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Operations Update

Mozambique: Tropical Cyclone Idai & Kenneth



Emergency Appeal n° MDRMZ014	GLIDE n° TC-2019-000021-MOZ
Operations Update n° 5, Date of Issue: 28 May 2020	Timeframe covered by this update: 19 March 2019 to 31 March 2020
Operation start date: 19 March 2019	Operation timeframe: 24 Months until March 2021
Current Emergency Appeal Budget: 32,000,000 CHF Initial DREF Allocated: 750,000 CHF	Appeal Coverage: 86.2% (CHF 27,598,165 raised; CHF 4,401,835 funding gap)
Project Manager Contact: Rui Alberto Oliveira – Operation Manager Mozambique, ruio.oliveira@ifrc.org	National Society contact: Maria Cristina Uamusse, Secretary-General, Mozambique Red Cross (CVM), cristina.uamusse@redcross.org.mz
Total Number of people reached: 388,951 people	
Host National Society presence: 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 of the country's 11 provinces and 133 districts (out of 154). It has approximately 220 staff, 5,500 active volunteers and 70,000 members across the country.	
Red Cross Red Crescent Movement partners involved in the operation (as of December 2019): National Red Cross Societies from Spain, Belgium-Flanders, 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 National Societies (PNSs) 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.	
Other partner and contributors actively involved in the operation: 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.	

The Operation Update no.5 reports on the achievements of the Emergency Appeal for Mozambique in response to Tropical Cyclone Idai and Kenneth for the period covering 19 March 2019 to 31 March 2020. The figures of people assisted are cumulative since the beginning of the operation. This operation update also highlights the changes in the humanitarian context due to the vulnerabilities generated by the COVID-19 pandemic in the needs analysis section and elaborates on the actions taken so far as well as the shift on the operational strategy in light of these circumstances, setting the background for an inevitable EPoA revision that will integrate the impact of COVID-19 pandemic over the population affected in Idai and Kenneth operational areas. From March 2020 until August 2020, some of the recovery activities will be hindered due to the declaration of the State of Emergency in Mozambique as restrictions to mobility must be observed alongside the necessary duty of care towards staff, communities, and Red Cross volunteers. The

operation is currently undertaking a review of the Emergency Appeal chronogram which will result in a timeframe **extension of 4 months** to cover the time loss due to COVID-19 and fulfil the recovery commitments towards the population of concern. On the other hand, other activities with a direct impact over COVID-19 prevention and mitigation will be prioritized and increased in the coming months, especially in the Health/PSS, RCCE (CEA) and WASH sectors, with appropriate safeguards to staff and communities. Livelihoods and basic needs will surely become of greater importance as the consequences of the pandemic over the economy and social fabric start to trigger. Therefore, mechanisms to widen the support through social protection system will be sought, and eventually additional support to attend people's basic needs.

Highlights of the Operations Update (cumulative data)¹:

- The IFRC and CVM assisted a total population of **388,951** since the start of the operation, in the different sectors. The revised Emergency Plan of Action (EPoA) launched in January sets the total number of people to be assisted at 509,140 for the entire 24-month duration.
- **Livelihoods and Basic Needs: 43,850 people** have been reached through basic needs assistance, as well as livelihoods recovery with seeds, agricultural tools, farming schools and support to fisherfolks.
- **Health: 345,101** people were provided with access to different health services and health promotion activities, including **248,600** through household Risk Communication and Community Engagement awareness for COVID-19 prevention.
- **WASH: a total of 119,168 people** supported through different WASH services, amongst which **57,260** people reached with hygiene promotion activities, reinforced during the COVID-19 pandemic.
- **Protection, Gender and Inclusion (PGI): 49,819 people** have been involved in the Sexual and Gender based Violence (SGBV) prevention and Child Protection programs in the communities. PGI services will be expanded to diminish protection risks associated with the pandemic. PSS training is being provided to CVM staff and frontline volunteers, and actions scaled-up to tackle the distress provoked during times of confinement.
- **Shelter: a total of 129,425 people** was supported by CVM and IFRC with essential shelter items, **including 5,985** people trained in build-back safer reconstruction in the rural area.
- **A total number of 1,860 volunteers** trained across different sectors and topics, including the first 492 volunteers trained in COVID-19 prevention with a package of Health/Psychosocial Support, RCCE and Hygiene Promotion.

Mozambique: Tropical Cyclone Idai & Kenneth



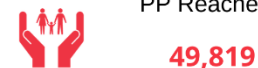
Livelihood and basic needs



Health and Social Services



Water, Sanitation and Hygiene
PP Reached



Protection, Gender and Inclusion



NSD

- CVM 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 pNSs 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 took place in October 2019.
- **CVM Strategic Revision** started with the support of the IFRC. The revision will involve all 11 provincial branches, over 100 staff, volunteers, and provincial board members in an inclusive process. The revised strategic plan will be presented at the General Assembly in September 2020.

¹ Additional information from previous Operations Updates can be found on the following link:
<https://go.ifrc.org/emergencies/3469#details>

- **Protection Gender and Inclusion policies**, especially focusing on PSEA, Gender and Child Protection, as well as the **institutionalization of Community Engagement and Accountability** in the National Society are underway with the support of the IFRC technical teams.
- **The Post Event Review Capability** – PERC Study, drafted by the Zurich Flood Resilience Alliance was released, with a focus on operationalizing community Early Warning Systems and improving community resilience to shocks.
- **Real-time Evaluation**: the above initiatives build on recommendations of this evaluation, calling for greater involvement of and investment in the National Society strategic vision, technical capacity and governance systems.

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 classrooms². Despite the substantial effort from Shelter partners, providing assistance to over 150,000 households³, throughout the rain and cyclone season, over half a million people (100,000 households) were still living in inadequate or unsafe shelter conditions (structurally damaged houses or makeshift shelters)⁴. In January and February 2020, consecutive days of heavy rains have caused major floods in the central region, particularly in Manica and Sofala, affecting over 70,000 people in the districts of Gorongosa, Buzi, Nhamatanda, Chibabava and Sussundenga. A shelter recovery assessment conducted by the Shelter Cluster in all four provinces found that 89% of the affected population still live in emergency shelter, and 76% would not consider returning to their places of origin (most located in risk-prone areas). In another assessment conducted by IOM's Displacement Tracking Matrix (DTM) in collaboration with the Government of Mozambique's National Disaster Management Agency (INGC), 71% report that their shelter conditions need to improve to be able to remain.⁵

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 reported to have reached 98.6% of the targeted population in Sofala. In January 2020, few cases of Cholera were registered in the province of Nampula. Although seemingly under control, the cases continued to rise, and by 31 March 2020 the number of cases officially reported are 1,384⁶, spread across 11 districts of the province, with the most impacted districts being Nampula city, Monapo and Malema. The IFRC, Belgium-RC and CVM will continue to support local authorities in assessing, referring and preventing community spread of the outbreak.

