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Revised Emergency Appeal Mozambique: Tropical Cyclones Idai and Kenneth

 International Federation
of Red Cross and Red Crescent Societies

Revised Appeal n° MDRMZ014	172,500 people to be assisted	Appeal launched 19 March 2019
Glide numbers:	750,000 Swiss francs DREF allocated	Revision n° 2 issued 04 May 2019
Idai: TC-2019-000021-MOZ	32 million Swiss francs current funding requirements	Appeal ends March 2021
Kenneth: TC-2019-000038-MOZ		

This revised Emergency Appeal seeks a total of **32 million** Swiss francs to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **Mozambique Red Cross (CVM)** to continue timely and effective delivery of humanitarian assistance to people affected by Tropical Cyclone Idai in Sofala Province and to expand the scope of the operation to the province of Cabo Delgado recently affected by Tropical Cyclone Kenneth. To date the Emergency Appeal coverage is at **66.8%** with a funding gap of **11 million** Swiss francs.

In Sofala, IFRC and CVM will continue focusing on life-saving and life-sustaining services through **shelter (including household items (HHIs); health; Water, Sanitation and Hygiene Promotion (WASH); livelihoods and basic needs; Disaster Risk Reduction (DRR); Protection and Gender and Inclusion (PGI).**

In Cabo Delgado, IFRC and CVM, in close coordination with the International Committee of the Red Cross (ICRC) will provide immediate relief assistance, including essential household items to families who recently lost everything after Tropical Cyclone Kenneth. Across all these interventions, IFRC will work closely with CVM towards achieving cohesive National Society Capacity Strengthening. The timeframe for the implementation of the Emergency Appeal is 24 months. The planned response reflects the current situation and information available at this time of the evolving operation and will be adjusted based on further developments and more detailed assessments.

The disaster and the Red Cross Red Crescent response to date

- 9 March 2019:** Tropical Cyclone Idai forms in Northern Mozambique Channel. CVM preparedness actions underway.
- 14 March 2019:** Initial 342,562 Swiss francs allocation from the IFRC Disaster Relief Emergency Fund (DREF) to meet the immediate shelter, WASH and health needs of 1,500 households
- 15 March:** Tropical Cyclone Idai makes landfall in Sofala province, Mozambique. More than 1.5 million people affected.
- 19 March 2019:** IFRC issues an Emergency Appeal for 10 million Swiss francs, for 75,000 people for 12 months.
- 24 March 2019:** IFRC issues a revised Emergency Appeal for 31 million Swiss francs for 200,000 people for 24 months.
- 23 April:** Tropical Cyclone Kenneth forms north of Madagascar and east of the Aldabra Atoll, north of the Mozambique Channel. CVM preparedness actions underway.
- 25 April:** Tropical Cyclone Kenneth makes landfall in Cabo Delgado Province affecting more than 60,000 people.
- 4 May 2019:** IFRC Emergency Appeal is revised to expand geographical scope and include parallel response for both Tropical Cyclone Idai and Kenneth, with a funding requirement of 32 million Swiss francs.



Devastation in Cabo Delgado after Tropical Cyclone Kenneth, captured by a rapid aerial assessment conducted by National Institute of Disaster Management (INGC), WFP, the UN Office for the Coordination of Humanitarian Affairs (OCHA).

Response Overview

Total number of people who received **WASH and Health services**

>19,000

Total number of people who received **relief assistance**

>36,000

Relief assistance inclusive of all partner contributions to CVM, including bilateral support

Activities are ongoing in four Postos: Beira, Dondo, Buzi, and Nhamatanda. WASH and health activities are a combination of hygiene promotion sessions, water infrastructure (latrines, showers, handwashing facilities), ORP site individuals treated, and clinic patients at RC hospital facilities. Note that relief assistance and other activities may cover the same households. Support to EMT2 in Nhamatanda considers indirect support services.

