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Operation Update no. 1

Mozambique: Tropical Cyclone Idai

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRMZ014	GLIDE n° TC-2019-000021-MOZ
Operations Update n° 1 – 24 April 2019 , covering implementation for the first month of the operation.	Expected timeframe: 24 months Expected end date: March 2021
Operation start date: DREF allocated on 14 March 2019	Operation timeframe: 24 Months until March 2021
Current Emergency Appeal Budget: 32,206,000 Swiss francs (revised upwards from 10 Million Swiss francs)	Initial DREF Allocated: 750,000 Swiss francs
Project manager: Florent Del Pinto, overall responsible for planning, implementing, monitoring, reporting and compliances.	National Society contact: Alfredo Libombo Tomas, Secretary General
Number of people targeted: 172,500 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The International Committee of the Red Cross (ICRC), American Red Cross, Austrian Red Cross, Belgian Red Cross, Brazilian Red Cross, British Red Cross, Cabo Verde red Cross , Canadian Red Cross, Croatian Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, to Red Cross Society of China - Hong Kong Branch, Icelandic Red Cross, Italian Red Cross, Japanese Red Cross, Luxemburg Red Cross, Netherlands Red Cross, Norwegian Red Cross, , Singapore Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent. Portuguese Red Cross and Qatar Red Crescent is contributing bilaterally to the response.	
Other partner organizations actively involved in the operation: AECID, Anadarko, Booking Care, Coca-Cola, ECHO, Irish Aid, Lichtenstein Government, Luxemburg Government, MundiPharma, Patrick J McGovern Foundation, Shell, Transfigura, WHO, World Remit.	

A. SITUATION ANALYSIS

Description of the disaster

Tropical Cyclone Idai made landfall in Mozambique through the city of Beira, central Mozambique on 14th March 2019 at 23:30 GMT. Winds from the cyclone reached more than 100 miles per hour, and caused heavy rains affecting Sofala, Zambezia, Tete and Manica provinces. Mozambique National Disaster Management Institute (INGC) indicated that 1.5 million people were affected, including more than **140,000 people displaced** – many sheltered across 139 evacuation centres, spontaneous settings and makeshift shelters. At the moment, some **603 people have been confirmed dead** as a result of the cyclone, according to the most recent reports issued by INGC. At the same time, more than **1,500 people were injured, and more than 230,000 houses were damaged and destroyed.**



An aerial view of the destruction of homes in Praia Nova, Beira after Tropical Cyclone Idai destroyed and damaged homes and knocked out electricity and communications.

Tropical Cyclone Idai has also affected Mozambique's food security and livelihoods in the long term, due to **extensive damage to standing crops immediately before the harvest season due in the months of March-April as well as loss of seeds and tools**¹. The entire southern Africa region has been facing the effects of the ongoing El Niño with below-average cumulative rainfall and abnormally high temperatures for the 2018/19 season. The whole southern Africa region has suffered from sustained drought in recent years.

¹ Mozambique: Tropical Cyclone Idai – Update 2. Published by ACAPS on 27 March 2019. Click [here](#) for a direct link.

FEWS NET also describes the impact of Tropical Cyclone Desmond, which brought localized floods and strong winds in areas around Beira and Dondo cities of Sofala Province through January 2019. Flooding from Desmond and other localized flooding resulted in the deaths of 1,285 cattle and other small animals and affected 60,167 hectares of crops². The impacts from the landfall of Tropical Cyclone Idai has **destroyed over 715,000 hectares of crops** in central Mozambique.

Winds and floods also affected water and sanitation infrastructures across the provinces, especially in Beira. Stagnant water, lack of hygiene and sanitation condition provides a perfect breeding ground for cholera and malaria, which are both endemic diseases in the country. Reports from Handicap International published in late March indicate that 45 health centres have been destroyed, with 28 out 157 health facilities in Sofala province alone which are either entirely or partially destroyed. This further complicates the situation of people injured and especially vulnerable groups. One key example is pregnant women, of whom there are more than 75,000. From this figure, close to 43,000 are expected to give birth during the next six months, risking complications due to lack access to health facilities and care. Endemic diseases such as cholera and malaria pose an additional threat that grows at alarming rate. As of 12 April, official figures report at least 5,000 cholera cases in the country, and at least six deaths. Poor access to health facilities continues to be cut-off and hampering restocking of essential drugs and medical supplies in the health centres, as evidenced in the [Buzi rapid assessment](#).

Summary of the current response

Overview of Host National Society

Since the onset of Idai Mozambique Red Cross Society (Cruz Vermelha de Mozambique, CVM) staff and volunteers were involved in search and rescue activities and provision of first aid. Immediately after the first response CVM deployed its volunteers in evacuation centres to support with preventive and hygiene activities. RC volunteers also supported mobile clinics organized by the MOH and other partners. The CVM currently implements a broad range of services supported by more than 20 different partners from the International Red Cross Red Crescent Movement. This support comes through the International Federation of Red Cross and Red Crescent Societies (IFRC)' Emergency Appeal, bilateral contributions, surge capacity deployment and financial contributions.

Through the Emergency Appeal operation alone, CVM has reached at more than 30,000 people affected by Tropical Cyclone Idai with relief items, hygiene promotion activities, health services and provision of **clean water**. Most people reached are in Buzi, Cidade Da Beira, Dondo and Nhamatanda in Sofala province. However, with the support of other partners such as **Belgium-Flanders Red Cross, German Red Cross Spanish Red Cross, the ICRC**, CVM is also active in other provinces, such as Manica and Tete.

Immediate Red Cross Red Crescent Response

Mozambique: Overview of IFRC Response and Activities

(Approximates as of 16 April)

Response Overview

Total number of people who received WASH and Health services

<15,000

Total number of people who received relief assistance

<25,215*

Activities are ongoing in four Postos: Beira, Dondo, Buzi, and Nhamatanda. WASH and health activities are a combination of hygiene promotion sessions, water infrastructure (latrines, showers, handwashing facilities), ORP site individuals treated, and clinic patients at RC hospital facilities. Note that relief assistance and other activities may cover the same households.

*Relief beneficiaries consider all CVM distributions with other Partner National Societies

Key Figures by Sector and Activity



WASH

Activity: Hygiene Promotion Sessions

39



WASH

Activity: People Reached (All WASH Activities)

<13,000



WASH

Activity: Total Water Distributed (liters)

<500,000



WASH

Activity: Sanitation Infrastructure

42 Latrines



WASH

Activity: Sanitation Infrastructure

21 Showers



WASH

Activity: Sanitation Infrastructure

17 Handwashing Stations



Health

Activity: Individuals Reached: ORP

1056



Health

Activity: Admissions: Canadian/Finnish

169



Health

Activity: Individuals Reached by PSS Activities

333

² Poor harvest expected in the southern region and average to above average in the rest of the country. From FEWS NET Food security outlook for Mozambique, February 2019. Click [here](#) for a direct link.

The Mozambique Red Cross Society (CVM) was established in 1981, and officially recognised by the Government of Mozambique (GoM) in 1988. Recognised by the ICRC in the same year, it became a member of the IFRC almost one year later, in October 1989. CVM was granted the status of a public utility institution by GoM in 1999 and has a recognized role as an auxiliary of the Public Powers of the Republic of Mozambique in the humanitarian area. Its actions are fully implemented by approximately 170 staff, 5500 volunteers and 70,000 members.

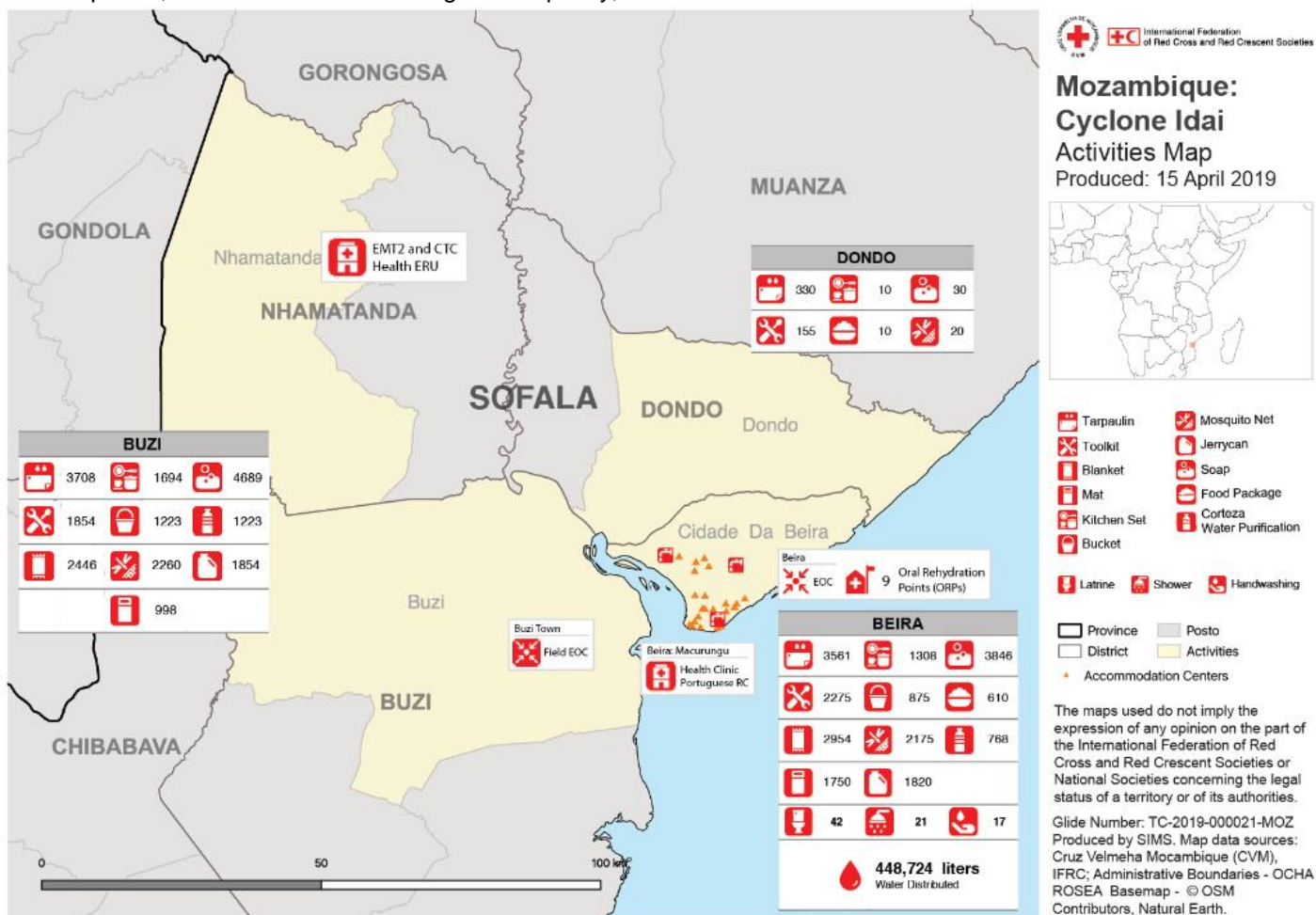
The Society's Headquarters are located in the capital city, Maputo, and has presence in all the country's 11 Provinces. It also has branches in most of the 133 districts. The National Society's has ample experience in disaster response (leading in shelter Cluster in the country, disaster risk reduction (DRR), water, sanitation and hygiene promotion (WASH), health emergencies, resettlement of returning refugees and is leading on a forecast-based-financing (FbF) mechanism in the country. Local volunteers from the provincial and district branches in Sofala and Manica have been provided crucial first responder support to the affected population during the evacuation and establishment of accommodation centres.

CVM is a member of the GoM Technical Council for Disaster Management (CTGC) where the Instituto Nacional de Gestão de Calamidades (INGC), the National Disaster Management agency, is the leader and CVM is also a member of the Cash Working Group which together with the INGC are analysing possibilities of introducing the use of cash as a modality within humanitarian work in Mozambique.

The CVM Strategic Plan (2018-2021) establishes the goals within which the CVM intends to restructure and strengthen its capacities for present and future challenges. An Organizational Capacity Assessment and Certification (OCAC) self-assessment exercise (OCAC phase 1) was conducted by CVM in October 2018. Several themes that constitute the key priorities for the development of the capacities of the National Society have been identified incl. financial sustainability, financial management, human resources, volunteer management, institutional framework, communications, logistics, PMER and security and safety.

Overview of Red Cross Red Crescent Movement in country

The IFRC is coordinating closely with CVM, ICRC and partner National Societies at field, regional and headquarters levels. In support of the CVM, the IFRC deployed to Beira before the cyclone made landfall; a FACT team leader and other key staff were deployed. The IFRC together with the CVM were at the forefront of coordinating all partners before UNOCHA arrived. IFRC has been able to deploy through its global tools 113 surge staff, eight Emergency Response Units (ERUs). A timeline on surge deployment is available in the operational strategy section. The overall plan of the operation also considers strong support for CVM on key elements such as volunteer management, finance development, human resources and logistics capacity, to name a few.



Activity map updated until 15 April, developed by FACT IM in Beira through coordination with all relevant heads of sector and field staff.

The IFRC through its status agreement with the GoM has set up structures in Beira and Maputo to better support the operations and to ensure capacity strengthening of the CVM. The IFRC Pretoria Country Cluster office has mobilized in supporting the operation. The Head of the Country Cluster office has been temporarily deployed to Mozambique in support of the operations team and CVM leadership.

The CVM is working closely with all Movement partners present in-country. All partners involved – ICRC, IFRC, and partner National Societies- have agreed on a common Movement Coordination Framework which has specific mechanisms in place at strategic and operational levels (in both Beira and Maputo), including technical coordination at provincial level.

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 the key areas of:

- **Restoring Family Links:** A Restoring Family Links website has been launched in English and Portuguese to help people find their relatives. Free phone calls and phone charging services are offered jointly with CVM volunteers in accommodation centres.
- **Dignified management of the dead:** ICRC is supporting the Mozambican authorities in the removal and handling of bodies in a dignified way, making sure that bodies are identified so that families can be informed of the fate of their loved ones. ICRC and IFRC are collaborating for safe and dignified burials for the Cholera outbreak.
- **Detention:** ICRC is assessing the situation in the four places of detention affected in Beira and its surrounding areas, making sure that the detaining authorities receive the necessary support to allow for detainees to contact their families and maintain basic standard living conditions
- **Support to health facilities:** ICRC has supported with the distribution of life-saving items including medical supplies, fuel and generators to the main hospital in Beira and health centres in surrounding areas to help ensure they could remain functional. It will continue to support access to primary health care in areas of ICRC intervention prior to the cyclone.
- **Water infrastructure:** ICRC is rehabilitating small water supply systems in affected communities within its areas of intervention.
- **Emergency relief:** ICRC is distributing tarpaulins and essential household items and is coordinating with WFP to support food distributions in the rural areas of difficult access in which it has been operating since 2017.

At the moment, **partners that have supported CVM for years through funding projects and organizational development initiatives**, such as the **Belgian Red Cross, Finnish Red Cross, German Red Cross and Spanish Red Cross keep supporting the operation**. These National Societies include:

- **German Red Cross** German Red Cross (GRC) is working in country since 2000. The on-going Forecast based Financing Project, phase II was used for assisting CVM in the implementation of dissemination and preparedness actions in Zambezia, Sofala and Manica provinces before the cyclone made landfall, prepositioning of NFI in the exposed areas. GRC is supporting CVM's response bilaterally, focusing on shelter, WASH and health for emergency response 3-month project which aims to reach 1,500 HH through shelter support and distribution of family and hygiene kits in Sussundenga district, Manica province.
- **Belgium-Flanders Red Cross** worked in Mozambique between 2001 and 2014, mostly in the field of health and disaster response. From 2017, the renewed cooperation focuses on First Aid training and service delivery, WASH and DRR. BRC-FI is supporting CVM's response bilaterally, particularly focusing on emergency response and the provision of shelter items and food security interventions in rural areas for 2,500 HH. Further (unconfirmed) bilateral support would focus on First Aid, WASH and food security interventions.
- **Spanish Red Cross** activated crisis modifier before the impact which allowed prepositioning of shelter kits and volunteers mobilization to key provinces (Manica and Sofala). In addition, Spanish Red Cross is supporting CVM's response bilaterally, particularly focusing on shelter and WASH for emergency response and recovery phase via ECHO funding for 6 months in partnership with the PIROI for shelter kits.

