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Operations Update

Mozambique: Tropical Cyclone Idai & Kenneth

International Federation of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRMZ014	**GLIDE n° TC-2019-000021-MOZ**
Operations Update n° 6, **Date of Issue:** 12 September 2020	**Timeframe covered by this update:** 01 April 2020 to 31 July 2020
Operation start date: 19 March 2019	**Operation timeframe:** 24 Months until March 2021
Current Emergency Appeal Budget: 32,000,000 CHF **Initial DREF Allocated**: 750,000 CHF	**Appeal Coverage: 81.8%** (CHF 26,161,516 raised; CHF 5,838,484 funding gap)
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Total Number of people reached: 407,372 people	
Host National Society presence: Mozambique Red Cross (Cruz Vermelha de Mozambique, CVM) was established in 1981, and officially recognized by the Government of Mozambique in 1988. It became a member of the IFRC in 1989. CVM has a presence in all of the country's 11 provinces and 133 districts (out of 154). It has approximately 220 staff, 5,500 active volunteers and 70,000 members across the country.	
Red Cross Red Crescent Movement partners involved in the operation (as of December 2019): National Red Cross Societies from Spain, Belgium-Flanders, Germany, Italy and Portugal, as well as International Committee of the Red Cross (ICRC) and International Federation of Red Cross and Red Crescent Societies (IFRC) are present in the country and are actively supporting CVM. Many more partner National Societies (PNSs) supported CVM during the emergency phase financially and/or in-kind (including through the mobilization of Emergency Response Units and surge personnel): American Red Cross, Australian Red Cross, Austrian Red Cross, British Red Cross, Bulgarian Red Cross, Cabo Verde Red Cross, Canadian Red cross, Croatian Red Cross, Czech Republic Red Cross, French Red Cross, Hong Kong RC, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross, Korean Red Cross, Kuwait Red Crescent, Liechtenstein Red Cross, Luxemburg Red Cross, Netherlands Red Cross, Norwegian Red Cross, Sao Tomé Red Cross, Seychelles RC, Singapore RC, Swedish Red Cross Swiss Red Cross and Turkish Red Crescent.	
Other partner and contributors actively involved in the operation: WFP, FAO, UNICEF, WHO, UNFPA, IOM, Care, Save the Children, Oxfam, Caritas, and Government authorities in all concerned sectors. Spanish AECID, Airbus Foundation, Booking Care, Coca Cola, Credit Suisse Foundation, Czech Republic, DFID, ECHO, Erickson-Malinoski Giving Fund (TIAA) on behalf of Bernadette Malinoski, Estonia MoF, Facebook, IFRC at the UN Inc., Irish Aid, Italian Government Bilateral Fund, Lichtenstein Government, Lionel and Ann Rosenbaltt, Luxemburg Government, MundiPharma, New Zealand Government, OPEC Fund for International Development (OFID), Patrick J McGovern Foundation, Pernod Ricard, Robert L. Robertson, Sanford Waxer, Shell, Transfigura, USAID/OFDA, White & Case LLP, WHO, World Remit. Private donors in Germany, Belgium, Switzerland, United States, Netherlands.	

This Operation Update reports on the achievements of the Emergency Appeal for Mozambique in response to Tropical Cyclone Idai and Kenneth for the period covering 01 April 2020 to 31 July 2020. The figures of people assisted are cumulative since the beginning of the operation. This operation update also highlights the changes in the humanitarian context due to the vulnerabilities generated by the COVID-19 pandemic in the needs analysis section and elaborates on the actions taken so far as well as the shift on the operational strategy in light of these circumstances, setting the background for the ongoing EPoA revision that will integrate the impact of COVID-19 pandemic over the population affected in Idai and Kenneth operational areas. From March 2020 until September 2020, some of the recovery activities will be hindered by the declaration of the State of Emergency in Mozambique as restrictions to mobility must be observed alongside the necessary duty of care towards staff, communities, and Red Cross volunteers. The operation

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

Highlights of the Operations Update (cumulative data)[1]:

The IFRC and CVM assisted a total population of **407,372 people** since the start of the operation, in the different sectors. The revised Emergency Plan of Action (EPoA) launched in January sets the total number of people to be assisted at 509,140 for the entire 24-month duration.

Livelihoods and Basic Needs: 41,125[2] people have been reached through basic needs assistance, as well as livelihoods recovery with seeds, agricultural tools, farming schools and support to fisherfolks.

Health and PSS: 348,395 people were provided with access to different health services and health promotion activities, including people reached 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.

NSD

- **CVM Strategic Plan Revision** started with the support of the IFRC. The revision will involve all 11 provincial branches, over 100 staff, volunteers, and provincial board members in an inclusive process. The revised strategic plan will be presented at the General Assembly in September 2020.
- **Protection Gender and Inclusion policies**, especially focusing on PSEA, Gender and Child Protection, as well as the **institutionalization of Community Engagement and Accountability** in the National Society are underway with the support of the IFRC technical teams.
- **The Post Event Review Capability** – PERC Study, drafted by the Zurich Flood Resilience Alliance final report was released in May 2020, with a focus on operationalizing community Early Warning Systems and improving community resilience to shocks.
- The negotiations with the INAS and the planning for the implementation of the **social protection system** intervention are at an advanced stage.

A. SITUATION ANALYSIS

The reporting period, April 2020 to July 2020, was mainly marked by the State of Emergency for Covid-19 pandemic declared by the Mozambique government since 22 March 2020. The Emergency was maintained at level 3 throughout the reporting period, and on September 7, Mozambique transitioned from a State of Emergency (SOE) to a State of Public Calamity (SOPC). The SOPC will continue indefinitely at the red alert level while the risk of spreading COVID-

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

[2] The number of people reached was higher in March 2020 (Ops Update #5) due to erroneous calculations, which since been corrected

19 exists in Mozambique and preserves many of the SOE COVID-19 prevention measures with gradual resumption of social and economic activities in coordination with health authorities.

The rapid and strong restrictive measures taken by the government were welcomed to contain the spread of the disease but it is 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 were not 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 this report, the country has registered 7,983 positive COVID-19 cases out of 134,011 tests conducted 5.96%). The government of Mozambique is calling for international support to cope with the impact of the pandemic. The IFRC has launched an appeal for USD 700 million (approximately 666,573,000 Swiss francs) which is needed immediately to respond to the health crisis and socioeconomic consequences across the globe. As part of the global movement appeal, the IFRC and CVM have launched a plan of action with a total of CHF 4.5 million to support community prevention and risk reduction.

Furthermore, the implementation modalities for the Idai and Kenneth plan of action had to adapt to mobility restrictions and the necessary duty of care measures towards staff, volunteers, and communities. Therefore, an EPoA revision is ongoing 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 will be 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 EPoA will not be compromised, on the contrary, they will be expanded to tackle this new reality.

Summary of current response

Overview of Host National Society

The CVM has a longstanding presence in all 11 provinces of the country, and currently covers 133 districts through its district branches, out of the 154 districts. 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 grassroots 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 movement (Forecast based project, crisis modifiers, and the DREF). In the first 12 months of operation, CVM, with the support of the IFRC, reached 388,951 people affected with shelter and household items (HHIs) support, food and productive livelihoods assets, health and psychosocial support (PSS) services and health promotion, provision of clean water for drinking and household use, sanitation and hygiene promotion, community-based protection, gender awareness and inclusion services. The CVM 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 the 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), focusing on governance, financial management and resource mobilization, branch development, volunteer and youth, and digital transformation.

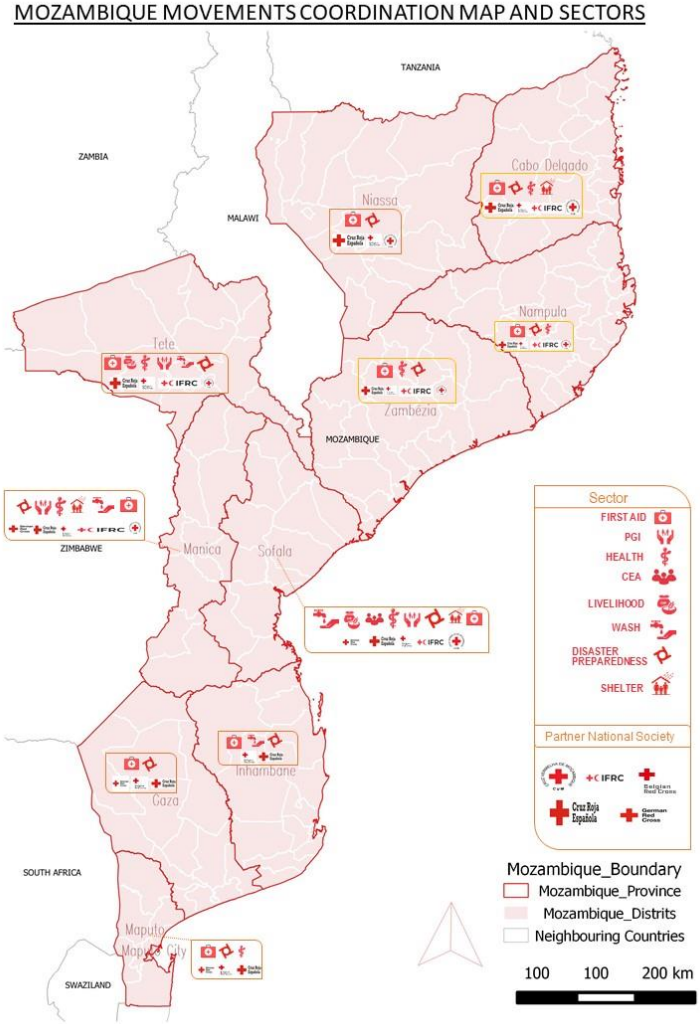
Finally, in March 2020, with the support of the IFRC and in-country Movement partners, the National Society launched an ambitious plan to tackle the spread of COVID-19 across all 11 provinces, putting in motion its impressive country-

wide volunteer coverage. Actions are community-focused, with a range of services in Health and Risk Communication and Community Engagement (RCCE), PSS to 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 socio-economic effects.

