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Operations Update

Mozambique: Tropical Cyclone Idai & Kenneth



Emergency Appeal n° MDRMZ014	GLIDE n° TC-2019-00021-MOZ
Operations Update n° 6, Date of Issue: 12 Nov 2020	Timeframe covered by this update: 01 April 2020 to 30 September 2020
Operation start date: 19 March 2019	Operation timeframe: 28 Months until 19 July 2021
Current Emergency Appeal Budget: 32,000,000 CHF Initial DREF Allocated: 750,000 CHF	Appeal Coverage: 84% (CHF 26,783,646 raised; CHF 5,216,354 funding gap)
Project Manager Contact: Letizia Vero – Operation Manager Mozambique Letizia.VERO@ifrc.org	National Society contact: Maria Cristina Uamusse, Secretary-General, Mozambique Red Cross (CVM), cristina.uamusse@redcross.org.mz
Total Number of people reached: 515,636 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 (since the beginning of the operation): National Red Cross Societies from Spain, Belgium-Flanders, Germany, Italy and Portugal, as well as International Committee of the Red Cross (ICRC) and International Federation of Red Cross and Red Crescent Societies (IFRC) are present in the country and are actively supporting CVM. Many more partner National Societies (PNSs) supported CVM during the emergency phase financially and/or in-kind (including through the mobilization of Emergency Response Units and surge personnel): American Red Cross, Australian Red Cross, Austrian Red Cross, British Red Cross, Bulgarian Red Cross, Cabo Verde Red Cross, Canadian Red cross, Croatian Red Cross, Czech Republic Red Cross, French Red Cross, Hong Kong RC, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross, Korean Red Cross, Kuwait Red Crescent, Liechtenstein Red Cross, Luxemburg Red Cross, Netherlands Red Cross, Norwegian Red Cross, Sao Tomé Red Cross, Seychelles RC, Singapore RC, Swedish Red Cross Swiss Red Cross and Turkish Red Crescent.	
Other partner and contributors actively involved in the operation: WFP, FAO, UNICEF, WHO, UNFPA, IOM, Care, Save the Children, Oxfam, Caritas, and Government authorities in all concerned sectors. Spanish AECID, Airbus Foundation, Booking Care, Coca Cola, Credit Suisse Foundation, Czech Republic, DFID, ECHO, Erickson-Malinoski Giving Fund (TIAA) on behalf of Bernadette Malinoski, Estonia MoF, Facebook, IFRC at the UN Inc., Irish Aid, Italian Government Bilateral Fund, Lichtenstein Government, Lionel and Ann Rosenbaltt, Luxemburg Government, MundiPharma, New Zealand Government, OPEC Fund for International Development (OFID), Patrick J McGovern Foundation, Pernod Ricard, Robert L. Robertson, Sanford Waxer, Shell, Transfigura, USAID/OFDA, White & Case LLP, WHO, World Remit. Private donors in Germany, Belgium, Switzerland, United States, Netherlands.	

The Operation Update #6 reports on the achievements of the Emergency Appeal for Mozambique in response to Tropical Cyclone Idai and Kenneth for the period covering 1 April 2020 to 30 September 2020. The figures of people assisted are cumulative since the beginning of the operation (March 2019). This operation update also highlights the changes in the humanitarian context due to the vulnerabilities generated by the COVID-19 pandemic and elaborates the actions taken so far as well as the shift on the operational strategy considering these circumstances. From March 2020 until September 2020, some of the recovery activities have been 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 revised [Emergency Appeal](#) chronogram was approved and published in September 2020, which resulted in a timeframe **extension of 4 months** to cover the time loss due to COVID-19 pandemic and fulfil the recovery commitments towards the population of concern. In this regard, activities with a direct impact over COVID-19 prevention and mitigation have been prioritized and increased during the reporting

period, especially in the Health/PSS, RCCE/CEA and WASH sectors, with appropriate safeguards to staff and communities. Livelihoods has surely become of greater importance as the consequences of the pandemic over the economy and social fabric start to trigger. Therefore, the IFRC and CVM are currently coordinating mechanisms to support Idai and Covid-19 affected target communities through a social protection system.



500,066
Total population
Assisted

Livelihoods and Basic Needs:



42,160
PP Reached

Health and PSS



349,802
PP Reached

WASH



457,906
PP Reached

Protection, Gender and Inclusion



120,352
PP Reached

Shelter



138,005
PP Reached

Volunteers



8,125
PP Trained

Highlights of the Operations Update (cumulative data)¹:

The IFRC and CVM assisted a total population of **500,066 people** since the start of the operation, in the different sectors. The revised Emergency Plan of Action (EPoA) published in September, 2020 sets the total number of people to be assisted at 608,140 for the entire 28-month duration of the operation.

Livelihoods and Basic Needs: 42,160 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: 349,802 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 457,906 people were supported through different WASH services, amongst which 374,318 people were reached with hygiene promotion activities, reinforced during the COVID-19 pandemic.

Protection, Gender and Inclusion (PGI): 120,352 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)** trained in build-back safer reconstruction in the rural area.

NSD

- **Protection Gender and Inclusion policies** on PSEA, Child Protection, and Review of the Code of Conduct were endorsed and approved by the NS, with the support of IFRC, during their General Assembly in September 2020. Moreover, the **institutionalization of Community Engagement and Accountability (CEA)** in the National Society is 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 published in April 2020](#), with a focus on operationalizing community Early Warning Systems and improving community resilience to shocks.
- The negotiations between the CVM (supported by IFRC), and INAS (Institute for Social Action) for the implementation of the **social protection system** intervention are still ongoing. The delay is mainly due to some challenges in the list of beneficiaries elaborated by the INAS.

