

Mozambique

Consolidated Emergency Report 2021



Sofia Adolfo lives in an accommodation centre in Cabo Delgado with her children after fleeing when her house was attacked by armed groups

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Expression of Thanks

UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. These contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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List of Acronyms

AWD	Acute Watery Diarrhoea
C4D	Communication for Development
CERF	United Nations Central Emergency Response Fund
CHW	Community Health Workers
CMAM	Community Management of Acute Malnutrition
CP AoR	Child Protection Area of Responsibility
CSO	Civil Society Organization
ECHO	European Union Civil Protection and Humanitarian Aid Operations
FCDO	United Kingdom's Foreign, Commonwealth and Development Office (FCDO)
GAM	Global Acute Malnutrition
GBV	Gender-based Violence
GHTF	Global Humanitarian Thematic Funds
HAC	Humanitarian Action for Children
HIV	Human Immunodeficiency Virus
HPD	Humanitarian Programme Document
HRP	Humanitarian Response Plan
HPM	Humanitarian Performance Monitoring
IDP	Internally Displaced Persons
ICCG	Inter-Cluster Coordination Group
INAS	National Institute of Social Action
IPC	Integrated Food Security Phase Classification
IPC AMN	Integrated Phase Classification for Acute Malnutrition
LFC	<i>Linha Fala Crianca</i>
MUAC	Mid-Upper Arm Circumference
NGO	Non-governmental organization
PIN	Integrated Package for Nutrition
PSEA	Prevention of Sexual Exploitation and Abuse
SAM	Severe Acute Malnutrition
SAMIM	Southern Africa Development Community Mission in Mozambique
SDC	Swiss Agency for Development and Cooperation
SEA	Sexual Exploitation and Abuse
SRSP	Shock Responsive Social Protection
UN	United Nations
UNICEF	United Nations Children's Fund
	United States Agency for International Development's Bureau for Humanitarian Assistance
USAID/BHA	
WASH	Water, Sanitation and Hygiene Promotion
WFP	World Food Programme

Executive Summary

In 2021, UNICEF responded to several humanitarian crises, some from previous years including COVID-19 and the conflict-related displacement in the north, as well as Cyclone Eloise which struck Mozambique in January 2021. To respond to the increasing needs, as a result of both the cyclone and the conflict, UNICEF Mozambique revised the Humanitarian Action for Children (HAC) appeal mid-year, increasing the request from \$52.8 million to \$96.5 million. The “Level 2” emergency declaration was extended in 2021 allowing UNICEF to continue mobilizing corporate resources to advance UNICEF’s response.¹

The situation in Cabo Delgado and neighbouring provinces changed through 2021 multiple times. First, the attack on Palma District and the additional attacks on civilians led to an increase in the IDP population from 669,256 people in December 2020 to 735,334 in November 2021, of whom 59 percent are children.² Second, the arrival of Rwandan and Southern Africa Development Community (SADC) security forces in mid-2021 enabled the Government to reoccupy locations inaccessible for extensive periods of time—for example Mocimboa da Praia District which had been under control of non-state armed groups for approximately two years. Armed forces aligned with the Government of Mozambique continue to carry out clearance operations, however, insurgents continue to carry out attacks on civilians and clash with Mozambican state forces, local militias, and foreign troops. As in other conflict crises, violence against children including killings, maiming, abductions, and recruitment and use of children, is reported.

Public health concerns persisted in 2021 with the continued impact of COVID-19 and smaller outbreaks such as cholera. Mozambique has reported a total of 189,080 COVID-19 cases since the start of the pandemic³. With UNICEF support, the country received significant quantities of COVID-19 vaccines and as of 31 December, nearly 6.5 million people were fully vaccinated⁴.

All of UNICEF’s response activities were coordinated with the government and interagency stakeholders. UNICEF continued to lead the Nutrition, Education and WASH clusters, as well as the Child Protection Area of Responsibility. Key constraints to the response included access limitations, limited partner capacity, lack of sufficient and flexible funding. Despite these challenges, UNICEF made great strides in alleviating human suffering throughout affected provinces.

UNICEF’s 2021 Humanitarian Action for Children appeal requested \$96.5 million to provide lifesaving and life-sustaining services for children and their caregivers in Mozambique. In 2021, UNICEF received \$27.5 million for its humanitarian response from the Governments of Canada, Italy, Japan, Norway, Sweden, the United Kingdom, and the United States, the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), Education Cannot Wait, The Global Vaccine Alliance, Japan National Committee for UNICEF and the UN’s Central Emergency Response Fund. UNICEF Mozambique received \$5 million in fully flexible humanitarian funding from UNICEF’s global humanitarian thematic account to meet urgent and unfunded needs.

UNICEF’s achievements are detailed in the report below, but highlights include vaccination of 1.1 million children under 15 years against measles-rubella; access to primary health care services by nearly 320,000 children and women; providing vitamin A supplementation to over 1.6 million children 6-59 months, screening over 500,000 children for malnutrition, supporting birth registration of over 57,300 children, helping nearly 22,400 children with mental health and psycho-social support, providing learning materials to over 330,000 children, ensuring nearly 261,000 people had access to safe water, and reaching over 3.7 million people with key behaviour change and lifesaving messages through radio, television, and community mobilizers. UNICEF expanded initiatives on PSEA, and reinforced coordination structures to ensure crisis-affected populations had access to reporting mechanisms and assistance. UNICEF continued to work with the World Food Programme to support the ‘Linha Verde’, a toll-free hotline used as a feedback mechanism for beneficiaries and scaled up child rights monitoring.

¹ The determination of a Level 2 emergency is made based on scale, urgency, complexity, and capacity of the Regional Office (RO) and Country Office (CO) affected by the crisis. Level-2 emergency response indicates that the country office needs additional support from other parts of the organization (HQ, RO, other CO) to scale up and respond to the crisis.

² <https://dtm.iom.int/reports/northern-mozambique-crisis-%E2%80%94-dtm-baseline-assessment-report-round-14-november-2021>

³ *ibid*

⁴ <https://covid19.ins.gov.mz/wp-content/uploads/2021/12/Comunicado-de-Imprensa-COVID-19-31.12.2021-VF.pdf>

Humanitarian Context

In 2021, Mozambique faced three crises: the conflict in the North, the COVID-19 pandemic, and occurrence of rapid onset events such as Cyclone Eloise and disease outbreaks in central and northern Mozambique. The conflict deteriorated significantly, particularly in Cabo Delgado due to increased security incidents in the province leading to additional displacement. From January to September 2021 the number of internally displaced persons (IDPs) increased 8.2 percent reaching a total of 744,949 people displaced which 59 percent were children⁵. Approximately 89 percent of the IDPs remained in Cabo Delgado with others principally in Nampula province. The first half of 2021 was marked by a large attack by non-state armed groups on 24 March in Palma town resulting in the destruction of government buildings and vital infrastructure, and displacement of over 100,000 people from Palma to neighbouring districts. The year finished with the spill over of attacks by insurgents in the neighbouring province of Niassa. Attacks were reported for the first time in Mecula District of Niassa Province leading to the displacement of 3,741 people which 46 per cent were children⁶. While some of these displaced have returned to their village to rebuild, others have travelled to resettlement centres in districts of Cabo Delgado. Main needs reported by the displaced population in all locations continue to be identified as shelter, food, non-food items, access to water, and education opportunities in both resettlement sites and host communities. Access to civil registration documents (e.g., birth registration), protection services for children and, psychosocial support are other prevailing needs in conflict-affected areas.

