Emergency appeal n° MDRMZ011

Date Issued: 20 February 2015

Emergency Appeal operation start date: 22 January 2015

Appeal budget: CHF 847,607

Disaster Relief Emergency Fund (DREF) allocated: CHF 120,000

N° of people being assisted: 15,000 people (3,000 households)

Host National Society(ies) presence (n° of volunteers, staff, branches): 250 volunteers, 18 NDRT Staff members Zambezia Provincial Branch and 10 CVM staff members at the Headquarters

Red Cross Red Crescent Movement partners actively involved in the operation:
Danish Red Cross and Spanish Red Cross.

Other partner organizations actively involved in the operation:

Appeal History:
- This [Emergency Appeal](#) was launched on 22 January for CHF 847,607 for 6 months to support Mozambique Red Cross Society (CVM) provide assistance to 15,000 people (3,000 households) affected by floods.
- Disaster Relief Emergency Fund (DREF): CHF 120,000 was initially allocated from the Federation’s DREF to support the national society to start up the operations by meeting immediate needs of affected people in Zambezia province.
- [Operation Update no. 1](#) was issued on 10 February to give progress on the operation.
- This update provides information regarding the first 30 days of the operation since the launch.
- IFRC, on behalf of CVM would like to thank the French Red Cross for its support towards this appeal in addition to those who have committed to support this Appeal through soft pledges including American Red Cross, Canadian Red Cross, Danish Red Cross, Spanish Red Cross and in-kind contribution from Unilever Mozambique. More partners are encouraged to support the Appeal to enable Mozambique Red Cross provide the needed support to the flood affected communities.

Summary: Over the past few months, from November 2014 until late January, Mozambique has been experiencing extensive rainfall which has flooded many regions. The most critical area affected is in the centre of the country, precisely in the Licungo River Basin (Zambezia province). Floods here reached historical levels (in some areas up to 12m height). Currently many public or private infrastructure are being used as informal camps for the displaced.

According to the National Disaster Management Institute (INGC), it is estimated that 124,381 people (approximately 25,258 families) are affected across the country. In Zambezia province a total of 95,360 people (19,072 families) are affected by the floods. Currently 43,290 people (10,861 families) are currently in collective shelters; 12,551 people (2,454 families) have already left the shelters and received emergency shelter and plot
in temporary and relocation areas. The rest of the population is with host families or scattered over the territory, often isolated. As of late January, 33 accommodation centres across the Zambezia Province were in operation, including schools and religious centres. The floods destroyed 5,319 houses and damaged 4,000 houses, 6 health centres, 378 classrooms and 57 bridges according to ECHO. The death toll due to flooding, lightning and house collapse has risen to 158 which 134 were recorded in Zambezia province according to the INGC.

At the onset of the emergency, there were 57 accommodation centres created (AC) in Zambézia (49) and Niassa (8), which consisted mainly in schools and churches. With the resumption of the classes on 09 February 2014, the Government of Mozambique (GoM) has been making efforts to transfer the families from the accommodation centres to relocating sites/existing settlement created in the past floods.

From 22 January to 06 February 2015, the GoM closed 33 accommodation centres and transferred more than 18,000 people to relocating sites/existing resettlement. This process has been facing difficulties on the identification of relocation sites as the suitable land identified in most of the districts belongs to the private people who got the right to use the land. This aspect is delaying the demarcation of plots to be assigned to the displaced people and therefore hindering proper humanitarian assistance. So far, INGC has been able to assign 2,544 plots out of 8,887 planned in Zambézia province and 205 plots in Cuamba district, Niassa province.

There has also been a cholera epidemic which started on 25th December 2014 that has affected 3 provinces in the country, two in the northern part (Niassa, and Nampula) and one in the centre (Tete). The overall Case Fatality Rate (CFR) is 1.1% and ranges from 0.0% to 3.5% at provincial level, which reflects the difficulties in accessing and providing proper health care for vulnerable populations living in remote areas where basic infrastructure is weak. On the 27 of January, 2015 the Ministry of Health (MoH) officially declared a cholera outbreak. The outbreak of cholera has been confirmed as Vibrio cholerae in laboratory testing. Since then, up until the 11th of February 2015 the National Director of Public Health has provided the following data: Total cases are 1,815 cases cumulative and 23 deaths (CFR: 1.2)

Following the release of DREF funds, shelter materials such as tarpaulins, shelter tool kits and non-food items (kitchen sets, jerry cans, water buckets, blankets, mosquito nets) have arrived in Quelimane and CVM warehouses in Mopeja ready for distribution in close cooperation with National Disaster Management Institute (INGC) to ensure there is no duplication recorded.