Key Figures by Sector and Activity



WASH

Activity: Hygiene Promotion Sessions

45



WASH

Activity: Total individuals reached by WASH activities

>15,000



WASH

Activity: Liters of water distributed

>870,000



WASH

Activity: Sanitation Infrastructure

42 latrines



WASH

Activity: Sanitation Infrastructure

21 showers



WASH

Activity: Sanitation Infrastructure

17 handwashing stations



Health

Activity: Individuals treated at ORPs

>3,500



Health

Activity: Portuguese Clinic Admissions

>1,000



Health

Activity: Canadian/Finnish ERU CTC admissions

>220



Health

Activity: Canadian/Finnish ERU EMT2 admissions

>3,000



Health

Activity: ORP Sites Operational

9



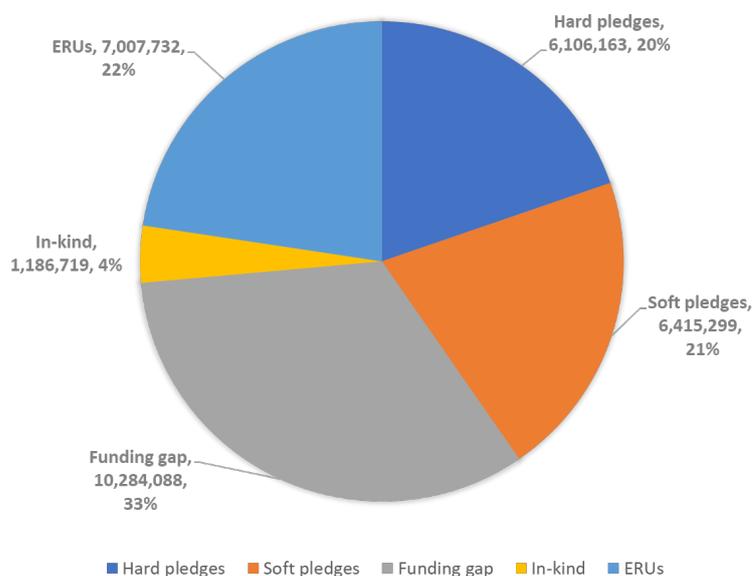
PSS

Activity: People reached by PSS activities

>500

Outlook of Funding

FUNDING CHART



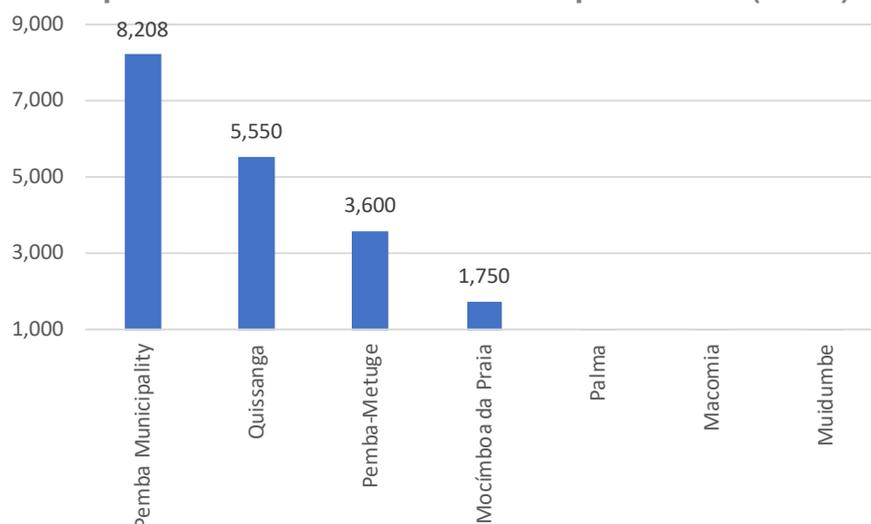
The funding gap is currently **at approximately 33% and the team will now focus on working with partners and donors in raising funds for the recovery phase.** Although this EA is not significantly increasing its budget for the geographic **expansion to Cabo Delgado**, reaching people in need in the area with **immediate support** will require reallocation of resources. We urge partners interested in supporting the operation to please allocate unearmarked contributions, which provide a flexible resource to tend to the **immediate needs of people affected by Kenneth**, and at the same time allow better resource planning for the **integrated approach envisioned for the recovery phase** in Sofala Province.

A Partner Meeting is currently being planned for the **third week of May in Beira**, that will provide additional insight into the current situation and future of the operation

Update on Tropical Cyclone Kenneth

Tropical Cyclone Kenneth made landfall in Northern Mozambique's coastal areas as a **Category 4 Tropical Cyclone through the night of 25 April** and significantly affected the Province of Cabo Delgado. Damages are widespread, although reports are still coming in from various sources, the full picture of the impact is still unclear and will keep evolving in the coming days. Early UN-led assessments indicate that the greatest damage occurred on coastal islands from Quirimba to Ponta Pangane with its population in urgent need of food and shelter. INGC released an information bulletin on 30 April which offered preliminary information on people affected:

People in accommodation centres per district (INGC)



Families affected	38,983
People affected	168,254
Agricultural damage	31,256 ha
Houses damaged	33,388
Houses destroyed	4,199

Preliminary reports from CVM volunteers and eyewitness account channelled through CVM disaster management coordinator currently deployed to Pemba keep feeding EOCs across the country. Information indicates extensive damage in four key districts: **Ibo, Macomia, Mueda and Pemba**. TC Kenneth may increase the risk of landslides and extensive river flooding as heavy rains continue over the Province.

On 29 April, the IFRC deployed two FACT members to Pemba, where they are working in close coordination with CVM and ICRC, conducting initial assessments in Ibo, Pemba and Macomia. Although information is still preliminary, initial logistics support and relief items have been requested and up to 700 households' kits will be immediately released for the response. The first initial batch of 300 kits is set to arrive in Pemba between 4 and 5 of May. Surge alerts for FACT field coordinator, shelter and logistics were sent out on 30 April to provide additional support to CVM TC Kenneth response.



House destroyed in Ibo island. Photo taken during an assessment by the IFRC field team with ICRC, CVM and local authorities.

The team in Cabo Delgado deployed to Ibo to conduct assessments and met with the district administrator, INGC and civil protection. Reports indicate 3,298 families affected, more than 1,400 houses are damaged and 2,428 are totally destroyed. The local hospital is also reported as destroyed but a Health centre remains functional, MSF is assessing how to support health structures. Water boreholes are still plenty and safe. In Matamba island reports indicate that 702 families are also affected.

ICRC has a sub-delegation in Pemba, Cabo Delgado Province, and has been working with CVM in the area of detention and cooperation. Prior to the cyclone, the ICRC worked with authorities, local hospital staff, and CVM to be better prepared to address the consequences of a cyclone in its area of expertise. ICRC is also active in the ongoing response to Tropical Cyclone Idai.

Cabo Delgado is affected by armed violence since October 2017, which has caused deaths, injuries, displacements of population, as well as the destruction of houses, health and education facilities. Some of the most affected districts by TC Kenneth are located where the violence takes place, which further complicates planning the response.

From the latest WFP Situation Report, thousands of hectares of agricultural land have been destroyed which will affect the food security in the coming months. According to several meteorological agencies, it is the first time in recorded history that Mozambique has experienced two tropical cyclones in the same season.

The operational strategy

The current Movement strategy is to ensure that urgent and priority needs are met as soon as possible and ensure that a well-planned and articulated strategy for recovery contributes to building the resilience of people affected. In order to guarantee such approach, the IFRC and CVM have launched a dedicated recovery assessment in late April which will continue through May 2019.

The assessment cell -see details below- which supports the operation through the first three months shall ensure that support to recovery is anticipated from early stages and that integrated approaches across all sectors are implemented, including disaster risk reduction and resilience building initiatives. **For the early recovery phase, the objective is to focus attention and services at community and neighbourhood levels in order to facilitate the return of the affected population to their own land in safer and more resilient way.** This assessment process will also inform an upcoming comprehensive revision of the Emergency Plan of Action (EPoA), based on evidence with improved communities targeting and integrated services; envisioned to be published after the next operations update and partners meeting in May.

