OPERATION UPDATE

Mozambique, Africa | Tropical Cyclone Eloise

Guara Guara, Buzi, Resettlement Site- HP, PSEA and GBV awareness raising
A. THE DISASTER AND THE RED CROSS RED CRESCENT RESPONSE TO DATE

22 January 2021: IFRC Information Bulletin #1 is published

23 January 2021: Tropical Cyclone Eloise made landfall

23 January 2021: IFRC launched a DREF amounting to CHF 359,689

25 January 2021: IFRC Information Bulletin #2 is published

28 January 2021: Emergency Appeal launched to the amount CHF5.1 Million
Situation overview

Tropical Cyclone Eloise, category 2, made landfall in the first hours of 23 January 2021, 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. Other areas were already flooded ahead of Eloise's landfall, especially surrounding places including Buzi and Nhamatanda resulting in thousands of displaced people.

At least 11 people died and many were injured. The cyclone caused severe flooding in the same areas that were just recovering from two similar cyclones in 2019 – Idai and Kenneth – and by tropical storm cyclone Chalane on 30 December 2020.

The areas were already experiencing significant flooding as a result of heavy rainfall since 15 January 2021. Discharge of water from Chicamba dam and the Mavuzi reservoir had also affected residents in districts of Buzi.

Sofala, Manica, Zambezia and Inhambane are the provinces most directly affected by all cyclones, Idai, Kenneth, as well as strong storms Chalane and Eloise. They also have the highest vulnerabilities as a result of slow and interrupted recovery processes due to recurrent disasters. Sofala Province was the most affected and Buzi District was the epicentre of the Cyclone and was heavily affected by post-cyclone flooding, especially for communities along the Pungwe and Buzi Rivers. There were significant damages to homes, water and sanitation infrastructure across the district. Latest reporting states in Sofala 10 accommodation centers are still open with over 4,000 households.

Mozambique is still in the midst of the rainy season and rains are predicted until the end of March 2021. These will most likely cause more flooding in the provinces of Tete, Zambezia, Manica and Sofala.

Summary of Red Cross Red Crescent response to date

National Society was ready and positioned with 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. Ahead of the landfall, Mozambique Red Cross staff and volunteers shared early warning messages with communities in the path of the cyclone in order to minimise the impact. As a result, many families were moved to safer areas, where they are receiving support from our teams. Mozambique Red Cross (CVM) volunteers were also engaged in search and rescue activities in affected areas. CVM started to provide assistance to people evacuated to accommodation centres, even before the disaster, supplying mosquito nets, chlorine, and facilitating cholera, malaria and COVID-19 prevention activities.
To date, CVM has performed the following activities:

- Deployment of two teams from headquarters level to Inhambane, Manica and Sofala Provinces in preparation for landfall, the team in Sofala was deployed for long term mission and to be CVM counterpart for all the projects implemented with the IFRC support.
- Dissemination of Early Warning messages and support in evacuation the days before landfall through sound systems on cars and volunteers in Buzi and Beira.
- Search and rescue of 150 families (882 persons, 78 men, 458 women, 346 children) through volunteers by boat in Buzi. People were rescued from roof tops and treetops. First aid was provided to the families.
- CVM supported 24,301 persons to cross the river in Nhamatanda district.
- CVM supported the government by mobilising 96 volunteers in the transit centres and put on standby a further 150 volunteers in the Sofala Province.
- Distributed 500 mosquito nets in an accommodation centres (Nhamatanda District) and almost 1,128 bottles of cetzea/chlorine distributed to 4,224 beneficiaries accompanied by presentation of household water treatment (Districts of Buzi, Dondo, Beira, Nhamatanda). Approximately 61,467 litres of water were treated.
- CVM volunteers carried out sensitization on acute watery diarrhoea, malaria and COVID19 in 8 accommodation centres and 7 neighbourhoods by 96 volunteers. 135 presentations were held, 305 Focus Group Discussions and 19,249 beneficiaries were reached.
- PSS support to staff, volunteers and beneficiaries. 1,040 sessions were held in which 5,005 beneficiaries were reached.
- CVM participated in different coordination meetings such as at CENOE (Centro Nacional Operativo de Emergência = Emergency Ops National Center), led by INGD and HCT at all levels.
- CVM with active participation in different clusters and leading the Shelter one with the IFRC support.
- In Zambézia and Manica, 180 CVM volunteers were involved in the rapid assessments integrated in the multisector led by INGD. Three teams were sent for multi-sectoral assessments in the districts of Nhamatanda, Buzi and Mashanga in the province of Sofala. As a result of the rapid assessments.
- 28 volunteers were trained in Emergency Shelter construction and data collection of beneficiaries using KOBO.

