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MOZAMBIQUE



UN MULTI-SECTOR RESPONSE PLAN TO COVID-19

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EXECUTIVE SUMMARY

Mozambique registered its first COVID-19 case on 22 March 2020 and since then numbers have steadily grown over the following three months with cases now reported in all provinces. In response, a level 3 State of emergency was enacted on 1 April 2020 and has been extended until 29 July 2020, with measures targeting the prevention of COVID-19 transmissions. Resources have been redirected to enhance the capacity of the health sector to respond to COVID-19, a review of the economic growth rate conducted, measures to limit the impact on the private sector implemented and preparations for social protection scale-up undertaken.

The UN Multi-sector Response Plan to COVID-19 integrates the interventions envisaged by UN agencies into a coordinated, One-UN response, to support Mozambican institutions, civil society and the private sector to delay and mitigate the spread of COVID-19 and to build resilience against its impact across all sectors. The Response Plan reflects UN agencies' efforts to support the sectoral plans developed by Mozambican Institutions and is an integral part of the joint international community's support to Mozambique. All UN Agencies are contributing to the COVID-19 response, working hand-in-hand with national and local institutions in all provinces. The Response Plan is divided into two phases of implementation, the immediate response (9 months) and the medium term response (18 months).

The Response Plan provides a unique moment to transform the challenges posed by COVID-19 into opportunities to continue to accelerate investment into the sustainable development of the country as the only effective and durable response to COVID-19. The plan is integrated into the UNDAF Plan objectives and timeframe, complements the COVID-19 Humanitarian Response Plan for Mozambique launched in June and is fully aligned with global UN planning frameworks.

The Response Plan requires a total of US\$ 379m of which the UN system is looking to raise an overall amount of US\$ 337m. An analysis of the potential impact of COVID-19 in Mozambique highlights the need for significant

investment in food security and nutrition (US\$180m), socioeconomic challenges (US\$62m), social protection (US\$62m) and health (US\$27m) as the sectors most likely to be impacted.

The Response Plan acts as a resource mobilization tool. In line with the One-UN spirit of the UN reform, a COVID-19 window has been created in the Mozambique UNDAF One-UN multi-partner trust fund chaired by the Resident Coordinator and the Minister of Foreign Affairs. Resources can be funneled through the One fund to facilitate the harmonization of the plan's objectives, as well as bilaterally to individual UN organizations.

As a global health pandemic, the primary focus of the COVID-19 response is ensuring health systems globally are able to respond. However, as evidenced worldwide, the negative impact of COVID-19 extends well beyond the health sector. In light of this, the Response Plan focuses on four work streams to ensure an alignment and maximization of the envisaged actions by UN agencies, in addition to cross-cutting issues present in all sectors. These include:

- ▶ Health first: The UN aims to support the Ministry of Health to prepare for and prevent COVID-19 transmissions; detect, report, confirm and respond to outbreaks; and ensure the continuity of essential health services.
- ▶ Protecting People from all forms of harm, including social protection and basic services: The goal of the UN is to mitigate the negative economic impact of COVID-19 prevention and control measures. It intends to support the implementation of WASH activities and protocols in health facilities, ensure the continuation of water supply services, and disseminate COVID-19 awareness and prevention messages. It plans to contribute to continued access to education through distance learning and find alternative solutions for underprivileged and vulnerable children without access.



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- ▶ Economic Recovery addressing the response to socioeconomic challenges, including employment, livelihoods, food security and nutrition: The objective of the UN is to minimize the socioeconomic impacts of COVID-19 ensuring business continuity and survival, the retention of workers and of livelihoods for the female-dominated informal economy, and robust socioeconomic recovery post COVID-19. It plans to support the dissemination of protective gear to agriculture workers and ensure the continuity of agriculture, fisheries and forest activities in rural areas.
- ▶ Social Cohesion and Community Resilience aiming at strengthening governance and rule of law, and disaster management capacity: The UN intends to support the Government in responsive, inclusive and accountable management of emerging challenges in light of COVID-19 and ensure the continuity of operations. It aims to assist a range of actors on their COVID-19 preparedness and response plans, assessing corruption risks in national COVID-19 response mechanisms and maintaining social cohesion.

- ▶ Additionally, cross-cutting issues, including human rights, population mobility, protection and gender are identified. The UN will ensure all cross-cutting issues are mainstreamed across all sectoral responses.

It is critical that the UN is ready to respond to the immediate needs presented by COVID-19, while preparing a longer term, build back better response, through the development of the new UN Sustainable Development Cooperation Framework, to guarantee Agenda 2030 is preserved. The UN is well positioned to support the Government in its COVID-19 response given its multi-mandate make-up in both development and emergency operations; its ability to enhance technical capacities of Government structures for scaled-up service delivery; and continuous provision of normative support and policy advice based on impartiality and universality.

INTRODUCTION

Almost two months since the first case of COVID-19 was registered in Mozambique, it is still difficult to predict the extent of the impact of the pandemic in the Country. Considering the evolution of the situation in Mozambique and examples from the rest of the world, it is reasonable to expect that the crisis will have major immediate and long-term effects on the delivery of health and protection of people, on the socioeconomic sectors, and on security, rule of law and governance systems, as well as on gender equality, gender-based violence (GBV) and human rights. It is imperative for the United Nations (UN) to be able to respond urgently to the multiple needs in these sectors while preparing a longer term build back better response, through the development of the new UN Sustainable Development Cooperation Framework (CF), to guarantee that the 2030 Agenda is preserved.

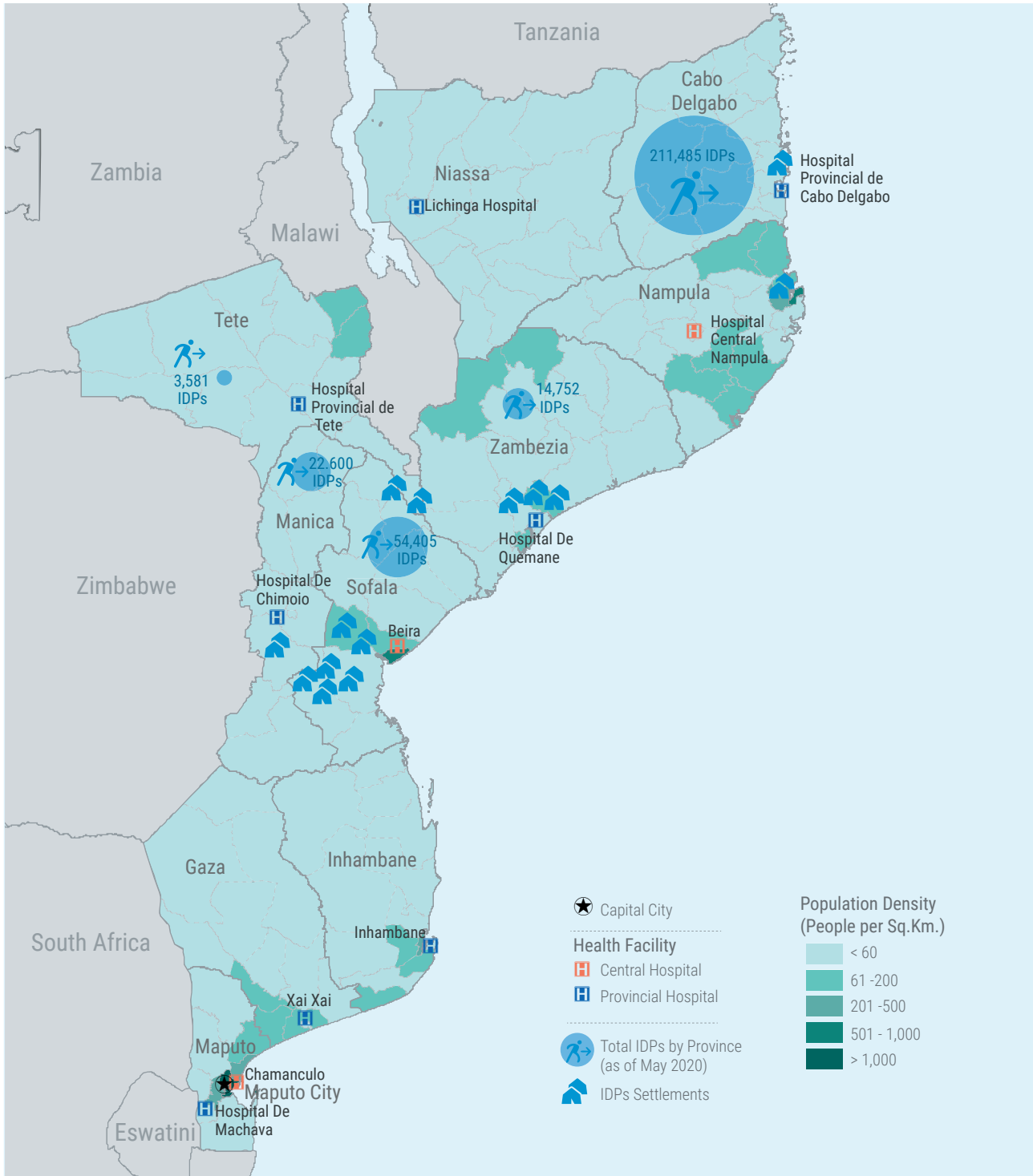
The UN System in Mozambique proposes a Multisector Response Plan to COVID-19 for a cohesive response to these priority challenges. The plan ensures that the different ongoing workstreams are aligned and maximize the impact of the envisaged actions under the leadership and guidance of the Government and the partnerships with the group of development partners. Furthermore, it considers actions conducted by the humanitarian community, civil society organizations (CSOs) and all those affected by the pandemic.

The Multisector Response Plan is aligned with the National Plan for Preparedness and Response to COVID-19, including the national health plan; the Global Humanitarian Response Plan (GHRP); the UN Framework for the Immediate Socio-economic Response to COVID-19; and the UN analysis of the potential impact of COVI-19 in Mozambique. The purpose of this document is to promote coherent and coordinated UN support to Mozambique's preparedness and response to the COVID-19 outbreak.

The intervention of the Plan will use two timelines:

- ▶ **Immediate actions**, for a period of nine months until the end of 2020, to establish life-supporting activities that need to start immediately to respond to the public health impact of the pandemic as well as the indirect impacts in other socioeconomic sectors and that are undertaken by the Agencies, Funds and Programmes (AFPs) in tandem with various stakeholders in Mozambique. The plan does not include life-saving interventions to address the most urgent humanitarian needs as these have been considered in the Emergency Appeal for COVID-19 developed by the Humanitarian Country Team (HCT). This appeal is aligned with the GHRP for COVID-19. It will assist the most vulnerable groups in the context of displacement and sheltering with physical distancing. It will cover the entire country, with a specific focus on the provinces previously hit by climatic shocks (including cyclones, floods, and drought) and violence in 2019 and early 2020.
- ▶ **Medium Term Interventions** to address the socioeconomic impact of the crisis for a period of 18 months, ensuring the continuation of service provision at all levels and across sectors. Throughout our response, the guiding reference will remain the 2030 Agenda for Sustainable Development and its central promise to 'leave no one behind'. The UN in Mozambique will assist in shoring up health systems, prevent a breakdown of food systems, restore and build back better their basic social services and other measures to minimize the impact of the pandemic on the most vulnerable populations.

The Multisector Response Plan presents the UN offer for the preparedness and response to the pandemic, considering its comparative advantages and the resources available or to be mobilized, as well as the partnerships being created with like-minded stakeholders. The document will continue to evolve both in terms of content and budget, due to the difficulty, at this point, in predicting how the crisis will unfold. The difficulty of planning, in the context of rapid changes and high unpredictability makes it imperative to



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ensure that the plan is flexible and can be adjusted as implementation moves forward and with a transparent capacity to monitor and report.

Prevailing principles of the UN response, in line with Agenda 2030 and human rights, is to leave no one behind and to ensure that the rights of affected populations, particularly the most vulnerable, are respected. This socioeconomic package of support realizes that the response to this pandemic must accelerate rather than undermine decarbonization,

the protection of natural capital, resilient cities, social equality and inclusion, the realization of human rights for everyone, the rule of law and accountable, capable governments and institutions.

The long-term strategy related to the recovery and strengthening of the resilience of the population in order to build back better, will be addressed more specifically during the development of the new UN Sustainable Development CF, in line with the implementation of the Sustainable Development Goals (SDGs).

THE WHAT AND THE HOW

Given its long-established presence in Mozambique and its global network, the UN is well positioned to support these efforts in view of its comparative advantages. These lie in its knowledge of the national and international humanitarian and development context, and its ability to enhance the technical capacities of Government structures and CSOs for scaled-up service delivery. The multi-mandate make-up of the UN AFPs enables them to provide multidisciplinary support and facilitate a more integrated multi-sector approach for both the mid-term development efforts and emergency operations.

The UN in Mozambique are also recognized for their ability to provide normative support and policy advice both at upstream and decentralized levels based on impartiality and universality, to facilitate partnerships with stakeholders, as well as for its normative and standard setting role.

WHAT

In line with the global approach of the UN, the United Nations Country Team (UNCT) started with a focus on support to the health system. Mozambique's health system faces significant challenges in terms of preparedness and response, especially its capacity to keep populations in isolation, Infection Prevention and Control (IPC) and Surveillance. The UN and the Ministry of Health (MISAU) in Mozambique understand the challenges in the country's health system and are committed to raising its preparedness to the highest standard possible. Accordingly, the Government of Mozambique has begun its preparedness activities to ensure that the health system can detect and respond to the COVID-19 outbreak. The development partners and the UN system have planned their response in close alignment with the Government plans. In March, the UN finalized its plan to support the Health Sector for

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COVID-19 Preparedness and Response with the main objective of strengthening and sustaining the capacity of the health system to prepare and prevent COVID-19 disease transmissions; promptly detect, report and confirm disease outbreaks, including the Points of Entry (POE); and promptly respond to a COVID-19 outbreak.

Additionally, there is a need to mitigate the knock-on effects on people's lives, their livelihoods and the real economy. Following the preparation of the *UN Mozambique Plan to support Health Sector COVID-19 Preparedness and Response* and the vision of the Secretary General¹, the UN in Mozambique prepared an analysis of the potential impact of the crisis in the country. The UN system support is no longer limited to MISAU; rather it has engaged national and provincial stakeholders in a multisectoral response, in line with global and governmental efforts.

In order to address these concerns, the Multi-sector Response Plan will consider some guiding principles that will improve the efficiency of the response, including:

- ▶ **Leave no one behind.** This is a core commitment of the Agenda 2030 and aims to ensure that with the limited resources available, the interventions of the UNCT will target those most at risk of being left behind.
- ▶ **Alignment.** The UN interventions will respect the leadership of governments and national actors and will support the development and implementation of national development plans.
- ▶ **Timing.** Jointly with partners or solely, the UN needs to be able to quickly respond to the evolving circumstances and provide the best possible support in a very tight timeframe.
- ▶ **Strong partnerships.** In order to amplify the responses, the UN will work to connect with development partners, private sector, CSOs and the International Financial Institutions.
- ▶ **Participation.** The UN will promote the participation of key players such as women's networks in decision making of the response to ensure inclusiveness and gender sensitiveness of the response.
- ▶ **Flexibility.** This is a live document that will be continuously updated to better match the evolving situation.

▶ **Prioritization.** The UN will prioritize the socioeconomic response, social services delivery, the strengthening of governance and rule of law, as well as cross-cutting aspects of human rights and gender. The specific interventions within each of these priorities will be selected based on their ability to contribute decisively to the response to the COVID-19 crisis. Other initiatives will be part of the implementation of regular UN plans, such as the UNDAF joint workplans.

▶ **Nexus approach.** Articulation of crisis, recovery and mid to long term interventions to avoid the 'swing effect' (*frequent move back and forth between emergency and development*) that adversely affects the sustainable development of Mozambique. This approach would benefit from strengthening disaster management capacity through reinforced coordination and communication as well as reinforced National Disaster Management structures and leadership for responsive, inclusive, and accountable management of COVID-19 crisis.




