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## Operations Update

### Mozambique: Tropical Cyclones Idai and Kenneth



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|---|--|
| <b>Emergency Appeal n° MDRMZ014</b>   | <b>GLIDE n° TC-2019-000021-MOZ</b>   |
| <b>Operations Update n° 3 – 30 of September 2019</b><br>Covering operation's implementation for three and half months<br>(From 15 <sup>th</sup> June to 30 <sup>th</sup> of September 2019)   | <b>Expected timeframe:</b> 24 months<br><b>Expected end date:</b> March 2021                                   |
| <b>Operation start date:</b> 14 March 2019  | <b>Operation timeframe:</b> 24 Months until March 2021   |
| <b>Current Emergency Appeal Budget:</b> 32,000,000 Swiss francs<br>(revised upwards from 10 Million Swiss francs)<br><b>Initial DREF Allocated:</b> 750,000 Swiss francs  | <b>Appeal Coverage: 80.4%</b><br>(CHF 25,728,267 raised; CHF 6,271,733 funding gap)                            |
| <b>Project Manager Contact:</b><br>Leon Prop- Head of country Office Mozambique<br>Rui Oliveira – Operations Manager Mozambique   | <b>National Society contact:</b><br>Maria Cristina Uamusse, Interim Secretary-General, Mozambique<br>Red Cross |
| <b>Total Number of people assisted: 142,805 people</b>  |  |
| <b>Host National Society presence:</b> Mozambique Red Cross Society (Cruz Vermelha de Mozambique, CVM) was established in 1981, and officially recognized by the Government of Mozambique in 1988. It became a member of the IFRC in 1989. Its actions are implemented by 159 staff in all provinces, and approximately 7000 volunteers, supported by 70,000 members. The Headquarters are located in the capital city, Maputo, and has presence in 133 districts of the total of 145 in country.   |  |
| <b>Red Cross Red Crescent Movement partners involved in the operation (as of September 2019):</b><br><b>Directly:</b> Mozambique Red Cross (National Society), International Federation of the Red Cross and Red Crescent Societies (IFRC) International Committee of the Red Cross (ICRC), Belgium Red Cross, Canadian Red Cross, German Red Cross, Italian Red Cross, Spanish Red Cross, Swedish Red Cross;<br><br><b>Indirectly:</b> American Red Cross, Australian Red Cross, Austrian Red Cross, British Red Cross, Bulgarian Red Cross, Croatian Red Cross, Czech Republic Red Cross, French Red Cross, Hong Kong RC, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross, Korean Red Cross, Liechtenstein Red Cross, Luxemburg Red Cross, Netherlands Red Cross, Norwegian Red Cross, Singapore RC, Swiss Red Cross and Turkish Red Crescent.<br><br>German RC, Korean RC, Kuwait RC, Spanish RC, CV São Tome e Principe, Seychelles RC, Turkish RC, are also contributing bilaterally to the response. |  |
| <b>Other partner organizations actively involved in the operation:</b> Spanish AECID, Airbus Foundation, Booking Care, Coca Cola, Credit Suisse Foundation, Czech Republic, DFID, ECHO, Erickson-Malinoski Giving Fund (TIAA) on behalf of Bernadette Malinoski, Estonia MoF, Facebook, IFRC at the UN Inc., Irish Aid, Italian Government Bilateral Fund, Lichtenstein Government, Lionel and Ann Rosenbaltt, Luxemburg Government, MundiPharma, New Zealand Government, OPEC Fund for International Development (OFID), Patrick J McGovern Foundation, Pernod Ricard, Robert L. Robertson, Sanford Waxer, Shell, Transfigura, USAID/OFDA, White & Case LLP, WHO, World Remit. Private donors in Germany, Belgium, Switzerland, United States, Netherlands.  |  |

This Operation Update no. 3 reports on the achievements of the IFRC and CVM led Emergency Plan of Action for Mozambique in response to Tropical Cyclone Idai and Kenneth. The figures presented reflect the period from 15<sup>th</sup> of June to 30<sup>th</sup> of September. From the first published EPoA, the appeal was raised from 1,000,000 CHF to 32,000,000 CHF, which is currently covered slightly above 80%, considering soft pledges. A revised Emergency Plan of Action will soon be published, taking into consideration the planning of the recovery activities, and adjusting IFRC and CVM operating budget as per the funds available, expecting that further contributions will come to fruition given the dire recovery needs observed in Mozambique affected provinces.

#### Highlights of the Operations Update:

- A total of **225,184** relief items distributed so far to **142,805** beneficiaries since the emergency phase, including NFIs, Water, Sanitation, Food, and Health items;
- **15,329** people accessed community health points, and **19,512** attended Psychosocial Support Consultations.
- Up to **26,918** people reached with hygiene promotion activities, **36,492** through the restoration of hand pumps in affected communities, and **13,413** people accessing improved sanitation facilities.

- Recovery: first **18** houses being built in the rural areas, and **21 households** trained in *Build Back Safer* techniques.

## A. SITUATION ANALYSIS

### Description of the disaster

**Tropical Cyclone Idai** affected over 1.8million people, according to the National Institute for Crisis Management (INGC). Landfalls on the city of Beira affected especially the Sofala, Zambezia, Tete and Manica provinces. In these provinces alone, 140,000 people people were displaced and sheltered in 143 accommodation centers. The latest IOM's Situation Report (19<sup>th</sup> July-31<sup>st</sup> August) indicate **66 relocation sites** are still open hosting **80,190 individuals (16,665 households)**.

**Tropical Cyclone Kenneth** made landfall through the Cabo Delgado Province on 25 April. The winds hit especially Macomia and Ibo districts. This resulted in 286,282 people directly affected. ACAPS reports mentioned approximately 45,000 houses partially or destroyed. 4 accommodation centers have been set-up to accommodate 881 households, and additional relocation sites are hosting a considerable number of displaced households.

Amidst the cyclones, the Government of Mozambique declared an outbreak of Cholera in late March, after detection of 5 cases amongst 2,500 cases of watery diarrhea. The disease quickly escalated and by mid-April, 6,382 cholera cases were reported in 4 districts in Sofala: Buzi, Nhamatanda, Dondo and Beira. A mass vaccination was set in motion under the leadership of the Ministry of Health and WHO, covering 98.6% of the targeted population. The spread of the outbreak was contained, and last case reported on 18 May.



The impact of the cyclones is overwhelming over the populations. Mozambique is experiencing its worst food insecurity emergency since the 2015/16 drought, with an atypically high number of households in need of food assistance. This is the result of the destruction of agricultural lands by the cyclones with associated torrential rainfall and severe flooding in an area that is the country's barn. The communities targeted by this operation have also not been spared from these shocks. According to the UN Humanitarian Country Team, three months after the cyclones hit, more than half a million people (100,000 households) are reportedly still living in destroyed or structurally damaged homes, sheltered in resettlement sites or remain displaced in emergency accommodation<sup>1</sup>. Many of these locations are unsafe, inadequately prepared, and lack access to fundamental basic goods and services. This situation may deteriorate with the rainy season expected to start in November, if relief preparedness operations are not kept at the necessary level.

### Summary of the current response

#### Overview of Host National Society

The CVM continues implementation of a broad range of services with the support (direct and indirect) of 36 different partners from the Red Cross Red Crescent Movement, and direct funds from the outside Movement Partners (Corporate, Individual and UN Agencies) in and out of the country. This appeal is contributing to the support services provision for the activities being carried out alongside the IFRC and other PNS in Sofala, Zambezia, Tete, Manica, Cabo Delgado and Nampula in the WaSH, Health, Food Security, Shelter and Protection sectors, through a combination of relief and recovery services, community awareness and mobilization, contingency planning and resilience building.

Through the EPoA alone, during this reporting period the CVM reached directly **13,925 people** affected by Tropical cyclone Idai with relief items, hygiene promotion activities, health services and provision of clean water, contributing to the total of **142,805** people reached from the start of the operation. The CVM has mobilized 1,162 volunteers in the response, which also support the actions of RCRC partners present in the country.

On July 10<sup>th</sup>, Mozambique Red Cross celebrated its 31<sup>st</sup> anniversary across the country. IFRC and RC/RC partners present in country participated in the celebration in Maputo and other provinces. In CVM Sofala provincial delegation, close to 400 volunteers were praised for the work done during the response to cyclone Idai.