Overview of Red Cross Red Crescent Movement in country

On the 24 January 2021, the IFRC released a CHF 359,689 disaster relief emergency fund (DREF) to provide immediate assistance to 5,000 people. This humanitarian support consists of provision of shelter kits and NFIs (tarpaulins, blankets, sleeping mats), WASH (including installation of water treatment units and emergency latrines and handwashing points) as well as Health materials (mosquito nets, PPEs,) disease prevention awareness sessions and psychosocial First Aid. The DREF funds increased assessment and operational bandwidth of the National Society. Informed by the increasing humanitarians needs on the ground from the rapid assessments, an Emergency Appeal amounting to CHF 5.1 million was launched to support 100,000 in the province of Sofala with the possibility of including more provinces pending detailed assessment findings.

The IFRC also responded to the disaster by activating its regional surge team and deployed Logistics, Operations and Communications staff to the area. 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 Federation member’s bilateral contributions and coordinating surge deployments. CVM leads daily briefing 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.

The Canadian Red Cross has engaged a Shelter Cluster Coordinator to support CVM /IFRC in the shelter cluster leadership role for the next three months. This support had initially been planned to enhance coordination of the

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1 Beira refers to urban areas. The rest of acres are rural.
response to Tropical Storm Chalane, which hit Mozambique in late December 2020, and preparedness activities throughout the cyclone season. CVM /IFRC are convening shelter cluster partners to map activities, agree on a common shelter response strategy and ensure a quality and coordinated shelter response.

To date, the IFRC membership has contributed to this response as follows:

- The IFRC released a CHF 359,689 disaster relief emergency fund (DREF) to provide immediate assistance to 5,000 people.
- Spanish Red Cross: activated the crisis modifier from ECHO for cash/voucher assistance to 525 affected households in Machanga for a value of 2500MTZ/household (31CHF).
- Belgium-Flanders Red Cross is supporting the CVM with the dispatchment of humanitarian goods to Beira.
- German Red Cross (GRC) supported with Early Action Protocols (EAP) which was triggered for 500 families. According to existing needs, the GRC activated emergency funds from its financial resources for a bilateral response. The response interventions are aligned with the activities in the Appeal.
- PIROI - French Red Cross Centre for Disaster Management – have dispatched 520 shelter toolkits, 1,040 tarps, 2,000 buckets, 1,000 jerrycans, 4,000 soaps, 3,000 mosquito nets from its contingency stock in La Reunion. These have now arrived in country for distribution.

Overview of non-RCRC actors 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. The latest date provided by the INGD is opposite. INGD issued alerts calling on people in affected areas to evacuate.

CVM 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 cluster system has been active in Mozambique since Cyclone Idai. CVM /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.

Most of the humanitarian partners are currently still in the planning and resource mobilization phases.

B. THE OPERATIONAL STRATEGY

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 CVM in the coordination of programmes and expertise.
- To support and enhanced the NS 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 such as:

- Emphasis on the principle of Humanity and Impartiality
- Community Engagement and Accountability: Ensuring community participate in all interventions
- Localization: CVM branches to be involved in the decision-making and be the entry points to programming
• Multisector approach to assessment and planning: CEA, PGI and DRR mainstreamed.
• The Federation-wide and broader Movement approach puts CVM in the driving seat, with the support of the IFRC
  Refer to emergency Plan of Action and Emergency Appeal for more details.

**Needs assessment and targeting**

CVM supported by IFRC have completed the rapid and detailed assessments in affected Provinces and Districts which have been used to define the EPoA. Detailed assessments included standard methodologies such as focus group discussions, meetings with leaders and other key informants, etc. Based on the assessments conducted, the main needs of the affected population are related to:

- **Food Assistance** - including in Accommodation Centres. (INGD does not allow organizations to distribute food at accommodation centres only when they are being disactivated as return packages for minimum 30 days)
- **Emergency shelter kits** to assist with deactivation of accommodation centres to allow people to resettle as families to the new plots of land.