¹ Additional information from previous Operations Updates can be found on the following link: <https://apple.ifrc.org/Apple/OpenDocument.aspx?id=24913288>

² Additional information on the Revised Emergency Appeal can be found on the following link: <https://apple.ifrc.org/Apple/OpenDocument.aspx?id=24751053>

A. SITUATION ANALYSIS

The reporting period, April 2020 to September 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 7 September, 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-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 (September, 2020), [the country has registered](#) 8,728 positive COVID-19 cases out of 138,386 tests conducted in which 5,232 were registered as recovered. The government of Mozambique is calling for international support to cope with the impact of the pandemic.

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. With the revised EPoA, the operation will continue to analyse risk, prioritize activities based on the chronogram, with the approved extension of four months (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 have been 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 the newly revised 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.

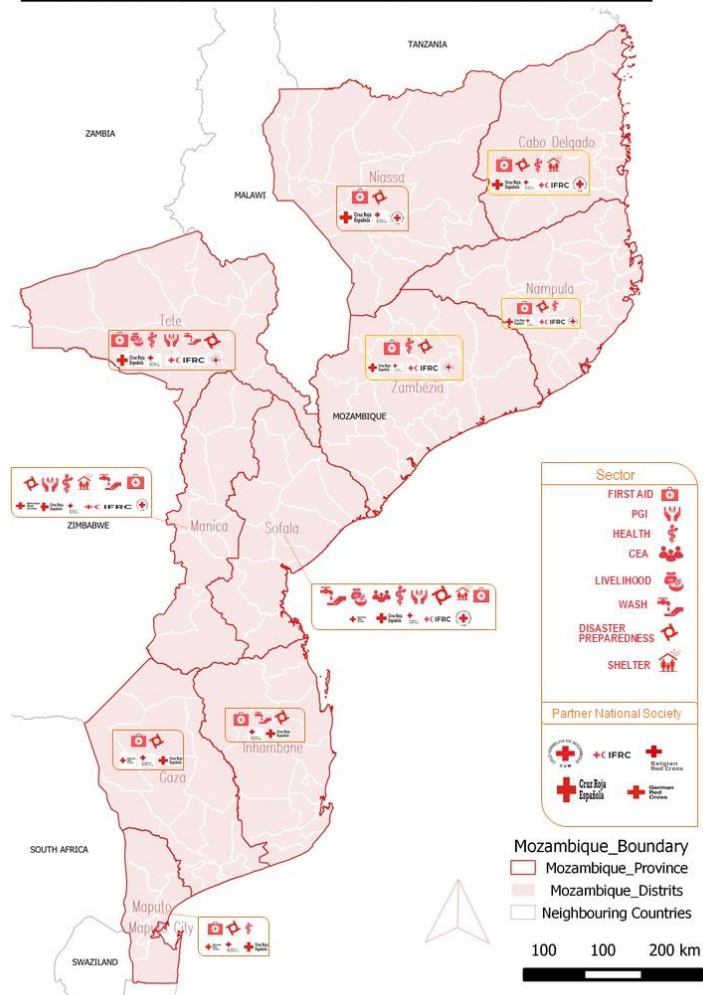
Despite constraints, the National Society was ready and positioned to support populations prior to the disaster, with volunteers sensitizing and supporting the preparedness of populations, and was one of the first actors to respond to the emergency on the ground, using financial instruments available 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 the 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

MOZAMBIQUE MOVEMENTS COORDINATION MAP AND SECTORS



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 (12 international and 88 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. The ICRC ended its programs in the central region and concentrates 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 continues 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. Monthly coordination meetings are taking place at institutional and operation level with IFRC, ICRC and PNS. The Italian Red Cross has recently opened an office in Maputo while the French Red Cross is planning to start a DRR program in Mozambique.

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 is strengthening coordination and partners' involvement in support to CVM.

Overview of non-RCRC actors in country

The Government of Mozambique (GoM) leads 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 2019, 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 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 Emergency Operations Centre (Centro Operativo de Emergencia-COE) meets in Maputo and provinces every week and ad-hoc, as necessary. The IFRC and CVM lead the Risk Communication committee.

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 Mozambique².

Over 4 million of this population in need of humanitarian assistance live in the four central provinces of Sofala, Manica, Tete, 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 continue to deserve the attention of the revised and approved 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 September 2020 ([Situation Report from OCHA](#)), rough estimates indicate that 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 September 2020, there are 93,324 IDPs in central Mozambique³, 81,251 people are by Cyclone Idai and 12,073 by floods (December 2019 - February 2020). IDPs are concentrated in 73 resettlement sites mostly in the Provinces of Sofala, Manica where there are 29 and 31 sites respectively. Over 98% of the families living in the resettlement sites originated from the districts of their resettlement sites location. Most of these people are living in emergency shelter and in need to improve to (at least) semi-permanent (transitional) structures. Some of these 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.

Livelihoods and Basic Needs

The technical Secretariat for food and nutrition security (SETSAN) 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

²Mozambique Situation Report, OCHA, 29 June 2020

³ <https://displacement.iom.int/mozambique>

rural areas where 90% of the people rely on agriculture and fisheries. Crisis (IPC Phase 3) outcomes persist in the conflict-affected areas of Cabo Delgado and across the drought-affected areas in southern Mozambique. Crisis (IPC Phase 3) outcomes are expected to start emerging in October in southern Tete and northern Manica, Gaza and Inhambane provinces where the main harvest and the vegetable season is expected to be low due to residual soil moisture following below-average rainfall, and the early cessation rains across the southern and central regions during the 2019/20 season.

