



## EMERGENCY APPEAL

### Mozambique, Africa | Tropical Cyclone Eloise

<b>Appeal Nº: n°</b> <b>MDRMZ016</b>	<b>To be assisted: 100,000 people</b>	<b>Appeal launched: 28/01/2021</b>
	<b>DREF allocated: 359,689 CHF</b>	<b>Revision n° x issued: N/A</b>
<b>Glide Nº:</b> <a href="#">TC-2021-000008-MOZ</a>	<b>IFRC Funding requirements: 5.1 million Swiss francs</b>	<b>Appeal ends: 31/01/2022</b>
	<b>Federation-wide response funding requirements: to be confirmed</b>	
	<b>(If revised Appeal): N/A</b>	<b>(If Appeal extended) N/A</b>

This Emergency Appeal seeks a total of **5.1 million** Swiss francs to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **Mozambique Red Cross Society (MRCS)** to deliver assistance to and support early recovery of some **100,000 people** affected by Cyclone Eloise for **12 months**. Based on the current preliminary needs (subject to revision in the coming days) the Appeal will focus on **Shelter and Essential household items (EHI), Livelihoods and Basic Needs, Health, Water, Sanitation and Hygiene (WASH), Protection, Gender and Inclusion (PGI) and Disaster Risk Reduction (DRR)**. The above areas will be supported and enhanced by the following enabling actions: **Strengthening National Societies, Influencing others as strategic partners and Strengthening Coordination and Accountability**.

This Emergency Appeal is part of a **Federation-wide approach** which includes the activities of all Federation members contributing to this response. As part of this framework, a Federation-wide single Plan and related reporting mechanism is being developed based on the Mozambique Red Cross Society response plan and in consultation with all Federation members contributing to the response and will be released in the coming weeks. This Plan will ensure linkages between all response activities (including bilateral activities and activities funded domestically), establish a best-practice model for good coordination and assist to leverage the capacities of all members of the Federation in the country, to maximise the collective humanitarian impact.

This response is supported by the IFRC and in-country participating National Societies (PNSs) and in complementarity with ICRC. The coordination within the Movement will build on the experience of good Movement and membership cooperation in the cyclone Idai response and COVID-19 pandemic. At the time of writing this Emergency Appeal, the situation is evolving regarding needs and gaps, as well as potential for unfolding flood events in different provinces. As assessments and monitoring activities are still ongoing, humanitarian assistance in other areas may likely be required. IFRC and PNSs conduct regular meetings under Mozambique Red Cross Society's leadership and will take joint decisions if and where this response should be expanded, ensuring strong coordination, technical support, and complementarity, reflecting the Federation-wide footprint.

## A. THE DISASTER AND THE RED CROSS RED CRESCENT RESPONSE TO DATE



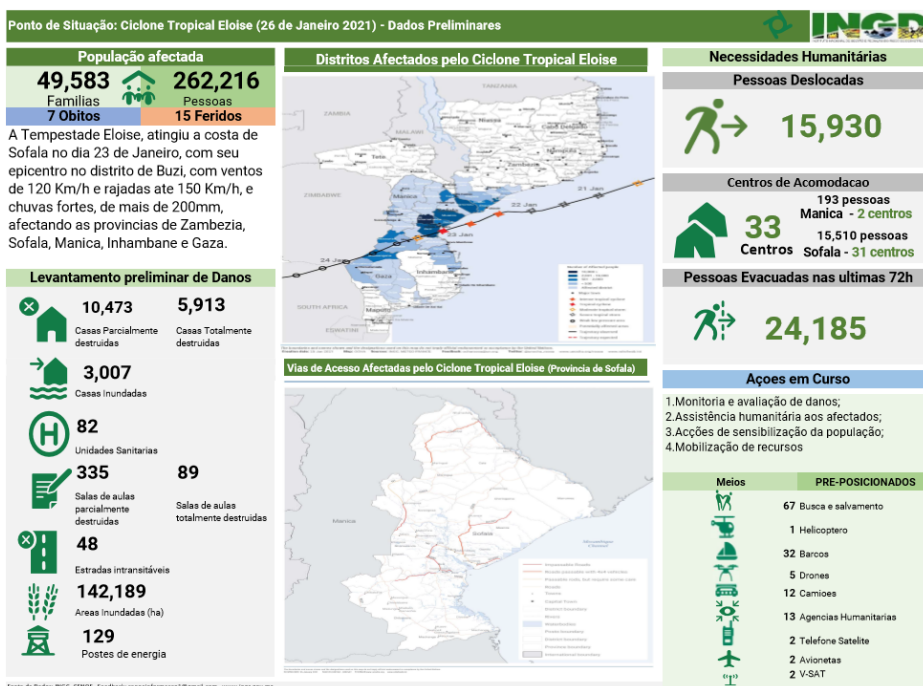
*Emergency evacuation of people in Buzi village by MRCS on 22 January. Source: MRCS*

- **23 January 2021: Tropical Cyclone Eloise made landfall 20km South of Beira, bringing wind gusts of 160km/h and torrential rains.**
- **23 January 2021: IFRC launched a [DREF](#) in support to MRCS to start assessments and expand operations.**
- **25 January 2021: IFRC Information Bulletin No 2 is published.**
- **28 January 2021: IFRC issues Emergency Appeal for 5 million CHF for 100,000 people.**

## Situation overview

Tropical Cyclone Eloise, category 2, made landfall in the first hours of 23 January, 20km south of the Beira City in Sofala Province, bringing winds of 140km/h and wind gusts of over 160km/h as well as extreme and widespread rainfall in Beira – 250mm in 24h - and many districts in Sofala, South of Manica, North of Inhambane and Eastern Gaza.

Latest assessments reported by the National Institute for Disaster Management and Risk Reduction (INGD) on the 27 January, confirmed that 262,216 people were affected (49,583 families), and 15,930 people are currently displaced in 33 accommodation centres (31 in Sofala and 2 in Manica). Both MRCS and IFRC participated in the rapid assessment on the 23 January in the affected areas and the accommodation centers in the districts of Beira, Dondo and Buzi. Over 24,185 people have been evacuated in the last 72 hours by search and rescue teams. In respect to infrastructure damage, a total of 19,393 private houses and shelters have suffered damages, including 5,913 completely destroyed. A total of 506 public buildings (82 health units and 424 school rooms) have been partially or totally damaged. Power and communication infrastructure was disrupted across several districts, which is delaying the consolidation of the information.



Power and communication infrastructure was disrupted across several districts, which is delaying the consolidation of the information. The flooded areas continue to expand around the Zambezi, Pungue and Buzi basins and have caused 48 road cuts and an area of over 142,000 hectares of croplands to be lost.

The Province of Sofala was already affected by tropical storm cyclone Chalane on 30 December 2020 and the central provinces of Mozambique were already experiencing significant flooding as a result of heavy rainfall since 15 January, with the districts of Beira (Neighborhoods such as Mungassa, Munhava Ndunda I and II), Buzi, Muanza, Caia, Dondo, Marromeu and Nhamatanda being the hardest hit. Discharge of water from Chicamba dam and the Mavuzi reservoir had also affected residents in Buzi (Vila Sede, Guara-Guara, Ampara, Grudja, Estaquinha, Inhamuchindo, and Bândua). Mozambique is in the midst of the rainy season and continuous rains are predicted until the end of March. These will most likely cause more flooding in the provinces of Tete, Zambezia, Manica and Sofala.

The accumulated precipitation over a 3-day period will be above 150mm in the Pungue, Save and Buzi Rivers, and 200mm in the Limpopo River Basin. Considering the January rainfall, the Global Flood Awareness System (Glofas) predicts 20-year return period floods in the Limpopo basin. This will lead to increased damage in urban infrastructure - especially in the most impoverished and vulnerable urban areas - and agriculture fields in the rural areas, destroying crops that are a lifeline for most of the population.