**Essential household items (EHI)**, such as mosquito nets, jerrycans, sleeping mats, basins, blankets, kitchen sets, etc.

- **Personal Protective Equipment** (PPEs) for COVID-19 mitigation and awareness and sensitization sessions.
- **Water containers**, clean water, chlorine and hygiene promotion.
- **Sanitation** - temporary facilities and rehabilitated permanent facilities.
- **Community mobilization through community-based health and first aid (CBHFA) approach on disease prevention and health promotion.**
- **Psychosocial support to affected families.**
- **Set up of oral rehydration points in case of an increase of AWD cases and cholera outbreak.**
- **Protection**, gender and inclusion.
- **Durable shelter solutions for families affected**, in the new Eloise resettlement sites, in the affected existing Idai resettlement sites and outside of the resettlement sites
- **Support in livelihoods recovery for agriculture and fisheries sectors.**
- **Reconstruction of damaged/destroyed community infrastructures.**

**Geographical Areas of Prioritisation**

Sofala, Manica, Zambezia and Inhambane are the provinces most directly affected by all cyclones, Idai, Kenneth, as well as severe storms Chalane and Eloise. They also have the highest vulnerabilities as a result of slow and interrupted recovery processes due to recurrent disasters.

The Government and humanitarian Clusters have identified Sofala as the priority Province with the highest level of impact. The latest IOM and Disaster Management and Risk Reduction (INGD) Flash Report 18 states the most affected provinces are Sofala, Manica, southern Zambezia, Inhambane, and Gaza provinces. Buzi district, in Sofala Province, was one of the most affected districts. According to the INGD, an estimated 143,292 individuals (27,388 households) and 3,917.3 hectares of farmland have been affected in the aforementioned localities.

Persons to be supported are being identified through joint assessments by the CVM and local disaster management committees based on set selection criteria as described below:

- Orphans and vulnerable children
- Female-headed households and pregnant women
- Elderly people
- People with Disabilities
- Chronically ill people
- Children-headed households
- Pregnant women and lactating mothers

Those affected show a high degree of vulnerability, having lost their basic resources and assets including houses and livelihoods. As such, the selection of the intervention districts in the targeted provinces will be based on the level of vulnerability and the CVM’s existing capacity, considering the following criteria:

- Areas with more needs and number of affected people with difficult access.
- Socio-economic impact caused by the disasters.
- Number of affected and resettled people.
Summary of data from latest cluster multi sector assessment up to 5 February 2021

Key Findings

- Food security impacts hit at the peak of the lean season period and will impact longer term food security outcomes of vulnerable households. The food security situation is being compounded by the loss of household food stocks, loss of livelihoods, disruption of markets and increases prices of basic commodities reported. Over 261,000 hectares were damaged ahead of the harvest season and over 458,000 people (291,452 in Sofala and 167,026 in Manica) are estimated to be Crisis levels of food insecurity (IPC 3) from January to March 2021, according to the latest Integrated Phase Classification analysis.

- Across Sofala and Manica over 30,120 houses partially destroyed and 18,710 completely destroyed. As of 5 February, 2021 there were 26 temporary accommodation centers, with over 26,000 people displaced. These households are sheltering in crowded conditions, creating protection concerns and increase the risk of disease outbreak.

- WASH infrastructure, including water sources were impacted by the Cyclone. Many communities reported decreased access to water, lack of use of water treatment and increased open defecation practiced, increasing the risk of AWD and Cholera. In some areas critical health infrastructure is also not operating to ensure early detection and treatment of water-bourne diseases.

- Health infrastructure was impacted by the cyclone, but communities also reported lack of supplies and essential medicines. In many rural areas it will add considerable burden to people that need health support in the period ahead.