As populations are displaced multiple times, their resources, as well as those of the host community, are becoming exhausted. Local services and systems are overwhelmed by the increase in populations. Nearly half of the health facilities in Cabo Delgado have closed, and lack of sufficient personnel or required equipment/supplies further hamper the government's ability to provide adequate health and nutrition services. Education facilities have been similarly overstretched with schools overflowing. Due to the increasing number of children in existing schools, and COVID-19 spacing requirements, many schools continue to work in shifts with children getting less than optimal allotments of time in classrooms.

An important development in the Cabo Delgado context was the arrival of Rwandan and Southern Africa Development Community (SADC) security forces which enabled the Government to reoccupy locations inaccessible for months or years and disburse some of the insurgent bases. Troops conducted clearance operations moving insurgents out of areas where they established bases and where the government had little or no presence. However, insurgents continue to carry out attacks on civilians and clashes with Mozambican state forces, local militias, and foreign troops. Though troops were originally deployed for a period of three months, their missions have been extended into 2022.

In addition to the conflict, the country was hit by a category III storm, Cyclone Eloise, on 23 January affecting mainly the central region. According to the National Institute for Disaster Management and Risk Reduction (INGD), Cyclone Eloise affected 441,686 people in five provinces, resulting in 11 deaths, over 30,000 people displaced, and destruction of vital infrastructure including 79 health facilities, over 700 classrooms, and roads and houses. The hardest hit was Sofala Province with 366,630 people affected and seven deaths. Over 70 per cent of the displaced were hosted in temporary accommodation centres or resettlement sites. This event aggravated the already strained humanitarian situation in the country and demanded the reallocation of limited funding to respond to the needs of the affected population. For those who returned, support to restore services was required. For those who moved to resettlement sites, essentially a totally new village, the installation of all new services from shelter, health, education to water and sanitation services.

The COVID-19 pandemic significantly affected the country in 2021 with three significant waves throughout the year: January-February, June-July (Delta variant) and December (Omicron variant) which led to a swift increase of COVID-19 cases, hospitalizations, and deaths⁷. Mozambique has had a total of 189,080 COVID-19 cases since the start of the outbreak pandemic with 7,586 people hospitalised, and 2,000 deaths reported⁸. Most cases were concentrated in Maputo city and surroundings, and the most affected age group is between 25-34⁹. The

⁵ <https://dtm.iom.int/reports/northern-mozambique-crisis-%E2%80%94-dtm-baseline-assessment-report-round-14-november-2021>

⁶ <https://dtm.iom.int/reports/northern-mozambique-crisis-%E2%80%94-flash-report-3-%E2%80%94-displacements-mecula-sede-31-december-2021>

⁷ <https://covid19.ins.gov.mz/wp-content/uploads/2021/12/Comunicado-de-Imprensa-COVID-19-31.12.2021-VF.pdf>

⁸ <https://covid19.ins.gov.mz/wp-content/uploads/2021/12/Comunicado-de-Imprensa-COVID-19-31.12.2021-VF.pdf>

⁹ <https://covid19.ins.gov.mz/wp-content/uploads/2021/12/Boletim-Diario-654.pdf>

country received significant quantities of COVID-19 vaccines in 2021 and comprehensive COVID-19 vaccination campaigns occurring throughout the country.

In 2021, food insecurity conditions remained with challenges including armed conflict limiting access to productive lands, rainfall irregularities, increased food prices and COVID-19 restrictions preventing employment opportunities. As of the end of 2021, an estimated 1.9 million people were rated as having high levels of acute food insecurity and in need of humanitarian assistance¹⁰.

Humanitarian Results

Health and Nutrition

HEALTH	UNICEF 2021 Target	UNICEF Total Results
# of children under 5 years received mosquito nets (2 mosquito net/family)	165,114	19,311
# number of children under 15 years receiving measles rubella vaccine during child health days	412,954	1,101,591
# children and women accessing primary health care in UNICEF-supported facilities	465,300	319,931

NUTRITION	UNICEF 2021 Target	UNICEF Total Results	Cluster 2021 Targets	Cluster Total Results
Number of children 6-59 months receiving routine vitamin A supplementation	312,480	1,606,061	312,480	1,606,061
Number of children 6-59 months screened for acute malnutrition (using MUAC)	540,765	500,576	540,765	500,576

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary

To respond to the critical nutrition needs of children and caregivers most impacted by emergencies, UNICEF strengthened partnerships with district health authorities and partnered with international non-governmental organizations (NGOs), allowing for an expand technical presence in 43 conflict and cyclone-affected districts of Cabo Delgado, Nampula, Niassa, Sofala, Manica and Zambézia provinces. UNICEF provided training, mentoring, health and nutrition supply procurement and delivery support to health facilities to improve quality care of key health, nutrition and HIV services, including severe wasting, also called acute malnutrition. In parallel, through emergency grants from the United Nations Central Emergency Response Fund (CERF), United States Agency for International Development's Bureau for Humanitarian Assistance (USAID/BHA), the Directorate-General for European Union Civil Protection and Humanitarian Aid Operations (ECHO), Sweden and Japan National Committees for UNICEF, UNICEF supported the scale-up of health and nutrition services delivered by more than 213 integrated mobile brigades supported community health workers (CHWs) in the delivery of curative services for diarrhoea, pneumonia, and malaria. In addition, the brigades and CHWs support the implementation of the community management of acute malnutrition (CMAM) approach in 27 communities. HIV retention and peer-to-peer support services reached 2,052 women, including adolescent girls. UNICEF also supported the Ministry of Health with supplies and tents for mobile brigades, static clinics, and temporary clinics to improve the access of people on the move and host families to appropriate medical care in response to Cyclone Eloise as well as conflict-related needs and displacement.

Through nutrition-specific services in the northern provinces, 441,068 children 6 to 59 months were reached with nutrition screenings, 8,921 children under five with lifesaving treatment for severe wasting, over 1.5 million children 6 to 59 months with vitamin A supplementation, and 76,061 caregivers with counselling, cooking demonstrations and education sessions on infant and young child feeding practices. The Integrated Package for Nutrition (PIN) was implemented in 275 nutrition sites for malnutrition prevention, treatment and promotion through a network of 60 community health workers and 296 community activists.

¹⁰ <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155342/?iso3=MOZ>

In Sofala and Manica, children and caregivers affected by cyclones received health and nutrition services through UNICEF's support to health facilities and 186 integrated mobile brigades. Services reached 60,000 people and results include 1,128 sick children treated, 11,915 children fully immunized and 1,312 HIV-positive pregnant women receiving antiretrovirals. Moreover, 46,766 children under five years received nutrition screenings and referrals where needed. 405 children received treatment for severe acute malnutrition. Vitamin A supplementation was delivered to 37,901 children 6 to 59 months, deworming was provided to 30,156 children 12 to 59 months, and 632 children aged 6 to 23 months were provided micronutrient powders. Nearly 21,900 caregivers received counselling on infant and young child feeding (IYCF) and education sessions for improved breastfeeding practices and optimum dietary diversity for malnutrition prevention.

Public Health Emergencies

UNICEF supported cholera responses in Cabo Delgado, Nampula and Sofala provinces by providing acute watery diarrhoea (AWD) kits and tents for case management and support to case investigations. Cholera vaccination campaigns were also conducted between August and November in Cabo Delgado, reaching 57,433 people, of whom 61 per cent were children 5 to 14 years. In Nampula, support was provided to Mecufi District for the outbreak in the district. In Sofala province, a cholera outbreak was declared in Caia District in September, with 177 people testing positive. UNICEF delivered 10,076 cholera response items, including tents, medical gloves, protective goggles, AWD kits, and the international emergency health kit.

UNICEF supported a measles-rubella immunization campaign in Cabo Delgado between 22 and 27 March reaching 248,130 children between six months and 15 years. The intervention—reaching both IDPs and host communities—was implemented by government health directorate teams with UNICEF providing technical assistance and 100,000 doses of the vaccine.

