



Flood-affected children in Guija, Gaza province, engage in recreational activities at a child-friendly space

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for every child

Humanitarian Situation Report No. 7

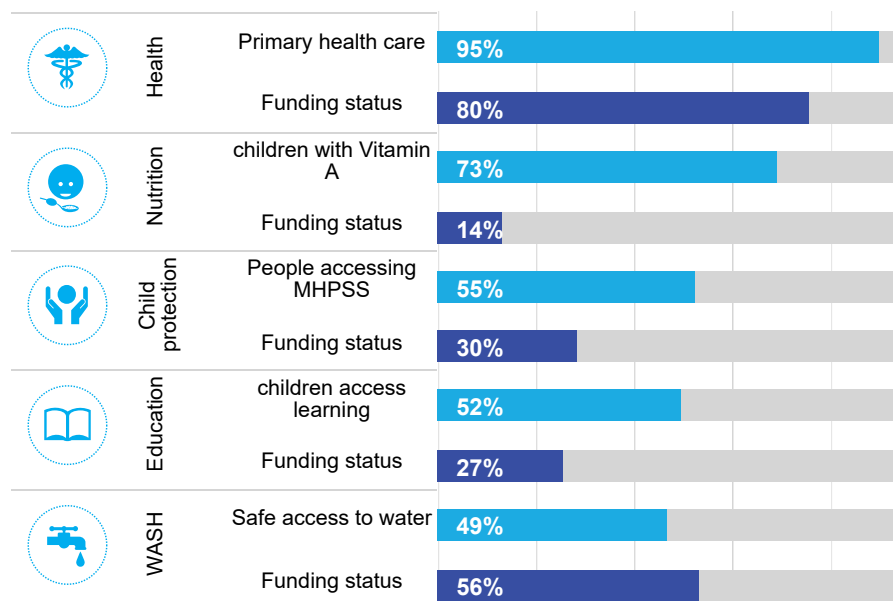
Reporting Period
July 2026

Mozambique

HIGHLIGHTS

- Insecurity remained volatile in northern Mozambique in July, with 3,729 people, including 1,575 children, reported on the move across Cabo Delgado, Nampula and Niassa.
- UNICEF supported 109,842 women and children accessing essential primary healthcare
- 51,124 children aged 6–59 months received vitamin A supplementation through UNICEF-supported nutrition services
- 22,647 children accessed formal or non-formal education, including early learning, through UNICEF-supported interventions.
- UNICEF provided community-based mental health and psychosocial support services to 24,603 children, adolescents and caregivers.
- UNICEF-supported WASH interventions reached 73,097 people with critical WASH supplies

