

# Emergency Appeal final report

## Mozambique: Floods

---

### Final Report Emergency appeal n° MDRMZ010 GLIDE n° FL-2013-000008-MOZ 27 February 2014

---

**Period covered by this Final Report:** 1 March  
to 30 November 2013

**Appeal target (current):** CHF 1,466,456

**Appeal coverage:** 94%

#### Appeal History:

A Preliminary **Emergency Appeal** was launched on 1 February for CHF **662,337** in cash, kind, or services to support the Mozambique Red Cross Society (CVM) to assist 15,000 beneficiaries over 6 months.

#### Disaster Relief Emergency Fund (DREF):

CHF 300,000 was initially allocated from the Federation's DREF to support CVM in its initial rapid response.



*Family with part of a kitchen set distributed during the relief operation, Chokwe: IFRC*

**Operations Update No. 1** was issued on 19 February, 2013 highlighting the findings of a field assessment coordination team (FACT) and two emergency response units (ERUs).

A **Revised Emergency Appeal** was launched on 1 March, 2013 for CHF 2,044,428 in cash, kind, or services to support CVM to assist 5,700 families (28,500 people) over six months. At that stage, the operation was scheduled to be completed by the end of August 2013.

**Operations Update No. 2** was issued on 21 March 2013.

**Operations Update No. 3** was issued on 22 August 2013.

**Operations Update No. 4** was issued on 15 October 2013 announcing a 6-week extension to 30 November, 2013 in order to finalise the prepositioning of emergency NFIs and to take into account the final reporting requirements for the ECHO-funded component of the operation. The extension was accommodated within the existing budget of the Appeal.

#### Summary

A detailed description of the situation leading to this Emergency Appeal has been provided in the published reports referred to above.

In summary, the heaviest flooding in over a decade to hit southern Mozambique affected over 240,000 people and destroyed towns and livelihoods. The hardest hit area was Gaza Province, where some 176,000 people were displaced.

People were relocated by the Government of Mozambique to temporary accommodation camps across the region, where shelter and sanitation conditions were inadequate for the number of people they were housing. The Government launched an institutional 'Red Alert' which prevented displaced families from prematurely returning to their flood-damaged homes. However, as conditions in the camps worsened, people returned to their homes as soon as they had the opportunity.

In the Gaza district, the main town of Chokwe was heavily affected due to its high residential concentration. The flood waters severely damaged infrastructure and houses, and the displaced population gathered at the administrative post of Chiaquelane and several other locations identified in the Government of Mozambique's (GoM) disaster/emergency contingency plan. The National Institute for Disaster Management (INGC) reported on 15 March that a total of 178,654 people were sheltered in camps, with as many as 140,639 in Chiaquelane.

This Emergency Appeal was designed to support 5,700 of the most vulnerable families (28,500 people) in Gaza Province affected by the disaster. Through the provision of non-food items (NFIs), it was planned that these families would be assisted to recover and improve their pre-disaster living conditions. The budget also covered the cost of shelter cluster coordination.

It was estimated by agencies that by mid-March no more than 5,000 families were living permanently in the Chiaquelane camp, with mainly women and children left behind to secure shelter, food and belongings, while the men returned to Chokwe to assess damages and prepare for their families' return. As the situation changed, the focus of the operation shifted from the camp to the beneficiaries' villages of origin.

By the end of the operation, 6,000 families (30,000 people) benefited from this operation. A significant achievement under this Emergency Appeal has been the pre-positioning of NFIs sufficient to assist 3,000 families in strategic locations, in preparedness for any future disasters.

The appeal was implemented according to plan, despite suffering unexpected delays and logistical hurdles largely caused by a delay in customs clearance of in-coming NFIs for distribution and pre-positioning.

A revised budget of CHF 1,466,456 was finalised in July 2013. In a few cases, expenditure is at variance with the final budget, as explained below:

*Relief items, Construction & Supplies:*

The activities under this section were mainly driven by donor response and specific earmarked funding from ECHO, American RC and Swedish RC.

*Logistics, Transport and Storage:*

The significant variance was mainly due to high storage costs incurred in Maputo. There were delays in clearing the consignments of the prepositioned stocks, which took more than two months as opposed to the budgeted two weeks clearance period. In addition, the budget line for the ECHO funded delegate was moved to the logistics and transport budget line.

*IFRC National Staff Salary:*

The variance under this budget line was a percentage contribution of salary for the Zimbabwe senior Finance Officer, who was supporting the region with the project finances.

*NS Staff Salaries:*

The variance under NS staff salaries can be compensated by the positive balance on the volunteer allowance budget line. NS staff was actively involved with the appeal and were working with the volunteers throughout the reporting period.

*Consultants:*

The consultant budget line also includes salary for the then outgoing operations manager who was engaged as a consultant at the start of the operation, before the operations manager was recruited.

*Professional Fees:*

An unbudgeted amount of CHF 14,083.58 was charged in audit fees for prior Mozambique projects. This was charged to un-earmarked funds of the emergency appeal

*Travel:*

Mozambique Red Cross is currently a NS that is unfortunately going through a lot of challenges. The headquarters staff did not take ownership of this appeal. A lot of support from the regional office was needed, Hence, there was an unanticipated cost of travel from the Zone and Regional Offices to support the operation. This includes finance, logistics and operations support.

*Finance Charges:*

The higher than anticipated finance charges are due to a combination of bank charges and currency losses incurred in Mozambique and the United Arab Emirates companies, which are difficult to budget with accuracy.

*Pledge Coding Fees:*

Pledge coding fees are dependent on donors with specific conditions which are not known at the time of budgeting and were therefore not accurately anticipated.

On behalf of CVM, IFRC would like to thank all donors who have supported this Emergency Appeal. Contributions were received from the American Red Cross, the Canadian Red Cross Society (from Canadian Government), Danish Red Cross, European Commission DG ECHO, Japanese Red Cross Society, the Red Cross of Monaco, Swedish Red Cross, the Swiss Red Cross and the Red Cross Society of China (Hong Kong branch), as well as from VERF/WHO Voluntary Emergency Relief and in-kind donations by French Red Cross (non-food items and RDRT support).

A FACT team was supported by Australian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Netherlands Red Cross and Spanish Red Cross. The Mass Sanitation Module (MSM20) was provided by British Red Cross with the support of Swedish Red Cross, and the Community Health Module (CHM) was contributed by the Canadian Red Cross Society. Human resources from the logistics and relief ERU pools were provided by the French Red Cross and Spanish Red Cross. Human resources from the logistics and relief ERU pools have been provided by the Spanish Red Cross and the French Red Cross.

The IFRC would also like to take this opportunity to thank the staff and volunteers of the Mozambique Red Cross at the Gaza Branch.

[<click here for final financial report; here for contact details>](#)

## The situation

In early January 2013, heavy rains fell in southern and central Mozambique and throughout the Southern Africa region. These torrential rains caused destruction of houses, schools, health centres and crops, forcing affected populations to leave their homes in search of safer areas, mainly in Maputo City, Gaza, Inhambane and Zambezia provinces. The hardest hit area was Gaza Province, where 175,693 people (35,138 households) were displaced.

In mid-January, the Government issued an institutional Red Alert for the South and Centre of the country which authorized the INGC to respond and coordinate all local humanitarian activities. As long as the institutional Red Alert was maintained, the displaced population were not authorized to return to their home towns. However, more and more people returned to their homes, although public services had not been fully restored.

