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Emergency Appeal Preliminary Final Report Mozambique: Floods

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRMZ011		Timeframe covered by this update: 21 January – 31 December 2015
Date of issue: 31 March 2016		Timeframe: 12 months (End date: 31 December 2015)
Appeal budget: CHF 1,095,475	Appeal coverage: 92%	Total estimated Red Cross and Red Crescent response to date: CHF 1,003,154 (in cash and kind)
Disaster Relief Emergency Fund (DREF) allocated: CHF 120,000		
N° of people being assisted: 17,620 people (3,524 households)		
Host National Society presence (n° of volunteers, staff, branches): 300 volunteers, 18 NDRT staff members, Zambézia Provincial Branch and 15 CVM staff members at the Headquarters.		
Red Cross Red Crescent Movement partners actively involved in the operation: Spanish Red Cross and Danish Red Cross		
Other partner organizations actively involved in the operation: National Disaster Management Institute (INGC), UN-Habitat, IOM, World Health Organisation, UNICEF, Ministry of Health, COSACA, (CONCERN, CARE, Save the Children) KUKUMI, ADRA, WFP, World Vision International and other stakeholders.		

A. Situation analysis

Description of the disaster

From November 2014 until late January 2015, Northern and Central parts of Mozambique experienced extensive rainfall which caused serious flooding in many regions. The most critical area affected was 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). On 12 January 2015, the Council of Ministers of Mozambique declared the institutional red alert for the Central and Northern parts of the country due to heavy rains recorded and consequent floods in large areas. Flooding affected communities, public and private telecommunications and energy infrastructures, especially in Zambezia and Nampula provinces. Land transportation was hindered, with many roads and bridges destroyed or completely flooded. The main national road N1 was cut multiple times, mainly in Mocuba and Gúruè districts. Many communities including those around Mopeia and Maganja da Costa were completely isolated and only accessibly by air. Electrical infrastructure and communication were severely impacted. In the North, damage to power-plants left the second largest city of the country, Nampula, without electricity for several weeks. Water supply systems were damaged in many areas making access to safe water difficult.



Houses were destroyed in Lugela, Mocuba district. Photo by CVM

According to the National Disaster Management Institute (INGC), the heavy rains and floods affected about 177,645 people (37,090 families) and temporarily displaced about 44,000 people. The death toll due to floods, house collapse and lightning in the country has risen to 160 of which 134 were recorded in Zambézia province.

Furthermore, 10,860 houses were totally destroyed, 8,354 houses partially destroyed and 1,581 classrooms damaged. In Zambézia province, the floods affected 144,279 people (29,522 families), 11,641 houses have been totally, and partially destroyed. The floods have affected 110,602 hectares of several crops, of which 72,965 hectares were totally lost affecting 85,420 smallholders' families. In the onset of the emergency, the displaced people were hosted in 49 accommodation centres such as schools and churches.

As cases of cholera gradually increased three main provinces were being affected: Tete, Nampula and Niassa provinces. On Thursday the 26 February 2015, cholera cases were reported in the flood affected Zambezia province. As of the 17 March 2015, 5 provinces had been affected by cholera. Cases began in Nampula Province in Cidade de Nampula. Other cases were later reported in Sofala district. The number of cases eventually reduced with most new cases being recorded in Cidade de Tete in Tete province and Cidade de Quelimane in Zambezia province.

In responses to the above situation, the Mozambican Red Cross (CVM) immediately deployed eight National Disaster Response Team (NDRT) members to assist affected provinces in needs assessment, emergency planning and responses. According to the needs assessment, a proposed plan of action targeting 3,000 households (15,000 beneficiaries) in Zambezia province only was discussed and agreed by CVM and its partners. Detailed assessments were conducted during the implementation of emergency responses and it was found that Nampula province was hardly hit by both floods and cholera and that further needs had to be included in the plan of action. As a result, a revised plan of action was published early April 2015 targeting 3,524 households (17,620 beneficiaries) in Zambezia and Nampula provinces. The operation focused on addressing the following areas:

- (i) Emergency and recovery shelter and non-food items;
- (ii) Water, sanitation and hygiene promotion;
- (iii) Health and care;
- (iv) Disaster risk reduction/disaster preparedness and capacity building.

Please note that this Preliminary Report is issued in advance of the Final Report, which is expected to be issued by the end of May 2016.

[<click here for the contact details and here for the interim financial report>](#)

Summary of response

Overview of Host National Society

CVM has been an active player throughout the operation by conducting the following tasks:

- Participation at INGC's Technical Council for Disaster Management, Humanitarian Country Team (HCT) and other forum/meetings at various levels;
- Coordination of the Shelter Cluster in country;
- Participation in damage and needs assessment in the field with the support of its volunteer network;
- Eight NDRT members were deployed to Zambezia and Nampula provinces to assist the branch in conducting a rapid assessment and to provide technical assistance to local staff and volunteers.
- 34,230 household visits and 4,014 public lectures on cholera and hygiene education reached 225,416 people in four provinces.
- 300 CVM volunteers were mobilized and participated in the emergency response operation and related cholera response in Zambezia province, and the other cholera affected provinces of Tete, Nampula, and Niassa. CVM staff and volunteers involved in distribution of emergency supplies, training and assistance in shelter related activities and health promotion related to health, water and sanitation. In Mudiba and 1 de Maio community in Mopeia district only, at least 30 volunteers were mobilized and actively involved in shelter reconstruction and borehole construction for 230 families (1,150 beneficiaries).



CVM volunteers were conducting an health and hygiene awarenss session in Cajul Accommodation Centre, Mocuba. Photo: CVM

Overview of Red Cross Red Crescent Movement in country

The IFRC Southern Africa regional office and the IFRC African Zone Disaster Management Unit (DMU) have substantially assisted this operation by sending their Disaster Management Delegates to Mozambique to work with the National Society 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, support to implementation; monitoring and distribution of NFIs in several affected districts in Zambezia; and assisting CVM in assessment and development of a plan of action for cholera prevention in Northern provinces. In the meantime, the IFRC has mobilized two Regional Disaster Response Team (RDRT) members, supported by Canadian Red Cross, to further assist the team in needs assessment, beneficiary selection, health activities and capacity building for CVM staff and volunteers in the field. An operational manager was recruited and arrived in Mozambique end of March 2015 for six months to oversee the implementation of this revised emergency appeal. The Partner National Societies in country (Spanish Red Cross and Danish Red Cross) worked closely with CVM in areas that best align with their area of expertise to better support CVM's humanitarian response. As a result, the Spanish RC provided one of their staff to support humanitarian coordination in the provincial branch office in Quelimane before the arrival of IFRC shelter advisor. The Danish RC and Spanish RC have coordinated and supported CVM with planning of the emergency operation. One IFRC Shelter Cluster Coordinator was deployed to Zambezia for five weeks to assist the National Society and other partners in meeting shelter and non-food item needs.

