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UNICEF supporting the return to school for children affected by the floods in Chókwè, Gaza Province.

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Humanitarian Situation Report No. 3

Reporting Period
March 2026

Mozambique

HIGHLIGHTS

- Insecurity and displacement dynamics in northern Mozambique remained relatively contained but persistent, with approximately 1,850 people displaced in March, of whom 55 per cent were children.
- Cholera remained a major public health concern, with cases increasing by 25 per cent and the outbreak expanding to six additional districts. UNICEF supported the Oral Cholera Vaccine campaign, which reached 3,485,668 people.
- UNICEF nutrition interventions reached over 53,700 children with screening and vitamin A supplementation, 1,900 children treated for severe acute malnutrition
- UNICEF reached over 42,000 children through the provision of learning materials and temporary learning spaces. UNICEF provided mental health and psychosocial support services that reached over 5,500 children through case management and mobile Child-Friendly Spaces.
- More than 95,000 people had access to WASH and cholera prevention services

SITUATION IN NUMBERS

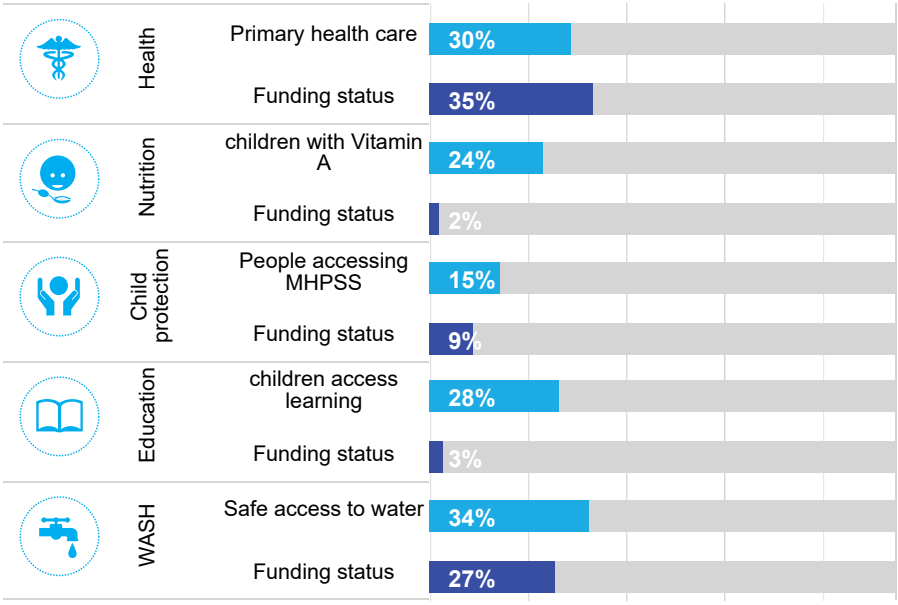
1,000,000
Children in need of humanitarian assistance[1]

1,800,000
People in need of humanitarian assistance[2]

506,214
Conflict-related internally displaced people[3]

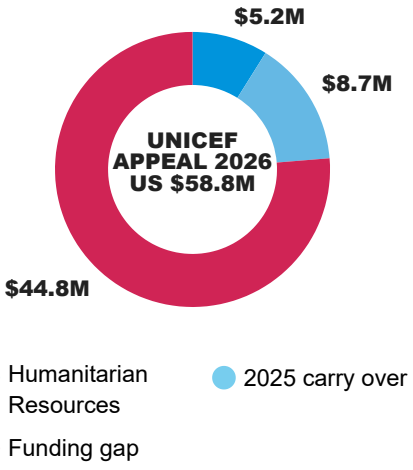
715,101
Returnees[4]

