

Emergency appeal №: MDRMZ016 Emergency appeal launched: 23/01/2021 Emergency appeal revised: 01/02/2022 Operational Strategy published: 09/03/2022	Glide №: TC-2021-000008-MOZ
Operation update #4 Date of issue: 23/09/2022	Timeframe covered by this update: From 23/01/2021 to 31/06/2022
Operation timeframe: 48 months (25/01/2021 – 31/01/2023)	Number of people being assisted: 226,500 (115,000 in 2021)
Funding requirements (CHF): CHF 5.5 million through the IFRC Emergency Appeal CHF 7.5 million Federation-wide CHF 1,792,219.13 received to date, 23.5% funded	DREF amount initially allocated: 2021: CHF 359,689 (this was later reimbursed) 2022: CHF 500,000 (including CHF 140,041 for imminent disaster)

This Operations Update is reflecting the work carried out in 2021 and 2022 (from 23/1/2021 to 31/06/2022) under the Floods and Cyclones 2021-2022 Emergency Appeal. Initially launched to address the needs caused by Tropical Cyclone Eloise, this Emergency Appeal was later revised to integrate the response to Tropical Storm Ana and Tropical Cyclone Gombe, that affected the provinces of Nampula, Zambézia and Sofala early 2022. The [DREF for imminent disaster](#) approved on 21 January 2022 in anticipation of Tropical Storm Ana's landfall was merged in the loan covered under the revised Emergency Appeal.



Delivery of resilient, model home in Buzi district, Sofala province @IFRC

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

28 January 2021: Emergency Appeal launched to the amount CHF 5.1 million.

2022

Tropical Storm Ana makes landfall in Angoche, Nampula



11 March 2022: Tropical Cyclone Gombe impacts Mongicual, Nampula with 190km/h windspeeds, a category 3 storm, followed by 200mm of rainfall in 24 hours. Information Bulletins published for [Tropical Cyclone Gombe](#).

11 March 2022: Re-activation of the EAP for floods in the Licungo river, Zambezia

2021

Tropical Cyclone Eloise makes landfall 20km from Beira



21 January 2022: Imminent DREF of CHF 140,014 launched for Early Action.

24 January 2022: Tropical Storm Ana makes landfall in Angoche, Nampula.

25 January 2022: 200mm/24h rainfall results in massive flooding of the Rovubúe river in Tete.

26 January 2022: EAP for Floods launched for the Licungo River in Mocuba, Zambezia.

1 February 2022: launch of the Revised Emergency Appeal

24 February 2022: 3 confirmed cases of cholera in Caia, Sofala. Information Bulletins published for [Cholera](#).

10 March 2022: Publications of the [Operational Strategy](#) for the response to TS Ana and the remaining rainy season

2022

Tropical Cyclone Gombe in Mongicual, Nampula.



A. SITUATION ANALYSIS

Description of the crisis

Tropical Cyclone (TC) Eloise, January 2021

Tropical Cyclone Eloise, a category 2 cyclone, 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, southern Manica, northern Inhambane, Zambezia and eastern Gaza.

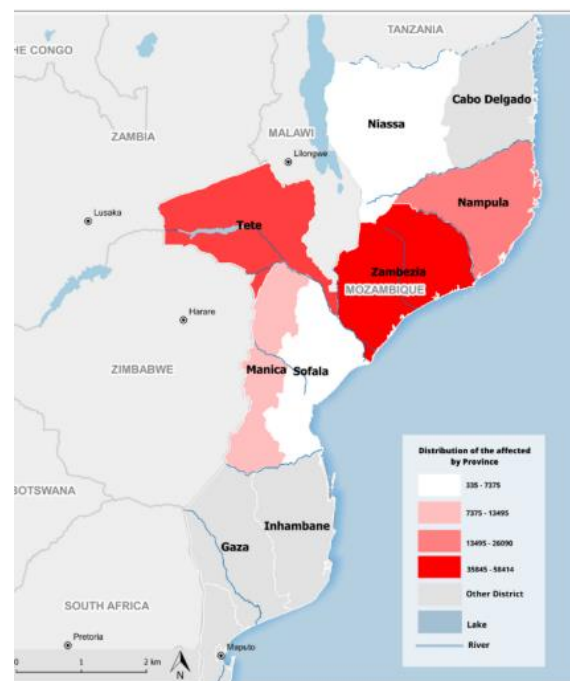
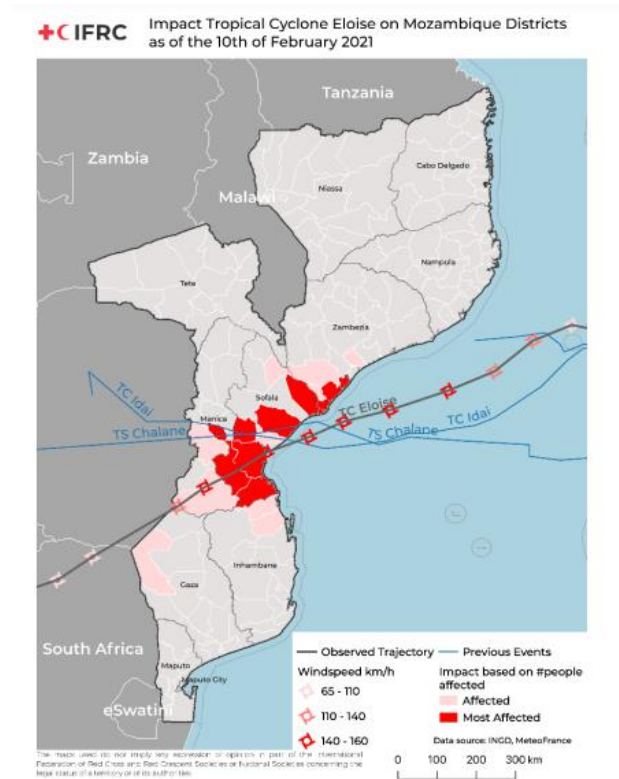
The areas were already experiencing significant flooding as a result of heavy rainfall on 15 January 2021. The discharge of water from Chicamba dam and the Mavuzi reservoir had also affected residents in the district of Búzi. The same areas were also affected by Tropical Storm Chalane on 30 December 2020, resulting in thousands of displaced people. These areas were still recovering from Cyclone Idai and 2020 floods.

[Tropical Cyclone Eloise impacted 441,686 people, killed 11, and destroyed 20,798 houses.](#)

Tropical Storm (TS) Ana, January 2022

On 24 January 2022, Tropical Storm Ana made landfall in Angoche, Nampula Province on 24 January 2022 with wind speeds from 100-130 km/h. The storm brought precipitation of 200mm in 24 hours, leading to immediate flooding in the Licungo and Luazi Rivers. Twenty-four hours after landfall, tropical storm Ana turned into a tropical depression system and brought significant rainfall to the northern and central regions. Heavy rainfall also impacted Malawi, the runoff of which also reached the Rovubué and Zambezi Rivers in Mozambique.

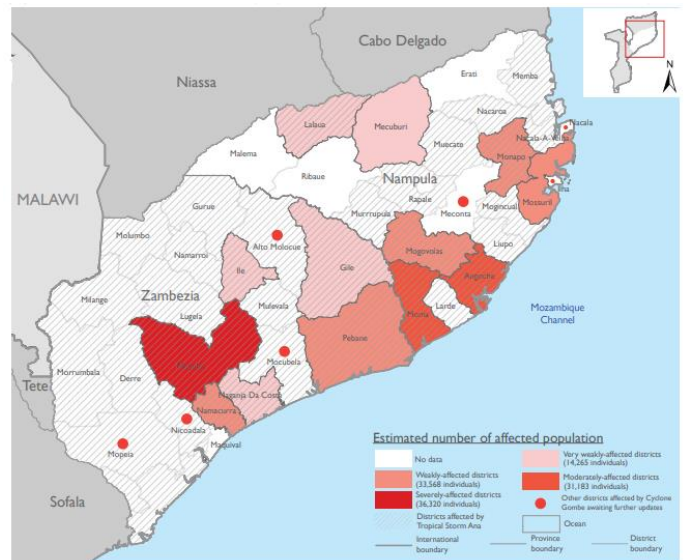
[It was reported that 207 people were injured, 38 deaths and an estimated 185,429 people have been affected and 11,7457 houses destroyed throughout the country.](#)



Map of affected areas for TS Ana

Tropical Cyclone Gombe

On 11 March 2022, Tropical Cyclone Gombe made landfall in Mossuril district, Nampula province. Gombe hit Mozambique as a Category 3 cyclone with heavy rains (200mm/24h) and strong winds (150-185km/h). The cyclone heavily affected the provinces of Nampula and Zambezia, and to a lesser extent Sofala, Tete, and Niassa. [Final data on the impact indicate that the Tropical Cyclone Gombe affected at least 736,015 people \(148,253 families\), caused 63 deaths and injured 108 people, mostly impacting on Nampula and Zambezia provinces and, to a lesser extent, Sofala, Tete and Niassa provinces](#) . The majority of the deaths were recorded in the western province of Nampula, which was the hardest hit. A total of 46,265 houses have been completely destroyed, while 41 health centers, 1,458 classrooms have been severely damaged.