Mozambique is a country prone to hydrological disasters which normally have extreme impact on the country's population and infrastructure. Furthermore, Mozambique has suffered multiple shocks in recent years, with the population enduring severe floods, droughts, outbreaks (cholera and COVID-19), as well as conflict-related displacement (in the central areas of Sofala and Cabo Delgado). With regards to COVID-19, since January 2021, the number of cases has increased significantly due to lack of adherence to preventive measures and the new strain of the COVID-19 virus found in South Africa which is most likely in Mozambique. The positivity rate of tests being conducted is 30% which is extremely high as the capacity of testing is low because laboratories are overwhelmed and there is reduced capacity for contact tracing.

## Summary of Red Cross Red Crescent response to date

Mozambique Red Cross Society (MRCS) 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 MRCS has approximately 170 permanent staff and a large network of 5,500 volunteer's countrywide. MRCS has also 17 warehouses in 9 provinces, enabling a considerable preparedness and repositioning capacity to respond to eventual emergencies. Nevertheless, and despite its impressive grass-roots humanitarian work delivered by committed volunteers, MRCS 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 two emergency teams to support populations prior to the disaster, with volunteers sensitizing and supporting the preparedness of populations and evacuating people from flood prone areas and was one of the first actors to respond to the emergency on the ground. To date, MRCS has performed the following activities:

- Deployed two teams from headquarters level to Inhambane and Sofala in preparation for landfall.
- Volunteers raised awareness using early warning system in Beira city and Buzi.
- Supported the government by mobilising 96 volunteers in the transit centres and put on standby a further 150 volunteers in the Sofala Province.
- Provided 500 mosquito nets (Nhamatanda District), 1000 bottles of certeza/chlorine (Buzi District)
- Conducted awareness on cholera, malaria and COVID-19 prevention in local government evacuation centres.
- In Buzi district, the team is operating with 50 active volunteers supporting the relocation of families from hazardous areas to safe locations and providing first aid, WASH and health support.
- In Beira district, MRCS has 12 active volunteers working in two evacuation centres providing first aid, WASH and health support and collecting data from each accommodation centre.

An IFRC Disaster Relief Emergency Fund (DREF) allocation was released on 23 January, to assist MRCS in expanding its assessment capacity in support of the local authorities and to inform the course of the operation, increase operational bandwidth (with the deployment of surge teams – logistics, communication and operations), and kick-start the humanitarian response by supplying essential Shelter and Household Items, Health and Care and WASH assistance to 1,000 affected households (5,000 people).



*MRCS intensifies awareness on personal hygiene at IFAPA's Transitional Accommodation Center, in Beira, 664 individuals. Source: MRCS*

IFRC and MRCS have considered and will continue to consider all key lessons learned and audit findings from the ongoing Emergency Appeal MDRMZ014, launched in 2018 in response to Tropical Cyclone Idai and Kenneth. The current response is building on key achievements, but also challenges faced during Idai and Kenneth response in order to ensure an effective implementation, a good level of coordination and complementarity among Movement partners.

## B. THE OPERATIONAL STRATEGY

### Needs assessment and targeting

*(Further details are also available in the Area of Focus and Strategies For Implementation section from page 11)*

Based on the preliminary needs assessments conducted, the main needs of the 262,216 affected population are related to:

- Food Assistance in Accommodation Centres.
- Essential household items (EHI), such as mosquito nets, jerrycans mattresses, blankets, kitchen sets, etc.
- Hygiene promotion.
- Clean Water and chlorine.
- Latrines - temporary facilities and restored/rehabilitated permanent facilities.
- Personal Protective Equipment (PPEs) for COVID-19 mitigation and awareness and sensitization sessions.
- Community mobilization through community-based health and first aid (CBHFA) approach on disease prevention and health promotion.
- Psychosocial support to affected families.
- Protection, gender and inclusion.
- Set up of oral rehydration points in case of an increase of AWD cases or cholera outbreak.
- Shelter repairs in settlements and urban areas.
- Supporting livelihoods recovery for agriculture and fisheries sectors.
- Reconstruction of damaged/destroyed public infrastructure.



#### Shelter

Thousands of families have been displaced and their homes have experienced damage due to strong winds and floods. As reported by the INGD, 5,913 houses have been destroyed, 10,473 damaged and 3,007 flooded. As of 25 January, 6,025 households have been identified in need of shelter assistance that meets minimum emergency standards. 15,930 people have been transferred to accommodation centres so far, and require basic shelter support, such as mattresses, blankets, jerrycans, mosquito nets, kitchen sets, etc. Furthermore, damaged houses will need early recovery shelter assistance. In the meantime, there is a need for the provision of emergency shelters in the form of shelter kits, tarpaulins, and roof sheets. It is also necessary to provide support to improve the shelters of those whose houses that have been partially destroyed, with specific attention to issues related to protection, gender and disability inclusion, using the lessons learned from Idai response which integrated CEA and PGI to promote change in gender roles, such as including women in rebuilding homes.

#### Livelihoods and Basic Needs

Due to the destruction, flooding and displacement of population, immediate food availability is limited, and so is the ability of affected families to cover their basic needs. Initial reports indicate that 142,149 hectares of crops have been destroyed in the 6 provinces with 48,621 hectares in Sofala alone. Areas affected by floods will face significant crop failure, particularly as the crops were close to annual harvesting. Until water recedes, and lands are rehabilitated, practicing farming will not be possible. This will continue to impact food security and nutrition in the months ahead. Impact on livestock is also considerable. This means that the food gap is likely to extend until the end of the farming season next year and assistance will be needed to provide for lost sources of income and until livelihoods can be recovered. Its expected commodity prices will rise. Economic infrastructure including warehouses, storage silos and supermarkets have been destroyed. Displaced populations have lost most of their belongings and coping capacity. Families in accommodation centres and informal settlements will need urgent food assistance.

#### Health

Mozambique has a young population with 94% below 55 years old. Nevertheless, a considerable percentage of the country's population suffers from underlying chronic health conditions that greatly increase the mortality risk across the different age groups, such as HIV/AIDS (12.6% prevalence), Malaria (33%) Tuberculosis (0.5% prevalence of which 40%

are also HIV positive), cardiovascular diseases (9%) and lower respiratory infections (7% prevalence). Furthermore, global malnutrition rate (GAM) is high at 24% and global food insecurity at 25%. Low nutritional intake reduces the capacity of those individuals to recover from a potential infection. Other factors will influence the risk of transmission, such as the high and uncontrolled urbanization rates and crowded settlement/resettlements sites, leading to high population concentration in peri-urban or urban slums, where water and sanitation is practically non-existent. Thus, good standards of hygiene practices are extremely challenging to maintain.

Initial assessments have shown widespread flooding and extensive damage to some health facilities as well as loss of essential medicines and supplies. Support to complement the health system capacity for primary attention will be necessary until the health system recovers from the impact. This can be done in the form of Community Health Mobilization centres. The health sector of the MRCS, with support of IFRC and Belgium Red Cross-Flanders, is prepared for natural disasters and epidemics. The strength of the health sector is community-based health in which the MRCS has over 30 years of experience and collaboration with MoH on all levels. The MRCS has an MoU with the MoH on health activities, signed in 2007, and has supported in the response in many health emergencies.

Infectious diseases are likely to increase in the aftermath of the disaster. Clinical services are disrupted, leaving the population at risk for marked deterioration in health status due to pre-existing or newly acquired illness. Waterborne diseases are the earliest hazard due to the contamination of water supply and disruption of usual water treatment. Outbreaks of viral gastroenteritis, hepatitis, acute watery diarrhoea and other diseases are all possible risks. Malaria is endemic in Mozambique with a peak in the rainy season from December to April. Extensive flooding will result in stagnant water that creates perfect breeding sites for mosquitoes. As a result of the four cyclones, Idai, Kenneth, Chalane and Eloise the population is psychologically impacted as they fear new cyclones. People are anxious about losing family and assets again.