Overview of Red Cross Red Crescent Movement in country

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 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.

MOZAMBIQUE MOVEMENTS COORDINATION MAP AND SECTORS



The ICRC has ended its programs 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. These PNSs have in common a strong investment in Disaster Management and Risk Reduction, with programs focusing on Forecast Based Financing and Early Action Protocols, Early Warning Systems, and community DRR. Moreover, many other PNSs continue to provide financial support to the EPoA and remote support to CVM in different thematic and institutional areas. Considering the above, the EPoA will take a joint movement approach in support to the national society, ensuring efficient utilization and allocation of RC/RC resources, whilst acknowledging PNSs and ICRC specific capacities and expertise. The IFRC will strengthen coordination and partners 'involvement in support to 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 non-RCRC actors in country

The Government of Mozambique (GoM) led the overall coordination for the disaster response through the National Institute for Crisis Management (INGC). The GoM and INGC declared Red Emergency right after the Cyclone Idai and

responded to the crisis by putting together a ministerial response group. In May, the GoM decreased the alert from Red to Orange. A Post-Cyclone Reconstruction Cabinet was set-up at the national and provincial level. A global partnership meeting took place in September 2019, seeking support to the recovery and reconstruction plan. Losses were identified to be up to 3.2 billion US dollars but thus far, only a small percentage is available for reconstruction. Since the onset of the disaster, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) was leading the international humanitarian coordination system in Maputo and Beira. The Shelter Cluster is led by the IFRC and co-led by IOM. The IFRC leads the national level coordination as well as the hubs in Sofala and Manica provinces, while IOM is providing coordination in Cabo Delgado. Camp Coordination and Camp Management (CCCM) Cluster activated its Displacement Tracking Matrix following the displacement of population. Protection Cluster and its sub-Clusters in child protection, SGBV and Prevention of Sexual Exploitation and Abuse (PSEA) are working in coordination (led by the Direcçao Provincial da Genero, Crianças e Açao Social (DPGCAS), UNHCR and UNICEF in Child Protection). The PSS working group has been activated under the Health Cluster. IFRC also attends the interagency Community Engagement Working Group, chaired by UNICEF and Plan International, which coordinates community engagement and social mobilization approaches and messages across several agencies.

The Ministry of Health (MoH) is leading the coordination for COVID-19 response, with the close support of WHO. IFRC and CVM are part of the COVID-19 national emergency committee, that counts also with the presence of different ministries, WHO, UNICEF and UNFPA. The CoE meets in Maputo and the provinces on a weekly basis and ad-hoc, as necessary. The 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 analysis and scenario planning

Needs analysis

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 Mozambique[3].

Over 4 million of this population in need of humanitarian assistance live in the four 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 the upcoming revised EPoA, to prevent and contain widespread infection. It should be noted that displaced populations have settled in already impoverished areas, where communities have scarce resources available (especially water, sanitation, and food) and challenges in accessing health and education. As of today, whilst relief efforts were focused inside the resettlement sites, with the provision of minimum standards across sectors, it is essential that services are balanced across site and non-site populations to avoid triggering social tensions. For this reason, the revised EPoA will centre its recovery assistance in affected communities whilst maintaining a dialogue and advocacy with local authorities over dignified longer-term solutions for the resettlement site population. In case there is a role to be played by the IFRC and CVM in the definition and further implementation of these solutions, we will safeguard populations opinion as well as the environmental, social, economic, and cultural impact of such options.

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.

As of November 2019, there were 88,905 displaced in central and northern Mozambique[4]. In areas affected by Idai, 66 active resettlement sites were hosting 17,839 households, most of these (over 80%) in Sofala and Manica. Today, the number has only slightly decreased to 83,000 displaced people living in resettlement sites, most of these people are living in emergency shelter and in need to improve to (at least) semi-permanent (transitional) structures. Some of these

[3]Mozambique Situation Report, OCHA, 29 June 2020

[4] https://displacement.iom.int/mozambique

resettlement sites have been approved as permanent sites by the government and local authorities, with HLP issues being resolved to improve structures and provide better, safer conditions to the families.

The restrictions imposed by the declaration of the State of Emergency related to the COVID-19 pandemic delayed the capacity to undertake recovery activities. Shelter conditions are characterized by overcrowding, lack of privacy and dignity, poor ventilation, structural weakness, and inadequate flood-protection. Approximately 80% of urban dwellers, some 4.6 million people, live in informal settlements in very dense, crowded and poorly ventilated housing conditions without access to basic services (water and sanitation, health care). These conditions are of high risk for the spread of infectious diseases especially the COVID-19 outbreak. In the EPoA revision, the shelter sector will revisit the approach to crowded areas to support dwellers in maintaining social distancing and find local, simple resources to adapt and prevent contagion.

Livelihoods and Basic Needs

The technical 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 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, 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. 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 in order to prevent from depletion of household's 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 pick 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 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, no protective equipment for medical personnel, and almost non-existent 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, maintain social distancing, increase the access to and use of PPEs in the population, and isolate and quarantine cluster of cases. Special attention must be given to groups at risk, such as the elderly, people with disabilities and children, providing care as well as mental health and PSS services.

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 curve the spread of the COVID-19 pandemic, however, water and hygiene items are a major constraint for most dwellings. Current level 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 won't be a priority for dwellings struggling to meet their survival needs, which will increase the risk of contagion. Lack of hygiene in public places, such as markets, transport hubs as well as the public transport is a major risk factor to be addressed.

Protection, Gender and Inclusion

Mozambique ranks in position 139 out of 159 countries in UNDP Gender Inequality Index. Only 46% of girls finish primary school and 56% of women are illiterate (70% in rural communities) against 29% of men. Early marriages affect one in every two girls, 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, people with disabilities and with underlying conditions will experience heightened vulnerability due to the COVID-19 pandemic. Challenges will include further restrain 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 (DRR)

The impact of strong winds, heavy rains and floods in the Early Warning System (EWS) infrastructure was heavy, causing severe damages in communication infrastructure, logistics and communication equipment. Therefore, despite great and timely mobilization of early warning and emergency response resources, the disaster quickly exceeded the means and resources available, cut off communication between central level, the provinces and community response teams. Subsequent floods also destroyed roads and bridges, hindering evacuation, search and rescue as well as emergency response for at least one week. The material loss to the sector is estimated at over 10.5 million US dollars.

The destruction 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 programs will be halted, and people's resilience diminished. Survival coping strategies may pose a threat to the ecosystems, as vulnerable people resort to environmentally harmful livelihoods. Alongside the pandemic and recovery actions, the Emergency Plan of Action will strengthen the work on Forecast Based Financing, by supporting the implementation of Early Action Protocols (Cyclones and Floods), as well as the National Society preparedness for effective response alongside building community resilience. This will be done as a joint movement effort and strategic vision, that shall continue beyond the duration of this plan of action.

Scenario planning

For this operation, scenario planning has revolved on key external trends and critical uncertainties as well as internal factors. While humanitarian assistance provided in the most affected areas may have prevented a severe deterioration

of health and food security, the multiple shocks the central and northern provinces have faced in the past 18 months, with natural disasters, conflict, outbreaks, socio-economic deterioration and food insecurity, have taught that scenarios and priorities can rapidly change. Therefore, regardless of the impacts ahead, in the next 12 months, this operation will maintain a threefold approach to assistance, with prepositioning capacity to tackle an eventual emergency, a recovery approach ongoing across the different sectors, and a resilience building pillar incorporated across recovery activities and a more direct disaster risk reduction focus in the national society and local communities.

Climate deterioration and relapse of natural disasters have shortened in the past decades, and extreme events such as drought, floods or cyclones cannot be ruled out in the coming months. Depending on the impact of such event, the operation may have to shift partially or entirely its attention to lifesaving assistance in the central region or elsewhere in the country. Therefore, in parallel to the recovery phase, the strengthening of early warning systems and preparedness activities are key. The IFRC and the movement are pooling its resources and coordinating for an eventual crisis.

A landmark peace accord to end decades of conflict in Mozambique is facing setbacks, and the situation remains fragile in several areas impacted by cyclone Idai. Meanwhile, a militant insurgency is worsening in Cabo Delgado and seriously affecting populations and the capacity to provide humanitarian relief.

Mozambique Red Cross staff and volunteers performed very well before, during and after the crises, but the organisation itself continues to face considerable challenges. Overall management capacities and systems at national HQ and branch level need strengthening, and the NS is at risk of losing valuable assets due to significant debts accumulated over the past decades. It will require a significant and dedicated effort to turn around the situation, and CVM and its partners are fully committed to using the current operation as a catalyst for positive change wherever possible.