Map of the most hit provinces for TS Gombe

The storm followed a curved path through Nampula and Zambezia Provinces, causing the same areas to receive concentrated rainfall of 200mm in 24 hours for multiple days. While Nampula Province had more wind damages, Zambezia was marked by flooding. After re-entering the Mozambican channel, the storm returned to Zambezia province on 17 March as a tropical depression. On 18 March high levels of rainfall led to floods in Sofala Province. The combined impact of the storms in the 2021/22 rainy season was devastating, in particular on housing, livelihoods, health and provision of water and sanitation for highly vulnerable populations, already affected by previous disasters, and with limited resources available to cope.

There were serious concerns about the widespread floods, displacements, damages to critical public infrastructures and private houses, as well as the interruption of basic services. The floods also swept away livestock and drowned fields, destroying the livelihoods of many inhabitants and precursing food insecurity in the coming months. Waterborne and vector borne illness was expected to rise including acute watery diarrhoea, malaria and cholera, which had a confirmed outbreak in Caia, Sofala Province since the end of February. There has been an increase in diarrhoea in Sofala, Zambezia and Nampula provinces. It is likely that cholera will spread into other regions due to the massive floods.

Weather systems in the 2021/22 season have **impacted the same regions** as 2021 (Tropical Storm Chalane and Tropical Storm Eloise) and 2019 (Tropical Cyclones Idai and Kenneth), **depleting community resilience** and halting the path to recovery. Cyclones Idai and Kenneth were the worst natural disasters to hit southern Africa in at least two decades wreaking havoc in the spring of 2019, killing at last 1,000 people and displacing some 2.2 million people.

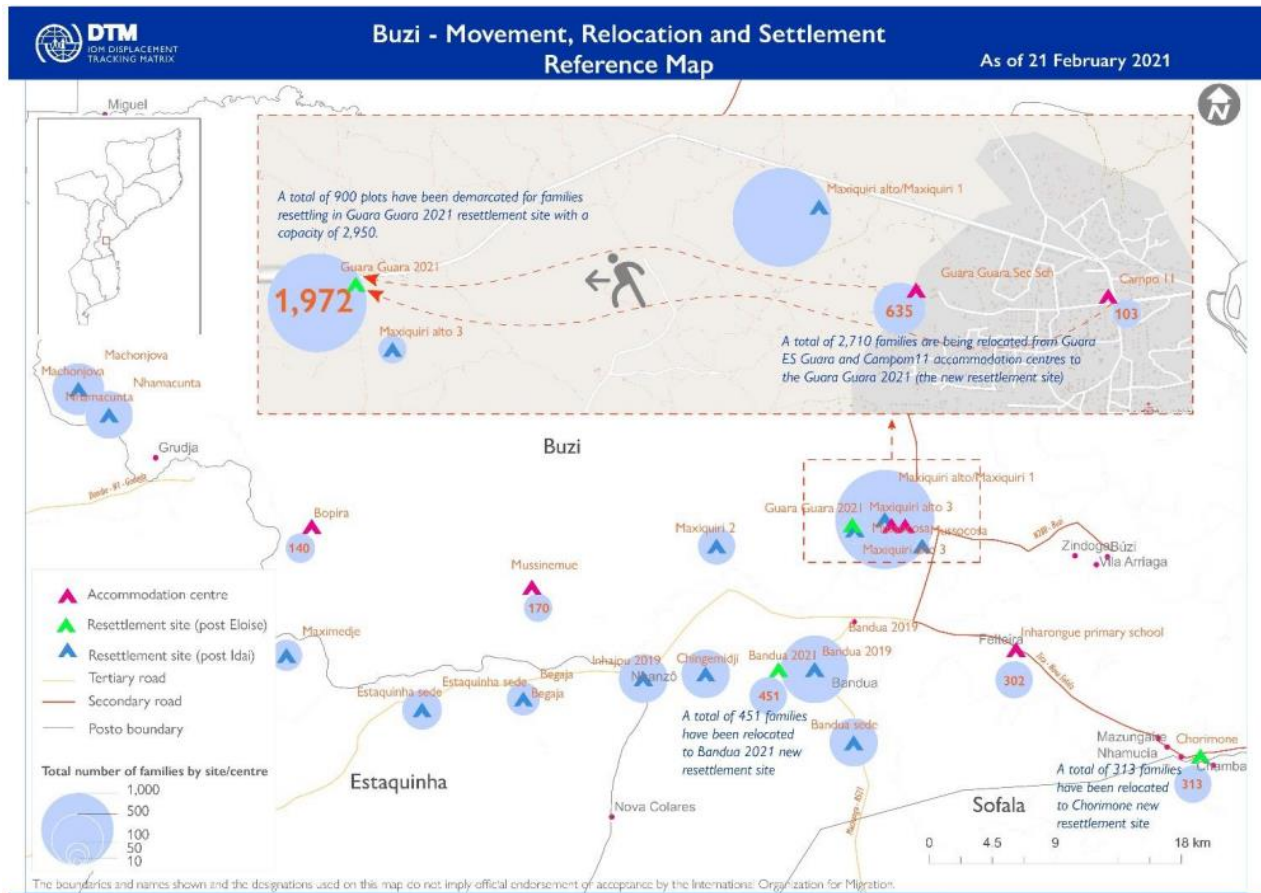


Figure 3: DTM mapping of the displacement after Cyclone Eloise in Búzi

Búzi District, across the bay from Beira along the Búzi river, was one of the most affected areas by Cyclone Eloise, Idai in 2019 and 2020 due to flooding. As noted in the previous section, Búzi District has suffered the highest number of Internally Displaced Persons (IDPs) due to the floods and cyclones in the last years. Similarly, Nhamatanda District, also located in Sofala and upstream on the same river, faced massive flooding during the cyclones, leading to IDPs. The recurring impact of weather events after Cyclone Idai has increased the vulnerabilities of many communities.

A similar event is occurring in the 2021/22 season as TS Ana impacted areas that were affected by Tropical Cyclone Kenneth in 2019. As such, the same areas need assistance year after year as there are repeated cyclone events destroying shelters and sources of livelihood. The reality is that these rural communities do not have the resilience strategies or mechanisms to allow them to be better prepared for future events.

Exposure to repeated environmental shocks and stressors negatively affects the **health** outcomes of the affected communities, access to resources such as **food and water**, livelihoods and economic opportunities. The repeated destruction creates large barriers to recovery and for restoring **livelihoods** to increase resilience to such disasters.

Recurring emergencies not only have a knock-on effect on shelter and livelihoods but also on the community's **mental health**. They may impede efforts to end harmful social practices such as child marriage and gender-based violence. According to a study by the Eduardo Mondlane University (Universidade Eduardo Mondlane- UEM), the main public university in the country, Sofala province in 2020 presented the highest numbers of GBV cases. According to COVID-19 Impact Assessment in the central provinces of Mozambique (Manica, Sofala, Tete and Zambezia) conducted by the

government agency of National Institute for Disaster Management (INGD) in coordination with IOM, in March 2021, respondents reported that the pandemic had also psychosocial effects including more stress (32%), distrust of others (24%), and depression (20%).


Summary of response

Overview of the host National Society and ongoing response

The Mozambican Red Cross (Cruz Vermelha de Moçambique, CVM) has a longstanding presence in all 11 provinces of the country, and currently covers 133 districts through its district branches, out of the 154 districts. The CVM has approximately 220 permanent staff that ensure programmes are delivered in all provinces and manage a network of 6,500 volunteers countrywide. CVM has also 3 warehouses, one for each region in the north, central and south, enabling a considerable preparedness and prepositioning capacity to respond to emergencies.