Overview of non-RCRC actors in country

The Government of Mozambique (GoM) led the emergency preparedness and response process through coordination by the INGC which is under the jurisdiction of the Ministry of State Administration and with the support of line ministries at national, provincial and district levels. The nine clusters created in the Mozambique context coordinate with the Government's sector working groups formed within the national and regional Emergency Operations Centres (CENOE). This has contributed to a more coordinated, timely and predictable approach to humanitarian response.

- The INGC led the coordination of the response locally, through National Emergency Operation Centres (CENOE) established in Quelimane, Zambezia and Nampula City, Nampula;
- The Humanitarian Country Team (HCT) activated all the clusters. Its members (the UN, NGOs, Red Cross and IOM) were responsible for delivering food and non-food items to affected areas, coordinated by INGC, to meet the immediate needs. The HCT also provided staff and resources to support INGC in assessing needs in the areas of infrastructure (shelter, WASH and early recovery clusters); communication (coordination of the HCT), social services (WASH, education/protection, health, nutrition and food security) and information and planning (logistic and telecommunication clusters).
- The HCT deployed focal points in Quelimane, and worked with other HCT members on the ground and coordinating with the local Emergency Operation Centres (CENOE) to support operations planning.
- The GoM also received great contributions from civil society, private sector, other government organizations mainly in food items, hygiene items and clothes to support the flood affected people. For instance, the United States of America's government announced a support of US\$ 2 million in food items for the flood affected people. The food assistance was carried out through WFP and included maize and pulses, which will allow providing a ration for one month to 57,000 people.
- The government of Flanders also approved EUR 164,500 to support the response and recovery actions for the floods in Zambézia,
- Japanese government through JICA provided tents and tarpaulins estimated in US\$ 130,000 and the Dutch government reprogrammed their funds from the development programs and made available about US\$ 500,000 to repair the water intake installations at Mocuba water supply system.
- The Central Emergency Response Fund (CERF) of US\$ 3.2 million covered the most urgent life-saving needs in shelter, WASH, food security, logistics and protection in Zambézia province.

Needs analysis and scenario planning

Needs analysis

According to detailed needs assessments and consultations with INGC and other stakeholders in the country, CVM decided to focus their operation on the four worst affected districts in Zambezia and two districts of Nampula. Therefore, CVM mobilized its efforts to assist **3,524 households (17,620 people)** of the most vulnerable requiring urgent and recovery humanitarian assistance in Zambezia and Nampula for floods while cholera operation was implemented in Zambezia, Nampula, Tete and Niassa.

The operation addressed both emergency and recovery needs to 17,620 people in Nampula and Zambezia. Several factors were taken into consideration: CVM capacity to deliver; the affected people living outside accommodation centres, who had not received much attention from other organizations; those who had received limited or no access to other assistance; and those with financial constraints which hampered their ability to rebuild their houses.

The table below is the operation targets.

Targeted provinces	Targeted districts	N° of households	N° of people
Zambezia Province	Mocuba	1,588	7,940
	Mopeia	298	1,490
	Maganja da Costa	322	1,610
	Namacurra	248	1,240
Nampula Province	Meconta	868	4,340
	Mossoril	200	1,000
Total		3,524	17,620

The major interventions for this operation were:

- **Shelter and NFIs** –3,524 shelter tool kits were distributed and reached 3,524 households and construction materials was provided to 500 most vulnerable families in Zambezia as part of recovery effort due to their limited capacity for reconstruction. In addition, 3,000 families were assisted with NFIs such as blankets, kitchen sets and tarpaulins. The reason why CVM did not provide NFIs to 3,524 households is because other stakeholders such as INGC and COSACA have been providing assistance in terms of blankets, mosquito nets and some household items.
- **Health and Care** - communicable disease awareness and education provided to 3,524 affected families living in accommodation centres, resettlement communities and hosted families with high priority such as malaria, HIV, and cholera prevention. In addition, distribution of mosquito nets and first aid bags were done for those households who did not received assistance from other organisations.
- **Water & sanitation** - CVM volunteers assisted up to 17,620 affected people living in accommodation centres with awareness and education on how to treat water with Certeza, how to wash their hands before eating and after toilets with soaps and in establishment of latrines. Moreover, 3,000 families were assisted with soap, water buckets, and jerry cans while 500 households were assisted with concrete slabs for latrine construction.

Risk Assessment

Given the scattered downpours in the Northern and Central provinces, the flooding and health related threats, the number of cholera cases were at risk of increasing with more areas possibly being affected. Therefore, CVM and its volunteers made significant efforts to deliver awareness messages and early warning information to the communities. As a result, cholera was under control and did not spread to other districts in these provinces.

Accessibility to Maganja da Costa district in Zambezia remained difficult in some places even several weeks after the floods, as roads were impassable due to mud and some bridges were washed away, which made transportation of material and conducting assessments virtually impossible other than by air or boat. In an effort to reach affected people on time, CVM worked closely with other partners who owned boats, and also used the government and WFP trucks and vehicles to transport relief to the affected communities.

There were also some cases of CVM volunteers being beaten by local people due to lack of awareness among the local population on the use of Certeza (water treatment chemical). This is because cholera in this local language has a similar meaning to Certeza then it was perceived that CVM volunteers spread cholera. In response, CVM explained to local authorities and communities the importance of water treatment, the role and use of Certeza, and reinforced health messages. Eventually, the incident was resolved and well understood by local authorities and people.

B. Operational strategy and plan

Overall Objective

The operation addressed the disaster-affected population's survival and immediate needs through the provision of shelter and relief items, sanitation, hygiene promotion and health promotion up to **3,524 households (17,620 people)** in Mopeia, Maganja da Costa, Namacurra and Mocuba of Zambezia and Mossoril and Meconta of Nampula, and supported 230 selected households with permanent shelter core structures and construction materials (cement and clay bricks) to complete their shelters. In addition, 38,244 cholera and hygiene education sessions were conducted in Tete, Nampula, Niassa and Zambezia, benefiting 225,416 people.

