

HUMANITARIAN RESPONSE PLAN

MOZAMBIQUE

HUMANITARIAN
PROGRAMME CYCLE
2023

FEBRUARY 2023



Overview of Severity, People in Need & Targeted

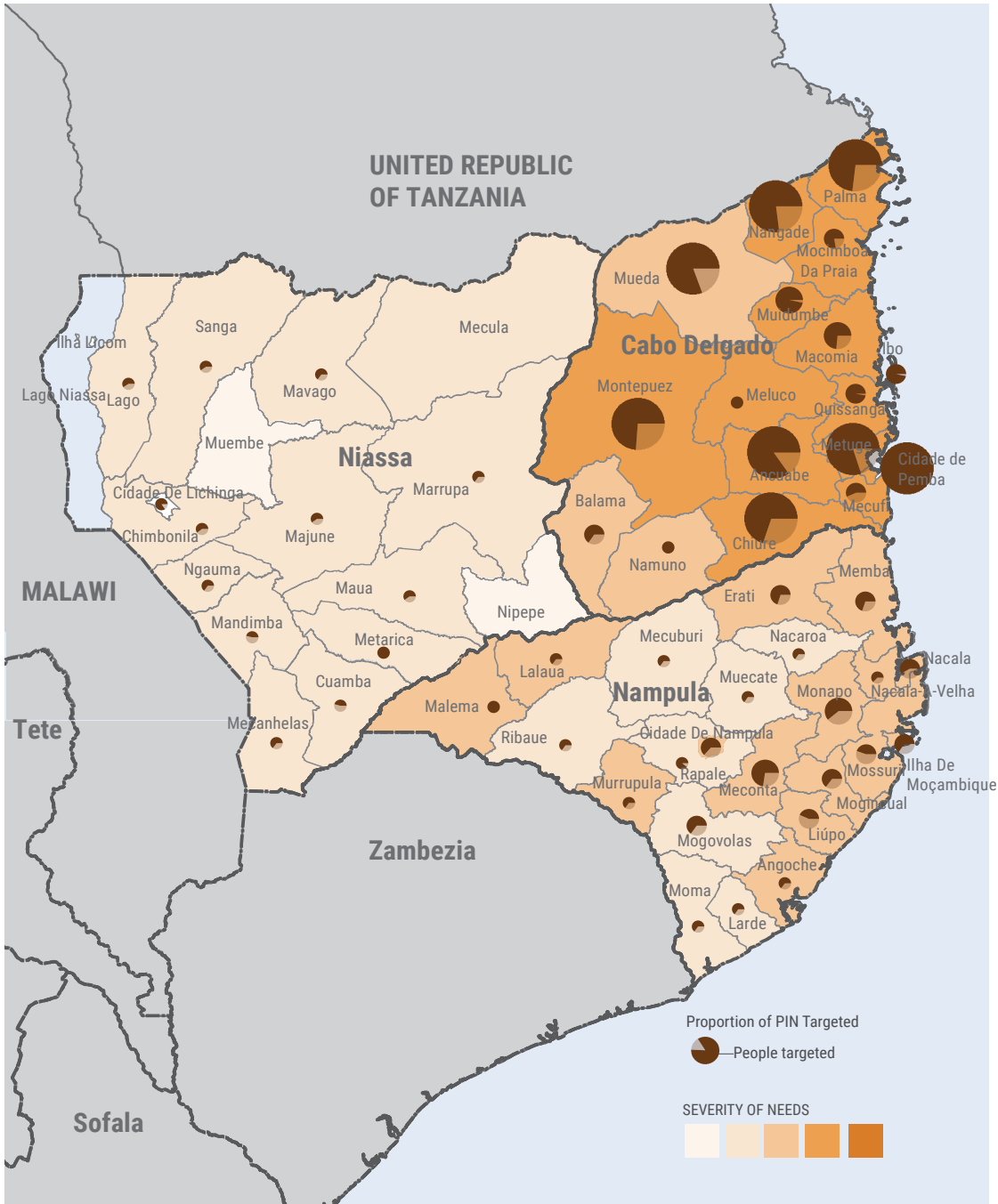


PHOTO ON COVER: PEMBA DISTRICT, CABO DELGADO PROVINCE

Displaced women and children in Pemba
Photo Credit: Alex Muianga

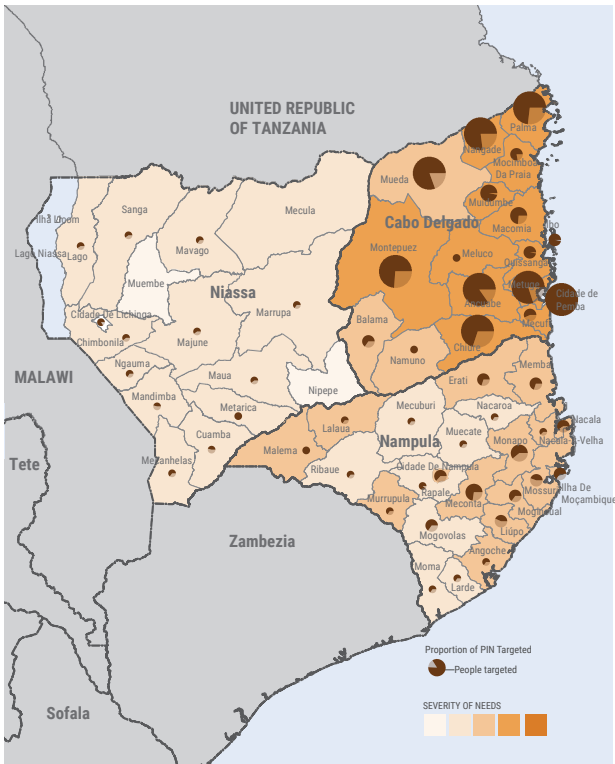
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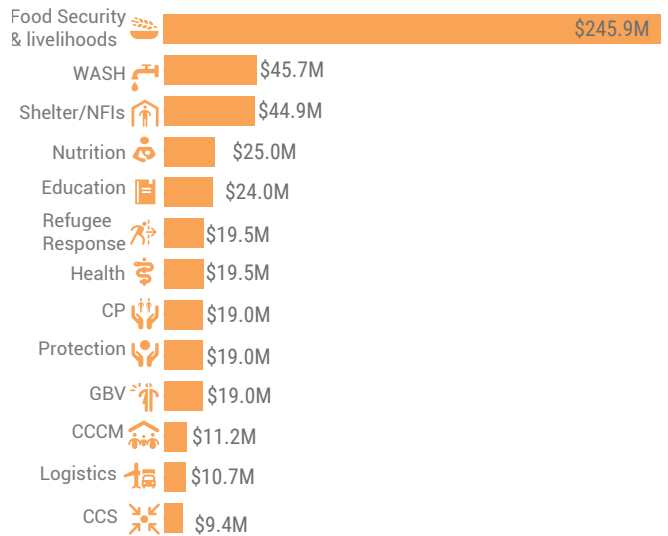
Response Plan At a Glance

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	
2.0M	1.6M	\$512.9M	55	
WOMEN & GIRLS	CHILDREN	WITH DISABILITY	WITH HIV	IDPS
52%	57%	15%	11.5%	977K

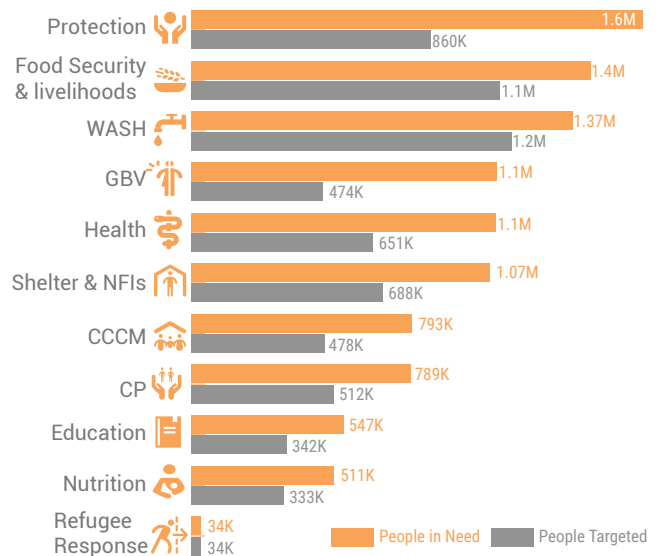
Proportion of People in Need Targeted by District



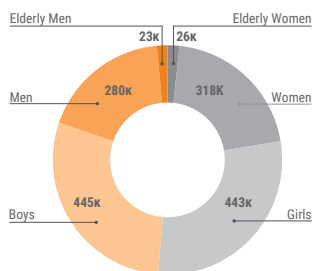
Financial Requirements by Cluster (in millions US\$)



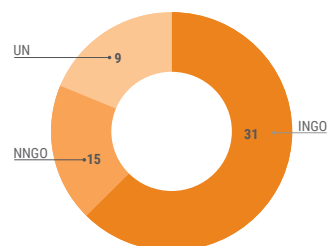
People in Need and Targeted by Clusters



People Targeted by Gender and Age



Operational Partners by Type



Crisis Context and Impact

In 2023, the humanitarian response in northern Mozambique will target 1.6 million people of the two million people in the most critical need of assistance and protection in Cabo Delgado, Nampula and Niassa due to the continued impact of armed conflict, violence and insecurity in the region. The priority is to provide urgent life-saving assistance to those who have borne the brunt of the conflict. In addition, humanitarian partners will provide life-sustaining support for people whose access to essential services have been compromised by the conflict as well as address the protection risks and needs of people in need. The people in need caseload in 2023 is 25 per cent higher than in 2022 and includes 976,000 people displaced by the conflict, some 400,000 people in host communities and 170,000 people who have returned to their home districts in the course of the year. More than half of the people in need are children and more than 60 percent of adults are women.

The 2023 Humanitarian Response Plan for Mozambique seeks U\$513 million to meet the needs of 1.6 million people targeted for assistance. A total of 1.1 million people were assisted between January and October 2022 in northern Mozambique, out of 1.2 million people targeted. 63.5 per cent of the \$388.5 million required has been received (\$246.7 million). The humanitarian community thanks the donors for the generous contributions to the humanitarian response in 2022 and counts on its renewed and sustained support in 2023.

Humanitarian partners will prioritize assistance based on the severity of needs identified. The 2023 Humanitarian Response Plan will focus support in the 13 districts in Cabo Delgado with highest needs and displaced population level, followed by the 16 districts with severe needs and the 24 districts in Nampula and Niassa provinces with moderate needs. Clusters will monitor the level of needs according to specific vulnerabilities and adjust the response as needed.

The 2023 Humanitarian Response Plan will have a multi-sectoral approach, prioritizing areas in a way that allows sectors to leverage each other, and in doing so, achieve higher impact, as well as focus on ensuring flexible and agile mechanisms to guarantee that the response adapts to the changing needs and context. Regular situational awareness, monitoring of and negotiation for humanitarian access, along with maintenance of landing strips across northern Mozambique to facilitate humanitarian access in hard-to-reach areas, will be critical, together with the expansion of rapid response mechanisms to allow for a more consistent response.

Factoring seasonality in the response planning is one of the key components of the 2023 HRP. Extreme weather events including floods, cyclones and droughts occur regularly, with their frequency

and intensity increasing due to climate change. In the lean season family needs increase putting people at risk of acute food insecurity as access to agricultural products and fishing decreases.

The humanitarian community will strive to deliver essential services to an increased number of people in need. Building on the efforts done in 2022, humanitarian partners will continue pursuing localisation efforts to strengthen partnerships with national organisations on the ground to ensure the greatest reach of the response. The continuation of humanitarian air service remains of fundamental importance to establish more deep field presence in strategic locations.

In 2023, humanitarian actors will seek greater linkages and collaboration with development partners. Efforts will include identifying complementarities with the Resilience and Integrated Development Plan for the North (Programa de Resiliência e Desenvolvimento Integrado do Norte - PREDIN) focused on the building or rehabilitation of public and private services and infrastructure, such as public administration buildings, health and education facilities, access roads, energy and telecommunication systems, water supplies, markets and shops. Clusters will strengthen their efforts to increase national sectors' counterparts role and leadership; efforts will be redoubled to ensure the inter-operability of information management platforms between humanitarian and development actors and joint planning and operational coordination will be pursued to facilitate decision making.

While some areas became accessible to humanitarian organisations throughout 2022, non-State armed groups (NSAGs) continue to destabilise pockets of territory. As the Government regained and maintained control of coastal towns of Cabo Delgado, in June, NSAGs began shifting operations into the southern and western districts as well as into neighbouring Nampula province. This generated new wave of displacement and impacted the provision of humanitarian assistance.

In 2022, the number of people displaced increased by 21 per cent rising from 784,000 (February) to 946,000 people (June).¹ While some 62,228 IDPs were recorded in newly assessed locations that had become accessible, the net increase in displacement stood at approximately 100,000 IDPs. Seventy-nine percent of displaced persons are women and children who bear the brunt of the crisis, facing sexual violence and other forms of abuse while fleeing horrific brutality in search of safety.

Displacement is placing a heavy burden on host communities who, living just above self-subsistence, have been sharing their scant

resources with displaced people in solidarity. The majority of the displaced people (70 per cent) live in host communities while 30 per cent in displacement sites. As people continue to be displaced, solidarity is reaching breaking point and tensions among communities are increasing. Displaced families living in urban and rural contexts, and in site and out of site settings, must receive the assistance they need to survive, support to host communities must also be provided.

The violence against civilians has generated a complex protection crisis where civilians continue to be killed, and subjected to sexual violence, abductions, enforced disappearances, with destruction of property including schools, health centres and places of worship.²

With pockets of insecurity persisting in areas of Cabo Delgado due to NSAG activity, people have been forced to flee their homes multiple times seeking safety, family reunification or better livelihood opportunities. Gender-based violence, including sexual exploitation and abuse are major concerns for displaced women, girls, and boys. Immediate humanitarian assistance must be provided to women and girls released and/or liberated from the NSAG along with a dignified reintegration and rehabilitation.

In the course of 2022, some people displaced by the conflict have spontaneously returned to areas reclaimed by the Government with support from international forces. Assisting population spontaneously returning remains a key priority, particularly as their vulnerability is likely to increase during the agricultural lean season. As of July 2022, an estimated 140,000 people returned to their areas of origin in Cabo Delgado. Safety audits in areas of return have indicated that people have returned because of perception of increased security in areas of return as well as poor living conditions and a lack of access to basic services (because of distance or lack of appropriate civil documentation and inability of those services to cater for an increased number of people) and employment prospects in displaced communities.

Humanitarian actors advocate for a principled return of IDPs in line with protection and humanitarian assistance standards in accordance with International Humanitarian Law and Human Rights.

Ensuring that returns are sustainable entails ensuring that IDPs are returning voluntarily in safety and dignity, and simultaneously adequate assistance to vulnerable IDPs in their areas of displacement and place of origin is provided.

Conflict has heightened food insecurity and malnutrition as more families have been forced to abandon their homes and fields.

In conflict-affected Cabo Delgado, nearly 1.15 million people in are suffering from acute food insecurity. In April 2022, the food

basket was reduced to less than 40 per cent of the recommended minimum daily caloric needs as a result of less funding available for the response and rising demands. Mozambique has high levels of stunting among children, with 43 percent of children under five years affected, which is higher than the average for the African region (29 percent) and among the highest in the world. Recent nutrition analysis indicates sustained levels of acute malnutrition nationally, and in the districts affected by conflict and cyclones. Country-level projection shows that over 382,686 children need lifesaving treatment for acute malnutrition. Nampula, Zambezia, and Cabo Delgado are the provinces with the highest wasting caseload, accounting for 60 per cent of total admissions in 2022. A general deterioration of nutrition conditions is expected in the first quarter of 2023, with a projected 98,440 children under five years old and 7,884 pregnant and lactating women in need of lifesaving treatment for wasting in Cabo Delgado (IPC AMN, 2022).

Many conflict-affected communities are struggling to cope with the cumulative consequences of other shocks such as climate change and rising inflation, food and energy crises.

Mozambique is among the top three countries in Africa most exposed to extreme climate shocks. Northern Mozambique has been hit by two cyclones, three tropical storms and flooding in the last three years. The crisis in Ukraine is also impacting the food security of people. Mozambique imports approximately 30 per cent of wheat from Russia and 8 per cent from Ukraine (OECD). Fuel prices increased by more than 10 per cent and the increased cost of importing wheat and maize accounted for 1.2 per cent of gross national income in March 2022.³

As up to 1.7 million people in Mozambique are at risk of climate related disasters, the 2023 HRP would be reviewed in case a major natural disaster strikes the country or in case of a significant change in the overall humanitarian context. Meanwhile, the Humanitarian Country Team in Mozambique has agreed to adopt an anticipatory action approach to systematically link early warnings to actions designed to protect people at risk and their assets ahead of a hazard.

For a detailed analysis of the humanitarian situation in Mozambique, see the [2023 Mozambique Humanitarian Needs Overview](#).

Part 1.

Strategic Response Priorities



Joaquina being measured with the MUAC Tape in the health centre of Paquitequete, in Pemba, Cabo Delgado, Northern Mozambique

1.1

Scope of the Humanitarian Response Plan and Strategic Objectives

The 2023 Mozambique Humanitarian Response Plan aims to ensure an inclusive and dignified humanitarian response to the most vulnerable. The plan is built on the results of the multi-sectoral needs (MSNA) assessments conducted in August 2022. The MSNA is the main source of primary data, which was complemented by results of inter-sectoral assessments and sector assessments undertaken between 2019 and 2022 by clusters. In addition, the Integrated Food Security Phase Classification (IPC) 2022 dataset was used as baseline for estimating vulnerable people and the calculation of the number of People in Need (PiN) by all sectors.

Humanitarian partners have jointly agreed on three strategic objectives that will guide the response in 2023:



Strategic Objective 1 (Life-Saving)

Save lives and alleviate suffering through safe, equitable, inclusive, gender-responsive and principled inter-sectoral assistance to the most vulnerable groups, including internally displaced people, host communities, and other people in need.

SPECIFIC OBJECTIVE 1.1: Reduce the number of people facing acute food insecurity and malnutrition by 20 per cent and mitigate negative coping mechanisms by the end of 2023

SPECIFIC OBJECTIVE 1.2: Provide an integrated WASH and health response to 767,000 people to reduce excess morbidity and mortality by the end of 2023

SPECIFIC OBJECTIVE 1.3: Provide emergency obstetric care for 54,000 women at-risk of maternal complications by the end of 2023

SPECIFIC OBJECTIVE 1.4: Increase the number of vulnerable conflict-affected people with safe, equitable and dignified access to inclusive life-saving essential services by the end of 2023

A total of 1.2 million people will be jointly targeted by the CCCM, Food Security, Health, Nutrition, Protection, Shelter and Water, Sanitation and Hygiene clusters with life-saving interventions including food assistance, treatment of MAM and SAM including for pregnant and lactating women, provision of emergency obstetric care and provision of MHPSS, and provision of safe water and support for unaccompanied and separated children, establishment of functioning compliant and feedback mechanisms.



Strategic Objective 2 (Life-Sustaining)

Enhance inclusive, timely and adapted access to essential services, including assistance that will

strengthen the livelihoods and resilience of people impacted by or at risk of crisis.

SPECIFIC OBJECTIVE 2.1: Increase the number of conflict-affected people (both displaced and host community) with safe, equitable and dignified access to life-sustaining essential services, including education, water, health and shelter by the end of 2023.

SPECIFIC OBJECTIVE 2.2: Protect and support the livelihoods of one million people in the three northern districts through emergency agriculture, fishing and other livelihoods support, in line with their livelihoods and seasonality.

A total of 1.3 million people will be jointly targeted by the Education, Camp Coordination and Camp Management (CCCM), Food Security, Health, Shelter, Nutrition, Protection, Water, Sanitation and Hygiene, with emergency education through capacity building of teachers, provision of emergency livelihood inputs, mobile health clinics, nutrition screening of children and pregnant and lactating mothers, vaccination of children between 6 months and 15 years, sanitation facilities, assistance in civil documentation and training in GBV response and prevention.



Strategic Objective 3 (Protection)

Address the protection risks and needs of affected people - women and girls, men and boys - with the aim of safeguarding their dignity while strengthening the protection environment in Mozambique through collective and multi-sectoral action in line with commitments to gender equality principles, the centrality of protection, and PSEA across the humanitarian response.

SPECIFIC OBJECTIVE 3.1: Provide access to age, gender and disability adapted services including MHPSS, child protection and GBV, including boys, girls, adolescents, people with disabilities, people with HIV and older people, who are facing life-threatening protection risks, by the end of 2023.

SPECIFIC OBJECTIVE 3.2: Promote inter-agency collective action on the centrality of protection by ensuring implementation of mitigating measures, provision of complaint and feedback mechanisms, PSEA and child safeguarding focal points and disability inclusion across the humanitarian response in 2023.

SPECIFIC OBJECTIVE 3.3: Provide integrated response and services to prevent, mitigate, and address protection risks across sectors and achieve positive protective outcomes.

Under this objective, 676,000 people will be targeted for protection monitoring, PSEA, mine risk education, case management, referral and legal assistance, GBV risk mitigation and response.

Prioritization

In northern Mozambique, nearly two million people are faced with extreme humanitarian needs and require life-saving assistance to survive across 53 districts. The MSNA analysis revealed that a total of 13 districts in Cabo Delgado reported highest needs and highest IDPs concentration while 16 districts in Nampula and Cabo Delgado province reported lower needs and fewer IDPs; and 24 districts in Nampula and Niassa provinces had moderate needs. Humanitarian partners will prioritize assistance based on the severity of needs identified. Clusters will continue monitoring the level of needs according to measure specific vulnerabilities to adjust the response as needed.

Number of districts			
Province	Severity 2	Severity 3	Severity 4
Cabo Delgado	0	4	13
Nampula	11	12	0
Niassa	13	0	0
Total	24	16	13

Province	Severity 2	Severity 3	Severity 4
Cabo Delgado	0	211,080	1,055,422
Nampula	35,205	252,094	
Niassa	10,574	0	
Total	45,778	463,174	1,055,422

Level 2 (Stress): Living standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible coping mechanisms. Minimal impact on physical and mental well-being (stressed physical and mental wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).

Level 3 (Severe): Degrading living standards (from usual/typical), leading to adoption of negative coping mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services. Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - coping mechanisms. Degrading physical and mental wellbeing. Physical and mental harm resulting in a loss of dignity.

Level 4 (Extreme): Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality.

1.2 Response approach

During 2023, the humanitarian community aims to support people in need in a context characterised by high levels of insecurity, continued movements of people as well as returns of displaced people to areas of origin. The objectives of the humanitarian response include: i) sustaining humanitarian support for the most vulnerable including displaced people, people who have returned to their home areas and host communities; and ii) respond to new displacements. The 2023 response approach will focus on:

Multi-sectoral response approaches in prioritized areas in a way that the sectors leverage on each other, and in so doing, achieve higher impact: Key examples include cholera (where joint WASH/health response is vital), response to complicated severe acute malnutrition (where joint nutrition and health response is essential) and comprehensive support for survivors of gender-based violence. This requires immediate action by, at a minimum, protection and health partners together with multisectoral packages of assistance from other sectors.

