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Revised Emergency Appeal Mozambique: Tropical Cyclones Idai and Kenneth

 International Federation
of Red Cross and Red Crescent Societies

Revised Appeal n° MDRMZ014	608,140 people to be assisted	Appeal launched 19 March 2019
Glide numbers: Idai: TC-2019-000021-MOZ Kenneth: TC-2019-000038-MOZ	750,000 Swiss francs DREF allocated 32 million Swiss francs current funding requirements	Revision n°1 issued 25 March 2019 Revision n°2 issued 06 May 2019 Revision n°3 issued 29 September 2020 Appeal ends 19 July 2021 (4 months extension)

This revised Emergency Appeal seeks a total of some **32 million** Swiss francs to enable the International Federation of Red Cross (IFRC) to support the **Mozambique Red Cross Society (CVM)** to deliver assistance to and support recovery of **608,140 people** (increased from 172,500) for **28 months** (4 months extension, new end date July 2021), in the 6 provinces affected by Idai & Kenneth (Sofala, Manica, Tete, Zambezia, Nampula and Cabo Delgado) with a focus on the following areas of focus (AOF): **Disaster Risk Reduction (DRR), Shelter, Livelihoods and Basic Needs, Health, Water, Sanitation and Hygiene (WASH), Protection, Gender and Inclusion (PGI)**. The above areas will be supported and enhanced by the following strategies for implementation (SFI): Strengthen National Societies, Effective International Disaster Management, Influence others as leading strategic partners, and ensure a strong IFRC. Currently, the Emergency Appeal coverage is at 86% (including Emergency Response Unit (ERU) funding), with a funding gap of **4.4 million** Swiss francs.

This third revision of the Emergency Appeal is requesting a **4-month timeframe extension** (until July 2021) due to additional shocks that negatively impacted the populations and delayed the operation implementation including floods, a cholera outbreak and the subsequent movement restrictions due to the COVID-19 pandemic. The **geographical scope of this operation has expanded** to other impacted provinces and subsequently, **the number of targeted people has increased significantly** (by approximately 435,500 people).

This revision has **no changes in the overall strategy**, however, the revised document reflects how the response for Tropical cyclone Idai and Kenneth has supported and will continue to support communities coping with **further shocks** such as COVID-19 pandemic and the secondary impact on the economy. In addition, some sectoral approaches have been refined such as the Nature-based solutions and ecosystem-based DRR long term strategy and National Society Development.

The disaster and the Red Cross Red Crescent response to date

15 March 2019: Tropical Cyclone Idai makes landfall in Beira, wreaking havoc through the Provinces of Manica, Tete and Zambezia. More than 2 million people are impacted.

19 March 2019: IFRC launches first Emergency Appeal for 10 million CHF

24 March 2019: the needs are well beyond what was initially foreseen. IFRC launches second Emergency Appeal for 32 million CHF to assist 172,000 people

April 2019: First cases of cholera appear. Red Cross hospital and ORTs are set-up

25 April 2019: Tropical Cyclone Kenneth crosses the provinces of Cabo Delgado and Nampula, destroying infrastructure and affecting over 400,000 people

October 2019: The crop and livestock destruction caused by the Cyclones and floods had a severe toll over 2 million food insecure people. RC responded with food, seeds and tools

January 2020: New cases of Cholera rising in the Province of Nampula. The Red Cross deploys a health team in support to CVM



Mozambique Red Cross volunteer performing a handwashing session in Beira city Mozambique © IFRC

February 2020: Severe floods in the districts of Buzi and Nhamatanda (Sofala Province), affects 80,000 people. The Red Cross deployed rescue and relief operations.

April 2020: First cases of COVID-19 identified in country. The country declares a state of emergency.

The operational strategy

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 classrooms¹. 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. In January 2020, a 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 1,384, spread across 11 districts of the province.

Whilst food insecurity was on the rise from October 2019 to January 2020, putting 2 million people at risk in the central provinces, the worst projections did not materialize due to a quick and at scale intervention from Food Security Cluster partners, including the IFRC and CVM, with food distributions as well as productive inputs, which will contribute to further recovery. Nevertheless, a crisis level (IPC Phase 3) is expected to expand in parts of Cabo Delgado in October to January 2021 due to conflict and subsequent population displacement; and emerge in drought-affected areas in the provinces of Inhambane, Tete and Gaza, where the main harvest and the vegetable season is expected to be low due to residual soil moisture following below-average rainfall, and the early cessation rains across the southern and central regions during the 2019/20 season.²

The first COVID-19 case in Mozambique was confirmed on 22 March 2020. A State of Emergency was ratified and came into force on 1 April and has been consecutively extended since. The rapid and strong restrictive measures taken by the government were welcomed to contain the spread of the disease but are also an acknowledgement of the extreme risk the pandemic presents to Mozambique, given the limitations of a fragile health system coupled with a very high rate of chronic conditions, especially HIV, tuberculosis, and chronic food insecurity. These rapid measures weren't sufficient to halt the spread of the disease that has reached the level of community transmission in three provinces (Maputo city, Cabo Delgado and Nampula). At the time of writing, the country has registered 6,264 positive COVID-19 cases³ out of 123,212 tests conducted (5%)

Furthermore, the implementation modalities for the Idai & Kenneth plan of action had to adapt to mobility restrictions and the necessary duty of care measures towards staff, volunteers, and communities. Therefore, a revision is necessary to analyse risk, prioritize activities and redefine the chronogram, with an extension of four months foreseen (until 19 July 2021) to 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. This new reality forces the operation to incorporate elements that address the humanitarian needs caused by the pandemic, in the short to medium term. This objectively means that Idai & Kenneth activities were adjusted and rescheduled due to: 1) the risk they may represent (to staff, volunteers and communities) against the urgency or immediate added value they bring to vulnerable communities, and; 2) the relevance they have to address the new humanitarian priorities. Nonetheless, the commitments under this EA will not be compromised, on the contrary, they will be expanded to tackle this new reality.

¹ Humanitarian Response Plan, UN OCHA

² FEWS NET, 31 July 2020

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<https://www.misau.gov.mz/index.php/covid-19-boletins-diarios?start=10>

Overview of the National Society and response to date



Livelihoods and Basic Needs: 41,125 people have been reached through basic needs assistance, as well as livelihoods recovery with seeds, agricultural tools, farming schools and support to fisherfolks. 2,300 families are also being supported through the Social Protection System in coordination with the Mozambique Government.



Health and PSS: 348,395 people were provided with access to different health services and health promotion activities, including 1,046,278 people through household Risk Communication and Community Engagement (RCCE) awareness for COVID-19 prevention.



WASH: a total of 366,247 people supported through different WASH services, amongst which **284,118** people reached with hygiene promotion activities, reinforced during the COVID-19 pandemic.



Protection, Gender and Inclusion (PGI): 112,151 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 138,005 people were supported by CVM and IFRC with essential shelter items, including **8,015 HHs (40,075 ppl) people** trained in build-back safer reconstruction in the rural area. Women empowerment is being promoted through the almost 50% of women, who after enrolled and trained in the Build Back Safer Teams, are engaged in building as an income-generating activity. Moreover, through community participation, 100 households have so far received durable shelter and housing assistance.



A total number of **8,125** 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.

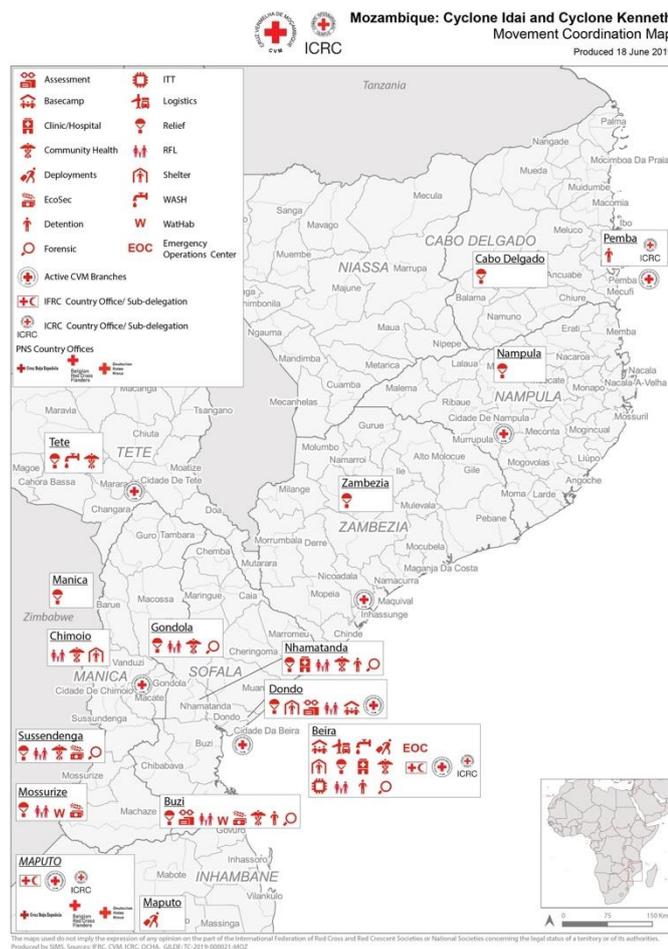
The CVM has a longstanding presence in all 11 provinces of the country and currently covers 133 out of the 154 districts through its district branches. The CVM has approximately 220 permanent staff that ensure programs are delivered in all 11 provinces and manage a large network of 5,500 volunteer's countrywide. CVM has also 17 warehouses in 9 provinces, enabling a considerable preparedness and prepositioning capacity to respond to eventual emergencies. Nevertheless, and despite its impressive grass-roots humanitarian work delivered by committed volunteers, CVM is facing considerable financial and managerial constraints, reducing the scope for necessary investments in capacity building of its human resources, provide branches with appropriate technical equipment, and the upgrading of its management systems.

