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Revised 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

200,000 people to be assisted

750,000 Swiss francs DREF allocated

31 million Swiss francs current funding
requirements

Appeal launched 19 March 2019
Revised Appeal 1 25 March 2019

Appeal ends March 2021 (24 months)

This revised Emergency Appeal seeks a total of **31 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 200,000 people with a focus on the following areas of focus: **Shelter, including Household Items (HHI); Health; Water, Sanitation and Hygiene Promotion (WASH); Livelihood and basic needs; Disaster Risk Reduction (DRR); Protection, Gender and Inclusion (PGI)** and **National Society Capacity Strengthening** for 24 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 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: 342,562 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.

24 March 2019: IFRC issues a Revised Emergency Appeal for 31 million Swiss francs for 200,000 people for 24 months.



CVM volunteer supporting with distributions in cyclone affected Beira, Mozambique

The operational strategy

Overall situation

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 thousands of hectares of standing crops, communication infrastructures and as well as loss of life and injury. The extent of the damage is still unfolding as access to communities is slowly being regained. It is becoming increasingly apparent that the extent of the devastation is widespread, and reports indicate that 1.85million people have been affected across Mozambique. On 19 March 2019, the Mozambican government declared a national emergency and has formally requested international assistance. As information becomes available there is an evident need to scale up the response and reach more individuals affected by the cyclone.

The cyclone's path resulted in massive destruction in Chinde district located in Zambézia province and Manica and Inhambane provinces. As of 23 March, at least 417 people had died and more than 1,400 had been injured according to Government figures. It is expected that the death toll will continue to climb, and initial reports indicate more than 33,600 houses have been totally destroyed with many more damaged. More than 89,100 people are sheltering in 122 sites across Sofala (90 sites), Manica (18 sites), Zambezia (10 sites) and Tete (4 sites).

Cyclone Idai also caused damage and led to loss of life and severe injuries in Zimbabwe and Malawi. This revised Emergency Appeal is focused on Mozambique and other mechanisms are being activated for Zimbabwe and Malawi.

In Zimbabwe, the tail of cyclone Idai left widespread destruction. Chimanimani and Chipinge districts (Manicaland Province) are reported to be the most affected. Similar to Mozambique the extent of the damage is still emerging and as of 22 March a total of 154 people had died, and a reported 5,257 households had been affected according to government figures. Preliminary findings of inter-sector joint rapid needs assessments conducted by UN counterparts indicate the impact could be much greater and as much as 250,000 people could be affected. Access is slowly improving in some areas which will allow the extent of the impact to be better understood. The Zimbabwe Red Cross (ZRCs) activated immediately with support from partner National Red Cross Societies in country and is focusing on Search and Rescue and distribution of relief items. ZRCs also has food security programs in the affected regions which will help support those who have lost their livelihoods and were already experiencing food insecurity prior to the cyclone. ZRCs has developed a Cyclone Idai response plan and is seeking support from the IFRC DREF as a part of this larger response plan.

Flooding caused by the Tropical Cyclone Idai weather system has also severely impacted Malawi. Malawi Red Cross (MRC) has been involved in the assessments and is currently developing a comprehensive response plan for the overall operation. A DREF allocation was launched on 11 February 2019 for CHF 182,088 and the MRC is the process of seeking a second allocation as a part of the larger flood response plan. The MRC has been active in providing immediate assistance in Food, Shelter and WASH. Partner National Societies in country are working closely with the MRC on the overall flood operation and have provided bilateral support.

Risk assessment

Current forecasts indicate fairly 'normal' rainfall conditions over the coming weeks. This does not mean that there is no chance of an extreme event occurring, such as heavy rainfall or flooding, but the chances at this time are low. Seasonal forecasts for the coming three months indicate mixed slightly drier-than-average and slightly wetter-than-average conditions for the south-eastern Africa region. Until the Southwest Indian Ocean tropical cyclone season is over (approximately May), chances remain of another tropical cyclone developing.

Response to date and needs assessed

Prior to the cyclone making landfall in Mozambique, CVM had activated its staff and volunteers to conduct early warning and early actions to prepare communities. In the immediate aftermath of the disaster focus was on search and rescue and is currently shifting on lifesaving interventions in the area of Health, Shelter and WASH. CVM mobilized 100 volunteers in five districts of Zambezia, 97 volunteers in four districts of Tete, 28 volunteers in Chimoio city and Gondola district and 122 volunteers in Beira city of Sofala province, bringing the total to 347 volunteers engaged to date. Volunteers have been supporting with search and rescue (with a CVM boat

supporting rescue efforts), multi-sectorial preliminary assessments, distributions of HHIs, supporting at accommodation centres, assisting with first aid at triage centres and conducting health and hygiene promotion in accommodation centres to prevent water and sanitation related diseases. CVM plans to mobilize a total of 657 CVM volunteers in 24 most affected districts of the four Provinces. A CVM technical field team has also been mobilized including Disaster Management, finance, WASH, health, shelter and Planning Monitoring Evaluation and Reporting (PMER) profiles.