1 The UN Secretary General has pointed out that the UN also needs to support host Countries in addressing the humanitarian (short-term) and the social-economic (medium- to long-term) impacts of the outbreak.





HOW

The Multi-sector document represents the contribution of the UN system to the existing and upcoming national Government's plans of response to the crisis as well as to the initiatives undertaken by the international community.

In order to operationalize the response, the UNCT created sectoral working groups within the priorities identified above in the areas considered by the UN as the most likely impacted by the COVID-19 crisis. Within each area the planned interventions will be divided in immediate actions for a period of nine months and medium term with a timeframe of 18 months. The four work streams and the cross-cutting interventions are:

-  Health First;
-  Protecting People from all forms of harm, including social protection and basic services;
-  Economic Recovery addressing the response to socioeconomic challenges, including, employment, livelihoods, food security and nutrition;

 Social Cohesion and Community Resilience aiming at strengthening governance and rule of law, and disaster management capacity;

 Cross-cutting Issues, including human rights, population mobility, protection and gender.

The proposed interventions will contribute to enhancing long-term resilience and recognizing the interconnectivity embodied in the SDGs that all life on this planet is interconnected. Concretely, the investments in these work streams illustrate the relationship between basic social services (SDG 1, 2, 3, 4, 6, 10), the economic growth conducive sectors (SDG 8, 9) and the realization of human rights for everyone, the rule of law and accountable, capable governments and institutions (SDG 5, 16).

AT A GLANCE

TOTAL FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	25,657,510	215,703,534	241,361,044
Medium Term	16,501,110	121,079,000	137,580,110
Total	42,158,620	336,782,534	378,941,154



REQUIRED

\$ 378,941,154

TO BE MOBILIZED

\$ 336,782,534



IMMEDIATE ACTIONS

\$ 241,361,044

MEDIUM TERM

\$ 137,580,110

BREAKDOWN OF REQUIREMENTS BY SECTOR:

HEALTH FIRST

HEALTH

	Available	To be Mobilised	Total
Immediate Actions	6,400,000	16,500,000	22,900,000
Medium Term	500,000	3,550,000	4,050,000
Total	6,900,000	20,050,000	26,950,000



REQUIRED

\$ 26,950,000

TO BE MOBILIZED

\$ 20,050,000

PROTECTING PEOPLE

SOCIAL PROTECTION

	Available	To be Mobilised	Total
Immediate Actions	1,150,000	59,636,024	60,786,024
Medium Term	300,000	930,000	1,230,000
Total	1,450,000	60,566,024	62,016,024



REQUIRED

\$ 62,016,024

TO BE MOBILIZED

\$ 60,566,024

WASH

	Available	To be Mobilised	Total
Immediate Actions	5,110,000	7,200,000	12,310,000
Medium Term	6,447,000	2,300,000	8,747,000
Total	11,557,000	9,500,000	21,057,000



REQUIRED

\$ 21,057,000

TO BE MOBILIZED

\$ 9,500,000

EDUCATION

	Available	To be Mobilised	Total
Immediate Actions	630,000	9,773,677	10,403,677
Medium Term	150,000	800,000	950,000
Total	780,000	10,573,677	11,353,677



REQUIRED

\$ 11,353,677

TO BE MOBILIZED

\$ 10,573,677

ECONOMIC RECOVERY

SOCIOECONOMIC CHALLENGES

	Available	To be Mobilised	Total
Immediate Actions	4,425,000	20,280,000	24,705,000
Medium Term	7,895,000	29,820,000	37,715,000
Total	12,320,000	50,100,000	62,420,000



REQUIRED

\$ 62,420,000

TO BE MOBILIZED

\$ 50,100,000

FOOD SECURITY AND NUTRITION

	Available	To be Mobilised	Total
Immediate Actions	6,120,000	98,650,000	104,770,000
Medium Term	20,000	75,000,000	75,020,000
Total	6,140,000	173,650,000	179,790,000



REQUIRED

\$ 179,790,000

TO BE MOBILIZED

\$ 173,650,000

SOCIAL COHESION

GOVERNANCE

	Available	To be Mobilised	Total
Immediate Actions	770,000	1,420,000	2,190,000
Medium Term	235,000	2,922,000	3,157,000
Total	1,005,000	4,342,000	5,347,000



REQUIRED

\$ 5,347,000

TO BE MOBILIZED

\$ 4,342,000

RULE OF LAW AND SECURITY

	Available	To be Mobilised	Total
Immediate Actions	120,010	180,000	300,010
Medium Term	140,000	410,000	550,000
Total	260,010	590,000	850,010



REQUIRED

\$ 850,010

TO BE MOBILIZED

\$ 590,000

CROSS CUTTING INTERVENTIONS

GENDER

	Available	To be Mobilised	Total
Immediate Actions	932,500	2,063,833	2,996,333
Medium Term	814,110	5,347,000	6,161,110
Total	1,746,610	7,419,833	9,157,443



REQUIRED

\$ 9,157,443

TO BE MOBILIZED

\$ 7,419,833

SECTOR RESPONSE: HEALTH FIRST



FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	6,400,000	16,500,000	22,900,000
Medium Term	500,000	3,550,000	4,050,000
Total	6,900,000	20,050,000	26,950,000

REQUIRED
\$ 26,950,154

TO BE MOBILIZED
\$ 20,050,000

IMMEDIATE ACTIONS
\$ 22,900,000

MEDIUM TERM
\$ 4,050,000

In the Health sector the objective of the interventions of the UN system in Mozambique is to support the health sector to strengthen preparedness and response to COVID-19 at all levels. Concretely, it aims at strengthening and sustaining the capacity of the health system to:

- Prepare and prevent COVID-19 disease;
- Promptly detect, report and confirm disease outbreaks, including the Points of Entry (POE);
- Promptly respond to a COVID-19 outbreak;
- Ensure continuity of essential health services.

The priorities to be addressed in the health sector are intertwined within both the immediate and the short-medium term windows. They are the following:

- ▶ Country coordination mechanism is strengthened to respond COVID-19 pandemic;
- ▶ Risk Communication developed and disseminated through community engagement to prevent COVID-19 infections with particular attention targeted towards messaging for risk and vulnerable populations;
- ▶ Rapid Response Team created and Surveillance capacity strengthened;
- ▶ Surveillance capacity at the POE established;
- ▶ Laboratory Capacity developed and decentralized;
- ▶ Case management capacity improved;

- ▶ IPC measures adopted and implemented at health facilities, at risk locations such as detention facilities and other closed institutions, workplace and communities level;
- ▶ Harness and mobilize youth to play a role as change agents in the COVID-19 response reaching their peers, families and communities;
- ▶ Equipment and medical products available in Health Facilities to better response to COVID-19;
- ▶ Operations support and logistics timely disposed to combat COVID-19;
- ▶ UN Agencies benefited from operational support to better contribute to combat COVID-19;
- ▶ Coordinate and provide technical support to ensure that lifesaving and essential services such as integrated Maternal child health, sexual and reproductive healthcare and GBV services (including Clinical Management of Rape) are in place to protect the population at most risk (pregnant women, adolescents and young girls and children);
- ▶ Community-based surveillance system established and functional;
- ▶ Essential Health Service delivery maintained during the COVID-19 pandemic.

SECTOR RESPONSE: PROTECTING PEOPLE

The COVID-19 response should take into consideration the consequences of outbreaks on communities and pay special attention to the needs of at risk populations and vulnerable groups, such as older persons, persons with disabilities, persons with underlying medical conditions, persons in closed institutions, women and children, refugees, undocumented, asylum-seekers, returning migrants and internally displaced persons (IDPs). Appropriate measures should be in place to ensure vulnerable groups are able to report any type of harm, even within the household, in a safe manner. Psychosocial services should be available to all, to ensure people in need reach services before they cause harm to themselves or others. Appropriate case management services should be institutionalised to ensure these are viable through a remote platform.

All persons have a right to live their life in dignity. No

one should be discriminated against on any grounds of status, including age, gender, race, color, ethnicity, sexual orientation, language, religion, disability, health status, political or other opinion, and national or social origin.

Women, older persons, children, persons with disabilities, asylum-seekers, IDPs, stateless, and persons living with HIV/AIDS (PLWHIV) experience heightened vulnerabilities within a community and become even more vulnerable in emergencies. Certain groups might not seek assistance due to fear of social stigma associated with underlying health conditions and fear of discrimination or retaliation. Stigma can undermine social cohesion and prompt possible social isolation of groups which can result in more severe health problems and difficulties controlling a disease outbreak. By understanding these issues, the UN can support the capacity of vulnerable populations, provide priority assistance, and engage them in decision-making processes for preparedness, risk reduction and response.

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FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	1,150,000	59,636,024	60,786,024
Medium Term	300,000	930,000	1,230,000
Total	1,450,000	60,566,024	62,016,024

REQUIRED
\$ 62,016,024

TO BE MOBILIZED
\$ 60,566,024

IMMEDIATE ACTIONS
\$ 60,786,024

MEDIUM TERM
\$ 1,230,000

CONTEXT

Following the COVID-19 crisis, it is foreseen that livelihoods will be at risk and food security and nutrition will worsen. Children and young population, understood to be at lower direct risk from COVID-19, will be at the centre of socioeconomic effects derived from the response to the pandemic. Unless rapid action is taken to mitigate the impacts on urban and peri-urban areas, it is likely that the higher costs of living and restrictions to mobility and work will generate social unrest and overall instability.

In the short run, special attention must be placed on the immediate economic impact on poor and vulnerable populations, inter alia informal workers and their families in urban and peri-urban areas, who live with daily earnings and limited savings (e.g. informal market businesses, micro/small suppliers and producers, domestic and construction workers, street vendors, etc.). The logistics challenges imposed by lockdowns in neighbouring South Africa and the decrease in global commerce will eventually negatively impact food prices and availability. A considerable number of formal employees, especially those working in Medium and Small Enterprises (SMEs), as well as self-employed informal sellers and suppliers could be affected by the economic slowdown and the closure of businesses, leaving workers unprotected as Unemployment Benefit is not established yet in the contributory Social Security system of Mozambique.

Additionally, informal markets places and public bus stations are among the most congested spaces in towns where thousands of people interact with each other on daily bases. There is nearly a complete absence of hygienic conditions, handwashing and personal protection means in these spaces. Subsistence businesses do not allow the vendors to cater for the provision of such facilities for neither the clients nor the vendors themselves. This presents a high risk of contamination and spread of COVID-19 if not effectively controlled. However, these places are of critically importance to the

supply of required food, vegetable and daily household essentials to the population.

In the medium and longer term, the effects of slower economic growth can spread across the country, to poor and vulnerable families in rural areas, due to lower remittance from their families in urban and peri-urban areas and overseas, and increased food prices and cost of living due to depreciation of local currency (among others). These may severely affect rural population as the majority of them live below the national poverty line and many of them have been badly affected by climate shocks, including the devastating cyclones in 2019 and seasonal droughts, as well as the situation of insecurity in Cabo Delgado.

OBJECTIVES

The main objectives of the protection sector are three-fold:

- ▶ Mitigate the impact of the COVID-19 pandemic in Mozambique in a relatively short period of time regarding the need to ensure income security for affected populations;
- ▶ Alleviate the immediate economic impact of COVID-19 prevention and control measures, compensating the population, vulnerable informal and street vendors, small suppliers and producers for losses, focusing on the most vulnerable in urban and peri-urban areas;
- ▶ Support the income of poor and vulnerable families in the face of medium and long-term economic effects of the COVID-19 pandemic.



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PRIORITIES

UN agencies involved in the Social Protection COVID-19 Response will support the Government of Mozambique to implement the Direct Social Support Programme Post Emergency (PASD-PE) programme to provide cash transfers to affected population through:

- ▶ Vertical expansion: top-ups for current beneficiaries in urban and peri-urban areas enrolled in the non-contributory social protection system, managed by the National Institute of Social Action (INAS) plus those currently on the “waiting list” (already identified);
- ▶ Horizontal expansion: cash transfers to new beneficiaries in urban and peri-urban areas to be reached through institutional referrals through the National Institute of Social Security (INSS) and non-government organisations (NGOs) supporting vulnerable groups and a combination of geographical and categorical targeting¹;
- ▶ Provision of cash assistance to self-employed subsistence workers, informal market sellers, street vendors, micro and small suppliers and producers in the urban and peri-urban areas;
- ▶ Assessment of vulnerabilities and monitoring & learning, communication (C4D) and gender mainstreaming complementary/in support of cash transfers;
- ▶ Leverage disaggregated data and innovative approaches to enable social protection measures for the most vulnerable and marginalized populations such as survivors of GBV, teenage mothers, women-headed households etc.

¹ ILO, WFP and UNICEF are in communication with UN WIDER in order to produce a rapid geographical targeting through Census 2017-based poverty maps. Satellite-based maps produced by the World Bank are also a potential tool.

WATER, SANITATION, AND HYGIENE (WASH)



FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	5,110,000	7,200,000	12,310,000
Medium Term	6,447,000	2,300,000	8,747,000
Total	11,557,000	9,500,000	21,057,000

REQUIRED
\$ 21,057,000

TO BE MOBILIZED
\$ 9,500,000

IMMEDIATE ACTIONS
\$ 12,310,000

MEDIUM TERM
\$ 8,747,000



CONTEXT

The WASH sector in Mozambique is particularly fragile with service levels amongst the lowest in the region. The current level of access to water is 50%, and this figure is just 36% in rural areas. Sanitation coverage is 26% and in rural areas it is roughly half of this figure. The situation is markedly worse in some peri-urban areas where WASH access is intermittent and of varying quality. The secondary impact of the virus could damage this already fragile sector.

Informal settlements, refugees and IDPs sites also face considerable challenges in the control of COVID-19. Once an outbreak occurs, escalation can be rapid. There is a need to continuously observe where poor and vulnerable populations are more densely concentrated and have limited access to healthcare and basic services (especially water and sanitation) within already challenging hygienic conditions, including informal settlements in large and intermediate urban centers. These communities, which constitute approximately 80% of the urban population of the country, are completely dependent on cash and will be forced to prioritize their daily economic needs and concerns over their health.

Reduction in spending capacity at the household level will also have an impact on payments for water services. This will be particularly acute for water supply systems in district capitals and other small towns, where systems are operated by private operators that rely on monthly revenue. A subsequent reduction of revenue and government decrees suspending payments for water for standpipes and low consumption users may lead into restriction of services, potentially limiting availability of water in these systems. Subsidies will be required for operators to maintain service levels for populations served by centralized water systems.

OBJECTIVES

The UN WASH sector will support the MISAU and the Government of Mozambique to respond to COVID-19 by mitigating its impact on the wider sector through the support to the continuity of services and to health facility IPC measures.

PRIORITIES

The UN supports health structures, vulnerable communities and potential affected populations to ensure the continuation of water supply services. The UN advocates for the provision of WASH services, including construction and rehabilitation works in high risk areas, to be considered as essential services.

The UN also supports the health sector's ability to respond to new cases of COVID-19 through the development and implementation of WASH related activities in health care facilities. This includes ensuring urban health facilities have access to a sufficient quantity of water supply, cleaning and disinfection materials, and hand washing stations with soap. To guarantee sufficient water quality and disinfection capacity, granular chlorine will be provided to urban health facilities. Specifically, the UN will support MISAU to ensure that WASH related IPC protocols are implemented in isolation wards (waste collection, disaggregation, waste storage, treatment and final disposal).

The community mobilization structures in place to promote hygiene and sanitation, including hand washing with soap and how to build a hand washing station, may provide an opportunity to support COVID-19 awareness and prevention messages. Content of the messages and methods will be reviewed, taking into account MISAU guidance on social mobilization.

In high risk communities, the UN will support the provision of hand washing facilities, hygiene items and emergency water services. Furthermore, it will provide hygiene and COVID-19 preventative messages through mass media and Information, Communication and Education (IEC) materials giving priority to older persons living with chronic medical conditions, including HIV, as these are the most vulnerable to the effects of COVID-19. For hygiene actions, there will be a focus on key locations in informal settlements and high-density public places, such as markets and bus stations. The UN will work with municipalities to integrate technical recommendations for urban settings (with a focus on informal settlements and displaced communities' sites) into emergency actions in alignment with government and sector coordination strategies.



FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	630,000	9,773,677	10,403,677
Medium Term	150,000	800,000	950,000
Total	780,000	10,573,677	11,353,677

REQUIRED

\$ 11,353,677

TO BE MOBILIZED

\$ 10,573,677

IMMEDIATE ACTIONS

\$ 10,403,677

MEDIUM TERM

\$ 950,000

CONTEXT

On 17 March 2020, the Ministry of Education and Human Development (MINEDH) of Mozambique issued a circular to reinforce preventive measures in all schools through sensitization and hygiene practices targeting students, teachers, parents and caregivers and school managers. On 20 March 2020, the Government announced the suspension of all public and private schools as of 23 March for 30 days including kindergarten and universities. This measure was extended twice upon the enactment of a State of Emergency with schools remain closed until 30 June.

The COVID-19 pandemic is disrupting learning for millions of children, adolescents and youth, and adults in Mozambique. The closure of schools currently affects a total of 101,000 pre-primary, 6.9 million primary, 1.25 million secondary school children, over 85,000 students enrolled in technical and vocational education, as well as 200,000 university students. Among the primary education students, over 300,000 of them were also affected by the interruption of school feeding, leading to reduced access to food and nutrition in a time of loss of income for many families.

Following the announcement, MINEDH took some immediate actions, such as opening the existing distance learning program to all secondary school students, use of TV and radio programs for the development of classes and advising teachers to prepare homework exercises for primary and secondary school children. At the same time, MINEDH drafted a rough COVID-19 response plan for the education with different scenarios. The draft plan includes, among others, the preparation and implementation of distance learning for primary schools, psychosocial support to and through teachers, continuous sensitization on COVID-19 prevention, business continuity plans (BCPs) of schools as well MINEDH, the readjustment of school the calendar and preparation for the re-opening of schools including ensuring hygienic and safe learning environment. The COVID-19 pandemic will also affect negatively the

implementation and financing of the new Education Sector Plan 2020-2029 which is under finalization.

Children with pre-existing vulnerabilities, such as children living in camps or camp-like settings, children with underlying health conditions, children of single-parent led households, child-led households, refugee and asylum-seekers children, pregnant adolescent girls, teenage mothers and girls living with obstetric fistula or disabilities have a heightened risk of dropping out of school due to prolonged school closure. In particular, the higher vulnerabilities of girls must be noted due to secondary impacts of COVID-19, as their protection needs are compounded during public health emergencies. Schools usually operate as a protective space for adolescent girls, and when crisis hit as COVID-19, adolescent girls became particularly vulnerable. When schools are closed, adolescent girls may be at increased risk of sexual exploitation, abuse and child marriage. Therefore, it is fundamental that adolescent girls (and boys) continue to have access to comprehensive sexual education (CSE), sexual and reproductive health rights (SRHR) information and referrals to SRHR and GBV services as part of distance learning while schools are closed.

The closure of schools puts the previous progress made in access to education and learning opportunities at risk, especially for the poorest and most vulnerable children, young people and refugees. In particular, school closure, which has been declared until 30 June and might be prolonged and are likely to negatively impact the education attainment of Mozambican students, which was already a major concern prior to the COVID-19 crisis (only 4.9 % of Grade 3 pupils had the expected literacy level in 2016). School closure have reduced learning opportunities for students which could cause lower education attainment and increase drop-out rates.

Missed learning opportunities may result in negative long-term impacts. On a micro-level, this can result in lower long-term future earnings translating into an overall decrease in the human capital of the country at a macro level. Therefore, there is an urgent need for



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education systems to respond to the current global pandemic to mitigate the impact of this public health emergency, address the challenges associated with the lack of access to learning opportunities and ensure the education system is prepared to respond to future infectious disease outbreaks.

OBJECTIVE

The UN education sector aims to reach the underprivileged and vulnerable children who cannot access the MINEDH's distance learning programmes nor school feeding programmes to support them to continue learning or catch up learning, and prevent them from dropping out of school after the COVID-19 crisis. This will include specific measures such as school meals which are an important social safety net for children and have strong effects on enrollement and attendance, as well as a mechanism of monitoring and denouncing to ensure that vulnerable children, especially girls, do not experience violence or domestic labour and attend school.

PRIORITIES

- ▶ Support MINEDH on crisis response, systems for efficient delivery, and contingency planning;
- ▶ Ensure the continuity of learning and provide access to remote learning programs, including comprehensive sexuality education;
- ▶ Expand school feeding assistance to reengage learners;
- ▶ Ensure smooth reopening of schools through implementing safe school operations and risk communication;
- ▶ Support to monitoring and evaluation of interventions.

SECTOR RESPONSE: ECONOMIC RECOVERY

RESPONSE TO SOCIO ECONOMIC IMPACT



FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	4,425,000	20,280,000	24,705,000
Medium Term	7,895,000	29,820,000	37,715,000
Total	12,320,000	50,100,000	62,420,000

REQUIRED

\$ 62,420,000

TO BE MOBILIZED

\$ 50,100,000

IMMEDIATE ACTIONS

\$ 24,705,000

MEDIUM TERM

\$ 37,715,000

CONTEXT

Beyond its health dimensions, the COVID-19 crisis is also a socioeconomic crisis that affects economies and societies globally and has a direct and profound impact on businesses, workers and people's livelihoods, including migrant workers. The COVID-19 socioeconomic crisis results from a multiplicity of shocks arising from the impact of lockdown measures applied across the world; the disruption of global supply chains; the sharp decline in economic activity affecting countries; the impact on global trade and investment trends; and ultimately, the impact people's health and their ability to work and lead productive lives. While these shocks have been felt in a very immediate and sharp way in countries worldwide, the effects are likely to continue over time, at least until a COVID-19 vaccine has been found.

In Mozambique, COVID-19 has already resulted in considerable economic disruption, which is being felt by Mozambican families, workers and businesses around the country. The *Confederação das Associações Económicas de Moçambique* (CTA) is reporting the closure of over 350 companies, resulting in the layoff of hundreds of workers. Social distancing measures and their impact on social mobility and economic activity are reducing business and income generating opportunities, which has a particularly damaging effect on the urban informal economy, a sector that provides for many families in towns and cities across the country. At the same time, the sharp downturn in economic activity in the global economy is already forcing companies to reduce investments and export projections

in agriculture and mineral resource sector.

The socioeconomic response to the COVID-19 crisis needs to respond to this reality at two levels. Firstly, it needs to include measures that protect and help build resilience of Mozambican workers, businesses and livelihoods, in order to withstand the immediate health and socioeconomic impacts of COVID-19. Secondly, it needs to provide the elements for an effective transition towards recovery in the short to medium term, under the principle of "building back better", ensuring social cohesion, as well as the adaptation of businesses and livelihoods to the "new normal" that is likely to follow as the COVID-19 crisis unfolds over the course of the next few months.

OBJECTIVE

Based on these premises, the UN's socioeconomic response to COVID-19 aims to minimize the socioeconomic impacts of COVID-19 through interventions that ensure business continuity and survival, the retention of workers and of livelihoods for the female-dominated informal economy, and that a robust socioeconomic recovery occurs post COVID-19.

PRIORITIES

In support of this objective, as part of its Response Plan for COVID-19, the UN in Mozambique will implement short and medium term actions in the following results areas:



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- ▶ **Analysis and assessments.** Work by the UN in this area will aim to improve the understanding of the socioeconomic effects of COVID-19 in Mozambique, with a view of helping formulate appropriate policies and programmatic response that helps the country withstand those immediate impacts while providing the normative and technical elements for an effective transition to recovery.
A key component of this effort will be the undertaking of a COVID-19 Recovery Needs Assessment (CRNA), and COVID-19 supply chain analysis. These assessments will provide an overarching and coherent understanding of post COVID-19 recovery in Mozambique shared by all relevant actors, while preparing the grounds for a coordinated response to the post COVID-19 recovery phase that maximizes impact, in the form of a detailed COVID-19 recovery strategy, an implementation plan and corresponding resource framework.

- ▶ **Support to policy development and dialogue.** Actions under this result area seek to support the Government with the formulation or review of sectorial policies and regulatory frameworks, pertinent to the enhanced preparedness and response to the socioeconomic dimensions of the COVID-19 crisis. They will also aim to promote participatory policy dialogue on the country's socioeconomic response to COVID-19, including more

effective dialogue between small business leaders and government.

- ▶ **Employment, Livelihoods and Micro, Small and Medium Enterprises (MSME) support.** The third component of the UN's socioeconomic response plan for COVID-19 will provide direct support to companies, informal businesses, workers and livelihoods with a focus on SMEs which is dominated by microenterprises, informal workers and urban livelihoods, especially those involving women, as these have been identified as those groups potentially most exposed to the socioeconomic impacts of COVID-19.
The support provided by the UN in this area will involve a mix of measures. Specifically, in support of import substitution and increasing local food production including there will be (i) technical assistance on normative matters, e.g. food safety, quality standards and compliance; (ii) a transfer of technology, e.g. skills development and business linkages; and (iii) management, e.g. coaching in business planning, business continuity and access to finance. Interventions in this area will complement the UN's social protection response to COVID-19, which largely focuses on providing social assistance to vulnerable groups and will be geared at enabling Mozambique's full post-COVID-19 socioeconomic recovery.



FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	6,120,000	98,650,000	104,770,000
Medium Term	20,000	75,000,000	75,020,000
Total	6,140,000	173,650,000	179,790,000

REQUIRED
\$ 179,790,000

TO BE MOBILIZED
\$ 173,650,000

IMMEDIATE ACTIONS
\$ 104,770,000

MEDIUM TERM
\$ 75,020,000



CONTEXT

Like many other countries in Africa, Mozambique is already facing significant difficulties in food and nutrition. All assessments carried out between May and October 2019 indicated that at least 1.6 million people will be severely food insecure (IPC Phase 3-5) and around 67,000 children were acutely malnourished in 2019 not eating enough caloric energy to live normal lives and they can ill-afford any potential further disruptions to their livelihoods or access to food that COVID-19 might bring.

The impact of two major cyclones in 2019, and floods in late 2019 and early 2020, combined with a significantly below average harvest in 2019 (16% down from the bumper harvest gathered in 2018) is that Mozambique will need to import approximately 1.5 million tons of cereals in 2020¹.

Although there is no precise data on crop production in the country, it is likely that crop production will be below average. This is based on rainfall forecast, combined with two past poor seasons in the south and some pest and disease episodes in semiarid areas in the south and center. The 2019/20 rainy season was characterized by periods of excessive rainfall which caused localized floods in northern and central Mozambique, while severe rainfall deficits in the south led to a third consecutive poor agricultural year. This was in conjunction with some pest and disease episodes in semiarid areas in the south and center.

If the outbreak of COVID-19 imposes restrictions in production activities and trade, especially if the import of agriculture produces is affected, it could potentially pose a risk to the availability and affordability of staple crops (cereals, tubers and pulses), vegetables, fruits, eggs and meat, mainly consumed in urban and peri-urban areas. Food supply chains disruptions and blockages to transport routes, which are particularly obstructive for fresh food supply chains, may also result in increased levels of food loss and waste. Additionally, with the

spread of COVID-19 a possible reduction in labour force will affect labour intensive forms of production such as agriculture.

Movement restrictions and quarantine measures may result in less accessibility to food and increased prices such that vulnerable groups, especially marginalized women and girls living in extreme poverty and displaced communities, as well as increasing the movements of people and creating additional IDPs cannot afford to purchase food. The reduction of food consumption may force some households to engage in survival mechanisms, including illicit human trafficking, GBV and debt.

Another vulnerable group that could be severely impacted is the small-scale farmers, who might be hindered from working on their land and accessing markets to sell their products or struggle due to higher food prices. There is also uncertainty about farmer's ability to invest in the next agricultural season, therefore food insecurity will last far beyond the duration of the outbreak.

The suspension of the school meals programs due to the pandemic will also put vulnerable children's food security and nutrition at risk whilst weakening their capacity to cope with diseases. The current closure of schools impacts established supply chains with smallholder farmers given the temporary suspension of food procurement to schools.

Disruption of health and nutrition services is expected due to the high burden that COVID-19 can cause on the system, particularly on health staff, but also because it will impose barriers on the delivery of other health and nutrition programs. It is expected that the number of children presenting with acute malnutrition will decrease as a result of the social distancing measures, however, the absolute numbers of persons with acute malnutrition is not actually decreasing.

¹ FAO Sitrep October 2019; FEWS Net October 2019-May 2020; FAO-WFP-UNICEF Joint call for Action November 2019



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Since May 2019, a Pellagra outbreak in central Mozambique has affected nearly 4,000 persons thus far. The current food insecure scenario might worsen the situation, leading to an increase in the number and the severity of those affected. Many other nutritional problems like anaemia, and mineral and vitamin deficiencies, are not monitored regularly, but are certainly present, and will also worsen.

The reduction of income earning activities combined with limited access to basic services and gender inequalities can contribute negatively to the already critical nutrition insecurity situation in the country, particularly among the poor and the nutritionally vulnerable groups. In turn, poor nutrition weakens the immune system and can jeopardize the body's ability to fight a COVID-19 infection.

OBJECTIVES

Based on the above reality and scenarios, the UN Food Security, Nutrition and Livelihood Response to COVID-19 aims to assist the Government in the dissemination of sanitary measures to protect farmers, fishermen and communities from the spread COVID-19 and ensure the continuity of agriculture, fisheries and forest activities in the rural area through technical assistance and inputs, to maintain food supply chains and protect the most vulnerable groups from hunger and malnutrition.

PRIORITIES

The priorities of UN intervention in this sector are to support the government to:

- ▶ Ensure the availability of agriculture and fishery produces for national consumption;
- ▶ Assist vulnerable groups in communities to meet their minimum required energy, protein and micronutrients intake;
- ▶ Assist in the efforts of education, awareness and prevention campaigns about COVID-19;
- ▶ Assist farmers and fishermen with inputs to avoid disruption in agriculture and fishery production;
- ▶ Enhance national agriculture production to compensate for any disruption in agriculture produce imports;
- ▶ Build resilience of individuals and communities against COVID-19 infection, morbidity and mortality, and the social-economic impact through good nutrition;
- ▶ Reinforce the continuity of services for populations affected by malnutrition and other nutrition deficiencies;
- ▶ Assist and enhance local supply chains including producers, suppliers and sellers (informal markets).

SECTOR RESPONSE: SOCIAL COHESION AND COMMUNITY RESILIENCE

GOVERNANCE



FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	770,000	1,420,000	2,190,000
Medium Term	235,000	2,922,000	3,157,000
Total	1,005,000	4,342,000	5,347,000

REQUIRED

\$ 5,347,000

TO BE MOBILIZED

\$ 4,342,000

IMMEDIATE ACTIONS

\$ 2,190,000

MEDIUM TERM

\$ 3,157,000



CONTEXT

The onset of COVID-19 in Mozambique poses serious socioeconomic, development, governance, and political risks. Putting in place institutional arrangements to mitigate these risks, using a whole-of-government, information-driven and human rights-based approach, is critical for the Government of Mozambique.

During the pandemic and declared State of Emergency contexts, the government response will be streamlined for effective action. This can lead to adverse effects such as the weakening of the rule of law, transparency and accountability, as well as a possible increase in human rights violations. In multiparty democracies, such as Mozambique, it is fundamental to ensure that the democratic institutions such as parliament and provincial assemblies also function effectively during the State of Emergency including opportunities to ask questions to government, have access to information, participate to legislative processes and practice their oversight role. In this context, local government authorities are a fundamental pillar for an efficient and effective localized action and development interventions. Moreover, innovative technological-enabled services and solutions will be leveraged to institute evidence-driven decision making and oversight.