Prioritising interventions according to severity of needs: The provision of inclusive humanitarian assistance will be tailored to the different challenges that IDPs, returnees and host communities face, taking into account patterns and type of displacement (protracted vs. recent displacement and in-district vs. out-of-district, in-site vs out-of-site displacement, urban vs rural displacement) as well as the level of humanitarian assistance provided to IDPs/returnees and host communities and the level of basic social services available in areas of displacements and/or return.

Ensuring flexible and agile mechanisms to ensure the response adapts to the changing needs and context: Regular situational awareness, monitoring of humanitarian access, civil military engagement, negotiation access and maintaining landing strips across northern Mozambique will be the critical, together with the expansion of the rapid response mechanisms in place to allow for a timelier response.

Localisation of the response: During 2023, the humanitarian community will strengthen engagement and partnership with local actors, in an aim to enhance humanitarian response, accountability to affected people and expand response in hard-to-reach areas. A series of trainings on humanitarian coordination and humanitarian principles were organized in 2022 to align these organizations to the new operational context. Partners are also seeking for entities to conduct trainings aimed at developing capacities of national NGOs, and in the meantime further engage with them through existing coordination structures.

Factoring the seasonality in the response planning: Seasonality is critical in northern Mozambique, the rainy season runs from November to May and the agricultural lean season from December

to March, during which food insecurity peaks. The rainy season brings additional layers of risks to people's lives and livelihoods—as highlighted by Tropical Cyclone Kenneth, that struck Cabo Delgado in April 2019—and significant challenges in the humanitarian operations, as many roads become impassable and airstrips become unusable during this period. In addition, the rainy season brings with it a significant spike in the risk of water-borne disease outbreaks, and especially cholera, which is endemic in Mozambique, and requires timely preparedness and response. During the lean season, people are at risk of severe food insecurity as staple food prices increases, casual labour opportunities in agriculture are limited and poor rural household's food stocks are increasingly depleted. To account for the significant impact of seasonality on humanitarian needs and response, partners undertake a range of activities. These include annual preparedness for the rainy/cyclone season (including detailed contingency planning and stock mapping), pre-positioning of critical relief supplies in key locations ahead of the rains (to ensure they are accessible to communities who may become inaccessible by road), and ramping-up the food assistance, nutrition and WASH services during the lean season. Agricultural inputs are distributed in November/December (main planting season) as well as in June/July (shorter planting season) to maximise agricultural output thereby promoting self-recovery and resilience of vulnerable families and overtime progressively reduce the need for food assistance.

The multisectoral humanitarian response under this plan will be implemented in three main phases:

- Phase 1 (January-March 2023):** response to the peak of the 2022/2023 lean season and annual cyclone season. During this period, critical multisectoral interventions—including Food Security, Nutrition, Health, WASH and Protection— will focus on preventing loss of life and livelihoods among displaced people and residents in conflict-affected areas and host communities, especially in districts facing IPC Phase 3 or 4 and/or cholera outbreaks. As the peak of the lean season coincides with the annual cyclone season in the South-West Indian Ocean, this period may also see responses to new sudden-onset emergencies in northern Mozambique.
- Phase 2 (April-September 2023):** focus on life-saving and life-sustaining assistance and protection activities, including with an emphasis on hard-to-reach locations that are facing the most severe humanitarian needs. During this period, humanitarian partners will continue to implement a multi-pronged set of activities to save lives and livelihoods and ramp-up access to essential services, including Education, Nutrition, Protection and WASH.
- Phase 3 (October-December 2023):** preparedness for the annual cyclone season, pre-positioning of relief items and response to the onset of the 2023/2024 lean season. During this period,

humanitarian partners will continue their response to people affected by conflict, while also providing agricultural inputs and where/as needed continue direct food assistance—scale of the latter to be determined by the 2023 harvests—to ensure the most vulnerable are able to survive the next lean season and responding to any new sudden-onset emergencies caused by the cyclone season.

Seeking greater linkages and collaboration with development partners. In 2023, humanitarian actors will coordinate with development actors in northern Mozambique, who are working to rebuild infrastructure and re-establish essential services impacted by the conflict. It will include identifying complementarities with the activities promoted by the government's Resilience and Integrated Development Plan for the North (Programa de Resiliência e Desenvolvimento Integrado do Norte - PREDIN). PREDIN's focus is to build or rehabilitate public and private services and infrastructure, such as public administration buildings, health and education facilities, access roads, energy and telecommunication systems, water supplies, markets and shops. Clusters will redouble efforts to strengthen linkages with development counterparts to ensure, where possible, complementarity of interventions.

Empowering local NGOs to expand their operational capacity is key. Strengthening partnerships with local actors will be essential to enhance a better grasp of people's needs – switching to a demand

driven response – and improving access, particularly into hard-to-reach areas.

Ensure the centrality of protection and integration of cross-cutting themes throughout the response, including assessing needs, planning, and monitoring the response to ensure affected people have equal access to humanitarian interventions in a safe and dignified manner.

Ensure that the Protection from Sexual Exploitation and Abuse (PSEA) is mainstreamed across the entire operation and that the affected population is fully aware of their rights, the standards of conduct for humanitarian actors, has full access to complaints mechanisms and that any victim/survivor of sexual exploitation and abuse receives the assistance they require.

The 2023 HRP has been developed through engagement with the Inter-Cluster Coordination Group (ICCG), Humanitarian Country Team (HCT), the Government, donors, NGOs, and other stakeholders. In 2023, humanitarian partners will target approximately 1.6 million people, prioritizing localities with the highest convergence of needs across clusters identified by the Humanitarian Needs Overview (HNO). While most of the interventions in Mozambique will focus on in-kind delivery or provision of services, the implementation of cash will continue where appropriate conditions allow.

Cash Coordination

The Cash Working Group (CWG) active in Mozambique was recently merged with the Adaptive Social Protection Working Group (ASPWG) chaired by the National Institute for Disaster and Risk Reduction (INGD) and the Ministry of Gender, Children and Social Action (MGCAS). The ASPWG, including the World Food Programme, Save The Children, University Eduardo Mondlane, and the Institute for Social Action predominantly discusses matters related to social protection, there

are very limited discussions related to cash assistance in emergency and humanitarian settings. To overcome this gap, in 2024, OCHA will initiate efforts to establish a new IASC Cash Coordination model to provide a space for discussion of the use of cash in humanitarian settings. Dedicated discussions will be held with the relevant counterparts in the Government of Mozambique and humanitarian partners during the transition process.

1.3 Costing methodology

The Mozambique Humanitarian Response Plan was prioritized through extensive cluster-specific and inter-cluster discussions. Each cluster has reviewed all the projects proposed by their partners to ensure that they were aligned with the cluster strategy and overarching response priorities, provided value-for money, and tackled cross-cutting issues, including gender, protection, disability inclusion, accountability to affected people and the prevention of sexual exploitation and abuse. In addition, inter-cluster discussions

were held to ensure complementarity, avoid duplication, and promote multi-cluster action to address issues which require more than a single cluster response.



A nurse examines an expectant mother in a health tent at the center for displaced people in Metuge. Photo: UNFPA / Mbuto Machili

1.4

Planning assumptions, humanitarian access and operational capacity

CABO DELGADO PROVINCE

The United Nations sexual and reproductive health agency, UNFPA, developed the We Decide programme to highlight the needs of persons with disabilities. Photo: UNFPA / Mbuto Machili



1.4

Planning assumptions, humanitarian access and operational capacity

The 2023 HRP will be revised in case of a natural disaster or a significant change in the overall humanitarian context in the northern provinces.

The HCT grounded the 2023 HRP on a planning scenario that continues to see high level of needs across the three northern provinces of Cabo Delgado, Nampula and Niassa. This is the result of the convergence of violence-induced displacement and food insecurity against the background of fluid population movements including the projected return of population to areas of origin following the roll out of basic social services by Government and development partners.

The volatile security environment is likely to continue, and as such humanitarian partners may continue to face access constraints across some areas of Cabo Delgado. Access constraints include insecurity, restrictions on movements, or bureaucratic and administrative impediments. To maintain flexibility and operational responsiveness, humanitarians will need to continue investing in context monitoring, risk management and engagement strategies, in particular with local actors and military forces on the ground through strengthened Civil military coordination in close collaboration with the Civil Military Advisory Group (CMAG).

The Humanitarian Access Working Group (HAWG) remains the primary forum through which operational coordination, analysis and discussion of humanitarian access issues take place. HAWG is instrumental in addressing humanitarian partners concerns and discussing about humanitarian principles with the military forces deployed in Cabo Delgado. The HAWG collects and analyses information on access trends to support evidence-based advocacy.

In 2023, the HAWG will provide advice and support to humanitarian partners on engagement with key stakeholders. In line with the access strategy, the HAWG will continue establishing acceptance and pre-conditions for local access negotiations. In 2023, the HAWG will start presenting six-month access analysis trends and constraints based on the access reporting tool. At the operational level the HAWG will focus on establishing light access procedures applicable across the humanitarian community. It will be supported by coordinated and principled engagement with all access influencers.

In the short-term, displacement will remain both a driver and a result of vulnerability. The response will have to adapt to the specific needs and context. The provision of humanitarian assistance will be tailored to the different challenges that IDPs, returnees and host communities face, taking into account patterns and type of displacement (protracted vs. recent displacement and in-district vs. out-of-district, in-site vs out-of-

site displacement) as well as the level of humanitarian assistance being provided to IDPs/returnees and host communities and the level of basic social services available in areas of displacements and/or return. Displaced persons returning to areas of origin may continue experiencing short-term acute humanitarian needs. Humanitarian actors will advocate for principled returns, including the sustainability of these returns.

In 2022, in the face of rising needs, humanitarians have stayed and delivered, maintaining a presence and expanding capacity to reach more people. Some 48 humanitarian organisations (21 INGOs, 18 NNGOs, 9 UN Agencies) worked to ensure the provision of humanitarian assistance within the framework of the HRP. At the end of the year, humanitarian efforts had reached 1.1 million people out of a 1.2 million people targeted. This expansion to reach people in need will continue in 2023, focusing in particular on the most hard-to-reach and underserved areas through increased engagement with local organizations assisting their communities. Efforts are underway to map, connect with and engage more local organizations in the national response effort to ensure greater operational capacity and capillarity of the response. Efforts will be redoubled to provide support to local organisations building on, among others, the initiative taken in 2022 when the HCT allocated a large portion of an envelope from the Central Emergency Response Fund (CERF) to sustain national NGOS.

In 2022, the HCT issued an Emergency Response Plan or Addendum to the HRP to separately reflect the arising humanitarian needs and funding asks stemming from the impact of Tropical Cyclone Gombe which hit Mozambique in March 2022.

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER PROJECTS
Coordination and Camp Management	793K	478K	11.2M	4	4
Education	545K	342K	23.9M	15	15
Food Security & Livelihoods	1.4M	1.1M	245.9M	14	14
Health	1.1M	651K	19.5M	11	11
Nutrition	511K	333K	25.0M	10	11
Protection	1.6M	860K	57.0M	22	23
Shelter & NFIs	1.1M	688K	44.9M	10	10
WASH	1.4M	1.2M	45.7M	21	21
Coordination & Common Services	-	-	9.4M	3	6
Logistics			10.7M	1	1
Refugees Response	34K	34K	19.5M	1	1
Total	2.0M	1.6M	512.9M	55	117

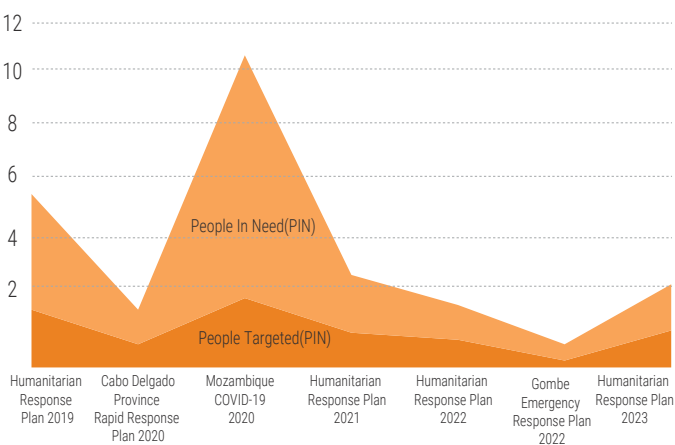
Historic response trends (2019-2023)

Humanitarian action in northern Mozambique has significantly increased over the past two years. In 2020, with needs rapidly rising, donors generously stepped-up to fully fund the Cabo Delgado Rapid Response Plan (May-December 2020), which called for US\$35.5 million for 34 partners to deliver life-saving and life-sustaining assistance, enabling humanitarian partners to reach 515,000 people. However, the significant escalation in the conflict in 2020 meant that

multiple areas were not reached with humanitarian assistance for significant. In 2022, humanitarian organizations further scaled-up their response in northern Mozambique. More people were reached in 2022 with 1.2 million people receiving some form assistance and/or protection under the Humanitarian Response Plan, which called for \$388.5 million and was 70 per cent funded.

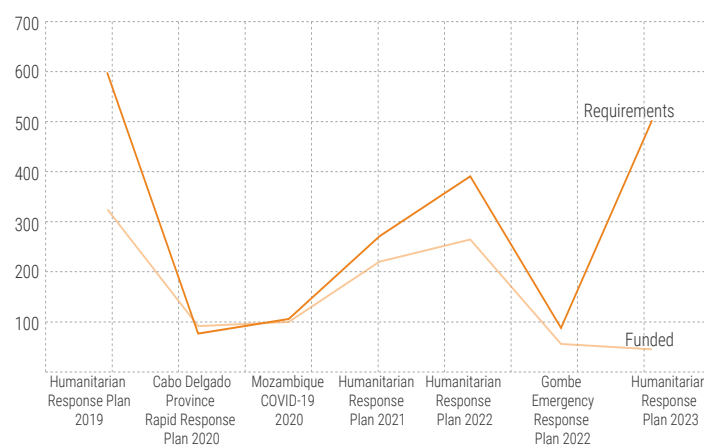
Humanitarian Response (2019 - 2023)

In millions of people



Financial Requirements (2019 - 2023)

In millions of US\$



Response reach under 2022 HRP

SECTOR	REQUIREMENTS (US\$)	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED (2022)
CCCM	\$10.8M	622K	402K	210K
Education	\$23.5M	386K	342K	213K
Food Security & Livelihoods	\$184.8M	1.1M	970K	1.2M
Health	\$12.6M	1.3M	609K	378K
Nutrition	\$19.4M	327K	609K	134K
Protection	\$41.5M	1.5M	758K	301K
Shelter & NFIs	\$42.4M	982K	585K	193K
WASH	\$28.5M	992K	831K	504K

1.5

Risk of and Protection from Sexual Exploitation and Abuse (PSEA)

Protection of people impacted by the crisis against sexual exploitation and abuse is a top priority for authorities and humanitarian partners in northern Mozambique.

Structural inequalities, gender and social norms, uneven power dynamics, uneven access to resources, increased likelihood of gender-based violence due to the conflict and continuous displacement coupled with the increased presence of humanitarian workers have heightened the risk of SEA in Mozambique. Humanitarian, gender analysis and SEA risk assessments have highlighted the risk of humanitarian actors or community leadership committing sexual exploitation and abuse linked to the establishment of beneficiary lists and provision of humanitarian assistance. In addition, organizations' capacity gaps to meet minimum PSEA standards and women's vulnerabilities to engage in "survival sex"⁴ with aid providers to meet their basic needs contribute to SEA related risks.

PSEA continues to be strengthened across the humanitarian operation in order to provide the humanitarian community with the necessary capacities, tools, coordination and guidance to firmly mainstream PSEA throughout the response, address the main sexual exploitation and abuse risks at organizational and community levels and ensure victims' access to quality assistance. Improving the access of survivors to assistance, including GBV services and legal aid, is a critical priority. Mozambique is one of the first countries to roll out the Technical Note on the UN Victim Assistance Protocol. The protocol outlines a common set of norms and standards based on existing frameworks to strengthen a coordinated, system-wide approach to the provision of assistance and support, which prioritizes the rights and dignity of victims of sexual exploitation and abuse. This approach is aligned with broader United Nations and IASC strategies and efforts to prevent and respond to sexual exploitation and abuse and takes into account good practices to address gender-based violence.

PSEA networks are in place at national and Cabo Delgado levels to support prevention and response to sexual exploitation and abuse. They are co-chaired by a UN and INGO representative, and composed of agency/organizational focal points under the overall leadership of the Resident Coordinator/Humanitarian Coordinator. A full-time Inter-Agency PSEA Coordinator is in place at national level and provides technical support to the HCT, the ICCG and PSEA networks. It is foreseen that a dedicated PSEA Coordinator will be posted in Pemba in 2023, working with the Deputy Humanitarian Coordinator, to further strengthen the subnational PSEA network. The networks cooperate closely with all clusters to mainstream and prevent SEA and with the Protection Cluster, Child Protection and GBV areas of responsibility,

to ensure that victims/survivors, including children, are provided with an appropriate and holistic response. The networks also work closely with the Gender Working Group for Humanitarian Action to ensure that interagency gender equality programming is in place to prevent sexual exploitation and abuse and bring transformational change. In addition, humanitarian partners have significantly ramped-up efforts to prevent sexual exploitation and abuse during the response, including by incorporating awareness-raising sessions during rapid assessment and response missions, regularly training humanitarian workers, service providers and affected communities on PSEA, and delivering information on beneficiaries' rights and reporting channels for complaints during distributions. The Linha Verde 1458 hotline and community-based complaints mechanisms receive and refer allegations of abuses, which are closely followed-up by the PSEA Coordinator and concerned agencies.

In 2022, there has been stronger engagement with the government at the provincial, district and local levels in Cabo Delgado Province, led by the PSEA Network and the INGD supported by the province Prosecutor and humanitarian and protection partners. This aims to involve the local government and community leaders in a dialogue around PSEA and establishing clear reporting and referral lines for sexual exploitation and abuse cases.

Affected communities continue to show low levels of awareness regarding their rights to humanitarian assistance, humanitarians' standards of conduct and mechanisms to report sexual exploitation and abuse concerns at community level. According to the recent MSNA, only half of the respondents were aware that it was not necessary to pay or exchange anything for humanitarian aid, or had been provided with information on PSEA. This is particularly true in hard-to-reach areas and those areas humanitarian access has been established recently.

1.6

Accountability to affected people

Listening and responding to, as well as including and meaningfully engaging with displaced people and affected communities remains a core tenet of the Mozambique humanitarian response for 2023. It is essential that affected people have the information they need to be able to manage their response to a disaster or a crisis, and that diverse affected community groups participate meaningfully in emergency response decisions. Accountability to Affected Population/Community Engagement (CE/AAP) working groups were established in December 2020 at the national (Maputo) and Sub-national (Cabo Delgado) level.

In Mozambique, the Linha Verde 1458 hotline – a free call centre with nation-wide coverage – will continue to play an important role in ensuring that the humanitarian community receives and responds to feedback from communities impacted by crises, improving the quality, accountability and effectiveness of the humanitarian response. Between August and September 2022, 6,465 cases were registered regarding humanitarian interventions in Cabo Delgado, Nampula and Niassa, with 4,103 calls related to food assistance, 161 to shelter assistance, 162 issues related to IDP registration in host communities and 25 related to WASH.

Linha Verde 1458 hotline continues to be used also to report cases of gender-based violence and sexual exploitation and abuse, and to ensure these are referred for follow-up and assistance. However, an issue to be addressed is the significant imbalance in the profile of users of the hotline in 2022 – as of September 2022, 90 per cent of the callers are male while only the 10 per cent are female. Nearly all of the callers (97 per cent) are aged 18 to 58 years old. This low rate of the hotline use among women is partly due to lack of access to mobile phone but also reflects a lack of trust in the communication channels by some as informed by the recent assessments.

As it is critical that communities have access to multiple avenues to provide complaints and feedback, humanitarian partners are working to expand options and modalities for community engagement and accountability. Community engagement will continue to be strengthened in all displacement sites, with CCCM supporting existing (or facilitating where absent) community governance structures, with a focus on creating or reinforcing women, people with disability, youth and elderly site committees through the establishment of the Camp Coordination and Camp Management (CCCM) standardized complaints feedback. The CE/AAP Working Group at the national level is currently coordinating a complaint and feedback mechanism impact assessment survey aimed at assessing the impact of the existing CFMs throughout the country and the quality of response provided by the humanitarian organizations, whose findings will inform the 2023 Action Plan of the Working Group and its main areas of intervention. Additionally, a progress assessment survey will be conducted in the second half of 2023 to review progress based on baseline data from 2022 findings.

Increased presence at district level, community engagement and communication with communities remain pivotal components of the response to ensure that affected population are able to provide feedback on the assistance received so it best fits their needs.

Part 2 Monitoring



Displaced people receive food assistance in hard to reach areas due to rain
Two women carry a 50 kilo food sack
Photo credit: Denise Colletta

2.1 Response Monitoring

In 2023, humanitarian partners will monitor the response implemented under this plan to ensure that it remains timely, effective, efficient, fit-for-purpose and at the required scale, as follows:

- The Humanitarian Country Team will review overall progress of the implementation of the HRP.
- The Inter-Cluster Coordination Group (national and Pemba) and the Information Management Working Group will monitor inter-sectoral outcome indicators and operational presence data and track progress against output indicators. Response achievement data will be reported at district level and disaggregated by population group (refugees, internally displaced people and residents), sex and age. In addition, clusters have committed to strengthen reporting on people living with disabilities and/or HIV.
- Cluster response monitoring will be undertaken through sectoral monitoring. Each cluster has defined its objectives, linked to the overarching strategic and specific objectives, disaggregated to district level, as well as demographically, with a focus on the most vulnerable groups as identified by each cluster. All clusters will report progress against selected indicators through the 5Ws

mapping tool (Who does What, Where, For Whom and When) on a monthly basis.

Various information products and analysis will be produced on a regular basis to provide updates on the response, in particular monthly Humanitarian Dashboards, which will provide the status of humanitarian needs, response and gaps, as well as funding and funding gaps.

Monitoring of Needs

Monitoring of humanitarian needs in northern Mozambique will be undertaken throughout the year to assess risks and changes in context and any implications for response operations and strategy. Multiple sources of data (IOM Displacement Tracking Matrix, interagency rapid assessments, sectoral rapid assessments and risk monitoring tools, IPC food security and nutrition data, etc.) will be used to understand changes in the humanitarian context. As further vulnerability information becomes available, the HRP may be reviewed if there are significant changes in the severity of the needs that might require a shift in the response strategy.