Proposed strategy

The operation mainly focused on Zambezia province, specifically Namacura, Mocuba, Maganja da Costa and Mopeia districts and some emergency flood relief activities in Nampula province. The operation was carried out

within 12 months which is three months longer than expected due to more time given to shelter construction in Mopeia district. However, the operation reached 3,524 families (17,620 people) with the following interventions:

- Health and Care targeting 17,620 people in Nampula, Tete, Niassa and Zambezia;
- Water, Sanitation and Hygiene Promotion targeting to 17,620 people in Nampula and Zambezia;
- Shelter and settlement (including household items) targeted to 3,524 households with tarpaulins, shelter kits and fixings as needed; and 230 households with reconstruction materials, and other items as appropriate.

Human resources (HR)

The following personnel were involved in the implementation and/or providing technical support to the operation:

CVM Provincial Branches (Zambezia and Nampula):

- Provincial Secretary (direct implementation on the ground, overall management and coordination with other stakeholders);
- Two DM field officers (support the implementation of the operation to ensure the technical quality and counterpart skill-sharing within the operation);
- Shelter technical officer (support the implementation of the shelter construction to ensure the technical quality and counterpart skill-sharing within the operation)
- Finance officer (support the implementation of the operation to ensure that financial reporting is timely and of good quality);
- Driver (including administration support in Zambezia Office);
- 300 volunteers engaged to carry out shelter construction, distributions, assessments loading and offloading.

CVM Head- Quarter Office:

- Acting program coordinator (overall management of the operation);
- Health officer (support cholera prevention activities);
- Water and sanitation officer (support WASH component);
- Logistics officer (logistics support);
- Finance coordinator (overall financial management of the operation);
- DM officer (was deployed to the field for the entire operation);
- Communication manager (liaison with media and publications);

IFRC (Quelimane Field Office, Gaborone Regional Office and Nairobi Zone Office):

- Operation manager (direct implementation and management of the operation on the ground and coordination with other stakeholders);
- Regional health delegate (support cholera prevention activities);
- Regional logistics delegate (market assessment and supply selection for shelter construction);
- Regional DM delegate (over supervision and technical support to the operation through the operation manager and fill the gap during the operation manager's absence and end of mission);
- PMER officers in Nairobi and Gaborone (reporting and beneficiary satisfaction survey and final evaluation);
- DM delegate from Nairobi DMU (two week in the country for EPoA development and needs assessment);
- Finance Officer (support in financial management and reporting).

Logistics and supply chain

CVM and IFRC have experienced and well-established logistics units with standard operating systems that supported the implementation of the proposed interventions. The operation ensured that procurement was done in proper manner and timely.

• Procurement:

All required materials were procured according to IFRC standards. The major procurements under this operation were construction materials for shelter construction including cement; stone; iron bar; iron sheet; blocks; timber; sand; fixing tools. All these materials were sourced locally in Zambezia province while IFRC logistics supported the procurement of blankets and kitchen sets which was done outside the country due to its competitiveness and availability.

• Warehouse and storage plans:

Apart from dispatching pre-positioning stocks in Maputo, Gaza and Mopeia warehouses to assist beneficiaries, CVM also received in-kind donation from French Red Cross and American Red Cross and therefore, most of received items were transported to the warehouses in Maputo and/or Mopeia before distribution. The operation also assisted the National Society to fix some broken parts of the warehouse mainly in Maputo such as electricity lines, water supply etc.

• Transport and vehicle needs

One VRP 4x4 vehicle was used for the entire operation.

Communications

CVM, with support from IFRC regional and zone communications, has conducted various awareness and publicity activities, to sensitize the public, media and donors on the situation on the ground and the humanitarian response. The following achieved activities:

- Deployed one IFRC communications intern for six weeks to assist in communications related activities;
- Produced monthly facts and figures, key messages and share with relevant stakeholders, including beneficiaries and partners;
- Published one web-based story on **life changing** of a CVM volunteer in Mopeia, Zambezia;
- Produced a documentary video on the operation;
- Facilitated media field trips to raise awareness among stakeholders and to raise the profile of the CVM and IFRC by having several broadcasts on national and local TV on the operation;
- Maintained a social media presence throughout the operation utilizing IFRC and CVM sites such as Facebook and Twitter
- Supported the launch of this appeal and other major milestones throughout the operation using people-centred, community level diverse content, including web stories, blogs, video footage and photos with extended captions. Share any communications material created through this appeal with IFRC for use on various communications channels including the IFRC Africa web page, www.ifrc.org/africa. Material to also be showcased on the CVM website
- Provided the National Society communication team and field officers with communication training and appropriate equipment as needed (mobile phones and cameras).

Security

There were no significant security issues experienced during the operation except CVM volunteers were threatened during the cholera operation due to miscommunication and misunderstanding from local population on cholera prevention awareness and as a result CVM suspended the operation for few days and involved local authorities and Ministry of Health to do damage control and reassure the population on the relevance and safety of CVM intervention.

Planning, monitoring, evaluation, & reporting (PMER)

CVM Acting Program Coordinator frequently visited the field to provide her technical supervision both during emergency and recovery phases in particular in shelter reconstruction activities.

The IFRC Operation Manager together with the Danish Red Cross's Operation Coordinator travelled weekly to the shelter construction sites in Mopeia to ensure progress and motivation support to CVM volunteers and beneficiaries. In addition, the operation was also assisted by the IFRC PMER Officers (Nairobi and Gaborone) with a beneficiary satisfaction survey (BSS) and final evaluation to review of needs through the operation to track beneficiary perceptions on the aid.

Based on the beneficiary satisfaction survey (BSS), the sampled households confirmed the items that CVM distributed were blankets, mosquito nets, buckets, kitchen sets and tarpaulins. The BSS also indicated that overall, more than 50% of the beneficiaries were satisfied with both the quantity and quality of assistance received from CVM.