<table>
<thead>
<tr>
<th>Buzi</th>
<th>Machanga</th>
<th>Nhamatanda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (Census 2017)</td>
<td>177,415 (83,211m/94,204f)</td>
<td>55,848 (25,805 m/30,043f)</td>
</tr>
<tr>
<td>0 to 14 years</td>
<td>104,111</td>
<td>32,578</td>
</tr>
<tr>
<td>15 to 64 years</td>
<td>69,129</td>
<td>20,743</td>
</tr>
<tr>
<td>above 65</td>
<td>4,175</td>
<td>2,527</td>
</tr>
<tr>
<td>People living with disabilities</td>
<td>4,612 (2.6%)</td>
<td>1,452</td>
</tr>
<tr>
<td>Temporary accommodation centres</td>
<td>6 - as of 4 Feb</td>
<td>5 all closed by 29 Jan</td>
</tr>
<tr>
<td>Affected population</td>
<td>143,292 people (81%)</td>
<td>6,945 (12%)</td>
</tr>
<tr>
<td>Number of Houses damaged</td>
<td>15,641</td>
<td>1,196</td>
</tr>
<tr>
<td>Number of Houses destroyed:</td>
<td>9,844</td>
<td>203</td>
</tr>
<tr>
<td>Number of flooded homes:</td>
<td>1,312</td>
<td>2,571</td>
</tr>
<tr>
<td>Number of Flooded Cropland:</td>
<td>23,225</td>
<td>14,089</td>
</tr>
<tr>
<td>Number of affected Health Units:</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Number of Damaged Classrooms:</td>
<td>65</td>
<td>45</td>
</tr>
<tr>
<td>Number of Destroyed Classrooms:</td>
<td>69</td>
<td>3</td>
</tr>
<tr>
<td>Number of affected water sources:</td>
<td>214</td>
<td>89</td>
</tr>
</tbody>
</table>

Below are the key findings by District from latest cluster multi sector assessment:

Buzi

- Buzi District was the epicenter of the Cyclone and was heavily affected by post-cyclone flooding, especially for communities along the Pungwe and Buzi Rivers. There were significant damages to homes, water and sanitation infrastructure across the district. Support to affected families and communities especially in support to the rehabilitation of homes and WASH infrastructure will be critical to mitigate against disease outbreaks in the period ahead.

- During this peak period of the lean season all areas assessed did not have access to food stocks and many families lost basic food and cash crops, disrupting livelihoods and food security during this critical time. Food and agricultural support are prioritized by communities for assistance to support in the immediate lean season and provision of agricultural inputs for the upcoming planting season.

- There were reports of affected health units and supplies, essential medicines were also low in affected areas.

- Following a natural disaster protection concerns increase as families experience loss of homes and shelter in overcrowded conditions in accommodation centers. Several cases of child protection, including separated...
children, were reported and many of those interviewed noted the repeated consecutive cyclones has increased trauma and fear in Buzi District.

**Machanga**
- Damages and destroyed homes across the district displaced families temporarily to accommodation centers. While some households returned home, others are still reported to be sheltering with host communities in Machanga Sede.
- Over 14,000 hectares of cropland were destroyed and there are reports that basic food commodities are increasing during the peak of the lean season. This may impact the most vulnerable food insecure households ahead of this upcoming planting season.
- Saline water intrusion was reported in some areas in Machanga district.

**Nhamatanda**
- Strong winds affected shelters across the district further assessments will needed to verify the damages inflicted by Cyclone Eloise in Nhamatanda and Tica.
- Crops severely impacted in Nhamatanda district and many still remain flooded, communities reported that flooding is still likely two weeks following the assessment. This will severely hamper food security for vulnerable families at the peak of the lean season and ahead of the upcoming harvest period. Communities also reported increasing prices in markets in Nhamatanda may also compound food security outcomes.
- While Emergency Medical Teams are operational in Nhamatanda and Tica, there are a significant number of non-functional facilities in Tica. In Tica the only health post is non-functional and 75 per cent of health centres are reported to be not functioning.
- Early childhood marriage was reported in both Nhamatanda and Tica and cited as a barrier to education for children.

**Shelter Cluster update**
The Shelter cluster lead by IFRC are cooridinatin parterns in support of the government response. Here is the latest *DTM overview* of Buzi accommodation centres.