CVM Activities, TC Eloise (January 2021)

SECTOR	ACTIVITIES
	<ul style="list-style-type: none"> • CVM led implementation of activities with the deployment of two teams from headquarters level to Inhambane, Manica and Sofala Provinces in preparation for landfall. The team in Sofala was deployed for a long-term mission, to be the 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 Búzi and Beira. • Search and rescue of 150 families (882 persons, 78 men, 458 women, 346 children) through volunteers by boat in Búzi. People were rescued from rooftops and treetops. First aid was provided to the families. • CVM supported 24,301 persons to cross the river in Nhamatanda district by deploying the emergency search and rescue boats, in cooperation with UNAPROC, the national unit for civil protection, and INGC, the national institute for disaster management.
 	<ul style="list-style-type: none"> • Distribution of 500 mosquito nets in accommodation centres (Nhamatanda District) and 1,128 bottles of Certeza/chlorine distributed to 4,224 community members accompanied by presentation of household water treatment (Districts of Búzi, Dondo, Beira, Nhamatanda). Approximately 61,467 litres of water were treated. • CVM volunteers carried out sensitization on acute watery diarrhoea, malaria and COVID-19 in 8 accommodation centres and 7 neighbourhoods through 96 volunteers. 135 presentations were held, reaching 19,249 people. An additional 305 Focus Group Discussions were held in the accommodation centers which reached 19,225 people. • Psychosocial Support (PSS) to staff, volunteers and community members. 1,040 sessions were held and 5,005 people were reached. • A total of 9 handwashing stations were set up in accommodation centers reaching 17,414 people. • Cleaning sessions were done in Nhamatanda and Caia accommodation centers to disinfect the public areas as part of COVID-19 prevention. There were 19 cleaning sessions done reaching 4,987 people.
	<ul style="list-style-type: none"> • 28 volunteers were trained in Emergency Shelter construction so they can teach or directly support families that receive shelter kits to build safe and adequate shelter. They were also trained on data collection of distribution participants using KOBO for future assessment and registration activities. • 100 permanent shelters built for vulnerable households in Guara Guara, Búzi • 35 local artisans were trained through shelter programming, with 17 CVM volunteers


	<ul style="list-style-type: none"> 45 CVM volunteers were trained in Build Back Safer methods to help families improve the resilience of their houses CVM actively participated in different Sector Clusters, whilst IFRC led the Shelter Cluster nationally.
	<ul style="list-style-type: none"> CVM supported the government by mobilising 96 volunteers in the transit centres and put on standby a further 150 volunteers in the Sofala Province. In Zambézia and Manica, 180 CVM volunteers were involved in the rapid assessments integrated into the multisector led by INGD. Three teams were sent for multi-sectoral assessments in the districts of Nhamatanda, Búzi and Machanga in the province of Sofala. 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.






Note that the majority of activities were completed in the acute emergency phase for about two months after the event. The recovery phase included the construction of permanent shelters.

CVM Activities, TS Ana (January 2022)

SECTOR	ACTIVITIES
	<ul style="list-style-type: none"> CVM led implementation activities with the deployment of a team from headquarters to Nampula in advance of the storm Mobilization of volunteers in Nampula and Zambezia to spread early warning messaging and encourage evacuation and preparation
	<ul style="list-style-type: none"> 853 households were reached with NFI distributions under the EAP activation (water treatment solution, buckets with lids, mosquito nets) 4 latrines built for the Tete accommodation center 1,706 people reached with health messaging about the prevention of waterborne illness, malaria, and COVID-19
	<ul style="list-style-type: none"> A total of 6 shelter organizations actively participated in the Shelter Cluster Coordination meetings for the response
	<ul style="list-style-type: none"> Activation of the CVM emergency taskforce with daily updates for IFRC, ICRC, and PNSs
	<ul style="list-style-type: none"> 400 CVM volunteers were fully insured for their mobilization activities throughout the provinces

CVM Activities, TC Gombe (March 2022)

SECTOR	ACTIVITIES
	<ul style="list-style-type: none"> CVM mobilized key personnel (Disaster Management, PMER and Communications) to Nampula to support the National Institute for Disaster Management (INGD) for technical analysis of the situation and coordination for the response. They were later joined by a CVM Operations Manager. CVM volunteers in Nampula started early warning messaging before landfall and assisted with Rapid Needs Assessments immediately after the storm CVM volunteers in Zambezia started early warning messaging for floods, including prevention measures and evacuation routes, and assisted with Rapid Needs Assessments immediately after the storm

	<ul style="list-style-type: none"> • CVM in Zambezia used the Search and Rescue boats to transport 625 people in Quelimane, Namacurra and Nicudala • The IFRC mobilized their Disaster Management Coordinator, Shelter Cluster Coordinator, and Communications Officer to Nampula to directly support CVM in the response • The Belgium Red Cross in Nampula mobilized resources for the response as part of their ongoing project in Nampula and has personnel on-location to assist CVM • The CVM personnel in Nampula moved to Zambezia to assist with the EAP implementation • CVM mobilized an operations manager to support the branch with the response
	<ul style="list-style-type: none"> • Branch Transmission Intervention (BTIT) approach for cholera response • Initial volunteer training of trainers completed in Sofala Province and plans to train 50 volunteers in Caia, Sofala • 8 community mobilization sessions for 610 people with messaging for waterborne disease prevention and COVID-19 in Inharime and Ndunda, Sofala • 25 volunteers led community mobilization for waterborne disease and COVID-19 prevention in Mopeia, Zambezia • 1,020 people reached with 9 sessions of community messaging in Topene and the secondary school in Monapo, Nampula • 900L of water were treated in Ndunda and Inharime, Sofala to benefit 265 households • 8 latrines and 21 pits for trash built in Mopeia, Zambezia for 29 households
	<ul style="list-style-type: none"> • 40 CVM volunteers were trained, in cooperation with the Shelter Cluster Coordinator, to assist in the distribution and assembly of shelter kits • The German Red Cross supported CVM by sending their Urban DRR personnel, with shelter expertise, to assist in the Rapid Needs Assessments in Nampula along with their Forecast-based Financing personnel • A total of 419 shelter kits comprising of the following per household: 2 tarpaulins, 1 shelter tool kit, 3 capulanas, 3 mosquito nets, 7lt bucket with lid, 1 bottle Certeza, 2 bars of soap were distributed by CVM on Ilha de Moçambique, Nampula • 210 households received NFIs with a sleeping mat, shelter kit, family kit, and capulana (multi-use African cotton fabric) in Monapo, Nampula • Distribution in Zambezia Province for 1,500 households for emergency response (previously Flood EAP) to floods in Mangaja da Costa, Mogoloma Numiwa and Nante • Production of IEC materials for shelter kit set up
	<ul style="list-style-type: none"> • Established a distribution criterion that prioritize most vulnerable group such as women, elderly, people with disability and children leading other children. • 28 dignity kits distributed in Macurungo, Beira
	<ul style="list-style-type: none"> • The process of data collection and NFI distribution required a community mobilisation and engagement that was performed by volunteers present in affected communities. • 16 volunteers in Monapo, Nampula participated in CEA training
	<ul style="list-style-type: none"> • The IFRC Shelter Cluster Coordinator mobilized in-country to support CVM's.

Overview of Red Cross Red Crescent Movement in-country

IFRC closely coordinates with the six **partner National Societies** currently present in-country, providing long-term support to the Mozambican Red Cross. They are the **Spanish Red Cross, German Red Cross, Belgian Red Cross-Flanders, French Red Cross, and the Italian Red Cross**. The Netherlands Red Cross currently does not have in-

country presence however continues to partner with CVM. German Red Cross also has a **Forecast-based financing** project that covers Nampula, Zambezia, Sofala, Inhambane and Gaza provinces. Additionally, the **Belgian Red Cross-Flanders** has a presence in Nampula and is assisting with technical staff and household items in that province. In direct support of this appeal, the French Red Cross provided in-kind donations for distribution and the Spanish Red Cross activated a crisis modifier to provide cash and voucher assistance, with each of these interventions reaching over 500 households.

The **International Committee of the Red Cross (ICRC)** has a delegation in country and works in conflict-affected Cabo Delgado where significant displacement of populations continues. In Manica and Sofala provinces it supports covid-19 prevention activities and restoring family links in emergencies. In addition to ground operations, the ICRC collaborates with CVM capacitating its staff and volunteers in the areas of international humanitarian law (IHL), safer access and other jointly identified areas.

The German Red Cross (GRC) assists CVM in the execution of an [Early Action Protocol \(EAP\)](#) for floods in a tri-party agreement with IFRC that was triggered for the Licungo river on 27 January 2022. The activation of the protocol under the Forecast-based Action by the DREF is in response to the floods and not covered by this revised Emergency Appeal. A total of 853 households were reached through this response in the CFM, Sacras, Samora Machel and Baixo Licungo neighbourhoods of Mocuba District, Zambezia following the Tropical Storm Ana.

Overview of non-RCRC actors in country

The Cluster system has been active in Mozambique since Cyclone Idai in 2019. 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. OCHA leads the coordination among the various Clusters, which are grouped by region and are the main source of coordination among humanitarian actors for needs and gaps, working together to support the INGD – National Institute for Disaster Management.

The most visible humanitarian actors in the response, in addition to the Red Cross and Red Crescent Movement and UN agencies, are Save the Children, CARE, MSF, Doctors of the World, Action Against Hunger, PLAN International, World Vision and Caritas. These international organizations work alongside national NGOs and Associations; however, additional efforts are required to increase national capacity, and localize the humanitarian response.