The sector-integrated recovery community selection approach was developed through a joint planning effort by the shelter, health, livelihoods and WASH sectors. It includes assistance modality analysis – including cash and voucher assistance (CVA) – as well as a strong component dedicated to supporting CVM in building institutional and technical capacities to better prepare and respond to disaster, with provincial branches as essential components to contribute towards improving community resilience.



The Shelter strategy initially responded to shelter and NFIs needs of the most vulnerable affected people in the province of Sofala. This phase initially considered to support **15,000 households** with household kits which consist on a shelter tool kit and essential household items. With current funding and in-kind contributions 7,500 households' kits have arrived in-country to address the emergency phase; and the emergency plan of action was adjusted accordingly. From this amount, **more than 5,000 kits are already distributed in the province**, and most remaining items are already **committed to communities in Dondo and Buzi districts**, both heavily affected by the Tropical Cyclone Idai. The remaining household kits are being immediately deployed to assist up to 700 households in Macomia district, in Cabo Delgado Province, which was severely affected by Tropical Cyclone Kenneth. IFRC is in the process of requesting 2,000 additional household kits to be immediately airlifted to tend to the needs of people affected by the emergency, of which 500 will replenish Beira stock. IFRC urges partners interested in the response in **Cabo Delgado** to support the charter transport of the items, as **time is of the essence**.

Meanwhile initial response is implemented, the multi-sector detailed assessment will be conducted to inform recovery shelter strategy (as well as other sectors) in order to switch quickly to recovery phase and **implement long-term shelter solutions that for 4,000 households** that include house repairs and reconstruction planned in integration with other sectors. For example, latrines and nearby water sources (in coordination with WASH), as well as skills trainings and vocational trainings (in coordination with livelihoods) are considered within the plan.

The WASH strategy for the emergency phase considers two Emergency Response Units (M15 & MSM20) deployed to provide immediate water and sanitation assistance to the affected families in Beira City, reaching affected population residing in Accommodation Centres (AC) in schools and other public buildings, health facilities, and lately in the temporary settlements being set up to host those who were previously in AC. An additional ERU MSM20 is being deployed to scale up the direct support of neighbourhoods and communities beyond the camps and collective centres. This will be done through two approaches, on the one hand, the support of the cholera strategy with provision of safe water, sanitation and hygiene promotion in the Oral Rehydration Points (ORPs), which are being set up in Beira and Dondo as core part of the community-based component of the health strategy. On the other hand, through sanitation assistance in public areas at community level, particularly in the area of Buzi district which is increasingly becoming a focus of high needs. **While the emergency response phase is ongoing, a detailed exit strategy for the ERU M15 and MSM20 will be designed together with a vulnerability assessment** to consolidate the recovery strategy and the beneficiary selection for the longer-term. At this stage, according to available data, a tentative target of 4,000 HH (20,000 beneficiaries) will be supported with sanitation facilities at **household level linked to the shelter plans and integrated among sectors**. Wash work may also consider short-term employment opportunities, in coordination with the livelihoods sector. A low-cost latrine for rural and urban areas is to be defined with local technicians.

The health strategy aims to respond to the immediate needs of the population by providing immediate first aid and health promotion support to the affected population, re-establishing health services and responding to health hazards through a community-based model. Psychosocial services to population will be provided by CVM volunteers trained responding to psychosocial needs focusing in dissemination of information about stress and referrals and also to support recovery by building capacity in the CVM to provide a comprehensive community-based health and PSS response to the affected population in the second phase of the emergency. The health strategy will coordinate closely with the other sectors **especially WASH, Community Engagement and accountability and PGI**. CEA will be mobilized to support community engagement, information sharing, feedback mechanisms and tracking of rumours (e.g.: related to possible cholera cases). The activities will be designed considering gender, ethnicity, age, disability, people living with HIV/AIDS, or other factors that may increase vulnerability and the SPHERE standards in MHPSS. All activities are planned for the response and for the recovery support. A monitoring process supported by CEA will be imbedded in the ORP strategy and indicators will be followed for the community.

The Food Security and Livelihoods strategy responds to needs assessed related to significant crop damage, loss of livestock and limited labour opportunities due to the destruction of assets and market disruption. The Livelihoods and Basic needs strategy will be designed following a two-pronged approach 1) **responding to basic needs of most affected populations until their sources of income can be restored and strengthened**, while 2) **restoring supporting the restoration of livelihoods and income sources in urban, peri-urban and rural areas**. This strategy will be closely articulated and reinforcing other sectors of intervention, in particular Shelter and Wash. Cash-based intervention (CBI) will be considered for the basic needs assessment and assets replacement based on feasibility and local capacities, building up on the Cash preparedness advocacy programme of the Spanish Red Cross. Further analysis of the supply chains will be needed to fine-tune the response strategy.

Community Engagement and Accountability

Community engagement activities are essential at all stages of the response. Trusted, clear and effective community engagement approaches are critical to ensure that community-based solutions are at the forefront of the Red Cross response. The Red Cross community engagement efforts will adopt a two-pronged approach, through enhancing understanding about the Red Cross and other partners' available services, while continuing to communicate about available services, risks and threats to people's health and to scale up community participation in the response.

In particular, the strategy will include:

- Open and transparent communication approaches about inclusion and exclusion criteria for assistance. A system will be put in place to ensure information on the operation; including distribution processes, services on offer and exit strategies
- Feedback processes to ensure affected people have a say in the aid they receive, in particular in relation to relief item distributions, but also about their understanding of risks and threats, with focus on cholera.
- Rapid perceptions surveys with volunteers and affected people (in close partnership with UNICEF supported SMS system through the Rapid Pro platform)
- Scaling up of community engagement approaches through volunteers work in accommodation centres, community radios, mobile cinema approaches (led by the Government entity called 'Social Communication Institute') and information points linked to planned ORPs in communities closed to CTCs.

Tracking the perceptions and information needs of communities ensures that households in the most affected areas have access to relevant and useful information, their questions are answered, and messaging is tailored to their current beliefs and concerns. Collective and coordinated community engagement approaches will be considered with other partners and Red Cross will be connected to the upcoming feedback hotline being established by the protection cluster.

