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## Emergency Appeal Mozambique: Tropical Cyclone Idai



International Federation  
of Red Cross and Red Crescent Societies

(Revised) Appeal n°  
**MDRMZ014**

Glide n° TC-2019-000021-  
MOZ

**75,000 people to be assisted**

**750,000 Swiss francs DREF allocated**

**10 million Swiss francs current funding  
requirements**

**Appeal launched 19 March 2019**

**Appeal ends March 2020 (12 months)**

This Emergency Appeal seeks a total of **10 million** Swiss francs to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **Mozambique Red Cross** (CVM) to deliver assistance to 75,000 people with an emphasis on the following areas of focus: **Shelter, Health, Water, Sanitation and Hygiene Promotion (WASH), Protection, Gender and Inclusion (PGI)** and **National Society Capacity Strengthening** for 12 months. The planned response reflects the current situation and information available at this time of the evolving operation and will be adjusted based on further developments and more detailed assessments. The planned response reflects the current situation and information available at this time of the evolving operation<sup>1</sup>.

### The disaster and Red Cross Red Crescent response to date

**9 March 2019:** Tropical Cyclone Idai forms over Northern Mozambique Channel. CVM preparedness and early warning actions underway

**13 March 2019:** IFRC Surge Capacity is deployed to Maputo

**14 March 2019:** 750,000 Swiss francs allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to meet the immediate shelter, WASH and health needs of 1,500 households

**15 March 2019:** Tropical Cyclone Idai makes landfall in Beira, Mozambique.

**17 March 2019:** IFRC Surge Capacity arrival in Beira with CVM to conduct preliminary assessments.

**19 March 2019:** IFRC issues an Emergency Appeal for 10 million Swiss francs for 75,000 people for 12 months.



*Aerial view of the destruction across Beira, Mozambique on 17 March 2019*

### The operational strategy

#### Needs assessment and beneficiary selection

<sup>1</sup> The assessment continues to inform a consolidated view of situation and suggest eventual scaling up of operational strategies focusing on longer-term needs in restoration of livelihoods and disaster risk reduction capacity.

Cyclone Idai made landfall on the evening of 15 March 2019 in the port city of Beira located in Sofala Province of Central Mozambique. The cyclone wreaked havoc on Beira and surrounding areas resulting in loss of communication, important damage and destruction to shelter and settlements, health and WASH facilities and standing crops, communication infrastructures and loss of life and injury<sup>2</sup>. The extent of the damage is not yet fully known as access to Beira, a city of 500,000 people, was lost immediately after the cyclone. Roads were blocked and the airport was temporarily closed.

The cyclone's path resulted in destruction in Chinde District located in Zambézia, Manica and Inhambane provinces. While crossing, the tail of cyclone Idai has also left widespread destructions in Zimbabwe. There are concerns that the situation outside of Beira may be even worse, but these areas have been cut off and thus the scale of the damage is unknown while it is understood that the situation is severe, and hundreds of thousands have been affected. Initial figures indicate 400,000 people have been displaced with many more affected. As of March 18, the death toll from Cyclone Idai's landfall stands at 84 and according to media reports the President of Mozambique declared it could rise above 1,000.

As of 19 March, forecasts project additional heavy rainfall over the coming 10 days for some areas already impacted by the cyclone, including around Beira. According to OCHA's flash update, the authorities have issued a Red Alert for flooding along the Buzi and Pungoe river basins in the next 72 hours, which could lead to further destruction and potential loss of life<sup>3</sup>. Rivers in the affected area are at flood levels and predicted to continue to be at flood levels over the coming week. As the water drains toward the ocean in the coming days, the upstream parts of the rivers will improve while flooding in the downstream areas near the coast will likely get worse.

The Red Cross assessment team comprised of CVM staff and IFRC surge team leader, assessment coordinator, logistics, communication and WASH was one of the first teams to make it to Beira and initial assessments are underway. An aerial survey was conducted in the most affected areas of Beira on 17 March. The survey indicates that over 90% of the areas may have been completely destroyed.

