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## Operation Update

### Mozambique: Tropical Cyclones Idai and Kenneth



<b>Emergency Appeal n° MDRMZ014</b>	<b>GLIDE n° TC-2019-000021-MOZ</b>
<b>Operations Update n° 2 – 24 June 2019</b> Covering implementation for the first 3 month of the operation (From 15 <sup>th</sup> of March to 15 <sup>th</sup> of June 2019)	<b>Expected timeframe:</b> 24 months <b>Expected end date:</b> March 2021
<b>Operation start date:</b> 14 March 2019	<b>Operation timeframe:</b> 24 Months until March 2021
<b>Current Emergency Appeal Budget:</b> 32,206,000 Swiss francs (revised upwards from 10 Million Swiss francs) <b>Initial DREF Allocated:</b> 750,000 Swiss francs	<b>Appeal Coverage:</b> 79.2% (CHF 25,539,434 raised; CHF 6,460,566 funding gap)
<b>Project Manager:</b> Florent Del Pinto, overall responsible for planning, implementing, monitoring, reporting and compliances.	<b>National Society contact:</b> Alfredo Libombo Tomas, Secretary General
<b>Number of people assisted:</b> 114,055 people	
<b>Host National Society presence:</b> Mozambique Red Cross Society (Cruz Vermelha de Mozambique, CVM) was established in 1981, and officially recognized by the Government of Mozambique in 1988. It became a member of the IFRC in 1989. Its actions are fully implemented by approximately 170 staff, 5,500 volunteers and 70,000 members. The Headquarters are located in the capital city, Maputo, and has presence in 133 districts of the total of 145 in country.	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The International Committee of the Red Cross (ICRC), American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross, Brazilian Red Cross, British Red Cross, Bulgarian Red Cross, Cabo Verde Red Cross, Canadian Red Cross, Croatian Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Red Cross Society of China – Hong Kong Branch, Icelandic Red Cross, Irish Red Cross, Italian Red Cross, Korean Red Cross, Japanese Red Cross, Luxemburg Red Cross, Netherlands Red Cross, Norwegian Red Cross, Singapore Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent. German RC, Korean RC, Kuwait RC, Spanish RC, CV São Tome Principe, Seychelles RC, Turkish RC, are contributing bilaterally to the response.	
<b>Other partner organizations actively involved in the operation:</b> AECID, Airbus Foundation, Booking Care, Credit Suisse, Czech Republic, DFID, ECHO, Erickson-Malinoski Giving Fund (TIAA), Estonia MoF, Facebook, IFRC at the UN Inc., Irish Aid, Lichtenstein Government, Lionel and Ann Rosenbaltt, Luxemburg Government, MundiPharma, New Zealand Government, OFID, Patrick J McGovern Foundation, Pernod Ricard, Robert L. Robertson, Sanford Waxer, Shell, Transfigura, USAID, White & Case LLP, WHO, World Remit.	

This Operation Update no. 2 provides updated information on the first three month of the IFRC and CVM response to Tropical Cyclone Idai and Kenneth, 15<sup>th</sup> of March to 15<sup>th</sup> of June. This update reports on the Emergency Appeal submitted on March 19<sup>th</sup>, 2019 and revised on March 25<sup>th</sup>, 2019 and revised on 4<sup>th</sup> of May to include the response for Cyclone Kenneth. The Emergency Appeal was raised from 1,000,000 CHF to 32,000,000 CHF. The revised Emergency Plan of Action will be published soon taking into consideration the long-term planning and additional recovery activities.

#### Highlights of the Operations Update:

- Up to 114,055 people were assisted with emergency interventions and distributions of NFIs and Shelter Items.
- Up to 44,987 people were reached by Health interventions including ORPs set-up in response to the Cholera outbreak in April 2019.
- Up to 28,712 people were reached with Water, Sanitation, and Hygiene activities specifically in camps where IDPs had settled in.

## A. SITUATION ANALYSIS

### Description of the disaster

**Tropical Cyclone Idai** made landfall in Mozambique through the city of Beira, central Mozambique on 14<sup>th</sup> March 2019 at 23:30 GMT. Winds from the cyclone reached more than 100 miles per hour, and caused heavy rains affecting Sofala, Zambezia, Tete and Manica provinces. Mozambique National Disaster Management Institute (INGC) indicated that 1.5 million people were affected, including more than **140,000 people displaced** – many sheltered across 139 evacuation centers, spontaneous settings and makeshift shelters.

Landfalls on the city of Beira affected the region of Sofala, Zambezia, Tete and Manica provinces. It was reported that up to 1.8 million people affected, including nearly 400,000 people displaced and sheltered in 143 accommodation centers. According to IOM's Displacement Tracking Matrix (DTM), as of 14 June, 4 accommodation centers were still open hosting around 881 households (3,132 people), in addition to 46 relocation sites with 11,233 households (50,114 people) in Manica, Sofala, Tete, Zambezia Provinces. Over 600 people were confirmed dead, more than 1,500 people injured, and some 90,000 homes damaged and destroyed.

On March 27, the Government declared a Cholera outbreak and confirmed 5 diagnosed cases of cholera in Beira City, and 2,500 cases of acute watery diarrhea in Beira. On April 18, official reports recorded at least 6,382 cholera cases in the country and at least 8 deaths. A mass vaccination campaign by the Ministry of Health and WHO was carried out and reached more than 800,000 people quickly remitting the number of cases thus the last positive case was registered on May 18<sup>th</sup>. IFRC supported by setting-up 11 Oral Rehydration Points (ORPs) in 9 of the most affected districts, trained volunteers for community mobilization and providing emergency care. The ORPs has since then turned to Community Mobilization Health Points, including centers for malaria prevention<sup>1</sup>.



Figure 1: The first Oral Rehydration Point (ORP), beginning of April.  
Credit: IFRC FACT – Communications.