A Red Cross multi-sectorial assessment team comprised of CVM staff and IFRC surge personnel continues to evaluate needs of the affected population and to set up the operation. Significant surge resources are being mobilized through the IFRC network to respond to immediate lifesaving needs. Aerial surveys were conducted in the most affected areas of Beira on 17 and 22 March and the surveys indicate that over 90% of the areas may have been completely destroyed. Relief items have been brought in rapidly, including by plane from a warehouse in La Reunion through French Red Cross Indian Ocean Regional Intervention Platform (PIROI). Prior to the cyclone hitting, HHIs were prepositioned in the area and are currently being distributed to affected communities by CVM. 1,500 emergency shelter kits have been distributed by Red Cross volunteers, providing families with protection from the elements and some degree of privacy and dignity. Shelter supplies for about 3,000 families are on their way by boat next week, and a further dispatch of basic relief supplies (including tarpaulins, buckets and blankets) – enough for 37,500 people – will arrive soon.

The continued Red Cross (RC) assessments, beyond confirming immediate needs in Shelter (including HHIs), WASH, Health, Food and basic needs, also raise concerns on issues relating to Protection, Gender and Inclusion. 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, the elderly, persons with disability and other disadvantaged groups require special attention and care to access appropriate assistance.

There will also be an increasing need for livelihood support and food security interventions in the coming months due to loss of crops and assets. A comprehensive multi-sectorial assessment will be carried out in the coming days to inform strategies for longer-term support in livelihoods and disaster risk reduction. The operation will also focus on capacity building of CVM, including organizational development and disaster and crisis preparedness for effective response.

The team will establish two base locations in Beira and Chimoio, which will function as the response field hubs. Additional staff in Maputo will support the overall operation and CVM.

Sectoral needs:

- **Shelter and related Household items:** Thousands of families have been displaced and most homes have experienced significant damage. The RC will focus on providing immediate shelter support to 15,000 families. 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 that have been partially destroyed, with specific attention to issues related to protection, 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 HHIs, including blankets, sleeping mats and kitchen sets to ensure that at least their basic needs are met and people can be protected from extreme weather condition. 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. The response will focus first on providing emergency shelter to those affected with additional support in the medium to long term for longer term shelter support
- **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 SSM unit can also provide basic sanitation and hygiene promotion for up to 5,7000

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. Many women and girls have lost access to facilities and supplies for menstrual hygiene and menstrual hygiene kits will be provided in the immediate phase of the operation

- **Health:** Floods and cyclonic events often lead to death and injuries as well as increased health needs in affected communities. Infectious diseases are likely to increase in the aftermath of the disaster. Clinical services are disrupted, leaving the population at risk for marked deterioration in health status due to pre-existing or newly acquired illness. Waterborne diseases are the earliest hazard due to the contamination of water supply and disruption of usual water treatment. Outbreaks of viral gastroenteritis, hepatitis, acute watery diarrhoea and other diseases are all possible risks. Malaria is endemic in Mozambique with a peak in the rainy season from December to April. Extensive flooding will result in stagnant water that creates perfect breeding sites for mosquitoes.

Initial assessments have shown widespread flooding and extensive damage to health facilities as well as loss of essential medication and supplies.¹ A reported 50 health facilities have been damaged and health assessments have confirmed the need for an RC-Emergency Hospital with surgical capacity and the capacity to provide comprehensive emergency obstetric, maternal and new-born care (Emergency Medical Team Type 2). The requested configuration is also required to have the ability to treat and isolate patients presenting with Acute Watery Diarrhoea. Assessment visits to Beira General Hospital have confirmed extensive damage which will require significant rehabilitation in order to be fully functional. The deployment of RC-Emergency Hospital has been requested and validated by the Ministry of Health and CVM. The RC-Emergency Hospital is in line with World Health Organization (WHO) EMT Type 2 minimum standards.

- **Livelihoods and basic needs:** Due to the destructions, flooding and displacement of population, immediate food availability is limited. Although not known precisely, initial reports indicate that at least 500,000 hectares of crops have been damaged or destroyed and this will continue to impact food security and nutrition in the months ahead. Areas affected by floods will face significant crop failure, particularly as the crops were close to annual harvesting. Until water recedes, and lands are rehabilitated, practicing farming will not be possible. Impact on livestock is also massive, with significant loss of cows and small livestock. This means that the food gap is likely to extend until the end of the farming season next year and assistance will be needed to provision for lost sources of income and until livelihoods can be recovered.

