

# **FLASH APPEAL**

**EMERGENCY RESPONSE PLAN**

**FOR MOZAMBIQUE**

**CYCLONE DINEO**

**Maputo, 28 February 2017**

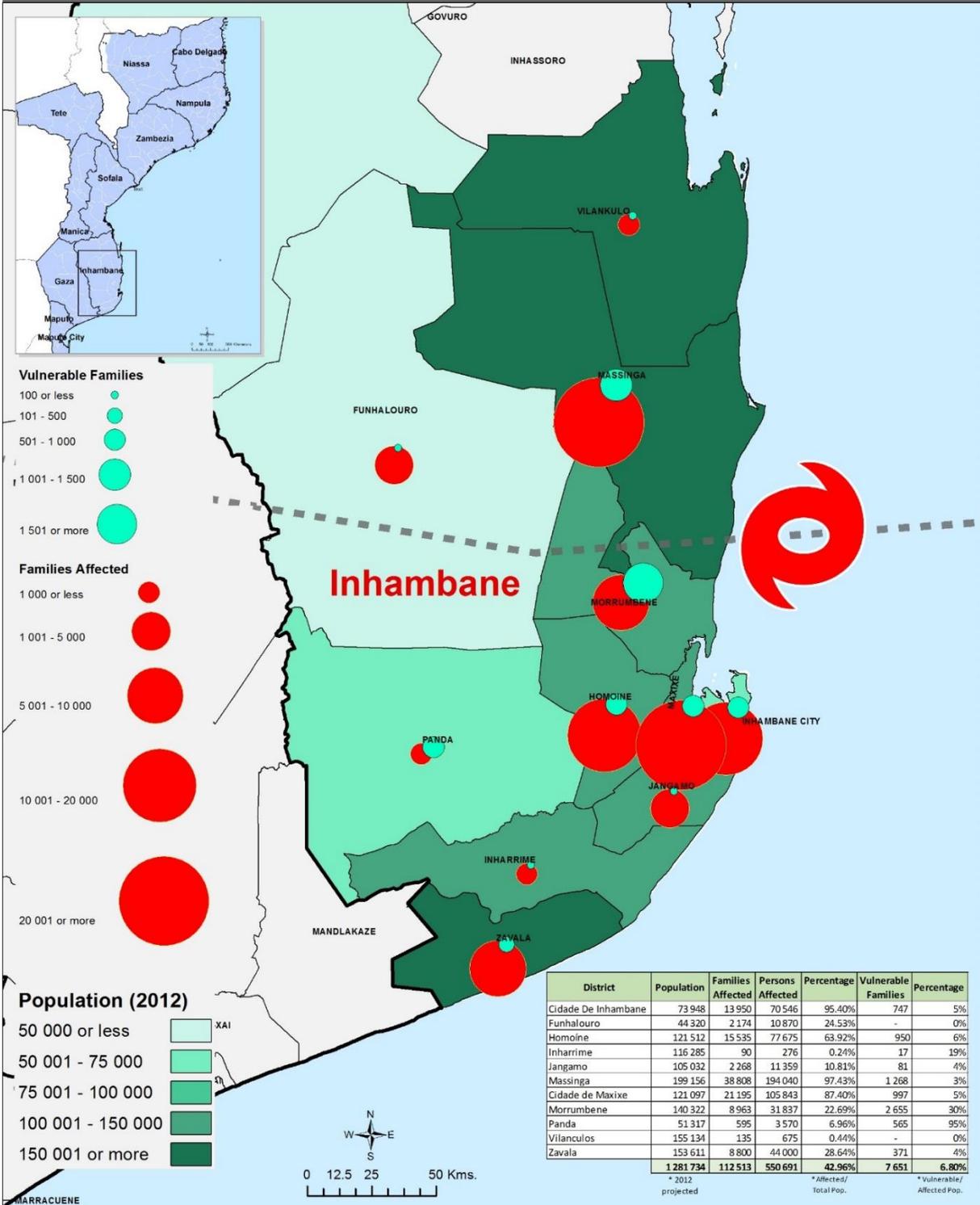
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# Tropical Cyclone DINEO

Population Affected: INHAMBANE  
As of 24 February 2017

United Nations  
Resident Coordinator's Office  
Mozambique



Map Sources: OCHA INAM, INE, INGC (CENOE), created on 2017/02/27

Reference: UN RCO Mozambique

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## Mozambique FLASH APPEAL

**\$ 10.2 million**

Required to reach 150,000 people with life-saving assistance and protection in the next three months

## 1. An overview of crisis

Cyclone Dineo made landfall on the coast of Inhambane province, south of Mozambique the night of Wednesday February 15<sup>th</sup> 2017 accompanied by winds of 160 kilometers per hour. It finally dissipated over South Africa and Zimbabwe on Friday February 17<sup>th</sup>.

