Humanitarian Partner Platform (HPP) Rapid Needs Assessment (RNA) Report

Floods in Sofala Province (Búzi and Nhamatanda Districts)
Mozambique | January 2026

Prepared by Humanitarian Partner Platform (HPP) members in Sofala, with technical leadership from CARE Mozambique and FH Mozambique.

Acknowledgements

This Rapid Needs Assessment was conducted by the Humanitarian Partner Platform (HPP) members, with technical leadership from CARE Mozambique and FH Mozambique in the districts of Búzi and Nhamatanda, Sofala Province, with the objective of generating timely and evidence-based information to inform humanitarian response planning and prioritization.

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Assessment Team

This assessment was coordinated under the Humanitarian Partner Platform (HPP).

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Contributors: HPP partner assessment focal points and district-level stakeholders who supported data collection and validation.

How to Cite This Report

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Content

Abbreviations

Abbreviation	Full Term
ACAPS	Assessment Capacities Project
CARE	Cooperative for Assistance and Relief Everywhere
DIEM	Data in Emergencies
FAO	Food and Agriculture Organization
FH	Foode for the Hungry
GBV	Gender-Based Violence
HPP	Humanitarian Partner Platform
INGD	National Institute for Disaster Risk Management and Reduction
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability, and Learning
NFI	Non-Food Items
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PSHEA	Protection from Sexual Harassment, Exploitation, and Abuse
RNA	Rapid Needs Assessment
UN	United Nations
WASH	Water, Sanitation, and Hygiene

Executive Summary

This Rapid Needs Assessment provides a decision-oriented analysis of the humanitarian impacts of flooding in Búzi and Nhamatanda districts, Sofala Province. It is intended to support strategic prioritization, resource allocation, and operational planning in a rapidly evolving and access-constrained emergency context.

Crisis Overview and Geographical Scope

Since late December 2025, Mozambique has experienced one of the most severe flooding events in recent decades, driven by intense and prolonged rainfall during the 2025/2026 rainy season and aggravated by La Niña conditions. By 24 January 2026, national authorities reported more than 650,000 people affected and at least 12 fatalities. The floods have disproportionately affected central regions, particularly Sofala Province, where the overflow of the Búzi and Púnguè river basins caused extensive inundation of settlements, agricultural land, and critical infrastructure. This Rapid Needs Assessment focused on Búzi and Nhamatanda districts, where flooding resulted in large-scale displacement, severe housing damage, disruption of basic services, and prolonged isolation of communities due to impassable roads and damaged bridges.

Methodology and Coverage

The assessment was conducted by HPP partners in Sofala, with CARE Mozambique and FH Mozambique providing technical coordination and quality assurance, between 21 and 24 January 2026 using a rapid, multisectoral approach. Data collection included Key Informant Interviews with district authorities, administrative post leaders, and INGD technicians, direct site observations in both districts, and a Focus Group Discussion with health professionals providing psychosocial and health services at the Guara-Guara Transitional Center in Búzi. Secondary data from district bulletins and satellite-derived flood mapping were integrated to support geographic analysis and triangulation. Access constraints limited assessment coverage in some severely affected localities, and findings should therefore be interpreted as indicative of broader trends.

Key Priority Needs (Ranked)

The assessment identified shelter as the most urgent priority, as more than 9,200 houses were inundated in Búzi and over 2,300 houses affected in Nhamatanda, leaving thousands of families without adequate protection. Food security and livelihoods represent the second priority, with more than 23,800 hectares of crops destroyed in Búzi and significant agricultural losses reported in Nhamatanda, resulting in severe reductions in household food availability and income. WASH conditions constitute a third critical need, as 29 boreholes and more than 1,650 latrines were destroyed or submerged in Nhamatanda, while similar impacts are expected in Búzi, increasing the risk of waterborne diseases. Protection is the fourth priority, given the five reported flood-related

deaths in Nhamatanda, unsafe mobility practices, and reported cases of gender-based violence and social stigma in displacement settings.

Priority Population Groups

The most vulnerable populations include displaced households residing in accommodation and transitional centers, female-headed households, orphans and child-headed households, children exposed to unsafe environments, pregnant and lactating women, older persons, persons with disabilities, and smallholder farmers who lost productive assets and livelihoods.