An IFRC FACT team supported CVM from early February until the beginning of April to assess the situation and coordinate with other agencies to plan a response. Two Emergency Response Units (ERUs) were deployed in the Gaza Province to deliver mass sanitation and health assistance to the affected communities, and to support the CVM in logistics and distributions. With the rainy season due to last until the end of April, contingency plans were built into the operation to allow flexibility to respond to the rapidly evolving situation.

Due to the simultaneous collapse of upstream irrigation canals and the overflow of protection dikes, the waters had a particularly destructive impact on the lower lying residential areas in Chokwe – the so-called "bairros" consisting of high density neighbourhoods - where the majority of the poorer population lives. An estimated 60 per cent of the houses were totally or partially destroyed largely due to traditional construction methods.

During the initial stages of the disaster, information on the actual numbers of people displaced and needing assistance was particularly difficult to collect and verify, as no systematic assessment or registration was

conducted other than information collected by individual agencies. After the initial response to the emergency, the GoM's INGC rectified this problem and provided figures on a regular basis. The cumulative impact of successive floods, tropical storms and cyclones over a number of years had increased the long-term vulnerability of the affected population and exhausted their coping mechanisms. Most of the affected people, especially in rural areas, were already suffering from extreme poverty and deprivation before this year's disaster.

The FACT team, working in close collaboration with CVM, conducted rapid assessments and its findings are summarised below:

The **Chiaquelane accommodation camp** was located 30 km from Chokwe in an existing resettlement area initiated by the Government during the 2000 floods. Since then, it has become the designated contingency area in the Government's disaster management plan.

- Insufficient camp management and planning capacity existed, resulting in inadequate and insecure settlements where people tended to group according to their neighbourhood of origin (community network being an identified resilience factor), sprawling over a large area.
- The accommodation conditions were substandard, especially the availability and location of latrines.
- There were inequitable emergency shelter solutions, ranging from very limited number of tents to barely standing tarpaulin structures (no poles) and makeshift polythene coverings. A significant number of families took shelter under trucks.
- Insufficient and substandard sanitation facilities consisting of only 37 latrines and exposed rubbish tips located in close proximity to shelters and water points.
- NFIs such as mosquito nets, hygiene kits, kitchen sets, blankets, jerry cans and sleeping mats were insufficient. The assumed quantity of potable water (2 x 5,000 litres tank, 1 x 10,000 litres bladder and 5 water points) was insufficient and of an undetermined quality.

In **Macia**, the most significant accommodation centre was the Evangelic Church compound (housing approximately 1,500 families).

- Accommodation conditions provided were also sub-standard and limited.
- Inequitable emergency shelter solutions ranging from a limited number of tents to barely standing tarpaulin structures (no poles) and a significant number of vulnerable people, in particular women and children (approximately 300 people reported);
- Insufficient and substandard sanitation facilities: 7 latrines, 1 bathroom, exposed rubbish tips;
- Insufficient quantities of NFIs for distribution: mosquito nets, hygiene kits, kitchen sets, blankets, jerry cans and sleeping mats;
- Assumed insufficient quantity of potable water (5,000 litre tank) of an undetermined quality.

The duration of the displaced population in the transitional camps was very short. The moment the water had receded and there was no further information on the next rains, the population started going back to their places of origin so as to start the cleaning and rehabilitation of their homes. They initially went back to the camps at night to sleep, but eventually only visited the camps during the day in order to receive the relief items that were being distributed. Given that this was happening even while the Red and Orange alerts were still in place, the Government decided to stop the distributions in the camps once the emergency alert was cancelled.

The situation of Chokwe city and surrounding areas is now back to normal. With the support of different agencies, including the IFRC, the people have managed to repair their houses and re-establish some minimum conditions of shelter. The Chokwe provincial administration which had been relocated to the Chiaquelane camp returned to Chokwe once the town was cleaned up and the Red Alert lifted.

Public health issues remained a high risk throughout the operation due to stagnant and contaminated waters.

At the end of the 2013 rainy season, activities focused on the lessons learned area and the plans and preparations for the events in 2014, which included capacity building of the communities' volunteers and disaster management through the repositioning of NFIs in secure CVM warehouses.

The following achievements are of particular note, particularly in relation to the CVM in the Gaza province:

1. The CVM's visibility and credibility has increased, resulting in an increase of volunteers in the area.
2. The capacity of the volunteers that worked during the emergency has been enhanced, and they now have more knowledge and confidence for future emergencies.
3. The amount of prepositioned stocks has also been increased, facilitating the early response to future emergencies.
4. The most affected beneficiaries are receiving follow-up support from the CVM volunteers.
5. The investment of time and resources to interact and coordinate with the local governmental institutions are paying off, as the CVM has gained their respect for the response to the emergency.

The government has offered plots on higher ground for resettlement for the affected families. According to INGC/COE Gaza, out of a total of 8,790 planned plots, 1,940 plots have been demarked with 926 families being resettled including 403 families in the district of Chokwe.

**National Society Capacity Building:** The capacity of the National Society was strengthened through empowering and enhancing its volunteer base, and district and provincial staff members. This has been accomplished by training and refreshing volunteers (34 in total, 20 new and 14 refresher), training of an additional 40 volunteers in shelter, relief and distributions, and training of another 13, including provincial technicians, on how to manage, organise, coordinate and report a distribution. In addition, training was given to the provincial and district technicians on "shelter, relief and displaced camp management".

Besides the training and after having verified the appropriateness of the prepositioning of stocks for a rapid and efficient response, the amount of prepositioned stock has been increased which will facilitate the response for the next emergency.

## Coordination and partnerships

Over the past decade, CVM has gained valuable experience in disaster response, notably from responding to the devastating floods of 2000 and 2001. As an auxiliary to GoM in emergency response and preparedness, CVM, with assistance from IFRC, was working in close coordination with the INGC and other humanitarian actors to provide the most effective support to people in need.

The Government of Mozambique (GoM) has the overall coordination of disaster response through the INGC. CVM took part in the regular coordination meetings held at the Disaster Management Technical Council which is part of the national disaster management structure. CVM's involvement supported the Government-led coordination mechanisms in recognition that all humanitarian interventions were coordinated within this structure.

The FACT team members participated in the daily GODE (internal emergency coordination group) meeting lead by the CVM whenever they were not in the field. Partner National Societies (PNSs) were present at these meetings. The FACT team leader and the Regional Disaster Management Coordinator met regularly with the Humanitarian Country Team (HCT) working group chair for coordination and information sharing. This representation was taken over once the Operations Manager was hired and has been followed until the end of the operation.

The HCT is the coordination platform for partner institutions (UN agencies, NGOs and Red Cross Movement), focusing on common strategic and policy issues related to humanitarian action. These agencies have been working through a cluster approach in Mozambique for some time, and most clusters remain active all year, not only in time of disasters. As this disaster has come to an end, the HCT has instigated gathering lessons learnt and has started preparing for the 2014 events. As of November 2013, the clusters will start meeting again, sharing information on prepositioned stocks and starting to coordinate on any response required should a further disaster (floods, cyclone or earthquake) hit Mozambique.

Humanitarian clusters have supported Government sectors in planning and performing in-depth sectoral assessments in flood areas. The Government infrastructure sector has concluded an in-depth assessment in Gaza province with the support of the early recovery cluster and the World Bank.