<sup>1</sup> IOM Situation Report No. 11 – 19<sup>th</sup> July – 31<sup>st</sup> August 2019

## Overview of Red Cross Red Crescent Movement in country

In the reporting period, the operation entered a transition from Emergency Response Units and Surge personnel to longer-term staff, with a substantial reduction of international staff presence (from over 160 to just over 30) and an investment on national skills and capacity. By 31<sup>st</sup> August, over 90% of the expected international personnel are on board.

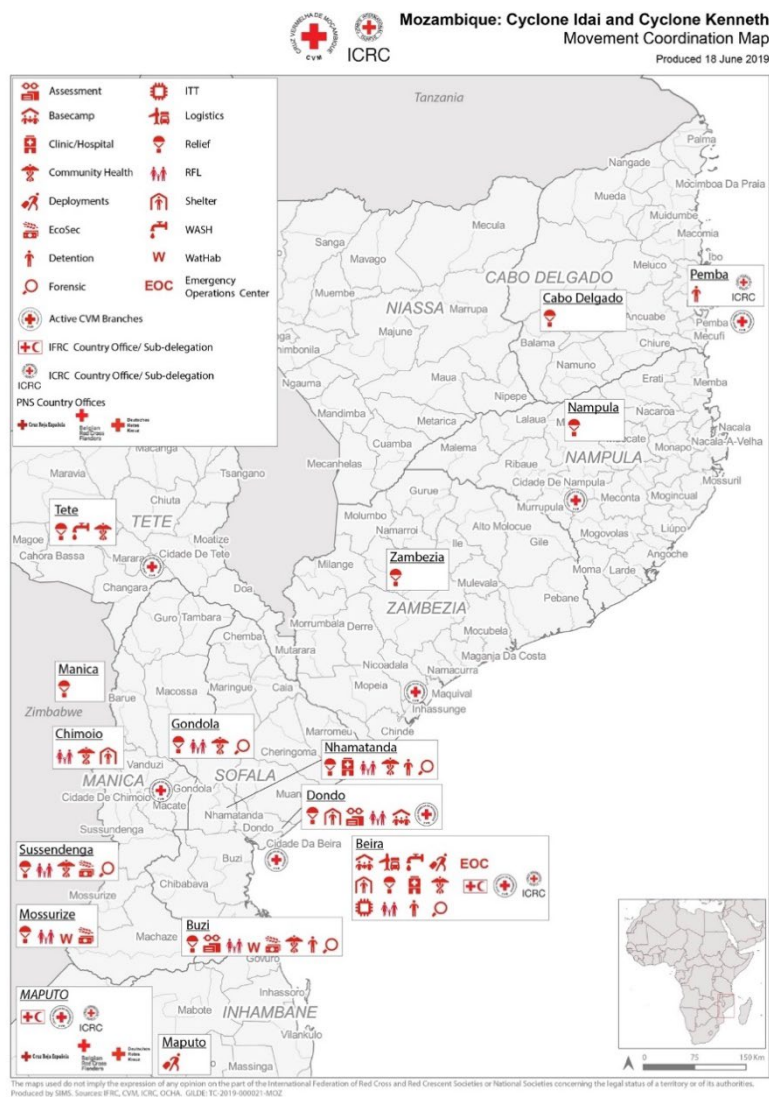
Learning from the Real Time Evaluation results, despite the coordination between IFRC, CVM, ICRC and Partner National Societies (PNS) at field, national, regional and headquarters levels is maintained, it also seeks to be reinforced to materialize a single plan as the operation turns into a longer-term vision both in assisting affected population and strengthening the NS capacities. Head of Country Office for IFRC arrived August 1<sup>st</sup>, and his permanent presence, together with the position and Operations Manager, will help to strengthen cooperation among the Movement partners, as well as the involvement of the CVM in the strategic planning and subsequent review of the Emergency Plan of Action towards the recovery phase. IFRC will continue the promotion of Movement-wide efforts in support to the CVM. The deployment of the NSD Manager is also helping reinforce the CVM leadership capacity in assuming its role in planning and organization at the operational partnership table.

As part of its operational footprint and set-up in Sofala and Cabo-Delgado, the International Committee of the Red Cross (ICRC) continued to support the emergency responses in coordination with the Mozambican Red Cross (CVM) in the areas of Economic Security, Health, WaSH Protection of Detainees and Infrastructure Rehabilitation.

By the 2nd of July, the joint response between IFRC and ICRC in Cabo Delgado province ended with relief distributions and post distributions monitoring exercises. This Appeal will continue supporting CVM in Cabo Delgado as part of the general appeal with harmonized interventions, mainly in health awareness and hygiene promotion. In the reporting period, shelter cluster members have supported the coordination role in Cabo Delgado both for the technical and general coordination.

Different Movement partners have confirmed continuation of support to the CVM during the recovery phase. These Movement Partners (Belgium-Flanders Red Cross, German Red Cross, Spanish Red Cross and Italian Red Cross) will continue their program implementation in various sectors (DRR, Food Security, Shelter and WaSH) and provide particular technical support to the CVM in focused areas:

- ✦ **German Red Cross (GRC)** has been present in-country since 2000. GRC was before the landfall of Idai supporting CVM with two projects: Support rural communities to enhance self-help protection against impact of climate change - Phase III, implemented in the Gaza province, and Forecast based Financing – FbF, Phase II - closing the gap between disaster risk reduction and emergency relief with a national coverage. In response to Idai, beyond the previously reported actions, for the recovery phase, a 30-month Shelter and WASH project focussing on 3000 HH in the southern part of the Sussundenga district was initiated on 1<sup>st</sup> July 2019. IFRC and the GRC will collaborate with CVM in the area of disaster management, as well as forecast based financing strategies.
- ✦ **Belgium-Flanders Red Cross (B-FRC):** The Belgian Red Cross will collaborate with this appeal through the establishment of a First Aid (CBHFA) Capacity Building program in the recovery phase. The PNS is also planning a bilateral recovery program focusing on DRR, FS and WASH in the districts affected by cyclone Kenneth in Sofala, Tete, Manica and Nampula Province.
- ✦ **Spanish Red Cross (SpRC):** The SpRC will continue supporting CVM's response bilaterally, particularly focusing on shelter and WASH for the recovery phase. The IFRC will support the work of the Spanish Red Cross shelter programs through e-voucher distribution in Beira City.
- ✦ **Italian Red Cross (ItRC):** The Italian Red Cross is defining with CVM and the IFRC the scope of its recovery and capacity building activities in Mozambique, which will entail (amongst others) the redefinition of the volunteer management system within the CVM.





The IFRC will enhance the Movement-wide coordination efforts in support to the CVM, including the streamlining and harmonization of movement resources. For that purpose, a National Society Development delegate was hired, with the role of consolidating actions and establishing movement-wide plans in CVM support areas.

## Regional and Global Support

Both **Regional Office for Africa and Southern Africa Cluster Office** continue to provide leadership insight and technical support, as well as remote support for the operation, while internal systems setups are ongoing. There continues to be an active coordination structure 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. PSK unit commissioned Volunteer Management system rollout. This will present a digital platform for volunteer database management.

A **child protection rapid assessment** was carried out in Mozambique in July aiming to identify child protection needs in the framework of emergency recovery operations and to provide recommendations and a proposed strategy to strengthen child protection within recovery operations. *Please refer to needs analysis section for results<sup>2</sup>.*

**Environmental Protection advisory support and field mission** took place in July with remote desk review an in-country assessment for two weeks, with support from Swedish RC. The aim of this advisory was to improve the work of the Red Cross Red Crescent Movement through enhancing the environmental sustainability of our actions. Main recommendations<sup>4</sup> have been compiled per programmatic area and general management within the operation that will be incorporated in the revised EPoA.

On the last week of July, two members of the **Regional Logistics Unit in Nairobi supported the operation** during a week on streamlining the long-term implementation of the inventory management control, training support to local capacity, and to help to develop future objectives.

## Real Time Evaluation

The Emergency Appeal performed a Real Time Evaluation between June and early July. The RTE covered the period from formation of Tropical Cyclone Idai until the end of the evaluation team's data collection and analysis phase (9 March to 5 July 2019).

