

Mozambique

Consolidated Emergency Report 2016



Drought affected children (left) in Chicualacuala district and conflict IDP children (right) in Manica.
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Abbreviations and Acronyms

AC-Accommodation Centers

CERF-Consolidated Emergency Response Fund

DPOPHRH-Provincial Directorate of Public Works, Housing and Water Resources

DRR-Disaster Risk Reduction

DSF-Douleurs Sans Frontieres

DTM-Displacement Tracking Matrix

FORCOM-Forum of Community Radios

GBV-Gender-Based Violence

HAC-Humanitarian Action for Children

HCT-Humanitarian Country Team

ICS-Institute of Social Communication

IDPs-Internally Displaced Persons

INGC-National Institute for Disaster Management

IOM-International Organization for Migration

IFCF-Infant Young Child Feeding

MINED-Ministry of education

MMAS-Ministry of Woman and Social Action

NGOs-Non-governmental Organizations

MISAU-Ministry of Health

MSF-Médecins Sans Frontières

ORS-Oral Rehydration Salts

RC-Resettlement Centres

SAM-Severe Acute Malnutrition

SETSAN-Technical Secretariat of Food Security and Nutrition

SRP-Strategic Response Plan

UN-Habitat United Nations Human Settlements Programme

WASH-Water, Sanitation and Hygiene

WFP-World Food Programme

WHO-World Health Organization

Executive Summary

Mozambique is highly susceptible to risks of floods, drought, cyclone and epidemics. In 2016, the country was affected by the worst drought in 35 years, severely impacting food security, nutrition of children and pregnant women in particular, and agricultural harvesting. The drought was a consequence of the El Niño conditions in the country, which resulted in shortage of precipitation in the southern and parts of the central provinces of Mozambique. The El Niño drought affected the most the provinces of Maputo, Gaza, Inhambane and parts of Tete, Sofala, Zambezia and Manica provinces. The drought situation in the country evolved rapidly from a moderate food insecurity situation affecting 380,000 people in January 2016, the situation deteriorate reaching 1.5 million food and nutrition insecure people in March and 2.1 million people by November 2016. UNICEF's humanitarian strategy sought to complement Government, Humanitarian Country Team (HCT) and partners' priority interventions aimed at reducing the impact of drought on children and women. Specifically, UNICEF focused on two critical areas of interventions; water, sanitation and hygiene (WASH) and nutrition in addition to supporting the food security cluster in the area of emergency school feeding.

UNICEF's interventions and programme targets for the drought underscore its Humanitarian Action for Children (HAC) which targeted 27,500 children under 5 with severe acute malnutrition (SAM), 150,000 pregnant and lactating women with infant young child feeding (IYCF) programme, 120,000 people with access to safe water and 120,000 people were targeted with hygiene promotion activities, including point-of-use water treatment safe practices.

Through WASH, Health and Nutrition, Protection, Education and Communication for Development (C4D), UNICEF was able to deliver the following results:

- To ensure access to health services, particularly for the remote communities, UNICEF and the Ministry of Health (MoH) trained 36 mobile brigades¹ in 33 districts. The mobile brigades provided community outreach to most vulnerable children and women, including screening, referral of complex cases of malnutrition (SAM) and treatment of children with moderate acute malnutrition (MAM);
- In WASH, interventions and results mostly geared around access to safe water to people most affected by drought. Through emergency water trucking, UNICEF provided access to safe water (7.5-15L per day) for three months to 13,200 people in the district of Magde in Maputo and provided 5,000 people with water storage items such as buckets and jerry cans to ensure water was stored in safe containers.
- UNICEF initiated the piloting of the school basic emergency plan in three most disaster prone provinces (Gaza, Nampula and Zambezia).
- Cholera is an endemic problem for Mozambique and UNICEF's leadership is critical in supporting government response to cholera outbreaks. Through Supply Division, UNICEF has procured 425,486 doses of cholera vaccine used to support the implementation of pre-emptive cholera vaccine campaign which reached 193,000 people at risk of cholera in Nampula city.