A comprehensive multi-sectoral assessment will be carried out in the coming days to inform strategies to focus on longer-term needs in livelihoods and disaster risk reduction capacity. Preliminary information indicates that the majority of houses have been completely destroyed and thousands have been displaced. The response team is exploring methods of getting relief items in quickly noting the severity of the situation and limited access. Access by boat is being explored as a viable solution. The IFRC and CVM are working closely with French Red Cross and Indian Ocean Regional Intervention Platform (PIROI) to support bringing in relief supplies from their base in La Reunion. Prior to the cyclone hitting, household items (HH items) were prepositioned and they are currently being distributed to affected communities by CVM.

The Red Cross assessments indicate immediate needs comprise Shelter including household items distributions, WASH and Health. Since displaced people are living in spontaneous settings and temporary evacuation centres, the likelihood of sexual and gender-based violence (SGBV) is high. Initial assessments suggest that women, children, elderly, person with disability and other disadvantaged group of people require special attention and care to access appropriate assistance.

The team will establish three base locations in Maputo, Chimioi and Beira. These will function as the hubs for operational interventions. Based on preliminary information the operation will focus its intervention in the areas of Beira and Dondo.

**Shelter and related Household items:** Thousands have been displaced and most homes have experienced significant damage. According to the Red Cross assessment, 7,500 families need immediate shelter assistance. There is a need for the provision of temporary shelters, especially for families whose houses have been completely destroyed. It is also necessary to provide support to improve the shelters of those whose houses have been partially destroyed, with specific attention to gender and disability inclusion. Shelter kits will be provided to those affected in the form of emergency shelter kits and tarpaulins.

In addition to the emergency shelter needs, affected families whose houses have been completely destroyed will require household items, including blankets, sleeping mats and kitchen sets to ensure that at least their

<sup>2</sup>OCHA Mozambique: Cyclone Idai Flash Update No. 4, 18 March 2019; available [here](#) .

<sup>3</sup> Idem

basic needs are met, and people can be protected from extreme weather conditions. For repairing/rehabilitation of houses, conditional cash grants are being considered, to support self-recovery and owner-driven housing reconstruction. Training in safer construction, including hands-on training on building back better and community-based hazard awareness, preparedness and DRR, will be ensured throughout the response.

**WASH and related NFIs:** The cyclone has damaged most water points, sanitation and hygiene facilities in affected areas. People have lost their access to WASH services and facilities, families are displaced and need to be supported to prevent water-borne disease outbreaks. This includes the provision of soap for hand washing and other use, the provision of buckets and jerry cans for safe storage of water, the provision of water purification which will be enabled through the mobilization of the M15 Emergency Response Unit (ERU) which provides treatment and distribution of water up to 225,000 litres a day for a population of 15,000 people, with a storage capacity of a maximum of 200,000 litres a day. This unit can also provide basic sanitation and hygiene promotion for up to 5,000 people. In addition, the M20 ERU will provide basic sanitation facilities (latrines, vector control through provision of mosquito nets and solid waste disposal) for up to 20,000 beneficiaries and help initiate hygiene promotion programs.

**Health:** Floods and cyclonic events can lead to death and injuries as well as increased health needs in affected communities. Infectious diseases are also likely to increase in the aftermath of the disaster. Waterborne diseases are the earliest hazard due to the contamination of water supply and disruption of usual water treatment. Outbreaks of viral gastroenteritis, hepatitis, cholera and other diseases could arise as a result. Malaria is endemic in Mozambique with a peak in the rainy season from December to April. Extensive flooding will result in stagnant water that could result in perfect breeding sites for mosquitoes.

Initial assessments have shown extensive flooding and destruction including damage to health facilities and loss of medication and supplies.<sup>4</sup> The displacement and damage has also resulted in a loss of access to proper sanitation and hygiene materials for females which will be supported through the provision of dignity kits. Upon further assessment of health facilities, the need for additional health support will be explored including the possibility of health clinics through the ERU modality.