Assessment Cell

The initial assessment work of the first month was focused mostly on large administrative areas, for example reports at Province or District level. The second rotation of the Assessment Cell has worked with the Government of Mozambique (for example, the INGC) and other INGOs to identify and share sources of more granular data.

The assessment cell and sectors have created a multi-sectoral working group to prepare for the first round of primary data collection in the most vulnerable rural areas of Dondo district (Chibuabuabua, Savane Sede and Chimanacondo). to identify the most vulnerable communities where to pilot the first implementation of the integrated recovery response. A plan and chronogram to replicate the integrated recovery assessment in different districts is under development in consultation with other stakeholders interested in participating in this initiative (ICRC and PNSs).

At the moment, the recovery analysis plan and primary data collection tools and guidance (key informants, community groups discussions and observation tools) and translation into Portuguese is being finalized. The first round of the recovery primary data collection will take place on the 2nd and 3rd of May, **with three multisectoral assessment teams deploying to the three target areas (Chibuabuabua, Savane Sede and Chimanacondo)**. The assessment target areas have been selected in consultation with CVM and district representatives; using a set of criteria that includes vulnerability, damages, CVM presence and access, prioritising hard to reach rural areas that remain undeserved by humanitarian responders.

National Society Development

As CVM is going through a number of reform processes since last year with a new leadership in place, the response to Cyclone Idai will put additional pressure on the National Society limited capacity and will demand scaling up of staffing and other organizational components. There is, therefore, the need to allocate substantial resources in mitigating a potential negative impact on the long-term development of the National Society by putting deliberate efforts to strengthen the institutional and operational preparedness capacity of the NRCS in all sectors.

- The activities planned in this regard are based on different assessment undertaken over the last year incl. OCAC, IT health check and sustainability assessment and will look at the following five broad areas:
- Leadership development – through mentoring and coaching on crucial decision-making processes
- Skillset improvement – through training, coaching and mentoring of staff and volunteers.
- Systems development and improvement – in finance, HR, PMER, logistics, RM, communications and volunteer management
- Branch development – which will strengthen their efficiency and effectiveness deliver services.
- Facility, equipment and pre-positioned stock capacity – including supporting the National Society to have improved office space, warehousing space, essential equipment, personal protective gear for staff and volunteers as well as improved quantity and quality of disaster preparedness stocks

Proposed Areas for intervention

Areas of Focus



Disaster Risk Reduction

People targeted: 20,000

Male: Approximately 9,780

Female: Approximately 10,220

Requirements (CHF): 848,000

Proposed intervention

The coast of Mozambique is regularly affected by strong cyclones and flooding and, due to climate change, these hazards may become more frequent and intense. IFRC will leverage the response and recovery phase as an opportunity to reduce future risks. In particular, IFRC will work with CVM and branches in affected areas to ensure recovery efforts actively build resilience to future such events. Activities will have a strong focus on climate-smart and community-based DRR and on capacity development of the responding branches, local government departments and the communities as a relevant stakeholder. Efforts will also ensure a strong link with CVM's longer-term community-based disaster risk reduction/community resilience programmes (including the ongoing forecast-based financing programme and the African Climate Smart Livelihoods Initiative).

The main enabling action will be conducting EVCA with the same integrated approach presented through the whole appeal (strong focus on WASH / Shelter / Livelihoods as three inter-connected areas).

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

Output 1.1: Communities take active steps to reduce the impacts of future disasters and strengthen their preparedness for timely and effective response to disasters

- Conduct multi-hazard EVCA in target communities / Include integrated sector criteria as per joint appeal strategies
- Develop/revise community-based risk reduction action plans, as well as early warning early action systems.
- Establish village resilience committees in target communities where they don't already exist
- Recruit/select local volunteers and train them in climate-smart DRR and early warning action.
- Conduct DRR awareness raising and advocacy meetings to local authorities to participate in activities
- Organize Early Warning Early Action awareness campaigns in all targeted communities (focus on radio and visual messages)
- Emergency Response Preparedness Training
- Implement risk reduction/ mitigation measures
- Develop / revise village Disaster Risk Reduction contingency plans/SoPs
- Conduct relevant drills on early action
- Monitor implementation of Disaster risk reduction measures



Shelter

People targeted: 9,500 households (47,500 people)

Male: Approximately 23,227

Female: Approximately 24,273

Requirements (CHF): 7,000,000

Needs Analysis

Sofala Province:

According to INGC and Shelter Cluster information more than 230,000 houses were either damaged or destroyed. At peak emergency moment, more than 140,000 people were accommodated in 139 collective centres. Findings of the inter-agency rapid needs assessment in Sofala's Dondo District led by IFRC noted that displaced persons are sheltering in nearly 30 reception centres in this district alone. The centres are established in schools and other public buildings by local authorities. Priority needs of the displaced persons include health due to the risk of waterborne illnesses, as well as shelter support, as displaced persons have requested shelter materials to return to their homes as soon as possible. The OCHA lead assessment team also highlighted urgent protection concerns given the crowded sleeping arrangements at the centres. Items such as shelter kits, food parcels and hygiene kits were reported as the preferred priority intervention (over 70% of interviewed people). Vouchers and services, which include access to health and WASH services listed equally by

The majority of the damaged houses are self-built houses vulnerable to natural disasters, particularly in rural area. Housing is made of locally available material such as adobe, timber poles, bamboo, thatch (coconut palm or grass). Communities incrementally integrate external construction material such as Iron sheet (CGI), cement, nails and wire with local building construction knowledge. Two types of damages have been identified:

- Damages sustained by strong wind: roofing torn off and structure/walling;
- Damages sustained from floods triggering mass evacuation: Houses flooded in communities settled close to rivers or on poor drained plains.