Current partners involved in the operation and contributing to the disaster response effort, include

National Society	In-kind support or Surge Deployment
American Red Cross	FACT / ERU / NFI
Argentinian Red Cross	FACT
Austrian Red Cross	

Australian Red Cross	
Belgian Red Cross	FACT / ERU
Brazilian Red Cross	FACT
British Red Cross	FACT / ERU / NFI
Canadian Red Cross	FACT / ERU / NFI
Croatian Red Cross	
Danish Red Cross	FACT / ERU
Finnish Red Cross	FACT / ERU / NFI
French Red Cross	NFI
German Red Cross	ERU / NFI
China Red Cross, HK Branch	
Icelandic Red Cross	
Italian Red Cross	ERU
Japanese Red Cross	
Luxemburg Red Cross	
Netherlands Red Cross	FACT / ERU
Norwegian Red Cross	FACT / NFI
Paraguayan Red Cross	FACT
Portuguese Red Cross	CVM Health Support
Singapore Red Cross	
Spanish Red Cross	FACT / ERU / NFI
Swedish Red Cross	FACT / ERU
Swiss Red Cross	FACT / ERU
Turkish Red Crescent	CVM Food / NFI Support

Regional and Global Support

Both Regional Office for Africa and Southern Africa Cluster Office provide leadership and technical support, as well as remote support service provision for the operation, while internal systems are set up. There is an active coordination structure will be designed, at country, regional and global level for sharing of updates on the progress made, identifying and overcoming challenges and ensuring the quality of the operation. There are internal coordination mechanisms in place in Maputo, with the presence of all Red Cross Red Crescent Movement staff available, led by CVM. In Beira, operational staff keeps constant internal coordination and produces situation reports for the broader Movement audience. Operational coordination mechanisms are also in place and include IFRC, CVM and National Society present on the ground. Joint Task Force meetings also take place regularly with IFRC secretariat stakeholders from all levels.

IFRC Regional Office for Africa keeps close coordination with IFRC and CVM operational leadership in Maputo and Beira and supported the deployment of regional surge staff whenever key operational needs were identified.

Overview of non-RCRC actors in country

The GoM leads the overall coordination of disaster response through the INGC. The CVM takes part in the regular coordination meetings held at the Disaster Management Technical Council which are part of monitoring and information sharing exercise at national, provincial and District levels. The MoH and INGC responded to the crisis by mobilising many staff from Maputo to put together a response group. A special task force has been created to tackle the Cholera outbreak.

The Humanitarian Country Team (HCT) is the coordination platform for partner institutions (UN agencies, NGOs, RCRCM), focusing on common strategic and policy issues related to humanitarian action in country. IFRC is an active participant in the Emergency Operations Centre, attending coordination meetings regularly and providing input that feeds into the collective response. The Humanitarian Response Plan (revised after Idai) considers 29 partners currently will implementing activities, including 12 UN agencies, 13 international non-governmental organisations (INGOs) and 5 national non-governmental organisations (NNGOs).

There is a MoU at Global level between IFRC and UN-Habitat work together on promoting adequate shelter and settlements for all, with a focus on people affected by natural and man-made disasters. UN-Habitat exchanged Letters of Interest with CVM regarding the Strengthening of Disaster Risk Management in Urban Areas.

Following cyclone Idai and subsequent floods, triggering displacement of population, CCCM Cluster has been activated and is a working under the Shelter Cluster. The Shelter Cluster also includes the CCCM working group (lead by IOM) and shelter recovery working group lead by CVM/IFRC. CVM and IOM are working together on coordinating partners such as CSAC and CHEMA consortium and participating in joint assessments.

UNICEF, OCHA and WFP are scaling up risk communication and community engagement activities with focus on cholera prevention, maternal and child health and child protection issues among others.

IFRC and CVM keep constant coordination with the mechanisms and groups mentioned above we are part for example of the daily strategic meeting organised by the Deputy HC every morning. We are also co leading the Cash Working group in Beira, the Shelter Cluster as well as the Assessment Working Group.

Needs analysis

The cyclone and subsequent rains caused widespread damage to existing shelter and settlements in rural and urban areas. Most houses in the affected rural areas have been damaged or washed away by water. After being submerged with the continuous rainfall, the likelihood is high that returning families will not find a suitable shelter and will need to work to repair and rebuild their homes. Immediate shelter assistance is needed for families with destroyed or partially damaged houses. Thus, the provision of emergency shelter will also be linked with the distribution of HH items, to ensure that families' minimum needs are met and can return to their communities as soon as possible instead of staying in emergency camps for long periods. Cash is considered as a preferred option to support Shelter rehabilitation and reconstruction. The household items, shelter tools, reconstruction materials, all can be provided to the communities through vouchers to fuel the local economies and make a more cost-efficient provision of these goods.

IFRC Assessment Cell and CVM have led the assessment process with partners active in the inter-agency Emergency Operations Centre. At the time this plan of action was written, **the rapid assessments in Beira and Buzi, in Sofala, were finalized.** For Beira, IFRC and CVM deployed 4 teams across 7 Bairros, covering 50% of the target area. Some issues with the process and form were highlighted to all agencies in regard with the length of the form and the training of the enumerators. Some key findings include:

- both children and the elderly as the most vulnerable affected groups (over 70% of communities for each group).
- pregnant women were reported in just under 60% of the assessed communities.
- individuals with disabilities were also reported as a vulnerable group affected in just over a quarter of the communities (29%).

Additional **detailed assessments** at household level will be conducted, notably regarding housing and settlements damages as most of houses have sustained damage and prepare recovery phase proposing an integrated approach of housing repair and reconstruction, with sanitation and livelihoods support. Other assessments will be considered, as requested by technical leaders in each of the areas of focus.

Current Assessment Activities in Process:

- **Market assessment:** The assessment cell has supported the Cash Working Group (CWG) with the setup, piloting and implementation of a Rapid Market Assessment based on the RAM Model of the IFRC and focused on the perspective of the traders. This assessment is being rolled out by the CWG partners across the affected areas. The IFRC is leading on conducting the assessment across Beira neighbourhoods.
- **Dondo assessment (east coast):** The assessment team went out by air and boat to assess three communities along the Dondo coast. The team found High WASH, Food and Shelter needs in relatively large but isolated communities. The team is now working on the district level Rapid Assessment Report (RAR) which will be published by mid-April.
- **FAO rapid agricultural assessment:** The team is providing technical support to FAO to establish and implement their rapid agricultural assessment, in both setting up the form and deploying the equipment for the assessment.
- **Sector Support:** The assessment cell has support the MSM ERU and PSS team with technical support with regards to their data collection.
- **Community targeting and validation:** The assessment cell is engaged with CEA and livelihoods with regards to the proposed strategy for beneficiary selection and response in the coming months. This includes household level assessments while also supporting the design the methodology for beneficiary selection and vulnerability identification.

Targeting

The same selection criteria as outlined in the DREF and initial EA is still used, as results from current assessments evidence the need of these groups. Sector-specific criteria will be used as required through different stages of the intervention (e.g.: for shelter in house reconstruction; livelihoods intervention ranging from basic needs to savings groups).

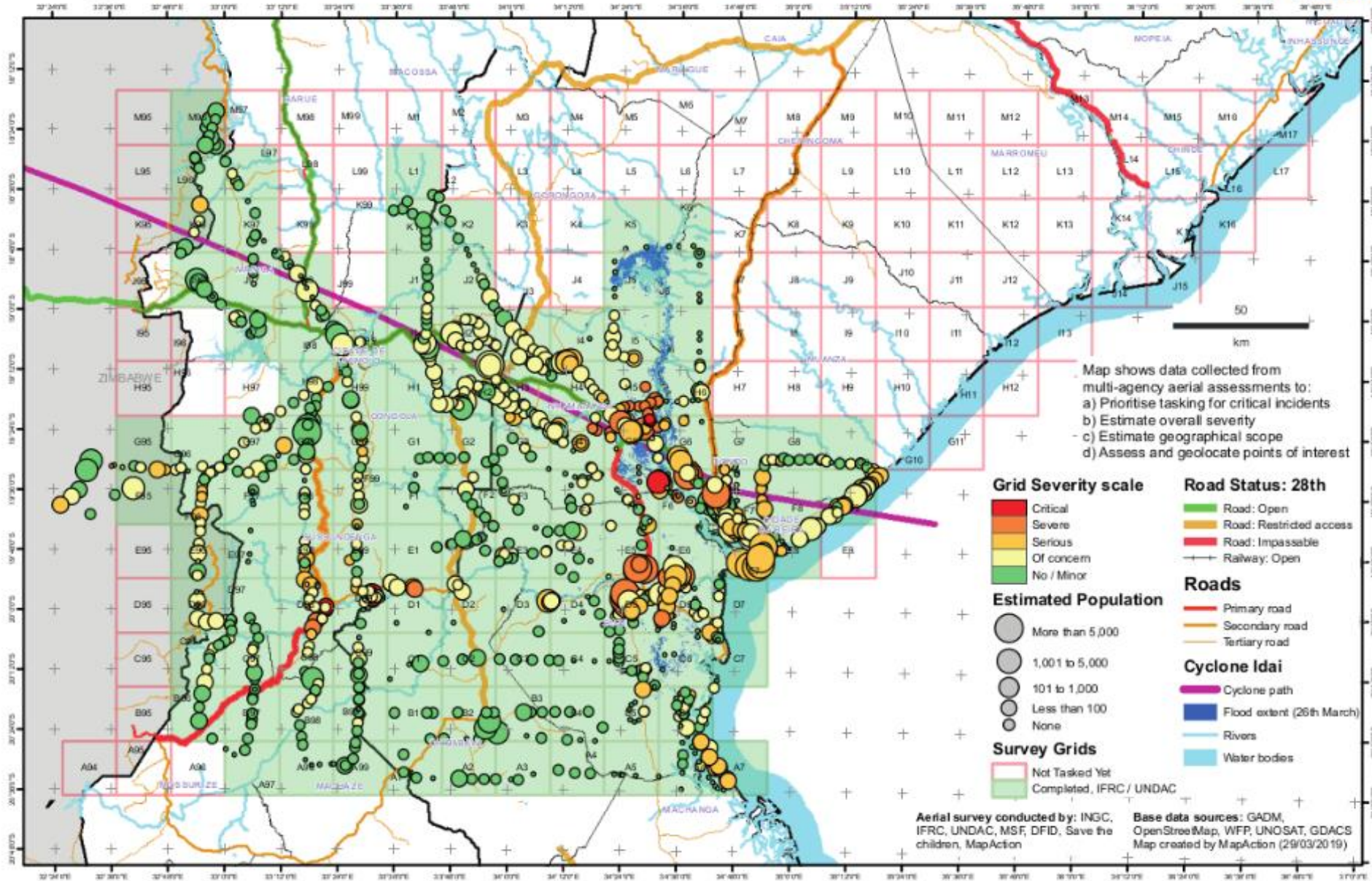
According to needs assessments and consultations with INGC and other stakeholders in the country, CVM with the support of the IFRC decided to focus their operation on the three worst affected districts in Sofala. Therefore, CVM mobilized its efforts to assist vulnerable requiring urgent and recovery humanitarian assistance in Buzi, Beira and Dondo. IFRC and CVM are prioritizing targeted distributions over blanket ones.

Additional targeting and validation processes are in place, as will be described in the operational strategy.

A multi-agency rapid aerial assessment was conducted from 24-29 March, under the co-leadership of Mozambique National Disasters Management Institute (INGC), International Federation of Red Cross Red Crescent Societies (IFRC) and the United Nations Disaster Assessment and Coordination (UNDAC). The survey was initiated to prioritise tasking for critical incidents; estimate overall severity and geographic extent of affected area; and assess and geolocate points of interest. Over 1,000 geotagged images and initial estimates of severity were collected and made available for the humanitarian community to use for analysis and planning. An interactive web map providing access to all images and data is available on the [IFRC GO platform](#).

MA028 v11

Mozambique: Cyclone Idai - results and analysis of aerial survey as of 29th March 2019



Scenario Planning

Four different scenarios have been considered in the planning process of the Emergency Plan of Action (EPoA) for response. Each sector lead has provided input towards building common preparedness in the event that any of these materialize. Each scenario has been ranked on probability, impact, duration and caseload. The team has mapped out the most relevant factors, assumptions, impact, operational issues and priority needs relevant to each, which are described in detail in the EPoA document. These are:

- **Scenario 1 – cholera outbreak worsens considerably, particularly in urban areas.**
- **Scenario 2 – Widespread agricultural damage and loss of employment leads to severe food and economic insecurity.**
- **Scenario 3 – Initial overestimation of needs requires scale-back.**
- **Scenario 4 – Political environment deteriorates leading to hindered humanitarian access.**

Although this Operations Update is focused on providing one-month insights into the Tropical Cyclone Idai emergency response, it needs be stressed that the cyclone season is not yet over. And a new storm -Tropical Storm Kennet- looms in the horizon, as of the 23 April. The CVM has begun its preparations for the arrival, expected on Friday, of the Tropical Storm formed in the Mozambique canal. Heavy rains are anticipated in the coastal areas of the province of Cabo Delgado, bordering Tanzania. The national authorities, with whom the CVM is in constant coordination, will provide more precise estimates of the area of impact in the coming days.

Meanwhile, the provincial delegations of the CVM in Cabo Delgado and Nampula have alerted all their volunteers. It is a concern that the type of terrain in the projected impact areas is very sandy and has a high-water table. The housing typology is very precarious, combination that could result in flooding and heavy damage to homes. More than 100 volunteers of the CVM in Nampula and Cabo Delgado provinces have begun to carry out actions to alert and sensitize communities at risk of flooding, erosion and landslides in the districts of Nacala-Porto and Nacala-A.Velha.

The team at CVM Headquarters in Maputo has begun to review available emergency stocks and prepare possible deployments from the capital in support of provincial delegations, if necessary. In coming days, it is expected to have more concrete information from national authorities on the impact zone and the resources available for a possible response.

Operation Risk Assessment

A full risk register is completed and will be a live/evolving document and below are the top risks or risks being considered with extra attention. From this risk register, the implementation of the Plan of Action assumes that the following factors would have a further negative impact on the delivery of aid to those in need:

Assumptions	Support Measures
<p>A1. No complex unrest during elections</p> <p>A2. Access to quality information from the field is constant.</p> <p>A3. significant CVM staff and Volunteers turnover not expected.</p>	<p>A1. Movement partners continue to support the position of CVM as a neutral and impartial national society adhering to the Fundamental Principles.</p> <p>A2. IFRC supports IM and Reporting processes for CVM including analysis and reporting of operational information.</p> <p>A3. CVM will continue to recruit and train new volunteers on a regular basis and improve volunteer management strategies with the support of IFRC.</p>
Risks	Mitigation Measures
<p>R1. volatile security contexts impact safety of CVM staff/volunteers, IFRC staff, and ability of CVM to conduct emergency relief and programmes – especially during elections.</p> <p>R2. Reputational risk: When Fundamental Principles are in danger of being compromised.</p>	<p>R1.1. CVM and IFRC as applicable routinely assesses programme risk before implementing in specific areas.</p> <p>R1.2. CVM operations room monitors on-going activities including tracking convoys, cross-line missions, evacuations, etc.</p> <p>R1.3. CVM volunteers and staff are properly identified and follow security procedures.</p> <p>R2.1. CVM branches opt to suspend all activities until the necessary guarantees are granted to be able to operate entirely in line with its mandate.</p> <p>R2.2. IFRC works closely with CVM to enhance communications capacity. The IFRC Geneva and MENA communications unit is ready to support CVM to communicate CVM's humanitarian role, and relevant public statements or press releases.</p> <p>R3.1. IFRC adapts plans accordingly to the changing context, and alternative measures are implemented when possible.</p>

R3. Logistics risk: Supply chain of items internationally procured relief items stock is disrupted.

R4. Financial related risks: funds not allocated to the grant's agreed purpose.

R3.2. Donors are notified of the possible delays and challenges in the implementation of the funds.

R3.3. CVM and IFRC participates in relevant where main logistics issues are discussed.

R4.1. IFRC Fraud and corruption prevention control policy (Triple defence) is disseminated in CVM.

R4.2. CVM and IFRC has an annual internal and external audit process.

R4.3. IFRC operation has a fully dedicated finance delegates to ensure funds are implemented in line with donor requirements, both working closely with CVM

R4.5. IFRC maintains a detailed risk register identifying clearly vulnerabilities, mitigations measures and risk owners.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall strategy of CVM and IFRC is to ensure that urgent and priority needs are met as soon as possible but as well to ensure that a well-planned and articulated plan for recovery contributes to building the resilience of people affected. In order to guarantee such approach, the IFRC and CVM are calling for a dedicated recovery assessment to be launched in April 2019.

