

Highlights

- WFP gradually scales down the El Niño drought response as food security situation improves and focuses on pro-resilience activities.
- WFP's new five-year Country Strategic Plan (2017 – 2021) was approved by the Executive Board.
- WFP Mozambique facing resource challenges for the support to refugee assistance programme at Maratane camp.

WFP Assistance

Country Programme CP 200286 (Mar. 2012 – Jun. 2017) *	Total Requirements (in USD)	Total Received (in USD)	6 Month Net Funding Requirements (in USD)
	121.9m	55.5 (46%)	
Assistance to Disaster Affected and	Total Requirements (in USD)	Total Received (in USD)	6 Month Net Funding Requirements (in USD)
Vulnerable Groups PRRO 200355 * (Mar 2012 – June 2017)	136m	93.8m (69%)	
	Total Requirements (in USD)	Total Received (in USD)	6 Month Net Funding Requirements (in USD)***
Mozambique Country Strategic Plan**			
(July 2017 – Dec 2021)	167 m		
*Project ending in June, new Country Strategic Plan is under approve			

*Project ending in June, new Country Strategic Plan is under approval

**CSP to be presented at the Executive Board in June

***July – Dec. 2017

The Country Programme (CP) supports the transition from food aid to food assistance by supporting and strengthening government programmes that will, with time, constitute sustainable, national solutions to food insecurity. It also contributes to the Government's poverty reduction strategy and it is integrated with the United Nations Development Assistance Framework (UNDAF). The Country Programme targets the country's most vulnerable, food insecure and disaster-prone districts with the following components:

Through the **School Feeding** component, WFP provides technical and policy support to enhance government capacity to design a Home Grown School Feeding (HGSF) programme. WFP also provides direct food and cash assistance to vulnerable communities in foodinsecure areas.

The **Social Protection** component supports the National Strategy for Basic Social Security, contributing to two of its four elements: i) the Direct Social Action Programme targeting vulnerable individuals such as orphans and chronically ill people through direct food

assistance; and ii) Productive Social Action Programme targeting vulnerable families through food assistance for assets through food transfers.

Through the **Nutrition component** WFP assists: i) the Ministry of Health to implement its rehabilitation programme for people affected by moderate acute malnutrition; and ii) the Government to implement its multi-sector action plan to reduce chronic undernutrition; this includes research on the effectiveness of supplementary foods in reducing micronutrient deficiencies and stunting among children aged 6–24 months.

The **risk reduction** component supports the National Institute for Disaster Management and the Technical Secretariat for Food Security and Nutrition in risk analysis and mapping, as well as in food and nutrition security assessment through capacity building.

The Protracted Relief and Recovery Operation (PRRO) allows the provision of food assistance to populations that become transiently food-insecure as a result of recurrent seasonal shocks. Activities target disaster-affected households, as well as refugees and asylum seekers. Through the PRRO, WFP strengthens the government's capacity to respond to emergencies when shocks occur. Specifically, WFP strengthens the capacity of the National Institute for Disaster Management by building emergency preparedness and response capacity.

Both the PRRO and the CP will end in June 2017 and will be replaced by a new, five year Country Strategic Plan (CSP) planned to start in July.

In Numbers

245,259 people reached with food assistance in June 2017

300,000 in need of nutrition rehabilitation

43% chronic malnutrition



Main Photo Credit: WFP/ Tomson Phiri Caption: A child on her mother's lap at Namuno Health Centre in Nampula province, Mozambique, one of the many clinics supported under the nutrition rehabilitation activities.



Operational Updates

Nutrition: The number of people receiving nutrition rehabilitation increased from 8,900 in May to more than 25,000 in June. The increase in the number of people reached is due in part to the completion of the set up phase of the programme which included delivery of commodities and mandatory training on nutrition rehabilitation as well as increase in community mobilization activities and sensitization on the availability of support.

WFP distributed anthropometric materials, nutrition rehabilitation registers and summarized protocols for use by staff and stakeholders including Ministry of Health staff and MOH affiliated community health workers.

In Cabo Delgado and Zambezia provinces, training on community screening, active case finding and defaulter tracing was provided to community health workers and volunteers.

In Nampula and Cabo Delgado, WFP and Government conducted on the job training of health staff as well as joint supervision

The programme has now been rolled-out successfully in 723 health centers in 82 districts across 6 provinces. Activities target malnourished children, pregnant and nursing women.

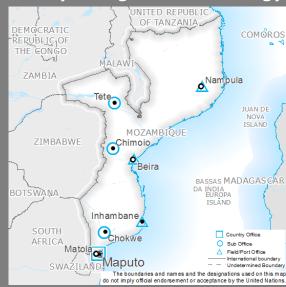
The launch of the **Cost of Hunger in Africa (COHA)** study which was initially planned for June, was postponed to September. According to the study, Mozambique is losing MZN 26 billion (US\$1.6 million) per year - nearly 11 percent of the country's Gross Domestic Product as a result of malnutrition.

Following the COHA, the CO has started the **Fill the Nutrient Gap (FNG)** initiative. FNG is an advocacy tool that aims to make nutritious foods more affordable and accessible to the most vulnerable populations including children under the age of five, Pregnant and Lactating Women, women of child bearing age and People Living with HIV. The FNG report is planned to be launched in November 2017 whilst the Annex on district level data will be published in May 2018.

Cyclone Dineo: At the end of June, WFP had reached 50,000 beneficiaries and distributed 1.692 tons of assorted food commodities in four districts of Inhambane Province, Massinga, Morrumbene, Maxixe and Inhambane city. This included 10,000 participants who received assistance as part of FFA schemes in line with the government's priorities.

Cash-based Transfers (CBTs): Plans are underway for the roll-out of CBTs through the corporate beneficiary management and transfer system, SCOPE. In June, the CO conducted a retailer's capacity assessment in Tete and a shortlist of possible retailers is being finalised. More than 18,000 people, who were unable to harvest fully in the 2016/17 agricultural year, will initially be targeted with assistance over three months. Meanwhile, registrations through SCOPE are scheduled to start in the July cycle.

Country Background & Strategy



Vulnerable to extreme climate condition, Mozambique is one of the most disaster-prone countries in the world. Small-scale cultivation is the basis of Mozambique's agricultural production and an important source of income for most rural households, particularly women. The harsh El Niño induced drought that hit Mozambique caused significant increases in acute food insecurity and malnutrition in the country. Through its Protracted Relief and Recovery Operation (PRRO) 200355, WFP provides food assistance to populations that become transiently food-insecure as a result of recurrent seasonal shocks such as the ongoing drought, as well as to a caseload of refugees and asylum seekers from conflict-stricken countries in the region.

WFP's new Country Strategic Plan for the period 2017-2021 aims to support the Government in the implementation of Agenda 2030 and, in particular, in moving towards the achievement of SDG2. The new WFP strategy forms part of the United Nations Development Assistance Framework (UNDAF) for Mozambique for the period 2017-2020. The Country Strategic Plan leverages WFP's strengths and capacities in humanitarian response and recovery, seizing opportunities to apply these capabilities beyond saving lives. The Country Strategic Plan approach provides the flexibility to respond under fluctuating circumstances and to unforeseen emergencies.

Population: 26.4 million

2015 Human Development Index: **180 out of 188**Income Level: **Low**Chronic malnutrition: 43%

Donors (in alphabetical order)

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