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## Operation Update Report

### Mozambique: Tropical Cyclone Idai & Kenneth



<b>Emergency Appeal n° MDRMZ014</b>	<b>GLIDE n° <a href="#">TC-2019-000021-MOZ</a></b>
<b>Operations Update n° 4,</b> <b>Date of Issue:</b> 31 January 2020	<b>Timeframe covered by this update:</b> 1 October 2019 to 31 January 2020
<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 CHF <b>Initial DREF Allocated:</b> 750,000 CHF	<b>Appeal Coverage: 86.2%</b> (CHF 27,598,165 raised; CHF 4,401,835 funding gap)
<b>Project Manager Contact:</b> Leon Prop- Head of country Office Mozambique Rui Oliveira – Operations Manager Mozambique	<b>National Society contact:</b> Maria Cristina Uamusse, Interim Secretary-General, Mozambique Red Cross
<b>Total Number of people reached:</b> 310,018 people	
<b>Host National Society presence:</b> Mozambique Red Cross (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. CVM has a presence in all country's 11 provinces and in 133 districts (out of 154). It has approximately 220 staff, 5,500 volunteers and 70,000 members across the country.	
<b>Red Cross Red Crescent Movement partners involved in the operation (as of December 2019):</b> National Red Cross Societies from Spain, Belgium, Germany, Italy and Portugal, as well as International Committee of the Red Cross (ICRC) and International Federation of Red Cross and Red Crescent Societies (IFRC) are present in the country and are actively supporting CVM. Many more partner NS supported CVM during the emergency phase financially and/or in-kind (including through the mobilization of Emergency Response Units and surge personnel): American Red Cross, Australian Red Cross, Austrian Red Cross, British Red Cross, Bulgarian Red Cross, Cabo Verde Red Cross, Canadian 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, Kuwait Red Crescent, Liechtenstein Red Cross, Luxemburg Red Cross, Netherlands Red Cross, Norwegian Red Cross, Sao Tomé Red Cross, Seychelles RC, Singapore RC, Swedish Red Cross Swiss Red Cross and Turkish Red Crescent.	
<b>Other partner and contributors actively involved in the operation:</b> WFP, FAO, UNICEF, WHO, UNFPA, IOM, Care, Save the Children, Oxfam, Caritas, and Government authorities in all concerned sectors. 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.4 reports on the achievements of the IFRC and CVM led Emergency Plan of Action for Mozambique in response to Tropical Cyclone Idai and Kenneth for the period covering 1 October 2019 to 31 January 2020 (although figures of people assisted are cumulative since the beginning of the operation). From the first published EPoA, the appeal was raised from CHF 10 million to CHF 32 million, which is currently covered slightly above 86%. A [revised Emergency Plan of Action \(EPoA\)](#) was published on 14 January 2020 that considered the humanitarian situation and different consequences nine months after the cyclones landed in Mozambique, as well as the necessity to strengthen support and leadership of the national society in the response.

### Highlights of the Operations Update (cumulative data):

- A total of **167,213** people have been reached in this period, bringing the total of assisted population to **310,018** since the start of the operation, in the different sectors. The revised EPoA sets the total number of people to be assisted at 509,140.
- Mozambique hosted IFRC Donor Advisory Group (DAG) meeting from 6 to 10 November 2019, chaired by IFRC-USG Partnership Division, DFID and British Red Cross, with over 16 participants, including partner National Societies (pNS) and Donors.
- Joint visit from Heads of DCPRR in Geneva and Nairobi, as well as Southern Africa Head of Country Cluster to assess operation implementation and support the design of the EPoA revision.
- CVM National Planning Meeting took place in Chimoio from the 22 to 24 November 2019, with the presence and contributions of the IFRC and ICRC.
- **Livelihood and Basic Needs: 8,571** households (42,855 people) assisted with seeds, agricultural tools, and participating in the farming schools.
- **Health: 252,435** people accessed different health services and activities, including **24,044** that attended Psychosocial Support activities.
- **WASH: Up to 25,586** people reached with hygiene promotion activities, **37,388** through the restoration of hand pumps in affected communities, and **14,780** people accessing improved sanitation facilities.
- **Protection, Gender and Inclusion (PGI):** Menstrual Hygiene and Sexual & Reproductive Health awareness sessions provided to **19,728** people, and **1,585** through the life-skills program.
- **Shelter: Over 8,000** households supported with IFRC standard shelter kits, **72** houses either built or close to be finalized (requiring reinforcing thatch) and **5,985** people trained in Build-back safer reconstruction in the rural area.
- **1,186 volunteers** trained across different sectors and topics.

## A. SITUATION ANALYSIS

### Description of the disaster

Tropical Cyclone Idai made landfall in March 2019 near Beira City in Sofala Province, bringing strong winds and torrential rains to Sofala, Zambezia, Tete and Manica provinces. Six weeks later, Cyclone Kenneth struck the northern provinces of Cabo Delgado and Nampula. Combined, the two cyclones killed at least 648 people (45 deaths due to Cyclone Kenneth and at least 603 to Cyclone Idai); injured nearly 1,700 people; damaged or destroyed more than 277,700 homes; and fully or partially destroyed more than 4,200 classrooms<sup>1</sup>. As of December 2019, and during the rain and cyclone season, over half a million people (100,000 households) are still living in inadequate or unsafe shelter conditions (structurally damaged houses or makeshift shelters)<sup>2</sup>. Close to 20,000 households are still living in resettlement sites, mostly without possibility to return to risky areas of origin. The provinces of Sofala and Manica are home to more than 90% of this population in need of shelter recovery support<sup>3</sup>. Amidst the two cyclones, the government of Mozambique officially declared an outbreak of Cholera on 27 March 2019. On 18 April 2019, official reports recorded at least 6,382 cholera cases in the country and at least 8 deaths. These cases were reported from the four districts (Beira, Buzi, Dondo and Nhamatanda) of Sofala Province originally affected by this outbreak. A mass vaccination campaign by the Ministry of Health and WHO is said to have reached 98.6% of the targeted population in Sofala. The last positive case was registered on 18 May 2019.

### Summary of current response

#### Overview of Host National Society

Through the EPoA alone, and as of 31 January 2020, CVM reached 310,018 people affected by Tropical cyclone Idai and Kenneth with relief items, food and productive livelihoods assets, hygiene promotion activities, health and PSS services and health mobilization, provision of clean water and sanitation, community-based protection, gender awareness and inclusion. The CVM has mobilized 1,286 volunteers in the response, which also support the actions of Red Cross Red Crescent (RCRC) partners present in the country. The CVM continues implementation of a broad range

<sup>1</sup> Humanitarian Response Plan, UN OCHA

<sup>2</sup> OCHA Mozambique, Humanitarian Dashboard, 18th of December 2019

<sup>3</sup> DTM Mozambique, October 2019

of services with the support (direct and indirect) of 36 different partners from the RCRC Movement, and funds from the outside Movement Partners (Corporate, Individual and UN Agencies). Activities are being carried out alongside the IFRC, ICRC 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.

The recently approved EPoA revision will put emphasis in developing CVM's capacity in its sectors of expertise, such as Health and Social Services (including PGI), WASH (linking with government water and sanitation programs) and Disaster Risk Reduction (including disaster management, emergency shelter and build back safer and climate-adaptation). This plan will also reinforce aspects of community engagement and accountability, ensuring the National Society achieves good standards of diligence and duty of care towards the population it serves. These initiatives on the program side will be strengthened through a package of National Society Development (NSD), focusing on governance, financial management and resource mobilization, branch development, volunteer and youth, and digital transformation.

### **Overview of Red Cross Red Crescent Movement in country**

The IFRC initiated operations in Mozambique in response to cyclone Idai, March 2019. During the first months of the emergency response, the IFRC and CVM coordinated a team of 8 Emergency Response Units reaching over 160 international staff. Strengthened Movement Coordination and Cooperation (SMCC) was set up and led by CVM with IFRC support. The relief operations were very intense and by large successful, reaching the most vulnerable populations in remote or areas cut-off from assistance, in the provinces of Sofala, Cabo-Delgado and Nampula.

IFRC maintained a strong presence in the affected areas, particularly in districts of the Sofala province, such as Buzi, Dondo, Beira and Nhamatanda, in support to CVM. The coordination of the operations is still undertaken from Beira, with the support of Maputo Country Office. The latter has already undertaken steps for strengthened coordination with movement partners (ICRC, pNS and CVM), ensuring resources are streamlined allowing greater Movement coverage, and has launched coordinated initiatives in support of the National Society Development. The IFRC operations in support to CVM have been expanded to other cyclone affected provinces - given the sheer needs identified in these areas on Shelter, WASH, Livelihoods and Basic Needs and Health - namely Tete (where activities started already), Manica and Zambezia.