**Tropical Cyclone Kenneth** made landfall through the Cabo Delgado province on the evening of April 25, 2019. The winds most severely affected Macomia and Ibo districts in Cabo Delgado including the islands. It is reported that the cyclone resulted in 45 deaths and left some 400,000 people in need of assistance. Reports from ACAPS say that nearly 45,000 houses were either partially or totally destroyed. In addition, food security and livelihoods became a major concern as floods reportedly affected 55,000 hectares of crops during the harvest period, with 40% reported completely destroyed. More than 10,000 fishing boats and equipment were also reportedly destroyed.

Mozambique is experiencing its worst food insecurity emergency since the 2015/16 drought with an atypically high number of households in need of emergency assistance. This is the result of multiple shocks including tropical cyclones Idai, and Kenneth with associated torrential rainfall, severe flooding and drought in southern semiarid areas. These shocks have significantly impacted crop production across the country and livelihoods, specifically in Cyclone affected areas. \Due to the significantly below-average harvest, the lean season is expected to begin atypically early. Household food stocks are likely to be exhausted by September. In areas most affected by this year's shocks, namely in Gaza, Inhambane, Sofala, Manica and parts of Zambézia provinces, poor households are expected to have increased reliance on negative coping strategies to meet their minimum food needs. The poor and very poor households are expected to continue facing crisis food security outcomes in January 2020, with humanitarian food assistance needed most likely until the harvest in April 2020. (Source: FEWSNET report Food Security Outlook June 2019 final).

### Summary of the current response

#### Overview of Host National Society

Since the onset of cyclone Idai, Mozambique Red Cross Society (Cruz Vermelha de Mozambique, CVM) staff and volunteers were involved in early warning system activation supported by the German Red Cross, sensitizing and helping people in the prone areas to identify "secure roots" and safe places for temporary accommodation. It also integrated the Multisectoral Rapid Assessment Teams, search and rescue activities and provision of first aid. Immediately after the first response, CVM deployed its volunteers in evacuation centers to support with health and hygiene activities and supported mobile clinics organized by the MoH and other partners.

<sup>1</sup> More details on the Cholera Outbreak response is available in the health section of the Operations Update.



IFRC Pretoria Country Cluster Office has been mobilized in supporting the operation. The Head of the Country Cluster Office, colleagues from Regional Office as well as from Geneva Office, have been temporarily deployed to Mozambique in support of the operations team and CVM leadership.

CVM is working closely with all Movement partners present in-country. All partners involved – ICRC, IFRC, and partner National Societies have agreed on a common Movement Coordination Framework which has specific mechanisms in place at strategic and operational levels (in both Beira and Maputo), including technical coordination at field level. Additionally, ICRC and IFRC developed a joint agreement response for two months in order to support the population affected by Cyclone Kenneth mainly with relief distributions and assessments in Cabo Delgado province.

Owing to its operational footprint and set-up in Beira, the ICRC is currently supporting the emergency response that is being led by CVM and has scaled up its capacity in the key areas of:

- ✦ **Restoring Family Links:** A Restoring Family Links website has been launched in English and Portuguese to help people find their relatives. Free phone calls and phone charging services are offered jointly with CVM volunteers in accommodation centers.
- ✦ **Dignified management of the dead:** ICRC is supported the Mozambican authorities in the removal and handling of bodies in a dignified way, making sure that bodies were identified so that families could be informed of the fate of their loved ones. ICRC and IFRC collaborated for safe and dignified burials for the Cholera outbreak.
- ✦ **Detention:** ICRC is assessing the situation in the four places of detention affected in Beira and its surrounding areas, making sure that the detaining authorities receive the necessary support to allow for detainees to contact their families and maintain basic standard living conditions
- ✦ **Support to health facilities:** ICRC has supported with the distribution of life-saving items including medical supplies, fuel and generators to the main hospital in Beira and health centers in surrounding areas to help ensure they could remain functional. It will continue to support access to primary health care in areas of ICRC intervention prior to the cyclone.
- ✦ **Water infrastructure:** ICRC is rehabilitating small water supply systems in affected communities within its areas of intervention.
- ✦ **Emergency relief:** ICRC is distributing tarpaulins and essential household items and is coordinating with WFP to support food distributions in the rural areas of difficult access in which it has been operating since 2017.

At the moment, **partners that have supported CVM for years through funding projects and organizational development initiatives**, such as the **Belgian-Flanders Red Cross, Finnish Red Cross, German Red Cross and Italian Red Cross, Spanish Red Cross keep supporting the operation through different means**. The three PNS with permanent presence in country are:

- ✦ **German Red Cross** German Red Cross (GRC) is present in country since 2000. They assist CVM in the implementation of dissemination and preparedness actions in Zambezia, Sofala and Manica provinces before the cyclone made landfall, prepositioning of NFI in the exposed areas. GRC is also supporting CVM's response bilaterally, focusing on shelter, WASH and health for emergency response. Though this 3-month project, the GRC also distributed 1,500 HH shelter items and hygiene kits to families in Sussundenga district, Manica province. Moving forwards, GRC would be interested in the utilizing the recovery assessment tools and methodologies used for the response to be used in their bilateral programs.
- ✦ **Belgium-Flanders Red Cross** worked in Mozambique between 2001 and 2014, mostly in the field of health and disaster response. In 2017, they renewed cooperation which focused on First Aid training and service delivery, WASH and DRR. BRC-FI is also supporting CVM's response bilaterally, focusing on emergency response and the provision of shelter items and food security interventions in rural areas for 2,500 HH.
- ✦ **Spanish Red Cross** activated crisis modifier before the impact which allowed prepositioning of relief items, CVM staff deployment and volunteers mobilization to key provinces (Zambezia, Manica and Sofala). In addition, Spanish Red Cross is supporting CVM's response bilaterally, particularly focusing on shelter and WASH for emergency response and recovery phase via ECHO funding for 6 months in partnership with the PIROI for shelter kits.