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 peak months of the pandemic once the situation allows.

Health

Cyclones Idai and Kenneth will have long-term negative effects on access to health care, considering the damages to health facilities, and over 50% of the vaccine cold chain capacity disrupted in the affected districts. Critical health services, including immunization activities and continuity of care for HIV, tuberculosis, malaria and cholera were compromised by the cyclones, and capacity will reduce further due to the COVID-19 epidemic. Amidst the decrease in service provision capacity, over 100,000 pregnant and lactating women and 70,000 children under 5 years of age need nutritional support, and more than 75,000 women and girls need sexual and reproductive care due to protection risks and poor sanitary conditions.

Malaria is endemic in Mozambique, and since the cyclone, more than 145,000 cases were reported in Sofala province alone. The health profile of Mozambique is a direct consequence of the lack of safe water and sanitation, hygiene practices and poor information and 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 restraint in accessing protection services, medical care, and livelihoods. Children and adolescents are at risk as they may be involved in negative coping mechanisms, such as withdrawal from schools, early marriages and engaging in at-risk income-generating activities. Violence against children, women and girls associated with social isolation, fear of repercussions and confinement may become even more prevalent, in a situation where access to social protection services may be discontinued. The IFRC supported appeal will scale up protection services provided to groups at risk, by reinforcing community protection committees, increasing GBV awareness and referral mechanisms, supporting vulnerable groups to recover social and livelihood skills, and taking particular care of those isolated in centres such as elderly, orphans and people with disabilities.

Disaster Risk Reduction (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, such as reducing the number of families cutting down and burning trees to make charcoal as means to survive, 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 has 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 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 use 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 84%, 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 programs and fostering their expertise in key program 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 the 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".

Activities with a direct impact over COVID-19 prevention and mitigation were prioritized and increased during the reporting period, especially in the Health/PSS, RCCE/CEA and WASH sectors, with appropriate safeguards to staff and communities. Livelihoods and basic needs have become of greater importance as the consequences of the pandemic over the economy and social fabric start to trigger. For this reason, IFRC and CVM are working with the INAS to provide support to the most vulnerable households through social protection system (cash assistance) in Beira city.

The expansion of Health sector to other provinces, besides Sofala, was initiated in November 2019 to Tete and Manica, in March 2020 to Nampula and in April 2020 to Zambezia. These expansions are necessitated by the need for community-based health activities as a response to the impacts of Idai, recurrent floodings, cholera outbreak in Nampula, COVID-19 pandemic and high incidence of Malaria in these provinces. CVM has a large experience with and interest in Community-based health and first aid (CBHFA) project in these five provinces, though due to internal problems most Health activities were interrupted for nine years. Capacity building and provision of material to 21 CVM Health staff and 900 volunteers in 5 provinces and 15 districts ensures a sustainable community-based response to major health problems and enhances sustainability for CVM. With the Health project of Idai operation, CVM will be able to demonstrate to the MoH, PNSs and other partners their capacity to lead and implement the project and regain their trust to attract long-term funding.

In Tete Province, the foreseen expansion for FSL and WASH sectors experienced some delay due to the COVID-19 Pandemic. But since August the activities have been resumed. In total, 800 vulnerable households in the district of Moatize will be targeted with provision of safe water, restoration and strengthening of productive assets and basic needs assistance (distribution of seeds and tools & food). The Austrian Red Cross is supporting the intervention and will provide a WASH manager for six months starting in December. All the activities will be implemented with the involvement of 50 volunteers of CVM who have been trained on WASH, FSL, CEA and PGI. In Tete Province, the IFRC is working in close collaboration with the Spanish Red Cross and the Belgium Red Cross. As a result, the PGI/CEA assistant of CVM will be included in a PGI/PSEA training organized by the Spanish Red Cross in December.

PGI started expansion in Manica Province in January 2020 but due to COVID-19, activities were suspended and only resumed in June in the districts of Macate, Sussudenga and Mossurize. These activities are focused on community-based protection for gender equity, diversity and inclusion as well as SGBV and child protection. In addition, PGI team is working in coordination with the German Red Cross and will support the Menstrual Hygiene Management (MHM) and PSEA sessions across resettlement sites in the district of Sussundenga.

During the month of September, IFRC Country Office developed the Operational Plan 2021 and Organizational Development has been prioritized as one of the long-term area that CVM will be supported to develop. Various discussions have been carried out with CVM senior leadership regarding long term strategy to support its organizational development. CVM invited the IFRC Head of Country Office (HoCO) to its Annual General Assembly where HoCO highlighted the importance of development of the National Society capacity. He encouraged that this process must be handled within the framework of Movement Coordination and under the spirits of SMCC.

Development of logistics capacity of CVM will be supported by Spanish RC and the Fleet Delegate who will conduct logistics trainings with CVM Provincial Secretaries and Administrators in November. The newly recruited Logistics Officer started his duties and will work closely with IFRC counterparts to ensure that the warehousing portion of logistics is improved.

Further engagement with CVM will entail the process of development of Strategic Plan in line with IFRC Strategy 2030 and Organisational Capacity Assessment and Certification (OCAC) recommendations. When finalized, the roadmap will be prepared where strategic directions and key development areas will be determined. Development of the new strategy and roadmap will be done through a participatory approach by involving all Movement partners. The consultation process and the National Strategy Planning Workshop will take place in the first half of 2021 involving all levels of CVM as well as IFRC, ICRC and PNSs.

The Country Office will seek support from Africa Regional Office specifically in the areas Logistics, Human Resources, Resource Mobilization, Branch Development as well as Communication and Fundraising.