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

The UNICEF Mozambique Humanitarian Action for Children (HAC) is appealing for US $58.8 million to sustain life-saving services for nearly 1.0 million children and families in Mozambique, who have been impacted by multiple shocks, including conflict in northern Mozambique, cholera outbreaks, flooding and storms. As of March 2026, UNICEF had received US$10.4 million from the UN Central Emergency Response Fund (CERF), European Civil Protection and Humanitarian Aid Operations (ECHO), Canada, the Government of Austria, Cyprus, the USA (State), PRM IDA and Global Humanitarian thematic (GHTF). These funds, along with the carryover of funds from 2025, enabled UNICEF to address immediate needs. However, significant gaps (68%) remain across all response programs, affecting UNICEF's ability to fully meet the needs of children and their caregivers.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In March 2026, the security situation in northern Mozambique remained volatile but relatively contained compared to previous months, possibly due to the impact of heavy seasonal rains that limited the mobility on non-state armed groups (NSAGs). Nevertheless, localized incidents, armed clashes between government forced and NSAGs, as well as violence against civilians persisted across several high-severity districts, with reports of killings, abductions, and continued protection risks.[5] Although security incidents decreased, humanitarian access in northern Mozambique remained highly constrained, primarily due to localized attacks, armed clashes and interference along key routes, compounded by damaged infrastructure and the impact of the rainy season, which continued to disrupt and complicate operations.[6]

During the reporting period, population movements continued but remained limited in scale, with around 1,850 people on the move across northern Mozambique. Notably, children accounted for the majority of those on the move —1,027 individuals or approximately 55 per cent— alongside 457 women and 366 men. Most of the reported movements were departures (58 per cent), mainly from the districts of Macomia and Mueda, followed by returns (24 per cent) to Mocimboa da Praia, Muidumbe, and Ibo districts.[7]

Across the central and northern regions, Mozambique also continues to face public health emergencies. Measles cases increased by 26 per cent in March 2026, reaching 860 cumulative cases as of 31 March. Cholera cases increased by 25 percent, expanding from 23 to 29 districts, with 1,533 new cases reported—primarily in Nampula, Tete and Sofala provinces. As of 31 March, no measles-related death had been reported, while seven deaths were attributed to cholera, representing a nine percent increase since the previous month.[8] In March, ongoing cholera response efforts were complicated by the spread of misinformation, which has fueled community mistrust and led to incidents of violence targeting local leaders and health services - particularly in Cabo Delgado and Nampula.[9]

In March, the effects of the rainy season continued to drive humanitarian needs across central and southern Mozambique. Between 7 and 27 March 2026, an estimated 165,656 individuals (36,963 households) were affected, with the most severe impacts in areas already impacted during the January-February 2026 flooding, bringing the total number of people affected since January to 869,656 individuals (203,663 households). As of 27 March, around 11 percent of the affected population (20,172 people) remain in 38 accommodation centres, out of whom 48% are children and 33% are women, while many others stay with host communities or in informal settings, often outside formal assistance mechanisms.[10] Flood impacts have also significantly disrupted livelihoods, reducing agricultural production and income opportunities, while also limiting access to markets and basic services. These shocks are compounding an already critical food security situation, with an estimated 2.5 million people experiencing crisis levels of food insecurity (IPC Phase 3) and around 170,000 in emergency conditions (IPC Phase 4) during the current lean season. [11]

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health and HIV/AIDS

UNICEF supported life-saving health services across multiple districts in Cabo Delgado through the distribution of 110 Interagency Emergency Health Kits (IEHKs), 48 Acute Watery Diarrhea (AWD) kits, and 600 Community Health Worker (CHW) kits, expected to benefit 264,800 people, including community health workers. In response to the cholera outbreak, UNICEF also trained 98 community activists on cholera prevention, early detection, and community awareness.

In Nampula Province, to strengthen cholera management across eight affected districts (Monapo, Nacala-a-Velha, Memba, Erati, Nacala Porto, Ilha de Moçambique, Mongicual, and Mogovolas), UNICEF supported the delivery of 115 cholera treatment kits, 90 IEHK 2017 kits, 30 sprayers for Case Area Targeted Interventions (CATI), and 10,252 Personal Protective Equipment (PPE) items, benefiting 100,210 people, including 10,252 healthcare workers. Since the start of the response, 3,598 patients have been treated at cholera treatment centers (CTCs), with 3,553 discharged, reflecting a recovery rate of 98.7%

As part of the flood response, UNICEF delivered 25 AWD kits and 25 IEHK 2024 kits to Guijá, Chókwè, Chicualacuala, and Massingir districts, expected to benefit 252,500 people over three months. UNICEF is also supporting the cleanup of 19 damaged health facilities to restore access to essential services. UNICEF continues to support integrated mobile health brigades in Gaza and Sofala provinces, reaching 3,283 people with essential services, including routine immunization, maternal and child health care, and disease prevention.