UNICEF RESPONSE AND FUNDING STATUS*



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

SITUATION IN NUMBERS



1,000,000
Children in need of humanitarian assistance¹



1,800,000
People in need of humanitarian assistance²

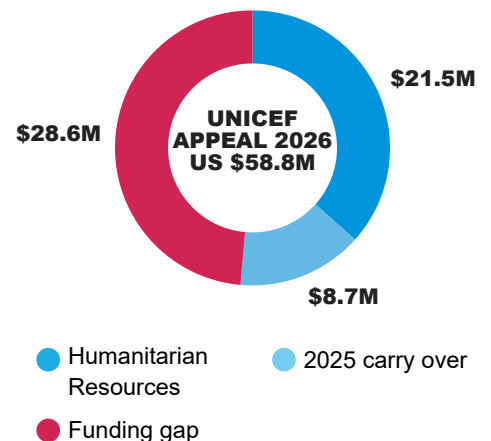


506,214
Conflict-related internally displaced people³



715,101
Returnees⁴

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 July 2026, UNICEF had received a total of US\$ 21.5 million from the UN Central Emergency Response Fund (CERF); the Eastern and Southern African Humanitarian Fund (ESA HF); the European Civil Protection and Humanitarian Aid Operations (ECHO); the governments of Canada, Austria, Cyprus, and the United States (PRM IDA); the Global Humanitarian Thematic Fund (GHTF); the French, Italian, Luxembourg, UK, German and Japanese Committees for UNICEF; and private sector partners. These funds, along with the carryover of funds from 2025, enabled UNICEF to address immediate needs. However, significant gaps (49%) 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 July 2026, insecurity remained volatile across northern Mozambique, with intensified military operations in Macomia prompting non-State Armed Groups (NSAGs) to disperse southwards and westwards across Quissanga, Meluco, Ancuabe, Chiúre and Montepuez districts.⁵ Population movements continued throughout the month, with IOM's Emergency Tracking Tool recording 3,729 people on the move across Cabo Delgado, Nampula and Niassa, including 1,575 children, 1,145 women and 1,009 men. Most of these movements (3,698) were recorded in Cabo Delgado, with violence remaining the main trigger for displacements, followed by intended returns and fear of attack.⁶ In July, OCHA reported a total of 28,163 people displaced by conflict since the beginning of 2026, with women and children accounting for 65 per cent of those displaced.⁷

Public health risks remained significant in July, with ongoing cholera and measles outbreaks. However, the cholera outbreak continued to recede substantially, with active transmission limited to Sofala and Manica provinces. By 31 July, Manica had recorded 386 cumulative cholera cases and three deaths⁸, while Sofala reported 383 cases and four deaths.⁹ Meanwhile, measles transmission continued to increase, reaching 2,169 cumulative cases and three deaths by end July, compared with 1,630 cases and three deaths at the end of June. Nampula remains the most affected province, accounting for 1,070 measles cases and all three reported deaths, followed by Sofala (539 cases) and Zambézia (278 cases). New cases continued to be reported across Niassa, Nampula, Zambézia and Sofala, indicating sustained transmission across several parts of the country.¹⁰

Looking ahead to the 2026-2027 rainy and cyclonic season, the rapidly strengthening El Niño is expected to further exacerbate humanitarian needs, particularly in southern and central Mozambique. The latest July forecast indicates that El Niño conditions are continuing to intensify, with a 100 per cent probability of El Niño persisting through early 2027 and the event expected to peak towards the end of 2026.¹¹ In Mozambique, the most significant impacts are expected in Maputo, Gaza, and Inhambane provinces, where below-average rainfall, prolonged dry spells and above-average temperatures are expected to reduce agricultural production and household incomes. FEWS NET projects Crisis (IPC Phase 3) food insecurity outcomes from October 2026 to January 2027 in areas of southern and central Mozambique already affected by weather shocks, as drought conditions compound the slow recovery from the 2026 floods.¹²

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health and HIV/AIDS

In Nampula Province, UNICEF supported 40 emergency integrated mobile brigades in Erati District, providing essential primary health care to 6,496 internally displaced people, including 3,247 children (1,549 boys and 1,698 girls) and 2,542 women, of whom 455 were pregnant. UNICEF also provided 48 emergency health kits with essential medicines and medical-surgical supplies to health facilities in Erati and Memba districts to ensure continuity of life-saving services. Moreover, UNICEF contributed to the successful containment of the cholera outbreak in all the affected districts in Nampula and Manica provinces, which have now officially declared the end of their outbreaks.

In Zambezia, UNICEF continued supporting integrated mobile brigades in drought- and flood-affected communities, providing diagnosis and treatment of common childhood illnesses, including malaria and diarrhoea, and routine immunization. In July, 7,958 children under five were reached with critical health services in hard-to-reach areas.

In Sofala, UNICEF supported community-based diarrhoea surveillance and cholera prevention in Chemba and Muanza districts, reaching 581 families and 35 cholera patients and their families with risk communication, hygiene promotion and case follow-up.

In Gaza, UNICEF supported the flood response by distributing 150 Personal Protective Equipment (PPE) kits, 150 Oral Rehydration Point (ORP) kits and 21 Cholera Treatment Centre (CTC) kits to strengthen preparedness and response capacities. In Manica Province, UNICEF supported the distribution of 105,000 mosquito nets, expected to benefit approximately 52,500 households.