According to the provincial authorities of Inhambane, the cyclone affected about 550,691 people (112,513 families) which 7,651 families were considered most vulnerable. At least 33,712 houses were totally and 71,294 partially destroyed being Massinga, Morrumbene, Maxixe and Inhambane city the most affected districts. In terms of infrastructure, 389 Government offices, 70 health units including 52 maternities as well as 1,687 classrooms were partially destroyed. The Education authorities estimated 160,000 students and 5,500 teachers were affected. Maternal and ARVT services were disrupted, so increase in SRH-related morbidity and mortality might be expected. In the affected area about 14,000 women are expecting to give birth in next three months while approximately 2,100 of them may face risk of obstetric complications requiring emergency obstetric care. It is also estimated that 9-15% of all newborns may require lifesaving emergency care.

Furthermore, there was downfall of 899 power poles leaving 8 districts without electricity for at least five days affecting the water supply in Maxixe and Inhambane city.

The authorities reported a death toll of 7 and 101 people injured. During the cyclone about 949 people were hosted in three transit centers in Maxixe city. As of 19 February 2017, with the improvement of the weather people returned to their houses and transit centers were closed.

In the agriculture sector, approximately 29,173 ha of several crops were lost being Massinga, Morrumbene, Inhambane and Funhalouro the most affected districts. Moreover, about 135,865 fruit trees (cashew

and coconut trees) were lost. These fruit trees represent an important source of incomes for the population affected (most of affected districts were Massinga, Inharrime, Morrumbene and Jangamo districts). The authorities estimated a need of 128 tons of diverse seeds among cereals, pulses, vegetables and tubers.

It is important to acknowledge the early warning issued by the Government authorities before the landfall of the cyclone. On 13<sup>rd</sup> February 2017, the government called the Technical Council for Disaster Management for a meeting to discuss and recommend the prevention and readiness measures which included the communication to the local government in concerned provinces, activation of local committees for disaster Management, intensification of monitoring measures, awareness of the population in risk areas to move to safe areas among other measure.

The Government estimates an overall funding requirements of US\$ 16.5 million to restore from the damages caused by DINEO cyclone which US\$ 6.7 million are needed immediately. This funding estimation refers to support needed on infrastructure, agriculture and humanitarian assistance. The Government allocated 160 million MT from the Contingency Plan (US\$ 2.3 million) for immediate interventions.

The response to date has been provided by the Government with support of Humanitarian Country team and included provision of tents for maternity services in affected health units in Maxixe and Morrumbene, provision of fuel for emergency water pumping in Inhambane, provision of food and shelter kits for the most vulnerable people as well as food for work/assets for road cleaning/debris removal. On 22 February 2017, the Government invited the donors and partners to request for support to respond to the existing needs.

## 2. MAIN HUMANITARIAN NEEDS

### **Repair of household shelter for the most vulnerable**

Out of a total of 112,513 households (composed of around 550,691 individuals) affected by the cyclone, the government has identified and prioritized 7,651 vulnerable households in urgent need of lifesaving shelter and other non-food items (NFIs) spread amongst the before mentioned districts of the Inhambane province. In total, 33,712 houses were totally destroyed and 71,294 houses were partially destroyed

### **The provision of livelihood supports to households adversely impacted by the cyclone.**

Over 29,000 ha of several crops and a number of fruit trees were lost due to the cyclone resulting in high risk of food insecurity especially to the vulnerable groups and those people that lost all the assets. Therefore, it is urgent to provide immediate assistance with food to the vulnerable groups and ensure the timely distribution of seeds.

### **Access to health care: ensure the provision of health service and restoration of Health infrastructure**

The DINEO cyclone destroyed partially 70 health units including 52 maternities disrupting the normal provision of health care and service to the affected people and population in general living in the surrounding area. Therefore, there is an urgent need to reestablish the health care service while restoring the affected infrastructure:

- Reestablish provision of health services, with tents and repair essential health infrastructure, through provision of roofing materials, payments to local workers, etc.
- Reduce mortality and morbidity through emergency obstetric care support, and PMTCT services and neonatal care through mobile clinics and effective referral transportation; provision of reproductive health kits
- Provision of immediate assistance to Sexual Gender Based Violence (SGBV) victims at community level
- Prevention and control communicable diseases and malaria, by increased surveillance and provision of cleaning and protection material to health facilities

### **Access to Education: the restoration of education infrastructure.**

About 1,687 classrooms have been damaged or destroyed (most of them left without roofs), affecting 160,000 students and 5,500 teachers. As we are still in the rainy season it is of utmost importance to create temporary solutions to bring teachers and students back to school and keep students from dropping out.