¹ Mobile (health and Nutrition) brigades provide community outreach and do nutrition screening and treatment of children with moderate acute malnutrition (MAM)

A. Humanitarian Context

Mozambique is highly susceptible to risks of floods, drought, cyclone and epidemics. In 2016, the country was affected by the worst drought in 35 years, severely impacting food security, nutrition of children and pregnant women in particular, and agricultural harvesting. The drought was a consequence of the El Niño conditions in the country, which resulted in shortage of precipitation in the southern and parts of the central provinces of Mozambique. The El Niño drought affected the most the provinces of Maputo, Gaza, Inhambane and parts of Tete, Sofala, Zambezia and Manica provinces. The drought situation in the country evolved rapidly from a moderate food insecurity situation affecting 380,000 people in January 2016, the situation deteriorate reaching 1.5 million food and nutrition insecure people in March and 2.1 million people by November 2016. UNICEF's humanitarian strategy sought to complement Government, Humanitarian Country Team (HCT) and partners' priority interventions aimed at reducing the impact of drought on children and women. Specifically, UNICEF focused on two critical areas of interventions; water, sanitation and hygiene (WASH) and nutrition in addition to supporting the food security cluster in the area of emergency school feeding.

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Numerous factors from (a) humanitarian context, (b) political, military and economic instability (c), and institutional capacity to (d) funding gaps have impacted and challenged smooth implementation of humanitarian action throughout the country. The humanitarian context was complex and geographically vast. The drought affected 7 provinces across the country and it was a regional disaster as well. This demanded government (national and regional) and partners to stretch their resources, establish a sophisticated coordination and reporting mechanism and ensure clarity of interventions and priority through the development of a strategic response plan (SRP) which guided interventions across sectors. Mozambique was much of the 2016 characterized by an-ongoing political and military conflict in addition to the economic crisis in which the country is immersed in. Conflict led to limited humanitarian access, undermined the capacity of UNICEF teams to deliver, restricted movement of implementing partners and contractor to timely initiate implementation, including the drilling of the boreholes in the most affected and remote locations. Movement restriction of UN personnel also impaired monitoring of implementation and the generation of evidence on the impact of drought, particularly for the less obvious sectors such as protection and education

Funding was another major challenge, particularly for WASH. Funding gaps and limited flexibility of the funds available to be used in changing context have slowed considerable the implementation of WASH interventions. In terms of institutional capacity, the National Institute for Disaster Management (INGC) is the government leading agency which provides overall leadership and coordination of all humanitarian interventions in the country. Despite visible growth over the years, INGC's capacity remains centrally functional exposing weakness in the capacity of the government at decentralized level, which more often than not undermined the required institutional capacity to lead and guide interventions at the provincial and district levels.

However, UNICEF's interventions were designed and implemented in a way which complemented both Government and HCT's interventions. Humanitarian interventions fit in the broader implementation strategy of our regular country programme and where necessary, they included a crisis-modifier element to allow scalability and shift to as required to address the humanitarian crisis.

B. Humanitarian Results

Humanitarian results are reflective of the collaborative efforts of the Government and partners, and contributions made by donors. Results further underscore priority intervention areas as agreed by the Government/partners in the framework of delivering humanitarian action to address the humanitarian crisis. Through WASH, Health and Nutrition, Protection, Education and Communication for Development (C4D), UNICEF was able to deliver the following results:

El Nino response

- To ensure access to health services, particularly for the remote communities, UNICEF and the Ministry of Health (MoH) trained 36 mobile brigades² in 33 districts. The mobile brigades provided community outreach to most vulnerable children and women, including screening, referral of complex cases of malnutrition (SAM) and treatment of children with moderate acute malnutrition (MAM);
- UNICEF/MoH trained and supported mobile brigades screened over 140,853 children and treated 8,312 children with SAM;
- In WASH, interventions and results mostly geared around access to safe water to people most affected by drought. Through emergency water trucking, UNICEF provided access to safe water (7.5-15L per day) for three months to 13,200 people in the district of Magude in Maputo and provided 5,000 people with water storage items such as buckets and jerry cans to ensure water was stored in safe containers.
- Communication for Development (C4D) is a critical and major component of UNICEF's interventions. It plays a central role also in informing the public of the UNICEF's response and conveying key and life-saving messages. Through C4D, UNICEF and partners produced Radio spots with emergency messages focusing on IYCF, hygiene, sanitation and malaria prevention, broadcasted in local language in 8 community radios. Cumulatively, we shared information 40 times, information was seen 152,598 times, and we reached 104,357 people and engaged with the information 7,250 times.