Finally, in Tete, UNICEF supported a Viral Haemorrhagic Fever (VHF), including Ebola, preparedness and response simulation exercise, strengthening health workers' and emergency teams' capacity to detect, report and respond to potential outbreaks and improving coordination among key stakeholders.

Nutrition

UNICEF continued supporting life-saving and preventive nutrition services in conflict-affected areas of Cabo Delgado, Nampula, and in drought-affected areas of Zambezia through Integrated Mobile Brigades, community-based interventions, and the provision of essential nutrition supplies. During the reporting period, UNICEF supported the Ministry of Health (MoH) to deliver essential nutrition services through community-based interventions and targeted emergency health facilities, reaching 50,564 children under five years of age with acute

malnutrition screening. This resulted in the identification of 1,751 children with Severe Acute Malnutrition (SAM), who were referred for treatment and follow-up services. Preventive nutrition interventions reached 51,124 children aged 6–59 months with vitamin A supplementation, 5,901 children with deworming treatment, and 136 children with multiple micronutrient powders. In addition, 7,295 caregivers received counselling on Infant and Young Child Feeding (IYCF) practices, contributing to improved nutrition awareness and the promotion of appropriate feeding behaviours. To strengthen screening, referral, and treatment capacities, UNICEF also provided essential anthropometric equipment and nutrition supplies to support service delivery at community and health facility levels.

In Gaza Province, UNICEF supported the nutrition response to flooding through the deployment of Integrated Mobile Brigades in Chokwé, Guijá, Mabalane, and Massingir districts, reaching 35 communities. To ensure continuity of essential health and nutrition services, 6,309 units of amoxicillin were distributed across the four districts. UNICEF also provided technical monitoring and support at health facility and community levels and actively participated in Nutrition Cluster coordination mechanisms to enhance response effectiveness.

Education

During the reporting period, UNICEF continued to strengthen the education sector's preparedness, resilience, and capacity to respond to emergencies while supporting learning continuity and recovery in crisis-affected areas. At the national level, UNICEF supported the development of Anticipatory Actions in the Education Sector, providing a framework for timely and coordinated action ahead of potential shocks and emergencies. In parallel, UNICEF supported the mapping of Education in Emergencies (EiE) interventions to establish a comprehensive overview of ongoing and planned activities and facilitate greater harmonization, alignment, and coordination among EiE partners.

In Cabo Delgado, 208 teachers in Palma District were trained on Teaching in Crisis Contexts (TiCC) and Gender-Based Violence/Violence Against Children (GBV/VAC). The training strengthened teachers' capacity to apply positive, inclusive, and child-centred pedagogical approaches, identify protection concerns, and provide basic psychosocial support to children returning to previously conflict-affected areas. The training was delivered by technical specialists from the Provincial Education Directorate (DPE) and Education district services (SDEJT).

UNICEF also supported 1,350 in-school children to complete remedial learning sessions focused on foundational reading, writing, and numeracy skills. The intervention addressed learning gaps resulting from previous disruptions to education and supported children to recover lost learning, strengthen foundational competencies, and remain engaged in school. By combining teacher capacity strengthening with targeted learning recovery, UNICEF contributed to a more resilient education response that addresses both learning and protection needs in crisis-affected communities.

Child Protection

During the reporting period, UNICEF continued delivering child protection services to conflict-affected children in Cabo Delgado, reaching 18,645 children (9,251 boys, 9,394 girls) with community-based mental health and psychosocial support (MHPSS) through recreational, creative, sports and cultural activities. To strengthen Child-Friendly Spaces, 28 recreational kits were distributed in Mueda, Nangade, Ancuabe, Quissanga, Muidumbe and Chiúre districts and seven temporary tents were provided across Ancuabe, Quissanga and Muidumbe districts, supporting safe and protective environments for 8,796 children (4,341 girls and 4,365 boys). Furthermore, 434 adolescents (228 girls and 206 boys) participated in life skills and resilience-building sessions covering self-esteem, protection and sexual and reproductive health. UNICEF also provided case management services to 1,440 child survivors of violence (756 girls and 684 boys), including family reunification or foster care placement for 46 unaccompanied and separated children (22 girls and 24 boys).