Under the National Contingency Plan, CVM leads the shelter cluster in Mozambique for the relief phase while UN Habitat leads the cluster once the response evolves into recovery activities. To be able to support this CVM role in the future, the position of the Shelter Cluster Coordinator has been supported by the IFRC.

CVM was also part of the UNAPROC (Civil Protection Unit) teams that carried out search and rescue operations, and 19 volunteers were involved.

The key humanitarian agencies that were active during the 2013-14 floods were: World Vision International, Save the Children, Oxfam, Samaritan's Purse, IOM, UNICEF, WFP and UNDP/OCHA. WFP provided vital transportation and warehousing in the Chiaquelane accommodation camp on behalf of the operational humanitarian agencies.

PNSs with an in-country presence include the Belgium Red Cross, the Danish Red Cross, the German Red Cross and the Spanish Red Cross.

The humanitarian response of the CVM to the 2013 floods was noticed by private companies and individuals. The CVM internal solidarity fund has been receiving pledges from Europe Car Mozambique, the mining company Mozal and others. In Maputo, clothing was also donated.

From the onset of the operation, CVM volunteers supported all humanitarian agencies in distributing food items and NFIs. The volunteers – themselves victims of the floods – have returned to their places of origin and were rebuilding a normal routine, both in their personal lives and in CVM branch activities.

The Spanish Red Cross activated its agreement with Spanish Agency for International Development Cooperation (AECID) to implement a mass sanitation project (WASH) in the Bilene and Xai Xai districts, in Gaza province; valued at EUR 135,000 for four months, and they managed to distribute 2,000 hygiene kits amongst the affected population and build 550 mid- to long-term family latrines. In addition, the Spanish Red Cross intervened in Zambezia to provide immediate relief assistance and support the process of the return to 150 of the most vulnerable families by distributing "return aid kits".

The German Red Cross has been implementing a disaster risk reduction project in the Chibuto and Chokwe districts. The Danish Red Cross has been supporting the development of CVM's Disaster Management master plan and a Community-Based Disaster Risk Reduction programme. The Belgium Red Cross is conducting a bilateral integrated health programme in the Manica province and supporting the branch in organizational development. In addition, they support an Orphans and Vulnerable Children (OVC) programme in Tete province.

IFRC and other PNSs not present in-country support different CVM programmes and the Zambezi River Basin Initiative.

The temporary IFRC office in Maputo was closed on 14 September 2013, and the situation in-country was monitored by the Southern Africa Regional Office in Botswana for the remainder of the operation.

## **Red Cross and Red Crescent action**

The CVM activated its Local Disaster Management Committees in the affected areas, carried out rapid assessments and disseminated early warning information for the population in risk areas. The CVM was the first responder to the emergency due to the good relations with the government authorities. The CVM set up the first tents in Chiaquelane camp and a water trucking distribution system to meet the needs of the displaced people in the first days of the emergency. This was done with prepositioned materials that were available in the warehouses of the CVM.

Based upon the initial assessment by the FACT Health and WatSan delegates, a mass sanitation (MSM-20) ERU and a Community Health Module (CHM) ERU as well as a WASH delegate (PIROI) and Relief/Shelter (PIROI) teams were deployed in the Gaza Province.

The Mass Sanitation Module ERU (MSM-20), supported by the British and Swedish Red Cross was deployed to the Chiaquelane accommodation camp where the immediate focus was on establishing temporary latrines (40 were built) and training people in the maintenance of these facilities. The ERU opted for a strategy of

payment to a series of people for the cleaning and maintenance of the latrines as a “cash for work” program to provide the displaced population with some short-term income while they recovered.

Other WatSan team members, particularly the RDRT delegate supported by French Red Cross, focused on Chokwe city and surroundings to clean boreholes and wells where in particular vector control, waste management and sanitation and hygiene promotion was essential before and while families return to their homes. The RDRT WatSan was supported by the MSM-20 team once the Chiaquelane camp was near to closure.

The MSM-20 has the capacity to reach at least 20,000 people to provide basic sanitation facilities (latrines, vector control and solid waste disposal). Hygiene promotion was central to its effective development and use of facilities and for maximising health benefits. Hygiene promotion activities include assessment, community mobilisation, hygiene information, education and communication targeted at promoting hygiene practices at the community and household levels, in addition to operation and maintenance of hygiene facilities.

The Community Health Module ERU (CHM), supported by the Canadian Red Cross, worked in Chokwe city to control malaria, supporting the CVM Gaza Branch in epidemic control. The CHM also performed the clean-up of the Main Hospital (massive sanitation of urgent structures to re-open their services), and worked on awareness building, community mobilization and waste disposal. In addition, they conducted verification of public health services, such as control of food being sold to avoid contaminations and intoxications. In close collaboration with the RDRT the CHM also followed up on the quality of the water distributed in Chokwe city.

After the multisectoral assessment, the efforts of the IFRC teams focused on the activities developed by the RDRT and CHM ERUs in Chokwe city and surroundings for the returned population.

The MSM 20 supported this activity until the last days of their mission as their main focus was on the population at Chiaquelane camp.

#### **Beneficiary selection:**

The intervention was based on SPHERE standards and targeted specific vulnerable groups, with priority given to those who have completely lost their houses or whose houses were significantly damaged:

- Female headed households with young or school going children
- Households headed by children or young persons
- Households with members that suffer from a chronic illness or HIV/AIDS
- Households with elderly members or disabilities
- Households that were accommodating orphans

The CVM distribution plan was discussed and approved by INGC coordination mechanisms at the provincial and district level (COE and CENOE). Beneficiary identification for distribution of shelter items and NFIs was managed by the Mozambican Government, who provided beneficiary lists to Gaza CVM branch, while beneficiary targeting was carried out by CVM with support from the RDRT initially and the IFRC Operations Manager latterly.

The Chokwe area accommodated a relatively high female population, since many men migrate for work. Hence, both in Chokwe town as well as in the camps, special attention was paid to women affected by the floods, as well as their children, especially those under the age of five. Priority was given to female-headed households. HIV prevalence was high in the area. TB (co-)infection was also common. Families housing chronically ill people required special attention as well as child/orphaned headed households. Households composed of elderly people required more assistance while displaced in the Chiaquelane camp as well as from the time they return to their place of origin. As the intervention also included public infrastructure, people visiting health facilities and school-going children at primary schools were also targeted.

This intervention supported 5,700 of the most vulnerable families (28,500 people) affected by the disaster to recover and improve their pre-disaster living conditions in Gaza Province. The main focus of the operation was to assist these families with NFIs, emergency shelter materials, health and water sanitation assistance. Health activities and health and hygiene promotion sessions reached a higher number of indirect beneficiaries when they were implemented in the accommodation camps and, once these were closed, in the places of origin. Mosquito nets have been purchased and pre-positioned for the next emergency as the disaster prone areas are endemic to malaria and the distribution of mosquito nets will no doubt be a priority for the next operation.

The initial focus was the displaced population in the Chiaquelane camp or with neighbouring host communities from Chokwe city and to the city of Chokwe, and the affected population relocated to resettlement areas. As a clearer picture of needs and gaps emerged, other geographical areas were not excluded.