Key findings and recommendations from the RTE are as follows:

- Highly effective early deployment decisions, media footprint, supported by efficient donor management, early 'preventive audit' and successful resource mobilization;
- Unprecedented level of external coordination and cooperation by IFRC seen at field level.
- IFRC Secretariat needs to ensure stable presence for major disasters by establishing a pool of 'Emergency Head of COs' or other senior representatives.
- Widely effective coordination between IFRC and ICRC fostered by the pragmatism of actors on the ground, who put the humanitarian imperative at the centre, despite challenges related to the formalization of Movement coordination processes.
- Future operations will benefit from exploring and introducing good practice of systematically capitalizing on existing contextual (country and NS) institutional and individual knowledge, to support informed decision-making.
- Movement actors struggling to integrate CVM given the limitations regarding CVM's HR capacity and expertise. IFRC's efforts to integrate CVM in planning and decision-making had modest success.
- Development of unified and comprehensive CVM support strategy of all Movement components is essential to CVM's institutional recovery planning.
- Missed opportunity to profile CVM and the wider Movement vis-à-vis national and international coordination bodies at national level. Strong operational results have not been shared or realized as much as they could have been outside the Movement.
- There is the need to exempt Shelter Cluster (SC) Coordination at the Maputo level; IFRC's leadership at the national level has been effective and compensates external perceptions of CVM's dormant partnership in their co-leadership role.
- African regional surge capacities were underrepresented despite existing pool capacity. Delegates from African IFRC Offices have been well represented.
- Implementation of some of the new IFRC surge tools was successful.
- The premiere deployment of IFRC's Assessment Cell (AC) was successful for 'initial assessments' (Phase 1) and the 'recovery assessment' (Phase 3), while stakeholders do not attribute added value to the 'rapid assessments' (Phase 2). IFRC Secretariat needs to take a timely strategic decision on the AC's scope (inter-agency level vs. IFRC level) to guide further development.

## Overview of non-RCRC actors in country

The Government of Mozambique, through the Institute of National Crisis Management (INGC) continues leading the humanitarian efforts in response to the cyclone's impact. The UN Humanitarian Team has deployed the cluster system, with national coordination in Maputo (national Humanitarian Country Team and Inter-cluster capacity) and regional coordination in Beira City.

Due to the high risk of yet another humanitarian crisis on the horizon in Mozambique, directly related to food insecurity and potential health outbreaks, the humanitarian community is being called upon to retain experienced leadership in Mozambique at least until the

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<sup>2</sup> Report available upon request.

end of 2019. The interagency coordination mechanisms will be maintained at provincial and national levels with key clusters and the designation of a Humanitarian Coordinator to ensure global support to coordination. There is also a call for humanitarian partners to commit the provision of assistance in hard-to-reach areas. Key clusters will continue coordination for Sofala, Manica and Cabo Delgado provinces. Exercises to determine how many active organizations will remain in country will be done to count on a more realistic scenario moving forward.

In mid-July, the UN Secretary General Mr. António Guterres, visited Mozambique to express solidarity and called on the international community to double its efforts, and to consider Mozambique a priority. Less than half of the \$3.2 billion requested by the Government of Mozambique for the Reconstruction and Recovery Plan for the country has been received. The UN appeal for \$280 million is also far from fully funded. Mr. Guterres visited Beira to join the main humanitarian agencies leadership where the IFRC, CVM and other movement partners were represented.

## Needs analysis sectoral snapshot

### Food Security

As a result of multiple shocks, including tropical cyclones Desmond, Idai and Kenneth with associated torrential rainfall and severe flooding and drought in southern semiarid areas, the Famine Early Warning System Network is projecting that “atypically high humanitarian assistance needs will persist through the start of the lean season” in Mozambique. Between June and September 2019 over 1,6 million people require food assistance (this number is expected to increase up to 1,994,538 people<sup>3</sup> by year end), to allow recovering agriculture livelihoods by March 2020. The seven cyclone-affected provinces are included in this projection. At the same time, food assistance needs to be combined with provision of agricultural inputs, farming infrastructure reconstruction, and other income generating activities.

### Health

According to the Health cluster led by MoH and WHO, there are still challenges in access basic health services for communities in hard-to-reach and resettlement areas. For communicable diseases, there are no cholera reported cases for more than 4 months now in Sofala, but the start of the rainy season requires prudence and preparedness. Malaria has declined in Sofala with the start of the dry season, despite the cumulative cases is up to 82,336 as of 14th July. However, in Cabo Delgado malaria continues increasing in Macomia district and decreasing in others, cumulating 43,076 cases at provincial level. Mobile brigades were established to screen and monitor malnutrition in children with 1,848 cases only in Sofala province alone and lasting food insecurity may increase overall malnutrition amongst children. Up to 800 cases of pellagra (Vitamin B deficiency) have been reported. Monitoring and reporting are ongoing as well as investigation of cases through partners support.

### Shelter

IOM in close coordination with Mozambique’s National Institute for Disaster Management (INGC), conducted during first week of July the latest assessment in resettlement sites (all accommodation centres are closed now) in 66 locations across 17 administrative posts and 10 districts in Sofala, Manica, Tete and Zambezia provinces. Results show that up to 20 new resettlement sites have been opened and 4,000 new households have moved into resettlement sites since the last reporting period, in Sofala and Manica provinces. Provision of services to relocation sites is still a priority for the Governmental authorities. A total of 66% of the residents in resettlements consider food as their main priority, followed by health services (15%), shelter (10%) water (5%) and agricultural inputs (4%). A total of 82% of the residents reported receiving food distributions. About 85% reported having access to healthcare services on site. The emergency response has reached 120,000 families with different types of basic shelter support. However, the needs remain high in areas where the numbers of houses damaged are high such as Beira city, but even more so in more remote and hard to reach areas where some communities have not yet received any kind of assistance. Outside the resettlement areas, districts flagged by Shelter Cluster partners as well as local administrators as most in need of shelter assistance are for Sofala: Chibabava and Buzi districts (particularly in Estaquinha “posto administrativo”) and for Manica: Sussundenga district. The provision of food alongside the shelter assistance is considered as necessary.

Under revised HRP, the Shelter sector considered a revised target PIN of 560,000 people (approximately 112,000 households) in the Idai affected provinces and a PIN of 60,000 people (approximately 12,000 households) in the Kenneth affected areas. In total, 620,000 people (approximately 124,000 households) are still in urgent need of shelter assistance.

### Water, Sanitation and Hygiene (WASH)

Access to clean water is still a challenge, especially in cyclone affected provinces. Re-establishing access to water through community wells rehabilitation and protection, repair of the water networks in urban and peri-urban centers, and support to the relocation sites continues to be the focus of the WASH cluster partners in Sofala, Manica, Zambezia and Tete provinces. The overall strategy for sanitation is to reduce the risk of contamination through green and black water overflow in communities and associated health hazards. Community committees will continue to be formed, equipped and organized to ensure the adequate supply of safe water and cleaning of drainage and community pits. At the household level, latrine rehabilitation is ongoing as a priority. By the end of the reporting period, Sofala WASH Cluster dashboard presented 613,000 people reached by water, 202,000 reached by sanitation and 292,000 reached by hygiene promotion activities.