Women Leaders and women's organizations are a critical player in promoting inclusive governance including decision making and facilitating women's access to justice through advocacy for gender responsive legislation, as well as the expansion of legal education and counseling, particularly at the local level. Inclusion of women and ensuring the engagement of CSOs in the COVID-19 response decision making and implementation in the governance sector is thus critical for an inclusive and rights-based response.

OBJECTIVES

The overall objective of this UN Governance sector is to support the Government of Mozambique in responsive, inclusive and accountable management of the emerging challenges in view of COVID-19 and ensure continuity of operations while raising the level of preparedness at all tiers of Government. In summary, service delivery of key governance functions at central and decentralized levels (including at local/district level), ensuring no one is left behind.



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PRIORITIES

The UN support to Governance systems and services will therefore focus on:

- ▶ The maintenance of key government functions by ensuring it continues to deliver key services to the citizens;
- ▶ Enabling connectivity and communication across the Government, including the new decentralized structures;
- ▶ Instituting a Digital Data Platform using a hub-and-spoke model which will integrate data from different sources, as well as collect additional data, and for visualization on a dashboard to strengthen and facilitate decision making and monitoring;
- ▶ Identifying opportunities for digital transformation of select citizen-facing functions and services at municipal level;
- ▶ Offer support to legislation drafting in line with the challenges presented by the COVID-19 and democratic process;
- ▶ The UN will encourage the participation of CSOs, notably women's and youth organizations, in all stages of the response plans.



FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	120,010	180,000	300,010
Medium Term	140,000	410,000	550,000
Total	260,010	590,000	850,010

REQUIRED
\$ 850,010

TO BE MOBILIZED
\$ 590,000

IMMEDIATE ACTIONS
\$ 300,010

MEDIUM TERM
\$ 550,000



OBJECTIVES

The overall objective of the UN intervention is to support rule of law, justice, security and human rights in Mozambique. This work entails providing targeted assistance to a broad range of actors such as the Ministry of Justice, the Ministry of Interior and the Penitentiary services, Courts, Prosecutors office, legal aid services, as well as human rights protection entities such as the national human rights commission and the Ombudsman Office on their preparedness and response plan to COVID-19 at all levels. The support to these institutions will also include interventions aimed at assessing the corruption risks in the national COVID-19 response mechanisms and formulating and mitigating those risks. It also includes effective dialogue platforms that can ensure communication within national institutions but also with the communities. The spread of the pandemic can also be a trigger to destabilize social cohesion, potentially generating conflict and violence. Ensuring people have access to credible information about personal and public health is key for the adherence of measures related to public health and social protection, for example. Effective communication involving government, civil society and community members can contribute both the containment of the pandemic and prevention of conflicts especially in most vulnerable regions of the country. As part of this work UN will work with and support CSOs in their adaptation as well in awareness raising and service delivery efforts.

Additionally, the National Disaster Management Institute (INGC) can play an important role in the national crisis management coordination structure for the COVID-19 response. Currently the INGC is coordinating the multi-sector response. This institution will require additional support to improve their capacity to engage in the COVID-19 pandemic effectively along with the MISAU and other key institutions.

PRIORITIES

- ▶ Procurement of personal protection equipment (PPE) and adaptations of work processes;
- ▶ Procurement of ICT and other digital equipment to support maintenance of critical services;
- ▶ Capacity development for robust and rights-based interventions in the context of COVID-19;
- ▶ Coordination and collaboration among the different security units and the Health cluster and other relevant task forces created by the government;
- ▶ Integrate human rights and gender-based prevention strategies into operational plans of the justice and security sectors;
- ▶ Promoting dialogue platforms for effective communication among institutions and with communities on COVID-19 related issues;
- ▶ Capacity building of security and law enforcement cadres engaged with displaced communities;
- ▶ Strengthening coordination mechanisms to manage multisectoral responses effectively to COVID-19 at national and decentralized levels.

SECTOR RESPONSE: CROSS-CUTTING ISSUES

GENDER



FINANCIAL REQUIREMENTS

	Available	To be Mobilised	Total
Immediate Actions	932,500	2,063,833	2,996,333
Medium Term	814,110	5,347,000	6,161,110
Total	1,746,610	7,419,833	9,157,443

REQUIRED
\$ 9,157,443

TO BE MOBILIZED
\$ 7,419,833

IMMEDIATE ACTIONS
\$ 2,996,333

MEDIUM TERM
\$ 6,161,110



CONTEXT

Women are likely to be disproportionately affected by the impact of the pandemic and ignoring their concerns and needs in the COVID-19 responses, might threaten the consolidation of the gains made in the advancement of gender equality and women and girls rights. It is therefore of critical importance that responses towards the prevention, containment, management and eradication of COVID-19, take into account gender equality and women's empowerment, so that women and girls are not left behind.

Gender, together with other factors including age, disability, education, employment, and geographical location may intersect to further impact individual and differentiated experiences of women and men in emergencies and humanitarian crises. Gender norms and pre-existing inequalities in Mozambique disproportionately impact women and girls in emergencies and the outbreak of covid-19 is expected to follow the same trend. The increase of the burden of care on women and girls is likely to deepen, further reinforcing gender-based division of labour, impairing their ability to earn a living and participation in community decision making, including exposure to GBV in a context of limitations to access integrated services. In Mozambique, women comprise of 53% of the population and are the most represented in less specialized work, fragile contracts jobs and informal trade. Therefore with the pandemic they are more likely to lose their sources of income and livelihoods. For an effective prevention and recovery of the impact of COVID-19, it is crucial to ensure

a coordinated response with gender lens in different sectors.

OBJECTIVES

The main objective of the UN intervention is to ensure that gender is mainstreamed across different sectoral responses, allowing women and men to participate and benefit equally from the COVID-19 prevention and recovery rights and services. This will further contribute to reducing the economic impact of COVID-19 on women and build their resilience, address the exclusion of women from decision making and mitigate the impact of gender-based violence in COVID-19 context. Within this sub-section, the UN will also ensure sex-disaggregated data and evidence on the true impact of the pandemic to inform an efficient policy making and intervention.



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PRIORITIES

- ▶ Provision of sex-disaggregated data: The COVID-19 responses must be backed by sex-disaggregated data. This will guide policy-makers and planners to assess and develop timely gender analysis, which will support more effective and equitable response plans and actions. Sex- disaggregated data will also influence the allocation of resources and help in establishing a more inclusive response;
- ▶ Advocacy and technical assistance for gender responsive coordination mechanisms, management and planning;
- ▶ Supporting women’s access to livelihoods and socioeconomic Recovery;
- ▶ Strengthening the capacity of service providers of integrated services to ensure prevention and Response to Violence Against Women and Girls within the covid-19 context;
- ▶ Investing in women’s leadership and recognizing their crucial contributions to the COVID-19 response, to ensure that both men and women’s needs during and after the pandemic are adequately met African Women Leaders Network (AWLN, Other Women and Youth Females Network).
- ▶ Ensuring the effective, equal and full participation of women, including grassroots women organizations, in all mechanisms established to prevent, contain and end the virus;
- ▶ Supporting women’s rights organizations who are key players in providing services for women and include them in consultation and decision-making processes;
- ▶ Launching gender-sensitive public campaigns and strengthening advocacy to prevent and contain the spread of the virus;
- ▶ Building strategic partnership with CSOs, faith-based and cultural-based organizations, media and the private sector to support governments’ efforts to prevent, contain and end the pandemic.

HOW THE RESPONSE WILL BE FUNDED



At a global level, the UN development system has developed several tools to address the magnitude of the COVID-19 crisis, such as the WHO’s global Strategic Preparedness and Response Plan, the COVID-19 Global Humanitarian Response Plan and the Secretary-General’s new COVID-19 Response and Recovery Multi-Partner Trust Fund.

Considering that the humanitarian needs of Mozambique are already captured in the Emergency Appeal for COVID-19, this Multisector Response Plan will require a total of US\$ 379m from which the UN system is looking to raise an overall amount of US\$ 337m. Resource mobilization efforts in Mozambique will be done jointly under the leadership of the Resident Coordinator and individually by the UN entities in Country. Both efforts will be reported through a collective platform created specifically for this purpose by the Resident Coordinator Office. Multiple sources of funding will be used:

- ▶ The Secretary-General’s new COVID-19 Response and Recovery Multi-Partner Trust Fund which is intended to manage resources for multi-agency/ joint programming responses;
- ▶ Considering the magnitude and the urgency of the needs, the AFPs are looking into re-purposing

existing budgets in interventions that can be adjusted to support the socioeconomic response. This is being done in consultation with the Government and the contributing partners.

- ▶ Individual donors approached to support activities to be developed by a single or a group of agencies.

Existing funding instruments like the Joint SDG Fund, the Peacebuilding Fund, the Spotlight Fund and Vertical Funds like GAVI are also potential funding sources and partners for joint programming for this work. Finally, International Finance Institutions (IFIs) financing of Government priorities may also be entrusted to parts of the UN system in Mozambique for implementation.

The UN Country Team has discussed the financing instruments and best approaches to fund this Response Plan. Besides the usual memoranda of understanding between individual UN entities and donors, the decision was made to use the Mozambique One UN Fund. The Steering Committee has agreed to establish a specific window for COVID-19. Following the usual practice, the donor signs a Standard Administrative Arrangement with the Multi-Partner Trust Fund Office pertaining to the existing pooled fund and allocation of resources follows the procedures defined in the Fund Terms of Reference.



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The advantages of the use of the Mozambique One UN Fund are:

Coherence

Allow joint, coherent and integrated approaches for the socioeconomic response;

Clear accountability

The Resident Coordinator leads the UNCT in the effort to capitalize the fund. UN entities and partners (government and civil society) implement programs following their own rules and procedures and retaining accountability for resources and results;

Financial leverage

Allows for the consolidation of contributions from multiple financing partners, global and local (including local public and private sectors) for nationally led coherent approaches;

Standardized mechanism

Reduces transaction costs for the UN and partners by using pre-agreed legal templates and harmonized terms for cost-recovery and reporting;

Lower costs

A flat and harmonized costing structure avoids the cascading of overheads.



ANNEX: RESULTS AND RESOURCES FRAMEWORK

IMMEDIATE ACTIONS (APRIL TO DECEMBER 2020)

HEALTH

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be mobilised
Output 1: The Country coordination mechanism is strengthened to respond COVID-19 pandemic		WHO, UNICEF, UNFPA, UN WOMEN, UNDP, ILO, IOM, UNAIDS, WFP		1,000,000
1.1 Establish a multisectoral COVID-19 task force and working groups at national, province, district and local levels.	April -May			
1.2 Resource mobilization for plan implementation, including health system capacity building such as laboratory capacity.	April - Dec			
1.3 Equipment and medical products available in Maratane Health Clinic	April -Dec	UNHCR	200,000	
Output 2: Rapid Response Team created and Surveillance capacity strengthened		WHO, UNICEF, IOM, UNAIDS, UNDP, WFP, UNFPA		2,000,000
2.1 Trainings for health workers, community workers, civil society at district and health facility levels on COVID-19 surveillance, early warning, contact tracing and monitoring the evolving situation.	April - Dec			
2.2 Produce weekly epidemiological bulletins and disseminate to all levels and international partners.	April - Dec			
2.3 Train and equip rapid-response teams to investigate cases and clusters early in the outbreak, and conduct contact tracing within 24 hours	April - June			
Output 3: Surveillance capacity in the Point of Entries established		WHO, IOM, UNICEF, UNODC		1,000,000
3.1 Assess POE situation including capacity and readiness	April - June			
3.2 Enhance early disease detection and reporting by providing trainings for health workers working at POE	April - Dec			
Output 4: Laboratory Capacity developed and decentralized		WHO, UNICEF, UNFPA, IOM, UNDP		
4.1 Put in place specimen collection, management, and referral network and procedures are functional.	April - Dec			
4.2 Decentralization of laboratory capacity.	April - Dec			
Output 5: Case management capacity improved		WHO, UNICEF, UNFPA, IOM, UNWOMEN, UNODC, UNAIDS		2,000,000
5.1 Adopt protocols and SOPs for case management, including access to triage of cases.	April - May			
5.2 Provide training for health workers on Case Management and IPC (nurses and midwives), including prison facilities health workers.	April - Dec			

HEALTH (CONT.)

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be mobilised
Output 6: IPC measures adopted and implemented at health facilities, workplace and communities level		WHO, UNICEF, IOM, UNODC, UN-Habitat, WFP, UNFPA, ILO		2,000,000
6.1 Assess IPC capacity in public places and community spaces where the risk of community transmission is considered high and respond in order to overcome the gaps.	April - Dec			
6.2 Support access to WASH for health services as well as in public places and community spaces most at risk.	April - Dec			
6.3 Develop a national plan to manage PPE supply (stockpile, distribution) and to identify IPC surge capacity (numbers and competence).	April - Jun			
Output 7: Risk Communication developed and disseminated with the community engagement to prevent COVID -19 infection.		UNICEF; WHO, UNFPA, UNHCR, IOM, UNODC, WFP, OHCHR, UNAIDS, WFP, UNWOMEN, UNHCR		1,500,000
7.1 Training of health activists, members of the Health Committees, Community Health Workers (APEs), Traditional Birth attendants (TBA), Traditional Medicine Practitioners and volunteers at the community level on ICC skills, on COVID-19	April - Jun			
7.2 Support the engagement of the community structures with involvement of local leaders, youth and women organizations as well as organizations of Persons with Disability.	April - Dec			
7.3 Dissemination of key messages on COVID-19 and prevention of violence using existing program platforms and through media mobile phone companies, MISAU, partner web pages, and other key players.	April - Dec			
Output 8: Equipment and medical products available in the Health Facilities to better response to COVID-19		WHO; UNICEF, UNFPA, UNDP, UNODC, WFP		1,000,000
8.1 Procure and pre-positioning of PPE and other protective equipment for health workers and target population groups such as breastfeeding women, PLWHIV, and other chronic conditions, basic essential drugs, and lifesaving medicine.	April - June			
8.2 Monitor supply chain for improved management and to ensure that drugs and supplies are timely available in the quantity and quality necessary in different health facilities at all levels, including in refugee settlement	April - July			
Output 9: Operations support and logistics timely disposed to fight COVID-19		WFP; WHO, UNICEF, UNDP	3,500,000	500,000
9.1 Logistics support services to move medical supplies in-country; international transport, port services and handling; procurement	April - June			
9.2 Support continuity of supply chain including transportation, fuel, water, light and others for the health facilities managing COVID-19	April - Dec			
9.3 Provision of food assistance to quarantine sites (as required)	April - Dec			
Output 10: UN Agencies benefit from operational support to better contribute to fight COVID-19		All Agencies, Funds and Programs		3,500,000
10.1 Technical support (Staff recruitment 5 national & 20 for province; transport cost & per diem)	April - Dec			
10.2 Rental of cars to support the activities at province and districts level	April - Dec			
Output 11: Essential Health Service delivery maintained during the COVID-19 pandemic.		WHO; UNICEF, UNFPA, IOM, UNAIDS, UNODC, WFP, UNWOMEN	2,700,000	
11.1 Support the continuation of essential health services with focus on older persons, malnourished children under 5, people with chronic diseases, persons with disabilities, PLWHIV, pregnant women and newborn, and GBV services.	April - Dec			
11.2 Put in place comprehensive medical nutrition, psychosocial care and referral to alternative care arrangements, taking into consideration vulnerable and at-risk population (older persons, malnourished children, women, people with chronic diseases persons with disabilities, pregnant women, PLWHIV, Prisoners, etc)	April - June			
Total – US\$ 22,900,000			6,400,000	16.500.000