Needs analysis



Shelter and Essential Household items

According to the Shelter Cluster, Cyclone Eloise (2021) led to the creation of **5 new resettlement sites** across Sofala and Estaquinha and the extension of 8 existing resettlement sites, with plots for 6,736 new families, for the newly displaced. This was a 35% increase from Cyclone Idai, as people continue to recover 2 years after the category 4 cyclone. An estimated **20,798 houses were totally destroyed and over 35,000 damaged**. In the months that followed, the Shelter Cluster distributed shelter kits to 5,156 displaced households and 1,400 to non-displaced households, leaving gaps of over 5,500 households in resettlement sites and over 49,000 non-displaced households¹.

¹ https://sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/cyclone_eloise_shelter_cluster_overview_26.04.21.pdf

Tropical Storm Ana (2022) led to the opening of 20 accommodation centres in **Nampula, Tete, and Zambezia** provinces to temporarily house over 10,000 people. According to INGD, the National Institute of Disaster Management, a total of 7,729 **homes** were totally destroyed, 5,941 flooded, and 15,814 partially destroyed, leaving an **additional 29,500 families in need of shelter assistance** as of January 2022. The majority of needs are in Zambezia Province, followed by Tete and Nampula. Shelter has been identified as a priority need for recovery, along with NFI distributions to replace household items that were lost or damaged, such as kitchen sets.

Tropical Storm Gombe (March 2022) led to around **78,600 houses completely destroyed, 63,200 damaged and 9,600 flooded**, in Nampula and Zambezia. [The displaced persons sought shelter in schools, churches, mosques, abandoned buildings, and government administrative headquarters posts, turning these into over 68 temporary accommodation centers across the affected provinces \(44 in Nampula province and 20 in Zambezia, along with four relocation sites\).](#)

The high number of displaced persons has created a need for increased protection, WASH and Health services, including at accommodation and resettlement centers.



Livelihoods and basic needs

According to the above mentioned [COVID-19 Impact Assessment](#) in the central provinces of Mozambique (Manica, Sofala, Tete and Zambezia) conducted by the government agency of National Institute for Disaster Management (INGD) in coordination with IOM, in March 2021, vulnerable groups are more affected by the impact of COVID-19, by losing more jobs or livelihoods in comparison to other community members.

Sofala province has the highest percentage of vulnerable groups affected by COVID-19, not only by the loss of livelihoods but also the impossibility to meet food needs, at 63%. Results of the assessment depicted high levels of food insecurity especially in Sofala province where families are reported to have borrowed food from friends and family for up to 7 days a week, and adults reduced their own consumption to prioritize feeding their children. According to the Family Budget Survey (IOF, Inquérito sobre Orçamento Familiar) 63% of female headed households are poor and exposed to food insecurity. An average of 57.8% of women are illiterate, compared to 30.1% of men, which also limits their opportunities for generating income to meet their needs².

Tropical Storm Ana (2022) again destroyed farmers crops in the middle of the grains growing season. The compounded impact was expected to leave the majority of Mozambique in [level 2 food stress](#) from March to May 2022, with crisis levels later in the season, especially for southern and northern provinces. According to FEWSNET, most poor households were unlikely to have a harvest for 2021/22, and some farmers would be able to plant short-cycle seeds for a July harvest.

[INGD reported that Cyclone Gombe destroyed up to 91,177 ha of crops](#), leading to a possible food shortage for two to five months. While the Food Security and Livelihoods Cluster is still waiting for the results of the remote sensing analysis that FAO is conducting in the affected locations to measure the actual impact on the crops, it is easy to predict that all those whose houses have been destroyed (78,635 according to the final figures shared by INGD), as well as many of the flooded ones (9,608 ha), might have lost all their food stocks, and most likely all their productive agricultural assets. Before Cyclone Gombe, Nampula already had 7 per cent of its population in IPC3 (crisis) level, 8 per cent in Zambezia, and 6 per cent in Sofala (IPC November 2021). However, likely, a high percentage of the

² <http://www.ine.gov.mz/operacoes-estatisticas/inqueritos/inquerito-sobre-orcamento-familiar/relatorio-final-do-inquerito-ao-orcamento-familiar-iof-2014-15>

population in IPC2 (stressed) level had reached IPC3 following the shock, possibly leaving more than one million people in need of assistance.



Health

The 2020/2021 holiday season in December and January brought the **second wave of COVID-19** to Mozambique. This was most likely due to the introduction of the Beta (South African) variant of the virus in November. Combined with a lack of following mitigation measures such as social distancing due to the holidays. As a result, the President of the Republic, Filipe Nyusi, announced stricter mitigation measures on 13 January 2021 with reduced business hours and the closure of many public areas. He introduced a mandatory curfew in high-risk areas on 4 February 2021, which was extended to all major cities the following month. Cyclone Eloise hit Mozambique during the second wave of COVID-19. It was difficult to maintain safety protocols in the emergency context, as people formed crowds in safe areas. As such, the government closed the accommodation centres in February 2021, encouraging people to return to their home communities to reduce the risks of transmission. A **third wave hit in December 2021** with the introduction of the Omicron variant, again bringing stricter mitigation measures. There is a need to advocate for people to continue to follow basic mitigation measures such as wearing a mask and applying social distancing, as well as for the promotion of vaccination. Those in **rural areas** have more difficult access to vaccination points, as well as people who are displaced and vulnerable persons with special needs or chronic illness. With the worldwide focus on COVID-19, there is also a need to advocate for the continuation of routine medical services including support for those with HIV/AIDs, child vaccinations, and maternal support including nutrition.

In [February 2022 a cholera outbreak](#) has been declared in Caia, Sofala Province and the floods teams have been prepared for a spread into Zambezia Province as well, due to the close proximity to Caia. There was an increase of diarrhoea reported in Nampula and Zambezia Provinces as well. A total of 69 health centers have been damaged by the storm³, leaving a gap in essential services, particularly for rural communities. The continuity of care and the delivery of live-saving interventions, including sexual, reproductive, maternal, new-born, child, and adolescent health and chronic conditions such as HIV/AIDS, TB, and non-communicable disease have been compromised. It is estimated that more than 345,819 people require health care services.

Lack of water in the affected areas and the deterioration of living conditions increase the importance of strengthening epidemiological surveillance systems through networks of health facilities to support the early detection of disease outbreaks. Considering the high potential for communicable diseases, strengthening outbreak prevention and response is a high priority. In the aftermath of tropical storms and cyclones, there is an urgent need to prevent **waterborne diseases**, including malaria and cholera which are endemic to Mozambique. This can be done through distribution of personal protective equipment (ex. Mosquito nets), community messaging to raise awareness, and water treatment. There is also a need for chlorine water treatment solution, oral rehydration treatment, safe storage containers for water, and rapid cholera tests to respond to the outbreaks.

In response to the polio outbreak in neighboring Malawi, the Ministry of Health has set up a polio vaccination campaign for the end of March.

³ <https://reliefweb.int/report/mozambique/mozambique-gombe-emergency-response-plan-june-2022>



Water Sanitation and Hygiene

Immediately after TC Eloise (2021), there was a need to provide clean water to displaced persons and to provide water treatment options. The integrated needs assessment, carried out by IFRC and CVM in Inharrongue and Bandua in March 2021, showed that 83.7% of the 616 households surveyed used unprotected water sources, such as open wells. These are at risk for contamination, especially during the rainy season, as open defecation remains prominent with UNICEF estimating 88% of people in rural areas and 53% in urban/peri-urban areas do not have or use improved sanitation facilities.

After the TS Gombe, 21 water supply systems have been reported damaged. Rural water collection, often through unprotected sources such as rivers, has the potential for contamination due to the high rainfall.

Open defecation remains common throughout the country and increases in times of emergency as access to improved sanitation facilities has been limited.

The WASH situation, especially after a disaster, has inherently greater risks for women and girls. Culturally, water collection is a woman's role, no matter the distance necessary to obtain this resource. Combined with the lack of sanitation facilities, women face exposure to security risks as well as challenges to their dignity with the disruption of WASH systems. Protection measures must be in place while WASH access is restored and improved.

Operational risk assessment

Identified constraint	Analysis
Access	Cut-off of roads and rail network that become impassable for vehicles carrying both food and non-food items, sending referrals to district hospital. During the coming months in the rainy season continuous rains and cyclones are predicted which could further hinder access.
Procurement and supply chain management	CVM requires logistical capacity support recruitment and training, assessment of warehouses and continuous monitoring of the situation. While IFRC has a contract with one Financial Service Provider (FSP), it is necessary to procure more FSPs and advocate for long-term framework agreements with both CVM and IFRC.
Scale of operation	The geographical areas impacted by the floods are significant as six of the eleven provinces in Mozambique were affected. Moreover, the needs are diverse; in WASH, shelter, food, health and security
Human resources	Staff capacity could be overstretched – there is a need for recruitment and training of more national coordinators of CVM to provide a response to the needs posed by this disaster.
Information management	Missing data (cluster data, segregation). District Councils have limited capacity to get enough data due to overwhelming magnitude of the disaster.
Unfavourable weather conditions	Unfavourable weather conditions coupled with bad state of roads making it difficult to deliver consignment to the affected population. Mozambique is in the midst of the rainy season and continuous rains are predicted for the months of February and March. Another nine tropical depressions are predicted with possibility to evolve in tropical cyclones. This can lead to further aggravation of the situation and could hinder the implementation of activities

Please see the Operational Strategy for detailed risk assessment: [Operational Strategy](#)

B. OPERATIONAL STRATEGY

Update on the strategy

Following Tropical Storm Ana (2022), the Emergency Appeal for TC Eloise was revised to include all floods and cyclones in the 2021/22 season, increasing the funding requirements. This revised Emergency Appeal was published on 31 January 2022 and can be found [here](#).