## Achievements against outcomes

Shelter, settlement and non- food items	
Outcome: 3,000 of affected households in Gaza District have safe and adequate shelter and settlement solutions through the provision of locally appropriate materials and tools, and guidance on improved building techniques	
Outputs	Activities planned
Shelter assistance is provided to the flood affected target population	<ul style="list-style-type: none"> <li>• Develop baseline assessment</li> <li>• Identify 20 volunteers and staff to support operation and provide CVM/INGC volunteers with training on needs assessment</li> <li>• Procure and transport shelter materials to the site</li> <li>• Distribute two tarpaulins and one shelter tool kit to 3000 families</li> <li>• In parallel with the distribution, undertake sensitization sessions on the use of shelter kits and setting up shelter</li> <li>• Technical assistance in the setting up and maintenance of emergency shelter</li> <li>• Prepositioning of two tarpaulins, one shelter tool kit, one kitchen set and two blankets for 1,500 affected families in the Zambezia province</li> </ul>
Essential Household Items (EHI) are provided to the flood affected target population	<ul style="list-style-type: none"> <li>• Support CVM distribution plan design according to coordination mechanisms (COE,CENOE)</li> <li>• Design detailed beneficiary identification and targeting strategy</li> <li>• Provide 20 CVM volunteer/local staff with training/refresher course</li> <li>• Distribute NFIs to 3,000 families – each family will receive one kitchen set as per SPHERE standards</li> <li>• Report on distributions and adjust distribution plan if necessary</li> <li>• Monitor the use of distributed items</li> </ul>
Flood affected families are able to restore their flood damaged homes and community spaces	<ul style="list-style-type: none"> <li>• Community will be organized in groups of 20, which is the average block in an urban neighbourhood</li> <li>• Cleaning kits (including a bucket, a wheelbarrow and a rake) will be distributed for cleaning mud and debris from houses to 100 bairros - a total of 1,000 buckets, 1,000 rakes and 300 wheelbarrows.</li> <li>• Awareness campaigns on the promotion of communal hygiene</li> </ul>

### Achievements

Needs assessment training was performed by CVM in the field in collaboration with the field-based FACT and IFRC members. CVM volunteers continue to visit the beneficiaries, with follow-up supporting on the use of shelter tool kits. 12 trained CVM volunteers provided advice and assistance in setting up and maintaining emergency shelter activities. The large number of people affected in the Gaza (around 180,000 compared with Zambezia 50,000) led to a shift of prepositioned items to Gaza Province. The CVM network in the affected area and their good relationship with the local authorities (COE and CENOE) has guaranteed that the GoM's structures were in agreement with activities at all times. The identification of target families was done on the basis of the following categories: orphans, single women households, elderly, handicapped and level of poverty. In total, 43 CVM volunteers received training on using shelter kits, identifying beneficiaries, and performing distributing. 3,000 families received one kitchen set and shelter tool kit as per Sphere standards. Distributions was done according to the beneficiaries identified and as NFIs arrived. As part of the usual CVM volunteer activities, they visited the beneficiaries and supporting them in the utilization of the tool kits. After initially providing distributions to village leaders, this was changed when the local authorities requested CENOE and CVM that the most vulnerable receive the materials, so they could be used to provide labour to generate income. The CVM volunteers supported this approach. A shelter cluster co-ordinator was recruited and led the shelter cluster. An evaluation of shelter cluster co-ordination for this emergency was undertaken.

In total, 3,000 families were provided with shelter assistance tool kits to restore/improve their houses to safe shelter conditions. A total of 6,000 tarpaulins, 3,000 tool kits, 3,000 kitchen sets, 1,000 sleeping mats and 1,000 mattresses have been distributed amongst the most vulnerable population in their places of origin, increasing their quality of life and supporting the return to a pre-disaster situation.

A total of 8,500 tarpaulins (4x6 m), 4,250 shelter tool kits, 3,000 kitchen sets, 87 tents and 2,000 sleeping mats have been pre-positioned in the CVM warehouse as a disaster preparedness measure.

Urban communities in Chokwe were organized in groups of 20 households, called 'bairros'. The tool kits were designed in a way enabling the restoration of houses and livelihoods. Should sufficient funds become available and CVM has the capacity to get involved in the proposed early recovery activities, there was an opportunity to engage in build-back-better activities, building houses more resilient to flood damage.

### Emergency Health

<b>Outcome: Within 6 months, the basic living conditions of 5,700 of the most vulnerable affected families have been restored to pre-emergency conditions while strengthening household and community resilience</b>	
<b>Outputs</b>	<b>Activities planned</b>
Target population is provided with rapid medical management of injuries and disease	<ul style="list-style-type: none"> <li>• First Aid support maintained by 20 CVM volunteers in the Ministry of Health (MoH) health structures</li> <li>• Support of the CVM health posts with first aid material (incl. ORS) and assist with referral cases</li> <li>• Support the ongoing health activities such as first aid and replenish kits with materials such as ORS distributed for diarrhoea cases)</li> <li>• There are 2 ambulances working as referral vehicles to take the emergencies from Chiaquelane and Chokwe to the closest quality, non-damaged health facility.</li> </ul>
Community-based disease prevention and health promotion is provided to the flood affected target population	<ul style="list-style-type: none"> <li>• Refresher training of 100 volunteers on ECV in coordination with MoH and District Health Offices</li> <li>• Daily sensitization activities in Chiaquelane transition camp and Chokwe city</li> </ul>
Epidemiological surveys, prevention and control measures are carried out	<ul style="list-style-type: none"> <li>• Outreach community activities are maintained in Chiaquelane camp, Chokwe city and area</li> <li>• Epidemiological surveillance, including nutritional situation</li> </ul>
Vulnerable groups (HIV/AIDS; children, pregnant woman, children) are identified and targeted for support with essential health management measures	<ul style="list-style-type: none"> <li>• Sensitization awareness by the CVM volunteers and follow up on vulnerable (women, children, elderly and HIV/AIDS and Gender Based Violence) cases</li> <li>• Distribution of 1 torch/household to 2,000 women, who are single heads of households</li> <li>• Sex and Gender Based Violence (SGBV) Assessment is performed and followed in the affected areas</li> <li>• Assessment on the viability of establishing "safe spaces" within the camp for vulnerable groups, especially on women and children</li> </ul>
Recovery health activities assist families to transition back to their communities	<ul style="list-style-type: none"> <li>• Health promotion programmes continue in the most affected areas.</li> <li>• CVM public health activities will continue in Gaza district in coordination with the MoH</li> </ul>

### Achievements

The scope of the health and hygiene promotion sessions conducted, reached beyond the returned population as it was important that the whole population is aware of preventive and treatment measures, especially in cholera and malaria-prone areas. The response capacity of CVM was augmented by providing a refresher course to community-based volunteers in information, education and communications (IEC). As part of CVM activities, volunteers visited the affected peoples' home and provided treatment of the most prevalent diseases, such as diarrhoea.

ORS sachets were a component contained in the first aid kit. In order to be able to provide a rapid initial response to the increase in diarrhoea cases, a quantity of ORS was also donated by the IFRC through CVM to the Ministry of Health during the peak of the emergency. A total of 10,000 sachets were distributed under this operation in collaboration with the Ministry of Health.

During the emergency phase a total of 25 volunteers supported the MoH with first aid in Chiaquelane camp and set up and ran the main facility at the transitional camp in the Aerodrome, Chibuto, with support from the MoH. Thirty first aid bags distributed by the Canadian RC supported Emergency Response Unit have supported the CVM health posts.

Local procurement of ORS was performed due to the importing constraints faced during the operation. The support in the referral of the cases was done by supporting the CVM ambulances that were in the area. The ORS was procured locally and distributed to the families with cases of diarrhoea.