COVID-19 response

UNICEF provided ten provinces with personal protective equipment, pulse oximeters, infrared thermometers, surgical masks and gloves and other supplies as part of the COVID-19 response in Cabo Delgado, Sofala, Manica and Zambézia provinces, reaching 6,364 health workers. UNICEF also supported the arrival and cold chain management of more than 25 million doses of COVID-19 vaccines in Mozambique by the end of 2021 through the COVAX initiative. Technical and financial support for cold chain management included transport and storage at the national and sub-national levels and operational costs to support health workers in all 11 provinces.

Main challenges and lessons learned

All of the activities were implemented in a context of significant disruption of health and nutrition services with low coverage (<20%) of wasting treatment due to limited access and availability of health facilities in conflict areas. Innovative approaches such as the use of simplified protocols were implemented to address such challenges. Another critical challenge faced by nutrition partners was the pipeline break of lifesaving nutrition supplies due to delays in procurement processes as a result of COVID-19 restrictive measures and limited funding availability, with less than 50 percent of funding mobilized for the nutrition humanitarian response.

The rapidly changing conflict dynamics required robust approaches to ensure humanitarian access as it was challenging to reach affected populations in some districts. In the support provided to communities and UNICEF's role in community-based work, community health workers were found to be vital in the re-establishment of services and a focus of the response. In addition, as Mozambique remains highly vulnerable to climate change impacts, it becomes important to ensure preparedness to resume health services quickly and ensure access to nutritious foods to reverse extreme vulnerability. Key messages to promote proper nurturing practices, particularly feeding practices for children and pregnant or breastfeeding women, should be strengthened, and multi-sectoral programs that promote asset creation and income-generating activities, including agriculture, should be reinforced with a nutrition-sensitive approach. Additional funding is needed to increase the prevention of all forms of malnutrition, including integrated multi-sectoral and climate change resilient programs.

Nutrition Cluster Coordination

Increased internal displacements due to the conflict in Cabo Delgado and parts of Niassa province, coupled with erratic rainfalls and COVID-19 restrictions worsened nutrition and food insecurity in Northern Mozambique, requiring comprehensive nutrition assessments to generate evidence which could guide the humanitarian response and support fundraising efforts.

UNICEF supported led the nutrition cluster efforts to conduct rapid nutrition surveys using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology—recommended for rapid assessment of acute emergencies—in seven districts and in four IDP sites in Cabo Delgado. This allowed estimates of wasting and morbidity rates among conflict-affected children and women. The survey was preceded by a multistakeholder workshop for analysis of the survey results using the Integrated Phase Classification for Acute Malnutrition (IPC AMN) approach. According to the IPC AMN classification, for the lean season (October 2020 – February 2021), eight districts and two IDP sites were classified as in Alert, and five districts and one IDP site were classified as Acceptable (IPC AMN Phase 1). However, related projection analyses forecasted that by the end of January 2022, the situation would worsen in all areas if no major and significant protecting factors were provided. The same IPC analysis indicated that about 74,700 children aged 6 to 59 months are affected by wasting of which nearly 27,400 with severe acute malnutrition (SAM) and 47,300 with moderate acute malnutrition (MAM). Similarly, about 22,000 pregnant or breastfeeding women are expected to be acutely malnourished by January 2022.

As part of the response to the situation, the Nutrition Cluster implemented a two-pronged humanitarian/development nexus approach for prevention and treatment of malnutrition, focusing on expanding access to lifesaving nutrition services, coupled with resilience-building interventions to support affected communities and increase their capacity to cope with the humanitarian situation. Working closely with the health and WASH sectors, the nutrition response supported the expansion of life-saving nutrition interventions through health facilities where they exist and established outreach activities among the IDPs and underserved host communities.

As technical lead for nutrition in emergencies, UNICEF facilitated the coordination of the Nutrition Cluster in Mozambique, leading 12 cluster coordination meetings at the national level, and 24 meetings at the subnational level in Cabo Delgado, ensuring improved coordination, synergies, and joint resource mobilization. The end-year cluster meeting was facilitated through a two-day workshop in Maputo, with the participation of Cabo Delgado and Nampula cluster members, which allowed us to conduct a thorough end-year review of the cluster response plan implementation in 2021, reflect on key challenges and areas for improvement. The workshop allowed also to draft the humanitarian needs overview (HNO) and the humanitarian response plan (HRP) for 2022, with a focus on improved coordination and articulation, using a joint work plan to monitor response. Similarly, cluster members recognized the need to increase visibility and joint advocacy actions through quarterly dashboards and information management products.

Water, Sanitation and Hygiene Promotion (WASH)

	UNICEF 2021 Target	UNICEF Total Results	Cluster 2021 Target	Cluster Total Results
Number of people with access to sufficient quantity of safe water	567,233	260,978	850,000	373,875
Number of people with access to appropriate sanitation facilities in accommodation centres, communities and institutions	166,833	79,185	250,000	148,138
# of people reached with critical WASH supplies (including hygiene items) and services	400,000	113,778	400,000	418,519

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary

UNICEF and the WASH cluster have responded actively to all emergencies in the country, although the lack of funding and the insecurity situation in the northern part of Cabo Delgado prevented reach to the planned targets. The WASH section of UNICEF required US\$22.5 million for humanitarian action in Mozambique, but received only \$9 million. The majority of these funds were allocated to the Cabo Delgado conflict crisis, while cholera and Eloise responses were funded solely by Global Humanitarian Thematic. Despite the 60 per cent funding gap, UNICEF reached nearly 50 per cent of the targets related to water supply and sanitation, and 28 per cent of the target for critical hygiene supplies. The latter is due in part to the high cost of hygiene kits, as well as the change in the strategy of distributing WASH supplies to quarantined people, considered as not

relevant in the COVID evolving context. However, these reductions in UNICEF's provision of hygiene supplies were compensated by the cluster, which achieved 105 per cent of the planned target for hygiene supplies.

Conflict in Cabo Delgado

In Cabo Delgado, the activities were focused on providing emergency and more durable WASH services in 40 IDP sites in the southern districts of the province where the majority of the IDP caseload resides. Activities included installation of hand pumps, urban network extension, new solar water systems, construction of emergency latrines, promotion of household latrines and hygiene promotion. Following the significant displacements in March 2021, UNICEF provided critical WASH support in Mueda District. UNICEF also initiated urban programming in Pemba in support to the local water utility, given the addition of approximately 200,000 IDPs now living in the city. UNICEF has prioritized funding from the United Kingdom's Foreign, Commonwealth and Development Office (FCDO) for infrastructure to cover IDPs in the province of Nampula, a lower priority for most donors.

Cholera

A cholera outbreak affected the southern districts of Cabo Delgado and several districts of Nampula from January to April. UNICEF responded to the 3,000 cases by amending the ongoing partnerships with several WASH partners who distributed cholera kits and supported the district health authorities to set up rapid response teams to visit the houses of the cases reported at the cholera treatment centres (CTCs).

Tropical Cyclone Eloise

UNICEF partnered with four international partners to provide sanitation and hygiene services in resettlement centres of Sofala and Manica provinces, while new water points were completed through amendments to ongoing contracts. The lack of funding prevented UNICEF from hiring permanent staff to ensure a higher quality of technical support and monitoring as well as cluster coordination. As a result, UNICEF compensated with a succession of short-term deployments and suffered human resource gaps. In some IDP resettlement sites, where the population has been affected by two successive cyclones, UNICEF found it difficult to mobilize engagement for sanitation activities. As a lesson learned, in this type of context, working through international NGOs on hygiene and sanitation is not necessarily the best approach; working through local NGOs and the government should be upscaled. UNICEF worked directly with a local NGO for the Eloise response in Sofala with good quality interventions, but very delayed financial processes which hampered work.