Whilst food insecurity was on the rise from October 2019 to January 2020, putting 2 million people at risk in the central provinces, those projections did not materialize due to a quick and at scale intervention from Food Security Cluster partners, including the IFRC and CVM, both with food distributions as well as seeds and tools, which will contribute to further recovery and keep households in stressed, IPC phase 2. Nevertheless, crisis levels (IPC Phase 3) is expected to expand in parts of Cabo Delgado in April and May 2020, due to conflict and subsequent population displacement; and emerge in drought-affected areas in the southern provinces of Inhambane and Gaza, where the main season harvest will be well below average.⁷

As of 30 March 2020, Mozambique had 8 confirmed cases of COVID-19. The first case was confirmed on 22 March 2020. The State of Emergency was ratified and came into force on 1 April, which will last for 30 days and can be extended if required. The rapid and strong restrictive measures taken by the government are welcomed to contain the spread of the disease, and is also an acknowledgement of the extreme risk the pandemic presents to Mozambique,

² Humanitarian Response Plan, UN OCHA

³ Shelter Cluster Factsheet, March 2020

⁴ OCHA Mozambique, Humanitarian Dashboard, 18th of December 2019

⁵ [Shelter Recovery Assessment in the central region of Mozambique](#), Shelter Cluster, DTM, INGC, March 2020

⁶ Information Bulletin #2, IFRC, March 2020

⁷ FEWS NET, 31 March 2020

given the limitations of a fragile health system coupled with a very high rate of chronic conditions, especially HIV, tuberculosis, and chronic food insecurity. The government of Mozambique is calling for international support to cope with the impact of the pandemic. Approximately USD 700 million (about 666,573,000 Swiss francs) is needed immediately to respond to the health crisis and socioeconomic consequences. The IFRC and CVM have launched a plan of action with a total of CHF 4.5 million to support community prevention of transmission, as part of the IFRC global appeal. Furthermore, as the operational modalities had to adapt to mobility restrictions and the necessary duty of care measures towards staff, volunteers and communities, the Idai and Kenneth EPoA is currently being revised to redefine the chronogram and ensure commitments are delivered, as well as to assimilate the impact of COVID-19 for families affected by multiple shocks in the central region of the country.

Summary of current response

Overview of Host National Society

In the past 12 months of response operation, CVM, with the support of the IFRC, reached 388,951 people affected by Tropical cyclone Idai and Kenneth with shelter and household items (HHIs) support, food and productive livelihoods assets, health and psychosocial support (PSS) services and health promotion, provision of clean water for drinking and household use, sanitation and hygiene promotion, community-based protection, gender awareness and inclusion services. The CVM has mobilized 1,860 volunteers in the response, which also support the actions of Red Cross and Red Crescent Movement partners present in the country. The CVM continues implementation of a broad range of services with the support (direct and indirect) of 36 different partners from the Movement, and funds from the outside Movement Partners (Corporate, Individual and UN Agencies).

Entering the second year, the operation emphasizes on the development of CVM's capacity strengthening in its sectors of expertise, such as Public Health and Social Services, Disaster Management, and promotes the institutional and programmatic scale-up in the areas of Protection, Gender and Inclusion (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 also aims to institutionalize community engagement and accountability, ensuring the National Society achieves good standards of diligence and duty of care towards the population it serves. These programmatic investments will be backed by a package of National Society Development (NSD), focusing on governance, financial management and resource mobilization, branch development, volunteer and youth, and digital transformation.

In March 2020, with the support of the IFRC and in-country Movement partners, the National Society launched an ambitious plan to tackle the spread of COVID-19 across all 11 provinces, putting in motion its impressive country-wide volunteer coverage. Actions are community-focused, with a range of services in Health and Risk Communication and Community Engagement (RCCE), PSS to particular vulnerable groups (elderly, disabled and children) and WASH, through the installation of handwashing facilities in critical areas and disinfection of public transports. The COVID-19 plan, initially designed for 4 months, is now being revised to 12 months, with a complementary focus on the secondary impacts of the pandemic particularly on mental health and socioeconomic effects.

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, with the deployment of a Movement Coordination Officer, and led by CVM with IFRC support. The relief operations were 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 maintains a strong presence in the affected areas and in support of CVM, with over 100 staff. The coordination of the operation is undertaken from Beira, with the support of Maputo Country Office, but implementation has been extended to Manica, Tete, Zambezia and eventually Nampula, due to the ongoing cholera outbreak.

The ICRC has ended its programmes in the central region and concentrated its efforts in Cabo Delgado as the conflict expands and population displacement increases. The collaboration between ICRC, CVM and IFRC have been instrumental to raise the Movement capacity in the Northern province, where its foothold in the frontline of assistance has been remarkable and commended by the government and partners. Additional to ground operations, the ICRC 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 RC, German RC and Belgium-FL RC are long term partners of CVM and maintain operational presence in the country, particularly in the Provinces of Maputo, Gaza, Inhambane, Manica and Tete. These PNSs have in common a strong investment in Disaster Management and Risk Reduction, with programs focusing on Forecast Based Financing and Early Action Protocols, Early Warning Systems, and community DRR. Additionally, many

other PNSs continue to provide financial support to the EPoA and remote support to CVM in different thematic and National Society Development areas.

CVM has called for a Movement Task Force to be created to coordinate the COVID-19 response and articulate the national society plan of action. The task force has been meeting twice a week since early March 2020 and is supported by technical working groups, dedicated to Health/WASH, PSS and RCCE/Communication. The joint effort enabled to allocate immediate resources to the National Society to cover all country provinces with COVID-19 training of trainers and community-based activities.

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. A Post-Cyclone Reconstruction Cabinet was set-up at the national and provincial level. A global partnership meeting took place in September 2019, 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. The Shelter Cluster is led by the IFRC and co-led by 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, 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 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 Ministry of Health (MoH) is leading the coordination for COVID-19 response, with the close support of WHO. IFRC and CVM are part of the COVID-19 national emergency committee, that counts also with the presence of different ministries, WHO, UNICEF and UNFPA. The CoE meets in Maputo and the provinces on a weekly basis and ad-hoc, as necessary. The IRFC and CVM lead the Risk Communication committee. With the State of Emergency declaration, the government has also defined exceptions on humanitarian grounds and abbreviated procedures for import of essential PPEs and medical equipment, as well as the suspension of taxes and import duties. The INGC activated 11 emergency operating centres at provincial level and 153 centres at district level. INGC is preparing itself to support the MoH in managing isolation centres and assisting hospitalized patients.