### **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, an estimated 40 wells and boreholes were damaged or destroyed in the rural areas, impacting an estimated 30,000 people. Damaged to the wells and boreholes is varied in relation to their needs for reinstatement or rehabilitation. The damage or destruction of latrines and septic tanks has further reduced access to sanitation for the people, compounding the potential issues associated with open defecation within the affected provinces. People have lost their access to WASH services and facilities; families are displaced and need to be supported to prevent waterborne disease outbreaks.

Many women and girls have lost access to facilities and supplies for menstrual hygiene and menstrual hygiene kits will be provided in the immediate phase of the operation.

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

Mozambique ranks 139<sup>th</sup> out of 159 countries in UNDP Gender Inequality Index. Only 46% of girls finish primary school and 56% of women are illiterate (70% in rural communities) against 29% of men. Early marriages affect one in every two girls, leading to high levels of teenage pregnancy. In terms of livelihoods, Agriculture is the predominant activity of women in rural areas, and 76% of female-headed households depend on agriculture for their livelihoods.

IFRC will work closely with MRCS and branches to ensure PGI is mainstreamed throughout the intervention to ensure communities dignity, access, participation, and safety. Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risk and coping strategies, the operation will pay particular attention to protection and inclusion of vulnerable groups and on gender and diversity analysis. Gender roles will be considered when setting up distribution time and dates as well as in hygiene promotion activities. As part of the needs assessment and analysis, a gender and diversity analysis will be conducted in all sector responses including Livelihoods, WASH, Shelter to understand how different groups have been affected, which will inform the operational strategy. All sectors will seek to meet the IFRC Minimum Standards on Protection, Gender and Inclusion in Emergencies.

### **Disaster Risk Reduction**

IFRC will continue to work with MRCS and its branches in the affected areas to ensure that they continue to prepare for other upcoming hazards as the country is still in the rainy season until end of April. Initial assessments have shown widespread flooding and extensive damage to property including displacement of hundreds of thousands of people. This

EA will seek to support the communities to prepare for, prevent and plan for any subsequent disasters in the coming months but will also ensure recovery efforts actively build resilience to such future events.

### Targeting

The DREF Operation launched on 23 January to kick-start the response focused in providing assistance to 1,000 households (5,000 people) with Shelter & NFI, WASH and Health Assistance in the most vulnerable areas for a period of 3 months. Following the preliminary assessments confirming the increased number of populations affected and widespread damage, the operation will be scaled-up to reach 100,000 people through multi-sectoral emergency and early recovery assistance. This number reflects the sum of the people that will be reached in each of the districts that will be targeted with the assumption that in each district the same people will be targeted through different sectors using the same selection criteria as indicated in the DREF for initial emergency activities.

The table below reflect the needs of the affected population in Sofala Province of which already there is a request from the district administrators for immediate assistance.

Province	Locations	Status	Population Affected	Typology of needs per sector
Sofala	Buzi	Displaced, Accommodation Centres, local communities	7,625	WASH, Health, Shelter, LLH & Basic Needs, PGI
	Caia		730	WASH, Health, Shelter
	Dondo		1,280	WASH, Health, Shelter, LLH & Basic Needs, PGI
	Marroneu		8,534	WASH, Health, Shelter, LLH & Basic Needs, PGI
	Nhamatanda		131,316	WASH, Health, Shelter, LLH & Basic Needs, PGI
	Muanza		5,320	WASH, Health, Shelter, LLH & Basic Needs, PGI
	Beira		7,500	WASH, Health, Shelter, LLH & Basic Needs, PGI
<b>TOTAL</b>			162,305	

Source: INGD 24 Jan - Needs were collected by the MRCS /IFRC team in the 1st 48 hours in accommodation centres and most affected areas

### Community Engagement and Accountability

Considering the low literacy rate in Mozambique (47%) and the differences between female (28%) and male (60%) literacy rates, access to information is crucial to the effectiveness of the response. The COVID-19 scenario challenges face-to-face meetings, the preferred communication used by communities. Therefore, it is key to adopt communication channels and strategies such as reduced meetings with local leaders capable of replicating information and community radios, ensuring that affected communities understand the information received in their respective language (mostly Sena and Ndaou in the central zone). It is also important to consider the recurrence of community grievances regarding political disputes in the central region of the country to ensure that the distribution of aid does not exacerbate potential existing tensions. Clear communication about the mandate of the Red Cross and our commitment to the Fundamental Principles will be essential to the approach, in order to avoid negative associations with any of the political parties.

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

### Global COVID19 pandemic: <sup>1</sup>

This operation and its operational strategy consider the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. According to the Ministry of Health, as of 22 January

<sup>1</sup> <https://covid19.who.int/region/afro/country/mz>

2021, out of 319,169 COVID-19 tests conducted, a total of 30,848 cases were registered as positive cases, with 290 deaths and 19,585 recoveries. Since January 2021, the number of cases has increased significantly due to lack of adherence to preventive measures during the holidays and the new strain of the COVID19 virus discovered in South Africa which is most likely in Mozambique. The positivity rate of tests being conducted is 30% which is extremely high as the capacity of testing is low because laboratories are overwhelmed, reduced capacity for contact tracing. To date, the following measures have been taken to curb the spread of the disease: mandatory mask wearing, set up of proximity screening sites, set up of treatment centres; risk communication, providing updated information on the COVID-19 situation. The President addressed the nation on 13 January 2021 and reinforced COVID-19 measures due to the increased number of cases. These measures took place from the 15 January for 21 days when the situation will be re-evaluated.

The National Societies' response to COVID-19 is supported through the [IFRC global appeal](#), which is facilitating and supporting them to maintain critical service provision while adapting to COVID-19. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The National Societies will keep monitoring the situation closely and revise the plan accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of items, procurement issues, and movement of National Societies volunteers and staff. For more information, please consult the [COVID-19 operation page IFRC Go platform](#).

The epidemic poses a considerable threat to IFRC and MRCS staff and volunteers, as well as the communities served. This includes the risk of mistrust, denial and rumours about the outbreak that may decrease the impact of activities, and add risk to volunteers and staff, as communities may not accept the support provided. The IFRC office, with the support of Africa Regional Office, has put in motion a set of activities to prevent the contagion of staff and volunteers. All of these are defined in the "Mozambique COVID-19 Business Continuity Plan". Moreover, activities were analysed across all sectors, and a risk analysis conducted to understand the risks it entails, as well as mitigation measures that could allow to continue implementing the activities. This risk analysis was then framed into an activity priority framework that guided sectors on which activities will continue and expanded, those that will be adapted, and finally, those that will be put on hold until risk can be safely managed.

## Coordination and partnerships

The IFRC initiated operations in Mozambique in response to cyclones Idai & Kenneth in March 2019. During the first months of the emergency response, the IFRC and MRCS coordinated the membership response with 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 MRCS with IFRC support. IFRC maintains a strong presence in the affected areas and in support of MRCS, with over 100 staff (5 international and 96 national).

The collaboration between ICRC, MRCS and IFRC has been instrumental to raise the Movement capacity in conflict affected areas, where its foothold in the frontline of assistance has been commended by the government and partners. In addition to ground operations, the ICRC will continue to collaborate with MRCS in capacitating its staff and volunteers in the areas of International Humanitarian Law (IHL) and safe access.

The Spanish Red Cross, German Red Cross and Belgium-Flanders Red Cross are long term partners of MRCS 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.

