Displaced people from the province of Cabo Delgado walk through the streets of Namapa, Erati district of Nampula, on February 27, 2024. (Source AFP)

<table>
<thead>
<tr>
<th>Appeal:</th>
<th>Country:</th>
<th>Hazard:</th>
<th>Type of DREF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDRMZ023</td>
<td>Mozambique</td>
<td>Population Movement</td>
<td>Response</td>
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<table>
<thead>
<tr>
<th>Crisis Category:</th>
<th>Event Onset:</th>
<th>DREF Allocation:</th>
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</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Sudden</td>
<td>CHF 43,726</td>
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</table>

<table>
<thead>
<tr>
<th>Glide Number:</th>
<th>People Affected:</th>
<th>People Targeted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>33,218 people</td>
<td>1,500 people</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operation Start Date:</th>
<th>Operation Timeframe:</th>
<th>Operation End Date:</th>
<th>DREF Published:</th>
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<tr>
<td>2024-03-12</td>
<td>4 months</td>
<td>31-07-2024</td>
<td>21-03-2024</td>
</tr>
</tbody>
</table>

Targeted Areas: Nampula
Description of the Event

Date of event

2024-02-24

What happened, where and when?

Due to the increased armed violence in Cabo Delgado, as of February 24th, the National Institute for Disaster Risk Management and Reduction (INGD) estimates that 33,218 people (5,976 families, including 4,100 men, 6,898 women, 11,096 boys, and 8,989 girls, among them 249 pregnant women, 60 persons with disabilities, and 419 elderly) have been displaced and arrived in Erati district in Nampula province after fleeing Chiure district, Cabo Delgado, due to fear of attacks.

The situation escalated from the 19th to the 21st of February, with a significant increase in population movement on the 21st and 22nd. Due to the violence and prolonged insurgency, those fleeing from Cabo Delgado into Nampula are more likely to have unmet health and livelihood needs. Humanitarian aid implementers in Cabo Delgado have had to pause aid delivery in the province during various periods of violence. The number of internally displaced persons (IDPs) going to Nampula province is rapidly increasing due to the current violence and lack of food, schooling, and health care facilities in Cabo Delgado.

A joint government-cluster assessment team, including local NGOs, visited Erati on February 24th and 25th. This followed an assessment conducted using methodologies such as focus group discussions with men and women at two sites; Macucha (a transit site where IDPs are hosted at a school) and Muanona (a registration center at a school), key informant interviews with IDPs and government key informants, and observations. The final report is being compiled. The preliminary assessments indicate the need for shelter, water, basic sanitation supplies, and items such as hygiene kits, mosquito nets, and other basic household supplies. Among the IDPs, children, pregnant women, unaccompanied minors, the elderly, and people with disabilities are most at risk of suffering from unmet needs in the areas of health, water, sanitation, hygiene, shelter, education, and other essentials, due to socio-economic hardships and difficulties in traveling long distances. In addition to IDPs, host communities are also being affected by the influx of IDPs and fear of violence reaching their communities. Children in host communities are now out of school as schools are being used as temporary settlement areas for IDPs.

Scope and Scale

Due to the heightened armed violence in Cabo Delgado, as of February 24th, the National Institute for Disaster Risk Management and Reduction (INGD) estimates that 31,811 individuals (5,976 families, comprising 4,100 men, 6,898 women, 11,096 boys, and 8,989 girls, including 249 pregnant women, 60 persons with disabilities, and 419 elderly) have arrived in Erati district, Nampula province, after fleeing Chiure district, Cabo Delgado, due to fear of attacks.

The influx of people from Cabo Delgado to Nampula is likely to result in unmet health and livelihood needs due to the violence and prolonged insurgency. Humanitarian aid delivery in Cabo Delgado has been paused during periods of violence. The number of internally displaced persons (IDPs) heading to Nampula province is increasing rapidly due to the current violence and lack of food, schooling, and healthcare facilities in Cabo Delgado.