Immediate Recommendations (0–3 months)

Immediate action is required to stabilize living conditions and reduce further deterioration. Priority interventions include the distribution of tarpaulins and emergency shelter kits to households with destroyed or inundated homes, the provision of emergency food assistance and livelihood protection inputs, rehabilitation of damaged boreholes and sanitation facilities, and the distribution of water treatment products and hygiene kits. Protection services should be expanded, including psychosocial support and safe referral pathways for survivors of violence. Cash-for-work activities focused on debris removal and access restoration should be implemented to reduce reliance on unsafe coping strategies, while health facilities require urgent support to maintain surveillance and prevent waterborne disease outbreaks.

I. Background and Situation Overview

Since late December 2025, Mozambique has been experiencing one of the most severe flooding events in recent decades, triggered by exceptionally heavy and persistent rainfall across central and southern regions. By 24th January 2026, official data from the National Institute for Disaster Risk Management and Reduction (INGD) indicated that more than 650,000 people had been affected nationwide and at least 12 fatalities had been recorded, with figures continuing to rise as flooding persisted and river basins remained above alert levels (INGD, 2026).

The flooding has primarily affected the provinces of Gaza, Maputo, Sofala, Niassa, and Zambezia, which together account for nearly 90 percent of the total affected population. Gaza Province has been the most severely impacted, particularly the districts of Chókwè, Guijá, Mabalane, Massingir, and Xai-Xai, where extensive inundation of floodplains, repeated evacuations, and damage to housing and public infrastructure have been reported (INGD, 2026; OCHA, 2026). In Sofala Province, the overflow of the Púnguè and Búzi rivers has caused significant flooding in Dondo, Nhamatanda, and Búzi districts, blocking road access and isolating communities, while also affecting agricultural land during the peak planting season (ARA-Centro, 2026; Club of Mozambique, 2026).

This emergency is unfolding within the context of the 2025/2026 rainy season, which has been intensified by La Niña climatic conditions. La Niña[1] is known to increase precipitation across Southern Africa, leading to elevated river discharge and higher flood risk in downstream countries such as Mozambique (NOAA, 2026; ACAPS, 2026). Sustained upstream rainfall in South Africa, Zimbabwe, and Zambia has significantly increased flows in major transboundary river systems, including the Limpopo, Buzi, Púnguè, Save, and Zambezi rivers, causing flooding even in areas where local rainfall was moderate (ACAPS, 2026). In addition, controlled and emergency water releases from major dams, particularly in the Zambezi Basin, have exacerbated downstream inundation in central provinces such as Sofala and Zambezia (Government of Mozambique, 2026; OCHA, 2026).

The humanitarian consequences of the floods are extensive and multidimensional. Tens of thousands of houses have been damaged or destroyed, the majority of which are constructed from adobe and other earth-based materials, making them highly vulnerable to prolonged rainfall and structural collapse (INGD, 2026; UN News, 2026). Critical infrastructure, including roads, bridges, water systems, health facilities, and schools, has been severely affected, disrupting access to essential services and constraining humanitarian operations. By mid-January, major sections of

[1] Typically experiences above-average rainfall, which can lead to increased risks of flooding and cyclones, particularly in nations like Madagascar, Mozambique, and Malawi.

National Road 1, the country's main transport corridor linking the south to the center and north, were rendered impassable, significantly affecting supply chains and humanitarian access (OCHA, 2026).

Public health risks have increased sharply as flooding has compromised water quality, sanitation systems, and access to health services. United Nations agencies have warned of a heightened risk of cholera, malaria, and other waterborne and vector-borne diseases, particularly among displaced populations living in overcrowded accommodation centers with limited WASH facilities (UNICEF, 2026; UN News, 2026). These risks are compounded by pre-existing high levels of **chronic malnutrition**, with nearly four in ten children already affected prior to the floods, significantly increasing vulnerability to morbidity and mortality in emergency conditions (UN News, 2026).

In response to the escalating situation, the Government of Mozambique declared a nationwide Red Alert on 16 January 2026 and activated emergency coordination mechanisms at national, provincial, and district levels. The INGD established a mobile Emergency Operations Center in Gaza Province, while humanitarian partners, coordinated by OCHA, mobilized search-and-rescue operations, evacuations, and multisectoral emergency assistance (OCHA, 2026; INGD, 2026).

Despite these efforts, response capacity remains overstretched, and available resources are insufficient to meet the rapidly expanding needs, particularly as additional rainfall is forecast and river levels remain critically high (ACAPS, 2026; OCHA, 2026).