MRCS called for a Movement Task Force to be created to coordinate the COVID-19 response and articulate the national society plan of action. The task force has been meeting twice a week since early March 2020 and is supported by technical working groups, dedicated to Health/WASH, PSS and RCCE/Communication, which will allow the response to Tropical Cyclone Eloise to quickly integrate COVID-19 mitigation and prevention in its activities, in regards to volunteer duty of care, community awareness and prevention, and mitigation in crowded spaces such as accommodation centres. The joint effort enables to allocate immediate resources to the National Society to cover all country provinces with COVID-19 training of trainers and community-based activities.

For the response to Cyclone Eloise, there will be a Federation-wide approach for coordination, which will feed into the broader Movement coordination. IFRC is coordinating the collection of Federation members' actions on bilateral

contributions and coordinating surge support. MRCS leads daily preparation meetings with the participation of the Movement partners and created a Movement operation cooperation group to facilitate information sharing and effective use of resources for the response. To date, the IFRC membership has contributed to this response as follows:

- Spanish Red Cross: activated the crisis modifier from ECHO for cash/voucher assistance to 500 affected households for a value of 2500MTZ/HH.
- Belgium-Flanders Red Cross is supporting the MRCS with the dispatchment of humanitarian goods to Beira.
- German Red Cross (GRC) offered a test activation of the floods Early Action Protocol (EAP) for 500 families. According to existing needs, the GRC will activate emergency funds from its financial resources for a bilateral response. The response interventions will be aligned within the activities described in this Appeal.
- PIROI - French Red Cross Centre for Disaster Management – has offered to dispatch 2,000 Shelter Kits and non-food items (NFIs) from its contingency stock in La Reunion, via French Army aeroplane on 25 January.

### Overview of other actors' actions in country

The National Institute for Management and Disaster Risk Reduction (INGD) is leading preparedness while Emergency Operations Centres (Centro de Operações de Emergência, COE) are operational at the provincial level. INGD, the National Centre for Emergency Operations (CENOE) and humanitarian partners have prepositioned teams and supplies in relevant areas. INGD issued alerts calling on people in affected areas to evacuate. MRCS and IFRC have been actively participating at COE meetings on provincial and district level and is seen as one of the major partners by the government partners.

The INGD is organizing daily press conference, prior to a daily coordination meeting with all concerned humanitarian partners. The coordination meetings taking place in Beira will analyse the situation in all five affected provinces (Nampula, Zambezia, Manica, Sofala and Inhambane). The National Institute for Crisis Management (INGC) is coordinating and consolidating the needs assessment conducted by all partners, including local public administration committees, the RCRC Movement, NGOs and the UN.

The Humanitarian Country team is meeting daily to coordinate the international assistance to the Government of Mozambique. The cluster system is functioning in Mozambique since Cyclone Idai. MRCS /IFRC are leading the Shelter Cluster for natural disasters, UNICEF the WASH cluster, WHO the Health, WFP the Food Security and Save the Children the Protection Cluster.

MRCS /IFRC are convening shelter cluster partners to map activities, agree on a common shelter response strategy and ensure a quality and coordinated shelter response. The Canadian Red Cross has engaged a Shelter Cluster Coordinator to support MRCS /IFRC in the shelter cluster leadership role for the next two months. This support had initially been planned to enhance coordination of the response to Tropical Storm Chalane, which hit Mozambique in late December 2020, and preparedness activities throughout the cyclone season. The additional impact of Tropical Cyclone Eloise requires strengthened coordination of the response system and additional resources to ensure MRCS /IFRC deliver effective shelter coordination services. These include development of an inter-agency shelter strategy, monitoring of the shelter response to avoid duplication and gaps, and technical support for quality shelter response.

## C. PROPOSED AREAS FOR INTERVENTION

### Overall Operational objective

- To provide emergency relief assistance and early recovery assistance to the most vulnerable populations affected by Cyclone Eloise and build their resilience.
- To promote the efficient and effective use of IFRC resources in country, by supporting MRCS in the coordination of programmes and expertise.
- To support and enhanced the MRCS capacity in key programme areas and its sustainable institutional development as a fundamental actor in the society.

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

- Emphasis on the principle of **Humanity and Impartiality**, by reaching the most vulnerable people in cyclone affected areas and assuming IFRC and MRCS responsibility as a relevant partner in the response.

- **Community Participation:** activities developed under this plan must ensure people's participation and involvement in decision-making, particularly those that are often excluded from participatory processes. All IFRC and MRCS staff involved in delivering these activities will have appropriate training and mentoring in the use of tools to ensure constant two-way communication with the people served.
- **Localization:** The EA will ensure MRCS branches are involved in the decision-making for the response phase and are the entry points for medium and longer-term National Society program expertise, by showcasing quality, innovative and impactful programs that build community resilience in its core sectors, such as Health and PGI, WASH and DRR.
- The Federation-wide and broader **Movement approach** puts MRCS in the driving seat, with the support of the IFRC for agile decision making, considering that the Single emergency plan requires both strategic vision and short-term operational deliverables for the cyclone affected populations. It will be developed to maximise the resources and expertise that the PNSs contribute to the response in support of the MRCS. The IFRC will strengthen their involvement in support to MRCS and in coordination of the membership, ensuring that the strengths of the membership are maximised.

The principles outlined above will contribute to a strengthened exit strategy, whereas the MRCS will be assuming greater responsibility in the management of proposed programs and follow up its deliverables and impact, with the technical support of the IFRC. Other cross-cutting methodologies serve the purpose of increasing program quality and adding value to the response and MRCS:

- **Investing in volunteers:** MRCS' volunteers, working at the grass-root level are the National Society's greatest wealth. Programmes should invest in transferring knowledge and peer to peer mentoring along the way. Knowledgeable and engaged volunteers, prepared for relief action, promoting healthier and safer communities and engage in transforming the community environment.
- **Networking:** The MRCS must be attentive to government initiatives in its realm of action and understand how its contribution can be made. The Government should also recognize the role and relevance of the MRCS in the country, as per its statutes and capacities. Whilst the EA cannot embrace all the initiatives, it should serve as a connector with longer term strategies, by demonstrating the ability to deliver. The EA should also bring the MRCS closer to key humanitarian and development external stakeholders, participate in the definition of strategic orientations, and position itself as a partner of excellence.
- **CEA:** The reinforcement and institutionalization of community engagement and accountability is a key deliverable of the EA considering the necessity to raise the standard of the National Society when planning, consulting, and delivering aid to affected populations. In the recovery phase, the CEA team will work with MRCS to define clear standard operating procedures for engagement and accountability, and train relevant staff and volunteers in the process.
- **Protection, Gender and Inclusion** will be cross-cutting across all programmes. Secondly, MRCS volunteers and staff will be briefed and sign the code of conduct and Prevention of Sexual Exploitation and Abuse (PSEA) policies and shall be trained on identifying protection issues in the community, and through the "healthier and safer community" program, will have access to knowledge that will help in preventing, identifying, and referring cases. Gender equality, through a rights-based approach and equal access to opportunities is at the core of the EA, considering the fundamental role of women in the communities and society at large and avoiding girls and boys being cut-off from the opportunity to thrive.
- **Nature Based DRR:** Climate-smart approaches will be mainstreamed across programs, for better and climate-adapted techniques that increase efficiency in community resource management, boosting resilience and reduce exposure to shocks (such as water conservation, resilient farming, build back safer construction methodologies and engage on reforestation/afforestation programs). The IFRC and MRCS will contribute to the global effort of achieving a greener response, by reducing the environmental footprint of their programs.
- **PMER:** The Federation-wide approach will be maintained in PMER. In this regard, the Mozambique country office will support the MRCS in ensuring a coordinated approach with all PNSs with presence in the country and PNSs supporting without a presence in the country. The IFRC Secretariat will ensure Federation-wide reporting on financial and operational indicators, as well as an updated 3Ws report (showing who is doing what, where in support of the operation). Support channelled via the Federation-wide Emergency Appeal will be included in the donor response list that will be available publicly.