The ICRC has presence in the central region, in Sofala, Tete and Manica, and in Cabo Delgado in the North. As part of its operational footprint, the ICRC continued to support the emergency responses in coordination with the CVM in the areas of Economic Security, Health, WASH, Protection of Detainees and Infrastructure Rehabilitation. The ICRC plans to close the central region activities by May 2020, and coordination is ongoing for an adequate exit strategy. Nevertheless, the ICRC will maintain and likely reinforce presence in the conflict affected districts of Cabo Delgado. Additional to ground operations, it will continue to collaborate with CVM in capacitating its staff and volunteers in the areas of International Humanitarian Law (IHL) and safe access. The Spanish Red Cross, German Red Cross and Belgium-FL Red Cross are long term partners of CVM and will maintain operational presence in the country. Additionally, many other pNSs continue to provide financial support to the EPoA and remote support to CVM in different thematic and institutional areas. Considering the above, the EPoA will invest on a joined-up Movement approach in support of the National Society ensuring efficient utilization and allocation of Red Cross Red Crescent partners' resources, acknowledging pNSs and ICRC specific capacities and expertise. The IFRC will strengthen coordination and their involvement in support to CVM and streamline the movement resources. This may assume the form of "best positioned" operational deliverables, or expertise led strategic involvement for the longer-term.

### **Overview of non-RCRC actors in country**

The Government of Mozambique (GoM) led the overall coordination for the disaster response through the National Institute for Crisis Management (INGC). The GoM and INGC declared Red Emergency right after the Cyclone Idai and responded to the crisis by putting together a ministerial response group. In May, the GoM decreased the alert from Red to Orange. In addition, a special task force was created to respond to the Cholera outbreak which was closed by the end of May. A Post-Cyclone Reconstruction Cabinet was set-up at national and provincial level. A global partnership meeting took place in Mozambique seeking support to the recovery and reconstruction plan. Losses were identified to be up to 3.2 billion US dollars but thus far, only a small percentage is available for reconstruction. Since the onset of the disaster, The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) was leading the international humanitarian coordination system in Maputo and Beira. Since mid-June, other UN agencies have temporarily taken the coordination role in Pemba and Chimoio. All clusters were activated following the cyclones. The Shelter Cluster is co-led by the IFRC and IOM. The IFRC leads the national level coordination as well as the hubs in Sofala and Manica provinces, while IOM is providing coordination in Cabo Delgado. Camp Coordination and Camp Management (CCCM) Cluster activated its Displacement Tracking Matrix following the displacement of population. Protection cluster and its sub-clusters in child protection, Sexual and Gender-based Violence (SGBV) and Prevention of Sexual Exploitation and Abuse (PSEA) are working in coordination (led by the Direcção Provincial da Género, Crianças e Ação Social (DPGCAS), UNHCR and UNICEF in Child Protection). The Psychosocial Support (PSS)

working group has been activated under the Health cluster. IFRC also attends the interagency Community Engagement Working Group, chaired by UNICEF and Plan International, which coordinates community engagement and social mobilization approaches and messages across several agencies.

The Humanitarian Response Plan comes to an end in May 2020, and it is likely that most agencies will start to phase out, including the deactivation of the cluster system. For this reason, cluster lead agencies such as the IFRC are investing in collaborating with government agencies through the recovery phase and will eventually handover the responsibility to these national entities. This is also the government adopted approach as endorsed by the Council of Ministries in May 2019 that led to the creation of the Cabinet for Post-Cyclone Reconstruction (GREPOC).

## **Needs analysis and scenario planning**

### **Needs analysis**

The revised humanitarian response plan estimates that 2.5 million people need humanitarian and recovery assistance in Mozambique, which is equivalent to 10% of its population. Most of this population are in need as a direct consequence of cyclones Idai and Kenneth (2.22 million people), with a combination of needs in shelter, water and sanitation, as well as the food insecurity that population is facing particularly in the central region of the country.

#### ***Shelter***

There are 124,000 families (620,000 people) still in need of shelter recovery assistance in cyclone affected areas. Over 90% of this population is concentrated in Sofala (Beira City, Dondo, Nhamatanda and Buzi) and Manica (Chimoio, Gondola and Sussundenga), where over 214,000 houses were partially or totally destroyed. Emergency shelter assistance has been provided mostly in resettlement sites. Partners support to recovery has been slow, and most of the recovery initiatives are undertaken by families, however, with poor and fragile materials and techniques. There is an urgent need to accelerate the pace of the recovery to ensure that families have access to improved and resilient shelter solutions.

#### ***Livelihoods and Basic Needs***

The technical secretariat for food and nutrition security (SETSAN) estimates that 1,994,538 people will face difficulties in accessing food to meet acceptable food needs by February 2020, if there were no humanitarian interventions throughout the lean season. Food consumption of staples has already been reduced by 50%. Most of this population is concentrated in cyclone affected areas, around the central and northern districts of Sofala, and the hard to reach areas along the Zambezi river banks, in the provinces of Tete. The most impacted areas are mostly rural, where over 90% of the people rely on agriculture and fisheries. The loss of productive assets and destruction of agriculture and fisheries infrastructure is weakening the restoration of livelihoods. Therefore, throughout the recovery phase, food provision for the incoming lean season should be coupled with an investment in resilient livelihood restoration.

#### ***Health***

Cyclones Idai and Kenneth will have long-term negative effects on access to health care, considering the damages to health facilities, and over 50 per cent of the vaccine cold chain capacity disrupted in the affected districts. Amidst the decrease in service provision capacity, 130,000 pregnant and lactating women and 67,500 children under 5 years of age are in urgent need of treatment for malnutrition and more than 75,000 pregnant women are affected and expecting to deliver in poor sanitary conditions. Malaria is endemic in Mozambique, and since the cyclone, more than 145,000 cases were reported in Sofala province alone. The health profile of Mozambique is a direct consequence of the lack of safe water and sanitation, hygiene practices and poor information and education. The cyclones have aggravated this situation due to floods that contaminated water sources, the inadequate shelter conditions, the low access to nutritious food and the considerable impact over people's mental well-being. Given the diverse and underlying needs involved, in the recovery phase the health sector will invest in disease prevention and health promotion through community mobilization.

#### ***Water, Sanitation and Hygiene Promotion***

Access to water in Mozambique was already low at 49% in average (35% in rural areas), and only 21% had access to adequate sanitation (11% in rural areas), with over 40% practising open defecation. In the affected provinces, 705 wells and boreholes were damaged or destroyed in the rural areas, impacting an estimated 211,500 people. Moreover, 5 main and 42 secondary water supply systems were disrupted in urban areas, affecting 1.6 million people. The damage or destruction to over 190,000 latrines and septic tanks (118,604 in urban and 71,349 in rural) has further reduced access to sanitation for 950,000 people. While reparations in the urban areas were performed, the rural areas will require assistance in the years ahead. The rehabilitation of water systems and sanitation must be in parallel with hygiene promotion and behavioural change in order to achieve long term results.

### **Protection, Gender and Inclusion**

Mozambique ranks in position 139 out of 159 countries in UNDP Gender Inequality Index. Only 46% of girls finish primary school and 56% of women are illiterate (70% in rural communities) against 29% of men. Early marriages affect one in every two girls, leading to high levels of teenage pregnancy. The impact of the cyclone has had a higher impact on women and girls and aggravated the risk of gender-based violence, due to greater exposure to distant and unsafe locations, such as water collection points, sanitation facilities and health centres. The recovery burden is particularly difficult for female-headed households, who are both the income providers and caregivers. Without access to possessions, livelihoods and marginalization, there is a significant possibility of the feminization of poverty.

In cyclone affected areas, there are particular social groups with especially high levels of vulnerability, due to increased risks and lessened capacity to respond. These are elderly, people with disabilities or chronic diseases and children (especially orphan children or children heading households).

### **Disaster Risk Reduction**

The impact of strong winds, heavy rains and floods in the Early Warning System (EWS) infrastructure was heavy, causing severe damages in communication infrastructure, logistics and communication equipment. Therefore, despite great and timely mobilization of early warning and emergency response resources, the disaster quickly exceeded the means and resources available, cut off communication between central level, the provinces and community response teams. Subsequent floods also destroyed roads and bridges, hindering evacuation, search and rescue as well as emergency response for at least one week. The material loss to the sector is estimated at over 10.5 million US dollars. The destruction of natural resources such as soils, forests, mangroves, marine resources and habitats resulted in loss of income to poor rural households and present a direct threat to food security and other basic needs. This may result in a higher number of families resorting to harmful livelihood practices such as charcoal production, which in turn will contribute to aggravate the exposure to natural disasters.