## Regional and Global Support

Both Regional Office for Africa and Southern Africa Cluster Office provide leadership and technical support, as well as remote support service provision for the operation, while internal systems are set up. There is an active coordination structure designed, at country, regional and global level for sharing of updates on the progress made, identifying and overcoming challenges and ensuring the quality of the operation. Internal coordination mechanisms are in place in

Maputo by CVM. In Beira, operational staff keep constant internal coordination and produce situation reports for the broader Movement audience. Operational coordination mechanisms are also in place and include IFRC, CVM and PNSs present in country. Joint Task Force meetings also take place regularly with IFRC secretariat stakeholders from all levels.

An RCRC partnership meeting with the participation of movement partners and external stakeholders took place in Beira (21-22 May) and Maputo (24<sup>th</sup> May). The key messages of this meeting were that the movement should put its efforts towards developing the resilience of the communities in order to avoid future high level of impact. It was also important to mention that Beira representatives have been very supportive to the efforts of the humanitarian community especially the Red Cross Red Crescent movement in this response. In terms of learnings, it was noted that flexibility and adaptability were key to the achievements realized in this response such as deploying CEA and the Assessment Cell early on, in addition to working on OD in emergencies to prevent any harm to CVM with the large sudden scale up of the operation.

### Overview of non-RCRC actors in country

The GoM lead the overall coordination of disaster response through the INGC and currently through the established Post-cyclones Reconstruction Cabinet at national level. The CVM takes part in the regular coordination meetings held at the Disaster Management Technical Council which are part of monitoring and information sharing exercise at national, provincial and District levels. The MoH and INGC responded to the crisis by mobilizing many staff from Maputo to put together a response group.

A special task force was created to tackle the Cholera outbreak in the aftermath of Idai landfall in March. A mass vaccination campaign by the Ministry of Health and WHO was carried out and reached more than 800,000 people quickly remitting the number of cases thus the last positive case was registered on May 18<sup>th</sup>. IFRC supported by setting-up 11 Oral Rehydration Points (ORPs) in 9 of the most affected districts, trained volunteers for community mobilization and providing emergency care. The ORPs has since then turned to Community Mobilization Health Points, including centers for malaria prevention<sup>2</sup>.

The Red Cross was the first team to arrive in Beira and one of the major actors in this response. An exceptional level of leadership was shown in close collaboration with OCHA and INGC. Daily Operations briefing for the first 2 months were co-chaired between FACT TL and UNDAC TL in Beira; the overall assessments were also co-led in Beira thanks to the IFRC dedicated assessment cell, cosigned between IFRC, INGC and OCHA.

A massive national and international humanitarian response was triggered during the first months of the response for Idai and Kenneth due to the declaration of an L3 emergency. A system-wide mobilization was required and rapid scale-up of the humanitarian response reached around 1,6 million people. In late May, a global partnership meeting took place in Mozambique seeking to fundraise in support to the Recovery and Reconstruction Plan which identifies in 3,2 billion USD the loses by the Cyclones. As of mid-June, OCHA maintains coordination mechanisms in Maputo, Pemba and Beira while other UN agencies are taking the co-ordination role in Pemba and Chimoio. Clusters are still ongoing. The early recovery cluster seeks to develop a joint plan aligned to the PDNA for the upcoming 3 months.

The Municipality of Beira, with the support from UN Habitat, the Government of Netherlands and Shelter Arcadis has developed the specific Recovery and Reconstruction Plan for Beira with focus on resilience and climate change adaptation and is an annex to the PNDA report.

Following both cyclones Idai, Kenneth and subsequent floods, triggering displacement of population, the scale up was activated. All clusters were activated following the scale-up. CCCM Cluster activated its Displacement Tracking Matrix<sup>3</sup>. The Shelter Cluster also includes the CCCM working group (lead by IOM) and shelter recovery working group lead by CVM/IFRC. CVM and IOM are working together on coordinating partners such as CSAC and CHEMA consortium. IFRC and IOM are coordinating together participating in joint assessments: IFRC shelter cluster coordinator for the response was deployed to Nampula and IOM coordinator to Cabo Delgado.

IFRC and CVM keep constant coordination with the interagency mechanisms and groups mentioned above are part of the daily strategic meeting organized by the Deputy HC until the second month and later on a weekly basis. From the onset of the emergency, IFRC co-led the Cash Working group in Beira, the Shelter Cluster as well as the Assessment Working Group. As of today, IFRC maintains constant presence in the leadership group in Beira.

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<sup>2</sup> More details on the Cholera Outbreak response is available in the health section of the Operations Update.

<sup>3</sup> IOM Displacement Tracking Matrix <https://displacement.iom.int/mozambique>