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<sup>3</sup> Source: [FEWS NET](#)

## Operation Risk Assessment

The risk register completed for this operation in April is being monitored and updated by the project team. The risks in the table remain the most critical.

| Assumptions   | Support Measures  |
|---|---|
| <b>A1.</b> Access to quality information from the field is constant.  | <b>A1.</b> IFRC supports the strengthening of the CVM in areas such as IM and reporting processes for CVM including analysis and reporting of operational information, hiring dedicated personnel and providing technical guidance, when required.  |
| <b>A2.</b> Sustained number of CVM volunteers when exceptional measures phased out by the end of September. | <b>A2.</b> Movement partners strengthen the support to CVM to retain, recruit and train new volunteers on a regular basis and improve volunteer management strategies based on the principles of the Red Cross Red Crescent volunteers globally.  |
| Risks   | Mitigation Measures   |
| <b>R1.</b> Reputational risk: When Fundamental Principles are in danger of being compromised.               | <b>R1.1.</b> CVM and IFRC opt to enhance the scope of the intervention to operate entirely in line with its mandate within the evolving scenario.<br><b>R1.2.</b> IFRC works closely with CVM to enhance communications capacity. The IFRC Regional Office for Africa unit is ready to support CVM to communicate CVM's humanitarian role, and relevant public statements or press releases.<br><b>R1.3.</b> IFRC supports CVM in coordination platforms to disseminate key messages.   |
| <b>R3.</b> Fraud & Corruption   | <b>R3.1.</b> IFRC Fraud and corruption prevention control policy (Triple defence) is rolled out and all staff trained, including CVM staff and volunteers.<br><b>R3.2.</b> CVM and IFRC undertake an annual internal and external audit process.<br><b>R3.3.</b> IFRC operation has a fully dedicated finance team to ensure funds are implemented in line with donor requirements, both working closely with CVM.<br><b>R3.5.</b> IFRC maintains a detailed risk register identifying clearly vulnerabilities, mitigations measures and risk owners. |
| <b>R4: Increased incidents of violence especially during election period</b>                                | <b>R4.1.</b> IFRC and CVM elaborate election contingency plan, and deploy well trained volunteers to support the electoral process;<br><b>R4.2 Election period SoPs for staff safety are drafted and rolled out</b><br><b>R4.3</b> Security plans consider an escalation of violence, and provide clear instructions to staff, considering an increase of security level.   |

## B. OPERATIONAL STRATEGY

### Proposed Strategy

The IFRC appeal launched in the onset of the emergency is supporting the implementation of relief and recovery activities in response to the damage to infrastructure and people's vulnerability and exposure caused by the cyclones Idai and Kenneth, and afterwards by the outbreak of Cholera. The IFRC and movement partners are working in cooperation with and through the vast CVM network of staff and volunteers, especially in the most affected areas. Beyond relief operations, support to CVM capacity building and systems' strengthening has been focusing on coordination and relief leadership, technical enhancement, response preparedness, human resources and financial follow-up to CVM HQ staff and provincial delegations.

IFRC and CVM, alongside movement partners, are currently analyzing the best way to streamline movement resources and expand support to the CVM in several sectors (National Society Development pillar), and different provinces, as well as to expand geographically its operations, outreaching to a larger number of population through additional districts in Sofala and other provinces that will likely face the endured impact of the crisis, especially severe food insecurity expected in the coming months. Alliances with strategic RC/RC partners will be key to maximizing resources and complementing actions focusing on the added value that the Red Cross can offer across the country. Hard-to-reach areas and expected gaps left by the number of humanitarian organizations phasing out their interventions in a near future, are some of the factors being analyzed.

### Revised Targeting and Vulnerability Criteria for the recovery phase of the response

The revised EPoA strategy on the horizon is informed by a multi-index vulnerability matrix as well as the IPC food insecurity classification in country. These will serve to define the preliminary geographical targeting for the recovery phase of the response through the revised emergency plan of action, considering also the pre-crisis vulnerability. This review envisages, in one hand, to expand the geographical area of implementation to other provinces and districts where populations are in acute need of support, and, widen the capacity building work with the CVM by strengthening its network across the affected provinces.

With the results of initial assessments available from Dondo district, the multi-index analysis and the IPC food insecurity crisis classification in country, the IFRC and CVM intend to deploy a standard (yet contextualized) lighter integrated programming aiming to reach further population across affected provinces. Nevertheless, this revision will continue to target the most vulnerable, in close collaboration within the RC/RC movement and external partners.

## Mainstreamed programming

While the Government, and some humanitarian and development actors concentrate their recovery efforts in relocation sites, the RCRC partners, based on the humanitarian imperative, took the decision to focus their recovery approach on the affected people at large and their communities, which represents the largest percentage of population affected by the cyclones<sup>4</sup>.

This community recovery approach can only be carried out through a cross-sectoral joint planning and implementation in traditional RCRC response sectors (Shelter, FS and LH, WaSH and Health) with a strong focus on CEA (community engagement and accountability) and PGI (Protection and Gender Inclusion). This approach will also be the cornerstone for CVM capacity building at local and branch level in areas of recovery response, disaster management and preparedness and sectors aligned to pre-existing expertise and areas of strategic interest for the National Society (Health, WASH and Shelter), based on pre-existing expertise. Strengthening volunteer network and management is a critical priority of the recovery plan and key to a timely and quality implementation.



Photo: Women focus group discussions in Chinamacondo Sede (July 2019)

Consistently maintaining a gender, cultural and diversity sensitive approach, acknowledging the intersectional nature of disadvantages and barriers people face to obtain their basic needs, will inform the operational decisions throughout. Capacities in child protection and prevention and response to sexual and gender-based violence will be strengthened within families, communities and the CVM, in close coordination with other protection actors such as national social service providers, local community stakeholders such as teachers and community leaders, UN expert organs and NGOs.

Special complaint and feedback mechanisms, appropriate safe referrals, community awareness and advocacy, as well as preventive tools for PSEA, are put in place. The RCRC approach to all concerns of inter-personal and identity-based violence is a survivor-centred one and a main priority will be to ensure reaching, acknowledging, hearing and adapting to those individuals and groups that are the most at risk of being neglected or exposed to violence and discrimination.

Negotiations are ongoing between the Cash Transfer Project and the Government of Mozambique to commence implementation of cash e-vouchers. The plan has been designed to support the activities planned by shelter and livelihoods sectors through an e-voucher system managed on the Red Rose platform to improve transparency, quality and monitoring. The e-vouchers will have a cash value and can be exchanged for a range of products in special shops or from traders in designated markets.

## Community Engagement and Accountability

The current Movement strategy on Community Engagement and Accountability is to ensure that urgent and priority needs are met as soon as possible and ensure that a well-planned and articulated community-led strategy for recovery contributes to building the resilience of people affected and ensure their full participation in their own recovery. Based on assessments and secondary readings, the overall literacy rate in Mozambique is 47% meaning that CEA is an important and key aspect of this response to engage communities in the right way through access to information mainly orally or through radios.

CEA has helped improving the quality of the Cyclone Idai response across during the first part of the response and will continue to do so including Capacity Building for CVM. Following this strategy, the objectives of the revised CEA strategy will be:

1. Enable communities to have access to clear and practical information in engaging ways related to the services available to them including selection criteria, and program closure. This approach enables communities have access to practical information, is currently being piloted with 150 households in Praia Nova in Dondo where a community committee has been set up respecting gender equality of all 10 members elected from the community itself. A monthly calendar with regular community meetings ensures CEA to maintain an ongoing communication channel responding to the community feedbacks, questions and needs. Once implementation has started, the recovery assessment and planning approach will be improved based on lessons learned during the pilot and rolled out to new rural and urban areas such as Chinamacondo and Praia Farol. This approach can also be adapted to suit urban contexts, such as Mutua.
2. Communities are able to raise any concerns and complaints, and that these are responded to and acted on. This includes the insertion of CEA as the Red Cross focal point within the Linha Verde, the free inter-agency call service to report abuse, corruption or questions for the humanitarian response in Mozambique. Moreover, CEA managed to give a training session for the call operators of Linha Verde in order to share Red Cross core components and code of conduct.

<sup>4</sup> According to an [IOM baseline assessment on population movement](#), conducted in June 2019 in the four most affected provinces (Sofala, Manica, Tete and Zambezia) most displacement occurred within the same district, over 1,5 million affected people remained in their locality and around 52,000 people were in accommodation sites and 49 resettlements.

3. Ensure communities participate in designing the response and recovery efforts by using a fully integrated and community led approach to recovery assessment, planning and implementation.

### **National Society Development**

Around 1,162 volunteers and staff have already been trained and are participating in the activities being conducted for the response. The response to the cyclones put additional pressure on the National Society's limited capacity to respond to the growing needs of the population. Within the revised strategy, extensive resources will be allocated across the sectors towards CVM development, both institutionally and operationally, in order to strengthen the NS response capacity on the short and long term. Following a handover meeting, the key areas of focus are financial sustainability and management, National Society Capacity strategic approach in terms of staff and volunteers, especially in regard to volunteer management, as most volunteers are now newly recruited and lack the understanding of the Red Cross movement, and finally enabling the CVM ability to respond to crisis, through investing in Disaster preparedness, contingency planning and crisis management. Branch operational development and improving the relationship between central HQ and branch level will also be key moving forwards. Bridging the gap between these two essential operational components, increase mutual understanding, reduce inefficiencies in decision making, and ultimately enabling a one operational approach even within CVM. The approach to National Society Development will entail an holistic "whole of movement" approach, spearheaded by the IFRC, but bringing together the movement capacities.