<table>
<thead>
<tr>
<th>Items released from CVM warehouses to Quelimane</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen sets</td>
<td>3,000</td>
</tr>
<tr>
<td>Blankets</td>
<td>3,805</td>
</tr>
<tr>
<td>Jerry cans</td>
<td>2,908</td>
</tr>
<tr>
<td>Shelter tool kits</td>
<td>537</td>
</tr>
<tr>
<td>Tarpaulins</td>
<td>3,000</td>
</tr>
<tr>
<td>Latrine slabs</td>
<td>321</td>
</tr>
<tr>
<td>Mosquito nets</td>
<td>6,000</td>
</tr>
<tr>
<td>Soap</td>
<td>18,000</td>
</tr>
<tr>
<td>Sunlight</td>
<td>750</td>
</tr>
</tbody>
</table>
The IFRC has deployed staff from the Africa Zone and Southern Africa Regional Offices to assist in the operation on various aspects such as: needs analysis for Emergency Plan of Action (EPoA); Emergency Appeal formulation and launching; coordination with CVM and Partner National Societies (PNS) to support CVM implementation; monitoring and distribution of NFIs in several affected districts in Zambezia; assisting CVM in assessment and development of a Plan of Action for Cholera prevention in Northern provinces among others. In the meantime, the IFRC has mobilized one Regional Disaster Response Team (RDRT) member with strong health expertise from Canadian Red Cross who arrived in Mozambique on Monday 16 February to further assist the team in needs assessment, beneficiary selection, health activities and capacity building for CVM staff and volunteers in the field. The recruitment of an Operations manager position is to be finalized within February. The IFRC Shelter Cluster Coordinator arrived in-country on Thursday 29 January and deployed to Zambezia to facilitate the cluster coordination process in the field.

CVM has been mobilizing and using 250 Red Cross volunteers to work around the clock to assist in delivering and distributing relief items and initiate health and WASH activities.

**Achievements to date:**

- **CVM** completed an initial rapid assessment in 9 among planned 11 provinces and data from the field are being analysed and shared: Cholera assessment was completed in Nampula, Tete, Sofala and Niassa and a cholera plan of action is being prepared for interventions. In addition, CVM staff joined the multi sectoral needs assessment led by UNICEF and participated by other stakeholders. Moreover, the RDRT to be in the field this week to assist in this process as well.

- **Health and care:** In collaboration with the Ministry of Health (MoH), a first aid post has been set up in Mocuba alongside an accommodation centre to treat minor injuries and provide transport to the nearest medical facilities for more serious injuries and illness. It is observed that MoH has established medical tent in all accommodation centres. Therefore, there is no longer need for CVM to provide the same services. However, CVM volunteers actively participate in dissemination of malaria and diarrheal prevention by using mosquito nets and washing hands with soaps. 120 first aid kits to be delivered to Quelimane in coming days to assist the CVM volunteers to provide first aid services in the communities where needed.

- **WASH:** 12 volunteers in six accommodation centres in Mocuba treated 15,060 litres of water to ensure safe water sources for 560 men and 1,273 women. 321 latrine slabs have been distributed in Mocuba (271) and Namacurra (50). Sensitization sessions were conducted by 18 volunteers in five accommodation centres in Mocuba on hygiene and sanitation reaching 361 men and 830 women. Almost 3,000 jerry cans were delivered and distributed to 1,500 families, each family getting two jerry cans. 18,000 soaps donated by Unilever Mozambique were transported to Quelimane and waiting for distribution together with other items. 89 hygiene promotion sessions conducted to 1,588 families (8,000 people) in Cajule accommodation centre in Mocuba. In addition, 25 CVM volunteers actively worked with COSACA and MoH to construct 189 latrines in both accommodation and resettlement centres in Mocuba.
• **Shelter and NFI's**: Items for 3,000 families including shelter tool kits, tarpaulins, blankets, kitchen sets have arrived in Quelimane and were partially distributed in Mocuba, Mopeia and Namacurra, as well as to Maganja da Costa, which necessitated a big effort in transporting the items in the last 10 days. Initial feedback from beneficiaries are that all items distributed by CVM were well appreciated as they are practical and appropriate for daily family activities. High scores go to shelter tool kits and kitchen sets as they are unique in comparison to other organizations.