### **Operation Risk Assessment**

The operation risk assessment is informed by the present and potential scenarios related to conflict, political instability, country's infrastructure, risk of natural disasters, people's safety and security and institutional risks (reputational and financial), how they can impact the operation and the mitigation measures defined to reduce risk.

*For a detailed needs analysis and scenario planning, please refer to the [Revised Emergency Plan of Action](#), published on 14 January 2020.*

## **B. OPERATIONAL STRATEGY**

### **Proposed strategy**

The overall operational objective is to provide meaningful and timely emergency relief assistance when required and impactful recovery assistance to populations affected by the cyclones, increasing their protection, preparedness and resilience to shocks; to promote the efficient and effective use of RCRC resources in country by supporting CVM in the coordination of existing programs and fostering their expertise in key program areas as well as its sustainable institutional development as a fundamental actor in the society.

For that purpose, the IFRC supported operation will continue to monitor the key humanitarian trends in the country, especially throughout the rainy and cyclone season, maintaining high level operational capacity to respond to medium scale emergencies that recurrently happen in the country, such as floods, cyclones, outbreaks, and heightened food insecurity. This readiness is supported by an investment in CVM's capacity to respond and coordinate disasters alongside movement partners, such as the Preparedness for Emergency Response (PER) process that started in January. Components of disaster risk reduction, especially at the local level, will continue to be of key importance to reduce the impact of shocks, such as improved early warning systems and preparedness. For that purpose, the operation will continue to build on the efforts of the Post-Event Review Capability (PERC) team that visited Mozambique in January 2020.

At the same time, reinforcing community's resilience and self-agency is and will continue to be promoted, by mobilizing communities in risk reduction (such as improved shelter and resilient livelihoods) & communication activities, integrating Health, WASH and Protection components for a healthier and safer community environment. As most of the population in the affected areas rely on agriculture and fishing as main activity, the success of the recovery efforts is directly linked with the capacity dwellings have to 1) access agriculture/fishing assets and tools; 2) improve their techniques to more resilient livelihoods, and 3) develop collective systems of protection, such as saving groups and the "mother's clubs".

On the NSD and institutional front, prioritization is being given to strengthen its financial systems and resource management, improving volunteer management practices and systems, as well as governance and corporate systems.

## C. DETAILED OPERATIONAL PLAN



### Shelter

People reached: 128,310

Male: 61,589

Female: 66,721

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

Indicators:	Target	Actual <sup>4</sup>
# of households assisted that receive emergency shelter assistance and awareness on safe shelter and good construction practices	31,689 HHs (158,445 ppl)	24,377HHs (121,885)

**Output 1.1: Short term shelter and settlement assistance is provided to affected households**

Indicators:	Target	Actual
# of households (people) provided with emergency shelter kits which meet the agreed standards for the specific operational context	7,500 HHs (37,500 ppl)	6,188 HHs (30,806 ppl)

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

Indicators:	Target	Actual
% of the target population provided with awareness orientation campaign who can build a safe shelter and identify good construction practices	90%	Endline survey not yet conducted
# of CVM volunteers trained in build back safer and all under one roof approaches	200	103
# of households trained in build back safer (related to emergency shelter support)	7,500HHs (37,500 ppl)	5,445HHs (27,225ppl)

**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	100%	Endline survey not yet conducted

**Output 2.1: The target population has 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 (e.g., repair or reconstruction through cash/voucher/in kind)	1,200HHs (6,000 people)	72 HHs <sup>5</sup> (approx. 360 people)

**Output 2.2: Technical training and awareness raising sessions to target communities on build back safer shelter reconstruction/construction**

Indicators:	Target	Actual
% of the target population provided with awareness orientation campaign who can build a safe shelter and identify good construction practices)	90%	Endline survey not yet conducted
# of artisans trained in build back safer (BBS) shelter construction	300	80

<sup>4</sup> All actual numbers reported cumulatively from the beginning of the operation.

<sup>5</sup> Construction of 30 further houses is in progress, as of 31 January.

# of households trained in BBS shelter construction ( <i>community sessions, mass demonstrations and individual HHs selected for reconstruction, including self-recovery shelter kits</i> )	6,000HHs (30,000 ppl)	1,197 HHs (5,985ppl)
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### Progress towards outcomes

During the reporting period, the shelter program focused its efforts in the recovery of houses in the rural areas of Chinamacondo and Praia Nova (Dondo district), whilst continuously investing in the local capacity to acquire knowledge in building better houses, thus increasing resilience to shocks. The model house (side photo) is based on the traditional rural techniques of that area, using only materials available to the dwellings, but reinforcing construction methods that ensure a solid structure from its foundations to the roof. The model (studied and developed by the IFRC with the support of CRAterre – specialized in traditional houses) has great insulation, maintaining the houses cool during the hot season, due to its adobe walls and natural ventilation, and is slightly elevated to ensure protection from floods. IFRC was the lead agency focusing on building back safer and working with communities to improve the local vernacular and ensure sustainability of the shelter response overall. If properly maintained, these houses have an estimated durability of 20 years. There are, however, improvements that can be made to the model to increase its impermeability in the rainy season, include a standard door to maintain privacy and increase protection, as well as to mix concrete in the adobe floor to allow better impermeability. Furthermore, as this model relies only in traditional materials, the pace of the program has not been as initially projected: these materials are not available in sufficient quantities all year round, and especially the “capim” (thatch used to cover the roof) is only available throughout the dry season. Technical solutions are being sought to overcome these problems, such as including Corrugated Galvanised Iron (CGI) underneath the “capim”. Since the program started, 72 houses are either finished or pending reinforcement of “capim”, and 30 additional are starting.



**Image 1-** Traditional house model built using local strengthened techniques. *Photo: IFRC*

To ensure local population and artisans acquire knowledge about these resilient techniques, several Information, Education and Communication (IEC) materials for awareness raising sessions and training modules were produced in partnership with CRAterre. Before starting the program in a community, build back safer mass awareness sessions are delivered to the population, explaining the critical points to be enforced in the construction or repairs process. In the past 4 months, 1,100 households were reached through 4 mass awareness campaigns in 10 communities. Households are then provided with a shelter recovery toolkit and materials to initiate the house repairs, with support from IFRC field supervisors. Throughout this reporting period, 855 shelter kits were provided. Moreover, a one-week training is provided to local artisans (over 40% are women) that are selected and will be involved in the house repairs and/or construction. This training contains theory and practical exercises in a pilot house to ensure artisans acquire the strengthened technique. These artisans will support or build houses for particularly vulnerable people that otherwise couldn't recover their houses. During the reporting period, 80 local artisans were trained (45 men and 35 women) which are now involved in the building process. This acquired knowledge will last and serve the community for the future. Particularly important is the women empowering component that will allow having access to income through this engagement, and particularly for female single households, being able to independently build back safer.

Whilst the recovery phase is underway, the IFRC and CVM shelter team has been attentive to emergency needs arising elsewhere. With the start of the rainy season, people living in sub-standard shelter may require the replacement of tents, tarpaulins and other fixing gear to keep the very minimum standard conditions, especially for those still living in or newly displaced to improvised settlements. Having that in mind, the movement, including CVM, IFRC, ICRC and PNSs have agreed to preposition shelter kits and essential NFIs across 5 provinces as a contingency plan for the rainy season. The available contingency stock can cover 2,500 families and will be increased to 3,700 in the coming month. Additionally, in November 2019, the IFRC and CVM partnered with CARE to provide emergency shelter assistance including tents and NFIs to 305 families affected by torrential rains in the district of Buzi (Guara-Guara).

### Next Steps

The first months of the year will be dedicated to streamline the recovery process in the rural areas, seeking to increase the pace of the current response whilst also improving some of the issues identified above. On the other hand, it is expected to start the recovery process in the urban and peri-urban areas of Beira, once the agreements with the Municipality and GREPOC are achieved. The intervention will target those most vulnerable (from a combined protection and shelter lens) using different methodologies. For quick repairs, an e-voucher system will be

set up where owners will lead the recovery process with the support of the IFRC technical teams and CVM trained volunteers. For full housing construction or complex reconstructions, an urban house model will be prepared, and local artisans trained to lead the reconstruction process. With the EPoA revision, the shelter program will expand to the Manica province, where shelter needs have been assessed as very high, with little presence from humanitarian actors. In total the EPoA has set a target of 1,200 houses to be repaired/built in the coming year, with great investment on build back safer (BBS) and using the community participatory approach for safer shelter (PASSA) methodology. Readiness to intervene in case of shocks is maintained, with shelter stocks prepositioned and a Disaster response team composed of IFRC and CVM experts ready and equipped to intervene in affected areas.



