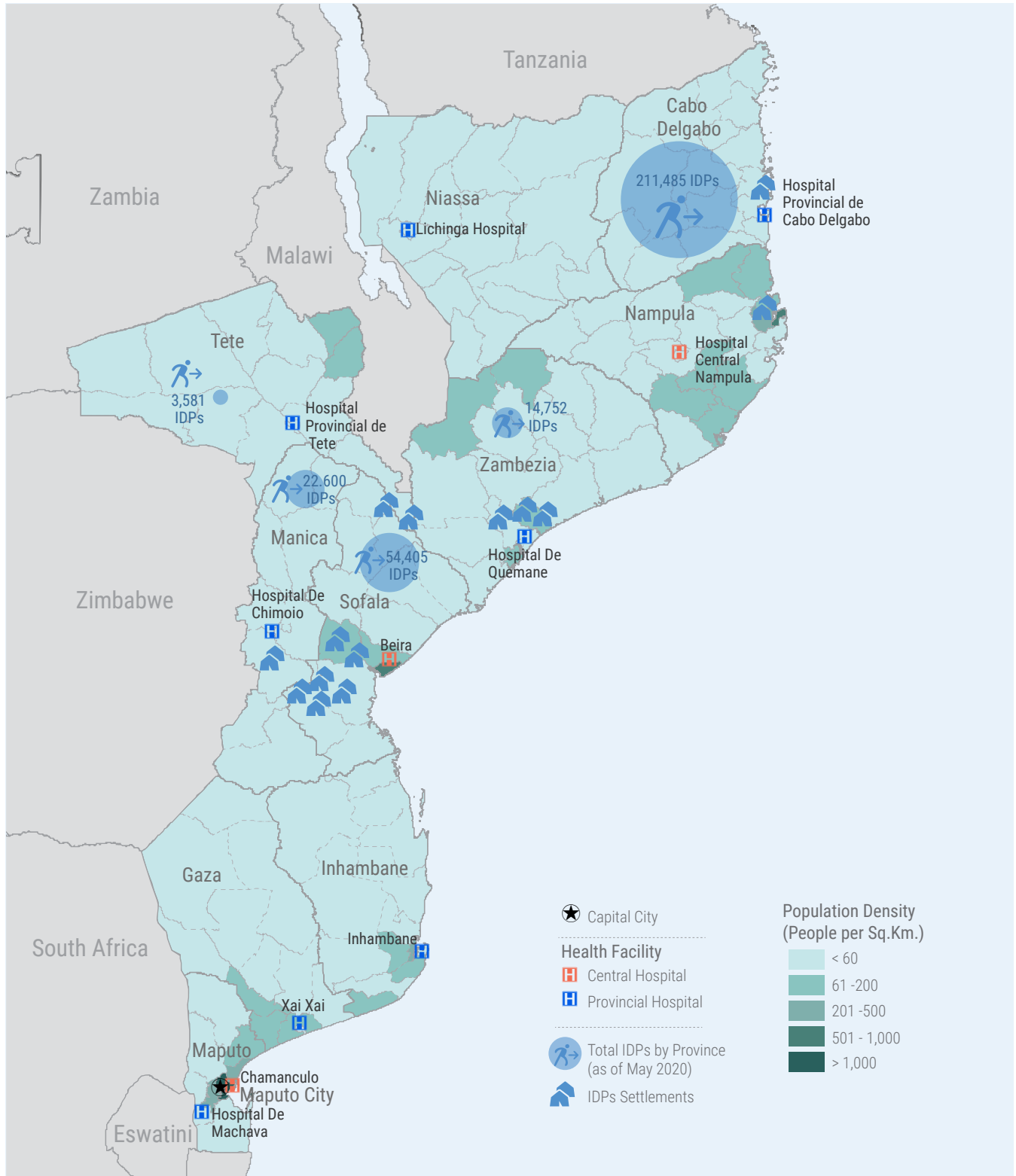


# FLASH APPEAL FOR COVID-19 MOZAMBIQUE

MAY -  
DECEMBER  
2020



# Overview Map



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

Displacement figures provided by IOM Displacement Tracking Matrix (DTM)

**COVER PHOTO**

IOM health staff and community health workers lead community education and mobilization activities for COVID-19 prevention practices such as frequent hand washing, in Mandruzi resettlement site, March 2020. Photo: IOM / Zohra Mohamed Omar Hanif

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# Foreword by the Humanitarian Coordinator

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The COVID-19 pandemic is placing countries around the world under unprecedented strain. In Mozambique -where people are still struggling to recover from the devastation wrought by Cyclones Idai and Kenneth in 2019-drought has hit large swathes of the country, and violence in Cabo Delgado has displaced tens of thousands of people- urgent action is required to contain the virus and the consequences of measures taken to contain it.

This unprecedented challenge requires a concerted and unified effort by all. The international community, the UN system, non-governmental organizations and the private sector are all coming together in solidarity to support the response to COVID-19, under the leadership of the Government of Mozambique.

This Flash Appeal for COVID-19 outlines the immediate life-saving and life-sustaining activities that will be undertaken by the Humanitarian Country Team in Mozambique from May to December 2020 to urgently respond to COVID-19's public health impacts and its secondary impacts, which span across many sectors.

The appeal is closely aligned to the Government-led National Plan for Preparedness and Response to COVID-19 -developed under the leadership of the Ministry of Health (Ministério da Saúde, MISAU) and the Government-led Multi-Sectoral Preparedness and Response Plan for COVID-19, which is being prepared by the National Disaster Management Institute (Instituto Nacional de Gestão de Calamidades, INGC). It represents the contribution of the humanitarian community to these Government-led efforts.

Given the extensive threat posed by COVID-19, the appeal covers the whole of Mozambique. However, it includes a distinct focus on provinces that have been hit by climatic shocks (including cyclones, floods, and drought) and violence in 2019 and early 2020.

The appeal covers the immediate response required in the next nine months, so as to ensure rapid and coordinated action. However, it will be regularly reviewed, revised and/or extended as the situation evolves.

**Myrta Kaulard**

Humanitarian Coordinator for Mozambique

# Flash Appeal at a Glance

PEOPLE IN NEED

7.9M

PEOPLE TARGETED

2.96M

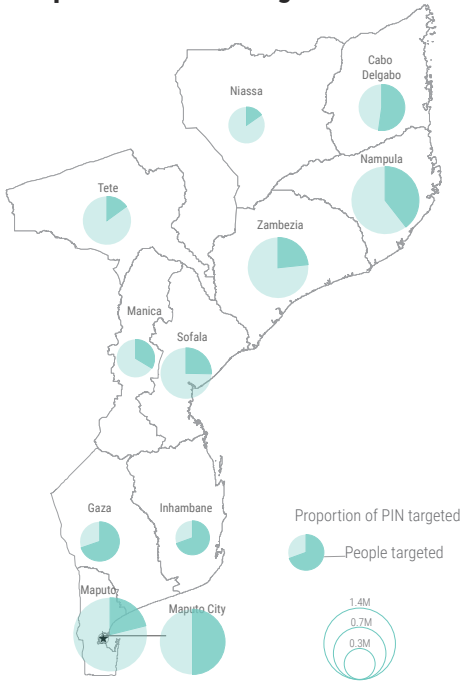
REQUIREMENTS (US\$)

\$68.1M

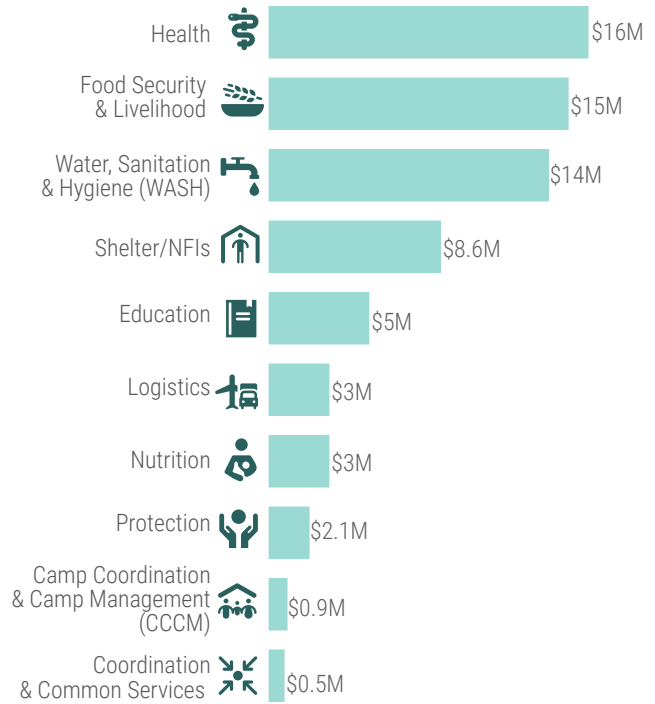
OPERATIONAL PARTNERS

57

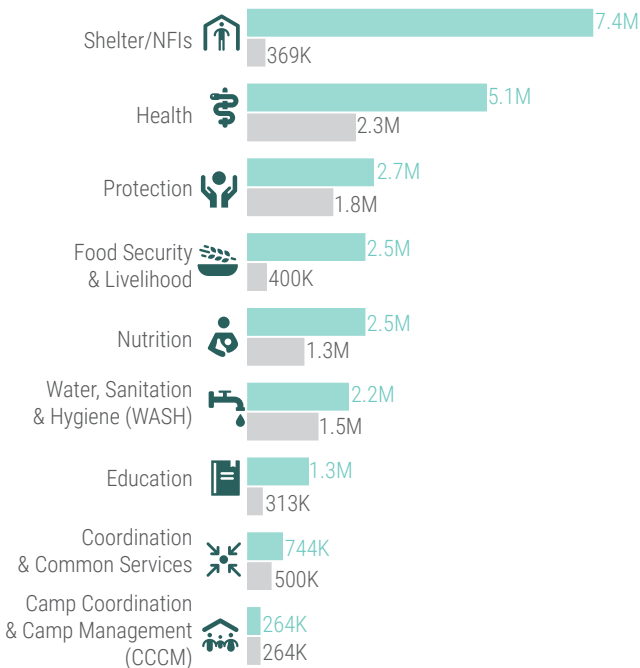
## People in Need and Targeted



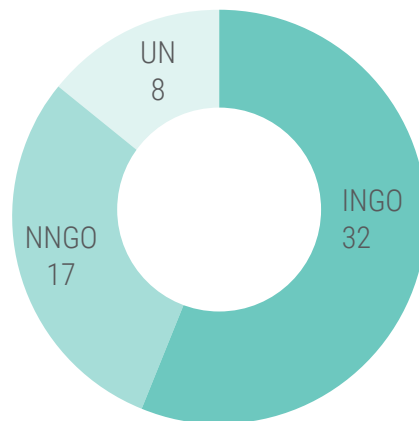
## Requirements by Cluster



## People in Need and Targeted by Cluster



## Operational Partners by Type





# Executive Summary

## Impact of COVID-19

### Immediate health impacts on people and systems

The first case of COVID-19 was reported in Mozambique on 22 March 2020. As of 26 May, Mozambique had 194 confirmed cases of COVID-19, of which 168 were locally transmitted. The country's capital, Maputo, and the province of Cabo Delgado are currently the epicentres of the outbreak in Mozambique, with Pemba and Afungi registering more than 50 per cent of the overall cases. Other provinces affected are Manica, Inhambane, Gaza, Tete and Sofala.

COVID-19 is expected to heighten the risks of people living with co-morbidities and in challenging living conditions. There are 1.3 million older people in Mozambique, 5 per cent of the population. About 16 per cent of women over 60 years of age live alone, increasing their risk of exposure,<sup>1</sup> about 2.3 million people living with HIV (12.4 per cent of the population) and an estimated 162,000 people are living with TB, of whom 58,000 also have HIV. People living with immunocompromised conditions have poor access to health services, with 50 per cent of the population living more than 20 kilometres from the nearest health facility.<sup>2</sup> Following Cyclones Idai and Kenneth in 2019, over 100,000 people are still displaced in 76 sites across six provinces. In Cabo Delgado, over 162,000 people have been affected by insecurity, most of whom are living in overcrowded conditions in host communities. Displaced people living in camps, camp like settings, resettlement sites or host communities, are all at heightened risk as their right to information, access to healthcare, hygiene, protection services and livelihoods are constrained.

Prior to COVID-19, multiple disease outbreaks—including cholera and malaria—were already stretching Mozambique's weak health systems and 94 health centres were damaged during the cyclones. IDPs in Cabo Delgado face significant challenges to accessing primary health care. Critical services—such as sexual and reproductive healthcare, immunization activities and continuity of care for HIV, tuberculosis, malaria and cholera—are expected to be disrupted as resources shift to the COVID-19 response, potentially increasing maternal and infant deaths.

### Indirect impacts on people and systems

COVID-19 arrived in Mozambique at a time when humanitarian needs were already rising due to consecutive climatic shocks in multiple parts of the country and growing insecurity in Cabo Delgado. Drought, cyclones, floods and violence over the past year have left at least 2.5 million people in urgent need of humanitarian assistance across the country.

The destruction caused by back-to-back disasters and now COVID-19 is escalating an already alarming food security situation and exhausting families' coping capacities. Prior to COVID-19, an estimated 2 million people were projected to be severely food insecure across Mozambique. Households have not yet recovered from the devastation caused by Cyclones Idai and Kenneth that affected over 770,000 hectares of staple crops. At the same time, global disruptions in trade will affect food supply, resulting in lower production, higher import costs and increased prices of food in the markets. Households are likely to exhaust what little savings

they had and resort to negative coping mechanisms, including increasing child marriage and transactional sex. Studies have shown that, following pandemics, there is a decrease in children that return to education and an increased risk of childhood labour and early child marriage. Those with limited mobility, particularly older persons and people with disabilities, are at increased risk from COVID-19 and may face further barriers to accessing life-saving services due to movement restrictions.

Following the country-wide closure of schools on 23 March, 235,000 children are no longer accessing critical school feeding programmes and malnutrition is expected to worsen in the period ahead. An estimated 67,500 children will require treatment for malnutrition in the next nine months. Currently, more than 3,000 children under five are being treated for severe acute malnutrition (SAM) and there have been over 4,000 cases of pellagra (vitamin B3 deficiency) recorded since May 2019.

## Response priorities and challenges

### Priorities and early achievements

The Humanitarian Country Team in Mozambique has developed an Flash Appeal for the COVID-19 response, which incorporates both the public health response and action to tackle the most urgent secondary consequences. The appeal complements the Government of Mozambique's (GoM) National Plan for Preparedness and Response to COVID-19, which calls for US\$28 million for the public health response, and the Government's Multi-Sectoral Preparedness and Response Plan.

Humanitarian partners are ramping-up their support to the Government-led response. All provincial capitals have established isolation centres and training of rapid response teams have been given at provincial level. Partners also supported prioritization of risky Points of Entry. In the Solidarity Flight that landed in Maputo on 18 April, the Jack Ma Donation provided vital equipment for the COVID-19 response, including: 18,900 swabs and viral transport medium, 18,912 extraction kits, 3800 PPE, 3800 face shields and 10 ventilators. Partners are advocating with Organizations of People with Disabilities to ensure participation and inclusion of disability issues into COVID-19 preparedness and response. Partners are also working with the Ministry of Education and Human Development to mitigate the impact of the epidemic on children's education.