Figure 1. Interruption of National Road N281, the main access route to Buzi district headquarters.

II. Methodology

The Rapid Needs Assessment (RNA) adopted a multi-sectoral and multi-stakeholders approach based on the utilization of primary and secondary data, and joint analysis of findings.
The RNA aimed at:

- Identifies priority needs of the affected population reflecting age, gender and other critical dimensions of intersectional.
- Provide approximate numbers of affected people.
- Identifies severely affected geographic areas within Búzi and Nhamatanda districts in Sofala province.
- Provides specific recommendations to inform strategic decisions on resource mobilization and response planning.

The RNA team comprised HPP partners staff, coordinated through a joint assessment arrangement, with CARE Mozambique and FH Mozambique providing technical leadership. Data collection included Key Informant Interviews (KIIs) between 21 and 24 January 2026 to capture community-level needs and priority concerns. The KIIs targeted key duty bearers and technical stakeholders, including Administrative Post Chiefs, District Administrators, and technicians from INGD. Participants were selected through purposive sampling, based on their institutional roles, operational responsibilities, and contextual knowledge of the affected areas.

In addition to KIIs, MEAL staff carried out direct site observations in the two (2) assessed districts to document infrastructure damage, population displacement, and service disruptions. As part of the qualitative data collection process, the team also conducted a Focus Group Discussion (FGD) with health professionals providing PSHEA-oriented assistance at the Guara-Guara II Primary School Transitional Center in Buzi District. This FGD provided critical insights into health service continuity, protection risks, and operational constraints within displacement settings, thereby enriching the overall analysis and triangulation of findings.

Table 1. Key Informant Interviews (KII), Focus Group Discussions (FGD), and Site Observation.

District	Number of KII	Number of Site Observation	Number of FGD
Búzi	2	2	1
Nhamatanda	3	2	N/A
Total	**5**	**4**	**1**

Note: N/A indicates that access to some of the most severely affected communities, including Lamego locality, was not possible during the assessment period due to impassable road conditions caused by flooding. Consequently, Focus Group Discussions (FGDs) could not be conducted in these locations.

II.1. Limitations and Challenges

The assessment faced several limitations and challenges that influenced the scope and depth of data collection, such as the challenge to reach some localities and communities due to impassability of access roads. Given the urgency of the situation, **the findings are not quantitatively representative but instead offer an indicative snapshot of conditions at the time of data gathering**. The rapid nature of the assessment limited the ability to conduct in-depth analyses or triangulate data across multiple sources, which may affect the comprehensiveness of the results.

Logistical challenges further compounded the assessment process. Impassable access roads in some areas restricted the team's ability to reach certain communities, potentially excluding vulnerable populations from the assessment.

Despite these constraints, the assessment team leveraged available resources, including local knowledge and partnerships, to ensure the data collected was as accurate and reflective of the situation as possible within the given timeframe.

Figure 2. Child exposed to flood-related risks near an inundated bridge in Nhamatanda District. The child's face has been intentionally obscured in the image for protection and ethical considerations, in accordance with child safeguarding.

III. Key Findings

Demographic and Vulnerability Profile

Based on the data collected during the RNA period, the demographic and vulnerability profile of flood-affected populations in Búzi and Nhamatanda districts reveals a complex convergence of displacement, structural vulnerability, and spatial exposure to flooding, with significant implications for humanitarian response planning and prioritization.

In Búzi district, administrative records indicate that 46,060 people (9,212 households) have been affected by flooding, reflecting widespread inundation of residential, agricultural, and service areas. Within this broader affected population, 623 households (1,991 individuals) are currently accommodated in a transitional center, representing the most severely impacted segment of the population. Regarding the Nhamatanda district, available assessment and administrative data indicate that a total of 40,181 people (8,654 households) have been affected by the floods. Of these, 2,211 households corresponding to 7,966 individuals were accommodated in temporary shelters, reflecting a significant level of displacement and loss of habitable housing. This level of displacement underscores the severity of the impact on livelihoods, access to basic services, and household coping capacity, particularly in low-lying and riverine communities affected by the overflow of the Púnguè, Muda, and Metuchira rivers.

Figure 3. Number of affected people per district.