CVM COVID-19 Plan of Action at a glance

Since 4 September, Mozambique continues in a State of Public Calamity due to the COVID-19 pandemic. Cases are increasing in all provinces and districts across the country. Community transmission is certainly widespread as cases are confirmed in over 100 districts in all provinces of Mozambique. Moreover, the seroepidemiological research carried out in the provinces of Cabo Delgado, Nampula, Maputo, Beira and Quelimane have shown seropositivity 5-10%.

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 Information, Education and Communication (IEC), Radio and TV broadcasts, including health prevention, PSS and rumors/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 (ECV), 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 the 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 Ministry of Health.

C. DETAILED OPERATIONAL PLAN

<p>Shelter People reached: 138,005 Male: 66,242 Female: 71,763</p>		
<p>Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and recovery through shelter and settlement solutions</p>		
Indicators:	Target	Actual
# of households assisted that receive emergency shelter assistance and awareness on safe shelter and good construction practices	31,689 HHs (158,445 ppl)	27,606 HHs (138,005 ppl)
# of volunteers trained	200	113
<p>Output 1.1: Short term shelter and settlement assistance is provided to affected households</p>		
Indicators:	Target	Actual
# of households (people) provided with emergency shelter kits which meet the agreed standards for the specific operational context	10,315 HHs (51,575 ppl)	8,015 HHs (40,075 ppl)
#of HHs reached with other Shelter and NFIs	20,489	18,189
# of Shelter Kits and NFIs Prepositioned	2,300	1,200
<p>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</p>		
Indicators:	Target	Actual
% of the target population provided with awareness orientation campaign who can build a safe shelter and identify good construction practices	90%	<i>Not measured yet</i>
# of CVM volunteers trained in build back safer and all under one roof approaches	200	113
# of people reached with IEC materials and awareness sessions	51,575	27,255
# of HHs that received at least one training in build back safer (in emergencies)	10,315 HHs (51,575 ppl)	8,015 HHs (40,075 ppl)
<p>Outcome 2: The target population has durable and sustainable shelter and settlements solutions through owner-driven approach</p>		
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%	<i>Not measured yet</i>

Output 2.1: The target population has durable shelter solutions

Indicators:	Target	Actual
# of assessments conducted	1,500HHs	715HH
# 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)	1,300HHs (6,500 people)	108 HHs (approx.540 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%	<i>Not measured yet</i>
# of artisans trained in build back safer (BBS) shelter construction	120	80
# of households trained in BBS shelter construction (<i>community presentations, mass demonstrations and individual HHs selected for reconstruction, including self-recovery shelter kits</i>)	1,500HHs (7,500 ppl)	1,282 HHs (6,410 ppl)

Progress towards outcomes

Emergency Shelters

The National Society CVM, with the support of the IFRC shelter team, has been attentive to emergency needs arising elsewhere as people living in sub-standard shelters 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. As a result of Movement coordination (CVM, IFRC, ICRC and PNSs), the IFRC prepositions shelter kits and essential NFIs for 5 provinces in the frame of the contingency plan. The locations for distribution of prepositioned shelter and NFI kits are Cabo Delgado, Sofala (Beira city and Caia,) Tete and Nampula.

In June 2020, the IFRC donated 1,100 emergency shelter and NFI kits to ICRC, to be distributed to communities affected by conflicts in Cabo Delgado. The NFIs materials included kitchen sets, blankets, sleeping mats and mosquito nets. From the total of 2,300 emergency shelter kits, the following are the remaining NFIs available in the warehouse after the donation to ICRC: 373 Shelter kits, 330 synthetic blanket (1.5x2), 700 kitchen set, 300 mosquito nets (160x180x150 cm) and 200 sleeping mats (2.1x0.9 non standards). Replenishment of NFI is expected soon.

During the reporting period, IEC materials were created and distributed in collaboration with the shelter cluster, available even online on the shelter cluster website <https://www.sheltercluster.org/africa/mozambique>

Construction of Transitional Shelters:



Families Build Back Safer-Resilient Shelters



Local Artisan- Women Empowerment

The Transitional/Resilient Shelters are 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 during this period, 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. As of August

2020, the Shelter Team modified the design of the shelters, adding bamboo to external walling in order to speed up the construction while also improving the resistance of the shelter.



Livelihoods and basic needs

People reached: 42,160

Male: 20,237

Female: 21,923

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

Indicators:	Target	Actual
# of people supported by livelihoods interventions	12,767HHs (63,835 ppl)	8,432HH (42,160ppl)
% of target communities perceiving increase in their capacity to protect their livelihoods and recover in case of disaster	100%	<i>Not yet measured</i>
% of targeted individuals (beneficiaries and volunteers) that apply new acquired skills to strengthened and diversify livelihoods promoted by the program	70%	<i>Not yet measured</i>

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

Indicators:	Target	Actual
# Number of target population provided with new skills and knowledge to compete in the job market	600 HH	<i>Not yet measured</i>
# of loan and saving groups created	20	15
# of CVM volunteers trained (on livelihood enhancement and CVA)	50	Not implemented yet

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	2,361 HHs (11,805 ppl)	2,363 HHs (11,815 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%	<i>Not yet measured</i>
# of farmers (farming HHs) supported with assets	7,800 HHs (39,000 ppl)	7,799 HHs (38,995 ppl)
# of farmers supported with training	2,000	992
# of fisherfolks (fisher HHs) supported	148 HHs	148 HHs (740 ppl)

Progress towards outcomes

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

Indicators:	Target	Actual
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# of households supported to meet their basic needs through the social protection system	2,300	Ongoing
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Field Farming Schools (FFS)

The IFRC Livelihoods team created the Field Farming Schools to give technical support to farmers who are being supported in the target communities in Sofala (Dondo district) and in Tete (Moatize district). During the month of May 2020, distribution of seeds to 829 farmers was implemented in Chinamacondo, Nhassassa and Praia Nova, in the district of Dondo. Each farmer received a package of 4 kinds of seeds (10g tomato, 10g onion, 10g okra, 10g lettuce) during their normal FFS sessions.