The assessment shall ensure that support to recovery is anticipated from early on and that integrated approaches across all sectors are implemented, including risk reduction and resilience building initiatives. **For the early recovery phase, the objective is to focus attention and services at community and neighbourhood levels in order to facilitate the return of the affected population to their own land in safer and more resilient way.**

This assessment process will also inform a comprehensive revision of the Plan of Action, based on evidence.

The sector-integrated recovery beneficiary selection approach was developed through a joint planning effort by the shelter, health, livelihoods and WASH sectors. It includes assistance modality analysis -including Cash and Voucher Assistance (CVA)- as well as a strong component dedicated to supporting CVM in building institutional and technical capacities to better prepare and respond to disaster, with provincial branches as essential components to contribute towards improving community resilience.



The Shelter strategy responds shelter and NFIs needs of the most vulnerable affected people in the province of Sofala. First distributions are ongoing with different patterns: light shelter and NFIs distribution, along with food airlifted for small isolated communities. **This phase will support 7,500 households (37,500 people).** Meanwhile initial response is implemented, the multi-sector detailed assessment will be conducted to inform recovery shelter strategy (as well as other sectors) in order to switch quickly to recovery phase and **implement long-term shelter solutions that for 4,000 households** that include house repairs and reconstruction planned in integration with other sectors. For example, latrines and nearby water sources (in coordination with WASH), as well as skills trainings and vocational trainings (in coordination with livelihoods) are considered within the plan.

The WASH strategy for the emergency phase considers two Emergency Response Units (M15 and MSM20) deployed to provide immediate water and sanitation assistance to the affected families in Beira City, reaching affected population residing in Accommodation Centres (AC) in schools and other public buildings, health facilities, and lately in the temporary settlements being set up to host those who were previously in AC. An additional ERU MSM20 is being deployed to scale up the direct support of neighbourhoods and communities beyond the camps and collective centres. This will be done through two approaches, on the one hand, the support of the cholera strategy with provision of safe water, sanitation and hygiene promotion in the ORPs, which are being set up in Beira and Dondo. On the other hand, through sanitation assistance in public areas at community level, particularly in the area of Buzi district which is increasingly becoming a focus of high needs. While the emergency response phase is ongoing, a detailed exit over strategy for the ERU M15 and MSM20 will be designed together with a vulnerability assessment to consolidate the recovery strategy and the beneficiary selection for the longer-term. At this stage, according to available data, a tentative target of 4,000 HH (20,000 beneficiaries) will be supported with sanitation facilities at household level linked to the shelter plans and integrated among sectors. WASH work may also consider short-term employment opportunities, in coordination with the livelihoods sector. A low-cost latrine for rural and urban areas is to be defined with local technicians.

The health strategy aims to respond to the immediate needs of the population by providing immediate first aid and health promotion support to the affected population, re-establishing health services and responding to the Cholera outbreak. Psychosocial services to population will be provided by CVM volunteers trained responding to psychosocial needs focusing in dissemination of information about stress and referrals and also to support recovery by building capacity in the CVM to provide a comprehensive community-based health and PSS response to the affected population in the second phase of the emergency. The health strategy will coordinate closely with the other sectors **especially WASH, Community Engagement and accountability and PGI.** CEA will be mobilized to support community engagement, information sharing, feedback mechanisms and tracking of rumours. The activities will be designed taking into account gender, ethnicity, age, disability, people living with HIV/AIDS, or other factors that may increase vulnerability and the SPHERE standards in MHPSS. All activities are planned for the response and for the recovery support. A monitoring process supported by CEA will be imbedded in the ORP strategy and indicators will be followed for the community.

Food Security and Livelihoods strategy responds to needs assessed related to significant crop damage, loss of livestock and limited labour opportunities due to the destruction of assets and market disruption. The Livelihoods and basic needs strategy will be designed following a two-pronged approach 1) **responding to basic needs of most affected populations until their sources of income can be restored and strengthened**, while 2) **restoring supporting the restoration of livelihoods and income sources in urban, peri-urban and rural areas.** This strategy will be closely articulated and reinforcing other sectors of intervention, in particular Shelter and Wash. Cash and Voucher Assistance (CVA) will be considered for the basic needs assessment and assets replacement based on feasibility and local capacities, building up on the Cash preparedness advocacy programme of the Spanish Red cross. Further analysis of the supply chains will be needed to fine-tune the response strategy.

Community Engagement and Accountability

Community engagement activities are essential at all stages of the response. Trusted, clear and effective community engagement approaches are critical to ensure that community-based solutions are at the forefront of the Red Cross response. The Red Cross community engagement efforts will adopt a two-pronged approach, through enhancing understanding about the Red Cross and other partners' available services, while continuing to communicate about available services, risks and threats to people's health and to scale up community participation in the response.

In particular, the strategy will include:

- Open and transparent communication approaches about inclusion and exclusion criteria for assistance. A system will be put in place to ensure information on the operation; including distribution processes, services on offer and exit strategies
- Feedback processes to ensure affected people have a say in the aid they receive, in particular in relation to relief item distributions, but also about their understanding of risks and threats, with focus on cholera.
- Rapid perceptions surveys with volunteers and affected people (in close partnership with UNICEF supported SMS system through the Rapid Pro platform)
- Scaling up of community engagement approaches through volunteers work in accommodation centres, community radios, mobile cinema approaches (led by the Government entity called 'Social Communication Institute') and information points linked to planned ORPs in communities closed to CTCs.

Tracking the perceptions and information needs of communities ensures that households in the most affected areas have access to relevant and useful information, their questions are answered, and messaging is tailored to their current beliefs and concerns. Collective and coordinated community engagement approaches will be considered with other partners and Red Cross will be connected to the upcoming feedback hotline being established by the protection cluster.

Assessment Cell

Since its arrival, the assessment cell keeps supporting heads of sector and operational leadership to understand needs across areas of focus and geographies, and use them to prioritise and plan appropriate, and well-targeted, interventions. For the first four weeks the cell focused on identifying geographic scope and sectorial severity at district level.

The team has been and will continue to provide technical support to the recovery strategy. As such, it **informs and supports decision-making within the IFRC response strategy through;**


- Identification of target Barrios through primary and secondary data analysis;
- Support the design, implementation, analysis, and reporting of household level assessments of sample population in targeted Barrios for operational targeting;

National Society Development

As CVM is going through a number of reform processes since last year with a new leadership in place, the response to Cyclone Idai will put additional pressure on the National Society limited capacity and will demand scaling up of staffing and other organizational components. There is, therefore, the need to allocate substantial resources in mitigating a potential negative impact on the long-term development of the National Society by putting deliberate efforts to strengthen the institutional and operational preparedness capacity in all sectors.

- The activities planned in this regard are based on different assessment undertaken over the last year incl. OCAC, IT health check and sustainability assessment and will look at the following five broad areas:
- Leadership development – through mentoring and coaching on crucial decision-making processes
- Skillset improvement – through training, coaching and mentoring of staff and volunteers.
- Systems development and improvement – in finance, HR, PMER, logistics, Resource Mobilization, communications and volunteer management.
- Branch development – which will strengthen their efficiency and effectiveness deliver services.
- Facility, equipment and pre-positioned stock capacity – including supporting the National Society to have improved office space, warehousing space, essential equipment, personal protective gear for staff and volunteers as well as improved quantity and quality of disaster preparedness stocks.

C. DETAILED OPERATIONAL PLAN

 Shelter People reached: 8,645 Male: Approx. 4,227 Female: Approx. 4,417		
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.		
Indicators:	Target	Actual
# of households assisted that receive emergency shelter kits and awareness on safe shelter and good construction practices	7,500 HHs 37'500 people	2,894 HHs 14,470 people
Output 1.1: Short, (medium and long-term) shelter and settlement assistance is provided to affected households.		
Indicators:	Target	Actual
# households provided with emergency shelter kits which meet the agreed standards for the specific operational context	7,500 HHs 37'500 people	2,894 HHs 14,470 people
# people/households provided with cash for essential household non-food items assistance through voucher	7,500 HHs 37'500 people	2,894 HHs 14,470 people
Output 1.2: Technical support, guidance and awareness raising in safe emergency shelter design and settlement planning are provided to affected households.		
Indicators:	Target	Actual
% of the target population provided with awareness orientation campaign who can build a safe shelter	100%	20%
Outcome 2: The target population has durable and sustainable shelter and settlements solutions through owner-driven approach.		

Indicators:	Target	Actual
% of target households who have durable shelter that meet national and/or Cluster standards for recovery for the specific operational context	90% 18'000 people 3,600 HHs	Recovery Phase
Output 2.1: The target population has adequate durable shelter solutions.		
Indicators:	Target	Actual
# of target households who have received durable shelter and housing assistance that meet agreed standards for the specific operational context	20'000 people 4,000 HHs	Recovery Phase
Output 2.2: Training and awareness raising sessions provided to target communities on basic safe shelter and settlements for recovery (in accordance with DRR strategy).		
Indicators:	Target	Actual
# of target population provided with awareness campaigns: PASSA training and other tools (e.g., All under one roof training)	100% 20'000 people 4,000 HHs	Recovery Phase
Output 2.3: Increased capacity is available to the National Society to implement the relevant recovery shelter and settlements activities (in accordance with OD strategy).		
Indicators:	Target	Actual
# of staff or volunteers provided with trainings relevant to recovery shelter and settlements activities	26 staff members 120 volunteers	Recovery Phase

Progress towards outcomes

Emergency distribution of shelter kits and essential household items started on 26 March, strongly supported by the shelter FACT members, working in close coordination with the Relief ERU and CVM staff and volunteers. The areas reached were mostly heavily affected *postos* in Cidade da Beira, Buzi and Dondo. To date, 2,894 households have been reached **through the Emergency Appeal**, either by direct distribution or -a few of them- by airdrop, as access was impossible, and communities were isolated for weeks. The current aim is to have completed all up to scale distribution within 2 to 3 weeks.

MOZ - Distributions	HH	Shelter Tool Kit	Tarps	Kitchen Sets	Blankets	Mats	Buckets	Jerrycans
Buzi	1,854	1,854	3,708	1,694	2,446	2,446	1,223	1,854
Bairo 2000	177	177	354	177	354	354	177	177
Bairo Inhabirira	46	46	92	46	92	92	46	46
Bairo Macarungo	367	367	734	367	734	734	367	367
Bairo Massane	287	287	574	287	574	574	287	287
Bopira	200	200	400	200	400	400	200	200
Chegezane	25	25	50	25	50	50	25	25
Inhabiria	121	121	242	121	242	242	121	121
Buzi	631	631	1,262	471	-	-	-	631
Cidade Da Beira	875	864	1,728	875	1,750	1,750	875	1,384
E. Eduardo Mondlane	181	181	362	181	362	362	181	181
E. Ind. 25 de Junho	53	53	106	53	106	106	53	106
E. S. Estoril	29	29	58	29	58	58	29	29
E. S. Mutembe	78	78	156	78	156	156	78	0
EPC Macurongo	36	25	50	36	72	72	36	72
Hospital 24 de Junho	87	87	174	87	174	174	87	174
Ndjalande	356	356	712	356	712	712	356	712
Predo Mungassa	55	55	110	55	110	110	55	110
Dondo	165	155	330	10	-	-	-	-
Macharote	155	155	310	-	-	-	-	-
Airdrop (unreachable)	10	-	20	10	-	-	-	-
TOTAL	2,894	2,873	5,766	2,579	4,196	4,196	2,098	3,238

Beforehand, as well as through this process, the Shelter FACT members, and CVM Shelter expert supported 56 CVM volunteers in Dondo and 22 volunteers in Beira in learning the best ways to use of Shelter Kits and how to properly demonstrate to communities how to do it themselves. Additional dissemination of IEC materials was implemented on distribution sites by CVM volunteers.

Right: CVM Shelter expert with volunteers doing a demonstration during the Buzi distribution.



Left: Additional support was provided to the health team in within cholera response.

At the moment CVM and FACT Health team has set up seven different Oral Rehydration Points (ORPs) that provide attention for cases of diarrhea.

The shelter team support this effort by helping to build up the tents for these points. RC volunteers were trained through a learning-by-doing approach and now own the process themselves.

In parallel, the team developed Terms of Reference (ToR) for the provision of construction technical trainings for affected families and communities to become skilled workers. This ToR has been shared with to organizations that have expertise on provision of trainings in Mozambique, such as UN-Habitat and Architects Without Borders.

Assessment Process

The shelter team is actively participating in the ongoing assessment process for community targeting and validation which is described in the previous sections, and further explained upcoming sections dedicated to areas of focus and Strategies for Implementation. Images below illustrate part of the process, which includes participatory meeting with communities, technical analysis of housing typologies and mapping of vulnerable areas.

In addition, the team is currently working on:

- Development of a comprehensive timeframe of the activities of the program which helped us to redefine the human resources needed; which in turn will help build a draft training strategy, both short and mid-term, for CVM volunteers for Shelter component.
- Participation in TWIG on Recovery and IEC materials within the Shelter Cluster.

Next Steps:

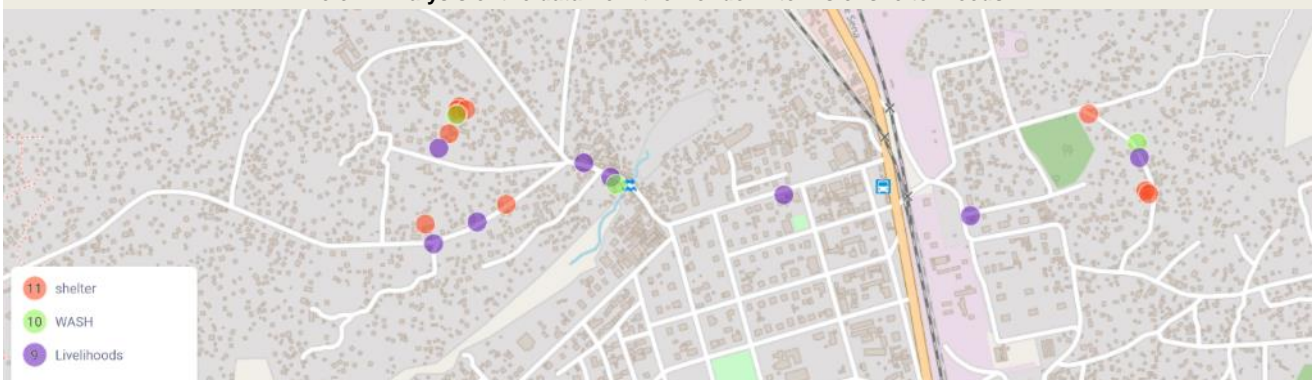
- Continue with distributions in Buzi, Beira and Dondo, by identifying new locations in the most affected areas, where CVM also has capacity and can be reached logistically with current access affectation. It is expected -accounting for the distribution plan- that by the end of April more than 3,000 households will be reached.
- Work together with FACT Cash, Livelihoods and WASH team in conducting markets assessments to find out local prices for construction materials and capacity of local vendors.
- Keep regular meetings with organizations with expertise on provision of technical trainings will be held to discuss about the feasibility of the shelter recovery strategy approach, and to get an idea of cost and timeframe of trainings. **A pilot package of trainings is planned to be launched quickly.**

- Organization of the launching of Participatory Safe Shelter Approach (PASSA) training, including the contact with already trained CVM staff from previous years.

Below: Visual technical assessment with community leaders in Bairro Martinote, in Buzi



Below: Analysis of the data from the Dondo in terms of shelter needs.



Challenges and constraints:

- There are very limited number of staff and volunteers with advanced shelter training, and not so many can be present in Beira. The team has requested the provision of some CVM surge profiles for the future implementation of the recovery phase, while final permanent positions are recruited.



The community of Buzi, which lies to the south of the city of Beira had been almost entirely cut off from large-scale assistance as a result of the flooding and damage caused by the unprecedented storm more than two weeks ago. Today's distribution was the first of many that will target people in Buzi. The CVM delivery, supported by the French Red Cross and IFRC, **included shelter kits and basic but essential relief items such as jerry cans, kitchen sets, tarpaulins, and buckets.** Supplies that will help stave off the growing threat of disease that many communities are facing, including clean water and mosquito nets, were also provided.



Livelihoods and basic needs

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	Target	Actual
# of targeted HH that are supported by livelihoods interventions	5,000	Ongoing
Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods).		
Indicators:	Target	Actual
# of target households that improve their net income due to short-term employment	500	Ongoing
% of targeted population that improve their net income through skill building, improved assets, micro-finance support, job creation, etc	75%	Ongoing
% of targeted individuals that apply new acquired skills promoted by the project to strengthen or diversify their livelihoods	75%	Ongoing
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities		
# of target households that have enough sources of food and income to meet their survival threshold (including cash, voucher and food distribution)	1,000 HH	Ongoing
Output 1.3: Household livelihoods security is enhanced through food production, increased productivity and post-harvest management (agriculture-based livelihoods)		
# of target households that restore their production to pre-disaster level (baseline to be defined)	1,000 HH	Ongoing
Progress towards outcomes		

The Food Security and Livelihoods (FSL) FACT arrived in Beira on 3 April, and focused on coordinating with other sectors, CVM and external partners to develop the FSL plan for the Emergency Appeal, including budget and HR matrix for the next 24 months. Through the process, the team also started inter-sectoral conversations that led to the development of the integrated approach to support returnees, which frames the strategy of this Emergency Appeal.