In Gaza, UNICEF continued supporting flood-affected children through child protection interventions. A total of 5,958 children (3,034 girls) received mental health and psychosocial support (MHPSS) through 16 Child-Friendly Spaces (CFS) in temporary tents, which were equipped with 32 recreational kits. In addition, 2,678 children (1,317 girls) benefited from birth registration services in Mandlakaze, Mapai and Massangena districts. Community Child Protection Committees (CCPC) identified 670 vulnerable children (400 girls) in Mabalane and Guijá who received case management services, including psychosocial support and referrals to food assistance, healthcare and education services.

In Nampula, UNICEF and partners launched an integrated child protection, health and nutrition project in Eráti and Memba districts to address the needs of conflict-affected children and adolescents. During the reporting period, 13 community-based workers (9 community facilitators, 3 case managers and 1 counsellor) were recruited for training in Child Protection in Emergencies (CPIE), Case management, Community-based MHPSS and Prevention of Sexual Exploitation and Abuse (PSEA). Key milestones included project launch with district authorities, coordination with SDSMAS, identification of priority communities, recruitment of implementation teams, and securing provincial approval from INGD for project implementation.

Water, sanitation and hygiene

During the reporting period, UNICEF and partners continued cholera preparedness and response interventions across affected provinces. In Zambezia, 5,712 people gained access to safe drinking water, 10,625 people were reached with cholera prevention and hygiene promotion messages, and 3,107 people received essential WASH supplies. Community engagement remained central to the response, with 48 communities initiating household latrine construction and 116 community actors trained to promote hygiene, sanitation and cholera prevention.

In Nampula, approximately 500,000 people benefited from cholera preparedness and response activities, including water treatment interventions across eight districts. In response to conflict, 9,480 people gained access to safe drinking water through the rehabilitation of five water systems in Erati and Memba. Additionally, 68 government staff were trained in water quality monitoring and digital reporting, while 375 people benefitted from distribution of WASH hygiene kits in Monapo.

In Cabo Delgado, in response to conflict, 3,850 households (19,250 people) received family hygiene kits. Rehabilitation of 35 water points restored access to safe water for an estimated 17,500 people, while emergency water supply services benefitted 9,383 displaced people in

Mueda and Nangade. Support for household sanitation resulted in 248 families constructing latrines benefitting 1240 people.

In Sofala, where cholera outbreaks remained active in Nhamatanda, Chibabava, Gorongosa and Chemba districts, WASH interventions reached 15,555 people. Activities included hygiene promotion, distribution of water treatment products and hygiene kits, water source chlorination, and support to Cholera Treatment Centres. Water quality surveillance identified two unsafe water sources, prompting corrective action. UNICEF also strengthened district response capacity and pre-positioned supplies ahead of the rainy season.

In Gaza, flood recovery efforts benefited 23,776 people through water treatment interventions. Hand pumps were rehabilitated, restoring safe water access to 4,000 people, while 3,989 family hygiene kits reached 19,945 people. School WASH activities included training 100 school sanitation committees, distribution of school hygiene kits and construction of six sanitation blocks in Guija district.

Social protection and Cash-based Programming

In July, UNICEF supported the Government of Mozambique in addressing humanitarian needs through social protection interventions in response to floods and conflict.

In Gaza, Guijá district, emergency cash assistance payments progressed significantly for households affected by floods. Payments were successfully completed for 3,895 households, with the outstanding 689 beneficiaries expected to be paid in August.

In Cabo Delgado, UNICEF continued to support the Government's response to the needs of internally displaced persons (IDPs), returnees and host communities affected by the conflict. In Mueda District, the National Institute of Social Action (INAS) completed emergency cash transfers to 2,500 vulnerable households. This assistance provided critical support to families facing displacement, limited livelihood opportunities and heightened vulnerabilities, helping them meet their immediate needs while strengthening their recovery and resilience.