CHIURE DISTRICT, CABO DELGADO PROVINCE

Accommodation center in Chiure, Cabo Delgado,
Northern Mozambique

Photo: UNFPA Mozambique / Mbuto Machili



Part 3:

Sectoral Objectives and Response

PEMBA DISTRICT, CABO DELGADO PROVINCE

Muanachamo, a young woman from Pemba, preparing dough at her family home, located in the neighbourhood of Paquitequete, Pemba, Cabo Delgado, Northern Mozambique
Photo: Ana Hombre

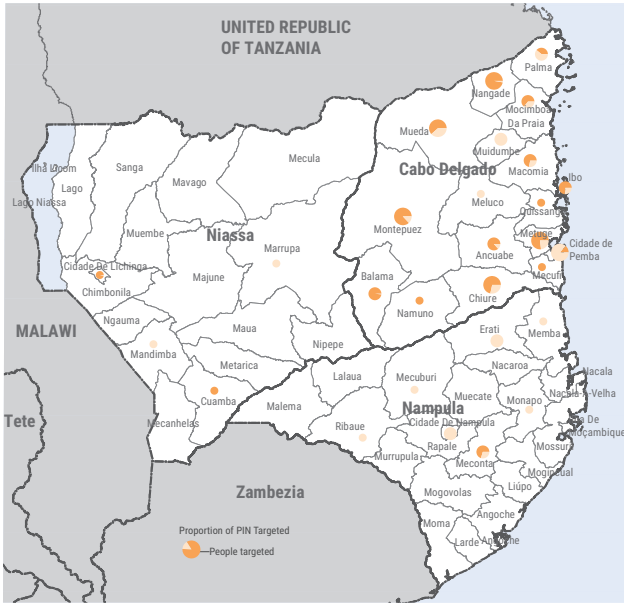


3.1

Camp Coordination & Camp Management (CCCM)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
793K	478K	\$11.2M	4	4



CCCM Cluster will enhance self-governance systems at these sites to ensure community ownership and increase accountability to affected populations. Through its operations, the cluster strives to provide site management standards through regular monitoring and advocacy. CCCM Cluster and partners will continue supporting local government with capacity building activities, as CCCM and Site Planning trainings, and decentralized coordination in efforts to improve CCCM and displacement management institutional capacities.

Camp management activities will incorporate gender-responsive and disability inclusion humanitarian interventions to address the unique needs of displaced women, girls, men, and boys. This will include expanded operationalization of safety audits and disability inclusion surveys, increased support to women and disability committees while ensuring these structures are reflected in the general leadership map of the sites and disaggregated data analysis for partners improved implementation and equitable service delivery.

People Targeted

In 2023, the CCCM Cluster will target 478,296 people, with the primary target, around 75 per cent of the total caseload, being internally displaced people (IDPs) that as a last resort have been forced to live within temporary accommodation sites, relocation sites and host community extension sites in Cabo Delgado, Nampula and Niassa provinces. As of August 2022, an estimated 325,091 IDPs were living in 85 IDP sites across northern Mozambique. Nearly 53 per cent of the displaced population living in sites are children under the age of 17 years, 27 per cent are women, 21 percent are men.

In addition to displaced people living in sites, the CCCM Cluster will target displaced people dispersed in congested and overstretched urban areas (e.g., Cidade de Pemba and Nampula), in underserved rural host communities (e.g., Ibo, Macomia, Quissanga) and people displaced in areas of return (e.g., Mocimboa da Praia). For the out-of-camp response, priority will be given to those areas where the severity scale of needs have been rated as extreme to catastrophic, according to the 2023 HNO inter-sectorial framework. In these communities, the majority of displaced populations are reportedly women and children, and elderly people represent the largest vulnerable group, followed by unaccompanied minors, pregnant women, and people with disabilities. Displaced people living out-of-sites will account for approximately 25 per cent of the overall 478,296 displaced people targeted by CCCM

Response Strategy

The Camp Coordination and Camp Management (CCCM) Cluster partners will target 478,296 internally displaced persons (IDPs) out of over 790,000 IDPs in need of life-saving services across the provinces of Cabo Delgado, Nampula and Niassa. Out of 85 identified displacement sites in the northern provinces, currently 60 per cent (198,062 individuals) benefit from CCCM mechanisms.

Continued service provision, monitoring and community engagement is required to maintain safe living conditions and support meeting displaced communities' basic needs.

CCCM Cluster partners will undertake core CCCM activities to improve presence and quality of static and mobile services in sites and site-like settings. The cluster will provide strategic guidance to both international and national partners to increase localization and ensure that displaced populations have inclusive and equitable access to humanitarian assistance.

CCCM partners will continue supporting multisectoral humanitarian interventions in sites and site-like settings, facilitating site level coordination, and advocating on gaps through engagement in national, provincial and district-level coordination mechanisms. The

in 2023. Displaced people living out-of-sites will receive tailored and contextualized CCCM services, including the provision of systems of accountability and coordination based on the participation of displaced communities, on-going follow-up of feedback mechanisms for affected populations, continuous assessment of needs and monitoring of service delivery.

Response Strategy & Modalities

CCCM partners will implement three operational response modalities: static CCCM programs, CCCM mobile response and CCCM area-based responses. Rights-based, community-based and intersectoral approaches will be applied.

The **static CCCM programmes** will be implemented in sites with larger IDP populations (more than 5,000 people). CCCM teams aim to guarantee continuous engagement with both displaced communities and local authorities. Dignified living standards will be upheld through coordination of humanitarian services, monitoring of needs, and advocacy; information management; support to meaningful representation and participation; infrastructure development and maintenance. Accountability to affected populations will be promoted throughout implementation and measured through complaints and feedback mechanisms. Capacity-building and preparedness will include affected displaced populations, service providers and local administrations.

The **CCCM mobile response** will target the highest number of sites with smaller populations, where sites are dispersed and humanitarian needs assessed. The focus will be on improving basic living standards through service mapping, advocacy, and referrals, support to community representation and participation, and basic physical site improvements and risk reduction. This includes supporting and advocating for accessible services and participation of those who face barriers to accessing services, or experience heightened vulnerability, for example people with disabilities, elderly people and female headed households.

The **CCCM area-based responses** will be implemented in congested and overstretched urban areas or underserved rural host communities. This will include setting up community hubs with the affected communities (displaced and non-displaced), establishing and/or supporting community governance structures and mechanisms through capacity building, facilitation, and consultation processes, establishing skilled teams on the ground to work closely with different population groups, creating diverse channels for Communication with Communities. The area-based approach aims to address the needs of the displaced persons and uphold their basic rights, irrespective of the displacement settings, through improving their access to information, protection and services as well as meaningful representation.

The Cluster will work on leveraging localization activities, building capacities of local partners in CCCM activities and enhancing collaboration with local authorities in efforts to improve institutional capacity development and capillarity of CCCM services.

- In coordination with OCHA, the CCCM Cluster promotes an intersectoral coordination through regular Service Providers meetings at Province and District level and referrals of the community feedbacks reported through the multi-sectoral CFM

implemented by the CCCM partners. CCCM activities will be implemented in coordination with: Shelter Cluster: Training of site maintenance committees

- WASH/Shelter/Protection/FSL/MHPSS Cluster and Registration Working Group: Registration and reception services for new arrivals in sites and temporary centres.
- Protection Cluster and DTM: Intentions surveys complementing the information gathered by CCCM during regular community engagement activities.
- FSL Cluster: Facilitating access to land and support during distributions in sites.
- MHPSS Working Group: audit literacy and creation of recreation groups in IDPs sites.
- GBV Working group and PSEA Network: Training of CCCM staff in PSEA/GBV risk mitigation and referral of SEA/GBV cases.
- DTM: Publication of the Multi-Sectoral Location Assessment and Multi-Sectoral Needs Assessment, and regular site population count.

Cost & Prioritization of the Response

For 2023, the CCCM Cluster requires \$11.2 million for the planned activities of four partners. The Cluster envelope was determined taking into consideration the 27 per cent increase in the displaced population in northern Mozambique compared to the previous year and the assessed needs of displaced people living in sites and site-like settings.

The projects were prioritized considering CCCM partners' current operational presence and capacity in northern Mozambique, institutional knowledge of CCCM, and contribution to the CCCM Cluster at global level. The cost of each intervention (one per partner, four in total) was determined through an analysis of the average costs across partners, provided that all implement in diverse geographical areas and operate with a tailored combination of the three main CCCM modalities of responses.

The CCCM Cluster prioritized activities for funding based on Strategic Objectives criteria and Severity Scale of needs. Basic life-saving site-management interventions will fall under the first and second quartiles of the budget (0-50 per cent: CCCM static and mobile response where the Severity Scale of needs have been rated as Extreme to Catastrophic). CCCM will progressively expand scope and geographical coverage under the third and fourth quartiles of the budget, with expansion of life-sustaining activities.

Community Engagement & Accountability to Affected People

CCCM interventions aim to ensure equal and inclusive access to services for Site-based community members, increasing community empowerment and self-reliance, ensuring participation of women, men, girls and boys, especially the most vulnerable, in sites management.

CCCM Cluster's complaints and feedback mechanisms (CFM) offers affected people additional avenues for accessing information, registering complaints, providing feedback and enhancing transparency. The CFM aims to uphold accountability to affected people as well as increase communication with communities. The CCCM CFM is multisectoral and complementary to other inter-agency complaints and feedback mechanisms, as Linha Verde 1458, ensuring both

non-sensitive and sensitive complaints are received, safely referred, and addressed in a timely manner.

Community engagement will be strengthened, engaging with existing (or facilitating where absent) community governance structures and aiming to ensure that leadership structures are inclusive. Site activities will promote women and girls’ participation, as safety audits, sensitization sessions and audit literacy for women.

The CCCM teams will reinforce the reception management providing a communication bridge between partners and communities and local authorities, ensuring that regular community consultations and intentions surveys are conducted, communication with communities’ systems are functional, and mapping and support systems for people with specific needs are linked with proper referral pathways. CCCM will support community-led initiatives.

Protection against Sexual Exploitation & Abuse

In 2023, the Cluster will continue to encourage partners to actively engage in PSEA and uphold zero-tolerance policies towards SEA. Besides ensuring that all CCCM personnel are trained and made accountable to enforce international PSEA standards, partners need to ensure that beneficiaries can access timely, relevant, appropriate and context specific information about expected and prohibited staff behaviour and the organizations’ measures that address SEA by aid workers.

CCCM partners will always maintain a regular and inclusive dialogue with community members to increase awareness of SEA risks and ensure the rights of programme participants and community members to receive assistance without the risk of SEA, irrespective of age, gender, disability, or social status. Through creation and support to

women and disability inclusion committees, CCCM teams will aim to understand and map out current norms and values, gender dynamics, views, and practices around GBV, misconduct relating to SEA, barriers and cultural, traditional, and religious biases. This analysis will inform adoption of tools and approaches for engaging communities on protection from SEA that are nonthreatening, accessible to all groups (especially children and people with disabilities), and contextually and culturally appropriate.

Response Monitoring

Data collection and monitoring for planning and accountability purposes is an essential component of the work of the CCCM Cluster. To this end, CCCM cluster developed and keep improving monitoring tools such as 5Ws, Individual Site Profile, and Service Mapping to collect, analyse and report results to relevant partners. The CCCM site list is regularly updated for northern Mozambique, based on feedback collected from district administrations, humanitarian partners and the IOM Displacement Tracking Matrix (DTM). Regular population counting exercises ensure that gender and age disaggregated data is made available to the humanitarian community. Data on living conditions in sites is collected through monitoring exercises led by the CCCM Cluster and DTM to produce the Multisectoral Location Assessments – MSLA reports. Core activity information is reported by partners to the CCCM Cluster monthly. Field monitoring visits are conducted regularly to ensure the quality of the response and verifications of reported activities. The CCCM Cluster will also continue to train camp-based staff in monitoring and reporting. Additionally, the CCCM cluster, through its complaints and feedback mechanisms for IDP sites, aims to support improved accountability to affected people as well as increase communication with communities.

Camp Coordination & Camp Management (CCCM) Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>CCCM Objective 1: Enhance self-governance through participation and engagement with displaced persons.</p> <p>Relates to HRP Strategic Objective 1, 2 and 3</p>	Number of IDPs with access to inclusive and representative governance structure.	793,293	478,296
	Number Of CCCM practitioners trained (including community members, partners, government authorities)	3,600	2,077
<p>CCCM Objective 2: Enhance the protective environment in site and site-like settings for the displaced populations and the host community.</p> <p>Relates to HRP Strategic Objective 1, 2 and 3</p>	Number of IDPs with access to site management services.	793,293	478,296
<p>Coordinate access to services and provision of information to improve the quality of integrated services for displaced populations in site and site-like setting.</p> <p>Relates to HRP Strategic Objective 2, 3</p>	Number of IDPs with access to functioning complaints and feedback mechanisms.	793,293	442,016

3.2 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
547K	342K	\$24.0M	15	15



People Targeted

Overall, 342,194 individuals will be targeted (48 per cent male and 52 per cent female) out of which 98,6 per cent are children. The remaining 1.4 per cent caseload include adults, namely teachers, education personnel, and community members, who will also be targeted. The Education cluster aims to reach 100,900 internally displaced children (29% of the total target) and 241,294 of children in host communities (71 per cent of the total target) in the most affected areas, to prevent conflict and competition for resources among vulnerable communities, according to the capacity of the cluster partners. A total of 10 per cent of the intervention is aimed at reaching children with disabilities.

Response Strategy

The conflict, displacement of communities and school closure due to COVID-19 not only interrupted educational progress, but also affected livelihood and hindered children's access to essential basic services including school feeding, health information on disease prevention, protection, access to clean water and sanitation services. Enabling access to education of host communities and internally displaced people (IDPs) remains a priority, as 50 per cent of IDPs are children.

Education in emergencies' activities will be implemented by Education cluster partners to bring back children to schools, particularly girls,

children with disabilities, and the most marginalized and vulnerable youth. Accelerated learning, catch up education, vocational training and life skills activities will be conducted to deter adolescents from joining non-State armed groups. The Education cluster at national and provincial levels, particularly in Cabo Delgado and Nampula, jointly with the Ministry of Education, will ensure that education partners are responding to emergencies through a coordinated approach.

The Education cluster will promote integration and multi-sectoral programming with WASH, Protection, Nutrition and Health clusters. The Education cluster will incorporate and complement life-saving components such as psychosocial support, referral mechanisms, provision of school feeding and availability of gender-sensitive WASH facilities to deliver a comprehensive package of services to secure children's learning. The cluster will also actively participate in inter-agency initiatives aiming at providing common service approaches to quality programming, including AAP, Gender, and other crosscutting issues.

Response Modalities

The Education cluster ensures that partners are responding to emergencies and meet the needs of affected population through a coordinated approach within an agreed coordination framework. The Education cluster also supports an evidence-based response through information management and data collection system. Rapid assessments related to teachers' absenteeism, out-of-school children, attacks and occupation of schools and youth programmes would feed into ongoing policy dialogue, advocacy, and decision making to ensure education access and completion with appropriate learning achievement. This is intended to strengthen the planning and implementation functions at all levels and ensure that policies positively affect the most vulnerable children, adolescents, and youth. In addition to the national coordination structure, the sub-national clusters will effectively support the operationalization of the response and promote the involvement of the affected populations in education activities, in the management of education project implementation, planning, monitoring and decision-making. The Sub-national structures will also fulfil the same core functions as national clusters, while being streamlined and tailored to the local operational realities. Moreover, the involvement of the community in the response will also play a determinant role for emergency preparedness and response.

Strengthening of school council, school interest groups, community dialogues and capacity building of the education staff, thought

dialogues, campaigns, radio and posters will be promoted. The provision of education supplies and dignity kits to girls will enhance the retention. While the Education cluster mainly focuses on static programmes, depending on the available resources, cash and voucher assistance as response modality might be considered, particularly for the promotion of girls' education.

The increased relevance of cross cutting issues will continue to be part of the response modalities in areas of protection MHPSS (mental health and psychosocial support), inclusion of CWD (children with disabilities), prevention of GBV and SEA through the existing referral pathways.

Cost & Prioritization of the Response

The Education cluster aims to reach 342,194 beneficiaries in 2023. The Education Cluster requires \$23,953,598. The cluster and its partners have prioritized activities based on the urgent needs for construction/rehabilitation of learning spaces; provision of educational materials and supplies; school WASH services, training of teachers, building the capacity of school councils, SMCs, community leaders, education officials, and Ministry staff, and establishment of mentoring program linking with teacher training institutes/colleges. The HRP 2023 Education cluster partners will contribute an estimated average cost of 26-50 per cent of their education costs to strategic objectives varying between national to international NGOs.

Community Engagement & Accountability to Affected People

The HRP has been prepared based on a consultative process with Education cluster partners, who are regularly conducting needs assessments to identify and share relevant information. Since May 2022, the cluster has been conducting and sharing sessions of good practices.

The participation of affected people in how a response is designed, implemented, monitored, and evaluated ensures that humanitarian programmes are relevant, inclusive and accessible to the most vulnerable ones. Partners will benefit from capacity building and trainings on AAP to improve the effectiveness of building trust and acceptance, which ultimately enhances the impact and relevance of the cluster's work. The cluster partners will implement the Minimum Operating Standards IASC (Inter-Agency Standing Committee) for stakeholders to prevent sexual exploitation and abuse (See more details below under Prevention of Sexual Exploitation and Abuse).

Prevention of Sexual Exploitation & Abuse

In coordination with the PSEA sub-cluster, the Education Cluster will conduct capacity-building and sensitization sessions to train members, partners, community leaders and government officials in PSEA. The cluster members commit to ensure that all people involved in project activities (e.g. warehouse & distribution workers, cash assistance, community mobilisers, etc.), and in particular those who are regularly in contact with beneficiaries have received PSEA training. The cluster will guide partners to signing a Code of Conduct declaration

for all staff involved. Aiming at rooting prevention of SEA, GBV and VAC, the Education cluster's projects include various inter-sectoral education response activities on community awareness on non-violent masculinities directed at the communities in general and positive masculinities and gender socialization in life skills directed at young people and children.

Response Monitoring

The Education cluster sets indicators and maintains a Response Monitoring Tool/5W Matrix (Who is doing What, Where, When and for Whom) to monitor Education cluster partners' planned education activities. Partners submit their reports based on key access and dropout indicators on a monthly basis to the Education cluster coordination team. Based on the partners' reports, the Education cluster coordination team analyses the data to develop information management tools and maps to strengthen the coordination of the EiE response, identifying gaps and preventing duplication of activities/programmes. The Education cluster partners also take part in joint monitoring field missions, some of them inter-sectoral, to monitor implementation of projects.

The Education cluster sharing of good practice includes the dissemination of needs assessments conducted by partners. Additionally, the continuous support to the Ministry of Education allows the access to the available data at central and provincial level. The Education cluster is committed to the Accountability Framework with respect to affected populations. Timely information sharing, consultation and dialogue between service providers and affected populations have the potential to improve the quality and efficacy of humanitarian response. The Education Cluster, through the Cluster lead Agency, will maintain a link with the Education Sector Working Group to ensure complementarity of efforts between humanitarian and development interventions.

Cluster Objectives

- Cluster objective 1: To provide equitable access to safe and protective education services to 331,156 girls, boys, and CWD of 6-17 years old in emergency through formal, non-formal and ALP by 2023 in IPC 3, 4 and 5.
- Cluster objective 2: To improve the quality of education, providing education in emergency training to 2,260 teachers and education personnel.
- Cluster Objective 3: To strengthen the education system's response capacity of the school community and education actors to mitigate the impact of existing emergency on boys, girls, and vulnerable groups (8,779 adults).

Education Objectives, Indicators and Targets

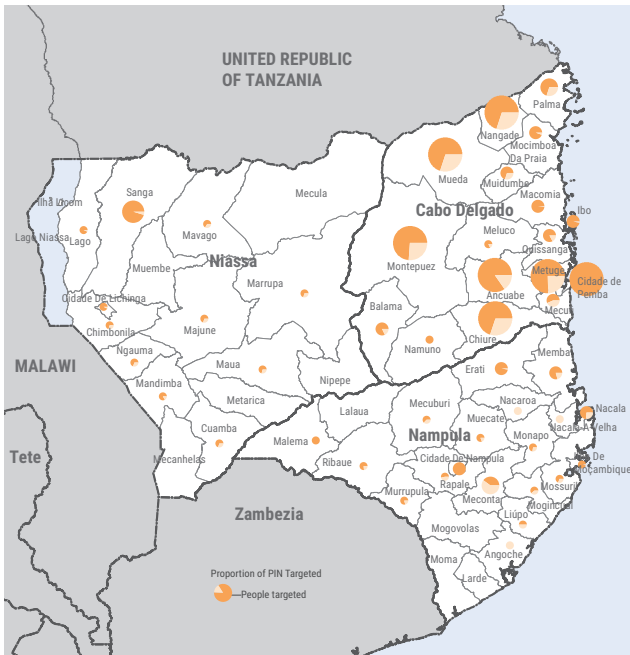
CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Education Objective 1: To provide equitable access to safe and protective education services to girls, boys, and CWD of 6-17 years old in emergency through formal, non-formal and ALP by 2023 in 3, 4 and 5.</p> <p>Relates to HRP Life-Saving Strategic Objective (SO) 1</p>	Number of children, affected by emergencies accessing formal or non-formal education disaggregated by gender	546,896	331,156
	Number of children and adolescents accessing ALP disaggregated by gender.	546,896	331,156
	Number of children and adolescents accessing ALP disaggregated by gender	546,896	331,156
<p>Education Objective 2: To improve the quality of education through providing emergency training to teachers and education personnel.</p> <p>Relates to HRP Life-Sustaining SO 2</p>	Number of teachers and education personnel trained in emergency and related topics (MHPSS, Peace Education, DRR, PEBE, climate change, basic pedagogy and learner-centred methodologies, gender socialization, VAC/GBV prevention and referral pathways).	11,039	2,260
<p>Education Objective 3: Strengthen the education system's response capacity of the school community and education actors to mitigate the impact of existing emergency on boys, girls and vulnerable groups</p> <p>Relates to SO2 and SO 3</p>	Number of Education officials and community members capacity strengthened through school management training, awareness initiatives (radio, theatre, social media, etc.), and complementary activities (including on GBV/VAC risk mitigation)	11,039	8,879

3.3

Food Security and Livelihoods



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.4M	1.1M	\$245.9M	14	14



Response Strategy

The Food Security and Livelihood Cluster (FSL) will increase considerably the numbers of IDPs, returnees and host communities from livelihood interventions, while keeping a high coverage of life-saving humanitarian food assistance. For the food assistance component, as in 2022, it is expected to be reduced from April onwards, as the harvest season starts and more food is available at the communities. This reduction will take place with the roll-out of the Vulnerability based targeting (VBT) exercise in Cabo Delgado led by WFP to target the most vulnerable IDPs and host communities, moving away from the status-based targeting of previous years. Support to emergency livelihoods aims to restore and strengthen productive assets and create livelihood opportunities thus contributing to the overall food production and availability. Timeliness of agricultural inputs provision, as per seasonal calendar, to maximize benefits and contribute to domestic production will be prioritized. A harmonized food basket will be provided addressing monthly food gaps through contextually appropriate modalities (in-kind and cash-based transfers). This response calls for robust household targeting to reach the most in need and aims at providing consistent assistance to vulnerable households covering 100 per cent of the 2,100 kcal per person/per day for those most in need and a reduced ration for those who have gained access to other sources of income. Acute food requirements of those recently displaced, on the move or in hard-to-reach areas will be met through Immediate Response Rations (IRRs).