The FACT members have revised job descriptions and started recruitment process for an agricultural project officer and Small and Medium Enterprise / Vocational training project officer to begin implementation as soon as possible. Close coordination is kept with partners involved in FSL, such as the British Red Cross and the Livelihoods Resource Centre.

Current Assessments and Validation Processes

- **For Vocational Training Interventions:** Visit with representatives of the Dutch Government and Shelter Cluster to **Young Africa – Vocational Training Centre** with bases in Beira and Dondo. They can provide from 6 to 12 months courses with certification level 1 and 2 recognized by the Gov of Mozambique in industrial sector, agriculture and fishery. Insights from the visit include:
 - Courses between 6 and 12 months with apprenticeship of 50% in workshops
 - Two premises in Beira (industrial/commercial) and Dondo (Agriculture/Fishery)
 - Marketing department to improve employability of graduated students
 - Potential linkages to shelter and WASH interventions with graduated students



Young Africa Vocational Training Centre has a boarding school with kindergarten to facilitate inclusion of young mothers

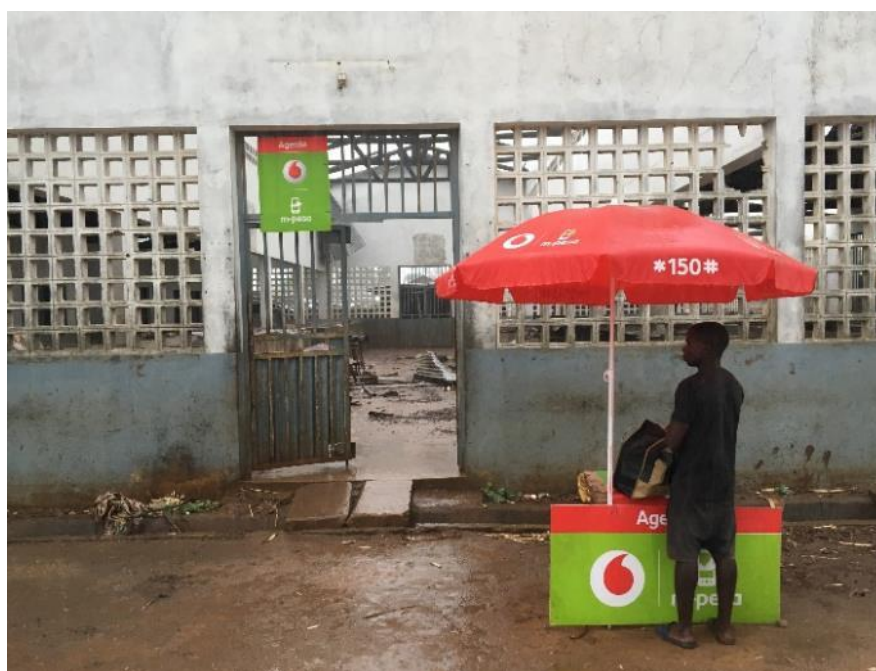
- **For fishery and agricultural livelihoods recovery:** Meeting with Pescamar (Industrial Fishing Company) to gather information on impact of the disaster in fishery and understand the fishing sector. The main

group affected are the artisanal fishermen, while semi-industrial and industrial fishing groups, despite suffering losses of spare parts and damages in the boats, are being more resilient.

- **Inter-sectoral assessment Plan.** Developed, together with CEA FACT and assessment cell a flow for validation of households down to Bairro level (with inputs from PNSs and CVM), for community selection and validation.
- **The livelihoods team visited Buzi District on 12 April to assess the agropastoral situation and at the same time identify needs.** The methodology used direct observation and open interviews with key informants within local authorities and CVM. Some key findings include:
 - **Main economic sectors:**
 - **Agriculture, fishery and Livestock.** Being agriculture the main source for food and income generation. The losses on the main harvest are estimated in 90%
 - Small wood-related activities
 - small and medium-sized enterprises (SMEs)

List of Priority Areas (“Localidade” Level)

<u>High Affection</u>	<u>Medium Affection</u>	<u>Low Affection</u>
Vila Sede	Estaquinha	Singuama
Gruja (lower part)	Guara Guara	Dampara
Inharongue	Bangua	Nova Sofala
	Inhamizino	



Left: The Buzi City market building is still damaged, with no roof. Some small or informal shops along the main road, on the way to the port, sell commodities such as clothes, packed food or shoes. For the moment, a small alternative market is been placed no far from the original market (5 to 10 minutes walking distance) with around 20 informal selling points including vegetables, fish (dry and fresh) or wood.

Along the road there are several informal sellers selling charcoal. The price is 250 MZN per bale, while in Beira is 1000 MZN per bale (before the cyclone it was around 500 MZN per bale in Beira).

Needs observed through the Buzi Visit

Agriculture

90% of **main crop** harvest lost
 5 of the **main irrigation** systems completely damaged (90 Ha each)
 76 small farming water pumps (covering ½ Ha of land) lost
 Residual humidity (river basin area) only option to plant

Fishery

1,200 Fisherfolk affected
 Centre of Fishery Control and the Fish Market structures affected
Direct Observation: Mosquito nets being used as fishing nets

Market

market building is damaged with no roof, replaced by informal market
 small or informal shops along the main road
 no availability of construction materials
 ≈20 informal selling points (vegetables, fish, wood)

Livestock

1.500 farmers in the district
Bovine – 20.000 heads lost or affected
Caprine – 15.000 heads lost or affected (30/40 heads per family)
Poultry – 60.000 heads lost or affected
 Veterinary services **available**

SME

Small and Medium Enterprise
 60 traders report losses
 Local farm to process rice affected impacting local small farmers

Shelter

people rebuilding their houses with salvaged materials
 mixture of concrete, adobe and galvanized sheets walling
 peri urban/ rural areas: houses near rice ponds; easily floodable

Following the Buzi field visit and the inter-sectoral assessment plan a team visited Dondo District on mid-April to assess the vulnerability at Bairro level aiming prioritization based on needs. The team divided in two groups, one conducting semi-structured interviews with key informants in the district administrations and direct observation at Bairro level while another group conducted FGD with CVM volunteers and direct observation.

There is a certain discrepancy between households affected and houses destroyed. As informed by the Head of Emergencies in Dondo one family may use three different houses: one for the parents, one for the grandparents and one for children; sometimes there is a second hut in the crop land; or sometimes, as shared in the early recovery cluster, due to polygamy. The way data gathering has been conducted may affect the number of affected in some areas, reducing significantly the target of affected families vs. affected houses.

Main economic activities:

- Agriculture: rice, sweet potato, mandioca, corn (Machamba - 2h walking from their homes in the river basin)
- Informal intermediate vendors (banana, firewood or charcoal). They buy at the market and sell in the street increasing 30-50% over market price.
- They make charcoal from the fallen trees (see below the process at rural and peri-urban level)



Left: cutting wood – Centre: charcoal production – Right: charcoal informal sellers

Secondary Data Analysis

Developed a secondary data analysis, which complemented the information from field visits. **Main findings in terms of socio-economic profiles**

- In **Búzi**, families with active men resort to paid labour in the nearest cities, as the employment opportunities in the district are reduced.
- In **Dondo**, it is estimated that 58% of the economically active population works in Agriculture, 24% in services, transports or businesses, while 18% hired in the sector of industry, energy and construction. Out of economically active women, 83% work in agriculture, whether as agricultural labour or on family farms, 8% have small businesses or craft, among the 9% remaining, mostly work as employees in formal or informal enterprises.
- **Housing** is made using local labour. In Búzi, wood is used in the construction of dwellings, as well as alternative materials such as shrubs, stalk and grass, and some conventional materials. In Dondo, close to 60% of the population lives in traditional housing (huts made of sticks, thatch), 28% in mixed house, which combines durable building materials and materials of vegetal origin, and 11% basic house.



Left: Informal Vendors in Dondo / Right: Street market in Dondo

Other key activities conducted during the period include:

- **Volunteer induction process.** Developed together with CEA FACT and other sector leads a draft flow to standardize induction of volunteers and learning pathway. To be discussed and approved by CVM.
- **Social Protection Scheme.** According to WFP recovery plans include use of government public works as well as post-emergency Unconditional Cash Transfers – both programmes already exist in national Social Protection legal framework. Modalities are still being assessed by the government. A joint rapid capacity and needs assessment is planned next week including some field data collection but not yet confirmed. It has been mentioned in the early recovery working group that it could potentially start in October for three months.

- Regular **attendance to the Food Security Cluster meetings in Beira, Resettlement Working Group and Early Recovery Working group**. UNDP is starting to gather discussions on early recovery conducted on other clusters. Most of the organizations are focusing only in emergency response and there's no clear strategy towards recovery.

Next Steps

- **Continue with the recruitment for CVM livelihoods staff** should start to be in place by the end of April if possible.
- Selection and contracting of vendors by other members of the cash working group.
- **Meet Vocational trainings and public training** institutions:
 - Instituto Nacional de Emprego
 - Instituto Nacional de Formacao Profissional
 - Centro de Formacao Profissional de Agua e Saneamento
- Continue coordination with the Cash Working Groups in Maputo and Beira to:
 - Revise cash working group ongoing market assessment to identify gaps
 - Provide technical input on the agreement of the Transfer Values that the value vouchers would have
 - Follow up the pre-qualification of retailers for voucher assistance of other agencies
- Pre-qualification of suppliers for vouchers together with CBI FACT.
- Finalize the Bairro identification based on needs.
- Finalize analysis of food security and livelihoods secondary data.
- Work with CVM to develop a volunteer training plan for food security and livelihoods. The plan will be developed in coordination with all other sectors, to maximize CVM and IFRC resource management, especially in regard to volunteers.
- Coordination with ICRC ECOSEC on seeds distributions aiming complementarity towards recovery.



Health

People reached: 17,042

Male: Approx.

Female: Approx.

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

Indicators:	Target	Actual
# people that receive health services, including ECV, ORP treatment and mosquito nets	85,000	17,042
% of the targeted pop demonstrate improved health care (decline in mortality rate, increased access to health services etc.)	80%	Final Report
% of people reached by PSS activities consider that the programme activities are positive for the community	70%	Final Report
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	Target	Actual
# of assessments conducted based on standard guidelines	5	1
Output 1.2: Target population is provided with rapid medical management of injuries and diseases		
Indicators:	Target	Actual
# patients treated in health facilities	4,000	169
Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
# of people reached with community-based health initiatives	15,000	1,056
# of ORPs installed and functional	30	9
Output 1.4: Epidemic prevention and control measures carried out		
Indicators:	Target	Actual

# of people reached with community-based epidemic prevention and control activities	TBD	
# of HH reached with mosquito nets	15,000	2,894
Output 1.5: Psychosocial support is provided to the target population.		
Indicators:	Target	Actual
% of people reached by PSS services that consider useful the learnings from PSS activities (including life skills) in their daily life	70%	<i>Final Report</i>
# of people reached with PSS activities, including life skills	N/A	333
# of referrals to mental health services (or other resources) conducted	N/A	-
Output 1.6: Strengthened PSS capacities of the CVM		
Indicators:	Target	Target
% of staff and volunteers in the affected areas trained in basic PSS, PFA and self-care and team care strategies	100%	88%
	250	221
# of volunteers in the affected areas are specialized in psychosocial support	30	N/A

Progress towards outcomes

To date, the health team has worked closely with CVM staff and volunteers across all targeted districts, which were severely affected by Tropical Cyclone Idai. This work has spread across different areas:

- Provision of medical care supported through the ERU **Canadian Red Cross / Finnish Red Cross field hospital** deployed in Nhamatanda, to support the district hospital, and the **Cholera Treatment Centre (CTC)**, which is working 24/4 to provide attention for people affected by the disease.

Nhamatanda was selected as the site of the incoming RCEH following a joint rapid assessment by CanCross delegates, the MoH representative and WHO. The RCEH was installed in the site of the current hospital, located approximately 100km north of Beira. Since its deployment, the teams have assessed the infrastructure needs at the hospital, including the water and electrical networks, and steadily supported the hospital to restart services for vulnerable people. The main achievements up to date include:

Restoring basic health services

- A tent setup in front of Emergency department, so ER can resume operating with pre-disaster capacity as a minimum (and in previous location in hospital). First patient seen in tent (data not yet available).
- Hospital maternity is fully functional, supported with supplies and OBGY and Midwife team.
- OPD adult/ANC tents stocked/furnished and ready for patients, stock list provided to Director of hospital. Ready to open on Monday.
- ERU X-ray machine set up with the power grid to the X-Ray department - awaiting X-Ray technicians from Beira to set up and test the equipment.
- Rapid, Water, Electrical, Infrastructure and Waste Management assessments are complete, and we are moving forward with implementation of basic core functioning of Water and Waste Management Systems.
- Pharmacy is now air conditioned and keeping temperature stable.



The Red Cross is supporting local efforts to combat the spread of cholera in Beira

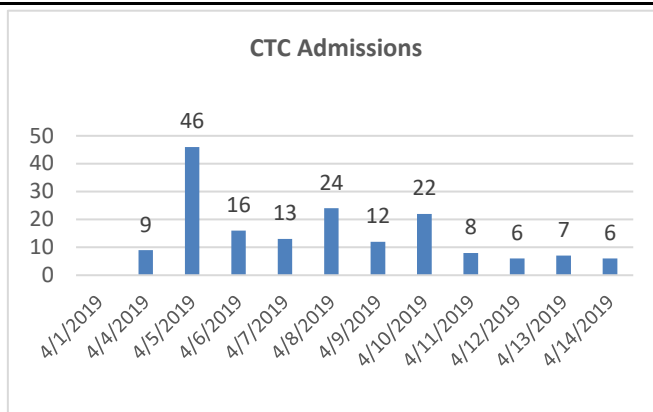
Psychosocial support, outreach and physiotherapy

- A tent has been provided to *Servicos amigos y adolescente y jovens (SAAJ)* for PSS.
- Training session on 14-Apr with 53 CVM volunteers on Psychological first aid (PFA) and stress management, along with the FACT PSS from IFRC and two PSS delegates from the Portuguese Red Cross.
- PFA provided to 7 patients in the hospital.
- Meeting with MSF psychiatrist and hospital psychologist to organize a training to strengthen the abilities of mental health professional and non-mental health professionals
- Outreach provided to 24 people in nearby** community along with a member of the mental health team (adaptive strategies, coping mechanism, promotion of CTC, etc.)
- Physiotherapy: 26 patients** (with diagnosis ranging from stroke to brachio-plexis injury in infant)

Cholera Treatment Centre

- Up to 15 April, CTC capacity was being increased, with 7 doctors and 36 nurses.
- Ongoing capacity building of local staff is done daily via training, team meeting, as well as one-on-one sessions.
- Three expat physicians continued to support local physicians in CTC, along with 4 delegate nurses, based on 12 hours shifts.
- Portuguese Red Cross delegates came to provide support and conducted training for staff. The delegates were welcomed in the ERU base for the night. - Team Leads for national nurses overseeing own shift changes and ensuring staff is distributed appropriately throughout CTC, reporting to HN. -

A total of 169 patients have been admitted. More than 50 of the, children under 5.



- Community-based health interventions grounded on the service provided by Oral Rehydration Points (ORPs).** ORPs provide the first level of treatment of cholera and improve access to oral rehydration solution (ORS) at the community level. They also serve as entry point for epidemic control measures, and community-based health activities, capitalizing on the close relationship of community volunteers who work in the ORPs and the communities they are a part of.

The ORP strategy will be built around the installation of 30 ORPs in areas most affected by the outbreak. At the moment, **9 different ORPs have been set up in different localities in Beira** and are currently fully equipped to conduct simple triage of patients, treat safe water to prepare and dispense ORS, as well as dedicated latrines. IPC measures are currently in place to avoid transmission to the population.