Needs analysis and scenario planning

Needs analysis

By the end of 2019, consecutive shocks such as droughts, cyclones, floods, and food insecurity had dragged 2.5 million people to a situation of vulnerability⁸. The revised UN 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 people have not recovered fully from cyclones Idai and Kenneth (2.22 million people), and still live in inadequate shelter and sanitary conditions, lack of access to food, water and income-generating opportunities. Despite the quick reaction from humanitarian agencies that have managed to halt a massive food crisis in the centre, food insecurity is particularly dire in the southern region of the country due to droughts, and the northern province of Cabo Delgado as a result of the conflict.

The number of COVID-19 cases has been increasing in the past months and the government has declared a State of Emergency to contain the spread of the disease. With an extremely fragile health system and a large number of the population living with underlying health conditions, Mozambique might not have the capacity to cope with an increased number of severe COVID-19 cases. Therefore, the government's and partners objective is to prevent widespread community transmission of the pandemic and flatten the epidemiological curve, allowing the system to cope. The economic and social ramifications of COVID-19 will have a dire impact on the most vulnerable, especially in areas where people are still struggling to recover from the devastations caused by the two consecutive cyclones and subsequent food insecurity, as well as droughts and conflict in the north. These unprecedented challenges are putting additional pressure to over 8.5 million people at risk.

⁸ Mozambique Humanitarian Priorities, OCHA, December 2020

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. Humanitarian partners support to recovery has been slow, and most of the recovery initiatives are undertaken by families, with poor and fragile materials and techniques. There is an urgent need to accelerate the pace of the recovery and to support further self-recovery processes ensuring that families build back safer and have access to improved and resilient shelter solutions. Nonetheless, the restrictions imposed by the declaration of the State of Emergency related to the COVID-19 pandemic delays the capacity to undertake recovery activities. Shelter conditions are characterized by overcrowding, lack of privacy and dignity, poor ventilation, structural weakness, and inadequate flood-protection. Approximately 80% of urban dwellers, some 4.6 million people, live in informal settlements in very dense, crowded and poorly ventilated housing conditions without access to basic services (water and sanitation, health care). These conditions are of high risk for the spread of infectious diseases especially the COVID-19 outbreak. In the EPoA revision, the shelter sector will revisit the approach to crowded areas to support dwellers in maintaining social distancing and find local, simple resources to adapt and prevent contagion.

Livelihoods and Basic Needs

The technical sector for food and nutrition security (SETSAN) has reduced the level of food insecurity in the central region. This is due to the consistent support provided by the Ministry of Agriculture and Food Security Cluster partners. However, the southern provinces and Cabo Delgado are now classified as IPC3 (crisis). The most impacted areas are mostly rural, where over 90% of the people rely on agriculture and fisheries. The loss of productive assets, tools and destruction of agriculture and fisheries infrastructure is weakening the restoration of livelihoods.

The COVID-19 pandemic will put vulnerable and food insecure segments of the population at an even greater risk, particularly the low-income urban population that have lost livelihoods, children that have no access to school meals, and small producers that won't be able to resume activities or sell their produce. Food insecurity will be highest amongst those that have recently experienced severe shocks and haven't recovered fully. This pandemic will further cause strains in food systems which will likely impact the market prices of essential food items. The IFRC and CVM will analyse the immediate and longer-term effect over the affected population in the central areas and reorient the actions to those groups and areas most vulnerable to the consequences of Cyclones Idai and Kenneth, food insecurity and COVID-19.

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% 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.

The country health system is ill-prepared to manage the impact of the COVID-19 pandemic, with a very limited number of ICU beds, only 26 ventilators available in the public health system, no protective equipment for medical personnel, and almost non-existent isolation facilities. Whilst the GoM is rapidly attempting to increase this capacity, risk factors such as the very high number of people living with chronic diseases, overcrowding, food and nutritional insecurity, may reduce the time available to set-up the minimum health standard to cope with the spread of the pandemic. To prevent a public health crisis, decisive action must be taken to disseminate accurate information to the public, increase the access to hygiene and handwashing, maintain social distancing, increase the access to and use of PPEs in the population, and isolate and quarantine cluster of cases. Furthermore, as the Health system focus on the response to COVID-19, access to health services for people living with chronic and communicable diseases will be reduced and may take a toll on the morbidity and mortality from other conditions. As cases of COVID-19 start to increase, infected people and their families will require support to PSS services. Special attention must be given to groups at particular risks, such as the elderly, people with disabilities and children.

Water, Sanitation and Hygiene Promotion

Access to water in Mozambique was already low at 49% on average (35% in rural areas), and only 21% had access to adequate sanitation (11% in rural areas), with over 40% practicing 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 behavioral change to achieve long term results.

Safe water and good hygiene are amongst the most effective ways to curve the spread of the pandemic. Nevertheless, access to water and hygiene items is a major constraint for most dwellings. Current levels of access to water is 50% and improved sanitation is 26%. The situation is even worst in crowded urban slums, peri-urban areas, and informal settlements. With a reduction of livelihoods, access to hygiene items won't be a priority for dwellings struggling to meet their survival needs, which will increase the risk of contagion. Lack of hygiene in public places, such as markets, transport hubs as well as the public transport is a major risk factor to be addressed.

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 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 centers. 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).

Certain groups will experience heightened vulnerability due to the COVID-19 pandemic. Such groups include women, children, adolescent girls, elderly, people with disabilities and with underlying conditions. Challenges will include further restraint in accessing protection services, medical care, and livelihoods. Children and adolescents are at risk as they may be involved in negative coping mechanisms, such as withdrawal from schools, early marriages and engaging in at risk income-generating activities. Violence against children, women and girls associated with social isolation, fear of repercussions and confinement may become prevalent, in a situation where access to social protection services may be discontinued. The IFRC supported appeal will scale up protection services provided to groups at risk, by reinforcing community protection committees, increasing GBV awareness and referral mechanisms, supporting vulnerable groups to recover social and livelihood skills, and taking particular care of those isolated in centres such as elderly, orphans and people with disabilities.

Disaster Risk Reduction(DRR)

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 resulted in a higher number of families resorting to harmful livelihood practices such as charcoal production, which in turn contributed to aggravate the exposure to natural hazards. The pandemic will likely revert partially the achievements as DRR programmes will be halted, and people's resilience diminished. Survival coping strategies may pose a threat to the ecosystems, as vulnerable people resort to environmentally harmful livelihoods. Alongside the pandemic and recovery actions, the Emergency Plan of Action will strengthen the work on Forecast Based Financing, by supporting the implementation of Early Action Protocols (Cyclones and Floods), as well as the National Society preparedness for effective response alongside building community resilience. This will be done as a joint movement effort and strategic vision, that shall continue beyond the duration of this plan of action.