### Challenges and impact to operations

There are gaps in reagents for testing for COVID-19 and availability of personal protective equipment (PPE). There is a need to strengthen contact tracing and to increase risk communication to create awareness about COVID-19 at all levels and counteract stigma. At the same time, essential service systems -including for health, nutrition and WASH- were already strained pre-COVID-19 and will struggle to cope with additional pressures. Life-saving care and support to GBV survivors, and sexual and reproductive healthcare, in particular may be disrupted. The cost of maintaining humanitarian assistance -especially food and livelihoods- will likely increase due to COVID-related containment measures.

# Overview of the Crisis

**COVID-19 is creating an unparalleled global threat, generating an immediate public health crisis and causing rising humanitarian needs as a result of containment measures.** A global pandemic was declared on 11 March 2020 and the first case of COVID-19 was reported in Mozambique on 22 March 2020 in the capital, Maputo. As of 26 May, Mozambique had 194 confirmed cases of COVID-19, of which 168 were locally transmitted. The country's capital, Maputo, and the province of Cabo Delgado are currently the epicentres of the outbreak in Mozambique, with Pemba and Afungi registering more than 50 percent of the overall cases. Other provinces affected are Manica, Inhambane, Gaza, Tete and Sofala. Beyond the immediate public health crisis, COVID-19 has plunged the global economy into crisis, with the informal economy -and particularly women- hard-hit. In countries such as Mozambique, where 9 out of 10 workers are employed in the informal economy, the consequences could be devastating.

**Mozambique's President, Filipe Nyusi, has declared a State of Emergency, beginning on 1 April, and announced a number of measures to contain the spread of COVID-19,** including: prohibition of public and private gatherings; closure of all external "leisure / entertainment establishments" (e.g. bars, discos and shops); and adoption of financial measures to support the private sector to face the economic impact of the pandemic, amongst others the state of emergency has been recently extended until 31 May 2020.

**The closure of international borders and travel restrictions have already impacted on Mozambique's economy and the country's most vulnerable.** The Government has indicated that it expects to record a deficit of more than 10 per cent of gross domestic product in 2020, including due to COVID-19. In Mozambique, 46 per cent of the population already lives below the poverty line,<sup>3</sup> and an estimated 27 percent of women and 39 percent of youth across the country are unemployed, making them particularly susceptible to shocks. In addition to the direct impact in urban areas, the economic slowdown and the disruption of delivery of essential services will impact vulnerable families in rural areas due to lower remittance from their families in urban/peri-urban areas and overseas, and increased cost of living, especially food prices. Over the last six years, rural cash incomes have fallen with the poorest 10 percent of the population living on less than US \$1 per week. A significant of Mozambican nationals working abroad came back to Mozambique, further overstressing the tracing and integration capacities in areas of return.

**COVID-19 arrived in Mozambique at a time when humanitarian needs were already rising due to consecutive climatic shocks in multiple parts of the country and growing insecurity in Cabo Delgado.** Drought, cyclones, floods and violence over the past year have left at least 2.5 million people in urgent need of humanitarian assistance across the country. A year on from Cyclone Idai and Kenneth, over 100,000 displaced people are still living in 76 temporary

sites across six provinces. In Cabo Delgado, over 200,000 people have been displaced by insecurity and are living in overcrowded conditions in host communities. The attacks by unidentified armed groups (UAGs) in Cabo Delgado have become increasingly violent leading to rapidly growing numbers of displacement while humanitarian access continues to diminish. Heavy rains and flooding since December 2019 have worsened the situation in multiple areas, cutting off hundreds of thousands of people in Cabo Delgado from essential services, damaging thousands of shelters in resettlement sites in areas impacted by Cyclone Idai, and causing loss of crops, adding to an already fragile food security situation. People living in confinement, camps or camp like settings, IDPs in resettlement sites or within host communities, with limited access to services, are all at heightened risk as their right to information, access to healthcare, hygiene, protection services and livelihoods are constrained.

**The destruction caused by back-to-back disasters and now COVID-19 is escalating an already alarming food security situation and exhausting families' coping capacities.** Prior to COVID-19, an estimated 2 million people were projected to be facing severe food insecurity across Mozambique. Households have not yet recovered from the devastation caused by Cyclones Idai and Kenneth that affected over 770,000 hectares of staple crops. Low income urban populations and small-holder rural farmers and fisherman are particularly vulnerable to heightened food insecurity. At the same time, global disruptions in trade will affect food supply, resulting in lower production, higher import costs and increased prices of food in the markets. Households are likely to exhaust what little savings they had and resort to negative coping mechanisms, including increasing child marriage and transactional sex. Women and girls are likely to be adversely affected by disruption of services, negatively impact their ability to access future education and livelihoods opportunities.

**Following the country-wide closure of schools on 23 March, 235,000 children are no longer accessing critical school feeding programmes and malnutrition is expected to worsen in the period ahead.** An estimated 67,500 children will require treatment for malnutrition in the next nine months. Currently, more than 3,000 children under age 5 are being treated for severe acute malnutrition (SAM) and there have been over 4,000 cases of pellagra (vitamin B3 deficiency) recorded since May 2019. At the same time, children face disruptions in learning and a breakdown in the protective environment that school often provides. Studies have shown that, following pandemics, there is a decrease in children that return to education and an increased risk of childhood labour and early child marriage.

**Prior to COVID-19, multiple disease outbreaks -including cholera and malaria- were already stretching Mozambique's weak health systems and 94 health centers were damaged during the cyclones.** IDPs in Cabo Delgado, in particular, face significant challenges to accessing primary health care. Critical services -such as sexual and

reproductive healthcare, immunization activities and continuity of care for HIV, tuberculosis, malaria and cholera- are expected to be disrupted as resources shift to the COVID-19 response, potentially increasing maternal and infant deaths. Over 2.2 million people are living with HIV in Mozambique, while cholera outbreaks are ongoing in Cabo Delgado and Nampula provinces. As global manufacturing and supply chains are disrupted, drug supply in Mozambique may become affected, reducing availability of medicines and supplies in already overstretched and poorly resourced facilities. There is a severe shortage of adequate personal protective equipment (PPE) for the COVID-19 response across the country.

**People that are immunocompromised and the elderly are especially vulnerable in the pandemic.** Mozambique has a high burden of HIV, with over 2.3 million people living with HIV (12.4 per cent of the population). People who are infected by HIV are 19 times more likely to develop Tuberculosis (TB). TB compromises the immune system and people with under-nutrition are three times more at risk of developing TB. An estimated 162,000 people are living with TB in Mozambique, of whom 58,000 are also HIV infected. People living with immunocompromised conditions have poor access to health services, with 50 per cent of the population living more than 20 kilometres from the nearest health facility.<sup>4</sup> There are 1.3 million older people in Mozambique, 5 per cent of the population. About 16 per cent of women over 60 years of age live alone, increasing their risk and exposure as they have to travel to access basic services and unable to rely on younger family members.<sup>5</sup>

**Access to clean water and appropriate sanitation is a major challenge in Mozambique, where 80 per cent of urban dwellers live in informal settlements.** Conditions in informal settlements are overcrowded, and most people living in them lack access to adequate housing, basic services and sanitation. Only half of Mozambicans have access to improved water supply and just one in five use improved sanitation facilities. Of the 1,643 health centres in the country, some 19 per cent do not have access to water, and 17 per

cent do not have sanitation facilities for patients. Women and girls are particularly affected by poor access to water and sanitation, which has a detrimental impact on their health and threatens their security, well-being and education. The secondary impacts of decrees for suspension of payment of water tariffs will significantly impact the private operators and their ability to continue to provide water from centralized networks.

**COVID-19 and its secondary consequences are increasing protection concerns, particularly for women and children.** In Cabo Delgado, repeated displacement has eroded coping mechanisms, increasing the risk of exploitation and abuse. People have repeatedly had to flee violence, making them especially vulnerable in the face of a new crisis. At the same time, across the country, as stressors rise, the risk of intimate partner and gender-based violence is increasing. Many referral systems -including access to survivor-centred medical and psychosocial support- may be disrupted. Those with limited mobility, particularly the elderly and disabled, already at increased risk from COVID-19 and may face further barriers to access life-saving services due to movement restrictions.

**People with disabilities are amongst the most vulnerable in a pandemic,** as they may not be able to fully implement the required self-protection and hygiene or might end up in inappropriate health care environments. In Mozambique, persons with disabilities account for at least 2.6 per cent of general population according to the 2017 Census. However, WHO estimates that at least 15 per cent of the general population are persons with disabilities. People with disabilities are severely impacted by the COVID-19 pandemic due to the serious disruptions to the services they rely on and to the multiple intersecting barriers experienced in their daily life. Many people with disabilities have an increased risk of contracting COVID-19 (e.g. difficulty of accessing a sink, need to touch their face more often) and may have more difficulty in social distancing or self-isolation. In this scenario, disabled people's organizations (DPOs) will play a key role in ensuring preparedness efforts are inclusive and well-targeted.



#### SOFALA PROVINCE

Community leaders in Mutua and other resettlement sites receive training from IOM in COVID-19 prevention to disseminate to community members. Photo: IOM / Abdel Hafid Charifo



# Strategic Objectives

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## Strategic Objective 1

**Support public health responses to contain the spread of the COVID-19 pandemic and reduce morbidity and mortality.**

The key priority under this Strategic Objective is for humanitarian partners to support the Government of Mozambique to prepare for, respond to, and contain COVID-19 in 11 prioritized provinces, focusing mainly on the urban, peri-urban and internally displaced populations. The public health components of this appeal complement the Government of Mozambique's (GoM) National Plan for Preparedness and Response to COVID-19, which calls for US\$260 million for a period of six months. To that end, the appeal focuses on: provision of protective equipment (keeping health workers safe, providing infection control training and protective equipment and reducing exposure); surveillance and infection prevention and control (e.g. establishing minimal capacity to test suspected cases, trace contacts, conduct investigations and isolate infected individuals, including in rural areas and including WASH in communities, health facilities, and treatment centres); and case management (expansion of treatment capacity to cover the reported needs and strengthen capacity to provide intensive care unit care). In addition, partners will support risk communication and community engagement.



## Strategic Objective 2

**Provide life-saving and life-sustaining humanitarian assistance and protection, prioritizing those most at-risk during the pandemic**

Under this Strategic Objective, humanitarian partners aim to save lives, alleviate suffering and uphold the dignity of communities impacted by COVID-19. Partners will prioritize coordinated and multi-sectoral interventions and services to address the secondary impacts of the pandemic on the most vulnerable. The response to the secondary consequences of COVID-19 contained in this appeal will complement the Government of Mozambique's (GoM) Multi-Sectoral Preparedness and Response Plan, which is being led by INGC.



## Strategic Objective 3

**Protect livelihoods and support at-risk communities to cope with the impacts of COVID-19.**

Under this Strategic Objective, the coordinated response will support at-risk communities' ability to cope with the shocks and stresses caused by COVID-19. Partners will aim to preserve the ability of the most vulnerable population -including IDPs, refugees and migrants- to meet any additional food security, nutrition and other needs caused by the pandemic, including through productive activities and access to social safety nets and humanitarian assistance.

# Response Strategy, Coordination, Capacity & Constraints

## Response Strategy

**This Flash Appeal prioritizes the most urgent and life-saving interventions to be carried out in Mozambique in the next nine months (May to December 2020) in support of the Government-led response to COVID-19.** The Appeal addresses both the immediate public health crisis and the secondary impacts of the pandemic on vulnerable Mozambicans, including children, the elderly, women, people living with disabilities, people living with HIV, IDPs, refugees and migrants.

**The Appeal complements the Government of Mozambique's National Plan for Preparedness and Response and Multi-Sectoral Preparedness and Response Plan** by focusing on: 1) the direct public health impacts of the COVID-19 outbreak, including through health programming, risk communication and community engagement, as well as infection control and prevention and availability of water supply and heightened hygiene and sanitation intervention; 2) ensuring continuity of life-saving essential services and humanitarian action; and 3) protecting livelihoods.

**Reflecting the adaptability of the United Nations and humanitarian partners in Mozambique, the Flash Appeal presents a combination of:**

- Strictly re-prioritized activities from existing programmes (including under the Humanitarian Response Plan, which is due to end in May 2020), which have been identified as most time-critical and urgent in support of the COVID-19 response; and
- New activities identified as immediately required to stem the outbreak and mitigate against its consequences.

**The response will be guided by humanitarian principles as well as by inclusivity, gender, protection and community engagement principles.**

The importance of involving and supporting local organizations is emphasized, given the key role they are playing in this crisis, which is increasingly characterized by limited mobility and access for international actors. The logistics, air and maritime transportation services included in this plan will serve the entire the Government and humanitarian community, including the UN and NGOs, providing essential support to supply chains and the movement of humanitarian actors.

## Coordination Mechanisms

**The Government has initiated a High-Level COVID-19 Group to address strategic issues and has put in place two main operational coordination mechanisms:**

1. **The COVID-19 public health response is led by the Ministerio da Saude (MISAU), supported by WHO and partners, through a Health Partners Group.** A national COVID-19 Preparedness and Response Plan was developed around 10 pillars: Coordination, Surveillance, Laboratory, Case management, IPC and WASH, Advocacy communication and community involvement, medicines and supplies,

Operational support and logistics). A Technical Advisory Team (TAT) composed of experts from WHO, UNICEF, Centers for Disease Control and Prevention (CDC), World Bank, USAID, UNFPA was established with the overall objective to coordinate, add quality and harmonize outputs from the various TWGs. All of these teams are active and continue to function while a similar structure is being implemented through the DPS and Governors offices at provincial level.

2. **The multi-sectoral response is led by the National Institute of Disaster Management (INGC).**

**Under the leadership of the Humanitarian Coordinator (HC), the Humanitarian Country Team will oversee the implementation of this Flash Appeal in support of the Government-led effort.** The Inter-Cluster Coordination Group (ICCG) will support the Humanitarian Country Team on operational issues, prioritization and inter-sectoral humanitarian response planning. At the same time, under the leadership of the UN Resident Coordinator (RC), the UN Country Team (UNCT) is reviewing what support can be provided nationwide in response to the socio-economic impacts of COVID-19. This will be presented in complement to the Flash Appeal and will include medium- to long-term activities.

**In addition, a high-level COVID-19 international team has been activated to ensure a coordinated multi-lateral response.** This is underpinned by the Development Coordination Platform (DCP) and a dedicated inter-sectoral Operations Coordination COVID-19 Group, which includes the UN Resident Coordinator, USAID, EU, World Bank, UN and IE, with support from the DCP and the Secretariat.

## Humanitarian Capacity & Access

**Under this Flash Appeal, 57 partners will implement urgent activities,** including 8 UN entities, 32 international non-governmental organizations and 17 national non-governmental organizations (NNGOs). These partners are fully operational in Mozambique, and are accustomed to emergency operations, having responded over the past year to two cyclones, floods, drought and violence.

**In order to effectively implement the activities in the Appeal, the Humanitarian Coordinator will engage with the Government around humanitarian access,** including to: ensure sustained humanitarian access to particularly vulnerable hotspot areas, including areas hosting IDPs and urban informal settlements; facilitate internal movement of humanitarian supplies and workers in case of lockdown; and facilitate the operation of humanitarian flights to key operational hubs.