Most vulnerable such as children, elderly, pregnant and lactating women are most in risk of food insecurity. Moreover, women who are playing critical roles in agricultural production also assume most caregiving duties. Caregiving duties are likely to increase as a result of the cyclone and flooding as there is an increase in illness and injury and this may result in decreased agricultural production resulting in further food insecurity. Commodity prices in Beira are rising significantly and economic infrastructure including warehouses, storage silos and supermarkets have been destroyed.

Disaster Risk Reduction: The coast of Mozambique is regularly affected by strong cyclones and flooding and, due to climate change, these hazards may become more frequent and intense. IFRC will leverage the response and recovery phase as an opportunity to reduce future risks. In particular, the IFRC will work with CVM and branches in affected areas to ensure recovery efforts actively build resilience to future such events. Activities will have a strong focus on climate-smart and community-based DRR and on capacity development of the responding branches. Efforts will also ensure a strong link with CVM's longer-term community-based disaster risk reduction/community resilience programmes.

The overall operation will involve extensive logistical coordination noting the various operational bases and the incoming WASH, IT/ Telecom and Health ERUs. The additional complexities due to limited road access result in added logistical complications. As a result, a Logistics ERU has been deployed.

Lessons learned from past operations are informing the operational design and strategy for this response. The learnings from the 2015 Zambezia province flood operation are being factored into how the operation is being designed, the surge profiles being mobilized at the onset of the emergency and how CVM volunteers are being

¹ (OCHA March 17, 2019).

engaged in the response drawing upon their strengths from the past operation. Based on past learnings, the operation has focused on ensuring strong financial set up including mobilizing finance delegates to ensure cash flow at field level is in place. The past operation indicated issues with warehousing and storage and the mobilization of the logistics ERU at the onset will help ensure the operation is set up properly from day one. The past operation indicated that Participatory Approach for Safe Shelter Awareness (PASSA) principles should have been applied for the shelter component and this has now been integrated into the operation. Considering the above identified learnings, this emergency appeal focusses also on strengthening NS capacities to respond to future disasters or crisis. NS Preparedness for Effective Response plans will integrate the recommendations and learnings from previous and current operation will be considered.

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 was increased in the initial Emergency Appeal (EA) for a total of 15,000 households (75,000 people). As damage continues to unfold the operation is scaling up to meet the needs of those affected. This revised EA now aims to target 200,000 people.

The same selection criteria as outlined in the DREF and initial EA will be used. Selection of individuals will be through joint assessments by 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

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

Coordination and partnerships

As an auxiliary to public authorities, CVM maintains close communication and coordination with Government bodies through the Technical Council for Disaster Management, Ministry of Health and Armed Forces and is present in all the different coordination mechanisms established at different levels; including the affected areas. CVM response strategy is based on priorities of affected families outlined in the projection of the Government plan and the capacities of CVM. In line with the Government CVM established its Regional Disaster Management Centre in Beira This structure is leading the operations carried out by CVM with support from Movement partners including the IFRC and aims to align the provincial and headquarters response plans. CVM is engaged in the Humanitarian Country Team (HCT) and Government meetings at National, Provincial and district level and is also attending different clusters. 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). Telecoms Sans Frontiers has deployed a team to Beira and is establishing connectivity for the operations centre.

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, in Beira and sub-regions/hubs.

Red Cross Red Crescent Movement coordination

This operation is being conducted in close coordination with other Movement actors.

French Red Cross- PIROI- is supporting the operation through the mobilization of HHIs from their warehouse in La Reunion. Due to the collaboration and support from PIROI, relief goods were able to make it to Mozambique within days of the cyclone. PIROI has also made bilateral equipment contributions to CVM to

support the running of the operation. These contributions were supported by the French Government and Department Council of La Réunion through funding and transportation.

Portuguese Red Cross deployed a surge team comprised of medical and Disaster Management professionals as well as equipment and his team will work closely with the IFRC Surge Health and will function as the advance team to the Red Cross Emergency Hospital.

Turkish Red Crescent is providing support to the operation in the form of personnel and financial support and their support will be coordinated under this EA.

There are a number of Partner National Society in Mozambique which include Spanish Red Cross, German Red Cross and Belgian Red Cross, Flanders. German Red Cross has longer term DRR programming in country and will support the cyclone response in the area of shelter, WASH and health in close coordination with the IFRC but funded bi-laterally via their established set-up for collaboration with CVM. Spanish RC has an existing program in Mozambique and is supporting this operation through the mobilization of the M15 ERU as well as personnel and financial support. Belgian Red Cross, Flanders is also an active partner in Mozambique and prior to the cyclone supported with the mobilization of relief supplies for early action. Support will complement the IFRC Emergency Appeal.