Based on latest field assessments emergencny shelter and NFI needs for Buzi District are:
- As of the 6th March 2021, 2,710 families, displaced by Cyclone Eloise are being sheltered in accommodation centres across Guara Guara. The government has erected family tents which are being used as communal tents. Five persons, not necessarily from the same family or community, sleep on one side and five on another. Men are separated from women and children.
- Outside of Guara Guara, many other accommodation centres such as Bopira, with approximately 700 persons, and Mussinemue, with approximately 850 persons, still remain inaccessible. They have not received any government or humanitarian organizations’ assistance since Eloise landfall on 23rd January.
- The district of Buzi has 4,086 families displaced to accommodation centres by Eloise, needing shelter support for resettlement, at present. 2,710 households in Guara Guara.
DETAILED OPERATIONAL PLAN

STRATEGIC AREAS OF FOCUS

<table>
<thead>
<tr>
<th>People targeted: 28,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male: 13,440</td>
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<tr>
<td>Female: 14,560</td>
</tr>
<tr>
<td>Requirements (CHF): 1,736,000</td>
</tr>
</tbody>
</table>

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

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

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

Needs Analysis:
- 30,856 people have been transferred to accommodation centres so far and require basic household items.
- In Sofala Province 15,687 houses have been destroyed, 26,931 damaged and 26,658 flooded.
- 64 resettlement sites from Idai have been affected where 8,485 households had their “tents and shelters” destroyed or partially destroyed; 6,790 are in Sofala, and 1,695 in Manica province.
- In Buzi district 4,086 households to be resettled and in need of emergency shelter and NFIs, to allow disactivation of centres (This does not include the families affected across Buzi Idai Resettlement sites and those who have not been displaced)

Planned Support:
- There is a need to support the most vulnerable affected families with emergency shelter items and offer them support towards durable shelter solutions. The number of households to be assisted, areas and assistance to be provided will be based on the ongoing detailed analysis, coordination with cluster partners, local government income of the appeal.

Activities Carried Out:
- CVM with the support of IFRC has carried out the emergency shelter training for both volunteers and affected families - 28 volunteers were trained in Emergency Shelter construction and data collection of beneficiaries using KOBO.
- Shelter Kits, Tarpaulins, Sleeping Mats, Blankets and Kitchen sets were distributed to 120 households in Nhamatanda, Sofala.
- CVM trained volunteers supervised the construction of 120 emergency shelters. The volunteers supported the very vulnerable beneficiaries in the construction of their shelters and oriented those who had already built, how to improve their shelters.
- With the support of the crisis mobifier CVM distributed 1,000 shelter kits each in Zambeze in Manica Provinces.
- Beneficiary identification and registration is underway
- Shelter and essential household items have been dispatched from the IFRC Duba warehouses.

Following notification by INGD that an accommodation center in Beira would be deactivated CVM/IFRC supported the distribution of emergency shelter and NFI items to 80 families being
relocated to a resettlement site in Mutua District. This distribution was also coordinated with IOM who provided some of the items for distribution.

- PIROI - French Red Cross Centre for Disaster Management – stocks have now arrived and are planned to be distributed in Buzi, Sofala - 520 shelter toolkits, 1,040 tarps, 2,000 buckets, 1,000 jerrycans, 4,000 soaps, 3,000 mosquito nets. Volunteers were also trained in emergency shelter construction.

- Families who have been unable to self-recover continue to live in Cyclone Idai distributed tents and shelters. Eloise battered these shelters and available data estimates that approximately 45% of all shelters across Cyclone Idai resettlement sites were either damaged or destroyed by Cyclone Eloise.

- CVM distributed blue tarps in December 2020 to 1200 families living across the existing resettlement sites of Guara Guara in preparation for the rainy season and they can be seen now across the site now, reinforcing Cyclone Idai tents and emergency shelters, minimizing the impact for these families.
Martha and her two friends try to pass the day among the tents. These elderly ladies all came from the same community and hope to be relocated to land close by to each other.