• **Capacity building**: Approximately 25 volunteers are being recruited and equipped for capacity building. 50 volunteers have been trained across sectors and will be equipped with basic visibility materials such as boots, rain jackets, megaphones, gloves, etc. to continue conducting activities in the communities.

• **Disaster Risk Reduction/Preparedness**: To reduce risks and improve response in the future, the plan is to initiate the establishment of CBDRTs in 10 communities; two in Mopeia, five in Maganja da Costa, two in Mocuiba; and one in Namacurra.

### Coordination and partnerships

With support from the IFRC Africa Zone and Southern Africa Regional Office, CVM has been coordinating with Red Cross Red Crescent PNS both in-country and outside the country, together with Unilever Mozambique to maximise resources for the operation. In addition, CVM and IFRC have been sharing information and emergency appeal to non-Red Cross stakeholders for coordination and resource mobilisation purposes. CVM has been attending coordination meetings chaired by INGC since day one of the floods. This was beneficial for INGC and other stakeholders in mobilising volunteers and resources to be in a position to immediately respond to affected people.

Operational meetings are being held every other day with CVM technical departments and PNS of Denmark, Germany and Spain to get updates on the situation. This covers the most pressing needs, who does what in the field, and the main priorities. The IFRC has been part of the meeting since the beginning of the operation and has made significant contributions in the direction of the operation.

Upon the request of INGC and CVM, a shelter cluster coordinator arrived in Maputo on 29 January and is now situated in Quelimane to work with partners in the shelter sector. He has replaced a Spanish Red Cross delegate who had been deployed in Quelimane since the floods began to assist with the shelter cluster coordination.

The Shelter Cluster aims at covering the needs for 100% of people in accommodation centres (approx. 45,000 as at 9 February). Shelter items will be provided in the interim; transitional shelter or improved and safer reconstruction of houses can be promoted by self-recovery of materials, technical capacities and advocacy with the Government.

The Shelter Cluster Coordinator has made some significant results as below:

**Coordination:**

- coordinating with CVM national representative of shelter cluster
- integrated in GoM coordination emergency structure at provincial level in the infrastructure sector (WASH, Shelter, roads)
- facilitating coordination meetings for all partners of infrastructure sector (government, UN agencies and INGOs) twice a week
- continuous information sharing with shelter cluster partners
- facilitate delivery of shelter common strategy response for both Government and UN& NGOs
- supporting other clusters (WASH, education, protection) for developing integrated strategy
- supporting HCT provincial coordination with innovative approaches (based on SC experience in other countries, such us using geo-referenced information for a more informed decision making).

*On the job training for CVM volunteers on needs assessment and beneficiary selection in Namacurra district. Photo: IFRC*
- maintenance of Shelter Cluster response’s website

**Technical Support:**
- providing technical assistance to partners on emergency shelter relief
- compiling available Information, education and communications (IEC) materials delivered in the country (mainly from Mozambique Red Cross)
- advocacy actions within shelter cluster partners focused on observing Sphere Shelter Standards
- disseminating CVM-PNSS IEC shelter materials
- inputs for Early Recovery cluster strategy

**Information Management**
- compiling information on e-shelter activities and sharing with GoM and shelter cluster partners
- supporting other clusters (WASH and Protection) for compiling integrated information of NFIs distribution by delivering comprehensive NFIs distribution monitoring tool
- providing GIS maps under request of shelter cluster partners (remote support from Global Shelter Cluster)

**Capacity Building**
- coaching of CVM national representative of shelter cluster
- providing innovative solutions for both GoM and UN-HCT on Information Management (GIS mapping)
- providing support to provincial CVM branch on humanitarian decision making issues

**Operational Implementation**

**Overview**
CHF 120,000 has been released from DREF funds to help kick start the operation until more funding can be raised by donors to fully accomplish the rising needs and expectations in the emergency appeal. An RDRT has been mobilized and arrived in the country to assist CVM with further detailed needs assessment and beneficiary selection together with the job capacity building to CVM staff and volunteers. Currently the operation is supported by the IFRC Southern Africa Regional Office’s Disaster Management Delegate while awaiting the recruitment of the operation manager take over. Further detailed analysis on output achievements to be monitored over the next few weeks once the IFRC RDRT is in the field.