The ICRC is coordinating closely with CVM and the IFRC at field, regional and headquarters levels. The ICRC has been present in and operating from Beira in the rural areas of the Central provinces of Mozambique since 2017. Owing to its operational footprint and set-up in Beira, the ICRC is currently supporting the emergency response that is being led by CVM and has scaled up its capacity in key areas. These include:

- **Restoring Family Links** (the [Restoring Family Links](#) website has been launched in English and Portuguese to help people find their relatives. and will allow ICRC and CVM volunteers to look for missing persons and inform families of the fate of their missing loved ones).
- **Dignified management of the dead:** ICRC is supporting the Mozambican authorities in the removal and handling of bodies in a dignified way).
- **Detention:** ICRC is assessing the situation in the seven places of detention affected in Beira and its surrounding areas, making sure that the detaining authorities receive the necessary support towards the detainees)
- **Emergency infrastructure support:** ICRC is supporting with the distribution of life-saving items including fuel and generators to the main hospital in Beira to help ensure the hospital can remain functional.
- **Shelter and related Household items:** ICRC is currently assessing the situation in the rural and remote areas in which it has been operating since 2017).

IFRC at Cluster, Region and Geneva levels has also activated its Joint Task Force (JTF) mechanism which provides a platform for alignment and coherent response actions.

Proposed Areas for intervention

The overall goal of the operation is to provide immediate life-saving and longer-term support to 200,000 people affected by Cyclone Idai in Beira and Dondo areas focusing on Shelter (including distribution of household items); Health; WASH; Livelihood and basic needs; PGI, DRR and National Society Capacity Strengthening.

Areas of Focus



Shelter

People targeted: 15,000 households (75,000 people)

Male: N/A

Female: N/A

Requirements (CHF): 8,000 000

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. Many houses have sustained damage and thus focus needs to be on housing repair and rehabilitation.

Population to be assisted: CVM will support 15,000 households (75,000 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. Upon further assessment, the appeal will support a smaller number of households with repair and longer-term shelter needs.

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

Shelter 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 15,000 shelter kits
- Distribution of shelter kits and small cash for framing materials
- Cash grant for shelter repairing/rehabilitation of damaged houses, with attention to protection, disability inclusion and flood-resistant shelter
- Cash grant to meet non-food and other basic needs
- Cash for work to generate/restore livelihood activities, especially those construction related and removing/salvaging materials
- Training of volunteers on emergency shelter construction and safe sheltering practices
- Procurement of HH items (kitchen sets, blankets, sleeping mats)
- Post distribution monitoring and evaluate assistance
- Preparation and dissemination of beneficiary and stakeholder communication (including Feedback and beneficiary satisfaction mechanism)
- Dissemination 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 that receive support to rebuild have completed construction using building back safer principles



Water, sanitation and hygiene

People targeted: 50,000 people

Male: N/A

Female: N/A

Requirements (CHF): 4,000 000

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 50,000 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 MSM20 ERUs. Menstrual Hygiene kits will be provided to approximately 10,000 females.

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

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

WASH 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.

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

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

WASH 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 MSM20
- Procurement of WASH items including menstrual hygiene kits
- Distribution of WASH materials including menstrual hygiene kits
- Hygiene promotion
- Training of water management committees and volunteers
- Provision of sanitation facilities (toilets with hand washing facilities)
- Hygiene and health promotion

WASH Output 2.1: Longer term support to ensure safe access to water

- Assess damage to water and sanitation facilities in priority areas of intervention
- Rehabilitate Water and Sanitation structures (could include latrine, boreholes, etc.)
- Assess impact of functioning of support

**Health****People targeted:** 85,0000 people**Male:** N/A**Female:** N/A**Requirements (CHF):** 6,000 000**Proposed intervention**

Needs Analysis: The cyclone has caused extensive destruction to public infrastructure including damage to at least 50 health facilities. This number is expected to rise as access to affected communities is increased. The provision of clinical services including but not limited to emergency surgery, comprehensive emergency obstetric, maternal and new-born care, and inpatient and outpatient primary care services is essential to the health and well-being of the affected communities. Due to the flooding there is an increased risk of outbreaks of malaria and diarrhoeal diseases including acute watery diarrhoea. 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 due to the devastated primary health system. The extensive displacement and lack of functioning health facilities translates into the need to provide training on epidemics in affected communities as well as 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. The cyclone was a traumatic event and there is a need for psychosocial support to communities recovering from this event.

Population to be assisted: A 30-bed Red Cross Emergency Hospital with the capacity to provide comprehensive medical services will be immediately deployed. PSS services will be integrated into the RC-Emergency Hospital. In the immediate term, the CVM will support 15,000 families with the provision of mosquito nets to prevent mosquito-borne diseases. Condoms will be distributed during community activities accompanied by health messaging. PSS will also be provided to those who have lost loved ones at community level. Community Engagement and accountability will be mobilized to support community engagement, information sharing and tracking of rumours. First aid services will be provided as and when needed. Training will be provided around oral rehydration; oral rehydration points (ORP) will be set up in communities where acute watery diarrhoea is reported.