Internally Displaced Persons

- To improve water, sanitation and hygiene conditions in 8 IDP sites in Manica province, UNICEF distributed reinforced tarpaulin sheets, jerry cans and hygiene soap to 15,128 IDPs in Manica.
- Increased reports of population displacement in the country (IDPs) due to conflict have led UNICEF to join forces with IOM in assessing and responding to the needs of IDPs in Manica. UNICEF participated in three assessments and provide assistance to IDPs in WASH and Nutrition (distribution of RTUF) to 3,600 family IDPs.

Cholera

- Cholera is an endemic problem for Mozambique and UNICEF's leadership is critical in supporting government response to cholera outbreaks. Through Supply Division, UNICEF has procured

² Mobile (health and Nutrition) brigades provide community outreach and do nutrition screening and treatment of children with moderate acute malnutrition (MAM)

425,486 doses of cholera vaccine used to support the implementation of pre-emptive cholera vaccine campaign which reached 193,000 people at risk of cholera in Nampula city.

Increasing resilience

- Due to increased vulnerability of the education sector (schools and children) to disasters, and as an integral part of UNICEF's strategy to link preparedness with regular development programming, UNICEF is building 48 resilient classrooms in Namacurra district in Zambezia province. Resilient schools feature cyclone resistant measures through consideration of improved structural and engineering solutions to risk reduction.
- UNICEF initiated the piloting of the school basic emergency plan in three most disaster prone provinces (Gaza, Nampula and Zambezia). The piloting of the school emergency plan is a critical non-structural measure to support resilience and risk reduction and it complements the critical structural measure (resilient classrooms) all aimed at increasing school preparedness and resilience.
- In 2016, a fuel tanker exploded in Tete which injured 149 people of which 90 people were killed. UNICEF provided an range of medicines (14,600), medical devices-consumable (8,000), equipment (75), ORS (3,000) and infusions (800) to assist the wounded;

Other

- Strong winds in the northern province of Nampula and conflict in Manica have forced children and teachers out of school-preventing them from their right to education. To address this, UNICEF provided 18 schools tents and 300 leaner kits to the provincial and district education authorities, reaching 7,367 children in the two provinces.

Results Table

The table below represents 2016 those interventions where the CO included specific targets in the Humanitarian Action for Children appeal. Based on Government interventions priority for the drought, WASH and Nutrition are the two interventions with defined targets (UNICEF and Cluster) and reported results. These results were delivered through contributions to the appeal as well as resources from UNICEFs regular programmes where necessary.

Indicators	Cluster/sector 2016 Target	Cluster/sector total results	UNICEF 2016 Target	UNICEF Total results
Children < 5 years with SAM admitted to nutrition rehabilitation treatment programmes	27,500	8,312	27,500	8,312
Pregnant and lactating women reached with IYCF services*	150,000	5,580	150,000	5,580 ³

³ Following the decision of the nutrition cluster to priorities treatment of acute malnutrition, the activities related to infant and young child feeding (IYCF) only started in November 2016, hence the low number of pregnant and lactating reached. This result is expected to be accelerated in the coming months.

People provided with access to safe water (7.5-15L per person per day)	300,000	291,357	120,000	23,960
People benefitting from hygiene promotion activities including point-of-use water treatment safe practices	300,000	140,590	120,000	23,960
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

Overall targeted results were underachieved, in part this was due to the complexity of the (a) humanitarian context, aggravated by difficulty humanitarian access due to conflict, (b) underfunded interventions, which also delayed implementation, and in some cases such as for the drilling of multi-functional boreholes, results were challenged the difficult geomorphological conditions of the soils and (c) limited institutional capacity at the decentralized level.