Cholera response activities continued in the provinces of Manica, Tete, and Maputo City. UNICEF supported the deployment of 15 health technicians to Nacala District in Nampula Province to facilitate peer learning and the exchange of experiences on cholera case management. In addition, cholera case monitoring was strengthened, and 46 community activists were trained in community-based surveillance and case-

area targeted interventions (CATI). UNICEF also supported the implementation of an Oral Cholera Vaccine (OCV) campaign across Niassa, Cabo Delgado, Nampula, Zambézia, Tete, and Sofala provinces, reaching 3,485,668 people aged one year and above.

Nutrition

In Cabo Delgado Province, UNICEF strengthened the nutrition response by reproducing and distributing 1,264 flipcharts on optimal infant and young child feeding practices. These materials are enhancing the quality of counselling provided by health technicians at health facilities and supporting community outreach led by local actors. This targeted capacity-building approach equips caregivers with practical knowledge to improve infant feeding practices, contributing to better nutrition outcomes in conflict-affected communities.

At the same time, UNICEF is leading the development of a strategic transition plan to shift nutrition cluster coordination from an externally led mechanism to a government-driven sectoral framework. This transition aims to strengthen sustainability, national ownership, and governance of nutrition interventions. Enhanced government leadership is expected to improve preparedness, coordination, and the effectiveness of emergency nutrition responses.

Following recent flooding in Gaza and Sofala provinces, UNICEF deployed integrated mobile brigades to ensure continued access to essential nutrition services for affected populations. To date, approximately 215 children with severe acute malnutrition have been reached and provided with timely treatment and care.

Overall, across flood-affected, conflict-impacted, and other emergency settings, 53,729 children under five were screened and received vitamin A supplementation. Additionally, 1,892 children were admitted for treatment of severe acute malnutrition, while 47,303 caregivers participated in Infant and Young Child Feeding (IYCF) counselling sessions.

In partnership with SETSAN, UNICEF is supporting post-shock assessments and SMART surveys in six districts across Tete, Manica, and Sofala provinces to inform evidence-based programming.

Education

As a result of the conflict in Cabo Delgado, which has caused both temporary and permanent displacement, including of thousands of school-aged children, nearly all schools in Mocímboa da Praia District were forced to close, disrupting access to education and negatively affecting learning outcomes.

With the gradual return of populations to their areas of origin, significant gaps persist, particularly in access to teaching and learning materials. In this context, UNICEF, in coordination with the SDEJT, provided teaching and learning materials to 3,013 children, including 1,736 girls. The support included student kits, recreational kits, and teaching kits to facilitate the safe resumption and continuity of education for conflict-affected children in Mocímboa da Praia.

During the reporting period, the education sector in Gaza continued its emergency response to the recent floods. Efforts focused on the distribution of learner kits, recreational kits, tarpaulins, school-in-a-box kits, and chalkboards, significantly improving the learning environment and availability of essential educational materials in the districts of Chicualacuala, Mabalane, and Mapai. These interventions benefited 20,489 children, including 9,388 girls.

In response to the floods in Sofala Province, a comprehensive package of educational and emergency support materials was strategically deployed to ensure continuity of learning and the safe return of children to school. The support included school tents, school-in-a-box kits, tarpaulins, hygiene kits, recreational kits, learner kits, and chalkboards. These materials were used both in temporary accommodation centres and affected schools, enabling the rapid establishment of functional learning spaces.

Particular emphasis was placed on hygiene and safety. The distributed hygiene kits supported the cleaning and rehabilitation of school facilities, facilitating a safe and dignified resumption of classes in restored learning environments. The intervention targeted the districts of Beira, Buzi, Nhamatanda, Chibabava, Gorongosa, and Machanga, reaching approximately 18,600 children and helping to mitigate educational disruption caused by the disaster.