A joint government-cluster assessment team, including local NGOs, visited Erati on February 24th and 25th. The assessment involved methodologies such as focus group discussions with men and women at two sites; Macucha (a transit site where IDPs are hosted at a school) and Muanona (a registration center at a school), key informant interviews with IDPs and government key informants, and observations. The final report is being compiled. Preliminary assessments indicate the need for shelter, water, basic sanitation, and supplies such as hygiene kits, mosquito nets, and other household items. Among IDPs, children, pregnant women, unaccompanied minors, the elderly, and people with disabilities are most at risk of suffering from unmet needs in health, water, sanitation, shelter, education, and other areas, due to socio-economic hardships and the challenges of traveling long distances. Host communities are also affected by the influx of IDPs and fear of violence reaching their communities, leading to children in host communities being out of school as schools are being used as temporary settlement areas for IDPs.

On February 24th, district authorities requested immediate assistance from humanitarian organizations during cluster meetings, prompting the plan from CVM and the subsequent formal DREF proposal submission. As a result, February 24th serves as the trigger for this DREF application. This response is supported by a national response developed by CVM, which is backed by movement partners in Mozambique.

Source Information

<table>
<thead>
<tr>
<th>Source Name</th>
<th>Source Link</th>
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</thead>
</table>

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Previous Operations

<table>
<thead>
<tr>
<th>Has a similar event affected the same area(s) in the last 3 years?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did it affect the same population group?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the National Society respond?</td>
<td>No</td>
</tr>
<tr>
<td>Did the National Society request funding from DREF for that event(s)?</td>
<td>-</td>
</tr>
</tbody>
</table>

If yes, please specify which operation

- 

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

- 

Current National Society Actions

Start date of National Society actions

2024-02-23

| Water, Sanitation And Hygiene | CVM, alongside Belgian RC, has an ongoing long-term WASH project in Nampula, in Erati and Memba districts running from 2022-2024. They have trained 70 volunteers in cholera response and health promotion activities reaching over 7,000 families in Odinepa, Alua Sede, S. Machel in Erati and b.pinda, memba sede, and geba in Memba during that time period. |
| Migration And Displacement | The National Society alongside ICRC is currently training volunteers in Nampula province on Restoring Family Links (RFL). |
| Coordination | Cruz Vermelha de Moçambique (CVM) is working in close coordination with the National Institute for Disaster Risk Management (INGD), and other International organizations including UN agencies. CVM activated its emergency operation coordination platform (GODE) on Feb 23, which provides daily situational strategic coordination and monitoring of the ongoing situation and needs on the ground. The CVM leads these meetings, providing updates on the situation and assessing plans of action. In addition, the CVM has technical coordination to enable peer-to-peer support between the CVM, IFRC, and all in-country PNSs, with frequent meetings aimed at defining immediate actions for further validation in the GODE. CVM has also put together a Response plan in response to this crisis and is coordinating the support to this plan with all Movement Partners. CVM is also taking part in national, coordination platforms such as the Coordinating Council for DRM (CTGD) and the Humanitarian Country Team (HCT), which meets monthly or on an ad-hoc basis, as necessary, for humanitarian emergency updates and aligns the response strategies. The HCT meets on a weekly basis given the emergency situation. |
## National Society Readiness

The National Society (NS) has been collaborating closely with local authorities and monitoring the situation. The NS organized a pre-emergency operation meeting (GODE) with NS partners, ICRC, and IFRC to evaluate the NS’s capacity and identify gaps in addressing the needs of displaced people. Additionally, there is a remaining stock of WASH items (soap and chlorine to assist 1,051 households; 5,255 people) and shelter items (tarps) from a previous DREF at the National Society’s regional warehouses in Nampula, Sofala, and Maputo. CVM also has stocks ready to be mobilized for mosquito nets, cocina kits, and capulanas from other projects. Furthermore, CVM has trained volunteers in WASH, PGI, CEA, PSS, and RCCE, who are prepared to mobilize for this operation with only a need for quick refreshers, if necessary. In Nampula province alone, 312 volunteers were involved in the cholera response earlier in the year.

## Resource Mobilization

CVM has developed a response plan and budget for the planned response to the population movement and shared with RCRC partners in the country. This plan focuses on key sectors such as WASH, Health, Shelter, RFL, basic needs including cross-cutting issues such PGI and CEA targeting.

IFRC, ICRC, and PNSs have reviewed the plan of action and divided activities based on ongoing activities, presence in the field, and the best partner to provide each given type of support. The IFRC will support the CVM plan through this DREF. Resources are being mobilized from ICRC, from Belgian Red Cross, Swedish Red Cross and Spanish Red Cross.