Satellite-derived flood mapping from the Food and Agriculture Organization (FAO) corroborates field findings, showing that approximately 9,799 km^2 of land have been inundated at national level, with Búzi and Nhamatanda districts among the most severely affected areas in Sofala Province. Large portions of Búzi fall within the highest flood-intensity classification at district level, while extensive inundation along the Púnguè River basin in Nhamatanda explains the scale of displacement, loss of livelihoods, and prolonged isolation of communities observed during the assessment.

The convergence of high population exposure, elevated demographic vulnerability, and extensive spatial inundation confirms the classification of Búzi and Nhamatanda as high-severity humanitarian impact districts, requiring prioritized, multisectoral, and vulnerability-targeted interventions, alongside sustained monitoring using both field-based and satellite-derived data to inform response adjustments over time.

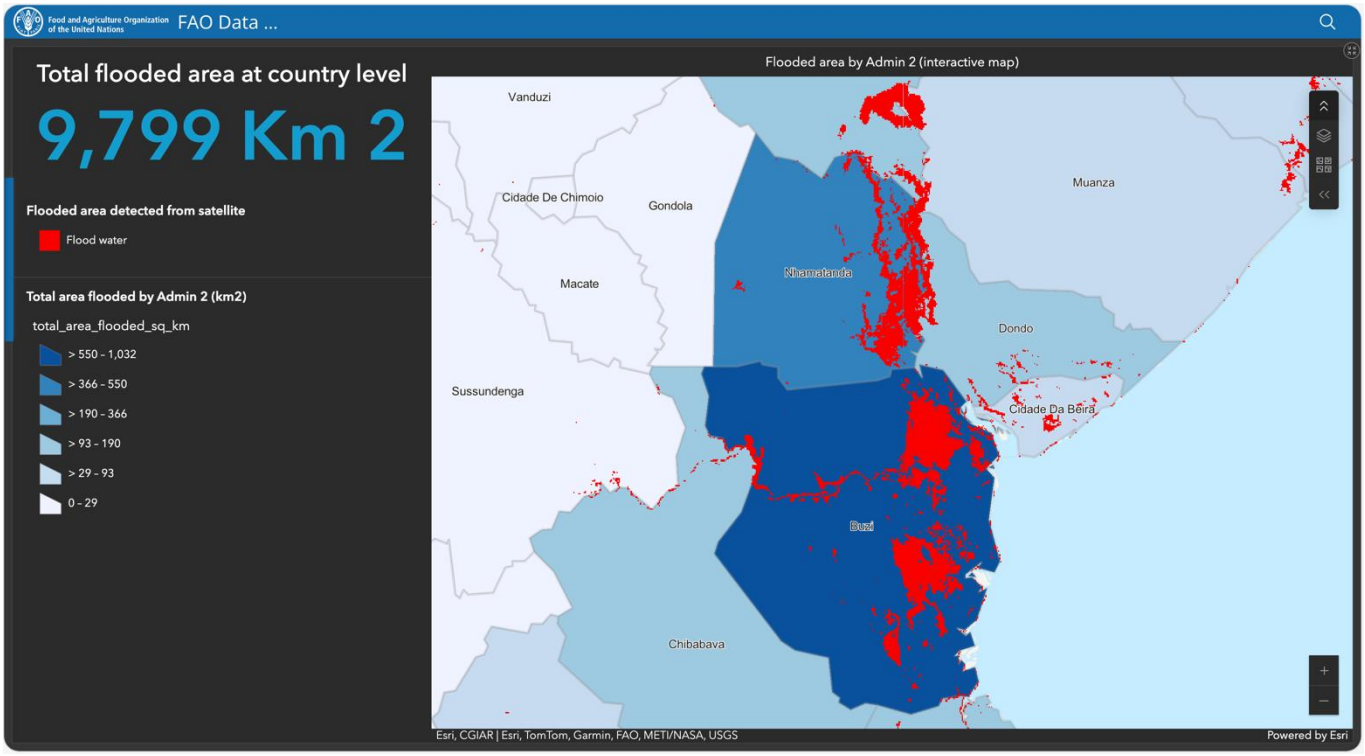

Figure 4. Satellite-derived flood extent in Sofala Province (January 2026).
Source: DIEM/FAO.