Two basic IEHK kits, which are IFRC standard and suited to support the medical activities of the CVM in the Gaza province, have been used for replenishment. The two ambulances worked throughout the whole emergency operation with CVM volunteers transferring patients from the affected areas to the working health facilities based on evaluations done by the MoH medical staff.

All of the active and new CVM volunteers that joined during the emergency, 34 in total, were trained - 20 new volunteers and 14 existing volunteers who underwent refresher training. Sensitization activities were a part of the CVM activities in Chokwe city. They took place in Chiaquelane transitional camp and continued once people moved back to Chokwe city. Activities continued as part of the Chokwe CVM branch routine activities. Outreach activities were being maintained beyond this operation, as part of the CVM's routine.

After the departure of the ERU, the close relationship between the CVM staff in the branch and the MoH officials allowed follow-up and monitoring of potential outbreaks (none occurred). Awareness activities were being maintained as part of the work of the CVM branch in the area of Chokwe city and surrounding villages. Follow of the most vulnerable cases was done by the volunteer network that has restarted in the affected area.

The CVM volunteers in the field and the FACT and IFRC delegates in the different clusters raised awareness amongst the MoH and the other government institutions present in the clusters. The CVM volunteers, in collaboration with the IFRC and ERU staff present in the camps, and as part of the education campaigns, introduced the concept of "safe places". In addition, the tents set up by the CVM gathered the most vulnerable beneficiaries together, where they received around-the-clock support and supervision. Health promotion and health-related activities were being maintained beyond this operation as part of the basic activities of the CVM branch.

As the health support was provided to the whole camp population it is difficult to estimate the total number of people supported by health interventions. However, the health component was integrated with the WASH component and as such the health messaging benefitted all the 5,794 families receiving WASH assistance.

Furthermore, as part of the CVM preparedness planning, 5,500 treated mosquito nets and two Inter-Agency Emergency Health Kits (IEHK) including materials for basic health interventions for 10,000 people for three months have been propositioned with the CVM.

<b>Water, sanitation, and hygiene promotion</b>	
<b>Outcome: Immediate reduction in risk of WASH-related diseases for 5,700 families in the peri-urban areas of Chokwe Municipality, additional selected localities, and Transit Camps in the Gaza areas</b>	
<b>Outputs</b>	<b>Activities planned</b>
Improved daily access to safely treated, handled and stored drinking water by 15,000 people (3,000 families) in Chokwe, Chiaquelane and other selected camps targeted for drinking water quality intervention	<ul style="list-style-type: none"> <li>Procure and distribute Certeza water treatment product to most vulnerable in Chokwe and Chiaquelane.</li> <li>Training to households receiving Certeza on correct use and safe handling and storage of drinking water</li> <li>Appraise water distribution system in Chokwe, Chiaquelane and provide advice/ feedback to actors responsible and WASH cluster</li> </ul>
Adequate sanitation services provided to the target population which meet SPHERE standards in terms of quantity and quality	<ul style="list-style-type: none"> <li>On-going WatSan assessment in areas affected by flooding within an integrated relief approach</li> <li>Identification of public spaces most in need of environmental sanitation action in Chokwe</li> <li>Identification and preparation of liquid and solid waste dump sites in Chokwe</li> <li>Construction of 50 plastic latrines in Chiaquelane for 3 – 4 months</li> <li>Train 30 volunteers on environmental sanitation campaign for Chokwe and Chiaquelane</li> <li>Mass emergency environmental sanitation/ clean-up action at Chokwe community/ bairro level</li> <li>Emergency sanitation action such as solid waste disposal, waste management, hygiene information and education at selected public spaces (Health Facilities, schools, etc.) in Chokwe</li> </ul>
Hygiene promotion activities provided to 20,000 people in Chokwe and selected camps, meeting SPHERE standards in	<ul style="list-style-type: none"> <li>Design rapid hygiene promotion campaign and materials</li> <li>Develop (print, reproduce etc.) hygiene materials and distribute to sites and volunteers</li> <li>Organise rapid community-level hygiene promotion sessions using hygiene</li> </ul>

terms of identification and use of hygiene promotion methodologies appropriate to the context	<p>promotion methods that are appropriate to the initial stage of an emergency situation</p> <ul style="list-style-type: none"> <li>• Undertaking social mobilization in the camps for operations and maintenance (O&amp;M) of sanitation facilities (latrines, hand washing, bathing and laundering)</li> <li>• Adapt the rapid hygiene promotion towards more in-depth mass campaign appropriate to the stabilization stage, possibly including in-depth assessment of hygiene situation, developing mass communication plan. Activities as radio shows, drama, cinema, mobile phone, or others to be considered for the campaign</li> <li>• On-going monitoring of hygiene activities</li> </ul>
Distribution and correct use of Sanitation and Hygiene-related goods (NFIs), meeting SPHERE standards by 15,000 flood affected people	<ul style="list-style-type: none"> <li>• Procure and distribute hygiene and water related NFIs to selected beneficiaries</li> <li>• 15,000 received essential hygiene items including 450g soap (laundry and bathing), one 10-20ltr bucket and one 15- ltr jerry can</li> <li>• 6000 women receive menstrual materials</li> <li>• Ongoing monitoring of the use of NFIs</li> </ul>
Training of volunteers on WatSan/HP programming related topics, including reporting/ monitoring and accountability, household water treatment, and how to correctly use hygiene-related goods	<ul style="list-style-type: none"> <li>• Design, training and implementation of monitoring and reporting system</li> <li>• Train 50 volunteers on environmental sanitation campaign topics (e.g. excreta disposal, vector control)</li> <li>• Volunteers train 3,000 households in improving their sanitation and hygiene situation, and the use of distributed items</li> <li>• Refresher training of volunteers on PHAST and other hygiene promotion methodologies including basic accountability mechanisms</li> <li>• Workshop on identifying WatSan/HP priorities in emergency and (early) recovery, with Volunteers and CVM</li> </ul>

### Achievements

Dissemination of key hygiene promotion messages and building capacity at the community level by training community-based volunteers rehabilitating water sources and training water committees, and the construction and distribution of latrine slabs for 50 (temporary) latrines was done in the Chiaquelane camp to last 3-4 months.

This has become a standard activity for the CVM branch and its volunteers in the area of Chokwe. They did a follow up on the most vulnerable, organising sensitization activities and supporting the most vulnerable groups back in their homes.

In total, 5,794 families were reached under this objective with the distribution of bathing soap, washing soap, buckets and jerry cans. Distribution of essential hygiene items was done within the most vulnerable population and in close collaboration with the local authorities. Furthermore, Chlorine was procured locally and 991 bottles of 100ml Certeza were distributed to 991 families.

A total of 10,500 bathing soaps, 3,000 laundry soaps and 1,500 chlorine tablets were also distributed to the affected populations.

Monitoring of the use of NFIs was being maintained as part of CVM's routine as they further develop in the area of Chokwe city and surrounding villages where NFIs have been distributed.

The Mass Sanitation Module ERU (MSM-20), supported by the British (and Swedish Red Cross) was deployed to the Chiaquelane accommodation camp where 120 latrines were established and the user training in the maintenance of these facilities. Other WatSan team focused on Chokwe city and surroundings to clean boreholes and wells, in particular on vector control, waste management and sanitation, and hygiene promotion was essential before and while families return to their homes.