## **C. OPERATIONAL RESULTS**



Date: 01/10/2019

## Cyclones Idai and Kenneth

Total number of people who received relief assistance: **142,805**

|  <b>WASH</b> |  <b>Relief</b>   |  <b>Health</b> |
|---|---|---|
| Number of people reached with sanitation facilities 13,413                                    | Individuals reached 142,805   | Active CMHPs 4  |
| Number people reached in Hygiene promotion activities 26,918                                  | Households reached 31,209   | Individuals reached by CMHPs 15,329   |
| Litres of water distributed 2,708,117   | Total Items distributed 225,184   | Canadian/Finnish ERU patients [ER] 2,442 (2,380 excl. MTC)  |
| Number of hand pumps repaired 61  | Total Canadian/Finnish ERU patients [OPD Adult] 6,653   | Canadian/Finnish ERU patients [Maternity] 525   |
| Number of people reached through the repair of handpumps 36,492                               | Canadian/Finnish ERU MTC consultations 62   | Canadian/Finnish ERU CTC consultations 222  |
| Sanitation Infrastructure 180   | Canadian/Finnish ERU CTU consultations 31   | Portuguese Clinic consultations 5,064   |
| <b>CVM Staff and Volunteers</b>   | <b>Households Reached</b>   | Number of attendees to PSS Activities 19,512  |
| Total Staff Nationwide 159  | <b>Idai</b>   |   |
| Total volunteers Nationwide >7,100  | Full standard Family kit (i/ SK) 4,879  |   |
| Total volunteers mobilised for Idai and Kenneth response 1162                                 | Non-standard family kits 19,909   |   |
|   | <b>Total Idai Response</b> 24,788   |   |
|   | <b>Kenneth</b>  |   |
|   | Full standard Family kit (i/ SK) 881  |   |
|   | Non-standard family kits 4,040  |   |
|   | <b>Total Kenneth Response</b> 4,921   |   |
|   | <b>Total</b>  |   |
|   | Full standard Family kit (i/ SK) 5,760  |   |
|   | Non-standard family kits 23,949   |   |
|   | <b>Total Response</b> 29,709  |   |
|   | <b>Distributions (1kit/HH):</b><br>Idai: Sofala, Manica, Zambezia and Tete<br>Kenneth: Cabo Delgado and Nampula<br>Exception: Ibo District in Cabo Delgado (1kit/5HH) |   |



## Shelter

# 116,105

People reached during the reporting period

Male: Approx. 58,517

Female: Approx. 57,588

A total of **23,221 households** (116,105 people) receive emergency shelter kits, other household NFIs and awareness on safe shelter and good construction practices. About 150 households in Praia Nova received toolkits for the recovery intervention in the second week of August, and 855 households in 3 localities of Chinamacondo in September 2019. New 18 houses started being built in Praia Nova, using traditional techniques and components of the Build Back Safe methodology.

Some 88% of the target population in Chinamacondo and Praia Nova provided with awareness orientation campaign who can build a safe shelter.

The above is an addition to the 5,760 households provided with emergency shelter kits which meet the agreed standards, during the relief phase.

Over 100 CVM staff and volunteers were trained in relevant recovery shelter and settlements trainings.



Figure 3: Technical observation in Chinamacondo to observe construction techniques – June 2019. Source: IFRC Shelter Team

### Other key activities conducted during the period:

- Consultancy for the design of 6 Building Back Safer Trainings (BBS) for community skilled workers was carried out.
- Testing of the IEC materials developed by the FACT team and Shelter Cluster with the community members in Praia Nova.
- Observational visit and KIIs conducted with Secretario do Barrio de Munhava and Ndunda to identify shelter vulnerabilities and reconstruction and repair needs and construction culture within the urban areas.

### Challenges and constraints:

- Advancements in the agreement with UN Habitat slowed down due to the change of personnel in both institutions.
- The logistics for the deployment of house construction materials to remote rural areas of Dondo (Chinamacondo and Praia Nova) is complex, which may entail a delay in the overall implementation.

### Key Next Steps:

- Identification of the urban and peri-urban areas of Beira where the shelter intervention will expand.
- Shelter needs assessment in other districts with considerable gaps, particularly north-west Sofala and Manica.
- Development of the template for the building damage assessment (BDA) survey to better adapt the recovery approach due to the identified community capacity of self-recovery.



## Food Security & Livelihoods

# 4,135

People reached with food assistance (approx. 827 households)



A total of 4,135 people (827 households) were reached with food assistance in the Dondo district during the reporting period. Food assistance packages are composed by 40kg of rice, 6kg of beans and 3.75lts of fortified oil. This is the defined standard for a family of 5 people for one month. All families have also received kitchen sets. Alongside food, the distribution of 676 agricultural tools and seeds was provided to farming families to start the recovery of their crops. Food and Seed distribution will be intensified from October until the end of the year (planting season) in several districts of Sofala, Tete and Manica.

Assessments for the planning of the livelihood interventions in Praia Nova and Chinamacondo have been completed. Although agriculture will be the largest sector for investment in the recovery phase, fisheries remain a very important livelihood in coastal areas and riverbank communities. The IFRC is therefore coordinating with authorities a cash program to support the rehabilitation of this important livelihood activity.

The IFRC and CVM are also looking at the possibility of providing cash assistance to the most vulnerable populations that are currently under the government social protection program (INAS). Whilst further assessment on this program is required before engagement, particularly ensuring independence and impartiality of the IFRC targeting methods, and prioritizing families in dire protection situations - such as people with disabilities or with special needs, marginalized groups, elderly and women heading households – it can make sense to engage in such a program for sustainability reasons provided the essential humanitarian principles safeguards are met.

#### **Challenges and constraints:**

- Difficulties in identification of specialist in the needed areas of interventions.
- Challenges with determination of targeted population with specific characteristics for the food security and livelihoods components.
- Difficulties related with the complex quality assurance and certification for the procurement of food and seeds.

#### **Next steps:**

- Give operational priority, resolving quality assurances and certifications to proceed with procurement process for the food, tools and seeds to ensure they are delivered on time to beneficiaries before the corresponding seasons commences. For the moment, in-kind donations from FAO and WFP have been secured to provide the much needed seeds to the beneficiaries at the start of the planting season.
- Building alliances with external partners to guarantee a timely assistance to affected population.



**Health**

**88,594**

**People reached during the period**

**Male: 42,690**

**Female 44,610**

Through Community Health Management Posts (CHMPs) and community outreach services (including mosquito net distribution), the program reached about 87,300 people as of September. A total number of 14,938 patients were treated in health facilities, with 11,651 households reached with 21,555 mosquito nets and 12,522 people through community-based activities. There are currently only four functional CHMPs (formerly ORPs) that carry out treatment and PSS activities in Ndunda 1 and 2, Munhava and Vila Massane. Due to the start of the rainy season in October, the number of operational CHMPs will be scaled up again, to ensure coverage of the areas of operation in case of any related outbreak.

Over 16,224 persons have been assisted with medication supply, psychology services, surgery (adults and pediatric), maternal health, childbirth, infectious diseases consultation (adult consultations and paediatrics) of which 15,568 were through PSS activities in Beira and Dondo districts, with 278 CVM staff and volunteers trained in basic PSS, PFA, self-care and team care strategies. A total of 67 trained CVM volunteers are running the daily activities in the Community Mobilization Health Points.

The Canadian RC phased out clinical operations in Nhamatanda in July, and the Portuguese RC in August at the Macurungo hospital in Beira. Canadian RC medical teams have finalized the repair and rehabilitation works and handed over the hospital to the health local authorities. The IFRC and CVM are monitoring the handover process to ensure continuity of services. In-depth renovation works are expected to be completed by the end of the month of November at Portuguese RC supported Macurungo Hospital – Beira, with a substantial increase in clinical capacity, including new medical specialties. This hospital has a catchment population of over 50,000 inhabitants and will be a reference for its communities.