The FSC will continue working closely with SPAE and SDAE (Serviços Provinciais / Distritais de Actividades Económicas) and DPAP (Direcção Provincial da Agricultura e Pescas) for the livelihood activities. While INGD (Instituto Nacional de Gestão e Redução do Risco de Desastres) will continue to be the main government counterpart for the coordination of the food assistance interventions of the FSL partners. FSL Partners will further explore options of synergies with INAS (Instituto de Accção Social) for the scale-up of social protection schemes in the northern region.

For 2023, the FSL will work closely as well with the government development projects such as The Northern Resilience and Integrated Development Program (PREDIN) and the Plano de Reconstrução de Cabo Delgado (PRCD) (and their implementing partners) since they have a significant agricultural component, making sure that priorities are aligned and avoiding overlaps. This cooperation shall start with a lessons learnt workshop that will follow the main agricultural campaign of 2022-2023 where up to 19 partners have been involved.

FSC partners will endeavour to ensure safe and dignified distributions, awareness raising on beneficiary rights (including CFM and PSEA) with a communication strategy that facilitates accessible messaging to the affected populations. The FSL HRP strategy incorporates different needs of men, women, boys and girls. HRP indicators are disaggregated by age and gender. The FSL will work in collaboration with the Protection Cluster Disability Working Group to identify access barriers and identify measures to address these effectively. FSL partners will work closely with local authorities to ensure clarity on vulnerability criteria and support needed by people with disabilities to access their entitlements in a safe and dignified way. FSL will also coordinate with the nutrition cluster for a better aligned response covering both food and nutritional needs with regard to food assistance as well as livelihood interventions, which shall be nutrition sensitive (i.e. as targeting vulnerable groups, incorporating nutritional behaviour change communication into agriculture programmes or including nutrient-rich crops in the kits of preference).

People Targeted

The FSL plans to target 1,108,955 acutely food insecure people across the provinces of Cabo Delgado, Nampula and Niassa in northern Mozambique. Recently displaced, or on the move and 'hard-to-reach' beneficiaries will be prioritized, as well as the displaced population. IDPs in temporary centres or staying with host communities that have gone through a registration and verification process but have not been allocated land to resettle and have no access to livelihood

options will be supported with food assistance to cover their basic needs while more durable solutions to increase their self-reliance are in place. The Cluster will prioritize the needs of extremely vulnerable individuals including children, pregnant and lactating women, people with disability, and elderly through frequent assessments. The targeted acutely food insecure population compose of children (58.7 per cent of the total), female being 51.5 per cent of the total and approximately a 15 per cent of the assistance reaching people with disability. The presence of returnees in newly accessible locations across Cabo Delgado will be considered for this HRP. These returnees are in dire need of food assistance and livelihood support as documented in the recent multisectoral assessments conducted in some of the districts.

Response Modalities

The FSL response will ensure that needs are met in a manner that responds to the needs of the different target groups while considering access constraints:

- **Immediate Response Rations (IRR):** This response modality of food assistance will primarily target beneficiaries that are newly displaced, on the move or in hard-to-reach areas, covering 100 per cent of daily requirements for 7 days through ready-to-eat rations.
- **Regular General Food Distribution (GFD):** Registered IDPs staying with host communities or in temporary centres will receive in-kind food, commodity vouchers and value voucher modalities depending on local context and market assessment findings. Rations will cover 100 per cent of daily kilocalorie needs for those most in need, and a reduced ration for those who have gained access to other sources of income. Similarly, the current transfer value for the CBT modality is 3,600 MZN and may be subject to change depending on beneficiaries' changing access to livelihoods as well as relevant findings from market assessments
- **Emergency livelihoods support and Food Assistance for Assets (FFA) / Cash for Work (CFW):** Host communities and resettled displaced populations will be receiving support to emergency livelihoods which aims to restore and strengthen productive assets and create livelihood opportunities. Activities include provision of agricultural and fisheries inputs, asset protection, support to household production, income generation opportunities, postharvest and storage infrastructures, rehabilitation of critical infrastructure and associated trainings as well as enhancing communities' capacity to sustain their productive assets through training.

For both food assistance and livelihoods components, the modalities to be used include in-kind distribution and cash/vouchers where feasible, depending on: a) micro retail capacity, b) market prices, c) field security, d) cooperating partners' capacity and e) community consultations.

Cost and Prioritization of the Response

The cost of FSC overall responses is \$ 245,907,967. 14 partners will manage the cluster response with US\$ 196,727,629 for food assistance and \$ 49,180,339 for emergency agricultural assistance.

The Cluster needs analysis indicates high levels of acute food insecurity in northern Mozambique due to the impact of conflict and displacement.

This calls for a targeted response that saves lives, protects livelihoods, and reduces the use of harmful coping strategies. The Cluster will work on a two-fold approach for prioritization (a) geographical and (b) household. The geographical prioritization will be based on the severity ranking of districts and dependent on access constraints. The needs in each district are based on the latest DTM figures of IDPs at district level (round 16th – June 2022), the percentage of host families in IPC+3 from the IPC Acute Food Insecurity and Acute Malnutrition Situation of February 2021 and the SETSAN IPC results (November 2021). In addition to specific activities required for an emergency response when and where population displacements occur, the cluster recommends household-based targeting criteria for both monthly food assistance and livelihood activities, leveraging as much as possible on the VBT exercise. These targeting criteria will be based on vulnerability levels, using a food security lens and socio-economic status.

Community Engagement & Accountability to Affected People

Community engagement and accountability to affected population will be incorporated throughout the response including information provision, consultation, communication, accountability, and participation of the beneficiaries.

The beneficiaries will be engaged in consultations via community committee platform and via focus group discussions ensuring continuous feedback on the assistance provided. Minority and vulnerable groups including IDPs, and their immediate host communities will be targeted for focus group discussions to ensure that their voices are heard. Well established complaints and feedback mechanisms exist, consisting of help desks staffed by Cooperating Partners (CP) staff and complaints and feedback boxes at distribution sites. Linha Verde 1458, the toll free inter-agency hotline, managed by WFP, is accessible to the affected population, providing clarifications on beneficiary rights, capturing needs and associated gaps in the assistance. FSC partners will ensure that designated protection and AAP focal points are in place that ensure communications are up to date and that cases followed up on accordingly to close the feedback loop in a timely manner.

Prevention of Sexual Exploitation & Abuse

To support the prevention of sexual exploitation and abuse, several cluster-specific measures are recommended to ensure protection mainstreaming throughout the program cycle including aligning partner's responses with FSL SOPs for a harmonized response. The FSL is committed to ensuring zero tolerance for sexual exploitation and abuse, ensured through codes of conduct, online and face-to-face training, and several reporting mechanisms. Through Linha Verde 1458, FSL partners work closely together with the PSEA network to ensure awareness of the service as well as linking the affected population to vital services in the cases of SEA, SGBV and child protection issues. FSC partners will endeavour to determine constructive approaches to handle SEA cases in a timely manner internally and with the Government. All SEA reports are acted on within 24 hours, prioritizing the safety and well-being of the survivor, working in collaboration with partner ethics offices and OIGI.

The Cluster will enhance efforts to support partners to train their staff on the ground to increase their understanding of Sexual Exploitation and

Abuse (SEA) as well as to ensure that minimum protection standards are adhered across the Cluster’s programming and responses.

Response Monitoring

The FSC will rely on Cluster Lead Agencies (CLAs) and partners to continue to monitor food security responses in northern Mozambique through selected output indicators. Output indicators will be collected by all operational partners and consolidated by the Cluster in the 5Ws matrix on a monthly basis in order to keep an up-to-date overview of all food security and nutrition operations in Northern Mozambique. Below is a summary of output indicators that will be monitored:

- Number of IDPs assisted disaggregated by age & gender; MT/ value of food provided;
- Number of targeted people receiving regular life-saving food assistance by modality disaggregated by age & gender; MT/value of food provided (minimum 10 months covered);
- Number of staff from partners’ organizations and government counterparts trained disaggregated by age and gender.
- Number of targeted people receiving livelihood assistance disaggregated by age and gender.
- Number of targeted people with increased access to livelihood inputs for resumed food production and self-reliance
- Number of targeted people with enhanced food and nutrition security

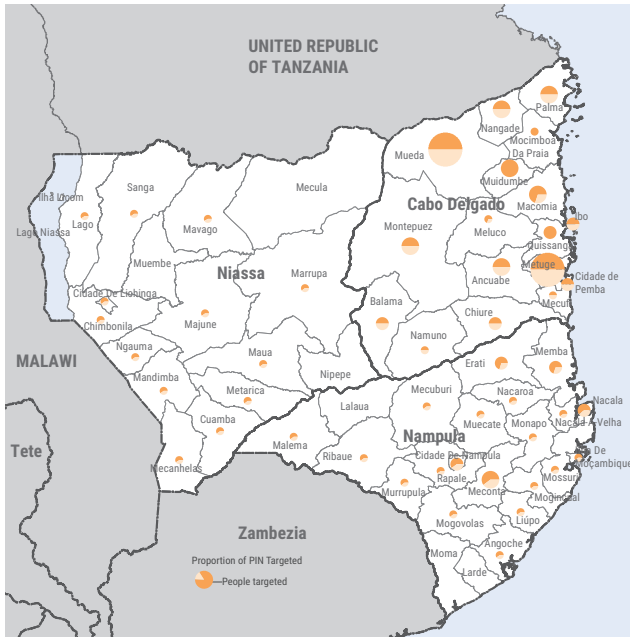
Food Security & Livelihoods Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Life-Saving Objective: Provision of Life-saving food assistance to acutely food insecure population including displaced population, host communities and returnees. Relates to HRP Life-Saving Strategic Objective 1	Number of IDPs assisted disaggregated by age & gender; MT/value of food provided.	1,435,751	1,108,955
	Number of targeted people receiving regular life-saving food assistance by modality disaggregated by age & gender; MT/value of food provided (minimum 10 months covered).	1,435,751	1,108,955
	Number of staff from partners’ organizations and government counterparts trained disaggregated by age and gender.	50	50
Life- Sustaining: Emergency Support to recover agriculture-based and diversified livelihoods for acutely food insecure population including displaced population, host communities and returnees. Relates to HRP Life-Sustaining Strategic Objective 2	Number of targeted people receiving livelihood assistance disaggregated by age and gender.	1,435,751	1,051,110
	Number of targeted people with increased access to livelihood inputs for resumed food production and self-reliance.	1,435,751	1,051,110
	Number of targeted people with enhanced food and nutrition security.	1,435,751	1,051,110
	Number of staff from partners’ organizations and government counterparts trained disaggregated by age and gender.	50	50

3.4 Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.1M	651K	\$19.5M	11	11



Response Strategy

In 2023, the Health cluster intends to intervene in 17 districts in Cabo Delgado, 10 districts in Nampula and 4 in Niassa, which are the most affected by conflict.

The Health cluster aims to deliver free and effective preventive and curative emergency health services to crisis-affected people. Health projects have been designed and set up as close to affected people as possible. The integrated primary health-care package will be employed, with emphasis on high impact interventions like vaccination, timely treatment of the most common causes of morbidity and mortality (TB, HIV and malaria), timely detection and responding of epidemic prone diseases, and antenatal care and skilled birth attendance. Health services, including sexual and reproductive health, will be tailored on the different needs of specific groups such as women, children, adolescents, people with disabilities, survivors of GBV, and people living HIV and TB. In collaboration with the inter-cluster mental health and psychosocial support working group, the health response will aim to increase availability of services to the most vulnerable people.

To facilitate the work of frontline partners, the cluster will strengthen an emergency health pipeline where kits will be available and easily accessible. Health activities will be implemented in coordination with:

- WASH Cluster: for the fight against water-borne, faecal-oral and vector-borne diseases as well as infection prevention and control

measures (IPC) at health facilities.

- Nutrition cluster: for the integration of nutrition in emergency package services at the health facilities.
- Protection cluster: for the prevention, medical and psychological management of cases of GBV, to improve the access of the most vulnerable people to health services, including specific groups (disabled, elderly people), to promote respect for the dignity of beneficiaries.
- CCCM and Shelter and NFIs Cluster: for the prevention of diseases related to poor living conditions in IDP sites

People Targeted

The health response will be as integrated as possible to impact on multi-sectoral indicators with the aim of reducing mortality and the morbidity of the most vulnerable people, but also to contribute to the improvement of the standard of living of the populations. The partners of the Health cluster will thus target 650,716 people during the year 2023 of whom 338,372 men and 312,344 women, including 229,584 children under 5 and 26,608 pregnant and lactating women. 156,172 women in reproductive health age will be targeted for sexual and reproductive health care. 43,730 children aged 6-59 months will be targeted for emergency measles vaccination activities in IDP sites.

Given that the country is at risk of several humanitarian shocks including disease outbreaks, natural disasters, and conflict, people will be targeted for emergency health assistance focusing mainly on the management of common pathologies, care for the injured, the provision of minimum initial service package (MISP) in sexual and reproductive health and vaccination of children aged 6 to 59 months. Access to contraceptives for women and men, antenatal care, skilled birth attendance and emergency obstetric care for women will avert unnecessary deaths and long-term complications. Survivors of SGBV will require urgent clinical services to prevent post-traumatic stress disorder, infectious diseases and unplanned pregnancies. People with new or pre-existing mental health disorders and non-communicable diseases like hypertension and diabetes will receive continuity of care.

Response Modalities

Five response modalities will be employed by Health cluster partners. These include the use of static health facilities; temporary clinics; integrated mobile brigades; community health promotion; and mass vaccination campaigns. A good network of health facilities including health centres and hospitals exist in the targeted crisis-affected

districts, although their functionality varies. As much as possible, the Health cluster, working with the provincial and district health authorities and partners will prioritize emergency response through these facilities. Partners will provide surge capacity in the form of health workers, medicines, medical supplies, laboratory supplies and logistics. Referral pathways will be strengthened or established, if unavailable, to ensure that patients are transferred from the communities to health centres and further to the hospitals. Where applicable, temporary clinics will be set up in IDP settlements hosting large numbers of people without access to health facilities. District-led integrated mobile brigades (iMB) will remain a key option for hard-to-reach populations that lack functional and accessible health facilities. Through the community health promotion approach, regular health education on different primary health topics will be conducted, multipurpose activists (APE) will provide community case management services for common illnesses, and active case finding and follow up of patients with chronic diseases like HIV and TB. Health partners will support the provinces and districts to implement preventive and reactive mass vaccination campaigns that are required in times of disease outbreaks like cholera, measles, COVID-19, using both static and mobile teams.

Cost & Prioritization of the Response

The Health cluster requires \$19,521,500 to reach 650,716 people targeted with life-saving and essential health services for one year, through 14 partners' projects. Some 30 per cent of the budget will be allocated to procurement, shipment and distribution of emergency health kits. Around 40 per cent of the funds will be utilized to support the health workforce and ensure that services are available at different points of delivery. Another 30 per cent will pay for support services like logistics and overhead costs. Projects were prioritized based on geographical presence, contribution to the Health cluster objectives, and capacity to deliver expected emergency health services. Quartile one priorities include preventive and curative services targeting children under five and pregnant and lactating women, and trauma care. Quartile two priorities are sexual and reproductive health services, control of common diseases like malaria, HIV, TB and response to disease outbreaks. Quartile three priorities include mental health and psychosocial support and specific needs of people with disabilities. Quartile four priorities are those services for the control of non-communicable diseases and elective surgeries, mostly through referrals.

Community Engagement & Accountability to Affected People

CE/AAP constitute the strategic basis for the interventions of the partners of the Health cluster for the appropriation of achievements, accountability, and community participation. The Health cluster will work with the Community Engagement and Accountability to Affected People (CE/AAP) Working Group towards adopting standardized tools

and jointly implementing strategies that will harmonize different CE/AAP activities that partners have already embedded in their projects. Needs assessments will be conducted jointly with community leaders and key focal persons representing specific groups like women, adolescents, and the elderly, and will apply methods like direct observation, key informant interviews and focus group discussions. Their views and recommendations will be included in the project design and implementation. At local level, project and facility management committees will include community representatives. Health-care workers will be recruited locally and among the target. Complaints will be monitored at service delivery points on a regular basis using complaints boxes and patient exit interviews and through a common feedback mechanism. Messages will be communicated in the local languages through the community leaders, FM radio stations and information, education, and communication materials.

Prevention of Sexual Exploitation & Abuse

Mechanisms for Sexual Exploitation and Abuse prevention, reporting and managing will be in place within the targeted communities. Health projects will be required to outline necessary actions for the prevention of sexual exploitation and abuse, including how they will ensure that cases can be referred, and potential survivors assisted. Health partners will be sensitized by the WHO's PSEA focal person during cluster meetings to increase awareness on the topic. Health teams will take into great consideration gender balance in staffing, so that women and girls feel safe when they access services. EC materials in local languages will be printed and distributed amongst the target populations, with key messages on PSEA. Also, the partners will set up clear reporting pathways within their organizations and project areas and link them with the existing inter-agency **catchment based clinical mentorship (CBCMs)**. Health cluster partners will all ensure that they are part of the PSEA Networks and have trained and active focal points, who are able to support PSEA within the operation.

Response Monitoring

Response monitoring is being established in close collaboration with Health cluster's partners and provincial/district health authorities. Health cluster partners will submit monthly reports in three parts, including 5W matrix, short narrative, and the cluster's HRP indicators. During the Health cluster coordination meetings, partners will update the team on their operations in order to share best practices, discuss and resolve challenges. Project managers, cluster coordination team, health authorities and the ICCG will conduct regular support supervision and monitoring visits to observe service delivery and quality of care, conduct key informant interviews and focus group discussions with beneficiaries whenever necessary, and translate recommendations into actions. Structured intra-action reviews, after-action reviews and joint operational reviews will be conducted for specific interventions.

Health Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Health Objective 1: To provide accessible essential health services to targeted populations, focusing on main causes of morbidity and sexual and reproductive health.</p> <p>Relates to SO1</p>	Number of health facilities and mobile teams supported in crises affected locations.	533	109
	Number of total OPD consultations.	1.1M	650,716
	Number of normal deliveries attended by skilled birth attendants.	26,029	20,823
	Number of women in childbearing age receiving modern contraceptives.	66,373	53,098
	Number of community members receiving health IEC messages.	1.1M	520,573
	Number of assorted emergency medical kits distributed in crises affected locations.	-	109
	Number of PLHIV on ART traced and linked back to HIV services	59,215	11,843
	Number of patients diagnosed with TB+ who were LTFT or defaulted and reintegrated on treatment	59,215	15,988
<p>Health Objective 2: To provide quality care for people with physical injuries, disabilities and mental health needs</p> <p>Relates to life-saving and life-sustaining</p>	Number of cases with injuries and disabilities treated and referred for further care	650,716	6,507
	Number of cases receiving mental health and psychosocial support services	650,716	6,507
	Number of survivors of GBV receiving clinical care for rape	149,665	22,450
CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Health Objective 3: To prepare for, detect and respond to epidemic prone disease outbreaks.</p> <p>Relates to SO2</p>	Proportion of epidemic prone disease alerts verified and responded to within 48 hours.	100%	80%
	Number of cholera cases treated.	1.1M	1,093
	Number of children 6 months to 15 years receiving emergency measles vaccination.	110,622	99,560

3.5 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
512K	333K	\$25.0M	10	11



Response Strategy

The Nutrition cluster partners aim to expand safe access to and coverage of high-impact nutrition interventions that target children under five, adolescent girls, women of reproductive age, particularly pregnant and lactating women and people living with disabilities and ensure nutrition linkages with social protection programs for early recovery. In hard-to-reach and conflict affected areas, simplified approaches will be implemented for prevention, early identification and treatment of acute malnutrition, including the adoption of family-led MUAC for case identification; MUAC-only admission and discharge, reduction of frequency of follow-up visits to the health facility (larger take-home ration of ready to use therapeutic or supplementary foods) to increase uptake of lifesaving nutrition services.

Implementing partners in support of the government will scale up prevention action including support to the protection, promotion, and support of WHO recommended breastfeeding and complementary feeding practices. This will include pilot implementation of spoon and bowl innovative infant and young child feeding counselling project, coupled with the nutrition integrated package (Portuguese acronym: PIN). The PIN targets children from 0-24 months old and is delivered by trained community health workers (CHW). It is an integrated package of seven essential nutritional interventions: i) mothers' education

on optimal breastfeeding practices; ii) cooking demonstrations and education on adequate and responsive complementary feeding; iii) deworming; iv) promotion of improved WASH practices; v) regular child growth monitoring; vi) Vitamin A supplementation and; vii) supplementation with micronutrient powders. Linkages with the health platforms will be optimized to include infant and young child feeding (IYCF) counselling/lactation specialists as part of the minimum package of public health services and in the immediate response model, and to ensure adequate management of small nutritionally at-risk infants (MAMI) and adolescents' mothers.

Routine national information systems will be strengthened to improve monitoring of routine program data at national and sub-national levels to be able to compare trends over the years, monitor the progress of programs, and ensure availability of high-quality data during emergencies as well as non-emergency times. Main nutrition activities will take into consideration principles of protection mainstreaming, which includes consideration around GBV, CP, disability inclusion, gender equality, CE/AAP and PSEA. Emergency Protection Units will participate when/where possible in activities of the Nutrition cluster, for example, during large gatherings, travel with mobile units, among others. Mobile health teams will be trained on protection and referrals and equipped with visibility material such as referral pathways and PSEA posters.

Preventing malnutrition and improving nutrition outcomes is multi-sectoral concern and priority as it may affect various aspects in the response. To ensure that nutrition is mainstreamed and addressed across priority sectors, joint programming will be emphasized with Health, Food security, WASH and protection clusters. linkages with the Health Cluster will be enforced to ensure PLW, caregivers of children under 5, older people, and PLWD have access to the needed Mental Health and Psychosocial support (MHPSS) to care for themselves and their families, mainly under the MHPSS task force in addition to training of health care providers on offer essential mental health and psychosocial support. Additionally, the cluster will ensure PLW and caregivers of children have access to health services, especially antenatal care, prenatal care, sexual and reproductive health, and immunization services.

Through the Food Security Cluster, collective efforts will be put in place, to ensure that PLW, caregivers of children under 2, older people, and PLWD are prioritized/targeted were needed for assistance, and services, significantly cash and food. Also, to complement cash and food interventions with nutrition counseling/awareness to

support beneficiaries in food utilization and diversity, breastfeeding, complementary feeding practices, and guidance to use breastmilk substitutes. Both clusters will expand coverage of nutrition-sensitive livelihood interventions and ensure the food basket is nutritionally rich, balanced, and age-appropriate.