Response Innovations

UNICEF continued to distribute and monitor the pilot latrine disability add-on kits, and distributed new 'elephant taps' which are currently being used and monitored by partners. UNICEF is also developing local long-term agreements to build and box a) emergency WASH kits for Temporary Learning Spaces and health clinics, b) family cholera kits, and c) survival hygiene kits.

COVID-19 WASH response

UNICEF utilized funding from the Swiss Agency for Development and Cooperation (SDC) and USAID to support financial losses experienced by public and private water network operators as a result of COVID-19. The SDC project rehabilitated WASH infrastructures in and around 20 health posts and five schools, distributed supplies to 200 health clinics and schools, and provided permanent handwashing stations, sensitization and WASH supplies in 10 markets and transport hubs in Maputo. The USAID project supported 300 water operators supporting two million indirect beneficiaries all over the country. These beneficiaries were not counted as part of UNICEF's HAC results due to difficulty in verification processes.

Nexus Activities

To ensure sustainability of UNICEF's emergency WASH activities, the team, whenever possible, ensured IDPs were covered with durable water and sanitation solutions, in particular solar water systems and household latrines. UNICEF has started to distribute hygiene items through vouchers and local suppliers in Sofala, and is planning to upscale this in Cabo Delgado, piggybacking on existing agency voucher systems where possible. In 2022, UNICEF will focus on the integration of urban IDPs into existing water and sanitation systems, setting up progressive payments for water to support operations and maintenance, or improving the resilience of water points and systems to climate-related shocks.

WASH Cluster Coordination

The WASH cluster is considered one of the strongest clusters in Mozambique. It has an elaborate information management system, a new 5W format which tracks indicators for the HAC and strategic monitoring questions for cluster reporting systems. The WASH cluster was also the first one to set up a system of decentralized coordination in Cabo Delgado, with WASH Cluster district focal points funded by UNICEF. Given the complexity of the situation and the increasing needs, UNICEF hired a WASH cluster coordinator for Cabo Delgado to improve the communication and capacity-building with local government and partners.

Child Protection

	UNICEF 2021 Target	UNICEF Total Results	Cluster 2021 Target	Cluster Total Results
Number of children who receive case management services	37,100	5,530	37,100	5,530
Number of children (re)issued with birth registration	70,000	87,213	70,000	87,213
Number of children who have access to psychosocial support through child-friendly spaces and schools	175,000	22,393	175,000	22,393

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary

2021 has been shrouded in increased attacks by non-state armed groups. The dynamics of the conflict shifted following the intervention of foreign forces including the Rwanda Defence Forces and the Southern Africa Development Community Mission in Mozambique (SAMIM) in July 2021. Continued large-scale displacements increased child protection concerns particularly related to family separation and unaccompanied children. Escalating violence, combined with climatic shocks and pre-existing vulnerabilities in Cabo Delgado, including poverty, marginalization and harmful social and gender norms, has resulted in a serious child protection crisis. Adolescent girls and boys face specific protection risks during the conflict, with boys aged 13 to 17 years old at heightened risk of conflict-related violence including abduction, killing, recruitment and sexual violence, while adolescent girls have been particularly targeted for kidnapping. As more areas became accessible in late-2021, after months under the control of non-state armed groups, reports increased regarding the use of children by non-state armed groups and of violations, including abduction and sexual violence.

UNICEF made progress in reaching the targets with the limited resources available and increased the coverage of the child protection emergency response. With a limited workforce and system in place to deal with a protection crisis of this volume, it has been challenging to fully achieve the desired targets. UNICEF Child Protection faced a 67 per cent funding gap which significantly hampered the response. Systems building in case management was a priority and yielded positive results. The Child Protection programme grew from two to six partners by the end of the year, establishing a presence in six districts of Cabo Delgado and two in Nampula to respond to the crisis in the North. This same focus is now being targeted at family reunification systems strengthening and developing response services for children who have been impacted by, or used in, the conflict. Social workers have received additional training and have been responding to the needs of unaccompanied and separated children identifying 2,733 children who require tracing services or alternative care. UNICEF has supported the training of 100 foster families to act as a family-based alternative care option. UNICEF also expanded staff to support partners in child rights monitoring and response through community-based approaches.

Regarding case management, the programme did not reach targets set due to the limited numbers of partners ready to respond, limited technical capacity and limited existing systems in place. To tackle this issue, the Child Protection team—as part of the Case Management Taskforce—harmonized the child protection case management tools in use in Cabo Delgado to provide a coherent approach to case management. Training and capacity building of social workers in five districts showed greater results toward the fourth quarter of 2021 with approximately 3,000 children being identified for support services in response to violence against children.

Birth registration campaigns across five districts of Cabo Delgado was a remarkable success, exceeding targets. In 2021, a five-month birth registration campaign, in partnership with provincial justice and labour officials, was

implemented across Cabo Delgado reaching 87,213 IDPs of which 43,457 were children. As a result, prevention of child protection risks is improved, and families now have increased access to services.

Targets related to psychosocial support were not reached due in part to lack of funding to develop temporary safe spaces resulting in many activities being run under trees or in open spaces, which were then unable to continue during the rainy season. Recreational play activities attracted good participation from both girls and boys, however the lack of a harmonized data collection system means data was not disaggregated by age and gender.

Lessons learned

In setting targets for the response, the Child Protection team was ambitious compared to existing structures available which were not equipped for the scale of the response needed. The Child Protection team also faced gaps in staffing and consistent technical support. The team now has dedicated staff in place who have the appropriate technical expertise to take the programme forward. The foundation has been set with a scale-up of partners, including three local partners, and a capacity-building approach is in place to link government institutions to the humanitarian response. It has been key to ensure that the Government is leading the process and ensuring co-leadership of the Child Protection sector was key in defining the approach. Building on the Government workshop that pulled together government actors from the three northern provinces ensured joint programming and harmonized approaches and is a modality that will be continued into 2022.

Innovation

UNICEF has partnered with two disability-focused agencies that have been instrumental in training partners in inclusion methods. There has been a marked increase in inclusive approaches and activities within case management and community-based psychosocial activities. Through specialized partners, UNICEF supported 480 children with disabilities to access relevant specialized services and assistive devices. In addition, 416 children with disabilities received child protection case management support while 437 children were engaged in psychosocial support activities.

UNICEF supported the *Linha Fala Crianca* (LFC)—or Child Help Line—with the opening of a new office and call centre in Cabo Delgado to facilitate easier access for children in the North. Between January-September 2021, the LFC received 97,383 calls nationwide. The highest number of calls were received from Maputo 17%, Nampula 16% and Cabo Delgado 11%. UNICEF also supported the LFC to develop and disseminate a trend analysis on Child Marriage (2018-2020) and on sexual violence.

Child Protection Area of Responsibility

Over the course of 2021, UNICEF increased the membership of the child protection area of responsibility (CPAoR) to 18 members who regularly contribute information and data. The CPAoR is co-led by the Government Institute of Social Action. Under the CPAoR, the Case Management Taskforce has been established that has contributed to the harmonization of case management tools and approaches. The Child Rights Monitoring Work Group is also now working to promote monitoring and verification of reported violations of child rights.

Education

	UNICEF 2021 Target	UNICEF Total Results	Cluster 2021 Target	Cluster Total Results
# children receiving individual learning and personal hygiene materials	248,291	330,476	348,335	625,212
# children/adolescents accessing skills development programmes	60,721	964		

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary

In the Education sector, UNICEF has supported children affected by emergencies with EiE supplies and services. Precisely, 330,476 children (153,216 girls) received basic learning materials and personal hygiene kits and 43,298 children (21,129 girls) received Psycho-Social Support (PSS). Moreover, 98,355 children were directly supported with distance/home-based learning through UNICEF and an additional 1.5 million were reached indirectly

through community radio and TV-Escola programmes produced through UNICEF support. Over 100,000 children got access to education through Temporary Learning Spaces (TLS) or through rehabilitated classrooms.