#### **National Society Institutional Development**

Additional to the programme consolidation that will be fostered by the EA in MRCS' sectors of expertise, resources will also be dedicated to the national society institutional strengthening, ensuring that MRCS comes out stronger from this operation. After discussion with the MRCS and following the recommendation of the Organizational Capacity Assessment Certification (OCAC) study performed, the EA will focus on the following areas:

- **Governance and Strategic Planning:** support the National Society in the development of stronger and updated governance policies that allow accountable and agile decision-making, compliant with IFRC internal rules and regulations

as well as the principles and best standards of humanitarian action. An internal auditor will be recruited and initially supported by an external team that will define the scope of its work.

- **Financial Management and Resource Mobilization:** Review of the financial management system, procedures, and tools, both at Headquarter level and local branch levels, and adapt these to modern standards of financial management and compliance. Another important component is to revisit the National Society business model and establish a resource mobilization plan that is sound enough to permit stability of the core management and program areas.
- **Digitalization and digital inclusion:** modernize the work platforms used in the national society, to ensure better and faster coordination between teams, as well as better controls and outreach to branches and volunteers.
- **Volunteer Management:** Support the development of management systems that bring volunteers closer to the national society, provide adequate duty of care, capacitate these volunteers to act bearing in mind the principles of action, and the best standards of community engagement and accountability.
- **National Society Preparedness** in partnership with the PNSs in-country, the EA will invest in resourcing the outcomes of the Preparedness Effective Response (PER), elaborate adequate contingency plans and standard operating procedures in Disaster management.

## STRATEGIC AREAS OF FOCUS



### Shelter and Essential Household items

**People targeted: 28,000 people**

Male: 13,440

Female: 14,560

**Requirements (CHF): 1,736,000**

#### Proposed intervention

The cyclone caused widespread damage to existing shelters and thus the provision of emergency shelter will also be linked with the distribution of household items, to ensure that families' minimum needs are met. Many houses have sustained damage and thus focus needs to be on housing repair and rehabilitation.

Through this appeal, MRCS will support 28,000 people with shelter assistance, in the areas of Build Back Safer awareness, resilient and sustainable housing techniques. Most vulnerable households will receive shelter kits and other shelter supplies like tarpaulins. Households for resettlement will be supported with durable shelters to build back better in order to prevent impacts of future natural disasters. A lesson learnt from Idai response, as Mozambique is facing recurrent disasters and people being affected multiple times, the CEA part will be important to engage communities in discussions on location and type of housing. MRCS will continue to take the leadership of the Shelter Cluster in the central area, in support to local authorities and humanitarian partners.

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

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

- Shelter needs assessment and identification of beneficiaries - ensuring community agreement and coordination with local authorities, revalidate their eligibility, and register them as beneficiaries
- Distribution of prepositioned shelter kits, tarpaulins, essential household items (NFIs) (such as kitchen sets, blankets, sleeping mats, solar lamps)
- Identify locations for shelter interventions in emergencies, in coordination with shelter cluster, local authorities and communities.
- Procurement and distribution of 2,000 shelter kits, including framing materials (or equivalent in cash vouchers)
- Provide cash grant for shelter repairing/rehabilitation of damaged houses, with attention to protection, disability inclusion and flood-resistant shelter.

- Construct model houses in selected localities to demonstrate safer construction techniques and improved/safe local building practices.
- Training of volunteers on emergency shelter construction and safe sheltering practices, alongside CEA module.
- Dissemination technical guidelines for the construction of emergency shelter (available in Portuguese through MRCS work).
- Post distribution monitoring and evaluate assistance.

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

- Orientation for volunteers on shelter kits.
- Orientation on safe construction and improved local building (dissemination material, roll-out to communities, etc.).
- Training on disability-inclusive shelter to MRCS volunteers and roll-out to communities
- Provide Participatory Approach for Safe Shelter Awareness (PASSA) training and/or roof repair training.
- Provide the selected households with orientation on the programme, the distribution process, and guidance on building back better and safer principles.
- Provide assessed households with technical guidance and labour support.
- Provide training to local labour force on safer construction.
- Undertake regular monitoring to ensure that households receiving support to repair or retrofit their houses and households that receive support to rebuild have completed construction using building back safer principles.



### **Livelihoods and basic needs**

**People targeted: 12,500 people**

Male: 6,000

Female: 6,500

**Requirements (CHF): 879,000**

#### **Proposed intervention**

Due to the destruction, flooding and displacement of population, immediate food availability is limited, as is the ability of affected families to cover their basic needs. Initial reports indicate that 142,149 hectares of crops have been destroyed in the 6 provinces with 48,621 hectares in Sofala alone. This will continue to impact food security and nutrition in the months ahead. A serious reduction in household incomes will be experienced in the affected areas, especially since the poorest households are dependent on agriculture, fishing and livestock, with few other livelihood opportunities or coping mechanisms. Areas affected by floods will face significant crop failure, particularly as the crops were close to annual harvesting period. Until water recedes and lands are rehabilitated, practicing farming will not be possible. Commodity prices in Beira are rising significantly and economic infrastructure including warehouses, storage silos and supermarkets have been destroyed. MRCS will explore the usage of CVA (vouchers) as the modality to deliver assistance, both for food and basic needs, but also potentially for supporting (early) recovery, based on the lessons from consultations with the government during the Idai operation.

There will also be an impact on livestock, with the loss of cows and small livestock. This means that the food gap is likely to extend until next year and assistance may need to be provided until livelihoods can be recovered. Due to the lack of coping mechanisms, the poorer households will need assistance to restart their livelihoods activities.

The vulnerable, such as, children, elderly, pregnant and lactating women are most at risk of food insecurity and malnutrition. Moreover, women who are playing critical roles in agricultural production, also assume the majority of caregiving duties. Caregiving duties are likely to increase as a result of the cyclone and flooding as there is an increase in illness and injury and this may result in decreased agricultural production resulting in further food insecurity.

Through the appeal, MRCS will support 2,500 families (12,500 people) with immediate basic needs assistance, in the form of food, water or cash transfers (depending on market access). Attention to vulnerable groups, especially children, lactating mothers, elderly and people with disabilities will be prioritized. Furthermore, early recovery activities will be enacted whenever possible, focusing on recovering food crops, adequate to the planting season ahead.

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

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

- Assessment of immediate food and other basic needs, and rapid market assessment
- Contracting with stores for cash grants or voucher intervention (assuming CVA is feasible)
- Support and training for MRCS, including completing the CEA training module and basic PGI trainings
- Targeting of affected population
- Distribution of vouchers
- Reconciliation and post-distribution monitoring

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

- Assessment of disaster impact, identification of communities and targeting of households for livelihood restoration, in partnership with local authorities
- Distribution of productive assets to vulnerable farmers (seeds, tools, poultry, livestock, feeding, vaccines) via cash grants or voucher intervention (assuming CVA is feasible)
- Technical support to farmers in coordination with agriculture extensionist: seeds selection and conservation, good practices for agriculture
- Distribution of materials and tools to fisherfolks in affected coastal areas
- Post Distribution Monitoring



## Health

**People targeted: 80,000 people**

Male: 38,400

Female: 41,600

**Requirements (CHF): 229,000**

### Proposed intervention

The cyclone and associated flooding have caused extensive destruction to public infrastructure including damage to at least 26 health facilities. This number is expected to rise as access to affected communities is increased. The provision of clinical services including but not limited to emergency surgery, comprehensive emergency obstetric, maternal and newborn care, and inpatient and outpatient primary care services are essential to the health and well-being of the affected communities.