Child Protection

In the month of March, a high level mission to Cabo Delgado was conducted with senior UN leadership, including the RC/HC, UNICEF Representative and Chief of Field Office (CFO), as well as the Heads of UN Women, UN OCHA and the UNFPA CFO. The mission aimed to advocate for the Government of Mozambique's commitment to its obligations related to the prevention of grave violations against children, the establishment of institutionalized handover protocols, and the protection of children associated with armed forces and armed groups (CAAFAG). MHPSS Child Protection response in Mueda, Mocímboa da Praia, Nangade and Palma District, reached 11,244 (5909 girls) children, adolescents, and 1332 (654 women) youth accessed structured, age appropriate, and arts based psychosocial support activities, 90 adolescents (45 girls) were enrolled in GAIA program leading to improved emotional wellbeing, positive coping, and increased feelings of safety in MPCs. Capacity strengthening efforts resulted in the training of 27 (14 women) new GAIA facilitators alongside the completion of safety audits and the establishment of steering committees across 12 MPCs in the district of Palma. To strengthen the Capacity of FADM to prevent the six grave violations, Unicef, OHCHR and Dallaire institute conducted a joint mission to Nampula Military Academy with focus on curriculum integration of CAAC and Human Rights into their curriculum.

Water, sanitation and hygiene

In Cabo Delgado, UNICEF sustained WASH interventions that significantly contributed to cholera containment in Metuge and Mecufi districts. Continued water trucking ensured access to safe drinking water, with 120,000 litres supplied via a 10 m³ bladder tank in Nanlia, benefiting 4,000 people, and 60,000 liters delivered in Mecufi Sede, reaching 2,000 people. Water quality monitoring and chlorination were successfully

handed over to trained community monitors at Nanlia Health Centre. Preventive measures were reinforced through the cleaning and chlorination of two contaminated boreholes in Naminawe, restoring safe water access. Hygiene promotion was sustained through trained community and religious leaders, reaching 1,500 households, with 80 per cent demonstrating correct handwashing practices. Community engagement was further strengthened through focus group discussions, health facility sensitization, murals, and radio broadcasts in four local languages.

In Nampula Province, UNICEF scaled up life-saving WASH interventions to contain and prevent the spread of cholera, reaching approximately 76,800 people across all 23 districts through the distribution of household water purification supplies. This response comes against a backdrop of a cumulative 2,800 cholera cases, underscoring the urgency of ensuring access to safe drinking water. Interventions were strategically prioritized in districts with active cholera outbreaks, including Memba, Erati, Nacala Porto, Monapo, Mogincual, Ilha de Moçambique, Nacala-a-Velha, and Mogovolas, while support was extended to Moma District to prevent resurgence and sustain gains following the end of its outbreak. In response to the cholera outbreak in Zambezia Province, 200 cholera family kits were distributed in Morrumbala to the same number of families reaching 1,000 people, while hygiene promotion activities were carried out at health care facilities.

In Sofala and Manica, two water systems were inaugurated in Tambara district in response to El Niño-induced drought, benefiting 1,676 people, including 588 students and 88 health workers. Thirty-six technicians from both provinces were trained in water quality monitoring and WASH supply distribution for emergency response, with training held in Gorongosa district. Flood response supplies reached 10,000 people in Buzi, Nhamatanda, and Machanga, including 2,000 family hygiene kits, soap, and bulk water treatment chemicals for water supply systems.

Social protection and Cash-based Programming

During the reporting period, INAS initiated preparations for the registration of flood-affected beneficiaries in Xai-Xai. As part of this process, training sessions were conducted for INAS technicians and designated focal points from the selected target communities.

By the end of March, registration had commenced for approximately 2,700 beneficiaries. The process includes the opening of mobile money accounts to enable recipients to receive their entitlements electronically through M-Pesa.

Despite this progress, several challenges remain. A total of 198 eligible beneficiaries have yet to be registered due to limited physical access. Floodwaters have isolated one of the target communities, effectively turning it into an island accessible only by boat. As a result, the deployment of INAS and Vodacom teams to complete the registration process has been delayed due to the need to secure boat transport.

Efforts are ongoing to complete all outstanding registrations in early April. Once finalized, payments are expected to commence within the same month, enabling affected households to receive timely assistance.

Social and Behaviour Change, Adolescents and Gender

In Nampula Province, social and behaviour change (SBC) interventions continued to focus on the cholera outbreak response in affected districts, as well as the conflict response in Erati and Memba districts. These efforts prioritized a community-centred approach, engaging religious leaders, traditional healers, and youth association members, who played a critical role in promoting key health- and WASH-related protective and preventive behaviours, while addressing harmful rumours and misinformation related to cholera.