### 3. STRATEGIC OBJECTIVES

#### 1. Provide immediate assistance to the most vulnerable households.

##### **Shelter and WASH:**

- Provide roofing materials and basic shelter tools for households to repair their homes.
- Provide family kits and other essential non-food items including WASH items (hygiene kits).

##### **Food and Agriculture**

- Provide immediate short-term access to food for vulnerable households through Food for Assets Schemes.
- Provide immediate livelihood support in form of seeds and tree seedlings to households that lost crops and fruit trees.

#### 2. Restore Basic Social Services (Education, Health, Protection)

##### **Education:**

- Provide temporary learning spaces through provision and installation of tents and through constructing TARP tents to ensure immediate access to education for children.
- Provide tarpaulins, wooden poles, corrugated zinc sheets, nails and ropes for emergency classroom rehabilitations and resilient roofing;
- Provide learning and teaching materials including “schools-in-abox”, boards and learners’ kits to schools severely affected by cyclone DINEO and heavy rains to maintain minimum quality of education services.

##### **Health:**

- Provide tents for temporary health posts and reproductive health kits
- Provide gloves and chlorine solution
- Reestablish provision of health services, damaged hospitals through essential infrastructure repair, temporary tents and provision of essential medicines, cleaning and protection material and equipment
- Provide emergency obstetric care support, and neonatal care through mobile clinics and effective referral transportation
- Supply with reproductive health and dignity kits that support implementation of the Minimum Initial Service Package (MISP);
- Ensure surveillance and prompt response to communicable diseases and malaria

##### **Protection:**

- Establish integrated SGBV services for the victims;
- Provide programmes for prevention of SGBV at community level

## 4. RESPONSE STRATEGY

The Government of Mozambique defined the priority interventions to respond to DINEO cyclone impacts. The Humanitarian Country Team (HCT) in its efforts to compliment the response provided by the government planned the response interventions indicated in this appeal aligned with the defined priorities.

As a consequence of the DINEO cyclone a number of social basic services such as access to health care, education and water (especially in urban areas due to lack of electricity) were disrupted due to partial destruction of the respective infrastructure (health units and classrooms). Therefore, the priority interventions are first and foremost to reestablish the social basic services and in parallel ensure reconstruction of affected infrastructure observing resilience measures (building back better) as well as to assist the most vulnerable people affected by cyclone.

The response interventions planned in the flash appeal are grouped in 1) immediate assistance to the most vulnerable people with food, seeds, shelter kits, building materials and other NFI; 2) restore the social basic services through establishment of temporary facilities for classrooms and health care; 3) support the reconstruction of classrooms and health units with resilience measures.

The access to affected areas, the normal circulation of vehicles was affected due to falling trees, roads and bridges washed away by the runoff from the heavy rainfall and strong winds recorded during the cyclone. Furthermore, drainage system and irrigation canals were clogged with debris moved by the cyclone. Hence, it is imperative to mobilize the communities for example through FFA initiatives to clean the roads, drainage ditches and irrigation canals.

In the health sector, the control of communicable diseases, prevention and control of epidemics, particularly outbreak of water related diseases is a key priority. This will be done through strengthening active health surveillance systems and prepositioning equipment and medicines in affected areas. Moreover, sexual and reproductive health (SRH) services are critically compromised as a consequence of the cyclone DINEO in Inhambane, which may increase rates of morbidity and mortality sharply owing to expected rise of maternal and newborn deaths. The implementation of the Minimum Initial Service Package (MISP) for