This operation will involve extensive logistical coordination noting the various operational bases and the incoming WASH ERU. As a result, a Logistics ERU is also being activated.

### Community Selection

The DREF operation launched prior to cyclone Idai was focusing on providing assistance to 1,500 most vulnerable households (7,500 people) requiring urgent humanitarian assistance. Following floods and incoming cyclone Idai and with the extent of damages this figure is being increased to a total of 15,000 households (75,000 people).

The same selection criteria as outlined in the DREF operation will be used. Selection of individuals will be done through joint assessments by the CVM and local disaster management committees based on set selection criteria as described below:

- Orphans and vulnerable children
- Female-headed households and pregnant and lactating women
- Elderly people
- People with disabilities
- Chronically ill people
- Children headed households

### Coordination and partnerships

- CVM is participating in the National Institute for Disaster Management (INGC's) Technical Council for Disaster Management, HCT – Humanitarian Country Team and other forums and meetings at various levels.
- CVM has mobilized 217 volunteers in Tete and Zambezia provinces to distribute early warning messaging to affected communities and support with water-rescue of flood-affected persons.
- CVM and IFRC are coordinating closely with the the International Committee of the Red Cross (ICRC) in both Maputo and Beira and areas of intervention and complementarity are being discussed. The ICRC is also present in the affected area. The ICRC has launched its [Restoring Family Links](#) activities to assist families separated by the cyclone to reconnect or register their ones as missing. It also deployed a

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<sup>4</sup> (OCHA March 17<sup>th</sup> 2019).

forensics specialist to help manage the dead in a dignified way and donated fuel to Beira Central Hospital to ensure the critical health facility in the province continues to have power.

- In Beira, the (INGC has set up its Center of Operations in a World Food Program (WFP)-provided Wikhall at the airport, with inter-agency coordination currently being facilitated by WFP and the NGO Consortium (COSACA). Télécoms Sans Frontières has deployed a team to Beira and is establishing connectivity for the operations centre.
- Red Cross / Red Crescent Movement partners including Partner National Societies (PNS -- Spanish, German, and Belgian-Flanders Red Cross), PIROI and ICRC are all working in close coordination to support this operation.
- IFRC at Cluster, Region and Geneva levels has activated its Joint Task Force (JTF) mechanism which provides a platform for alignment and coherent response actions.
- CVM is the Shelter Cluster lead agency and IOM is co-leading. They are working in close coordination to ensure the co-leadership of the shelter coordination modality in country, both in Maputo and in Beira and sub-regions / hubs.

## Proposed Areas for intervention

The overall goal of the operation is to provide immediate life-saving support to 15,000 households or 75,000 people affected by Cyclone Idai in Beira and Dondo areas focusing on shelter (including distribution of non-food items); Health; WASH and PGI.

## Areas of Focus



### Shelter

**People targeted: 7,500 households (37,500 people)**

Male:

Female:

**Requirements (CHF): 3,000,000**

### Proposed intervention

**Needs analysis:** The cyclone caused widespread damage to existing shelters and thus the provision of emergency shelter will also be linked with the distribution of HH items, to ensure that families' minimum needs are met.

**Population to be assisted:** The CVM will support 7,500 households (37,500 people) with emergency shelter needs. Support will include distribution of shelter kits and supporting the repair of damaged homes. It will also include training volunteers in the areas of safe sheltering (general awareness on build back safer), Participatory Approach for Safe Shelter Awareness-PASSA training). Houses will also be supported with the provision of HH items to ensure basic needs should the extreme weather condition persist. The shelter intervention includes materials, training and elements of cash in the form of cash for work, cash for basic needs and services. In situation of non-functioning market, the cash will be injection of capital to reactivate economy which will eventually create income opportunities.