## Livelihoods and basic needs

People reached: 42,855

Male: 17,142

Female: 25,713

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

Indicators:	Target	Actual
# of people supported by livelihoods interventions	8,100HHs (40,500ppl)	8,571HHs (42,855ppl)
% of target communities perceiving increase in their capacity to protect their livelihoods and recover in case of disaster	100%	Endline survey not yet conducted

#### Output 1.1: Vocational skills training and/or productive assets to improve income sources are provided to target population.

Indicators:	Target	Actual
% of targeted individuals that apply newly acquired skills and strengthened livelihoods promoted by the program	70%	Endline survey not yet conducted
# of loan and saving groups created	20	0 <sup>6</sup>
# of CVM volunteers trained (on livelihood enhancement and CVA)	100	ND <sup>7</sup>

#### Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators:	Target	Actual
# of people supported to meet their basic needs	2,300 HHs (11,500ppl)	1,040HHs x2 rounds (5,200ppl)

#### Output 1.3: Household livelihoods security is enhanced through food production and income generating activities restoration

Indicators:	Target	Actual
% of target households that restore their food and income sources to pre-disaster level	75%	Endline survey not yet conducted
% of target households that reach an acceptable food consumption score (FCS above 35)	75%	Endline survey not yet conducted
# of farmers (farming HHs) supported	7,800HHs	8,571HHs
# of fisherfolks (fisher HHs) supported	300	ongoing

<sup>6</sup> Activity not yet started.

<sup>7</sup> This activity is ongoing but figures have not been consolidated at the time of reporting.

## Progress towards outcomes



**Image 2 -** Maize seeds and tools distribution in Mutarara District. Photo: IFRC

Delays in rains signaled an extended lean season expected in the provinces affected by cyclone Idai, until the next harvesting. The observed increase of food insecurity in recent months, have led the Livelihoods and Basic Needs sector to concentrate activities in the provision of food parcels as well as the recovery of agriculture (the main livelihood for families in affected areas), especially through the distribution of seeds and agricultural tools, as well as technical support to farmers for resilient agriculture.

**Food distribution:** After the first strong rains of the season, and despite severe supply chain challenges to reach remote localities, 1,040 registered households (5,200 people) received the second round of food parcels in Chinamacondo, Praia Nova and Nhassassa. Food parcels are composed of 50kg of rice, 6kg of beans and 5 liters of fortified cooking oil. The household's selection criteria for food provision was defined as follows: 1) households affected by Idai (excluding those who were able to restart livelihoods with the same income or more); 2) households not involved in charcoal production (considered a negative practice); 3) households not receiving a salary from the government, before or after the cyclone; 4) households having fishing or agriculture as main food or income source, and 5) households not being shelter artisans, as they receive an income from the project and might be included in the vocational training and market access activities for skilled workers. After the food distribution, some excluded households registered their complaints and the cases were analyzed. Following a joint work among Information Management (IM), Community Engagement and Accountability (CEA) and FSL, it was decided to add 47 households that have not been initially included and 18 households registered in the final list but excluded from the program because of the first selection criteria. The registration for food distributions in Tete province also started in January, targeting 1,000 households amongst the most vulnerable that have also received agricultural recovery support. Food distributions in Tete and the third round in Dondo district are expected to be completed late February.



**Image 3-** Maize fields in Tete Province Photo: IFRC

**Seeds and Tools distribution:** The household registration for agricultural seeds and tools distribution started in the districts of Dondo and Caia (Sofala province) as well as Moatize and Mutarara (Tete province) in November 2019, in a joint effort with FAO and the Ministry of Agriculture extensionists in each of the selected districts (SDAE). CVM volunteers were trained by IFRC RDRTs and technical team in the vulnerability criteria to be applied, in Kobo data collection, and finally by the CEA team to ensure proper community engagement in the selection of farmers to be part of the program. After receiving the lists of farmers from the communities, a household survey was conducted to verify they would meet the agreed criteria. As a result, 7,792 households were successfully registered for the distribution of maize and rice seeds (1,300 households in Mutarara, 2,500 households in Moatize, 3,000 households in Caia and 992 households in Dondo). After long-waiting for the maize seeds testing and certifications, the distribution have

finally started mid-December. In total, 6,298 registered maize farmers have received their kit composed of 10kg of maize seeds and farming tools. The distribution of rice to the remaining farmers was delayed to January due to low quality of the initial germination. Eventually, germination tests were favorable and approved by the Ministry of Agriculture and FAO on 15 January 2020. The distribution started immediately after and was concluded for five days, covering 500 rice farmers in Caia district and 976 in Dondo district. Total number of farmers supported was then 7,776 (against the 7,792 registered). The harvesting for the maize and rice is expected by late April 2020, although initial Post Distribution Monitoring show good germination rates.

In order to continue improving farming techniques, "Maxamba Schools" (farming schools) have been initiated in Praia Nova and Chinamacondo, focusing particularly on women farmers. The basic technical support to farmers is divided in 7 modules, of which 3 have been already introduced: grounding, planting and field maintenance (vegetative phase). Presently, 781 farmers are involved in the farming schools. Depending on results, this initiative may be extended to other areas. In the coming months, with the collaboration with the agriculture extensionist, 4 additional modules will be developed: conservation agriculture, climate adaptation, harvesting and cooperatives.

Finally, as part of the livelihood recovery approach, 148 fisherfolks were registered to receive material support. The methodology uses an e-voucher system using red rose, where fisherfolks are provided with an amount around CHF 250 to purchase the needed fishing gear from a pre-approved list of available materials in selected shops. This activity started in January with the first fisherfolks redeeming their vouchers and will continue throughout February. The successful approach may be expanded to other fishing communities.

### Next Steps

In the coming months, priority will be to finalize the e-voucher program targeting fisherfolks and finalize the food parcels procurement process for the third round of distribution in Dondo, and the first round of distribution in Tete (targeting assessment to be completed). Within the framework of the new EPoA, several other activities will also be launched in the coming months, i.e., the employability program (mostly focused in urban and peri-urban areas), establishment of loan and saving groups, the agriculture infrastructure support for livelihood strengthening, technical support to farmers and distribution of productive assets to increase self-reliance especially throughout the lean season.



## Health

People reached: 252,435

Male: 121,169

Female: 131,266

### Health Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services

Indicators:	Target	Actual
# of people accessing appropriate disease prevention and health promotion services	Direct: 480,122 Mainstreamed: 426,140	Direct: 252,435 Mainstreamed: <i>No radio audience data collected</i>
# of CVM volunteers and staff trained	1,010	508

### Output 1.1: Communities are supported by Mozambique Red Cross (CVM) to effectively detect and respond to infectious disease outbreaks

Indicators:	Target	Actual
# of ORP Kits prepositioned	5	17
# of ORP/CHMPs established and operational	11	11
# of volunteers trained in cholera response	110	110 <sup>8</sup>
# of population served by ORPs	40,149 <sup>9</sup>	40,149 <sup>10</sup>
# of population served by CHMP's <sup>11</sup>	112,805	19,258

### Output 1.2: Community-based disease prevention and health promotion is provided by Mozambique Red Cross (CVM) to the target population

Indicators:	Target	Actual
# of Community Health Mobilization points set-up and operational	20	6
# of people reached through household visits and (community-based) health and disease prevention and promotion activities	331,600	168,984

<sup>8</sup>108 volunteers received refresher trainings in the reporting period.

<sup>9</sup> Indicator in EPoA (152,954) is for both ORPs and CHMPs.

<sup>10</sup> ORP's discontinued on 30 September, community-based surveillance activities continue within Community Health Mobilization Points.

<sup>11</sup> Indicator not in EPoA but introduced here to provide information on activities that are a continuation of activities in ORP's.

**Output 1.3: Mozambique Red Cross (CVM) develop the capacity to assess and provide relevant health care support to communities and vulnerable households**

Indicators:	Target	Actual
# of CVM health technicians and health assistants trained in CBHFA and ECV (training of trainers)	19	15
# of CVM volunteers trained in Community Based Health and First Aid, ECV, ORP, Malaria prevention, Malnutrition and Pellagra	800	428
# of Outbreak contingency plans developed (Sofala, Tete, Manica, Zambezia)	4	2 <sup>12</sup>

**Output 1.4: Communities are supported by Mozambique Red Cross (CVM) to effectively respond to psychosocial needs**

Indicators:	Target	Actual
# of people reached with PSS activities	20,000	24,044

**Progress towards outcomes**

In the emergency phase, the health sector addressed the needs of the affected population through Psychosocial First Aid (PFA) and psychosocial support information, access to emergency health care, and mobilizing community health resources to promote epidemic control and cholera prevention. During this phase (March to June), 38,355 people received health emergency services, including through Epidemic Control for Volunteers (ECV), cholera treatment, malaria, PFA and PSS activities.