Cabo Delgado Province: According to preliminary information from INGC more than 30,000 houses have been damaged and more than 2,000 have been destroyed. It should, however, be stressed that many of these figures come from rapid assessments and are preliminary, so the level of damage has not yet been established. Also, that the level of vulnerability in these areas was high even before the emergency. Areas such as Macomia and Ibo districts, as well as north Pemba are the most affected at the moment.

Proposed Intervention

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

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

- Procurement of 9,500 household kits (shelter toolkit, kitchen set, sleeping mats, blankets)
- Distribution of 9,500 household kits in Sofala (continued) and Cabo Delgado (as per new emergency)
- Links with partners to ensure NFI are repositioned

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

- Development of IEC material and mobilization of volunteers per selected affected districts
- Training for CVM volunteers on shelter kits and emergency shelter construction
- Demonstration of shelter kits use and emergency shelter construction at distribution site
- Post distribution monitoring and evaluate assistance

Shelter Outcome 2: Outcome 2: The target population has durable and sustainable shelter and settlements solutions through owner-driven approach

Output 2.1 The target population has adequate durable shelter solutions

- Analysis of local market/selection of material and tools providers

- Identification of locations in coordination with local authorities *building back better* projects
- Shelter and settlements detailed assessment of housing damage and vulnerability to select beneficiaries in coordination with other relevant sectors and the assessment cell
- Participatory definition of the housing typologies to be constructed
- Co-coordinate trainings for short-term employment opportunities in construction with livelihoods sector
- Distribution of vouchers (if not possible, in-kind) for construction materials
- Implementation of owner-driven house repairs/upgrading and reconstruction
- Monitoring and evaluation of housing repairs/upgrading and construction

Output 2.2 Training and awareness raising sessions provided to target communities on basic safe shelter and settlements for recovery

- Dissemination of good practices for cyclone and resistant floods housing and settlements construction (e.g., radio, newspaper, calendar, social media, SMS).
- Orientations to selected beneficiaries on PASSA and All under one roof, including safe durable shelter construction
- Owner-driven technical trainings on house repair or reconstruction meeting agreed standards (e.g., managed by relevant consultant organization, and with local organization, or locally based organization)

Output 2.3 Increased capacity is available to the National Society to implement the relevant recovery shelter and settlements activities (in accordance with OD strategy)

- Recruitment of CVM and IFRC staff
- Training of CVM volunteers on PASSA -ToT- including safe durable shelter construction
- Training for CVM volunteers on disability-inclusive shelter and settlements -ToT-



Livelihoods and basic needs

People targeted: 50,000

Male: Approximately 24,450

Female: Approximately 25,550

2018 Requirements (CHF): 3,173,000

Needs Analysis

In the central region of Mozambique, production was expected to be above-average prior to the cyclone and floods; For the period September to December 2018, the estimated number of people in Sofala affected by food insecurity region of IPC level 3 (emergency) was already of 22,218¹. With the areas being affected by violent winds and floods, areas affected by floods will face significant crop failure, particularly as the crops were close to annual harvesting. These numbers are still uncertain and the extend of full damage is increasing as access to affected areas improves.

Moreover, women who are playing critical roles in agricultural production also assume most caregiving duties. Caregiving duties are likely to increase as a result of the cyclone and flooding as there is an increase in illness and injury and this may result in decreased agricultural production resulting in further food insecurity. Commodity prices in Beira are rising significantly and economic infrastructure including warehouses, storage silos and supermarkets have been destroyed.

In normal conditions, the farming seasons foster demand in agricultural labour with a peak of paid workers from October to January and in a lesser extend from May to August. Given the conditions above-mentioned and the short window to relaunch production, the coming cropping season (May to August 2019) is however expected to be below-average. The forecast for the second cropping season (October 2019 - January 2020), a lot of uncertainties remain, and this will likely have a direct impact on alternate labour opportunities. To compensate this loss of income, it is anticipated that increasing number of people migrates to urban areas for self-employment or in search of (low) paid labour activities or resort to negative coping strategies.

¹ “Mozambique: Acute Food Insecurity Situation September - December 2018 and Projection January - March 2019”, IPC, October 2018

Proposed Intervention

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

Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods)

- Conduct assessment to identify non-agricultural wealth groups and impact on their livelihoods
- Conduct a Labour Market Assessment to identify the employment promotion activities to improve the access to work.
- Identification and selection of target beneficiaries for skills trainings to improve income sources and support other sector interventions (shelter/wash)
- Provision of skills training – prioritise individuals participating in the implementation of other sectors (shelter/WASH)
- Provision of short-term employment for shelter construction activities to target beneficiaries
- Provision of short-term employment for WASH construction activities to target beneficiaries
- Support livelihoods diversification through income generating activities
- Support access to vocational training – prioritise youth and women – and linking to the job market to increase employability and income source.
- Support to the recipients of vocational training – prioritise youth and women – with assets to start SME, preferably through CBI
- Monitoring of improvement of employability and post trainings evaluation

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

- Design an appropriate intervention supporting basic needs considering vouchers and/or cash as a modality.
- Develop and conduct baseline assessment identifying the level of vulnerability at household level for different socioeconomic groups
- Develop beneficiary targeting strategy based on level of vulnerability and registration system to deliver intended assistance
- Selection and training of volunteers on Livelihoods Programming Course and Cash-transfer programming
- Identification and selection of targeted households
- Distribution of basic needs assistance to selected beneficiaries (in-kind or CBI)
- Post distribution monitoring

Livelihoods and basic needs Output 1.3: Household livelihoods security is enhanced through food production, increased productivity and post-harvest management (agriculture-based livelihoods)

- Conduct assessment to identify agricultural wealth groups, geographical areas and impact of disaster on their livelihoods
- Based on results of the assessments develop packages supporting agricultural livelihoods
- Identification and selection of targeted households
- Implementation of packages with targeted households
- Monitoring of activities in agricultural livelihoods and fisheries



Health

People targeted: 85,000 people

Male: Approximately 41,565

Female: Approximately, 43,435

Requirements (CHF): 5,500,000

Needs Analysis

Infectious diseases are already increasing in the aftermath of the disaster. Due to the flooding, congregation and unhygienic conditions in the shelters and in damaged houses, there is an increased risk of other outbreaks such as malaria and other diarrheal diseases. Outbreak of respiratory infections and vaccine-preventable diseases are a risk in displaced and sheltered populations with a vaccination coverage that is insufficient. Malaria is endemic in Mozambique with a peak in the rainy season from December to April. Extensive flooding will result in stagnant water that creates ideal breeding sites for mosquitoes transmitting malaria and possibly other vector borne diseases.