**Outcome 1:** Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and short-term recovery through emergency shelter and settlement solutions

**Output 1.1:** Short, medium and long-term shelter and settlement assistance is provided to affected households.

- Shelter needs assessment
- Identification of beneficiaries
- Procurement of 7,500 shelter kits
- Distribution of shelter kits and small cash for framing materials
- Cash grant for shelter repairing/rehabilitation of damaged houses
- Cash grant to meet non-food and other basic needs
- Cash for work to generate/restore livelihood activities
- Training of volunteers on emergency shelter construction and safe sheltering practices
- Procurement of HH items (kitchen sets, blankets, and sleeping mats)
- Post distribution monitoring and evaluation assistance.

- Prepare and disseminate beneficiary and stakeholder communication (including Feedback and Beneficiary Satisfaction Mechanism)
- Disseminate technical guidelines for the construction of emergency shelter (available in Portuguese through CVM work)

**Output 1.2:** Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

- Orientation for volunteers on shelter kits from NS prepositioned stocks
- Orientation on safe construction and improved local building (dissemination material, roll-out to communities, etc.)
- Identify households that will receive shelter repair and rebuilding assistance, revalidate their eligibility, and register them as beneficiaries
- Training on disability-inclusive shelter to CVM volunteers and roll-out to communities
- Provide Participatory Approach for Safe Shelter Awareness (PASSA) training and/or roof repair training.
- Provide the selected households with orientation on the programme, the distribution process, and guidance on building back better and safer principles
- Provide households with conditional cash grants or vouchers (for them to exchange with shelter materials and tools and repair their homes)
- Construct model houses in selected localities to demonstrate safer construction techniques and improved/safe local building practices
- Provide training to local labour force on safer construction
- Provide assessed households with shelter rebuilding materials, technical guidance and labour support
- Undertake regular monitoring to ensure that households receiving support to repair or retrofit their houses and households have completed construction using building back safer principles



## Health

**People targeted: 10,000 households (50,000 people)**

Male:

Female:

**Requirements (CHF): 300,000**

### Proposed intervention

**Needs Analysis:** Due to the flooding there is an increased risk of outbreaks of malaria and diarrhoeal diseases. Floods also pose a risk of injuries which would need urgent attention. In the medium-term, respiratory infections and vaccine-preventable diseases are a risk in displaced and sheltered populations, while other health needs will continue to rise if the primary health system has been significantly undermined. There is a need to provide more education and health-related information to the communities to reduce the risk of illness related to the disaster and those stemming from lack of access to regular care. Health and education facilities have been damaged, preliminary reports indicate that the Beira Central Hospital emergency room has been flooded and is without power. It is reported that the roof of the building has collapsed. In Beira Central Hospital, remaining health workers are working shifts to treat emergency patients as best they can.<sup>[1]</sup>

**Population to be assisted:** In the immediate term, the CVM will support 15,000 families with the provision of mosquito nets to prevent mosquito-borne diseases. First-aid services will be provided as and when they are needed. Some 6,000 women and girls, representing 10% of target population, will also be supported with dignity kits. Assessments will determine further population health needs and proposed interventions.

**Outcome 1:** The immediate risks to the health of affected populations are reduced

**Output 1.1:** Epidemic prevention and control measures carried out

- Public health needs assessment
- Training and implementation of epidemic control for volunteers (ECV)
- Mosquito net distribution and monitoring

<sup>[1]</sup> OCHA [Flash Update](#) 17 March 2019



**Output 1.2:** Healthcare needs of population are met

- Health assessment to inform if clinical health ERU is required
- First-aid activities
  - Procurement of first-aid kits
  - Provision of first-aid and emergency health referral
- PSS activities (PSS services to households who lost their loved ones, whose houses are damaged, children traumatized by devastation of cyclones and support for Red Cross volunteers providing assistance to affected communities)

**Water, sanitation and hygiene****People targeted:** 40,000 people

Male:

Female:

**Requirements (CHF):** 2,500,000**Proposed intervention**

**Needs Analysis:** Most of the water sources in the affected areas have been heavily contaminated due to flooding. In addition, the IDPs in camps do not have access to sanitation facilities, which poses a threat to water-borne diseases. There is an urgent need to address the WASH needs through provision of safe water, sanitation facilities and hygiene education.