The Health prevention and promotion program entered a fast pace with the arrival of the public health international delegate in late September, alongside the recruitment of nine health national staff as well as the increase of a well-trained health volunteer base. Since then, the health sector has been implementing the Community-Based and Health First Aid (CBHFA) program, a program run by IFRC around the world, adapted to the Mozambique context and described as “Health and Safe communities” due to addition of WASH and PGI components. The program includes training of volunteers on RCRC, social mobilization, community assessments and endemic diseases. The Health and safe communities’ program build on the model of Community Health Mobilization Points (CHMP) as the center whereby volunteers are trained and mentored to develop their knowledge and capacities and provide holistic health prevention and promotion services in their communities. Since the start of the early recovery phase (July 2019) until 31 December 2019, 428 volunteers work to promote a healthier and safer community environment through activities focusing on health prevention and promotion, and complemented with water and hygiene, protection, gender and inclusion, and community engagement activities. These volunteers have been trained in community-based health and first aid (CBHFA) and equipped with basic health kit and IEC materials to perform household visits and perform social mobilization and risk communication activities about malaria, diarrhea prevention, symptoms and treatment, as well as hygiene promotion, alongside distributions of chlorine bleach and soap. Besides household visits, five clean-up campaigns have been organized. During this reporting period, 56,179 people have been visited by volunteers or participated in risk prevention and health mobilization activities.



**Image 4 – Health volunteers conducting household visits**

At the same time, these CHMPs continue to be an entry point for health issues arising in the communities. In the reporting period, 3,857 people accessed the CHMPs, mostly suffering from watery diarrhea or malaria. If these cases cannot be treated in the CHMPs, patients are referred to health centers or directly to the hospital. It should be noted that, in order to detect swiftly health risks, a community health epidemic surveillance system is in place in the areas covered by the CHMPs as well as a health contingency plan, streamlining efforts through the health cluster and partners. Furthermore, with the start of the rainy season and the increasing numbers of Malaria and acute watery diarrhea (AWD) observed, the CVM launched mass awareness prevention campaigns through radio spots, aired throughout December and January, three times per day in three different languages. The messages were agreed and sent out in partnership with the ministry of health.

<sup>12</sup> National contingency plan has been created for coronavirus and cholera.

Being at the core of CVM expertise and society recognition, the “Healthy and Safe” communities’ program is planned to reach several districts in the provinces of Sofala, Manica, Tete and Zambezia. The expansion started already, with 13 assessments conducted in different communities in the first 3 provinces mentioned above. In total, 20 CHMPs are planned until year end, and the program is intended to stay beyond the emergency appeal.

Psychosocial support continues to be provided, focusing on populations severely affected by the disaster through emergency PSS. PSS services will be expanded to the communities, alongside other protection services, to address specific needs of women and children, as well as for people with specific needs (more information on PSS and community-based protection is provided below, under PGI). The PSS team reached 2,039 people through awareness sessions provided door to door to the most vulnerable people and in the Macurungo Health Centre in Beira. CVM volunteers work in the communities, reaching persons and patients visiting these sites on Psychosocial Support (PSS), Resources and information about stress and coping mechanisms, information on gender-based violence among others. Cases identified are referred internally and externally to other partners (clinics, governmental institutions, etc.) for the necessary support to be provided.



## Water, sanitation and hygiene

People reached: 87,378

Male: 43,689

Female: 43,689

### Outcome1: Immediate and sustainable 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	70%	Endline survey not yet conducted
% of target population using adequate sanitation	50%	Endline survey not yet conducted

### Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of site and community assessments carried out	30	23
# of CVM Volunteers trained	300	61

### Output 1.2: Access to safe water through community managed water sources is provided to target population with the support of Mozambique Red Cross (CVM)

Indicators:	Target	Actual
# of people with access to safe water	104,800	37,388
# of water distribution points (including handpumps rehabilitated)	161	65

### Output 1.3: Improved access to adequate sanitation is provided to and managed by the target population with the support of Mozambique Red Cross (CVM)

Indicators:	Target	Actual
# of people provided with excreta disposal facilities	25,750	14,780

### Output 1.4: Hygiene promotion activities are provided by Mozambique Red Cross (CVM) to target population

Indicators:	Target	Actual
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# of people reached by hygiene promotion activities (including communities and schools)	41,375	55,572
% of people who engage in improved safe hygiene practices	50%	95% <sup>13</sup>
# of volunteers involved in hygiene promotion activities	300	283(239+44 <sup>14</sup> )
<b>Output 1.5: Hygiene-related goods (NFIs) are provided to the target population along with training on how to use them</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of households provided with a set of essential hygiene items	12,658 HHs (63,290 ppl)	12,658HHs (63,290 ppl)
# of women provided with menstrual hygiene kits	5,845	9,354 <sup>15</sup>

### Progress towards outcomes

Since the start of the recovery phase, the WASH program has carried out 23 community assessments, covering a total population of 43,600 people. These assessments included 11 communities of Moatize district in the Tete province, where Water and Sanitation gaps have been identified as very high thus a priority area for expansion, 10 communities in Nhamatanda District, and 2 communities in Dondo (including 1 school). There is an ongoing joint WASH/PGI assessment to identify vulnerable people with special needs that otherwise could not access water and sanitation services.

The WASH team has completed the rehabilitation of 65 water points, including 64 water handpumps and 1 water point in Dondo sede, providing quality water to 37,388 people. The water committees for the newly rehabilitated pumps were also formed, trained and equipped with materials to perform the necessary maintenance works. In coordination with the District government and public infrastructure, the WASH team has also assessed additional 19 damaged water handpumps in Savane and Mafambisse (Dondo District) to be rehabilitated, that shall restore water access to a total of 15,555 people.



**Image 4-** Rehabilitated water pump in Ngupa, Beira district. Photo: IFRC

A total of 14,780 people during the period have access to improved sanitation facilities, through the rehabilitation of household and community latrines, through the owner driven rehabilitation methodology, and 237 household toilet rehabilitations ongoing with the supervision of WASH technicians, in Ngupa and Subida. After completing their latrine rehabilitation, an assessment is done to verify if the sanitation and hygiene behavior and practices have changed. During the reporting period, 95% of households reported improved hygiene practices. Additionally, in this period, 5,171 households (approximately 25,856 people) were reached with hygiene promotion activities provided by 44 CVM volunteers trained in hygiene promotion and WASH technicians. The hygiene sessions focus on handwashing awareness and good practices, tippy-tap construction (simple handwashing facility), water treatment and home-made water filtering. Alongside the PGI team, menstrual hygiene sessions are also provided at the household level.

<sup>13</sup> Based on follow up- monitoring surveys conducted in January 2020.

<sup>14</sup> Data referring to volunteers parttaking in recovery WASH activities.

<sup>15</sup> Activity jointly implemented with PGI.



## Protection, Gender and Inclusion

People reached: 44,903

Male: 20,206

Female: 24,697

### Outcome 1: Communities have identified the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination or exclusion

Indicators:	Target	Actual
# of people in need receiving PGI support services	44,000	44,903
# of CVM volunteers and staff trained and mobilized	820	513

#### Output 1.1: Mozambique Red Cross (CVM) programmes ensure safe and equitable access to basic services, considering different needs based on gender and other diversity factors

Indicators:	Target	Actual
# of people reached through MHM sessions	10,000	19,728
# of CVM volunteers trained and mobilized	800	491
# of CVM staff trained in mainstreaming PGI across programs	20	22
% of people identified in need referred to specialised services:	50%	100% (18 people identified and referred)

#### Output 1.2: Emergency & Recovery response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children, promoting safer communities

Indicators:	Target	Actual
# of people accessing SGBV and Child Protection behavioural change and awareness sessions ( <i>life skills, awareness sessions and Community-based protection</i> )	25,000	25,175ppl (23,376 awareness, 1,585 lifeskills, 214 CbP)
% of targeted adolescent girls who are members of groups for girls that address life skills, protection and sexual health and reproductive health rights, gender norms etc.	30%	Not yet started
# of CVM volunteers trained on PSEA and Child Protection	800	491
# of CVM staff trained on mainstreaming PSEA and Child Protection	20	22

#### Output 1.3: Mozambique Red Cross (CVM) educational and advocacy programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills

Indicators:	Target	Actual
# of people reached through IEC campaigns	44,000	Not yet started
# of CVM stakeholders sensitized and involved in CNVP related issues	4	3

### Progress towards outcomes

The life skills program at the Macurungo Health Centre in Beira peri-urban successfully completed its first phase with the participation of 53 people that completed the full two months program, bringing the total number of people supported to 1,585. This first round took eight weeks to complete, focusing on different modules to increase people's resilience such as stress management, improving self-esteem, childbearing shared responsibilities, gender and gender-based violence (GBV), health and reproductive health and basic economic management for families. Participant families reported they have acquired new methods to cope with events that affect their dwellings, create

bonds between family members and shared responsibility. Women feel more empowered to participate in the dwellings' decisions and have stated that men have adopted a more proactive contribution in the household. The second phase of the program is due to start in February and is already full, which indicates the success of the approach. The Macurungo health centre management are looking for a permanent space inside the rehabilitated health unit in order to improve the working conditions, and to involve the health staff in the sessions for a peer support from IFRC/CVM teams. PSS/PGI volunteers also work door to door and with awareness sessions in four districts in Sofala with different topics related to stress management, child protection and basic case management. The number of people supported these past months is 1,318 people, which brings the total of people supported to 23,376.