#### **Key Challenges and constraints:**

- Recruitment process for the long-term health and public health delegate has slowed down activities in August and September. overly delayed. The Health delegate is now recruited, in time for the preparation of the rainy season.
- Access to Health services is a challenge in most communities, there will be facilitation of mobile brigades to reach out to the affected populations with immunization and outreach health services in collaboration with Ministry of Health.

**Next Steps:**

- Capacity building of CVM will also be supported at provincial level to manage the Health activities and provide the required support to the District and community structures for sustainability of the interventions. The recovery strategy aims at ensuring a stronger Health section of the CVM from Headquarters to community level
- First aid activities will be rolled out in all the targeted provinces through capacity building and provision of kits. The trainings will be done in collaboration with Belgium Red Cross which has been supporting CVM for a longtime
- 

**Water,  
Sanitation and  
Hygiene****62,840****People reached with WASH  
activities***Demonstration on washing hands with clean water*

The WASH team reached 100% of the target population with enough safe water in selected communities in Beira (Ngupa, Subida and Terra Prometida) and Mutua, and 3 water treatment units were installed in Sao Pedro, Samora Machel and Inhamizua camps. Over 39,800 people have been provided with safe water, with 61 water distribution points and handpumps repaired in the target communities (52 out of total of 61 rehabilitated handpumps have a functional water-committee). Over 13,400 people have now access to improved sanitation facilities, through the rehabilitation of household and community latrines, through the owner driven rehabilitation methodology. A total of 89 household toilet rehabilitation are ongoing with the supervision of WaSH technicians, in Ngupa and Subida, and the final target is to reach approximately 240 households in the coming weeks.

A total of 16,961 jerrycans and 15,717 buckets for safe water storage have been distributed over the emergency period with the relief items in Cabo Delgado, Manica, Sofala and Zambezia targeting 12,568 households.

Finally, 30,275 people reached by hygiene promotion activities and 25,695 provided with a set of essential hygiene items (Hygiene kits) in Sofala and Cabo Delgado, including in schools.

**Other key activities conducted during the period:**

- CRC working in Nhamatanda Rural Hospital on rehabilitation of toilets and showers to promote environmentally friendly water management
- The Swedish RC has ended its project in September, and has transferred the monitoring of activities to the IFRC in the locations of Mafambisse in Dondo, Ngupa, Subida and Tierra Prometida in Beira District

**Next steps:**

- Continuous capacity building of the CVM to recruit and maintain staff and volunteers for WASH related activities in all communities
- Supervision of community maintenance of hand pumps through sustaining and capacitating the water and sanitation committees to ensuring regular availability of potable water

**Protection, Gender  
and Inclusion****135,055****People reached through PGI activities**



The PGI team planned and distributed 5,835 Menstrual Hygiene Management (MHM) kits in coordination with Hygiene Promotion (HP) technicians and support from the Community Engagement and Accountability (CEA) team, in the locality of Mutua, Dondo district. This distribution was followed by sensitization sessions for women and girls, delivered by 28 CVM trained volunteers, that went door-to-door in pairs, sensitizing both the man and woman in the household. That is due to the pre-identified lack of knowledge of sexual and reproductive health in most households, and the taboo that this matter still raises within families.

The PGI team continues to support the national social protection services in identifying protection cases and referring them to health services or social protection. To increase the reach of its work, PGI technicians have now started training CVM volunteers on the detection of people with disabilities in their communities and appropriate follow up.

PGI team has also done a very relevant work of training staff across different sectors in order to mainstream the basic protection standards in all projects.

More than 390 people received awareness sessions or messages on PGI considerations, including SGBV. These included, but were not limited to national staff and drivers, PSS and HP volunteers (35, Shelter (volunteers and staff), PMER, CEA and WASH sectors, Assessment cell (PGI only).

#### **Challenges and constraints:**

- CVM does not have dedicated PGI national staff, although protection-related programs have been developed. A specific plan of action will be developed with them during the recovery phase.
- PGI has facilitated the translation of the IFRC Code of Conduct into Portuguese. The translation of the PSEA Standard Operation Procedures to Portuguese should be finalized during the month of October and rolled out.
- All national staff and volunteers working in the field shall be briefed on PGI and procedures to report and to refer protection cases at this moment of the operation. In this regard we are working on the internal and external referral pathway and selecting the PGI focal person in each of the sectors or teams in the field for protection issues

#### **Next steps:**

Capacity building:

- Continue developing the PGI learning path and provide PGI & PSEA briefings to new staff and volunteers.

Design and Implementation:

- Advising sectors and ensuring the minimum PGI standards are included in their monitoring tools.
- Establishing the Program of Action (PoA) with Health & PSS at CVM level and ensuring inclusion of WASH inputs
- Completion of the PGI PoA for Chinamacondo and Beira



## **Disaster Risk Reduction**

The DRR component of the recovery phase will focus on climate smart and community based DRR, as well as capacity-based development of the CVM in utilizing early warning information from the national meteorological services, which will then be transferred to the communities through early awareness action. Other areas of focus within the DRR component will be the Green response, Environmental Protection, Climate Change Adaptation, and roll out of Preparation for Effective Response (PER). The rollout of the PER approach will support the CVM to be in the driving seat in assessing, prioritizing and taking action to improve its response and to ultimately have a well-prepared national society and branches with strong national response themes, staff and volunteers who are first responders to disaster and crisis. Activities will include a review of the status of the national society response system and areas using the PER framework and approach.

The operation will seek to ensure a strong link with CVM's longer-term community-based disaster risk reduction and community resilience programs. Activities under the climate change adaptation theme will align to already existing programs such as forecast based financing. The Early Action Protocol to coordinate early actions for preparation and response to cyclones will be implemented in collaboration with the German Red Cross (GRC).

## **Strategies for Implementation**

### **Human Resources**

International Delegates: about 90% of long-term delegates have already been recruited for the recovery phase, and all delegates should settle in their new roles by the end of September. So far, a few more long-term delegates are in the progress of being recruited and it is expected that the recruitment process will be finalized by the end of September.

National staff: the operation now counts with a strong majority of national staff (over 75), which represents a trend on the investment strategy of national human resources. The plan for national staff has also taken in consideration key strategic positions within the CVM that will be required on the long run and accelerate the pace of the National society development.

Staff regulations have been developed for both national and delegates and is pending approval by the ARO. The enforcement of the regulations is expected to commence in September. An internship policy for the IFRC has also been developed. This is to enable persons interested in the IFRC gain relevant knowledge, skills, and experience while establishing important connections in the field. A relevant component of the internship policy is the priority it is given to the inclusion of people with special needs in the RC/RC work as a whole and particularly within the IFRC and CVM.

Inductions for all national staff are ongoing; all departments and sectors have participated so far, and HR systems training for delegates have been planned for the month of August. Peer-to-peer training also ongoing for national staff on MS word processing applications. This occurs every weekend, including the learning platform trainings. The most important challenges being faced by the HR department is the low salary scale in-house, leading to most persons selected from interviews rejecting offers proposed to them from IFRC.

## **Planning, Monitoring, Evaluation and Reporting (PMER)**

The PMER team is working closely with the heads of sectors and IM to support the analysis of data to inform the planning process and the development of the Emergency Plan of Action for the recovery phase and other key documents needed in this operation (Situation Reports, Operations Updates, Donor Pledge Reports, etc.).

The drafting process of the Emergency Plan of Action for the recovery phase is ongoing. PMER worked with all sectors to finalize the indicators sectors will be using in the intended integrated approach. The other components such as developing a Monitoring and Evaluation (M&E) framework are ongoing and will be finalized immediately after the validation of the EPoA, including roles and responsibilities. The M&E framework will be adapted to keep track of implementation and inform decision-making. The PMER also assisted in the finalization of the Vulnerability Criteria which will be used in determining beneficiaries of NFIs and Food Items in the targeted communities for the operation.

The Real Time Evaluation (RTE) which was coordinated by the PMER and DCPRR teams from IFRC Geneva and Africa Regional Office, as well as operational leadership in Beira was completed in mid-July. The final draft was shared with the Operations team in Beira, the Africa Regional Office and the IFRC Geneva office for review and discussions on key issues raised discussed in the third week of July. The RTE team then shared the final draft in August to the PMER teams at all three levels, for dissemination to relevant stakeholders.