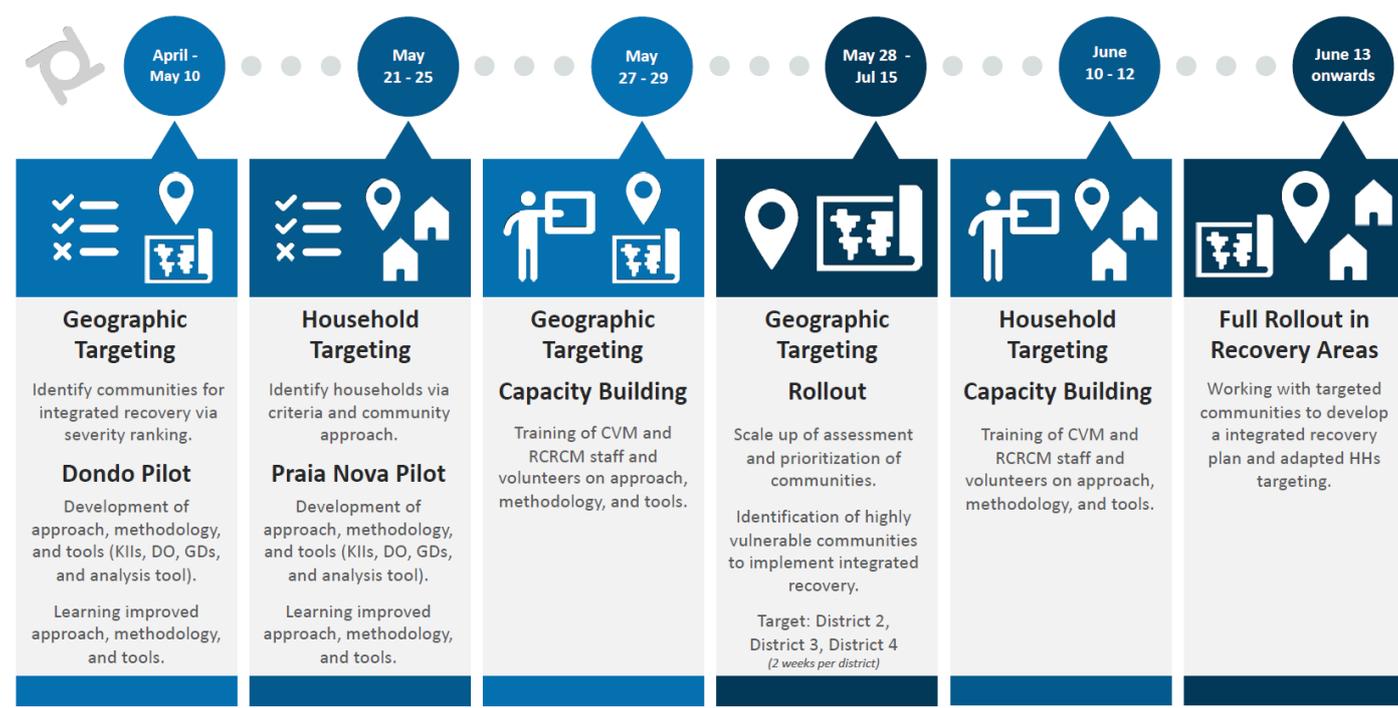
## Needs analysis

Initially, IFRC Assessment Cell and CVM led the assessment working group and process with partners active in the interagency Emergency Operations Centre and the INGC.

Due to the limited access to the communities by land and boats, aerial<sup>4</sup> assessments in Sofala, were led by IFRC and maps produced were shared with all actors involved in the response. For Beira ground assessments, IFRC and CVM deployed 4 teams across 7 Barrios, covering 50% of the target area. The efforts of the CVM and IFRC Assessment Cell were key to identify the most affected areas helping to direct the overall humanitarian response.

After 6 weeks, the Assessment Cell focused on recovery and has been supporting in understanding the needs across areas of focus and geographies, and use them to prioritize and plan appropriate, and well-targeted, interventions using a community-led multisector approach while mainstreaming CEA, PGI and DRR. The province of Sofala specifically Dondo district has been prioritized by the Assessment Cell activities.

As part of the integrated recovery assessment exercise (conducted in two phases), the cell focused on: 1) Phase 1: identifying geographic scope and sectorial severity at district level before geographical prioritizing of communities to implement integrated recovery programs; 2) Phase 2: Registration of households, baseline elaboration and community action plan development through participatory tools.



Phase 1: identifying geographic scope and sectorial severity at district level before geographical prioritizing of communities to implement integrated recovery programs

**The assessment geographical scope was defined** in consultation with CVM and other key informants. Dondo district includes Cidade de Dondo (Sede) and two Postos Administrativos: Savana and Mafambisse. Three teams (2 vehicles each) with IFRC delegates, ERU members and CVM volunteers were deployed to assess the areas of Savana Sede, Chinimacondo, Chibuabuabua area.

An analysis tool was specifically designed to aggregate and consolidate all the primary data obtained from the different locations and to generate the severity ranking of locations and sectors based on the evidences obtained.

<sup>4</sup> For products achieved in the first month, please refer to Ops. Update #1, this link: <https://bit.ly/30jH4Qj>, and the IFRC aerial assessment video: <https://www.youtube.com/watch?v=jPO37ae0nBs>

Localidade	Community	Food	Health	Livelihoods	PGI/CEA	Shelter/NFI	WASH	AVERAGE
Chibuabuabua (rural Mutua)	Chibuabuabua	3.6	2.9	3.0	2.7	3.1	1.9	2.9
	Chissange	3.8	2.9	3.8	2.7	2.9	1.7	2.9
	Nhafo	3.1	3.0	3.9	2.0	3.2	2.1	2.9
Chinamacondo	Chinamacondo Sede	2.7	2.9	3.3	2.5	2.9	1.8	2.7
	Nhamissenguere	3.3	3.3	3.4	2.4	3.5	2.2	3.0
	Praia Nova	3.8	3.3	4.0	2.3	3.1	1.6	3.0
	Sengo	3.4	2.7	3.2	2.3	2.8	1.9	2.7
Savana	Milha 12	3.0	2.0	3.3	1.0	2.6	1.6	2.3
	Milha 14	2.8	2.0	3.3	1.0	2.6	2.3	2.3
	Milha 20	3.0	2.1	3.5	1.0	2.8	1.9	2.4
	Milha 23	3.0	2.2	3.5	1.0	2.7	2.1	2.4
	Milha 26	2.8	2.0	3.5	1.0	2.8	2.0	2.3
	Savana 1 & 2	4.0	1.8	3.4	1.0	2.5	1.3	2.3
<b>AVERAGE</b>		<b>3.2</b>	<b>2.5</b>	<b>3.5</b>	<b>1.8</b>	<b>2.9</b>	<b>1.9</b>	

\* removed from Chinamacondo the communities of Chicana, Mecano, Nhasassa, Nhasungu, Praia Farol due to only KII

Figure 2: Severity by community and sector for assessed areas during phase 1

For Phase 2, registration of households started in Dondo district, specifically in Praia Nova, where the main findings for sectoral severity were:

1. Livelihoods severely affected: Wind and water damage to crops, and loss of productive assets.
2. Food insecurity linked to agriculture and fishing, as damages had a negative impact on the availability and access to food, thus increasing the negative coping mechanisms.
3. Traditional shelters were destroyed; however, some households were able to salvage material and begin with self-recovery.



Figure 3: Development of the Plan of Action with the community in Praia Nova

More specifically, in the terms of needs findings were as below:

1. Health infrastructure, lack of medicine, and maternal and childcare.
2. Open defecation due to lack of latrines and poor hygiene practices.
3. Food and livelihoods challenges such as loss of income and reduction in purchase power and access to food.
4. More than 59% of houses have been totally destroyed, and there is a lack of proper building material.