The overall funding outlook for humanitarian and recovery assistance in Mozambique in 2020 and 2021 is another point of concern, especially as the number of populations in need in the country is sharply increasing due to food insecurity. The Humanitarian response plan for 2019 is only 47% funded and whilst the IFRC plan is covered above 80%, this will not be enough for the overwhelming needs as well as to respond and contain for potential outbreaks or environmental shocks.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall operational objective is to provide meaningful and timely emergency relief assistance when required and impactful recovery assistance to populations affected by the cyclones, increasing their protection, preparedness and resilience to shocks; to promote the efficient and effective use of RCRC resources in country by supporting CVM in the coordination of existing programmes and fostering their expertise in key programme areas as well as its sustainable institutional development as a fundamental actor in the society. To achieve those objectives, the IFRC supported operation will continue to monitor key humanitarian trends in the country maintaining high level operational capacity to respond to emergencies that recurrently happen in the country, such as floods, cyclones, outbreaks, and heightened food insecurity. This readiness is supported by an investment in CVM´s capacity to respond and coordinate disasters alongside movement partners, such as the Preparedness for Emergency Response (PER) process that started in January 2020. Components of disaster risk reduction will resume once the pandemic- imposed restrictions decrease, as these are key to reduce the impact of shocks, such as improved early warning systems and preparedness. The operation will continue to build on the efforts of the Post-Event Review Capability (PERC) team that visited Mozambique in January 2020. At the same time, reinforcing community's resilience and self-agency will continue to be promoted, by mobilizing communities in risk reduction (such as improved safe shelter and resilient livelihoods) & communication activities, integrating Health, WASH and PGI components for a healthier and safer community environment. As most of the population in the affected areas rely on agriculture and fishing as main activities, the success of the recovery efforts is directly linked with the capacity dwellings have to 1) access agriculture/fishing assets and tools; 2) improve their techniques to more resilient livelihoods, and 3) develop collective systems of protection, such as saving groups and the "mother's clubs".

On the other hand, from March 2020 until August 2020, some of the above activities are likely to be hindered by the COVID-19 pandemic, as restrictions to mobility must be observed alongside the necessary duty of care towards staff, communities, and Red Cross volunteers. The operation will undertake a review of the Emergency Appeal chronogram which will result in a timeframe extension of 4 months, to cover time loss due to COVID-19 restrictions and fulfil the recovery commitments towards the population of concern. On the other hand, other activities with a direct impact over COVID-19 prevention and mitigation will be prioritized and increased in the coming months, especially in the Health/PSS, RCCE (CEA) and WASH sectors, with appropriate safeguards to staff and communities. Livelihoods and basic needs will surely become of greater importance as the consequences of the pandemic over the economy and social fabric start to trigger. Therefore, mechanisms to widen the support through social protection system will be sought, and eventually additional support to attend to people's basic needs.

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

On the 4 September 2020, the President of the Republic of Mozambique declared “The State of Calamity” regarding the COVID-19 situation in the country, with no end date. The main preventive measures on COVID-19 remain in place, keeping the same level of restrictions to gathering and movement. This transition entails a phased re-opening of activities to guarantee the Health of the population and the economic stability of the country.

COVID-19 Sensitization in Markets

COVID-19 Sensitization in Public spaces

CVM has defined a phased approach to COVID-19, aligned with the operational context at every given moment of the epidemic´s evolution. The first phase (preparedness) involved the definition of a Business Continuity Plan, support to the Ministry of Health in designing and disseminating relevant COVID-19 information to the public through IEC, Radio and TV broadcasts, including health prevention, psychosocial support and rumours/misinformation management and training its own staff in prevention and risk reduction. In this phase, CVM volunteers countrywide received an accelerated training on Epidemic Control for Volunteers, and Risk Communication and Community Engagement (RCCE) specifically related to COVID-19. In the second phase – wide response – over 2000 volunteers will continue RCCE activities through mass dissemination of prevention and transmission risk reduction information in their communities, and increasing people´s access to hygiene in critical points, such as transport hubs, markets, etc., by installing handwashing points in the communities. In the third phase – heightened response – the national society will focus on reduced areas, where transmission risk is higher, and its activities will be more specialized, such as community-based surveillance, contact tracing and community case management alongside the Ministry of Health. At this point, these services will be complemented with psychological first aid to staff and volunteers.

This plan also has in consideration the secondary impact of COVID-19 in the livelihoods and basic needs of the population, particularly the poorest. Therefore, the IFRC and CVM (through the Idai & Kenneth appeal) will support governments’ social protection program by assisting vulnerable households with cash assistance for a period of six months, in the central provinces.

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

C. DETAILED OPERATIONAL PLAN

Shelter

People reached: 138,005
Male: 66,242
Female: 71,763

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and recovery through shelter and settlement solutions		
Indicators:	**Target**	**Actual[1]**
# of households assisted that receive emergency shelter assistance and awareness on safe shelter and good construction practices	31,689 HHs(158,445 ppl)	26,204 HHs (131,020 ppl)
Output 1.1: Short term shelter and settlement assistance is provided to affected households		
Indicators:	**Target**	**Actual**
# of households (people) provided with emergency shelter kits which meet the agreed standards for the specific operational context	7,500 HHs (37,500 ppl)	8,015 HHs (40,075 ppl)
Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to CVM staff, volunteers and affected households		
Indicators:	**Target**	**Actual**
% of the target population provided with awareness orientation campaign who can build a safe shelter and identify good construction practices	90%	*Endline survey not yet conducted*
# of CVM volunteers trained in build back safer and all under one roof approaches	200	113
# of households trained in build back safer *(related to emergency shelter support)*	7,500HHs (37,500 ppl)	8,015 HHs (40,075 ppl)
Outcome 2: The target population has durable and sustainable shelter and settlements solutions through owner-driven approach		
Indicators:	**Target**	**Actual**
% of target households who have durable shelter that meet national and/or Cluster standards for recovery for the specific operational context	100%	*Endline survey not yet conducted*
Output 2.1: The target population has durable shelter solutions		
Indicators:	**Target**	**Actual**
# of target households who have received durable shelter and housing assistance that meet agreed standards for the specific operational context (e.g., repair or reconstruction through cash/voucher/in kind)	1,200HHs (6,000 people)	99 HHs (approx.495 people)
Output 2.2: Technical training and awareness raising sessions to target communities on build back safer shelter reconstruction/construction		
Indicators:	**Target**	**Actual**
% of the target population provided with awareness orientation campaign who can build a safe shelter and identify good construction practices)	90%	*Endline survey not yet conducted*
# of artisans trained in build back safer (BBS) shelter construction	300	80
# of households trained in BBS shelter construction *(community presentations, mass demonstrations and individual HHs selected for reconstruction, including self-recovery shelter kits)*	6,000HHs (30,000 ppl)	1,282 HHs (6,410 ppl)
Progress towards outcomes		
During the reporting period, the main shelter programme activities were: - Distribution of emergency shelter kits to Cabo Delgado		

- Distribution of NFI (kitchen sets, blankets, sleeping mats, mosquito nets)

IEC and sharing BBS (Build Back Safer) messages:

A total of 26,204 households (131,020 people) received emergency shelter assistance, including 8,015 households that received shelter kits as of July 2020.

Recovery phase:

IFRC and CVM shelter team have been attentive to emergency needs arising elsewhere as people living in sub-standard shelter may require the replacement of tents, tarpaulins and other fixing gear to keep the very minimum standard conditions, especially for those still living in or newly displaced to improvised settlements. CVM, IFRC, ICRC and PNSs prepositioned shelter kits and essential NFIs across 5 provinces in the frame of the contingency plan. A total of 1,100 shelter kits + NFI items have been delivered by IFRC to ICRC in Cabo Delgado, to respond to shelter needs of families fleeing violence. The available contingency stock can cover 2,500 families and will be increased to 3,700 in the coming months.

During the first year of the operation, the shelter recovery programme focused on the reconstruction of transitional/resilient shelters in the rural areas of Chinamacondo (Dondo district - Sofala), with an integrated project approach. Shelter, WASH, Livelihoods, Health and PGI assistance have been provided to the targeted communities. Transitional/Resilient Shelters construction during the reporting period had a total of 99 completed, and 27 were ongoing. Delivery of construction materials for the construction of 150 Shelters is ongoing and to be finalized in September 2020.

Families Build Back Safer-Resilient Shelters

Local Artisan- Women Empowerment

The Transitional/Resilient Shelters is based on the combination of traditional techniques (timber/bamboo structure + earth finishing), with CGI roof. The structure and the connections with the roof have been especially reinforced to increase the resistance of the shelter to adverse conditions. The model (studied and developed by the IFRC with the support of CRAterre) has great insulation, maintaining the houses cool during the hot season, due to its adobe walls and natural ventilation, and is slightly elevated to ensure protection from floods.

IFRC and CVM, as lead agencies focusing on Building Back Safer, are working with the communities to ensure sustainability of the shelter response. E.g. the timber is provided by a local organization working on sustainable forestry in the Gorongosa area. If properly maintained, the shelters have an estimated lifespan of 10 years. IEC materials for awareness-raising sessions and BBS training modules were prepared in partnership with CRAterre. Before starting the construction, a one-week training is provided to local artisans (over 40% are women), with both theoretical and practical sessions. The artisans will support or build houses for particularly vulnerable people that otherwise couldn't recover their houses.