With the WASH cluster, collaboration will be enforced to ensure that interventions targeting households, including PLW and infants, have sufficient access to clean water and proper latrines, coupled with the provision of hygiene kits and COVID-19 hygiene education. The mother-malnourished child dyadpair will access to enough safe water for drinking and domestic needs. Social and behavior communication messages will be disseminated to ensure use of safe and appropriate sanitation facilities and is reached with critical WASH supplies and social and behavioral messages, while, adapted hygiene promotion messages will be disseminated for caregivers of small children (baby hygiene, safe play areas, food hygiene).

With the Protection cluster, and areas of responsibility, main nutrition activities will take into consideration principles of protection mainstreaming, which includes consideration around GBV, CP, disability inclusion, gender equality, CE/AAP and PSEA. Emergency Protection Units will participate when/where possible in activities of the Nutrition cluster, for example, during large gatherings, travel with mobile units, among others. Mobile health teams will be trained on protection and referrals and equipped with visibility material such as referral pathways and PSEA posters.

People Targeted

The Humanitarian Needs Overview indicated a general deterioration of nutrition conditions in the northern provinces of Cabo Delgado, Nampula and Niassa, with one in every two children aged 6 to 59 months stunted, and 98,440 children under 5 affected by acute malnutrition through March 2023 of which nearly 40,076 with SAM and 58,364 with MAM. Equally, 7,884 Pregnant and Lactating women are estimated to be affected by global acute malnutrition. Malnutrition is a life-threatening condition that increases susceptibility to disease and infections and impairs physical and cognitive development. In Cabo Delgado, the results of the 2022 SMART survey showed a high prevalence of long-term malnutrition or stunting (44.5% (39.3-49.8, 95% CI), with one in every two children too short for their age. This is compounded by the simultaneous presence of wasting, with a prevalence range from 2.2% (0.9-5.2, 95% CI) to 9.3% (6.7-13.0, 95% CI) in the survey domains, resulting in a double burden of malnutrition.

Given the high nutritional vulnerability of children under age 5 and the critical food security needs of displaced people, the Nutrition cluster is aiming to reach approximately 65 per cent of the overall People in Need, of whom 65 per cent are IDPs, 113,778 girls under age 5, 105,025 boys under age 5, 2 per cent are PLW and 6 per cent are children with disabilities, considering their increased vulnerability and protection needs.

Response Modalities

Nutrition cluster partners aim to prevent further deterioration of the nutrition situation through scaling-up a proven set of high impact

nutrition interventions in a two-pronged approach of prevention and treatment of malnutrition. All nutrition outreach services aim to prevent both wasting and stunting by delivering integrated packages of malnutrition early diagnosis by screenings, micronutrients supplementation, counseling and support for breastfeeding and infant feeding practices and management of childhood disease.

This will include the following response modalities:

- Nutritional surveillance and rapid response mechanisms (RRM): key nutrition indicators will be inserted in the electronic infectious disease surveillance and response (EIDSR) platform being piloted by WHO, allowing for timely identification of increased needs followed by provision of life-saving support.
- Nutrition Rehabilitation Programme (PRN) at the hospital, health centre and community level: priority will be given to increase programme coverage by scaling up platforms providing quality care to children with wasting, through training and increased number of health-care professionals applying simplified approaches for SAM and MAM treatment, expansion of the community treatment programme (TDC) and supply systems strengthening.
- Outreach of nutrition services through community health workers (APE) and integrated mobile brigades: Activities include nutrition screenings, wasting management, integrated community case management of childhood illnesses (iCCM), vitamin A supplementation and deworming services, delivery of key messages on malnutrition preventative practices linked to infant and young child feeding (IYCF).
- Social mobilization and demand generation to improve uptake of nutrition services and optimal practices: Activities include establishment of safe spaces in the IDPs and resettlement sites, expansion of the Nutrition Integrated Package (PIN), scale up implementation of TSFP with provision of fortified blended food to prevent malnutrition among IDP's children 6-24 months and promotion of optimal IYCF in emergencies, hygiene and sanitation promotion, growth monitoring and micronutrients supplementation.
- Nutrition vulnerability and nutrition assessments in affected districts to guide the humanitarian response. To align with validity of the IPC projections and update the situation, SMART surveys will be conducted in February 2023 followed by an IPC analysis workshop to inform programme implementation and monitoring.
- The Nutrition Cluster will strengthen coordination with the nutrition information working group led by Secretariado Técnico de Segurança Alimentar e Nutricional (SETSAN) and the nutrition partners forum co-led by UN agencies, Government and donors to improve collaboration with development partners.

Cost & Prioritization of the Response

The Nutrition cluster requires U\$25 million to deliver and strengthen timely delivery of immediate life-saving assistance through 14 partners while promoting complementarity with the Government's strategy for northern Mozambique and the UN's support to the

same. Key project costs include procurement and delivery of life-saving specialised nutrition commodities and essential medicines to treat acute malnutrition; human resources to ensure expansion of planned interventions; training; and operational costs to allow a robust humanitarian presence including in hard-to-reach areas. Project requirements were based on the agreed cluster targets and planned activities in each targeted location, as well as standard costs for international procurement, freight costs and transportation of supplies and medicines. Likewise, travel and HR costs are in line with Government-UN agreed fees for humanitarian actors.

Prioritization of key interventions and project proposals was based on programme criticality, geographic targeting and humanitarian needs following IPC Acute Malnutrition and existing vulnerability assessments. Humanitarian presence in hard-to-reach areas and operational capacity to quick start response was taken into consideration while prioritizing cluster projects.

Community Engagement & Accountability to Affected People

Community delivery platforms will be utilized by nutrition partners to engage communities in identifying malnutrition cases, sensitizing them on optimal hygiene and infant feeding practices, and in mainstreaming protection in the humanitarian response. Community leaders, health committee representative and community health workers will play an active role in identifying solutions and in the decision-making processes.

All staff and health committee members will receive protection mainstreaming training, as they are on the frontline and can play a key role in identifying issues related to exclusion and discrimination and be proactive in ensuring the voice of marginalized groups is represented.

The Nutrition cluster will foresee mechanisms to regularly identify emerging nutrition-related needs. Additionally, beneficiary communities with an accessible, efficient, and confidential complaint and feedback mechanisms to improve programming, understand community perceptions, promote beneficiary empowerment, and assist in the early detection of misconduct, including sexual exploitation and abuse, food diversion and fraud.

Prevention of Sexual Exploitation & Abuse

The prevention of sexual exploitation and abuse will be prioritized across all nutrition programmes through community sensitization, training of government, partners, and suppliers, strengthening of

reporting mechanisms and coordination with the wider humanitarian structure and the Government of Mozambique.

Community nutrition workers (CHWs and IMB) will be trained and sensitized on the identification of such cases and the referral pathways. The Nutrition Cluster will ensure that mechanisms are in place for PSEA and that they are regularly updated and are functioning effectively. The cluster will continue to strengthen coordination with the PSEA network in addressing sexual exploitation and abuse, while responding to all complaints, regardless of whether corrective measures can or need to be implemented following existing principles and procedures as recommended by the PSEA network. In partnership with PSEA network, the cluster will identify dedicated focal points and raise awareness about PSEA.

While undertaking nutrition assessment and surveillance, efforts will be made to collect and analyse protection-related concerns, including GBV and SEA, and data collected from these assessments will be disaggregated by sex, age, and disability.

Response Monitoring

To effectively respond to the emergencies, the Nutrition cluster will update the nutrition cluster partners' joint workplan to coordinate the humanitarian response in 2023. District-level disaggregated monitoring and evaluation framework and analysis of progress towards the targets will be updated monthly and presented at the cluster coordination meetings. HRP gender and age disaggregated indicators will be monitored using the 5W as partners reporting tool. Joint monitoring visits will be conducted on a quarterly basis, with participation of cluster lead organizations—UNICEF and Ministry of Health—and representation of cluster members using an integrated digital checklist. Key issues identified during the joint monitoring visits will be reported and addressed at the cluster coordination meetings. Mid-year and end-year review sessions with all cluster members will be organized to assess progress against planned targets, discuss key bottlenecks hampering humanitarian response and defining main corrective actions to mitigate and address key issues.

Feedback mechanisms are part of the community-based platforms and will be enforced by the district-level health teams. Accessibility and follow-up issues will be discussed on a bi-weekly basis in the subnational cluster coordination meetings.

Nutrition Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Life-Saving Strategic Objective: Life-saving support for treatment of acute malnutrition in children under-five and pregnant and lactating women to reduce mortality and related morbidity including those with HIV and other vulnerable groups (adolescent girls and disabled)</p> <p>Relates to HRP Life-Saving Strategic Objective 1</p>	Number of under five children screened for acute malnutrition	498,781	324,208
	Number of Pregnant and Lactating Women screened for acute malnutrition	288,927	187,803
	Number of under five children admitted for treatment (SAM and MAM) in IMAM programme (PRN)	104,424	67,876
	Number of Pregnant and Lactating Women (PLWs) admitted for treatment (SAM and MAM) in IMAM programme (PRN)	8,866	5,763
<p>Life-Sustaining Objective 2: Prevent the increasing of Acute Malnutrition and micronutrient deficiencies in children under-five and pregnant and lactating women including those with HIV and other vulnerable groups (adolescent girls and disabled)</p> <p>Relates to HRP Life-Sustaining Strategic Objective 2</p>	Number of children 6 to 59 months receiving vitamin A supplementation	498,781	324,208
	Number of under five children that received a specialized nutritious food or micronutrients supplementation	212,894	138,381
<p>Life-Sustaining Objective 2: Promote optimal breastfeeding and complementary feeding practices, and overall Infant and Young Child Feeding (IYCF) best practices messages for caregivers of children under two including those with HIV</p> <p>Relates to HRP Life-Sustaining Strategic Objective 2</p>	Number of caregivers reached with IYCF messages.	212,894	138,381
	Number of people reached with radio spots, interviews, novellas that are broadcast on nutrition and HIV	511,607	511,607

3.6

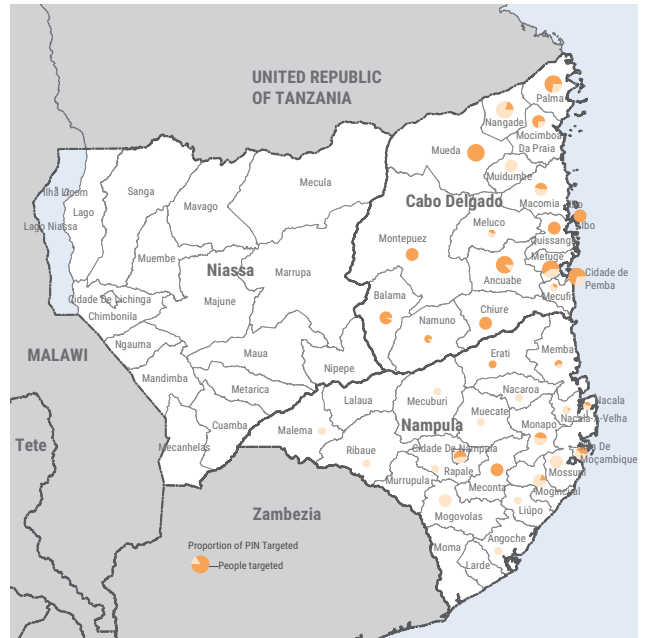
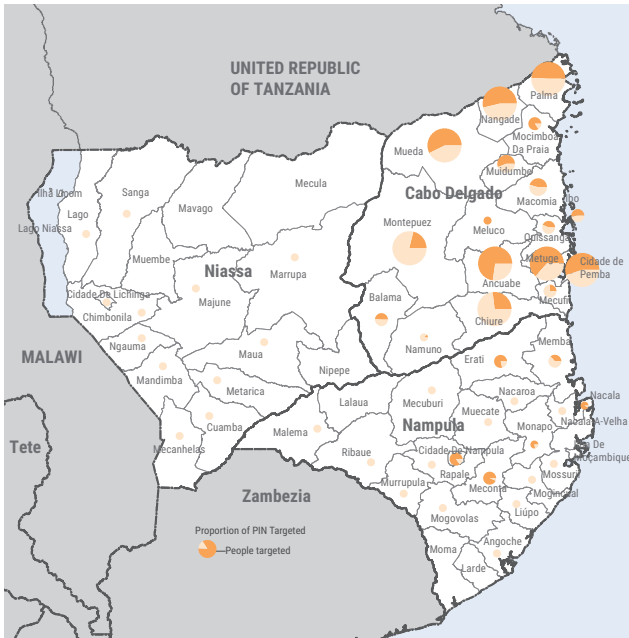
Protection



	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
PROTECTION	1.6M	873K	\$57.0M	22	23
GENERAL PROTECTION	1.6M	873K	\$19.0M	3	4
GENDER-BASED VIOLENCE	1.1M	475K	\$19.0M	9	9
CHILD PROTECTION	789K	512K	\$19.0M	10	10

General Protection

Child Protection



Gender-Based Violence



Response Strategy

Throughout 2022, the 'protection crisis' in Cabo Delgado, Nampula and Niassa further expanded due to the conflict, with violations and abuses of human rights leading to disruption of access to essential protection services and increase exposure to protection risks. Attacks by non-State armed groups (NSAGs) spread to districts in southern part of Cabo Delgado as well as into Nampula and Niassa Provinces, thus generating primary and secondary forced displacement. Furthermore, some districts of return continue to host IDPs or receive new displacements, adding to the complexity of the humanitarian situation.

In 2023, the Protection Cluster's response with 33 partners (including GBV and CP) will continue building on gains achieved in 2022 and strengthen and improve access to services and delivery through collaborative work by stakeholders, including with the authorities (including the National Human Rights Commission on advocacy, the INGD on protection mainstreaming and integration and the Ministry for Gender, Child and Social Affairs as protection's main counterpart). Protection Cluster partners will strengthen the overall core protection activities in urban centers, IDP resettlement sites and in return areas throughout Cabo Delgado, Nampula, Niassa Provinces. Activities include:

- **Civil documentation** for IDPs, host and returnees as a collective effort.
- **Referral pathways** enhanced and expanded for an effective response and delivery of basic services.
- **Protection focal points** and community-based protection mechanisms to both identify and refer urgent protection cases as well as disseminate life-saving information and awareness raising protection messages, mobilize interventions.
- **Protection desks** with integrated life-saving protection services for IDPs in resettlement sites.
- **Mental Health and Psycho Social Support** as a cross-cutting activity between clusters to be provided to populations of all ages and gender who have been heavily exposed to human rights violations.
- **Capacity building** of protection actors including national NGOs and local actors to ensure a joint and collective approach to respond to protection needs.
- **Community reconciliation activities** will be piloted through local protection partners to address growing tensions between IDPs and host communities.
- **Mine risk education** as an activity to provide information for those IDPs and other affected population who return to or move in areas that might be at risk of mines and UXOs.
- **Emergency Protection Units** will be strengthened to respond in areas of heightened protection needs and in areas where there are flare ups and cyclone response.
- **Protection monitoring** will be scaled up to ensure protection by presence in hard to reach areas and return areas and provide strategic guidance to the entire response.

- Enhanced services and assistance to **persons with disabilities** in IDP, host communities and returnee areas, including through community based rehabilitation approach.
- **Intention surveys** in order to ensure the voice of IDPs are regarded during relocation and return movements will continue to be carried out.
- **Legal assistance** will be a key activity for those who have experienced various rights violations as well as SEA, in some circumstances provided jointly with civil documentation.

As regards **durable solutions**, the Protection Cluster will also scale up efforts to consult, include and engage IDP communities on their preferred solution as well as building IDP awareness on their rights, in the framework of durable solutions. Advocacy on protection principles during relocations and returns and mitigating protection risks for those who have returned or relocated.

In 2023, the Protection Cluster will step up its analysis of trends, monitoring capacity, ability to provide protection by presence and advocacy to identify risks faced by IDPs, host communities and returnees in their diversity, inform effective responses, and ensure unimpeded access to protection services. The protection cluster will also continuously thrive for a strong gender equality approach.

Child Protection - Response Strategy

In 2023, the Child Protection Area of Responsibility (CP AoR) will deliver on the following objectives

- Strengthen and contribute to rapid response to displacements due to NSAG attacks including family tracing and reunification (FTR) and alternative care, identification of children in need of case management services, mobile inclusive MHPSS services.
- Strengthen child protection systems at a community level to monitor child protection concerns, including grave violations against children's rights.
- Capacity building of communities to prevent and mitigate child protection risks for children through increased structured activities for caregivers and children, ensuring access to services for adolescent girls and boys and reintegration support for unaccompanied and separated children (UASC) and children associated with armed forces and armed groups (CAAFAG) children and how to support children with disability.
- Strengthen the capacities of Child Protection partners, with a particular focus on local partners, and the social welfare workforce to deliver equitable, quality prevention and response services, including improved data management through a child protection information management system (CPIMS).

In 2022, the CP AoR focused on increasing the geographical reach of child protection partners to districts with severe child protection needs. In 2023, the CP AoR, will maintain this coverage and build capacity of child protection monitoring; structured MHPSS support, skills and competencies of community-based staff including youth, building in focused MHPSS sessions for caregivers and young mothers; increasing the skills and competencies of case workers in response to survivors, support to community based informal foster care and kinship care. The

CP AoR will target host communities, IDPs and returnees in its 2023 strategy with increased quality of services and to ensure a conflict sensitive and fluid approach. To increase the centrality of protection of children across sectors, the AoR will support training and awareness across sectors on understanding the grave violations against children's rights. The CP AoR aims to tackle cross cutting issues through joint work planning with other sectors; Education, Health and CP towards the issue of occupation of schools and hospitals; GBV and health sector on caring for child survivors and conflict related sexual violence.

Gender-Based Violence - Response Strategy

The GBV AoR will implement life-saving gender-based violence (GBV) activities, including GBV emergency services, GBV case management, MHPSS, strengthening and establishing safe referral pathways, including information dissemination of available services in women and girls safe spaces; mobile brigades that provide integrated GBV-related services and Sexual and Reproductive Health (SRH) with a focus on clinical management of rape services/post rape kits; procurement and distribution of contextualized emergency dignity kits; GBV community engagement, including GBV capacity building for community volunteers and structured GBV awareness initiatives; capacity building of GBV multisectoral services providers (social, health, security and justice), helpline (Linha verde 1458 and other) staff and activists; capacity building for local authorities; and promotion of GBV risk mitigation and mainstreaming into all sectors of the humanitarian response including GBV Safety Audits.

Life-sustaining services, such as livelihood and life-skills training opportunities will be provided to support the recovery of GBV survivors as well as to reduce GBV risks more broadly by addressing gendered socio-economic vulnerability as a key risk factor for multiple forms of GBV in displacement situations. GBV partners will build the capacity of local authorities to establish in Cabo Delgado and further strengthen and expand in Nampula, the Centro de Atendimento Integrado (CAI), a national multisectoral mechanism for integrated assistance to women survivors of violence (social, health, justice and police).

The response in Cabo Delgado will continue to focus on districts where IDPs and spontaneous returns are located and at increased risk for violence and attack including Pemba, Montepuez, Metuge, Chiure, Ancuabe, Mueda, Palma, Ibo and Mecufi in Cabo Delgado; Momba, Erati and Nampula City in Nampula. Districts of the North in Cabo Delgado, and return areas including Mocimboa da Praia, Quissanga, Nangade, Muidumbe, Macomia will be prioritized in line with access. These are the districts that have seen the most protection incidents against civilians, the lowest number of persons with civil documentation, and the highest impediments to freedom of movement because of various issues such as conflict, therefore, need for core protection services is at its highest.

People Targeted

In 2023, the protection cluster (including GBV, CP and HLP) will target 872,000k IDPs, returnees and host community. The people targeted by the Protection Cluster and the three Areas of Responsibilities (GBV, CP and HLP) represents around half (53%) of the total number of Persons in Need under of the Protection Cluster (1.6 million). Since insecurity

and violence due to the conflict experienced by communities in Cabo Delgado has led to an exponential increase in displacement, the emphasis of the response will be on internally displaced persons as a priority in Cabo Delgado, Nampula and Niassa, without not leaving particularly vulnerable individuals and families in the host communities and returnees population. behind as well as returnees. Elderly will also be prioritized. There are 29 per cent of women and girls who have been displaced with children representing the largest number (49Per cent). Therefore, women and children have been the most affected (representing 78 per cent of all IDPs). Recent protection monitoring indicates that around 25 per cent of IDPs surveyed across six districts are persons with disabilities, therefore, ensuring that persons with disabilities are integrated in the response is key. Persons with MHPSS needs will also be prioritized by partners and authorities alike.

Child Protection AoR

An estimated number of 788,869 of children and 134,850 caregivers are identified in need of humanitarian child protection services due to recurring displacements caused by insurgent attacks. This is further compounded by fragile child protection systems and limited services for children in the North of Mozambique. In 2023, the CP AoR will target 512,000 of children (53% of girls) and 121,365 caregivers (not included in overall PIN). The sector aims to ensure inclusive approaches to children with disability are embedded in programming targeting 76,800 children. The response will prioritize districts with the highest severity ratings (3 and over), 14 in Cabo Delgado, 7 in Nampula. These districts have high numbers of IDPs, low service provision related to social services and educational services, particularly adolescents and where there are security concerns/presence of armed actors. These communities will be provided with life-saving prevention and response services to address key child protection concerns such as an increasing number of unaccompanied and separated children caused by displacement, children associated with armed groups/forces with prevention, response and reintegration support; gender-based violence, including response to conflict related sexual violence as well as increasing instances of child marriage as a coping mechanisms; the dire need for increased MHPSS support to children and caregivers who have witnessed or experienced violence due to the ongoing attacks.

Gender-Based Violence AoR

In northern Mozambique, GBV AoR identified a total of 1,098,527 persons in need and will target targets 475,143 persons, of which at least 444,984 are women and girls who will directly or indirectly benefit from the Cluster's activities. The analysis of the Humanitarian Needs Overview and the GBV safety Audits conducted in IDP sites in Mueda, Pemba, Ancuabe, Chiure, Metuge, Palma and Montepuez, by GBV AoR partners have shown that women and adolescent girls are most at risk of GBV due to challenges experienced during displacement. For example, girls being married off early because of the lack of livelihoods, and therefore having a reduced attendance to school. The response will therefore prioritize these vulnerable groups, including IDPs, women heads of household with young children, survivors of IPV and child marriage, women with disabilities, women at risk of attack by armed actors, survivors liberated from non-State armed groups' NSAG captivity, adolescent girls after initiation rites, and orphan girls and

boys.