The added value of the ORPs is that further community-based education activities for disease prevention can be conducted with people from nearby areas. And those communities not reached by ORP **will be reached by Social Mobilisation and Risk Communication** activities delivered by volunteers. So, it serves both as entry point for the community and -through volunteer information- identify where additional gaps exist nearby. At the moment:

- 134 volunteers CVM have been trained in ORP operation in Beira.
- It is expected that 1,800 persons will be received by ORPs by the third week of April (current number is 1,056).
- 33 Volunteers supervisors/ trainer have been trained in ORP management.
- 11 ORPs are currently dispensing care in 9 localities in Beira.
- Locations in Dondo and Nhamatanda currently being assessed.
- Data collected sent every day to MOH: 1,056 patients seen since April 7th
- Agreement with WASH ERU to build latrines for ORPs and supply water



Up: The first Oral Rehydration Point (ORP), known as *Posto de primeiro Socorro de casos de diarreia* is now active in Munhava, bairro 9, Zona A. Credit: IFRC / FACT – Communications.

Left: Reto Eberhard, from Swiss Red Cross is a teacher at the ORP. In this picture he is explaining the filtration system used to treat available to make it potable and be able to administer ORS.

The ORPs are now working on harmonizing hygiene promotion trainings and collaboration with Water, Sanitation and Hygiene Promotion ERUs (M15 and two MSM20). This is linked with epidemic control measures implemented through community volunteers, and the distribution of mosquito nets carried out in coordination with WASH and relief.

Left: Distribution of mosquito nets is currently conducted by the Relief ERU, which is active in the last week of March, reaching Cidade da Beira, Buzi and Dondo.

Mosquito Net Distribution	People	HH	MNs
Buzi	9,270	1,854	3,708
Cidade Da Beira	4,375	875	1,750
Dondo	50	10	20
Total	13,695	2,739	5,478

- **A community-based psychosocial support program, which is in harmony with current CVM capacities and considers the immediate provision of psychosocial support to affected people. Through the initial phase of the emergency with provision of PFA and information and later with discussion groups, psycho-education, referrals and follow-up interventions.**

The current PSS response is based around two concrete outputs:

a) **Provide psychosocial support services coming from the communities themselves.** It is extremely important to ensure people have information on the current situation, relief efforts or available services in general. This includes raising awareness on mental health and psychosocial support (e.g., messages on positive coping or on available mental health services and psychosocial supports. As well as facilitating conditions for community mobilization, community organization, and community ownership. Which includes activities such as:

- Support for communal spaces/meetings to discuss, problem-solve and plan action by community members to respond to the emergency.
- Strengthening parenting/family supports
- Facilitation of community supports to vulnerable people.
- Structured social activities (e.g. group activities).
- Structured recreational or creative activities
- Strengthening community and family support
- Psychosocial work.
- Psychological first aid (PFA).
- Referrals for mental health or other needed resources.

Service	Females	Males	Total
Activities for Children	23	31	54
IFP	16	3	19
Macurungo	7	28	35
Activities for women	8		8
IFP	2	-	2
Macurungo	6	-	6
PFA	24	4	28
Hospital	11	4	15
Macurungo	13	-	13
Basic PSS	147	96	243
IFP (centre)	5	2	7
Cidade da Beira	48	35	83
Macurungo	2	2	4
Samora Machel (centre)	6	2	8
Sao Pedro (centre)	2	4	6
Centro de mulher	22	12	34
Nhamatanda	34	17	51
Dondo	28	22	50
Grand Total	202	131	333

b) Contribute to strengthening CVM capacities to respond and implement PSS activities through:

- Basic Trainings on PFA, PSS and Stress management targeting all volunteers
- ToT PSS for specialists.
- Follow up/refresh trainings

Trainings for staff and volunteers, as well as activities developed with children, women and men in accommodation centres are described in the table in the upper-right.



Basic PSS training in Nhamatanda. Above, participants explore the most appropriate ways to provide PFA assistance.



Children from the IFP Inhamizua accommodation centre draw with CVM volunteers. Drawings are used as identifiers for stress symptom discussion.

Next Steps:

- Needs and capacity assessments of districts where CVM sub-delegations are present.
- Liaison with assessment cell and other sectors to assess priority sites for development of community health activities
- Assessment in three affected villas in Nhamatanda for RCEH team.
- Continue the adapting the ORP concept to the evolving context, especially Malaria.
- Plan First Aid, ORP supervisor training, CBHFA and ECV trainings for CVM volunteers and staff

Challenges and constraints:

- There are still bottlenecks to install ORPs which limit the capacity to scale up number of ORPs while maintaining quality standards.



A doctor from the Portuguese Red Cross helps a patient at the Beira clinic with his wounds.
"We've been treating so many puncture injuries and infections the past several days," he says.
As of 15 April, the clinic has treated more than 1,000 patients in support of the local hospital, including psychosocial support services.

This is part of a bilateral contribution from the Portuguese Red Cross to the response operation.



Water, sanitation and hygiene
People reached: 50,000 people
 Male:
 Female:

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% of target population that has access to sufficient safe water	80%	20%
% of target population that is using adequate sanitation	60%	10%

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out

Indicators:	Target	Actual
# of site assessments carried out and shared	30	9

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

Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards).	15.000	Approx.2.300
# of water distribution points	30	9
% of people practicing good water handling practices which includes use of sufficient water storage container	80%	20%*

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

Indicators:	Target	Actual
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# of people provided with excreta disposal facilities	25.000	1.300
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicators:	Target	Actual
# of people reached by hygiene promotion activities	50,000	Approx. 20,000
# of volunteers involved in hygiene promotion activities	100	60
Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards are provided to the target population		
Indicators:	Target	Actual
# of households provided with a set of essential hygiene items (Hygiene kits, Menstrual Hygiene kits)	7.500	(821) **
# of women provided with a Menstrual Hygiene Kit	10.000	0
Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities		
Indicators:	Target	Actual
% of target population that both has access to and uses sustainable water supply	100	Recovery phase
% of target population using sanitation facilities	100	20*
Output 2.1: Longer term support to ensure safe access to water and sanitation facilities		
Indicators:	Target	Actual
% of target population with access to an improved water source	100	Recovery phase
# of people with access to an improved sanitation facility	15,000	Recovery phase

*Values with an Asterisk indicates direct observation from the WASH team. A baseline was developed and is currently under analysis. Monitoring tools are still under development and will serve to further adjust and adapt M&E components from the plan.
** These hygiene kits were supported through bilateral contributions of the Turkish Red Crescent.

Progress towards outcomes

Since arriving in Sofala, WASH FACT members, CVM staff and volunteers, and staff from the Mass Sanitation Module 20 (MSM20) and Water and Sanitation Module 15 (M15), started conducting assessments on accommodation centres are ongoing. To date there are WASH assessments that provide a clear picture of needs on 9 different centres. Most of these rapid assessments were conducted through the first week of the emergency, while providing essential WASH services to affected people.

- **Building Adjacent to Escola Completa de Macurrungo** – 280 affected people.
- **Hospital 24 de Julho (building under construction)** – 600 affected people (312 children)
- **Macurrungo Health Center** – 70-100 patients (seven deliveries per day)
- **Centro Emissor** – 338 affected people
- **Escola Secundaria de Matadouro – Inhamizua** – 3,132 affected people (425 children)
- **Escola 25 de Junho – Munhava** – 318 affected people (approx. 238 children)
- **Escola Primaria Completa Muabve** – 1,220 affected people
- **Escola Primaria de Inahmizua** – 215 affected people (120 children) – *Transferred to Matadouro (above)*
- **Escola Primaria de Grau** – 581 affected people.

During that during the first 10 days of the response, the WASH teams provided HP for at least 10,000 people on a regular basis. This support, however shifted towards a more focused response in specific accommodation centres. During these ten days, the team focused on providing services alternating through 13 different sites, as described in the IOM displacement tracking matrix below:



Up: CVM volunteers conduct hygiene promotion activities in the IFAPA accommodation centre, focused on teaching families how to best teach their children to use latrines built by the teams. Just between 9 and 12 April, the MSM20 and M15 ERU HPs jointly supported CVM volunteers to conduct the first of several joint hygiene promotion sessions in the camps, Beira, reaching approximately 635 people with key messages focused on cholera prevention.

Other activities were conducted in parallel to support the overall Movement reach, such as equipping the Portuguese Red Cross Hospital with a 5,000-litre water bladder. CVM Staff and volunteers who know with the WASH team deserve a special acknowledgement, as they provide solid added value to the interventions through their insight into people's needs and how well recognized they are by the communities they work with – as they are part of these communities.

From 3 April onwards, focus shifted to specific accommodation centres which are located in Beira: **Escuela Machel, IFP – Inhamizua, and Sao Pedro; as well as the Ndunda bairro.** In these sites, activities reached a more cohesive approach, which builds upon itself every day. **During the period from 3 April to 16 April** the teams achieved the following:

Location	Latrines	Showers	Handwashing Stations	Water Distributed (L.)	Approx. People Reached
Escuela Machel (Centre)	20	4	10	76,291	1,000
IFP Inhamizua (Centre)	10	8		82,241	548
Sao Pedro (Centre)	10	8	2	139,612	716
Ndunda (Bairro)	-	-	-	214,771	1,193
Total	40	20	12	512,915	3,457

Additional hygiene promotion activities were also conducted in some of these sites, but data is still being cleaned and analysed to present a clearer picture.

Upcoming activities

- Construction of water points, latrines, showers and handwashing facilities in Sao Pedro, IFP Inhamizua and Escuela Machel; all in Beira city. Additional support will be provided to the Cuban field hospital in Beira.
- The WASH team (M15 and MSM20) will continue spreading the message to more of the population with the CVM volunteers.
- A Second MSM20 was deployed, considering the increased needs in sanitation and reduced capacities within the humanitarian sector. Buzi, Dondo, ORP cholera response.
- In coordination with Health team, construction of water and sanitation facilities in the ORPs.
- Baseline process for WASH is already under planning, to start soon.



Right: the WASH team sets up a water bladder. The M15 ERU is currently active in three different camps, as well as in one neighbourhood in Cidade da Beira.

Challenges and constraints:

- Volunteers' management should be improved to scale up the activities.
- WASH counterpart is strategic to consolidate the capacity building of the national society.
- Temporary centres are changing very quickly, at this moment even in Buzi district.



Protection, Gender and Inclusion

People reached:

Male:

Female:

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

Indicators:	Target	Actual
# of people receiving services that include PGI considerations	37,500	Ongoing

Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
# of multi-sector needs assessments that identify protection needs	5	3

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

Indicators:	Target	Actual
# of people that receive awareness sessions or messages on PGI considerations, including SGBV	TBC	Ongoing

Progress towards outcomes

PGI Considerations in Assessments

During the reporting period, three multi-sector needs assessment were conducted in some of the most affected districts in Sofala province. These assessments covered Cidade de Beira, district of Buzi and district of Dondo. All three assessments provided insights into protection needs to be covered during the response. The assessments were led by the IFRC Assessment Cell, in collaboration with external partners.

- The rapid assessment of Cidade de Beira (Sofala) was conducted on 29 March with 12 inter-agency assessment teams from INGC, IFRC, UN agencies and NGOs.** Some considerations identified include:
 - instances of non-accompanied children separated from their families.
 - shared and insufficient sanitation facilities
 - elderly, children and pregnant women as priority affected groups
- The rapid assessment of Buzi district (Sofala) was conducted on the first week of April and aimed to identify priority needs of the affected population;** priority locations for response (by sector); and

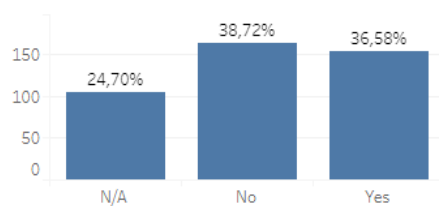
provides recommendations to inform strategic decisions on resource mobilisation and response planning. Some considerations identified include:

- Small babies that were not breastfeeding showed signs of malnutrition
- Community members noted that families are resorting to negative coping strategies to meet their most basic needs, exposing them to various forms of GBV.

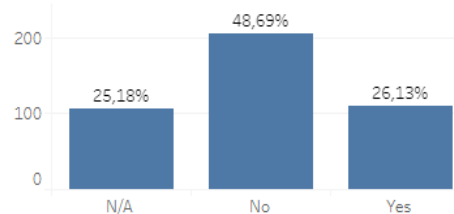
- **The rapid assessment of [East] Dondo district (Sofala) was published on 9 April**, through Cruz Vermelha de Mocambique (CVM) volunteers, IFRC logistics and assessment experts and the INGC Assessment Coordinator.

- Main source of caloric intake in East Dondo comes from fishing. As there are reports of severe damage to fishing inputs, negative coping strategies are a concern – especially as children are some of the first to suffer their impact.
- Protection concerns around gender-based violence were reported.

In your community have you come across cases of children living with adults who are not family members / who did not live with them before the emergency (Separated children)?

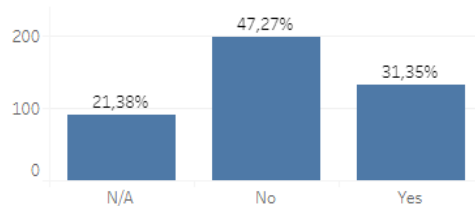


In your community have you come across cases of child not currently being cared for by any adult?

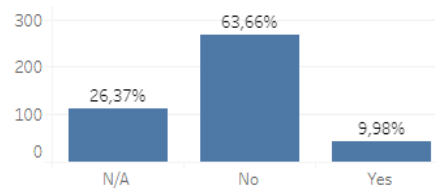


Left: The IFRC Assessment Cell also developed a dashboard that summarizes the data gathered from all assessments conducted by district, sector and other considerations provided by each different head of technical area. The dashboard is currently used to quickly access vulnerability aspect sin each district.

In your community have you come across cases of family headed by children?



In your community have you come across cases of children disappearing (or being trafficked)?



PGI Approach for Recovery

Adding to the many challenges and barriers people face in meeting their basic needs after Tropical Cyclone Idai, is the heightened risk of violence, neglect, abuse and discrimination. As such, PGI is a prominent part of all efforts in the operation through four main streams:

1. Ensuring individual variation in needs, capacities and vulnerabilities for the affected population is consistently adapted for and that our services reach those that need them the most by adhering to the **Minimum Standards for PGI in Emergencies**.
2. **Strengthening the capacity of CVM** to ensure their confidence and implementation of PGI both institutionally and operational.
3. **Continuously monitoring protection risks** throughout the operation and ensure all RCRC personnel's capacity to **safely refer survivors of violence, persons with special needs and unaccompanied minors, separated or neglected children**.
4. Consistently and transparently ensure **Prevention and response to Sexual Exploitation and Abuse (PSEA) -by humanitarian actors**, is informed by strong technical expertise for survivor centred care, whistle-blower protection and relevant and appropriate preventive trainings, briefings and messaging.

As we are moving into recovery, additional strategies that support and facilitate; self-determined coping and recovery, community- based and -owned protection mechanisms, social inclusion activities and efforts will be elaborated with an emphasis on access to livelihoods, disability inclusion and prevention and response to Sexual and Gender based violence (SGBV).

Besides what the current strategy proposes, upcoming revisions of the EPoA will include a much more in-depth approach to PGI, increasing its presence in each sector operational strategy, and including concrete measurable indicators into the M&E framework. These expected changes are already being planned for and discussed with all relevant sectors. Some of these include:

- Going beyond CVM volunteers trained in PGI and adding CVM PGI focal points.
- Building institutional mechanisms related to PGI such as Child Protection, Gender & Diversity and PSEA, implemented in the Idai operation
- Improving sensitization sessions part of dignity kit distribution to women and girls
- Accurately measuring WASH and Health facilities that are PGI appropriate

- Implement outreach by volunteers in communities to identify PGI concerns during the recovery phase
- Ensuring communities reached have had PGI-specific consultations with community members
- Availability of mechanisms and tools set up for reporting risk of- or actual violence, neglect, discrimination and abuse
- Testing and dissemination of referral pathways for survivors of violence

Surge Support

IFRC deployed a PGI FACT to support the process of integrating these considerations into its multi-sectorial planning process; as well as the ones gathered from assessments conducted by external stakeholders. Protection is also considered as a key issue in the IFRC Recovery Strategy for the operation. The strategy states that **supporting return will include supporting/establishing community-based child protection mechanism**. This will enable communities to identify, address and referrer (where necessary) child protection issues.

The operationalization of the comprehensive child protection referral mechanism will be supported as will children psychosocial wellbeing and strengthening community resilience, through capacity building of families, teachers, political and religious leaders on parenting and safeguarding. **Special complaint and feedback back mechanisms and community awareness and advocacy in PSEA and referral mechanism were put in place.**



Disaster Risk Reduction

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

Indicators:	Target	Actual
Community risk reduction and preparedness plans in place	Yes	Ongoing

Output 1.1:

Indicators:	Target	Actual
# of people reached through RCRC programmes for DRR and community resilience (excluding public awareness and education campaigns)	20,000	Ongoing

Progress towards outcomes

Activities are yet to be implemented. Information on DRR will be reported in next updates and once required resources are in place. The focus of the sector will be protecting and restoring community resilience, boosting community-based disaster reduction through approaches related to early warning early action, identification of local risks, vulnerabilities and capacities to strengthen resilience of communities.