> "Since the floods of 2000, I believe that these floods have affected the country more severely than any similar event. At that time, the impacts were serious, but communities still had some capacity to recover. Today, the situation is different. People have been hit by droughts, cyclones, and now floods again, leaving families with no reserves, no crops, and no safe places to return to. The damage we are seeing now is not only physical but also social and economic, and it will take much longer for communities to recover".
> **- Key Informant Interview, Búzi District, January 2026**

III.1. Sectorial Findings

III.1.a) Food Security and Livelihood

Flooding has caused severe disruption to food security and livelihood systems in both Búzi and Nhamatanda districts, primarily through the destruction of agricultural production, loss of livestock, and interruption of market access.

In Búzi District, agricultural losses are extensive, with 37,990 hectares of land inundated and 23,863 hectares of crops fully destroyed, directly affecting 21,299 farming households. Livestock mortality is significant, with approximately 3,700 animals lost, further reducing household asset bases and recovery capacity. These losses occurred during the peak agricultural season, resulting in the loss of both current food stocks and future production potential.

In Nhamatanda District, flooding damaged 3,212.5 hectares of cultivated land belonging to 4,126 farming households, of which 1,847.39 hectares were completely lost, alongside widespread inundation of pastureland in riverine areas. These impacts have critically reduced household food availability and disrupted livestock-based livelihoods.

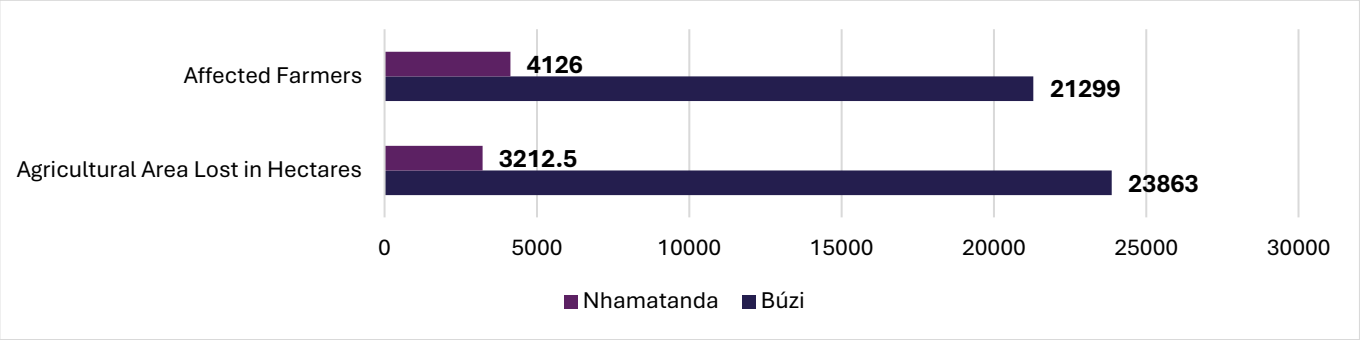

Figure 5. Comparative agricultural livelihood impact in Búzi and Nhamatanda districts.

Across both districts, damage to roads, bridges, and transport corridors has limited access to markets, agricultural inputs, and income-generating activities, constraining households' ability to purchase food or recover livelihoods. As a result, households are increasingly adopting negative coping strategies, including reducing meal frequency, consuming seed stocks, and selling productive assets.

> "People are attempting to cross rivers with very strong currents caused by the floods to sell durable goods or to seek daily labor opportunities, locally known as ganho-ganho, as this has become one of the few remaining ways to earn income and meet immediate food needs. Despite the risks, families feel they have no alternative, as their crops have been destroyed, markets are inaccessible, and household resources have been exhausted". **- Key Informant Interview, Nhamatanda District, January 2026**

III.1.b) Protection

The The floods have significantly heightened protection risks in both Búzi and Nhamatanda districts, particularly affecting children, women, and households displaced by the emergency. Protection concerns are directly linked to displacement, unsafe movement, breakdown of community protection mechanisms, and exposure to environmental hazards.

Loss of Life and Physical Safety Risks

In Nhamatanda District, five (5) fatalities were officially reported during the flooding period, including three (3) deaths due to drowning while attempting to cross rivers and two (2) deaths caused by lightning strikes during severe storms. These deaths highlight the acute risks associated with unsafe mobility, high river flow, and limited access to safe crossings, particularly for individuals attempting to secure food or livelihoods during the crisis. District authorities also reported multiple communities isolated due to impassable roads and river overflows, further increasing exposure to life-threatening risks when accessing markets or services.