**Population to be assisted:** About 40,000 people will be reached through WASH activities, which include provision of wash NFIs, hygiene education and sanitation supplies for females through the support of the M15 and the M20 ERUs.

**Outcome1:** Immediate reduction in risk of waterborne and water related diseases in targeted communities

**Output 1.1:** Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities - WASH needs assessment and site selection

**Output 1.2:** Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

**Output 1.3:** Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

**Output 1.4:** Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

**Output 1.5:** Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

- Mobilization and set up of M15 and M20.
- Procurement of WASH items
- Distribution of WASH materials
- Hygiene promotion
- Training of water management committees and volunteers
- Procurement of 20,000 mosquito nets
- Procurement of 6,000 dignity kits
- Provision of sanitation facilities (toilets with handwashing facilities)
- Hygiene and health promotion



## Protection, Gender and Inclusion

**People targeted: 7,500 households (37,500 people)**

**Male:**

**Female:**

**Requirements (CHF): 50,000**

### Proposed intervention

**Needs analysis:** People particularly women and children living in spontaneous settings are exposed to SGBV due to inadequate shelter, safety and privacy. Through the operation specific actions will be taken to reduce the risk of SGBV and violence against children including providing adequate and safe shelter with separate WATSAN, health and facilities for women and men as well as putting in place safety systems for unaccompanied and separated children.

**Population to be assisted:** Families targeted for shelter assistance will be provided with protection services.

**Outcome 1:** Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs.

**Output 1.2:** Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children.

- PGI inclusive multi-sectors needs assessment to identify and address gender and diversity specific needs and protection risks
- Training of Red Cross volunteers and staff on protection, gender and inclusion issues
- Conduct awareness in communities on prevention of SGBV
- Establish a system to ensure IFRC and National Society staff and volunteers have signed the Code of Conduct and have received a briefing in this regard
- Provide essential referral services to survivors of SGBV and unaccompanied children and other children on their own

## Strategies for Implementation

**Requirements (CHF): 4,150,000 (including CHF 2 million for ERU)**

### National Society Capacity Strengthening

The CVM was established in 1981 and was granted the status of a public utility institution by Decree in 1999. Therefore, it has a recognized role, as an auxiliary of the Public Powers of the Republic of Mozambique, in the humanitarian area. Its existence is based on the principles of independence and defines for itself a mandate to perform, to the maximum, its assisting role throughout the Mozambican territory.

The Society's Headquarters are located in the capital city, Maputo, and has presence in all the country's 11 Provinces and in 133 districts (84% of all districts). The National Society's key activities include:

- Resettlement of returning refugees;
- Disaster Response (leading in shelter cluster in the country);
- Disaster Risk Reduction;
- Water & Sanitation;
- Health emergencies.

Its actions are implemented by approximately 170 workers; 5,500 volunteers and more than 70,000 members. The CVM also developed its 2018-2021 Strategic Plan which established the goals within which the CVM intends to restructure and strengthen its capacities for present and future challenges. CVM is also a recognized member of the Technical Council for Disaster Management (CTGC). National Society capacity strengthening plans will be refined as assessments are conducted at field level.

The operation will manage initial phase of two months with surge team. Based on the demand for the technical and coordination support required to deliver in this operation, the following surge functions are being activated to ensure an effective and efficient technical coordination: Surge Team Leader, Assessment Coordinator, Logistics,

WASH, Communication, Health and Admin-Finance. Noting the scale of the operation additional surge profiles and tools are being activated. In addition, M15 and M20 Emergency Response Unit (ERU) plus logistics are being deployed.