UNICEF was less successful in reaching the target set for children and adolescents accessing skills development programmes. Prior to 2021, UNICEF was not engaged in second-decade emergency activities. The office indicated an ambitious target of reaching over 60,000 adolescents. However, UNICEF managed to mobilize additional funding only towards the end of 2021 to launch in 2022. Additionally, the length and high unit costs of the project per beneficiary contributed to the limited reach of activities. The skills development programme is for a period of eight months, with six months of training and two months of on-the-job training. Due to the scope and length of the skills development, the costs are calculated at \$260 per youth. Additional to the professional skills training the course included training adolescents in psychosocial support, training of trainees in associative participation, income generation, and prevention of sexual exploitation and abuse (PSEA).

The life skills programmes pave the way for the inclusion of youth in learning a profession and inclusion in the labour market. At the same time, it serves as a prevention for young people to engage in violent groups for economic reasons. However, the gradual withdrawal of women during the training process due to pregnancy, marriage and or other domestic issues was a significant challenge. As a result, drop-outs were replaced which resulted in the delay of the learning by the new entrants and required a catch-up effort for both learners and instructors.

Based on empirical evidence collected during visits, and assessments with the trainers it was found that many girls in the age group 13 – 18 years are already mothers or were pregnant and/or taking care of their family. The family responsibilities prevented girls to participate in the skills development programme.

Table 1: Adolescents participating in skills development programme (2021)

District	Male	Female	Total per province
Ancuabe	175	75	250
Chiure	280	90	370
Montepuez	264	75	339
Total per gender	719	240	959

The above results were achieved from the collaboration between the implementing partners, Helvetas, the provincial directorate of education and UNICEF, from the planning, implementation and monitoring of activities. The implementation of the skills development programme for children and adolescents is a new approach for UNICEF Education in Mozambique.

Education in Emergencies Cluster

UNICEF coordinates the Education in Emergencies Cluster with the Provincial Directorate of Education. The cluster played an important role in coordinating the partners to improve efficiencies and avoid overlapping activities. The cluster worked both in the crisis response in the north as well as in response to cyclone activities in central provinces and participated in interagency assessments and advocacy for support to rebuild and restart education activities as quickly as possible. Data collection and management remain a challenge both at the national and sub-national levels as generally only government figures are available.

Social Protection

	2021 target	Total results
# households reached with unconditional cash transfers	70,500	29,457

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary

During 2021, UNICEF in partnership with the Ministry of Gender, Children and Social Action (MGCAS) and the National Institute of Social Action (INAS) supported the shock responsive social protection (SRSP) and cash transfer system to support IDPs in resettlement camps and within host families in Chiure District. The intervention reached 4,839 households with 9,000 Meticals (about \$140), delivered in two tranches, to support

family income, purchase of household necessities and access to social services during the relocation process. This SRSP intervention represented the first government-led cash transfer targeting IDPs and served as a key learning experience for the Social Protection sector in Cabo Delgado. UNICEF and partners will use the lessons learned to improve and inform future implementation of programmes as well as for advocating for SRSP and cash transfers to IDPs and host communities. Despite this progress, the social protection response in Cabo Delgado remained significantly underfunded in 2021, hindering the achievement of planned results.

Additionally, UNICEF, together with the World Food Programme (WFP), supported the Government in the delivery of cash payments within the government’s SRSP to COVID-19 in two districts of Tete and Zambézia provinces. During 2021, the intervention reached 16,075 and 8,582 households, respectively, to help meet household needs arising from the economic shocks of the pandemic. An additional 68,000 households have been registered in Zambézia Province for assistance in the first half of 2022. Cash transfers are made using digital payments to avoid big gatherings of people, improve flexibility, financial inclusion and to ensure access to benefits, which is critical for displaced households or those at risk of displacement.

Within this intervention, UNICEF and WFP jointly supported technical assistance to the government to ensure transparency and appropriate targeting, funding of mobile payments. Additionally, UNICEF created and delivered social behaviour change messages related to health, nutrition, prevention of gender-based violence (GBV), WASH, gender empowerment, Sexual Exploitation and Abuse (SEA) and improving referrals to other services to beneficiaries and communities. Messages were disseminated through radio spots, community committees, and social mobilizers during registration and payment activities in collaboration with the local civil society organisations. Lastly, the tool-free feedback and complaints mechanism was supported to ensure any cases of mistargeting, or abuse could be reported while also allowing any caller to seek clarifications on the assistance provided.

While UNICEF aimed to reach about 70,000 beneficiaries in 2021, payments were delayed due to several challenges. Firstly, the Government signing of a contract with mobile payment operators and procurement of cell phones took much longer than anticipated. To avoid further delays, UNICEF and partners advocated for alternative payment modalities, to ensure the funds reached beneficiaries as soon as possible. Additionally, the increased number of beneficiaries enrolled in the INAS programmes due to the pandemic resulted in the massive additional workload of the institution, further resulting in the inability of the INAS to maintain routine payments for regular social protection programmes.

The SRSP programme highlighted the importance of the flexibility and adaptability required to address evolving and overlapping humanitarian crises. The intervention further demonstrated the challenges of coordinating multiple actors and the full process, from registration to payments, involves many complicated steps, which increases the risks of human error.

Social and Behaviour Change and Adolescent Participation

	UNICEF 2021 Target	UNICEF Total Results
Number of people reached with key lifesaving and behaviour change messages	2,511,415	3,763,419
# of adolescents and young people engaged in sharing lifesaving and protective information and promoting uptake of services	42,000	10,183

Results are achieved through contributions against appeals, as well as resources from UNICEF’s regular programmes where necessary

COVID-19 Response

UNICEF continued to support the government in co-leading the Risk Communication and Community Engagement pillar of the COVID-19 Strategic Response Plan. UNICEF’s direct support assisted in the rollout of activities focused on promoting preventive practices such as physical distancing, wearing masks in public and closed spaces, and hygiene promotion—especially handwashing with soap. These activities were promoted

using a range of media and community platforms including community leaders, religious leaders, outreach workers, and reinforcement through radio and television spots and programmes and social media platforms.

In 2021, the promotion of the COVID-19 vaccine was a priority for the national response. In support of these priorities, UNICEF continued to conduct rapid knowledge, attitudes and practices surveys with disaggregated data by sex, age and geography, perception of vaccine uptake survey using the behavioural drivers' model, and media consumption of COVID-19-specific spots and rumour management through social listening tools. Surveys showed between 74-92 per cent of respondents' willingness to be vaccinated.

Key results include reaching close to 4 million people through different platforms, 19,00 community and religious leaders trained to reinforce the promotion of preventive practices disseminated via television, radio, social media and outreach workers. Mass media campaign assessments conducted in the last quarter indicate that 14% of people older than 15 years or about 784,000 were reached and of these 98% recall at least one spot promoting COVID-19 preventive practices.

Displacement Response

In response to the immediate need for life-saving information, promotion of preventive and protective practices was prioritized among IDPs in resettlement sites and in host communities. UNICEF engaged civil society organization (CSO) partners in addition to working with provincial community radios, multi-media units and networks of religious leaders. The focus was on an integrated package of behaviours such as prevention of communicable diseases (cholera, diarrhoea, malaria), family practices including nutrition, immunization and care-seeking, and protection from violence, including child marriage. Revitalization of health committees to promote these practices together with media and other outreach efforts helped reach and engage 570,000 IDPs. Accountability to Affected Populations and PSEA were integrated by CSO partners in its outreach efforts in addition to promoting the national hotline, Linha Verde.