Strategies for Implementation

Human Resources

The HR unit has finished the organizational chart of national positions in Maputo and Beria after a coordination process with heads of sector. **The chart is currently under joint review by IFRC and CVM leadership**, in order to prioritize key positions and expedite the recruitment process. Some aspects of current discussion include number of positions, duration of contract, location, priority and funding availability. The positions consider the following structure:

Livelihoods	Shelter
5 Positions	4 Positions
CEA	Health
5 Positions (3 linked with IM)	3 Positions
Finance	Administration
2 Positions	4 Positions
Human Resources	Assessment Coordination
2 x HR Staff	1 Position
IT	IM
IT Officer	1 position

Logistics	Wash
21 Positions (including 14 drivers)	3 positions

HR at Beira, Maputo and South Africa Country Cluster levels have put in place processes for recruitment of international positions. At total of 15 delegates positions have opened. Longlisting and planning interviews to start soon and an additional 5 delegates positions will open in the coming week. The remaining 7 positions are expected to open the following week

Organisational Development in Emergencies

As CVM is going through a number of reform processes since last year with a new leadership in place, the response to Cyclone Idai will put additional pressure on the National Society limited capacity and will demand scaling up of staffing and other organizational components. There is, therefore, the need to allocate resources in mitigating a potential negative impact on the long-term development of the National Society by putting deliberate efforts to strengthen the institutional and operational preparedness capacity of the CVM in all sectors. This Emergency Appeal will focus on covering some of the most critical priorities which will complement the

For this purpose, a surge OD in Emergencies delegate was deployed to Maputo. The delegate supported the development of a plan together with CVM which includes the following five broad areas:

- **Leadership development** – through mentoring and coaching on crucial decision-making processes
- **Skillset improvement** – through training, coaching and mentoring of staff and volunteers.
- **Systems development and improvement** – in finance, HR, PMER, logistics, Resource Mobilization, communications and volunteer management.
- **Branch development** – which will strengthen their efficiency and effectiveness deliver services.
- **Facility, equipment and pre-positioned stock capacity** – including supporting the National Society to have improved office space, warehousing space, essential equipment, personal protective gear for staff and volunteers.

As per highlights of the Volunteering Review conducted in 2017 the volunteer management component will be integrated within the Tropical Cyclone Idai emergency operation in Mozambique. The Volunteer Development/Management will focus on:

- Volunteer Recruitment, training and orientation
- Volunteer database development
- Volunteer Insurance
- Volunteer Motivation, Recognition and retention activities
- Branch Coordination and Planning for sustainability.

The recruitment of a long-term OD in Emergencies position is a current priority, and a new surge profile is expected to arrive in the coming weeks to kick-start this component of the plan, as available funding allows. During the first surge rotation the delegate developed a draft concept note on **Emergency Procedures for Volunteers, Do No Harm checklist** and a **Quick Guidance Note for Managing New or Spontaneous Volunteers**, which were submitted to CVM for validation.

Assessment Cell

All work conducted by the Assessment Cell involves close coordination with CVM, including staff and volunteers who perform assessment duties. The Emergency Appeal considers careful resource planning for the continuity of needs assessment processes in the National Society. Up to date achievements include:

- A clear volunteer management process and structure for CVM assessment support cells, who will be in charge of primary data collection activities. This **process was developed by the Assessment Cell in coordination with CVM, heads of sector and CEA.**
- Starting the recruitment of CVM staff to lead this process.
- Procurement of 15 mobile devices and other relevant equipment for data collection.
- Rapid technical training was provided to 10 volunteers in the first 72 hrs of the response. Additional training of 45 volunteers to be conducted in the next 6 weeks emphasizing a CEA approach.

Additional attention will be provided to CVM capacities to respond to disasters and crisis

Pending the recruitment of Maputo and Beira essential staff. These capacities will be strengthened throughout the identification and support of areas of work such as:

- Enhancing CVM auxiliary role for humanitarian assistance vis a vis National and local DM/DRM authorities, including updating any necessary plans, policies and strategies.

- Reinforce coordination mechanisms with authorities, external agencies and NGOs, civil military bodies, community responder, private sector.
- Training, refreshment on humanitarian standards, as well as relevant Hazard, Risk and context analysis and Early Warning and Early Action mechanism and linkages and complementarities with current FBF/A initiatives; among others.

This will allow present and future enhancement of CVM coordination actions, fostering a complementary response at national level, and an effective response at local level. The process is further described in the operational strategy but expected to be clearly defined after internal organisational capacity assessment are conducted. This focus on coordination will strengthen the collective response of the various structures working with CVM, ensure less duplication, and facilitate drawing of lessons to inform future undertakings.

Planning, Monitoring, Evaluation and reporting (PMER)

The PMER unit is working closely with the heads of sector and IM to support the analysis of data that informed the planning process and the development of the Emergency plan of Action. Some key points are currently under analysis for subsequent revisions of the appeal, ensuring a smooth transition from the assessment data to a comprehensive and integrated plan. PMER, in collaboration with every head of sector and IM, is in the process of setting up a system for analysis collected information and reporting of project indicators. The team in Africa Regional Office is providing remote support and will also coordinate and oversee the transition between surge PMER and a long-term position in collaboration with leadership of the Operation.

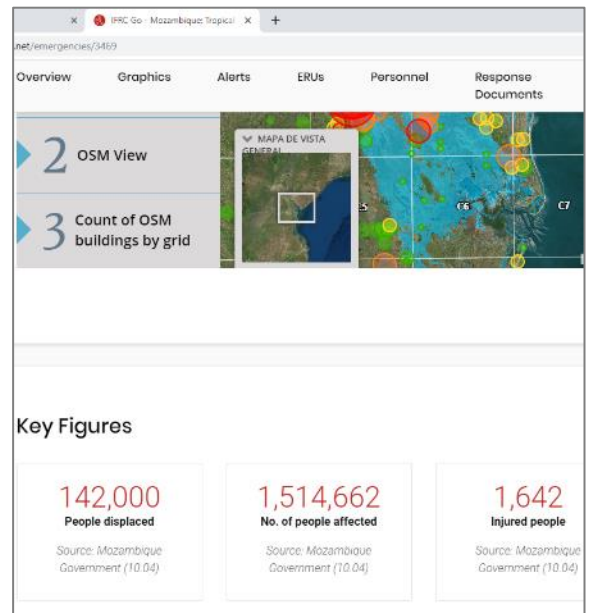
After the validation of the Emergency Plan of Action, a two-track plan is currently under development. The first component is focused on properly feeding information from the recovery assessment towards any possible revisions on sectorial strategy, as well as geographic and beneficiary targeting and validation. The second is based on anticipating any changes to build a preliminary M&E framework that can be easily adapted to keep track of implementation and inform decision-making.

Additional coordination to set up a Real Time Evaluation (RTE) is ongoing between PMER and DCPRR teams from IFRC Geneva and Africa Regional Office, as well as operational leadership in Beira. The RTE terms of reference are being drafted and a process will be validated in the coming days.

Information Management

IM has kept close coordination with heads of sector and partners and developed an efficient data collection system. The current system allows the analysis and presentation of information, which was critical to understand the scope and scale of emergency needs.

All information management products developed through the process described above are available in a webpage fully dedicated to the [Mozambique response in the IFRC GO Platform](#). GO (an **extract depicted to the right**) is a platform developed by the IFRC to connect information on emergency needs with the right response. The platform channels information on emerging crises from field reports from National Societies and automatic links to notifications from humanitarian partners, as well as provides a way to organise key information from ongoing emergency operations, including situation reports, surge deployment alerts, contacts and dashboards etc. The GO Platform will apply the principle of 'do no harm' with all data collected, and as information is made available, compliance with agreed IFRC information security standards will be observed to ensure sharing is done in a safe and relevant manner, protecting personally identifiable and sensitive information.



Information Technology and Telecommunications

ITT surge team has provided solid and consistent Information Technology and Telecommunication services to support the response. The team has ensured that the Emergency Operations Centre and active field offices have the necessary resources to operate and communicate properly.

Work done to date includes the deployment of communications systems, exploring VHF radios and facilitated provision of other critical IT services to CVM and IFRC deployed staff.

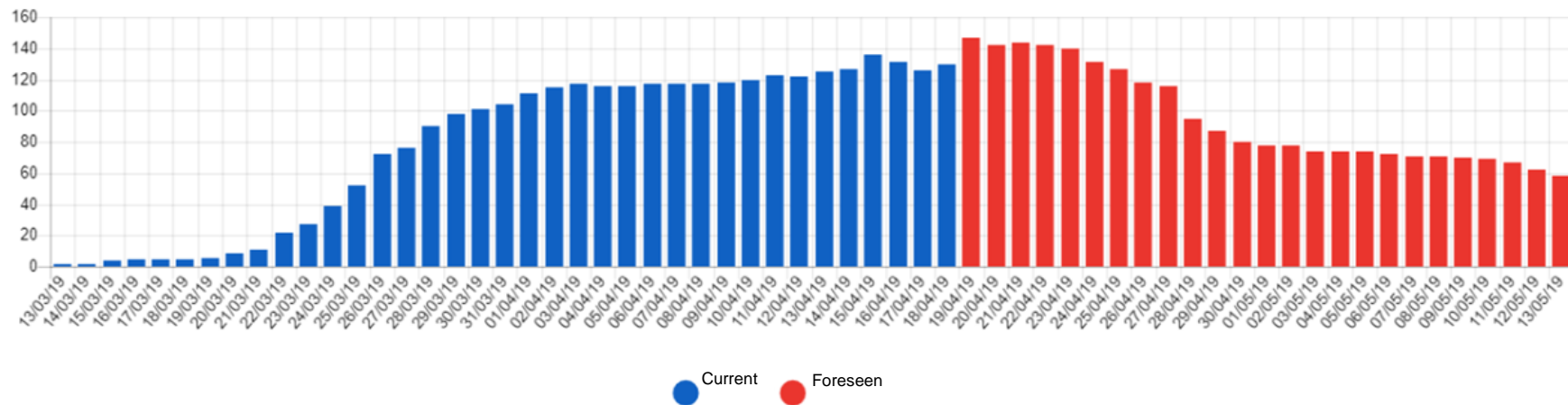
International Disaster Response

Surge Deployments

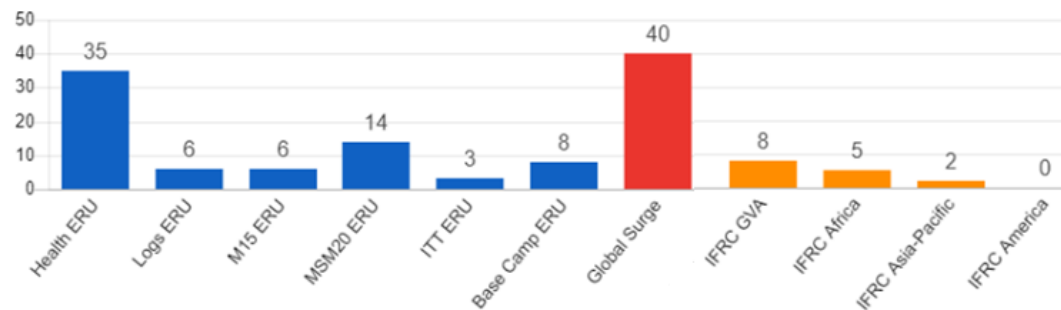
More than 140 surge staff have been deployed to support the emergency phase and set up a recovery strategy for the response to Tropical Cyclone Idai. The team includes multi-disciplinary sections that cover all areas of focus recognized by IFRC (except migration), and the most relevant components of its Strategies for Implementation. The objective of these deployments is to support CVM and the IFRC Regional Team in assessments, coordination, planning and implementing an effective and integrated operation.

The Field Assessment and Coordination Team (FACT) members deployed have worked to integrate assessments and planned programming within and between sectors, and proper implementation of activities. The charts below describe the overall scope and composition of surge profiles deployed. While the next sub-section, dedicated to work done by the Logistics FACT and Emergency Response Unit (ERU) teams describes the scope of all 8 ERUs deployed for this operation.

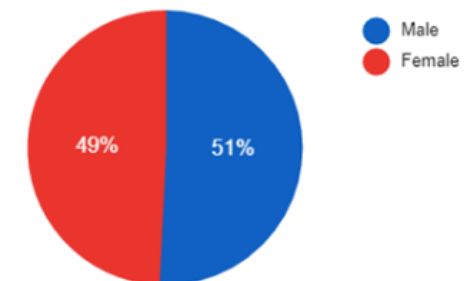
Surge members in the field by date



Surge members in the field by type



Surge members in the field by gender



Logistics

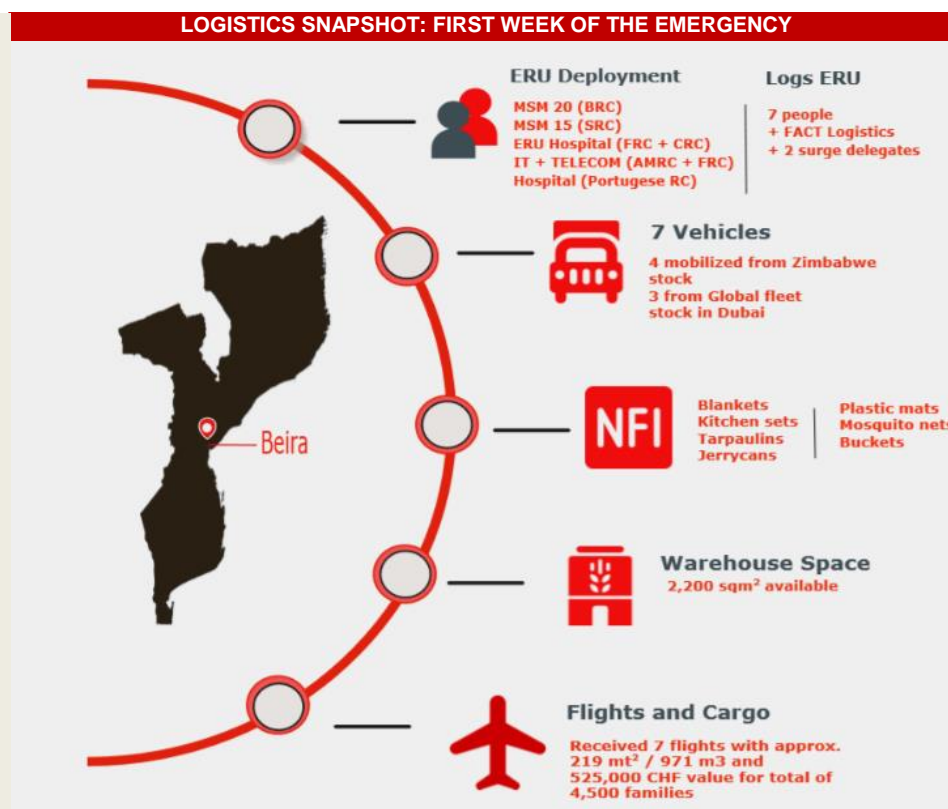
The logistics team involved in the operation involved a multi-disciplinary range of professionals specialized in operations management, supply-chain, air operations, fleet management, warehouse management, procurement. Up to date there have been two FACT logistics rotations, two Logistics ERU rotations (current one currently ongoing), and constant support from the Africa Regional Office logistics department; which deployed surge fleet delegate and two surge procurement delegates. All three clusters function as one team, providing support to the response operation.

Main activities conducted up to date include effective and efficient management of the Tropical Cyclone Idai response operations' supply chain - including procurement, fleet, storage, custom clearance, warehousing and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. The first week of the emergency represented an exceptional challenge due to the sheer amount of assets which required mobilization and is **explored in the infographic below**.

During the reporting timeframe, the logistics department has coordinated between the two main hubs kept in Mozambique (one in Maputo and one Cidade de Beira) to keep track, document and provide recommendations on how to best tackle the increasing number of transportation issues for assets mobilized for the operation.