More assessments and FGDs are planned to be conducted to better inform the development of the recovery strategy in Chinamacondo located as well in Dondo district.

As per the latest assessment conducted in the 4 most affected provinces (Sofala, Manica, Tete, Zambezia) done by IOM on movement population<sup>5</sup>, population displacement happened within the same district and more than 1,5 million affected people whose homes were affected stayed within their locality. As of June 17<sup>th</sup>, a total of 49 resettlement and accommodation sites are still open containing a total of 52,428 people that have not returned yet to their locality. Following on these findings and coordination meetings with other actors whom will be implementing activities within these locations, the position of IFRC and CVM is not to engage in a meaningful manner in resettlement initiatives launched by the government and supported by UN agencies for the main following elements: 1) Resettlement should always be a last resort as it can severely disrupt peoples livelihoods and community lives and does not always guarantee the minimum dignity of the resettled population. 2) The displaced population which constitutes less than 3% of the affected population. As the overall response is focused on the resettlements, this created a vacuum of services and attention on the most affected population leaving 97% of the affected population outside of the picture. 3) A lack of guarantees and prerequisites for the resettlement process mainly in terms of security, availability of minimum services and status of plots allocated.

<sup>5</sup>Mozambique, Baseline Assessment, Cyclone Idai, June 2019 <https://displacement.iom.int/reports/mozambique-%E2%80%9494-baseline-assessment-cyclone-idai-round-2?close=true>

## Revised Targeting for the next phase of the response

The revised strategy, that will be detailed in the revised plan of action, has better informed the targeting for the recovery phase of the response.

With the final results of the Phase 1 assessment and initial results of Phase, as well as the decision of CVM and IFRC to have better integrated programming, the response will target the most **vulnerable in**:

1. Dondo District, **Praia Nova and Administrative Post Chinimacondo** with integrated interventions
2. Administrative **Post Mutua** with WASH interventions primarily
3. Communities in 2 barrios in **urban Beira** with Shelter interventions in coordination with the Beira municipality and UN-Habitat.

A larger targeting criterion have been set up such as groups at risk of inclusion, similar income generating groups such as fishing and agriculture communities. Additional assessments are still on-going in order to select the most vulnerable communities as challenges are being faced in the ability to target specific vulnerable families within the communities as most families were already vulnerable prior to the Cyclones impact.

## Scenario Planning

Four different scenarios were originally considered for the planning process of the Emergency Plan of Action (EPoA).

### **Scenario 1 – Cholera outbreak worsens considerably.**

A mass vaccination campaign by the Ministry of Health and WHO was carried out and reached more than 800,000 people quickly remitting the number of cases and the outbreak. The last positive case was registered on May 18<sup>th</sup>. The IFRC supported by setting-up 11 Oral Rehydration Points (ORPs) in 9 of the most affected districts, trained volunteers for community mobilization and providing emergency care. The ORPs has since then turned to Community Mobilization health Points, including malaria prevention<sup>6</sup>

### ✦ **Scenario 2 – Widespread agricultural damage, and loss of employment leads to severe food and economic insecurity.**

As food insecurity as already been present before the Cyclone season, the two cyclones exacerbated the situation. There is now a risk of people moving on the scale from moderate food insecurity to severe in several districts in Sofala province, including Dondo. Adding to that, the mass loss of agriculture and high level of informal employment on youth and women. The immediate recovery response will prioritize livelihoods programming and asset restoration as to try and limit the food insecurity challenge.

### ✦ **Scenario 3 – Initial overestimation of needs requires scale-back.**

The lack of accessibility to remote areas during several weeks after Cyclone Idai, hampered the full humanitarian community capacity to respond to the need of thousands of people isolated by water. IFRC co-led aerial assessments and airdrops to identify the spread of the damages and to cover the basic needs of those isolated. By the time the roads started being accessible, the remote households had started rebuilding their shelters, and houses. The early recovery started. Due to prior-to-the-cyclone food insecurity situation in central region of Mozambique, the scenario only worsens exacerbating the poverty and exposure to risks of those remote communities. Currently, the Assessment Cell is focusing its work on capturing the real needs of the population which would be restoration of assets and livelihood strengthening, including a shelter component to rebuild and strengthen houses, increasing the hygiene promotion and healthy practices.

**Although the Operation focused initially on the response for Tropical Cyclone Idai, the response had to adapt to Tropical Cyclone Kenneth which hit the Cabo Delgado province on the evening of April 25, 2019.** As anticipated, the devastation was vast and 700 standard household kits that were stocked in Beira for Tropical Cyclone Idai response were diverted to support the affected population by Tropical Cyclone Kenneth as life-saving priority. Two thousand additional households were targeted for delivery of emergency relief households' items.

### ✦ **Scenario 4 – Political environment deteriorates leading to hindered humanitarian access.**

The Government's resettlement plans in the area affected by Cyclone Idai have placed a heavy burden and pressure on the humanitarian community. As political campaigns started in June in preparation for the national elections planned to happen on October 15<sup>th</sup>, Movement partners will work with CVM as to support the position of CVM as a neutral and impartial auxiliary body adhering to the Fundamental Principles.

<sup>6</sup> More details on the Cholera Outbreak response is available in the health section of the Operations Update.

## Operation Risk Assessment

The risk register completed for this operation in April is being monitored and updated by the project team. The risks in the table remain the most critical for attention.