Despite constraints, the National Society was ready and positioned to support populations prior to the disaster, with volunteers sensitizing and supporting the preparedness of populations, and was one of the first actors to respond to the emergency on the ground, using financial instruments available to them through the Federation (Forecast based action and the DREF). In the first 14 months of operation, CVM, with the support of the IFRC, reached 388,951 people affected with humanitarian and recovery needs on 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. 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). In the second year, the operation is putting emphasis on recovery and reconstruction as well as development of CVM's capacity 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 (CEA), ensuring the National Society achieves good standards of diligence towards the population it serves. These programmatic investments will be backed by a package of National Society Development (NSD) programs, focusing on governance, financial management and resource mobilization, branch development, volunteer and youth, and digital transformation. Finally 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 support services 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.

Coordination and partnerships

The IFRC initiated operations in Mozambique in response to the cyclones in March 2019. During the first months of the emergency response, the IFRC and CVM coordinated a team of 8 Emergency Response Units with over 160 international surge 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 and 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 (13 international and 87 national). The coordination of the operation is undertaken from Beira, with the support of Maputo Country Office, with program activities extended to Manica, Tete, Zambezia and eventually Nampula, due to an ongoing cholera outbreak. In order to ensure good coordination between different sectors at the strategic and operational levels, the Operations Manager is based in Beira while the Head of Delegation is based in Maputo. 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 has been instrumental to raise the Movement capacity in the northern province, where its foothold in the frontline of assistance has been commended by the government and partners. In addition 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 country, particularly in the Provinces of Maputo, Gaza, Inhambane, Manica and Tete. Partner NS have contributed to the emergency phase and implemented recovery programs in the Shelter and DRR sectors. These partner NS 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. Moreover, many other partner NS

continue to provide financial support to the EA and remote support to CVM in different thematic and institutional areas. Considering the above, the EA will take a joint Movement approach in support to the National Society, ensuring efficient utilization and allocation of RC/RC resources, whilst acknowledging partner NS and ICRC specific capacities and expertise. The IFRC will strengthen coordination and partners' involvement in support of CVM. This may assume the form of "best positioned" operational deliverables, or expertise led strategic involvement for the longer-term.

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 other actors' actions 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 and a *Post-Cyclone Reconstruction Cabinet* was set-up at the national and provincial level. 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 (Centro de Operação de Emergência/Emergency Operation Centre) meets in Maputo and the provinces every week and ad-hoc, as necessary. The IFRC 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 assessment and targeting

Consecutive shocks such as cyclones, floods & droughts, food insecurity and outbreaks (cholera, COVID-19), as well as conflict-related displacement have dragged 7.9 million people to a situation of deepened vulnerability in Mozambique⁴. Over 4 million of this population in need of humanitarian assistance live in the 4 central provinces of Sofala, Manica, Tete and Zambezia, and in the northern provinces of Cabo Delgado where unrest has rapidly deteriorated, with over 700,000 people suffering the direct impact of the conflict. Nampula, battling an ongoing cholera outbreak and amongst the highest rates of COVID-19 in the country will deserve attention in this revised EA, to prevent and contain widespread infection. The Humanitarian response plan (2019) is only funded at 49% hence there is a serious concern that in the near future there will be a lack of funding to provide recovery assistance in a Country affected by permanent climate emergency.

Shelter

As of June 2020, there are still 56,000 households (280,000 people) in need of shelter assistance that meets minimum standards in cyclone Idai affected areas of Sofala and Manica. Over 90% of this population is concentrated in the districts of Beira City, Dondo, Nhamatanda and Buzi (Sofala province), as well as Chimoio, Gondola and Sussundenga (Manica province), where over 214,000 houses were partially or completely destroyed by the Cyclone. On the other hand, over 80,000 households need emergency shelter assistance in the province of Cabo Delgado and Nampula, due to conflict-related displacement.

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 EA 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 Secretariat 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 in the last planting season, and consequent increase in yield. However, households have not entirely recovered from the devastation of 742,000 hectares of staple crops, loss of productive assets, tools, and destruction of infrastructure, which is weakening the restoration of livelihoods. With the lean season approaching, attention must

⁴Mozambique Situation Report, OCHA, 29 June 2020

be focused on the rural areas where 90% of the people rely on agriculture and fisheries. The southern provinces and Cabo Delgado are now classified as IPC3 (crisis).

Furthermore, COVID-19 pandemic is also a social and economic shock with a direct impact on people's capacity to cover their basic needs and continue their livelihood activities. The pandemic will erode community coping capacities and deepen food and nutrition insecurity especially in urban areas where poor households are likely Stressed (IPC Phase 2). The number of vulnerable people will increase and include those who typically are able to cope. Across the country, the number of people in need of emergency food assistance is likely to increase due to COVID-19 related impacts. The impact on rural areas is expected to be lower since they produce their own food. While it is difficult to predict the length and severity of the outbreak, it is anticipated that the effects on food and income sources will persist through at least October where the lean season will start again. Food assistance might be needed at different stages to prevent from depletion of household productive assets (livelihoods protection) and adopting negative coping strategies. Restoration and recovery activities as well as financial inclusion, will be essential to promote people's resilience and capacity to cope after the peak months of the pandemic once the situation allows.

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. Critical health services, including immunization activities and continuity of care for HIV, tuberculosis, malaria and cholera were compromised by the cyclones, and capacity will reduce further due to the COVID-19 epidemic. Amidst the decrease in service provision capacity, over 100,000 pregnant and lactating women and 70,000 children under 5 years of age need nutritional support, and more than 75,000 women and girls need sexual and reproductive care due to protection risks and 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 health 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 and few ventilators available in the public health system, limited protective equipment for medical personnel, and an insufficient number isolation facilities. Whilst the government 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, will have a toll on the infection rate and likely morbidity and mortality from underlying conditions. 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 facilities, maintain social distancing, increase the access to and use of PPEs (cotton-masks) in the population, and isolate and quarantine suspected and confirmed cases. Special attention must be given to at-risk groups, such as the elderly, people with disabilities and children, providing care as well as mental health and PSS services. These needs have emerged from different population groups' feedbacks, such as greater demands for primary information on preventive health measures for the elderly, support for heads of households directly affected and a careful look at children and adolescents impacted by disruptions in their educational routines.

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 provinces affected by the cyclones, 705 wells and boreholes were damaged or destroyed in the rural areas, impacting an estimated 211,500 people. Moreover, 5 main and 42 secondary water supply systems were disrupted in urban areas, affecting 1.6 million people. The damage or destruction to over 190,000 latrines and septic tanks (118,604 in urban and 71,349 in rural) has further reduced access to sanitation for 950,000 people. While reparations in the urban areas were performed, the rural areas will require assistance in the years ahead. The rehabilitation of water systems and sanitation must be in parallel with hygiene promotion and behavioural change to achieve long term results.

Access to water and good hygiene are amongst the most effective ways to curb the spread of the COVID-19 pandemic, however, water and hygiene items are a major constraint for most dwellings. Current levels of water availability is around 50% and improved sanitation is 24%. The situation is dire in rural areas in terms of access to WASH basic services, and in crowded urban slums, peri-urban areas is worsening due to rapid population growth and urbanization rates, linked with lack of maintenance and investments for the proper functioning of the WASH services. With a reduction of livelihoods, access to hygiene items will not 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, with high levels of teenage pregnancy. The cyclone has had a dire impact on women and girls and aggravated the risk of gender-based violence due to exploitation of chronic and acute poverty and greater exposure in their communities. 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.

Women and girls, children, elderly, immigrants, people with disabilities and with underlying conditions will experience heightened vulnerability due to the COVID-19 pandemic. 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 even more 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

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 and erosion of natural resources such as soil, 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 Appeal will strengthen the work on Forecast Based Financing (FbF), 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.

National Society Development

Mozambique Red Cross has an extraordinary outreach and presence across the country, covering all provinces and almost all districts. Furthermore, its volunteer base is large in numbers but especially extremely committed and dedicated. The core programs of this National Society were traditionally Disaster Response, Health (CBHFA) and Social Action (Child Protection) but have also dedicated to different sectors such as WASH, Food Security and Livelihoods. The National Society endured a deep crisis since 2010 until very recently, which has affected its performance and capacity to fulfil its mandate. Issues related to governance, leadership and strategic sight, resource mobilization and financial management have largely affected the organization as a whole. During this decade, these issues endured which further deteriorated the capacity of the organization to maintain a cohesive structure from headquarters to branches and keep investing in its volunteer base. Furthermore, issues of digitalization and inclusion have not been addressed properly, which further divides the different levels of the organization. Nevertheless, with new and reinvigorated leadership, and with the support of IFRC and the membership, these issues started to be tackled last year and will continue to be addressed in this response.