## IFRC Network Actions Related To The Current Event

### Secretariat

IFRC is supporting Cruz Vermelha de Moçambique (CVM) through its Country Cluster Delegation based in Maputo (covering Mozambique and Angola). IFRC plans to support CVM through the launch of this DREF and through it, to contribute to the overall NS response plan. In addition, the IFRC attends coordination meetings with HCT and participates in Shelter and WASH clusters to ensure coordination of response. IFRC does not have the clearance to travel to Erati due to it being a conflict zone, however, it is requesting clearance and it can travel inside the rest of the Nampula province.

This DREF is filling key gaps in the response plan under shelter, health, WASH, and CEA, that are not covered by other partners and covers activities that logistically make the most sense for the accelerated implementation of the proposed activities to reach beneficiaries as soon as possible through the distribution of items already in stock from the previous DREF response (mainly hygiene kit items, Chlorine bottles, and tarpaulins).

### Participating National Societies

Through the movement coordination (IFRC, PNSs and ICRC) meeting, a collective response plan was developed to address the IDPs needs; each Member committed to the following below:

- The Belgian Red Cross and Swedish Red Cross will help with WASH kit assistance, setting up water boreholes, water distribution, latrine construction, provision of shelter items, and volunteer per diems, training of volunteers in WASH.
- The Spanish Red Cross will provide communications and media coverage, visibility, and personal protective equipment for volunteers.
- ICRC - will conduct rapid assessment of communities in terms of RCCE, services and training of volunteers in RFL and PGI, GBV, provision of material for safe spaces, tent, chairs, and registration material.

All partners will also contribute to NSD costs including monitoring, administrative costs, etc. The full plan with the contribution of each PNS for each cost is in the attached excel file (plano de resposta CVM).

## ICRC Actions Related To The Current Event

ICRC is present in the country, with operations in both Cabo Delgado and Maputo. They are currently providing support within Cabo Delgado and are conducting RFL trainings with the National Society (NS) in Nampula. ICRC intends to support the NS response plan and
will also carry out rapid assessments of communities regarding RCCE, services, and the training of volunteers in RFL, PGI, and GBV. Additionally, ICRC will provide materials for safe spaces, including tents, chairs, and registration materials.

Other Actors Actions Related To The Current Event

<table>
<thead>
<tr>
<th>Government has requested international assistance</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National authorities</strong></td>
<td>The National Institute for Disaster Risk Management (INDG), a Local government which leads all the all the disaster response and disaster Risk management coordination and actions Mozambique. INDG active in Nampula coordinating with UN clusters. The government has started addressing the need through the food distribution of 32 tons of food to about 19,000 individuals, the ration for three days, mainly rice, pulses, oil, and salt (<a href="https://reliefweb.int/report/mozambique/erati-inter-sectoral-needs-assessment-report-24-25-february-2024">https://reliefweb.int/report/mozambique/erati-inter-sectoral-needs-assessment-report-24-25-february-2024</a>). As the number of the internal displaced people are increasing in daily basis, and other exacerbating factor such as the ongoing cholera outbreak and ongoing rain season influenced the local Government to request support of humanitarian actors within the country.</td>
</tr>
</tbody>
</table>
| **UN or other actors**                           | - WFP is doing food distribution.  
- Joint Response Program (WHO, UNICEF, and UN) is doing assessments.  
- UNICEF is supporting the cholera response.  
- IOM is tracking displacement and exploring supporting with mobile health services & coordinating NFI distributions with government. |
| Are there major coordination mechanism in place? | - Internal movement coordination: GODE activated, daily meetings led by NS.  
- HCT meetings: weekly with regular updates by email from OCHA.  
- The AHCT activated all the sector working groups to start coordinating with government counterparts to prepare for assessment and response at the provincial level. |

Needs (Gaps) Identified

**Shelter Housing And Settlements**

31,811 internally displaced persons (IDPs) arrived in Erati between February 21st and 22nd, all having been forced from their homes. A preliminary assessment revealed that 89.9% of these IDPs have urgent shelter needs. They are currently housed in severely overcrowded shelters, including classrooms, which poses significant risks to their safety and well-being, increasing the likelihood of disease outbreaks, gender-based violence (GBV), sexual abuse, and interpersonal conflicts. At transit centers, women and children are sleeping in classrooms with an estimated 100 people per room, while men are sleeping outside the classrooms or on verandas. Dire humanitarian needs were observed in Namapa Sede, the main settlement area, with food, shelter/non-food items (NFIs), health, water, sanitation, hygiene (WASH), protection, and education identified as the most urgent priorities.