In terms of timeliness of response, majority of the interviewed households (73%) indicated that they received the items they needed two weeks after the disaster while 21% received a week after the floods. An interview with the staff revealed that they took long to respond because there was limited access to the affected areas – in some cases the bridges were cut off restricting movement by road. In addition, the delay in transporting pre-positioned items from Maputo was cited by staff as a factor that contributed to the slow response by CVM. This meant that other organisations were already on the ground having given support to the affected households. Refer to **Figure 1: Timeliness of distribution.**

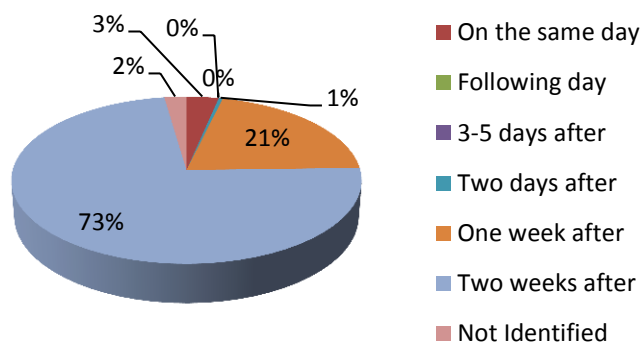


Figure 1 Timeliness of distribution

In addition, the IFRC SARO DM Delegate made regular visits both in Zambezia and Maputo throughout the operation to ensure progress, quality and synergies of the operation with other Movement partners and programs.

C. DETAILED OPERATIONAL PLAN

Quality Programming / Areas Common to all Sectors

Needs assessment

Outcome 1: The operation is implemented to reflect the needs of the affected beneficiaries

Output 1.1: Assessments are conducted and coordination is utilized to inform on the situation the emergency plan of action, immediate risks, damages and potential needs of the affected families using agreed upon guidelines

Activities conducted:

- Deployment of local staff to conduct rapid needs assessment
- Contribution to inter-agency multi-sectorial assessment and in-country coordination
- Field visits of HQ staff for distributions, monitoring and technical support (DM, Health, WATSAN)
- Field visits for branch staff to support distributions, provide technical support and communicate with beneficiaries (DM, Health, WATSAN) Planning and Reporting
- Monitoring of service delivery and beneficiary communications
- Final evaluation

Achievements

- Eight NDRT members were deployed to conduct damage and needs assessments;
- Regular participation in coordination at central, provincial and district levels with INGC, Ministry of Health, Ministry of Public Works and Housing, UN agencies, cluster organizations and district authorities;
- In-country coordination of the Shelter Cluster during the emergency phase;
- Detailed assessments and continuous assessments were conducted to inform needs and response interventions;
- 400 Beneficiary Satisfaction Surveys conducted in four districts.
- Final evaluation was conducted in two districts of Mocuba and Mopeia in Zambezia province.

Challenges

There were not many trained and skilled staff and volunteers who could assist CVM with immediate needs assessment on the ground, requiring sending NDRT from Maputo and neighbouring provinces to lead the process.

Lack of emergency funds to kick start the operation while awaiting funding from donors or even DREF start-up funds. This could have enabled payment of transportation for the prepositioned items to the provinces that needed the items much earlier.

Lessons Learned

Assessments were done at the onset of the flooding to determine the needs of the affected communities. These were then fed into the plans and revision of the emergency operation done according to these findings to include construction of shelter for the vulnerable households.

It is suggested that to be able to act faster, CVM should have trained and committed disaster response teams at each branch and disaster prone communities so that they could be eyes and ears and information carriers during emergencies.

Emergency fund should be in place at least at the national level to kick start the responses immediately after the emergencies by releasing and transporting stocks from the warehouses to affected areas; deploying disaster response team members and/or volunteers to do the responses and assessments and perhaps to replenish used stocks for future emergencies.

Health and Care

Population assisted:

The operation aimed to target 17,620 people (3,524 households) in need of health related awareness and education; malaria control, HIV, and cholera prevention in four provinces but mainly Nampula and Zambezia.

Health and Care

Outcome 2: To reduce the risk of communicable diseases within the targeted communities

Output 2.1: Community-based health promotion and disease prevention activities are conducted with 3,524 households, of which 3,000 targeted families will receive NFIs

Activities conducted:

- Communicable disease sensitization sessions with targeted beneficiaries
- Distribution of mosquito nets with sensitization activities to targeted beneficiaries
- Training of 300 volunteers in cholera prevention and hygiene promotion in Tete, Nampula, Niassa and Zambezia
- Cholera prevention and hygiene promotion activities conducted by 300 volunteers in Tete, Nampula, Niassa and Zambezia
- Production of IEC materials for cholera prevention and hygiene promotion for Tete, Nampula, Niassa and Zambezia
- Health promotion in cholera affected communities provided by CVM volunteers
- Health promotion on HIV and prevention of water related disease in resettlement areas
- Support by CVM to CLGC (Local Disaster Management Committee) members in health and care promotion sensitization sessions
- Health technician recruitment for CVM to coordinate cholera related issues and participate in health cluster coordination.

Achievements

- 38,244 cholera and hygiene education sessions reached 225,416 people in four provinces;
- 4,830 mosquito nets were distributed;
- Basic refresher trainings were combined with cholera prevention trainings in three provinces as follow: 2 trainings in Tete, 3 trainings in Nampula, 1 training in Zambézia. A total of 159 volunteers received training;
- 90 CBDRT members received training in HIV prevention;
- Establishment of one first aid post in Mocuba in partnership with the Ministry of Health (MoH).

The cholera outbreak started on 25 December 2014 and was officially declared on 27 January 2015 by the Ministry of Health (MoH). It affected six provinces in the country including Tete, Niassa, Sofala, Zambezia, Nampula and Cabo Delgado. A total of 8,835 cases were reported with 65 deaths, a case fatality rate of 0.8%. During the outbreak period, following activities were carried out by CVM volunteers in close collaboration with the MoH:

- Cholera education including individual and collective hygiene, preservation and consumption of food, construction and proper use of latrines, garbage disposal, water disinfection with Certeza.
- Distribution of educational leaflets
- Referral of patients with diarrhoea to the nearest health facilities
- Visits to homes of patients admitted to the CTC to prevent further infection
- Participation in coordination meetings at national, provincial and district levels

CVM volunteers carried out door-to-door and public lectures on cholera and hygiene education, reaching 225,416 people in the following districts: Nampula City, Namialo and Murrupula (Nampula Province); Quelimane, Nicoadala and Mocuba (Zambezia Province); Tete City and Moatize (Tete Province); Cuamba and Lago (Niassa Province). Table 2 details number of beneficiaries reached per province.