Social and Behaviour Change, Adolescents and Gender

During the reporting period, UNICEF continued to support the response to cholera outbreak in Sofala province. Interventions focused on Case Area Targeted Interventions (CATI) approach at community level to contain the spread of the disease, humanization of cholera treatment center (CTC) to improve the service experience and reduce misinformation related to cholera, and promotion of key preventive and protective Health and WASH related behaviours through key community actors, reaching approximately 68,656 people.

For the conflict response in Nampula, in Memba and Erati districts, 23 multimedia mobile sessions were conducted to disseminate key life-saving information and promote positive behaviours among affected populations. These interventions were then amplified by community radios to cover the most remote areas, reaching a total of approximately 105,695 people.

As part of preparedness interventions for the upcoming rainy season in Cabo Delgado and Nampula, awareness activities are being conducted in cholera hotspot districts. These efforts have engaged a total of 350 traditional healers to facilitate community dialogues on cholera prevention measures and promote health-seeking behaviours. Through these sessions, a total of 105,340 community members reached with key messages on disease prevention and early treatment seeking.

Prevention of Sexual Exploitation and Abuse

In July, UNICEF and partners reached approximately 50,000 people with key PSEA messages on humanitarian standards of conduct and available reporting mechanisms through face-to-face awareness-raising activities. These efforts were integrated into humanitarian service delivery, including WASH item distributions and the deployment of Integrated Mobile Health Brigades in Cabo Delgado. In addition, radio broadcasts of PSEA messages in local languages continued in Cabo Delgado and Nampula, with a particular focus on Erati and Memba districts, which continue to host conflict-affected internally displaced populations.

Prevention efforts through training also continued in July, with 280 people, mostly frontline workers, receiving PSEA training through UNICEF and partner initiatives. Participants included child-friendly space animadores and case workers in Cabo Delgado, helping strengthen safe, accountable and survivor-centred humanitarian programming.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In July, the **WASH Cluster** continued to strengthen inter-agency coordination and support the delivery of life-saving WASH assistance in response to cholera outbreaks, conflict-related displacement and floods. WASH partners reported reaching 157,116 people with safe water services, 16,490 with sanitation support, 141,095 with hygiene assistance and 110,916 with critical WASH supplies across the three response areas. The Cluster maintained active provincial coordination platforms in Cabo Delgado, Nampula, Sofala and Gaza, as well as district-level coordination mechanisms in Cabo Delgado and Gaza, supporting operational alignment, information sharing and identification of response gaps. In addition, the WASH Cluster completed the draft of the Cluster Transition Strategy, marking further progress towards a gradual transition of coordination functions and stronger government leadership.

During the reporting period, the **Child Protection Workstream (CPWS)** continued strengthening coordination and referral mechanisms through regular technical meetings, follow-up on the Child-Friendly Referral Pathway, and updates to the CP Case Management and service mapping. During the month, CP partners provided Mental Health and Psychosocial Support (MHPSS) services to 36,197 beneficiaries, including 16,820 boys, 17,486 girls, and 1,891 parents and caregivers. CP Case Management supported 2,448 children (1,191 boys; 1,257 girls), while 45 Children Associated with Armed Forces and Armed Groups (28 boys; 17 girls) received specialized support. In addition, 94 Unaccompanied and Separated Children (38 boys; 56 girls) were reunified with their families or placed in alternative care. Child Marriage services supported 87 cases, while 1,342 children received support to access birth registration services. The CPWS also reviewed access to CP services and identified continued gaps in Case Management, particularly due to limited government referral services and lengthy processes for accessing justice and other specialized services. While birth registration awareness and sensitization remained on track,

limited funding, service availability, and resources continued to constrain registration through Case Management and mobile brigades. The CPWS will continue using service mapping to identify available services at district level, strengthen referral pathways, and improve timely access to appropriate services for vulnerable children.