Assumptions	Support Measures
<p><b>A1.</b> No complex unrest during elections</p> <p><b>A2.</b> Access to quality information from the field is constant.</p> <p><b>A3.</b> Significant CVM staff and Volunteers turnover not expected.</p>	<p><b>A1.</b> Movement partners continue to support the position of CVM as a neutral and impartial national society adhering to the Fundamental Principles.</p> <p><b>A2.</b> IFRC supports IM and reporting processes for CVM including analysis and reporting of operational information.</p> <p><b>A3.</b> CVM will continue to recruit and train new volunteers on a regular basis and improve volunteer management strategies with the support of IFRC.</p>
Risks	Mitigation Measures
<p><b>R1.</b> Volatile security contexts impact safety of CVM staff/volunteers, IFRC staff, and ability of CVM to conduct emergency relief and programmes – especially during elections period.</p> <p><b>R2.</b> Reputational risk: When Fundamental Principles are in danger of being compromised.</p>	<p><b>R1.1.</b> CVM and IFRC as applicable routinely assess programme risk before implementing in specific areas.</p> <p><b>R1.2.</b> CVM operations room monitors on-going activities including tracking convoys, crossline missions, evacuations, etc.</p> <p><b>R1.3.</b> CVM volunteers and staff are properly identified and follow security procedures.</p> <p><b>R2.1.</b> CVM branches opt to suspend all activities until the necessary guarantees are granted to be able to operate entirely in line with its mandate.</p> <p><b>R2.2.</b> IFRC works closely with CVM to enhance communications capacity. The IFRC Geneva and Regional Office for Africa communications unit are ready to support CVM to communicate CVM's humanitarian role, and relevant public statements or press releases.</p>
<p><b>R3.</b> Logistics risk: Supply chain of items internationally procured relief items stock is disrupted.</p> <p><b>R4.</b> Financial related risks: funds not allocated to the grant's agreed purpose.</p>	<p><b>R3.1.</b> IFRC adapts plans accordingly to the changing context, and alternative measures are implemented when possible.</p> <p><b>R3.2.</b> Donors are notified of the possible delays and challenges in the implementation of the funds.</p> <p><b>R3.3.</b> CVM and IFRC participates in relevant fora where main logistics issues are discussed.</p> <p><b>R4.1.</b> IFRC Fraud and corruption prevention control policy (Triple defense) is disseminated in CVM.</p> <p><b>R4.2.</b> CVM and IFRC has an annual internal and external audit process.</p> <p><b>R4.3.</b> IFRC operation has a fully dedicated finance team to ensure funds are implemented in line with donor requirements, both working closely with CVM.</p> <p><b>R4.5.</b> IFRC maintains a detailed risk register identifying clearly vulnerabilities, mitigations measures and risk owners.</p>

## B. OPERATIONAL STRATEGY

### Proposed Strategy

The overall strategy of CVM and IFRC for the first month was to ensure that urgent and priority needs were met as soon as possible with emergency items--such as NFIs and Shelter kits--, search and rescue activities and provision of first aid assistance. At the same time, focus was on ensuring that a well-planned and articulated plan for recovery contributed to building the resilience of people affected. In order to guarantee such approach, IFRC and CVM called for a dedicated recovery assessment that was launched in April 2019 with the objective being ensuring the early recovery of the affected population integrating and working with all sectors that are implementing, including risk reduction and resilience building initiatives.

### *Shelter and Relief*

**At the onset of the emergency, the shelter and relief strategy** was focused on supporting the affected population with access to urgent, multi-sectoral relief in the form of household kits. Up to **114,055 people affected by Cyclone Idai and Cyclone Kenneth received** emergency distributions of shelter kits and essential household items. **The population supported was mostly located in Buzi, Beira, and Dondo regions affected by Cyclone Idai and Macomia, Pemba, and Ibo regions affected by Cyclone Kenneth.** The French Red Cross supported the rapid response through immediate mobilization and deployment of full household kits from La Reunion and La Mayotte through the PIROI system which included also members of the Red Cross Red Crescent movement (CVM, Seychelles Red Cross, Tanzanian Red Cross, IFRC and ICRC etc.). This rapid mobilization, coupled with the operational infrastructure established in Beira, positioned the IFRC and CVM to be the first response organization to provide comprehensive, multi-sectoral assistance to the most affected communities in the Buzi area.

**In total, 114,055 individuals i.e. 22,811 households were reached by relief and shelter items.** Shelter and relief activities considered CEA and PGI components while implementing activities improving communication with the communities, responding to questions and complaints and mediation and de-escalation of tensions.

The revised strategy will be considering three outputs:

1. Provision of construction materials and tools to a higher number of households who need support including ensuring capacities for implementation and monitoring are existing.
2. Provision of shelter recovery support through massive awareness campaigns at community and households, in addition to training skilled workers to build local expertise and make shelters more resilient for future disasters.
3. Capacity building of CVM through the recruitment of staff members and volunteers the development of a training program including: Approach for Safe Shelter Awareness (PASSA) and Disability-inclusive shelter and settlements in emergencies (All under one Roof).

### *Water, Sanitation, and Hygiene*

**WASH services were able to provide 2,638,117 liters** of clean water as well as sanitation assistance to **6,993 people** in Beira City primarily residing within the temporary Accommodation Centers (AC). **16,680 people were reached with hygiene promotion activities and 23,712 through the restoration of hand pumps.**

**The WASH strategy** for response included the deployment of three Emergency Response Units:

- 1) **M15 ERU** (Spanish RC) – To support the water supply as well as sanitation and hygiene promotion in Mutua, Dondo, Ndunda 2, and Beira,
- 2) **MSM20 ERU** (British RC) - To support hard sanitation interventions and hygiene promotion in Mutua, Dondo and Samora Machel and San Pedro camps in Beira,
- 3) **MSM20 ERU** (Swedish RC) - Originally deployed in response to the cholera outbreak and currently working on sanitation and hygiene in Ngupa, Subida and Terra Prometida, in Beira District.

An ERU transition plan has been developed to ensure a sound exit strategy in Mozambique. Focusing on WASH, the three ERUs phased out by donating most of the equipment to the IFRC-CVM Appeal. More details are at the end of the document and in the transition document for the ERUs.