Targeting

The geographic targeting has in consideration 1) the number of population in need; 2) the number of agencies and gaps in these districts; 3) the typology of needs in each of the sectors, and; 4) the presence and capacity of the National

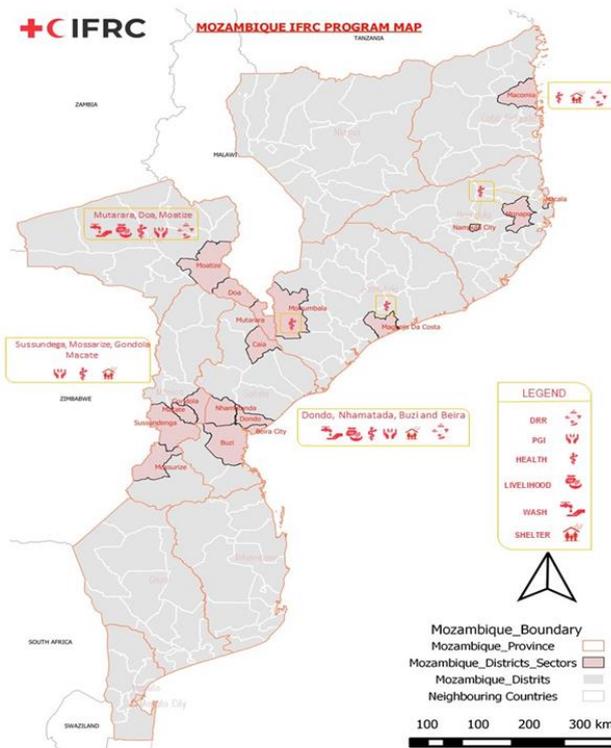
Society in these areas. Having this into consideration, the following are the provinces, districts and sectors of intervention considered in this revised EA:

Province	Districts between 100,928 and 196,705 people in need	Districts with over 196,706 people in need	Type of needs and sectors of intervention
Sofala	Caia, Dondo	Beira City, Buzi Nhamatanda	Shelter, Livelihoods, Health, WASH, PGI, DRR
Manica	Gondola, Macate	Sussundenga, Mossurize	Shelter, Health, PGI
Tete	Mutarara, Doa	Moatize	Livelihoods, Health, WASH, PGI, DRR
Zambezia	Maganja da Costa, Morrumbala	NA	Health
Nampula	Monapo, Nacala-Porto	Nampula	Health
Cabo Delgado	Macomia	NA	Health, Shelter, Disaster Management (if applicable)

The household and individual targeting has in consideration, primarily, the most vulnerable and at risk population across all sectors, based on the following Protection, Gender and Inclusion (PGI) criteria: elderly, people with disabilities or chronic diseases, women and girls heading households, children or youth with no family members in charge. Complementarily, each sector has its own set of targeting criteria that will support prioritization within these groups. Once this population is assisted, the sector or multi-sector vulnerability will be applied to a given community or household. However, there are situations where the most vulnerable groups cannot be enrolled in the proposed activities (due to physical and/or mental impairments, minors heading households, lack of documentation), i.e. livelihood activities requiring intense labour activity, or people without a house and land property. In this case, specific activities will be designed to promote inclusion of these groups and awareness-raising with the communities will be done to ensure that the overall population is sensitized to the particular vulnerability of these community members and solutions within the community will be sought to overcome the situation of the most vulnerable.

When assessing and selecting communities of intervention and before applying the targeting criteria, the Community Engagement and Accountability (CEA) teams and volunteers trained, will guarantee the participation and access of all community members in the dialogue, especially those normally excluded from this process, and these same members will engage in the targeting of the most vulnerable as per above. A feedback system is in place through “linha verde” but the IFRC and CVM programs will expand the channels open to receive feedback from the people served and those excluded.

The targeting will be enriched by the IFRC assessment cell tools generated for the recovery phase. With these, the Information Management (IM) team has developed a new data collection system based on the experience of the assessment cell deployed in-country and tailored to the needs of the recovery phase of the operation using RedRose. This allows keeping an accurate and more accountable dataset for the monitoring of the implementation of the



1300 volunteers in the 6 provinces.

Global COVID-19 pandemic

Mozambique has a young population with 94% below 55 years old. Nevertheless, a considerable percentage of the country's population suffers from underlying chronic health conditions that greatly increase the mortality risk across the different age groups, such as HIV/AIDS (12.6% prevalence), Tuberculosis (0.5% prevalence of which 40% are also HIV positive), cardiovascular diseases (9%) and lower respiratory infections (7% prevalence). Furthermore, global malnutrition rate (GAM) is high at 24% and global food insecurity at 25%. Low nutritional intake reduces the capacity of those individuals to recover from a potential infection. Other factors will influence the risk of transmission, such as the high and uncontrolled urbanization rates and crowded settlement/resettlements sites observed in recent years, leading to high population concentration in peri-urban or urban slums, where water and sanitation is practically non-existent, thus good standard of hygiene practices are extremely challenging to maintain

COVID-19 Response

As of 18 September, Mozambique has reported 6,912 confirmed cases of COVID-19, including 44 deaths. The population have faced a significant burden of COVID-19, including due to the collapse of informal sector work following movement restrictions. CVM has taken an active role in COVID-19 prevention, containment and mitigation, having reached over 1.1 million people through different activities.

On 31 January 2020, IFRC launched a global [Emergency Appeal](#) (further revised in February, March and May 2020) to support its worldwide membership to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 outbreak with three IFRC wide operational priorities:

- Preventing transmission and reducing the health impacts through health and WASH interventions;
- Reducing the socio-economic impact; and
- Strengthening National Societies.

The Emergency Appeal focusses on ensuring the implementation of effective and relevant activities to ensure that ongoing activities will factor in these new risks. As auxiliaries to public authorities, Red Cross and Red and Crescent National Societies are playing a strong role in supporting national COVID-19 response focused on preventing and suppression transmission of the virus. Focus is also given to supporting National Societies to maintain critical service provision to people affected by humanitarian crises through new and ongoing Emergency Appeals while adapting to COVID-19. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for

programs planned. As the operation is currently expanding, the identification of new areas, needs assessment and posterior selection of beneficiaries will become again the focus of the IM team in close collaboration with each program present on the operation.

Strengthening the National Society is paramount, with volunteers in different branches trained in mobile data collection and survey techniques, will allow gathering of trustworthy information to be used by the different programs. The challenges that this step presents are multiple, from language barriers, capacities of the volunteers, time, and resources both physical (phones) and human, technically skilled people available to undertake this task are very scarce.

The revised EA will aim to target a total of **608,140 people** through direct activities, including 407,372 already reached as of 31 August 2020. This number reflects the sum of the people reached in each of the districts targeted, with the assumption that in each district the same people will be targeted through different sectors. The significant target increase from the previous EA version is related with the geographical expansion, and scale-up of activities with a direct impact on COVID-19 prevention and containment, such as Health, PSS, RCCE, WASH and PGI, particularly the scale-up of community mobilization and outreach services provided continuously by

emergency health service provision.

As such, the National Society actions' dedicated to COVID-19 and those conducted through new or ongoing operations will be mutually beneficial and build upon programmatic synergies. IFRC continues to assess and adapt its emergency operations in response to disasters and crisis and continues to provide necessary and updated guidance to its membership. The IFRC revised global Emergency Appeal complements both the UN Global Humanitarian Response Plan and is linked to the Strategic Preparedness and Response (SRP) Appeal of the World Health Organization (WHO), launched in February and the WHO revised strategy from April 2020 to support countries to improve their prevention and response.

The strategies envisaged in this Emergency Appeal will be reviewed concurrently with COVID-19 prevention strategies to ensure the compatibility and to maximise synergies. Up to date information on the activities of the supported National Society as part of the national COVID-19 response and covered outside of this emergency appeal is available on the [COVID-19 operation page IFRC GO Platform](#).

Proposed Areas of Intervention

Overall Operational objective

The overarching operational objective is to ensure that urgent and priority needs are met as soon as possible and ensure that a well-planned and articulated strategy for recovery contributes to building the resilience of people affected. This objective can be disaggregated into the following specific objectives:

- To provide meaningful emergency relief assistance when required and impactful recovery assistance to populations affected by the cyclones, increasing their protection and resilience.
- To promote the efficient and effective use of RC/RC resources in-country, by supporting CVM in the coordination of programs and expertise.
- To support the CVM strengthening in key program areas and its sustainable institutional development as a fundamental actor in the society.
- To support national authorities and humanitarian partners' efforts to contain the spread and mitigate the impact of COVID-19 in the cyclone-affected areas, through scaling up EA activities that directly or indirectly support it.