The surge team is working hand in hand with CVM staff and volunteers and ICRC. Over 215 volunteers have been mobilized for this operation. More details will be included in the Emergency Plan of Action. The Emergency Plan of Action will outline the longer-term support structure needed to implement this operation. Before the operation enters into second phase, recruitment of key positions including operations manager, shelter, WASH, relief, finance and admin, logistics, communication, Information Management, CEA, PMER, Cash Based Intervention and Human Resource either will be done or mobilized through IFRC and National Society. Therefore, the operation will ensure overlap between surge and regular structure for consistency and compliances.

The IFRC's operation response strategies is built on complementarities between IFRC and ICRC to focus on different geographical locations and areas of interventions. This coordinated response will continue to grow in the context of complex and diverse needs of affected people.

**Logistics and Supply Chain:** The Regional Logistics Unit (RLU) will coordinate the logistics needs, mobilisation table and pipelines. The logistics team with guidance from RLU will facilitate all procurement. The operation will actively participate in the Logistics Cluster and will mobilize its goods and services based on the program requests. A mobilisation table will be established and published while integrating local market capacities and resources. The supply chain structure will operate out of Maputo and Baira to address the centre of disaster from both sides. The initial demands are already covered by partner organisation and additional needs will be mobilized through standard operation procedures. Currently the criteria for operations are prioritized as follows 1 time, 2 availability, 3 cost and 4 quality. This prioritization will change while the operation is developing.

**Information Management:** Efficient data collection, analysis and presentation is critical to understand the scope and scale of emergency needs. Specific support will take the form of needs' assessment survey design and analysis, spatial analysis (including use of satellite and aerial imagery), secondary data review and production of maps, charts and graphics to facilitate evidence-based decision-making.

**Shelter Cluster Coordination:** Pending further discussions in country with CVM and IOM as co-chairs of the Shelter Cluster, IFRC as Global Shelter Cluster lead agency for natural disasters can provide support to CVM/IOM in providing shelter coordination services to responding shelter agencies. This can include additional coordination, information management, and technical capacity, as well as support for trainings, capacity building, advocacy, strategic planning, monitoring and evaluation of the overall shelter response.

**Communications:** To raise awareness of the scale of needs, communication both in the media and social media, will be an essential pillar of the response and fundraising strategy. The communication unit in Nairobi, in collaboration with the field communication focal point and the Geneva based team, will produce key messages, press releases, audio-visual material and social media content – to create a compelling narrative. Given the scale on required communication efforts, compounded by the fact that there are several ongoing operations in Africa, the communications resources at the regional office will need to be boosted.

As new information on the situation on the ground emerges, media members will look to the Red Cross as one of the main authoritative sources of information. A proactive approach to international media engagement should be maintained in the coming weeks to ensure that the Red Cross response is well profiled and resource mobilisation efforts are supported. Communications multimedia will be actively promoted via IFRC online and digital communications platforms, and shared with member National Societies for their media engagement.

With more rain predicted, Mozambique Red Cross and IFRC communications efforts will continue to focus on highlighting the humanitarian needs on the ground, while remaining flexible to raise awareness about developing situations. All communication aims to secure positive positioning for the Red Cross as a key actor in this response.

The operation will continue to communicate on social media, a significant platform for sharing messages with communities, listening to public concerns, dispelling rumours, and connecting with journalists.

Reputational risk management is a key component of communications. When issues arise, and working with management, key messages / reactive lines will be developed and shared with relevant parties, as needed.



**International Disaster Response Laws (IDRL):** Based on the needs and in coordination with the head of operations and the Regional Logistic Unit, disaster law personnel would be available for immediate deployment and technical assistance to facilitate the entrance and coordination of humanitarian personnel, goods and equipment.