SOCIAL PROTECTION

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Cash transfers conducted				
1.1 INAS and INSS immediate response in urban areas – 3 months emergency cash transfers (PASD-PE or Top Up): <ul style="list-style-type: none"> – INAS beneficiaries in urban and peri urban areas: 100,000 (approx.) – INSS informal workers registered in system: 49,000 – Non-beneficiaries among informal poor population in urban and peri urban areas: 350,000 (subject to feasibility of rapid identification and enrolment) – Vulnerable groups (persons with disabilities, orphan, women victim of violence) referred from CSOs (approx. 25,000) 	June - Nov	ILO, UNICEF, WFP	1,000,000	43,000,000
1.2 INAS beneficiaries in non-urban areas, geographically targeted by most-at risk-districts (food security, poverty, child malnutrition indicators could all be criteria for inclusion).	June - Dec	ILO, UNICEF, WFP		15,000,000
1.3 Cash-assistance to meet basic needs and prevent the most vulnerable households in urban and peri-urban areas from resorting to negative coping mechanisms	June- Dec	UNHCR		
Output 2: COVID-19 related messages effectively disseminated and targeted support to the most vulnerable				
2.1 Dissemination of behaviour change messages via SMS to prevent COVID-19 infection as well as to prevent GBV, including setting up hot lines for the cash transfer beneficiaries.	May - Oct	ILO, UNICEF, WFP, UN-Women, UNFPA	60,000	1,150,000
2.2 Harness and mobilize adolescents and youth as change agents in the COVID-19 response	May - Dec	UNFPA	35,000	150,000
2.3 Leverage disaggregated data and innovative approaches to enable social protection measures for the most vulnerable and marginalized populations	Immediate	UNFPA	55,000	130,000
2.4 Provide PPE to women working in high-risk sectors	May - Dec	UN Women		
Total – US\$ 60,786,024			1,150,000	59,636,024

WASH

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Access to WASH in isolation wards and health facilities				
1.1 Ensure WASH services in health facilities	Jul-Dec	UNICEF	1,500,000 (reprogram)	500,000
Output 2: Increased access to WASH in vulnerable public spaces and vulnerable and highly impacted communities/bairros				
2.1 New water sources in highly impacted areas	Jul-Dec	UNICEF	2,000,000 (reprogram)	700,000
2.2 Provision of hygiene/health packs containing three-months supply of soaps and surface cleaner to people living with and/or vulnerable to HIV	April - Dec	UNAIDS	210,000	
2.3 Technical assistance for municipalities for WASH response planning in collaboration with UNICEF, WHO and the existing coordination structures	Jul-Dec	UN-Habitat		50,000
2.4 Emergency water supply in displaced communities' sites	May-July	UNHCR	\$200,000	
Output3: Access to hygiene and COVID-19 messages on prevention and access to services				
3.1 Campaigns for COVID-19 and hygiene messaging	Jul-Dec	UNICEF	650,000 (reprogram)	200,000
3.2 RCCE and sensitization in displaced communities' sites	May-June	UNHCR	\$200,000	
Output 4: Emergency support for the safe, continuous operation of centralized water supply systems				
4.1 Support for centralized water supply systems	Jul-Dec	UNICEF	350,000 (reprogram)	5,750,000 ¹
Total – US\$ 12,310,000			5,110,000	7,200,000

1 This is dependent on continuation of the state of emergency and would only be required if suspension of water payments continues longer than three months.

EDUCATION

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Support MINEDH on crisis response, systems for efficient delivery, and contingency planning				
1.1 Support the development of the COVID-19 Response Plan and continuity of essential services.	April - July	UNICEF	70,000	0
1.2 Provide guidance for policymakers, managers and school leaders upon the reopening of schools and support the reorganization of the school calendar and exams if necessary.	May - Dec	UNESCO	N/A	N/A
Output 2: Ensure the continuity of learning and provide access to remote learning programs				
2.1 Support continuity of learning for the most vulnerable children, IDPs and children in refugee sites.	April - Dec	UNICEF/UNHCR	200,000	500,000
2.2 Support the implementation of the distance learning programs in secondary and adult education program levels via television and radio stations.	May - Dec	UNESCO	200,000	5,000,000
2.3 Raise awareness on COVID-19 preventive measures involving religious leaders and journalists with special focus on adolescents girls and young women.	April - Dec	UNESCO	40,000	100,000
2.4 Establish a national adolescent and youth friendly platform for training and continuous learning (in collaboration with the Secretary of State for Youth and Employment).	April - Dec	UNFPA	20,000	50,000
2.5 Adapt CSE content to community radio programs for out-of-school adolescents and youth to ensure access to remote learning.	April - Dec	UNFPA		50,000
2.6 Adapt and customize CSE content to target adolescents with disabilities, including development of accessible and inclusive learning tools.	April - Dec	UNFPA		50,000
Output 3: Expand school feeding assistance to reengage learners				
3.1 Provide take-home rations to 170,000 primary students in most food insecure areas.	3 months, upon reopening of schools	WFP	0	3,523,677
Output 4: Ensure smooth reopening of schools through implementing safe school operations**				
4.1 Ensure school hygiene, health-promotion package, including psychosocial support and violence prevention, for schools in marginalized areas.	June 2020 to Dec 2021	UNICEF	100,000	500,000
Total - US\$ 10,403,677			630,000	9,773,677

SOCIO-ECONOMIC CHALLENGES

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Analysis and assessments				
1.1. COVID-19 Recovery Needs Assessment (CRNA).	Apr - Jun	UNDP	50,000	300,000
1.2. Rapid impact monitoring survey of socioeconomic impact of COVID-19 (in partnership with GMD).	Apr - Dec (monthly)	UNDP	50,000	200,000
1.3. Post VNR assessment of COVID-19 and the longer-term implications for Mozambique's prospects for sustainable development and the attainment of the SDGs	Oct - Dec	UNDP		50,000
1.4. Mapping COVID-19 socio-economic risk factor for urban informal settlements.	Sep-Nov	UN-Habitat		150,000
1.5. Rapid assessment and develop a policy paper on the needs of the informal sector in Mozambique to see how the informal economy is coping with COVID-19	April - June	ILO	15,000	
1.6. Other labor and employment related COVID-19 assessments	May - June	ILO	25,000	
1.7. Develop series of desk research products that include sections on COVID-19 impact	April - July	ILO	20,000	
1.8. Build knowledge base on International labor standards, particularly the ILO Conventions relating to Gender Equality of Ministry of Gender, Child and Social Action, Employers and workers organizations to support constituents in mitigate the impact of COVID-19	June - Dec	ILO	10,000	
1.9. Undertake a Needs Assessment for community contracting in the road sector in Manica (Rural Roads and Jobs Project)	September	ILO	10,000	
1.10. Conduct assessment on COVID-19 impact on children	Jul - Dec	UNICEF	30,000	50,000
1.11. Essential industrial conformity assessment practices disseminated and implemented	Jul - Dec	UNIDO		
1.12. Updated and disaggregated datasets for industrial policy and planning	Jul - Dec	UNIDO/UNDP		
1.13. Support INE to perform under COVID-19 circumstances, strengthen capacity for assessments and surveys	June - July	UNFPA	319,000	
Output 2: Support to policy development and dialogue				
1.1. Employment and Jobs policy notes COVID-19 related	April - July	ILO	35,000	
2.2 Support in drafting the annual National Employment Policy implementation report with employment responsive and gender sensitive indicators that will put forward recommendations for adapting the plan for the period 20/21	April - June	ILO	20,000	
1.3. Support in developing at least 2 policy notes focused on programs to battle the economic impact of COVID-19, adaptation or reconstruction	April - Oct	ILO	20,000	
1.4. Develop jointly with MOPHRH guidelines in Portuguese for EIIP/construction works continuation	April - June	ILO	10,000	
1.5. Promote social dialogue to sound constituents' needs and listen to their suggestions to establish response mechanisms that can protect jobs, with the aim of establishing a national pact on employment.	April - June	ILO	10,000	
1.6. Support to produce communication materials which would coincide with the dissemination of COVID-19 strategies for key economic sectors and at risk workers	April - June	ILO	10,000	
1.7. Hold a high level meeting with constituents to discuss the way forward for COVID-19 mitigation and protection of jobs	Oct - Dec	ILO	50,000	
1.8. Support in the design of Employment Intensive Public Works Programs	July-Sep	ILO	25,000	
1.9. Provide Information materials about COVID-19 and protective equipment to workers and producers in the horticulture value chains	June onwards	ILO	10,000	
1.10. Establish the Business Against COVID-19 Platform to form a coalition of private sector organizations to share practices, policies and protocols in response to COVID; offer collective policy advice to government for action; and foster B2B, B2G, and B2C collaboration	April - July	UNDP		100,000
1.11. Improved coordination and strategic dialogue for MSME resilience and development	Jul - Dec	UNIDO, UNDP		
1.12. Support INS-led cross-sectoral working group on demography and social distancing	April - Dec	UNFPA	41,000	200,000

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 3: Employment, Livelihoods and MSME support				
1.1 In coordination with the Social Protection group provide cash transfer to the most vulnerable households in the Cyclone IDAI affected communities in Sofala Province through the Early Recovery Facility (ERF)	May - Dec	UNDP	500,000	3,250,000
1.2 Cash transfer and provision of operational assistance (transportation and communication) to the COVID-19 response community volunteers in Sofala through ERF	May- Dec	UNDP	200,000	300,000
1.3. Identify and provide financial assistance to the most vulnerable enterprises (preferably those also affected by cyclone IDAI) in Sofala province through the ERF	May - Dec	UNDP	100,000	400,000
1.4 Rapid assistance, both preventive and for business continuity, to informal markets and vendors, self-employed informal workers, daily labor, public transporters etc.; provision of protective gears, awareness and assistance through municipalities and department of labors and social security (initial stage Sofala and scaling up to the other Major cities including Maputo)	May - Dec	UNDP	200,000	5,425,000
1.5 In line with the Recovery Facility planned activities, with the focus on the re-settlement sites, support the creation of temporary employments and jobs under the ERF	May - December	UNDP	2,000,000	5,500,000
1.6 Support the micro and small suppliers to the local informal markets to continue safe supplies of foods and necessary products and ensure the continuity of supply chain. 5000x5000x8	May - December	UNDP	300,000	2,825,000
1.7 Provision of productive assets, business management support and Protective Equipment	April - June	UNWomen	60,000	150,000
1.8 3.8 Support Women Economic Empowerment and entrepreneurship initiatives through reorienting their business and develop product to fight or mitigate the COVID-19 effects in their communities, lives and business.	April - June	ILO	30,000	
1.9 Revise the workplan of ILO's project (MozTrabalha, RAJ-MOZ and the UN Joint Program in Ibo island projects entirely) to see how existing & planned activities can be adjusted to better address the pandemic. Consider the inclusion of further activities which are within the conceptual framework of the projects MozTrabalha but not included in the workplan.	April - June	ILO	20,000	
1.10 Deliver an online course on distance learning module SME survival strategies	April - May	ILO	5,000	
1.11 Training constituents on COVID-19 adaptation and OSH using remote training	July - December	ILO	15,000	
1.12 Beginning of road paving demonstrations with COVID-19 protection measures (Rural Roads and Jobs Project)	December	ILO	80,000	
1.13 Promote alternative work approach to provide technical support to the horticulture value chain	June onwards	ILO	15,000	
1.14 Training for construction sector workers on Labor Based methods using COVID-19 protection measures	Sep - Dec	ILO	120,000	
1.15 Procurement of COVID-19 protection elements for beneficiaries in construction sector demonstrations	Sep	ILO	15,000	
1.16 Partnerships with private sector to facilitate resource flows for practical support to women at community level and support women owned enterprises	May-Dec	UN Women		100,000
1.17 Provide grants to women's organizations particularly young women, informal and small formal women owned businesses affected by COVID-19	May-Dec	UN Women		300,000
1.18 Expansion of village saving and loans associations (VSLA) among young women affected by COVID-19	May-Dec	UN Women		100,000
1.19 Urban Multi-sector Task Force in coordination with ILO ensure young people in informal settlements are recruited to deliver provisions to the sick or to self-isolating units, to assist with waste disposal and water, hand sanitization and soap delivery, to transmit educational messages to their peers, to impart lessons to children whose schools have shut down, and to perform other tasks	Sep-Dec	UN-Habitat/ ILO		300,000
1.20 Achieved MSME business continuity and resilience	Jul-Dec	UNIDO		
1.21 Reduce the socioeconomic impact and social tensions in communities along the mobility continuum by supporting access to livelihood programs in border/migrant sending communities as well as social cohesion interventions.	April - Dec	IOM		500,000
1.22 Provision of productive assets to help the most vulnerable households in urban and peri-urban areas to recover from economic losses	July - Oct	UNHCR	5,000	80,000
TOTAL - US\$ 24,705,000			4,425,000	20,280,000

FOOD SECURITY, NUTRITION AND LIVELIHOODS

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Ensuring food supply chain actors are not at risk of virus transmission				
1.1 Develop and disseminate communication products (posters, leaflets, banners, radio spots, etc) in Portuguese for wide use by extension services (agriculture, fisheries, forest, others) farmer groups.	April - June	FAO, WFP, UNWOMEN, IFAD, UNICEF, IOM	Partially leveraged from existing FAO and IOM Projects	50,000
1.2 Provide information and conduct awareness sessions for extension agents and direct beneficiaries on COVID-19 (Community Information sessions through FFS, fisheries committees and other networks).	April - June	FAO, WFP, UNWOMEN, IFAD, UNICEF, IOM	Partially integrated into on-going FAO seed distribution and FFS activities	200,000
1.3 Deploy ICT tools (radios, cellphones, tablets, megaphones, etc) at local level to reduce physical contact and support communication between extension services and farmers/ fishermen (convery messages on COVID 19, tehcnical messages and feed into a monitoring system).	April -Dec	FAO, IFAD, WFP	WFP: Partially integrated into ongoing projects.	700,000
1.4 Provide basic PPE and sanitization materials for extensionists and other field staff.	April - June	FAO WFP, IFAD, IOM	Partially integrated in FAO and WFP COVID-19 response (total 80,000 already spent)	200,000
1.5 Customize and broadcast radio messages (COVID 19 and technical) in community radios.	May - Dec	FAO, WHO, IOM		100,000
1.6 Assist vulnerable groups in community to access minimum required energy, protein and mineral intake with targeted specialized nutritious food/micronutrients supplementation children in the most affected communities.	May-Dec	UNICEF, WFP		1,000,000
1.7 Advocacy, towards partners to ensure standardized safe operations are implemented in the delivery of food (introduction of hand wash stations and crowd spacing measures).	April - Dec	WFP, FAO, IOM, UNICEF	30,000	50,000
Output 2: Ensuring continuity of the critical food supply chain for the most vulnerable populations				
2.2 Support farmers in post-harvest, food processing, conservation & storage including vegetables and fish	April - Dec	FAO, UNIDO, WFP, IFAD, UNWOMEN	WFP integrated into existing project activities	1,000,000
2.3 Promote food safety through good practices along the value chain to reduce the contamination of agricultural, livestock and fisheries products	April - Dec	FAO, WFP, UNWOMEN		400,000
2.4 Test and promote Vouchers to supply fresh food & planting materials	April - Dec	FAO IFAD, WFP, UNWOMEN		1,000,000
2.5 Link and support farmers on negotiation power and transport of food to markets	April - Dec	IFAD, UNIDO, WFP	WFP integrated into ongoing project activities	500,000
2.6 Promote restoration of agricultural livelihood activities and keyhole gardens in displacement and movement areas	April - Dec	IOM, FAO		100,000
Output 3: Ensuring availability of and stabilizing access to food for the most acute food-insecure populations				
3.1 Distribute agricultural inputs (fertilizers and tools) for farmers in rural areas.	April - Dec	FAO, WFP, IFAD, IOM, UNWOMEN	100,000	500,000
3.2 Provision of cereal seeds (beans and maize).	April - Dec	FAO, WFP, IFAD, UNWOMEN	Combined with ongoing Emergency Response activities totaling around 800,000	700,000
3.3 Provision orange flash sweet potato slips/wines, cassava cuttings, vegetable seeds and other legumes both for production and multiplication.	April - Dec	FAO, IFAD, WFP, IOM, UNWOMEN	100,000	1,300,000

FOOD SECURITY, NUTRITION AND LIVELIHOODS (CONT)