During the reporting period, 80 local artisans were trained (45 men and 35 women) and are now involved in the building process. Particularly important is the women empowering component, and particularly for single women-headed households, with access to income through this engagement. Before starting the program in a community, BBS awareness sessions are delivered to the population, explaining the critical points to be reinforced in the construction or repairs process. Until July 2020, 1,197 households were reached through awareness campaigns in 10 communities.

Livelihoods and basic needs

People reached: 41,125
Male: 16,451
Female: 24,674

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

Indicators:	Target	Actual
# of people supported by livelihoods interventions	8,100HHs (40,500ppl)	8,225HH (41,125ppl)
% of target communities perceiving increase in their capacity to protect their livelihoods and recover in case of disaster	100%	*Endline survey not yet conducted*

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

Indicators:	Target	Actual
% of targeted individuals that apply newly acquired skills and strengthened livelihoods promoted by the program	70%	*Endline survey not yet conducted*
# of loan and saving groups created	20	0[5]
# of CVM volunteers trained (on livelihood enhancement and CVA)	100	ND[6]

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

Indicators:	Target	Actual
# of people supported to meet their basic needs	2,300 HHs (11,500ppl)	2,111 HHs (10720 ppl)

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

Indicators:	Target	Actual
% of target households that restore their food and income sources to pre-disaster level	75%	*Endline survey not yet conducted*
% of target households that reach an acceptable food consumption score (FCS above 35)	75%	*Endline survey not yet conducted*
# of farmers (farming HHs) supported	7,800HHs (39,000 ppl)	7,799 HHs (38,995 ppl)
# of fisherfolks (fisher HHs) supported	300	148 HHs (740 ppl)

Progress towards outcomes

Overview April 2020 to July 2020
According to the last FEWNET bulletin, 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. Across the country, the number of people in need of emergency food assistance is likely to increase due to COVID-19 related impacts. Maize prices decreased as of April 2020, compared to March and are stabilized because of the ongoing harvest (prices are 12-35% higher than the 5 years average though). Due to the COVID-19 restrictions, income-earning opportunities for thousands of poor urban households have been negatively impacted. The impact on rural areas is

[5] Activity not yet started.
[6] This activity is ongoing but figures have not been consolidated at the time of reporting.

expected to be lower since they produce their own food. Poor households in urban areas are likely Stressed (IPC Phase 2). 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 2020.

During the reporting period, from April 2020 to July 2020, the livelihood program worked to consolidate the work done with farmers, through continuous investment in the Field Farming schools (Escolas da Machamba do Campones-EMC) and assets. These activities were implemented in Sofala (Dondo), and in Tete (Moatize). Furthermore, given the COVID-19 situation, the livelihoods team is establishing a partnership with the National Social Protection Institute (INAS) to provide cash assistance to the most vulnerable. The negotiations with the INAS and the planning for the implementation of the social protection system, are at a very advanced stage and will require the intervention and support of other sectors especially PGI and CEA. In the initial phase, the scheme will be implemented in Sofala and will benefit a total of about 2,300 families. Out of these families, some will be selected for the vocational trainings and livelihood recovery programs. Other locations may be included if justified and depending on vulnerability levels and availability of funds.

Income Generating Activity, Chinamacondo, August 2020, Photo by IFRC

Photo Below: Food Distribution , Manga Mascarenha, August 2020

Second season production in southern and central Mozambique, which is primarily vegetables, is progressing well in lowland areas with adequate residual soil moisture. However, the second-season harvest is expected to be below average due to below-average residual soil moisture following below-average rainfall and the early cessation rains across the southern and central regions during the 2019/20 season. Second season vegetables are currently available for consumption and sale in local markets, helping to stabilize current food security outcomes; however, stressed (IPC Phase 2) and Crisis (IPC Phase 3) outcomes persist. The sessions in the 35 Field Farming Schools (FFS) are ongoing. Facilitators and volunteers are trained, and they are replicating the sessions under the supervision of the field supervisors.

Food Distribution

As of 31 July 2020, a total of 41,125 people (8,167 households) were reached through multiple forms of assistance by the Livelihoods and Basic Needs sector. Food packages composed of 40kg to 50 Kg of rice, 6kg of beans and 3.75lts to 5lts of fortified oil were provided to 2,111 households in coordination with WFP. The mentioned food quantities are of the defined standard for a family of 5 people for one month. Emergency food assistance may be required to tackle an emergency or any peak of food insecurity in the central and northern region. The post-distribution monitoring (PDM) for the food distribution in Moatize during the first week of March, had been forecasted for the first week of April 2020 but was finally cancelled because of COVID-19. Distribution of food, however, was carried out in two centres, one for children and the other for elderly people in Tete. Food distribution to one of the centres for disabled people in Beira is being planned for the near future.

Agriculture Recovery

Alongside food distribution, an agriculture recovery response is being implemented providing 7,799 farmers with seeds and agriculture tools by July 2020. Out of these farmers, 992 are enrolled in the Field Farming Schools, that provides knowledge for resilient farming techniques.

During the month of May 2020, 829 households in Chinamacondo, Nhassassa and Praia Nova, in the Dondo district, received each a package of 4 kinds of seeds (10g tomato, 10g onion, 10g okra, 10g lettuce) during their normal Farming School sessions. The distribution of assets is linked to community participation in the technical support/training to get the expected impact. Therefore, beneficiaries who did not attend the sessions did not receive the seeds. In these target communities, farmers are not experienced in growing vegetables, thus attending the

Farming School sessions is crucial to get the desirable results. All the farmers have planted the seeds and the nurseries are ready. Some of them have already started to do the transplantation and the rest will be doing it during the following weeks. Some of the farmers started harvesting the first vegetables by the end of July 2020 while others started in August 2020.

In order to minimize the long term effects of the pandemic on the food and income sources, the IFRC provides farmers in Dondo district (Sofala) with access to agricultural inputs (vegetable seeds for the winter season) and technical support through the 35 Farming Field Schools.

The different Field Farming Schools (FFS) have received awareness in prevention of COVID-19 and have been provided with buckets and soap for washing hands before and after the sessions to prevent the spread of the virus. The initial groups of 25-30 people have been divided into groups of 10 to accommodate the Government restrictions on gathering.

The vegetables, initially forecasted to be a source of income, will eventually serve also as food source for those lacking access or availability to other food sources due to the pandemic. Instead of promoting a distribution mobilization, that could violate COVID-19 prevention measures, the same FFS groups of 10 were used to carry out the seed distribution during their weekly sessions. As of July 2020, 104 subgroups had been created.

Capacity Building of Volunteers
During the reporting period, 23 volunteers and 77 local facilitators in Chinamacondo, Dondo district, were trained in the different modules of agricultural practices for the second season, in order to increase local capacity and allow them to replicate this knowledge among farmers, to grow vegetables during the second season. The replication of the training is being implemented so all the beneficiaries can get the basics before they receive the vegetable seeds. The knowledge received will help them to increase productivity and minimize the impact during COVID-19 times.

Vocational Training
During the month of June 2020, the IFRC Livelihoods and Basic Needs Team and the CVM volunteers were engaged in data collection and identification/verification of the households to be targeted with vocational training and Income Generating Activities (IGA) which started in July 2020. The FSL team held several meetings with Young Africa, a vocational training provider, to link the vocational training with the basic needs of the people participating in social protection system project. Labour market assessment is also ongoing to adapt vocational training and IGA activities to market needs.

Village Savings and Loan groups-VSLG
Awareness sessions to explain the principles of the VSLG have been done in the different target communities during the FFS sessions. The beneficiaries willing to participate in the VSLG have been identified. 15 VSLG will be established in Chinamacondo. The procurement of materials needed is ongoing. The new supervisors have received the Training of Trainers (ToT) on VSLG and will replicate the trainings to the respective groups and facilitators.

Impact of COVID-19 Global pandemic
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 throughout till year end, when 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 pick months of the pandemic once the situation allows. Therefore, from April 2020 to October 2020, food security and livelihood activities will focus essentially in providing emergency assistance, social and livelihood protection to affected families. Recovery activities will be implemented through community facilitators and volunteers in a semi-remote modality in ongoing areas.

Health

People reached: 348,395
Male: 139,358
Female: 209,037

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

Indicators:	Target	Actual
# of people accessing appropriate disease prevention and health promotion services	Direct: 480,122 Mainstreamed: 426,140	Direct:307,675 Mainstreamed: *42,000 (via radio)* 348,395
# of CVM volunteers and staff trained	1,010	1,535

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

Indicators:	Target	Actual
# of ORP Kits prepositioned	5	17
# of ORPs established and operational	11	11
# of volunteers trained in cholera response	110	199
# of population served by ORPs	40,149	40,149[7]
# of population served by CHMP's[8]	112,805	22,958

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

Indicators:	Target	Actual
# of Community Health Mobilization points set-up and operational	20	6
# of people reached through household visits and *(community-based)* health and disease prevention and promotion activities	331,600	254,297

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

Indicators:	Target	Actual
# of CVM health technicians and health assistants trained in CBHFA and ECV (training of trainers)	19	23
# of CVM volunteers trained in Community Based Health and First Aid, ECV, ORP, Malaria prevention, Malnutrition and Pellagra	800	819
# of Outbreak contingency plans developed (Sofala, Tete, Manica, Zambezia)	4	3[9]

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

Indicators:	Target	Actual
# of people reached with PSS activities	20,000	57,148

Progress towards outcomes

[7] ORP's discontinued on 30 September, community-based surveillance activities continue within Community Health Mobilization Points.
[8] Indicator not in EPoA but introduced here to provide information on activities that are a continuation of activities in ORP's.
[9] National contingency plan has been created for coronavirus and cholera.