As the acute emergency response to TC Eloise had ended by this time, the strategy was expanded to include any additional provinces that were impacted and the activities for the acute emergency response to such storms. TS Ana was the first storm in 2022 to be included in this appeal.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

For progress on the emergency response to Tropical Cyclone Gombe in March 2022, please refer to the [Operational Update #3](#). Note that the progress below applies to the Tropical Cyclone Eloise response. A few indicators have been added to better track the response after TC Gombe, they are marked in red.

Objective:		<i>Communities in disaster and crisis affected areas restore and strengthen their safety, well-being through emergency shelter and settlements and early recovery solutions</i>	
Key indicators:	Indicator	Actual	Target
	# of households provided with emergency shelter and settlement assistance	4,920	2,500
	# of households who have durable shelter solutions that meet national and/or Cluster standards for recovery for the specific operational context	100	100
	% of surveyed people who report that the shelter solution they implemented has helped in their long-term recovery	TBC	85%

Shelter, Housing and Settlements		Female > 18: 3,380	Female < 18: 3,640
		Male > 18: 2,600	Male < 18: 3,380

- 28 volunteers were trained in **Emergency Shelter construction** so they can instruct, or directly support families that receive shelter kits to build safe and adequate shelter. They were also trained in data collection of distribution participants using KOBO for future assessment and registration activities.
- CVM distributed locally procured tarps in December 2020 to 1,200 families living across the existing resettlement sites of Guara Guara in preparation for the rainy season and they were used to reinforce Cyclone Idai tents and emergency shelters, minimizing the weather's impact for these families.
- In March 2022 CVM distributed a total of 500 shelter kits in Ilha de Moçambique, Marromone, and Lumbo Administrative Post, Nampula.
- With the support of the crisis modifier, CVM distributed 1,000 shelter kits each in Zambezia and in Manica Provinces.

- Following notification by INGD that an accommodation centre 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. All Cyclone Eloise accommodation centres were closed by the end of April 2021, with participants moved to their home communities or resettlement areas.
- **PIROI - French Red Cross Centre for Disaster Management** the French Red Cross Centre for Disaster Management dispatched 1,000 shelter toolkits, 2000 tarpaulins, 1,000 buckets, and 1,000 jerrycans from its contingency stock in La Reunion. From those donations, CVM was able to distribute shelter kits to 952 households in Liupo and Monapo districts, Nampula province.
- CVM, with the support of the IFRC distributed 1,188 kits in Nhamatanda District, locality of Nhansato, to respond to the emergency. An integrated, multi-sectoral approach was adopted to support the communities. All families received training to set up emergency shelters with on-site monitorin

Table 1: Items distributed per household

	Kits distributed in Nhamatanda	Amount per HH
Shelter	IFRC standard Shelter toolkit	1
	Tarps	2
	8cm stakes	10
	Bamboo poles	17
	Kitchen sets	1
	Mat for sleeping (esteira)	1
	Blanket	1
	Rope (meters)	60
WASH	Bars of Soap	4
	20L buckets	1
	Jerrycan 10L	1
	Plastic slabs (for latrine)	1
	Latrine kits	1
Health	Cloth face masks	5
	Bottles of Chlorine solution (Certeza)	3
	Mosquito nets	3

Note: 1,000 masks were also distributed in Nhansato with all 465 community members receiving a mask. The others were sent to the John Segredo Centre. The remaining 4 kits (116 out of 120 distributed in Nhamatanda) were given to the local government to distribute.

Resilient Houses

Participant Household Selection

A joint committee of IFRC Information Management (IM), community leaders, CVM staff, CVM volunteers, and government stakeholders met to verify the beneficiaries and apply the vulnerability criteria to select the **100 most vulnerable persons** to participate in the permanent housing distribution. A total of 480 families were registered in Guara Guara as needing shelter assistance. These were households that had not received shelter assistance beyond tarps that had relocated to the resettlement areas following Cyclone Idai in 2019.



Figure 4: Before- Tarp shelter in Maxiquiri 3



Figure 5: After- completed resilient shelter Maxiquiri 3

The selected persons were from two neighborhoods, **Buzi's Guara Guara Maxiquil 2 and 3**. Of the 210 families registered in Maxiquil 2, a total of 47 were approved and in Maxiquil 3, a total of 175 households were registered and 53 were selected.

The below table shows the participant household demographics.

Number of People Reached			
	Direct Recipients		
Age group	Male	Female	Total
0 to 5	38	23	61
6 to 12	54	45	99
13 to 17	42	32	74
18 to 29	46	45	91
30 to 39	13	13	26
40 to 49	6	12	18
50 to 59	9	19	28
60 to 69	12	23	35
70 to 79	6	7	13
80+	2	2	4
Total	228	221	449

Block production

The project used a **new form of blockmaking** and was the first to produce and use these blocks in Mozambique. The blocks are a composite of 70% soil and 30% cement, which is a more sustainable solution than blocks entirely of cement, that is also locally sourced and durable. The International Labour Organization (ILO) introduced this technology for CVM to use throughout the project. ILO provided the technical training and equipment to produce these blocks, mainly a block press as it is a dry-production method. Additionally, they worked with a total of 5 local associations to teach them how to use this technology. ILO supported the associations throughout their production, including with transport. There were 2 associations in Búzi, 1 in Caia, 1 in Dondo and 1 in Nhamatanda. On average, two associations would receive 50 sacks of cement to produce 3,500 blocks, enough for two houses. Each association produced an average of 400 blocks a day. CVM supervised this process under their direct partnership with ILO and oversaw all field activities in Búzi.

The blocks must cure for 28 days before use, with 7 days in a humid environment, generally under a tarp with regular watering, and then 21 days of dry curing.



Figure 6: Block curing

The blocks had to be produced in line with government standards. GREPOC, the Office for Post-cyclone Reconstruction, provided technical support throughout the project. GREPOC works with many organizations for standardizing construction practices. They ensured that the bricks and construction methods were in line with government standards for resilient housing. Blocks were produced at a cost of 11 meticaïls per brick and sold for 18 meticaïls, creating a source of income for the associations producing them.

The entire project, 100 houses, required the production of 170,000 blocks which is 1,700 per house. 31% of these blocks were produced by the associations mentioned above. The remaining 69% came from an external supplier, as the demand was higher than what the associations could produce.

Training of Master Builders

To recruit master builders for the project, first announcements were made on the local radio in Búzi District. Then there were community meetings in Búzi and Guara Guara with the interested builders where they were evaluated. The assessment of builders began with theoretical training, then practical training on the different phases of construction for these specific houses.



Figure 7: Theoretical training with master builders



Figure 8: Practical training with master builders

The builders who were successful in the training were hired for the work. In the first phase, 18 master builders were selected. They came from Buzi, Guara Guara, and the region (example, Beira). Hiring within the communities ensured that the master builders were familiar with the local context, provided a means of income for families that were not directly benefiting from the program, and allows localized knowledge for future projects including if the builders started small businesses using the same designs.

An additional 17 CVM volunteers were selected and trained to serve as builders for a total of 35 master builders. Finding qualified artisans in the selected communities proved a challenge, which is why the recruitment expanded to the regional level. CVM and IFRC held community discussions to explain the situation and to handle any disputes.

Training

For the two model houses, four personnel from CVM/IFRC led training for 35 master builders, 10 CVM volunteers, and the two vulnerable families that were going to receive the house. The training covered a summary of the project and construction process. This practical training led to the construction of the first two houses. Each master builder had two to three assistants to help in the construction.

After the training, for the construction of the other 98 houses, the teams were split evenly between the two locations. Each location had 17 master builders and 74 helpers that were divided into teams to build the different houses.

Material Distribution

As materials were received from the various suppliers, they went to a local warehouse in Guara Guara for storage. Materials were then given to the participant households in phases for them to store and use. These phases followed the phases were also used for determining the construction level and artisan payments for the houses. The first phase was the foundation, second the walls up to the roof, and the final phase is the roofing. Note that there were delays in the procurement/production of doors and windows due to the supplier, and this could be considered another phase, but the houses were completely constructed minus these installations by the final phase.

As the teams of builders worked at different paces on the various houses, materials were delivered to each family upon completion of the previous phase and tracked by the field supervisors.