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 programmes and fostering their expertise in key programme areas as well as its sustainable institutional development as a fundamental actor in the society. To achieve those objectives, the IFRC supported operation will continue to monitor key humanitarian trends in the country maintaining high level operational capacity to respond to 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 2020. Components of disaster risk reduction will resume once the pandemic imposed restrictions decrease, as these are key to reduce the impact of shocks, such as improved early warning systems and preparedness. 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 will continue to be promoted, by mobilizing communities in risk reduction (such as improved safe shelter and resilient livelihoods) & communication activities, integrating Health, WASH and PGI components for a healthier and safer community environment. As most of the population in the affected areas rely on agriculture and fishing as main activities, 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 other hand, from March 2020 until August 2020, some of the above activities are likely to be hindered by the COVID-19 pandemic, as restrictions to mobility must be observed alongside the necessary duty of care towards staff, communities, and Red Cross volunteers. The operation will undertake a review of the Emergency Appeal chronogram which will result in a timeframe extension of 4 months, to cover time loss due to COVID-19 restrictions and fulfil the recovery commitments towards the population of concern. On the other hand, other activities with a direct impact over COVID-19 prevention and mitigation will be prioritized and increased in the coming months, especially in the Health/PSS, RCCE (CEA) and WASH sectors, with appropriate safeguards to staff and communities. Livelihoods and basic needs will surely become of greater importance as the consequences of the pandemic over the economy and social fabric start to trigger. Therefore, mechanisms to widen the support through social protection system will be sought, and eventually additional support to attend to people's basic needs.

CVM COVID-19 Plan of Action *at a glance*

The CVM has launched an ambitious plan of action to fight COVID-19 as part of the IFRC Global Emergency Appeal. The plan, with a total value of 4.5 million CHF, aims to target 4.68 million people at risk by providing Health/PSS, WaSH, RCCE, Basic Needs assistance and PGI services to the population. Initially conceived for 4 months, it integrated into the prevention phase all 11 provinces of the country, with a set of standard activities, such as:

- Epidemic Control training for Volunteers and COVID-19 Community-based Health and First Aid (CBHFA), with a package of Health/PSS, RCCE and HP content, targeting 1400 volunteers;
- Provision of handwashing facilities to public areas, including IEC materials and awareness sessions;
- Disinfection of public transports and public areas in urban hubs;
- PSS trainings to volunteers, health and care workers, police officers and PSS assistance to centres for the elderly, people with special needs and orphanages;
- Establish feedback mechanisms to track, analyse and respond to community beliefs, rumours, and questions, using community awareness, local and social media;
- Social mobilization to encourage positive behaviours and address fear, rumours and stigma;
- Basic PGI training to CVM staff and volunteers in COVID-19 response;



Image 1 – COVID-19 PSS Session in elderly centre, March 2020. Photo: IFRC Mozambique


- Develop partnerships with organisations such as Plan International, UNICEF, Light for the World, FAMOD, to increase the capacity to reach people with disabilities, elderly, children, women, and girls and ensure access to information and promote the continuation of protection services.

As the pandemic develops at a worrying trend, the plan was extended to 12 months and additional, more specialized activities will be implemented for the second and third phases – containment and mitigation, in reduced geographical areas where risk of community widespread transmission is higher:

- Inclusion of COVID-19 into existing community-based surveillance systems;
- Support the health structures in pre and post-hospital care and increasing duty of care and response capacity, through provision of PPEs, medical equipment, and logistics;
- Contribute to the national social protection program, supporting the identification and registration of people and carry-out multipurpose cash distributions.

The National Society led plan is coordinated with the support of a task force facilitated by the IFRC and backed by the Movement partners in-country – Belgium-Flanders Red Cross, Spanish Red Cross, German Red Cross and the ICRC – and sponsored by different PNSs as well as national authorities and bilateral partners. In case the level of emergency increases in the coming months, the IFRC may consider the request for deployment of emergency units in support to the MoH.

C. DETAILED OPERATIONAL PLAN

 <p>Shelter People reached: 129,475 Male: 51,790 Female: 77,685</p>		
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	Actual⁹
# of households assisted that receive emergency shelter assistance and awareness on safe shelter and good construction practices	31,689 HHs (158,445 ppl)	24,604 HHs. (122,930)
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)	6,415 HHs (31,851 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%	<i>Endline survey not yet conducted</i>
# of CVM volunteers trained in build back safer and all under one roof approaches	200	103
# of households trained in build back safer (<i>related to emergency shelter support</i>)	7,500 HHs (37,500 ppl)	5,445 HHs (27,225 ppl)
Outcome 2: The target population has durable and sustainable shelter and settlements solutions through owner-driven approach		
Indicators:	Target	Actual

⁹ All actual numbers reported cumulatively from the beginning of the operation.

% 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)	96 HHs (approx.480 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
# of households trained in BBS shelter construction (<i>community presentations, mass demonstrations and individual HHs selected for reconstruction, including self-recovery shelter kits</i>)	6,000HHs (30,000 ppl)	1,197 HHs (5,985ppl)
Progress towards outcomes		

During the emergency response, as well as during localized and sporadic emergencies during the recovery phase, the shelter programme provided emergency shelter kits, household items (HHIs) such as kitchen sets, blankets, sleeping mats, mosquito nets, and awareness on safe shelter practices. A total of 24,604 households (122,930 people) received emergency shelter assistance in the form of essential household non-food items (NFIs) including 6,415HHs that received shelter kits, and awareness on safe shelter and good construction practices. With the recovery phase underway, the IFRC and CVM shelter team have been attentive to emergency needs arising elsewhere as 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. The available contingency stock can cover 2,500 families and will be increased to 3,700 in the coming month. At the time of writing this report, the IFRC/CVM and ICRC are partnering to respond to shelter needs of families fleeing violence in the province of Cabo Delgado, using the stock prepositioned.



Image 2 – NFIs ready to be distributed in response to Buzi Floods, February 2020. Photo: IFRC Mozambique

During this year, the shelter recovery programme focused on the reconstruction 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. This decision is based on the integrated approach taken in these affected areas, whereas shelter services are provided alongside WASH, Livelihoods, Health and PGI services in view of a holistic recovery. Since the shelter recovery program started, 96 houses have been completed, and additional 60 are underway. The model house 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 and CVM, as lead agencies 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. Improvements have been made to the model to increase insulation in the rainy season, including Corrugated Galvanised Iron (CGI) as a replacement for the thatch, mix sand and concrete in the floor to ensure cleaning can be done appropriately and elevating the floor. Furthermore, IFRC wishes to provide a standard door for the dwellings, or seek community solutions to make sure the space is safe. These adjustments are essential to meet the protection, dignity and health standards of the interventions. 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.