Gender-Based Violence and Social Protection Concerns

In Búzi District, one case of sexual violence was reported during the pre-crisis phase in the district capital. The survivor was evacuated to the Guara-Guara Transitional Center, where she received initial psychosocial support. However, due to stigmatizing and harmful comments from community members, the survivor expressed the need to be accommodated by a charitable institution to ensure safety and dignity. This case underscores the heightened risk of gender-based violence, stigma, and secondary victimization in displacement settings and highlights gaps in safe accommodation and confidential referral pathways.

Child Protection and Vulnerable Groups

Displacement sites in both districts host a large proportion of children, female-headed households, older persons, and persons with disabilities, increasing protection risks related to neglect, exploitation, and limited access to services. In Búzi, the presence of orphans and child-headed households within the transitional center further elevates child protection concerns, particularly in overcrowded environments with limited supervision and safe spaces.

Additionally, site observations and key informant interviews confirmed that children are frequently exposed to floodwaters, playing or moving through inundated areas, which increases risks of drowning, injury, and waterborne diseases.

Risky Coping and Unsafe Mobility

Across both districts, affected populations are engaging in high-risk coping strategies, including crossing rivers with strong currents to access food or daily labor opportunities (ganho-ganho). This practice, driven by the loss of livelihoods and market access, exposes individuals to severe physical harm and further loss of life, reinforcing the urgent need for protection-sensitive livelihood and food assistance interventions.

Box 1. Good Practice Example: Integration of Psychosocial Support Services at Guara-Guara Transitional Center

The Guara-Guara Transitional Center provides a strong example of integrated psychosocial support service delivery within an emergency displacement setting. Health professionals from the Guara-Guara Health Center have been systematically providing psychosocial support (PSS) to displaced families residing at the center, which currently hosts 1,991 individuals (973 men and 1,019 women).

Psychosocial activities are conducted daily during the morning period, combining group awareness sessions and individual consultations. These sessions have resulted in an average of 10 beneficiaries receiving direct psychosocial care per day, reflecting both demand for services and effective community outreach. The approach ensures early identification of individuals experiencing distress, while also strengthening coping mechanisms at household and community levels.

The thematic focus of the sessions integrates gender and protection-sensitive content, including (1) Psychological first aid and stress management; (2) Gender-based violence (GBV) awareness and referral pathways; and (3) Safe spaces, dignity, and respect in displacement settings

This integrated model, linking health, protection, and psychosocial support, has strengthened trust between service providers and affected communities, reduced barriers to care, and contributed to improved emotional wellbeing among displaced families. The Guara-Guara experience demonstrates how locally available health services can be effectively leveraged to deliver protection-sensitive psychosocial support, even in resource-constrained emergency contexts, and offers a replicable practice for other accommodation centers in flood-affected districts.

III.1.c) Shelter and Non-Food Items

Findings from the Rapid Needs Assessment indicate that shelter remains one of the most critical and urgent needs in both Búzi and Nhamatanda districts, following extensive flooding and the overflow of major river systems, including the Púnguè, Muda, Metuchira, and Mecuzi rivers. The floods have resulted in widespread damage to housing structures, large-scale displacement, and a significant deterioration of living conditions, particularly in low-lying and riverine communities.

In Nhamatanda District, official records indicate that 2,317 houses were affected, of which 1,628 were inundated and 689 were partially or totally destroyed, predominantly impacting dwellings built with non-durable materials such as mud walls and thatched roofs. As a result, 2,211 families (7,966 people) were temporarily accommodated in emergency shelters established in schools, churches, and warehouses. These facilities, while essential for immediate protection, were not designed for medium-term habitation, resulting in overcrowding, limited privacy, and elevated protection and health risks.

In Búzi District, shelter damage is more extensive, with 1,386 houses partially destroyed, 26 houses totally destroyed, and 9,208 houses inundated, reflecting the large geographic spread of flooding across residential areas. Many affected households have returned to structurally compromised homes or are residing in temporary arrangements that provide inadequate protection from weather exposure, vectors, and insecurity.