**Image 5-** PGI community awareness session. Photo: IFRC

With the revision of the PGI sector strategy, a stronger focus is placed on community-based self-protection, particularly focusing on children and adolescent girls as main target groups. However, it is not only these groups that are involved in the promotion of community-based protection activities, but the whole community. The first communities where this program was launched are in Dondo district (communities of Mutua and Chinamacondo). The program starts with a series of participatory discussions. The facilitation team ensure participants are gender balanced and diverse. The discussion is facilitated by the IFRC/CVM PGI and PSS teams, introducing sensibly topics such as children and adolescents' rights, family planning, gender equality and women empowerment, sexual abuse and exploitation (SEA), etc. A self-analysis is then done of the actual situation evaluating the different status of privilege and protection of the different target groups. The following weeks are spent intensively in the community, promoting a change in views and practices, both by maintaining group sessions as well as individual and household visits. Whilst this program is ongoing, the teams on the ground, alongside the community, identify cases of special attention and refer them to specialised services for proper care. At the end of this journey, it is expected that communities are more tolerant, respectful, and protective, especially towards children, adolescent girls, women and persons with specific needs (PWSN). The second phase of the program will start soon including two other key aspects related to activities in the school and strengthening the PSS prevention and response at a community level. Eventually this holistic community approach will contribute to reduce the high rate of early marriages that are a strong negative practice in the communities. In these past months, the IFRC/CVM teams have provided six community sessions, conducted six assessments, supporting a total of 214 people. In the coming months, this community protection program will be scaled up to different districts in Sofala, as well as Manica and Tete provinces, alongside the health program. The PGI team have joined efforts with the WASH sector, including sessions on menstrual hygiene management to women and girls. The activity started in September 2019 where the volunteers provide Menstrual hygiene information as well as basic sexual and reproductive health information to women and men and items to use available in the market, its specific needs for hygiene, related issues and with information about to available resources in the area. The activity was completed in December and reached 19,728 people.



**Image 6 -** MHM school awareness session. Photo: IFRC

It must be noted that this operation has identified critical needs and persons in terms of protection, gender and, inclusion across all geographical areas, particularly affecting children and youth, as well as elderly and people in need of specific attention. While acknowledging that fact, the IFRC and CVM see this appeal as an opportunity to increase the National Society capacity to acquire knowledge, design adequate policies and start assuming the leadership of the ongoing PGI programs for the long term. CVM leadership (including the President, Secretary-General, Program Director and Executive Board) were sensitized and expressed great interest in developing these areas, establishing a PGI task force under the leadership of the Secretary General, and support from IFRC specialists. In the coming months this

task force will concentrate in discussing and building up the Nation Society's policies, starting with child protection and PSEA. Trainings have started for 22 CVM staff (17 in CVM Headquarters in Maputo, and 5 CVM staff in Sofala

Branch) related to PSEA and child protection. To note, that pNSs have also been briefed about the PGI program and efforts will be made to streamline a movement-wide approach to protection, gender and inclusion.

Finally, during this reporting period, mixed PGI/PSS trainings were conducted to volunteers in three districts of Sofala and to three communities in the province of Tete reaching the total of 134 volunteers, raising the total of volunteers trained to 491.



## Disaster Risk Reduction (DRR)

People reached: N/A

Male:

Female:

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

Indicators:	Target	Actual
# of people reached through DRR and CCA projects	157,500 (30 communities)	N/A

### Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters

Indicators:	Target	Actual
# of CVM community volunteers trained in disaster response, preparedness, DRR	400	N/D (1,162 involved in DRM activities)

### Outcome 2: Communities in disaster affected areas adopt climate risk informed and environmentally responsible values and practices

Indicators:	Target	Actual
% of recovery programmes that incorporate DRR & CCA approach	70%	Endline not conducted

### Output 2.1: Contributions to climate change mitigation are made by implementing green solutions

Indicators:	Target	Actual
% of programs adopting climate change mitigation measures	70%	66%

### Output 2.2: Community awareness raising programmes on climate change risks and environmentally responsible practices are conducted in target communities

Indicators:	Target	Actual
# of RC/RC initiatives coordinated and fostered	4	2

### Progress towards outcomes

Throughout the duration of the emergency response phase, 1,162 volunteers have been actively involved in the response. Nonetheless, the actual number of volunteers trained in DRM was not precisely accounted for. Formal DRM trainings (from EWS to Preparedness, Rescue and DRR) to volunteers are scheduled to take place from June to October 2020, following the recommendations from the post-event review capability (PERC) assessment.

This PERC assessment, conducted in partnership between the IFRC and Zurich Insurance as member of the Zurich Flood Resilience Alliance (ZFRA), aimed at developing a model for delivering effective community flood resilience programs at scale and contributing to shaping the flood resilience agenda of policy makers and donors. The overall vision is for floods not to have a negative impact on people's and businesses' ability to thrive. Field work took place in Mozambique from 6 to 19 January, led by 4 experts, and supported by Swiss Development Cooperation and CVM in country. Experts conducted over 100 interviews, and the review of over 100 secondary sources to highlight key opportunities for building resilience including strengthening early warning systems and

climate services coupled with capacity building and resourcing for early action, supporting the construction of resistant homes, connecting water, sanitation and hygiene (WASH) and DRR efforts, and through supporting the diversification of farming practices and crops. The final report will be launched in April 2020, but preliminary discussions with the PERC team indicate the necessity to prioritize the investment (material resources, coordination and capacity building) in the areas of early warning, community-based DRM (maintenance and equipment of local committees), and longer-term DRR (protecting critical infrastructure, scaling-up resistant housing, and protecting water and livelihood sources). These insights and lessons highlight areas that can be strengthened now, via specific interventions and programs, to reduce harm from future events. Their emphasis, on ex-ante and resilience building actions versus ex-post actions, is an important one as it supports a transition from suffering damage and loss and then working to recover, to avoiding damage and loss altogether. Alongside the PERC study, a review of the National Society preparedness for emergency response (PER) started also in January, involving CVM, pNSs and the ICRC, and facilitated by an external consultant. The results of this analysis will support the prioritization of the DRM work in the coming months (see below NSD chapter for further information).

### Environmental Management Plan

Following the environment assessment and report supported by the Swedish Red Cross and issued in August 2019, the operation has taken some steps to mitigate the impact of activities on climate, reduce its footprint and if possible adapt the communities' resilience to climate change, such as investigating options for suitable rainwater harvesting options at community and household level, cleaning campaigns and promotion of community solid waste management through environmental messaging in the shelter, WASH and health awareness sessions and locally appropriate solutions for shelter reconstruction that use resources available to the community, hence reducing the impact of complex supply chain. Furthermore, the operation has defined a set of reforestation projects in conjunction between DRR and Livelihoods, and in association with appropriate local partners and government, in view of creating alternative, environmentally friendly livelihoods for affected people.

## Strengthen National Society

### S1.1: Mozambique Red Cross has the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
% of CVM staff acknowledging improvements in its management system	90%	<i>Endline survey not yet conducted</i>

### Output S1.1.4: Mozambique Red Cross has effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers who are adequately trained and insured	5,500	1,186 trained and 1,000 insured (bulk insurance)

### Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Indicators:	Target	Actual
At least 4 branches and NHQ have solid financial accounting capability	4	1
CVM has a feasible plan to clear its debts	1	1
At least four branches have been assisted with repairs/upgrades and office equipment	4	1
CVM has embarked upon a forward-looking HR strategy and related plan of action	1	In progress

### Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators:	Target	Actual
# of people reached through DRR and CCA projects	356,398	ND <sup>16</sup>

<sup>16</sup> This activity is mainstreamed across sectors and the actual numbers are not consolidated at this reporting stage.