The above will be achieved by the programs outlined in the detailed operational section, and by adhering to key principles and cross-cutting methodologies adopted by the revised EA, including:

- Emphasis in the principle of **Humanity and Impartiality**, by reaching the most vulnerable people in cyclone-affected areas and assuming IFRC and CVM responsibility as a relevant partner in the response.
- **Community Participation and integrated recovery**: activities developed under this plan must ensure people's participation and involvement in decision-making, particularly those that are often excluded from participatory processes. The approach will take form of a sector-integrated recovery led by the communities and their needs. All IFRC and CVM staff involved in delivering these activities will have appropriate training and mentored in the use of tools to ensure constant communication with the people served.
- **Linking Relief Recovery and Development (LRRD)**: The revised EA is cognizant of the contiguous nature of an intervention. Operating on the short and medium term and setting the stage for long-term impact with the National Society. This requires an upfront investment on the National Society DRM capacity and response readiness, and an accountable recovery approach that places the right amount of resources and efforts for an impactful intervention (acknowledging that systemic vulnerabilities cannot be addressed within the scope of this EA).
- **Localization**: The EA will also provide the entry points for medium and longer-term National Society program expertise, by showcasing quality, innovative and impactful programs that build community resilience in its core sectors, such as Health and PGI, WASH and DRR. The localisation principle will also empower communities and local branches to make their own decisions and develop plans that are fit for their needs.
- The **Joint-Movement approach** puts CVM in the driving seat, with the support of the IFRC for agile decision making, considering that the emergency plan requires both strategic vision and short-term operational deliverables for the cyclone-affected populations. The partner NS and ICRC increase the EA capacity, by placing resources and expertise at the service of the National Society. This concept continues to put emphasis

on the partner NS and ICRC presence, recognizing their specific capacities and expertise. The IFRC will strengthen their involvement in support of CVM and streamline the Movement resources. This may assume the form of “best positioned” operational deliverables, or expertise led strategic involvement on the longer run.

The principles outlined above will contribute to a strengthened exit strategy towards a country plan, whereas the CVM will be gradually assuming greater responsibility in the management of proposed programs and follow up its deliverables and impact, with the technical support of the IFRC. This process will be the basis to and symbiotic with the long-term support to the National Society through the Country Plan. Other cross-cutting methodologies serve the purpose of increasing program quality and adding value to the response and CVM:

- **Investing in volunteers:** CVM’s volunteers, working at the grassroots level are the National Society’s greatest wealth. Programs should invest in transferring knowledge and peer to peer mentoring along the way. Knowledgeable and engaged volunteers, prepared for relief action, promoting healthier and safer communities and engage in transforming the community environment.
- **Networking:** The CVM must be attentive to government initiatives in its realm of action and understand how its contribution can be made. The government should also recognize the role and relevance of the CVM in the society, as per its statutes and capacities. Whilst the EA cannot embrace all the initiatives, it should serve as a connector with longer term strategies, by demonstrating the ability to deliver. The EA should also bring the CVM closer to key humanitarian and development external stakeholders such as the UN and World Bank, participate in the definition of strategic orientations, and position itself as a partner.
- **CEA:** The reinforcement and institutionalization of community engagement and accountability is a key deliverable of the EA considering the necessity to raise the standard of the National Society when planning, consulting, and delivering aid to affected populations. In the recovery phase, the CEA team will work with CVM to define clear standard operating procedures for engagement and accountability, and train relevant staff and volunteers in the process.
- **Protection, Gender and Inclusion** will be crosscutting to all programs. Secondly, CVM volunteers and staff will sign the code of conduct and PSEA policies and shall be trained on identifying protection issues in the community, and through the “healthier and safer community” program, will have access to knowledge that will help preventing, identifying, and referring cases. Gender equality, through a rights-based approach and equal access to opportunities, is at the core of the EA, considering the fundamental role of women in the communities and society at large and avoiding girls and boys being cut-off from the opportunity to thrive.
- **Nature-based solutions and ecosystem-based DRR:** Nature-based solutions are one of the most effective means to reduce disaster risks and build community resilience. Implementing NBS are a key solution as they simultaneously serve the goals of DRR, CCA, climate mitigation and greening, as well as food security and resilient livelihoods – and can support the integration of displaced people. IFRC and CVM will place a focus on ecosystem-based DRR and adaptation in their recovery response. In addition, climate-smart and environmentally responsible approaches will be mainstreamed across programs to ensure better and climate-adapted techniques that increase efficiency in community resource management, boost resilience and reduce exposure to shocks (such as water conservation, resilient farming, and reforestation/afforestation programs). The IFRC and CVM will also contribute to the global effort of achieving a greener response by reducing the environmental footprint of their programs.

National Society Institutional Development

Additional to the program consolidation that will be fostered by the revised EA in CVM’s sectors of expertise, a considerable amount of resources will also be dedicated to the National Society institutional strengthening, ensuring that CVM comes stronger out of this operation. After discussion with the CVM and following the recommendation of the Organizational Capacity Assessment Certification (OCAC) study performed, the EA will focus on the following areas:

- **Governance and Strategic Planning:** support the National Society in the development of stronger and updated governance policies that allow an accountable and agile decision-making, compliant with RC/RC internal rules and regulations as well as the principles and best standards of humanitarian action. An internal auditor will be recruited and initially supported by an external team that will define the scope of its work.
- **Financial Management and Resource Mobilization:** Review of the financial management system, procedures, and tools, and adapt these to modern standards of financial management and compliance. Another important component is to revisit the National Society business model and establish a resource mobilization plan that is sound enough to permit stability of the core management and program areas.

- **Digitalization and digital inclusion:** modernize the work platforms used in the National Society, to ensure better and faster coordination between teams, as well as better controls and outreach to branches and volunteers.
- **Volunteer Management:** Support the development of management systems that bring volunteers closer to the National Society, provide adequate duty of care, capacitate these volunteers to act bearing in mind the principles of action, and the best standards of community engagement and accountability.
- **National Society Preparedness** in partnership with the RC partners in country, the EA will invest in resourcing the outcomes of the Preparedness Effective Response (PER), elaborate adequate contingency plans and standard operating procedures in Disaster management.

Areas of Focus



Shelter

People reached as of 31 August 2020: 138,005

Revised target: 168,140

Male: 80,707

Female: 87,433

CVM Volunteers trained: 200

Requirements (CHF): 3,813,000

Needs analysis & Proposed intervention

Tropical Cyclone Idai made landfall near Beira City, Mozambique, on Thursday 14 March, with wind speeds of up to 106 mph. The cyclone torrential rains and winds have wreaked havoc across Sofala, Zambezia, Manica, Tete and provinces, destroying homes, crops, infrastructure, and livelihoods. According to Government's initial official figures as of April 7, a total of 239,682 houses have been destroyed or damaged, including 111,163 houses destroyed, 112,735 partially destroyed and 15,784 flooded. As of June 2020, there are over 280,000 people still in need of shelter assistance in the Idai impacted areas, and 400,000 in Cabo Delgado as a consequence of the ongoing conflict.

The shelter programme outcomes and outputs reflected below will have in consideration the wide and diverse range of needs in urban, peri-urban and rural areas, from people living in settlements or in very dire shelter conditions, prone to the impact of heavy rains, floods and winds, thus still requiring relief shelter assistance; to populations that had their houses partially damaged, but where recovery is feasible through owner-driven repairs and reconstruction; and finally those which houses suffered severe or total damages, but a permanent solution is possible, which will require full reconstruction, as per the guidelines established by the Mozambique government and the newly established Cabinet for Reconstruction (GREPOC). Therefore, the shelter strategy requires different approaches and modalities for each of these needs, being it through short- and medium-term recovery interventions, and whereas possible longer term, durable solutions. Moreover, training and awareness-raising sessions provided to target communities on basic safe shelter and settlements for recovery, aiming to create awareness on "build-back safer" for the current population which is recovering and to the next generations to be aware of the risks and the importance to implement better techniques to ensure a safer house.

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

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

- Distribution of prepositioned shelter kits and tarpaulins
- Distribution of prepositioned essential HH items (NFIs)
- Prepositioning of essential shelter NFIs (2,300 kits already prepositioned)
- Identify locations for shelter interventions in emergencies, in coordination with shelter cluster, local authorities and communities

Shelter 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

- Design, translate and disseminate shelter related IEC materials

- Mobilization and training of CVM volunteers on build back safer and “All under one roof” for targeted communities
- Demonstration of shelter kits use and emergency shelter construction at distribution site
- Trainings for household’s own owner-driven build back safer repairs
- Post-distribution monitoring and evaluation of Shelter assistance

Shelter Outcome 2: The target population has durable and sustainable shelter and settlements solutions through owner-driven approach

Output 2.1 The target population has adequate durable shelter solutions

- Shelter and settlements detailed assessment of housing damage, vulnerability criteria and targeting for durable shelter solutions
- Series of community meetings in target locations to define housing typologies and construction/reconstruction techniques
- Owner-driven or assisted (for PwSN) housing construction/reconstruction using build back safer techniques
- Monitoring of housing (re)construction and peer to peer support
- Ensure natural building materials are obtained from sustainable sources and are offset where feasible e.g. through tree planting

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

- Design, translate and disseminate IEC materials on build back safer shelter construction/reconstruction
- Household trainings in build back safer techniques
- Owner-driven and specialized artisans’ technical trainings on build back safer techniques
- Include information on climate-smart Practices in shelter training
- Pilot HH Energy Kits for climate-smart activities (solar energy, improved cooking stoves)
- Organise or ensure CVM staff/volunteers can participate to Participatory Approach for Safe Shelter Awareness (PASSA) Training and roll out in selected communities.