Response Modalities

The Protection Cluster will prioritize core protection activities to ensure that protection needs among women, girls, men and boys, including persons with disabilities, MHPSS needs, survivor of violence and torture, those who lack civil documentation, GBV survivors, UASC among both IDPs and host population can be swiftly identified and referred to services, including GBV and CP. Case management, provision of inclusive and adapted specialized services to specific needs through multi sectorial service provision, legal assistance (especially for legal documentation, birth registration and Housing Land and property (HLP), MHPSS and access to justice and economic empowerment will be key to address protection risks at individual level. Assistance in delivering civil documentation will be both renewing lost/destroyed civil documentation and issuing for those who never had. Furthermore, various community based protection activities will equip communities to mitigate their own protection risks through capacity building, rights awareness and community reconciliation activities, which will include both joint activities between IDPs and host communities as well as community dialogue. Thirdly, empowering local actors, including displaced and host communities, local civil society and local authorities on protection. In 2023, Protection Cluster will strengthen its response to the needs of persons with disabilities by, inter alia:

- Distribution of assistive devices (including support for case management and disability evaluation);
- Accessibility auditing of services;
- Rights awareness-raising and sensitization on disability inclusion;
- Disability inclusion capacity building;
- Support/coaching for inclusion mainstreaming for various stakeholders; and
- Promote community. based rehabilitation.

Child Protection AoR

The CP AoR has highlighted the need to focus on child protection risks of unaccompanied and separated children, children associated with armed groups or armed forces, conflict related sexual violence and GBV, and the dire need of MHPSS for children, adolescents and caregivers.

- The sector aims to build rapid response teams to for mobile MHPSS and to register and support UASC in all assessment teams, that can be deployed to areas of new displacement providing a timely and quality response.
- The case management task force will implement a district level capacity building plan to link community based community-based case workers to government social workers strengthening links to community to respond to vulnerable children experiencing violence, abuse, neglect or exploitation.
- 54 multi-purpose centres will be built in targeted districts to provide a safe space for integrated services for adolescents and caregivers. The centres are designed to ensure accessibility for children with disability. The centres will be community led and supported with tested toolkits and packages that provide inclusive skills building opportunities, social services and access to vocational skills.

Community members will receive training to lead the programmes through peer to peer-to-peer approaches, while skilling communities overall. Girls empowerment sessions will be led by females. Caregivers will be provided with session that support building the parent-child bond in conflict settings, this will include support to fathers as well as mothers.

- A CAAFAG task force will be established in 2023 to support a harmonized approach to the release/handover and reintegration of children from armed groups/force. This includes a harmonized approach to the package of services required, the initiation of reception centres for initial support to CAAFAG, and increased options of alternative care for community reintegration. CP will link with education on access to alternative modalities of learning/vocational training.

Gender-Based Violence AoR

Specific response modalities and initiatives by the GBV AoR in 2023 include:

- The GBV AoR aims to ensure a holistic and coordinated multi-cluster and integrated approach. , in particular, integration with sexual and reproductive health, protection and child protection programming, and PSEA
- GBV partners will deliver through 42 existing and newly established women and girls' safe spaces as well as through mobile brigades and static health facilities.
- The GBV AoR will strengthen evidence-based programming by ethical data collection and information management. This includes the roll out of GBVIMS, for collection of incident-level data, as well as other GBV assessments and qualitative surveys such as through 'Voices' methodology.
- Gender-Based Violence is a cross-cutting issue and therefore should be integrated into all aspects of humanitarian response. GBV AoR partners will continue to focus on mainstreaming to better mitigate GBV risks in intervention by other clusters. It will also collaborate with actors working on development and peacebuilding, working on nexus approaches to harness synergies and avoid duplications.

Cost & Prioritization of the Response

To eWith a total envelope of U\$ 57 Million, the Protection Cluster's objectives overall plan will heavily emphasize life-saving activities due to the high number of persons requiring urgent support in protection services that were left unattended due to the low funding obtained in 2022. The severity of each district has been determined by various protection indicators measuring risks that compound exposure to protection risks such as number of persons who lack civil documentation and percentage of IDP children and UASC in each district.

Child Protection AoR

The overall Child Protection Response seeks \$ 19,045,897 to fund the key objectives related to maintaining the current geographic coverage, increasing capacity of partners in focused MHPSS, supervised case management with increased capacity in responding to cases of CAAFAG, GBV, UASC including alternative care options. These needs have been

Funding Received	1-25% funding Top priority activities	26-50% funding Additional priority activities	51-75% funding Additional priority activities	76-100% funding Additional priority activities
Prioritization	tier 1 activities in districts level 5 & 4	tier 1 activities in districts level 3 tier 2 activities in districts level 5	tier 1 activities in districts level 2 tier 2 activities in districts level 4	Implementation of all priority activities in all priority locations

prioritized based on the results of the MIRA and the CAAFAG data assessment. The CPAoR developed activity costs based on the average costs of the last 2 years programming; \$20 per child for MHPSS, \$10 per person for mitigation of GBV against children and women, \$75 per child for case management, \$150 per child for family tracing and reunification and alternative care and the reintegration of CAAFAG. Duplication between agencies and sectors has been considered in this process. The CPAoR is also focusing on strengthening the coordination of the CP sector by advocating for dedicated coordinators and both national and subnational level, with the support of a national information manager to support the quality of the data collection, analysis of the context for children and provide a quality response to case management supporting a CPIMS. The CPAoR has 14 partners submitting projects to support the objectives of the response.

Gender-Based Violence AoR

The GBV AoR requires \$19 million and will emphasize life-saving activities due to the high number of people requiring specialized services. The severity of need in different districts were determined by various indicators, including the availability and barriers in accessing healthcare services, the use of negative coping mechanisms that increase the risk of GBV, and the level of safety and security by people in their community. The target prioritized women and girls (100% in IDP and 50% in host communities) compared to men (15%) and boys (20%). Projects by partners were prioritized based on whether they responded to needs, gaps, and geographical priority identified in the HNO, their contribution to the strategic objectives and their humanitarian nature; duplications were removed between lead and implementing organizations, and duplications with Protection and Child Protection.

Community Engagement & Accountability to Affected People

In the context of northern Mozambique, community engagement in the context of the protection Cluster needs to be improved, including ensuring that women and vulnerable groups are actively consulted, especially persons with disabilities. Protection monitoring have also reported a lack of trust by the affected community in the humanitarian partners. This requires community engagement to be strengthened by all protection partners at all level of the project phase. Protection Cluster will address these needs by working closely with the CE/AAP Working Group by Advocate by :

- Facilitate and strengthening two-way communication between crisis affected population and humanitarian actors through accessible, reliable and preferred communications channels
- Strengthening the establishment of safe and accessible complaint and feedback mechanisms. that ensure accountability

and information flow to address feedback to/from the affected population to inform decision making at all levels.

- Strengthen coordination to enhance accountability at an inter-agency level wherein feedback from affected populations is shared among clusters and other stakeholders including the Government when relevant.

All protection cluster projects have been designed and will be implemented in line with protection mainstreaming principles and human rights-based approaches, of which AAP is a core principle. Furthermore, projects will include gender equality programming, prevention of sexual abuse and exploitation (PSEA) measures, social protection and human-rights-based approaches to programming and humanitarian performance monitoring tools. Programme activities will be based and benefit from interagency gender responsive needs assessments, regular coordination meetings with protection and gender equality actors providing CP and GBV services through the CP and GBV AoR coordination meetings, regular consultations with women and girls through partners feedback mechanisms. The Protection Cluster will promote women and girls’ meaningful participation in the formulation and the implementation of the response. Furthermore, persons with disabilities also have to be included through improved and existing CFM mechanisms.

Child Protection AoR

The CP AoR is working with members to review policies related to PSEA and child safeguarding, ensuring all staff and volunteers sign a code of conduct and display information on code of conduct, PSEA and how to report. Help line numbers will continue to be shared, such as the Linha Fala Crianca and Linha Verde 1458 to offer different channels of reporting. To ensure the safety of children, a safety audit package for adolescent boys and girls will be implemented on a monthly basis with a child protection situational analysis. The CP AoR is developing a community consultation tool to run with adolescents and adults in communities running multi-purpose centres to ensure that the programmes in the centres are community led and are at times suitable for women, girls and boys. Posters, referral pathways and IEC materials will be visible in the centres to remind communities of where they can seek support. Regular feedback sessions will be held through monitoring and evaluating visits to ensure that activities and services are available and to standard (based on the child protection minimum standards). The CP AoR will be supporting in seeking community feedback through a monitoring agency who will support the capacity building on MHPSS service provision.

Gender-Based Violence AoR

The GBV Sub-Cluster will ensure AAP by conducting regular GBV safety audits, FGDs on GBV, consultation, and dissemination of the GBV SOPs as well as referral mechanisms. GBV AoR will continue providing capacity building to staff of AAP mechanisms such as Linha Verde 1458, to ensure that the response is survivor-centered, and the humanitarian response is accountable to affected people. Given the limited access by women and girls to phones, the GBV AoR partners also work with community-based complaint and feedback mechanisms.

Prevention of Sexual Exploitation & Abuse

The Protection Cluster is committed to ensuring that PSEA is a priority for Protection partners. Under the leadership of the HCT and in coordination with the PSEA Network and Inter-Agency RCO's PSEA Coordination, Protection partners will work together to carry out collective actions on PSEA, raise awareness, ensure that robust measures to prevent SEA by humanitarian workers are in place, ensure appropriate complaints mechanisms are established and procedures are in place to address PSEA issues, including referral of survivors to assistance through core Protection services. The Protection Cluster will be an active contributor to the PSEA Network action plans that will be co-implemented by Protection Cluster members. The plan includes 1) Protection Cluster participation in the PSEA Network, 2) community engagement on PSEA and inclusion in the reinforcement and development of Community Based Complaint Mechanisms, 3) complaints managed according to the inter-agency PSEA Network SOPs and survivors are referred to Protection support services, 4) prevention activities including training and awareness raising on PSEA policies for staff and volunteers. The Protection Cluster will adhere to all global UN and IASC PSEA guidance, coordinate accordingly with the PSEA Network and ensure regular reporting and monitoring of PSEA activities, all in line with the aligned with the accountability to affected populations framework.

Child Protection AoR

The CP AoR has a case management task force to ensure harmonized tools and systems to respond to the needs of vulnerable children. The case management system supports children or families who have been impacted by SEA with a response and referral to necessary services, such as MHPSS, health and legal. The CPAoR will engage with the PSEA Network to ensure partners have access to training on PSEA and reporting and in the development of child friendly reporting mechanisms. The CPAoR will also support modules related to child safeguarding and support in the review of all CP AoR members child safeguarding policies.

Gender-Based Violence AoR

The GBV AoR will continue to maintain a strategic collaboration with the PSEA Network to provide technical support as needed and ensure SEA victims have access to GBV response services in the referral mechanisms as well as risk reduction. The GBV AoR will collaborate with the PSEA network to integrate GBV AoR and PSEA referral pathways and standard operating procedures (SOP). In the communities, with humanitarian actors, and in other sectors' response GBV AoR partners

engage in dissemination of prevention messages, access to complaints and feedback mechanisms, and response to PSEA incidents through established methodologies. Emphasis will be put on supporting the implementation of the SEA Victim Assistance Protocol by ensuring that GBV case workers and service providers have the tools and capacities to assist survivors of SEA and meet their specific needs.

Response Modalities

In Mozambique, the Protection Cluster will monitor implementation of activities through 5W reporting including through the establishment of an online PowerBi report/dashboard on its Reliefweb page dedicated to Mozambique. The Protection Cluster and AoRs have been publishing monthly fact sheets with updated activities by protection partners. Furthermore, the results of the 5W will be presented on a monthly basis during the National Protection Cluster Forum, which is open to a wide range of stakeholders and donors. The Protection Cluster will also continuously monitor the implementation of the Protection response in the HRP through continuous engagement with HRP Protection partners through field visits and coordination meetings. The Protection Cluster plans to strengthen its protection incident monitoring by combining existing protection monitoring. OHCHR will continue to be a strategic partner for human rights advocacy – especially on sensitive topics and issues of human rights violation relating to structural issues. In 2023, the Protection Cluster will also continue working closely with the Inter agency ProCap and GenCap advisors to the HCT.

Child Protection AoR

The Child Protection AoR will finalize a two-year strategic plan that will inform the development of prevention and response services for child-protection concerns in humanitarian settings, structured against set standards and benchmarks. Mid-year and annual reviews of the workplans will measure progress, providing room for corrective measures and adapting strategies throughout the implementation of the response. Regular data on progress will be tracked and collected through the 5W matrix, partner reports and MSNA, as appropriate. Under the Child Rights Monitoring Technical Working Group, monitoring of needs will be strengthened through an enhanced child protection monitoring approach at national, provincial and district levels, to address some of the challenges related to child rights violations.

Gender-Based Violence AoR

Progress against indicators and impact of the response will be monitored through the 5W reporting mechanism of the GBV AoR. Progress on priorities and AoR partner activities beyond those monitored by the 5Ws will be done assessed through the GBV AoR monitoring framework of the annual workplan, as well as the newly developed GBV AoR multi-year strategy. The GBV AoR will also continue monitoring of the response through its District Focal Points, Strategic Advisory Group, and Case Management Technical Working Group. Feedback received from communities through Linha Verde 1458, and other community-based complaint and feedback mechanisms will be addressed on an ad hoc basis.

Protection Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Protection Cluster Strategic Objective 1: Provide Provide quality life-saving services to address inclusive protection immediate risks and needs (including CP & GBV) of most vulnerable populations in priority areas.</p> <p>People Targeted: 751,294</p> <p>Relates to HRP Life-Saving Strategic Objective 1 & 3</p>	Number of community based volunteers (eg. Protection focal) points trained in risk reduction and protection (eg. protection mainstreaming, disaster management, incident monitoring etc...).	315,000	70,000
	Number of persons reached through advocacy and awareness activities implemented on issues relating to trafficking	N/A	75,000
	Number of persons were provided with direct and referral assistance on MHPSS	N/A	100,000
	Number of persons provided assistance through case management, referrals and legal assistance (groups and individuals)	N/A	50,000
	Number of persons reached by cash, in-kind and voucher assistance (including disability	N/A	75,000
	Number of persons reached through PSEA activities	N/A	25,000
	Number of people reached by awareness raising activities on FTR	N/A	100,000
	Number of UASC registered	N/A	4,096
	Number of UASC reunified with their families (only)	N/A	3,686

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
	Number of children provided with alternative care and reunification	N/A	-
	Number of caregivers (informal foster carers) trained in alternative care	N/A	3,686
	Number of boys and girls who received a case management service	N/A	81,920
	Number of identified at risk girls and boys referred to health services	N/A	16,384
	Number of girls and boys at risk referred to child protection legal assistance	N/A	16,384
	Number of girls and boys at risk referred to MHPSS specialized services.	N/A	16,384
	Number of locations with specialized Case Management services (site level)	N/A	160
	Number of individuals receiving material assistance including cash /voucher/ dignity kits and other materials	N/A	58,120
	Number of individuals affected or at risk of GBV assisted with focused PSS	N/A	-
	Number of individuals attended with specialized legal assistance	N/A	10,784
	Number of individuals trained on GBV response and prevention	N/A	20,000

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Protection Cluster Strategic Objective 2: Prevent protection risks (including CP & GBV) of most affected and vulnerable populations in priority areas through enhanced preparedness and resilience capacity</p> <p>People Targeted: 696,000</p> <p>Relates to HRP Strategic Objective 2 & 3</p>	Number of persons assisted with civil documentation needs or requirements (including referrals and case management)	N/A	170,000
	Number of persons reached through capacity building and awareness raising to ensure protection of civilians in situations of conflict and returns	N/A	30,000
	Number of persons reached through protection monitoring activities including protection by presence	N/A	250,000
	Number of children and caregivers engaging in Level 2 MHPSS activities	N/A	435,200
	Number of children and caregivers completing level 3 MHPSS activities	N/A	76,800
	Number of psychologists available to support MHPSS activities	N/A	27
	Number of MPC functioning	N/A	54
	Number of people reached by awareness raising activities on GBV	N/A	256,000
	Number of boys and girls reached with safety audits	N/A	12,000
	Number of girls and boys assisted to secure civil documentation	N/A	311,200

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
	Number of girls and boys released/exited from armed forces or armed groups	N/A	400
	Number of released girls and boys who are reintegrated in their families and communities	N/A	300
	Number of conflict affected girls boys women and men and young people who benefit from information on the six grave violations of childrens rights.	N/A	256,000
	Number of individuals participating in an activity delivered in a WGFS	N/A	55,344
	Number of individuals participating in economic empowerment activities as part of GBV programme	N/A	11,814

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Protection Cluster Strategic Objective 3: Strengthen the protection environment and enhance the protection of affected populations – including related to GBV and child protection, and through collective and intersectoral action</p> <p>Relates to HRP Strategic Objective 3</p>	Number of persons engaged through advocacy initiatives on human rights and other protection issues	N/A	36,086
	Number of persons (civil society, local authorities) reached through capacity building and awareness raising activities on protection, prevention and response (principles, laws, legal frameworks, standards and others)	N/A	10,000
	Number of persons trained on mine risk education (authorities, displaced population, host population and returnees)	N/A	25,000
	Number of persons reached through community reconciliation activities	N/A	25,000
	Number of persons reached through housing, land and property related activities	N/A	30,000
	Number of persons reached through housing, land and property related activities	N/A	200
	Number of community based activities implemented on PSEA awareness	N/A	20
	Number of allegations recorded of grave violations against children's rights	N/A	N/A
	Number of clusters/sectors who have adopted child protection mainstreaming measures	N/A	2

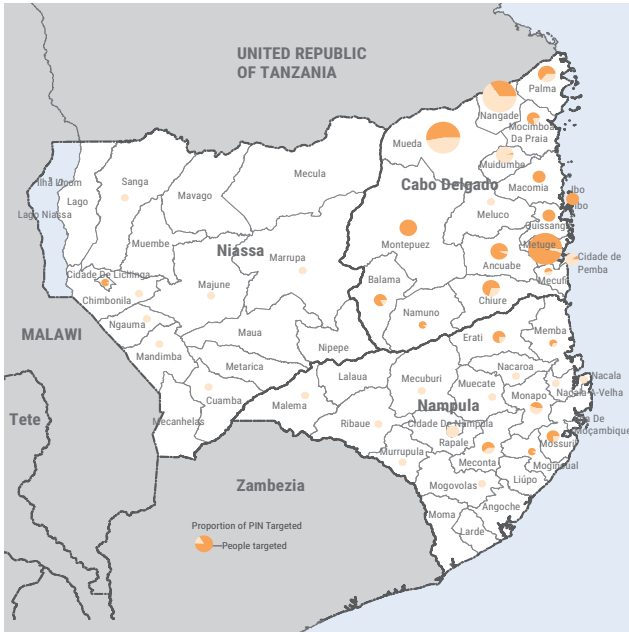
CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
	Number of local partners who participate in the CPAoR	N/A	10
	Number of GBV safety audits conducted (persons reached)	N/A	62,503
	Number of individuals reached by awareness raising activities on GBV prevention, risk mitigation and response	N/A	242,352

3.7

Shelter & NFIs



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.1M	688K	\$44.9M	10	10



Response Strategy

Cabo Delgado continues to be the province that host the largest numbers of IDPs in the country. Those IDPs residing in either sites or host communities. At the same time attacks by NSAG have resulted in a fluid movements within and across districts as well as between sites and spontaneous returns continue to the districts of Mocimboa Da Praia, Muidumbe, Palma and Quissanga. In 2023, the Shelter Cluster strategy will focus on the provision of an efficient and effective emergency shelter and NFI response, by providing essential household items, emergency shelters, shelter upgrades and tool kits to repair shelters. Shelter Cluster partners will utilize technical trainings and increase efforts on community engagement to focus on enhancing community level capacities to self-recover.

The Shelter and NFIs cluster aims to enhance its operational outreach through expanding the emergency shelter and NFI pipeline and maintaining mobile and static teams to cater for the dynamic needs arising across mobile populations in key displacement and return hotspots. To avoid duplication of resources, the Shelter/NFI Cluster will coordinate regularly with other clusters, related government authorities and partners to ensure gaps in response are timely addressed.

The Shelter and NFIs Cluster and partners will continue to ensure Accountability to Affected Populations through community engagement and consultations. Partners will also consult with the communities on the appropriate delivery methods to ensure outreach to key vulnerable groups particularly women, boys and girls, older persons, and persons with disability, who may otherwise face challenges when accessing

and transporting shelter and NFI assistance. In preparation of the rainy and cyclonic season, Shelter/NFI Cluster encourages community level preparedness efforts such as relocation of people out of risk-prone area and where resources permit strengthening of existing shelters.

People Targeted

In 2023, the Shelter/NFI Cluster will aim to assist 688,303 individuals with shelter and NFI assistance. Interventions will be tailored to context that will in turn determine the type, scope and scale of the assistance considering the following population categories: 1) IDPs in relocation sites, 2) IDPs in host communities, 3) IDPs in temporary sites 4) Returnees in areas of origin 5) Returnees in districts of origin but not place of origin 5) Host communities.

Lack of essential household items such as mosquito nets increases the risk of malaria and dengue during rainy season. Inadequate shelter support will further heighten risks of gender-based violence amongst women, boys and girls and increase reliance on negative coping mechanisms. As the Shelter and NFIs Cluster will not be able to target all the affected people in need of shelter and non-food items, the Shelter and NFI Cluster will prioritize response. Shelter cluster partners will utilize household's vulnerability assessments to prioritize various vulnerable groups such as households with single mothers, disabled, with chronic diseases (HIV and AIDS), displaced women previously under social assistance, women caring for other people's children and elderly people. Moreover, further consultations with the ICCG members will be undertaken to target the most vulnerable amongst the vulnerable amidst fluid movements and unpredictable displacement patterns.

Response Modalities

Based on operational presence and access, a combination of static and mobile teams will be utilized to ensure an effective and immediate response. Inter-sector rapid response mechanisms such as the UN led Joint Response Plan will be encouraged in hard-to-reach areas and where shelter partners are not present or do not have sufficient response capacity. Through the Emergency Shelter and NFI pipeline, cluster partners will be encouraged to collaborate with local NGOs, CSOs and VSOs to promote localization, build distribution capacities and increase cluster outreach in affected districts.

As in the last two years, provision of assistance is largely foreseen to be in-kind. However, the Shelter and NFIs cluster will continue to advocate for the provision of cash-based assistance where markets are functional. This will reduce expensive costs associated with centralized transportation. Linkages with other clusters, development actors, livelihood programmes will be sought. For example, coordination on the provision of tool kits that can benefit both shelter and FSL

interventions, promotion of livelihoods incentives for construction support in coordination with FSL, coordination with Health cluster on the provision of mosquito nets, close collaboration with CCCM and Protection clusters on issues on Housing Land and Property, and participatory approaches.

Finally, the Shelter/NFI Cluster will promote sustainable response solutions and strategies to mitigate the environmental impact of humanitarian responses. For example, promotion of the use of bamboo instead of wood, development of Information Education and Communication material and awareness raising on increasing the life span of tarpaulins, promotion of fuel-efficient smokeless stoves amongst others.