Due to the flooding, there is an increased risk of outbreaks of malaria, cholera and diarrhoeal diseases. In the medium-term, respiratory infections and vaccine-preventable diseases are a risk in displaced and sheltered populations, while other health needs will continue to rise due to the devastated primary health system. The extensive displacement and lack of functioning health facilities translate into the need to provide training on epidemics response in affected communities as well as to provide more education and health-related information to the communities to reduce the risk of illness related to the disaster and those stemming from lack of access to regular care. The cyclone was a traumatic event and there is a need for psychosocial support to communities recovering from this event.

The focus of health interventions will be on psychosocial support, prevention of Malaria, AWD/Cholera and other waterborne diseases which are an increased risk due to stagnant water, and accumulated garbage and contamination of water sources as these accelerate the formation of breeding spaces for mosquito's and Vibrio Cholerae and other disease-causing bacteria. Through this appeal, MRCS will provide direct assistance to 80,000 people, and will support the health system coping capacity through the establishment of five Community Health Points, that can also be quickly adapted to Oral Rehydration Points if needed. The volunteer outreach services will also be increased to adapt to COVID-19 precautions. Community volunteers will be trained in Community Based Health and First aid which will enable them to adapt health interventions on the needs of the communities. Based on these needs the volunteers will implement activities such as household visits, focal group discussions, group presentations and theatre on disease prevention and health promotion. Community health points will also be used to collect feedback, ensuring as many points of communication and engagement with the community as possible.

### **Health Outcome 1: The Immediate Risks to the health of affected population are reduced**

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

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

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

- Set-Up and equipping of Community Health Mobilization Points in vulnerable communities assessed and exposed to health risks
- Equip MRCS volunteers with basic health kit, protection gear and transportation for outreach activities
- Support to MoH vaccination activities and maternal and infant health care through volunteers' mobile brigades
- Social mobilization and risk communication activities in Malaria, AWD, HIV, TB, Malnutrition and COVID-19 and prevention and symptoms, including community feedback collection and response. Main activities: HH visits, FGD, community presentations, theatre.
- Dissemination of radio messages by using community radio's on AWD and malaria
- Distribution of chlorine, mosquito nets and soap

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

- Training of trainers for MRCS Health technicians in CBHFA, ECV, ORT, Malaria prevention and COVID19
- Training of MRCS volunteers on CBHFA, ECV, ORT, Malaria Prevention, COVID-19, Nutrition and referral
- Train community leaders in CBHFA, ECV, ORT, Malaria prevention and identification of malnutrition (including demonstrations on healthy cooking) and COVID-19

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

- PSS needs assessment
- Roll-out of Training of volunteers and staff in Psychological First Aid and Psychosocial support
- Delivery of psychosocial support to the affected population including PFA, group sessions, counselling, and recreational activities in collaboration with Protection, Gender and Inclusion
- Coordination, Identification and Referrals of detected cases
- Provision of psychosocial support for volunteers



## Water, sanitation and hygiene

**People targeted: 26,000 people**

Male: 12,480

Female: 13,520

**Requirements (CHF): 634,000**

### Proposed intervention

In Mozambique, access to safe water and sanitation was already compromised prior to the Cyclone, particularly for displaced people living in collective shelters, as well as people in areas where water supply was cut for several weeks. Prior to the crisis, only half of Mozambicans had access to improved water supply and only one in five used improved sanitation facilities. Most households impacted by flooding during Cyclone Eloise lost access to safe sanitation, with latrines overflowing and homes destroyed. Each of these factors significantly heightened the risk of disease outbreaks, including cholera and malaria.

Meanwhile, women and girls have been forced to walk longer distances to access clean water and firewood, exposing them to heightened risk of gender-based violence. Moreover, people with disabilities suffer from lack of adaptation of sanitation and water facilities, relying heavily on family and the extended community to support them. Most of the water sources in the affected areas have been heavily contaminated due to flooding. In addition, The internally displaced persons (IDPs) in camps do not have access to sanitation facilities, which poses a threat of water-borne diseases. There is an urgent need to address the WASH needs through provision of safe water, sanitation facilities and hygiene education.

### **WASH Outcome1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services**

#### **WASH Output 1.1: Communities are provided with improved access to safe water**

- Provision of safe water through support to the running costs of the WTU and rehabilitation of existing water distribution systems
- Distribute water purification agents for household level use
- Water testing and treatment materials
- Train population of targeted communities on safe water storage and safe use of water treatment products
- Procure pumps for removal of potentially contaminated flood water from areas of habitation and locations where latrine, sanitation and water facilities may be established
- Training local volunteers in maintenance requirements for distribution systems
- Procurement and distribution of jerry cans
- Continuously monitor the water, sanitation and hygiene situation in targeted communities
- Coordinate with other WaSH actors on target group needs and appropriate response

#### **WASH Output 1.2: Communities are supported by the National Society to reduce open defecation**

- Training of WASH volunteers and practitioners in the survey and siting of temporary/permanent water supplies and sanitation facilities
- Construction and equipping communal latrines (including people with disabilities), with appropriate wastewater treatment
- Construction and installation of community bathing and handwashing units
- Establish monitoring, inspection and operational maintenance routine for temporary sanitation facilities
- Toilets and washing units are clean and maintained through provision of spraying pumps and insecticides
- Survey areas for the establishment of temporary latrine facilities and sanitation systems
- Develop and promote appropriate solid waste management plans at community level

### **WASH Output 1.3: The National Society provide communities with the knowledge and best practice to improve community-based management of water and sanitation facilities**

- Establishing and equipping WASH committees at community level, including community engagement supported by the CEA team
- Risk awareness and household treatment training for community regarding the need for appropriate hand hygiene, so as to limit potential spread of COVID-19
- Training of WASH volunteers and practitioners with rapid response techniques and home treatment systems (necessary for COVID-19 management). This should be considerate of differing levels of literacy and local languages

### **WASH Output 1.4: The National Society promotes behavioural change in personal and community hygiene among targeted communities**

- Distribution of household hygiene kits, including soap and other consumables
- Distribution of household hygiene consumables, such as soap and female hygiene products
- Develop a hygiene communication plan.
- HP training to volunteers
- Conduct hygiene promotion sessions affected areas
- Design IEC material with support from MRCS and print materials for distribution and use during the hygiene sessions



## **Protection, gender and inclusion**

**People targeted: 20,000 people**

Male: 9,600

Female: 10,400

**Requirements (CHF): 71,000**

### **Proposed intervention**

Women, girls, men and boys including those with disabilities are differently impacted by disasters and specific measures are needed to tailor assistance to meet these needs. Particularly women, adolescent girls and unaccompanied children displaced in evacuation centres or living in spontaneous settings are exposed to SGBV including sexual exploitation and abuse due to due to inadequate shelter, safety and privacy whilst access to protection and health services could be disrupted.

Building on ongoing PGI efforts under the Idai operation, the response will enhance sensitization of communities on protection risks, including prevention and response to sexual and gender-based violence and protection of children as well as development and dissemination of safe referral pathways to facilitate accessibility to services within the shortest time possible and maintaining strict confidentiality. Girls, boys, women, and men shall be provided with dignity kits containing essential supplies for menstrual hygiene management for females. The response will ensure inclusivity of Persons with disabilities and older persons through targeted and tailored interventions that meet their specific needs.

The operation will integrate PGI in Health, WASH, and Shelter in accordance with IFRC Minimum Standards for Protection, Gender and Inclusion in emergencies to ensure dignity, access, participation and safety of all regardless of their gender, age or disability and ensure briefing on the Code of Conduct, Prevention from Sexual Exploitation and abuse and Child protection policy. IFRC, MRCS and ICRC will collaborate on restoring family links as needed.