The MSM-20 has the capacity to reach at least 20,000 people to provide basic sanitation facilities (latrines, vector control and solid waste disposal) and to initiate hygiene promotion programmes. Hygiene promotion was central as a strategy for promoting effective development and use of facilities and for maximising health benefits. Hygiene promotion activities include assessment, community mobilisation, hygiene information, education and communication targeted at promoting hygiene practices at the community and household levels, in addition to operation and maintenance of hygiene facilities.

The Community Health Module ERU (CHM) supported by the Canadian Red Cross started up in Chokwe city where malaria was on the increase. It also supported the CVM Gaza Branch in epidemics control, awareness building and community mobilization.

The FACT team identified the public spaces in most need of environmental sanitation, with the Hospital of Chokwe a main priority. The ERU CHM cleaned the hospital and disposed of the medical waste. They also supervised the market areas to monitor food quality to avoid intoxications and potential outbreaks. The FACT team identified the public spaces in most need of environmental sanitation, being the Hospital of Chokwe a main priority.

40 latrines were built by the MSM ERU in Chiaquelane camp to cover the hygiene needs of the camp population. In total 34 CVM volunteers were identified for training on environmental sanitation, public health and relief. They were chosen on the basis of their enthusiasm and potential.

The MSM 20 worked in Chiaquelane camp and the CHM ERU took care of the emergency sanitation of the city of Chokwe. Awareness on emergency sanitation, waste management, hygiene information and education activities have been incorporated into the CVM branch activities in the Chokwe area.

With the support of the different ERUs, the local branch of the CVM received the necessary materials to distribute to all the sites and the volunteers. During the emergency phase, CVM volunteers and members of the IFRC teams took part in the hygiene promotion sessions that varied between speeches, songs and active participation and role plays with the beneficiaries.

CVM volunteers with the support of the ERU present in Chiaquelane camp, developed social mobilization campaigns for the creation of the sanitation facilities. As the population was in need and as part of a cash-for-work program, the MSM ERU paid beneficiaries to clean the latrines.

During the emergency phase different options were considered on how to increase outreach, such as radio programs or role plays. Some of them were performed as part of the sensitization activities and others (radio programs) could not be implemented as other actors (UNICEF) were already doing them. On the positive side, the CVM Secretary General was on national TV 3 hours a day during the emergency passing on hygiene messages.

Hygiene activities were under the evaluation of all the FACT members and the IFRC teams and are a usual part of the CVM activities in the area. This prevented any outbreaks. It has been through the CVM volunteer network that effective monitoring of the population took place, and continues. Distributions of essential hygiene items was done within the most vulnerable population and in close collaboration with the local authorities.

As an objective of all activities that the IFRC has been implementing in Mozambique, including the ERUs and PIROI teams, the capacity building of the NS has been a priority. There were already monitoring and reporting systems in place for the CVM based on their volunteer network as a result of the continuous training the CVM in Gaza has been receiving after each emergency for the past years.

What the different hands-on training has provided is a structure and some guidelines to improve the monitoring and reports. Environmental sanitation was included as part of the training for new volunteers and the refresher course to the veteran volunteers, performed by the MSM and CHM ERUs.

The total number of volunteers trained was 34 as those were the active and available volunteers. Hygiene activities have been under the evaluation of all the FACT members and the IFRC teams and were a usual part of the CVM activities in the area.

The identification of WatSan/HP priorities in emergency and early recovery took place based on a hands-on approach with the CVM volunteers working side-by-side with the different ERUs. A workshop on emergency health was conducted after the volunteers had received the basic training course which comprised a wide range of topics. CVM volunteers were encouraged to support the operations with the IFRC staff.

<b>Logistics</b>	
<b>Outcome: Ensure appropriate logistics for IFRC/CVM Mozambique Floods response for the duration of 6 months</b>	
<b>Outputs</b>	<b>Activities</b>
The coordinated mobilization of relief goods; coordinated reception of all	<ul style="list-style-type: none"> <li>• Conduct rapid emergency needs and capacity assessments.</li> <li>• Develop beneficiary targeting strategy and registration system</li> </ul>

<p>incoming goods; coordinated warehousing, and coordinated and efficient dispatch of goods to the final distribution points. The IFRC will also work with the CVM to support and build logistics capacity through training, workshops, and support to the logistics function.</p>	<p>to deliver intended assistance</p> <ul style="list-style-type: none"> <li>• Undertake local tendering</li> <li>• Source through RLU/HLS international procurement of items according to the mobilisation table that cannot be procured locally</li> <li>• Clear customs and undertake goods received procedures</li> <li>• Distribute relief supplies and control supply movements from point of dispatch to end user.</li> <li>• Monitor and evaluate the relief activities and provide reporting on relief distributions.</li> <li>• Develop an exit strategy</li> </ul>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Achievements

During the emergency phase, there were a number of items procured locally such as soap (bathing soap and laundry soap) as well as ORS. This enabled the rapid and appropriate response and distribution to the affected population in an efficient manner.

Despite best efforts, the logistics of this operation have been a challenge.

After the downgrade of the alert level at Mozambique central government level, the import of goods was delayed from 2-3 days to 2-3 weeks, which in addition to the constraints encountered for the local and international procurement. Combined, this resulted in the delay of the arrival of some NFIs and the distributions were still occurring up to 4 months after the emergency was declared.

Identification of a logistician to support operations in the field was a challenge and support only became available, on a part-time basis, during the last months of the operations. This meant that all the logistics pressure and activities fell to the Operations Manager in Maputo.

The CVM logistics team performed extraordinarily and supported all the activities, facilitating operations both in Maputo and at the field level.

Transportation of goods for distributions were facilitated by the WFP Logistics cluster which extended their activities and support to the operations until August 2013. Their support in warehousing at Chiaquelane level and transportation of goods countrywide for prepositioning has facilitated greatly the activities of the operations.

The deployment of a Logistics ERU supported the operation and the teams in the field in close collaboration with the logistics team of the CVM. A rapid emergency needs assessment was performed by each of the FACT members during the emergency with close collaboration of the CVM counterparts as was the case with the ERU logistics officer. As part of the activities of the Relief PIROI team, training took place on beneficiary targeting and registration as well as on how to organise and coordinate a distribution from scratch to the preparation of the final documents in accordance with IFRC standards.

Local tendering procedures were started from the beginning of the operation and with the support of the different members of the Logistics team, both CVM and IFRC. After an initial assessment of the items that could be procured locally of an acceptable quality and within an acceptable delivery, any other material was procured internationally. All movement of goods was monitored and, with the support of the local logistics team and the IFRC staff, relief supplies were registered and followed through the whole process.

The PIROI team performed an "advanced" training to 13 volunteers and technicians on distribution plans, management, coordination and reporting. With supervision from the IFRC, the CVM technicians and trained volunteers were provided with appropriate templates, starting with the plan of distribution, to the final report. During the final phase of the operation, several visits took place from different IFRC members that have taken part in this operation (Logistics, Finance, Regional Operations) took place, where an exit strategy was agreed and launched.