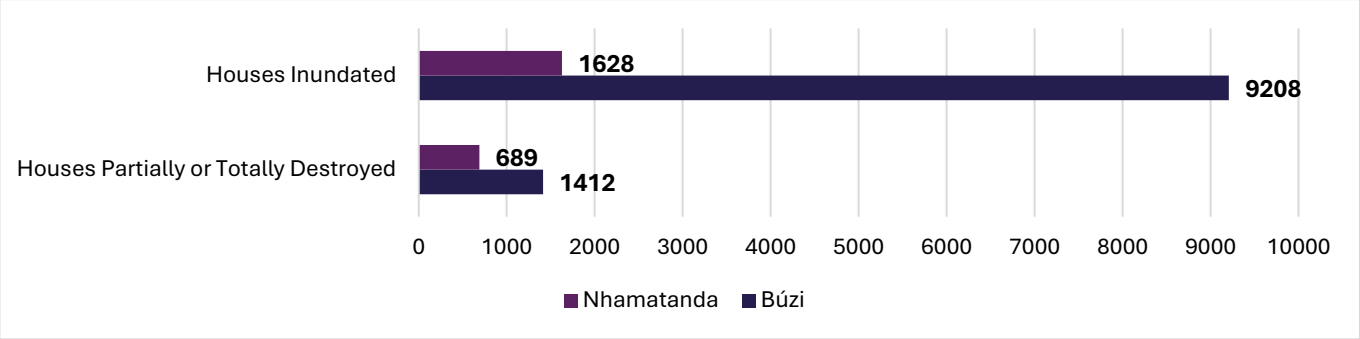

Figure 6. Comparative housing damage in Búzi and Nhamatanda districts.

At the Guara-Guara Transitional Center in Búzi, 623 families (1,991 people) remain displaced. The center is operating within the Guara-Guara Primary School, a facility constructed with conventional materials, where families occupy classrooms repurposed as living spaces. As a protective measure, men and women sleep in separate classrooms, following site management arrangements aimed at reducing risks and promoting dignity. However, the prolonged use of educational infrastructure for

shelter remains suboptimal, as classrooms offer limited space, ventilation, and privacy, and the arrangement disrupts normal educational functions.

Key Informant Interviews in both districts consistently identified tarpaulins (plastic sheeting) as the highest immediate shelter priority, as many families currently lack materials to construct even basic temporary shelters. Without tarpaulins, households remain exposed to rain and humidity and are unable to safeguard salvaged belongings or initiate basic reconstruction efforts.

Figure 7. House built from local materials totally destroyed in Nhamatanda district.

In addition, in both Búzi and Nhamatanda districts, four (4) health centers in each district were reported as affected by flooding, resulting in disruptions to the provision of routine health services. Despite these constraints, health professionals have prioritized the prevention and control of waterborne diseases, focusing on surveillance, community sensitization, and early treatment of diarrheal and other flood-related illnesses.

III.1.d) Water, Sanitation, and Hygiene (WASH)

The RNA found that flooding has significantly disrupted water, sanitation, and hygiene services in both Nhamatanda and Búzi districts, increasing the risk of waterborne diseases and other public health concerns, particularly in low-lying and displacement-affected areas.

In Nhamatanda District, 29 boreholes were submerged, limiting access to safe drinking water for affected communities. In addition, 1,652 household latrines were reported as destroyed or rendered unusable, resulting in a sharp decline in sanitation coverage and an increased risk of environmental contamination. These impacts were most pronounced in localities such as Nhampoca, Bebedo, Lamego, and Metuchira, where floodwaters remained stagnant for prolonged periods and households resorted to unsafe water sources for daily use.

In Búzi District, sanitation data were still being consolidated at the time of the assessment. However, given the extent of housing inundation and displacement, it is likely that a similar number of latrines have been damaged or destroyed, affecting a comparable proportion of households. Observations in flooded residential areas and at the Guara-Guara Transitional Center indicate widespread loss of household sanitation facilities, with limited temporary alternatives available to displaced families.

District-level reports also highlight shortages of essential WASH supplies, including chlorine, household water treatment products (certeza), and water storage containers, as well as logistical constraints that limit access to isolated communities. These factors continue to hamper regular monitoring and service provision.

> “At this time, the primary support has been provided by the INGD. In addition to establishing accommodation centers, INGD has ensured the provision of three meals per day to individuals residing in the centers. The food assistance primarily consists of rice, maize flour (xima), and beans, and water treatment units (Certeza) have also been distributed to support safe water treatment within the centers”.
> **- Key Informant Interview, Búzi District, January 2026**

Figure 8. Unsafe river crossing using an improvised canoe in a flood-affected area.