# staff and volunteers trained in DM & DRR	1,100	ND (1,162 participated in DRM activities)
<b>Output S1.2.1: NS have an up to date strategic plan, statute and governance structure</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of CVM strategic plans approved and developed	1	In progress
<b>Progress towards outcomes</b>		
<p><b>Volunteers</b></p> <p>An impressive number of CVM volunteers continue to work tirelessly for the well-being of their communities, giving a great example of resilience, and dedication to the movement principles of humanity and voluntary work. Since the start of the operation, 1,286 volunteers have been routinely involved in the operation through a diverse range of activities, from promoting healthy communities to protecting those most in need; recovering access to water, improving shelter conditions, etc. Volunteers are also the entry point for community engagement and participation, ensuring the voices of their communities are heard and taken into consideration for programmatic decision making. During this reporting period, 1,186 volunteers were trained in different topics:</p> <ul style="list-style-type: none"> <li>- 53 in community engagement and accountability;</li> <li>- 508 in CBHFA, FA, ECV, Malaria, Malnutrition, Pellagra and PSS;</li> <li>- 491 in PGI, and PGI&amp;WASH;</li> <li>- 118 in Information Management;</li> <li>- 16 in logistics and warehousing;</li> </ul> <p>In the next period, the operation will continue to support the capacity of volunteers, and facilitate their access to institutional information, as well as to build the volunteer management system that allows CVM to be closer to their volunteer base, share information, track their capacities, etc. It should be also noted that the operation has supported CVM in insuring a lumpsum of 1,000 volunteers for the coming year. This number can be increased depending on the number of volunteers involved in the activities.</p> <p><b>Corporate Infrastructure and Systems</b></p> <p>A dedicated financial development delegate has been supporting CVM in strengthening its overall financial management capacity. A draft consolidated budget has been produced for 2020, reflecting the total income and expenditure at headquarters and branch levels; it is now under review by CVM management for formal adoption at the upcoming general assembly. Work is also ongoing to develop concrete plans for resolution of outstanding debts which are affecting cash flow as well as more efficient human resource management. Efforts are being made to clear an accounting backlog and produce annual financial reports for previous years in preparation for a consolidated external audit later this year. Finally, systematic training for finance and project staff at headquarters and branches is being planned for the next quarter, while a new cost recovery model based on global IFRC guidance is being considered.</p> <p>In December 2019, the IFRC started its support in the Province of Tete and has equipped the CVM office with necessary infrastructure and provided better working conditions. Furthermore, it is also working in setting up the annual budget for the branch, including a contribution to its staff and running costs. Two IFRC vehicles have been placed in Tete to support the activities there. On another note, IFRC is working with CVM branch in Sofala province to rehabilitate the provincial branch building that has been damaged by the cyclone. Nevertheless, due to the start of the raining season this rehabilitation was postponed to April 2020. In the meantime, the IFRC has rented a new office space where the branch is currently based.</p> <p><b>National Society Strategic plan</b></p> <p>During this reporting period and the shift to recovery (October to January), an effort was made by all movement partners to empower the National Society to take a leading role in defining the key program areas for the coming year and eventually beyond this emergency appeal. In November, a meeting was convened by CVM in the Chimoio Conference Centre. The board and the executive were part of this meeting, alongside the IFRC and ICRC. Other partner National Societies did not participate but contributed to the discussion beforehand. As a result of this three day meeting, the following programmatic areas came out as being of clear interest to the NS's present and long term strategy: disaster risk management and response, building healthy and safe communities, promote access to safe water and sanitation, invest in protection and inclusion as a service to the most vulnerable. From a governance and institutional point of view, CVM and partners will put emphasis in key strategic areas, such as financial systems development, resource mobilisation and volunteer management. The above will be formalised with the ongoing revision of CVM's strategic planning that will occur in February and March 2020, facilitated by the IFRC.</p>		

## International Disaster Response

**Outcome S2.1: Effective and coordinated international disaster response is ensured**

**Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved**

Indicators:	Target	Actual
# staff and volunteers who have received community engagement and accountability training	1,100	53
% of target population who agree their priority needs are being met	85%	End line
% of target population who agree their feedback is taken into account and acted upon by CVM/IFRC.	85%	End line

**Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced**

Indicators:	Target	Actual
% of shelter agencies supported by the Shelter Cluster	100%	100%

**Outcome S2.2: The complementarity and strengths of the Movement are enhanced**

Indicators:	Target	Actual
% of RCRC actors reporting increased movement coordination	100%	Endline survey not yet conducted

**Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination**

Indicators:	Target	Actual
Movement 4Ws developed and updated	1	In progress
Emergency coordination cell activated	1	1

### Progress towards outcomes

#### Community Engagement and Accountability (CEA)

The work of the CEA team has been paramount to this operation, ensuring communities have access to information and participate in decisions that determine the type of assistance received as well as who is entitled to that assistance in the community. The CEA and program teams spend a considerable time defining the vulnerability criteria and targeting, ensuring the humanitarian imperative and impartiality principles are respected, which means those most vulnerable or with special conditions are the first to be assisted. Throughout this period, 53 volunteers were trained in the CEA methodology (starting in January 2020), to be well versed with the work of the Red Cross and teach volunteers how to work and engage in their respective communities. This training was complemented with protection, gender and inclusion minimum standards. Several focus group discussions were held in the communities in order to assess people's perceptions about the work of the Red Cross and the assistance provided to them. Any feedback or complaints from the communities are taken back to the responsible program delegates and solutions are sought to overcome those and acted upon.

In January 2020, the CEA delegate started the engagement with CVM leadership on the next steps for institutionalizing CEA in the National Society's policies. This initiative is part of a consolidated effort to harmonize and systematize community engagement, participation and overall accountability towards population of concern in all projects carried out by CVM. It is acknowledged that, despite the great field work done by staff and especially volunteers, an institutional framework as well as standard operating procedures and a training package for volunteers must be developed to warrant a good level of accountability. This will be done in the coming months (from February to May 2020).

#### Shelter Cluster Coordination

As we have entered the recovery phase, the shelter cluster increased the engagement with national and local authorities, in particular with the post-cyclone reconstruction office (GREPOC). The SC and GREPOC have agreed, in principle, to formalize the terms of their cooperation, which clarifies and informs shelter partners about the SC Shelter Recovery options defined in the HRP as well as the recovery strategy defined by the government housing reconstruction plan (PALPOC). Nevertheless, discussions are still ongoing with other relevant players, such as the World Bank, UNDP and UN-Habitat about the housing models to be used due to different expectations

and funding levels from different agencies. The SC is attempting to mediate the discussions in a way that a pragmatic compromise can be reached for the short-term housing recovery to be developed by humanitarian agencies, and the more longer term planning and housing solutions that will be carried out by development partners. Therefore, as part of its increasing engagement with GREPOC seeking to improve and validate shelter / housing interventions, the SC is organising joint visits (SC, GREPOC, UN-Habitat, DPOPHRH and as much as possible local authorities and community representatives) to ongoing and completed shelter / housing projects (e.g. IFRC, Spanish RC, CRS), therefore enabling the identification of best practice (do's and don'ts), and mitigation measures where required, while providing technical assistance on an ad hoc basis, and rolling out technical guidance on a regular basis;

Amidst the recovery discussion, the rainy season has started with heavy rains in December and January, affecting over 80,000 households still displaced and living in precarious conditions. Cluster partners across the affected areas in Sofala, Manica and Zambezia provinces lack resources to address the wider shelter needs (caseload considered in revised HRP) and to support families in the upcoming rainy and cyclone season. Acknowledging the scale of need and challenges of the shelter response in Buzi district, the SC has reactivated the coordination hub and resumed the Buzi Shelter Cluster coordination meetings, organized in coordination with the Buzi Administration and SDPI. There is an identified gap in coverage and in available resources to address outstanding needs for both emergency and recovery of shelter – both in hard to access areas and in resettlement sites.

Inter cluster coordination across Shelter and WASH is a priority, considering that households in resettlement areas and in situ affected communities who have received some shelter assistance have little or no access to sanitation and drinking water, and vice-versa. It is therefore proposed to organise either a Shelter and WASH working group or schedule Shelter and WASH cluster meetings on the same day, so participation is substantial and meaningful, while issues can be coordinated and rolled out across clusters with the engagement of authorities and partners.

#### **Emergency Coordination Cell**

IFRC and CVM have reactivated an emergency cell for the rainy and cyclone season, under the leadership of the Secretary General and technical support from the Disaster Management Director. The IFRC and ICRC have supported the national society in defining procedures for activating its emergency protocol and decide the release of 2,500 prepositioned stocks across the country with the support of IFRC, in Maputo, Beira, Caia, Manica, Nampula and Cabo Delgado. It should be noted that CVM has contributed to the government annual contingency plan, led by the National Institute for Crisis Management (INGC), and is a key partner of the government in emergency response.