Authorities are still deliberating on where to relocate the IDPs. One potential site under consideration for accommodation is near Macucha school, with an estimated land area of 10,000 square meters. Provincial authorities are also exploring the option of relocating families to the Corrane Relocation Site in the Meconta district. This site, established in November 2020 to house IDPs fleeing Cabo Delgado, currently has vacant shelters following the return of some IDPs in 2023. Expanding existing structures at Corrane is seen as more feasible logistically and financially than creating new shelters. However, transportation logistics for moving people to Corrane must be carefully considered.

Regarding the accommodation of IDPs at the Corrane Resettlement Site, members of the AHCT stressed that any decisions should be based on voluntary relocation. They recommended that the government instead establish accommodation sites in Namapa, taking into account the preferences of IDP families, as humanitarian assistance should be tailored to meet the needs and preferences of affected populations.
Livelihoods And Basic Needs

IDPs were unable to bring food with them when they fled their homes. Approximately 99.1% of IDPs require food assistance. Preliminary assessments also show that the majority of IDPs are in need of shelter, water, basic sanitation, and supplies such as hygiene kits, mosquito nets, and other household essentials.

Food distribution is being coordinated by INGD and WFP. IOM is collaborating with other organizations to facilitate the distribution of non-food items (NFIs) in Erati. However, this distribution is partly delayed due to the government’s pending decision on establishing an accommodation center for the IDPs.

Health

In Chiure District, Mazeze Health Facility, staff housing, and a warehouse containing medical supplies were set ablaze on February 12th. Both Chiure and Erati had previously declared cholera outbreaks before the arrival of the new IDPs. Concerns have been raised about the potential further spread of the epidemic due to reports of diarrhea among people arriving from Chiure.

As of February 19th, Nampula has recorded the highest cumulative cases of cholera nationwide, with 3,759 cases and 12 deaths reported. In Erati district, there have been 421 cases and 1 death reported. UNICEF and the National Society (NS) have been involved in responding to the cholera outbreak in Erati.

Increased healthcare access challenges have been exacerbated by rain and flooding, which are expected to lead to a rise in cholera cases as well as mosquito-borne diseases such as malaria in the area. IOM is collaborating with INGD to bolster the health response through mobile brigades.

A preliminary assessment indicated that 57.5% of IDPs have health needs, a number expected to increase if cholera cases rise. Many women of childbearing age lack monitoring for their general health status, including sexual and reproductive health and serological status, and there is no available gender-based violence (GBV) assistance. At the transit center, four newborn babies have been identified, but lactating mothers are unable to feed them due to a lack of proper diet resulting in the inability to produce milk.

Health authorities have assured that disease surveillance is ongoing. A provincial health service team has been dispatched to Erati to aid in the screening, referral, and treatment of individuals, including psychologists to support the mental health of IDPs.

Water, Sanitation And Hygiene

The preliminary assessment indicates that Namapa sede lacks sufficient clean drinking water. Both Chiure and Erati Districts are experiencing active cholera outbreaks, and the overcrowding and poor sanitation conditions in displacement sites could lead to a further spread of cases. The WASH conditions in Nampula health centers are particularly concerning, with only 20% having a basic level of water, sanitation, hygiene, and solid waste management facilities, as per the WASH cluster assessment on February 8th, 2024. Hygiene conditions are deteriorating due to insufficient latrines and clean water for the influx of people in Namapa. The main water supply system in the village of Namapa is not functioning due to damage, and restoring and expanding the system requires a significant investment that the district authorities cannot afford. IDPs are using the latrines of host communities or practicing open defecation. Response mechanisms and services for IDPs hosted in the transit center of Namapa are limited to the existing health facilities. There are no basic services, including health, in Nacuxa schools, which are serving as a transit site. The transit center at Nacuxa school has two blocks of latrines with two rooms each, which are inadequate for the number of IDPs hosted in the school. UNICEF has installed four latrines and bathrooms at the transit site of Nacuxa and has signed an agreement with a service provider to begin water trucking with a daily delivery capacity of 16 cubic meters for 15 days.