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

Health Output 1.2: Healthcare needs of population are met

- Deployment of a Red Cross Emergency Hospital – includes surgery, comprehensive maternal, child and newborn care, inpatient and outpatient healthcare services. Configuration will have capacity to treat Acute Watery Diarrhea
- First Aid activities:
 - o Procurement of first aid kits
 - o 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 RC volunteers providing assistance to affected communities)

Health output 1.2: The population will be reached by health promotion messaging and will have the capacity to maintain its health and avoid risks

- Channels to reach the population will be identified
- Volunteers will be trained in two-way messaging with the affected population
- Health messages based on MOH health advice will be shared with the population

Health Output 1.3: Epidemic prevention and control measures carried out.

- Public health needs assessment

- Training and implementation of epidemic control for volunteers (ECV) and/or effective approaches to reduce the impact of epidemics
- Training of volunteers in Community Cholera Management
- Mosquito net and condom distribution and monitoring
- Procurement and distribution at branch level of ORP kits
- Procurement and warehousing of ORS
- Oral Rehydration points established

Health Output 1.4: Mental health issues resulting from the disaster will be reduced and psychosocial needs of the population will be addressed through the provision of community psychosocial support with a special focus on vulnerable and marginalized populations

- PSS needs assessment
- Training of volunteers in Psychological First Aid and Psychosocial support
- Delivery of psychosocial support to the affected population
- In collaboration with Protection, Gender and Diversity



Livelihoods and basic needs

People targeted: 10,000 households

Male: N/A

Female: N/A

Requirements (CHF): 3,400,000

Proposed intervention

Needs Analysis: Due to the destructions, flooding and displacement of population, immediate food availability is limited. Although not known precisely, initial reports indicate that nearly 500,000 hectares of crops have been damaged or destroyed and this will continue to impact food security and nutrition in the months ahead. Areas affected by floods will face significant crop failure, particularly as the crops were close to annual harvesting period. Until water recedes and lands are rehabilitated, practicing farming will not be possible. Impact on livestock is also expected to be massive, with significant loss of cows and small livestock. This means that the food gap is likely to extend until next year and assistance will need to be provided until livelihoods can be recovered. Most vulnerable such as children, elderly, pregnant and lactating women are most at risk of food insecurity and malnutrition. Moreover, women who are playing critical roles in agricultural production, also assume the majority of caregiving duties. Caregiving duties are likely to increase as a result of the cyclone and flooding as there is an increase in illness and injury and this may result in decreased agricultural production resulting in further food insecurity. Commodity prices in Beira are rising significantly and economic infrastructure including warehouses, storage silos and supermarkets have been destroyed.

Population to be assisted: Pending assessments, 10,000 households to receive support for immediate basic needs and provisioning for lost livelihoods.

Outcome1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities (10,000 families)

- Assessment of immediate food and basic needs and rapid market assessment
- Contracting with stores for voucher intervention
- Support and training for CVM
- Targeting of affected population
- Distribution of vouchers
- Reconciliation and post-distribution monitoring

Livelihood Output 1.3: Household livelihoods security is enhanced through food production, increased productivity and post-harvest management (agriculture-based livelihoods)

- Assessment of livelihoods needs to identify immediate, medium-term needs and opportunities for livelihoods recovery

- In coordination with other partners, design a market-based livelihoods intervention tailored to needs identified and capacities to support households to restart their economic activities (agricultural or urban livelihoods), including the possible rehabilitation of productive assets and infrastructures
- Support and training for CVM
- Targeting of affected population to receive necessary inputs (crops or livestock or micro-economic activities) and training to “build back better” or participation in rehabilitation activities



Disaster Risk Reduction

People targeted: 15,000 households

Male: **N/A**

Female: **N/A**

Requirements (CHF): 300,000

Proposed intervention

Needs Analysis: The cyclone has caused significant loss of life, displacement, and extensive destruction to infrastructure including housing and basic service infrastructure. These impacts could have been reduced with a greater focus on DRR and community resilience. The coast of Mozambique is regularly affected by strong cyclones and flooding and, due to climate change, these hazards may become more frequent and intense. IFRC will leverage the response and recovery phase as an opportunity to reduce future risks.

Population to be assisted: The most at-risk communities will be prioritized - i.e. those in the most exposed areas with higher vulnerability and lower coping capacity. In particular, the IFRC will work with CVM and branches in affected areas to ensure recovery efforts actively build resilience to future such events. Activities will have a strong focus on climate-smart and community-based DRR and on capacity development of the responding branches. Our efforts will also ensure a strong link with CVM's longer-term community-based disaster risk reduction/community resilience programmes (including the ongoing forecast-based financing programme).