For the distribution of vegetable seeds, farmers' participation in the FFS was strongly encouraged to enable them to get technical support needed to achieve expected results. Farmers' participation in the FFS was crucial especially for building their capacity to grow vegetables since in the mentioned areas where the distribution occurred, farmers are not capacitated in growing vegetables.

In June 2020, 71 facilitators (53 men and 18 women) were trained in planting techniques and land maintenance to keep increasing local capacity. After the Training of Trainers of the facilitators, 681 farmers (433 men and 248 women) participated in the replication sessions carried by these facilitators in the 35 Field Farming Schools. The knowledge received is helping the farmers to increase productivity and minimize the impact caused by the COVID-19 pandemic. Some water cans have been distributed for the groups in the FFS and some t-shirts and caps for the facilitators will be distributed soon. Identification panels for the schools are under procurement.

The different FFS have received awareness on 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. During the already mentioned seed distribution, 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.

Social Protection System

Given the COVID-19 impact on the communities, especially those that had already been affected by Cyclone Idai, the Livelihoods team has established a partnership with the National Institute for Social Action (INAS) to provide cash assistance to the most vulnerable households.

Discussions surrounding beneficiary registration and monitoring between INAS and IFRC concluded with the agreement that IFRC would use its own system to verify the list of beneficiaries shared by INAS, apply the vulnerability criteria and register the beneficiaries as IFRC beneficiaries. Registration of identified beneficiaries was to begin in September, however, some concerns from communities were raised about the initial beneficiary selection (INAS list), and the recommendation from CVM was to do a new assessment to ensure that the most vulnerable are being targeted. There are ongoing discussions on how best to move forward to ensure there is involvement from the community and acceptance of the list and if not possible consider other areas of intervention under the social protection system of the INAS.



Farmer from FFS in Chinamacondo, July 2020

Village Savings and Loan groups-VSLG

The IFRC Livelihoods team has created and is supporting 15 Loan and Saving groups in Chinamacondo (with a total of 378 people). All of the beneficiaries participating in the FFS have received two introductory sessions about Saving Loan Groups, which includes various topics including social fund, savings and credit policies. Procurement of materials for the loan and saving groups was finalized and distributed by September 2020.



Health

People reached: 349,802

Male: 167,905

Female: 181,897

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	480,122	Direct:307,675 Mainstreamed: 42,000 (via radio) 349,802
# of people reached through COVID-19 (handwashing-stations, HH visits, presentations, disinfection of public areas and transport)	1,600,000	1,638,820
# of CVM volunteers and staff trained	1,073	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	150	199
# of population served by ORPs	50,000	40,149 ⁴
# of volunteers engaged in CBS	900	300
# of people reached through CBS	120,000	24,365
# of population served by CHMP's ⁵	112,805	24,365

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	311,600	298,337

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 trained in CBHFA and ECV (training of trainers)	23	23
# of CVM volunteers trained in Community Based Health and First Aid, ECV, ORP, Malaria prevention, Malnutrition and Pellagra	900	879
# of community leaders trained (new indicator)	500	258
# of Outbreak contingency plans developed (Sofala, Tete, Manica, Zambezia)	20	3 ⁶

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

Indicators:	Target	Actual
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⁴ ORP's this activity ended in August, community-based surveillance activities continue within Community Health Mobilization Points.

⁵ Indicator not in EPoA but introduced here to provide information on activities that are a continuation of activities in ORP's.

⁶ National contingency plan has been created for coronavirus and cholera.

# of people reached with PSS activities	60,000	59,400
# of people attending skills for life sessions (including children in safe spaces)	600	110

Progress towards outcomes



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 for chronic and endemic diseases. Vaccination is being interrupted in several provinces of the country and the risk of a resurgence of communicable diseases such as measles and polio is severe. Therefore, the health technicians and volunteers divide their time between COVID-19 prevention activities and sensibilization on diseases such as Malaria, AWD, HIV, TB, Measles. Chlorine was distributed to prevent AWD. To support vaccination in Sofala province, IFRC provided support in logistics and volunteers to ten mobile brigades in resettlement sites in Buzi and Dondo districts. Moreover, volunteers provided information to 3,434 persons on the prevention of diseases and first aid at the six Community Health Mobilization Points in Beira, Dondo and Nhamatanda.

In June a training of 160 hours for 15 new health technicians in Beira took place, including: introduction to HR CVM, PSS/PGI, WASH, Livelihood & Food security, COVID-19, CBHFA, ECV, PMER, IT, teamwork, leadership, management. Moreover, 11 motorbikes were donated to CVM for transport of the health technicians in the districts. Following on this and as part of the CBHFA approach, the health staff of the 11 districts (Sofala: Buzi, Beira, Dondo, Nhamatanda, Caia. Manica: Macate, Gondola, Sussundenga. Tete: Doa, Moatize, Mutarara) conducted Health assessments and developed strategies together with the district branches and volunteers of CVM in July. Meetings were organized in Tete, Manica and Sofala where the strategies were discussed with the participation of the health staff (district, provincial, national), provincial branches of CVM, executive councils and IFRC.