Cost & Prioritization of the Response

The Shelter and NFIs cluster response overall budget is US\$ 44.9 million, distributed across 10 partners. The sector envelope was determined based on the operational capacities of the partners, needs determined at district level and on activities determined in view of the overall cluster strategy for 2023.

The first quartile of the budget (1-25%) is allocated to life saving E-Shelter and NFI assistance including support for strengthening the Shelter cluster, the cluster pipeline and cluster coordination. The second and third quartile (26%-75%) will be allocated to activities such as provision of additional construction material, labour support, technical trainings for construction teams as well as local artisans.

Where allocated budget exceeds, 76 per cent additional funding budget will be allocated off for the promotion of “build back better” principles in shelter programming and resilience building activities. Where possible, shelter activities will be supported with cash-based interventions and linked with other livelihood activities.

Community Engagement & Accountability to Affected People

Community engagement and participation is the core of Shelter/NFIs interventions. The cluster will encourage partners to ensure community participation in all stages of project implementation such as needs assessment, response, and monitoring. Partners will ensure details of activities, and prioritization criteria are shared prior to beneficiary selection. Communities will be engaged and informed on the prioritization criteria, rights of people receiving assistance and information on accessing various complaints and feedback mechanism such as Linha Verde 1458 and CCCM Complaints and Feedback Mechanisms.

The cluster will closely coordinate with inter-cluster initiatives to determine needs including rapid assessments and field visits. Household assessments, monitoring and post-distribution monitoring activities will be conducted to understand challenges, needs, and preferences of the affected population. This will accordingly help tailor response packages and draw lessons learnt to improve the response. Moreover, in addition to their own monitoring mechanisms, cluster partners will continue to promote the use of existing complaints and feedback mechanisms and regularly provide feedback on the issues and concerns highlighted.

Provision of technical support in form of capacity building of households and shelter committees will promote self-recovery amongst those displaced who have been facing a volatile and dynamic displacement context. This will also enable knowledge transfer once families return to their areas of origin and support themselves and other families, thereby reducing reliance on humanitarian assistance.

Prior to the start of distributions, communities will be engaged and informed on the prioritization criteria, rights of people receiving assistance and information on accessing various complaints and feedback mechanism such as Linha Verde 1458 and CCCM Complaints and Feedback Mechanisms. If complaints are received, a zero-tolerance approach will be taken.

Prevention of Sexual Exploitation & Abuse

The Shelter and NFIs Cluster will ensure partners and their staff continue to receive refresher trainings on the prevention of sexual exploitation and abuse. Partners will also be encouraged to refer to the global guidance document on reducing the risk of Gender Based Violence. Assessment and monitoring tools will include PSEA related questions and separate consultations with men and women will be conducted in order to identify and mitigate GBV risks and monitor the implementation processes. In coordination with the GBV AoR, where needed, shelter partners will promote awareness raising on prevention of sexual exploitation and abuse, through dissemination of IEC material. A zero-tolerance approach will be adopted for complaints and referrals received via the complaints and feedback mechanisms.

Response Monitoring

Joint inter-sectoral response monitoring will be informed through the Shelter cluster 5W tools that partners regularly update to provide information on completed and planned interventions. The analysis will be combined with the evolving needs on ground and regularly shared at Cluster meetings to highlight key gaps and coordinate resources to avoid duplications. Through the beneficiary selection and verification processes, cluster partners will ensure inclusion of most vulnerable throughout the response.

Distribution and post distribution monitoring surveys will be conducted to measure satisfaction levels and quality of the interventions. Indicators will measure satisfaction per item provided, perceived usefulness of materials received, timeliness of assistance, and quality of the distribution processes. Data will be disaggregated by type of assistance and gender, age, and location of displacement. A combination of tools such as household surveys or Focus Group Discussions will be employed, if possible. The results will be disseminated to cluster partners and will be utilized to draw lessons learnt, improve the response and inform best practices.

The cluster and its partners will also closely engage with complaints and feedback from Linha Verde 1458 as well as CCCM Complaints and Feedback Mechanisms to assist most vulnerable cases and address concerns.

Shelter Objectives, Indicators and Targets

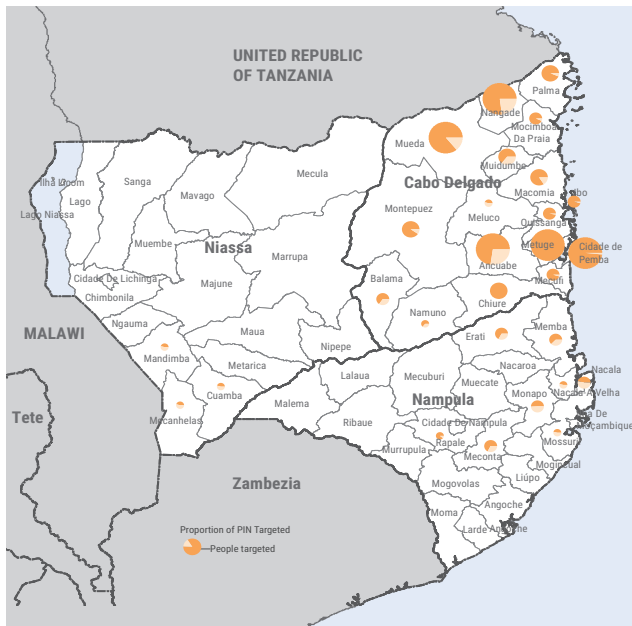
CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
<p>Life-Saving Objective: Provide shelter and non-food items life-saving assistance responding to the immediate needs of most vulnerable crisis affected population.</p> <p>Relates to HRP Life-Saving Strategic Objective 1 SO1: Save lives through a safe, equitable, gender-sensitive and principled intersectoral assistance to the most vulnerable groups, including those displaced, directly impacted host communities and non-displaced populations.</p>	Number of IDPs, returnees and host community HHs affected by the crisis served with immediate, adequate and contextualized shelter and/or NFI assistance.	1,072,297	491,351
	Number of pipeline requests received from Shelter Cluster partners	N/A	37
<p>Life- Sustaining Objecti: Provide Sustainable shelter and essential non-food items support promoting links between emergency and early-recovery solutions and with access to livelihoods for most vulnerable crisis affected population.</p> <p>Relates to HRP Life-Sustaining Strategic Objective 2 SO 2: Enhance timely and adapted access to essential services which include livelihoods, basic services and strengthening resilience capacity of the targeted people.</p>	Number of IDPs, returnees and host community HHs affected by the crisis served with sustainable shelter and/or essential non food items assistance	1,072,297	234,155
	Number of IDPs, returnees and host community persons affected by the crisis participated in sessions where shelter designs are discussed considering Build Back Better principles	1,072,297	43,660
	Number of IDPs, returnees, host community persons benefited by the impact of Build Back Better sessions carried out (indirect beneficiaries)	N/A	52,452
	Number of IDPs, returnees and host community persons affected by the crisis engaged in the decision-making process of the response approach	N/A	46,145
<p>Strengthen the Shelter and NFIs assessment, analysis and implementation capacity through community participatory approaches, to support quality emergency and early recovery response, and reinforce the accountability to affected population.</p> <p>Relates to HRP Life-Sustaining Strategic Objective 3 SO 3: Address the protection risks and needs of affected populations – including GBV and child rights violations and strengthen the protection environment in northern Mozambique through collective and intersectoral action to protect women and girls, men and boys.</p>	Number of IDPs, returnees and host community HHs assessed through verification exercises OR needs assessment prior to distributions	1,072,297	530,101
	Number of special measures established to ensure access to humanitarian aid by people with specific needs, including age, gender and diversity	N/A	5
	Number of people reached through projects assessed for due diligence on HLP	1,072,297	35,000

3.8

Water, Sanitation & Hygiene (WASH)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.37M	1.15M	\$45.7M	21	21



Response Strategy

The WASH Cluster will prioritize life-saving needs for populations affected by the conflict, including new displacements when and as they occur, impacting populations' access to WASH services. In resettlement sites and transit sites this will include inclusive water and sanitation services to meet a minimum standard for affected populations. To mitigate conflict and risk of gender-based violence this will also include provision of services to IDPs in hosting communities that are sharing WASH services.

New displacements will be targeted with hygiene kits' distributions to enable households to practice safe hygiene and collect and transport water for drinking and basic needs. This target group will be provided with the full package of water trucking and emergency water points in resettlement sites and emergency/temporary communal latrines. To minimize costs this will include the parallel exit strategies for first phase water trucking interventions by implementing water network extensions, small scale solarized water supply systems, and hand-pumps. Awareness of good practices in hygiene and sanitation will be continuously raised by WASH Cluster partners among the population affected by the conflict. Strategies to reduce GBV risks and improve gender aspects linked to WASH interventions will continue to be implemented in coordination with the GBV and Gender working group guidelines.

All WASH Cluster partners activities should be implemented in such a way that it improves the leadership of WASH-related governmental agencies such as SDPI⁵ (at district level), DPOP⁶ and SPI⁷ (at provincial level) and DNAAS⁸ (at national level) in terms of both response implementation and coordination.

People Targeted

The WASH Cluster plans to target 1,151,000 persons affected by the conflict in the three provinces of Cabo Delgado, Nampula and Niassa, representing 84 per cent of the People in Need. This includes 311,000 boys, 345,000 girls, 230,000 men, and 265,000 women (48 per cent male and 52 per cent female) with 57 per cent children under 18. The prioritization of people targeted by the WASH Cluster was done based on the submission of projects from WASH Cluster partners following the release of the Humanitarian Needs Overview database of People in Need per district and partner operational WASH presence in the districts. Targeted populations include individuals displaced by conflict, communities hosting displaced populations and sharing already limited WASH facilities, populations on the move returning to their places of origin or other locations, and non-displaced affected population. Special consideration is given to individuals living with disabilities and the elderly that may require adapted WASH facilities. This represents 15 per cent of the targeted population. As women and girls are at higher risk of gender-based violence associated to water fetching and lack of safe, accessible and gender responsive sanitation and the most exposed to sexual exploitation and abuse assistance, specific needs of women will be addressed following consultation with women and girls. Consultations will inform certain response aspects such as the siting and the design of the water and sanitation infrastructure.

Response Modalities

The WASH Cluster will implement this response plan using several modalities: 1) direct service and material provision, 2) promotion activities for engagement of affected populations, 3) support to rapid response mechanisms, 4) support to WASH governmental agencies, and 5) use of private market actors when feasible and relevant.

In resettlement centres, partners will implement boreholes equipped with hand pumps or small water systems through private contractors or through governmental agencies. Hygiene and household sanitation will be promoted by partners through community-based hygiene volunteers. NFI distributions will be done using a voucher system and strengthening local market actors where possible. Cluster partners will strengthen

water point sustainability establishing, and training water committees and operators and progressively introducing payment of water by the IDPs as their economic status improve.

For IDPs and host communities living in urban areas, the most common modality will be to support private or public water operators already running the system, improving production capacity, and extending the piped water network with additional household connections and public tap stands. Sanitation improvement work in urban areas will be implemented for the most vulnerable and crowded households through material and service voucher systems.

For new displacements and in hard-to-reach areas the WASH Cluster will support rapid response mechanisms. Where feasible partners will support public water operators such as AIAS⁹ and FIPAG¹⁰ with disrupted or impacted services and monitor service provision remotely. The WASH Cluster will coordinate with the Health cluster for remote mechanisms to prioritize areas with cholera and diarrheal outbreaks.

For returnee areas WASH Cluster partners will repair existing systems and infrastructure to provide life-sustaining services for populations.

Cost and Prioritization of the Response

The overall financial request of the WASH to reach the targeted population is based on a project costing that is defined at US\$ 45.6 million. This amount was calculated using project-based costing: partners submitted their financial and targeted population figures for each district, that was crosschecked with activity-based costing and unit costs and partner district targeting to address potential duplication.

Priority for short term life-saving humanitarian funds will be given to people living in districts affected by new displacements where some IDPs are still considered to be in transit or living in unstable situation, while other areas can be targeted for longer-term recovery funding, also addressing humanitarian needs where they will appear through rapid response mechanisms.

Community Engagement & Accountability to Affected People

The WASH Cluster will engage affected populations – including displaced women, girls, men, and boys and their hosting communities; in the development, delivery, and monitoring of programs to incorporate feedback and improve programs. This will include specific consultations with women and girls for the siting of WASH infrastructure and with individuals living with disabilities to design adapted facilities that are appropriate for the specific needs of individuals. Water committees comprised of women and men from the affected populations are central to the promotion of sanitation and to management and operation of

water infrastructure as a critical interlocutor to the affected populations. Blanket distributions of hygiene items for IDPs and verification of households with affected populations will be prioritized to mitigate against exclusion and exploitation. Post distribution monitoring for NFIs will be conducted for distributed items to confirm acceptability and preferences, to confirm understanding of safe use of products, and to identify any issues with distributions mechanisms to improve future delivery of items.

Protection against Sexual Exploitation & Abuse

Partners working in the sector will participate in trainings to develop internal mechanisms and processes for addressing sexual exploitation and abuse related issues. Partners will inform communities of expectations that no payments of any type are accepted for humanitarian services. Partners will promote the Linha Verde 1458 call centre in all programs and support, as appropriate, broader PSEA mechanisms as advised by the Protection cluster. Partners will also use internal tools such as feedback and complaint mechanisms and train local focal points to ensure any case of sexual exploitation and abuse are reported.

Response Monitoring

The WASH Cluster will track WASH services in formal IDPs sites to ensure coordinated presence and coverage of partners and minimum standards of infrastructure and services based on the populations and corresponding needs. This will be similarly done in host communities where data is available. Depending on the situation, both emergency SPHERE and national standards will be used to evaluate needs and gaps. WASH Cluster partners will regularly report on completed and planned interventions by using the 5W matrix.

The WASH Cluster will collect quality-oriented indicators (such as satisfaction regarding WASH services, protection issues, water quality) in IDP sites through third party monitoring. Indicators related to WASH in schools and WASH in health facilities will be monitored by the Education and Health clusters in close partnership with the WASH Cluster. When feasible, the cluster monitoring system will give way to national WASH monitoring tools such as SINAS and ODF (Open Defecation Free) databases.

Community feedback on provision of WASH services will be collected from both the WFP's Linha Verde 1458 system and specific feedback and complaint mechanisms set up by WASH partners in IDP sites.

Water, Sanitation & Hygiene (WASH) Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Provide inclusive and gender sensitive life-saving water; sanitation; and hygiene services, items, and facilities for vulnerable populations affected by conflict, including displaced populations, returnees, and affected individuals in difficult to access areas. Relates to HRP Strategic Objective 1 and 3	Number of people accessing a sufficient quantity of safe water for drinking and domestic use (disaggregated by age, gender and disability)	605,208	508,375
	Number of people accessing safe and appropriate sanitation facilities (appropriate = sex disaggregated, secure, private, clean, and well maintained for communal facilities and secure, private, clean and well maintained for household facilities)	797,539	508,375
	Number of people having access to basic hygiene materials for handwashing and menstrual hygiene health (disaggregated by age, gender and disability)	593,948	558,311
Promote Provide inclusive and gender sensitive life-sustaining water; sanitation; and hygiene services, items, and facilities for vulnerable populations affected by conflict, including, including hosting communities Relates to HRP Strategic Objective 1 and 2	Number of people accessing a sufficient quantity of safe water for drinking and domestic use (disaggregated by age, gender and disability)	307,931	258,662
	Number of people accessing safe and appropriate sanitation facilities (appropriate = sex disaggregated, secure, private, clean, and well maintained for communal facilities and secure, private, clean and well maintained for household facilities)	417,618	258,662
	Number of people having access to basic hygiene materials for handwashing and menstrual hygiene health (disaggregated by age, gender and disability)	462,650	434,891
Promote protection of populations and prevent conflict and gender-based violence through provision of inclusive and gender sensitive water; sanitation; and hygiene services, items, and facilities for vulnerable populations, including hosting communities Relates to HRP Strategic Objective 1 and 2	Number of people accessing a sufficient quantity of safe water for drinking and domestic use (disaggregated by age, gender and disability)	913,139	767,037
	Number of people accessing safe and appropriate sanitation facilities (appropriate = sex disaggregated, secure, private, clean, and well maintained for communal facilities and secure, private, clean and well maintained for household facilities)	1,215,157	767,037
	Number of people having access to basic hygiene materials for handwashing and menstrual hygiene health (disaggregated by age, gender and disability)	1,056,598	993,202

Coordination & Common Services



REQUIREMENTS (US\$)

\$9.4M

PARTNERS

3

PROJECTS

6

People Targeted

The scale of humanitarian needs in northern Mozambique requires strong strategic and operational coordination of the response to ensure that synergies, efficiency and cross-sectorial analysis and response are reaching the most vulnerable people. To ensure the humanitarian response is optimally efficient and effective, including support to the Humanitarian Country Team (HCT), Area Humanitarian Country Team in Cabo Delgado and Inter-Cluster Coordination Groups in both Maputo and Cabo Delgado, OCHA will continue to play a central role, including through inter-cluster coordination, information management, preparedness and contingency planning, resource mobilization and advocacy.

The Coordination and Common Services provided under this Humanitarian Response Plan will directly benefit the 56 humanitarian organizations included in this appeal, and will indirectly support the 1.6 million people targeted for assistance and protection.

Response Strategy & Modalities

Coordination and Common Services—including the work of OCHA, PSEA and DTM—will support and facilitate inter-sectoral prioritization of areas with the highest concentration of people facing the most severe needs, as well as promoting a gender- and disability-sensitive humanitarian response that adopts and implements a zero-tolerance approach to sexual exploitation and abuse.

In 2023, the following Coordination and Common Services activities will be prioritized:

- Ensuring safe and accessible channels for reporting of Sexual Exploitation and Abuse in Mozambique; Strengthen district coordination and support to local authorities
- Coordination of inter- clusters needs assessments, as well as ongoing consolidation of secondary data, to identify the most urgent humanitarian needs and ensure humanitarian decision making is based on common situational awareness;
- Collection of timely data on displacement through IOM’s Displacement Tracking Matrix (DTM);
- Timely dissemination of key information to all stakeholders, including to affected communities and in local languages;
- Regular needs, response and gaps analysis, including through information products such as the monthly Humanitarian Dashboard and 5W;
- Operational coordination of humanitarian delivery, through coordination mechanisms adapted to the context that support the effective and coherent delivery of humanitarian assistance;
- Joint strategic response planning based on prioritized needs;

- Advocacy and coordination to ensure that people in emergencies are protected from harm and have access to assistance;
- Community engagement, protection, gender, age and disability sensitivity of the humanitarian response.

The IOM Displacement Tracking Matrix (DTM) will serve as a coordination and key accountability tool to regularly inform analysis by other humanitarian and policy actors. IOM DTM assessments will highlight persistent gaps and serve to inform relevant actors about where assistance is most needed and how the interventions are impacting in the population in need.

Cost & Prioritization of the Response

Approximately \$9.4 million is required to support coordination and common services in 2023, with the following two priorities:

- Protection against sexual exploitation and abuse - \$438,000
- Strategic and operational coordination of the response - \$4.4 million
- Displacement Tracking Matrix - \$4.5 million

Community Engagement & Accountability to Affected People

Beyond the cluster-specific measures planned to enhance community engagement and accountability to affected people, OCHA will promote a joined-up and system-wide approach to this issue, including through ensuring that feedback from affected communities is regularly raised and addressed in both strategic and operational coordination forums. OCHA will also work with partners to develop relevant materials in local languages.

Protection against Sexual Exploitation & Abuse

Protection against Sexual Exploitation and Abuse (PSEA) has been established as a core priority of the 2023 Humanitarian Response Plan for northern Mozambique. Under the leadership of the Humanitarian Coordinator and with the technical support of a dedicated PSEA Coordinator, OCHA, in support of the Humanitarian Country Team, has ensured that PSEA is incorporated throughout all stages of the planning process. A subnational PSEA coordinator will be based in Pemba under the leadership of the Deputy Humanitarian Coordinator’

Recognizing that PSEA needs to be implemented rapidly and effectively, the 2023 HRP includes a dedicated inter-agency PSEA project to ensure that resources are available for collective PSEA initiatives, which is included under this Coordination and Common Services segment of the HRP. This builds on the work of Mozambique’s PSEA Network, as well as the roll-out of sexual exploitation and abuse reporting standard operating procedures.

Logistics



REQUIREMENTS (US\$)

\$10.7M

PARTNERS

1

PROJECTS

1

Response Strategy

The Northern provinces of Mozambique continue to be confronted with insecurity leading to continued displacements of men, women, and children. Logistical access within Cabo Delgado is expected to remain challenging due to insecurity, poor road conditions). The arrival of the rain season will exacerbate the tenuous situation in some of the more remote locations. Logistical support also requires to be expended to other provinces of displacement including Niassa and Nampula provinces in northern Mozambique to where of the displacement has taken place. One of the main challenges to ensure humanitarian assistance is delivered timely is to guarantee sustained access to limited tertiary road networks, adequate transport service providers for sea transport as well as possible further infrastructure deterioration during the rainy season. Common services under the Logistics sector would aim to address the above challenges by offering a platform for logistical solutions in warehousing, costal and surface transport. Additionally, access via air under the WFP mandated air services (UNHAS) to the humanitarian community for both passenger and cargo air transport will be implemented.

People Targeted

The Logistics sector will be supporting the third (3rd) tier beneficiaries; these include the Government and the Humanitarian organizations responding to the crisis in the northern region of Mozambique. The logistics sector will target about 40 organizations both humanitarian, development as well as diplomatic missions and technical government departments requiring logistics related support to undertake assessments, implement and monitor activities.

In light of the prevailing insecurity in Cabo Delgado province, Nampula and Niassa provinces have also become hosts of the internally displaced persons and therefore partners working in these provinces will benefit from sustained assistance where necessary. Due to the nature of the project, as a service provider to partners as 3rd tier beneficiaries, the disaggregation of the baseline data by gender and age is not applicable. However, data will be collected, especially for the use of air services for gender.

Contracted commercial companies will be considered for gender aspects with female owned companies encouraged to participate in tenders.

Response Modalities

Many of the areas of humanitarian needs, face access challenges due to volatility brought by armed attacks, infrastructure damage from cyclones and flooding and lack of maintenance. Consequently, access to transportation becomes unattainable, limited or costly. The project

will combine different modes of transport to reach the areas where the vulnerable populations are. Cargo consolidation possibilities will be offered to allow cost efficiency.

Moreover, as humanitarian partners already face challenges to find appropriate storage areas for critical relief items in Cabo Delgado's capital Pemba, the Logistics sector project will establish common spaces, where possible, which will be shared by the humanitarian actors to ensure safe and cost-effective storage of relief items before transport and distribution.

To allow efficient information share, a coordination platform will continue to be maintained in 2022 at national and locally in Cabo Delgado. This will address blockages, solutions and gaps in the logistics sector affecting response.