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
3.4 Support to Regional Agricultural Research Centres for production and multiplication of improved seeds and planting material.	April - Dec	IFAD-FAO		1,000,000
3.5 Distribute seeds and tools for home gardening aiming at improving nutrition in peri urban areas (in particular women).	April - Dec	FAO-IFAD WFP, IOM, UNWOMEN		1,000,000
3.6 Improve access to water through small scale irrigation equipments, boreholes and water harvest techniques.	April - Dec	IFAD-FAO UNCDF, UNIDO		1,000,000
3.7 Support the purchasing power of vulnerable and affected people and communities, through direct injection of cash – up-scale Voucher system.	April - Dec	WFP-FAO UNWOMEN, UNICEF, IFAD		4,500,000
3.8 Support Idai and Kenneth affected communities, and other post shock affected communities with provision of nutrition dense products (supercereal, HEB, BP5) and nutrition therapeutic products for treatment of acute malnutrition.	May - Dec	WFP/UNICEF		0
3.9 Assist resettled people from the Idai cyclone and host communities in food production (e.g. distribution of small stock, and agricultural inputs).	April - Dec	FAO-IOM UNWOMEN, IFAD		500,000
3.10 Promote the production of small stock in rural and peri-urban areas, according to specific conditions.	April - Dec	FAO-IFAD UNWOMEN		1,000,000
3.11 Support animal vaccination campaigns to prevent and control the most important animal diseases aiming at food security and public health.	April - Dec	FAO, IFAD		500,000
3.12 6-month unconditional cash-based assistance providing immediate and life-saving assistance to an estimated 750,000 people living in various urban and peri-urban areas for and affected by COVID induced economic shock.	June - Dec	WFP, UNICEF	5,000,000	50,000,000
3.13 Provide 6-month unconditional transfer (commodity, e-vouchers/ in kind) to an estimated 250,000 people living in most COVID-19 rural affected areas with food insecurity problems.	July - Dec	WFP, FAP		19,000,000
Output 4: Contributing to national data and analysis on food and nutrition security				
4.1 Identify population groups most at risk of food and nutrition insecurity due to COVID-19 and its indirect effects.	April - Dec	FAO-WFP IFAD UNICEF UNWOMEN		100,000
4.2 Assessment potential impacts on production, farmers, as well as actors along the value chain through remote data collection in collaboration with partners.	April - Dec	FAO-WFP IFAD, UNIDO, UNWOMEN		200,000
4.3 Develop scenarios and planning support.	April - Dec	FAO-WFP, IFAD. UNWOMEN		50,000
Output 5: Promote healthy feeding attitudes and practices adapted to the COVID-19 with a special focus on high-risk groups and other nutritionally vulnerable groups (children aged 6-23 months, PLWHIV)				
5.1 Leverage SBCC and messaging platforms to include messaging on protective measures against COVID-19 and safe hygiene to reinforce skills and good practices at community level.	April - Dec	WFP-UNICEF, WHO		600,000
Output 6: Protect health and nutritional status of vulnerable groups living in food insecure areas adversely affected by the pandemic by ensuring the provision of nutrition lifesaving services				
6.1 Blanket micronutrient supplementation to children under 2 years of age with Micronutrients Powders (MNP)	May – Dec	UNICEF, WFP		550,000
6.2 Preventive/protective fortified food ration targeting nutritionally vulnerable individuals (PLWHIV/TB, chronically ill and elderly) from high-risk food insecure households	May-Dec	WFP, UNICEF	110,000	3,000,000
6.3 Promote healthy eating habits, diversified diets, and COVID-19 hygiene and sanitation behaviors within social protection and food assistance programs	May-Dec	WFP, UNICEF		500,000
6.4 Support alternative implementation models for outreach services to ensure continued provision of essential nutrition and maternal and child health interventions adapted to COVID-19 e.g. adherence to physical distance and other IPC protocols.	May – Dec	WFP, UNICEF		500,000

FOOD SECURITY, NUTRITION AND LIVELIHOODS (CONT)

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
6.5 Adapt management of acute malnutrition services for children, pregnant & lactating women, including PLWHIV/TB in view of COVID-19 risk-mitigation measurements and prepare training and supporting packages adjusted to physical distancing measures.	April - Dec	WFP, UNICEF		600,000
6.6 Strengthen IPC procedures in nutrition programs, ensuring adequate protection of staff and beneficiaries in line with WHO protocols.	April-Dec	UNICEF, WFP		400,000
6.7 Promote recommended maternal, infant, and young child nutrition practices adapting it to the context of COVID-19	April - June	UNICEF, WHO, WFP		250,000
Output 7: Support clinical management of COVID-19 through food support				
7.1 Support the MISAU in promoting and monitor the adherence to the National Code of Marketing of Breastmilk Substitutes in all COVID-19 operational response and mitigation activities.	April-Dec	UNICEF, WHO, WFP		50,000
7.2 Scale-up the management of moderate acute malnutrition to new districts/areas with high risk of a sharply increase (or already with an elevated caseload) of acute malnutrition	June-Dec	UNICEF,WFP		550,000
7.3 Support COVID-19 clinical management by providing basic food support to COVID-19 treatment centers targeting health care workers and patients with no complications.	May - December	WFP		5,000,000
Total - US\$ 104,770,000			6,120,000	98,650,000

GOVERNANCE

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be mobilised
Output 1: Coordination and Legislation				
1.1 Ensure coordination of response actions between central government and decentralized governance actors.	April – Dec	UNDP		150,000
1.2 Establish a framework for coordination and monitoring the implementation at all levels, using a digital data platform that integrates data from multiple existing sources, adds other layers of governance data and presents it on a dashboard.				
Output 2: Procurement of equipment, ICT solutions and services to ensure service delivery through digitalization				
2.1 Purchase of laptops, tablets and other ICT equipment for government and State personnel with key responsibilities in MAEFP, MEF, provinces, districts and municipalities.	April – June	UNDP UNICEF	650,000	750,000
2.2 Purchase of Zoom licenses, WIFI modems and data packages to ensure connectivity and enable virtual meetings across government tiers.	April – June			
2.3 Training of key personnel on the usage of equipment to be used to work remotely.	April – July			
2.4 Design of online training modules for new decentralized structures on select themes and topics.	April – Dec			
2.5 Formulation of SOPs and Continuity of Operations Plans for service delivery at municipal levels.	April – Aug			
Output 3: Advocacy and Communication on the Prevention and Preparedness on COVID-19				
3.1 Development of awareness raising material available government services throughout the COVID-19 crisis (in Portuguese and local language - according to province).	April – Dec	UNDP		50,000
3.2 Dissemination of messages on key government services and how to access it				
3.3 Use Chatbox services, Push SMS services, Radio and TV messaging for dissemination of localized messages, and SMS-based and app-based citizen feedback services	April – Dec 2021	UNDP	50,000	100,000
3.4 Establish a Youth Volunteer Corps to engage youth in a range of activities including social media messaging, community-based messaging, data collection and other ICT related tasks	April – Dec 2021	UNDP	20,000	50,000
3.5 Coordination and ICT Support Services	April – Dec 2020	UNDP		150,000
3.6 Linha Verde da Resposta à Emergencia (1458) – tollfree inter-agency hotline. Two-way information relay service for the affected population on humanitarian assistance (including Covid-19 response) and Covid-19 related queries. Outgoing sms service to existing users containing messaging on covid-19, GBV and PSEA. Weekly Covid-19 and monthly humanitarian assistance reporting to feed into programme adjustments, information provision and community engagement	April-June	WFP, UNICEF, UNHCR, UNDP, UNFPA, OHCHR, IOM, FAO	50,000	50,000
Output 4: Enhancing Crisis Management Capabilities				
Support the Technical Council for Disaster Management (CTGC) and the INGC develop Covid-19 multisectoral response plans at national and local levels.	April – Dec 2021	UNDP OCHA		50,000
Support the integration of early recovery measures by all clusters/ government working groups in the response plans.	April – Dec 2021	UNDP		
Enabling efficient coordination, connectivity, and communication in the COVID-19 context, across the INGC institutional structure, including field delegations of INGC at provincial, district, and municipal levels, including through video conferencing capacity in 4 provinces.	April – Dec 2021	UNDP UNICEF WFP	300,000	70,000
Total – US\$ 2,190,000			770,000	1,420,000

RULE OF LAW AND SECURITY SECTOR

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be mobilised
Output 1: Provide technical assistance to the security and justice sectors; including delivery of essential goods and services in order to upkeep and satisfactory deliver necessary duties at central, provincial and district level				
1.1 Purchase of prevention materials for Police	April-May	UNDP, UNAIDS, UNICEF	10,010	50,000
1.2 Purchase of prevention material for penitentiary services	April-May	UNDP, UNODC, UNICEF	25,000	50,000
1.3 Deliver training to officials	April-May	UNDP, UNODC, UNAIDS, UNICEF	13,000	
1.4 Integrate human rights and GBV prevention strategies into operational plans of the justice and security sectors, for the crisis and statutes of limitations on offenses, particularly sexual violence offenses, should be suspended.	April-June	UN Women, UNDP, UNAIDS, UNODC, UNICEF UNHCR		10,000
1.5 Provision of PPE to the front-line officers' part of the Container Control Programme units at the port and Airport.	April-June	UNODC		
1.6 Support authorities engaged on wildlife crimes in the national parks and protected areas to prevent the surge of poaching and human-wildlife conflict.	April-June	UNODC		
1.7 Support national protection entities including civil society with technical assistance and resources to adapt to remote working modalities, BCP plans.	April-Dec	OHCHR	2,000	20,000
Output 2: Capacity of the security service providers are enhanced and appropriate for contextual situation at central, provincial and local level				
2.1 IT and equipment for basic operations at PRM.	April - June	UNDP, NODC, OCHA, UNICEF	30,000.00	
2.2 Conduct training of police, justice and defense forces on the different dynamics and effects crisis have on women, men, girls and boys as well as marginalized group.	April - June	UN Women, UNDP, UNICEF UNHCR	30,000.00	
2.3 Support to dialogue platforms between the government and the community.	June-Aug	UNDP	10,000	50,000
Output 3: Training and capacity building delivered				
3.1 Remote training and mentoring via Web to front-line officers' part of the Container Control Programs units at the port and airport.	July - Dec	UNODC		
3.2 Capacity building and support for intelligence use for operations and Scene of Crime Management on reported poaching incidents,	July - Dec	UNODC		
Total - US\$ 300,010			120,010	180,000

CROSS CUTTING INTERVENTIONS

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be Mobilized
Output 1: Advocacy and mainstreaming				
1.1 Produce, disseminate guidance, advocate for and provide policy advice and technical assistance on gender mainstreaming in COVID-19 Response	Immediate	UNWOMEN	Staff Time	
1.2 Assist the prison/corrections service in identifying and preparing a prioritized list of prisoners who could benefit from non-custodial measures, focusing on at-risk groups	Immediate	UNODC		15,000
1.3 Produce and disseminate information on gender and COVID-19	Immediate	UNWOMEN	Staff Time	
1.4 Advocate for inclusion of refugees, stateless and IDPs so that they are not negatively impacted by restrictive measures following state of emergency, including lifting of reservations to 1951 Convention on Refugees	Immediate	UNHCR	Staff time	
Output 2: Vulnerability assessments and data collection				
2.1 Support to development of simulation models of the impact of the pandemic among vulnerable populations	Immediate	UNFPA	50,000	
2.2 Conduct a rapid assessment of the socioeconomic impact of COVID-19 in the suburbs of Maputo on women and girls	Immediate	UN Women	10,000	
Output 3: Support to preparedness and response of State and non-state institutions				
3.1 Provide integrated SRH/GBV services in the targeted districts and communities via mobile clinics (3 mobile clinics to be procured per province)	Immediate	UNFPA	30,000	340,000
3.2 Ensure coordination of the multisectoral mechanism for GBV prevention and response in alignment with the Government-line ministries and the multisectoral coordination mechanisms.	Immediate	UNFPA	10,000	50,000
3.3 Support MGCAS, the Gender National Directorate and its frontline providers to adapt coordination and response to GBV to remote modalities: acquisition of IT and communications systems at National and Provincial level (Nampula, Gaza, Manica, Sofala and Cabo Delgado).	Immediate	UNFPA	42,000	150,000
3.4 Provide institutional support to MGCAS and CSOs for the implementation of COVID responses	Immediate	UNWOMEN	20,000	
3.5 Support national protection entities with technical assistance and resources to adapt to remote working modalities and BCPs	Immediate	OHCHR	2,000	20,000
3.6 Support national counterparts on protection mainstreaming, provide capacity building to authorities and partners on assistance and inclusion of persons of concern.	Immediate	UNHCR		30,000
3.7 Funding of PPE equipment and hygienic kits for one-stop centers in Nampula, Gaza and Chimoio, SAAJs and VBG services inside HUs.	Immediate	UNFPA	128,000	150,000
3.8 Distribution of PPE equipment for CSOs frontliners particularly vulnerable young women and girls in high population density urban areas.	Immediate	UNWOMEN	10,000	50,000
3.9 Procurement of medication, equipment, PPE for health-care professionals in prisons and prison/corrections officers and provide technical advice on its proper use.	Immediate	UNODC	3,000	40,000
3.10 Provision of a total of 6 full equipped mobile clinics Nampula, Gaza and Manica to provide mobile GBV/SRH services, every clinic has the capability to reach 300 women and girls per month.	Immediate	UNFPA	175,000	150,000
3.11 Support Networks of Women's Organizations to expand and intensification of GBV prevention.	Immediate	UNWOMEN	60,000	40,000
3.12 Technical assistance on messaging on gender and covid-19.	Immediate	UNWOMEN	10,000	
3.13 Strengthen the capacity of health-care professionals on COVID-19, including on clinical signs and symptoms, diagnostics, case definitions, medical isolation and reporting in penitentiaries.	Immediate	UNODC		3,000

CROSS CUTTING INTERVENTIONS

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be Mobilized
3.14 Assess the referral mechanisms in the provinces of intervention to reflect any changes in the structures, as well as capacity to provision of remote case management to ensure women and girls have access to safe and reliable services	Immediate	UNFPA	NA	40,000
3.15 Development of remote training modalities for front-line providers and hotline operators.	Immediate	UNFPA	30,000	
3.16 Support Child Helpline for Level 3 operations through funds to ensure safe transportation of councilors, and level for remote work modality through training, purchase and installation of system based on smart phones and remote server to continue operations.	Immediate	UNICEF	Funding available/to be reassigned	No
Output 4: Direct Assistance to affected populations				
4.1 Provide psychosocial support for girls and young women.	Immediate	UNFPA	40,000	30,000
4.2 Strengthen and adapt to COVID19 information, SOP, services, including economic empowerment, and conditions at Women Friendly Spaces, as safe haven.	Immediate	UNFPA	60,000	250,000
4.3 Procure dignity kits, adapted to COVID-19, and distribute in COVID-19 isolation/treatment centers, health and social services.	Immediate	UNFPA	40,000	200,000
4.4 Community awareness activities on GBV prevention targeting men, women, boys and girls, community leaders and persons with disabilities in Sofala and Cabo Delgado.	Immediate		40,000	
4.5 Advocate for and provide support to women and girls affected by the conflict in Cabo Delgado	Immediate	UNWOMEN	10,000	80,000
Output 5: Community engagement and democratic participation in decision-making				
5.1 In coordination with Community Engagement Group and MISAU, develop inclusive community messages to focus on youth, women and girls and persons with disabilities including 4 videos related to COVID-19 targeting PWD	Immediate	UNFPA	50,000	
5.2 Produce educational and cultural contents and material about Covid-19 on how to mitigate the spread and disseminate messages and information through social media, TV and Community Radios, involving artists, writers and other personalities where possible.	Immediate	UNESCO	7,000	55,000
5.3 Develop and distribute illustrative awareness-raising and education material (leaflets, poster, etc.) on COVID-19, including on respective prevention and control measures, and post these prominently in public areas including areas where there are People who use drugs	Immediate	UNODC	5,500	
5.4 Mobilize and train 6,000 mentors to be virtual agents of change at the level of their families, communities and concerning the most vulnerable girls (training through virtual means, potentially also for My Choice mentors).	Immediate	UNFPA	20,000	100,000
5.5 Two-way information relay service for the affected population on humanitarian assistance (including Covid-19 response) and Covid-19 related queries. Outgoing SMS service to existing users containing messaging on covid-19, GBV and PSEA. This includes the provision of data analysis of call data relating to Covid-19 to feed into program adjustments, information provision and community engagement.	immediate	Linha Verde	50,000	30,833
5.6 Community awareness, dialogues, radio emissions on GBV prevention targeting men, women, boys and girls, community leaders and persons with disabilities.	Immediate	UNFPA	30,000	200,000
5.7 In coordination with Community Engagement Group, strengthen two-way communication with communities and community-based protection mechanisms	Immediate	UNHCR		40,000
TOTAL - US\$ 2,996,333			932,500	2,063,833