Lina Jose, carries her granddaughter on her back as she shows CVM, IFRC and Shelter Cluster team, half the tent she shares with her daughter and other young granddaughter: CVM

Emergency shelter construction: CVM
Nhamatanda Accommodation Center – distribution of shelter and NFIs
Livelihoods and basic needs

People targeted: 12,500 people
Male: 6,000
Female: 6,500

Requirements (CHF): 879,000

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

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

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

Needs Analysis

• Initial reports indicate that 142,149 hectares of crops have been destroyed with 48,621 hectares in Sofala alone.
• Due to the destruction, flooding and displacement of population, immediate food availability is limited. Families in accommodation centres and informal settlements will need urgent food assistance.
• Mozambique’s harvest in April could be impacted due to flooded crops. This raised concern that families will not be able to have adequate food for much longer than originally anticipated.
• 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.
• According to the Integrated Food Security Phase Classification (IPC) before Eloise the projection for January to March 2021 was that 13% of Sofala Province was would be Phase 3+ (People facing high levels of acute food insecurity)
• This means that the food gap is likely to extend until the end of the farming season and assistance will be needed to provide for lost sources of income and until livelihoods can be recovered. Its also expected that commodity prices will rise in the coming months.

Planned activities:

• Food vouchers: 3,100 Mt (38CHF) for three months
• Targeting 1,500 most vulnerable affected families in Sofala (Machanga), Manica (Sussundenga), Zambezia (Inhassunge). 2,500 per voucher, 3 months.
• Replacement of assets through vouchers: 13,000 Mt (162CHF) (agricultural tool, seeds, fishing materials, beehives, etc.
• Targeting 1,500 most vulnerable affected families in Sofala (Machanga), Manica (Sussundenga), Zambezia (Inhassunge).

Activities Carried Out:

• Spanish Red Cross are planning to support CVM with 525 households in Machanga with vouchers for FSL 2,500MZ per household (31CHF).
• Beneficiary identification and registration is underway

Nhamatanda Accommodation Center - According to available data, approximately 60% of the individuals affected are children: CVM

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2 Households either: have food consumption gaps that are reflected by high or above-usual acute malnutrition; or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.
One man walks by with his plate of xima (maize flour porridge) and beans, while others wait their turn. The government organized food, cooked communally, is given twice per day, to the 6330 persons accommodated at the Guara Guara Secondary School site.

### Health

**People targeted:** 80,000 people  
Male: 38,400  
Female: 41,600  

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

<table>
<thead>
<tr>
<th>Outcome 1: The Immediate Risks to the health of affected population are reduced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.1:</strong> Communities are supported by Mozambique Red Cross (CVM) to effectively detect and respond to infectious disease outbreaks</td>
</tr>
<tr>
<td><strong>Output 1.2:</strong> Community-based disease prevention and health promotion is provided by Mozambique Red Cross (CVM) to the target population</td>
</tr>
<tr>
<td><strong>Output 1.3:</strong> Mozambique Red Cross (CVM) develop the capacity to assess and provide relevant health care support to communities and vulnerable households</td>
</tr>
<tr>
<td><strong>Output 1.4:</strong> Communities are supported by Mozambique Red Cross (CVM) to effectively respond to health and psychosocial needs</td>
</tr>
</tbody>
</table>

**Needs Analysis:**
- 44,365 people have been displaced. Many are held in accommodation centres where conditions are poor with families sleeping on the floor in overcrowded areas with inadequate sanitation.
- Clinical services are disrupted, leaving the population at risk for marked deterioration in health status due to pre-existing or newly acquired illness.
- The INGD report 37 health facilities damaged due to flooding, 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.
- Waterborne diseases are the earliest hazard due to the contamination of water supply and disruption of usual water treatment. The latest Epidemiological Surveillance Newsletter for the period January 24 to February 3, 2021 shows an increase of malaria, diarrhoea, respiratory diseases.
- 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.

Four out of six community health mobilisation points in Beira set up and run by CVM volunteers during Idai were damaged.

Planned Support:
- Community awareness raising using CBHFA approach integrating Covid 19 prevention messages will be an entry point to further establish stronger community engagement and build trust within communities.
- Training of CVM staff and volunteers on CBHFA (those that have never been trained)