## **Information Management**

IM is keeping close coordination with all sectors to develop a new data collection system tailored to the needs of the recovery phase of the operation using RedRose to keep an accurate and more accountable dataset for the monitoring of the implementation of the programs planned. The new long-term Delegate is currently working with PMER on consolidating the data collection methods to keep track of the progress of the indicators set up for each sector. Assessment and Movement maps have also been critical to understand the complex setting of the response in Mozambique and are being updated as new information is available to help all the sectors in the planning of their implementations.

Two IM Officers have been hired to support the operation, they are being trained in Mobile data collection, Analysis and Visualization of data. The IM Officers and the IM Delegate are expected to train volunteers and multiply IM skills to build the capacity of the National Society.

All information management products developed are available in a webpage fully dedicated to the [Mozambique response in the IFRC GO Platform](#). 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 organize 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**

The last Surge capacity delegate handed over to IT local staff (officer and assistant) in the third week of July. Recruitment processes for national staff structure has been completed, and continues to provide support services for base camp, residences and field operation. This includes supporting the establishment of new staff computing devices and the communications for the field basecamp in Praia Nova and making use of solar panels for continuation of power provision. Four satellite phones are expected to be procured and activated in preparation of elections period. A current inventory of IT equipment available in-house is being done to control all devices given to delegates and staff. The major challenge faced by ITT is the delays on the reception of large number of computing devices for staff in Mozambique, leading to the decision to procure locally.

## Influence Others as Leading Strategic Partner

### Communication

In the initial emergency phase of the Cyclone Idai response, the Red Cross was the most visible across the media scene with over 8,000 news and social media mentions - almost triple that of UNICEF, CARE and WFP. Since then, the Red Cross has been positioned as a major leading actor in the response on the ground, providing critical support to affected communities.

Since then, we have deployed several communications focal points to support CVM in showcasing response efforts. All photos and videos captured can be found on the IFRC audiovisual global platform: [av.ifrc.org](http://av.ifrc.org).

Content continues to be shared on IFRC and CVM's social media platforms, including Twitter, Facebook, Instagram, LinkedIn, among others. A **"Movement-wide" marketing document** has also been developed and produced in both English and Portuguese, providing an update to the response, which has been shared with partners, donors - both nationally and internationally - and Red Cross/Red Crescent National Societies. A Southern Africa communications officer is currently being recruited and hired, who will provide significant support to Cyclone Idai from the cluster office.

## Shelter Cluster - Snapshot

IFRC, as part of global shelter commitment is leading the Shelter Cluster in Mozambique with support of IOM. The IFRC Shelter Cluster team for the Idai response is based in Beira and composed of the Beira Hub Coordinator (covering Sofala Province), a Roaming Coordinator (to cover Manica Province and Buzi district) and a Technical Coordinator, supported by an Information Manager and a Translator. The hub in Pemba to coordinate the response to cyclone Kenneth is staffed by IOM with a Hub Coordinator and an Information Manager, with technical support IFRC is provided by IFRC as needed. The National Cluster Coordinator from IFRC is overseeing the two coordination hubs and linking to the Maputo level, liaising with relevant Government of Mozambique (GoM) authorities and the Humanitarian Country Team's (HCT) and according to assessments from INGC (Instituto Nacional para Gestão de Desastres) some 240,000 houses were totally destroyed or damaged leaving approximately over 1.2 million people in need of shelter support.

The Humanitarian Response Plan (HRP) developed for the emergency phase until end of June 2019 targeted 400,000ppl (80,000 HH) affected by Idai and 261,000 (52,000 HH) affected by Kenneth, with Shelter & NFI assistance. During that time period the Shelter Cluster has coordinated 43 agencies involved in shelter and NFI response.

- To date, Shelter Cluster partners have assisted a total of 172,000 households with emergency shelter and/or NFI support, across the provinces of Sofala, Manica, Zambezia, and Tete as well as. This is more than the initial set target but still far behind covering the remaining needs.
- The HRP has been revised with a new target PIN of 560,000 people (112,000HH) in the Idai response and 60,000 (12,000HH) in the Kenneth affected areas. In total 620,000 people (124,000HH) are still in urgent need of shelter assistance.
- Due to Shelter Cluster advocacy on national level towards OCHA and the HC, the overall envelope requested by the Cluster Partners for the HRP review could be raised from 32mio to 48mio, while other Clusters were asked to reduce their requests.
- GoM has created a "Cabinet for Reconstruction" (GREPOC) to coordinate the overall reconstruction efforts. However due to delay in funding, the Cabinet will not be operational before beginning of 2020. In the meanwhile, the Shelter Cluster continues to provide coordination services on national and hub level, to bridge the gap and support the transition from emergency response to longer term durable construction.
- Shelter Cluster Hub coordinators are ensuring coordinated response of actors in the field, liaising with other clusters, supporting government and working to address and resolve questions around Housing Land and Property (HLP) rights and relocation, safe asbestos removal, vulnerability criteria for targeting assistance, timber market assessment, environmental impact of reconstruction etc.
- Shelter Cluster Roaming Coordinator is identifying difficult to reach, left behind communities that are still in need of urgent shelter support and liaising with Cluster partners to cover those remaining gaps. Over 3000 families have already received support through this pro-active facilitation.
- Shelter Cluster Technical Coordinator has developed first technical key messages for safer reconstruction and in close collaboration with engineers from the Ministry of Public Works, continues to develop detailed technical guidance to support building back better efforts.
- Shelter Cluster Information Manager has co-facilitated a 3-day QGIS Training to INGC and other Sofala Provincial Government Representatives as per their request to build needed IM capacity for coordination.

# Emergency Appeal

## INTERIM FINANCIAL REPORT

| Selected Parameters |                |           |          |
|---------------------|----------------|-----------|----------|
| Reporting Timeframe | 2019/3-2019/08 | Operation | MDRMZ014 |
| Budget Timeframe    | 2019-2021      | Budget    | APPROVED |

Prepared on 20 Sep 2019

All figures are in Swiss Francs (CHF)

### MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 31 Mar 2021; appeal launch date: 20 Mar 2019

## I. Emergency Appeal Funding Requirements

| Thematic Area Code                                    | Requirements CHF  |
|---|-------------------|
| AOF1 - Disaster risk reduction                        | 848,000           |
| AOF2 - Shelter  | 7,000,000         |
| AOF3 - Livelihoods and basic needs                    | 3,173,000         |
| AOF4 - Health   | 5,500,000         |
| AOF5 - Water, sanitation and hygiene                  | 4,198,000         |
| AOF6 - Protection, Gender & Inclusion                 | 352,000           |
| AOF7 - Migration                                      | 0                 |
| SFI1 - Strengthen National Societies                  | 2,164,000         |
| SFI2 - Effective international disaster management    | 2,908,000         |
| SFI3 - Influence others as leading strategic partners | 0                 |
| SFI4 - Ensure a strong IFRC                           | 5,857,000         |
| <b>Total Funding Requirements</b>                     | <b>32,000,000</b> |
| <b>Donor Response* as per 20 Sep 2019</b>             | <b>15,516,361</b> |
| <b>Appeal Coverage</b>                                | <b>48.49%</b>     |

## II. IFRC Operating Budget Implementation

| Thematic Area Code                                    | Budget            | Expenditure      | Variance         |
|---|-------------------|------------------|------------------|
| AOF1 - Disaster risk reduction                        | 361,945           | 2,662            | 359,283          |
| AOF2 - Shelter  | 3,602,314         | 1,194,912        | 2,407,402        |
| AOF3 - Livelihoods and basic needs                    | 1,021,169         | 113,697          | 907,473          |
| AOF4 - Health   | 1,721,915         | 276,674          | 1,445,242        |
| AOF5 - Water, sanitation and hygiene                  | 1,324,631         | 163,760          | 1,160,871        |
| AOF6 - Protection, Gender & Inclusion                 | 103,305           | 83,040           | 20,265           |
| AOF7 - Migration                                      | 0                 | 0                | 0                |
| SFI1 - Strengthen National Societies                  | 754,078           | 81,467           | 672,611          |
| SFI2 - Effective international disaster management    | 879,797           | 2,266,106        | -1,386,308       |
| SFI3 - Influence others as leading strategic partners | 0                 | 51,093           | -51,093          |
| SFI4 - Ensure a strong IFRC                           | 1,818,868         | 337,631          | 1,481,236        |
| <b>Grand Total</b>                                    | <b>11,588,022</b> | <b>4,571,041</b> | <b>7,016,981</b> |