Table 2: Cholera and hygiene education by province

Province	Door to door cholera and hygiene education		Public lectures (markets, schools, plays etc.)	
	No. of household visits	Beneficiaries	No. of public lectures	Beneficiaries
Nampula	11,163	55,815	3,349	8,508
Tete	7,626	38,130	665	45,758
Zambézia	12,141	60,705	-	-
Niassa	3,300	16,500	-	-
Total:	34,230	171,150	4,014	54,266

In March, cases of cholera were confirmed by the Malawian Ministry of Health where several cases were linked to the Jambawe area in Mutarara district – a gold mine in Mozambique which is 10 km from the Malawian border, where many Malawians earn their living. To address the situation, CVM carried out 40 cholera and

hygiene education lectures in schools and markets in the border cities of Zobue and Calomué, reaching out to 11,895 people.

In addition, CVM volunteers were trained in cholera prevention and hygiene promotion in Nampula, Zambézia and Tete provinces. In Nampula, three trainings were done for a total of 69 volunteers in Meconta, Murrupula and Nampula City. In Tete, two trainings were done for a total of 60 volunteers in Moatize and Angonia. In Zambézia, one training was done in Mudiba, Mopeia for 30 volunteers in which 15 volunteers from 1 de Maio. These trainings were combined with refresher training on the Red Cross Movement principles, mission, vision and values.

Table 3: Training summary

Province	District	No. of trainings	No. of volunteers
Tete	Angonia	1	30
	Moatize	1	30
Nampula	Nampula City	1	29
	Meconta	1	16
	Murrupula	1	24
Zambézia	Mopeia	1	30
Total		6	159

Challenges

In some areas, as the volunteers were distributing Certeza, the water purification liquid, they were chased by some community members who thought that the liquid would cause them cholera. In this situation, the volunteers focused on those households that accepted them and use these households to advocate for the use of drinking treated water to prevent cholera.

First time volunteers felt insecure reaching out to households for sensitization. There was need for confidence building and pairing up of volunteers (new and old) to give the necessary support to reach to the households.

When the volunteers used the megaphones to announce their presence, in some areas, the community members left their homes and were not found in the homesteads by the volunteers. This meant that the volunteers went back to these households where members were missing to conduct their awareness sessions. A lot of time was spent in covering these areas. For the available households, awareness sessions were conducted during the first visit

The CVM health focal point was on sick leave during the first three months of the operation that also hampered the progress and CVM capacity in combating cholera. As a result, a temporary focal point was nominated to fill the gap however; confusion in coordination with branches and other stakeholders were reported.

Lessons learned

In terms of timeliness in response, it is observed that CVM volunteers are not regularly updated or refreshed with skills and knowledge on cholera and health related skills. Therefore, when emergencies occurred like this scenario, it took few days and even weeks for CVM to recruit and train new volunteers and refresh them before they could perform their tasks. It is advised that CVM should develop and manage a multiple task volunteer roster throughout the country with database and training packages to motivate people to be able to be first responder in emergencies of any kind.

In terms of visibility and relevance, hard copies of IEC materials for cholera should be available in all branches and CVM Head Quarter so that all can access and use as appropriate.

Water, Sanitation and Hygiene Promotion

Population assisted:

17,620 affected people living in accommodation centres, resettlement areas and communities in four provinces.

Water, sanitation and 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 3,524 households, of which 3,000 targeted families will receive NFIs

Activities conducted:

- Continuously monitor the water, sanitation and hygiene situation in targeted communities and coordinate with other WatSan actors on target group needs and appropriate response
- Close and regular coordination meetings with WASH cluster to avoid duplication
- Training of population in targeted communities on safe water storage and safe use of water treatment products
- Production and distribution of 551 latrine slabs
- Training of population in targeted communities in construction and maintenance of 500 household latrines
- House to house health and Watsan promotion in cholera prevention
- Opening of 98 safe sites for disposal of garbage
- Monitor treatment and storage of water through household surveys and household water quality tests
- Distribution of 1,056 plastic buckets; 3,000 jerry cans
- Monitor quality and use of household latrines
- Distribution of 17,298 soap bars

Achievements

- 98 waste pits were opened for safe garbage disposal
- 321 plastic slabs were distributed
- 3,000 jerry cans, 1,056 buckets and 17,928 soap bars were distributed
- 230 concrete slabs for latrines in 1 de Maio and Mudiba communities were produced on site and distributed to 230 households.
- Five (5) boreholes were constructed in 1 de Maio and Mudiba communities

In conjunction with permanent shelter construction taking place in Mudiba and 1 de Maio, the construction of five boreholes was completed which would benefit at least more than 1,100 people. In addition, all 230 households of these two communities also received a latrine slab made of concrete to replace the plastic slabs distributed during the emergency.

As mentioned in the health section of this report, hygiene education reached 225,416 people in Zambézia, Tete, Niassa and Nampula provinces. In addition, volunteers monitored latrines and water points, purified water and collected samples for laboratory testing by the MoH.



On site production of latrine slabs.



Concrete latrine slabs are in use in 1 de Maio.

Table 4: Summary of WASH activities

Province	Monitoring of waste pits	Monitoring of water sources	Monitoring of latrines	Distribution of water purifier		Collection of water samples
				Certeza	Chlorine	
Nampula	1,303	2,550	7,814	3,743	-	-
Tete	83	-	644	-	4,851	-

Zambézia	4,154	3,093	5,658	5,304	-	877
Niassa	3,938	3,708	938	-	-	-
Total:	9,478	9,351	15,054	9,047	4,851	877

In order to sustain constructed boreholes in two communities of Mudiba and 1 de Maio, five water committees have been established and trained in how to operate, maintain and repair in case of technical failures. All five committees are well received and respected by the whole population.



Open well in Mudiba, Mopeia (before)



Borehole in Mudiba, Mopeia (after)

Challenges

In 1 de Maio and Mudiba where shallow wells were constructed, the area is dry, meaning in the run up to the rainy season most of the wells were dry. This was confirmed during focus group discussion at the evaluation which means that the nearest rivers/streams with contaminated water are what the community resorts to when the wells dry up.

Lessons learned

It is important to maximise indigenous knowledge from the local people in terms of water source and location for borehole construction as it has long term effect on the population and they have to live with that for years. In addition, water management committees were set up and functional in two communities in Mopeia is considered a great success of the operation.