The most at-risk communities will be prioritized - i.e., those in the most exposed areas with higher vulnerability and lower coping capacity, particularly families targeted for shelter, WASH and/Health assistance will be provided with protection services.

### **PGI Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable**

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

- PGI informed multi-sectors needs assessment to identify and address gender and diversity specific needs and protection risks.
- Refresher for MRCS volunteers and staff on protection, gender and inclusion.

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

- Safe spaces (women and men) are set up disseminating messages for awareness in communities on prevention and response to SGBV, providing PSS, life-skills, counselling, case detection and safe referrals.
- PGI technical support and guidance provided continuously to other sector efforts (including for disability inclusion), and especially for Health, WASH, livelihoods and shelter, and for all PMER efforts
- Procurement and distribution of dignity kits and MHM sessions to population.
- Ensure appropriate and safe referral pathways are in place, monitored and disseminated with all IFRC, PNS and NS staff and volunteers, with particular attention to survivors of SGBV, Child Abuse or Neglect and exploitation or trafficking in persons
- Provide safe referral services to survivors of violence, exploitation or abuse including SGBV and for unaccompanied children and other children on their own
- Ensure implementation, monitoring and adjustment of an adequately comprehensive system to prevent and respond to situations of Sexual Exploitation and Abuse (PSEA) and ensure that IFRC staff, National Society staff and volunteers have signed the Code of Conduct, PSEA and Child Protection Policies in collaboration with HR
- Ensure all staff and volunteers receive mandatory PGI briefings
- Roll out of trainings in PSEA and Child Protection NS Policies recently approved.
- Ensure PSS is provided to SGBV survivors
- Training for community leaders and diverse member groups (women, men, adolescents, older people minority groups, LGBTIQ+, as appropriate) in case identification and safe referrals



### **Disaster Risk Reduction**

**People targeted: 100,000 people**

Male: 48,000

Female: 52,000

**Requirements (CHF): 256,000**

#### **Proposed intervention**

The cyclone has caused significant loss of life, displacement, and extensive destruction to infrastructure including housing and basic service infrastructure. These impacts could have been reduced with a greater focus on DRR and community resilience. The coast of Mozambique is regularly affected by strong cyclones and flooding and, due to climate change, these hazards may become more frequent and intense. IFRC will leverage the response and recovery phase as an opportunity to reduce future risks. Activities will build on the work done by the Flood Resilience Alliance in Mozambique, which had many recommendations related to DRR and early warning. Activities will also have a strong focus on climate-smart and community-based DRR and on capacity development of the responding branches. Efforts will also ensure a strong link with MRCS longer-term community-based disaster risk reduction/community resilience programmes. Below are the proposed Disaster Risk Reduction activities: Building Community Awareness of upcoming events including the dissemination of weather alerts and warnings which are being produced by the National Meteorological Services to the communities by the MRCS Volunteers. The Communities will also be sensitized on the risks impending and what to do when it occurs; Capacity Building and Training on Disaster Risk Reduction at all levels for effective disaster preparedness and response including in

schools, women groups, Community based Organization among other vulnerable groups; and lessons learnt workshop for sharing of experience and lessons learnt that will influence the Disaster Risk Reduction policies and planning at the various levels.

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

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

- Support and train local community disaster management committees (CLGRC) in line with INGC guidelines
- Train MRCS Volunteers in disaster preparedness, coordination and response
- Strengthen and test early warning early action systems at community level
- Support the dissemination and sensitization on the use of weather alerts and warnings to communities
- Train communities in disaster preparedness and response including prevention of fall of armyworms, conservation agriculture and continuous support to farmers associations

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

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

- Ensure recovery programmes are aware of and apply eco-system based and environmentally sustainable nature-based solutions where feasible
- Support short term eco-system based initiatives, mobilising MRCS youth and partner organisations
- Minimize use of single-use plastics across programmes and advocate for sustainable alternatives such as energy-efficient cooking stoves
- Conduct tree planting and reforestation activities in consultation with communities to provide multi-targeted sustainable solutions for timber, food and other resources
- Promote and support energy transition at community level (solar panels, cooking stoves)
- Train MRCS volunteers in VCA, climate-smart DRR and CCA
- Support in the training of volunteers in DM, including assessment, data collection, distribution, M&E, PGI and CEA

##### **Output 2.1.2: Communities prepare for timely and effective mitigation, response and recovery to crises and disasters, including early action.**

- Support the communities to conduct readiness and prepositioning activities indicated in the floods and cyclone Early Action protocol.
- Support capacity strengthening of the MRCS Branches volunteers on the Early Action Protocol implementation, monitoring and evaluation.

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

- Strengthen link with related RCRC initiatives at national and regional level including Forecast Based Action
- Review and conduct simulation of Forecast Based Financing protocols in target provinces
- Design and print CCA tools and materials
- Raise awareness on disaster risk and carry out drills and exercises in communities and schools

## **ENABLING ACTIONS**

### **Strengthening National Societies**

**Requirements (CHF): 959,000**

#### **Proposed intervention**

MRCS is responding to numerous disasters from floods, cholera as well as an increase in cases of COVID-19. They have unparalleled access and reach to communities; and as such are strong partners to the United Nations Agencies, Government as well as other local and international Non-Governmental Organisations. This demands that the National Societies organisational policies, processes and procedures, and systems are place as well as skilled and

experienced workforce at national and branch levels. There is a need to support the strengthening of the National Societies, particularly staff capacity especially in sectors such as Shelter, Health, WASH, PGI and CEA.

**S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform**

**Output: The National Society has a strong and effective leadership**

- Continuous support to National Society leadership in completing the Organizational Development plan and priorities

**Output: The National Society has effective and motivated volunteers who are protected**

- All active volunteers are trained and insured
- Develop and roll out an online volunteer management system
- Develop and roll out training modules for volunteer & youth training across key areas
- Strengthen volunteer and youth engagement in National Society operations, programmes and services

**Output: The National Society has the necessary corporate infrastructure and systems in place**

- Strengthen NSs financial management capacity at NHQ and selected provincial branches
- Agree and support internal audit function at NHQ
- Support finance systems development & training and refreshers training
- Promote and support digital transformation and inclusion across programmes and general management
- Support upgrades to branch infrastructure and equipment in selected branches
- Enhance HR management capacity and systems (incl. job descriptions, function description and roles and responsibilities, emergency procedures, databank)
- Strengthen PMER systems and train branch and project staff on PMER

**Output: The National Society capacity to support community-based disaster risk reduction, response and preparedness is strengthened**

- Develop a comprehensive strategy for DRM and institutional preparedness including health systems strengthening
- Engage the NS in the PER approach and support priority actions for response capacity strengthening under a detailed action plan
- Train volunteers in disaster risk management and response, including assessment, data collection, distribution, M&E, PGI and CEA
- Develop contingency plans, test and improve them through simulation drills for basic first aid and emergency
- Scale-up and support the management of pre-positioned essential household items (NFIs)

## Influencing others as strategic partners

### Requirements (CHF): 13,000

#### Proposed intervention

Collective Movement response plays a vital role in providing bilateral and multilateral support to National Societies responding to the critical needs. Together the Movement adds immense value in a coordinated response which respects clear roles and responsibilities, promoting a principled humanitarian approach where others don't have access. The Appeal will promote, influence, and capitalize on the Movement's unique position, leveraging relations with the respective governments and National Societies to ensure needs and respect of those affected by a principled, neutral, and independent intervention.

National Society capacity building and organizational development objectives are facilitated to ensure that the National Society is resilient and therefore has the necessary foundations, systems and structures, competencies, and capacities to plan for this operation. Based on the demand for technical and coordination support required to deliver the objectives of operation, the programme support functions below will be put in place to ensure an effective and efficient technical coordination. All the work on National Society capacity enhancement will also be coordinated with ongoing projects and programmes of the NS to ensure sustainable and effective capacity enhancement efforts.