As part of the conflict response, a total of 60 activists from the Okhala wa Miravo youth association were trained to facilitate community dialogues in the administrative posts of Namapa and Alua (Erati District), and Mazua, Chipene, and Memba Sede (Memba District). These activities engaged influential community members and promoted key preventive behaviours, reaching a total of 22,230 people.

In response to flooding in Maputo and Gaza provinces, UNICEF continued to support the strengthening of community-based surveillance for diarrhoeal diseases, including cholera, through the engagement of health committee members and other key community influencers. These actors conducted home visits and interactive awareness sessions to reinforce key preventive and protective behaviours and facilitate the referral of suspected cholera cases to health facilities.

These interventions were complemented by community radio programmes, multimedia mobile units, and community theatre initiatives, which disseminated key messages to stimulate dialogue and encourage the adoption of preventive behaviours, reaching approximately 557,130 people.

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Prevention of Sexual Exploitation and Abuse

UNICEF continued to embed Protection against Sexual Exploitation and Abuse (PSEA) efforts across emergency responses in Cabo Delgado, Nampula and Gaza, with a particular focus on health and nutrtion and Child Protection interventions. In Nampula, PSEA radio spots were broadcast in areas hosting conflict affected IDPs as well as communities impacted by ongoing cholera outbreaks. In Gaza Province, 50 health care staff supporting integrated mobile health brigades for flood affected communities were trained on PSEA and safeguarding. In Cabo Delgado, conflict and displacement affected communities received face to face PSEA awareness sessions, including information on available reporting channels.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF and humanitarian WASH partners sustained response activities across multiple provinces during March, with operations concentrated in Cabo Delgado and Gaza, and further scale-up is expected following new Eastern and Southern Africa Humanitarian Pooled Fund (ESA HF) allocations. In Cabo Delgado, approximately 47,600 people were reached with conflict-related WASH services, while 35,820 flood-affected people were supported in Gaza. Additional interventions reached 3,600 people in Nampula, 6,250 in Sofala, and 2,350 in Maputo Province. UNICEF continued to provide strategic coordination, ensuring responses remained targeted, inclusive, and responsive to conflict- and climate-related emergencies. World Water Day was marked through the inauguration of water systems and community awareness activities across several provinces which included public health messages and community participation under the theme of equitable access to water and sanitation.

The Education Cluster continued to coordinate flood response efforts in Gaza, Maputo City, Maputo Province, and Sofala, while maintaining support to conflict-affected northern areas. During the reporting period, partners reached 36,996 children through formal and non-formal education interventions, including temporary learning spaces, teaching materials, and classroom rehabilitation, while 122 teachers were trained. Follow-up also continued on Education Cannot Wait funding aligned with the 2026 HNRP.

The Child Protection Workstream (CPWS), led by UNICEF, was launched in late February, bringing together 32 agencies (20 national NGOs, 5 international NGOs, 2 government departments, and 5 UN agencies) across 9 sectors in Mozambique to strengthen intersectoral coordination and inform the 2026–2027 strategy. Partners agreed on key actions, including developing standardized Child Protection in Emergencies (CPiE) response packages, aligning with the Child Protection Minimum Standards (CPMS), and improving integrated service delivery. Between January and March, partners reached 47,912 people with Child Protection in Emergencies services in Cabo Delgado and Nampula. In response to flooding, key CP messages were disseminated nationwide, reaching approximately 1.8 million people in the first quarter of 2026. The workstream also provided technical support for ESA HF allocations enabling the applicant agencies to be better equipped to strengthen their proposals on CPiE interventions.

The Nutrition Cluster, led by UNICEF and co-led by the Ministry of Health, advanced its transition process to 90 per cent completion. Integrated mobile brigades responding to conflict and flooding reached 47,633 caregivers with IYCF support, screened 54,316 children for acute malnutrition, and admitted 2,485 children for treatment. Nutrition assessments are ongoing in 34 districts, alongside SMART surveys in six districts to inform evidence-based programming. The Cluster also provided technical support to strengthen nutrition proposals under ESA HF allocations.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Mobile brigades register 12,000 children in Gaza following floods
- Flood impact in central Mozambique
- Flash Update: Flood impact
- Floods put children at higher risk
- Humanitarian response in Mocimboa da Praia