**Partners engaged in the Appeal commit to respecting all public health measures necessary to ensure community's safety, alongside effective localization measures.** This will help reinforce community acceptance and

reduce the risk of spreading the coronavirus while helping those in need. Humanitarians will employ only personnel that are trained on implementing activities in the era of social distancing and equipped, as appropriate depending on relevant guidance for the specific activities carried out, with the necessary PPE to contain the spread of the virus.

### Constraints, Challenges & Risks

#### **The COVID-19 pandemic has generated global supply chain and transportation challenges and placed the global economy under immense strain.**

Within this context, humanitarian partners are likely to face multiple challenges in implementing their planned response to COVID-19, including the following:

- The spread of COVID-19 may affect the ability of humanitarians to deploy to the field and respond. At the same time, the simultaneous strain of ongoing responses to droughts, conflicts, cyclones, floods and COVID-19 may overwhelm the physical and human resources of humanitarian partners.
- Pipelines of essential supplies may be affected by the response to simultaneous crises and the global supply chain challenges brought about by COVID-19.
- Security-related constraints may limit physical, safe, inclusive and meaningful access, particularly in Cabo Delgado, where incidents of violence continue to intensify. Many humanitarian workers can no longer physically access communities due to restrictions on movements, while vulnerable communities lack the technology (e.g. mobile phones, radios, internet) to reach out to service providers.
- Children and families living in resettlement sites and IDP sites will be at a higher risk of being infected, because many of the basic conditions that help prevent the disease cannot be met.
- The urban poor are expected to be disproportionately impacted by the on-going crisis. Humanitarian action has to date not concentrated in these areas, and innovative and rapid actions will be required to ensure needs are met.
- Migrants, including stranded migrants in Mozambique, are expected to be disproportionately affected by the crisis due to the fact that they face additional barriers to access relevant services and in case their immigration status is not regularized may be reluctant to reach out to health facilities, even in a situation where someone might have developed symptoms that may indicate a potential infection with COVID-19, further exposing communities to risks.
- Essential service systems -including for health, nutrition and WASH- which were already strained by the responses to cyclones, floods, drought and violence, and pre-existing weaknesses, may struggle to cope with COVID-19.
- Life-saving care and support to GBV survivors may be disrupted in health centers and hospitals when health service providers are preoccupied with handling COVID-19.
- The cost of maintaining assistance -especially for food and livelihoods- will likely increase due to COVID-19 -related containment measures. Smaller distributions, associated social distancing measures and inclusion of awareness sessions, will prolong the number of days required to finalize distributions. Additional sanitary and hygiene items will need to be in place.
- Many communities may not fully understand all information in Portuguese or be unable to adhere to the prevention measures because of poor living, water and sanitation conditions.
- Many children, teachers and community members do not have the resources nor the ICT-tools to work from and learn effectively at home. When schools reopen, it might prove difficult to get all children back to school, particularly in areas already affected by Idai, Kenneth, violence in Cabo Delgado and drought, especially when a school feeding program is not available.
- Already small and overcrowded homes, especially where IDPs are being hosted by extended family, along with increasing household needs, caretaking burdens, and food insecurity will not provide adequate space for isolation from COVID-19 transmission and/or escape from perpetrators of GBV.
- Cultural gender norms may exclude women and girls from decision-making forums and limit their access to accurate information regarding the COVID-19 outbreak and availability of health and GBV services.
- If governments do not uphold human rights in their efforts to contain the disease, rules may be ignored, and the virus could spread more quickly.

#### **Humanitarian partners are committed to identifying creative solutions to continue to offer life-saving assistance to vulnerable groups during the COVID-19 pandemic.**

Experience will be drawn from other disease outbreaks, such as the Ebola response, to find solutions that can be adapted to the context of Mozambique. As one example, young people in urban informal settlements and displacement sites could be engaged to deliver provisions to the sick, to assist with waste disposal and water delivery, to transmit educational messages to their peers, to impart lessons to children, and to perform many other tasks. At the same time, humanitarian partners will regularly review their capacity against the criticality of the programmes they are delivering, to ensure that the most life-saving work continues, even when delivery capacity is stretched

### Prevention of Sexual Exploitation and Abuse (PSEA)

#### **Evidence from the 2014–16 West Africa Ebola Virus Disease (EVD) outbreak and 2018–2020 EVD outbreak in the Democratic Republic of Congo highlight that sexual exploitation and abuse increase during public health emergencies.**

Women are more likely to be engaged in the informal sector and be hardest hit economically by COVID-19, increasing the risk of negative coping mechanisms such as survival and transactional sex. Women and girls experience increased risks of gender-based violence (GBV), including sexual exploitation and abuse (SEA). The needs of women and girls are often amplified during public health emergencies, however, programmes that directly support them are often disrupted. COVID-19 may force families to take their children -particularly their daughters- out of school to work, potentially leading to transactional sex, trafficking and similar coping strategies in families with heightened vulnerabilities, especially where there are women or children with disabilities. At the same time, the COVID-19 situation presents challenges for humanitarian and development actors, including restricted travel to monitor programs, remote supervision of staff in the field, and less access to already hard-to-reach communities to conduct community sensitization activities. In this environment, the risk of sexual exploitation and abuse may increase, and

reporting channels -as well as capacity of referral and investigation- may be compromised.

**Within this context, prevention of Sexual Exploitation and Abuse (PSEA) by humanitarian actors will be prioritized across all aspects of the Appeal's implementation.** Priority actions will be to:

- Build PSEA capacity and information to staff, partners and relevant personnel on a regular basis and adapted to changing working modalities.
- Ensure access to safe SEA reporting mechanisms -adapting them as much as possible to specific needs, such as disabilities- is facilitated by all agencies involved in the response and ensure referral of allegations to the agency/organization of concern.
- Incorporate clear messaging regarding PSEA and entitlements in community engagement activities and materials, and ensure PSEA messaging is disseminated at health services, Women and Child

Friendly Spaces, humanitarian distributions and other relevant spaces, which are inclusive of persons with specific needs, such as persons with disabilities.

- In coordination with GBV and Child Protection actors, support the referral of SEA survivors to assistance services and referral of allegations to the agency/organization of concern for investigation and action.

The PSEA Network will serve as the primary body for coordination and oversight of activities related to PSEA. The PSEA Network will also liaise and coordinate with UN Agencies, implementing partners and key Governmental stakeholders to support their efforts to prevent and mitigate sexual exploitation and abuse, misconduct and impunity.



#### CABO DELGADO PROVINCE

*Dignity kit distribution in Cabo Delgado province.*

*Photo: UNFPA / Alexandre Muianga*



# Sectoral Objectives & Response

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## DONDO DISTRICT, SOFALA PROVINCE

*A woman and her daughter wash their hands before and after receiving their food voucher in the Savane resettlement site. WFP has adapted all its food and voucher distributions to prevent COVID-19. Photo: WFP/Rafael Campos*



# Camp Coordination & Camp Management (CCCM)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
264K	264K	\$900K	1	1

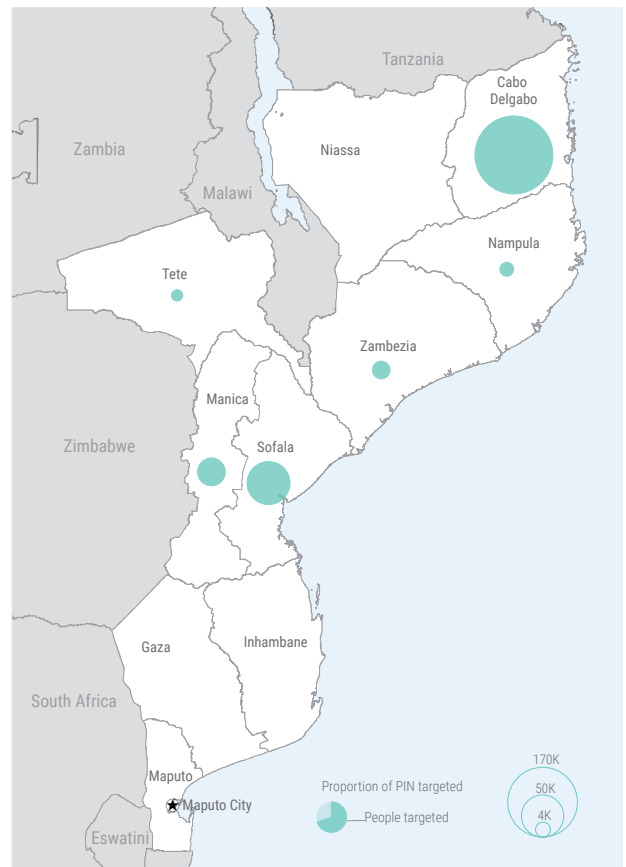
## Sector Impact

IDPs in sites, displacement hotspots and settlements face increased risks of human-to-human transmission. There are currently over 100,000 internally displaced people in 76 sites across the six provinces affected by Cyclones Idai and Kenneth in 2019 and over 200,000 IDPs displaced by the insecurity in Cabo Delgado. The impact of COVID-19 and misinformation in displacement locations was already noted as over 6,000 people left the sites in the fear of contracting the disease on site due to limited access to services, in early April 2020. The majority of those displaced live in overcrowded conditions, with dilapidated shelters and poor ventilation. Established services and referral pathways are not sufficient to respond to misinformation and pandemics at site levels. Additionally, displaced populations are amongst the most vulnerable – many of them having pre-existing vulnerabilities and stress associated with their situation of displacement and, in most locations, the site situations may be conducive to the propagation of diseases without immediate contingency interventions.

With most displacement locations in areas where access to health services, WASH and preventive and screening of diseases services remain limited, if not unavailable, there is an urgent need for adequate preparedness, prevention and monitoring to respond. It is paramount to have a “no-regrets” response that entails anticipatory action, before the situation worsens and constraints to reaching people in need become higher.

## Priority Activities

- Develop and disseminate COVID-19-specific and preparedness messages to mitigate exposure and ensure prevention on the ground; to the extent possible. With reduced presence of humanitarian partners, there is a need to ensure that community-based activities and camp management focal points, including CCCM mobile teams, are supported to ensure the development of community contingency planning, two-ways communication structures, implementation of the SOPs, monitoring actions and advocate for mitigation practices at household and site level.
- Support for the site coordination of resources, monitoring and communication at displacement sites and locations.
- Provide technical guidance and tools to ensure risk communication messages are culturally and linguistically tailored and that displaced populations are included in outreach campaigns.
- Strengthen Community Event-Based Surveillance by linking mobility information to surveillance data at site and displacement level.



- Improve displacement sites to ensure site safety, hygiene and livelihoods for COVID-19 preparedness and response, including through site planning and preparedness and upgraded support of treatment centres on sites as/if required. Develop tools and guidance for site planning, including for contingency spaces for expansion of services such as isolation areas, hospital expansion, burial sites, and quarantine areas, and support set-up of isolation centres and safe and dignified burials on sites, as required.
- Assess the barriers and the measures that are in place to guarantee safe and meaningful access to health services and to information at site levels.
- Set up site level platforms for inter- and intra- Camp Coordination and Camp Management (CCCM) coordination with service providers to ensure up-to-date information is shared.
- Support sensitization and tracing services for COVID-19 through the upgrade of reception structures at reception of new arrivals with adequate pandemic preparedness measures in displacement hotspots, in coordination with the Health Cluster.



- Implement capacity building, remote assessments and management through development of specific camp management modules to orient new staff and rapidly improve the knowledge, skills and attitudes of existing staff on critical health and WASH information.
- Support case management; tracing and referral as /if required, from a site management angle in coordination with Health and support health partners in ensuring referral pathway with assistance from CCCM teams



**DONDO DISTRICT, SOFALA PROVINCE**

*Mutua resettlement site, home to over 2,400 people displaced by Cyclone Idai in March 2019.  
Photo: OCHA / Charlotte Cans*

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Humanitarian Partners: IOM

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# Education



PEOPLE IN NEED

1.3M

PEOPLE TARGETED

313K

REQUIREMENTS (US\$)

\$5M

PARTNERS

1

PROJECTS

1

## Sector Impact

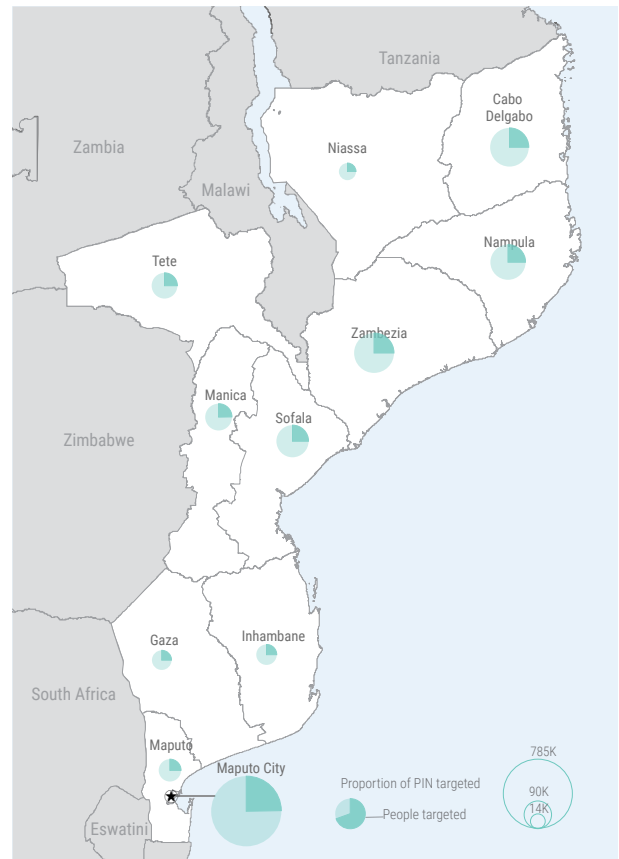
The COVID-19 outbreak puts more than 8 million children and 136,000 teachers at risk, due to the closure of all schools since 23 March. While the closure of schools will help to avoid the spread of the disease, it immediately affects full access to education and quality of learning. Those most at risk are the children and families who are displaced as a result of natural disasters and the violence in Cabo Delgado and vulnerable groups in society, such as children and families with disabilities. More than half of these parents do not understand or read texts in Portuguese, limiting knowledge about the disease and infection information.

Even prior to COVID-19, the Education system in Mozambique had been weakened by high teacher absenteeism, limited teaching skills and effective days of teaching, distances from community to schools, poverty, insecurity, cultural reasons, gender based violence, natural disasters (Idai, Kenneth, rainy seasons), and violence in Cabo Delgado. Now that schools are closed, these challenges are exacerbated. Home methodology has not yet been developed and many children and teachers do not have adequate ITC-facilities or resources to continuously charge and maintain their cell phones, which will affect the quality of learning and achievement of standard literacy and numeracy levels. Teachers do not have enough resources to manage teaching from home and collecting tasks done at home by children, while many children do not have conducive learning environments at home. Overall quality control of teaching or learning from home is limited as educational institutions do not have the tools, equipment or training on how to do so. The transition to digital learning will be especially challenging within lower-income neighbourhoods and communities, and amongst refugees and IDPs; relying on remote learning and online classes exposes the country's deep digital divides and socio-economic vulnerabilities.