In July, the **Nutrition Cluster**, in coordination with SETSAN, supported the joint IPC analysis to strengthen the understanding of the nutrition situation and to inform evidence-based planning and response priorities. Coordination was reinforced through subnational cluster meetings, facilitating information sharing, partner alignment, and monitoring of ongoing interventions. The Cluster continued to support preparedness and contingency planning for the anticipated impacts of El Niño while coordinating nutrition responses in conflict- and flood-affected areas. These efforts strengthened preparedness, promoted a coordinated response, and helped ensure continued access to nutrition services for vulnerable populations.

The **Education Cluster** actively engages in the development and regular review of contingency plans to strengthen preparedness and ensure a timely, coordinated, and effective education response during emergencies. In parallel, the Education Cluster leads and supports partner mapping to establish a comprehensive overview of organizations involved in education preparedness and response. The mapping captures partners' geographic coverage, areas of intervention, technical capacities, target populations, and available resources. The mapping is a starting point to further support to Ministry of Education in the harmonization of approaches and tools to ensure there is a minimum education (formal and non-formal) package available for all EiE partners. Through collective action, the Education Cluster and its partners have enabled 13,050 learners to access learning opportunities, demonstrating a strong contribution to protecting education continuity and ensuring crisis-affected children can continue learning.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- [supporting displaced people in Mueda \(Cabo Delgado\)](#)
- [Supporting 1,564 people to have access to water in Mocimboa da Praia](#)
- [education programmes help rebuilding lives in Cabo Delgado](#)
- [youth-led communication drive social change in Nampula](#)
- [1,600 people in Memba \(Nampula\) can now access clean water](#)

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 SEPTEMBER 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	389,064	▲ 27%	-	-	-
Live births that were delivered in health facilities in UNICEF-supported areas	Total	116,462	80,210	34,061	▲ 8%	-	-	-
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	135,806	98,234	11,325	▲ 1%	-	-	-
HIV/AIDS								
Adolescents tested for HIV and received the result of the last test	Total	13,873	13,180	8,024	0%	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	35,540	30,059	12,779	▲ 6%	30,059	14,242	▲ 6%
Children 6-59 months screened for wasting	Total	615,289	597,675	434,751	▲ 8%	419,941	496,747	▲ 14%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	457,817	279,214	377,051	▲ 3%	173,142	125,720	▲ 8%
Children 6-59 months receive routine vitamin A supplementation	Total	615,289	597,675	436,159	▲ 9%	419,941	517,095	▲ 14%
Child protection, GBVIE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	1 million	280,466	154,659	▲ 9%	793,222	185,375	▲ 4%
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	387,512	0%	-	-	-
Children who have received individual case management	Total	160,000	44,119	17,189	▲ 4%	33,109	18,608	▲ 8%
Education								
Children accessing formal or non-formal education, including early learning	Total	625,878	295,000	154,608	▲ 8%	544,529	295,973	▲ 7%
# teachers and other Education Personnel trained in EiE related topics	Total	-	3,850	457	▲ 5%	8,766	655	▲ 4%
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	258,103	▲ 11%	454,086	639,894	▲ 35%
People use safe and appropriate sanitation facilities	Total	1.3 million	274,423	33,479	▲ 3%	311,772	114,923	▲ 5%
People reached with hand-washing behaviour-change programmes	Total	1.3 million	274,423	232,945	▲ 12%	365,014	530,377	▲ 39%
People reached with critical WASH supplies	Total	1.3 million	699,992	259,853	▲ 10%	365,014	614,217	▲ 30%
Social protection								
Number households reached with unconditional cash transfers	Total	35,000	14,550	10,822	▲ 49%	-	-	-
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	100,000	63,000	24,199	▲ 19%	-	-	-
SBC/accountability mechanisms								
People reached through messaging on prevention and access to services	Total	8.4 million	4 million	1.7 million	▲ 5%	-	-	-
People engaged in promoting protective and preventive behaviours	Total	842,957	402,117	101,731	▲ 2%	-	-	-
People who participated in community feedback and complaint mechanisms	Total	8,429	4,021	59,295	0%	-	-	-