## III. Operating Movement & Closing Balance per 2019/08

|   |                  |
|---|------------------|
| Opening Balance                                 | 0                |
| Income (includes outstanding DREF Loan per IV.) | 13,243,870       |
| Expenditure                                     | -4,571,041       |
| <b>Closing Balance</b>                          | <b>8,672,829</b> |
| Deferred Income                                 | 1,711,494        |
| Funds Available                                 | 10,384,323       |

## IV. DREF Loan

|                                  |        |         |              |         |               |   |
|----------------------------------|--------|---------|--------------|---------|---------------|---|
| * not included in Donor Response | Loan : | 750,000 | Reimbursed : | 750,000 | Outstanding : | 0 |
|----------------------------------|--------|---------|--------------|---------|---------------|---|



# Emergency Appeal

## INTERIM FINANCIAL REPORT

| Selected Parameters |                |           |          |
|---------------------|----------------|-----------|----------|
| Reporting Timeframe | 2019/3-2019/08 | Operation | MDRMZ014 |
| Budget Timeframe    | 2019-2021      | Budget    | APPROVED |

Prepared on 20 Sep 2019

All figures are in Swiss Francs (CHF)

### MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 31 Mar 2021; appeal launch date: 20 Mar 2019

## V. Contributions by Donor and Other Income

| Opening Balance                                      |           |              |                  |              |           | 0               |
|--|-----------|--------------|------------------|--------------|-----------|-----------------|
| Income Type  | Cash      | InKind Goods | InKind Personnel | Other Income | TOTAL     | Deferred Income |
| American Red Cross                                   | 622,731   |              |                  |              | 622,731   |                 |
| Australian Red Cross                                 | 357,750   |              |                  |              | 357,750   |                 |
| Austrian Red Cross                                   | 634,597   |              |                  |              | 634,597   |                 |
| Belgian Red Cross (Francophone)                      |           |              | 9,758            |              | 9,758     |                 |
| Belgium - Private Donors                             | 90        |              |                  |              | 90        |                 |
| British Red Cross                                    | 16,134    | 251,963      |                  |              | 268,098   |                 |
| British Red Cross (from British Government*)         | 2,356,106 |              |                  |              | 2,356,106 |                 |
| British Red Cross (from DEC (Disasters Emergency C   | 616,678   |              |                  |              | 616,678   |                 |
| Bulgarian Red Cross                                  | 2,000     |              |                  |              | 2,000     |                 |
| Center for Disaster Philanthropy                     | 1,380     |              |                  |              | 1,380     |                 |
| China Red Cross, Hong Kong branch                    | 25,497    |              |                  |              | 25,497    |                 |
| Credit Suisse Foundation                             | 0         |              |                  |              | 0         | 1,000,000       |
| Croatian Red Cross                                   | 5,000     |              |                  |              | 5,000     |                 |
| Czech Government                                     | 222,432   |              |                  |              | 222,432   |                 |
| Estonia Government                                   | 33,935    |              |                  |              | 33,935    |                 |
| Facebook   | 96,117    |              |                  |              | 96,117    |                 |
| Fondation Trafigura                                  | 99,549    |              |                  |              | 99,549    |                 |
| French Red Cross                                     | 23,310    | 358,611      |                  |              | 381,921   |                 |
| German Red Cross                                     | 56,018    |              | 12,748           |              | 68,766    |                 |
| Germany - Private Donors                             | 2,598     |              |                  |              | 2,598     |                 |
| Icelandic Red Cross                                  | 100,000   |              |                  |              | 100,000   |                 |
| Icelandic Red Cross (from Icelandic Government*)     | 100,000   |              |                  |              | 100,000   |                 |
| IFRC at the UN Inc (from Coca Cola Foundation*)      | 93,554    |              |                  |              | 93,554    | 487,964         |
| IFRC at the UN Inc (from Patrick J.McGovern Foundati | 96,920    |              |                  |              | 96,920    |                 |
| Irish Government                                     | 573,010   |              |                  |              | 573,010   |                 |
| Irish Red Cross Society                              | 55,425    |              |                  |              | 55,425    |                 |
| Italian Government Bilateral Emergency Fund          | 112,820   |              |                  |              | 112,820   |                 |
| Japanese Red Cross Society                           | 153,395   |              |                  |              | 153,395   |                 |
| Liechtenstein Government                             | 100,000   |              |                  |              | 100,000   |                 |
| Liechtenstein Red Cross                              | 94,965    |              |                  |              | 94,965    |                 |
| Luxembourg Government                                | 272,222   |              |                  |              | 272,222   |                 |
| Netherlands - Private Donors                         | 12,016    |              |                  |              | 12,016    |                 |
| New Zealand Government                               | 336,450   |              |                  |              | 336,450   |                 |
| Norwegian Red Cross                                  | 178,242   | 72,922       |                  |              | 251,164   |                 |
| OPEC Fund For International Development-OFID         | 486,157   |              |                  |              | 486,157   |                 |
| Singapore Red Cross Society                          | 30,456    |              |                  |              | 30,456    |                 |
| Spanish Government                                   | 56,771    |              |                  |              | 56,771    |                 |
| Spanish Red Cross                                    | 2,418     | 37,200       |                  |              | 39,618    |                 |
| Sundry Income  |           |              |                  | 7,560        | 7,560     |                 |
| Swedish Red Cross                                    | 602,840   |              |                  |              | 602,840   |                 |
| Swiss Red Cross                                      | 374,730   | 42,000       |                  |              | 416,730   |                 |
| Switzerland - Private Donors                         | 1,023     |              |                  |              | 1,023     |                 |
| The Canadian Red Cross Society                       | 7,927     | 121,949      | 8,900            |              | 138,776   |                 |
| The Canadian Red Cross Society (from Canadian Gov    | 258,318   |              |                  |              | 258,318   |                 |
| The Netherlands Red Cross                            | 672,584   |              |                  |              | 672,584   |                 |
| The Netherlands Red Cross (from Netherlands Govern   | 1,923,913 |              |                  |              | 1,923,913 |                 |
| The Republic of Korea National Red Cross             | 109,394   |              |                  |              | 109,394   |                 |

# Emergency Appeal

## INTERIM FINANCIAL REPORT

| Selected Parameters |                |           |          |
|---------------------|----------------|-----------|----------|
| Reporting Timeframe | 2019/3-2019/08 | Operation | MDRMZ014 |
| Budget Timeframe    | 2019-2021      | Budget    | APPROVED |

Prepared on 20 Sep 2019

All figures are in Swiss Francs (CHF)

### MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 31 Mar 2021; appeal launch date: 20 Mar 2019

| Income Type                                 | Cash              | InKind Goods   | InKind Personnel | Other Income | TOTAL             | Deferred Income  |
|---|-------------------|----------------|------------------|--------------|-------------------|------------------|
| United States Government - USAID            | 268,289           |                |                  |              | 268,289           | 223,530          |
| United States - Private Donors              | 25,270            |                |                  |              | 25,270            |                  |
| White and Case, LLP                         | 24,230            |                |                  |              | 24,230            |                  |
| World Remit                                 | 24,999            |                |                  |              | 24,999            |                  |
| <b>Total Contributions and Other Income</b> | <b>12,320,258</b> | <b>884,645</b> | <b>31,406</b>    | <b>7,560</b> | <b>13,243,870</b> | <b>1,711,494</b> |
| <b>Total Income and Deferred Income</b>     |                   |                |                  |              | <b>13,243,870</b> | <b>1,711,494</b> |

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

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**For In-Kind donations and Mobilization table support:**

• IFRC Africa Regional Office for Logistics Unit: **Rishi Ramrakha**, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org); phone: +254 733 888 022

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

• **IFRC Africa Regional Office:** Illah Ouma, acting PMER Coordinator; email: [illah.ouma@ifrc.org](mailto:illah.ouma@ifrc.org), phone: +254 780 771 139

## 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.

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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.**

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