Outcome 1: Communities in high-risk areas are prepared for and able to respond to disaster

Affected communities will learn what to do in future cyclone events and identify activities that can reduce their risks in the meantime (e.g. consider risks in rebuilding efforts)

DRR Output 1.1: Support will be provided to affected high-risk communities to set up a community disaster risk management committee, which will be trained in disaster risk reduction, community preparedness and early warning early action

DRR Output 1.2: Support will be provided to these committees to undertake community risk assessments (using the Enhanced Vulnerability and Capacity Assessment) and to develop community-based risk reduction plans, including a contingency plan

DRR Output 1.3: Support will be provided in the development of community early warning systems in affected high-risk communities

DRR Output 1.4: Awareness-raising will be provided in schools and communities in affected areas on the identification and reduction of disaster risk and climate change adaptation, and on how to react before, during and after a natural disaster

DRR Output 1.5: Guidance/training/awareness-raising will be provided on the construction of cyclone-safe houses



Protection, Gender and Inclusion

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

Male: N/A

Female: N/A

Requirements (CHF): 200,000

Proposed intervention

Needs analysis: People particularly women, adolescent girls and unaccompanied children living in spontaneous settings are exposed to SGBV and abuse 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 and referrals for unaccompanied and separated children.

All shelter, WASH and health activities will be implemented in accordance to IFRC Minimum Standards for Protection, Gender and Inclusion to ensure dignity, access, participation and safety of all regardless of their gender, age or disability.

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 1.1 Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender, disability and other diversity factors

- PGI inclusive multi-sectors needs assessment to identify and address gender and diversity specific needs and protection risks.
- Training of RC volunteers and staff on protection, gender and inclusion issues.

Output 1.2: Emergency response operation prevent and respond to sexual- and gender-based violence (SGBV) and all forms of violence against children

- Conduct awareness in communities on prevention of SGBV
- Procurement and distribution of dignity kits
- Provide essential referral services to survivors of SGBV and unaccompanied children and other children on their own
- 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

Strategies for Implementation

Requirements (CHF): 8,500,000

National Society Capacity Strengthening

Requirements (CHF): 600,000

National Society Capacity Strengthening

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, 5500 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).

The unfolding major relief and recovery operation will put various challenges on CVM not only in operational terms but also in respect to their long-term institutional development. At the same time, it creates also a number of opportunities for strengthening operational capacity and lasting organizational development, if well planned, coordinated and aligned. CVM since many years has not seen such a major disaster on their territory and the operational and institutional systems will require some support to manage this huge operation alone.

The Organizational Capacity and Certification (OCAC) assessment undertaken end of 2018 has identified a number of areas which need specific strengthening including finance, HR and volunteer management and improvement in the PMER systems amongst others. Led by the leadership of the National Society and with the support of the IFRC and other Movement Partners, a well-defined detailed plan for NS development based on the OCAC results is in process which will not only strengthen the technical and operational capacity to support the relief and potential recovery operation but also to look into strengthen the core service areas of CVM, improved preparedness for effective response (PER) and longer-term institutional development with a long-lasting effect to

get CVM out of the Cyclone Idai operation as a much stronger institution and relevant humanitarian organization in Mozambique for the future.

Planned and on-going activities include the following:

- ✓ Capacity enhancement in technical areas including logistics, cash preparedness, PGI, communication
- ✓ Capacity enhancement and institutional development in finance, HR, PMER and resource mobilization
- ✓ Strengthen volunteer management incl. data base system
- ✓ Conduct branch organizational capacity assessment (BOCA) exercises and subsequent follow-up
- ✓ Rehabilitate damaged CVM infrastructure
- ✓ Equip CVM with relevant and efficient means of transport for the operation
- ✓ Facilitate internal communication between headquarters and branches
- ✓ Learn from the early warning and early mechanisms that were in place before the disaster strike and integrate these elements into the NS preparedness, response, contingency planning and any other relevant procedure or policy document.
- ✓ Assess NS Preparedness for response capacities, the results of the analysis and prioritization will inform additional Preparedness for Effective Response (PER) measures.
- ✓ Training, refreshment on humanitarian standards i.e. Sphere, Code of Conduct, Do No Harm for NS staff and volunteers.
- ✓ Update and revise relevant hazard, context, risk analysis, and early warning mechanism and scenarios to inform preparedness, response and recovery plans.
- ✓ Capacity strengthening of the National Disaster Response teams (training, refreshment, insurance, equipment, performance) in relevant specific areas of intervention i.e. search and rescue, first aid, relief among others.
- ✓ Enhance NS capacities in Emergency Needs Assessment including trainings, data collection and analysis
- ✓ Mapping and updating branches and HQ preparedness for response capacities
- ✓ Strengthen the Emergency Operations Centre equipment and procedures
- ✓ Reinforcing Information Management and Needs Assessments capacities of the National Society, including data collection, survey design, needs assessments and analysis.
- ✓ Conduct drills / simulations and Learning exercises
- ✓ Provide emergency response equipment at headquarters and branch levels
- ✓ Preposition supplies for future potential disasters (NS contingency stocks)

National Society capacity strengthening plans will continue to be refined as assessments are conducted at field level.