Livelihoods and basic needs



People reached as of 31 August 2020: 41,125

Revised target: 65,740

Male: 31,555

Female: 34,185

CVM Volunteers trained: 50

Requirements (CHF): 4,040,000

Needs Analysis & Proposed intervention

Many of the provinces affected by the cyclone were already suffering the effects of long drought periods with low agricultural production for the main harvest season in April and May 2019. Poverty rates in Mozambique were high at 46% and 56%, in urban and rural areas respectively (World Bank 2015). With 94% of the poor engaging in agriculture, the loss of household goods and productive assets with the cyclone’s impact has driven the reduction of food staples by over 50%. In October 2019, the number of people experiencing any form of food insecurity in the central region was close to 2 million. These figures were a direct consequence of cyclone Idai & Kenneth and associated flooding in central region particularly in Sofala, Manica, Tete and Zambezia provinces, where 746,000 hectares of crops were lost and thousands of livestock perished, exerting a tremendous pressure over the food security of affected population. With limited food stocks and below average income, people’s resilience was exhausted and food insecurity was on the rise. Humanitarian assistance and sustained agriculture recovery efforts provided to affected communities from September 2019 to February 2020 have significantly reduced the level of stress most families were in.

Mozambique experienced contrasting rainfall conditions the past season (from November 2019 to March 2020), ranging from very wet to very dry. That resulted in multiple rounds of planting by households due to successive crop loss. In the Southern districts of Tete, the water demand satisfaction rate was considered medium. Floods (in the province of Sofala, in the center of the country) impacted about 217,149 hectares with

various food crops, representing about 3.4% of the total planted area. Despite the climatic adversities that have been recorded throughout the campaign, in general, preliminary evaluation of the 2019/20 agricultural campaign is positive. Central and northern areas continue to face Minimal (IPC Phase 1) or Stressed (IPC Phase 2) outcomes as the ongoing harvest increases food availability and access. But the COVID-19 pandemic is also a social and economic shock with a direct impact on people's capacity to cover their basic needs and continue their livelihood activities. The pandemic will erode community coping capacities and deepen food and nutrition insecurity especially in urban areas where poor households are likely Stressed (IPC Phase 2). The number of vulnerable people will increase and include those who typically are able to cope.

The Livelihood and basic needs strategy will continue to respond to severe food insecurity for disaster affected populations, whilst addressing recovery and livelihood restoration related to significant crop damage, loss of livestock, limited labour opportunities, limited access to financial capital. This strategy is embedded in the government's programme which defines the central objective of economic and social development as "*the satisfaction of food needs and the creation of employment to combat hunger and absolute poverty in the country*". The intervention will focus mostly in rural and predominantly agricultural and fisheries areas, where poverty rates and food insecurity are at their highest.

The program will also provide livelihood restoration packages with provision of trainings, agricultural inputs and productive assets (including fishing materials to fisherfolks), as well as rehabilitation and/or improvement of management systems (consumption, storage and conservation). For those households within this group that currently do not have an economic activity (particularly women and youth), alternative livelihood options will be sought by providing them with vocational skills and resources (cash grants or in-kind), supporting their path to inclusion. Loan and savings groups will be launched in these communities to increase their capacity to improve their livelihood, build resilience to shocks and increase their self-recovery capacity. Different target groups in the communities will be consulted to decide what type of livelihood activities suits them best, which type of materials they require, and the support needed to roll it out. Local authorities and organizations will be a partner throughout this process, as well as the National Society technicians and volunteers.

Furthermore, given the COVID-19 situation, the livelihoods team is establishing a partnership with the National Social Protection Institute to provide cash assistance to the most vulnerable.

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

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

- Assessment, identification and targeting of socio-economic excluded households
- Training, awareness, and peer to peer support to CVM technicians & volunteers on livelihood enhancement and Cash & Voucher Assistance
- Provision of vocational skills training, employability, and start-up support for economic inclusion of vulnerable people, particularly women and youth.
- Development, implementation, and support for the establishment of loan and saving groups

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

- Assessment, identification and targeting vulnerable and food insecure households
- Distribution of basic needs assistance to selected households (in-kind or cash/e-vouchers)
- Post distribution monitoring

Livelihoods and basic needs Output 1.3: Household livelihoods security is enhanced through food production and income-generating activities restoration

- Assessment of disaster impact, identification of communities and targeting of households for LH restoration, in partnership with local authorities
- Distribution of productive assets to vulnerable farmers (seeds, tools, poultry, livestock, feeding, vaccines)
- Technical support to farmers in coordination with agriculture extensionist: seeds selection and conservation, good practices for agriculture
- Nutrition and Food preparation awareness to promote a healthy and diverse diet (in coordination with health sector)

- Distribution of materials and tools to fisherfolks in affected coastal areas (completed)
- Post Distribution Monitoring
- Support to community livelihood projects (i.e. infrastructure for livelihood strengthening and protection for farmers and fisherfolks)
- Pilot projects supporting transition from damaging to environmental-friendly and sustainable livelihoods (with DRR sector)

Livelihoods and basic needs Output 1.5: Households are provided with multipurpose cash grants to address their basic needs

- Validation of the list provided by the INAS
- Procurement of financial service provider
- Distribution of basic needs assistance to selected households in cash
- Post distribution monitoring

Health



People reached as of 31 August 2020: 348,395

Revised target (direct): 480,122

Revised target (mainstreamed COVID-19): 1,600,000

Male: 191,763

Female: 234,377

CVM Volunteers trained: 1050

Requirements (CHF): 6,774,000

Needs Analysis & Proposed intervention

The major health challenges of the population are related with underlying factors such as unsafe water consumption, poor or inexistent sanitation systems, lack of access to nutritious foods and prevalence of stagnant water leading to vector-borne diseases. This has led to recurrent Cholera outbreaks, especially in the provinces of Sofala, Nampula and Cabo Delgado. Malaria is endemic in the country and during the cyclone many people lost their mosquito nets. These issues, coupled with very limited access to health services, low immunisation coverage, low uptake of or access to family planning methods and poor health education and information, contribute to an extremely fragile health environment with high risk of outbreaks. Moreover, people's access to health services was severely curtailed by the cyclones, with at least 94 health centres damaged (according to the Post Disaster Needs Assessment of May 2019) including loss of medical equipment and supplies. Emergency health assistance has helped to provide life-saving care, however, the re-establishment of health services and community-based health promotion and disease prevention are essential to restore and improve the health conditions of affected communities. Malnutrition is expected to rise during the 2020/2021 lean season due to increase of the food insecurity classification in several provinces of the central region. An estimated 67,500 children require treatment for malnutrition (6,500 for Severe Acute Malnutrition and 61,000 for Moderate Acute Malnutrition) in 31 districts according to the SETSAN survey. 3,600 cases of pellagra (vitamin B3 deficiency) have been reported in Mozambique so far, and the number may increase in the coming months. Populations that have suffered the impact of the disasters, coupled with chronic poverty and inability to recover alone suffer from extreme stress and often traumas. Psychosocial issues affect majorly the elderly, women, and children, as these groups are subject to risks of exclusion and violence (including GBV), requiring special care through psychosocial services and support groups.

The health sector is at the core of the CVM expertise, which can be largely justified by the several health needs and risks to which populations are exposed to, and the lack of community health services, especially in cyclone-affected areas. In the EPoA revision, the health sector will be the enabler of the holistic program "Healthy and Safe Communities" designed by the CVM and complemented by the IFRC, through investing in Community Health Mobilization Points (CHMP), as the centre whereby volunteers will be trained and mentored to develop their knowledge and capacities to implement health community services. In each of these CHMPs, volunteers will promote healthy and safe environments with the support of access to water and hygiene, protection, gender and inclusion, and community engagement and accountability activities. The resources and outreach capacity of CVM volunteers will be initially ensured by the IFRC, whilst working on its sustainability. In respect to health specific activities, the IFRC and CVM will maintain capacity to provide rapid initial response to any crisis or outbreak in its areas of intervention. To detect swiftly health risks, a community health epidemic surveillance system will be in place, streamlining efforts through the health cluster and partners. On the

prevention side, community-based disease prevention and health promotion activities will be delivered by volunteers in their communities. In stable times, the CHMP will serve as health reference point for the communities, for further referral to the health facilities as needed. Psychosocial support will continue to be provided, focusing on populations severely affected by the disaster through emergency PSS, and safe spaces will be created in the communities for the life skills program to address specific needs of women headed households and children, as well as for people with specific needs.

Due to the COVID-19 pandemic, community and primary health activities are crucial, and will be scaled-up holistically with the Risk Communication and Community Engagement (RCCE), especially in crowded areas, such as markets, transport hubs, etc., and Hygiene Promotion components. PPEs for volunteers and frontline workers will be distributed, as well as provision of basic IPC for health facilities and accessible handwashing and disinfection facilities in key community areas. Support will be extended to the health authorities to increase surveillance capacity through screening, contact tracing and the community-based surveillance will be expanded to include COVID-19 but in a sensible and confidential way to prevent discriminatory behaviours. As health authorities are overwhelmed responding to the COVID-19 epidemic, it is essential to support the continuation of essential health services, such as vaccination, primary health care, Sexual and Reproductive Health as well as Maternal, New-born and Child Health.