ANNEX: RESULTS AND RESOURCES FRAMEWORK

MEDIUM-TERM ACTIONS (UNTIL DECEMBER 2021)

HEALTH

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Ensure continuity of SRH services for pregnant women, adolescent girls and young girls				
1.1 Ensure the continuation of SRHR services and interventions, including by providing SRH triage service and ensuring quality and timely SRH services to pregnant women, adolescents and young girls	Medium term	UNFPA	500,000	2,000,000
1.2 Deploy Maternal Health Nurses to conduct mobile/outreach services for provision of comprehensive SRH services, including safe delivery, antenatal care, postnatal care, family planning, HIV/STI prevention, newborn care, clinical management of rape, abortion, and post-abortion care:	Medium term	UNFPA		300,000
1.3 Continuous training for clinical management of COVID-19 and integration of maternal health and comprehensive SRH services including family planning	Medium term	UNFPA		150,000
1.4 Support communication and social mobilization to engage community in COVID-19 prevention and the importance of accessing health services to reach comprehensive SRH care including family planning	Medium term	UNFPA		300,000
Output 2: MISAU and DPS have effective management and logistics of drugs and other consumables (including contraceptives)				
2.1 Support MISAU and DPS in logistics (transport and distribution) of essential drugs and consumables, including contraceptives) to all provinces and districts	Medium term	UNFPA		300,000
2.2 Procure lifesaving medicines and supplies to support health facilities:	Medium term	UNFPA		500,000
Total - US\$ 4,050,000			500,000	3,550,000

SOCIAL PROTECTION

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Non-urban poor and vulnerable families identified beneficiaries benefiting from cash transfers				
1.1 Capacity assessment of INAS, focusing on shock-responsiveness of social protection system	Jan - June	ILO,UNICEF,WFP	100,000	200,000
1.2 Learning event on shock-responsive social protection to inform adaptive SP strategy	Jan - June	ILO,UNICEF,WFP		200,000
Strengthening e-INAS with the new PSSB, PASP and PASD revised operational manuals	Jan - Dec	ILO, UNICEF	100,000	100,000
1.3 Capacity building of INAS staff at central and decentralized levels on the new PSSB, PASP and PASD operational manuals and shock-responsive SP	Jan - Dec	ILO,UNICEF,WFP	100,000	300,000
Output 2: COVID-19 related messages effectively disseminated and targeted support to the most vulnerable				
2.1 Dissemination of behavior change messages via SMS to prevent coronavirus infection as well as to prevent gender-based violence, including setting up hotlines for the cash transfer beneficiaries		UNFPA		30,000
2.2 Harness and mobilize adolescents and youth as change agents in the COVID-19 response		UNFPA		50,000
2.3 Leverage disaggregated data and innovative approaches to enable social protection measures for the most vulnerable and marginalized populations		UNFPA		50,000
Total - US\$ 1,230,000			300,000	930,000

WASH

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Access to WASH in isolation wards and health facilities				
1.1 Ensure WASH services in health facilities	Jan-Dec 2021	UNICEF	2,500,000 (reprogram)	2,000,000
Output 2: Increased access to WASH in vulnerable public spaces and vulnerable and highly impacted communities/barrios				
2.1 New water sources in highly impacted areas	Jan-Dec 2021	UNICEF	2,000,000 (reprogram)	700,000
2.2 Increase of the capacity for water production, fabrication and installation of hand wash stations in the refugee sites.	Jul-Dec 2020	UNHCR	247,000	
Output 3: Access to hygiene and COVID 19 messages on prevention and access to services				
3.1 Campaigns for COVID-19 and hygiene messaging	Jan-Dec 2021	UNICEF	850,000 (reprogram)	300,000
Output 4: Emergency support for the safe, continuous operation of centralized water supply systems				
4.1 Support for centralized water supply systems	Jan-Dec 2021	UNICEF	850,000 (reprogram)	300,000
Total - US\$ 8,747,000			6,447,000	2,300,000

EDUCATION

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Ensure the continuity of learning and provide access to remote learning programs				
1.1 Support catch-up programme for the most vulnerable children through innovative learning via tablets	Jan - Dec 2021	UNICEF	100,000	400,000
1.2 Organize, in coordination with MINEDH (IEDA), MCTESTP and the Higher Education Institute, capacity training workshops for technicians at the central, provincial and district levels, teachers and other relevant staff on distance learning pedagogical approaches	Jan - Dec 2021	UNESCO	50,000	200,000
1.3 Establish a national adolescent and youth friendly platform for training and continuous learning (in collaboration with the Secretary of State for Youth and Employment)	Jan - Dec 2021	UNFPA		50,000
1.4 CSE dissemination to community radio programs for out-of-school adolescents and youth to ensure access to remote learning.	Jan - Dec 2021	UNFPA		50,000
1.5 Dissemination of CSE content to target adolescents with disabilities, including development of accessible and inclusive learning tools.	Jan - Dec 2021	UNFPA		100,000
Total - US\$ 950,000			150,000	800,000

SOCIO-ECONOMIC CHALLENGES

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be mobilised
Output 1: Analysis and assessments				
1.1 Rapid impact monitoring survey of socioeconomic impact of COVID-19	Jul-Dec (monthly)	UNDP	100,000	200,000
1.2 COVID-19 impact on children	Jul-Dec	UNICEF	30,000	50,000
1.3 Build knowledge base on International labour standards, particularly the ILO Conventions relating to Gender Equality of Ministry of Gender, Child and Social Action, Employers and workers organizations to support constituents in mitigate the impact of COVID-19	June to Dec	ILO	10,000	
1.4 Undertake a Needs Assessment for community contracting in the road sector in Manica (Rural Roads and Jobs Project)	September	ILO	10,000	
1.5 Develop a series of research products which include sections on COVID-19 impact	July	ILO	20,000	
1.6 Impact assessment of Covid-19 on the implementation of the ICPD program of Action	Jan-June 2021	UNFPA	50,000	200,00
1.7 Conduct provincial and national youth platforms to ensure youth participation in the post COVID-19 era and assess their specific socioeconomic needs	Jan- Dec 2021	UNFPA	20,000	120,000
1.8 Rapid assessment of the socioeconomic impact of COVID-19 in the suburbs of Maputo on women and girls	April - May	UN Women	10,000	
Output 2: Support to policy development and dialogue				
2.1 Support the drafting of an annual National Employment Policy implementation report with employment responsive and gender sensitive indicators that will put forward recommendations for adapting the plan for the period 20/21	April - June	ILO	20,000	
2.2 Support the development of at least 2 policy notes focused on programs to address the economic impact of COVID-19, adaptation or reconstruction	April - Oct	ILO	20,000	
2.3 Holding high level meeting with constituents to discuss the way forward for COVID-19 mitigation and protection of jobs	Oct - Dec	ILO	50,000	
2.4 Provide Information materials about COVID-19 and protective equipment to workers and producers in the horticulture value chains with	June onwards	ILO	10,000	
2.5 Support INS-led cross-sectoral working group on demography and social distancing	Jan- Dec 2021	UNFPA		250,000
Output 3: Employment, Livelihoods and MSME support support				
3.1 Post COVID-19 Recovery Facility: Investing in Urban and Peri-urban livelihoods in the informal sector and supply chain of food products particularly	Jun 2020 – Dec 2021	UNDP	2,500,000	14,375,000
3.2 Resilient recovery of MSEs through technical assistance, introduction of technology and new methods of improved resilient and green businesses	Jun 2020 – Dec 2021	UNDP	800,000	1,075,000
3.3 Resilient support to the small producers particularly in the green belt of main urban sitings and small suppliers to ensure increase production and supply chain to the infromal market and resilient livelihood	Jun 2020 – Dec 2021	UNDP	4,000,000	12,750,000
3.4 Training constituents on COVID-19 adaptation and OSH using remote training	July - Dec	ILO	15,000	
3.5 Beginning of road paving demonstrations with COVID-19 protection measures (Rural Roads and Jobs Project)	December	ILO	80,000	
3.6 Promote alternative work approach to provide technical support to the horticulture value chain	June onwards	ILO	15,000	
3.7 Training for construction sector workers on labor based methods using COVID-19 protection measures	Sep - Dec	ILO	120,000	
3.8 Procurement of COVID-19 protection elements for beneficiaries in construction sector demonstrations	Sep	ILO	15,000	
3.9 Partnerships with private sector to facilitate resource flows for practical support to women at community level and support women owned enterprises and/or participation of women in the manufacturing industry for the production of sanitizers, masks and gloves, etc.	May-Dec	UN Women		100,000
3.10 Provide grants to women's organizations particularly young women, informal and small formal women owned businesses affected by COVID-19	May-Dec	UN Women		300,000
3.11 Expansion of village saving and loans associations (VSLA) among young women affected by COVID-19	May-Dec	UN Women		100,000
3.12 Urban Multi-sector Task Force in coordination with ILO ensure young people in informal settlements are recruited to deliver materials and messages	July-Dec	UN-Habitat/ILO		300,000
Total – US\$ 37,715,000			7,895,000	29,820,000

FOOD SECURITY, NUTRITION AND LIVELIHOODS

Activities	Timeframe	Agency	Estimated Cost (US\$) (USD\$)	
			Available*	To be mobilised
Output 1: Ensuring food supply chain actors are not at risk of virus transmission				
1.1 Provide information and conduct awareness sessions for extension agents and direct beneficiaries on nutrition by using locally available products to 20 000 heads of house hold through FFS and seed distribution activities	Jan - Dec	FAO-UNWOMEN, WFP, UNICEF, IFAD, IOM		200,000
1.2 Deploy ICT tools (radios, mobile phones, tablets) to reach wider community and support communication between extension services and farmers/ fishermen (convery technical messages, market prices, commodity demand, etc and feed into a monitoring system)	Jan - Dec	FAO IFAD		250,000
1.3 Customize and broadcast radio messages (domestic violenec, PSE, healthy behaviours and prevention of infection diseases) in community radios as reminders	Jan - Dec	FAO-UNWOMEN, WHO, WFP, IFAD, IOM		50,000
1.4 Assisting vulnerable groups in community to access minimum required energy, protein and mineral intake with targeted micronutrient supplementation children in the most affected communities	Jan - Dec	UNICEF/ WFP		500,000
1.5 Advocacy, towards partners to ensure standardized safe operations are implemented in the delivery of food (introduction of hand wash stations and crowd spacing measures).	Jan - Dec	WFP, FAO, IOM, UNICEF		100,000
Output 2: Ensuring continuity of the critical food supply chain for the most vulnerable populations				
2.1 Support farmers in food processing, conservation & storage including vegetables and fish	Jan - Dec	FAO UNIDO, WFP, IFAD, UNWOMEN		500,000
2.2 Promote food safety through good practices to reduce the contamination of agricultural, livestock and fisheries products	Jan - Dec	FAO WFP, UNICEF, UNWOMEN		500,000
2.3 Promote voucher system for agriculture inputs – Agrodealers network	Jan - Dec	FAO IFAD, UNWOMEN		1,000,000
2.4 Support farmers organizations to create mechanism in harvest collection, shorting, package and transport to markets	Jan - Dec	FAO UNIDO, IFAD, UNWOMEN		2,000,000
Output 3: Ensuring availability of and stabilizing access to food for the most acute food-insecure populations				
3.1 Support for the creation of FFS, agrodealers, and distribution of agricultural inputs via E-Voucher system (for planting materials, fertilizers and tools) for farmers in rural areas	April - Dec	FAO WFP, IFAD, IOM, UNWOMEN		2,000,000
3.2 Support to Agricultural Research Centres for production technics and multiplication of improved seeds and planting material	January - Dec	IFAD-FAO		3,000,000
3.3 Distribute seeds and tools for home gardening aiming at improving nutrition in peri urban areas (in particular women)	January - Dec	FAO-IFAD WFP, IOM, UNWOMEN		1,000,000
3.4 Improve access to water through small scale irrigation equipments, boreholes and water harvest techniques	January - Dec	IFAD-FAO UNCDF, UNIDO		2,000,000
3.5 Support the purchasing power of vulnerable and afected people and communities, through direct injection of cash – Up-scale Voucher system	January - Dec	WFP-FAO UNWOMEN, UNICEF, IFAD		1,000,000
3.6 Assist resetled people from the Idai cyclone and host communities in food production (promotion of small stock, and backyard agricultural production)	January - Dec	FAO-IOM UNWOMEN, IFAD		1,000,000
3.7 Support post shock affected communities with provision of nutrition dense products (super cereal, HEB, BP5) and nutrition therapeutic products for treatment of malnutrition	January - Dec	UINCEP-WFP		2,000,000
3.8 Promote production of fish, monogastric small stock ruminants in rural and peri-urban areas, according to specific conditions	January - Dec	FAO-IFAD UNWOMEN		2,000,000

FOOD SECURITY, NUTRITION AND LIVELIHOODS (CONT.)