Ensure Effective International Disaster Management

Surge capacity: the operation will manage the initial phase of three to four months with surge teams. Based on the demand for the technical and coordination support required to deliver in this operation, the following surge functions have been activated to ensure an effective and efficient technical coordination: Head of Emergency Operations, Surge Team Leader, Assessment Cell, Logistics, WASH, Communication, Health, Food security and Livelihoods, Cash Based Assistance, Field Coordination, IT, National Society Development, Compliance and Risk, PMER, Administration, Finance and Information Management (including SIMS Remote Support). In addition, a number of ERUs are being mobilized including M15 and M20, logistics, IT Telecom and RC-Emergency Hospital ERU. The logistics ERU and IT Telecom ERU will support with enabling a smooth response.

The surge team is working hand in hand with CVM staff and volunteers and ICRC. Over 340 volunteers have been mobilized for this operation to date with a target of mobilizing 677 volunteers. CVM counterparts have been identified to work hand in hand with the technical counterparts of the surge team. An HR structure has been established for the surge phase of the operation taking into account the three operational bases as well as the structure of CVM.

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, NS development, NS preparedness 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.

Information Management and Needs Assessments: The Assessment Cell, under the leadership of the FACT Team Leader has taken a lead role in support to the National Society and Inter Agency Community in regard to Emergency Needs Assessments. On 24 March the Assessment Cell was deployed in leading and conducting Inter Agency aerial and on the ground assessments to better understand and estimate the scale and magnitude of the disaster. The deployed Assessment Cell is composed by one Assessment Coordinator, one Information Analyst and one Primary Data Collection Coordinator.

Specific support will take the form of needs assessment survey design, data collection, 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. In addition, and in support to the Assessment Cell and the operation, the IFRC has outsourced to experts the tagging and processing of secondary data to be processed and analysed by the Information Management teams in Geneva and Nairobi using the "Data Entry and Exploration Platform (DEEP)".

In order to ensure Information Management on the ground coordination a FACT IM (Information Management) surge personnel is on its way to Mozambique. The remote SIMS network (IFRC Surge Information Management Support) has also been activated for to support the teams and operations on the ground.

Shelter Cluster Coordination: The IASC principals declared the activation of the new Scale Up protocols (former L3) and that all clusters are activated, including the Cluster Shelter which CVM leads with our support (IOM co-lead). IFRC will be active at national and sub-national levels with multiple hubs, which will require full teams and resources. Three team members are already in-country or on the way. A dedicated budget will be established to ensure this specific role. 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.

Logistics and Supply Chain: The Regional Logistics Unit (RLU) will coordinate the logistics needs, mobilization 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 is published and is being updated regularly while integrating local market capacities and resources. The supply chain structure will operate out of Maputo and Baira to address the disaster affected areas from both sides. The initial demands are already covered by partner organisation and additional needs will be mobilised thru standard operation procedures. Currently the criteria for enabling the operations are prioritized as follow: 1. time, 2 availability, 3 cost and 4 quality. This prioritization will change while the operation is developing. The second dimension of prioritisation is related to program urgencies and matching the scarce resources. The Logistics Operation on the field will prioritize in coordination and cooperation with the program management. These measures are necessary to ensure that the scarce resources are allocated best. As per SOP from the Logistics ERU, the priority services provided are ranked as following:

1. Enabling installation of ERU's 2. Service Provision to life saving objectives 3. Services Provision to IFRC core mandate. The Services composes the following scope: Supply Chain Management, Mobilisation and Procurement for enabling the core objectives, Fleet management to Operation (ERU self-sufficient), Warehouse and Transportation. The Logistics ERU is working in close collaboration with the Program Sector and provides market information for cash-based intervention modalities.

Communications: To raise awareness of the scale of needs, communication both in the media and social media are essential pillar of the response and fundraising strategy. The communication unit in Nairobi, in collaboration with the field communication focal points as well as the Geneva based team, are producing key messages, press releases, audio-visual material and social media content – in order to create a compelling narrative. A communication team is now in place at field level providing visibility of the operation and coordinating bilateral deployment.

As new information on the situation on the ground emerges, media members 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. A long-term communication support must be already anticipated in order to support fundraising and visibility of the operation. Capacity strengthening in communication of the Mozambique Red Cross should also be considered as a key action during the period of the appeal.

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.

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 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. A Real Time Evaluation (RTE) and final evaluation will be considered as part of the process to improve the performance and plans related to the long-term intervention of CVM and IFRC.

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 completed prior to deployment the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). Security protocols are in place for the operation.