This includes:

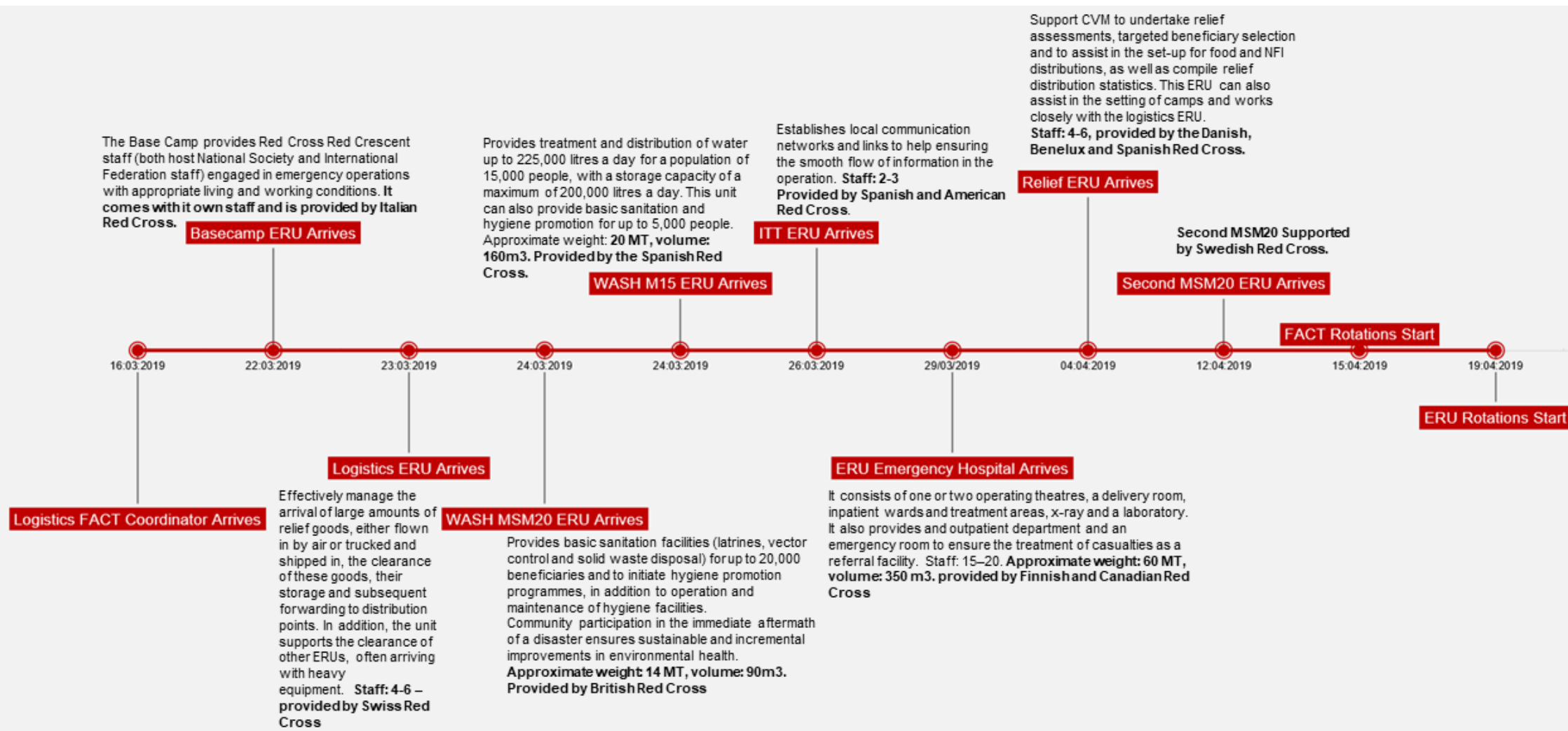
- **Airport operation monitoring.** This aspect includes keeping track of the situation in Maputo, Chimoio and Cidade de Beira airports, constant dialogue with the Mozambique Aviation Authority, and monitoring minimum safety conditions to operate commercial flights. Contingency plans were also kept in place, monitoring transportation possibilities through Harare, and coordination with the Logistics Cluster for the use of additional assets.
- **Sea port monitoring:** Maputo sea port remains fully operational and Beira sea port has been fully operational since 20th of March.



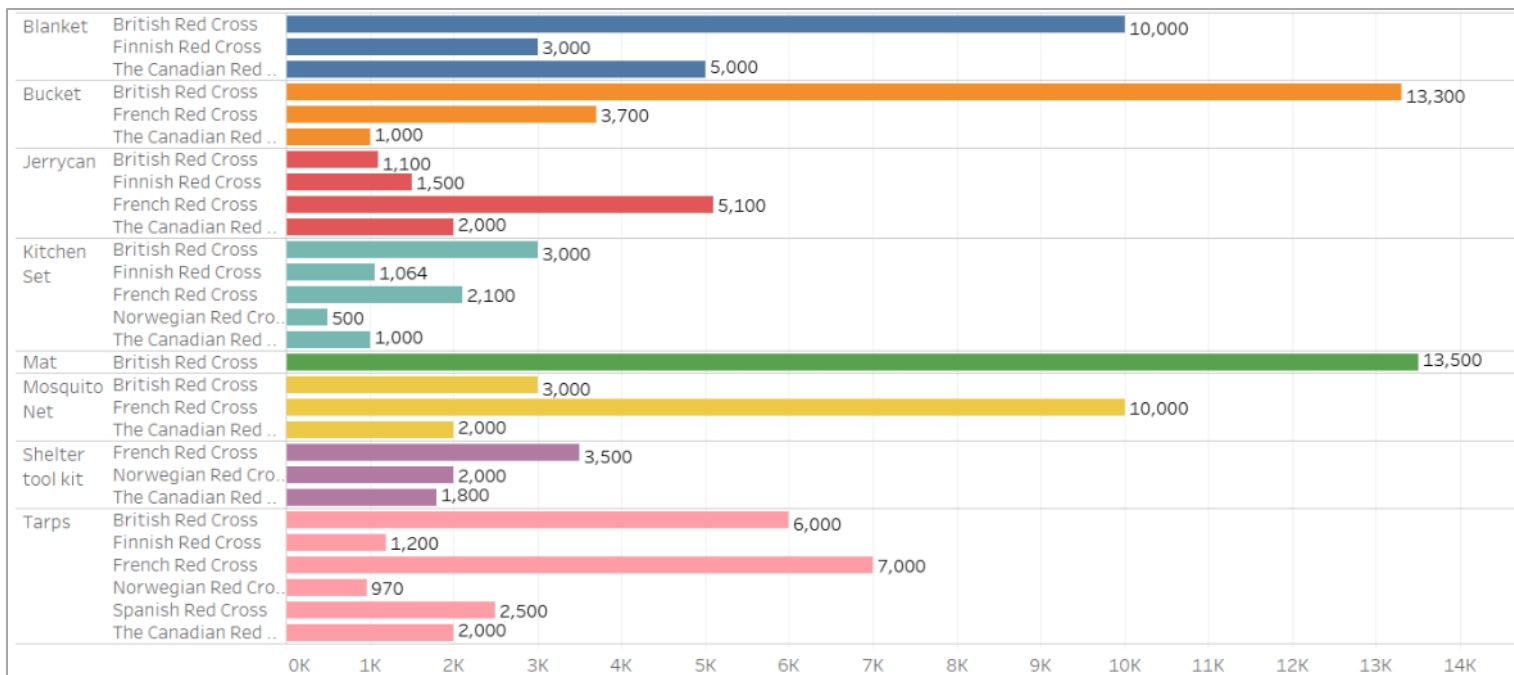
During the first week of the response alone, the logistics team mobilized essential supplies and hardware to successfully kickstart the operation in support of CVM's response.

Timeline of ERU Process led by the logistics department

The logistics department supported the mobilization, reception, handling, customs clearance, storage and transport to operational locations of 7 different Emergency Response Units (ERUs) – besides the Logistics ERU itself, which had the support of the FACT and Africa Regional Office. These ERUs arrived in Mozambique during the start of the emergency phase. These response units included one Base Camp ERU, one WASH M15 ERU, two WASH MSM20 ERUs, one ITT ERU, one Emergency Hospital, and one Relief ERU. Details on arrival and the characteristics of each of the response units is **described in the timeline below**.



Mobilization of all needed items for the response operation, including both in-kind donations (**shown in the chart below**) from six different partners. Logistics ERU, FACT Logistics and The Africa Regional Office Logistics team also coordinated the process of IFRC contributions which range from match ups for some of the items provided by partners (i.e.: 748 kitchen sets, 1,500 mats and 30 tarps), and the mobilization of other items and assets required for the Emergency Appeal, as further described below.



Overview of **multilateral in-kind donations** from Red Cross Red Crescent partners involved in the operation and contributing directly to the Emergency Appeal.

Fleet support

- Since the start of the emergency, the **logistics team** has facilitated transportation for IFRC and CVM staff and volunteers in the Maputo Hub and Beira Hub; as well as for special visits from partners. At the moment there are **9 IFRC vehicles in place and operating**. There are 9 additional rental vehicles which complement the current fleet needs of the operation.
- Two minibuses have also been added due to the increasing number of people that work in the Beira Hub. In coordination with HR, there are now a total of 8 drivers on contract for the operation.

The logistics team in Beira hub also has set up clear internal processes for fleet management, in coordination with the security focal point and operational leadership to ensure the best possible use of fleet resources. Africa Regional Office Logistics also deployed one surge delegate from Zimbabwe to support importation process and registration of the vehicles that arrived as a part of ERU equipment and vehicles that were mobilized from Zimbabwe.

Procurement

The logistics team in Maputo has been actively setting up processes that meet IFRC standards for local procurement, in coordination with CVM and partners. Several tenders have been launched, and purchase orders have been already placed for assets – mainly WASH and health items such as visibility items, **36,000** units of soap, **100** first aid kits and **10,000** condoms.



The relief and logistics teams -working from Beira and Buzi- conducting a boat shipment to Martinot, an affected area nearby South Buzi.

Additional operational support

- **Support to Buzi South:** The area of Buzi South, which was severely affected by Tropical Cyclone Idai **is still extremely difficult to access** with many roads still flooded and blocked. Within the area, distances between households are far, which means an overall logistics challenge, since they are inaccessible by road. The logistics team is currently working with the Buzi field coordinator and relief team, exploring options to coordinate the first cargo shipment of relief items to this area, which aims to **reach 2,000 families**.
- **Customs clearance and mobilization of assets** not only related to the IFRC and CVM emergency response, but also from other partners, such as the Portuguese Red Cross, whose field hospital -previously described in the health sector- is currently operating in Macurrungo and has already provided services to more than 1,000 people.
- Warehouse and transportation of assets from partners who are currently active in the country – such as the Spanish Red Cross, French Red Cross and Turkish Red Crescent. At the moment there are two active warehouses – one in Buzi with a surface of 240 square meters, and one in Beira with a surface of 2,200 square meters.

Assessment Cell

Through the first month of the operation the Assessment Cell serve as focal point for IFRC and CVM to coordinate with the Inter Agency Humanitarian Cluster System, UNDAC, OCHA, REACH, ACAPS, INGC.

All needs assessments (*described in detail in the Summary and the PGI sector within the Areas of Focus*) were conducted in coordination with the Inter Agency Assessment Working Group in Beira, Mozambique. National Society and IFRC are co-chair of the Inter Agency Assessment Working Group.

IFRC response strategy was informed by the Emergency Needs Assessments conducted by the technical sectors and the Assessment Cell. The implementation plan of the recovery strategy will also be informed by the upcoming needs assessment and validation process.

- IFRC and Inter Agency initial assessment reports;
- Integration of identified needs in IFRC strategic response documents which include response options based upon identified needs;
- IFRC and Inter Agency coordinated rapid multi sectorial reports;
- MRA needs assessment district reports;
- IFRC in-depth sectoral assessment reports;

All the reports can be found in the IFRC [GO Platform](#).

Cash Based Interventions

Some of the best ways to help a community is support the reactivation of the economy, which cash interventions might aid. However, markets and access to markets are very disrupted in the current situation, making the strategy of cash and voucher assistance (CVA) more suitable for the recovery phase than the first emergency phase of the operation.

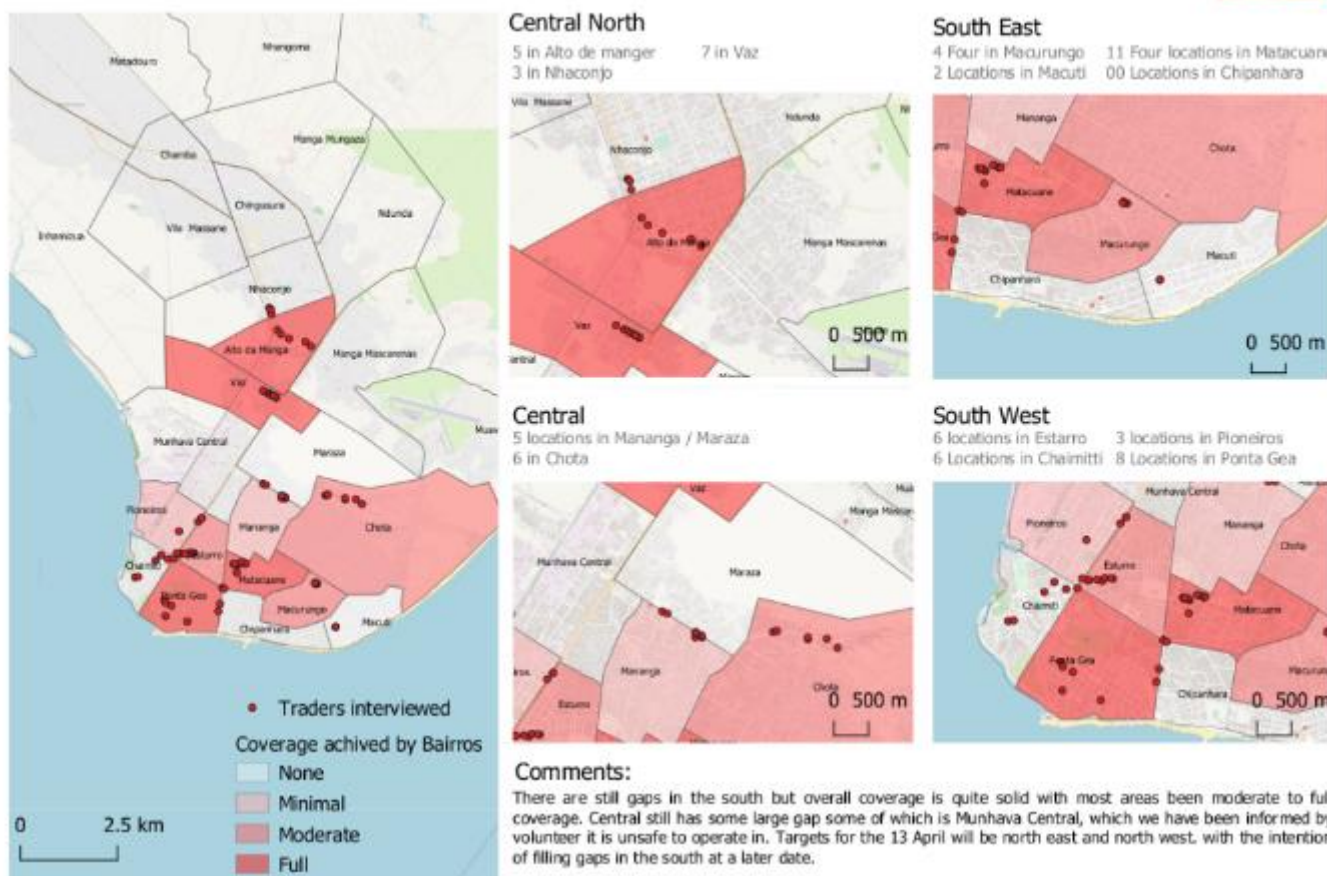
At the moment, the government prefers/has experience with use of vouchers and this will likely be the modality for CVA. However, there are ongoing dialogues to analyse the possibility to implement a multi-purpose cash approach.

The CASH FACT Lead supported the settling of the Beira Cash Working Group, and shared the lead joining together all involved organizations (such World Vision, UNICEF, OCHA, COSACA, FH and WFP), into developing joint labour and market assessments. Besides chairing the group, IFRC is also focal point of the national cash working group in Maputo, which conducts direct communications with the central government. A market assessment is currently in process in Beira (progress tracking shown below).

The Livelihoods FACT assumed the responsibilities of the Cash FACT until the next rotation arrives, on the 28th of April. Coordination is already taking place on relevant working groups, technical sectors and with the incoming assessment cell team.

Beira - Market assessment - Progress tracking

updated as of assessments done on 12 April 2019



Market assessment in Cidade Beira progress tracker developed by the Assessment Cell, which outlines the current reach of this initiative, led by the CASH FACT, in coordination with the cell and other partners previously mentioned.

Influence others as leading strategic partner

Communications

Through the first month of the operation media monitoring from the communications team confirmed nearly 13,000 mentions and more than 1 million media and social media impressions. Approximately 350 media interviews were completed, which included support to multiple National Societies for specific content/interview requests. Approximately 350 media interviews completed.