Protection, Gender And Inclusion

The current attacks and displacement increase the need for civil documentation as some might have been burnt or left behind by displaced persons during flight. A total of 52 children were reported missing or separated from their primary caregivers, while three unaccompanied children were reported living without support. Lack of documentation is impeding access to assistance. Some IDPs reported that they didn't receive assistance because they did not have documentation (identity card) and their name was on the list during food distribution by INGD.
Education

Classes have been suspended in Namapa sede since schools are used as transit centre to accommodate IDPs. The school closures in Erati affect the education of 13,891 students from the district and of 2,500 displaced students. There are no plans as of this time for integration of displaced students into the existing schools. Six schools in Erati are closed: Nacuxa school is used as transit center; one secondary school is occupied by the Mozambican Army; four others are closed due to parents' decision not to send children to school for fear of attacks by NSAGs.

Migration And Displacement

IOM is assisting INGD in registering the arrival of internally displaced persons (IDPs) by establishing five registration points and one transit center in Namapa-sede and Alua. There are reports that residents of Namapa, Erati are also fleeing towards Meconta and Nampula districts due to fear of attacks. INGD estimates that 31,811 individuals (5,973 families, including 4,100 men, 6,898 women, 11,096 boys, and 8,989 girls, along with 249 pregnant women, 60 persons with disabilities, and 419 elderly) have arrived in Erati district, Nampula province, after fleeing Chiure district. Many IDPs have not yet been registered, and considering the fluid situation, the displacement figures are expected to increase. Humanitarian partners should take this into account when planning their response. District authorities have requested assistance for host communities, which are accommodating many displaced people.

Operational Strategy

Overall objective of the operation

The DREF aims to provide assistance to 2,300 households affected by the conflict in Cabo Delgado who have arrived in Nampula, including 300 households of internally displaced persons (IDPs) and 2,000 households of host communities. This DREF operation is part of the CVM national response plan, which is being supported by various Movement partners. It is being launched to address major gaps that other partners are unable to cover. The DREF is filling critical gaps in the response plan related to shelter, health, water, sanitation, and hygiene (WASH), and community engagement and accountability (CEA) that are not addressed by other partners. It includes activities that are logistically feasible for the rapid implementation of proposed activities to reach beneficiaries as soon as possible, utilizing items already in stock from the previous DREF response, such as hygiene kit items, chlorine bottles, and tarpaulins.

Operation strategy rationale

The overall CVM response plan addresses Internally Displaced People's needs and support host communities in alignment with government to alleviate the suffering as result of the armed insurgency in Cabo Delgado. The CVM response plan focuses in the key sectors such as WASH, Health, Shelter, RFL, basic needs including cross cutting issues such PGI and CEA targeting directly 300hh (1,500 people) that arrived in Erati and 10,000 people from the hosts communities in Nampula. The CVM response plan ensures coordination between RCRC movement partners and removes duplication of efforts. Different movement partners have come together to implement different parts of the response plan – together, having a unified response with larger impact. The NS and ICRC are active in the conflict affected areas, while remote support and in-person support to the provincial HQ of Nampula (not in conflict zone) will be provided by IFRC, Belgian Red Cross, Swedish Red Cross, and Spanish Red Cross. IFRC is not physically present in the affected area due to security reasons.

With this DREF request, the IFRC aims to cover the gaps in the CVM response plan around the areas of health, CEA and shelter through increasing of the massive community health promotion and rumors management, distribution chlorine on the CTCs considering that Nampula province continues to be the cholera hot spot which can be exacerbated with the IDPs. In addition, IFRC will also assist with Tarpaulins distribution and transportation of the propositioned NFIs.

At the moment, further movement of IDPs that arrived in Erati is still expected, so the government is actively coordinating the type of aid and number of beneficiaries receiving aid to match the population movement. If IDPs move further into Nampula due to a set-up of a settlement area by the government or due to fear of further violence, aid will have to be further scaled-up to reach host communities as well as IDPs. Therefore, priority requests from the government at this time is to provide aid that is immediately available (stock) and that IDPs can take with them if movement continues.

Based on this, the DREF's main contribution is to use essential stock already in the country (remainder of stock from previous DREF TC FREDDY) that is ready to be transported and distributed. The DREF will further contribute to the plan supporting activities in the area of
RCCE to complement the support given by other movement partners in other areas as described below:

**SHELTER:**
As the government selects a reallocation site for IDPs, there is a need to provide IDPs with shelter assistance through essential item distribution. The DREF will mobilize 2 tarpaulins with fixing elements per family and support with the transportation and distribution costs of these items.