Funding Requirements

EMERGENCY APPEAL

MDRMZ014- Mozambique – Cyclone Idai

Funding requirements - summary

SHELTER	8,000,000
HEALTH	6,000,000
WATER, SANITATION AND HYGIENE	4,000,000
LIVELIHOOD AND BASIC NEEDS	3,400,000
DISASTER RISK REDUCTION	300,000
INCLUSION, GENDER AND PROTECTION	200,000
NATIONAL SOCIETY CAPACITY STRENGTHENING	600,000
STRATEGIES FOR IMPLEMENTATION (including Ensure Effective International Disaster Management)	8,500,000
TOTAL FUNDING REQUIREMENTS	31,000,000²

Elhadj As Sy
Secretary General

² The Emergency Response Units (ERU) equate to CHF 6.2M

Contact information

Reference documents



Click here for:

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

For further information, specifically related to this operation please contact: For Mozambique Red Cross (CVM)

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For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit; email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

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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.



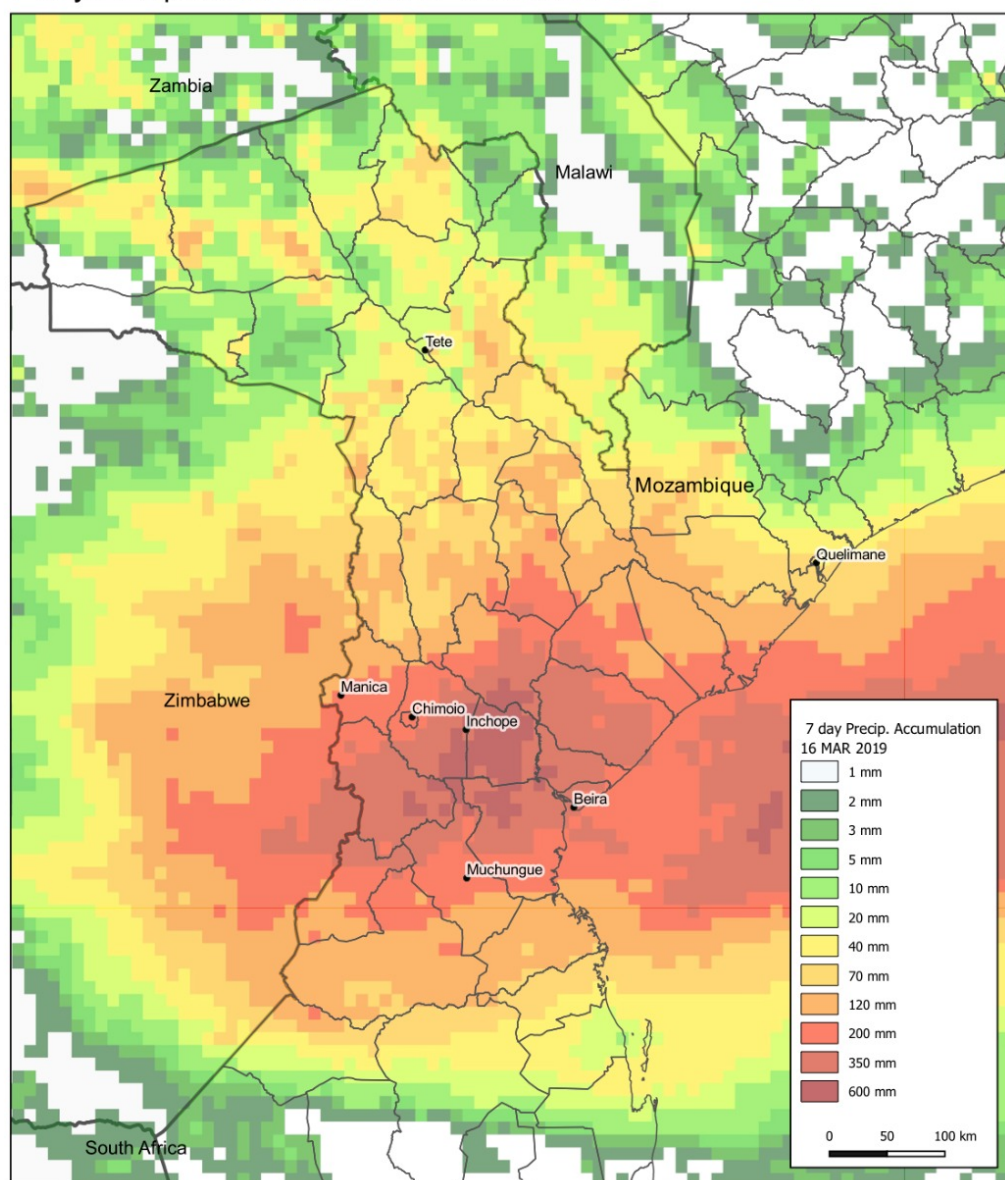
Promote **social inclusion**
and a culture of
non-violence and **peace**.



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.