In August, an integrated team of CVM and IFRC Health staff visited the provinces of Zambezia and Nampula to supervise COVID-19 activities. Seven districts were visited in which the team met with the volunteers, local government, and health structure. In September, the national Health strategy meeting for the provinces of Zambezia, Nampula, Tete, Manica, Zambezia, and Maputo was organized in Beira. In this meeting, the Health technicians presented their contributions to the revision of the strategy for Health and Care for 2021 – 2024 of CVM.



Water, sanitation and hygiene

People reached: 457, 906

Male: 220,428

Female: 237,478

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	100%(350,00)	60%

% 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	99
# of CVM Volunteers trained	200	274
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	62,708
# of water distribution points (including handpumps rehabilitated)	161	99
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	25,570	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)	250,000	374,318
% of people who engage in improved safe hygiene practices	50%	100%
# of volunteers involved in hygiene promotion activities	200	274
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	12,568 HHs (62,840 ppl)	12,658HHs (63,290 ppl)
# of women provided with menstrual hygiene kits	5,845	9,354 ⁷
Progress towards outcomes		
<p>Rehabilitation of Water Pumps The WASH team coordinates with CVM, the District Government and public infrastructure agency, community leaders, and the communities before a decision is taken to build or rehabilitate a water point. During the reporting period, a total of 23 water pumps were rehabilitated by the IFRC WASH team, providing safe water to about 12,522 people in the Dondo district. All the rehabilitated handpumps have a functional water-committee created in coordination with the CEA Team. These committees were formed, trained, and equipped with materials to perform the necessary maintenance works.</p> <p>In coordination with the District Government and public infrastructure agency, the WASH team has also planned 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 an estimated 12,000 people. The respective assessment was recently done in August 2020, and the data is being analyzed.</p>		
Community-Led Total Sanitation (CLTS)		

⁷ Activity jointly implemented with PGI.

The IFRC WASH team adopts the CLTS system when providing latrines to the target communities. In CLTS, The WASH team provides the materials and technical support, while the construction of the latrines involves community participation. The household members who receive the latrine participate in its construction. During the month of April 2020, 306 households built or rehabilitated their latrines with materials and technical support from the WASH Team. The IFRC WASH and PGI teams are coordinating on providing latrines to people with special needs (PWSN) in Mutua, in the district of Dondo. Regarding the project, the WASH team is working on the beneficiaries` technical verification.



Rehabilitated Water Pump in Ngupa-Dondo



Handwashing Water Point

Hygiene Promotion

During the reporting period, due to the COVID-19 pandemic, the WASH Team intensified hygiene promotion activities. Public handwashing points were installed in strategic places of the communities in Dondo District, Mafambisse (water points are at the hospital), Savane and Mutua and in Beira district (Ngupa and Subida), with specific hygiene promotion and behavior change campaigns conducted by CVM volunteers, properly trained on COVID-19 and RCCE.

The volunteers sensitize the people in these communities to wash their hands with soap, spread messages about COVID-19 prevention measures, demonstrate proper handwash techniques, show the use of the mask and emphasize the importance of physical distance to avoid spreading or getting infected with the virus. They also install handwashing facilities (tippy-tap) using local materials. During these activities, IEC material is distributed to the population supporting the dissemination of key messages. These messages are also disseminated using megaphones.

Dignity kits Distribution

To respond to the increased hygiene needs especially with the COVID-19 situation, during the months of June and July 2020, WASH, PGI and PSS Teams coordinated the distributions of 1,906 dignity kits to women and girls 8 years of age and above, in the localities of Praia Nova, Chinamacondo, and Nhanssasa, in the district of Dondo.



Protection, Gender and Inclusion

People reached: 119,092

Male: 49,796

Female: 69,296

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	120,000	119,092
# of CVM volunteers and staff trained and mobilized	1,200	1,531

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
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#of people reached with awareness raising on gender equity, diversity, and inclusion	30,000	23158 (in the rev3 we need to include the following months)
# of people reached through MHM sessions	30,000	22,211
# of CVM volunteers and staff trained and mobilized on PGI topic	1,200	1,531
% 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 (<i>life skills, awareness sessions and Community-based protection</i>)	30,000	31,919
% of targeted adolescent girls who join life-skills support groups	30%	<i>Not yet measured</i>
# of CVM volunteers trained on PSEA and Child Protection	860	1,465
# of PSEA and Child Protection policies developed	2	3
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 and trainings	30,000	18.531
# of CVM stakeholders sensitized and involved in CNVP related issues	4	4
Progress towards outcomes		
<p>Menstrual Hygiene Management The IFRC PGI team carries out MHM sessions to communities during Dignity kits distributions, which is done in coordination with WASH and CEA teams. For the MHM sessions, men in the communities are also invited to participate, in order to break the taboos in the communities related to Menstrual Hygiene. During the reporting period (April to September 2020), MHM sessions were carried out in the Dondo district, during the distributions of dignity kits to 1,906 people.</p>		
<p>PSEA and Child Protection Policies The IFRC PGI team worked hand-in-hand with CVM to develop its internal policies. Finally, in September 2020, after 6 months of collaboration, 4 policies were drafted and submitted to the CVM Assembly Desk Secretary for review and validation. These policies were as follows:</p> <ul style="list-style-type: none"> • PSEA Policy • Child Protection Policy • Review of the Code of Conduct • Plan of action to make policies more effective and how to disseminate them <p>The IFRC also provided training to the CVM Executive Board members and the Ethical and Mediation Committee who are responsible for attending to cases of PSEA and Child Protection. Moreover, a Plan of Action was established with CVM to disseminate and create capacity to prevent and respond to PSEA and Child Protection cases. The policies were finally endorsed and approved during the CVM General Assembly in September 2020.</p>		
<p>Sexual Gender-Based Violence-SGBV Regarding the SGBV intervention, the IFRC PGI team working with the CVM volunteers were engaged in awareness-raising sessions and trainings to key actors and population in the target communities. As a result of these sessions, more cases especially related to child marriage were reported in August and September 2020. During these 2 months, 11 cases of child marriage were reported in the provinces of Manica and Sofala, and the IFRC PGI Team is currently focussed on giving support to the victims through Case Management services.</p>		