For adolescents impacted by the conflict in Cabo Delgado, a multi-sectoral programme with education and child protection was rolled out with CSO partners in a new initiative piloted by the office. Results included the establishment of 50 temporary adolescent-friendly safe spaces in three districts of Cabo Delgado engaging almost 8,000 young people, the majority of whom were adolescent girls. Of these, 6,962 accessed sexual reproductive health and gender-based violence services offered by mobile brigades. Through the partnership, 499 youth leaders were trained in leadership, communication skills and management of activities in the safe spaces.

Lessons Learned

Having prepositioned partnerships and supplies—including with government-led community radio and outreach platforms, CSO partners to rapidly adapt on-going programming to respond to emergency response, and pre-positioned materials for distribution is critical. COVID-19 risk communication and community engagement response helped increase use of a range of rapid social data collection tools to routinely adjust national communication plans. Not having a functional government or media reporting system related to reach, engagement and monitoring of behaviours makes it harder to report monthly progress. Ad-hoc surveys or partner reports are helpful to address this gap, but these approaches are not systematic or sustainable.

Prevention of Sexual Exploitation and Abuse

As part of the efforts to strengthen knowledge of UNICEF personnel on PSEA, different training and awareness-raising activities were conducted in 2021. An office-wide approach to the PSEA Action Plan 2021 was adopted. To support implementation and follow-up, and to report on the status of the activities, all relevant sections nominated PSEA Resource Persons. The Resource Persons, with the PSEA dedicated staff and the Deputy Representatives, composed the PSEA Committee which held six meetings in 2021. Several training sessions on operational and programmatic risks of sexual exploitation and abuse (SEA) were provided to the Resource Persons, Head of Sections, and extended to other team members. The content was tailored for each section considering their specific activities and appropriate mitigation measures. Such sessions led to the identification of risks, gaps and priorities for the PSEA work. Additionally, all new staff receive a face-to-face PSEA briefing, over 83 per cent of employees attended a two-hour PSEA session offered in both English and Portuguese.

Another strategy used to mainstream PSEA into programs and to engage staff in PSEA was requesting key staff including Section Chiefs, Chief of Field Offices, Focal Points, Resource Persons and Program Officers, to include PSEA activities in their Performance Appraisal, which was done by 81 per cent of key staff.

Eighty per cent of UNICEF partners were trained on UNICEF reporting requirements which strengthened UNICEF's internal complaint structures and the reporting of suspicions of SEA with Focal Points, allowing for immediate action.

The initiatives to sensitize communities and community workers reduced the risks of SEA associated with communities' lack of information about their rights, entitlements and reporting channels. Information, education and communication materials for communities and personnel were developed in coordination with the Inter-agency PSEA Network, to raise awareness and disseminate information on available reporting channels. All UN agencies in Mozambique received links or printed materials to disseminate among their partners, increasing the footprint of the PSEA messaging for communities.

A total of 2,653,304 people received information on the 'Linha Verde' reporting channels through the Communication for Development (C4D) platforms. PSEA radio spots broadcast on community radios reached 383,313 people in Cabo Delgado and 48,000 in Sofala informing them on expected conduct from humanitarians, and SEA reporting channels.

To systematize PSEA into UNICEF procedures, PSEA was integrated into the partnership cycle through the Standing Operating Procedures (SOPs) for Partnering with CSOs and the Terms of Reference (ToRs) of the Partnership Review Committee. This was aimed at ensuring the implementation of the Procedure for Managing Risks of Sexual Exploitation and Abuse in Implementing Partnerships, that operationalizes the screening of implementing partners required by the United Nations Protocol On Allegations of Sexual Exploitation and Abuse Involving Implementing Partners. From May, 56 per cent of new partnerships allocated resources for PSEA activities and 65 per cent included PSEA-friendly community-based complaint mechanisms. The programmatic visits checklist was revised to include PSEA questions. This was a successful initiative that led to the systematic strengthening of implementing partners' human and financial resources to prevent and respond to SEA.

In order to identify suppliers requiring PSEA training, a section was added in the Terms of Reference for new suppliers, indicating possible direct contact with beneficiaries. If identified as such, the supplier received a training on PSEA online for the senior management personnel and face-to-face for frontline personnel. To ensure new suppliers receive sufficient information on PSEA before initiating their activities with UNICEF, orientation briefings were conducted at the signature of new contracts. This included the signature of the UN Supplier Code of Conduct. Two online PSEA sessions were conducted for UNICEF suppliers' senior management staff, reaching 53 per cent of currently active suppliers while 220 supplier staff received PSEA training in Sofala, Cabo Delgado, Nampula, and Zambézia.

As part of the PSEA screening of implementing partners, six UNICEF staff were trained on how to assess implementing partners on their PSEA organizational capacities; 13 new national CSOs implementing partners were assessed in 2021. Among the current active implementing partners, 44 per cent received a low-risk rating, 53 per cent a moderate-risk rating and only two per cent a high-risk rating in 2021. 100 per cent of implementing partners assessed developed a PSEA action plan, and 80 per cent made improvements in their PSEA activities.

Trainings have a direct impact in the work carried out by our partners, increasing awareness about the sexual conduct expected from UNICEF and partners, SEA risks and how to mitigate them. 75 per cent of currently active national CSOs implementing partners were trained on PSEA in 2021 following the training of 25 per cent in 2020. Through PSEA trainings conducted by different UNICEF staff, 300 partners' personnel and 181 members of the Government reference group were trained. UNICEF also observed and conducted Focus Group Discussions with beneficiaries during distributions of non-food item (NFI) kits, to develop safer procedures on distributions. As a result of this process, a new Guidance on Safe Distributions, Selection and Registration of Beneficiaries was developed and will be rolled-out in early 2022.

Overall, 800 government officials received PSEA trainings and improved their knowledge on the sexual conduct expected from UNICEF and partners, community rights, entitlements, and SEA reporting channels. In addition, 102 community authorities and enumerators from the INAS were trained on PSEA in preparation for the registration of cash transfers. A total of 13 inquirers from the National Institute of Social Action also received

training prior to a post-distribution survey. Forty staff from the Institute for Social Communication (ICS) working on multimedia mobile units that disseminate PSEA key messages received PSEA training. A total of 350 health workers, 48 Community Education and Participation Implementers (PEC), 187 frontline workers and GBV partners were trained on PSEA by UNICEF Mozambique.

UNICEF Mozambique supported the drafting of the Government Engagement Strategy to be spearheaded by the Resident Coordinator in 2022. The strategy aims at increasing accountability and to support the Government with the development of systems and structures to address SEA cases implicating Community Leaders involved in the humanitarian response. The inter-agency standard operating procedures on recording and processing SEA complaints and the ToRs for the PSEA Network were revised and rolled-out under the leadership of UNICEF. Financial and technical contributions were provided towards the National PSEA Risk Assessment conducted by the PSEA Network in 2021.

Through UNICEF advocacy, the Linha Verde Steering Committee was created. As Focal Point of the Steering Committee, UNICEF led the revision of the Linha Verde Operator's Protocol incorporating the principles of the UN Victims Assistance Protocol and trauma sensitive approach. To strengthen Linha Verde's capacity of receiving and referring SEA complaints, UNICEF conducted six trainings on PSEA, stress management, trauma sensitive approach and listening skills to all operators.

Results Achieved from Humanitarian Thematic Funding

UNICEF/Mozambique would like to thank the following donors for their fully flexible contributions to the 2021 Mozambique HAC Appeal: Individual Contributors, Andorran National Committee for UNICEF, Australian Committee for UNICEF, Austrian Committee for UNICEF, Canadian UNICEF Committee, Czech Committee for UNICEF, Danish Committee for UNICEF, French Committee for UNICEF, German Committee for UNICEF, Japan Committee for UNICEF, Netherlands Committee for UNICEF, Norwegian Committee for UNICEF, Portuguese Committee for UNICEF, Spanish Committee for UNICEF, UNICEF Ireland, UNICEF Botswana, UNICEF Philippines, United Kingdom Committee for UNICEF, and the United States Fund for UNICEF.