Giving the families the materials simplified transport and reduced costs, but it did provide some challenges. Materials would disappear or sometimes there was misunderstandings about which families had received the materials. To reduce these risks, each family had to sign a contract before construction which included that the selling of materials would disqualify them for project participation.

Additionally, each community was given a first aid kit as part of the integrated disaster management of CVM to equip them to respond to emergencies.

Roles of CVM and IFRC

IFRC initially presented a project to CVM for transitional shelters in Buzi, similar to the work done in Chinamacondo during the Idai Operation. CVM proposed a more permanent solution to assist vulnerable families in cooperation with GREPOC and local government. GREPOC then suggested the soil block production in partnership with ILO. CVM and IFRC designed the project, budget and house design according to these recommendations. Throughout the project, CVM and IFRC worked in close cooperation. They divided tasks with IFRC handling procurement and administration and CVM leading the implementation in the field. The district branch of CVM in Búzi, both at the leadership level and their volunteers, were involved in all phases of the project and work. They were the focal point for all activities, meeting with participating households and assisting them throughout the process. The CVM volunteers helped to supervise the project, work with the construction teams, and to unload the materials delivered in the field. There were a total of 7 volunteers present each day, divided between the two locations to help supervise the construction groups. The engineers of CVM and IFRC handled any technical issues raised by the supervision team. This model of coordination worked very well for all parties and is one of the successes of the program.

Warehouses

Two warehouses were set up for the project, with one in Maxiquire 2 and one in Maxiquire 3. As mentioned above, materials were distributed to the construction sites in three phases and the households helped to store and protect those materials.

Designs

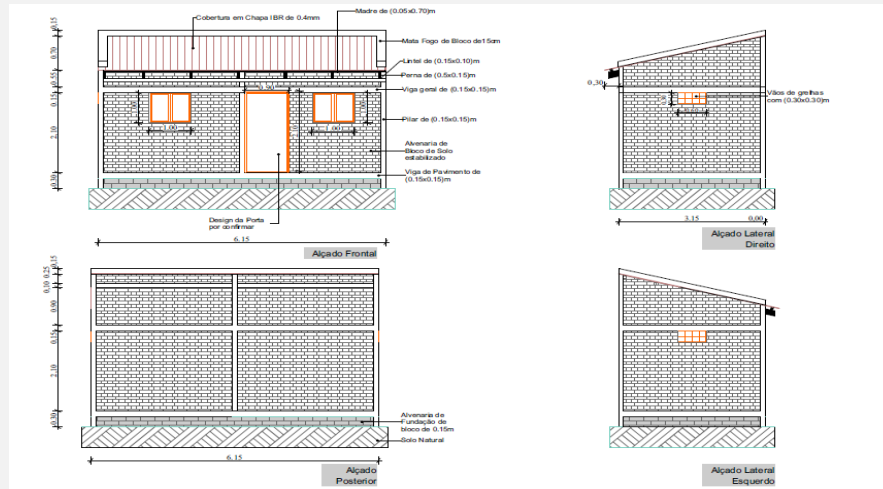


Figure 9: Permanent, resilient shelter designs

The designs for the construction were developed by GREPOC, with input from CVM and IFRC. After the artisan training and construction of the two model houses, GREPOC and ILO also provided feedback for areas to improve that were applied later to increase resiliency (roofing connections, security of houses). The 98 houses were slightly shorter than the model houses, to help decrease costs and construction time due to budget constraints. This did not have major impacts for the overall strength of the structure or space available for the families.

Construction

Each house was planned to take a minimum of 21 days to construct. Each construction team would work on one to three houses in a location at a time. When they had completed all three phases, they would begin others. The phased payment served as motivation. The teams that built faster had more opportunity to build additional houses and have additional income. The artisan payment was a cash for work initiative that was found highly successful. The artisans received training and practical skills and were paid for work that directly benefited the most vulnerable households in their communities.



Figure 10: Completed resilient house

One of the challenges for the construction was the final house phase, with roofing, doors and windows. It was difficult to find suppliers with the required quality of work within the anticipated timeframe. Many used the same carpenter within the community to source their product, as there was only one trained carpenter in the area, which led to delays in the production and hence the construction. As a result, the house construction completed with remaining installation of doors and windows beyond the initial project timeframe.

CVM and IFRC teams continued to work in the field until April, and a PDM was carried out by the PMER team and afterwards a technical visit in which identified problems (leaks in the walls) in the houses. From the technical evaluation it was found that the leaks were coming from the walls and windows of the rooms of the houses which are directly implanted in the position of the rains, and according to the project the windows were laid in a way that they open to the interior of the house. On May Following the PDM in April, CVM agreed to help the families correcting the improperly installed windows and explore solutions for the issue of leaks in the walls. And the official (ceremonial) handover was postponed until conclusion of these repairs. There is not yet a date for the repairs, since CVM has not yet made plans for it.

Challenges

There were various challenges for the project:

1. The project was too big for the local market. The impact of the procurement led to an increase in market prices due to the demand of the organization. This in turn led to a large increase in the cost of the project and minor revisions to the house design were made to reduce costs. It is unclear if it would be possible to implement the project without influencing market prices, but additional actions could be taken to further reduce this risk.

The availability of supplies in the market was very much constrained. The large demand for materials influenced the market prices locally and regionally, especially for core materials such as cement and blocks. The large procurements also led to delays as the local suppliers could not keep up with the demand and there were limited

options regionally, especially for the blocks as it was a new manufacturing process and the doors/windows as the technical expertise was limited.

Further prepositioning of shelter stock should be explored with materials purchased in non-emergency times, when possible, to minimize the effect of purchases on the market. Also, some of these issues can be mitigated by creating framework agreements while the project is being designed to protect against inflation. Another option would be to promote the production of sustainable materials as an income-generating venture, which could be combined with a strategy for reducing flood risks when planting in flood prone areas.

2. Transportation to remote areas is complicated and expensive. Additional planning should have occurred during the project design phase to consider the options as the project is based in a very remote location with roads that are easily damaged by heavy rains. The budget for this transportation was under-priced, as the need was greater than that which the market could supply, causing implications for the overall budget of the project. The prices rose due to the limited supply to meet the demand of the project. At times deliveries were organized as needed rather than as a regularly scheduled transport, which could result in higher prices for that transport. Circumstances such as rainfall could block deliveries and cause project delays. This was further complicated by the fact that there was no framework agreement with a transport provider and the Red Cross. In the future, this will be allotted a higher budget as well as ensuring there is a framework agreement for transportation. CVM could also be supported to increase their fleet capacity in this area to reduce the need on third party transportation.
3. Many households who received tents and tarps from other humanitarian partners during the beginning of the emergency phase (especially in the resettlement sites across the Idai affected provinces) were still using the same emergency shelters one year after the cyclone and the tents had then worn out with water leaking in during the rainy season. Most of these families were in resettlement sites far from their previous livelihoods and they did not have the financial capacity to buy materials to build better houses. The multisectoral support strategy provided comprehensive support to a lower number of communities as opposed to reaching many persons with smaller initiatives. As such, the shelter project was largely successful but there remained people in such temporary shelters that are exposed to future storms, further illustrating the issue of recurring instability and shocks. The needs for improved shelter were very huge and not all demand could be satisfied by shelter partners. IFRC should look for thematic partners for CVM in the theme of shelter to continue the same work. Emphasis will be in two areas, first emergency NFs and secondly in resilient housing to prevent beneficiaries from being stuck in a cycle of poverty due to poor quality housing.
4. It was a challenge to find the necessary technical experience in the communities of intervention for construction. As such, artisan selection had to be sourced regionally. There were some issues with the a few of master builders contracted, and they had to be let go, which created delays in the project.
5. COVID-19 led to project delays. Due to the mitigation measures by the government, there were times when the team was put on pause until the number of active cases had decreased and/or sick personnel had recovered and left quarantine.

Lessons Learned

1. Even though the project was high risk and expensive, particularly for transport, it was very highly appreciated by the community and government and will have a large, long impact on the resilience of those vulnerable families. Already in the 2021/22 rainy season some of the beneficiary families invited others into their homes during storms, showing the greater impact of the project.




Figure 11: CVM District President and volunteers at the household of a widow who benefitted from the project and the people she hosted in her new home during Tropical Storm Ana

Overall, the Shelter project was the most challenging to implement, yet also had some of the greatest impact for lasting change within the community. The lessons learned, from housing designs to technical experience, can easily be replicated and used as a springboard for other shelter projects and responses.

1. Volunteer trainings for shelter have an ongoing impact. Trained volunteers, such as in Build Back Safer techniques, can support people to improve their shelters within their local communities without additional support.
2. The shelter project, especially the permanent shelters, have provided a lot of visibility to CVM and their work. The project was visited by high profile government members and humanitarian organizations as an example of lasting results. The permanent shelters serve as models that can be replicated in other areas to improve community resilience.