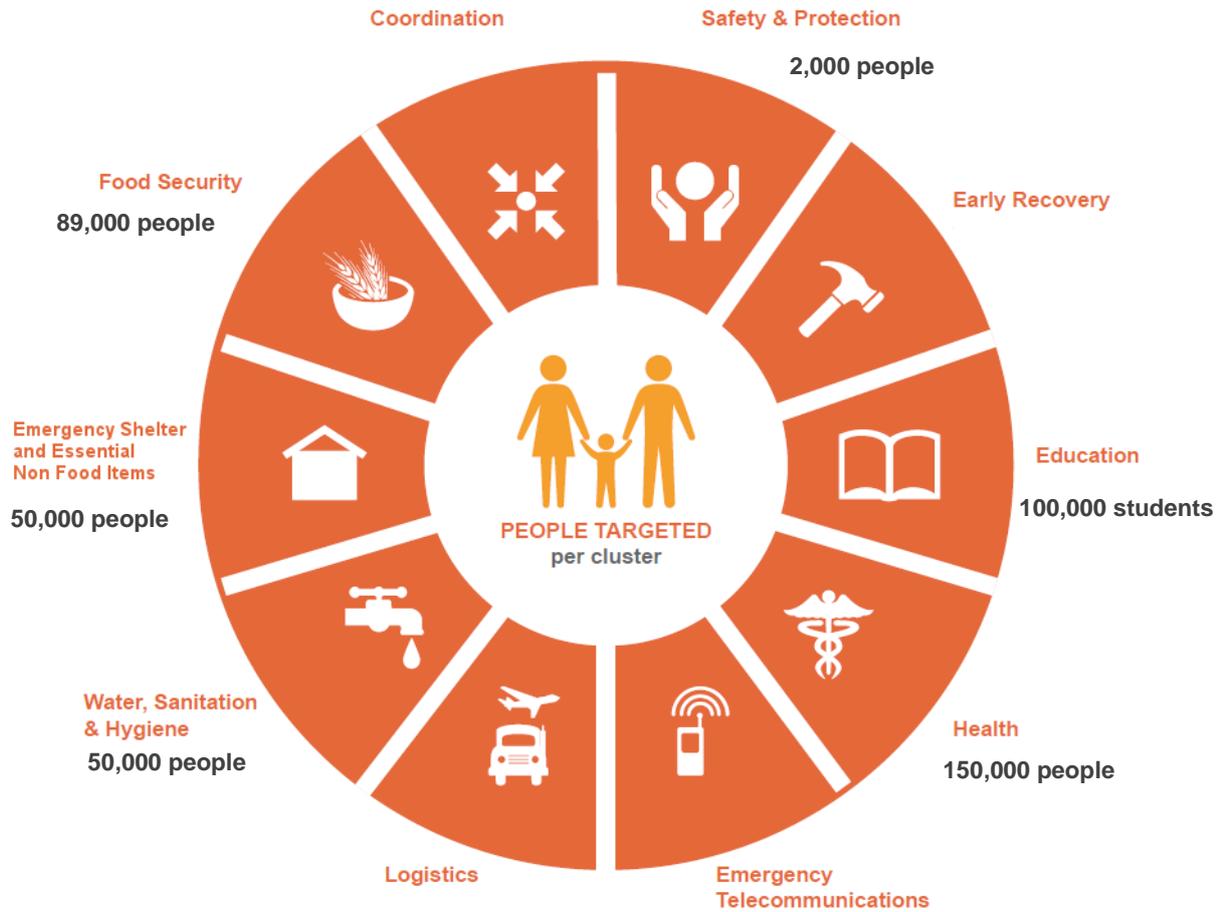
Reproductive Health should be a top priority in order to save lives of women, girls and newborns. Therefore, the supply of reproductive health kits and dignity kits is urgent to ensure access to comprehensive SRH services.

The immediate response for the education sector is to ensure minimum disruption of education service delivery by getting children back in school as quickly as possible. This intervention will consist mainly of provision of temporary learning spaces (TLS) as well as through repairs of partially damaged classrooms with minimum recovery cost involved. The provision of school tents will complement on-going interventions and will mostly rely on existing tarpaulin stocks from UNICEF and partners. The interventions in shelter sector will consist mainly on the repair of the houses destroyed paying special attention to the most vulnerable people. The Food Security Cluster intends to provide food assistance through food for work schemes as well as seeds to the affected people enabling them to recover from the effects of the cyclone and take advantage of the second season. Emergency protection response to ensure safe and non-discriminatory access to humanitarian assistance, prevention and response to physical violence and abuse, response to sexual violence, abuse and exploitation (in particular of children, adolescents and women), as well as prevention, mitigation, and response to gender based-violence, and integral provision of psychosocial support will be ensured.

The activities will be implemented in close coordination with the Government authorities. However, the availability of funds from donors as soon as possible is key to enable the humanitarian community to meet the needs effectively. The HCT members will proceed with the initial response using existing stocks but these are below the needs, do not respond properly to what is required and may exhaust quickly.

The establishment of the HCT coordination cell in Inhambane is priority to ensure proper follow up of the response interventions and its challenges. Currently (February 2017), the Humanitarian Team of Inhambane (HTI) is chaired by the provincial WFP representative and co-chaired by the provincial CVM delegate. The HTI represents the HCT at the provincial level and coordinates directly with INGC as well as government sector counterparts.