Up to date, the team also keeps updated key messages, and a content calendar to keep track of content produced, identify trends and react accordingly.

Provided communications tools and resources including Portuguese language video to CVM Communications volunteers. Through the next month CVM communications focal point will join the team in Beira to start standardizing working processes with the National Society.

Some key press coverage about our collective work to be described in detail in the upcoming Operations Update:

- **Aerial video** shot by Caroline Haga and [posted on Twitter](#) was viewed **915,000** times
- UPDATE: People in [#Mozambique](#) still need support. In some places, the only way to reach communities affected by [#CycloneIdai](#) is by air. Here, an air drop of food is being carried out in [#Buzi](#). (+11k impressions) – [view](#) tweet
- Just in: thousands of people isolated since [#CycloneIdai](#) struck [#Mozambique](#) received a major delivery of Red Cross emergency supplies today, including tarpaulins, building tools, kitchen sets, and buckets. (+13K impressions) – [view](#) tweet
- **Impressive international media coverage** from [CNN International](#), [AP](#), [Euronews](#), [Al Jazeera](#), [Sky News](#), [AFP](#), [New York Times](#), [the Guardian](#), [Bloomberg](#), [NPR](#), [SBS News](#), [RFI](#), [The Guardian](#), [CNN International](#), [NPR](#), [Voice of America](#), [BBC News](#), [Sky News](#), [TRT World](#), [New York Times](#), [Reuters](#), [France 24](#), [DPA](#), [NAU](#), [AP](#), [SiriusXM](#) and more.
- **TV and radio interviews** from global media outlets such as BBC News, Al Jazeera, CNN International, BBC World Service Radio, ABC News, TRT, France 24, Rai News, CBC News, and many more with IFRC spokespersons in the field and in Geneva.

Assessment Cell

Partners:



Rapid Assessment Snapshot

Tropical Cyclone IDAI | Mozambique | Dondo District – East

09 April 2019

OVERVIEW

Tropical Cyclone Idai made landfall during the night of 14th to 15th March 2019 along the coast of Dondo district (nearby the city of Beira) in the Province of Sofala, in central Mozambique. The cyclone had heavy impacts on the city of Dondo as reported in the Initial Rapid Assessment Report, published on 25 March. The focus of this assessment was on relatively inaccessible coastal areas which had received minimal response and had not yet been properly assessed.

Dondo district is within Sofala province and has a population close to 185,000 according to the 2017 census (Instituto Nacional de Estatística, 2017). The extent of the damage across the district is currently being compiled and a district profile will be released on Friday 12 April.

A rapid assessment team made up of Cruz Vermelha de Moçambique (CVM) volunteers, IFRC logistics and assessment experts and the INGC Assessment Coordinator conducted the assessment in two locations. 2 interviews were conducted with local leaders using the inter-agency Mozambique Rapid Assessment form. The first was an interview with a community leader of Chinamacondo, providing an overview of the eastern part of the district. The second was with a community health worker in a small fishing community in Sengo. Transportation was by helicopter so aerial assessment could also be conducted of the arterial transportation routes and conditions on the coastline.

During the first three weeks of inter-agency coordination in the Emergency Operations Centre set in Beira, the Assessment Cell led four types initial, rapid, aerial and market assessments in coordination with other agencies, such as MRAs for Cidade de Beira, Buzi and Dondo (report snapshot to the left). The assessment cell has set up assessment process for ERU's and other FACT teams such as PSS, PGI, and ORPs. At the same time, supported one externally-led assessment by FAO on livelihoods and agriculture.

Overall the work led or supported by the assessment cell this has produced or managed over 2,000 assessment submissions in four weeks (over 50% of that collected directly by the assessment cell). Results from assessments led by the cell have been heavily quoted in situation reports, assessment reports, and overall communications activities of several major external agencies.

Shelter Cluster Snapshot

IFRC, through the Southern Africa Country Cluster, immediately deployed a Shelter Cluster Coordination surge capacity (Regional Shelter and Settlements Coordinator) to support to CVM, with the responsibility to co-lead, with IOM, the Shelter and NFI Cluster in Mozambique (as activated by IASC Principals) to support the Government of Mozambique's (GoM) and Humanitarian Country Team's (HCT) tropical cyclone Idai coordinated humanitarian response.

- Based on initial house damage estimates, the Shelter Cluster targeted coordinated shelter assistance to **475,000 people in 87,500 households**. This figure considers 7,500 households targeted in the IFRC Emergency Appeal and 80,000 households targeted in the Flash Appeal.

- **The main operational hub for this response is located in Beira - the capital city of Sofala Province and main access and transport hub in the affected region covering affected areas across the provinces of Sofala, Manica and Zambezia – where GoM, UNDAC / OCHA, humanitarian agencies and partners have core presence, thus where core Shelter Cluster’s Coordination capacity is required.** Shelter Cluster team is coordinating the response with National (INGC) and Local authorities (Province and District level, and Municipality of Beira City), OCHA and partners across the affected provinces travelling from Beira as required. Shelter Cluster coordination capacity and presence in Maputo is required to sustain high level coordination with GoM, HCT ICCG, partners and donors, but essentially is providing required support to Beira’s Coordination Hub.
- **IFRC deployed a Shelter Cluster Coordination team currently based in Beira hub (Hub Co-Coordinator, Roving Co-Coordinator, Technical Co-Coordinator and Information Manager) and one Coordinator based in Maputo roving as required.** IOM, in its cluster co-coordinating responsibility, has deployed a fully SC dedicated Coordinator, Co-coordinating the Beira Hub with IFRC.
- **To date (16 April 2019), emergency shelter coordinated response has reached 34,705 Households (179,438 People)** with basic covering kits (2 tarpaulins and rope or single tarps and blankets where stocks are used sparingly) and most vulnerable among the displaced have been prioritized receiving a shelter tool kit and other essential household items (kitchen sets and solar lamps). The significant increase in number of HH’s reached since last reporting cycle, reflects coordinated reporting, consolidation of data, and improved distribution capacity, however challenges in the NFI pipeline and, in particular, the lack of shelter tools kits available to beneficiaries, remains a setback for adequate shelter assistance.
- **Gap in Assistance - The shelter sector is only funded at 14% of the Flash appeal target.** Tarpaulins, but in particular shelter tool kits and other essential HH NFI are in severe shortage. The Shelter Cluster partners are therefore reprioritizing assistance to target most vulnerable households in most affected areas.
- The IFRC Shelter Cluster Senior Officer has joined the team in Beira to provide additional support.

ANNEX I – Shelter Cluster Snapshot Infographic



Mozambique Shelter Cluster
ShelterCluster.org
Coordinating Humanitarian Shelter

MOZAMBIQUE



Cyclone Idai: Response during the 1st month

As of 18th April 2019

THE CYCLONE



THE RESPONSE

  Humanitarian actors have up to now distributed basic shelter and other items

ITEMS TO ENCLOSE



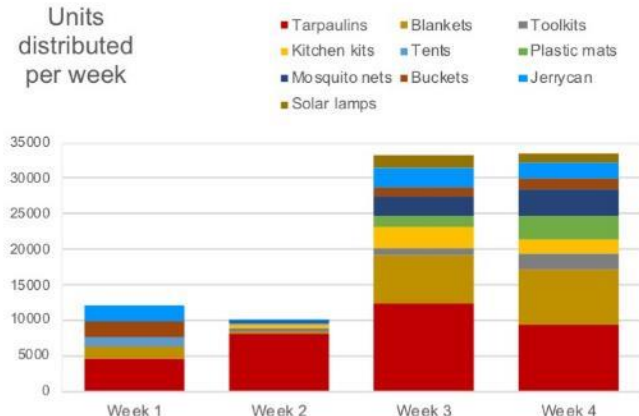
OTHER ITEMS



Units distributed per type



Units distributed per week



Humanitarian actors initiated operations from the first week.

Over the following weeks, organizations have had the time to organize and coordinate so that distributions to support relief and early recovery have been increasing, and are expected to increase in the following weeks, whilst moving to early recovery.

According to the Humanitarian Response Plan, 400,000 people (80,000 households) have been targeted to receive assistance during the operation.

THE GAP

56% Are still in need of shelter assistance

Although communities' self-construction is continually ongoing, it often implies rebuilding with debris, far from the principles of *building back safer* and disaster reduction.

ANNEX II – Scenario Planning

Scenario 1 – cholera outbreak worsens considerably, particularly in urban areas

Probability: Moderate

Impact: major deterioration

Duration / timeframe: 3-6 months

Caseload: 23,000 cases – based on 1-2% urban attack rate / .5-1% rural attack rate (5,750 of these cases considered severe)

Factors

- a) Medical and public health facilities are severely damaged by the cyclone.
- b) Over two thousand confirmed cases
- c) Previous outbreaks in 2015 and 2017 suggest underlying vulnerabilities (including awareness of cholera prevention strategies) and inadequate public health infrastructure.
- d) Conditions are 'ideal' for a cholera outbreak - standing floodwaters, damaged latrines, inadequate faecal waste management, delayed response to provide medical and WASH support to affected populations, inadequate conditions in accommodation centres.
- e) Urban conditions present in Beira- high density population, increasing likelihood of person-to-person transmission.
- f) Inadequate treatment and diagnosis facilities.

Assumptions

- a) Currently confirmed cases considerably under-represent scale of the issue due to under-reporting and lack of surveillance system.
- b) Public health facilities do not recover quickly enough.
- c) International support is insufficient to meet scale of need, both for prevention and treatment.

Impacts

- a) Estimated needed bed capacity at peak: 1,180-2,300.
- b) Secondary health impacts as a result of diversion of resources towards cholera outbreak, including away from Malaria, which is the highest health risk in Mozambique.
- c) Loss of agricultural assets, stocks and harvest impacting the economic security and lack of employment in urban areas could result in adopting negative coping mechanisms.
- d) In households where members are affected by cholera, it is anticipated that human capital will be affected at household level (reduced capacity to generate incomes or produce food for subsistence).
- e) Psychosocial impacts of the secondary crisis, including due to the lack of follow-up care

Operational issues

- a) Cholera is already part of our response plan, but:
 - It may require scale-up in terms of set-up (ORP, WASH, CTC).
 - Lack of reliable epidemiological data, especially outside main cities.
 - Access to remote areas and communities is still a challenge.
 - Increased pressure on support services.
- b) Possible stretch of funds if we need to respond to a large-scale outbreak with current funding.
- c) Potential to divert attention from recovery and health programming outside cholera.
- d) Limited funding to scale up the response through a CVA and uncertain position from the GoM on Multipurpose Cash which would be one of the preferred approaches to reach heterogeneous needs, especially at urban level with different affected groups.

Priority needs

- a) Prioritise rapid scale-up of Oral Rehydration Points (ORP) in most affected areas.
- b) Hygiene interventions to be prioritised, including distribution of soap, hygiene kits, household water treatment (e.g. chlorine) and handwashing awareness raising.
- c) Provision and rehabilitation of excretive disposal facilities.
- d) Improve quality of water at the point of use (quantity does not seem to be an issue).
- e) Provision of food and basic needs assistance, prioritizing the vulnerable households with affected members by cholera (in-kind or through cash and voucher assistance depending on the feasibility).

Scenario 2 – Widespread agricultural damage and loss of employment leads to severe food and economic insecurity

Probability: Very likely

Impact: Major deterioration

Duration / timeframe: Ideally 17/18 months covering the next harvest + the 2 next planting seasons

Caseload: 500,000 in need of sustained humanitarian assistance

Factors

- a) 36,266 farmers affected across an area of 246,810 Ha of cropland (Govt of Moz figures as of 29/03).
- b) Tropical Cyclone Idai occurred just prior to the main harvest season of March to June, which was already expected to be below average.
 - i. Farmers have lost most of their crops, stocks of food and seeds.
 - ii. Livestock was severely affected (mostly small ruminants, pigs, poultry).
 - iii. Fishermen: assets are lost or severely damaged, loss of employment.
- c) Second planting season (May – mid July) will be also severely disrupted by lack of availability (in quality and quantity) of seeds in the markets and lack of financial access by households.
- d) Land degradation: Floods have affected arable land and uncertainties remain around the ability to re-start agriculture at scale related to the speed of water receding, land erosion and mud deposit, salinity in coastal areas.
- e) Unclear evolution on land property and land use when people relocate to their villages or to other assigned areas.
- f) Pre-existing food insecurity including over 30,000 in IPC level 4 (emergency phase) in Sofala province.

Assumptions

- a) Crop failure for the current agricultural season which ends in mid-April.
- b) Heavy land degradation: Land rehabilitation is not completed by the start of the short farming season (May – mid July) preventing restarting of agriculture production.
- c) Insufficient support provided to farmers to restart agricultural production (lack of farming inputs) and slow recovery of livestock.
- d) Loss of employment as agricultural labourers, fishermen or urban dwellers affecting household incomes.
- e) Potential for other meteorological event, such as La Niña, to exacerbate rainfall deficits.
- f) forecasts for the coming three months continue to indicate increased chances of dry conditions.

Impacts

- a) Low household food consumption and diet diversity leading to increased severe acute malnutrition.
- b) Negative coping strategies increase exacerbating education and protection concerns.
- c) Rural to urban migration due to lack of employment and income.

Operational issues

- a) Limited data on crop damage, detailed impact on specific socio-economic groups and malnutrition rates hindering planning at this stage.
- b) Gap between interventions currently planned and the timeline of needs (seasonal calendar).
- c) In affected areas, uncertain access to quantity and quality of farming inputs (seeds, tools, etc.), livestock and productive livelihoods assets.
- d) Other sectors prioritised over Food security and Livelihoods in the long-term strategy for the National society

Priority needs

- a) Provision of basic needs assistance (immediate – until the end of the lean season (Feb 2020)
- b) Support to replace lost livelihoods assets and restart livelihoods (May - October 2019) according to context and socio-economic groups
- c) Improve employability of urban dwellers through skills training integrated in other response sectors and vocational training based on capacities and gaps identified through labour market assessment
- d) Support income diversification through targeted support to small and medium enterprises (possibly through women groups)

Scenario 3 – Initial overestimation of needs requires scale-back

Probability: likely

Impact: major improvement

Duration / timeframe: next 3 months (implementation of UN flash appeal)

Caseload: 100,000

Factors

- a) UN flash appeal of USD284m; IASC 3 month Scale Up Protocols initiated surge.
- b) Initially assumed geographic spread not as large as first feared.
- c) Logistics are not a major impediment.
- d) Operational focus on Beira which is accessible and a relatively small population.

Assumptions

- a) Joint and coordinated assessments are implemented in an effective way to ensure common situational overview
- b) National and international response continues to be delivered in a mutually supportive environment.
- c) Initial scale up of response enables rapid shift to recovery programming.

Impacts

- a) Key infrastructure, including schools and hospitals, are rehabilitated quickly.
- b) Targeted aid enables health, shelter, WASH, and FSL risks to be mitigated.
- c) Secondary impacts, including health concerns, are addressed quickly.
- d) Overscale up could result in less resources for recovery.

Operational issues:

- a) Decrease of donor attention and less funds available for recovery programming.

Priority needs

- a) Need to advocate for funds required for recovery programme.
- b) Quality and integrated programming across sectors to guarantee the coverage of needs in a cost-efficient way.

Scenario 4 – Political environment deteriorates leading to hindered humanitarian access

Probability: Low

Impact: Significant deterioration

Duration / timeframe: next 12 months (spiking around the Presidential elections in October).

Caseload: Proportion of total affected population.

Factors

- a) Crisis impacts are in opposition-controlled area.
- b) Presidential elections are scheduled for October 2019.
- c) Areas impacted include areas which are controlled by armed opposition groups.
- d) Area of operation for armed opposition groups are outside response area.
- e) ICRC have indicated a worsening security situation.

Assumptions

- a) Domestic and international response does not meet host population expectations.
- b) Leadership of INGC is undermined leading to breakdown in coordination structures.
- c) Government prioritises positive messaging suggesting that the response should wind down since needs are met.

Impacts

- a) Effectiveness of the response becomes problematic due to deteriorating humanitarian access.
- b) Bureaucratic impediments slow response, e.g. visas, permissions, obtuse decision-making.
- c) Aid workers become a target for frustrated communities.
- d) Migration from urban areas causes conflict.

Operational issues

- a) Humanitarian and operational access if conflict breaks out.
- b) Volatility of affected population if electoral process is not free and fair.

Priority needs

- a) Standing support for security monitoring, either at national or regional level.
- b) Active communication channels with ICRC and public authorities.
- c) Preparation of SoPs, contingency plans, risk assessments and any other relevant processes

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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.