Activities Carried Out:
- Distributed 3,000 face masks in accommodation centres to 1,120 families in Buzi, Sofala.
- Distributed 1,000 face masks in resettlement sites and accommodation centres in Nhamatanda, Sofala.
- Distributed mosquito nets to 2,495 families an accommodation centres in Buzi, Sofala.
- Mosquito nets were distributed to 120 households in Nhamatanda, Sofala.
- Further beneficiary registration is underway
- CVM volunteers carried out sensitization on acute watery diarrhoea, malaria and COVID19 in 8 accommodation centres and 7 neighbourhoods by 96 volunteers. 135 presentations were held, 305 Focus Group Discussions and 19,249 beneficiaries were reached.
- PSS support to staff, volunteers and beneficiaries: 1,040 sessions were held in which 5,005 beneficiaries were reached.
- Search and rescue of 150 families (882 persons, 78 men, 458 women, 346 children) through volunteers by boat in Buzi. People were rescued from roof tops and treetops. First aid was provided to the families. CVM supported 24,301 persons to cross the river in Nhamatanda district.
- Prevention of dissemination of COVID19 at the resettlement sites and accommodation centers is a large concern. There is agglomeration of people and they beneficiaries sleep with many in tents. COVID19 activities are extended to resettlement sites. In Buzi, Beira and Nhamatanda the volunteers trained on CBHFA and COVID19 are doing presentations on COVID19 preventive measures. In the centers handwashing stations have been installed. The volunteers inform people to keep 2m distance in the centers.

<table>
<thead>
<tr>
<th>Bairro</th>
<th>Families supported</th>
<th>Mosquito nets</th>
<th>Face masks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiquezana</td>
<td>373</td>
<td>1,493</td>
<td></td>
</tr>
<tr>
<td>Macurungo</td>
<td>630</td>
<td>1,260</td>
<td></td>
</tr>
<tr>
<td>Massane</td>
<td>474</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comp Buzi</td>
<td>117</td>
<td>247</td>
<td></td>
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<tr>
<td>Mandir</td>
<td>335</td>
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<tr>
<td>Martinote</td>
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</tr>
<tr>
<td>Muchanessa</td>
<td>152</td>
<td></td>
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<tr>
<td>Inhabiria</td>
<td>197</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>2,495</strong></td>
<td><strong>3,000</strong></td>
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</tbody>
</table>

CVM trained volunteers organising distribution of mosquito nets in Buzi
Isabele Felipe, 26, feeds her 1 week old baby Domingos. She arrived to the camp pregnant over a month ago, went to the health centre to give birth and returned again to the tent with her new baby. Herself, her husband Joaquim Maquiri, their young daughter Mariana and their new arrival share half of the tent behind with Anita, a lady who they don’t know. They say they have no choice but to wait for the government to give them land so they can start again.

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**Water, sanitation and hygiene**

**People targeted:** 26,000 people  
Male: 12,480  
Female: 13,520  
**Requirements (CHF):** 634,000

**Outcome 1:**  
Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

- **Output 1.1:** Communities are provided with improved access to safe water
- **Output 1.2:** Communities are supported by the National Society to reduce open defecation
- **Output 1.3:** The National Society provide communities with the knowledge and best practice to improve community-based management of water and sanitation facilities
- **Output 1.4:** The National Society promotes behavioural change in personal and community hygiene among targeted communities

**Needs Analysis**
- According to the Multi Sectoral Assessment round 19 in resettlement sites hosting internally displaced persons there are 5,292 latrines damaged and 8 water points damaged. 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 and dignity kits. These facilities and supplies will be provided in the immediate phase of the operation.

**Planned Support**
- Distribution of emergency WASH items such as chlorine, jerry can, hygiene kits to the affected families.
- Provision of safe water through rehabilitation and drilling of new boreholes.
- Conduction of emergency and permanent latrines.
Activities Carried Out:
- Almost 1,128 bottles of certeza/chlorine distributed to 4,224 beneficiaries accompanied by presentation of household water treatment (Districts of Buzi, Dondo, Beira, Nhamatanda).
- Approximately 61,467 liters of water were treated.
- Jerry cans (20ltrs), buckets (14ltrs) and soap (480pcs) sets were distributed to 120 households in Nhamatanda, Sofala.
- Carried out the distribution of Rapid Latrine Kits for the 120 Families, in Nhamatanda, Sofala.
- CVM trained volunteers supervised the construction of 120 Rapid Latrines.
- Beneficiary identification and registration is underway.