For children benefiting from school feeding, the suspension of classes also has an impact on their food security, since meals in schools were contributing to their access to food and nutrition. School feeding also represents an indirect income transfer to the families that will have to provide the meals that were previously offered at schools before the suspension of classes.

## Priority Activities

- Use, adapt, develop and disseminate communication materials from Ministry of Health (MISAU), MINEDH and partners -on prevention of and preparedness for COVID-19, as well as the right to education for children during emergencies, home learning by students and parenting- for all levels of education, including through text, helpdesks, radio, TV, and internet, using both



Portuguese and local languages, with specific outreach for hard to reach and vulnerable groups such as families in informal urban settlements, girls and children with special needs.

- Provide orientation, assistance or training for education authorities, teachers, children and school councils on how to prevent the spread of COVID-19.
- After mapping available distance programs from MINEDH and partners, continue with or develop relevant distance learning programs (including health education, messages aiming at saving lives and child protection) for pre-primary and primary school level. These programs should include orientations for teachers on how to monitor the learning process, motivate education authorities and teachers and how to inform and involve parents and communities.
- Provide orientations and trainings for teachers on Mental Health and Psychosocial Support (MHPSS), on prevention of Violence against Children (VAC) and Gender Based Violence (GBV), Inclusive Education (IE) for education authorities, teachers, school councils, and families through simple messaging by distance (SMS, WhatsApp, radio spots etc.).



**And when schools do reopen:**

- Distribute disinfection and menstrual hygiene management (MHM) kits in collaboration with the Directorate of School Feeding and Health (DNUSE) and Water, Sanitation and Hygiene (WASH), together with guidance on how to use.
- Provide school feeding program to most vulnerable students (in Maputo city and other affected areas by COVID-19 (income loss) and food insecurity to build resilience and as tool to get children back to school after reopening
- Prepare guidelines on safe school reopening (maintain directions

from MISAU/WHO, MINEDH); ensure basic handwashing and other WASH-facilities are available; ensure that schools are disinfected and cleaned before re-opening; prepare and implement an accelerated learning program for children to catch up, including orientations for teachers how to organize; and check which children have not returned to classes and mobilize parents to assist in their return.

**SOFALA PROVINCE**

*During psychosocial support and recreational activities offered to children living in resettlement sites, children learn about recommended practices to prevent COVID-19 transmission, including how to use their elbow when coughing. Photo: IOM / Zohra Mohamed Omar Hanif*

**Humanitarian Partners:** Partner for COVID-19 Flash Appeal: WFP; partners partially supported by other funding: ADPP, AVSI, Canadian High Commission, CARITAS, CODE, GIZ, DPEDHs, We World/GVC, Helpcode, IsraAID, MCGAS, MINEDH, MISAU, Plan International, Save the Children/ COSACA, UN

Habitat, UNESCO, UNICEF, WFP, WHO, World Bank, World Vision International.

**Contact Information:** Pieter Potter, papotter@unicef.org



# Food Security & Livelihood

PEOPLE IN NEED

2.5M

PEOPLE TARGETED

400K

REQUIREMENTS (US\$)

\$15M

PARTNERS

15

PROJECTS

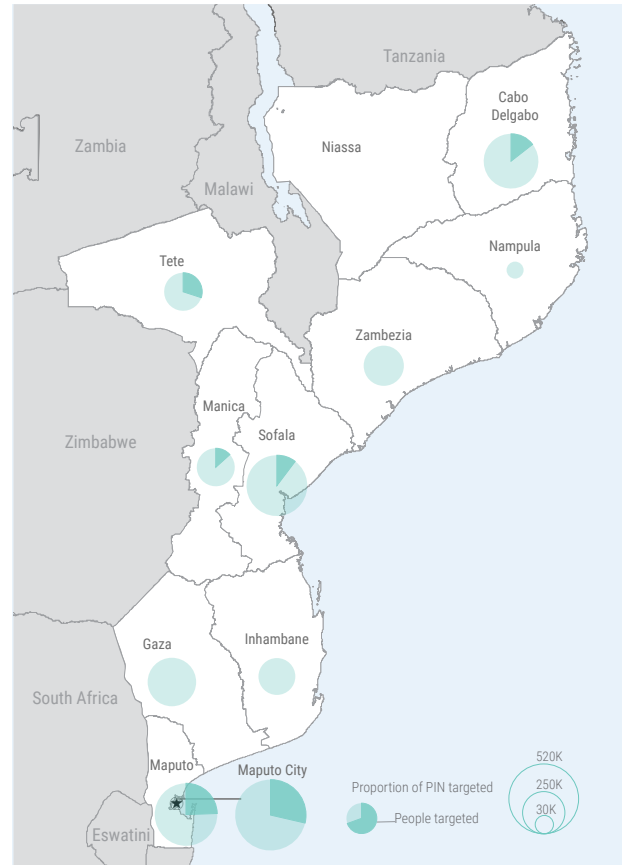
15

## Sector Impact

The spread of COVID-19 represents an unprecedented shock for Mozambique with broad-ranging health, welfare, nutrition, food security and socio-economic impacts, especially owing to anticipated widespread loss of livelihoods and income streams. COVID-19 will affect highly vulnerable people who are still recovering from cyclones, droughts, conflict and floods -which have severely affected their food security and livelihoods— further driving humanitarian needs. Beyond the immediate health crisis, short-, medium- and long-term impacts are expected on food systems and food and nutrition security (FSN) as health, nutrition and food security are intertwined, with any shock/ crisis affecting one of them leading to negative consequences/ outcomes in another.

According to preliminary analysis, vulnerable and food insecure segments of the population are at higher risk, in particular, low income urban population, small scale peasant farmers and fisherman, and hundreds of thousands of school children missing school meals due to school closures. Food insecurity will be highest amongst those that have experienced recent shocks and people living with already severe levels of food insecurity. There are already an estimated 2 million people living in Crisis (IPC Phase 3) food insecurity, according to the 2019 SETSAN IPC projection, who can ill-afford any potential further disruptions to their livelihoods or access to food as a result of COVID-19.

The pandemic is anticipated to affect food systems directly through impacts on food supply and demand and indirectly through decreases in purchasing power and in the capacity to produce and distribute food. Instability generated by the outbreak and associated behavioural changes is already creating some staple food price spikes and may result in temporary food shortages and disruption to markets. Such price rises will be felt most by vulnerable populations who depend on markets for their food as well as those already depending on humanitarian assistance to maintain their livelihoods and food access. Measures instituted by national authorities to curb the pandemic will strain food supply chains, with the potential to severely disrupt movement of food items between rural and urban areas. Import/ export restrictions may result in logistic challenges to transport key food items and access processing units and markets, affecting both producers and consumers. This can lead to reduced farmers and fisherman' incomes and instability of food prices. Other food supply challenges may include: panic buying, which will likely lead to temporary shortages of some food commodities and spike in food prices; disruption of cross border trade flows, affecting supply of



specific food commodities; and shortage of labour, which could disrupt production and processing of food. Overall negative economic impacts are expected (GDP losses), as well as potential devaluation of the currency.

## Priority Activities

- Through a programme criticality review and a programme redesign review, adjust ongoing operations and introduce hand wash stations and crowd spacing measures, to continue to deliver food assistance to those in need.
- Procure and pre-position stocks in order to anticipate/ mitigate potential supply chain disruptions that may results from a lockdown policy.
- Assess vulnerability to food and nutrition insecurity and food consumption at household level through various indirect means, including mobile Vulnerability Analysis and Mapping (mVAM) which has already been redesigned to include additional questions on COVID-19; SETSAN/IPC desk study using secondary

information of past years assessments and market prices monitoring that will help to map the variations of food basket and voucher costs.

- Strengthen the market monitoring system by reporting on retail prices of the main markets, provide qualitative insights of retail markets that will explain the impacts on prices and foresee future challenges.
- Engage in advocacy, coordination efforts with partners to ensure that standardized safe operations are implemented in the delivery of food and agricultural inputs.
- Provide 3-month unconditional cash-based assistance to an estimated 245,000 people living in various urban and semi-urban areas (mainly province capitals) where movement restrictions/lockdowns directly – and temporarily – threaten household food access. Geographical targeting will be further informed by factors like living conditions, infection hotspots, and population density. Household prioritization will include families with higher risk members like elderly, HIV prevalent, children, among other criteria. Special attention will be placed on implementation in areas with high social sensitivity to also reduce risks of social unrest in peri-urban settings. Monthly transfers amounting to 3,000 MZN (equivalent to about 46 US\$) will cover between 70 per cent and 75 per cent of the required kilocalorie requirements. Transfers will be made using mobile money under WFP's agreement with Vodacom's m-PESA and possibly through pre-paid cards using WFP's agreement with BCI. Two complementary approaches will be used: i) WFP scale up of its own e-payments and reorient targeting towards urban and peri-urban settings, ii) the expansion of the GoM's Social Protection.
- Provision of food to isolation/treatment centres to be established at hospitals through a food basket that will cover 100 per cent of nutritional needs of estimated 300,000 patients, contributing to the improvement of nutritional status and immune system.
- Raise awareness of communities/other stakeholders, training of community health activists and community radios using MISAU-approved package for COVID-19, protecting staff and assisting in prevention of the spread of the virus and mitigation measures. Both food assistance distributions and livelihoods interventions (e.g. Farmer Field Schools and other community-based groups of farmers and fishermen) will be used as platforms to disseminate sensitization messages at community level. This will also include sensitization raising awareness about food safety and health regulations, including rights, roles and responsibilities of workers, together with national authorities and WHO.
- In the first phase FAO will continue to safeguard and promote agricultural and food production, value chains and related livelihood systems through an e-voucher system in peri-urban areas (safeguarding the local markets – agro dealers – and ensuring the availability of agricultural and fisheries livelihoods inputs) and scale-up (as needed) distributions of agricultural and fisheries inputs (seeds, fertilizers, livestock feed, fishing gear/equipment for cold chain) all over the country.
- Provision of animal health support to ensure continuous food production and income generation in the most vulnerable areas, including within the rural and peri-urban areas.
- Reduce post-harvest losses, which are likely to substantially increase due to limitations in transport and access to markets, through improved storage capacities and small scale processing and conservation.
- Support livelihood diversification and nutrition through home-based fresh food production (e.g. distribution of small stock, distribution of tools and seeds for home gardening, etc.).
- Support displaced populations and host communities, promoting food production in IDPs resettlement camps and host communities to protect food availability (e.g. distribution of small stock, distribution of tools and seeds for small-scale agricultural production) and improve access to fresh food and healthy diets.

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**Humanitarian Partners:** Associação ActionAid Moçambique (AAMoz), AVSI, CAFOD, CEFA, FAO, IDE Mozambique, Instituto Oikos, JAM International, WeWorld-GVC, WFP, WVI, UNHCR, Save the Children/COSACA, Care and Sociedade Economica de Produtores e Processadores Agrarios (SEPPA)

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# Health



PEOPLE IN NEED

5.1M

PEOPLE TARGETED

2.3M

REQUIREMENTS (US\$)

\$16M

PARTNERS

12

PROJECTS

12

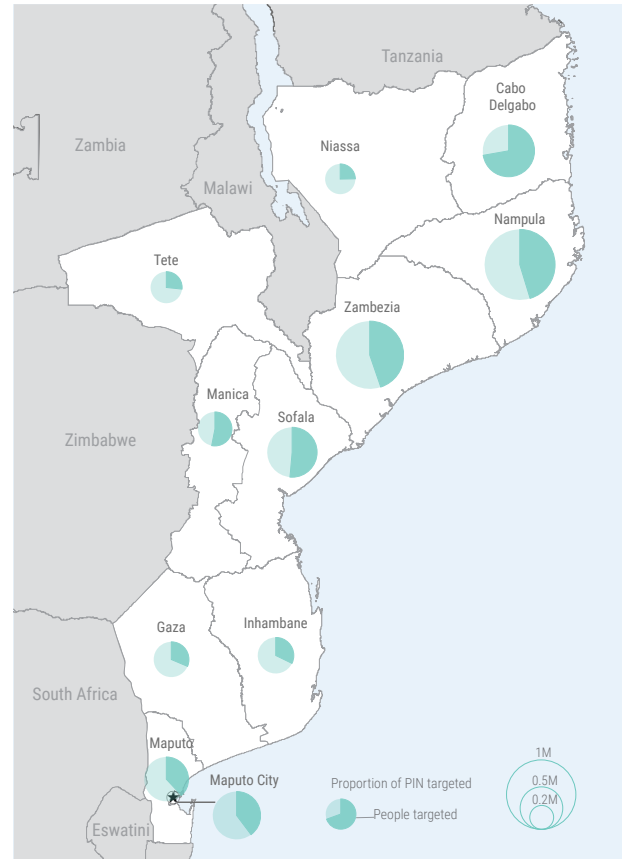
## Sector Impact

Over the past year, Mozambique’s health system has been impacted by multiple natural disasters, as well as attacks in Cabo Delgado, eroding key health infrastructure and already fragile health systems. Health systems have not yet recovered from Cyclones Idai and Kenneth, during which 94 health facilities were destroyed, and in Cabo Delgado, some health systems are no longer functional. Mozambique has regular disease outbreaks -including cholera and malaria- with a high risk of morbidity, mortality and widespread transmission amongst vulnerable groups like IDPs, especially those who are unable to access primary health care.

Based on the rapidly spreading nature of COVID-19 and weakness of the health system, there is an urgent need for enhanced preparedness, operational readiness and response capacities to prevent, detect early and rapidly respond under the International Health Regulations (IHR 2005). Risk factors include overcrowding, poor economic status and inadequate supply of water, all of which are prominent in Mozambique. COVID-19 demands for well-equipped isolation centres, Personal Protective Equipment (PPEs), adequate human resources for health, particularly doctors and nurses, and a functional referral system for the severe cases, all of which are inadequate in Mozambique. In the face of this difficult situation, interventions to mitigate the impact of the pandemic should urgently be put in place, including for mental health and psychosocial support (MHPSS). Interventions to prevent and mitigate the disease, social distancing, frequent washing of hands and quarantining of contacts of confirmed cases also protecting health professional and CHW with adequate protective equipment is essential. However, due to the risk factors mentioned above, it may be an uphill task to control the outbreak. Moreover, as concentration shifts to COVID-19, this may take a toll on the response to other communicable diseases, resulting in high mortality from other conditions especially among the most at-risk groups.

## Priority Activities

- Train partners and the Direcção Provincial de Saúde (DPS)’s staff on various response pillars and support the Provincial Teams in establishing isolation centres and formation/activation of Emergency Operation Centres (EoC), coordination teams and other pillars of the response.
- Support the Ministry of Health in identifying and equipping isolation units, procurement of PPEs, oxygen cylinders and oxygen concentrators, training for national staff and formation of the key thematic response pillars, namely Surveillance, Lab, Case Management, IPC, Communication/Community Engagement.