IV. Conclusions

The Rapid Needs Assessment findings confirm that flooding in Búzi and Nhamatanda districts has resulted in a high-severity humanitarian emergency with interconnected impacts across food security, shelter, protection, and WASH sectors. The assessment documented extensive agricultural losses, including large-scale destruction of crops and livestock, which has eliminated household food stocks and income sources at the peak of the agricultural season. Market access has been severely constrained by damaged roads and bridges, forcing households to adopt high-risk coping strategies, including unsafe river crossings to access food or daily labor.

Shelter conditions remain critically inadequate, with more than 9,000 houses inundated in Búzi and over 2,300 houses affected in Nhamatanda, resulting in prolonged displacement and reliance on temporary accommodation in schools, churches, and improvised shelters. The lack of basic shelter materials, particularly tarpaulins, has left many families exposed to weather, health risks, and protection concerns.

Protection risks have intensified due to displacement, unsafe mobility, and weakened community protection mechanisms. The assessment recorded five flood-related deaths in Nhamatanda, a reported case of sexual violence in Búzi, and widespread exposure of children and women to unsafe environments. At the same time, health and WASH services have been compromised, with

submerged boreholes, destroyed latrines, and affected health facilities increasing the risk of waterborne diseases, particularly in overcrowded displacement sites.

While INGD and partners have provided life-saving support, including food assistance, accommodation, and water treatment supplies, current response capacity remains insufficient to meet the scale and complexity of needs. Without rapid and targeted action, the situation risks deteriorating further, particularly as the rainy season continues and households lack resources for recovery.

V. Recommendations and The Way Forward

V.1. Recommendations

Immediate Actions (0–3 months)

Food Security and Livelihoods

- Provide emergency food assistance to displaced and highly vulnerable households, prioritizing accommodation centers and isolated communities.
- Distribute agricultural input kits (seeds and tools) to enable replanting during the next suitable planting window.
- Implement cash-for-work activities focused on clearing debris, rehabilitating access routes, and restoring community infrastructure.

Shelter and NFIs

- Distribute tarpaulins and emergency shelter kits to households with destroyed or inundated homes as an immediate priority.
- Support the construction of temporary shelters in safe areas to reduce overcrowding in schools and communal buildings.
- Ensure shelter assistance includes sleeping mats, blankets, and basic household items to restore minimum living conditions.

Protection

- Establish community-based protection committees in accommodation centers and affected localities.
- Strengthen GBV and child protection referral pathways, including safe accommodation options for survivors.
- Expand psychosocial support services, building on the Guara-Guara model, to additional displacement sites.

WASH and Health

- Rehabilitate damaged boreholes and install temporary water supply systems in displacement sites.
- Distribute water treatment products, hygiene kits, and water storage containers to affected households.
- Construct emergency latrines and promote hygiene practices through targeted community outreach.
- Support health facilities with essential supplies and outreach services to prevent waterborne disease outbreaks.

Short-Term Actions (3–6 months)

- Transition from emergency shelter to more durable transitional shelter solutions.
- Rehabilitate key access roads and small bridges to restore market connectivity.
- Restore sanitation infrastructure and permanently rehabilitate water points.
- Expand livelihood recovery support, including small grants and vocational activities for affected households.
- Strengthen district-level early warning systems and contingency planning for continued rains.

V.2. The Way Forward

The scale and severity of the floods in Búzi and Nhamatanda districts require a coordinated, phased, and multisectoral response that bridges emergency assistance with recovery and resilience. Government leadership, particularly through INGD and district authorities, should continue to be strengthened, while humanitarian partners align interventions with district-level priorities and community-identified needs.

Moving forward, response efforts should prioritize vulnerability-based targeting, community participation, and accountability to affected populations, supported by continuous monitoring and updated needs assessments. The integration of satellite data, field monitoring, and community feedback mechanisms will be essential to adapt interventions to evolving conditions and ensure that assistance remains timely, relevant, and effective.

Sustained investment in resilient systems, inclusive service delivery, and disaster preparedness will be critical to reduce the recurrent humanitarian impact of flooding and to support durable recovery for affected communities in Sofala Province.

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VII. Annexes

Annex 1. Key Informant Interview Form

Annex 2. Focus Group Discussion Form

Annex 3. Site Observation Tool

Annex 4. Photographs

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