### Communications – Advocacy and Public information

Outputs	Activities
---------	------------

<p>Working through the CVM and in close consultation with operational and technical counterparts, those impacted by this emergency receive timely, accurate information on this disaster and services available to support their relief and recovery</p>	<ul style="list-style-type: none"> <li>• Key beneficiary audiences and their common sources of information are identified.</li> <li>• Those sources of information are prioritized and provided with details on relief and recovery resources, qualification criteria, and other essential information to benefit vulnerable individuals.</li> <li>• The inputs of beneficiaries are sought and incorporated into the planning and implementation process of this operation.</li> <li>• Special focus is given to identifying and communicating with potentially marginalized groups through methods that ensure their dignity.</li> </ul>
<p>The profile and position of the CVM and the IFRC are enhanced, leading to increased availability of funds and other resources to support this and future emergency operations.</p>	<ul style="list-style-type: none"> <li>• News releases, fact sheets, video, photographs and qualified spokespeople are immediately developed and made available to media and key stakeholders.</li> <li>• Direct outreach will be coordinated with the CVM and conducted with national and international media.</li> <li>• The launch of this Emergency Appeal and other major milestones throughout the operation will be supported with people-centred, community level diverse content, including web-stories, blog entries, video footage and photos with extended captions, will be posted to ifrc.org and shared with other global humanitarian web portals and international media</li> </ul>
<p>Existing and potential donors, National Societies and other partners receive and utilize high quality communications materials and tools they need to raise funds and build awareness for this emergency.</p>	<ul style="list-style-type: none"> <li>• A communications tool-kit will be developed and distributed to key stakeholders that includes draft news releases, opinion pieces linking the operation to Red Cross advocacy priorities (e.g. early warning, emergency health, IDRL), key messages, talking points, reactive lines addressing existing and potential risks to reputation, beneficiary profiles, photos, extended captions and access to video footage for use in the partners' domestic markets.</li> <li>• Conference calls for global communicators will be held regularly to share updated information and to understand emerging opportunities and needs in the communications arena.</li> </ul>
<p>The communications and media relations capacity of CVM is increased in advance of the next major disaster to impact their communities.</p>	<ul style="list-style-type: none"> <li>• CVM staff and IFRC communications focal points will jointly plan and implement IFRC supported field missions to gather information required for the tools listed above.</li> </ul>

### Achievements

The need to communicate with disaster affected communities has proven to play an important factor in emergency response operations in Red Cross responses across the globe. Without robust beneficiary communication, people lacking information lose perspective and confidence further complicating relief efforts.

The Red Cross Red Crescent, as part of its commitment to work in partnership with the people affected by the floods in Mozambique, intended from the outset to assist CVM to include beneficiary communication programming as a cross-cutting function within its overall operational approach.

The media used include radio, TV, print and SMS, both directly on a one on one basis with beneficiaries or for mass information dissemination.

The steady flow of timely and accurate information between the field and other major stakeholders supported the operation by increasing the profile and in turn the funding and support for CVM and the IFRC. It also provided a platform on which to advocate on behalf of vulnerable populations. Donors and CVM received information and materials they could use to promote this operation.

### Capacity of the National Society

CVM has extensive experience in emergency response from responding to the devastating floods of 2000 and 2001 and, being auxiliary to GoM in emergency response and preparedness, has responded regularly to disasters in the last decade, most recently in 2012 to several tropical storms, cyclones and floods.

The community-based approach has been mainstreamed in all CVM programmes and proven successful. It is now being used by the GoM and other organizations as the most effective way of building capacities and disaster risk reduction at local level. In recent disasters, the number of casualties and injured people has been very low compared to the disasters in the previous decades and this demonstrates that communities have a better understanding of the need for disaster preparedness and contingency plans. CVM will continue to use this approach and will expand their intervention areas in coordination with the Government and other agencies programmes.

Last year, in preparedness for this year's emergency, different simulation activities between the Government of Mozambique and the CVM took place in Chokwe and surrounding areas facilitated the response and coordination efforts when his years' flood happened.

The CVM has developed a *Disaster Management Master Plan 2010-2017* with four programmatic objectives: Organizational Development, Disaster Risk Reduction, Disaster Response and Disaster Recovery. In-country Partner National Societies are supporting this plan through either specifically developed programming (OD, DM,DRR) or as part of an integrated approach to target communities. Multi-sector activities are implemented to provide holistic support and more effective results in building capacity and strengthening the communities.

The Mozambique Red Cross Society continues to face challenges and has capacity gaps to effectively coordinate a response. The number of volunteers was low compared to the needs and demands.

The total number of volunteers in Mozambique was estimated at 6,600. In the Gaza province, the volunteer base was 415 of which 193 persons (80% of whom are women) have been trained in CBHFA. Presently a limited number of volunteers (50) are available but, after this response, new volunteers are in the process of being recruited and trained for future operations.

This emergency operation provided the opportunity to increase capacity and experience of CVM in implementing emergency activities. To this end, IFRC provided technical advice and coordination support to CVM disaster management coordinator for Gaza Province, as well as built capacity across a range of sectors at CVM national, provincial and district levels. This capacity development did also include on the job training for CVM staff and volunteers during programme implementation.

As a result of the operation, the staff in the Gaza province and especially in the Chokwe urban area and surroundings have received formal training and hands-on training from the IFRC teams, forming a base for a response in the next emergency. They are highly motivated and continue their activities despite the institutional constraints that are facing.

While CVM does have the knowledge, the experience and the means, CVM has requested more training support from the IFRC so as to follow their activities in the field.

For the future a surge support of RDRT to coordinate and confirm that the activities in the field are implemented could be effective. With this support, and the presence of the shelter cluster coordinator working for the CVM, this should be another step forward in the capacity building of the CVM response, which with the NDRT training that is planned will create a stable and strong base for disaster response with a minimum influence from the outside.

### **Capacity of the IFRC**

In addition to managing the grants, the IFRC has provided technical support to CVM and strengthened support in the areas of health, WatSan, shelter, relief, logistics, communications and finance, M & E and reporting and also technical advice and training in relevant areas.

A Maputo-based Operations Manager has been responsible for managing the operation, while a Gaborone-based IFRC Operations Coordinator for the ongoing southern Africa Emergency Appeals has provided additional support. Technical and strategic back-up was also available from both IFRC's Regional Office in Gaborone and the Africa Zone Office in Nairobi, and from Partner National Societies where required

The MSM-20 ERU, the CHM, the logistics and relief ERU teams together with the relief and Watsan RDRTs remained in Mozambique until mid-March and worked alongside CVM staff and volunteers providing training and technical support during the implementation of activities.

The IFRC's main operational areas of focus in Mozambique are Disaster Management, Health and Care and promotion of Principles and Values. As an integral part its activities the IFRC has been seeking to strengthen the role of the National Society to increase its ability to respond, as well as the scope and quality of its humanitarian work. With regard Disaster Management and Disaster Risk Reduction, the focus is on ensuring integration of emergency response with longer term rehabilitation and development, through the engagement with partners. Support for communications, monitoring, evaluation and reporting is also provided through the regional and Zone office thus ensuring that adequate technical support was available.