Nhamatanda Accommodation Center – water distributions

Nhamatanda Accommodation Center - hand washing
## ENABLING ACTIONS

### Strengthening National Societies

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

**Outcome 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

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

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

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

### Activities Carried Out

- Volunteers are now being trained in the technical areas of the operation – shelter, health, WASH, PGI, CEA - and data collections methodologies, tools and reporting.
- To date the NS has mobilised 180 volunteers who are supporting different sectors of the operation.
- For the longer term response it is planned to train 150 volunteers on all critical areas of the operation – this will be an integrated training package covering all sectors of the planned interventions.
- PSS support to staff, volunteers and beneficiaries. 1,040 sessions were held in which 5,005 beneficiaries were reached.
- In Zambézia and Manica CVM, 180 volunteers were involved in the rapid assessments integrated the multisector leaded by INGD. Three teams were sent for multi-sectoral assessments in the districts of Nhamatanda, Buzi and Mashanga in the province of Sofala. As a result of the rapid assessments.
- 28 volunteers were trained in Emergency Shelter construction and data collection of beneficiaries using KOBO.
- Rapid training of 28 volunteers on multi-sectoral issues and CEA basic points, such as collecting and responding to feedback, 2-way communication channels and how to deal with community rumours. Help desks were set up at distribution locations to support communities with information, manage complaints, etc.
- Training of local CVM volunteers on multi-sectorial issues was done to 31 CVM volunteers (14 men and 17 women whose ages range from 18 - 58 years).
Isabele Joao, 62 years old, explains her frustration and worry to Buzi CVM team, about sharing a tent with 4 women she doesn’t know. Herself, Selina, Teresa, Maria and another woman whose name she doesn’t recall, sleep in one side of the tent behind her. Another 5 women sleep on the other side. She says she is as worried for Covid-19 as she is for other illnesses and diarrhea. Following Cyclone Eloise she was forced to leave her neighbourhood of Mandiri 1 in Buzi Vila. She says ‘What can I do? I just have to wait until they call my name for new land and start again, but I cry because I want to live alone and not like this.’

**Influencing others as strategic partners**

**Requirements (CHF): 13,000**

**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

**Output 1.2:** National Societies are supported to undertake successful policy and legislative advocacy at the national level
### Output 1.3: National Societies are supported in resource and partnership development

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

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

#### Activities Carried Out
- The first partnership meeting was held at the beginning of the operation with the aim of briefing them on the immediate needs on the ground and strategy of the National Society response with the support of its partners. IFRC has deployed the southern Africa Cluster Partnership and Development Senior Officer to support fundraising efforts at the country level.
- The NS together with IFRC continue to advocate for support of affected families with all relevant stakeholders. CVM participated in different coordination meetings such as at CENOÉ (Centro Nacional Operativo de Emergência = Emergency Ops National Center), leaded by INGD and HCT at all levels.
- CVM actively participates in different clusters.

#### Shelter Cluster
CVM/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 CVM/IFRC in the shelter cluster leadership role for three months. The additional impact of Tropical Cyclone Eloise required strengthened coordination of the response system. These includes the development of an inter-agency shelter strategy, monitoring of the shelter response to avoid duplication and gaps, and technical support for quality shelter response. The Shelter Cluster is required to build-up an overview of the shelter needs situation, compiling data from GREPOC, DTM, INGD and other partners, and on a day-to-day basis directs Shelter Cluster partners to the most in need areas, advising on standards and recommendations for NFIs and shelter interventions.

### Strengthening Coordination and Accountability

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

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

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

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

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

#### 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**

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

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

**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**

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

#### Progress towards Outcome

#### Activities Carried Out:
- CVM and IFRC remain part teams for rapid and detailed assessments and emergency response mobilisation.
- IFRC has deployed the Communications Officer for one from Malawi RC to help with the profiling of the operation.
- The PDR surge has also been deployed to support the National Society with domestic fundraising.
- Operations Manager from the Southern Africa has been deployed for one month to support the set-up of the operation and development of the EPOA.
- IFRC Africa Regional Office has deployed the Logistics Officer to support the procurement and logistics of the operation.
• IFRC Africa Regional Office has deployed the Regional Roving Operations Manager and Logistics Delegate to support the start up of the operation
• Two planning meetings including CVM and IFRC took place in February 2021 for the detail planning of the operation as well as agreeing on EPOA development process, scope and targets.

Financial Report
• The Emergency Appeal has been shared with donors, but remains poorly funded with only 10% coverage (525 549.78 CHF).
Contact information

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

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For In-Kind donations and Mobilization table support:
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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)
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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.