Outside of this DREF, PNS will mobilize 3 sleeping mats per HH, 3 blankets per HH, 3 mosquito nets per HH.

**WASH:**
Based on preliminary assessments, access to safe water is essential. The DREF will mobilize water treatment material, 3 chlorine bottles per HH to IDPs in transit sites. These bottles are already procured and in country ready to be distributed. Aligned with minimum WASH standards (SPHERE) this will have further chlorine bottle distributions of material and associated demonstration and sensitization in the transient sites.

The DREF will also cover the distribution of key items of hygiene kits and dignity kits. The items (described in section below on planned interventions) are already in country and ready to be transported and distributed for IDPs.

The remainder of items that make up hygiene and dignity kits will be provided by movement partners.

Additionally, outside of this DREF, priority will be given to reinforce the community knowledge on the WASH & health related risk, the promotion of good practices and behavioral changes to avoid the spread of cholera. Volunteers will disseminate messages in the affected communities so that people are aware of key public health risks related to water, sanitation, and hygiene, and can adopt individual and community measures to reduce them. During the community sessions in host communities, additional chlorine bottles will be distributed. This is separate from the distribution to IDP HH’s in transit centers.

In addition, beyond the scope of this DREF, efforts will be made to improve access to water through the rehabilitation and treatment of water points. Three boreholes will be drilled, and water will be distributed using trucks. Furthermore, to reduce the risk of waterborne diseases and breeding sites for vectors, 70 emergency latrines will be constructed.

**HEALTH:**
It is clear that the health centres in Nampula require additional support, in particular with the large number of cholera cases. Therefore, the DREF will directly provide chlorine to support to Cholera Treatment Centres. CTC are managed by the Ministry of Health. CVM has prior experience providing Chlorine bottles to CTCs during previous cholera outbreaks as the CTCs use chlorine at different concentrations for a number of activities and run out of it quickly.

Outside of the DREF and in alignment with WASH community-based activities, 60 volunteers actively being doing sensitization activities in the communities, distributing chlorine bottles, and sharing IEC materials. Volunteers will also receive PPE required to be able to deliver services safely.

**PI:**
All PGI and RFL activities will be done by ICRC due to their ongoing work under this topic and in this geographical area. Activities include further training of volunteers on RFL and PGI setting up 3 safe spaces to provide integrated services of PSS and PFL, printing of PGI and RFL material, and provide GBV specific lines of communication. Specialized briefings for dedicated personnel on child safeguarding to minimize risks to affected children, particularly unaccompanied and undocumented children, will be provided.

**CEA:**
The DREF will ensure the establishment of a feedback system relating to the various interventions carried out but also for the processing of complaints and sensitive information relating to the protection and security. Community feedback will be collected through quick surveys, as well as during PDMs after distributions. These will be analyzed, and NS will decide how to address based on the type of feedback received. Additionally, NS is in touch with Linha Verde (the feedback mechanisms by UN and the government) which provides monthly reports on community feedback from operations. This feedback is used to adjust operational plans. Additionally, the DREF will support addressing rumors related to cholera since Mozambique has incidences of violence against health workers that are believed to bring in cholera to communities. Rumors that can be directly addressed will be clarified by volunteers who have trainings in WASH, specific trainings on cholera rumors and RCCE.

Outside of the DREF, the NS will conduct RCCE rapid community assessments and support with translations of identified resources to local languages.

**NSD:**
The DREF will contribute to monitoring costs and other NSD expenses to support the running of the operation.

Outside of this DREF, all refresher trainings will be provided in the field as needed including in data collection/RCCE, WASH, and PGI/RFL.

Volunteers will also be trained in safer access. Other movement partners will also support operational costs of the NS.

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**Targeting Strategy**

**Who will be targeted through this operation?**

This operation will target 11,500 displaced individuals (2,300 HHs) in the province of Nampula, focusing on Erati district in the transit centers and host communities. Out of the total, 300 HH, - 1,500 IDPs will receive direct support. Host communities (10,000 people - 2,000 HHs) will be additionally targeted for community sensitization with health and hygiene activities.