- Support the MoH -at national and provincial-level- in surveillance, testing of suspected cases, case management of confirmed cases and contact tracing of the identified contacts, including supporting community surveillance activities and innovative approaches to ensure early detection, isolation and treatment of COVID-19 cases.
- Secure and preposition critical supplies (e.g. PPEs, sanitizers, soap ,masks,oxygen) through the cluster, while partners identify beneficiaries for other services like MHPSS, and promote prevention measures i.e. social distancing, regular hand washing and use of masks and quarantining for 14 days for those who have been exposed.
- Enhance advocacy and awareness on preventing transmission of COVID-19, including to provide more knowledge on the disease to communities, and elaborate guidelines at individual, community and leadership levels to guide the response.
- Procure life-saving essential medicines and supplies to support damaged health facilities in response to community needs and Government requests.



- Ensure continuation of sexual and reproductive health (SRH) and newborn services, including technical assistance to ensure SRH triage services to protect pregnant women, adolescents and young girls and through deployment of Maternal Health Nurses to provide comprehensive SRH services.
- Ensure the supply of modern contraceptives and reproductive health commodities, including through ensuring adequate stocks of contraceptives are in place and the promotion of long-acting reversible contraceptives, in addition to condoms and contraceptive pills.
- Ensure delivery of services -including COVID-19 response- in areas hit by insecurity, including implementation of preventive measures among IDPs and host communities in Cabo Delgado. Those with underlying conditions and the elderly will be identified through regular health service provision or through Mobile Health Brigades services for the IDPs.
- In coordination with health cluster, support rapid construction and/or renovations of COVID-19 treatment centers in areas with no functioning health care facilities



#### ZAMBEZIA PROVINCE

Midwife Laurinda at the Paquitequete Health Center. Laurinda Namacala, a maternal and child health (MCH) nurse (also referred to as a 'midwife') of 26 years, wishes that safety conditions are created and/or reinforced for all midwives in times of COVID-19. Photo: UNFPA / Alexandre Muianga

**Humanitarian Partners:** ADRA Mozambique, Associação Esmabama, Johnniter International Assistance (Johanniter Unfall Hilfe), Associação Kubatsirana, CUAMM Mozambique, IOM, Medicos del Mundo, Save the Children/COSACA, UNAIDS, UNFPA, UNICEF, WHO, Wiwanana, World Vision Mozambique.

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# Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.5M	1.3M	\$3M	9	9

### Sector Impact

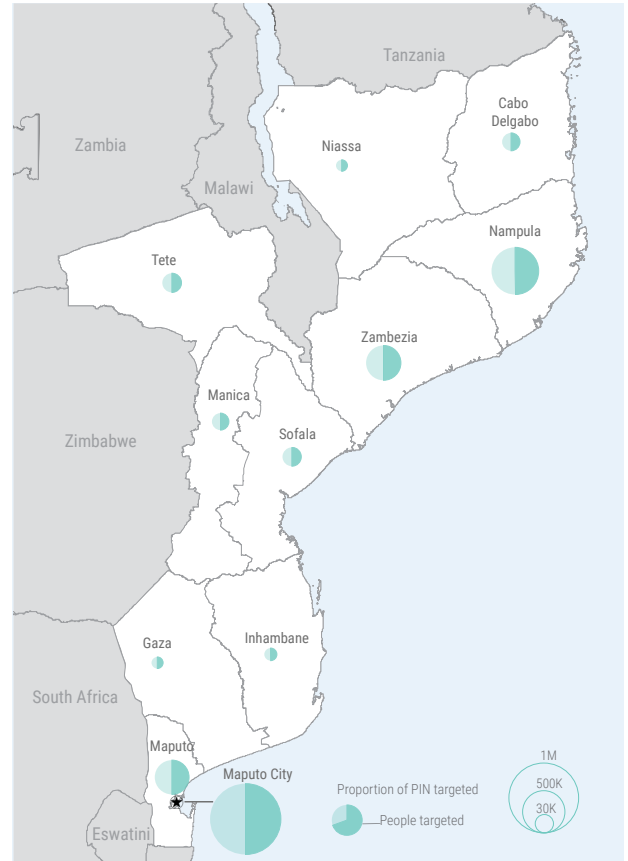
COVID-19 represents two main hazard pathways to nutritional security. First, a direct pathway causing those who are already malnourished, to become more vulnerable and immunocompromised and, therefore, more susceptible to illness. For example, a severely malnourished child already has a nine (9) times higher likelihood of dying, and pulmonary complication due to COVID-19 could have a deadly impact. Vulnerable groups, such as older people and those living with HIV/ TB are also at high risk and require specific nutritional support if they become unwell.

Secondly, an indirect pathway impacting nutritionally vulnerable groups who may have difficulty accessing services if health systems are disrupted and have trouble resourcing healthy diets if food systems including markets no longer have affordable and nutritious foods available. Therefore, nutrition programs cannot risk shutting down due to COVID-19 and adaptations needs to be incorporated to ensure that staff can support programs and communities can receive life-saving nutritional support without risking infection or spread of COVID-19.

Disruption of health and nutrition services is expected because of the high burden that COVID-19 can cause on the system, particularly on the health staff, but also because it will impose barriers on the delivery of other health and nutrition programs. It is expected that the flow of children with acute malnutrition will decrease as a result of the social distancing measures. Nevertheless, that don't mean that the numbers of persons with acute malnutrition is decreasing also. Currently, Nutrition response activities are ongoing in 34 districts of the country and should continue with delivery of important life-saving interventions for the nutrition vulnerable. Also of concern, it is the hunger affecting the Mozambican population and displaced communities. Since May 2019, a Pellagra outbreak exploded in central Mozambique affecting nearly 4,000 persons so far. The current food insecure scenario might worsen the situation, leading to an increase on the number and the severity of the affected. Many other nutritional problems like anemia, and mineral and vitamin deficiencies, are not monitored regularly, but are certainly present, and will also worsen.

### Priority Activities

- Adapt the protocols on the treatment of children with acute malnutrition in view of COVID-19 risk-mitigation measurements, and develop respective training, and supervision tools, monitoring and surveillance systems and implementation plan in line with the social distance measurement.
- Adapt guidelines on Infant and Young Child Feeding Practices to incorporate preventive measures against the risk of COVID-19 transmission and protect and promote breastfeeding and



adequate complementary feeding.

- Strengthen infection prevention and control procedures in nutrition programs, ensuring adequate protection of staff and beneficiaries in line with WHO and Mozambican MoH protocols., and use the nutrition sites as platforms to deliver awareness raising related to COVID-19 protection measures.
- Pre-position of specialized nutritious foods in country to treat the predicted increase on demand of these products.
- Blanket micronutrient supplementation for children under 2 with micronutrient powders (MNP), especially in food insecure communities.
- Provision of preventive/protective fortified food ratio targeting nutritionally vulnerable groups (pregnant and lactating women, children under 2, chronically ill, and other people with immunocompromised conditions) from high-risk food insecure households, including those in high risk of COVID-19 affectation.
- Nutritious food supplements (HEB, BP5, BP100) for COVID-19 vulnerable groups, including those in high risk of COVID-19 affectation

- Implement mass media communication on family feeding, reduction of food waste, and dietary recommendations for the nutritionally vulnerable, tailoring the messages and communications channels to the urban, peri-urban and rural contexts. This include the promotion of recommended maternal, infant, and young child nutrition practices (MIYCN) adapte to the context of COVID-19;
- Promote and monitor the adherence to the National Code of Marketing of Breastmilk Substitutes in all COVID-19 operational response and mitigation activities.
- In high risk food insecure and malnutrition areas, integrate essential nutrition actions in any opportunities of reaching CU5 and PLW through outreach activities.



#### SOFALA PROVINCE

*A four-year old boy is held by his mother, as he is screened for malnutrition at a health centre in the Ndjenja Resettlement camp. Photo: UN / Karel Prinsloo*

**Humanitarian Partners:** AVSI, Helpo ONGD, Instituto Oikos, Johanniter Internacional - Associação ESMABAMA, Johanniter Internacional- Associação KUBATSIRANA, Médicos do Mundo (Portugal), Save the Children/COSACA, UNICEF, WFP

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# Protection

PEOPLE IN NEED

2.7M

PEOPLE TARGETED

1.8M

REQUIREMENTS (US\$)

\$2.1M

PARTNERS

16\*

PROJECTS

21

PROTECTION REQUIREMENTS

\$900K

CHILD PROTECTION REQUIREMENTS

\$500K

GBV REQUIREMENTS

\$700K

PSEA REQUIREMENTS

\$5K

\*Includes Protection, Child Protection, GBV and PSEA partners

## Sector Impact

### PROTECTION

COVID-19 presents a burden on a system that is already struggling to respond to pre-existing humanitarian needs such as natural disasters and a situation of violence. Persons living in confinement, camps or camp-like settings, IDPs in resettlement sites or within host communities, with limited access to services, are all at heightened risk during a disease outbreak as their right to information, access to healthcare and access to protection services are constrained. While everyone is vulnerable during a disease outbreak, certain groups experience heightened vulnerabilities due to pre-existing needs. Such groups include women, children, adolescent girls, older people, persons with disabilities, persons with underlying health conditions such as HIV/AIDS, IDPs, refugees and asylum-seekers. IDPs displaced after the Idai and Kenneth cyclones and those displaced by the conflict dynamics in Cabo Delgado, with already vulnerable living conditions compromising their safety and security will be disproportionately affected, and existing issues of HLP, lack of documentation and access to public services will be further exacerbated.

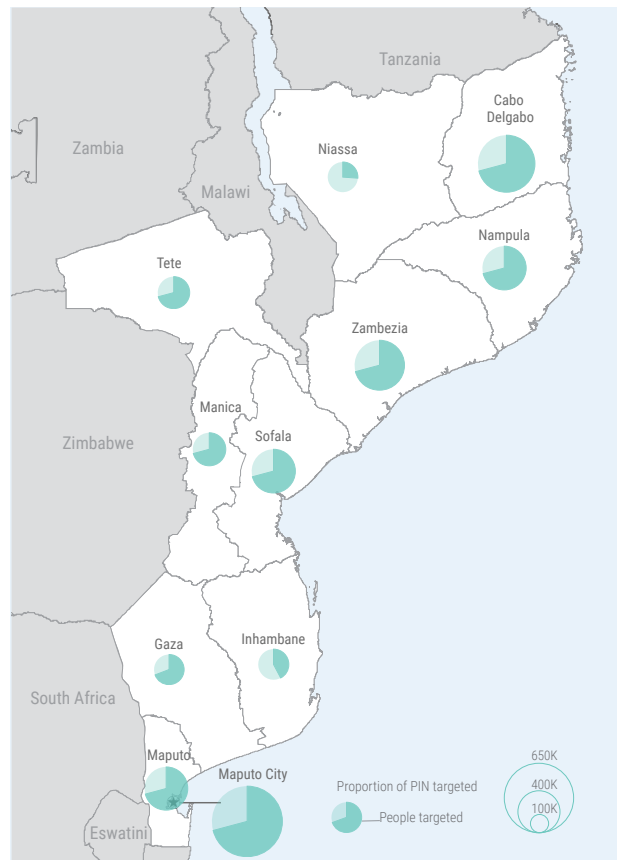
Secondary effects beyond the immediate medical needs during an infectious disease outbreak include; challenges in accessing livelihoods, limited access to medical care due to pre-existing conditions, social isolation and stigma. Such secondary effects must be accounted for and due consideration must be given to the negative externalities of COVID-19 in order to ensure a well-coordinated and holistic COVID-19 response.

### CHILD PROTECTION

COVID-19 exacerbates the humanitarian burden that thousands of children are already experiencing around the world. The need for alternative mechanisms (technology) to reach children is paramount so that they are still able to have a safety net and have access to psychosocial services so as to respond to their traumatic experiences. Children which need to be separated from their parents due to direct risk of COVID-19 should be provided with adequate alternative care mechanisms for the duration of the separation.

### GBV

Evidence from the COVID-19 response in other countries, such as China, Brazil, Spain and France, have shown an increase by 20 to 50 per cent of cases reported of violence against women and girls, associated with social isolation, fear of repercussions and confinement due to COVID-19 (data from Mozambique not yet available). Efforts to contain the outbreak diverts resources from routine health and



social services and it is also expected that life-saving care and support for GBV survivors may be disrupted as a result of an overloaded response to COVID-19 cases. Therefore, strengthening the capacity of the prevention and response mechanisms to respond and readjust to innovative and remote strategies in times of COVID-19 is crucial to ensure a minimum package of life-saving GBV services are available at all times to respond to a surge of violence against women and girls, meet GBV survivors' needs for temporary shelters, case management and psychosocial support.

### Priority Activities

#### PROTECTION

- Establish a Community Engagement and Accountability to Affected Populations Working Group that ensures better two-way information provision and promotes the participation of affected communities at all stages of the response;
- Ensure support on protection matters through the work of



the Protection Community Mobilisers and activists, identifying protection risks and solutions at community level. Protection community mobilisers and activists are trained on COVID-19, serve as focal points in IDP sites and have mobile phones so community outreach can be facilitated remotely

- Ensure protection mainstreaming, preparing sector specific protection materials and a COVID-19 protection mainstreaming checklist in English and Portuguese.
- Undertake collection of critical life-saving protection data (protection monitoring) and analysis based upon which bi-weekly protection dashboards will be prepared and disseminated with all sectors to ensure protection risks and needs are incorporated in the cross-sectoral response in a timely and accurate manner.
- Use innovation and technology to reach vulnerable communities in hard-to-reach areas such as remote training of protection focal points using cell phones.
- Support as relevant the capacities of law and enforcement agents, including PRM and community-based policing structures.
- Distribute life-saving items, such as soap and water tanks, to vulnerable groups such as persons with disabilities and older persons, especially to IDPs and refugees in camp or camp like settings and host communities.
- The Department of Women, Children and Social Affairs (DPGCAS) in Sofala Province is piloting a project of providing life-saving information and assistance to street children and older persons in urban settlements, which may also have a positive impact on refugees and displaced communities. The project designed by DPGCAS in Sofala Province can be scaled up to other parts of Mozambique pending financial support by donors considering this is a new activity.

## CHILD PROTECTION

- The Child Protection Sub-Cluster aims will ensure continued support to children (case management and psychosocial support) through technological mechanism, and the adjustment of the manner of service provision.
- Ensure Linha Fala Crianca councilors are well trained on COVID-19, to provide adequate support to children.
- Ensure preparedness for alternative care of children in case of critical separation and unaccompanied children. Provision of alternative care arrangements for children requiring it in case parents need to be quarantined.
- Build awareness on existing hotlines (including Child Helpline- 116) that children and other community members can use to report cases related to violence against children in the context COVID-19 interventions as well as to provide PSS.
- Provide case workers with necessary PPE and technology solutions to enable them to do their work. Additionally, provide capacity building for case workers on remote case management strategies. Update the service mapping and referral pathways to ensure properly case management services.

- Use Linha Fala Crianca to provide adequate remote support to those in need.
- Assess and address Mental Health/Psychosocial support needs for children through capacity building for case workers on remote MHPSS solutions such as remote PFA and positive parenting during lockdown and isolation. Provision of MHPSS support to children and caregivers via home-based PSS and distribution of PSS kits, through the most appropriate mechanism in liaison with Ministry of Health, Gender and Education.