Increased risk of communicable diseases and the breakdown of the health system translates into the need to provide education and health-related information to the communities to reduce the risk of illness related to the disaster and those stemming from lack of access to regular care. Social mobilisation and risk communication on waterborne diseases, oral rehydration, hygiene promotion, vaccination, in shelters as well as in the affected population is key to improve the capacity of the population to protect itself. Community health interventions need be continued and scaled up in shelters and other sites where the population has been affected as well as distribution of protective material such as condoms, ORS with advice on proper use.

CVM is already been present in accommodation centres and has already engaged or helped the population, engaging the families. However, CVM has no PSS structure and no protocols of taking care of the volunteers in emergencies, the volunteers are suffering double stress because they are at the same time victims and responders. It is very urgent to start providing psychosocial support as soon as possible to set coping strategies and to strengthen resilience mechanisms to the families affected by the disaster because the psychological and social impacts of emergencies may present acutely, but they can also become chronic and undermine the long-term mental health and psychosocial well-being of the affected population. Early intervention will support recovery.

Proposed Intervention

Outcome 1: The immediate risks to the health of affected populations are reduced

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

- Rapid and detailed health assessments, and constant monitoring of the health situation.

Output 1.2: Target population is provided with rapid medical management of injuries and diseases

- Search, rescue and First Aid and procurement of First Aid kits
- Deployment of the Red Cross Emergency Hospital, service provision and handover.

Output 1.3: Community-based disease prevention and health promotion is provided to the target population

- Health and hygiene promotion in accommodation centres
- CBHFA refresher training and first aid trainings according to needs
- Community health activities in 5 accommodation centres and at 30 ORPs
- Monitoring of community health activities

Output 1.4: Epidemic prevention and control measures carried out

- Training of 200 volunteers in ORP management, PSS and First Aid
- Recruitment of ORP staff
- Procurement, installation and roll out of 30 ORPs to be managed at community level by volunteers
- Social mobilisation and risk communication activities at ORPs and in affected areas
- Monitoring of ORPs, data collection and transmission to MOH
- Epidemic control for volunteers (ECV) TOT

- ECV cascade training
- Integration of ECV activities in the community health activities of volunteers
- Procurement and distribution of mosquito nets for 15,000 families in coordination with relief

Output 1.5: Psychosocial support is provided to the target population

- Rapid needs assessment and participatory assessments in target communities and shelters
- Conduct interventions providing PFA to people in need and follow up with the families
- Create safe spaces for vulnerable people adjacent to the ORPs
- Develop PSS intervention plans together with target communities integrated in the ORPs strategy
- Establish support groups
- Conduct workshops for psycho-education
- Establish a referral path

Output 1.6: Strengthened PSS capacities in CVM

- Develop and conduct trainings under a training schedule
- Establish a group of PSS volunteers and its supervisors
- Develop a protocol on taking care of volunteers at within CVM structure
- Conduct regular meetings with the volunteers



Water, sanitation and hygiene

People targeted: 50,000 people

Male: Approximately 24,450

Female: Approximately 25,550

Requirements (CHF): 4,198,000

Needs Analysis

Most of the water sources in the affected areas have been heavily contaminated due to flooding. In addition, The IDPs in camps do not have access to sanitation facilities, which poses a threat to water-borne diseases. There is an urgent need to address the WASH needs through provision of safe water, sanitation facilities and hygiene education at both levels: community centres and communities.

Given the humanitarian impact and risk of epidemics in Sofala, a clear priority of assistance will be focused on providing Buzi, Beira and Dondo districts with sanitation and support to the ORPs being established. Beira city with water treatment through community points and Buzi with household water treatment (HHWT) interventions. In parallel, capacity building to CVM volunteers and staff

Proposed Intervention

Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

- Conduct training for RC volunteers on carrying out water, sanitation and hygiene assessments and conduct initial assessment of the water, sanitation and hygiene situation in targeted communities

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

- Provide safe water to people in targeted communities through water trucking, well or pipeline rehabilitation and mobile water treatment plant)
- Monitor use of water through household surveys and household water quality tests.
- Determine the appropriate method of household water treatment for each community based on effectiveness and user preference.
- Distribute household water treatment products (liquid chlorine, CERTEZA 150 ml
- Train population of targeted communities on safe use of water treatment products.

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

- Select design for toilets based on consultation with targeted communities with considerations for cultural preference, safety, access for children and disabled, anal cleansing practices, national standards, and menstrual hygiene as well as environmental impact and sustainability.
- Construct emergency toilets
- Ensure toilets are clean and maintained through community mobilization.
- Equip toilets with handwashing facilities, anal cleansing material or water and menstrual hygiene disposals and ensure they remain functional.
- Carry out vector control and solid waste in targeted communities.

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

- Conduct needs assessment: define hygiene issues and assess capacity to address the problem.
- Select target groups, key messages, and methods of communicating with communities (mass media and interpersonal communication).
- Develop a hygiene communication plan and train volunteers to
- Engage community on design and acceptability of water and sanitation facilities.
- Construct or encourage construction and maintenance of handwashing facilities in targeted communities.

Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

- Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for each community based on health risks and user preference in targeted communities in coordination with the WASH group or cluster.
- Train population of targeted communities in use of distributed hygiene kits.
- Distribute menstrual hygiene kits, sufficient for 1 month to 10.000 women.
- Train population of targeted communities in use of distributed menstrual hygiene kits.
- Determine whether additional distributions are required and whether changes should be made.
- Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.

Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase

Output 2.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities

- Conduct training volunteers on carrying out water, sanitation and hygiene monitoring and evaluation
- Conduct baseline survey of the water, sanitation and hygiene situation in targeted communities
- Continuously monitor the water, sanitation and hygiene situation in targeted communities
- Coordinate with other WASH actors on target group needs and appropriate response.

Output 2.2: Community managed water sources giving access to safe water is provided to target population

- Provide safe water to 10.000 people in targeted communities through well or pipeline construction and rehabilitation.
- Monitor use of water through household surveys and household water quality tests.
- Train water committees in management of water supplies and operation and maintenance of infrastructure

Output 2.3: Improved access to and use of adequate sanitation by the target population

- Select design for toilets based on consultation with targeted communities with considerations for cultural preference, safety, access for children and disabled, anal cleansing practices, national standards, and menstrual hygiene as well as environmental impact and sustainability.
- Construct 2.000 toilets in 500 households for 10.000 people.
- Mobilize targeted communities to construct 2.000 toilets and carry out environmental sanitation activities.

WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population

- Conduct baseline survey to define hygiene issues and assess capacity to address the problem.
- Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication).
- Develop a hygiene communication plan and train volunteers accordingly
- Engage community on design and acceptability of water and sanitation facilities.
- Construct or encourage construction and maintenance of handwashing facilities in targeted communities.
- Carry out vector control and solid waste in targeted communities.

**Protection, Gender and Inclusion**

People targeted: 10, 000 households (50,000 people)

Male: N/A

Female: N/A

Requirements (CHF): 352,000

Needs Analysis

- People are living in over-crowded and unsanitary conditions in collective centres – mainly schools and churches. This creates a difficult situation for school-age children who are unable to attend school.
- Many children have been separated from their families as they fled flood waters. Unknown numbers of children are now orphaned.
- Rolling power outages throughout the affected areas impact people's ability to safely access resources and increases tension in communal living spaces, exposing people to risks of heightened sexual and gender-based violence (SGBV) as people live in crowded and unsafe environments.
- People with particular needs, including children, persons with disabilities, elderly people and child-headed households face particular risks in accessing protection and resources. Within such a context, the risk of sexual exploitation and abuse is present, as people become desperate for life-saving resources such as food, shelter and water.
- Over 75,000 cyclone-affected women are pregnant, with over 45,000 live births expected in the next six months and 7,000 of those could experience life threatening complications.

Proposed intervention

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Inclusion and Protection Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors

- PGI inclusive multi-sectors needs assessment to identify and address gender and diversity specific needs and protection risks.
- Training of RC volunteers and staff on protection, gender and inclusion issues.

Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children

- Conduct awareness sessions in communities (including SGVB)
- Ensure that areas of focus consider PGI approaches into their programming from response to recovery
- Work closely with WASH in the procurement and distribution of dignity kits (in coordination with WASH / Budget under WASH component)
- Include messages on preventing and responding to SGBV in all community outreach activities

Provide essential referral services to survivors of SGBV and unaccompanied children and other children on their own

Strategies for Implementation

Requirements: CHF 10,929,000

The Emergency Appeal approach strongly considers enhancing CVM capacity to efficiently and effectively respond to evolving needs of the emergency in alignment to its mandate, and its response to the needs of the most vulnerable people affected by the disaster. IFRC already deployed an Organizational Development in Emergencies delegate to guarantee this approach. The key area of support is to provide, maintain and enhance CVM institutional capacity at operational and strategic levels. This includes contributing to CVM's organizational structure and operational capacity.

More than 140 surge staff have been deployed to support the emergency phase and set up a recovery strategy for the response to Tropical Cyclone Idai. This includes 8 Emergency Response Units (ERUs), focused on logistics, WASH, Relief, Base Cam, ITT and an Emergency Red Cross Hospital. The team includes multi-disciplinary sections that cover all areas of focus recognized by IFRC (except migration), and the most relevant components of its Strategies for Implementation. The objective of these deployments is to support CVM and the IFRC Regional Team in assessments, coordination, planning and implementing an effective and integrated operation. Details on these can be found [in Operations Update 1](#), published on 20 April.

Another key area of support is to further enhance CVM technical capacity through building skills and knowledge of CVM staff and volunteers in the programme areas where CVM is actively engaged. Support will be provided through trainings, workshops, mentoring, on-the-job coaching areas where surge staff and long-term delegates are subject matter experts, such as:

Communication:

The surge phase will require two additional three weeks to one-month rotations of a communication coordinator with a generalist skill set. Key deliverables will include media and social media coverage; development of stories, photos, videos and donor materials; communication training; and organizational development. In coordination with the Africa region, they will assist the CVM with hiring a communications focal point and training that person. The recovery phase will rely on the CVM and communications from the Africa region. Communications training for volunteers and basic equipment is needed for three branches following adequate training and identification of communication focal points.

Logistics and Supply Chain:

The Regional Logistics Unit (RLU) coordinates logistics needs, mobilization table and pipelines. The logistics team with guidance from RLU will facilitate all procurement. The operation actively participates in the Logistics Cluster and will mobilize its goods and services based on the program requests. A Mobilisation table is published and is being updated regularly while integrating local market capacities and resources. The supply chain structure is fully operational and the criteria for enabling the operations are prioritized as follow: 1. time, 2 availability, 3 cost and 4 quality. This prioritization will change while the operation is developing. The second dimension of prioritisation is related to program urgencies and matching the scarce resources. The Logistics Operation on the field prioritizes in coordination and cooperation with the program management. These measures are necessary to ensure that the scarce resources are allocated best. As per SOP from the Logistics ERU, the priority services provided are ranked as following: 1. Enabling installation of ERU's 2. Service Provision to life saving objectives 3. Services Provision to IFRC core mandate.

CEA: Only 58.8 % of the population over 15 can read and write, for men its 73.3% and for women 45.4%. Since so few people can read and write, face to face communication is highly trusted and radio is a very popular medium in rural areas. There are several community radio stations in the affected areas but most of them have been highly damaged and are trying to recover. As communication infrastructure has been severely damaged and people are displaced, affected communities have important information needs on availability of services, shelter and family reunification. In such large-scale emergencies, it is important that the humanitarian community coordinates to better manage expectations and contribute to increasing the communities' knowledge about services.