Throughout the 12 months of this response, 1,197 households were reached through 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. Moreover, a one-week training is provided to local artisans (over 40% are women) who 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) and 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.

Image 3 - Woman heading household in front of her new house in Chinamacondo. January 2020. Photo: IFRC Mozambique



Livelihoods and basic needs

People reached: 43,850

Male: 15,347

Female: 28,503

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)	8,770HHs (43,850ppl)
% 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 ¹⁰
# of CVM volunteers trained (on livelihood enhancement and CVA)	100	ND ¹¹

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)	2,103HHs (10,515ppl)

¹⁰ Activity not yet started.

¹¹ This activity is ongoing but figures have not been consolidated at the time of reporting.

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	8,622HHs (42,906 ppl)
# of fisherfolks (fisher HHs) supported	300	148 HHs (740 ppl)

Progress towards outcomes

Although not an immediate consequence of the cyclones, the food security of dwellings in cyclone-affected areas slowly deteriorated until it reached the IPC3 level in most districts of the central and northern provinces by end of 2019, due to the loss of substantial farming areas and the lack of access to agriculture livelihoods and production. Recognizing this matter, the operation addressed the basic needs of the most vulnerable population in these areas by providing food assistance packages composed of 40kg of rice, 6kg of beans and 3.75 litres of fortified oil (the defined standard for a family of 5 people for one month). A total of 2,103 households (approximately 10,515 people) received basic needs assistance. The household 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 Food Security and Livelihoods, 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 programme as they didn't quality as per first selection criteria.



Image 1- Maize fields in Tete Province Photo: IFRC

Seeds and Tools distribution

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, 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 and tools (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 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 tests. Eventually, distribution was approved by the Ministry of Agriculture and FAO on 15 January 2020. The distribution started immediately after and was concluded in five days, covering 500 rice farmers in Caia district and 976 in Dondo district. The total number of farmers supported is 8,662. The harvesting for the maize and rice was expected by late April 2020, although initial Post Distribution Monitoring shows 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 into 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. During these past months, new modules were introduced, such as 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 of 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 continued throughout February. The successful approach may be expanded to other fishing communities.

Due to the COVID-19 pandemic, the Livelihoods and basic needs sector is in discussions with the national institute of social action in view of collaborating with recently approved COVID-19 social protection program for the most vulnerable families across the country. If discussions are successful, the IFRC component of the programme could reach over 5,000 families with cash assistance for 6 months.



Health

People reached: 345,101

Male: 155,295

Female: 189,806

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: 269,534 Mainstreamed: 42,000 (via radio)
# of CVM volunteers and staff trained	1,010	882

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 ORPs established and operational	11	11
# of volunteers trained in cholera response	110	168 ¹²
# of population served by ORPs	40,149 ¹³	40,149 ¹⁴
# of population served by CHMP's ¹⁵	112,805	20,934

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	248,600

¹²108 volunteers also received refresher trainings.

¹³ Indicator in EPoA (152,954) is for both ORPs and CHMPs.

¹⁴ ORP's discontinued on 30 September, community-based surveillance activities continue within Community Health Mobilization Points.

¹⁵ 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	744 ¹⁶
# of Outbreak contingency plans developed (Sofala, Tete, Manica, Zambezia)	4	3 ¹⁷

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 September), 40,149 people received health emergency services, including through Epidemic Control for Volunteers (ECV), cholera treatment, malaria, PFA and PSS activities.

The health sector has been implementing the CBHFA programme, a programme ran 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’ programme 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 March 2020, 774 volunteers work to promote a healthier and safer community environment through activities focusing on health prevention and promotion (including COVID-19 prevention), and complemented with water and hygiene, protection, gender and inclusion, and community engagement activities. These volunteers have been trained in 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.



Image 5 – Volunteers preparing for a community cleaning campaign, Beira City, January 2020 Photo: IFRC

In March, 253 volunteers across the 11 provinces of the country have received a training on COVID-19, comprising of Health/PSS, RCCE and HP topics. The volunteers are now engaged in risk communication and prevention activities in the communities as per CVM Contingency Plan. Material for the response such as EPI, PPE, IEC, buckets with taps, thermometers have been prepositioned. IFRC staff has been regularly informed on COVID-19 developments through weekly Q&A sessions and updates by e-mail. The number of volunteers prepared to engage in COVID-19 response will increase as these volunteers replicate the trainings in their districts and communities. Throughout the year 248,600 people have been visited by volunteers or participated in risk prevention and health mobilization activities

The CHMPs continue to be active and are an entry point for health issues arising in the communities. In the past 12 months, 20,934 people accessed the CHMPs, mostly suffering from watery diarrhea or malaria. If these cases cannot

¹⁶ 253 volunteers trained for COVID-19 response.

¹⁷ National contingency plan has been created for coronavirus and cholera.

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. 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.

A health team has been deployed to Nampula province as 1,384 cholera cases have been reported, however, underreporting is significant and the real numbers are certainly much higher. The team trained 58 volunteers (20 in Nampula city and 38 in Monapo district). The community volunteers have executed ORT activities such as hygiene promotion, ORT provision, referrals, purification of wells, distribution of chlorine and ORS. Through ORT activities 3,482 households, or 18,630 persons, have been reached.

Psychosocial support (PSS) 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 24,044 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 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. PSS activities will be increased during the coming months to provide direct support to staff and volunteers involved in COVID-19 activities. This support will be extended to the national support hotline workers – Alô Vida, as well as isolation and care centres.



Water, sanitation and hygiene

People reached: 119,168

Male: 59,584

Female: 59,584

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%	48%
% of target population using adequate sanitation	50%	79%

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	49
# of CVM Volunteers trained	300	87

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	46,524
# of water distribution points (including handpumps rehabilitated)	161	77

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	21,445

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

Indicators:	Target	Actual
# of people reached by hygiene promotion activities (including communities and schools)	41,375	57,260
% of people who engage in improved safe hygiene practices	50%	95% ¹⁸
# of volunteers involved in hygiene promotion activities	300	283(239+44 ¹⁹)

Output 1.5: Hygiene-related goods (NFIs) are provided to the target population along with training on how to use them

Indicators:	Target	Actual
# 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 ²⁰

Progress towards outcomes

The WASH strategy for the response included the deployment of three Emergency Response Units: 1) Spanish RC M15 ERU to work on water supply, sanitation and hygiene promotion in Mutua, Dondo, camps and Ndunda 2 - Beira, 2) British RC MSM20 to work on sanitation and hygiene promotion in Mutua, Dondo and camps in Beira, 3) Swedish RC MSM20 originally deployed in response to the cholera outbreak however due to the fast containment of the outbreak, the Swedish RC MSM20 shifted its focus to support the Community Mobilization Health Points and currently working on sanitation and hygiene in Ngupa (237 Households), Subida (143 Households) and Terra Prometida (37 Households), in Beira District. Since the start of the recovery phase, the WASH program has carried out 49 community 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 77 water points, including 76 water handpumps and 1 water point in Dondo sede, providing quality water to 46,524 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.