Without these contributions, UNICEF's programming for children would not have been possible. Overall, approximately 37 per cent of UNICEF's programme in 2021 was funded through flexible humanitarian thematic. These contributions were absolutely critical to UNICEF Mozambique's ability to meet humanitarian needs. global humanitarian thematic funds (GHTF) was utilized in several instances to jumpstart activities while waiting for other donor funds to arrive, or complementing activities in areas/activities lacking funding. Two examples of the importance of these funds are provided below.

Through GHTF, UNICEF was able to scale up life-saving treatment to children affected by severe wasting and strengthen the role of community health workers. The estimated annual cost for implementation of the program is \$25,000 per district reaching approximately six communities per district. To complement this work initiated thanks to GHTF, in 2021, UNICEF secured three months implementation in 28 communities of Cabo Delgado and Nampula through a pooled funding of US\$ 350,000, from ECHO, CERF, Sweden, USAID/BHA. The flexible funds from GHTF represented about 28 percent of the funding invested, covered two months' salary of the nutrition specialist, and supported funding of logistics arrangements to secure RUTF reaching nine districts in Cabo Delgado and Nampula.

For WASH, thanks to GHTF, UNICEF managed to fill numerous gaps in the humanitarian response in Mozambique, especially for the underfunded climate or outbreak-related disasters which were largely ignored by other donors. The WASH response to Cyclone Eloise in Sofala was funded almost entirely using GHTF. In Sofala province, thematic funds were used to distribute hygiene vouchers to IDPs from Cyclone Eloise, strengthening local suppliers and markets. For this distribution, UNICEF transferred funds to WFP to provide the amount of the hygiene items directly to beneficiaries instead of procuring and transporting supplies. WFP distributed hygiene vouchers alongside food vouchers optimising the resources and time for the beneficiaries who could shop and purchase what they needed most. Similarly, the cholera outbreak required use of GHTF allowing the establishment and activation of a rapid response mechanism in several districts. GHTF allowed UNICEF to proceed with immediate procurement and distribution of WASH supplies including hygiene kits and household chlorination products.

Communications

In 2021, we reached 17,872,716 people with a total of 191 social media posts shared on UNICEF Mozambique social media channels (Facebook, Twitter and Instagram) to support the humanitarian thematic donors. The social media posts were focused on the Cabo Delgado crisis, emergency, and COVID-19 response. A total of 13 human interest stories and press releases and nine videos were produced.

Selected links to social media posts and press releases include:

- ["I take care of Zinha like I take care of my own children"](#)
- [Community health worker helps twins receive malnutrition treatment](#)
- [Abdala who could barely walk is now running](#)
- [Arrival of COVID-19 vaccines](#)
- [Integrated mobile brigades reach communities with health and nutrition services](#)
- [Two million doses of Johnson & Johnson COVID-19 vaccine donated by the USA arrive in Mozambique](#)
- [COVID-19 vaccines donated by Norway and Belgium through the COVAX initiative arrive](#)
- <https://www.youtube.com/watch?v=gv-5JgybbEc>
- <https://www.youtube.com/watch?v=kMsaxGqKNsE>
- <https://www.youtube.com/watch?v=CoqVabCVbfo>
- <https://web.facebook.com/unicef.mozambique/posts/4138765792874992? rdc=1& rdr>
- <https://web.facebook.com/unicef.mozambique/posts/3817192461698995? rdc=1& rdr>
- https://twitter.com/UNICEF_Moz/status/1439612770824171528
- https://twitter.com/UNICEF_Moz/status/1392117382412390400

Assessment, Monitoring and Evaluation

Nutrition Assessments

In 2021, two nutrition assessments were conducted as part of the Cabo Delgado humanitarian crisis response, notably the rapid nutrition assessment among Corrane IDP resettlement site, Meconta district in Nampula Province and a rapid Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey in Cabo Delgado. The assessment conducted among Corrane IDP resettlement site occurred in January and March, assessing nutrition status of approximately 500 children aged 6-59 months in each round. Acute malnutrition was measured using Mid-Upper Arm Circumference (MUAC), disaggregated by sex and age (6-23 months and 24-59 months) and information on additional childhood diseases was collected, including diarrhoea, fever, cough, and dysentery with a two-weeks before data collection recall period. According to the results, while Global Acute Malnutrition (GAM) showed a decrease from 3.1 per cent in January to 2.4 per cent in March, the SAM rate in March (1.2 per cent) was 1.5 times higher than in January (0.68 per cent). Overall, in March 2021, the prevalence of children with any sign of infectious diseases (52.44 per cent) was 1.14 times higher than in January (45.97 per cent). Diarrhoea (16.1 per cent in January and 20.8 per cent in March) and fever (26.89 per cent in January and 37.95 per cent in March) were 1.29 and 1.41 times higher in March than in January, respectively.

Rapid Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys were conducted in seven districts (Ancuabe, Chiúre, Metuge, Mecúfi, Mueda, Montepuez, Ibo), IDP sites located in Montepuez, Metuge and Chiúre, and in one area with limited humanitarian access (Palma) in February 2021. The survey aimed to provide data on the current nutrition situation of the most affected in priority districts in Cabo Delgado. Data collected provided estimations of the malnutrition situation in other areas with limited or non-existent humanitarian access such as Muidumbe, Quissanga, Macomia. Acute food shortages and agitation were noted, with GAM prevalence using weight for height, as high as 9.9 per cent and SAM prevalence at 1.9 per cent across both IDP sites and host communities. Ancuabe, Mecufi and Chiure were the most affected with GAM prevalence of over 6 per cent and very high morbidity reported. The five hardest to reach areas were not included because of access constraints.

Chronic malnutrition in children 6-59 months was at “very high” levels in all areas covered by the survey, including children displaced from the districts of Quissanga, Macomia, Mocímboa da Praia and Muidumbe, which reflects the situation in those districts. In general, one in every two children aged 6-59 months were stunted.

Humanitarian Performance Monitoring

UNICEF monitors humanitarian indicators through the humanitarian performance monitoring (HPM) matrix with results tracked on a monthly basis. Performance targets are aligned with UNICEF’s Core Commitments for Children in Humanitarian Action and focus on progress in reaching people with services and assessing the quality of the response against technical standards. A selection of indicators are provided in the monthly situation reports, and more detailed analysis is done internally to ensure programmes are on track. Figures in the HPM are consolidated through partner reports and verified through programme visits and discussions with communities receiving support or engaged in UNICEF-supported programmes. The monitoring systems allow UNICEF staff to identify strengths and weaknesses of the project and support decision-making to enhance implementation efficiency.

UNICEF’s technical staff ensure that programme implementation and financial investments are conducted in an ethical manner and provide recommendations and direction to implementing partners on a continuous basis. UNICEF identifies partners based on their risk ratings in terms of financial management and capacity to implement programmes. The selection of implementing partners is also based on geographical presence, capacity and technical expertise and performance and coordinated with the cluster mechanism. Implementing partners include civil society organizations and the government and work directly with communities on a day-to-day basis to achieve specific deliverables of the programme with UNICEF’s technical and financial support and oversight.

Financial Management

The UNICEF Mozambique Country Office has been using the Harmonized Approach to Cash Transfers (HACT)¹¹ framework which allows the Country Office to manage potential risks involved in implementation by partners. UNICEF’s implementing partners include several ministries, together with their provincial and district agencies, in addition to various international and national non-governmental organizations (NGOs).