Shelter and Settlements

Shelter and settlements

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

Output 4.1: 3,524 displaced families are provided with shelter items/materials in coordination with the local authorities and humanitarian partners

Activities conducted:

- Distribution of 1,789 shelter kits completed in Nampula and Zambezia
- Procurement and distribution 2,876 blankets (2 per household), 3,000 kitchen kits, and housing material for 230 households
- Construction of 130 kitchen areas for families
- CVM volunteers to help in construction of shelters
- Hiring local shelter officer for assessment and house construction
- PASSA training and consultation workshops with beneficiaries and other stakeholders.

Achievements

- 1,789 shelter tool kits were distributed followed by volunteer assistance to the beneficiaries on how to use the kits
- 3,000 tarpaulins were distributed
- 2,876 blankets and 3,000 kitchen sets were distributed
- 130 individual kitchen drying stands were built by volunteers
- A Participatory Approach to Safe Shelter Awareness (PASSA) training for CVM staff and volunteers, INGC staff, Ministry of Public Works and Housing staff and shelter cluster members organizations was conducted in Zambézia paving the way for permanent shelter construction in two communities of 1 de Maio (IFRC) and Mudiba (Danish Red Cross).
- 120 houses with core structure were accomplished and additional construction materials (cement and clay bricks) was procured and distributed for 120 households in 1 de Maio resettlement in Mopeia district enabling them to complete the houses before upcoming rainy season. The core structure house consists of foundation, columns and roof. The construction was performed by local builders with assistance from the beneficiaries and volunteers.
- Additional construction materials such as cement (1,380 bags of 50kg each) and clay bricks (414,000 blocks) were procured and distributed equally to 230 houses in both 1 de Maio (IFRC) and Mudiba (under Danish Red Cross bilateral support) due to during the final evaluation took place in October 2015 suggested that beneficiaries are not able to complete their houses because of drought which prevented them from accessing to water to produce clay bricks. The reason to include Mudiba community is that Danish Red Cross and IFRC were applying the same shelter approach and support to the beneficiaries and it is imperative to support both as reason mentioned above but Danish Red Cross had some financial constraints in this support. Therefore, CVM proposed and insisted that the IFRC should provide them additional materials so that they could finalize their houses before the rainy season. As a result, by 20 January, at least 80% of houses in both 1 de Maio and Mudiba were completed.

Emergency Shelter and NFIs

CVM began the distribution of pre-positioned non-food items (NFIs) at the end of January. The distributions took place at the collective shelters and the resettlement communities in the districts listed in Table 1. The beneficiary selection was done together with the local authorities and community leaders. To ensure coordination and avoid duplication, the Red Cross communicated its activities continuously with the National Disaster Management Agency (INGC) and clusters members. 3,524 households received assistance in the form of NFIs, combined with relevant trainings on how to use the shelter tool kit and health and care issues.



NFIs distribution in Namacurra, Zambezia



Shelter Tool kit instruction session by CVM staff

The final quantity of NFIs distributed, especially shelter tool kits, was less than initially planned for some items since the need was partially covered by other organisations on the ground such as COSACA, IOM and World Vision. As seasonal disasters are common in Mozambique, the CVM maintains pre-positioned stocks of non-food items in different provinces of country as part of their emergency preparedness plan. The remaining items are now part of CVM's emergency preparedness stock. An overview of the items distributed can be seen in Table 5.

At the beginning of March, CVM received the in-kind donation from the French Red Cross PIROI comprising of 4 tents, 1,970 kitchen sets, 3,000 jerry cans, 1,000 shelter tool kits, 2,985 tarpaulins, 6,000 mosquito nets, 7,600 soap bars and 3,000 buckets. An in-kind donation of 6,000 blankets from the American Red Cross arrived in the country in June for the replenishment of pre-positioned stocks. Still on replenishment of pre-positioned stocks, 3,000 blankets and 1,030 kitchen sets were procured through IFRC Global Logistics Services and arrived in the country in June.

Table 5: Non-food items distributed and the remaining quantities for the emergency preparedness stock

Items	Mopeia	Maganja da Costa	Namacurra	Mocuba	Nampula	Original Planned distribution (Emergency Appeal)	Revised Planned distribution (Revised EA)	Distributed	Left over stocks
Kitchen set	298	531	577	694	900	3,000	3,000	3,000	2,000
Blanket	-	650	-	226	2,000	6,000	6,000	2,876	3,124
Jerry can	298	1,200	-	1,058	444	3,000	3,000	3,000	-
Shelter Tool Kit	298	239	447	605	200	2,900	3,524	1,789	1,511
Tarpaulins	-	1,962	894	1,044	-	6,000	3,000	3,900	480
Latrine slab	50	-	50	221	-	500	500	321	179
Mosquito net	-	326	894	1,610	2,000	6,000	6,000	4,830	1,170
Soap bar	2,980	4,510	5,770	3,868	800	9,600	25,600	17,928	-
Water bucket	-	-	-	-	1,056	3,000	3,000	1,056	1,194

Permanent Shelter

The inception of the shelter strategy for the recovery phase began in the month of April with assessments in the targeted districts followed by the elaboration of a proposal to the Government. As the Danish Red Cross started a bilateral programme at the same time to support 110 families in Mudiba of Mopeia district, the strategy for both activities was done together for a comprehensive and coordinated assistance.

The final conclusion was to support the community 1 de Maio in Mopeia by providing 120 families with a permanent and safe basic core structure made of a foundation, columns and roof, which is technically able to accommodate a longer-term incremental process. By doing so, the beneficiaries would be able to complete the structure with the material they prefer (mud, blocks, burned bricks), at their own time and strongly promote their contribution, participatory approach and sustainability.

The core structure was based on suggestion from the MOPH's project for rural housing, the project started since 2013 which requires all organizations to follow it across the country. As a result, CVM proposed to provide a 18m² house out of 52m² model house by MOPH due to limited resources. The cost of construction material is high in Zambézia. Each core structure has an approximate cost of US\$ 1,400 excluding the operational costs (transport, storage, labour etc.).

The process to get the approval for the proposal at national, provincial and district level took time and the launching ceremony of the construction happened on the 24 July where provincial authority representatives and CVM attended. The procurement process for the construction material was finalised in June with multiple deliveries done. For instance, blocks were produced on site while most of construction materials such as cement, wood, iron sheets, hardware etc. were supplied from Quelimane. A 20-foot container was purchased for safe storage of cement and tools. The container will remain in the community after the construction as an asset for potential development of the community and for the safe storage of the equipment donated by the CVM to the 1 de Maio Community Based Disaster Response Team.