**Planning, Monitoring, Evaluation and reporting (PMER):** The PMER delegate/team will ensure compliance with expected deliverables and reporting requirements. The PMER person will also work closely with IM to support the analysis of data and will support the planning process and the development of the EPOA, ensuring a smooth transition from the assessment data to a comprehensive and integrated plan. In addition to the PMER team in the field, the Regional Office (RO) PMER unit will conduct regular missions to guide the field on monitoring systems and activities and supporting community satisfaction surveys and baseline surveys to inform future monitoring and changes to the operational plan. The RO PMER will facilitate any further reviews, lesson learning, Real Time Evaluations and final operational evaluations as required, to capture the performance, including the successes and challenges of the operation to inform future operational strategies.

**Community engagement and accountability:** As communication infrastructure has been severely damaged and people are displaced, affected communities will have important information needs on availability of services, shelter and family reunification. Collective community engagement mechanisms will be considered with other partners. Open and transparent communication about inclusion and exclusion criteria for assistance will be established. A system will be put in place to ensure information on the operation; including distribution processes, services on offer and exit strategies. A feedback and complaints system will be established, following consultations with communities, to ensure continuous feedback that informs the operation. Collective community engagement mechanisms will be considered with other partners.

**Security:** Standard security protocols about general norms, cultural sensitivity and overall code of conduct will be put in place. The minimum-security requirements will be strictly maintained. All National Society and IFRC personnel actively involved in the operations will successfully complete prior to deployment the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

**Policy, Strategy and Knowledge:** The regional unit in liaison with the country office shall provide technical guidance / support on financial management systems and build capacity of the National Society to ensure enough capacity for the response and preparedness operations. The operation will engage National Society leadership through capacity governance. There will be greater effort made to engage youths and volunteers in all aspects to ensure skills and knowledge are shared for sustainability.

**Volunteer Management:** Findings from various case studies and researches on Volunteering in Africa indicate that when knowledge in volunteer management is availed to the right people in National Societies, then there will be transformation in volunteer engagement with National Societies for long-term impact and sustainability. It is a direct response to these observations, recommendations in which this repository of knowledge on Volunteer Management issues in the Region will begin to be effectively integrated within Emergency operations including this Cyclone emergence operation in Mozambique. The Volunteer Development/Management will focus on 1) Volunteer Recruitment, training and orientation; 2) Volunteer database development; 3) Volunteer Insurance; 4) Volunteer Motivation, Recognition and retention activities; and 5) Branch Coordination and Planning for sustainability.

## Funding Requirements

International Federation of Red Cross and Red Crescent Societies

### EMERGENCY APPEAL

*APPEAL CODE - Mozambique – Cyclone Idai*

*Funding requirements - summary*

|         |           |
|---------|-----------|
| SHELTER | 3,000,000 |
| HEALTH  | 300,000   |

|  |                   |
|--|-------------------|
| <b>WATER, SANITATION AND HYGIENE</b>   | <b>2,500,000</b>  |
| <b>INCLUSION, GENDER AND PROTECTION</b>  | <b>50,000</b>     |
| <b>STRATEGIES FOR IMPLEMENTATION (including National Society Capacity Strengthening, Ensure Effective International Disaster Management)</b> | <b>4,150,000</b>  |
| <b>TOTAL FUNDING REQUIREMENTS</b>  | <b>10,000,000</b> |

**Elhadj As Sy**  
Secretary General

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## Contact information

### Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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.