## GBV

- Expand and reinforce the coordination mechanism to enable action and adjustment to the involving needs, with a focus on integration of GBV life-saving actions in the health response, assessing and revising referral mechanisms to reflect any changes and conduct remote assessments of GBV trends and COVID-19 impact.
- Ensure continuity and reprogramming to alternative modalities, with a focus on case management, clinical management of rape, and psychosocial support are accessible to all, including the most vulnerable persons (e.g. women and girls, elderly, people with chronic diseases, persons living with disabilities, etc.) to avoid further marginalization.
- Support transit centres and safe shelters for survivors of GBV to put in place protocols and risk mitigation measures to reduce infection risk and provision of remote brigades to ensure support and immediate action to respond to survivors needs.
- Ensure communication with communities and promote dissemination of information on GBV and COVID-19, in a meaningful and inclusive way to all audiences, to avoid reproducing or perpetuating harmful gender norms or discriminatory practices, in multiple media channels and in local languages.
- Ensure that social action actors, health workers, hotline responders, GBV Focal points, and community activists are ready to respond to an increase in violence, ensure integration of COVID-19 infection control, GBV and IPV mitigation measures and safe referrals in the COVID-19 response.
- Distribute dignity kits in COVID-19 isolation units, Health Centers and other priority services, while piloting the distribution of e-vouchers to purchase hygiene and menstrual items as an alternative to in-kind distribution to ensure IDPs and women and girls in hard-to-reach areas have access to essential items.
- Ensure integrated SRH and GBV mobile services, in parallel with strengthening of hotline services (Linha Verde, Alô Vida - COVID-19) to include provision of counselling services, psychosocial support, safe referral, case management and information services.
- Assume Women Girls Friendly Spaces (WGFS) as safe havens for survivors of GBV; developed new SOPs to implement COVID-19 hygiene/mitigation measures for staff and participants; restructure activities enabling alternative community and learning opportunities, as well as alternative economic empowerment activities (such as, local production of masks and soap).

**Humanitarian Partners:** AIFO (in partnership with FAMOD), Associação Bom Samaritano (ABS), Associação Sociedades sem Barreiras, AVSI, ChildFund, Comissão Episcopal para Migrantes, Refugiados e Deslocados (CEMIRDE), Girl Child Rights-GCR, Helpcode Italia, Humanity and Inclusion, IOM, MAHLAHLE – Associação para a Promoção e Desenvolvimento da Mulher, PLAGEM - Associação Plataforma de Género em Emergências em Moçambique, Save the Children/COSACA, Sightsavers, Terre des Hommes Italy Foundation, UNFPA, UNHCR, UNICEF

**Contact Information:** Jessica Möttö, mottoj@unhcr.org

# Shelter & NFIs


**PEOPLE IN NEED**

## 7.4M

**PEOPLE TARGETED**

## 369K

**REQUIREMENTS (US\$)**

## \$8.6M

**PARTNERS**

## 13

**PROJECTS**

## 13

**Sector Impact**

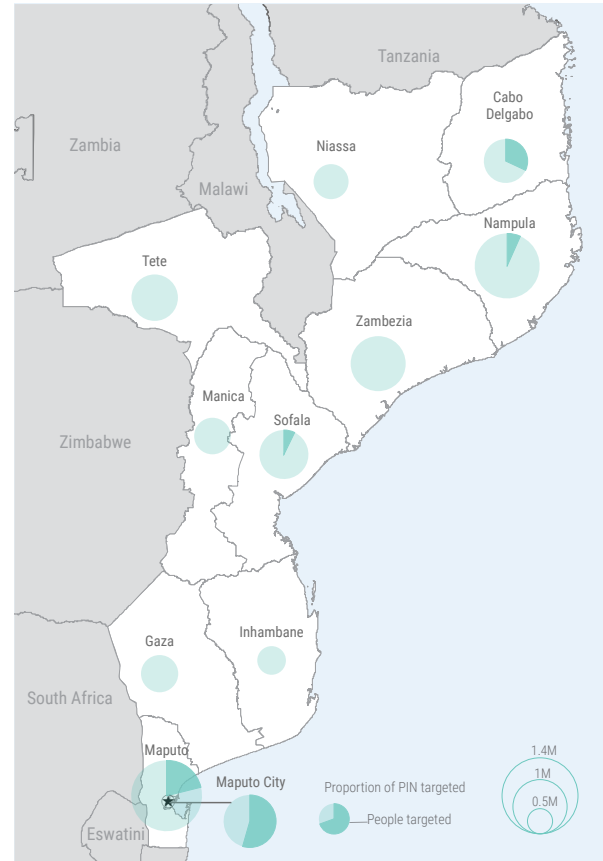
In Mozambique approximately 80 per cent of urban dwellers, some 4.6 million people live in informal settlements in very dense, crowded and poorly ventilated housing conditions without access to basic services (water and sanitation, health care). These conditions are considered to be high risk for the spread of infectious diseases. Moreover, some 1.75 million people in rural areas, mainly in central and northern provinces, are currently living in highly vulnerable shelter-conditions with host families, in resettlement sites or IDP camps, after having been affected by Cyclones Idai and Kenneth, floods and/or violence and without means to recover. Shelter conditions are characterized by overcrowding, lack of privacy and dignity, poor ventilation, structural weakness and inadequate flood-protection.

In both rural and urban areas living conditions of the most vulnerable present an extremely high risk for transmission of diseases such as COVID-19, given the lack of access to adequate water or sanitation facilities for handwashing, disinfecting surfaces and lack of space to facilitate physical distancing to prevent infection and quarantine those infected. Furthermore, most vulnerable families rely on informal day labour, forcing them to be highly mobile for their livelihood activities and placing them again at heightened risk of COVID-19 while at the same time losing any livelihood opportunities in case of movement restrictions.

Shelter and settlement activities for COVID-19 prevention will target projected "hotspot" areas with high densities of informal settlements, lack of services and high levels of poverty as well as high mobility of people from and to the areas, such as Maputo. Furthermore interventions will be targeted at provinces and districts with high underlying vulnerabilities and large populations at risk such as Cabo Delgado and Nampula, as well as sites in cyclone Idai affected areas, where humanitarian response needs to be reinforced and complemented to allow continuation of ongoing activities while avoiding further hardship by preventing and/or mitigating COVID-19 outbreaks. Should COVID-19 outbreaks occur in other districts than the ones targeted, response activities will be redirected to those districts.

**Priority Activities**

- Develop COVID-19-specific messages to mitigate exposure during emergency shelter and NFI distributions and advocate for mitigation practices at household-level, giving priority to resettlement areas and peri-urban areas.
- Organize shelter and NFI distributions in accordance with the risk reduction measures suggested by the government, such as avoiding crowding, ensuring social distancing and provision of handwashing facilities on the distribution site.
- Procure, stockpile and distribute NFI kits to vulnerable households affected by COVID-19, to reduce the number of households sharing essential household items and to build up contingency stocks.
- Provide additional shelter support to families living in overcrowded conditions -including families in urban informal settlements, families hosting IDPs and large families living in one-room shelters- in order to facilitate expansion, upgrading and partitioning of shelters and homes to reduce overcrowding and improve ventilation. Work closely with the WASH Cluster to ensure households have access to handwashing facilities.
- Map and plan available spaces in cities especially in vulnerable areas such as informal settlement to identify areas to setup separation and quarantine spaces for infected persons and suspected cases as well as assessing vacant and abandoned buildings to be used as separation and quarantine spaces in case required.



**Humanitarian Partners:** AGIL (Associação para Gestão e Implementação de Projectos), AVSI, CARE/COSACA, IOM, Instituto Oikos, UN-Habitat, WeWorld-GVC, Young Africa Mozambique

# Water, Sanitation & Hygiene (WASH)



## PEOPLE IN NEED

# 2.2M

## PEOPLE TARGETED

# 1.5M

## REQUIREMENTS (US\$)

# \$14M

## PARTNERS

# 21

## PROJECTS

# 21

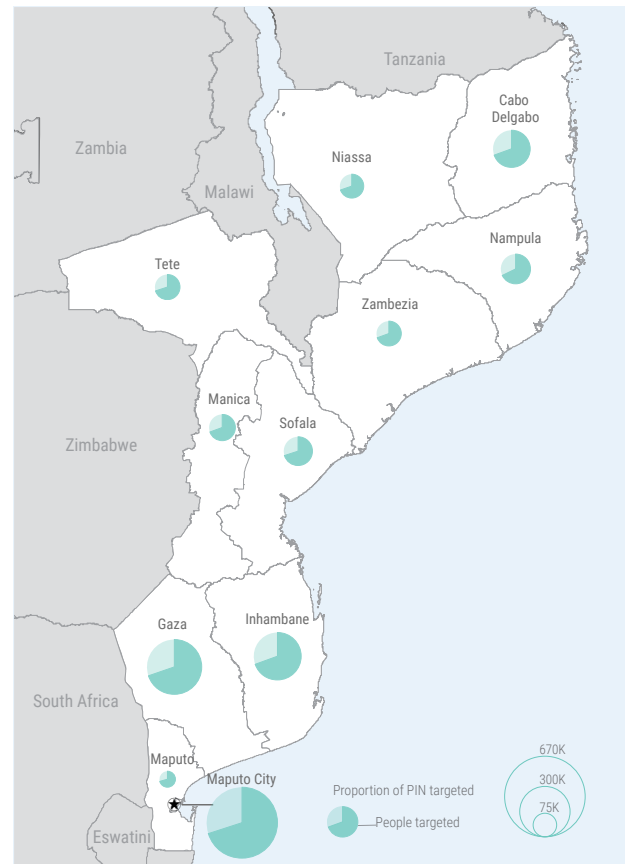
### Sector Impact

The WASH sector in Mozambique is particularly fragile, with service levels amongst the lowest in the region. Current levels of access to clean water is 50 percent, with only 36 per cent having access in rural areas. Improved sanitation coverage is 26 per cent, and roughly half this in rural areas. The situation is markedly worse in some peri-urban areas, particularly in the informal settlements where WASH access is intermittent and of varying quality while in urban areas and only 30 per cent of the urban population have efficient access to water and sanitation. The secondary impact of the virus caused by movement restrictions for service providers and WASH actors, loss of income for water payments, and supply disruptions due to border closures, could further damage this already fragile sector. Limitations in movements of sector actors due to quarantine and security constraints, such as those engaged in civil works and service provision may reduce the sector capacity to respond in areas where new builds and repairs are required for WASH infrastructure. Of the 1,643 health centres in the country, 19 per cent do not have access to water, and 17 per cent do not have toilets for patients. This is a significant risk to the health sector during the COVID-19 response.

The WASH Cluster priorities aim to support MISAU and the health sector response to COVID-19 through support to isolation treatment centres and priority health facilities, WASH access in vulnerable and highly impacted communities, hygiene and COVID-19 messaging, and emergency support for the continuation of water supply systems. While a priority critical activity the budget in the appeal does not include the requirements for continuity of centralized water supply systems which require significantly more resources due to the revenue reductions and corresponding lack of operating costs for the private operators due to suspension of water tariffs.

### Priority Activities

- Work with MISAU and Risk Communications teams to develop key messaging for prevention and identification of COVID-19 and disseminate these to partners.
- Procure and distribute additional handwashing stations, disinfection materials, waste management materials, and soap to urban health facilities in coordination with DPS.
- Participate in assessments of MISAU-defined isolation wards to determine WASH needs and increase WASH services, infrastructure, and supplies in these facilities.
- Coordinate with urban and small town water supply system



operators to evaluate treatment chemical needs to ensure continuity of piped network water supply.

- Install handwashing stations in priority vulnerable spaces and communities -including resettlement sites and accommodation centres- in coordination with administrators and municipalities.
- Provide disinfection and hygiene items, emergency latrines, handwashing stations with soap, and emergency water supply in highly affected communities, in coordination with DPS.
- Stockpile treatment chemicals for urban and small-town water supply networks to ensure continuity of water supply in piped networks.
- Reallocate hygiene promoters and activists to share prevention and control information on COVID-19 in addition to handwashing and other hygiene messages, under the guidance of MISAU and utilizing approved modalities and protocols.

**Humanitarian Partners:** Association FACE of Urban Sanitation; Ayuda en Accion, Comusanas, Conselho Cristão de Moçambique, FIPAG, Helpcode, Helvetas, IsraID, JAM International, JOHANNITER INTERNATIONAL ASSISTANCE (consortium) ONGAWA, OXFAM Mozambique, Save the Children/COSACA, SDC/HELVETAS, Solidar Suíça, SUSAMATI MOÇAMBIQUE, Swiss Solidarity/HELVETAS/SolidarMed, UN-Habitat, UNICEF, WATERAID, WeWorld-GVC, WVI

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# Coordination & Common Services



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
744K	500K	\$500K	2	1

## Sector Impact

With a multitude of partners responding, coordination will be critical to ensure a timely and effective response to COVID-19, while sustaining ongoing humanitarian operations across Mozambique. This is particularly important given the multiple facets of the response, from the immediate public health response, through to the response to the crisis' many secondary consequences.

Mozambique has frequent cross-border movements with neighbouring countries, and a high levels of population mobility in country which could present further risks of transmission of COVID-19. In the last week of March alone, over 14,000 Mozambican workers returning from South Africa and other countries were recorded at Points of Entry. With total of 54 Points of Entry (PoE) in Mozambique on the borders shared with six neighbouring countries (South Africa, Tanzania, Zambia, Malawi, Swaziland and Zimbabwe), there is a need to conduct flow monitoring exercise allowing for georeferenced data and core analysis, inclusive of socio-economic parameters and fluidity of movement flows at these points. This requires different approaches linked to assessment, tracking and monitoring modalities.

In this regards, the DTM remains the main provider of humanitarian data to support response planning. Information on conditions and needs of affected communities, human mobility and displacement as well as in-depth thematic assessments remains of key importance to address current HRP indicators and identify priorities for the different sectoral responses. With the purpose to inform the government and partners on the preparedness and precautionary measures on COVID-19, the extension of flow monitoring approaches will help to plan interventions and restrictions as well as recommend preparations measures, including at Points of Entry (PoE) for outbreak prevention, tracing and local transmissions. Additionally, fluid and rapid movement flows of displaced populations affected by insecurity require the scale-up of tracing and monitoring capacities to identify hotspot areas and track movements to ensure that preventive and response measures are informed and in place. Finally, movements in and out of sites in areas of protracted humanitarian needs - including in host

communities must be monitored to support community tracing efforts by health partners and the Government to avoid further transmission.

## Priority Activities

- Strengthen humanitarian coordination at national and provincial level and facilitate joint assessments and response planning and monitoring;
- Promote of accountability to, and two-way communication with, affected people and strive to meet their information needs;
- Undertake multi-sectoral coordination and gather lessons learnt to ensure timely and effective response to COVID-19.
- Provide a comprehensive understanding of the effect of COVID-19 on mobility at cross-border/inter-regional level through IOM's Displacement Tracking Matrix (DTM) as well as across mobility corridors based on capacities on the ground while building on current interventions conducted by the DTM in country.
- Provide a real-time snapshot of mobility restrictions, including the varied and complex forms of mobility restrictions being enacted at location level, through Mobility Restriction Mapping.
- Monitoring and analyzing the impact of the COVID-19 on displaced and Stranded Migrants, including numbers of migrants in need, socio-economic perspectives, locations where migrants are stranded, and countries of origin, through the online Flow Monitoring Portal, acting as repository and dissemination channel for flow monitoring, mobility tracking, border management, movement and other reports, maps and outputs in relation in COVID-19.
- Strengthen remote data collection and needs analysis for affected populations, including in locations of high mobility and develop detailed analysis and mapping to support the response
- Rolling-out DTM Flow Monitoring tool at key Points of Entry (PoEs) and mobility corridors with highest movements dynamic in collaboration with the ministry of health and relevant authorities

**Humanitarian Partners:** OCHA; IOM

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# Logistics



## REQUIREMENTS (US\$)

\$3M

## PARTNERS

1

## PROJECTS

1

### Sector Impact

Disruption of supply chains is one of the major impacts COVID-19 on African economies, including through closed borders and restrictions on movement of people, goods and services.