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

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

- Prepositioning of emergency health supplies for Cholera response
- Set-Up and run of Cholera Oral Rehydration Points in affected communities
- Training volunteers on cholera identification, community-based epidemic surveillance and first response following MoH guidelines
- Support MoH and health actors in community-based health surveillance for infectious diseases and outbreaks

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

- Set-Up and equipping of Community Health Mobilization Points in vulnerable communities assessed and exposed to health risks
- Equip CVM volunteers with basic health kit, protection gear such as PPE / rainboots and raincoats, and bicycles for outreach activities
- Support to MoH vaccination activities and maternal and infant health care through volunteers' mobile brigades
- Social mobilization and risk communication activities in Malaria, AWD, HIV, TB, Malnutrition and COVID-19 and prevention and symptoms
- Distribution of chlorine, mosquito nets and soap as part of community-based disease prevention activities

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

- Training of trainers for CVM Health technicians in CBHFA, ECV, ORT, Malaria prevention and COVID19
- Training of CVM volunteers on CBHFA, ECV, ORT, Malaria Prevention, COVID-19, Nutrition and Pellagra detection and referral
- Train community leaders in CBHFA, ECV, ORT, Malaria prevention and pellagra and COVID-19
- Support CVM in the implementation of outbreak contingency planning per province
- Support CVM in the establishment of a community-based health surveillance system

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

- Trainings to CVM staff and volunteers on Psychosocial Support (Emergency COVID-19: trainings on PFA and stress management)
- Provision of Psychosocial Support to communities and volunteers (related to COVID-19: PFA)
- Detection of MHPSS issues and referrals
- Skills for life sessions and children safe spaces (including GBV and CP)

- Strengthen MHPSS capacities at community level, including COVID-19 mitigation measures focusing on SGBV survivors



Water, sanitation and hygiene

People reached as of 31 August 2020: 366,247

Revised target: 350,000

Male: 175,000

Female: 175,000

CVM Volunteers trained: 200

Requirements (CHF): 4,262,000

Needs Analysis & Proposed intervention

Access to safe water and sanitation was further compromised by both Cyclone Idai, particularly for displaced people living in collective shelters, as well as people in areas where water supply was cut for several weeks. Prior to the crisis, only half of Mozambicans had access to improved water supply and only one in five used improved sanitation facilities. Most households impacted by flooding during Cyclone Idai lost access to safe sanitation, with latrines overflowing and homes destroyed. Each of these factors significantly heightened the risk of disease outbreaks, including cholera and malaria. Meanwhile, women and girls have been forced to walk longer distances to access clean water and firewood, exposing them to heightened risk of gender-based violence. Moreover, people with disabilities suffer from lack of adaptation of sanitation and water facilities, relying heavily on family and the extended community to support them. Therefore, the WASH recovery strategy will focus on sustainable, equitable access to safe water and sanitation services following an integrated approach of community engagement, health/ hygiene promotion and capacity building of CVM volunteers and local structures to both recover from Cyclone Idai and to mitigate and respond to future disasters and outbreaks. Teams will also be trained and supported to continually monitor and report on programme quality and progress. The COVID-19 epidemic increases further the water and hygiene needs of the population, in terms of availability of water for handwashing, general personal hygiene and house cleaning and hygiene knowledge/behaviour change.

Water – The IFRC and CVM will continue to work with the *Serviço Distrital de Planeamento e Infra-Estrutura (SDPI)* to supply communities with 161 distribution points (preferably through the rehabilitation of damaged handpumps) The rehabilitation will be accompanied by:

- Setting up/reactivating, training and supporting Water/WASH committees and providing them with tools (maintenance and cleaning kit, lockable savings boxes) and handover the hand pump to the community;
- Awareness-raising on household water treatment and safe storage;
- Fix/rehabilitate water systems in schools and health centres affected by Idai;
- Evaluate the possibility to train CVM volunteers in water testing and provide water test kit (to be discussed).

Sanitation – The IFRC and CVM will support households to rehabilitate latrines damaged by Cyclone Idai and trigger communities to reduce open defecation through an adapted community-led and context specific CLTS/ PHAST approach. Challenges including high risk of flooding, lack of space (urban), high-water tables, soil type, sustainability, and limited financial means will exclude the traditional CLTS/ PHAST methodology. Low-cost latrine solutions built with locally sourced materials will be chosen by communities during a phased approach in rural and urban areas (for households, and schools) with a focus on protection, gender, disability – support for people with limited mobility. Latrine design will be sustainable and eco-friendly with no desludging, and non-water polluting.

Hygiene Promotion – Following a light barrier analysis to understand barriers and motivators to healthy hygiene practices and health-seeking behaviour, an integrated, participatory health and hygiene promotion BCC (Behaviour Change Communication) campaign will be developed with the CEA and Health teams to increase knowledge and encourage behaviour change through community theatre, radio and mobile technology – with an emphasis on culturally appropriate images and methodologies for low literacy audiences both for adults and for children and young people in and out of school. During the COVID-19 epidemic, hygiene promotion sessions will be scaled up in the areas of intervention, both by providing information on hygiene for prevention and risk communication, alongside installation of handwashing facilities in the communities.

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

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

- Conduct training for CVM volunteers on carrying out water, sanitation and hygiene assessments
- Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities
- Continuously monitor the water, sanitation and hygiene situation in targeted communities
- Coordinate with other WASH actors on target group needs and appropriate response

WASH 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)

- Provide safe water to 104,800 people in targeted communities through water trucking, well rehabilitation and water treatment units
- Monitor use of water through household surveys and community water quality tests.
- Train 161 WASH committees in management of water supplies and maintenance of infrastructure

WASH 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)

- Select design for toilets based on consultation with targeted communities with considerations for cultural preference, safety, access for children and disabled, cleansing practices, national standards, and menstrual hygiene as well as environmental impact and sustainability.
- Construct and/or rehabilitate toilets in schools and health centres
- Mobilize targeted communities to construct 750 toilets and carry out environmental sanitation activities
- Develop and promote appropriate solid waste management plans at community level



Protection, Gender and Inclusion

People reached as of 31 August 2020: 112,151

Revised target (direct): 120,000

Male: 54,000

Female: 66,000

CVM volunteers trained: 1200

Requirements (CHF): 1,406,000

Needs Analysis & Proposed intervention

The cyclones significantly heightened pre-existing protection risks and exacerbated the underlying factors of exclusion for people with specific needs and conditions, as well as child protection concerns, and sexual and gender-based violence. Prior to the cyclone, impoverished families (8 out of 10 poor are in rural areas) implemented negative coping mechanisms such as selling productive assets or livestock and removing children from school to support the household income, in order to enable covering very basic needs. The impact of the disaster in dwellings stability has been harsh, and further emergency strategies were adopted such as early marriages, survival sex, child labour, child trafficking, to survive the months ahead. The national capacity to handle specialized services to victims is weak and has further declined due to the strain to the health facilities and medical staff, coping with consecutive natural hazards, consecutive outbreaks of Cholera and Malaria, and now COVID19.

In Mozambique, gender accepted norms, education and socio-economic factors provide privileges and leadership roles to men and contribute to heightened marginalization of women, with reduced levels of literacy, high rates of teen pregnancy and maternal mortality, as well as sexual exploitation and abuse or gender-based violence (GBV). Furthermore, people with specific needs, children, persons with disabilities, elderly people and child-headed households can be at heightened risk and excluded from the communities or may have their rights curtailed in accessing protection and resources.

The post-disaster needs assessment found that one-third of Mozambican women had endured violence at least once from the age of 15, of which 12% of women report surviving sexual acts under force. Around 438,000 women in the sexual reproductive age were affected by Idai with related problems regarding menstruation after the devastation brought about by the cyclone. At least 75,000 pregnant women are among the most affected and many still without access to proper medical services, having to go long distances to

reach the nearest health facility. A Ministry of Education survey carried out before Cyclone Idai found that during emergencies, it is a common coping mechanism for families to pull girls out of school to support with domestic tasks and/or income-generating activities. When out of school, girls are exposed to additional protection risks such as early marriage, and sexual and gender-based violence (SGBV) - 48% of girls in Mozambique are married before the age of 18 and 14% before the age of 15. The Ministry of Education (MINEDH, 2015) study found that 70% of girls stated teachers use sex as a condition for grade promotion. Access to sanitary materials for menstrual hygiene is also a challenge as households economic strain make it harder for women to purchase the materials needed. Within such a context, the risk of sexual exploitation and abuse is present, as people become desperate for live-saving resources such as food, shelter and water.

As of August 2020, the PGI team has reached a total of 112,151 people through the different services and activities, including community-based protection (awareness-raising and behavioural change sessions) for gender equity, diversity and inclusion as well as SGBV and child protection, case management and the skills for life training. Moreover, Menstrual Hygiene Sessions have been delivered to families, alongside dignity kits for women and girls. Also included in the total target are CNVP trainings to police officers and related information and communication initiatives about non-discrimination, violence, and exclusion, provided to 18,475 people.