### **Influence others as leading strategic partner**

**Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.**

Indicators:	Target	Actual
# of advocacy and lobbying initiatives carried out	5	1

**Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues**

Indicators:	Target	Actual
# of external communications activities undertaken	10	2
# of social media platforms active	2	2

**Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming**

Indicators:	Target	Actual
# of evaluation and research conducted	4	4

**Outcome S3.2: The programmatic reach of the Mozambique RC and the IFRC is expanded.**

Indicators:	Target	Actual
% of DAG members reporting a positive experience throughout the visit	90%	100%

**Output S3.2.1: Strengthen planning, monitoring, evaluation and reporting**

**Output S3.2.2: Resource generation and related accountability models are developed and improved**

Indicators:	Target	Actual
DAG Visit Report	1	1
<b>Output S3.2.3 CVM is supported in resource and partnership development (from both domestic markets and foreign sources).</b>		
Indicators:	Target	Actual
Resource mobilization plan approved	1	0

### Progress towards outcomes

#### Advocacy and lobbying activities

The CVM, with the support of the Spanish Red Cross, is part of the Cash Transfers technical working group that is advocating for the implementation of multipurpose cash transfers in emergency, towards the Mozambique Government. This working group has successfully managed to pass through several technical approvals within responsible governmental entities, and the last stage is to submit the technical proposal to the council of ministers. If approved, cash transfers in Mozambique will finally be possible within a legal framework. It should be noted that the Government of Mozambique has already approved the cash transfers for its social protection system, led by the National Institute for Social Action, which allows agencies to provide emergency cash for specific protection cases, and following an agreed targeting criteria.

#### Communication and Social Media

In the onset of the emergency 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, several communications focal points were deployed in support to CVM, showcasing response efforts. All photos and videos captured can be found on the IFRC audio-visual 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. The "Movement-wide" marketing document has been updated and released in both English and Portuguese, providing an update to the response, which has been shared with partners, IFRC donor advisory group and Red Cross/Red Crescent National Societies.

The communication team has been reinforced with the recruitment of a communication officer based in the Southern Africa country cluster providing support to the Mozambique operation, and the National Society has hired a second communication officer that will be supported by the IFRC communications team.

#### Evaluations and Research

As of 31 January 2020, the operation facilitated: one real-time evaluation, an environmental assessment, the Post-Event Review Capability (PERC), and the Preparedness for Emergency Response (PER). Two have been already published and the other two conducted in January will be released in April 2020.

#### IFRC Donor Advisory Group (DAG)

During the first week of November, representatives from the IFRC Donor Advisory Group (DAG) travelled to Mozambique to visit and observe the Red Cross response operation to Cyclones Idai and Kenneth. The representatives were accompanied by IFRC staff from Geneva, Africa Regional Office and Mozambique Country Office, as well as from Mozambican Red Cross (CVM). The DAG Delegation spent three days in Beira visiting various activities and meeting with staff, volunteers, International Red Cross and Red Crescent Movement (Movement) and external partners and concluded the field visit in Maputo with supplementary meetings and a DAG field visit debrief. DAG participants appreciated the transparent and frank conversations held during the visit and called for this to continue in future DAG visits and meetings. There was also a call to ensure continuity of some of these important topics next year with the new co-chair.

National Societies have an advantage in knowing what is happening on the ground better than others, and as such it is important for the IFRC to be transparent and very clearly tell DAG members and donors what type of support is needed. DAG members also called for more advocacy from their side to further support the work of IFRC and the Movement.



The group discussed the role of IFRC and their key mandate to support National Society Development but flagged the importance of ensuring National Societies, such as CVM, come out stronger after an emergency operation. Sustainability, domestic fundraising (resource mobilization) and volunteer management were identified as key areas. DAG members throughout the visit were able to talk to several volunteers, many of whom had been affected by the Cyclones and had as a result decided to join the RC response and support those in need and acknowledged how inspiring it was to see the work, effort, passion, and dedicated involvement of these volunteers in their communities. Volunteers were also recognized to be the backbone of NSs and the comparative advantage of the Movement. CVM recognized volunteers as their most important resource and flagged the need to have good volunteer management systems in place.

The DAG delegation commended the quality of the response and recognized the importance of pre-positioning before the Cyclone. The presence of the Red Cross and its volunteers before, during and after the disaster was recognized to be crucial in order to reach the most vulnerable (“First in, never out”). DAG members also recognized that Cyclone Idai really brought out the reality of the country, including the capacity and reach of CVM. Having people on the ground is becoming more and more important, and this response showed that NSs have a better knowledge of what is happening on the ground and that this is not sufficiently recognized by other organizations and donors. The full report of the DAG visit, alongside recommendations can be found [here](#).

## Effective, credible and accountable IFRC

### *Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability*

Indicators:	Target	Actual
% of positive performance appraisals	70%	In progress

### *Output S4.1.2: IFRC staff shows good level of engagement and performance*

Indicators:	Target	Actual
% of staff who undergoes performance appraisal	100%	In progress

### *Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders*

Indicators:	Target	Actual
# of audits conducted	2	1

### *Output S4.1.4: Staff security is prioritised in all IFRC activities*

Indicators:	Target	Actual
% of security assessments carried out and updated	100%	100%
% of security Plans updated in all operational areas	100%	100%

## Progress towards outcomes

### **Human Resources – performance appraisals**

End of year performance appraisals for staff in the operation are ongoing at the time of the update and indicators target will reported against in the next situational report and operations update.

### **Internal Audit**

An internal audit was carried out in October 2019 for the first time in the Mozambique operation, although a risk register has been produced in May 2019 to provide early support in the establishment of the risk management framework to the several operation functions and programs. The audit assessed the controls used to manage IFRC-funded programmes to ensure that country office and programme objectives are being met and risk is mitigated to within IFRC’s risk appetite. The audit report considered the wider context, including the work with the Mozambique Red Cross and a few partner National Societies, the IFRC strategy, frameworks of control, policies and procedures and their impact and relationship with local risk management in the context of Mozambique. Since the report was issued, the IFRC country office has followed upon several recommendations to strengthen the design and operability of control systems. A follow up audit should be performed in November 2020.

### **Security Assessments and Plans**

Updated Mozambique Operation security regulations were approved in October 2019, alongside a security briefing for staff and visitors under IFRC security management. The categorization of the different operations duty stations

was reviewed later in 2019, assessing Beira, Tete and Manica as Category 4 – Non-Family Duty Station. Maputo is maintained as a Category 1 – Family duty station. An incident report tracking system is maintained and updated with the support of the Regional Office.

Furthermore, due to the election period in late 2019, an election security contingency plan was approved, projecting different scenarios. Fortunately, the situation remained generally calm and without affecting the pace of operations. With the start of operations in Tete Province, a security assessment was also conducted and IFRC's Minimum Security Requirements adapted to the field locations, providing guidance to personnel and those under IFRC security responsibility, meeting acceptable security and safety standards.

## D. Financial Report

The interim financial report is [annexed](#) to this report.

### I. Appeal Budget and Coverage

	Amount raised (CHF)	Coverage (%)
Total hard pledges* + soft pledges (excluding ERUs)	20,330,329	63.5%
Total hard pledges* (cash and in-kinds)	18,254,555	57.0%
Total hard cash pledges	16,847,953	52.6%
Total In-kinds	1,406,602	4.4%
Total ERUs	7,267,836	22.7%
Total soft pledges	2,075,774	6.5%
	Amount raised (CHF)	Coverage (%)
Total projected funds (hard pledges, soft pledges + In kind contributions + ERUs)	27,598,165	86.2%

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	936,387	297,551	638,836
AOF2 - Shelter	3,523,638	1,524,319	1,999,319
AOF3 - Livelihoods and basic needs	1,473,830	566,377	907,453
AOF4 - Health	1,730,707	722,014	1,008,693
AOF5 - Water, sanitation and hygiene	1,289,928	333,862	956,066
AOF6 - Protection, Gender & Inclusion	732,920	200,329	532,591
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	1,710,004	455,481	1,254,523
SFI2 - Effective international disaster management	3,157,839	3,005,704	152,136
SFI3 - Influence others as leading strategic partners	286,196	151,380	134,815
SFI4 - Ensure a strong IFRC	1,436,201	1,422,170	14,031
<b>Grand Total</b>	<b>16,277,651</b>	<b>8,679,189</b>	<b>7,598,462</b>

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## Reference documents

Click here for:

- [Revised Emergency Plan of Action \(EPOA\)](#)

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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



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



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



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