---

## Contact information

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

- In Mozambique: **Secretary General**; Américo José Ubisse, phone +258823062932, email [americo.ubisse@redcross.org.mz](mailto:americo.ubisse@redcross.org.mz)
- **IFRC Regional Representation**: Alexander Matheou Regional Representative for Southern Africa; Gaborone; phone: +267 3712700, mob: +267 71395340, fax: +267 3950090; email: [alexander.matheou@ifrc.org](mailto:alexander.matheou@ifrc.org)
- **IFRC Africa Zone**: Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)
- **IFRC Geneva**: Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: [christine.south@ifrc.org](mailto:christine.south@ifrc.org)
- **IFRC Regional Logistics Unit (RLU)**: Rishi Ramrakha , Nairobi; phone +254 20 283 5142, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org)

### For Resource Mobilization and Pledges:

- **In IFRC Zone**: Martine Zoethouthmaar, Resource Mobilization Coordinator; Addis Ababa; phone: + 251 93-003 6073; email: [martine.zoethoutmaar@ifrc.org](mailto:martine.zoethoutmaar@ifrc.org)

### For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Zone**: Robert Ondrusek, PMER Coordinator; phone: +254 731 067277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

## 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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Disaster Response Financial Report

### MDRMZ010 - Mozambique - Floods

Timeframe: 30 Jan 13 to 30 Nov 13

Appeal Launch Date: 30 Jan 13

Annual Report

#### Selected Parameters

Reporting Timeframe	2013/1-2014/1	Programme	MDRMZ010
Budget Timeframe	*	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		1,466,456				1,466,456	
<b>B. Opening Balance</b>		0				0	
<b>Income</b>							
<u>Cash contributions</u>							
American Red Cross		46,953				46,953	
American Red Cross (from United States - Private Donors*)		46,953				46,953	
China Red Cross, Hong Kong branch		8,322				8,322	
Danish Red Cross (from Danish Government*)		100,000				100,000	
European Commission - DG ECHO		614,236				614,236	
Japanese Red Cross Society		41,700				41,700	
Red Cross of Monaco		12,200				12,200	
Swedish Red Cross		91,856				91,856	
The Canadian Red Cross Society (from Canadian Government*)		54,460				54,460	
VERF/WHO Voluntary Emergency Relief		400				400	
<b>C1. Cash contributions</b>		<b>1,017,079</b>				<b>1,017,079</b>	
<u>Inkind Goods &amp; Transport</u>							
French Red Cross		84,232				84,232	
<b>C2. Inkind Goods &amp; Transport</b>		<b>84,232</b>				<b>84,232</b>	
<u>Other Income</u>							
DREF Allocations		300,000				300,000	
Programme & Services Support Recover		4,230				4,230	
<b>C4. Other Income</b>		<b>304,230</b>				<b>304,230</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>1,405,542</b>				<b>1,405,542</b>	
<b>D. Total Funding = B + C</b>		<b>1,405,542</b>				<b>1,405,542</b>	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>		0				0	
<b>C. Income</b>		1,405,542				1,405,542	
<b>E. Expenditure</b>		-1,369,269				-1,369,269	
<b>F. Closing Balance = (B + C + E)</b>		<b>36,273</b>				<b>36,273</b>	

## Disaster Response Financial Report

### MDRMZ010 - Mozambique - Floods

Timeframe: 30 Jan 13 to 30 Nov 13

Appeal Launch Date: 30 Jan 13

Annual Report

#### Selected Parameters

Reporting Timeframe	2013/1-2014/1	Programme	MDRMZ010
Budget Timeframe	*	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>1,466,456</b>			<b>1,466,456</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	258,000		340,468			340,468	-82,468	
Shelter - Transitional			43,108			43,108	-43,108	
Construction Materials			6,594			6,594	-6,594	
Clothing & Textiles	40,100		86,088			86,088	-45,988	
Water, Sanitation & Hygiene	164,232		41,813			41,813	122,419	
Medical & First Aid	16,321		3,100			3,100	13,221	
Teaching Materials	600						600	
Utensils & Tools	130,250		129,235			129,235	1,015	
Other Supplies & Services			2,818			2,818	-2,818	
<b>Total Relief items, Construction, Sup</b>	<b>609,503</b>		<b>653,223</b>			<b>653,223</b>	<b>-43,720</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	17,500		1,310			1,310	16,190	
Office & Household Equipment	1,000						1,000	
<b>Total Land, vehicles &amp; equipment</b>	<b>18,500</b>		<b>1,310</b>			<b>1,310</b>	<b>17,190</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	28,250		54,308			54,308	-26,058	
Distribution & Monitoring	64,520		110,724			110,724	-46,204	
Transport & Vehicles Costs	77,566		60,901			60,901	16,665	
Logistics Services			19,435			19,435	-19,435	
<b>Total Logistics, Transport &amp; Storage</b>	<b>170,336</b>		<b>245,369</b>			<b>245,369</b>	<b>-75,033</b>	
<b>Personnel</b>								
International Staff	150,750		45,002			45,002	105,748	
National Staff	3,000		11,906			11,906	-8,906	
National Society Staff	104,079		103,625			103,625	455	
Volunteers	53,023		13,361			13,361	39,663	
<b>Total Personnel</b>	<b>310,853</b>		<b>173,893</b>			<b>173,893</b>	<b>136,959</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	40,950		45,634			45,634	-4,684	
Professional Fees	3,600		15,859			15,859	-12,259	
<b>Total Consultants &amp; Professional Fees</b>	<b>44,550</b>		<b>61,493</b>			<b>61,493</b>	<b>-16,943</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	64,619		5,742			5,742	58,876	
<b>Total Workshops &amp; Training</b>	<b>64,619</b>		<b>5,742</b>			<b>5,742</b>	<b>58,876</b>	
<b>General Expenditure</b>								
Travel	37,500		61,266			61,266	-23,766	
Information & Public Relations	21,501		16,381			16,381	5,119	
Office Costs	30,686		13,296			13,296	17,391	
Communications	17,360		7,768			7,768	9,592	
Financial Charges	10,000		11,678			11,678	-1,678	
Other General Expenses	1,100		5,693			5,693	-4,593	
Shared Office and Services Costs	40,446		18,965			18,965	21,481	
<b>Total General Expenditure</b>	<b>158,593</b>		<b>135,048</b>			<b>135,048</b>	<b>23,545</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	89,502		81,700			81,700	7,802	
<b>Total Indirect Costs</b>	<b>89,502</b>		<b>81,700</b>			<b>81,700</b>	<b>7,802</b>	
<b>Pledge Specific Costs</b>								

**Disaster Response Financial Report****MDRMZ010 - Mozambique - Floods**

Timeframe: 30 Jan 13 to 30 Nov 13

Appeal Launch Date: 30 Jan 13

Annual Report

**Selected Parameters**

Reporting Timeframe	2013/1-2014/1	Programme	MDRMZ010
Budget Timeframe	*	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

**III. Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>1,466,456</b>			<b>1,466,456</b>		
Pledge Earmarking Fee			7,371			7,371	-7,371	
Pledge Reporting Fees			4,120			4,120	-4,120	
<b>Total Pledge Specific Costs</b>			<b>11,491</b>			<b>11,491</b>	<b>-11,491</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>1,466,456</b>		<b>1,369,269</b>			<b>1,369,269</b>	<b>97,187</b>	
<b>VARIANCE (C - D)</b>			<b>97,187</b>			<b>97,187</b>		

**Disaster Response Financial Report**

MDRMZ010 - Mozambique - Floods

Timeframe: 30 Jan 13 to 30 Nov 13

Appeal Launch Date: 30 Jan 13

Annual Report

**Selected Parameters**

Reporting Timeframe	2013/1-2014/1	Programme	MDRMZ010
Budget Timeframe	*	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	1,409,265	0	1,361,563	1,361,563	1,339,062	22,502	
Shelter	57,191	0	43,978	43,978	30,207	13,771	
Subtotal BL2	1,466,456	0	1,405,542	1,405,542	1,369,269	36,273	
<b>GRAND TOTAL</b>	<b>1,466,456</b>	<b>0</b>	<b>1,405,542</b>	<b>1,405,542</b>	<b>1,369,269</b>	<b>36,273</b>	