The recovery intervention will have different target and locations, depending on the approach. In the mainstreaming component, PGI minimum standards will be embedded into other program areas, therefore, reaching all EPoA proposed provinces and districts indirectly (Sofala, Manica, Tete and Zambezia). Furthermore, the established multisector vulnerability criteria for targeting will be fundamentally supported by the PGI sector, acknowledging that the most vulnerable families and persons are those that are at heightened risk and/or already suffering from protection or exclusion. Through the direct activities, IFRC and CVM will reach 120,000 people, including 800 CVM volunteers and 20 CVM staff trained in all components. Field activities will take place in 27 communities of Sofala, Manica and Tete provinces, focusing on people with specific need and reduced mobility, people with mental disorders, children without caregivers, women, girls and boys at risk of GBV or victims of SGBV, children and adolescents out of school or at risk of drop-out, and single parents.

The IFRC will provide support to CVM in enhancing its programs in the field of protection. engaging CVM in policy development for PSEA and Child Protection (as these are mandatory for most donors and stakeholders), promoting trainings at national and provincial level with CVM technicians, and support in the facilitation of trainings for volunteers. The volunteer outreach work within the PGI sector can be complementary to the "Healthy and Safer Communities" programme, by training volunteers to identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and eventually address their distinct needs. This will be done through volunteer community outreach, preliminary diagnosis and referral to different sectors and specialized agencies.

PGI 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

PGI 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

- Training and mentoring of CVM staff and volunteers to implement gender and inclusion minimum standards in programs
- Mobilize CVM volunteers to engage in identification and referrals for promotion of gender equity, diversity and inclusion (particularly PwD) in their communities
- Support sectoral teams (IFRC and CVM) to integrate measures to identify and address vulnerabilities specific to gender and diversity factors (including people with disabilities) in sectoral targeting, planning and activities
- PGI in WASH for people with disabilities
- PGI in LLH for Social Protection
- Ensure access to essential menstrual hygiene and sexual and reproductive information through NFI distribution and MHM sessions to women and girls

PGI 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

- Support CVM in the development and/or reinforcement of PSEA, SGBV and Child Protection Policies, and define implementation plan

- Training of trainers and policy roll-out for CVM staff and volunteers to implement SGBV, PSEA and Child Protection policies in its programs
- Develop Standard Operating Procedures (SOPs) for Child Protection/SGBV including mapping of referral pathway and available services
- Mobilize and mentoring of CVM volunteers to engage in outreach for identification and referrals of Child Protection/SGBV cases in their communities
- Include messages and develop IEC materials for prevention and response to SGBV and Child Protection in all community outreach activities
- Support implementation/revitalization of a community-based system for prevention, identification and referrals of child protection and GBV cases
- Community sessions on GBV, PSEA and Child Protection
- School sessions on GBV, PSEA and Child Protection, adapted to children and youth
- Support CVM volunteers and community committees to establish Adolescent and Mothers Group that address life skills, protection and sexual health and reproductive health, rights and gender norms;
- Psychosocial support is provided to girls, boys, caregivers and survivors of SGBV through community-based activities

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

- To promote CVM knowledge of, and engagement on, the provision of SGBV, PSEA and skills for life values-based awareness activities with relevant authorities (particularly PRM) and stakeholders
- Information, education and communication initiatives and materials to raise awareness on CNVP-related issues (discrimination, violence and exclusion) at community level to strengthen community and individuals' ability to address them



Disaster Risk Reduction

People targeted: 157,500

Male: 78,750

Female: 78,750

Requirements (CHF): 1,115,000

Needs Analysis & Proposed intervention

Mozambique is the third most vulnerable country to extreme weather events in Africa and the tenth in the world (PDRR, 2017). Mozambique's excessive vulnerability is associated with its geographic location, as its coastline (2700km) borders one of the most active cyclonic zones in the southwest Indian Ocean with tropical storms and cyclones occurring frequently during the October to March rainy/cyclone season. Throughout the operation it is likely that climate continues to exert pressure to populations being assisted. For that reason, all programs will have to adopt risk mitigation measures, through concrete climate-smart and adapted technical solutions. Whereas possible, this should be combined with activities that reduce the impact of the operation footprint. Furthermore, it is likely that an extreme event may hit Mozambique in the coming months, given that its recurrence cycles are now shortened. In this case, IFRC and CVM will keep contingency plans and preparedness in case there is the need to respond to a sudden emergency,

The DRR programme will target communities and households reached through other programmes such as shelter, health, WASH, food security and livelihoods, by building their resilience in a complementary approach. It also aims to expand further to include schools, community groups and the population at large. Importantly, the CVM will be supported in developing its longer-term approach and role in disaster risk reduction at community level as well as institutional preparedness to respond to disasters and crises.

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

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

- Support and train local community disaster management committees (CLGRC) in line with INGC guidelines
- Train CVM Volunteers in disaster preparedness, early action and response
- Expand community early warning systems (CEWS) to additional at-risk areas and strengthen/test existing community early warning systems
- Carry out drills and exercises in communities and schools
- Strengthen link between CEWS and Forecast Based Financing / Early Action Protocols
- Review and conduct simulation of Forecast Based Financing Early Action Protocols in target provinces

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

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

- Ensure recovery programmes include ecosystem-based disaster risk reduction and nature-based solutions wherever feasible, including for example supporting tree and mangrove planting initiatives, mobilising CVM volunteers and youth and partnering with environmental organisations
- Ensure recovery assessments incorporate elements relevant to ecosystem-based DRR.
- Minimize use of single-use plastics across programmes and advocate for sustainable alternatives such as energy-efficient cooking stoves
- Conduct tree planting and reforestation activities in consultation with communities to provide multi-targeted sustainable solutions for timber, food and other resources
- Promote and support energy transition at community level (solar panels, cooking stoves)

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

- Train CVM volunteers in climate-smart DRR tools and approaches (e.g. Enhanced Vulnerability and Capacity Assessment, Roadmap to Community Resilience, climate-smart programming)
- Design and print CCA and DRR tools and materials
- Where these have not already been done, develop and implement community risk reduction/resilience action plans in target provinces, based on the EVCA
- Provide grants to support the implementation of the community risk reduction/resilience action plans.
- Raise community awareness of climate change and disaster risks, and small/simple actions that they can take
- Raise awareness of the many reasons why communities should protect and help restore ecosystems, including to reduce disaster risks, adapt to climate change, contribute to livelihoods and enhance the local economy – including in schools and among youth
- Obtain the buy-in and ownership of local communities in supporting and contributing to ecosystem-based approaches over a multi-year period

Strategies for Implementation

Requirements (CHF): 10,590,000

The Federation's Strategies for Implementation are organised along four main priorities: strengthening CVM capacities, ensuring effective international disaster management, influencing others as leading strategic partners in humanitarian action, and ensuring a strong IFRC that is effective, credible and accountable. The revised EA takes into account the lessons learned, including findings from the real-time evaluation, analysis such as the earlier Organizational Capacity Assessment Certification (OCAC) process and subsequent organisational development work, an internal audit carried out in late 2019, feedback from the IFRC's donor advisory group during their field visit in November, and extensive dialogue with CVM leadership at all levels. It also builds on elements of the newly adopted IFRC Strategy 2030, perhaps most notably in three transformations needed to drive the required change: supporting and developing CVM as a strong and effective local actor, ensuring trust and accountability, and undergoing a digital transformation.

Achieving the revised targets of this plan of action requires several important adjustments to the IFRC's presence and overall approach in Mozambique. Key changes include:

- More involvement from CVM branches at provincial and district level and a gradual handover of responsibilities where feasible
- Strengthening both operational and strategic support to CVM at national level through the IFRC country office in Maputo
- Closer alignment between this plan of action and the CVM's internal work plan 2020
- Investing in a lighter but more robust M&E framework and making better use of new information management tools and technologies; strengthening donor reporting
- Further de-concentration of IFRC resources and personnel to include other provinces beyond Sofala;
- Improving cost-efficiency through reducing IFRC office costs and operational overheads, as well as a gradual reduction of international staff
- Consolidating and/or strengthening IFRC management following recommendations from the recent internal audit, ensuring effective risk management and compliance with standard IFRC procedures in finance, administration, procurement, IT, legal, logistics, human resources, and security management.

Strengthen National Societies

Requirements (CHF): 2,428,000

Needs Analysis & Proposed intervention

Strengthening CVM financial management, systems and procedures is the highest priority for the coming period. An experienced finance development delegate has been recruited to support CVM in tackling financial legacy issues including accounting backlogs, debt resolution, financial reporting, and external audits, as well as building more robust systems and capacities at national and branch levels, training staff, strengthening the internal audit function, and ensuring quality bookkeeping, accounting and reporting.

CVM will also be supported in enhancing its future financial sustainability including a formal review of its business units, technical expert support for optimizing the financial return on its assets, land and buildings, the development of a comprehensive resource mobilisation strategy and related plan of action, and the adoption of a core cost recovery mechanism based on existing IFRC guidelines.