Cash for Work was used for shelter construction with the artisans, for the warehouse and for transportation. Using a Cash for Work program provides local businesspeople an opportunity to use their skills and provides additional income for the community. The program itself worked well and could be used in future responses. This may also reduce difficulties with hiring third-party contractors for these services.

	Livelihoods	Female > 18: 5,221	Female < 18: 5,622
		Male > 18: 4,016	Male < 18: 5,220
Objective: <i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i>			
Key indicators:	Indicator	Actual	Target
	# of households supported to meet immediate needs through cash transfers	525	4,000
	# of students trained through vocational training programs	0	80

In the acute phase of emergency, the Spanish Red Cross supported CVM by activating the crisis modifier from ECHO for cash/voucher assistance to 525 affected households in Machanga for a value of 2,500MZN/household (31CHF).

Note that this Emergency Appeal's planned activities mentioned in the 6-month Operational Update, but it did not occur due to a lack of funding. Instead, mobile training did happen under a different funding source, the **Operational Plan for 2021**, to reach **150 students** in Nhangau, but it was not possible to arrange. Similarly, the **Farmer Field Schools** previously established continued to operate independently, with 31 in Sofala Province and 27 in Tete Province. This was done under the kind pledges of the British Red Cross and Austrian Red Cross under the Idai Operation. They did not receive specific support under the Eloise Operation.



Multi-purpose Cash

Female > 18:	Female < 18:
5,200	5,600
Male > 18: 4,000	Male < 18: 5,200

Objective:	<i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i>		
Key indicators:	Indicator	Actual	Target
	# of households provided with multipurpose cash grants, including for livelihoods recovery	TBC	4,000
	% of target households that have enough sources of food and income to meet their survival threshold (including cash grants)	TBC	85%

No activities were undertaken during the period for this Emergency Appeal.



Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

Female > 18:	Female < 18:
58,890	63,420
Male > 18:	Male < 18:
45,300	58,890

Objective:	<i>The immediate risks to the health of the affected population are reduced and the psychosocial impacts of the emergency are lessened</i>		
Key indicators:	Indicator	Actual	Target
	# of people reached with Psychosocial Support services	5,005	34,000
	# of people reached with community-based disease prevention and health promotion programming	103,421	226,500
	% of target population who can recall 3 or more protective measures for target diseases	TBC	>70%
	# of volunteers and health staff trained on EPiC (Epidemic Preparedness and response in Communities), BTIT, Nutrition, MHPSS	0	825
	# of household reached through Branch Transmission Intervention Teams (BTIT), in which volunteers conduct	40,180	20,000

actions to break transmission of waterborne diseases at household level		
# of persons reached on nutrition through cooking demonstration and MUAC screening	0	5,500
# of persons supported on diseases prevention and hygiene promotion at Community Health Mobilization Posts	0	12,000
# of persons reached through Malaria prevention and response through distribution of mosquito nets and RCCE activities	48,989	18,000
# of Household reached with mosquito nets	3,853	1,500

- CVM volunteers carried out **sensitization** on acute **watery diarrhoea, malaria and COVID-19** in 8 accommodation centres and 7 neighbourhoods through 96 volunteers. 135 presentations were held, reaching 19,249 people. An additional 305 Focus Group Discussions were held in the accommodation centers which reached 19,225 people.
- **Psychosocial Support (PSS)** to staff, volunteers and community members. 1,040 sessions were held and **5,005 people** were reached.
- Distribution of **10,000 face masks and 3,000 mosquito nets**
 - Distributed 8,000 face masks in accommodation centres to 1,120 families in Búzi, Sofala.
 - Distributed 1,000 face masks in resettlement sites and accommodation centres in Nhamatanda, Sofala
 - Distributed 2,500 mosquito nets to 2,495 families an accommodation centres in Búzi, Sofala
 - 500 Mosquito nets and 1,000 face masks were distributed to 116 households in Nhamatanda, Sofala and to the John Segredo center.
- Distribution in Búzi District, localities of Bandua and Inharongue:
 - **4,990 mosquito nets:** 746 in Chiquezana, 1,260 in Macurungo, 948 in Massane, 234 in Comp Búzi, 670 in Mandir 1 and 2, 434 in Martinote, 304 in Muchanessa, 394 in Inhabirira
 - **3,000 masks:** 1,493 in Chiquezana, 1,260 in Macurungo, and 247 in Comp Búzi
- **COVID-19 activities** were extended to resettlement sites. The sites have agglomerations of people, and many IDPs share tents with a large number of people (6 to 12). In Búzi, Beira, and Nhamatanda the volunteers trained on Community-based Health and First Aid and COVID-19 led presentations on COVID-19 preventive measures. The volunteers informed people to maintain a two meters distance in the centres.
- The accommodation centers were cleaned and sanitized by CVM volunteers in Nhamatanda and Caia to prevent the spread of disease. There were 5 cleaning sessions in Nhamatanda to benefit 1,783 people and 14 sessions in Caia for 3,204 people.

For TS Ana (2022), 853 households were reached **with mosquito nets** as part of the EAP distribution. 1,706 people were reached with health messaging about waterborne disease prevention and health promotion.



Water, Sanitation and Hygiene

Female > 18:
58,890

Female < 18:
63,420

Male > 18:
45,300

Male < 18:
58,890

Objective:

The risks of water related diseases in the communities targeted in recovery phase are reduced in a sustainable manner

Key indicators:	Indicator	Actual	Target
		# of people reached by hygiene promotion activities using the Branch Transmission Intervention Approach	0
	# of waterpoints constructed	0	10
	# of waterpoints rehabilitated	0	30
	# of latrines constructed	120	200
	# of Household hygiene kits distributed	641	2,000
	# of communities equipped and supported in regular clean-ups of neighborhoods to reduce vectors	0	40
	# of volunteers trained in PHAST	28	120
	# of Household reached with WASH NFIs	969	1,500



- A total of **9 handwashing stations** were set up in accommodation centers reaching 17,414 people.
- 1,128 bottles of certeza/chlorine distributed to **4,224 community members** accompanied by presentation of household water treatment (Districts of Búzi, Dondo, Beira, Nhamatanda). Approximately **61,467 litres of water** were treated.
- **Distribution** in Machanga
 - 1,050 Buckets (2/HH), 525 20L Jerrycans (1/HH) and 2,100 Bars of Soap (4/HH)
- **Distribution** in Nhamatanda to 116 households:
 - Emergency WASH items, including Jerrycans (20 Litres), buckets (14 Litres) and bars of soap
- **Distribution** of Rapid Latrine Kits. CVM trained volunteers supervised the construction of the 116 Rapid Latrines, providing technical assistance and hygiene promotion awareness to households.

Many activities not done due to a lack of funding, as noted in previous update. Priority was given to the Shelter response.



For TS Ana (2022) a total of 853 households were reached with NFIs in preparation for the floods in the Licungo under the flood EAP activation. Additionally, 4 latrines were built by volunteers in Tete at the Matundo accommodation center.

Figure 11: EAP distribution in Zambezia

 Protection, Gender and Inclusion	Female > 18:	58,890	Female < 18:	63,420
	Male > 18:	45,300	Male < 18:	58,890
Objective:	<i>Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable</i>			
Key indicators:	Indicator	Actual	Target	
	# of people reached with PGI and prevention and response to SGBV awareness messages	TBC	111,500 ppl	
	# of RCRC volunteers and staff trained on PSEA, Child Protection and Safeguarding, Sexual and Gender-based Violence (SGBV), mandatory reporting and zero tolerance policies, gender equity and inclusion	389	825	
	# of people reached through safe spaces at Community Health Mobilization Points	0	7,435	
<ul style="list-style-type: none"> In the first year of the operation (2021), a total of 389 CVM volunteers were trained about Protection, Gender and Inclusion including Preventing Sexual Exploitation and Abuse (PSEA), child protection, SGBV, gender equity and inclusion. Protection issues are integrated into all aspects of the programming, with awareness sessions included as a standard topic in trainings, in discussions with communities about the importance of targeting the most vulnerable persons, and as a way to maintain these values throughout the institution. 				
 Risk Reduction, climate adaptation and Recovery	Female > 18:	20,800	Female < 18:	22,400
	Male > 18:	16,000	Male < 18:	20,800
Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>			

	Indicator	Actual	Target
Key indicators:	# of people reached through DRR and Climate Change Adaptation activities	882	80,000
	# of people reached through Early Warning messages	TBC	21,500
	# of local disaster management committees trained and equipped for disaster risk mitigation and response	TBC	30
	# of CVM volunteers and staff trained in preparedness and response to disasters	TBC	80
	# of boats for search and rescue procured	TBC	5
	# of people reached with search and rescue activities	882	1,000
	# of people reached through climate change awareness campaigns	TBC	42,500

- The number of people reached through **early warning messaging** has not yet measured, as the National Society is still writing their reports following the response. The messages were distributed two ways, through household and group discussions in the communities by the local CVM volunteers, and mass messaging through the use of sound systems on vehicles. As the forecast was known 3 days before landfall, these messages started circulating at that time in the project areas of impact to promote preparation and evacuation in Búzi and Beira.
- **Search and rescue** of 150 families (**882 persons**, 78 men, 458 women, 346 children) through volunteers by boat in Búzi. People were rescued from rooftops and treetops. First aid was provided to the families.
- CVM supported **24,301 persons** to cross the river in Nhamatanda district by deploying the emergency **search and rescue boats**, in cooperation with UNAPROC, the national unit for civil protection, and INGC, the national institute for disaster management.
- In Zambézia and Manica, 180 CVM volunteers were involved in the **rapid assessments** integrated into the multisector led by INGD. Three teams were sent for multi-sectoral assessments in the districts of Nhamatanda, Búzi and Machanga in the province of Sofala.