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



MHM sessions in Schools

IFRC in Manica

The expansion to Manica started in the month of June 2020 by the IFRC PGI team, where they have already started the work in the resettlement sites (RS) in Dombe (Sussundenga District) taking advantage of the presence of the German Red Cross (GRC), which is supporting CVM in the province of Manica. During the month of August 2020, the IFRC in coordination with the GRC, supported CVM with trainings of communities across the RS, related to PSEA and Menstrual Hygiene Management.



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	57,500	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	200	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%	Not yet measured

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%
# community engaged in environmental protection projects (new indicator)	10	5

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. Training, awareness sessions, and drills have been put on hold to avoid gatherings, unnecessary travels to and presence in 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.

IFRC is coordinating with the German Red Cross, Spanish Red Cross, Belgium Red Cross-Flanders and clusters in order to improve DRR interventions, share and harmonize program tools. The DRR and FbF Delegate from the Country Cluster Support Team - South Africa Regional Office is planning a visit to Mozambique by the end of November in order to work with main PNSs and CVM on the activation of the FbF Protocols at central level. He will also visit Zambezia Province and possibly Sofala Province.

Post-Event Review Capability (PERC) 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 four experts, and supported by Swiss Development Cooperation and CVM. 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. Through the PERC Study, CVM will receive CHF 330, 000 grant from ZFRA for a DRR project in the flood affected regions.

Environmental Management Plan

Following the environment assessment and report supported by the Swedish Red Cross and issued in August 2019, the operation took some steps to mitigate the impact of activities on climate, reduce its footprint and where 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 with DRR and Livelihoods, and in association with appropriate local partners and government, in view of creating alternative, environmentally friendly livelihoods for affected people.


Strengthen National Society

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

Indicators:	Target	Actual
% of CVM staff acknowledging improvements in its management system	90%	<i>Not measured yet</i>

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

Indicators:	Target	Actual
# of volunteers who are adequately trained and insured	5,500	5,500 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 ⁸
# staff and volunteers trained in DM & DRR	1,100	1,162 participated in DRM activities
Output S1.2.1: NS have an up to date strategic plan, statute and governance structure		
Indicators:	Target	Actual
# of CVM strategic plans approved and developed	1	In progress
Progress towards outcomes		
<p>Volunteers: 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.</p>		
		
<p><i>Training of CVM Volunteers</i> <i>COVID-19 Community Sensitization by CVM Volunteers</i></p>		
<p>In the next period, the operation will continue to support the capacity building of the volunteers and facilitate their access to institutional information. It is also foreseen to build the volunteer management system that allows CVM to share information, track their capacities, etc. It should be also noted that the operation has supported CVM with the insurance expenses for a total of 2,000 volunteers to support the operation.</p>		
<p>Volunteers are also at the heart of the COVID-19 community response. 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.</p>		

⁸ This activity is mainstreamed across sectors and the actual numbers are not consolidated at this reporting stage.

Corporate Infrastructure and Systems

Strengthening CVM financial management, systems and procedures is the highest priority for the coming period. An experienced finance development delegate who had been recruited from January to October 2020, with the support of the IFRC, worked to support CVM in tackling financial legacy issues including accounting backlogs, 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.

PGI and CEA Policies

In September 2020, with the support of the IFRC, CVM approved and validated its internal policies in PSEA, Child Protection and the Code of Conduct Review. A plan was also drafted on how the policies will be implemented and disseminated. The CVM key actors who will be involved in the implementation of these policies were also trained by the IFRC PGI Teams.

The process to Institutionalise the CVM CEA sector is well advanced, and a Training of Trainers is being organized at Headquarter level. These Trainers will in turn train the CEA focal points at Provincial level countrywide.

National Society Strategic Plan - Revision

Ongoing organizational development support is provided in areas such as volunteer management, human resource development, and branch development. 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.

In September 2020, with the financial support of IFRC, CVM organized the Annual General Assembly in Chimoi, Manica Province: the importance of the development of national society capacity enhancement was highlighted within the framework of Movement Coordination and under the spirits of SMCC.

A formal preparedness for emergency response review (PER) was conducted, and the results 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 in 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	453
% of target population who agree their priority needs are being met	85%	Not measured yet
% of target population who agree their feedback is taken into account and acted upon by CVM/IFRC	NA	Not measured yet
# of community feedback comments collected (new indicator)	NA	
# of community feedback reports produced (new indicator)	NA	

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

Community Engagement and Accountability (CEA)

The work of the CEA team has been paramount to this operation, ensuring communities have access to information and participate in decisions that determine the type of assistance received as well as who is entitled to that assistance in the community. The CEA and program teams spend 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. Several focus group discussions were held in the communities by the IFRC CEA team, 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.



Committees for Water Pump management at Savanne-Dondo



RCCE to Local Leaders in Nampula

Shelter Cluster Coordination

At the beginning of relief operations in mid-March 2019, the IFRC-led 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.

The Shelter Cluster (SC) 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).