Monitoring and Evaluation

Monitoring was a central and critical part of the humanitarian interventions to the drought. UNICEF led jointly with Government and HCT members a number of monitoring and evaluation missions. We provided technical and financial support to the Technical Secretariat of Food Security and Nutrition to the (SETSAN's) food security and nutrition assessment which guided all humanitarian interventions. UNICEF also led the joint HCT assessments in Maputo, Gaza, and Inhambane and supported technically and financially in the Government led assessment of the drought situation in Tete province. In the context of the IDP response, UNICEF participated in three IOM-led IDP assessments in Manica which provide an update on the situation of conflict driven IDP and allowed the formulation of joint response plan for the IDPs, in which UNICEF led on the WASH components of the plan.

C. Financial Analysis

(See Annex A below for additional details)

UNICEF Mozambique's total humanitarian funding requirement for 2016 was \$8.8 million to meet the humanitarian needs of children and women in the most drought-affected communities in Mozambique. The significant financial requirements were associated with WASH and Nutrition interventions support government and partners' emergency response for up to 12 months. By December, UNICEF had received \$6,319,948 of the \$8.8 million required and reportable under the implementation of the HAC or, 28.2% of the humanitarian intervention was underfunded. Gaps in the humanitarian funding meant slow implementation of critical activities but also highlighted limitations of UNICEF to timely meet the humanitarian needs of children, women and most vulnerable populations. A reoccurring theme on the financial analysis is the need for a more predictable funding mechanism and greater flexibility of the funds received, considering the changing context in which humanitarian action takes place. It is also critical particularly to ensure appropriateness of interventions, relevance of assistance and timely and effective interventions that the mechanisms for allocation of funds are flexible and responsive without which, UNICEF's ability to provide life-saving interventions and reduce suffering can be highly compromised.

D. Future Plan

UNICEF will continue to respond to the drought, cyclone DINEO, flood, IDP situation and cholera outbreaks in the country. Within the framework of the HCT strategic response plan, UNICEF will focus its WASH, Nutrition, Health, Education and Protection interventions to address the residual humanitarian caseload beyond March 2017 and to include the humanitarian needs resulting from cyclone Dineo which affected Gaza and Inhambane provinces in February 2017. In line with UNICEF 2017 HAC programme targets, UNICEF plans include:

- 4,000 children under 5 with SAM admitted to nutrition rehabilitation treatment programmes
- 150,000 pregnant and lactating women reached with IYCF services
- 145,040 people provided with access to safe water (7.5-15L per person per day)
- 145,040 people benefiting from sanitation, hygiene promotion activities including point-of-use water treatment safe practices
- 40,000 children aged 6-15 years old in humanitarian situations accessing education
- 10,000 children aged 3-5 years old in humanitarian situations accessing play-based learning
- 5,000 children affected by humanitarian situations identified and referred to appropriate assistance, including receiving PSS
- 5,000 children in humanitarian situations affected by acute diarrhea diseases, including cholera treated
- Continue to strengthen multi-sectoral coordination and build institutional government and partners' capacity at decentralized level, particularly around information management, assessments and coordination capacity;
- Through WASH, work in underway for the upgrading and drilling of 68 boreholes to improve access to safe water in the most drought –affected provinces;

E. Expression of Thanks

UNICEF Mozambique, on behalf of the children and women of Mozambique, thank all donors for their generous contributions to the 2016 emergency responses. Through this fund, UNICEF was able to provide critical assistance through a timely humanitarian intervention to the most affected and vulnerable populations.

ANNEX A – Financial Analysis

Table 1: Funding status against the appeal⁴ by sector

Sectors	2016 Requirements (US\$)	CER Funds received (US\$)	% Funded
WASH	4,800,000	2,711,619	56.4
Nutrition	4,000,000	4,424,609	110
Total	8,800,000	7,136,228	81.%