<table>
<thead>
<tr>
<th>Planned interventions</th>
<th>Implementation (%)</th>
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<tbody>
<tr>
<td><strong>Quality Programming / Areas common to all sectors</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 1:</strong> The operation is implemented to reflect the needs of the affected beneficiaries</td>
<td>70% has been achieved by carrying out the initial needs assessments in 9 of 11 affected provinces. Cholera assessments were completed in Nampula, Tete, Sofala and Niassa and a cholera proposal was prepared for interventions. On-going detailed assessments are taking place in the Northern districts of Zambezia as the floods situation is reported to be escalated there and not much assistance has arrived. To assist with the assessment, an RDRT is to be deployed to Zambezia this week to work with Zambezia branch and other partners to identify the needs and propose possible interventions. Revision of Emergency Appeal and EPoA is on its way with inclusion of cholera prevention measures.</td>
</tr>
<tr>
<td><strong>Health and care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 2:</strong> To reduce the risk of communicable diseases within the targeted communities</td>
<td>Approximately 50% has been achieved by raising awareness on health promotion being conducted in accommodation centres. A plan of action for cholera prevention in the Northern provinces of Nampula, Tete,</td>
</tr>
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</table>
Sofala and Niassa was developed as a result of the assessments. IEC materials for malaria, cholera and HIV to be provided by WHO and CVM volunteers will be used for awareness activities. Condom distribution is no longer needed under this plan of action as it is fully covered by MoH and PSI. 6,000 mosquito nets were released from CVM warehouses in Maputo and Gaza and arrived in Quelimane ready for distribution in close coordination with MoH and local authorities.

**Output 2.2:** Target population is provided with rapid medical management of injuries and illness

Approximately 25% has been achieved - a first aid post outside the accommodation centre in Mocuba has been set up. It is observed that MoH has assisted in setting up medical tents in all accommodation centres. Therefore, there is no longer need for CVM to provide these services. However, CVM volunteers actively participate in dissemination of malaria and diarrheal prevention by using mosquito nets and washing hands with soaps. 120 first aid kits to be delivered to Quelimane in coming days to assist the CVM volunteers to provide first aid services in the communities where needed. Oral rehydration solutions (ORS) and chirurgical kits have been identified as no longer needed as MoH has covered the necessities.

**Water, sanitation, & hygiene promotion**

**Outcome 3:** Reduce the risk of waterborne and water related diseases in targeted communities.

**Output 3.1:** Adequate water, sanitation, and hygiene promotion which meets Sphere standards in terms of quantity and quality provided to 3,000 households

Approximately 20% has been achieved by carrying out the following activities - water treatment, 321 latrine slabs construction and sensitization sessions by volunteers to reach 3,000 families in Mocuba, Mopeja, Namacurra and Maganja De Costa. Some jerry cans have been distributed in Mocuba and Mopeja and soap is being shipped from Maputo over the next week.

**Shelter and settlements**

**Outcome 4:** To improve living conditions through provision of adequate shelter during the emergency period for the flood-affected households.

**Output 4.1:** 3,000 displaced families are provided with shelter items/materials in coordination with the local authorities and humanitarian partners.

Approximately 25% has been achieved by delivering 3,000 kitchen sets, 537 shelter tool kits, 3,800 blankets and 3,000 tarpaulins to Quelimane. Over 50% of these items have been distributed in Mocuba and Mopeja. Next distribution for Namacurra and Maganja De Costa is scheduled for this week as selection of beneficiaries is about to finish and coordination with other stakeholders is imperative.

**National Society Capacity Building**

**Outcome 6:** Strengthening CVM capacity for emergency operations at the National Level.

**Output 6.1:** Volunteers are trained and equipped to respond to the emergency needs in the targeted regions

0% achieved. The procurement process has just started by collecting quotations from potential suppliers. As soon as equipment is in place, CVM will start to provide trainings together with equipment.

**Preparedness/Disaster Risk Reduction**

**Outcome 7:** Strengthening affected communities' capacity to prepare and respond to floods/storms in the future

**Output 7.1:** Volunteers in the community are trained and equipped to respond to potential emergencies

0% achieved. Communities have been selected. Volunteers awaiting training in order to train the communities to respond to potential emergencies in the future.
Contact information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

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Please send all pledges for funding to zonerm.africa@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **In IFRC Zone**: Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email:robert.ondrusek@ifrc.org

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**How we work**

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.