Ongoing organisational development support is provided in areas such as volunteer management, human resource development, and branch development – including the physical rehabilitation of Sofala branch and upgrades elsewhere, and branch operational capacity assessments (BOCA) in selected provincial and district branches. A digitalization and digital inclusion plan is being implemented in view of closing the gap between HQ and branches, as well as to allow improved and speedy management and accountability. Both IFRC and ICRC continue to work closely with CVM governance and management, and will support further policy dialogue, training and development for senior leaders including through exchange visits and peer support. A General Assembly will be held in early 2020, and initial dialogue is also underway regarding the updating of the CVM strategic plan and closer alignment with IFRC Strategy 2030.

A formal preparedness for emergency response review (PER) was conducted and the report will be used to guide priority actions for strengthening CVM's institutional response capacity at all levels. The process was initiated in late 2019 to assess CVM strengths, weaknesses, and opportunities against all aspects of institutional preparedness, in consultation with key internal and external stakeholders. Key areas such as operational management, standard operating procedures, systematic training of staff and volunteers, and strengthening warehouse management, logistics and communications have already been identified as important priorities, and an experienced DRM delegate will be recruited to support CVM to support the implementation of the PER recommendations and plan of action.

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

Output: Mozambique Red Cross has effective and motivated volunteers who are protected

- All active volunteers are trained and insured
- Develop and roll out online volunteer management system
- Develop and roll out training modules for volunteer & youth training across key areas
- Strengthen volunteer and youth engagement, including policy and tools

Output: National Societies have the necessary corporate infrastructure and systems in place

- Strengthen CVM financial management capacity at NHQ and selected provincial branches
- Agree and support internal audit function at NHQ
- Support CVM in clearing accounting backlogs
- Support external audits
- Support development of debt resolution plan
- Support analysis of land, buildings & other assets
- Support finance systems development & training
- Promote and support digital transformation and inclusion across programmes and general management
- Support upgrades to branch infrastructure and equipment in selected branches
- Facilitate BOCA in selected branches at provincial and district level
- Develop comprehensive HR strategy and support systems and tools development
- Enhance HR management capacity and systems (incl. job descriptions, function description and roles and responsibilities, emergency procedures, databank)

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

- Develop a comprehensive CVM strategy for both community DRR and institutional preparedness
- Carry out a formal Preparedness for Emergency Response (PER) review, leading to a concrete plan of action for institutional strengthening
- Support priority actions under PER action plan, incl warehousing & logistics, SOPs development and communication
- Train volunteers in DM, including assessment, data collection, distribution, M&E, PGI and CEA
- Develop national DM structure and curriculum, including national & provincial disaster response teams
- Develop contingency plans, test and improve them through simulation drills
- Scale up and support management of pre-positioned DP stock

Output: NS have an up to date strategic plan, statute, and governance structure

- Support CVM general assembly and governing board meetings
- Facilitate training & exchange for CVM leadership
- Support review of current and development of next CVM strategic plan

Effective International Disaster Management

Requirements (CHF): 5,243,000

Needs Analysis & Proposed intervention

Community Engagement and Accountability is a key component for CVM's organizational development. In order to strengthen CEA in an organic, sustainable and legitimate way within CVM, in addition to consolidate a set of policy strategies that will standardize community action courses in all programs of the NS and Movement partners, an in-depth 5 days regional training is planned to identify and support one CEA champion and two CVM National Youth volunteers (male/female) from each of the 11 provinces who will then be able to replicate the tools, methodologies and planning in their respective locations.

Since the emergency phase, IFRC has been leading the Shelter Cluster and coordinating the partners' response in Mozambique. It also led the inception of the recovery and reconstruction phase with the government and partners. At this stage, the cluster will provide guidance and follow up of those plans, and ad-hoc technical support as required.

The IFRC and membership enacted the SMCC early in the response. A case study was developed and is publicly available for consultation. The Movement coordination role will continue to be one of the pillars of this response, through the principles highlighted above: expertise-led and best positioned partner.

Output: NS compliance with Principles and Rules for Humanitarian Assistance is improved

- Ensure community engagement and accountability is fully operationalised across all programmes
- Ensure that community feedback systems (e.g. linha verde) are established, and feedback acted upon and used to improve the operation
- Rapid community assessments to understand perceptions to outbreaks and prevention approaches
- Develop plans, tools & training to mainstream CEA into all programmes systematically
- Exit strategy developed that includes community consultation and sharing of the final evaluation results with the community

Output: Coordinating role of the IFRC within the international humanitarian system is enhanced

- Lead shelter cluster coordination at the national level and Beira and Sofala hubs.
- Provide quality technical support to GoMoZ in shelter and reconstruction sectors

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

- Lead and support Movement coordination cell
- Evaluate SMCC and develop case study

Influence others as leading strategic partners

Requirements (CHF): 545,000

Needs Analysis & Proposed intervention

This plan will continue to invest in CVM's capacity to communicate with its partners, donors and the wide public. Since the beginning of the operation, two communication officers have been hired and the level and quality of communication increased substantially, especially using social media platforms. Several products were produced and disseminated for the occasion of the one-year anniversary, and other relevant dates.

Technical research and evaluations have also been conducted, such as the Real-time evaluation, the Environmental Assessment and the Post-Event Review Capability Study (PERC). These have contributed to

tailor and improve the response, as well as to frame the longer-term strategies for DRR and DM. Other relevant topics will be evaluated and assessed, such as the Child Protection study, and the impact evaluation of the operation, which will be done internally, through a well-founded PMER team.

Lastly, linked with CVM financial sustainability, the operation will continue to support CVM's resource mobilization strategy and plans, looking at the different potential sources of income, from program turn-over, to services in its core expertise (First Aid Centre) as well as real-estate management and membership engagement.

Outcome: 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

Output: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

- Enhance CVM communications capacity & support strategy & policy development
- Develop communications materials (EN/PT) including image bank, snapshots, web stories, social media
- Develop a communication plan and products for first anniversary of cyclones Idai & Kenneth

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

- Conduct Real-Time Evaluation on emergency phase
- Conduct Child Protection Rapid Assessment:
- Assess environmental impact of operation and develop environmental management plan
- Conduct Post Event Review Capability (PERC) study
- with Zurich Flood Resilience Alliance (ZFRA)

Outcome: The programmatic reach of the Mozambique RC and the IFRC is expanded

Output: Strengthen planning, monitoring, evaluation and reporting

- Ensure quality plans and timely reporting
- Streamline operational monitoring using simple online tools and infographics where feasible
- Strengthen reporting function

Output: Resource generation and related accountability models are developed and improved

- Host IFRC Donor Advisory Group Meeting & field visits

Output: CVM is supported in resource and partnership development (from both domestic markets and foreign sources)

- Support development & adoption of CVM resource mobilisation strategy & policy
- Develop and support RM plan of action
- Support audit & review of CVM business units to develop respective business plans
- Support expert analysis of real estate potential and explore options for private sector partnerships
- Assist CVM in developing core cost recovery model

Ensure a strong IFRC

Requirements (CHF): 2,374,000

Needs Analysis & Proposed intervention

Duty of care and staff performance will be increased in the operation, through adequate HR management that promotes personal and professional growth as well as performance but acknowledges the challenging environment staff is facing with consecutive shocks and the COVID-19 pandemic. Therefore, the HR plan has in due consideration all issues related with duty of care and well-being.

The finance department will continue to promote all safeguards and high standards of accountability to financial resources and provide adequate filling and reporting to all partners and donors. This will be done using well established IFRC systems. The operation will continue to make progress on the recommendations of the Internal Audit conduct, addressing the risk matrix and improvement plans. This is publicly available.

Outcome: The IFRC enhances its effectiveness, credibility, and accountability

Output: IFRC staff shows good level of engagement and performance

- Conduct performance appraisals in due time

Output: 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

- Carry out internal IFRC financial & management audits
- Maintain active risk register across all areas
- Ensure all staff complete training on prevention of fraud and corruption; translate modules in PT

Output: Staff security is prioritised in all IFRC activities

- Ensure active monitoring of security context, and make sure all operations are security compliant
- Enhance security management capacity for volunteers and staff (incl. security training)
- Carry out regular review of security risks, and update security rules & guidance accordingly
- The IFRC security plans will apply to all IFRC staff throughout. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented.
- All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training.

Funding Requirements

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL
MDRMZ014- Mozambique – Cyclone Idai
Funding requirements – summary

Area of Intervention	Needs in CHF
DISASTER RISK REDUCTION	1,115,000
SHELTER	3,813,000
LIVELIHOODS AND BASIC NEEDS	4,040,000
HEALTH	6,774,000
WATER, SANITATION AND HYGIENE	4,262,000
PROTECTION, GENDER AND INCLUSION	1,406,000
STRENGTHEN NATIONAL SOCIETIES	2,428,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	5,243,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	545,000
ENSURE A STRONG IFRC	2,374,000
TOTAL FUNDING REQUIREMENTS	32,000,000

All amounts in Swiss Francs (CHF)

Jagan Chapagain
 Secretary General

- To review Operations Updates, please follow [this link](#).

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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**.