HAC APPEALS AND SITREPS

- Mozambique Appeals
  https://www.unicef.org/appeals/mozambique
- Mozambique Situation Reports
  https://www.unicef.org/appeals/mozambique/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 30 MAY 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	806,174	409,145	124,120	▲ 19%	-	-	-
Live births that were delivered in health facilities in UNICEF-supported areas	Total	116,462	80,210	13,382	▲ 12%	-	-	-
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	135,806	98,234	8,546	▲ 1%	-	-	-
HIV/AIDS								
Adolescents tested for HIV and received the result of the last test	Total	13,873	13,180	7,829	▲ 59%	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	35,540	30,059	5,849	▲ 6%	30,059	6,458	▲ 8%
Children 6-59 months screened for wasting	Total	615,289	597,675	142,360	▲ 9%	419,941	158,469	▲ 13%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	457,817	279,214	88,712	▲ 17%	173,142	80,795	▲ 28%
Children 6-59 months receive routine vitamin A supplementation	Total	615,289	597,675	144,660	▲ 9%	419,941	135,219	▲ 8%
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	1 million	280,466	42,241	▲ 9%	793,222	49,437	▲ 3%
Number of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	Total	-	28,856	74	0%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	466,662	310,723	▲ 6%	-	-	-
Children who have received individual case management	Total	160,000	44,119	7,499	▲ 14%	33,109	3,790	▲ 3%
Education								
Children accessing formal or non-formal education, including early learning	Total	625,878	295,000	81,680	▲ 11%	544,529	143,841	▲ 7%
# teachers and other Education Personnel trained in EiE related topics	Total	-	3,850	122	▲ 3%	8,766	266	▲ 1%
Water, sanitation and hygiene								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	1.3 million	524,994	180,267	▲ 1%	454,086	277,313	▲ 19%
People use safe and appropriate sanitation facilities	Total	1.3 million	274,423	22,144	▲ 4%	311,772	30,827	▲ 6%
People reached with hand-washing behaviour-change programmes	Total	1.3 million	274,423	69,441	▲ 4%	365,014	140,352	▲ 13%
People reached with critical WASH supplies	Total	1.3 million	699,992	60,324	0%	365,014	181,289	▲ 4%
Social protection								
Number households reached with unconditional cash transfers	Total	35,000	14,550	-	0%	-	-	-
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	100,000	63,000	-	0%	-	-	-
SBC/accountability mechanisms								
People reached through messaging on prevention and access to services	Total	8.4 million	4 million	733,233	▲ 9%	-	-	-
People engaged in promoting protective and preventive behaviours	Total	842,957	402,117	16,224	▲ 2%	-	-	-
People who participated in community feedback and complaint mechanisms	Total	8,429	4,021	3,159	▲ 44%	-	-	-

Northern Mozambique

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	261,797	200,309	65,736	▲ 27%	-	-	-
Live births that were delivered in health facilities in UNICEF-supported areas	Total	38,313	29,315	9,139	▲ 26%	-	-	-
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	49,916	37,437	2,729	▲ 3%	-	-	-
HIV/AIDS								
Adolescents tested for HIV and received the result of the last test	Total	7,321	6,955	5,555	▲ 80%	-	-	-
Nutrition								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Children 6-59 months with severe wasting admitted for treatment	Total	17,514	15,174	4,390	▲ 10%	15,174	4,497	▲ 9%
Children 6-59 months screened for wasting	Total	421,097	409,378	71,216	▲ 7%	219,923	80,116	▲ 14%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	263,991	189,905	45,142	▲ 14%	79,732	44,478	▲ 33%
Children 6-59 months receiving Vitamin A supplementation	Total	421,097	409,378	73,516	▲ 7%	219,923	49,828	▲ 1%
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	521,000	221,441	39,611	▲ 12%	400,665	33,493	▲ 3%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	20,598	8,857	-	0%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	439,212	373,330	310,076	▲ 8%	-	-	-
Children who have received individual case management	Total	83,316	36,199	6,995	▲ 17%	64,107	2,875	▲ 1%
Education								
Children accessing formal or non-formal education, including early learning	Total	447,000	268,000	14,138	▲ 1%	296,678	36,044	▲ 2%
Teachers (m/f) and other Education Personnel trained in EiE related topics	Total	5,668	3,500	122	▲ 3%	5,668	224	▲ 2%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	598,908	304,497	52,300	▲ 1%	454,086	113,857	▲ 11%
People use safe and appropriate sanitation facilities	Total	535,401	200,924	3,705	▲ 1%	311,772	12,615	▲ 3%
People reached with hand-washing behaviour-change programmes	Total	548,681	200,924	35,427	▲ 4%	365,014	97,402	▲ 10%
People reached with critical WASH supplies	Total	548,681	455,023	34,440	0%	365,014	93,050	▲ 3%
Social protection								
Households reached with unconditional cash transfers	Total	60,000	13,000	-	0%	-	-	-
Households benefiting from new or additional social assistance (cash/in-kind) measures from governments with UNICEF-technical assistance support	Total	80,000	20,000	-	0%	-	-	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
SBC/accountability mechanisms								
People reached through messaging on prevention and access to services	Total	4.1 million	2.1 million	451,673	▲ 4%	-	-	-
People engaged in promoting protective and preventive behaviours	Total	405,818	211,025	10,639	▲ 2%	-	-	-
People who participated in community feedback and complaint mechanisms disaggregated by sex and age	Total	4,058	2,110	2,487	▲ 64%	-	-	-