The Mozambique government has declared a “Public Disaster” with no end date, and the prevention measures of COVID-19 remain in place. The number of cases continues to increase, with almost 5,000 positive cases confirmed across all provinces as of early September 2020. The number of districts where cases tested positive increased and a study done in Nampula province on seropositivity indicates that the real numbers of cases are much higher. The main reason for the discrepancy of the reported numbers versus the reality in the field is due to the logistics challenges being faced by the Ministry of Health namely the lack of reagents, vehicles, fuel, cooler for the reagents etc. Cases have tested positive in very remote areas which indicates that real numbers must be much higher.

As of April 2020, the majority regular Health activities were suspended, and the IFRC began its support to the Mozambique Red Cross’ nation-wide implementation of COVID-19 activities. During the reporting period, Community Volunteers with the support of IFRC continued COVID-19 prevention activities.

COVID-19 Awareness Raising Activities

Attendance in the CBHMP

Due to COVID-19, the health system has been impacted negatively as people are afraid of going to hospitals and health centers especially for chronic and endemic diseases. The number of patients has dropped significantly, and many HIV/TB patients have stopped taking medicine. Moreover, regular vaccination has been disrupted which could result in a resurgence of diseases and already several cases of measles have been confirmed. Therefore, the health technicians and volunteers must divide their time between COVID-19 prevention activities and sensibilization on diseases such as Malaria, Acute Watery Diarrhea (AWD), HIV, TB, Measles. To prevent AWD 646 bottles of chlorine were distributed. To support vaccination in Sofala province, IFRC provided support in logistics and volunteers to more than eighteen mobile brigades in the resettlement sites in Buzi and Dondo districts. 2,125 patients were attended to, mainly on vaccination, maternal and infant health care, malaria tests, HIV tests etc. Moreover, volunteers continue to provide information on prevention of diseases and first aid at the six Community Health Mobilization Points in Beira, Dondo and Nhamatanda.

As of July 2020, the Health team is complete now. In order to empower CVM and guarantee sustainability, 90% of the staff has been recruited through CVM. The CVM Health staff is working as follows: 5 provincial staff, 13 district staff and 4 COVID-19 support staff. The IFRC senior staff, Public Health delegate and Senior Health officer, support CVM senior staff in organizing trainings and monitoring the team. One training of 160 hours was organized in June. The second training of 72 hours was organized for in August 2020.
By July 2020, the Health staff had done assessments in 11 districts across 3 provinces based on which they developed their strategies together with the volunteers and district branches. In August 2020, meetings were held on provincial levels to discuss these strategies. Finally, a National Health meeting is planned for September 2020.

The six CHMPs continue to be active and are an entry point for health issues arising in the communities. The expansion started with 13 assessments conducted in different communities, firstly in 3 provinces, and by August 2020 the assessments for all the 11 provinces of Mozambique had been concluded. In total, 20 CHMPs are planned until year-end of 2020, and the program is intended to stay beyond the emergency appeal. The Healthy and safe communities’ program builds on the model of Community Health Mobilization Points (CHMP) as the center whereby volunteers are trained and mentored to develop their knowledge and capacities and provide holistic health prevention and promotion services in their communities.

PSS

Psychosocial support (PSS) continues to be provided, focusing on populations severely affected by the disaster through emergency PSS. PSS services have been expanded to the communities, alongside other protection services,

to address specific needs of women and children, as well as for people with specific needs (PwSN). During the reporting period, PSS services were also provided to Prison, Social Communication, Municipality, Health and Police staff, mainly in Maputo, Gaza and Sofala provinces. In Sofala and Gaza, PSS services were provided to Centers of Children, Elderly and People with specific needs. During the period of April 2020 to July 2020, a total of 33,104 people was reached mainly with the following activities:

- Basic case management of people with disabilities Mental health.
- Training in PSS with relation to GVB and COVID-19
- Dissemination of PSS information
- Workshops in Centers (Elderly, Children, PwSN)
- Activities volunteers on PSS, VBG context of COVID-19 dissemination of information.
- Awareness sessions in communities for identification, wellbeing and referrals of vulnerable people:
- Awareness sessions for staff in Municipality, Health, Police, Prison, Social Communication
- Vulnerable people reached working in coordination with the Hospital
- Trainings to CVM volunteers on stress management and PFA in Sofala and Gaza

Cholera in Nampula

Response to the cholera outbreak in Nampula continued as new cases were registered in the district of Malema and Monapo. A health team was deployed to Nampula province to train 100 volunteers in ORT, and these volunteers have executed ORT activities such as hygiene promotion, ORT provision, referrals, purification of wells, distribution of chlorine and ORS, reaching out to 3,482 households (18,630 persons) and distributed 547 bottles of hypochlorite. 1,384 cholera cases have been reported till date, however, underreporting is significant, and the real numbers are certainly much higher. The main reason for the underreporting is the challenge of long distances from the Health Centers, and most of the people in the communities do not go to the health centers but instead stay at home.

Water, sanitation and hygiene

People reached: 366,247

Male: 175,033

Female: 191,214

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

Indicators:	Target	Actual
% of target population that has access to sufficient safe water	70%	58%
% of target population using adequate sanitation	50%	80%

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

Indicators:	Target	Actual
# of site and community assessments carried out	30	81
# of CVM Volunteers trained	300	255

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

Indicators:	Target	Actual
# of people with access to safe water	104,800	61,268
# of water distribution points (including handpumps rehabilitated)	161	95

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

Indicators:	Target	Actual
# of people provided with excreta disposal facilities	25,750	20,606

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

Indicators:	Target	Actual
# of people reached by hygiene promotion activities (including communities and schools)	41,375	284,118
% of people who engage in improved safe hygiene practices	50%	100%[10]
# of volunteers involved in hygiene promotion activities	300	255

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

Indicators:	Target	Actual
# of households provided with a set of essential hygiene items	12,658 HHs (63,290 ppl)	12,658HHs (63,290 ppl)
# of women provided with menstrual hygiene kits	5,845	9,354[11]

Progress towards outcomes

As of 31July 2020, the WASH team had completed the rehabilitation of 95 water points, providing safe water to 61,268 people. A total of 91 out of 95 rehabilitated handpumps have a functional water-committee. These committees were also formed, trained and equipped with materials to perform the necessary maintenance works.
In coordination with the District Government and public infrastructure, the WASH team has planned also to assess additional 19 damaged water handpumps in Dondo sede and 4 in Mutua (Dondo district) to be rehabilitated, that shall restore water access to more than 12,000 people (data not yet confirmed). The respective Assessment was recently done in August 2020, and the data is being analyzed.

During the reporting period, a total of 202 households had finalized the process of rehabilitation of their family latrines in Ngupa and Subida (Beira district). After completing their latrine rehabilitation, an assessment is done to verify if the sanitation and hygiene behavior and practices have changed. During the households' visit for hygiene promotion sessions, a monitoring activity is done to verify the behavior change of the population. During the reporting period, almost 100% of households reported improved hygiene practices.

Rehabilitated Water Pump in Ngupa-Dondo

Handwashing Water Point

As a consequence of COVID-19, hygiene promotion activities in communities and schools have now been suspended to respect the measure and instructions by the Government of Mozambique during the state of emergency. Household sessions on handwashing and COVID-19 prevention increased, with the use of IEC materials, encouraging people to wash their hands with soap and spreading messages about proper handwashing techniques, which has resulted in 284,118 people being reached with hygiene promotion. Due to the current COVID-19 pandemic, 25 public handwashing points were installed in strategic places of the communities with specific

[10] Based on follow up- monitoring surveys conducted in July 2020.
[11] Activity jointly implemented with PGI.

hygiene promotion and behavior change campaigns conducted by CVM volunteers (properly trained on COVID-19 and RCCE), encouraging hand washing, and spreading messages about prevention measures (also with use of megaphones), proper handwash techniques, use of the mask and physical distance to prevent the virus contamination and tippy-tap construction using local materials.

In coordination with PGI/PSS sector, 43 CVM volunteers were trained in Chinamacondo, Praia Nova e Nhansassa on Menstrual Hygiene Management (MHM) after dignity kits distribution. To date, 5,464 people were reached by MHM awareness campaign in the three localities with household visits conducted by CVM volunteers.

In the next phase, the priority geographic focus of the WASH activities will be the Provinces of Sofala - where only 51% of the population have access to water, and a mere 27.9% have access to safe sanitation in rural areas; and Tete – where 34% of the population have access to safe water, 44% of the population practice open defecation and 3.4% use improved sanitation. The most vulnerable areas are rural, due to the situation of lack in terms of access to safe water and sanitation facilities, hygiene behavior and food security. These are the areas where the WASH interventions can reach the most vulnerable people and where the actions can be concentrated. Depending on the availability of funds, the IFRC and CVM may consider expanding to different districts within these provinces or to the provinces of Manica and Zambézia, which are in very similar levels of access (or lack of) to water and sanitation.