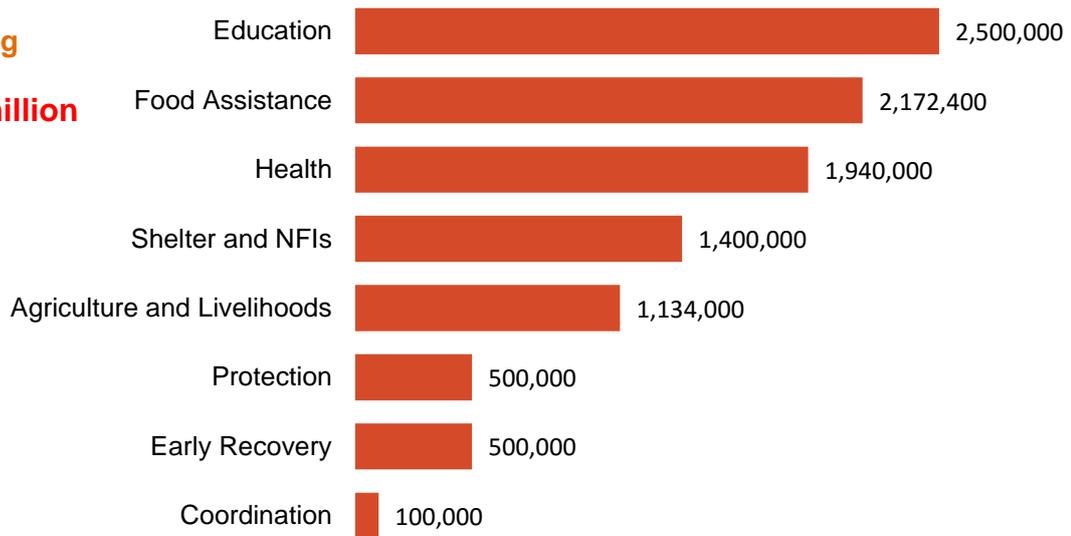
## 4.1 People Targeted



## 4.2 Funds needed

Financial requirements per cluster (US\$ million)

**Total funding required: US\$ 10.2 million required**



## ANNEX I. CLUSTER PLANS



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### Priority Actions

- 1: Set-up emergency shelter materials for most vulnerable groups
- 2: Distribute shelter kits/roofing materials and basic handtools for households to a) repair partially destroyed homes and b) support the rebuilding of totally destroyed houses
3. Provision WASH NFIs to most vulnerable families in the most cyclone affected districts.
- 4: Preparation, planning and coordination between stakeholders for early recovery

**\$1.4 million**

Required to reach  
10,000 HH

### Response Strategy

The aim of the shelter cluster is to support 10,000 Households (HH) to repair a) their partially destroyed houses and b) totally destroyed houses. Special consideration is paid to the 7,651 most vulnerable HH in the 13 districts most hit by the cyclone that were previously receiving public social assistance.

In coordination with the government and the other clusters, the shelter cluster will work on a viable early recovery strategy for all persons affected by the cyclone.

### Humanitarian Partners

- **CARE/COSACA (750.000 USD)**  
COSACA is currently distributing 5.000 shelter kits with existing funding and is appealing for roof coverage kits (incl. corrugated zinc sheets) for 5,000 HH
- **International Organisation for Migration (450.000 USD)**  
With these funds IOM is planning to procure and distribute 2,000 shelter kits to 2,000 vulnerable HH and 1,000 roofing coverage kits (incl. corrugated zinc sheets) to the most vulnerable 1,000 HH
- **Mozambican Red Cross (200.000 USD)**  
The MRC is currently distributing 1,000 Shelter kits with existing funding and is appealing for 200.000 USD to purchase further shelter material (corrugated zinc sheets plus poles) for 1,000 HH.

Province	District	Households affected	Organisation covering this district
Inhambane	Funhalouro	2,174	<input type="checkbox"/> COSACA
	Homoine	15,535	<input type="checkbox"/> COSACA
	Inharrime	90	<input type="checkbox"/> MRC
	Jangamo	2,268	<input type="checkbox"/> MRC/IOM
	Massinga	38,808	<input type="checkbox"/> COSACA
	Morrumbene	8,963	<input type="checkbox"/> COSACA
	Panda	595	<input type="checkbox"/> IOM
	Vilankulo	135	<input type="checkbox"/> MRC/IOM
	Zavala	8,800	<input type="checkbox"/> MRC/IOM
	Inhambane	13,950	<input type="checkbox"/> COSACA
	Maxixe	21,195	<input type="checkbox"/> COSACA
	<b>Total</b>	<b>112,513</b>	<input type="checkbox"/>



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### Priority Actions

- 1: Reestablish health infrastructure, water and power supply and provision of temporary tents;
- 2: Reduce morbidity and mortality in the most affected areas by increasing access to essential health services, including emergency care, maternal and child care
- 3: Support implementation of the Minimum Initial Service Package (MISP) including STI treatment and ART;
- 4: Supplies for prevention and control of epidemics/comunicable diseases and malaria
- 5: Management of SGBV cases;