The recovery plan for WASH will include 4 pillars for the intervention:

1. Emergency WASH will down-scale however continue to operate in assessed locations where needs are high. Hygiene promotion resources will be transferred from the temporary camps to the Community Mobilization Health Points. CVM Cabo Delgado will also be supported to train additional volunteers in Hygiene Promotion with implementation of Hygiene Promotion activities in communities.
2. Adaptation of the WASH intervention per type of community based on the needs and challenges faced in each area; 1) Peri-urban and rural communities: Transitioning ORPs to Community Mobilization Health Points to roll out hygiene promotion activities and creating water committees for system management, 2) Urban Communities: plans to working closely with UN-Habitat for urban reorganization integrating with the shelter component to support hardware reconstruction and promotion of Open Defecation Free (ODF).
3. Recovery and pilot integration with other sectors in Dondo and Beira districts, focusing on creating sustainable, resilient infrastructure and triggering behavioral change that will support a healthy environment in the future. Seeking the introduction of a voucher or cash component for both hygiene and shelter items.
4. Capacity building of CVM through the recruitment and training of staff and volunteers on WASH related interventions.

### **Health**

The **Health strategy was based on a rapid health assessment and priority given to addressing the needs of the affected population through** Psychosocial First Aid (PFA) and psychosocial support information, access to emergency health care, and mobilizing community health resources focused on epidemic control and cholera prevention taking into consideration gender and diversity needs.

An Emergency Red Cross Hospital ERU, EMT Type 2 led by the Canadian RC and supported by the Finnish RC was set up in Nhamatanda Central Hospital. The ERU **reached 12,383 people including consultation and medical interventions**. Around 30 ORPs were planned in response to the cholera outbreak but eventually due to the fast containment of the outbreak, only **11 ORPs were set up in Beira City in Accommodation centers reaching 10,251 people**. Currently, only **4 ORPs are still active in Munhava, 2 in Ndunda, and Vila Massane**. The transition process was developed in a sustainable manner taking into consideration the absorption capacity of the Nhamatanda hospital. A six months handover period begun starting mid-June. The focus will be on completing the transfer of knowledge to strengthen the local capacity of the Nhamatanda hospital staff and complete emergency rehabilitation services. The ORP kits have been already prepositioned with CVM across the country within the framework of a plan for a future Cholera Outbreak. A Cholera Treatment Center (CTC) opened on 04<sup>th</sup> of April 2019 with 32 beds for the cholera case management. The MoH organized a vaccination campaign immediately and as cholera cases dropped down, as a result of this, CTC changed to Cholera Treatment Units (CTU) on 21<sup>st</sup> of April (10 beds). These units were closed on 01<sup>st</sup> of June 2019 after no more case was reported at the end of the last patient treatment.

The Portuguese RC also deployed bilaterally with CVM to support Macurungo Health Center in March providing assistance through a mobile clinic. **A total of 4,761 patients were assisted with medication, psychology services, maternal health**. The Clinic is expected to be decommissioned by July but support in the construction of the health center which started in June will continue until October. Psychosocial activities reached 10,939 people (3,350 males and 7,589 females); the activities including children sessions, PSS trainings, and psychosocial services provided. **A cholera outbreak also affected the area of intervention in the early stage of the current operation and some initial cholera response services were provided**.

The Health strategy for the next phase of the operation will include four main pillars to improve living conditions mainly through an **intervention in community health and disaster risk reduction** supporting selected **urban areas in Beira**, where **shelter sector** will be implementing with UN inhabitant interventions and, in **rural areas of Dondo and Mutua districts**. In **Cyclone Kenneth affected Cabo Delgado, an increased number of CVM volunteers will receive health promotion trainings and implement health promotion activities in their communities**.

### **Food Security and Livelihoods**

The **Food Security and Livelihoods (FSL) strategy responds to needs assessed related to** significant crop damage, loss of livestock, limited labor opportunities and extremely limited access to food in remote areas due to the destruction of stores, crops, 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, including provision of food**, while 2) **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 and Voucher Assistance (CVA) is the tool

of preference to deliver the basic needs support in urban areas, and the assets replacement for one of the targeted livelihoods group, 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. The revised **strategic approach and operational plan** will shift the focus of the response and recovery components prioritizing the rural communities depending on agriculture and fishing and that have not received or with limited food assistance support as assessments reflect prioritization of food assistance. In addition, priority will be given to support the economic inclusion of marginalized groups or groups at risk of exclusion such as women. The strategy also considers not only the disaster impact but also the pre-existing socio-economic conditions and links to development actions.

### ***Community Engagement and Accountability***

The current Movement strategy on **Community Engagement and Accountability** is to ensure that urgent and priority needs are met as soon as possible and ensure that a well-planned and articulated community-led strategy for recovery contributes to building the resilience of people affected and ensure their full participation in their own recovery. Based on assessments and secondary readings, the overall literacy rate in Mozambique is 47% meaning that CEA is an important and key aspect of this response to engage communities in the right way through access to information mainly orally or through radios.

CEA has helped improving the quality of the Cyclone Idai response across during the first part of the response and will continue to do so including Capacity Building for CVM. Following this strategy, the objectives of the revised CEA strategy will be:

1. Enable communities to have access to clear and practical information in engaging ways related to the services available to them including selection criteria, and program closure.
2. Communities are able to raise any concerns and complaints, and that these are responded to and acted on.
3. Ensure communities participate in designing the response and recovery efforts by using a fully integrated and community led approach to recovery assessment, planning and implementation.

### ***National Society Development***

**Around 1,162 volunteers and staff have already been trained and are participating in the activities being conducted for the response.**

The response to the Cyclone Idai and Kenneth put additional pressure on the National Society's limited capacity to respond to the growing needs of the population. Within the revised strategy, extensive resources will be allocated across the sectors towards CVM development both institutional and operational in order to strengthen the NS both for the short term and the long term. Following a handover meeting, the key areas of focus are financial sustainability and management, National Society Capacity in terms of staff and volunteers especially volunteer management as most volunteers are now newly recruited and lack the understanding of the Red Cross movement. Branch development and improving the relationship between HQ and branch level will also be key moving forwards to increase mutual understanding, reduce tensions and ultimately enabling a one operational approach even within CVM. A special focus will also be put on the development of emergency procedures to be activated in times of crisis, for example a volunteer database was developed in Beira for the Sofala Province, The Volunteer Manager delegate registered all volunteers supporting in the response in Buzi, Dondo, and Nhamatanda.