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 reports submitted on time	80%	50%
Output S3.2.1: Strengthen planning, monitoring, evaluation and reporting		
Indicators:	Target	Actual
# of assessments conducted	4	1
Output S3.2.2: Resource generation and related accountability models are developed and improved		
Indicators:	Target	Actual
% of DAG members reporting a positive experience	90%	100%
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 such as COVID-19.

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

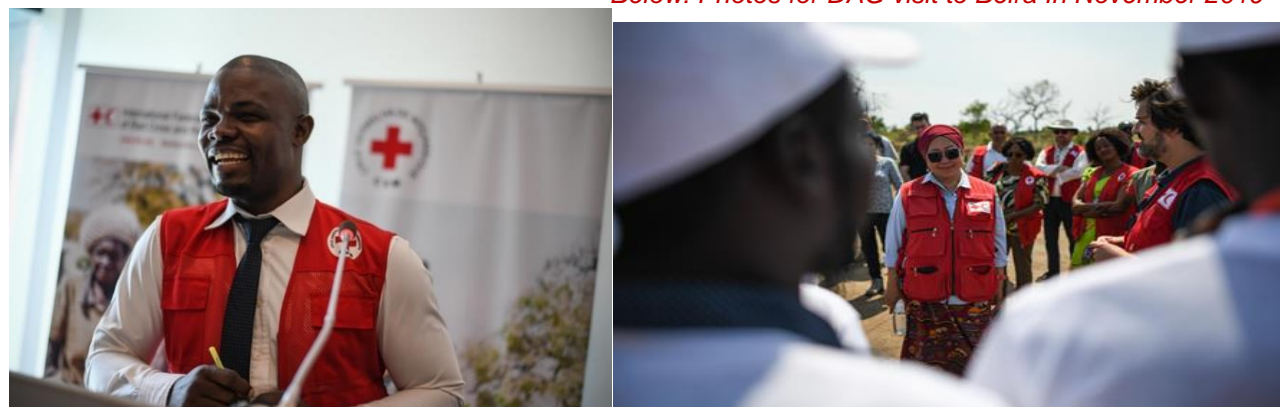


Image 9 – CVM leading a briefing session during DAG Visit, November 2019. Photo: IFRC Mozambique

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 performance appraisals conducted	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 September 2020, the IFRC team in Mozambique is composed of 100 staff, being 12 international and 88 national staff. The National Society team directly involved in the implementation grew to 42 staff, and the support team to 55 staff. 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 and PSS, WASH and DRR. However, the pace of this transition was reduced since March 2020, when the covid-19 pandemic started. It will be resumed once the situation allows.

Security Assessments and Plans

A security assessment was conducted for Beira to review the categorization of duty station and was presented and approved by the HoC. This is now pending on final approval from GVA.

D. Financial Report

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2020/09	Operation	MDRMZ014
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 27 Oct 2020

All figures are in Swiss Francs (CHF)

MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 19 Jul 2021; appeal launch date: 20 Mar 2019

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	848,000
AOF2 - Shelter	7,000,000
AOF3 - Livelihoods and basic needs	3,173,000
AOF4 - Health	5,500,000
AOF5 - Water, sanitation and hygiene	4,198,000
AOF6 - Protection, Gender & Inclusion	352,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	2,164,000
SFI2 - Effective international disaster management	2,908,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	5,857,000
Total Funding Requirements	32,000,000
Donor Response* as per 27 Oct 2020	19,370,237
Appeal Coverage	60.53%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	936,387	329,605	606,782
AOF2 - Shelter	3,523,638	2,230,996	1,292,642
AOF3 - Livelihoods and basic needs	1,473,830	986,101	487,729
AOF4 - Health	1,730,707	1,379,560	351,147
AOF5 - Water, sanitation and hygiene	1,289,928	879,654	410,274
AOF6 - Protection, Gender & Inclusion	732,920	453,530	279,390
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	1,710,004	951,138	758,867
SFI2 - Effective international disaster management	3,160,521	3,447,348	-286,827
SFI3 - Influence others as leading strategic partners	286,196	359,873	-73,678
SFI4 - Ensure a strong IFRC	1,436,201	1,800,726	-364,525
Grand Total	16,280,333	12,818,531	3,461,802

III. Operating Movement & Closing Balance per 2020/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	18,835,784
Expenditure	-12,818,531
Closing Balance	6,017,253
Deferred Income	1,685
Funds Available	6,018,938

IV. DREF Loan

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

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2020/09	Operation	MDRMZ014
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 27 Oct 2020

All figures are in Swiss Francs (CHF)

MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 19 Jul 2021; appeal launch date: 20 Mar 2019

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	622,731				622,731		
Anadarko Petroleum Corporation	60,074				60,074		
Andorran Red Cross	5,470				5,470		
Australian Red Cross	357,750				357,750		
Austrian Red Cross	1,390,941				1,390,941		
Belgian Red Cross (Francophone)			9,758		9,758		
Belgium - Private Donors	90				90		
Brazilian Red Cross	11,150				11,150		
British Red Cross	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	-552				-552		
IFRC at the UN Inc (from Coca Cola Foundation*)	581,518				581,518		
IFRC at the UN Inc (from Patrick J.McGovern Foundati	98,024				98,024		
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	40,662				40,662		
OPEC Fund For International Development-OFID	486,157				486,157		
Red Cross of Monaco	24,405				24,405		

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2020/09	Operation	MDRMZ014
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 27 Oct 2020

All figures are in Swiss Francs (CHF)

MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 19 Jul 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	38,621				38,621	
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	17,904,826	884,645	38,753	7,560	18,835,784	1,685
Total Income and Deferred Income					18,835,784	1,685

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How we work

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

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



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



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



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