Air passenger and light cargo transport is vital to reach the beneficiaries for humanitarian support. To this end, launched in December 2020, UNHAS operations have been running for almost two years and has since been accompanying the opening of humanitarian access in Cabo Delgado. So far, key destinations are Ibo, Mueda, Palma, Afungi and Macomia. Based on demand, UNHAS aims to fly to Niassa and Mocimboa da Praia as next destinations, depending on the opening of the humanitarian space. These air services will continue as necessary in 2023.

Cost & Prioritization of the Response

Logistics The Logistics sector financial requirements for 2023 amount to \$ 10,700,00.

Logistics sector will prioritize the procurement of transport and warehousing for humanitarian relief items on behalf of the humanitarian and development partners. This will include multi-modal transport selection to provide a more comprehensive solution. Additionally, the passenger and cargo service air transport will continue to be offered accordingly and costs are based on monthly consumption trends established so far.

Community Engagement & Accountability to Affected People

For For accountability purposes, the logistics response will be guided by partner requirements expressed in the various platforms including the Logistics Sector working groups, the ICCG- (Inter Clusters Coordination Group) as well the UNHAS steering committee.

The Logistics sector will provide the services under the stewardship of WFP and according to its procedures. With the support of partners, WFP delivers community engagement materials that clearly define humanitarian response objectives while incorporating rights-based communications, including access to CFMs. Linha Verde 1458 is

equipped to receive and handle all kinds of complaints, including those related to gender-based violence, sexual exploitation and abuse and any other harm that may be caused by WFP or its partners or contractors, and enables timely response adjustments in line with communities' concerns and identified needs during the course of interventions.

All contracts entered into on behalf of the humanitarian community via the Logistics sector have clauses that calls for compliance by the contractors with children's rights and prevention of sexual exploitation or abuse of anyone by their employees or any other persons engaged and controlled by the contractors to perform any services under the contracts.

exploitation and abuse and any other harm that may be caused by WFP or its partners or contractors, and enables timely response adjustments in line with communities' concerns and identified needs during the course of interventions. All contracts entered into on behalf of the humanitarian community via the Logistics Sector have clauses that calls for compliance by the contractors with children's rights and prevention of sexual exploitation or abuse of anyone by their employees or any other persons engaged and controlled by the contractors to perform any services under the contracts.

Prevention of Sexual Exploitation & Abuse

Linha Verde 1458 hotline has been developed in conjunction with the humanitarian actors and the government where arising PSEA related matters are reported. The Logistics cluster will participate in collection and/or addressing PSEA matters accordingly. The logistics sector has zero tolerance for PSEA.

Response Monitoring

The logistics sector will work closely with other sectors and partners to continue to monitor the scale of the response needs and the required logistics support in northern Mozambique quarterly through selected indicators including but not limited to;

- i) Volume of requests for transport
- ii) Volume of requests for Warehousing
- iii) Volume of request for air passenger movement
- iv) Return of regular access via the road

The sector will also collect data on road access constraints, mapping this data and sharing the information to all users to ensure information is equitably available. This information will include areas of progress of repair projects envisaged by the government.

Refugee Response Strategy



PEOPLE IN NEED

34K

PEOPLE TARGETED

34K

REQUIREMENTS (US\$)

\$19.5M

PARTNERS

1

PROJECTS

1

Mozambique currently hosts 30,413 refugees and asylum-seekers (15,656 families), mainly from countries in East and Central Africa, and this number is projected to grow to around 33,691 in 2023. Of the total number of refugees and asylum-seekers, some 13,982 individuals (5,466 families) live in Nampula province both in including 9,487 individuals (2,834 families) living in Maratane refugee settlement; 614 individuals (423 families) live in Cabo Delgado, 448 individuals (277 families) in Niassa and 926 individuals (567 families) in Zambezia. Refugees and asylum seekers are also established outside the Northern region across the country including Maputo (11,812 individuals, 7,140 families).

Response Strategy

The The National Institute for Refugee Support (INAR), from the Ministry of Interior, coordinates the refugee response in Mozambique with UNHCR support, while relevant line ministry departments lead the response in their respective sectors.

Despite Mozambique's formal reservations to key provisions of the 1951 Refugee Convention¹¹, in practice, asylum-seekers and refugees have enjoyed freedom of movement, access to labor market, primary and secondary education as well as public health care. Furthermore, in 2019, the Government has pledged to continue the local integration practice, aiming at stronger synergies between refugees and host communities, and increase access to education, health, basic services for refugees and host communities for refugees by 2023

In addition to the protracted nature of the displacement for many refugees, there are challenges related to access to refugee status determination (RSD) procedure by asylum seekers as, in 2020 a new "pre-registration" system has been introduced and 25,000 asylum seekers are pending an RSD decision for several years. The conflict in Cabo Delgado has added to the challenges of refugees and asylum-seekers in the Northern provinces, particularly in Nampula where Maratane refugee settlement is located. The conflict has resulted in rendering access to asylum more difficult as it affects one of the main asylum routes with the restriction of movements in conflict areas strictly implemented.

In 2023, the response to the protracted refugee situation in the Maratane settlement in Nampula and in urban areas throughout the country will continue with the overall objectives of strengthening the protection environment and enjoyment of rights by refugees and asylum seekers as well as finding durable solutions for refugees and asylum seekers in Mozambique.

In order to strengthen access to protection:

- UNHCR will support government efforts to improve access to and the quality of the national asylum system through capacity

building and technical support, and conduct status determination under its mandate for selected individuals

- INAR will continue to undertake the biometric registration of refugees and asylum-seekers and issue them with individual documentation with the support of UNHCR.
- Access to civil documentation will be supported
- Adequate services will also continue to be provided to persons with specific needs, including persons with legal and physical protection needs, persons with disability (PWD), GBV survivors, as well as children, older persons, and women at risk.
- Protection and empowerment of communities will also be strengthened through the expansion of community-based-structures and activities, including of women, PwD, children and youth, and to mitigate and respond to effect of climate emergencies.
- Livelihoods and economic inclusion opportunities be enhanced to strengthen self-reliance, enhance social cohesion with host communities and empower women.
- Lifesaving assistance is available to the most vulnerable refugees and asylum seekers, including food and nutrition.
- Strengthening access to basic services such as health, WASH and education

Beyond strengthening of the national asylum system, the focus of the strategy will be on supporting durable solutions for refugees:

- UNHCR will facilitate the repatriation of refugees and asylum seekers willing to return to their countries of origin and promote this repatriation when conditions in the country of origin allows.
- The Government pledge for the local integration will be supported through support to naturalization of eligible refugees and a mobilization of other stakeholders to enhance the support the provinces and national services where refugees are located, including education, health, social services, etc. The response will also support the governments "out of camps" policy turning the refugee settlement into a village and urban integration.
- Based on needs and criteria as well as available allocation by countries to the operation, selected individuals will be resettled to third country.

People Targeted

In 2023, the refugee response will target 33,691 including refugees, asylum seekers and where feasible vulnerable host community members.

Particular focus will be placed on persons with specific needs including persons with legal and physical protection needs, persons with disabilities, survivors of violence, persons with serious medical conditions, unaccompanied and separated children, as well as older persons, women and children at risk.

Response Modalities

The response will continue to provide individual support to refugees and asylum seekers, including the further strengthening of case management, provision of inclusive and specialized services through a multi sectorial service provision, legal aid, mental health and psychosocial support, distribution of assistive devices and livelihood activities. The referral mechanisms at district, provincial and central levels will also be strengthened to ensure that refugees and asylum seekers receive adequate support while they are integrated into the national systems. The mobilization of relevant stakeholders will also contribute to the support and the strengthening of these national systems.

The response will also strengthen community-based approaches through the diversification of the various community structures and full presentiveness of age, gender, and diversity, strengthening joint projects between host communities and refugees and asylum seekers especially in the area of livelihoods, as well as enhancing community-based Psycho Social Support (PSS).

The response will also include advocacy for the withdrawal of key reservations to the Convention relating to the status of refugees, as well as the enhancement of the Refugee Status Determination (RSD) process. In addition, advocacy will be in favor of full implementation of the Government's pledges, and for the inclusion of refugees and asylum seekers into area-based development projects in Nampula province, with the support of financial institutions and development agencies, as well as labor mobility outside the settlement, including to urban areas.

Capacity building will be conducted on Disaster Risk Reduction (DDR) and protection mainstreaming in DRR to the implementing partners, including INAR, the refugee and host community leadership, community members and other relevant stakeholders with the vision of strengthening the resilience of the Maratane settlement population and surrounding host communities to climate shocks.

Cost & Prioritization of the Response

For 2023, the refugee programme requires USD 19.5 million for multisectoral and comprehensive activities that are contributing to the strengthening of the protection environment, lifesaving assistance and durable solutions. Based on an extensive prioritization exercise, UNHCR will ensure that protection and lifesaving assistance reaches individuals who need it the most. The interventions will primarily target the refugees and asylum seekers living in Maratane Refugee Settlement as well as host community members from the surrounding areas who also benefit from the services provided in the settlement, in addition to refugees and asylum seekers in other locations. The response will be conducted with the support of ten implementing partners, including government entities, as well as operational partners.

Community Engagement & Accountability to Affected People

UNHCR, as Chair of the National Community Engagement and Accountability to Affected Population (CE-AAP) Working Group, will engage in dialogue with the affected populations to ensure that accurate, accessible, and timely information is shared with them in their own language, and that their feedback and participation are integral parts of humanitarian response to ensure they are actively involved in the decisions that affect their lives.

- Two-way communication with communities will be strengthened. Means of communication with refugees and asylum seekers will be adapted to the preferred communication channels based on age, gender, and diversity as well as location (urban, rural, site) and messages to communities will be developed together with the communities.
- Complaints and feedback mechanisms will be enhanced and will remain diverse to ensure they are accessible by all. They include regular presence in the Maratane settlement, suggestion boxes, a protection helpline, regular consultations with various community forums with an age, gender and diversity focus, participatory assessments, staff presence during food and NFI distributions (Maratane), post-distribution monitoring, feedback, and satisfaction surveys.
- Regular feedback to the communities will be enhanced.

Prevention of Sexual Exploitation & Abuse

PSEA training sessions will be conducted at community level as a means to increase awareness and open the communication channels for the reporting of cases. Capacity building on SEA is also extended to implementing partners operating in Maratane settlement and beyond.

UNHCR will monitor and enhance its gender equality commitments through improved gender equality capacity and monitoring, including the gender balance in staffing, the implementation of PSEA and sexual harassment policies, and consultation with staff on gender-based needs. Training on GBV, PSEA and the Linha Verde 1458 hotline is provided to local authorities (police, social and health workers, and governmental communitarian leaders). In Nampula Province, which hosts the Maratane refugee settlement as well as a sizable population of urban refugees, a women's group, established jointly by UNHCR and UN Women has been trained on referral and reporting mechanisms on GBV, including SEA, so that they share information within the communities. All UNHCR's partners are required to comply with the UNHCR's global SGBV strategy and the UN Protocol on Allegations of SEA and sign the Code of Conduct. The partnership agreement requires the partner's commitment for integrity, ethical and professional conducts and provides the required standards for managing misconduct. Partners are required to go through induction training and periodic refresher training on the Code of Conduct and PSEA. The Code of Conduct and PSEA principles are binding on not only staff members of partners, but also the affiliate work force (AWF) and contractors, who may have direct contact with refugees and asylum-seekers.

Response Monitoring

UNHCR will continue to monitor the implementation of the HRP through continuous engagement with partners and relevant stakeholders. Means of monitoring will include field visits, coordination meetings,

reports, focus group discussions, and Results Monitoring Surveys (RMS) for collecting data through household surveys. UNHCR will strengthen community-based protection monitoring to increase the identification and referral of individuals in need of support and will maintain its regular protection monitoring to understand and respond to protection needs.

As part of UNHCR's results-based management, the implementation through partners will be conducted following specific sets of performance and output indicators to ensure adequate accountability and follow-up throughout project implementation. Following this approach will guarantee that proper adjustments are timely and made during the implementation cycle to ensure the expected results are achieved. Additional tools are also in place, such as Participatory Assessments and household surveys in which partners hold separate discussions with women, girls, boys, and men, including adolescents.

The surveys and assessments are undertaken regularly in order to gather accurate and disaggregated information on the specific protection risks they face and the underlying causes, to understand their capacities, and to hear their proposed solutions.

In the Maratane refugee settlement, UNHCR and partner staff are present with regular and predictable schedules for focus group discussions and for direct consultations. For urban refugees, protection counselling sessions and monthly meetings are held to identify protection risks and share achievements and challenges to strengthen participation and feedback. Partners engaged in response are guided by the concept of 'putting people first' and drawing on the rich range of experiences, capacities, and aspirations of refugees and asylum-seekers with recognition of age-gender diversity mainstreaming.

Part 4:

Annexes

METUGE DISTRICT, CABO DELGADO

25 de Junho temporary shelter centre in Metúge District was sheltering about 34,000 internally displaced persons in November 2021. Photo credit: © UNICEF/ Franco



4.1 Participating Organizations

ORGANIZATIONS	REQUIREMENTS (US\$)	SECTOR
Action Contre la Faim	3,064,333	Health, Nutrition and Water, Sanitation and Hygiene (WASH)
ActionAid International	4,005,365	Protection
Adventist Development and Relief Agency	700,000	Food Security and Livelihood
Associação Helpo	631,230	Education and Nutrition
Associação juvenil Kubatsira	632,830	Protection
Associação Pronanac Educational	100,000	Water, Sanitation and Hygiene (WASH)
Associação Provincial para o Desenvolvimento Sustentável de Cabo Delgado	224,000	Nutrition
Associazione Italiana Amici di Raoul Follereau	1,921,958	Health and Protection
Associazione Volontari per il Servizio Internazionale	12,476,116	Camp Coordination and Camp Management (CCCM), Education, Food Security and Livelihood, Nutrition, Protection, Shelter/NFIs and Water, Sanitation and Hygiene (WASH)
Ayuda en Acción	3,730,705	Food Security and Livelihood, Shelter/NFIs and Water, Sanitation and Hygiene (WASH)
CARE International	3,892,147	Protection, Shelter/NFIs and Water, Sanitation and Hygiene (WASH)
CARITAS	1,000,000	Nutrition, Shelter/NFIs and Water, Sanitation and Hygiene (WASH)
Catholic Relief Services	3,798,442	Shelter/NFIs
Dorcas Aid International	1,221,093	Food Security and Livelihood
Douleurs san Frontières	301,694	Protection
Family Health International - FHI 360	3,136,916	Nutrition, Protection and Water, Sanitation and Hygiene (WASH)

ORGANIZATIONS	REQUIREMENTS (US\$)	SECTOR
Fondazione "Opera San Francesco Saverio" CUAMM	2,013,804	Health, Nutrition and Protection
Food & Agriculture Organization of the United Nations	38,702,000	Food Security and Livelihood
Food for the Hungry	1,577,500	Food Security and Livelihood and Water, Sanitation and Hygiene (WASH)
Forum das Associações Moçambicanas de Pessoas com Deficiência	100,000	Protection
Fundação Ariel Glaser	1,211,449	Health
Fundación IBO	142,000	Education
Handicap International - Humanity & Inclusion	514,279	Protection
Helpcode	1,828,510	Protection and Water, Sanitation and Hygiene (WASH)
Helvetas Swiss Intercooperation	410,000	Water, Sanitation and Hygiene (WASH)
International Organization for Migration	42,883,145	Camp Coordination and Camp Management (CCCM), Coordination and Common Services, Health, Protection, Shelter/NFIs and Water, Sanitation and Hygiene (WASH)
Istituto Oikos onlus	2,471,961	Nutrition, Shelter/NFIs and Water, Sanitation and Hygiene (WASH)
Japan Platform	101,000	Water, Sanitation and Hygiene (WASH)
Joint Aid Management International	1,160,306	Food Security and Livelihood and Water, Sanitation and Hygiene (WASH)
Kukumbi - Organização Desenvolvimento Rural	62,858	Water, Sanitation and Hygiene (WASH)
Light for the World	753,698	Protection
Médicos del Mundo Spain	1,410,643	Health and Protection
Medicus Mundi	315,064	Health
Norwegian People's Aid	174,383	Food Security and Livelihood
Norwegian Refugee Council	5,528,885	Education, Protection and Shelter/NFIs

ORGANIZATIONS	REQUIREMENTS (US\$)	SECTOR
Office for the Coordination of Humanitarian Affairs	4,400,000	Coordination and Common Services
OIKOS - Intercooperação e Desenvolvimento	1,715,023	Education, Food Security and Livelihood
Oxfam Novib Netherlands	2,550,000	Food Security and Livelihood Water, Sanitation and Hygiene (WASH)
Peace Winds Japan	26,000	Water, Sanitation and Hygiene (WASH)
Plan International	2,738,764	Education, Food Security and Livelihood and Protection
Save the Children	6,277,588	Education, Food Security and Livelihood and Protection
Solidarités International	7,310,262	Camp Coordination and Camp Management (CCCM), Shelter/NFIs and Water, Sanitation and Hygiene (WASH)
Street Child Organization	5,983,650	Education and Protection
The Israel Forum for International Humanitarian Aid	275,000	Education
The Mentor Initiative	1,970,642	Education and Health
United Nations Children's Fund	58,874,471	Coordination and Common Services
United Nations Educational, Scientific and Cultural Organization	1,754,000	Education, Health, Nutrition, Protection and Water, Sanitation and Hygiene (WASH)
United Nations High Commissioner for Refugees	44,389,819	Education
United Nations Population Fund	7,744,943	Camp Coordination and Camp Management (CCCM), Protection, Refugee Response and Shelter/NFIs
UN Resident Coordinator's Office	438,425	Health and Protection
WeWorld Onlus	827,844	Education and Water, Sanitation and Hygiene (WASH)
World Food Programme	216,905,510	Education, Food Security and Livelihood, Logistics and Nutrition
World Health Organization	3,665,827	Health
World Vision Mozambique	2,303,809	Education, Food Security and Livelihood and Water, Sanitation and Hygiene (WASH)
Young Africa - Mozambique	600,000	Protection

4.2 Planning Figures

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER PROJECTS
Coordination and Camp Management	793K	478K	11.2M	4	4
Education	547K	342K	23.9M	15	15
Food Security & Livelihoods	1.4M	1.1M	245.9M	14	14
Health	1.1M	651K	19.5M	11	11
Nutrition	512K	333K	25.0M	10	11
Protection	1.6M	860K	57.0M	22	23
Shelter & NFIs	1.1M	688K	44.9M	10	10
WASH	1.4M	1.2M	45.7M	21	21
Coordination & Common Services	-	-	9.4M	3	6
Logistics			10.7M	1	1
Refugees Response	34K	34K	19.5M	1	1
Total	2.0M	1.6M	512.9M	55	117

4.3 Acronyms

5Ws	Who does What, Where, For Whom and When	HCT	Humanitarian Country Team
AAP	Accountability to Affected People	HIV	human immunodeficiency virus
ADIN	Agency for Integrated Development of the North	HLP	Housing, Land and Property
AIDS	Acquired Immunodeficiency Syndrome	HNO	Humanitarian Needs Overview
AoR	Area of Responsibility	HRP	Humanitarian Response Plan
CAI	Centro de Atendimento Integrado	IASC	Inter-Agency Standing Committee
CBI	Cash Based Intervention	ICCG	Inter Cluster Coordination Group
CCCM	Camp Coordination and Camp Management	ICCM	Integrated Community Case Management
CFM	Complaints Feedback Mechanism	ICRC	International Committee for the Red Cross
CFW	Cash for Work	IDP	Internally Displaced People
COVID-19	Coronavirus disease of 2019	IE	Inclusive Education
CP	Child Protection	IEC	Information, Education and Communications
CwC	Communication with Communities	iMB	integrated Mobile brigades
DHIS2	District Health Information System	INAR	National Institute for Refugee Support
DPE	Department of Provincial Education	INGO	International Non Government Organizations
DPT3	Diphtheria Pertusis Tetanus	IOM	International Organization for Migration
DRR	Disaster Risk Reduction	IPC	Integrated Phase Classification
DTM	Displacement Tracking Matrix	IRRs	Immediate Response Rations
eIDSR	electronic integrated disease surveillance and response	IYCF-E	Infant and Young Child Feeding in Emergencies
ERDIN	Education Resilience and Development for the North	MAM	Moderately Acute Malnourished
FFA	Food Assistance for Assets	MHPSS	Mental Health and Psychosocial Support
FSC	Food Security Cluster	MINEDH	Ministry of Education and Human Development
GAM	Global Acute Malnutrition	MOH	Ministry of Health
GBV	Gender Based Violence	MoPSE	Ministry of Primary and Secondary Education
GFD	General Food Distribution	NFIs	Non Food Items
		OCHA	Office for Coordination of Humanitarian Affairs
		ODF	Open Defecation Free

OHCHR	Office of the United Nations High Commissioner for Human Rights	TICC	Training in Crisis Context
PIN	People In Need	TLS	Temporary Learning Spaces
PLW	Pregnant Lactating Women	TWG	Technical Working Group
PRN	Nutrition Rehabilitation Programme	UASC	Unaccompanied or Separated Children
PSEA	Protection against Sexual Exploitation and Abuse	UN	United Nations
PSN	People with Specific Needs	UNFPA	United Nations Population Fund
PSS	Psycho-Social Support	UNHAS	UN Humanitarian Air Service
RRM	Rapid Response Mechanisms	UNHCR	United Nations High Commissioner for Refugees
SAM	Severely Acutely Malnourished	UNICEF	United Nations International Children's Emergency Fund
SBCC	Social and Behaviour Communication for Change	UNMMEIG	United Nations Maternal Mortality Estimation Inter-Agency
SCI	Service Civil International	VAC	Violence Against Children
SEA	Sexual Exploitation and Abuse	WASH	Water, Sanitation and Hygiene
SETSAN	Secretariat for Food Security and Nutrition	WFP	World Food Programme
SGBV	Sexual and Gender Based Violence	WHO	World Health Organization
SOPs	Standard Operating Procedures		
SRH	Sexual and Reproductive Health		
TB	Tuberculosis		

4.4

End Notes

1. IOM DTM Round16
2. Media Statement by the Human Rights High Commissioner 12 December 2022
3. WFP
4. Survival sex is a particular form of sexual exploitation where sex is exchanged for aid or assistance which is already owed to the local population.
5. District infrastructure service [Serviço Distrital de Infra-Estruturas]
6. Provincial Directorate of Public Works [Direcção Provincial de Obras Públicas]
7. Provincial infrastructure service [Serviço Provincial de Infra-Estruturas]
8. National Directorate for Water Supply and Sanitation [Direcção Nacional de Abastecimento de Água e Saneamento]
9. Water and Sanitation Infrastructures Administration [Administração de Infra-Estruturas de Águas e Saneamento]
10. Fund for Investment and Assets of Water Supply [Fundo de Investimento e Património do Abastecimento de Água]
11. Reservations have been made in relation to Elementary education and property, work permit, right to association, freedom of movement and residence and naturalization laws (art. 13, 17, 22, 26, 34). UNHCR - States parties, including reservations and declarations, to the 1951 Refugee Convention (07.12.2022).

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About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

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