Cash and Voucher Assistance (CVA) is currently a preferred way of delivering aid in all stages of a humanitarian emergency, provided that the basic components of such an intervention allow for its implementation. At the moment, the use of multipurpose cash is still under review, and other forms of CVA are being considered. At the same time, markets seem to be recovering slowly and the presence of financial service providers is only noticeable

in the urban areas. Vouchers can be applicable during the recovery phase in shelter for reconstruction materials and for livelihoods for restoring tools and seeds. In the areas where it is appropriate, vendor fairs can be organized. An important component of a CVA intervention in Mozambique would include strengthening the capability of the national society CVM in this form of aid delivery.

Planning, Monitoring, Evaluation and reporting (PMER)

The PMER unit is working closely with the heads of sector and IM to support the analysis of data that informed the planning process and the development of the Emergency plan of Action. Some key points are currently under analysis for subsequent revisions of the appeal, ensuring a smooth transition from the assessment data to a comprehensive and integrated plan. After the validation of the Emergency Plan of Action, a two-track plan is currently under development. The first component is focused on properly feeding information from the recovery assessment towards any possible revisions on sectorial strategy, as well as geographic and beneficiary targeting and validation. The second is based on anticipating any changes to build a preliminary M&E framework that can be easily adapted to keep track of implementation and inform decision-making. Additional coordination to set up a Real Time Evaluation (RTE) is ongoing between PMER and DCPRR teams from IFRC Geneva and Africa Regional Office, as well as operational leadership in Beira. The RTE terms of reference are being drafted and a process will be validated in the coming days

Information Management

IM will keep close coordination with heads of sector and partners and developed an efficient data collection system. The current system allows the analysis and presentation of information, which was critical to understand the scope and scale of emergency needs. All information management products developed through the process described above are available in a webpage fully dedicated to the Mozambique response in the IFRC GO Platform. GO is a platform developed by IFRC to connect information on emergency needs with the right response. The platform channels information on emerging crises from field reports from National Societies and automatic links to notifications from humanitarian partners, as well as provides a way to organise key information from ongoing emergency operations.

Coordination will be at enhanced at field level effectively through ARO, Geneva and Mozambique National Society cooperation to ensure tools and standards are aligned with NS needs and will be useful and utilized even after the conclusion of the response. Through various capacity building initiatives centred on IM will strive to ensure skill and technology transfer to NS is a key priority.

Human Resources

The HR unit has finished the organizational chart of national positions in Maputo and Beria after a coordination process with heads of sector. The chart is currently under joint review by IFRC and CVM leadership, in order to prioritize key positions and expedite the recruitment process. Some aspects of current discussion include number of positions, duration of contract, location, priority and funding availability. HR at Beira, Maputo and South Africa Country Cluster levels have put in place processes for recruitment of international positions. At total of 15 delegates positions have opened. Longlisting and planning interviews to start soon and an additional 5 delegates positions will open in the coming week. The remaining 7 positions are expected to open the following week. Local recruitment will also be a priority and is set to start shortly.

Organisational Development in Emergencies

As CVM is going through a number of reform processes since last year with a new leadership in place, the response to Cyclone Idai will put additional pressure on the National Society limited capacity and will demand scaling up of staffing and other organizational components. There is, therefore, the need to allocate resources in mitigating a potential negative impact on the long-term development of the National Society by putting deliberate efforts to strengthen the institutional and operational preparedness capacity of the CVM in all sectors.

National Society preparedness for Effective Response

CVM capacities to respond to disasters and crisis must be strengthened throughout the identification of the main preparedness areas and components that required further investment. Working close with INGC, national partners and Red Cross Red Crescent Movement Partners present in the operation is essential. Proper coordination with the disaster management structure at provincial level, including upkeep in civil-military relations (especially considering the 2016 will also be essential. While recruitments for these positions are conducted, IFRC regional and global staff will support these efforts. Some of the key points to address this include:

- Enhance NS auxiliary role for humanitarian assistance vis a vis National and local DM/DRM authorities.
- Revise and update the NSDM policy and strategic planning

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- Reinforce NS humanitarian coordination mechanisms with National/ local authorities, Movement, and other humanitarian partners in country including external agencies and NGOs, civil military bodies, community responder, Private sector.
 - Training, refreshment on humanitarian standards Update and revise relevant Hazard, Risk and context analysis and Early Warning and Early Action mechanism and linkages and complementarities with current FBF/A initiatives.
 - Capacity strengthening CVM HQ and Sofala provincial delegation disaster response teams (training, refreshment, insurance, equipment and performance) in relevant specific areas of intervention. / assessments
 - Mapping HQ and Branches preparedness for response capacities.
 - Strengthening the emergency response centre, equipment, procedures, information management capacities.
 - Promoting Youth Engagement as a capacity building initiative to increase the volunteer base in disaster response and Branch development
 - The Volunteer Development/Management will focus on 1) Volunteer Recruitment, training and orientation, 2) Volunteer database development 3) Volunteer Insurance 4) Volunteer Motivation, Recognition and retention activities 5) Branch Coordination and Planning for sustainability

Funding Requirements

EMERGENCY APPEAL MDRMZ014- Mozambique – Cyclone Idai Funding requirements – summary

Area of Intervention	Needs in CHF
DISASTER RISK REDUCTION	848,000
SHELTER	7,000,000
LIVELIHOODS AND BASIC NEEDS	3,173,000
HEALTH	5,500,000
WATER, SANITATION AND HYGIENE	4,198,000
PROTECTION, GENDER AND INCLUSION	352,000
STRENGTHEN NATIONAL SOCIETIES	2,164,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	2,908,000
ENSURE A STRONG IFRC	5,857,000
TOTAL FUNDING REQUIREMENTS	32,000,000

Elhadj As Sy
Secretary General

² Including Emergency Response Units (ERUs).

- To review Operations Update 1, please follow [this link](#).

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.