Protection, Gender and Inclusion

People reached: 112,151
Male: 44,861
Female: 67,290

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

Indicators:	Target	Actual
# of people in need receiving PGI support services	44,000	110,891
# of CVM volunteers and staff trained and mobilized	820	1260

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

Indicators:	Target	Actual
# of people reached through MHM sessions	10,000	19,788
# of CVM volunteers trained and mobilized	800	1,260
# of CVM staff trained in mainstreaming PGI across programs	20	56
% of people identified in need referred to specialised services:	50%	100% (68 people identified and referred)

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

Indicators:	Target	Actual
# of people accessing SGBV and Child Protection behavioural change and awareness sessions *(life skills, awareness sessions and Community-based protection)*	25,000	26,271
% of targeted adolescent girls who are members of groups for girls that address life skills, protection and sexual health and reproductive health rights, gender norms etc.	30%	*Not yet started*
# of CVM volunteers trained on PSEA and Child Protection	800	1,193
# of CVM staff trained on mainstreaming PSEA and Child Protection	20	56

Output 1.3: Mozambique Red Cross (CVM) educational and advocacy programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills		
Indicators:	**Target**	**Actual**
# of people reached through IEC campaigns	44,000	*Not yet started*
# of CVM stakeholders sensitized and involved in CNVP related issues	4	4

Progress towards outcomes

As of July 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 in coordination with the WASH sector and the CVM volunteers. Also included in the total target are Community Non-Violence and Education Programs-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.

Training to Police and Health Staff on COVID-19 in relation to GBV

MHM sessions in Schools

During the reporting period, PGI has focused in continually improving the work of the volunteers and supporting them in the activities and going on with the activities in centres for children, elderly and PwSN. In the GBV Community based Protection, with special focus in prevention of child marriage, the distribution of dignity kits including the MHM ToT trainings to the volunteers that will be in charge of doing the MHM sessions to the women and girls that received the kits, has been completed. The WASH and PGI programs are working on the latrine design and Terms of Reference (ToR) for PwSN project in Mutua (Dondo District). The list of pre-selected families was verified in coordination with WASH sector.

Within the social protection program of the Government, PGI has been coordinating with Livelihoods and Basic Needs (LLH) the steps for the first phase of the program related to identification and verification of the lists provided by the government agency of National Institute for Social Protection-INAS and all the details to coordinate with INAS and CVM.

The working group worked endlessly to finish the Policy in Child protection, PSEA, the revision of the Code of Conduct and a plan of action to implement the policies in order to have them ready for the next CVM General

Assembly as well as finishing the recruitment of the Coordinator for the PGI department that will be under the Secretary General of the CVM.

There is ongoing support to CVM in the Southern provinces of Mozambique to work on preventing, mitigating and responding to GBV during the COVID-19 pandemic and especially providing trainings to Police and Health Staff to sensitize about the secondary effects of the pandemic related to gender based violence.
After supporting the distribution process of WASH items, PGI took the opportunity to provide trainings and awareness sessions on PSEA in Manica, Dombe resettlements centres.

Impact of COVID-19
PGI activities have been affected because of the new context and restrictions of COVID-19. One of the focus in this new context has been the centres for elderly, children and People with Disabilities (PwD) and its already fragility due to lack of resources, information and guidance that could aggravate the wellbeing of the already vulnerable people that live or participate in the activities in these centres. This activity aims to provide with trainings and follow up on PSS, Child protection and GVB and information related to prevention measures for COVID-19.

In Beira the skills for life program was suspended until the COVID-19 situation allowed it to go on, however with the work in centres we saw the opportunity of starting the program with the adolescents resident in SOS Aldeas centre that are in quarantine and without school.
The Skills for Life program in Macurungo and the mobilization phase with the skills for life for the GVB/Child protection program was on hold because of the restrictions of the COVID-19 pandemic and waiting to see the evolution of it, however, at the same moment, we have been working with the same communities enforcing the prevention mitigation and response of GVB related to the increase of domestic violence.

Capacity Building on GBV and child Protection
The PGI Team has been working with Trainings and awareness sessions on GVB, Child protection and PSS targeting Volunteers from associations and organizations that work with PwD (people with disabilities) and vulnerable people in order to provide more quality and same response combatting violence.

Disaster Risk Reduction (DRR)

People reached: N/A
Male:
Female:

Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster		
Indicators:	**Target**	**Actual**
# of people reached through DRR and CCA projects	157,500 (30 communities)	N/A
Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters		
Indicators:	**Target**	**Actual**
# of CVM community volunteers trained in disaster response, preparedness, DRR	400	N/D (1,162 involved in DRM activities)
Outcome 2: Communities in disaster affected areas adopt climate risk informed and environmentally responsible values and practices		
Indicators:	**Target**	**Actual**
% of recovery programmes that incorporate DRR & CCA approach	70%	*Endline not conducted*
Output 2.1: Contributions to climate change mitigation are made by implementing green solutions		

Indicators:	Target	Actual
% of programs adopting climate change mitigation measures	70%	66%
Output 2.2: Community awareness raising programmes on climate change risks and environmentally responsible practices are conducted in target communities		
Indicators:	**Target**	**Actual**
# of RC/RC initiatives coordinated and fostered	4	2

Progress towards outcomes

Impact of COVID-19 Global pandemic: disaster risk reduction activities have been impacted by the pandemic, as it entails a regular presence in and work with the communities. Trainings, awareness sessions and drills have been put on hold to avoid gatherings, unnecessary travels to and presence in the communities. Environmental mainstreaming activities across sectors are ongoing, but with adaptations due to COVID-19, and the sectors readiness to undertake these activities with appropriate safeguards. Activities are expected to resume in September 2020.

Post-Event Review Capability Study
This PERC assessment, conducted in partnership between the IFRC and Zurich Insurance as member of the Zurich Flood Resilience Alliance (ZFRA), aimed at developing a model for delivering effective community flood resilience programs at scale and contributing to shaping the flood resilience agenda of policy makers and donors. The overall vision is for floods not to have a negative impact on people's and businesses' ability to thrive. Fieldwork took place in Mozambique from 6 to 19 January, led by 4 experts, and supported by Swiss Development Cooperation and CVM in-country. Experts conducted over 100 interviews, and the review of over 100 secondary sources to highlight key opportunities for building resilience including strengthening early warning systems and climate services coupled with capacity building and resourcing for early action, supporting the construction of resistant homes, connecting water, sanitation and hygiene (WASH) and DRR efforts, and through supporting the diversification of farming practices and crops. The final report was launched in May 2020. Alongside the PERC study, a review of the National Society preparedness for emergency response (PER) started also in January 2020, involving CVM, PNSs and the ICRC, and facilitated by an external consultant. The results of this analysis will support the prioritization of the DRM work in the coming months (see below NSD chapter for further information).

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

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

DRR and CCA mainstreaming
Climate change and related extreme events continue to exert pressure over populations being assisted. For that reason, programs are adopting risk mitigation measures, through concrete climate-smart and adapted technical solutions. Integration of disaster risk reduction and climate change adaptation components across different

technical sectors is a goal that the IFRC and CVM have set, and good practices can be taken from build-back safer housing program, the resilient agriculture trainings and techniques through the Field Farming Schools and the community-led sanitation initiative. Other specific climate-related activities are planned to be developed in the second year of the operation, especially linked with reforestation activities.

Strengthen National Society

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

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

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

Indicators:	Target	Actual
# of volunteers who are adequately trained and insured	5,500	8,125 Trained and 2,000 insured (bulk insurance)

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

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

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

Indicators:	Target	Actual
# of people reached through DRR and CCA projects	356,398	ND[12]
# staff and volunteers trained in DM & DRR	1,100	ND (1,162 participated in DRM activities)

Output S1.2.1: NS have an up to date strategic plan, statute and governance structure

Indicators:	Target	Actual
# of CVM strategic plans approved and developed	1	In progress

Progress towards outcomes

Volunteers: An impressive number of CVM volunteers continue to work tirelessly for the well-being of their communities, giving a great example of resilience, and dedication to the Movement principles of humanity and voluntary work. Since the start of the operation, 1,860 volunteers have been routinely involved in the operation through a diverse range of activities, from promoting healthy communities to protecting those most in need; recovering access to water, improving shelter conditions, etc. Volunteers are also the entry point for community engagement and participation, ensuring the voices of their communities are heard and taken into consideration for programmatic decision making.

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

Training of CVM Volunteers

COVID-19 Community Sensitization by CVM Volunteers

During this reporting period, over 3,000 volunteers were trained in different topics:

- 453 in community engagement and accountability.
- 1,260 ones trained in the joint package of Health, RCCE & PSS for COVID-19
- 3,008 in CBHFA, FA, ECV, Malaria, Malnutrition, Pellagra and PSS – including for COVID-19 response.
- 3,045 in PGI.
- 225 in WaSH and Hygiene Promotion activities.
- 118 in Information Management.
- 16 in logistics and warehousing.

In the next period, the operation will continue to support the capacity of volunteers, and facilitate their access to institutional information, as well as to build the volunteer management system that allows CVM to be closer to their volunteer base, share information, track their capacities, etc. It should be also noted that the operation has supported CVM in insuring a lump sum of 2,000 volunteers for the coming year.