Communication activities will be conducted to draw attention to and highlight the humanitarian situation and activities related to Tropical Cyclone Eloise response operation, needs of the affected people and Red Cross Red Crescent response through the development of key messages, press releases, high-quality and compelling photo, video materials—as well as social media activities that can be used by the media and Movement partners.

**Outcome 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**

**Output 1.1: IFRC and The National Society are visible, trusted, and effective advocates on humanitarian issues**

- Enhance NS communications capacity & support strategy & policy development
- Develop communications materials in relevant languages including image bank, snapshots, web stories, social media and agents of positive change

**Output 1.2: National Societies are supported to undertake successful policy and legislative advocacy at the national level**

- Ensure NS auxiliary role is appropriately framed within national laws
- Advocate for governmental support to RCRC activities in-country

**Output 1.3: National Societies are supported in resource and partnership development**

- Support development & adoption of a resource mobilisation strategy & plan of action
- Support NS in negotiation of partnerships with, national and local authorities, the UN and INGOs
- Provide advice about partnership agreements

**Outcome 2: The programmatic reach of National Societies and the IFRC is expanded**

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

- Support the NS to develop quality plans and produce timely reporting
- Streamline operational monitoring using simple online tools and infographics where feasible
- Strengthen NS reporting functions and evidence-based documentation

## Strengthening Coordination and Accountability

**Requirements (CHF): 323,000**

### **Proposed intervention**

The Emergency Appeal approach strongly considers enhancing MRCS capacity to efficiently and effectively respond to evolving needs of the emergency in alignment to its mandate, and its response to the needs of the most vulnerable people affected by the disaster. The key area of support is to provide, maintain and enhance MRCS institutional capacity at operational and strategic levels. This includes contributing to MRCS organizational structure and operational capacity. Another key area of support is to further enhance MRCS technical capacity through building skills and knowledge of MRCS staff and volunteers in the programme areas where MRCS is actively engaged. Support will be provided through trainings, workshops, mentoring, on-the-job coaching areas where surge staff and long-term delegates are subject matter experts. A Federation-wide footprint will be ensured to reflect the support provided by all participating National Societies.

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

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

Programme planning, monitoring, evaluation, and reporting will be conducted with close collaboration with all stakeholders. Federation-wide monitoring and reporting approach will be adopted for this operation. PMER will support continuous monitoring and assessment of the operation. PMER will work closely with Information Management (IM) to support the National Society data collection, management, and analysis to inform timely decision making by National Society and the IFRC. Data collection systems and tools will be set up to be able to collect disaggregated data. PMER will also support the necessary evaluation for this operation and will support real-time, midterm and final evaluations.

IM will keep close coordination with heads of sector and partners and developed an efficient data collection system. All information management products developed through the process described above are available in a webpage fully dedicated to the Mozambique response in the IFRC GO Platform. GO is a platform developed by IFRC to connect information on emergency needs with the right response. The platform channels information on emerging crises from field reports from National Societies and automatic links to notifications from humanitarian partners, as well as provides a way to organise key information from ongoing emergency operations. Coordination will be at enhanced at field level effectively through ARO, Geneva and Mozambique National Society cooperation to ensure tools and standards are aligned with NS needs and will be useful and utilized even after the conclusion of the response. Through various capacity building initiatives centred on IM will strive to ensure skill and technology transfer to NS is a key priority.

Logistics responsibilities will include sourcing the most urgent and relevant relief items, delivered and distributed equitably to those in need, in a timely, transparent, and cost-efficient manner. For the initial response, available prepositioned National Society stocks will be utilized and replenished locally or internationally depending on local availability. Local procurement will be carried out in accordance with the IFRC and National Society's standard procurement procedures with support of any deployed logistics surge in the country and the IFRC Regional Logistic Unit in Nairobi to ensure procurement activities will be carried out in accordance with the IFRC standard procurement procedures. Warehousing may play a significant role in these operations, where possible the National Society will use central warehouses to store items in advance of distribution activities. Fleet assets will be deployed as and where requested, assessments of logistics capacity and systems (incl. procurement, transport, warehousing, fleet management) will be carried out where possible to enhance National Societies' logistics infrastructure on hardware, software, capacities and preparedness.

The security focal point will keep under security management control the IFRC operation designed under this Emergency Appeal. Providing coordination and cooperation on security matters with key stakeholders such as the Host National Society, ICRC, UN and INGO Partners. Secured and well-designed internal security setting will support Country and Operations management with high standard MSR compliance (design, plans, contingencies, internal regulations, security oversight and controls). Close technical supervision from a security and safety angle will be carried out by the Regional Security Unit.

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

#### **Output 1.1: Effective and respected surge capacity mechanism is maintained**

- Regional Surge Coordination is provided to NSs, with appropriate tools
- Peer to peer surge support is enhanced

#### **Output 1.2: The National Society compliance with Principles and Rules for Humanitarian Assistance is improved**

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

#### **Output 1.3: Coordinating role of the IFRC within the international humanitarian system is enhanced**

- Develop a shelter cluster response strategy

- Ensure an information management system to track the overall humanitarian shelter response is in place
- Advocate on behalf of the shelter and settlements sector to meet the shelter needs of the affected population

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

### **Output 2.2: Shared services in areas such as IT, logistics and information management are provided**

Supply PNS and ICRC with information management products and tools

## **Outcome 3: The IFRC enhances its effectiveness, credibility, and accountability**

### **Output 3.1: IFRC staff shows good level of engagement and performance**

- Conduct performance appraisals in due time
- Implement and update throughout this EA an effective risk management

### **Output 3.2: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders**

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

### **Output 3.3: Staff security is prioritised in all IFRC activities**

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

## D. FUNDING REQUIREMENTS

*EMERGENCY APPEAL MDRMZ016- Mozambique – Cyclone  
Eloise  
Funding requirements – summary*

<b>Area of Intervention</b>	<b>Needs in CHF</b>
DISASTER RISK REDUCTION	256,000
SHELTER	1,736,000
LIVELIHOODS AND BASIC NEEDS	879,000
HEALTH	229,000
WATER, SANITATION AND HYGIENE	634,000
PROTECTION, GENDER AND INCLUSION	71,000
STRENGTHEN NATIONAL SOCIETIES	959,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	13,000
STRENGTHENING COORDINATION AND ACCOUNTABILITY	323,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>5,100,000</b>

**Jagan Chapagain**  
Secretary General

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## Contact information

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

### In the Mozambique Red Cross (MRCS)

- **Secretary General** Maria Cristina Uamusse, Tel: +258 82 440 8280; email: [cristina.uamusse@redcross.org.mz](mailto:cristina.uamusse@redcross.org.mz)
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- **Programme Director** Ilidio Nhатуve, Tel: +258 82 440 8280; email: [Ilidio.Nhатуve@redcross.org.mz](mailto:Ilidio.Nhатуve@redcross.org.mz)

### In the IFRC

- **IFRC Country Delegation** Gorkhmaz Huseynov, Head of Country Delegation,; Phone: +258 87 681 0013; email: [gorkhmaz.huseynov@ifrc.org](mailto:gorkhmaz.huseynov@ifrc.org)
- **IFRC Regional Office for Africa** Adesh Tripathee, Head of DCPRR, Nairobi, Kenya; phone +254731067489; email: [adesh.tripathee@ifrc.org](mailto:adesh.tripathee@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, Email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org) phone: +254 110 843978

### For In-Kind donations and Mobilization table support:

- **Logistics Coordinator** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org); phone: +254 733 888 022

## Reference documents



Click here for:

- [Previous Appeals and updates](#)

## 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.