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



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



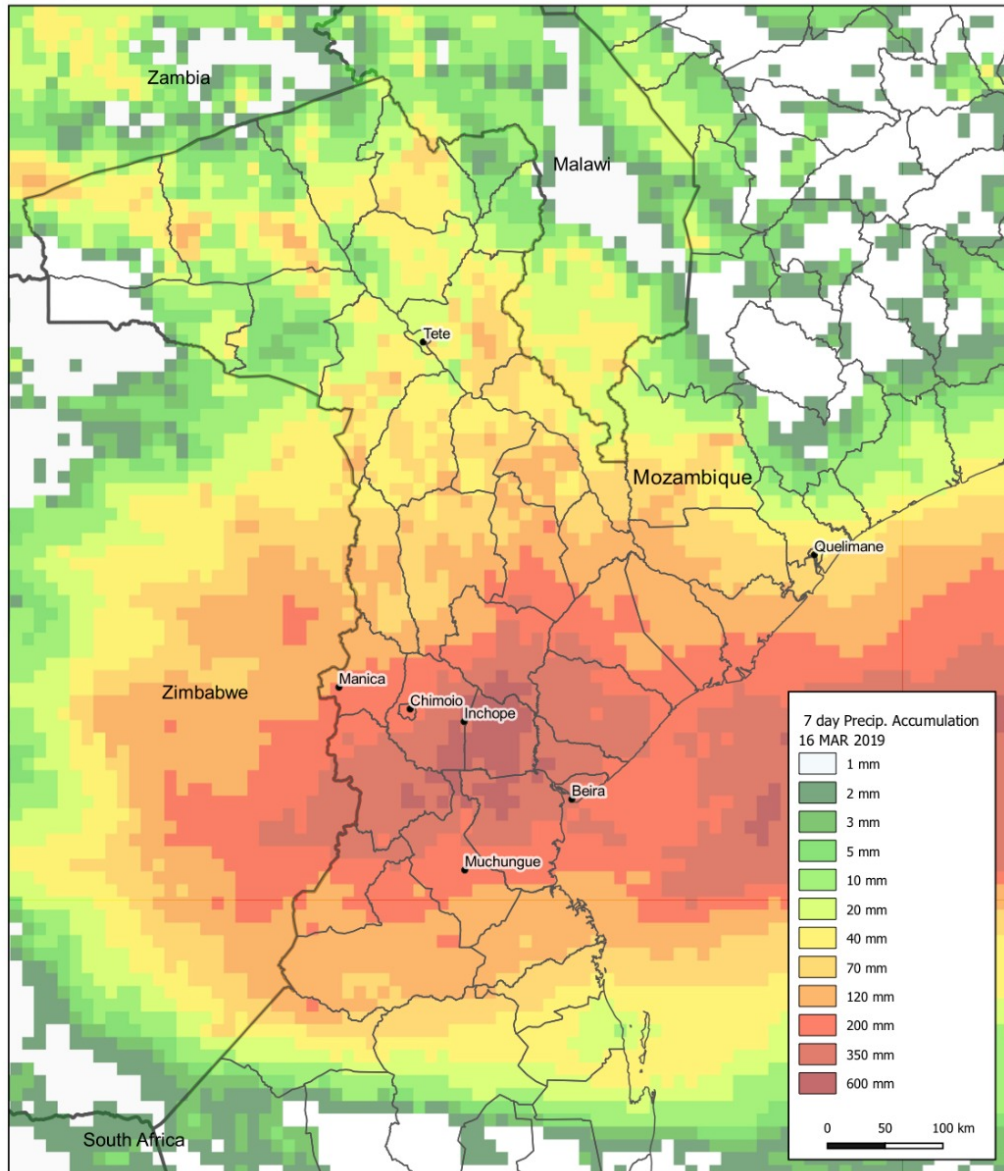
Promote social inclusion  
and a culture of  
**non-violence and peace.**



International Federation  
of Red Cross and Red Crescent Societies



### Cyclone Idai, Mozambique 7-Day Precipitation Accumulation 16 MAR 2019



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Produced by SIMS. Credits: 7-day Precipitation Accumulation (GPM) (2019) [TIFF]. NASA. URL: <https://maps.disasters.nasa.gov/> [March 17, 2019]. Mozambique administrative levels 0 - 3 (2019) Mozambique INE (Instituto Nacional de Estatística) <http://www.ine.gov.mz/> Census 2007 data from WFP Geonode, cleaned by UN OCHA ROSEA. Maputo City districts added from SALB boundaries by OCHA [March 16, 2019]. OSM Contributors.