In Mozambique, the local Supply Chains have not been spared either; most urban and rural consumers depend on markets purchasing 80 per cent of all food they consume which is provided via local Food Supply Chains. Any major disruptions will severely affect livelihoods of these populations. If Supply Chains are not secured, particularly the supply of priority and basic products, price stability of these products will unlikely be maintained.

Other supply chain disruptions in the country will affect the thousands of labor-intensive Small-Medium-Sized Enterprises (SMEs) which dominate food systems and tend to be found in clusters such as dense sets of food processing SMEs, scores of meal vendors at food outlets, dense masses of wholesalers and retailers in public wholesale markets and wet markets. In these venues, large numbers of clients gather in dense crowds. Evidence suggests that impacts will be felt widely, but unevenly where farm operations may be spared the worst, while small and medium-sized enterprises (SMEs) in urban areas will face significant problems.

Mozambique employs Multimodal transportation whose rules and regulations for air/sea/road transport will be affected limiting access and availability of different transport modalities. Meanwhile current movement restrictions imposed by the government for the prevention of the spread of COVID-19 may affect a very large workforce employed by this sector who will amongst the first to feel the brunt of these measures.

Other Supply Chain areas affected include the Port, Airport handling and warehousing sectors where workers who would be employed as the casual laborers and loaders are struggling to find employment due to safety measures employed to combat the pandemic. This is compounded by the fact that new complex handling procedures may need to be implemented with protective equipment required for all staff working at port, airport and other handling facilities.

### Priority Activities

- Coordination of resources and assets that are already in the country to more effectively utilize the time and funds available for the response, working with the government and the private sector on modalities that can be utilized so that both medical safety measures are fulfilled, and the commodities are delivered. The sector is contacting and mobilizing potential private sector

partners based on what kind of contribution they could provide to a humanitarian emergency response.

- Establishment of a National Logistics Working Group led by INGC and WFP with government authorities, humanitarian partners and private sector involved in logistics. The Logistics working group, developed by preparedness project, is working with MISAU and INGC on the logistics and supply chain components for COVID-19 response. This group has undertaken evaluation of gaps and constraints linked with logistics and supply chain according to different risks and possible scenarios.
- A procurement group was created with donors and humanitarian organizations to discuss procurement of medical supplies following MOH guidance.
- Work closely with the government, INGC – National Disaster Management Institute and CMAM – MOH Central Medical Store and the humanitarian community to ensure that: i) Procurement of lab tests, PPE and other medical and logistics supplies required for the emergency response is effected; ii) Reception, Processing and Transport of humanitarian aid and medical supplies coming from abroad is undertaken and delivered to their final destinations: iii) planned set-up of temporary medical facilities by the government replete with equipment and training are facilitated
- A Logistics Cluster Working group (under the CMT) has been created to coordinate support requirements of the humanitarian response. This group has commenced the analysis of potential common services, mandated services and eventually Supply Chain Service provision requirements based on gaps. As support services, close coordination and collaboration with the other cluster groups about modalities of assistance in need of logistics operations is also key in the TOR.
- Leverage the WFP retail network to build capacity and resilience in local markets by optimizing the value chains from producers to local retailers. Undertake market assessments to guide on most feasible response mechanisms and modalities.
- Collect and share the relevant logistics information to the humanitarian community in order to increase collaboration and efficiently deliver the medical supplies and humanitarian aid to the people. This includes informing all concerned on procedures for donation of goods and services as well as assist key stakeholders (partners and donors) with clearance process (exemption of tax) in case of bottlenecks. Publish on INGC Website the import procedure in case of emergency and disseminate the list of critical items to be imported.

- All the groups are consulting to:
  1. Update regulations and laws on the importation of goods during the declaration of the state of emergency, lockdown and in during COVID-19 response
  2. Ensure that the humanitarian community is engaged at national level through information sharing and development of key information mechanism products.
  3. Identify potential partnerships with national traders, manufacturers, importers, distributors and retailers to respond to a potential shock causing food insecurity through cash-based assistance.
  4. Collect and prepare procedures to be followed during movement of INGC and other response staff including identification, protection equipment.



Photo: OCHA / Saviano Abreu

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Humanitarian Partners: WFP

Contact Information: Eunice Smith, Eunice.smith@wfp.org



# Annexes

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## TETE PROVINCE

*A woman draws water from a borehole in the village of Wirriamo, in Changara district. Photo: UN / Philip Hatcher-Moore*



# Methodology for Calculations of People in Need and People Targeted

**People in need** were estimated considering the caseload included in the Government-led National Plan for Preparedness and Response to COVID-19 developed under the leadership of the Ministry of Health (Ministerio da Saude, MISAU) and the Government-led Multi-Sectoral Preparedness and Response Plan for COVID-19. Given the extensive threat posed by COVID-19, the appeal covers the whole of Mozambique. However, it includes a distinct focus on provinces that have been hit by climatic shocks (including cyclones, floods, and drought) and violence in 2019 and early 2020.

Therefore, the selection of **people targeted** was undertaken at province level in close consultation with clusters' partners and authorities at national and local level. In this process, operational and personnel capacities to deliver the interventions at scale within the envisaged timeline were also duly taken into account.

## Examples of People in Need and People Targeted by Sector:

**CCCM:** The total people in need were calculated considering the total IDPs in all the resettlement sites; all the IDPs currently reported in Cabo Delgado and the average number of people crossing official points of entry. The CCCM Cluster planned to reach all the estimated people in need.

**Education:** the Education cluster based its calculations on the data available from the Protection Cluster. On the basis of the school populations for both primary and secondary education per province, the Education Cluster calculated the people in need based on the same provincial percentages (as compared to total population) from the Protection cluster. The Education Cluster is targeting 25 per cent of the total people in need.

**Food Security and Livelihood:** the total people in need was calculated by firstly estimating the rural population to be food insecure (about 1.5 million people) from April 2020 onwards. In urban areas, poverty is prevalent (48.1 percent) with comparatively flat consumption levels for households in the poorest four quintiles. Among the poorest 32 percent of households, roughly one third, lives in urban areas. Therefore, it was estimated that about 40 per cent (or 1 million people) will be impacted by COVID-19 and will require food assistance. The targeted people were estimated based on an established budget.

**Health:** in order to identify the people in need, a vulnerability analysis was undertaken using a number of parameters – i.e. COVID-19 projected cases by WHO; Cholera outbreak in Cabo Delgado and Nampula province; IDPs in Cabo Delgado, Sofala and Manica; HIV/AIDS prevalence (all ages); children under five from the provinces with highest number of children with needs (Cabo Delgado, Sofala, Zambezia and Manpula), and vulnerable women of child bearing age. Subsequently, it was assumed that the health care system through routine health services would potentially take care of half of the population since the system will continue to run amidst the outbreak going on. Therefore, the remaining 50 per cent was considered to be the population in need among the vulnerable groups included in the vulnerability analysis who might not access health care due to disruption of the routine system. The Health Cluster targeted nearly half of the total people in need.

**Nutrition:** the people in need was estimated based on the density risk factor that was applied to the population distribution figures from Census. The density was used as a proxy on the risk of being affected by the COVID-19 (through contagion, social distancing, food insecurity, and other social vulnerabilities). Based on Sphere standards for nutrition targeting in humanitarian settings, the Nutrition Cluster targeted 50 per cent of the total people in need.

**Protection:** based on the estimations of people in need for the Health Cluster, we used the MISP (Minimum Initial Service Package) tool to calculate the target population per province and revised based on known IDPs, refugees, asylum seekers, persons in detention or other closed facilities as well as highly vulnerable urban populations per province. The selected people targeted are approximately 70 per cent of the people in need with variations based on operational presence on ground and life-saving needs (prioritization of areas with pre-existing humanitarian needs).

**Shelter/NFIs:** in order to calculate people in need, the Shelter/NFIs Cluster used the number of urban population that live in slums, which according to Cluster's partners is 80 per cent of urban populations given that on top of the living conditions they are also highly mobile and face high levels of exposure. For rural populations, the Cluster assumed only 20 per cent because in spite of predominantly sub-standard housing conditions, their potential exposure to the virus is far lower (less mobile and less contacts). The main targets will be the provinces that have compounded vulnerabilities because of impact of cyclones, floods and/or violence – i.e. Cabo Delgado, Nampula, Sofala and Manica and within those provinces only the IDPs who are in particularly vulnerable situations.

Furthermore, Maputo city and province targeted some 30 per cent of the people in need because of the particularly high exposure as well as extremely high risk of a major outbreak in the capital city with multiple knock-on effects.

**WASH:** the estimations of people in need was based on the number of users of centralized water supply systems consuming less than 5m<sup>3</sup> from connections and those retrieving water from public standpipes. This also included populations utilizing health centers supported with IPC WASH supplies and infrastructure. This does not include the more than 7,000,000 people estimated to be reached only with messaging on hygiene and COVID-19. In the next iteration, the target population will likely include all populations serviced by centralized networks, those utilizing supported health facilities, and those supported by community messaging platforms. Regarding the people targeted, the total was established based on agreed budget limits.

**Coordination and Common Services:** The total people in need were calculated considering the total IDPs in all resettlement sites, all IDPs in Cabo Delgado and the average number of people crossing official points of entry. Partners planned to reach 67 per cent of the estimated people in need.



# Participating Organizations

ORGANIZATION	REQUIREMENTS (US\$)	ORGANIZATION	REQUIREMENTS (US\$)
ADRA Mozambique	800,000	CUAMM Mozambique	2,000,000
AGIL (Assosiação para Gestão e Implementação de Projectos)	200,000	Food and Agriculture Organization of the United Nations	2,500,000
AIFO (in partnership with FAMOD)	153,500	Girl Child Rights-GCR	200,000
Associação Bom Samaritano (ABS)	70,000	Helpcode	487,000
Associação Esmabama/ Johnniter International Assistance (Johanniter Unfall Hilfe) (consortium)	300,000	Helpcode Italia	210,000
Associação Kubatsirana Johnniter International Assistance (Johanniter Unfall Hilfe) (consortium)	900,000	Helpo ONGD	19,440
Associação Sociedades sem Barreiras	30,000	Helvetas	160,000
Association FACE of Urban Sanitation; Johnniter International Assistance(consortium)	303,000	Humanity and Inclusion	160,000
AVSI	513,750	International Organization for Migration	7,350,000
Ayuda en Accion	15,000	IsrAID	2,000
CARE/COSACA	1,730,000	Istituto Oikos	160,000
ChildFund	110,000	Johanniter Internacional - Associação ESMABAMA (consortium)	66,650
Comissão Episcopal para Migrantes, Refugiados e Deslocados (CEMIRDE)	45,000	Johanniter Internacional- Associação KUBATSIRANA	75,000
Comusanas	207,000	Joint Aid Management (JAM International)	250,000
Conselho Cristão de Moçambique	25,000	MAHLAHLE – Associação para a Promoção e Desenvolvimento da Mulher	245,000
Médicos del Mundo (MdM)	500,000	UNFPA	2,000,000

Médicos do Mundo (Portugal)	44,600	UN-Habitat	2,225,000
ONGAWA	330,000	UNHCR	200,000
OXFAM Mozambique	1,000,000	UNICEF	7,065,680
PLAGEM - Associação Plataforma de Género em Emergências em Moçambique	26,500	WATERAID	912,000
Save The Children/COSACA	4,078,880	WeWorld-GVC	1,940,000
SDC/HELVETAS	138,000	WHO	2,400,000
Sightsavers	20,000	Wiwanana	400,000
Solidar Suíça	160,000	World Food Programme	21,466,000
SUSAMATI MOÇAMBIQUE	43,000	World Vision International	2,200,000
Swiss Solidarity/HELVETAS/SolidarMed	38,000	World Vision Mozambique	1,300,000
Terre des Hommes Italy Foundation	130,000	Young Africa Mozambique	200,000

# Projects

AGENCY	CLUSTER	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
ADRA Mozambique	Health	AIRCov-19 (ADRA Initial response COVID-19)	800,000	dmasinde@adramozambique.org
AGIL (Associação para Gestão e Implementação de Projectos)	Shelter & NFI	Promoting local sustainable solutions- With, To and By the community.	200,000	mncube@agil.mz
AIFO (in partnership with FAMOD)	Protection	A Disability-Inclusive Response to COVID-19	150,000	elisa.morrone@aifo.it
AIFO (in partnership with FAMOD)	Protection-PSEA	Community prevention of sexual exploitation and abuse (PSEA) during COVID-19 emergency	3,500	elisa.morrone@aifo.it
Associação Bom Samaritano (ABS)	Protection-GBV	Together for an inclusive protection in response to COVID-19	70,000	pascoaperiquito0@gmail.com
Associação Esmabama / Johnniter International Assistance (Johanniter Unfall Hilfe) (consortium)	Health	COVID-19 protection measures for population in health centres and communities in Sofala province	300,000	pietrof@esmabama.org
Associação Kubatsirana / Johnniter International Assistance (Johanniter Unfall Hilfe) (consortium)	Health	COVID-19 protection measures for population in health centres and communities in Manica and Zambezia	900,000	kubatsirana.coord@gmail.com
Associação Sociedades sem Barreiras	Protection	Proteção para todos	30,000	josediquissone@yahoo.com
Association FACE of Urban Sanitation; Johnniter International Assistance (consortium)	WASH	WASH COVID-19 Response	303,000	associacaofacemoz@gmail.com
AVSI	Nutrition	Nutritional intervention for children <5 and pregnant & lactating women affected by COVID-19	223,750	laura.morisio@avsi.org
AVSI	Protection- Child Protection	Child Protection intervention for COVID-19 emergency response	105,000	laura.morisio@avsi.org

