**THE danish emergency relief fund**

**Alert note**

**Section A: Basic information**

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| Organisation: | SustainableEnergy (VedvarendeEnergi) Denmark  Livaningo Mozambique |
| Title of alert: | Humanitarian Crisis in Mozambique |
| Type of crisis: | * *rapid onset humanitarian crisis (please fill out section B)*   *x* *slow onset humanitarian crisis (please fill out section C)*   * *spike in protracted humanitarian crisis (please fill out section D)* |

**Section C: Slow onset humanitarian crisis**

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| c.1 Where is the crisis? *Describe the areas affected*  Northern Mozambique, affecting the provinces of Cabo Delgado and Nampula  c.2 What is the nature of the crisis? *Please describe the type of crisis (e.g. climate change disasters, environmental degradation, desertification or other slow onset crisis) and describe potential local social and political implications (e.g. for specific target groups).*  The Massive displacement in Cabo Delgado, Mozambique's northern province has put an enormous strain on existing water and health facilities. As a result, a concerning shortage of safe water, sanitation and health services is a looming threat to public health for displaced people and host communities. The already fragile health infrastructure has been further weakened as a result of the armed conflict associated with terrorist groups in northern Mozambique which has led to the death, insecurity and displacement of more than 1.3 million people.  c.3 What information do you have about the situation? What is the source of that information? *Please provide available information on*  *affected populations including specific vulnerable groups and access to these*  *urgent emergency and/or protection needs*  *other actors responding and coordinating (including government, community structures, the UN, INGOs)*  A Recent Press released by the Head of Mission for Johanniter in Mozambique mentioned that with the conflict, hundreds of people have already lost their lives, and around 850,000 displaced people have sought refuge in temporary camps or with relatives in the provinces of Niassa, Cabo Delgado, and Nampula. There, they are living in very difficult conditions. Above all, their access to water and health care is not guaranteed.  On all the figures,children represent 52% of the overall IDP population, while women represent 27% and men 21%.  According to WHO, the number of cholera cases in Cabo Delgado at the beginning of August 2021 was 3,400, compared to approximately 2,200 from the same period last year. In the first semester of 2021, 28,602 cases of diarrhea have been registered in the province. Diarrhea has become the second cause of death among children under five. COVID represents an additional risk, partially associated with the lack of hygiene.  A lack of functioning health facilities reduced the capacity of the health system to detect and respond to disease outbreaks. In addition, 80% of health centers in the nine most conflict-affected northern districts of Cabo Delgado are not functioning.  International humanitarian organizations and national NGOs under the coordination of INGD  Currently there are only a limited number of aid organisations including government and international organisations (such as UNDP, UNICEF, Helvetas, ACF, CARE and Save the children), operational in the province providing safe water and health care treatment for these displaced person.  *Please insert link(s) and/or attach relevant documentation to the alert. Documentation may be found at UN OCHA, ACAPS, or other internationally recognised sources.*   1. <https://www.africanews.com/2021/10/11/mozambique-water-shortage-threaten-public-health-for-displaced-people-communities/>   [*https://reliefweb.int/report/mozambique/mozambique-850000-displaced-lack-water-and-health-services*](https://reliefweb.int/report/mozambique/mozambique-850000-displaced-lack-water-and-health-services)  <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Mozambique%20-%2031%20Dec%202020%20%281%29.pdf>  <https://www.care.org.mz/contentimages/COSACA%20Cabo%20Delgado%20Rapid%20Needs%20Assessment_Nov%202020.pdf>  c.3.1 Provide as strong as possible evidence of why there is a change in the current slow onset crisis. Describe also when the change occurred (m*ention specific dates if possible).*  Mozambique’s Cabo Delgado province has been in alarm since the first insurgent attacks in 2017. Insecurity has led to the damage or destruction of 36% of all health facilities across the province and as a result, by the end of 2020, there were no functional clinics in the districts hardest hit by conflict. February 2020 saw the appearance of the first cholera outbreaks in several districts of Cabo Delgado, amongst displaced persons seriously afflicted by poor hygiene and sanitation.  In December 2020 OCHA’s situation report already pointed out that cholera cases were increasing in Cabo Delgado, especially among displaced people, amid serious disruptions to health, water, and sanitation and hygiene services.  c.3.2. How could DERF grants make a difference for the crisis affected population? *Please consider the following points:*   * *Rapid disbursement* * *Short intervention (0-9 months)* * *Meeting needs of hard-to-reach populations not catered for by other donors*   In keeping with the challenges faced by IDPs, DERF's support will be crucial to reducing the situation of vulnerability that IDPs find themselves. DERF can fund not only support for quick relief, but also with medium-term results (more than six months), by increasing access to clean water, provide access to appropriate sanitation, provide WASH education practices and safe location of latrines and bathing facilities for girls and women.  c.4 Are you already responding to this emergency? In which locations/sectors? For which target group? Through which forms of local presence? What is the outcome of your latest assessment and what have you done since then?  We are currently not responding to this emergency, but we have had actions in the past that are still positively impacting the living conditions of IDPs and host communities. |  |