In order to enable CVM staff and volunteers to participate and monitor the shelter construction initiative, CVM organized a Participatory Approach for Safe Shelter Awareness (PASSA) ToT Training for key staff in Zambezia province and volunteers. The training took place in Quelimane from 1-5 June 2015. The activity was jointly planned and organized by CVM, IFRC, Danish Red Cross and Spanish Red Cross. The training objectives were:

- To enable Red Cross staff and volunteers for developing PASSA with the communities.
- To sensitize and train other stakeholders working with shelter & settlements in the communities.

The participants were staff members from CVM, Concern, World Vision, IOM, INGC and MOPH. From CVM, the participants were volunteer leaders from Mudiba and 1 de Maio and district/province staff members. It is the first PASSA training in Mozambique and it was well received by all stakeholders mentioned above.

Since most of beneficiaries in Mudiba and 1 de Maio expressed their difficulties in finalization of the core structure houses, therefore, it would be valuable for both DRC and IFRC to provide additional support with construction materials such as bricks and cement so that they could mobilise their manpower to complete it before the rainy season.

Eventually, as mentioned above 230 houses like the photo below were constructed and completed with financial support from the Danish Red Cross and IFRC with strong participation and contribution from the beneficiaries and volunteers. From this operation, 120 core structure houses completed, additional construction materials distributed and beneficiaries completed their houses. In addition, the IFRC contributed 198,000 clay bricks and

660 bags of cement to the Danish Red Cross project to enable 110 houses in Mudiba to be completed. It is a good success of working and supporting each other in the field especially shelter construction in these two communities.



A completed house in 1 de Maio



Completed houses in Mudiba

Challenges

1. There was delay in release of NFIs from warehouse in Maputo and finding transport solution to deliver the items to the affected provinces. This in turn led to the delay in distribution of relief to the affected populations thereby affecting CVM response time. Some of the beneficiaries had to wait up to more than two weeks to receive support. Lack of transportation and inability of CVM to engage private transport companies without upfront payment led to this delay. When transport was available, it was shared with other stakeholders therefore preference was given to the delivery of the stakeholder's items over those of CVM further contributing to delayed response.
2. SPHERE standards was used in planning for the operation yet at the time of implementation, the stock available was not enough to enable sufficient distribution hence in some cases, only one blanket was given per household due to fewer numbers available in stock.
3. Slow funds transfer from the IFRC and slow funds accountability from CVM.
4. The displaced households were allocated land for construction of dwellings yet there was no land allocated for livelihood activities like farming, especially for the community in Nacogolone.
5. At the time of the evaluation, shelter construction had not been completed as expected due to the following reasons:
 - a) There was delay and irregular delivery of blocks and small stones for construction by the supplier.
 - b) Plans had been made to have the supplier make the blocks at the construction sites but the quality of these blocks were poor compared to those delivered from Quelimane further affecting the structures that were being built.
 - c) The beneficiaries in 1 de Maio and Mudiba during the evaluation expressed their inability to complete the construction due to financial constraints hence the need to demonstrate how the structures could be completed in a more affordable way without necessarily using the expensive concrete blocks.
 - d) There were also structural errors noticed with regards with the way the roofing had been built that led to some roofs being blown off a week before the evaluation began. This required technical expertise to establish what corrective measure could be done to ensure a structurally sound structure handed over to the communities.
 - e) Some of the timber and iron were purchased twice because they were stolen.

Lessons learned

The top-down approach in the design of the shelter should have been more flexible to allow adaptation of design and materials to suit the local conditions and economic situation of the beneficiaries. PASSA principles should have been applied to ensure a more sustainable approach.

Involvement of local authorities to have their participation, ownership and support is crucial and should be done in the initial stages of the operation.

Further analysis of beneficiaries should be done so as not to leave out the most vulnerable. Further support should be given to 230 households to have their houses completed by the operation so that the completion of the structure should not be a burden to an already vulnerable household.

In future shelter construction operation, there should be a shelter expert supporting implementation so as to ensure the construction of a sound structure and avoid potential defects.

National Society capacity building

National Society capacity building

Outcome 5: Strengthening CVM capacity for emergency operations at the National Level

Output 5.1: 300 volunteers are trained and equipped to respond to the emergency needs in the targeted regions

Activities conducted:

- 300 volunteers were trained and mobilized to respond to the emergency, including the cholera response
- A basic training/refresher for CVM volunteers was carried out in the further technical areas of health, water and sanitation, shelter, telecommunications and hygiene promotion
- Procurement of 600 bibs for volunteers (two per volunteer), 50 CVM flags, 300 gum boots for volunteers and staff, 300 rain covers, 10 megaphones and batteries, and 300 lanterns for volunteers
- Recruitment of two DM technicians to support the operation

Achievements

- CVM staff and volunteers were provided with refresher trainings on operational related sectoral interventions.
- Equipment for 300 volunteers in four provinces was procured and delivered (flags, rubber boots, rain covers, megaphones, flash lights and bibs);
- Two DM officers were recruited and made significant contribution to the progress of the operation.

Challenges

There were not many trained and skilful staff and volunteers who could assist CVM with immediate needs assessment on the ground, requiring sending NDRT from Maputo and neighbouring provinces to lead the process.

Lessons learned

It is suggested that to be able to act faster, CVM should develop and own skilful and committed disaster response teams at each branch and disaster prone communities so that they could be eyes and ears and information carriers during emergencies. Response equipment and visibility should be in place at least at all provincial branches and disaster prone communities.

Disaster preparedness and risk reduction

DRR and Disaster Preparedness

Outcome 6: Strengthening affected communities' capacity to prepare and respond to floods/storms in the future

Output 6.1: Volunteers in the community are trained and equipped to respond to potential emergencies

Activities conducted:

- Establishment and training of five community based disaster response teams (CBDRT) in disaster management
- Procurement and distribution of response equipment to five established and trained CBDRT

Achievements

Five (5) Community Based Disaster Response Teams (CBDRT) were established, trained and equipped in five communities in Mopeia district. The trainings facilitated by CVM and INGC. Each team composes of 18 members. The selection of the district and the communities was done in coordination with INGC, while the selection of the members was done by the communities themselves. Selected communities are 1 de Maio, Mudiba, Chiurine, Jorrisso and Bariela.