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	217,820	▲ 38%	-	-	-
Live births that were delivered in health facilities in UNICEF-supported areas	Total	38,313	29,315	23,388	▲ 15%	-	-	-
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	49,916	37,437	4,537	▲ 3%	-	-	-
HIV/AIDS								
Adolescents tested for HIV and received the result of the last test	Total	7,321	6,955	5,686	▲ 1%	-	-	-
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	9,004	▲ 11%	15,174	9,789	▲ 11%
Children 6-59 months screened for wasting	Total	421,097	409,378	201,457	▲ 5%	219,923	241,197	▲ 13%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	263,991	189,905	152,954	▲ 2%	79,732	76,677	▲ 11%
Children 6-59 months receiving Vitamin A supplementation	Total	421,097	409,378	202,920	▲ 5%	219,923	198,447	▲ 13%
Child protection, GBVIE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	521,000	221,441	146,071	▲ 8%	400,665	182,432	▲ 9%
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	383,867	0%	-	-	-
Children who have received individual case management	Total	83,316	36,199	16,685	▲ 5%	64,107	18,608	▲ 4%
Education								
Children accessing formal or non-formal education, including early learning	Total	447,000	268,000	52,816	0%	296,678	152,481	▲ 4%
Teachers (m/f) and other Education Personnel trained in EiE related topics	Total	5,668	3,500	457	▲ 6%	5,668	815	▲ 4%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	598,908	304,497	109,263	▲ 12%	454,086	349,190	▲ 17%
People use safe and appropriate sanitation facilities	Total	535,401	200,924	8,040	0%	311,772	44,516	▲ 3%
People reached with hand-washing behaviour-change programmes	Total	548,681	200,924	139,473	0%	365,014	366,541	▲ 34%
People reached with critical WASH supplies	Total	548,681	455,023	187,505	▲ 6%	365,014	343,800	▲ 12%
Social protection								
Households reached with unconditional cash transfers	Total	60,000	13,000	4,600	▲ 20%	-	-	-
Households benefiting from new or additional social assistance (cash/in-kind) measures from governments with UNICEF-technical assistance support	Total	80,000	20,000	10,199	▲ 25%	-	-	-

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	1.1 million	▲ 5%	-	-	-
People engaged in promoting protective and preventive behaviours	Total	405,818	211,025	66,670	0%	-	-	-
People who participated in community feedback and complaint mechanisms disaggregated by sex and age	Total	4,058	2,110	15,738	0%	-	-	-

*Progress in the reporting period July 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 ¹³	5,498,584	2,025,523	1,879,404	20%
Nutrition	8,378,354	1,073,897	137,447	7,167,010	86%
Child protection	9,626,918 ¹⁴	2,652,157	248,501	6,726,260	70%
Education	6,866,682 ¹⁵	1,630,937	195,127	5,040,618	73%
WASH	17,080,448 ¹⁶	7,736,343	1,793,706	7,550,398	44%
Social Protection	3,168,720	1,285,038	2,636,863	-	0%
Cross-sectoral (SBC, Adolescent, PSEA, GBV)	3,590,325	535,602	295,818	2,758,904	77%
Emergency operations	642,166 ¹⁷	1,100,956	1,356,920	-	0%
Total	58,757,125	21,513,514	8,689,906	28,553,704	49%

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

Who to contact for further information:

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](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 Monitor Update (July 2026)
6. IOM/DTM, Emergency Tracking Tool - ETT, Mozambique (July 2026)
7. OCHA, Mozambique Humanitarian Snapshot (July 2026)
8. Ministry of Health - MISAU, Cholera Bulletin nr. 183, Manica Province (August 2026)
9. Ministry of Health - MISAU, Cholera Bulletin nr. 24, Sofala Province (August 2026)
10. Ministry of Health - MISAU, Measles Bulletin nr. 367 (August 2026)
11. CCSR/IRI, ENSO Forecast (July 2026)
12. FEWS NET, Mozambique Key Message Update (July 2026–January 2027)
13. 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.
14. 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).
15. 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.
16. 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.
17. The reduction in funding reflects coordination restructuring and changes in workforce structure and integration in line with changes at the global level.