While the targeted number is low in proportion to the number of IDPs, the NS is starting with this target and will request to scale-up in
coordination with government decisions in the field as the government is still deciding where IDPs will be reallocated to and/or if they will return to Cabo Delgado.

**Explain the selection criteria for the targeted population**

The targeting of IDPs within Erati district will be done in alignment with national authorities and the ACHT, as other humanitarian actors are also in the area and the Shelter cluster and government is ensuring coordination and no duplication of efforts. Given the scale of the displacement, selection amongst IDPs may still be required. In this case priority will be given based on vulnerability criteria including household size, number of children under 5 years old, presence of pregnant and/or breastfeeding women, old people, people with reduced mobility, women heads of households, single parent households, and unaccompanied children.

**Total Targeted Population**

<table>
<thead>
<tr>
<th>Group</th>
<th>Rural</th>
<th>Urban</th>
<th>People with disabilities (estimated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls (under 18)</td>
<td></td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td>1.2%</td>
</tr>
<tr>
<td>Boys (under 18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total targeted population</td>
<td>1,500</td>
<td></td>
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</tr>
</tbody>
</table>

**Risk and Security Considerations**

**Please indicate about potential operation risk for this operations and mitigation actions**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuity of movement due to fear of violence or actual violence.</td>
<td>Through coordination meeting and IDP tracking, humanitarian actors are assessing where IDPs are going to and are deciding where to set up settlement camps in case of further displacement and in case of growing numbers. Operation will target IDPs based on coordination with gov &amp; other stakeholders to cover areas where they may move to. IFRC and NS remain alert to possible scale-up needs as numbers increase &amp; response plans are coordinated with external partners and government.</td>
</tr>
<tr>
<td>Safety risk for humanitarian actors in the field due to cholera misinformation</td>
<td>The operation has a strong RCCE lens to ensure community members understand the role of humanitarian actors and that volunteers know how to address rumours related to cholera. Volunteers will be trained in safer access.</td>
</tr>
<tr>
<td>Operational capacity constraints</td>
<td>The DREF will provide remote support from IFRC in the areas of monitoring, implementation, and technical support with coordination from the field (province) in the area without security risk. IFRC is requesting clearance from Security to enter areas, alongside guidance from ICRC. IFRC will be able to travel to support the NS at the provincial HQ for enhanced field coordination as most meetings (external &amp; internal) are happening at provincial level and NS has mobilized their HQ staff to Nampula.</td>
</tr>
<tr>
<td>Procurement and transportation delays</td>
<td>Due to potential procurement delays, the DREF prioritizes the distribution of items already purchased and in NS warehouses that are ready to be distributed. Transportation delays may occur</td>
</tr>
</tbody>
</table>
with heavy rains and flooding later in the season, so mobilizing quickly is a priority.

Please indicate any security and safety concerns for this operation

The displacement of the population is a result of conflict and violence in Cabo Delgado, which has previously spread to northern parts of Nampula. In light of the security situation, IFRC has offered remote technical support for security analysis of the areas. Field coordination and technical support will be provided from Nampula province, specifically from the provincial headquarters, which is outside the conflict zone. Volunteers will receive training in safer access from the ICRC. Operations in the conflict-affected zones will be conducted in designated areas determined by the government and in coordination with the AHCT, which also conducts security risk analysis.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention

Shelter Housing And Settlements

Budget: CHF 2,746
Targeted Persons: 1,500

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached with shelter assistance in the response period.</td>
<td>1,500</td>
</tr>
</tbody>
</table>

Priority Actions

- Distribution of 600 tarpaulins (2 pcs /HH).
- Support for the Shelter EHIs transport & distribution Costs.

Health

Budget: CHF 2,745
Targeted Persons: -

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of chlorine bottles distributed to CTCs</td>
<td>3,000</td>
</tr>
</tbody>
</table>

Priority Actions

- Distribution of 3,000 bottles of chlorine to CTCs.
- Distribution and transportation costs.
Water, Sanitation And Hygiene

Budget: CHF 2,745
Targeted Persons: 1,500

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people supported with hygiene &amp; dignity items.</td>
<td>1,500</td>
</tr>
<tr>
<td># of people supported with chlorine bottles.</td>
<td>1,500</td>
</tr>
<tr>
<td># of chlorine bottles distributed during community sessions.</td>
<td>3,000</td>
</tr>
</tbody>
</table>