A two day training jointly facilitated by CVM and INGC in five communities were completed and during the training CBDRT members got familiar with the use of response tool kit. The kit consists of more than 20 different items such as bicycles, stretchers, megaphones and solar radios.



CBDRT trainings in Mopeia

Challenges

Same as mentioned under Outcome 5: National Society Capacity Building

Lessons learned

Same as mentioned under Outcome 5: National Society Capacity Building

Contact information

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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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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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.

Disaster Response Financial Report

MDRMZ011 - Mozambique - Floods

Timeframe: 21 Jan 15 to 21 Oct 15

Appeal Launch Date: 26 Jan 15

Interim Report

Selected Parameters

Reporting Timeframe	*	Programme	MDRMZ011
Budget Timeframe	2015/1-2015/10	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		1,095,475				1,095,475	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		165,982				165,982	
Canadian Red Cross (from Canadian Government*)		114,785				114,785	
Czech Government		63,823				63,823	
Danish Red Cross (from Danish Government*)		66,245				66,245	
French Red Cross		8,884				8,884	
French Red Cross (from European Commission - DG ECHO*)		78,393				78,393	
German Red Cross		10,000				10,000	
Japanese Red Cross Society		36,200				36,200	
Mozambique Red Cross Society		5,713				5,713	
Red Cross of Monaco		10,354				10,354	
Spanish Government		25,784				25,784	
Swedish Red Cross		83,593				83,593	
The South African Red Cross Society (from South Africa - Private Donors*)		31,444				31,444	
C1. Cash contributions		701,199				701,199	
Inkind Goods & Transport							
American Red Cross		19,930				19,930	
French Red Cross		136,679				136,679	
Mozambique Red Cross Society		96,014				96,014	
C2. Inkind Goods & Transport		252,624				252,624	
Inkind Personnel							
Danish Red Cross		54,768				54,768	
C3. Inkind Personnel		54,768				54,768	
Other Income							
DREF Allocations		120,000				120,000	
C4. Other Income		120,000				120,000	
C. Total Income = SUM(C1..C4)		1,128,591				1,128,591	
D. Total Funding = B + C		1,128,591				1,128,591	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		1,128,591				1,128,591	
E. Expenditure		-1,118,859				-1,118,859	
F. Closing Balance = (B + C + E)		9,732				9,732	

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Split by funding source	Y	Project	*
Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			1,095,475			1,095,475		
Relief items, Construction, Supplies								
Shelter - Relief	62,500		138,233			138,233	-75,733	
Shelter - Transitional	350,000		66,275			66,275	283,725	
Construction Materials			122,590			122,590	-122,590	
Clothing & Textiles	87,000		64,706			64,706	22,294	
Water, Sanitation & Hygiene	10,900		11,354			11,354	-454	
Medical & First Aid	960		11,117			11,117	-10,157	
Utensils & Tools	81,900		110,173			110,173	-28,273	
Other Supplies & Services	7,600		0			0	7,600	
Total Relief items, Construction, Sup	600,860		524,449			524,449	76,411	
Land, vehicles & equipment								
Vehicles	30,000		1,614			1,614	28,386	
Computers & Telecom	25,640		2,397			2,397	23,243	
Office & Household Equipment			15,420			15,420	-15,420	
Total Land, vehicles & equipment	55,640		19,431			19,431	36,209	
Logistics, Transport & Storage								
Storage	15,000		27,944			27,944	-12,944	
Distribution & Monitoring			24,479			24,479	-24,479	
Transport & Vehicles Costs	35,135		38,161			38,161	-3,026	
Logistics Services	5,000		23,075			23,075	-18,075	
Total Logistics, Transport & Storage	55,135		113,661			113,661	-58,526	
Personnel								
International Staff	72,200		82,466			82,466	-10,266	
National Staff			94			94	-94	
National Society Staff	51,436		60,310			60,310	-8,874	
Volunteers	54,538		49,224			49,224	5,314	
Total Personnel	178,174		192,094			192,094	-13,920	
Consultants & Professional Fees								
Consultants	10,000		16,856			16,856	-6,856	
Professional Fees			216			216	-216	
Total Consultants & Professional Fees	10,000		17,071			17,071	-7,071	
Workshops & Training								
Workshops & Training	57,600		29,903			29,903	27,697	
Total Workshops & Training	57,600		29,903			29,903	27,697	
General Expenditure								
Travel	30,000		47,116			47,116	-17,116	
Information & Public Relations	13,800		18,171			18,171	-4,371	
Office Costs	21,000		5,129			5,129	15,871	
Communications			4,109			4,109	-4,109	
Financial Charges	4,000		15,440			15,440	-11,440	
Other General Expenses			1,107			1,107	-1,107	
Shared Office and Services Costs	2,406		6,795			6,795	-4,389	
Total General Expenditure	71,206		97,867			97,867	-26,661	
Operational Provisions								
Operational Provisions			50,875			50,875	-50,875	
Total Operational Provisions			50,875			50,875	-50,875	
Indirect Costs								

Disaster Response Financial Report**MDRMZ011 - Mozambique - Floods**

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Selected Parameters

Reporting Timeframe	*	Programme	MDRMZ011
Budget Timeframe	2015/1-2015/10	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			1,095,475			1,095,475		
Programme & Services Support Recovr	66,860		63,683			63,683	3,177	
Total Indirect Costs	66,860		63,683			63,683	3,177	
Pledge Specific Costs								
Pledge Earmarking Fee			4,525			4,525	-4,525	
Pledge Reporting Fees			5,300			5,300	-5,300	
Total Pledge Specific Costs			9,825			9,825	-9,825	
TOTAL EXPENDITURE (D)	1,095,475		1,118,859			1,118,859	-23,384	
VARIANCE (C - D)			-23,384			-23,384		

Disaster Response Financial Report**MDRMZ011 - Mozambique - Floods**

Timeframe: 21 Jan 15 to 21 Oct 15

Appeal Launch Date: 26 Jan 15

Interim Report

Selected Parameters

Reporting Timeframe	*	Programme	MDRMZ011
Budget Timeframe	2015/1-2015/10	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	1,095,475		1,128,591	1,128,591	1,118,859	9,732	
Subtotal BL2	1,095,475		1,128,591	1,128,591	1,118,859	9,732	
GRAND TOTAL	1,095,475		1,128,591	1,128,591	1,118,859	9,732	