Volunteers are also at the heart of the COVID-19 community response. Throughout the month of March, over 400 volunteers have been trained on ECV/RCCE and PSS, to start community prevention and sensitization activities across the country. Especially important is the element of duty of care for volunteers, hence attention was given to ensure they have protective equipment and understand how to use them properly, as well as the necessary information to deliver activities in a safe manner. To note, activities were also adapted to respect social distancing, avoid gatherings, and be able to access hygiene items regularly.

Corporate Infrastructure and Systems

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.

Internal Audit

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

PGI and CEA Policies

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

National Society Strategic Plan - Revision

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. 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 September 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.

International Disaster Response

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

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

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

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

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

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

Indicators:	Target	Actual
% of RCRC actors reporting increased movement coordination	100%	100%

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

Indicators:	Target	Actual
Movement 4Ws developed and updated	1	In progress
Emergency coordination cell activated	1	2

Progress towards outcomes

COVID-19 Movement Coordination and Plan of Action

Even before the first cases of COVID-19 were confirmed in Mozambique, the National Society called upon the IFRC to form and coordinate a COVID-19 movement cell under their leadership. Since then, the cell – composed of CVM, German Red Cross, Spanish Red Cross, Belgium-Fl Red Cross, ICRC and the IRC – has been convening twice a week, to analyse the context at any given moment, define the movement response plan, the engagement with authorities and operationalize the actions. The cell is supported by a technical group and focal points to the provincial branches. The IFRC is setting up a project team to support the work of the national society, comprised of a Project Manager, a Finance Manager, and an Information Management coordinator. This structure allowed to quickly scale up the initial response to all 11 provinces of the country during the first phase, especially focusing on volunteer and staff capacity building on COVID-19 related topics (ECV/RCCE) as well as the dissemination of prevention measures, setting-up of hand-washing facilities, and collecting community feedbacks to validate and tailor the movement messages.

As the situation deteriorated, a Movement Summit was also organized in April 2020 to define the second cycle of activities. It concluded with an agreement that Health (pre and post-hospital care) and PSS, RCCE, WASH and

Basic Needs assistance would be the key priorities for the containment and mitigation phase, with a reduced geographical focus in the most affected and vulnerable areas.

Strengthened Movement Coordination and Cooperation (SMCC) and Movement Coordination Officer (MCO) – Lessons Learned[13]

The SMCC and MCO role form part of the coordination effort and have been developed to support the Movement coordination in emergency operations. A case study has examined the pilot of the MCO role in facilitating this coordination. The case study concluded that this role contributed to building an environment that was conducive to the efficient and timely coordination of the Movement´s activities, operations, and strategies. It avoided the duplication of effort and helped to strengthen synergies and complementarity among movement components. From the lessons learned, some recommendations were drawn: 1) establish a link between the strategic and operational levels as a priority; 2) Promote and Institutionalize the role of MCO in emergencies; 3) Emphasize the facilitation role of the MCO vis a vis the management functions; 4) Institutionalize Information Management at movement level; 5) Update, operationalize and share the SMCC toolkit.

Community Engagement and Accountability (CEA)

Since the beginning of the operation till July 31 July 2020, the CEA Team trained **453 CVM Volunteers** in CEA methodology. Moreover, **1,260 volunteers were** trained in the joint package of Health, RCCE & PSS for COVID-19.

There has been ongoing partnership between IFRC CEA Team with the Spanish Red Cross, not only to better support CVM CEA Policy structure but also to support in the drafting of a national training package. However, the presentation of the CEA Policy document is still to be completed and hopefully will be ready to be presented at the CVM General Assembly in September 2020.

Committees for Water Pump management at Savanne-Dondo

RCCE to Local Leaders in Nampula

The work of the CEA team has been paramount to this operation, ensuring communities have access to information and participate in decisions that determine the type of assistance received as well as who is entitled to that assistance in the community. The CEA and program teams spend considerable time defining the vulnerability criteria and targeting, ensuring the humanitarian imperative and impartiality principles are respected, which means those most vulnerable or with special conditions are the first to be assisted. Throughout this period, 453 volunteers were trained in the CEA methodology (starting in January 2020), to be well versed with the work of the Red Cross and teach volunteers how to work and engage in their respective communities. This training was complemented with protection, gender and inclusion minimum standards. Several focus groups discussions were held in the communities to assess people's perceptions about the work of the Red Cross and the assistance provided to them. Any feedback or complaints from the communities are taken back to the responsible program delegates and solutions are sought to overcome those and acted upon.

The reporting period (01 April 2020 to 31 July 2020) was characterized by the intensification of COVID-19 campaign to sensitize communities to adhere to prevention measures. Collaboration with other partners like the World Health Organization (WHO), Medicos Com Africa (CUAMM), World Food Program (WFP) the local municipalities as well as others, saw great impact as epitomized by notable changes in people's behavior. The following are the main field activities covered during this period by the CEA Team:

- Major distribution of dignity kits to young girls and women during COVID-19 pandemic
- CEA in collaboration with WHO and other partners implemented COVID-19 activities of the Health department in the public municipal markets of Beira, including awareness raising and sensitization of the communities regarding COVID-19 measures

[13] The full SMCC lessons learned report can be found here:

- Creation of water pump committees during the COVID-19 pandemic of the WASH department in communities
- CVM's CEA focal point participated in the 3-day online training of trainers on RCCE and ECV topics held at the Southern and Eastern African cluster level.
- The CEA team together with CVM organized the first Webinar on Community Feedbacks during the COVID-19 pandemic for the Portuguese Speaking African National Societies. On this occasion, NSs from Cape Verde, Guinea Bissau, São Tomé & Príncipe as well as PNS from Spain and Germany participated. This is intended to be the first measure in a series of cooperation between Portuguese-speaking NS in Africa.
- COVID-19 training in response to domestic violence and action plan with community leaders in Chinamacondo where domestic violence, polygamous relationships and alcoholic beverage consumption are issues highlighted by community leaders as drawbacks in combating COVID-19.
- The restructuring of the community feedbacks flow chart in some provinces has been reasonably successful. A total of 211 feedbacks were collected among the provinces of Sofala, Tete, Zambézia, Nampula and Niassa.
- CEA team together with external partners elaborated a report on Awareness of Prevention Measures in the Municipal Markets of Beira
- Use of opinion polls on people's greatest concerns regarding COVID-19 on CVM's social platforms, especially Twitter and Facebook, in order to expand feedbacks channels.
- Participation of the CVM in three national television programs in order to promote key messages on the prevention of COVID-19 and to make visible the work done by the NS.
- Forwarding of community feedbacks collected in the country for insertion in the weekly report produced by ARO on the continent.

Shelter Cluster Coordination

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

Shelter Cluster (SC) has supported and advocated for fast transition to early recovery and long-term reconstruction by engaging with the relevant national and local authorities, in particular with the post-cyclone reconstruction office (GREPOC) since its creation in July 2019. The shelter recovery options defined by the SC in the Humanitarian Response Plan (HRP) as well as the shelter recovery strategy have been accepted by GREPOC as first steps towards the government housing reconstruction plan (PALPOC). SC is also informing discussions that are ongoing with other relevant players, such as the World Bank, United Nations Development Programme (UNDP) and UN-Habitat about the housing models to be used for permanent reconstruction due to different expectations and funding levels from different agencies. The SC is attempting to mediate the discussions in a way that a pragmatic compromise can be reached for the short-term housing recovery to be developed by humanitarian agencies, and the more longer-term planning and housing solutions that will be carried out by development partners. As part of its increasing engagement with GREPOC seeking to improve and validate shelter/housing interventions, the SC is organising joint visits (SC, GREPOC, UN-Habitat, DPOPHRH (Public Works) and as much as possible local authorities and community representatives) to ongoing and completed shelter/housing projects (e.g. IFRC, Spanish RC, Catholic Relief Services (CRS)), enabling the identification of best practice (do's and don'ts), and mitigation measures where required, while providing technical assistance where needed, and rolling out technical guidance on a regular basis;

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

Influence others as leading strategic partner

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

Indicators:	Target	Actual
# of advocacy and lobbying initiatives carried out	5	1
Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues		
Indicators:	**Target**	**Actual**
# of external communications activities undertaken	10	4
# of social media platforms active	2	3
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming		
Indicators:	**Target**	**Actual**
# of evaluation and research conducted	4	5
Outcome S3.2: The programmatic reach of the Mozambique RC and the IFRC is expanded.		
Indicators:	**Target**	**Actual**
% of DAG members reporting a positive experience throughout the visit	90%	100%
Output S3.2.1: Strengthen planning, monitoring, evaluation and reporting		
Output S3.2.2: Resource generation and related accountability models are developed and improved		
Indicators:	**Target**	**Actual**
DAG Visit Report	1	1
Output S3.2.3 CVM is supported in resource and partnership development (from both domestic markets and foreign sources).		
Indicators:	**Target**	**Actual**
Resource mobilization plan approved	1	0

Progress towards outcomes

Advocacy and lobbying activities

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

Communication and Social Media

In the onset of the emergency response, the Red Cross was the most visible across the media scene with over 8,000 news and social media mentions - almost triple that of UNICEF, CARE and WFP. Since then, the Red Cross has been positioned as a major leading actor in the response on the ground, providing critical support to affected communities. Since then, several communications focal points were deployed in support to CVM, showcasing response efforts. All photos and videos captured can be found on the IFRC audio-visual global platform: av.ifrc.org.