A total of 21,445 people during the reporting 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, 57,260 people were reached with hygiene promotion activities, including children in schools, provided by 283 CVM volunteers trained in hygiene



Image 6 – New handpump being tested, Dondo, November 2020 Photo: IFRC Mozambique

¹⁸ Based on follow up- monitoring surveys conducted in March 2020.

¹⁹ Data referring to volunteers parttaking in recovery WASH activities.

²⁰ Activity jointly implemented with PGI.

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. Nonetheless, hygiene promotion activities in community and schools have now been suspended to avoid gatherings above 10 people as instructed by the GoM during the state of emergency. Household sessions on handwashing and COVID-19 prevention increased, with the use of IEC materials, encouraging people to wash their hands with soap and spreading messages about proper handwashing techniques.



Protection, Gender and Inclusion

People reached: 49,819

Male: 22,169

Female: 27,650

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	49,199
# of CVM volunteers and staff trained and mobilized	820	620

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	580
# of CVM staff trained in mainstreaming PGI across programs	20	22
% of people identified in need referred to specialised services:	50%	100% (55 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	25,175
% 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%	<i>Not yet started</i>
# of CVM volunteers trained on PSEA and Child Protection	800	592
# of CVM staff trained on mainstreaming PSEA and Child Protection	20	28

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	<i>Not yet started</i>
# of CVM stakeholders sensitized and involved in CNVP related issues	4	3

Progress towards outcomes

With the revision of the PGI sector strategy, a stronger focus is placed on community-based 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 programme started 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). A self-analysis is fostered revisiting the actual situation and 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 programme 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). From this community approach, a mechanism is set up to identify cases of child marriage and SGBV and respond by incorporating case management with the support of local services and psychological first aid. Community members are mobilized to enrol on the skills for life program that will attempt to restore people's dignity, bonds, and well-being.

The skills for life programme successfully completed its first phase with the participation of 53 people that went through the full two months, 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, SGBV 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 started in February and went up to April 2020. This phase of the programme includes two other key aspects related to activities in schools and strengthening the PSS prevention and response at a community level. Eventually, this holistic community approach will contribute to reducing the high rate of early marriages that are a strong negative practice in the communities. The community protection and skills for life program will be scaled up to different districts in Sofala, as well as Manica and Tete provinces.



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 available resources in the area. The activity was completed in December and reached 19,728 people. 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 25,175.

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 programmes 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 on 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.

Image 7 – PGI Session in School, Mutua, February 2020 Photo: IFRC Mozambique

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 592. The PGI team is attentive to the impact of social isolation and confinement measures

during COVID-19 in the protection of the most vulnerable, particularly the elderly, PWSN, children, women, and girls. These groups will endure hardships in the coming months as they are more exposed to the consequences of the pandemic. PGI teams will enforce GBV awareness and community prevention and support mechanisms.



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 DRR was not precisely accounted for. Formal DRR 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.

Post-Event Review Capability Study

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. Fieldwork 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 DRR (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).

Forecast Based Financing (FbF) and Early Action Protocols (EAP)

The operation continues to support the National Society and German Red Cross in the implementation of the FbF program, through the development of Early Action Protocols. The EAPs are instruments that aim to coordinate early actions preparedness and readiness based on hydro-meteorological information that an extreme event is highly likely to affect people and their livelihoods. Basically, the FbF mechanism aims to directly strengthen the population's ability to act (pro-actively) when likely to be affected by an extreme event. The two first EAPs focused on cyclones and floods and were developed in collaboration with the national meteorological institute, the national institute for disaster management and the national directorate for water resources management. The work consisted of a thorough risk assessment, analysing past impacts, exposure and vulnerability analysis which resulted in a prioritization of impacts. Afterwards, a trigger-model was developed - impact-based forecasting model - defining probability, linked with an exposure mapping and vulnerability index. The next step was, within the selected intervention areas, to work with communities to define key early actions to boost preparedness and resilience at the community level. The operation will dedicate the coming year to reinforce the implementation of preparedness measures at community level.

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.

DRR and CCA mainstreaming

Climate change and related extreme events continue to exert pressure over populations being assisted. For that reason, programs are adopting risk mitigation measures, through concrete climate smart and adapted technical solutions. Integration of disaster risk reduction and climate change adaptation components across different technical sectors is a goal that the IFRC and CVM have set, and good practices can be taken from build-back safer housing program, the resilient agriculture trainings and techniques through the "machamba" farming schools and the community-led sanitation initiative. Other specific climate-related activities are planned to be developed in the second year of the operation, especially linked with reforestation activities.


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	1,860 trained and

		2,000 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 ²¹
# staff and volunteers trained in DM & DRR	1,100	ND (1,162 participated in DRM activities)
Output S1.2.1: NS have an up to date strategic plan, statute and governance structure		
Indicators:	Target	Actual
# of CVM strategic plans approved and developed	1	In progress
Progress towards outcomes		
<p>Volunteers</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, 1,860 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"> - 53 in community engagement and accountability; - 882 in CBHFA, FA, ECV, Malaria, Malnutrition, Pellagra and PSS – including for COVID-19 response; - 592 in PGI, and PGI and WASH; - 283 in WaSH and Hygiene Promotion activities; - 118 in Information Management; - 16 in logistics and warehousing; <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 lump sum of 2,000 volunteers for the coming year.</p> <p>Volunteers are also at the heart of the COVID-19 community response. Throughout the month of March, over 400 volunteers have been trained on ECV/RCCE and PSS, to start community prevention and sensitization activities across the country. Especially important is the element of duty of care for volunteers, hence attention was given to ensure they have protective equipment and understand how to use them properly, as well as the necessary</p>		
		 <p>Image 7 – Volunteers receiving briefing before distribution, Tete Province, December 2019. Photo: IFRC Mozambique</p>

²¹ This activity is mainstreamed across sectors and the actual numbers are not consolidated at this reporting stage.

information to deliver activities in a safe manner. To note, activities were also adapted to respect social distancing, avoid gatherings, and be able to access hygiene items regularly.