AVSI	Shelter & NFI	Strengthening Shelter COVID-19 Response for IDPs and Host Communities of Cado Delgado and Sofala Province	185,000	laura.morisio@avsi.org
Ayuda en Accion	WASH	WASH COVID-19 response	15,000	sbuller@ayudaenaccion.org
CARE/COSACA	Shelter & NFI	Improving the ability to practise safe distancing and isolation among IDP households in urban settings through relevant shelter interventions. (Pemba, Cabo Delgado)	600,000	prachita.shetty@care.org
CARE/COSACA	Shelter & NFI	Improving the ability to practise safe distancing and isolation among IDP households in urban settings through relevant shelter interventions. (Sofala)	530,000	prachita.shetty@care.org
CARE/COSACA	Shelter & NFI	Improving the ability to practise safe distancing and isolation among IDP households in urban settings through relevant shelter interventions. (Nampula)	600,000	prachita.shetty@care.org
ChildFund	Protection-Child Protection	Strengthen Referral System and services in the context of COVID-19.	110,000	fnhangumele@childfund.org
Comissão Episcopal para Migrantes, Refugiados e Deslocados (CEMIRDE)	Protection	Prevenção e Combate ao COVID-19 em Moçambique	45,000	marinesbiasibetti@hotmail.com
Comusanas	WASH	WASH COVID-19 response	207,000	virgiliof.mubai@gmail.com
Conselho Cristão de Moçambique	WASH	WASH COVID-19 response	25,000	msruwa@hotmail.com
CUAMM Mozambique	Health	COVID-19 preparedness, prevention and mitigation response, as well as ensuring service continuity among targeted health facilities and hospitals in 4 Provinces of Mozambique	2,000,000	g.demeneghi@cuamm.org
FIPAG	WASH	WASH COVID-19 response	0**	khossa@fipag.co.mz
Food and Agriculture Organization of the United Nations*	Food Security and Livelihoods	Emergency Agricultural Assistance to vulnerable population affected by impact of COVID-19 in Mozambique	2,500,000	Marco.Falcone@fao.org
Girl Child Rights-GCR	Protection-Child Protection/GBV	Together For Child Protection During COVID-19	200,000	nyararai@gcr.org.mz
Helpcode	WASH	WASH COVID-19 response	487,000	roberta.pellizzoli@helpcode.org



Helpcode Italia	Protection-GBV	Multidimensional response to GBV at times of COVID-19: communities, local institutions and health centres engaged in the response against violence against women and girls	210,000	roberta.pellizzoli@helpcode.org
Helpo ONGD	Nutrition	Promoção do Aleitamento Materno e ações de combate à Pandemia da COVID-19 no Posto Administrativo do Dombe	19,440	carlosalmeida@helpomz.com
Helvetas	WASH	WASH COVID-19 response	160,000	juerg.merz@helvetas.org
Humanity and Inclusion	Protection/GBV	Support to SIOAS beneficiares regarding protection risks and mitigation measures to prevent the impact of COVID-19 on vulnerable population	160,000	m.tamburro@hi.org
International Organization for Migration	CCCM	COVID-19 preparedness and response measures to displaced populations through enhanced CCCM interventions	900,000	Ltommbonde@iom.int
International Organization for Migration	Coordination and Common Services	Implement DTM to inform COVID-19 preparedness and response measures	500,000	Ltommbonde@iom.int
International Organization for Migration	Health	Strengthening COVID-19 response and preparedness at Points of Entry and Migration-affected communities	2,250,000	Ltommbonde@iom.int
International Organization for Migration	Protection	Strengthen access of migrants in vulnerable situation to information on protection risks, available protection services and COVID-19 prevention measures	200,000	Ltommbonde@iom.int
International Organization for Migration	Shelter & NFI	Provision of additional Shelter/NFI inputs to prevent overcrowding and support COVID-19 prevention measures related to Shelter/NFI distributions	3,500,000	Ltommbonde@iom.int
IsrAID	WASH	WASH COVID-19 response	2,000	amacate@israaid.org
Istituto Oikos	Nutrition	Nutrition practices and dietary recommendations	60,000	alice.costa@istituto-oikos.org
Istituto OIKOS	Shelter & NFI	Shelter Support for COVID-19 prevention in Ibo District	100,000	caterina.grilli@istituto-oikos.org
Joint Aid Management (JAM International)	WASH	WASH COVID-19 response	250,000	Arsenio.Mucavele@jamint.com
Johanniter Internacional - Associação ESMABAMA (consortium)	Nutrition	Nutrition and COVID-19 promotion of prevention measures and safe behavioral conduct for population in health centers and communities in Buzi and Chibabava districts (sofala Province Mozambique)	66,650	pietrof@esmabama.org

Johanner International- Associação KUBATSIRANA	Nutrition	Nutrition and COVID-19 promotion of safe measures and behavioral changes for population in health centers and communities in Moussurize, Gondola and Banduzi districts (Manica Province Mozambique)	75,000	kubatsirana.coord@gmail.com
MAHLAHLE – Associação para a Promoção e Desenvolvimento da Mulher	Protection-GBV	Flash Appeal for COVID-19	245,000	omacupulane1@gmail.com
Médicos del Mundo (MdM)	Health	COVID-19 Response in Balama District , Cabo Delgado	500,000	coordcabodelgado@medicosdelmundo.org
Médicos do Mundo (Portugal)	Nutrition	Mission Ndedja COVID-19	44,600	ana.oliveira@medicosdomundo.pt
ONGAWA	WASH	WASH COVID-19 response	330,000	cati.madrid@ongawa.org
OXFAM Mozambique	WASH	WASH COVID-19 response	1,000,000	felisberto.afonso@oxfam.org
PLAGEM - Associação Plataforma de Género em Emergências em Moçambique	Protection-GBV/ PSEA	Utshessa Nguadide (a higienizacao e boa)	26,500	plagem@outlook.com
Save the Children/ COSACA	Nutrition	COVID-19: Health & Nutrition Emergency Response (note: this will be implemented in the same areas where there are current H&N projects)	578,880	stelio.dimande@savethechildren.org
Save the Children/ COSACA	Protection-Child Protection/GBV	Providing Child Protection support for the most vulnerable children affected by COVID-19	200,000	paula.sengo@savethechildren.org
Save the Children/ COSACA	WASH	WASH COVID-19 response	2,000,000	adam.davies@savethechildren.org
Save the Children/ COSACA	Health	COVID-19: Health Emergency Response in 8 Provinces	1,300,000	stelio.dimande@savethechildren.org
SDC/HELVETAS	WASH	WASH COVID-19 response	138,000	agostinho.fernando@helvetas.org
Sightsavers	Protection	Promoting access to life-saving items for people with disabilities and other vulnerable groups in five districts of Nampula Province	20,000	jturner@sightsavers.org
Solidar Suíça	WASH	WASH COVID-19 response	160,000	edgar.barata@solidar.ch

SUSAMATI MOÇAMBIQUE	WASH	WASH COVID-19 response	43,000	nairazavale@outlook.com
Swiss Solidarity/ HELVETAS/SolidarMed	WASH	WASH COVID-19 response	38,000	gilda.inteca@helvetas.org
Terre des Hommes Italy Foundation	Protection	Support Protection responses to contain the spread of the COVID-19 pandemic.	130,000	s.palandri@tdhitaly.org
UN-Habitat	Shelter & NFI	Technical assistance on shelter and spatial planning to population in informal settlements in urban areas affected by the COVID-19 in pandemic in Nampula and Maputo provinces	585,000	wild.dorosario@un.org
UN-Habitat	Shelter & NFI	Technical assistance on shelter and spatial planning to population in informal settlements in urban areas affected by the COVID-19 in pandemic in Nampula and Maputo provinces	840,000	wild.dorosario@un.org
UN-Habitat	WASH	WASH COVID-19 response	800,000	piero.meda@gvc.weworld.it
UNFPA	Health	Essential reproductive health kits distribution to support the health facilities to provide the sexual and reproductive health services. 2. Deployment of 10 maternal and child health nurses per province to support the life saving SRH service provision during COVID-19 response. 3. Recruiting UNFPA SURGE (remote work) and national staffs to support the SRH program implementation including monitoring and provide technical assistance. "	2,000,000	drestrepo@unfpa.org
UNHCR	Protection	COVID-19 Response: Provision of Protection Services and Assistance to Vulnerable Groups	200,000	chakwera@unhcr.org
UNICEF	Health	Risk Communication and Community Engagement (RCCE) ,Improve Infection and Prevention Control (IPC) and provide critical medical supplies,Minimize morbidity and mortality due to nCoV, including case management and surveillance,Prevent and address the secondary impact of the outbreak (Supporting provision of adequate and continuous Child health care services)	1,850,000	ssultana@unicef.org
UNICEF	Nutrition	Nutrition support to affected populations by COVID-19	965,680	dfoote@unicef.org
UNICEF	WASH	WASH COVID-19 response	4,250,000	ccormency@unicef.org
WATERAID	WASH	WASH COVID-19 response	912,000	DulceMarrumbe@wateraid.org

WeWorld-GVC	Shelter & NFI	Provide urgent lifesaving humanitarian assistance to the vulnerable people affected by the COVID-19 and IDAI in Manica Province (Sussudenga e Mussurize District).	380,000	piero.meda@gvc.weworld.it
WeWorld-GVC	Shelter & NFI	Provide urgent lifesaving humanitarian assistance to the vulnerable people affected by the COVID-19, (Kenneth and insecurity in Pemba, Cabo Delgado)	230,000	piero.meda@gvc.weworld.it
WeWorld-GVC	Shelter & NFI	Provide urgent lifesaving humanitarian assistance to the vulnerable people affected by the COVID-19, (Kenneth and insecurity in Pemba, Cabo Delgado)	650,000	piero.meda@gvc.weworld.it
WeWorld-GVC	WASH	WASH COVID-19 response	680,000	piero.meda@gvc.weworld.it
World Food Programme	Nutrition	WFP's Nutrition Response to COVID-19 in Mozambique: Protecting individuals and communities against the health and social-economic impact of COVID-19	966,000	edna.possolo@wfp.org
WHO	Health	Strengthen COVID-19 preparedness & response, cholera, other diarrheal diseases and ensure provision of basic health services	2,400,000	gebresillassie@who.int.
Wiwanana	Health	Providing COVID-19 preventive and services to population of Cabo Delgado and Maputo	400,000	anadavid2008@hotmail.com
World Food Programme	Logistics	Provision of logistics common services for COVID-19 response	3,000,000	eunice.smith@wfp.org
World Food Programme	Education	School feeding program	5,000,000	mariana.rocha@wfp.org
World Food Programme*	Food Security and Livelihoods	Provide unconditional cash-based assistance; Provision of food to isolation/treatment centers; Raise awareness of communities; Procure and pre-position stocks; Strengthen market monitoring system; Engage in advocacy and coordination efforts	12,500,000	Nicolas.Babu@wfp.org
World Vision International	WASH	WASH COVID-19 response	2,200,000	nicholas_ahadjie@wvi.org
World Vision Mozambique	Health	Empowering Communities to Respond Appropriately to COVID-19 Emergency	1,300,000	Mario_Ernesto@wvi.org
Young Africa Mozambique	Shelter & NFI	Shelter Responses & Resilience Building During and Post COVID-19	200,000	shariwa.zvikomborero@youngafrica.org
<b>Total</b>			<b>68,105,000</b>	

\* Other sectoral projects could be funded separately or through the next iteration of the Flash Appeal.

\*\* Financial requirements for continuity of services not included in this iteration of the Flash Appeal although this remains a critical component of the response."



# Acronyms

<b>AMODEFA</b>	Associação Moçambicana para o Desenvolvimento da Família	<b>MNP</b>	Micronutrient Powders
<b>CCCM</b>	Camp Coordination and Camp Management	<b>MoH</b>	Ministry of Health
<b>CDC</b>	Centers for Disease Control and Prevention	<b>MSF</b>	Médicos Sem Fronteira
<b>CMT</b>	Crisis Management Team	<b>mVAM</b>	mobile Vulnerability Analysis and Mapping
<b>COVID-19</b>	Coronavirus disease 2019	<b>NFIs</b>	Non-food items
<b>DCP</b>	Development Coordination Platform	<b>NGOs</b>	Non-governmental organization
<b>DNUSE</b>	Directorate of School Feeding and Health	<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>DPGCAS</b>	Department of Women, Children and Social Affairs	<b>PoEs</b>	Points of Entry
<b>DPO</b>	Disabled People Organization	<b>PPE</b>	Personal Protective Equipment
<b>DPS</b>	Direcção Provincial de Saúde	<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>DTM</b>	Displacement Tracking Matrix	<b>PSS</b>	Psycho-social Support
<b>EoC</b>	Emergency Operations Center	<b>RC</b>	Resident coordinator
<b>EU</b>	European Union	<b>SAM</b>	Severe Acute Malnutrition
<b>EVD</b>	Ebola Virus Disease	<b>SEA</b>	Sexual Exploitation and Abuse
<b>FAO</b>	Food and Agriculture Organization of the United Nations	<b>SETSAN</b>	Secretariado Técnico de Segurança Alimentar
<b>GBV</b>	Gender-Based Violence	<b>SMEs</b>	Small-Medium-Sized Enterprises
<b>GoM</b>	Government of Mozambique	<b>SOPs</b>	Standard Operating Procedures
<b>HC</b>	Humanitarian Coordinator	<b>SRH</b>	Sexual and Reproductive Health
<b>HIV</b>	Human Immunodeficiency Virus	<b>TAT</b>	Technical Advisory Team
<b>HLP</b>	Housing, Land and Property	<b>TB</b>	Tuberculosis
<b>ICCG</b>	Inter-Cluster Coordination Group	<b>TWG</b>	Technical Working Group
<b>ICRC</b>	International Committee of the Red Cross	<b>UAGs</b>	Unidentified Armed Groups
<b>ICT</b>	Information and Communications Technology	<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>ICU</b>	Intensive Care Unit	<b>UNCT</b>	United Nations Country Team
<b>IDP</b>	Internally Displaced Persons	<b>UNFPA</b>	United Nations Population Fund
<b>IE</b>	Inclusive Education	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>IFRC</b>	International Federation of Red Cross	<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>INGC</b>	Instituto Nacional de Gestão de Calamidades	<b>USAID</b>	United States Agency for International Development
<b>IOM</b>	International Organization For Migration	<b>VAC</b>	Violence Against Children
<b>IPC</b>	Integrated Phase Classification	<b>WASH</b>	Water, Sanitation and Hygiene
<b>MHM</b>	Menstrual Hygiene Management	<b>WFP</b>	World Food Program
<b>MHPSS</b>	Mental Health and Psychosocial Support	<b>WGFS</b>	Women Girls Friendly Spaces
<b>MINEDH</b>	Ministério de Educação e Desenvolvimento Humano	<b>WHO</b>	World Health Organization
<b>MISAU</b>	Ministério da Saúde		
<b>MISP</b>	Minimum Initial Service Package		

## End Notes

1. <https://www.helpage.org/where-we-work/africa/mozambique/>
2. <https://www.who.int/countries/moz/areas/tuberculosis/en/index1.html> and [https://extranet.who.int/sree/Reports?op=Replet&name=/WHO\\_HQ\\_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=MZ&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=/WHO_HQ_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=MZ&outtype=html)
3. National Institute of Statistics 2014/2015.
4. <https://www.who.int/countries/moz/areas/tuberculosis/en/index1.html> and [https://extranet.who.int/sree/Reports?op=Replet&name=/WHO\\_HQ\\_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=MZ&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=/WHO_HQ_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=MZ&outtype=html)
5. <https://www.helpage.org/where-we-work/africa/mozambique/>

# How to Contribute

## Contribute towards Mozambique Flash Appeal for COVID-19



Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Mozambique as identified in this Flash Appeal for COVID-19.

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## About

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

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

**FLASH APPEAL FOR  
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[www.humanitarianresponse.info](http://www.humanitarianresponse.info)



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[www.hum-insight.com](http://www.hum-insight.com)



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

[fts.org/appeals/2020](http://fts.org/appeals/2020)