**\$1.94  
million**

Required to reach  
150,000 people

### Response Strategy

The cluster aims to prevent and control the outbreak of water related diseases as well as to provide expertise and support on sexual and reproductive health, gender-based violence, and population data during the response. The strategy is also fully aligned with IASC's transformative agenda to improve delivery of humanitarian aid, targeting women, particularly to the 2,100 pregnant women at risk of complications, to ensure the health, security and well-being of families and entire communities, including other vulnerable groups. During the reponse, as well as recovery and resilience, to decrease the risks of maternal and infant mortality and morbidity, HIV infection, unwanted pregnancy, sexual violence and exploitation, and other reproductive health-related conditions is made. Additionally, attention to active surveillance to disease outbreaks and malaria control. One clear priority at this stage is to rapidly increase timely and efficient delivery of key essential health services (emergency, surgery, and maternal and child care, children and individuals with chronic diseases).

The rapid recuperation of health services and healthcare delivery capacity is a priority to ensure timely and efficient medical care as well as continuity of basic services for pregnant women. Lack of water in the affected areas as well as deterioration of living conditions increase the importance of strengthening epidemiological surveillance systems through networks of health facilities; and of increasing laboratory capacity as well as early warning systems to support the early detection of disease outbreaks.

Efforts to reach remote health facilities through mobile clinics and referral to closer using motor ambulances and existing community health workforce, are critical in saving the lives of mothers and babies.

In cyclone affected areas, sexual violence and transactional sex particularly for adolescents and young women young due to competition over scarce resources can substantially increase. Shortages of food and water supplies also pose significant protection risks for women and girls. Ensuring the provision of post-exposure prophylaxis (PEP) kits, dignity kits to protect and support women's dignity, and building the capacity of health providers to manage the consequences of sexual violence through training on Clinical Management of Rape (CMR). In addition, it is essential to provide clinical care, including emergency contraception and PEP to prevent transmission of HIV, for survivors of sexual violence. Is essential access to anti-retroviral (ARVs) services that have been disrupted including for prevention of mother-to-child transmission (PMTCT). Shortage of contraceptives may lead to unplanned pregnancies, which can lead to unsafe abortion, illness, disability and death. Further, access to menstrual supplies will support most vulnerable women and girl's hygiene and dignity.

### Humanitarian Partners

Under the overall coordination of the health cluster, WHO, UNFPA will collaborate with the main partner, the provincial directorate of health, in close collaboration and coordination with COE and INGC, including NGOs responding to cyclone impact.



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### Priority Actions

- 1: Immediate safe and non-discriminatory access to protection assistance and to humanitarian assistance
- 2: Integrated assistance to SGBV victims', including vulnerable groups protection during the immediate aftermath the disaster
- 3: Prevention, respond and build resilience on SGBV by strengthening survivor-centered multisectoral services and referral systems, and incorporating operational SGBV and Prevention of Sexual Abuse and Exploitation (PSEA) prevention tools across technical sectors.
4. Provide psycho-social services for severely traumatized populations.

**\$0.5  
million**

Required to reach  
2,000 people

### Response Strategy

Emergency protection response to ensure safe and non-discriminatory access to humanitarian assistance, prevention and response to physical, psychological and sexual violence, abuse and exploitation (in particular of children, adolescents and women), as well as prevention, mitigation, and response to gender based-violence, and integral provision of psychosocial support.

The aim of the response is to provide immediate support to 2,000 estimated victims of SGBV and provide assistance to vulnerable groups for integrated assistance as well as support INAS receiving public social assistance. In coordination with the government and the other clusters, the protection cluster will work on a viable early recovery strategy for all persons affected by the cyclone.

A significant number of directly affected people in need of protection are also either on the move or hosted by communities and families, and therefore exposed to several protection risks. The most vulnerable population groups include children, adolescents, women, people with reduced mobility, and other vulnerable groups. In addition, a yet unknown number of people are in need for psychosocial attention (especially in remote areas) in order to recover from severe trauma and are likely to require protection assistance. Ultimately, these measures will contribute to the emergency protection of key human rights at risk: right to physical security and integrity, non discrimination in accessing basic services and key other civil rights.

### Humanitarian Partners

The protection sector, led by UNICEF and UNFPA (SGBV), aims to provide an emergency protection response to ensure safe and non-discriminatory access to humanitarian assistance; prevention, mitigation and response to physical, psychological and sexual violence, abuse and exploitation, including gender-based violence (in particular of children, adolescents and women), and integral provision of psychosocial support, with the Ministry of Gender and Social Action (MGCAS) and NGOs.



## Education

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### Priority Actions

- 1: Provide temporary learning spaces to ensure immediate return of children to school and reduce disruption to Education services.
- 2: Build temporary classrooms with TARP tents and rehabilitate and reconstruct classrooms improving resilience through resilient roofing and building-back-better techniques
- 3: Provide teaching and learning materials (schools-in-a-box, learner kits, boards, textbooks)

**\$2.5  
million**

Required to reach  
100,000 students

### Response Strategy

Education strategy is aimed at ensuring access to Education for 100,000 children affected by cyclone DINEO in Inhambane province.