Priority Actions

1. Access to safe water
   - Distribution of 3 chlorine bottles per HH.
2. Distribution of the following items of the hygiene kits per household:
   - Bucket with lid (between 14-20L) 2
   - Bar of soap (multi uso) 1kg 3
   - Toothbrush (adult) 2
   - Toothbrush (child) 3
   - Pasta dentífrica / colgate 150gr/each 3
   - Distribution of following item of the dignity kits per household: 2 packs of 10pack menstrual pads.
   - Transportation and distribution costs for NFIs.
   - Distribution of 3000 chlorine bottles during health & hygiene promotion sessions in host communities (not IDPs)

Community Engagement And Accountability

Budget: CHF 3,501
Targeted Persons: 10,000

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of feedback mechanisms implemented.</td>
<td>3</td>
</tr>
<tr>
<td># of people reached through dissemination of information and key messages on cholera rumors.</td>
<td>11,500</td>
</tr>
</tbody>
</table>

Priority Actions

- Set up two-way feedback system in place. It will be managed by trained focal points and serve the intervention adjustments or guide the intervention.
- Share key messages related to cholera and address cholera rumors by volunteers.

Secretariat Services

Budget: CHF 15,837
Targeted Persons: 4
Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of coordination meetings attended.</td>
<td>12</td>
</tr>
<tr>
<td># of surge deployed.</td>
<td>1</td>
</tr>
</tbody>
</table>

Priority Actions

- Support from provincial headquarters in Nampula for operational implementation and monitoring (PMER and financial).
- Remote support on technical support on DREF application and topical areas of intervention.
- Supervision for finance.
- Support RCRC coordination and external as well (min 1 per week).
- Support resource mobilization and planning, exit strategy etc.
- 1 surge field coordinator to provide coordination in the field.

National Society Strengthening

Budget: CHF 13,481
Targeted Persons: 15

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of coordination meetings led by CVM</td>
<td>24</td>
</tr>
<tr>
<td># of monitoring visits from HQ</td>
<td>4</td>
</tr>
</tbody>
</table>

Priority Actions

- Coordination and planning harmonization through regular meetings (min 2 weekly GODE).
- Plan distribution processes with communities and key stakeholders and harmonized the plan.
- Monitoring structure/visits from HQ and province.
- Lessons learnt workshop.
- Purchase of fuel and vehicle costs/maintenance.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The NS will deploy 60 volunteers in Nampula province to support with the implementation of the operations, these volunteers will receive all necessary refresher trainings by movement partners (not budgeted under this DREF including insurance, as this will be covered by other partners). The HQ will also deploy a team of staff to Nampula in support of the operation, in addition to engaging provincial staff (15 staff approx total HQ & Province involved).

Will surge personnel be deployed? Please provide the role profile needed.

A field coordinator will be assigned to oversee this operation, as it involves extensive coordination with external partners at the provincial level. IFRC surge personnel will be able to travel to the province and coordinate from the NS provincial headquarters, where NS HQ staff and provincial staff will also be available. In the province, the Humanitarian Country Team (HCT) holds cluster meetings that necessitate the presence of IFRC and NS representatives to coordinate the response.
If there is procurement, will it be done by National Society or IFRC?

This DREF operation will not involve direct procurement, as the necessary items are left over from the previous DREF operation and will be mobilized accordingly. Any small items requiring procurement (such as vehicle fuel, etc.) will be purchased by the NS.

How will this operation be monitored?

IFRC will assist in monitoring visits at the provincial level (Nampula), outside the conflict-affected district, to directly support provincial staff and volunteers who travel to and from the conflict zone. The NS will conduct monitoring visits with travel from headquarters and will also have monitoring conducted in the field by provincial staff.

Please briefly explain the National Societies communication strategy for this operation

The NS has included budget lines for communication strategy including media outputs (not budgeted under this DREF but as part of the broader operation plan). IFRC will also promote visibility through social media channels of the operation and in coordination with the HCT and cluster working groups.
Click here to download the budget file
Contact Information

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

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**IFRC focal point for the emergency**: Rachel Fowler, Manager - IFRC Mozambique & Angola, rachel.fowler@ifrc.org, +258850109601

**Media Contact**: Susan Nzisa Mbalu, Communications Manager, Susan.MBALU@ifrc.org, +254 720389070

[Click here for the reference]