Activities	Timeframe	Agency	Estimated Cost (US\$) (USD\$)	
			Available*	To be mobilised
3.9 Support animal vaccination campaigns to prevent and control the most important animal diseases aiming at food security and public health	January - Dec	FAO IFAD		500,000
3.10 Guarantee the provision of food in case asylum seekers or refugee are isolated in the preestablished isolation centres	May-August	UNHCR	20,000	
3.11 Promotion of medium size agriculture entrepreneurship (Link to UNJP SDG Funding)	January - Dec	IOM-FAO IFAD		7,000,000
3.12 Unconditional cash-based assistance providing food assistance to an estimated 500,000 people living in various urban and peri-urban areas and affected by COVID induced economic shock	Jan - Dec	WFP, UNICEF		38,000,000
Output 4: Contributing to national data and analysis on food security				
4.1 National Food Security and Nutrition Vulnerability Mapping	Jan - Dec	FAO-WFP IFAD, UNWOMEN, UNICEF		2,000,000
4.2 Assess potential impacts on production, farmers, as well as actors along the value chain through remote data collection in collaboration with partners;	Jan - Dec	FAO-WFP IFAD, UNWOMEN		500,000
4.3 Agricultural inputs supply mapping	Jan - Dec	FAO IFAD		1,000,000
Output 5: Protect health and nutritional status of vulnerable groups living in food insecure areas adversely affected by the pandemic by ensuring the provision of nutrition lifesaving services				
4.4 Blanket micronutrient supplementation to children under 2 years of age with Micronutrients Powders (MNP)	Jan - Dec	UNICEF, WFP		800,000
4.5 Support alternative implementation models for outreach services to ensure continued provision of essential nutrition and maternal and child health	Jan - Dec	WFP, UNICEF		2,000,000
4.6 Promote recommended maternal, infant, and young child nutrition practices (MIYCN) adapting it to the context of COVID-19;	Jan - Dec	UNICEF, WHO, WFP		1,000,000
4.7 Support the MISAU in promoting and monitor the adherence to the National Code of Marketing of Breastmilk Substitutes in all COVID-19 operational response and mitigation activities.	Jan - Dec	UNICEF, WHO, WFP		100,000
4.8 Scale-up the management of moderate acute malnutrition to new districts/areas with high risk of a sharply increase (or already with an elevated caseload) of acute malnutrition	Jan - Dec	UNICEF, WFP		3,000,000
Total – US\$ 75,020,000			20,000	75,000,000

GOVERNANCE

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be mobilised
Output 1: Coordination and Legislation				
1.1 Ensure coordination of response actions between central government and decentralized governance actors.	April 2020 – Dec 2021	UNDP		300,000
1.2 Strengthen efficient and effective results based planning through programme based planning and budgeting reform.	May 2020-Dec 2021	UNICEF		
1.3 Provide dedicated support in the formulation or update relevant legal framework	April 2020 – Dec 2021	UNDP UNICEF		
1.4 Provide dedicated support to democratic institutions, especially parliament and provincial assemblies in Zambezia and Nampula. To ensure information flow, including hearing sessions of GoM with democratic institutions, enable the formulation or update of relevant legal framework (Parliament: 1 st , 2 nd , 3 rd , 4 th and 5 th committee).	April 2020 – Dec 2021	UNICEF		
1.5 Embed gender dimensions within response plans to ensure that gender perspectives are properly addressed. Country strategic plans for preparedness and response must be grounded in strong gender analysis, taking into account gendered roles, responsibilities, and dynamics.	April 2020 – Dec 2021	UN Women		
1.6 Strengthen the leadership and advocate for the meaningful participation of women and girls in all decision-making processes in addressing the COVID-19 outbreak	April 2020 – Dec 2021	UN Women		
1.7 Advocate for and build the national capacity to collect disaggregate data related to the outbreak by sex, age, and disability.	April 2020 – Dec 2021	UN Women		
1.8 Strengthen and scale the framework for cross-government monitoring of implementation at all levels, using a digital data platform that integrates data from multiple existing sources, adds other layers of governance data and presents it on a dashboard	April 2020 – Dec 2021	UNDP		
Output 2: Strengthened coordination and promote Inclusive and Integrated crisis Management and Multi-sector Responses				
2.1 Support the CTGC and the INGC develop Covid-19 multisectoral response plans at national and local levels;	April 2020 – Dec 2021	UNDP,OCHA		50,000
2.2 Support the integration of early recovery measures by all clusters/ government working groups in the response plans;	April 2020 – Dec 2021	UNDP		
2.3 Reinforce advocacy to ensure engagement of the private sector and CSOs in view of the response to Covid-19	April 2020 – Dec 2021	UNDP		
2.4 Enabling efficient coordination, connectivity, and communication in the COVID-19 context, across the INGC institutional structure, including field delegations of INGC at provincial, district, and municipal levels;	April 2020 – Dec 2021	UNDP, UNICEF, WFP	145,000	220,000
Output 3: Transparency and Accountability enhanced				
3.1 Assess the corruption risks in the national COVID-19 reponse mechanisms and formulate proposals to mitigate those risks.	April 2020 – Dec 2021	UNODC		50,000
3.2 Support national institutions to enhance transparency and accountability in the national COVID-19 responses	July 2020 – Dec2021	UNODC	50,000	100,000
Output 4: Procurement of equipment, ICT solutions and services to ensure service delivery through digitalization				
4.1 Purchase of Zoom licenses, WIFI modems and data packages to ensure connectivity and enable virtual meetings across government tiers	April 2020 – Dec 2021	UNDP UNICEF		1,000,000
4.2 Provision of virtual office equipment (laptops, tablets, modems, software) for the central office and the provincial delegations of the Institute of National Statistics (INE)	Jan-June 2021	UNFPA		
4.3 Purchase laptops to 5 Committees of the parliament and to provincial assemblies in Nampula and Zambezia.	April 2020 – Dec 2021	UNICEF		
4.4 Purchase of modems to 5 committees of the parliament and provincial assemblies in Nampula and Zambezia to ensure connectivity.	April 2020 – Dec 2021	UNICEF		
4.5 Purchase biometric machines, CCTV cameras, desktops, routers, printers and external disks.	April 2020 – Dec 2020	UNDP	30,000	
4.6 Digital transformation of select citizen-facing functions and Citizen2Government payments in municipalities.	April 2020 – Dec 2021	UNDP		
4.7 Design of video training modules for new decentralized structures.	April 2020 – Dec 2021	UNDP		
4.8 Support the Institute for National Statistics in adapting data collection modalities of national household surveys.	June 2020 - Dec 2021	UNFPA		
4.9 Formulation of SOPs for service delivery in public service and State Administration, during COVID-19.	April 2020 – Dec 2021	UNDP UNICEF		

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be mobilised
4.10 Support the government in providing adequate, comprehensive and holistic services to women and girls who may be affected by the outbreak and are also GBV survivors.	April 2020 – Dec 2021	UN Women, UNICEF		120,000
4.11 Advocacy for remote registration of asylum seekers and refugees	May – Aug 2020	UNHCR	10,000	
Output 5: Advocacy and Communication on the Prevention and Preparedness on COVID-19				
5.1 Development of awareness raising material available government services throughout the COVID-19 crisis (in Portuguese and local language - according to province)	April 2020 – Dec 2021	UNDP UNICEF		130,000
5.2 Dissemination of messages on key government services and how to access it	April 2020 – Dec 2021	UNDP, UNICEF		
5.3 Coordination of information messages among all actors.	April 2020 – Dec 2021	UNDP		
5.4 Expand the use Chatbot services, Push SMS services, Radio and TV messaging for dissemination of localized messages, and SMS-based and app-based citizen feedback services	April 2020—Dec 2021	UNDP		250,000
5.5 Scale the Youth Volunteer Corps initiative to engage youth in a range of activities including social media messaging, community-based messaging, data collection and other ICT related tasks	April 2020 –Dec 2021	UNDP		300,000
5.6 Use Challenge Funds and Hackathons to foster innovations in service delivery at local levels	April 2020 –Dec 2020	UNDP		500,000
5.7 Scale digital transformation of public services and Citizen2Government payments to reduce physical interaction, facilitate citizens, and enhance transparency	April 2020 –Dec 2020	UNDP		2,000,000
1.8 Decentralized Capital Grants to Local Governments	April 2020 – Dec 2021	UNCDF		1,500,000
1.9 Design and support implementation of an awareness campaign on women and COVID-19 by CSOs	April 2020 – Dec 2021	UN Women		50,000
5.10 Linha Verde da Resposta a Emergencia (1458) – tollfree inter-agency hotline. Two-way information relay service for the affected population on humanitarian assistance (including Covid-19 response) and Covid-19 related queries. Outgoing sms service to existing users containing messaging on covid-19, GBV and PSEA. Weekly Covid-19 and monthly humanitarian assistance reporting to feed into programme adjustments, information provision and community engagement	July 2020 – Dec 2021	WFP, UNICEF, UNHCR, UNDP, UNFPA, OHCHR, IOM, FAO		600,000
Output 6: Operational Support to UN Agencies				
6.1 Technical support (Staff recruitment 3 for central level & 11 for province; transport cost& per diem)	April 2020 – Dec 2021	All		100,000
Total – US\$ 3,157,000			235,000	2,922,000

RULE OF LAW AND SECURITY SECTOR

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available*	To be mobilised
Output 1: Strengthen Coordination and rights based approach to health crisis (National, Province and District level)				
1.1 Supports the regular communication and interaction among the members of the security task force central to local level and with the health sector during the state of emergency and until the end of the COVID-19 pandemic.	July 2020 to Dec 2021	UNDP UNODC OCHA	20,000	50,000
1.2 Advocate promote that responses to COVID-19 driven by the security sector are proportionate, gender-responsive and protect women's human rights, including through women's leadership in law enforcement as well as the security and justice sector	July 2020 to Dec 2021			
1.3 Support women's civil society to monitor and document security-sector action, access to justice, and governance to promote transparency and accountability for women's human rights under national emergency conditions.	July 2020 to Dec 2021			
1.4 Support national protection and security entities and civil society with resources, training, relevant human rights analysis, guidance and monitoring tools to better assess and respond to pandemic and its HR impacts	Through to end of 2021	OHCHR	5,000	40,000
1.5 Support referral systems and information on legal guarantees and access to adequate legal aid as well as support to vulnerable groups in context of response	Through to end of 2021	OHCHR	5,000	20,000
1.6 Support national counterparts through technical advice and capacity building to ensure relevant protection of persons of concern	July 2020 to Dec 2021	UNHCR	30,000	
Output 2: Supply Security and Penitentiary with digital equipment for operations				
2.1 Procurement of IT and other digital equipment	July 2020 to Dec 2021	UNDP, UNODC, OCHA, UNICEF	80,000.00	300,000.00
2.2 Integrate gender-based violence prevention strategies into operational plans of the justice and security sectors for the crisis and statutes of limitations on offenses, particularly sexual violence offenses, should be suspended.	July 2020 to Dec 2021	UNWOMEN		
2.3 Promote women's full, equal and meaningful participation in leadership and decision-making roles related to COVID-19 response and recovery, including in conflict-affected and fragile settings.	July 2020 to Dec 2021	UNWOMEN		
2.4 Equipment acquisition for patrols and operations involved in wildlife crimes.	July 2020 to Dec 2021	UNODC		
Grand Total – US\$ 550,000			140,000	410,000

CROSS CUTTING INTERVENTIONS

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be mobilised
Output 1: Advocacy and mainstreaming				
1.1 Support remote case management capacity of social workers to respond to GBV, child protection and other cases.	Medium term	UNICEF, UNFPA	Funding available/to be reassigned	TBD
1.2 Develop an operation plan for implementation of the law on Child Marriage/informal unions	Medium term	UNICEF	Funding available	No
1.3 Support development and dissemination of information, policy and operational recommendations on human rights, protection and gender focusing on most vulnerable populations including older persons, persons with disabilities and persons deprived of liberty or in closed institutions such as nursing homes, orphanages, shelters, etc.	Medium term	OHCHR	Staff Time	
1.4 Adolescent and youth advocacy campaigns on SRHR and GBV, including vulnerable people, women and girls - BCC	Medium term	UNFPA	Staff, current programmes	235,000
1.5 Support national counterparts on protection mainstreaming, provide capacity building to authorities and partners on assistance and inclusion of persons of concern	Medium term	UNHCR	Staff, current programmes	
1.6 Advocate for expansion of social protection programs to the most vulnerable women, young women and girls to mitigate the negative impact on their human rights and prevent further exclusion in line with CSW 63 Agreed Conclusions	Medium term	UNWOMEN	Staff Time	
1.7 Help maintain and populate information management and sharing platforms including Protection Cluster COVID-19 Toolkit and communicate regularly with protection authorities and partner NGOs with information (weekly update to protection and human rights organizations)	Medium term	OHCHR	Staff time/ 15,000USD Comms and IM capacity	30,000
Output 2: Vulnerability assessments and data collection				
2.1 Through its interventions in the area of mobility and patient tracking and screening, IOM will contribute to data collection on various vulnerable populations such as migrants, IDPs, persons with underlying health conditions.	Medium term	IOM	30,000	50,000
2.2 Conduct assessment on the impact of COVID and Gender to inform policy making and programming	Medium term	UNWOMEN	5,000	40,000
2.3 UNICEF will participate through CPiE and also bi-lateral arrangements with implementing partners to share relevant data and information.	Medium term	UNICEF		
2.4 Support design of relevant assessments	Medium term	OHCHR	Staff Time	
2.5 Conduct Assessment of impact of the socio-cultural impact of COVID on gender	Medium term	UNWOMEN		50,000
2.6 Support impact analysis and data generation on SRH and GBV.	Medium term	UNFPA	50,000	500,000
2.7 Conduct a reality check approach to assess the impact on girls and young women 's vulnerabilities post-COVID-19, especially concerning child marriage and teenage pregnancy.	Medium term	UNFPA	30,000	60,000
Output 3: Support to preparedness and response of State and non-state institutions				
3.1 Support effective coordination by the multisectoral mechanism for GBV prevention and response in alignment with the Government-line ministries, at national and subnational levels in selected provinces.	Medium term	UNFPA	100,000	370,000
3.2 Enhance education system-level response to the current and future crises. Support countries plan and implement distance-learning modalities in response to COVID-19 school closures	Medium term	UNESCO	150,000	
3.3 Support MINEDH on crisis response, systems for efficient delivery, and contingency planning. At the same time support education sector to Implement safe school operations and risk communication including mental health support; Ensure the continuity of learning and provide access to remote learning programs; Support the MINEDH to transition the current National School Feeding Programme to a Take-Home Ration modality; support to monitoring and evaluation of interventions.	Medium term	UNESCO	21,610	

CROSS CUTTING INTERVENTIONS (CONT.)

Activities	Timeframe	Agency	Estimated Cost (US\$)	
			Available	To be mobilised
3.4 Provide laptops, modems, mobility, transfer of funds for PPE etc. to the list of partners in adjacent column (full list will be shared next week, list of requests were shared)	Medium term	UNICEF	Funds available/ to be reassigned	
3.5 Support authorities to review inmate admission protocols including through availability of screenings, information leaflets, standardized questionnaires as well as the procurement and use of infrared thermometers	Medium term	UNODC	500	2,000
3.6 Advocate for expansion of groups in risk in social protection programs and advocate for implementation of gender responsive procurement by UN and other suppliers (buying from most vulnerable women and young women)	Medium term	UNWOMEN	150,000	300,000
3.7 Use mobile teams and community workers to disseminate information on preventive measures related to COVID-19. The mobile team members and community workers will be trained on protection and PSEA.	Medium term	IOM	40,000	110,000
3.8 Support INAR and DPGCAS on protection mainstreaming, contingency planning and mechanisms of assistance to persons of concern	Medium term	UNHCR	50,000	150,000
3.9 Provide expertise on gender mainstreaming	Medium term	UNWOMEN	Staff Time	
3.10 Support Police Department of Family, Children and Response to Domestic Violence through training for remote response, and development and application of job aids.	Medium term	UNICEF	Funding available/to be reassigned	TBD
3.11 Assist stranded migrants to access services and advocacy for inclusion of migrants in on-going preparedness and response plans to avoid stigmatization	Medium term	IOM		150,000
3.12 Creation of MHPSS self-help tools specifically tailored for stranded migrant populations in quarantine as well as deployment of psychosocial mobile teams linguistically and culturally able to serve those populations	Medium term	IOM	20,000	150,000
3.13 PSS support actions under discussions through integration in education remote programming, MGCAS, FDC and other possible modalities	Medium term	UNICEF	Funding available/ to be reassigned	TBD
Output 4: Direct Assistance to affected populations				
4.1 Strengthen existing protection mechanisms and social services, including cross-borders, to identify and support persons in need of care or protection and refer them to appropriate services; e.g. alternative care, emergency support or assistance, social services	Medium term	IOM		200,000
4.2 Ensure assistance to GBV survivors and prevention of GBV	Medium term	UNFPA	50,000	450,000
4.3 Provide psychosocial support for girls and young women	Medium term	UNFPA	30,000	50,000
4.4 Pilot provision of dignity kits through e-vouchers and community-based radio messages in Nampula, Sofala and Cabo Delgado Provinces through m-PESA and/or conventional vouchers for vulnerable women and girls (as defined by INAS and CSOs), including GBV survivors, women-headed households, etc, in urban and peri-urban areas, to ensure access to dignity kits (including hygiene and menstrual management items).	June to Dec2021	UNFPA		1,000,000
Output 5: Community engagement and democratic participation in decision-making				
5.1 Provision of technical guidance and tools to ensure risk communication messages are culturally and linguistically tailored and that migrants are included in national, regional and global outreach campaigns	Medium term	IOM	20,000	80,000
5.2 Community engagement for SRHR and GBV, with involvement of religious leaders, parent and youth associations, PwD and other groups	Medium term	UNFPA	50,000	1,300,000
5.3 Support communication and engagement with affected communities groups as well as protection entities in their own promotion work around human rights, protection and gender	Medium term	OHCHR	staff time	20,000
5.4 Hold consultations with entities on particular challenges and key messages to support engagement with State and engagement with human rights mechanisms taking into account causes and impacts of pandemic on human rights	Through to end of 2021	OHCHR	2,000	50,000
TOTAL – US\$ 6,161,110			814,110	5,347,000





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