The most urgent and pressing need is to get children back in school as soon as possible, as they are probably at risk of longer than usual absenteeism, and, as a result, at a higher risk of dropping out. To keep these children in school requires either the provision of temporary learning spaces (TLS) (such as tents) as well as the swift rehabilitation and reconstruction of classrooms which incorporates risk reduction measures, both government-financed infrastructure as well as the multiple makeshift classrooms erected from local materials by school communities to keep up with demand. INGC estimated funding needs for repair and reconstruction of education infrastructure is 354 million meticaís or \$5 million.

Whilst temporary learning spaces and repair of damaged infrastructures is urgent to maintain children in school and prevent them from dropping out, it is equally important to help prevent damage from future cyclones or heavy rainfall by building stronger schools ('building back better') and by increasing preparedness of the school community. Reconstruction of completely destroyed classrooms and WinS facilities will start once a detailed post-disaster reconstruction and recovery assessment for the Education sector is completed. This assessment will specify the level of damage and recovery cost using three typologies (1. Roof fully destroyed, 2. Roof partially destroyed, 3. Entire structure destroyed including walls and roof).

The medium term reconstruction phase aims at reducing the vulnerability of the schools to future events through building-back-better approaches and it will have a hard-ware component (structural improvements and resilient features to the classrooms and roofing) and a soft component which is the school-based emergency preparedness plan (PEBE).

The Government with the support of UN Habitat and the World Bank, has embarked on a "safe schools programme" which promotes a simple design for more cyclone-resilient schools which basically consist of a wooden structures and walls made of local materials, erected on a concrete slab, with a reinforced roof structure. The programme pays attention not only to the actual classroom infrastructure, but also to water and sanitation facilities in schools, as these normally do not only contribute to basic hygiene and health but also to retention of adolescent girls. The school-based emergency preparedness plan (PEBE) programme, supported by UNICEF and UN Habitat, helps school communities plan and be prepared for natural disaster. The PEBE programme is currently being piloted in Gaza, Nampula and Zambezia, and will now also be rolled out to Inhambane to test and strengthen school preparedness.

### Humanitarian Partners

UNICEF, World Vision, Care, Save the Children, Plan International, Mozambican Red Cross, UN Habitat



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### Priority Actions

- 1: Provision of immediate short-term access to food to 89,000 people through food for assets schemes and food vouchers.
- 2: Provision of seeds to 17,780 households who lost vegetative or mature crops following the cyclone.
- 3: Provision of agriculture extension/training and contributing to the rehabilitation of damaged infrastructure through food for work

**\$3.31  
million**

Required to reach  
89,000 people

### Response Strategy

The Food Security Cluster will provide food assistance to the affected people for a period of three months through food vouchers and Food for Work/Assets schemes. Food vouchers will ensure that the short term needs of the most vulnerable households are met as they recover from the shock. On the other hand, Food for Work/Asset schemes targeting food insecure households willing to engage in paid labour schemes will ensure that the immediate food needs of the affected households are met while contributing to the restoration of vital community infrastructure and assets that were damaged during the cyclone. Food vouchers targeting extremely vulnerable households will cover **39,000 people (7,800 households)** and will be undertaken by Weltungerhilfe (WHH) in areas affected by the Cyclone. On the other hand, Food for Work will target **50,000 people (10,000 households)** and will be supported by the United Nations World Food Programme (WFP). The amount of funding required by WFP to meet the food needs of the affected people with a full ration for a period of three months is **USD 1,600,000**. On the other hand, WHH will require **USD 572,400** to meet the food needs of the most vulnerable households through food vouchers. The total funding required for immediate food assistance is hence **USD 2,172,400**.

Secondly the Food Security Cluster will provide seeds to households who lost vegetative and mature crops in the aftermath of the cyclone. A total of **17,780 farming households** will be supported with seeds to enable them recover from the effects of the cyclone and take advantage of the second season as well as the residual moisture in flooded areas where water levels have receded. The provision of seeds will be undertaken by FAO, COSACA Consortium, CHEMA Consortium and Joint Aid Management (JAM). The funds required to meet the immediate seed requirements of the affected persons by the FSC members is as follows:

- Food and Agriculture Organisation (FAO): USD 350,000
- COSACA Consortium (Through CARE): USD 625,000
- CHEMA Consortium (Through WHH): USD 159,000

The total funding required by the three Food Security Cluster Agencies to meet the seed requirements of the affected households amounts to **USD 1,134,000**.