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

Below: Photos for DAG visit to Beira In November 2019

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

Evaluations and Learning

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

IFRC Donor Advisory Group (DAG)

During the first week of November 2019, representatives from the IFRC Donor Advisory Group (DAG) travelled to Mozambique to visit and observe the Red Cross response operation to Cyclones Idai and Kenneth. The representatives were accompanied by IFRC staff from Geneva, Africa Regional Office and Mozambique Country Office, as well as from Mozambican Red Cross (CVM). The DAG Delegation spent three days in Beira visiting various activities and meeting with staff, volunteers, International Red Cross and Red Crescent Movement (Movement) and external partners and concluded the field visit in Maputo with supplementary meetings and a DAG field visit debrief. DAG participants appreciated the transparent and frank conversations held during the visit and called for this to continue in future DAG visits and meetings.

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

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

Effective, credible and accountable IFRC

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability		
Indicators:	**Target**	**Actual**
% of positive performance appraisals	70%	48%
Output S4.1.2: IFRC staff shows good level of engagement and performance		
Indicators:	**Target**	**Actual**

% of staff who undergoes performance appraisal	100%	In progress
Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders		
Indicators:	**Target**	**Actual**
# of audits conducted	2	1
Output S4.1.4: Staff security is prioritised in all IFRC activities		
Indicators:	**Target**	**Actual**
% of security assessments carried out and updated	100%	100%
% of security Plans updated in all operational areas	100%	100%

Progress towards outcomes

Human Resources
As of July 31, the IFRC team in Mozambique is composed of 94 staff, being 14 international and 80 national staff. The National Society team directly involved in the implementation grew to 42 staff, and the support team to 55 staff. In total there are 136 staff involved in the implementation across the 5 provinces and the capital Maputo. The operation priority is to continue transitioning to CVM staff, and decreasing the base of IFRC international and national staff. Priority is given to sectors that the National Society has defined as key for the long-term: Health/PSS, WASH, DRR and PGI. However, the pace of this transition was reduced since March, as the pandemic started.
Since then, the IFRC office has supported CVM in developing its Business Continuity Plan with an emphasis on Duty of Care to staff and volunteers, by creating office rotation schemes, equipping the offices with the necessary hygiene materials as well as providing PPEs for staff.

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

Security Assessments and Plans
Updated Mozambique Operation security regulations were approved in October 2019, alongside a security briefing for staff and visitors under IFRC security management. The categorization of the different operations duty stations was reviewed later in 2019, assessing Beira, Tete and Manica as Category 4 – Non-Family Duty Station. Maputo is maintained as a Category 1 – Family duty station. An incident report tracking system is maintained and updated with the support of the Regional Office.
Furthermore, due to the election period in late 2019, an election security contingency plan was approved, projecting different scenarios. Fortunately, the situation remained generally calm and without affecting the pace of operations. With the start of operations in Tete Province, a security assessment was also conducted and IFRC's Minimum Security Requirements adapted to the field locations, providing guidance to personnel and those under IFRC security responsibility, meeting acceptable security and safety standards.

D. Financial Report

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2020/07	Operation	MDRMZ014
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 25 Aug 2020

All figures are in Swiss Francs (CHF)

MDRMZ014 - Mozambique - Tropical Cyclone Idai

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

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	848,000
AOF2 - Shelter	7,000,000
AOF3 - Livelihoods and basic needs	3,173,000
AOF4 - Health	5,500,000
AOF5 - Water, sanitation and hygiene	4,198,000
AOF6 - Protection, Gender & Inclusion	352,000
AOF7 - Migration	0
SFI1 - Strenghten National Societies	2,164,000
SFI2 - Effective international disaster management	2,908,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	5,857,000
Total Funding Requirements	**32,000,000**
Donor Response* as per 25 Aug 2020	**19,346,733**
Appeal Coverage	**60.46%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	936,387	329,483	606,905
AOF2 - Shelter	3,523,638	2,037,754	1,485,884
AOF3 - Livelihoods and basic needs	1,473,830	942,246	531,584
AOF4 - Health	1,730,707	1,161,470	569,237
AOF5 - Water, sanitation and hygiene	1,289,928	675,225	614,703
AOF6 - Protection, Gender & Inclusion	732,920	392,485	340,435
AOF7 - Migration	0	0	0
SFI1 - Strenghten National Societies	1,710,004	910,199	799,805
SFI2 - Effective international disaster management	3,157,839	3,398,739	-240,899
SFI3 - Influence others as leading strategic partners	286,196	330,719	-44,524
SFI4 - Ensure a strong IFRC	1,436,201	1,679,207	-243,006
Grand Total	**16,277,651**	**11,857,528**	**4,420,123**

III. Operating Movement & Closing Balance per 2020/07

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	18,835,352
Expenditure	-11,857,528
Closing Balance	**6,977,825**
Deferred Income	1,685
Funds Available	6,979,510

IV. DREF Loan

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

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2019-2021	Budget	APPROVED

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MDRMZ014 - Mozambique - Tropical Cyclone Idai

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V. Contributions by Donor and Other Income

Opening Balance	0

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
American Red Cross	622,731				**622,731**	
Anadarko Petroleum Corporation	60,074				**60,074**	
Andorran Red Cross	5,470				**5,470**	
Australian Red Cross	357,750				**357,750**	
Austrian Red Cross	1,390,941				**1,390,941**	
Belgian Red Cross (Francophone)			9,758		**9,758**	
Belgium - Private Donors	90				**90**	
Brazilian Red Cross	11,150				**11,150**	
British Red Cross	1,839,320	251,963			**2,091,283**	
British Red Cross (from British Government*)	2,441,718				**2,441,718**	
British Red Cross (from DEC (Disasters Emergency Cc	616,288				**616,288**	
Bulgarian Red Cross	2,000				**2,000**	
Center for Disaster Philanthropy	1,380				**1,380**	
China Red Cross, Hong Kong branch	50,230				**50,230**	
Credit Suisse Foundation	1,000,000				**1,000,000**	
Croatian Red Cross	5,205				**5,205**	
Czech Government	222,432				**222,432**	
Estonia Government	33,935				**33,935**	
European Commission - DG ECHO	170,241				**170,241**	
Facebook	96,117				**96,117**	
Finnish Red Cross	179,262				**179,262**	
Fondation Trafigura	99,549				**99,549**	
Food and Agriculture Organization of the UN (FAO)	44,028				**44,028**	
French Red Cross	23,310	358,611			**381,921**	
German Red Cross	56,018		20,095		**76,113**	
Germany - Private Donors	2,598				**2,598**	
Icelandic Red Cross	100,000				**100,000**	
Icelandic Red Cross (from Icelandic Government*)	100,000				**100,000**	
IFRC at the UN Inc	733				**733**	
IFRC at the UN Inc (from Coca Cola Foundation*)	581,518				**581,518**	
IFRC at the UN Inc (from Patrick J.McGovern Foundati	96,739				**96,739**	
Iraqi Red Crescent Society	997				**997**	
Irish Government	573,010				**573,010**	
Irish Red Cross Society	55,425				**55,425**	
Italian Government Bilateral Emergency Fund	112,820				**112,820**	
Japanese Red Cross Society	152,411				**152,411**	
Liechtenstein Government	100,000				**100,000**	
Liechtenstein Red Cross	94,965				**94,965**	
Luxembourg Government	273,863				**273,863**	
Nestle	93,628				**93,628**	
Netherlands - Private Donors	12,016				**12,016**	
New Zealand Government	336,450				**336,450**	
New Zealand Red Cross	22,213				**22,213**	
Norwegian Red Cross	284,539	72,922			**357,461**	
On Line donations	38,886				**38,886**	
OPEC Fund For International Development-OFID	486,157				**486,157**	
Red Cross of Monaco	24,405				**24,405**	

Emergency Appeal

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MDRMZ014 - Mozambique - Tropical Cyclone Idai

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

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
Singapore Red Cross Society	30,456				**30,456**	
Slovenia Government	54,309				**54,309**	
Spanish Government	56,771				**56,771**	
Spanish Red Cross	2,418	37,200			**39,618**	
Sundry Income				7,560	**7,560**	
Swedish Red Cross	602,840				**602,840**	
Swiss Red Cross	374,730	42,000			**416,730**	
Switzerland - Private Donors	1,023				**1,023**	
The Canadian Red Cross Society	7,927	121,949	8,900		**138,776**	
The Canadian Red Cross Society (from Canadian Gov	258,318				**258,318**	
The Netherlands Red Cross	1,005,007				**1,005,007**	
The Netherlands Red Cross (from Netherlands Govern	1,923,913				**1,923,913**	
The Republic of Korea National Red Cross	109,394				**109,394**	
The South African Red Cross Society (from South Afric	39,965				**39,965**	
United States Government - USAID	490,214				**490,214**	*1,685*
United States - Private Donors	25,270				**25,270**	
White and Case, LLP	24,230				**24,230**	
World Remit	24,999				**24,999**	
Total Contributions and Other Income	**17,904,393**	**884,645**	**38,753**	**7,560**	**18,835,352**	***1,685***
Total Income and Deferred Income					**18,835,352**	*1,685*

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

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How we work

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