Table 2: Funding received and available by donor and funding type

Donor Name/Type of funding	Programme Budget Allotment reference	Programmable Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
Regional El Niño & La Nina preparedness (ESARO)	SM149910	\$200,000
b) Non-Thematic Humanitarian Funds		
KidPower (Nat-com)	SC160155	\$322,637
Kid Power (Nat-com)	SC160363	\$283,896.58
OFDA (expiry 30 June 2017)	SM160323	\$1,249,281
Food For Peace	SM160349	\$723,575
DFID	SM160499	\$2,795,902
Total Non-Thematic Humanitarian Funds		\$5,575,292
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds		
UNDP-MDTF	SC12740	\$177,571
CERF (Emergency Wash in Maputo and Tete)	SM160176	\$302,780.37
CERF (treatment of malnourished children in Gaza)	SM160177	\$110,010.28
d) Other types of humanitarian funds		
		\$590,362
Total humanitarian funds received in 2016		\$7,136,228
II. Carry-over of humanitarian funds available in 2016		\$270,575
e) Carry over Thematic Humanitarian Funds		
		\$270,575
f) Carry-over of non-thematic humanitarian funds		
Set Aside	GS170025	\$300,000
Total carry-over non-thematic humanitarian funds		\$300,000
Total carry-over humanitarian funds		\$570,575
III. Other sources		
Regular Resources	Non-Grant GC	\$400,000
Total other resources		\$400,000

⁴ UNICEF funding appeal reflects and is based on HAC programme targets (WASH and Nutrition) which complemented government and HCT's interventions to the drought emergency response.

Table 3: Thematic humanitarian contributions received in 2016

Donor	Programmable Amount	Total Contribution Amount
ESARO	\$200,000	\$200,000
Total		\$200,000

ANNEX B: Human Interest story

Life-saving support reaches emergency hit communities

Salamoa Siteo is fast, small and full of energy. She tears through the dry bushes on her bicycle, baby on her back, in the blazing sun. A few metres near her home she gets off the bicycle and wheels it to the front of the house. Here her husband Casimiro Machaila and her family are waiting for her under one of the many trees over hanging the yard.

A small solar panel charges in the sun a few metres away. In the house, there is a pile of old radios, televisions and mobile phones on the table. Most of it is not working; it got blown up by a generator. Casimiro connects a few wires to show us which ones are working. The only thing that comes to life is the kitchen light bulb, but that is more than enough to fill him with pride.

"I'm not an electrician, I never formally learned how to do it but I try some things out. Most of the time they work," says Casimiro. This is not the only thing that he is grateful for. He is thankful for the mobile clinic that came and gave them food and saved his baby's life. The area where they live was ravaged by drought in the summer killing animals and vegetation; a neighbour lost their child Casimiro says. The soil resembles desert sand; parched grass and empty rivers is an indication of the severe drought. Further evidence of hard times is in the cooking area, where a number of pots lie empty and dry around a fire that went out hours ago.

Salamoa's baby, who was saved by the UNICEF-supported emergency relief team, is bright eyed, radiant and bouncing happily on her mother's lap. Salomoa says even though the baby has a bit of a cold, she is pleased with her recovery. "I am happy because we did not have to go around looking for help. I would have had to walk for a long distance because there was no money for transport," says Salomoa. "They gave her a two week supply of nutrition packages. When the food ran out, I cooked meals according to what they taught us. It is porridge enriched with peanuts for protein, oil and sweet potatoes to vary the diet," she explains. During the rainy season there was plenty of food, maize meal, rice and vegetables. When the vegetation dried out the family started buying food, but they soon ran out of money. They then resorted to slaughtering their animals, which they used to generate income, for food. The unemployed Casimiro also sells wood to take care of his two wives and children.

According to UNICEF's Emergency Specialist, Tito Bonde, the country finds dealing with the drought a challenge because the impact is not immediate. He believes they need a different approach. "Historically droughts do happen in Mozambique but our system is much more responsive to quick onsets like floods and cyclones, we tend to be better prepared to address that than we are capable of dealing with slow onset disasters like drought," says Tito.

Funding is key in providing appropriate and timely assistance to alleviate suffering. "We are talking about saving lives, we are talking about critical interventions that need to happen. The life span of an emergency is very short and if we are constrained by funds, we get to a point where we go into early recovery. Then the cycle moves on and when we get to the next emergency season, it then becomes hard because there are still unmet early recovery needs often a reflection of a deficient response. The country continues in a cycle of increased vulnerability" adds Tito. "Despite this huge financial challenge, we continue to work and provide support within Nutrition and Water, Sanitation and Hygiene interventions," Tito says.