**Progress in the reporting period March 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health	9,403,512[12]	1,303,047	2,025,523	6,074,941	65%
Nutrition	8,378,354	-	137,447	8,240,907	98%
Child protection	9,626,918[13]	632,230	248,501	8,746,187	91%
Education	6,866,682[14]	-	195,127	6,671,555	97%
WASH	17,080,448[15]	2,761,790	1,793,706	12,524,951	73%
Social Protection	3,168,720	-	2,636,863	531,857	17%
Cross-sectoral (SBC, Adolescent, PSEA, GBV)	3,590,325	252,098	295,818	3,042,408	85%
Emergency operations	642,166[16]	287,761	1,356,920	-	0%
Total	**58,757,125**	**5,236,926**[17]	**8,689,906**	**44,830,292**	**76%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. UNICEF Mozambique: Humanitarian Action for Children Appeal 2026 https://www.unicef.org/appeals/mozambique

2. UNICEF Mozambique: Humanitarian Action for Children Appeal 2025 https://www.unicef.org/esa/media/15011/file/2025-HAC-Mozambique(3).pdf

3. Mozambique Humanitarian Needs and Response Plan 2025 https://reliefweb.int/report/mozambique/mozambique-humanitarian-needs-and-response-plan-2025-december-2024

4. Mozambique Humanitarian Needs and Response Plan 2026 https://reliefweb.int/report/mozambique/mozambique-humanitarian-needs-and-response-plan-humanitarian-programme-cycle-2026-issued-29-december-2025-enpt

5. ACLED, Mozambique conflict monitoring, 9-22 March 2026

6. OCHA Access Snapshot, March 2026

7. IOM/DTM, Emergency Tracking TOOL (ETT), March 2026

8. Ministry of Health daily bulletins for cholera and Measles, March 2026

9. OCHA Humanitarian Snapshot, March 2026

10. IOM/DTM Mozambique Floods Flash Update #10, 27 March 2026

11. IPC, Oct 2025 – Mar 2026

12. The health sector budget reflects increased investment in response to public health emergencies including cholera and mpox, alongside expanded support for maternal and adolescent health services.

13. The reduction reflects prioritization of high-risk areas (areas of severity 4 and a few areas of severity 3) and streamlined delivery of gender-based violence in emergencies interventions (7 per cent of funding requirement).

14. The reduced requirement reflects the government-led delivery of education in emergencies activities, enabling greater reach at less cost. Moreover, the resilient rehabilitation component has been discontinued: due to the time required for its implementation, it has proven not feasible with emergency funding and fit better under the nexus agenda.

15. The reduction in WASH targets for safe water access and critical WASH supplies provision is proportionate to the decrease in the overall people in need figures. However, targets for sanitation have been increased to maintain the share of UNICEF of the cluster target for the North. Overall, a consistent ratio of UNICEF targets relative to WASH Cluster target has been maintained for safe water and critical supplies, and increased for appropriate sanitation to ensure alignment with UNICEF capacity and role as Cluster Lead Agency.

16. The reduction in funding reflects coordination restructuring and changes in workforce structure and integration in line with changes at the global level.

17. An additional US$ 1,714,082 has been received but it has not been allocated yet. Considering this, the funding gap is 73% as of March 2026