Corporate Infrastructure and Systems

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.

Internal Audit

The operation supported CVM in developing the ToR and methodology to conduct an internal audit to the four branches of the central region – Tete, Manica, Zambezia and Sofala. The audit is guided by the Branch Organizational Capacity Assessment Principles. This audit will highlight the priority areas of investment at the branch level.

PGI and CEA Policies

In January 2020, the work to start the development of PSEA, SGBV and Child Protection policies started with the support of IFRC PGI team. This work is the national society recognition of the relevance of this sector both to enforce its internal practices and protection systems as well as the importance of addressing the protection needs of the people they serve, with a special focus on women and girls and other at risk groups. In line with that, the community engagement and accountability institutionalization is underway, to ensure that participatory practices and accountability to people of concern is systematized in the National Society programs.

National Society Strategic Plan - Revision

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, 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 strategic revision process was formally initiated in February, and a group of CVM and IFRC staff tasked to undertake this endeavour. The group developed the milestones for the revision, including a participatory process that will involve the 11 provincial branches and their boards, member associations and volunteers, using remote surveys and working groups. This work should be finalized for presentation in the next General Assembly, September 2020.

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%	100%
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	2
Progress towards outcomes		
<p>COVID-19 Movement Coordination and Plan of Action</p> <p>Even before the first cases of COVID-19 were confirmed in Mozambique, the National Society called upon the IFRC to form and coordinate a COVID-19 movement cell under their leadership. Since then, the cell – composed of CVM, German Red Cross, Spanish Red Cross, Belgium-FI Red Cross, ICRC and the IRC – has been convening twice a week, to analyse the context at any given moment, define the movement response plan, the engagement with authorities and operationalize the actions. The cell is supported by a technical group and focal points to the provincial branches. The IFRC is setting up a project team to support the work of the national society, comprised of a Project Manager, a Finance Manager, and an Information Management coordinator. This structure allowed to quickly scale up the initial response to all 11 provinces of the country during the first phase, especially focusing on volunteer and staff capacity building on COVID-19 related topics (ECV/RCCE) as well as the dissemination of prevention measures, setting-up of hand-washing facilities, and collecting community feedbacks to validate and tailor the movement messages.</p> <p>As the situation deteriorated, a Movement Summit was also organized in April to define the second cycle of activities. It concluded with an agreement that Health (pre and post-hospital care) and PSS, RCCE, WASH and Basic Needs assistance would be the key priorities for the containment and mitigation phase, with a reduced geographical focus in the most affected and vulnerable areas.</p> <p>Strengthened Movement Coordination and Cooperation (SMCC) and Movement Coordination Officer (MCO) – Lessons Learned²²</p> <p>The SMCC and MCO role form part of the coordination effort and have been developed to support the Movement coordination in emergency operations. A case study has examined the pilot of the MCO role in facilitating this coordination. The case study concluded that this role contributed to building an environment that was conducive to the efficient and timely coordination of the Movement’s activities, operations, and strategies. It avoided the duplication of effort and helped to strengthen synergies and complementarity among movement components. From the lessons learned, some recommendations were drawn: 1) establish a link between the strategic and operational levels as a priority; 2) Promote and Institutionalize the role of MCO in emergencies; 3) Emphasize the facilitation role of the MCO vis a vis the management functions; 4) Institutionalize Information Management at movement level; 5) Update, operationalize and share the SMCC toolkit.</p> <p>Community Engagement and Accountability (CEA)</p> <p>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 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 groups discussion were held in the communities 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.</p> <p>Shelter Cluster Coordination</p>		

²² The full SMCC lessons learned report can be found [here](#):

At the beginning of relief operations in mid-March 2019, the IFRC lead Shelter Cluster coordinated over 40 international and national agencies to provide emergency shelter and/or NFI support to a total of 154,000 households, across the provinces of Sofala, Manica, Zambezia, and Tete.

Shelter Cluster (SC) has supported and advocated for fast transition to early recovery and long-term reconstruction by engaging with the relevant national and local authorities, in particular with the post-cyclone reconstruction office (GREPOC) since its creation in July 2019. The shelter recovery options defined by the SC in the Humanitarian Response Plan (HRP) as well as the shelter recovery strategy have been accepted by GREPOC as first steps towards the government housing reconstruction plan (PALPOC). SC is also informing discussions that are ongoing with other relevant players, such as the World Bank, United Nations Development Programme (UNDP) and UN-Habitat about the housing models to be used for permanent reconstruction 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. 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 (Public Works) and as much as possible local authorities and community representatives) to ongoing and completed shelter/housing projects (e.g. IFRC, Spanish RC, Catholic Relief Services (CRS)), enabling the identification of best practice (do's and don'ts), and mitigation measures where required, while providing technical assistance where needed, and rolling out technical guidance on a regular basis;

Amidst the recovery discussion, the rainy season started with heavy rains in December 2019 and January 2020, affecting over 80,000 households still displaced and living in precarious conditions. In response to these new floods, SC worked closely with the National Emergency Management Institute (INGC) to coordinate Cluster partners' interventions across the affected areas in Sofala, Manica and Zambezia provinces to target the few remaining resources towards the most vulnerable and ensure good coordination also with other sectors such as WASH and food security. Acknowledging the scale of need and challenges of the shelter response particularly 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. The Shelter Cluster continues to coordinate shelter interventions of agencies and to liaise with relevant government entities at district, province as well as national level. Furthermore, the SC is proactively advocating towards donors for more support to shelter related activities.

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	4
# of social media platforms active	2	3

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	5

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
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DAG Visit Report	1	1
Output S3.2.3 CVM is supported in resource and partnership development (from both domestic markets and foreign sources).		
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.

Social Media and Communication has been also a tool used to outreach to the wider public on COVID-19 sensitization and prevention, as well as to increase the movement visibility. Specific content continues to be shared on IFRC and CVM's social media platforms, including Twitter, Facebook, Instagram, LinkedIn, among others.

Evaluations and Learning

As of 31 March 2020, the operation conducted the following evaluations and learning exercises: Real-time evaluation, Environmental assessment, the Post-Event Review Capability (PERC) study, the Preparedness for Emergency Response (PER), the Strengthen Movement Coordination and Cooperation (SMCC) lessons learned. An early recovery case study including the first deployment of the Assessment Cell was planned for March and April, but due to the movement restrictions is now taking place from remote whereas fieldwork will be developed later in 2020.



Image 9 – CVM leading a briefing session during DAG Visit, November 2019. Photo: IFRC Mozambique

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.

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.