The Food Security Cluster will continue targeting the affected provinces with resilience building activities through other sources of funding in order to ensure that livelihoods are sustainable and more resilient to future shocks. Provision of agriculture extension, training of farmers, restoration of agriculture and community assets and promoting alternative livelihoods will remain key focus areas for the Food Security Cluster in order to ensure better resilience to similar shocks in future.

### Humanitarian Partners

World Food Programme (WFP); COSACA Consortium (Through CARE); CHEMA Consortium (Through WHH); Food and Agriculture Organisation (FAO); Joint Aid Management (JAM).



## Early Recovery

Contact Information: Titus Kuuyuor (titus.kuuyuor@undp.org; +258 820888951)

### Priority Actions

- 1: Comprehensive assessment in the cyclone affected Province – Inhambane, to determine unmet gaps, impact on economic activities and livelihoods opportunities for resilience recovery;
- 2: Assess government capacity in preparing for and responding to the cyclone and identify gaps for improvement
- 3: Assess impact of the cyclone on communities' livelihoods and other basic income activities and provide support to boost recovery
4. Based on the assessment in (1) develop a resilient recovery strategy for the government and partners. Train responders on the strategy, especially on the reconstruction for building back better against future cyclones.

**\$0.5  
million**

### Response Strategy

Early recovery is the application of development principles to humanitarian situations through an integrated, inclusive and coordinated approach to gradually turn the dividends of humanitarian action into sustainable crisis recovery, resilience building and development opportunities. It is intended to stabilize local and national capacities from further deterioration so that they can provide the foundation for full recovery and stimulate spontaneous recovery activities amongst the affected population. If such national capacities are used and strengthened, they are likely to reduce the overall burden of humanitarian support more rapidly. The Global Cluster on Early Recovery advocates for humanitarian actors to integrate approaches into their humanitarian work, where possible, that will mitigate the impact of a future crisis on a community. Within the humanitarian assistance framework, Early Recovery approaches and building of resilience communities have been increasingly used by Interagency Standing Committee Agencies – IASC (UN agencies, National and International NGOs). Lastly the Early Recovery approach presents important opportunities to promote gender equality. To this end, UNDP as the Lead Agency for the ER Cluster will ensure that all response programming for the affected districts incorporate recovery actions. Cross-cutting activities not covered in specific sectors will be reflected in the ER portfolio toward building back better.

In this regards, the Strategic objective of the Cluster will be:

- a) Strengthen the capacity of the decentralized government and local disaster risk management committees to support response and recovery processes,
- b) Conduct needs assessment for the development of a resilience recovery strategy
- c) Strengthen decentralized inter-sectoral coordination and linkages to ongoing programming in the cyclone affected including the drought response areas.
- d) Monitor and ensure that all interventions are of people centred approach that include ER actions and geared towards resilience agenda.

With reference to the ongoing Cyclone Dineo and various stakeholders involved in sector responses, ranging from government to the International humanitarian community, and national and local actors, and with limited financial resource at global levels, effective coordination at the decentralized level is critical to minimize impact, efficiency, and value for money, while ensuring that the response is needs-based and transparent. UNDP will increase its coordination and ER capacity for humanitarian activities in order to achieve better inter-sectoral coordination and to create the important links to development and resilience programming. This will include the following elements:

- In collaboration with the government ensure that relevant data is collected and analyzed to support humanitarian interventions and the development of a recovery strategy for building back better.
- Work closely with line ministries as well as humanitarian and development partners to ensure a common understanding of the needs, response priorities and ongoing programming
- Provide a forum for discussion and integration of cross-cutting issues such as DRR, environment, gender, and governance and strengthen accountability to affected populations by all sectors and partners.

### Humanitarian Partners

All cluster members responding to the cyclone.



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### Priority Actions

- 1: Strengthen the HCT coordination cell at provincial level
- 2: Support and ensure coordination of response interventions at provincial level
- 3: Monitor the implementation of the response plan and report to HCT at central level

**\$0.1 million**

Required to ensure coordination and oversee the response

### Response Strategy

The emergency coordination is led by the Government and the HCT complements its efforts in the response. In order to avoid duplication in the response and ensure coordination with the Government, there is a need to support the partners on the ground by strengthening the HCT coordination cell at provincial level. This cell will be responsible to convene regular meetings with the partners and government authorities in the ground, oversee the response interventions, and report on a regular basis to the HCT at central level and to the Government at provincial level.

### Humanitarian Partners

All agencies and NGO's responding to DINEO cyclone: UNICEF, WFP, UNFPA, UNDP, IOM, COSACA, RED CROSS, MSF, CHEMO, JAM.

Government: INGC and sector government counterparts: Health, Education, Agriculture, Public Works and Housing.

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