Note that early warning messages were promoted before the landfall of TS Ana (2022) and the following floods. The number of people reached through these actions is still to be determined.

Enabling approaches



National Society Strengthening

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	# of volunteers insured	400	800
	National Society has elaborated a new four-year strategy	No	Yes
	# of digitalization systems implemented to improve finance management, logistics and volunteer management	0	1
	Communication and coordination within the National Society has improved	Yes	Yes

- **400 CVM volunteers** were **insured** for the response to TS Ana (2022)
- The communication policy put in place in July 2021 by the CVM is being implemented, with clear guidelines for the various communication channels of the National Society. Combined with the efforts of IFRC to increase coordination, there has been an improvement over the past year in this area.
- Development of a new four-year strategy has been planned for 2022



Coordination and Partnerships

Objective:	<i>Strengthen Coordination and Partnerships within the Movement and with relevant external actors</i>		
Key indicators:	Indicator	Actual	Target
	Number of new CVM partnerships formed	2	2
	Number of Movement Coordination Agreements formed	0	1
	# of external partnership supporting the NS in the response	2	2
	# regular coordination meetings ensuring alignment and coordination with all Movement partners	1	12
	# of CVM staff trained in partnership development	TBC	50

- As mentioned under the Shelter section, the permanent shelter construction included new partnerships with **GREPOC** (the Post-Cyclone Reconstruction office) and the **International Labor Organization (ILO)**
- 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 deployed the southern Africa Cluster Partnership and Development Senior Officer to support fundraising efforts at the country level.

- In January 2022 IFRC restarted its bi-monthly coordination meetings with PNSs and ICRC



Secretariat Services

Objective:	<i>Strengthen Secretariat services</i>		
Key indicators:	Indicator	Actual	Target
	# of surge and temporarily outside support of IFRC	2	4
# of IFRC national staff supporting CVM through capacity building	10	10	

- In January 2022, IFRC brought in a surge **Communications** officer and a **Shelter Cluster Coordinator** to support the response
- Programs and support national staff of the IFRC work closely with their respective counterparts in CVM to build their technical capacity. In 2021 key positions such as the **Disaster Management and Health Coordinators** were nationalized within the Maputo Delegation.



Community Engagement and Accountability

Objective:	<i>Have the communities at the center throughout the project implementation by involvement of community leaders, RCCE sensibilization activities and establishment of feedback collection systems</i>		
Key indicators:	Indicator	Actual	Target
	% of queries / feedbacks received through the feedback mechanisms established that were responded to	TBC	80%
	# of community leaders trained and involved in the response	TBC	200
	# of CVM staff and volunteers trained on CEA and RCCE and involved in the response	389	825
% of operational decisions made based on community feedback	TBC	100%	

- CVM uses the **linha verde** anonymous reporting system, along with other local humanitarian actors. During distributions, a team member was available to receive feedback and also during the post-distribution monitoring surveys community members were provided an opportunity to share comments with the Red Cross. Some complaints were also registered in the field by CVM and shared with the administrative shelter colleagues in IFRC for follow up.
- Training of **389 CVM volunteers** to carry out the response

- 150 volunteers were trained in the technical areas of the operation – shelter, health, WASH, PGI, CEA – as well as data collections methodologies, tools and reporting. This was to assist in the long-term response. An additional 31 CVM volunteers (14 men and 17 women whose ages range from 18 - 58 years) were trained in multi-sectoral issues.
- In Zambézia and Manica CVM, 180 volunteers were involved in the **rapid assessments** integrated the multisector led by INGD. Three teams were sent for multi-sectoral assessments in the districts of Nhamatanda, Búzi and Machanga in the province of Sofala.
- Rapid training for 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. They were also trained in Emergency Shelter construction and data collection of distribution participants using KOBO
- The decision to build permanent shelters as opposed to the transitional shelters such as built during the Idai Operation involved listening to various actors, including the affected communities, CVM, local government, and GREPOC. The project was then designed with all parties' input under the direction of IFRC.



Shelter Cluster Coordination

Objective:

Promote coordination among humanitarian and government actors to meet shelter needs throughout the affected area and prepare for future events

	Indicator	Actual	Targets
Key indicators:	# of active shelter actors engaging with SC and participating in coordination meetings	6	15
	A shelter response strategy in place, agreed upon by all shelter actors	TBC	1
	Cluster coordination capacity and information management system in place to monitor and improve the quality of the shelter response and eliminate duplication and gaps.	TBC	1

- CVM/IFRC cooperated with shelter Cluster partners to map activities, agree on a common shelter response strategy and ensure quality and coordinated shelter response. The Canadian Red Cross engaged a Shelter Cluster Coordinator to support CVM/IFRC in the shelter Cluster leadership role for three months at the start of the operation. The additional impact of Tropical Cyclone Eloise required strengthened coordination of the response system. These include 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](#) was 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 to direct Shelter Cluster partners to the areas with the most need, advising on standards and recommendations for NFIs and shelter interventions.
- As of January 2022, a total of 6 stakeholders were actively participating in the regular Shelter Cluster Coordination meetings

D. FUNDING

Of the \$5.5 million CHF requested for the operation, the appeal is 24.06% funded, with the majority of funding for the response to TC Eloise in 2021.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/1-2022/6	Operation	MDRMZ016
Budget Timeframe	*	Budget	APPROVED

Prepared on 10 Oct 2022

All figures are in Swiss Francs (CHF)

MDRMZ016 - Mozambique, Africa 2021-22 Floods and Cyclones

Operating Timeframe: 23 Jan 2021 to 31 Jan 2023; appeal launch date: 28 Jan 2021

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	729,000
AOF2 - Shelter	1,877,000
AOF3 - Livelihoods and basic needs	626,000
AOF4 - Health	527,000
AOF5 - Water, sanitation and hygiene	524,000
AOF6 - Protection, Gender & Inclusion	47,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	617,000
SFI2 - Effective international disaster management	35,000
SFI3 - Influence others as leading strategic partners	27,000
SFI4 - Ensure a strong IFRC	491,000
Total Funding Requirements	5,500,000
Donor Response* as per 10 Oct 2022	1,323,303
Appeal Coverage	24.06%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	29,863	29,863	0
AOF2 - Shelter	1,322,651	1,092,587	230,064
AOF3 - Livelihoods and basic needs	45,406	1,624	43,782
AOF4 - Health	54,019	40,777	13,242
AOF5 - Water, sanitation and hygiene	15,064	8,605	6,459
AOF6 - Protection, Gender & Inclusion	1,127	258	869
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	26,594	7,266	19,329
SFI2 - Effective international disaster management	129,275	126,807	2,467
SFI3 - Influence others as leading strategic partners	34,889	30,097	4,793
SFI4 - Ensure a strong IFRC	179,122	79,910	99,212
Grand Total	1,838,010	1,417,794	420,217

III. Operating Movement & Closing Balance per 2022/06

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,838,503
Expenditure	-1,417,794
Closing Balance	420,709
Deferred Income	0
Funds Available	420,709

IV. DREF Loan

* not included in Donor Response	Loan :	859,689	Reimbursed :	359,689	Outstanding :	500,000
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/1-2022/6	Operation	MDRMZ016
Budget Timeframe	*	Budget	APPROVED

Prepared on 10 Oct 2022

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MDRMZ016 - Mozambique, Africa 2021-22 Floods and Cyclones

Operating Timeframe: 23 Jan 2021 to 31 Jan 2023; appeal launch date: 28 Jan 2021

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	550,555				550,555		
DREF Allocations				500,000	500,000		
European Commission - DG ECHO	216,306				216,306		
Japanese Red Cross Society	42,880				42,880		
Other	82		15,200		15,282		
Red Cross of Monaco	26,741				26,741		
Slovenia Government	31,010				31,010		
The Canadian Red Cross Society (from Canadian Gov	178,835				178,835		
The Netherlands Red Cross (from Netherlands Govern	276,894				276,894		
Total Contributions and Other Income	1,323,303	0	15,200	500,000	1,838,503	0	
Total Income and Deferred Income					1,838,503	0	

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How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.