Effective, credible and accountable IFRC

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

Indicators:	Target	Actual
% of positive performance appraisals	70%	60%

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

As of March 30, the IFRC team in Mozambique is composed of 106 staff, being 18 international and 88 national staff. The National Society team directly involved in the implementation grew to 42 staff, and the support team to 19 staff. In total there are 148 staff involved in the implementation across the 5 provinces and the capital Maputo. The operation priority is to continue transitioning to CVM staff, and decreasing the base of IFRC international and national staff. Priority is given to sectors that the National Society has defined as key for the long-term: Health/PSS, WaSH, DRR and PGI. However, the pace of this transition was reduced since March, as the pandemic started. Since then, the IFRC office has supported CVM in developing its Business Continuity Plan with an emphasis on Duty of Care to staff and volunteers, by creating office rotation schemes, equipping the offices with the necessary hygiene materials as well as providing PPEs for staff.

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

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2020/3	Operation	MDRMZ014
Budget Timeframe	2019/3-2021/3	Budget	APPROVED

Prepared on 18 Jun 2020

All figures are in Swiss Francs (CHF)

MDRMZ014 - Mozambique - Tropical Cyclone Idai

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

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	848,000
AOF2 - Shelter	7,000,000
AOF3 - Livelihoods and basic needs	3,173,000
AOF4 - Health	5,500,000
AOF5 - Water, sanitation and hygiene	4,198,000
AOF6 - Protection, Gender & Inclusion	352,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	2,164,000
SFI2 - Effective international disaster management	2,908,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	5,857,000
Total Funding Requirements	32,000,000
Donor Response* as per 18 Jun 2020	17,192,718
Appeal Coverage	53.73%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	936,387	312,395	623,992
AOF2 - Shelter	3,523,638	1,799,525	1,724,113
AOF3 - Livelihoods and basic needs	1,473,830	714,731	759,099
AOF4 - Health	1,730,707	799,271	931,436
AOF5 - Water, sanitation and hygiene	1,289,928	447,965	841,964
AOF6 - Protection, Gender & Inclusion	732,920	252,272	480,647
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	1,710,004	499,296	1,210,709
SFI2 - Effective international disaster management	3,157,839	3,171,020	-13,181
SFI3 - Influence others as leading strategic partners	286,196	172,974	113,221
SFI4 - Ensure a strong IFRC	1,436,201	1,600,472	-164,271
Grand Total	16,277,651	9,769,921	6,507,730

III. Operating Movement & Closing Balance per 2020/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	16,589,161
Expenditure	-9,769,921
Closing Balance	6,819,239
Deferred Income	1,116
Funds Available	6,820,356

IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	750,000	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2020/3	Operation	MDRMZ014
Budget Timeframe	2019/3-2021/3	Budget	APPROVED

Prepared on 18 Jun 2020

All figures are in Swiss Francs (CHF)

MDRMZ014 - Mozambique - Tropical Cyclone Idai

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

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	622,731				622,731		
Anadarko Petroleum Corporation	60,074				60,074		
Andorran Red Cross	5,470				5,470		
Australian Red Cross	357,750				357,750		
Austrian Red Cross	1,390,941				1,390,941		
Belgian Red Cross (Francophone)			9,758		9,758		
Belgium - Private Donors	90				90		
Brazilian Red Cross	11,150				11,150		
British Red Cross	16,134	251,963			268,098		
British Red Cross (from British Government*)	2,441,718				2,441,718		
British Red Cross (from DEC (Disasters Emergency Cc	616,678				616,678		
Bulgarian Red Cross	2,000				2,000		
Center for Disaster Philanthropy	1,380				1,380		
China Red Cross, Hong Kong branch	50,063				50,063		
Credit Suisse Foundation	1,000,000				1,000,000		
Croatian Red Cross	5,205				5,205		
Czech Government	222,432				222,432		
Estonia Government	33,935				33,935		
European Commission - DG ECHO	170,241				170,241		
Facebook	96,117				96,117		
Finnish Red Cross	179,262				179,262		
Fondation Trafigura	99,549				99,549		
Food and Agriculture Organization of the UN (FAO)	44,028				44,028		
French Red Cross	23,310	358,611			381,921		
German Red Cross	56,018		20,095		76,113		
Germany - Private Donors	2,598				2,598		
Icelandic Red Cross	100,000				100,000		
Icelandic Red Cross (from Icelandic Government*)	100,000				100,000		
IFRC at the UN Inc	552				552		
IFRC at the UN Inc (from Coca Cola Foundation*)	581,518				581,518		
IFRC at the UN Inc (from Patrick J.McGovern Foundati	96,920				96,920		
Iraqi Red Crescent Society	997				997		
Irish Government	573,010				573,010		
Irish Red Cross Society	55,425				55,425		
Italian Government Bilateral Emergency Fund	112,820				112,820		
Japanese Red Cross Society	152,411				152,411		
Liechtenstein Government	100,000				100,000		
Liechtenstein Red Cross	94,965				94,965		
Luxembourg Government	273,863				273,863		
Netherlands - Private Donors	12,016				12,016		
New Zealand Government	336,450				336,450		
New Zealand Red Cross	22,213				22,213		
Norwegian Red Cross	284,539	72,922			357,461		
On Line donations	38,886				38,886		
OPEC Fund For International Development-OFID	486,157				486,157		
Red Cross of Monaco	24,405				24,405		
Singapore Red Cross Society	30,456				30,456		

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2020/3	Operation	MDRMZ014
Budget Timeframe	2019/3-2021/3	Budget	APPROVED

Prepared on 18 Jun 2020

All figures are in Swiss Francs (CHF)

MDRMZ014 - Mozambique - Tropical Cyclone Idai

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

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Slovenia Government	54,309				54,309	
Spanish Government	56,771				56,771	
Spanish Red Cross	2,418	37,200			39,618	
Sundry Income				7,560	7,560	
Swedish Red Cross	602,840				602,840	
Swiss Red Cross	374,730	42,000			416,730	
Switzerland - Private Donors	1,023				1,023	
The Canadian Red Cross Society	7,927	121,949	8,900		138,776	
The Canadian Red Cross Society (from Canadian Gov	258,318				258,318	
The Netherlands Red Cross	672,584				672,584	
The Netherlands Red Cross (from Netherlands Govern	1,923,913				1,923,913	
The Republic of Korea National Red Cross	109,394				109,394	
The South African Red Cross Society (from South Afric	38,840				38,840	
United States Government - USAID	494,162				494,162	1,116
United States - Private Donors	25,270				25,270	
White and Case, LLP	24,230				24,230	
World Remit	24,999				24,999	
Total Contributions and Other Income	15,658,202	884,645	38,753	7,560	16,589,161	1,116
Total Income and Deferred Income					16,589,161	1,116

For further information, specifically related to this operation please contact:

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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**.