UNICEF Mozambique’s process for initially selecting implementing partners is rigorous. They are screened based on their technical competencies after which their potential collaboration with UNICEF is screened by the Monitoring and Evaluation Officer, an Operations Specialist, the Section Chief, the Deputy Representative, and Representative. Implementing partners are subject to a micro assessment undertaken by an audit firm, triggered when a new partner is engaged and with implementing partners receiving more than US\$100,000.

Activities are done within compliance with UNICEF’s financial rules and regulations, including procurement policies, as established by the Executive Board. The procurement procedures can only start after agreement is concluded and funds are disbursed to UNICEF. Local procurement is done through the Supply and Logistics team to promote greater transparency and competitive tendering for contracted services and build residual capacity in government. Some supplies, due to the quality requirements and specifications, such as health and nutrition supplies, are procured internationally using UNICEF’s Supply Division in Denmark, as define by UNICEF procurement policies. Lastly, UNICEF partners with the government to procure WASH supplies for programmes to ensure technical specifications while allowing the government to retain ownership. An assessment of procurement capacities is required if the value of services or supplies exceeds US\$2,500. The assessment is covered by the HACT micro assessment or other procurement assessments.

Evaluation

In mid-2021, UNICEF conducted a real-time evaluation of the Cabo Delgado Crisis. The evaluators considered three principal questions:

1. How well has UNICEF responded to the Cabo Delgado emergency?
2. What UNICEF approaches have had the most impact on the needs of affected households and what are the barriers in the response so far?

¹¹ HACT is a common operational framework among United Nations agencies for transferring cash to government and non-government implementing partners.

3. What actions and changes in strategy are required to develop a conflict-sensitive, long-term programme for Cabo Delgado?

As a result of key informant interviews with a broad spectrum of stakeholders from donors to beneficiaries, the evaluators produced 10 recommendations for UNICEF Mozambique:

1. UNICEF needs to focus the programme to fill gaps in unmet needs, especially in child protection.
2. UNICEF should commit to dedicated resources for coordination in all Clusters where UNICEF leads or has an area of responsibility.
3. UNICEF should continue to collaborate with IOM and WFP to activate the JRP and jointly strengthen targeting and accountability mechanisms across the response.
4. There is an urgent need to encourage more displaced children to go back to school, either through access to formal education or by providing safe learning spaces closer to their settlements.
5. The capacity of staff and internal processes of the MCO and its key partners should be reviewed and strengthened to better manage emergency and 'nexus' programs.
6. UNICEF management should review the planning and monitoring systems for the current emergencies and consider adopting a more flexible plan specific to Cabo Delgado with clear activity and outcome monitoring appropriate for a protracted crisis and more delegation of responsibility to the field office.
7. The LFE team recommends that UNICEF be more focused on doing a few things well instead of too many things poorly.
8. Develop a comprehensive strategy for the northern Mozambique programme with a focus on resilience.
9. Explore new partnerships, including partnerships with local NGOs and CBOs with a focus on building capacity for humanitarian action.
10. Adopt a programme approach for provincial and district towns that is more focused on expanded service delivery for increased population in periphery settlements and less on targeting camps for IDPs.

Future Work Plan

In 2022, UNICEF will continue to provide humanitarian support to girls, boys, men and women affected by conflict, natural hazards and public health outbreaks. The scale up of services in Cabo Delgado will continue with the inclusion of humanitarian-development-nexus activities taking a larger role in addressing long-term deprivations in addition to integration/resettlement of displaced persons. UNICEF will also support voluntary returns in areas that are safe and where support is needed. The HAC appeal 2022 outlines UNICEF's plans and financial needs.

UNICEF Mozambique will also continue to work within interagency processes including the ICCG, HCT, Area HCTs at the provincial level, and other coordination activities. As the conflict situation shifts in Cabo Delgado, UNICEF will continually evaluate opportunities to provide support in hard-to-reach areas and build on existing partnerships while developing new partnerships as opportunities arise. UNICEF Mozambique will also elaborate a Community Resilience and Recovery Plan focusing on the northern provinces which will highlight components of UNICEF Mozambique's new 2022-2026 Country Programme and alignment with the HAC, UN documents, and government priorities and plans.

Donor Feedback Forms

Please use the following link to access the feedback form: [UNICEF Donor Feedback Form](#)

Annex A: Financial Analysis

Table 1: Funding status against the appeal by sector

The table below shows the funding status against the 2021 appeal targets by sector. The “Funds Received” and “Carry-Over” columns reflects overall amounts including cost recovery.

Sector	Requirements	Funds Available Against Appeal as of 31 December 2021*		% Funding Gap
		Funds Received in 2021	Carry-Over	
Health	\$12,000,000	6,032,101	1,628,663	36%
Nutrition	\$5,000,000	1,755,451	574,556	53%
Child Protection	\$12,371,655	2,271,845	1,811,159	67%
Education	\$24,544,106	1,610,498	2,298,647	84%
WASH	\$22,468,754	7,824,902	5,525,479	41%
Social Protection	\$17,533,325	6,369,839	291,840	62%
C4D/AAP	\$2,566,080	1,632,877	1,159,520	0%
Total	\$96,483,920	27,497,513	13,289,864	58%

* Funds available includes funds received against current appeal and carry-forward from previous year.

Table 2 - Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
See details in Table 3	SM189910	1,469,879
	SM209910	250,000
b) Non-Thematic Humanitarian Funds		
UNOPS - New York	SM211013	3,236,712
The United Kingdom	SM210507	2,225,313
SIDA Sweden	SM210130	1,422,331
European Commission / ECHO	SM210492	954,654
Japan Committee for UNICEF	SM210057	686,063
WHO	SM210731	400,000
Total Non-Thematic Humanitarian Funds		8,925,073
c) Pooled Funding		
UNOCHA	SM210310	1,447,897
UNOCHA	SM210675	1,375,000
UNOCHA	SM210810	200,001
UNOCHA	SM190257	15,349
UNOCHA	SM190258	11,288
d) Other types of humanitarian funds		
Italy	KM210040	50,603
Total humanitarian funds received in 2021		13,482,588
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/18/9910	168,160
f) Carry-over of non-Thematic Humanitarian Funds		
USAID	SM/19/0489	7,996,382
The United Kingdom	SM/19/0307	992,402
German Committee for UNICEF	SM/20/0037	277,199
USAID	SM/19/0583	140,549
Total carry-over non-Thematic Humanitarian Funds		9,406,532
Total carry-over humanitarian funds		9,574,692
III. Other sources		
Regular resources diverted to emergency	Non-grant/GC	1,264,907
Regular resources set-aside or RR for unfunded OR used for emergency	GS190023	180,409
EPF	GE200027	2,178,822
Total other resources		3,624,138

Table 3: Thematic Humanitarian Contributions Received in 2021

In 2021, Mozambique Country office has received country-specific thematic humanitarian funds of nearly \$1.5 million from Portuguese, German, Spanish, UK, Japan National Committees and Global Thematic Humanitarian Funds.

Thematic Humanitarian Contributions Received in 2021 (in USD)	Grant Number¹²	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Portuguese Committee for UNICEF	SM189910/0505	644,833	677,075
German Committee for UNICEF	SM189910/0925	407,996	428,397
German Committee for UNICEF	SM189910/0490	49,545	52,023
Spanish Committee for UNICEF	SM189910/0569	22,720	23,856
United Kingdom Committee for UNICEF	SM189910/0573	13,274	13,937
Japan Committee for UNICEF	SM189910/0608	11,515	12,091
GHT	SM209910	250,000	262,500
Total		1,399,883	1,469,879

**Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2021 Humanitarian Action Global Annual Results Report.*

¹² International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. <http://iatistandard.org/>