### ***Moving Forward***

CVM and IFRC are integrating operational sectors while including CEA actions and PGI considerations within every facet of the forward-looking strategy. A sector-integrated recovery approach has been developed and is informed by the assessment cell results and analysis. The strategy will be based on complementing sector efforts by having the same target group with Shelter items and reconstruction, livelihood activities such as asset restoration and technical training focusing on rural and sub-rural areas with the overall objective to contribute to increasing community resilience and improve living conditions.

Regarding the joint response between CVM, IFRC and ICRC, it is expected to continue in an adapted version of the overall IFRC Recovery Strategy, covering modalities such as health and hygiene promotion, Disaster Risk Reduction/Preparedness and Organizational Development. As the operation is now entering the next phase, there is an exceptional opportunity to maximize the strength of the One Movement approach as the drafted plan is designed to support the NS vision for the further development of CVM branch in Cabo Delgado in a way that also supports the sustainability of the continued ICRC operations in the province.

## C. DETAILED OPERATIONAL PLAN

### Mozambique: Federation-Wide Overview of Response and Activities

Date: 26/06/2019

#### Cyclones Idai and Kenneth

Total number of people who received relief assistance: **114,055**

#### Key Figures by Sector and Activity

 WASH		 Relief		 Health																								
Number of people reached with sanitation facilities	6,993	Individuals reached	114,055	Active ORPs	4																							
Number people reached in Hygiene promotion activities	19,546	Households reached	22,811	Individuals reached by ORPs	10,444																							
Litres of water distributed	2,708,117	Total Items distributed	189,782	Canadian/Finnish ERU patients [ER] (2,380 excl. MITC)	2,442																							
Number of hand pumps repaired	51	<table border="1"> <thead> <tr> <th colspan="3">Households Reached</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Idai</td> <td>Full standard Family kit (i/ SK)</td> <td>4,879</td> </tr> <tr> <td>Non-standard family kits</td> <td>11,511</td> </tr> <tr> <td>Total Idai Response</td> <td>16,390</td> </tr> <tr> <td rowspan="3">Kenneth</td> <td>Full standard Family kit (i/ SK)</td> <td>881</td> </tr> <tr> <td>Non-standard family kits</td> <td>4,040</td> </tr> <tr> <td>Total Kenneth Response</td> <td>4,921</td> </tr> <tr> <td rowspan="3">Total</td> <td>Full standard Family kit (i/ SK)</td> <td>5,760</td> </tr> <tr> <td>Non-standard family kits</td> <td>15,551</td> </tr> <tr> <td>Total Response</td> <td>21,311</td> </tr> </tbody> </table>	Households Reached			Idai	Full standard Family kit (i/ SK)	4,879	Non-standard family kits	11,511	Total Idai Response	16,390	Kenneth	Full standard Family kit (i/ SK)	881	Non-standard family kits	4,040	Total Kenneth Response	4,921	Total	Full standard Family kit (i/ SK)	5,760	Non-standard family kits	15,551	Total Response	21,311	Canadian/Finnish ERU patients [OPD Adult]	6,653
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	Total Response	21,311																										
Number of people reached through the repair of handpumps	28,712	Canadian/Finnish ERU patients [Maternity]	525																									
Sanitation Infrastructure	124	Canadian/Finnish ERU MITC consultations	62																									
CVM Staff and Volunteers		Canadian/Finnish ERU CTC consultations	222																									
Total Staff Nationwide	159	Canadian/Finnish ERU CIU consultations	31																									
Total volunteers Nationwide	>7,100	Portuguese Clinic consultations	4,765																									
Total volunteers mobilised for Idai and Kenneth response	1162	Number of attendees to PSS Activities	7,807																									

*Distributions (1ki/HH):  
Idais: Sofala, Manica, Zambezia and Tete  
Kenneth: Cbo Delgado and Nampula  
Exception: Ibo District in Cbo Delgado (1ki/5HH)*



## Shelter

People reached: 114,055

Male: Approx. 58,168

Female: Approx. 57,027

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

Indicators:	Target	Actual
# of households assisted that receive emergency shelter kits and awareness on safe shelter and good construction practices	7,500 HHs 37'500 people	13,354 households 66,770 people

**Output 1.1:** Short, (medium and long-term) shelter and settlement assistance is provided to affected households.

Indicators:	Target	Actual
# households provided with emergency shelter kits which meet the agreed standards for the specific operational context	7,500 HHs 37,500 people	15,175 households 75,875 people
# people/households provided with cash for essential household non-food items assistance through vouchers	7,500 HHs 37,500 people	<i>Tender and launching process has began</i>

**Output 1.2:** Technical support, guidance and awareness raising in safe emergency shelter design and settlement planning are provided to affected households.

Indicators:	Target	Actual
% of the target population provided with awareness orientation campaign who can build a safe shelter	100%	88%

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

% of target households who have durable shelter that meet national and/or Cluster standards for recovery for the specific operational context	90% 18'000 people 3,600 HHs	<i>Indicator reporting in the Recovery Phase</i>
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**Output 2.1:** The target population has adequate durable shelter solutions.

# of target households who have received durable shelter and housing assistance that meet agreed standards for the specific operational context	20'000 people 4,000 HHs	<i>Indicator reporting in the Recovery Phase</i>
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**Output 2.2:** Training and awareness raising sessions provided to target communities on basic safe shelter and settlements for recovery (in accordance with DRR strategy).

# of target population provided with awareness campaigns: PASSA and other tools (e.g., All under one roof training)	100% 20'000 people 4,000 HHs	<i>Indicator reporting in the Recovery Phase</i>
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**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).

# of staff or volunteers provided with trainings relevant to recovery shelter and settlements activities	26 staff members 120 volunteers	100 volunteers
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### Progress towards outcomes

**Detailed Indicators Achievements:**

**Outcome 1:**

**# of households assisted that receive emergency shelter kits and awareness on safe shelter and good construction practices**

Based on the PDMs conducted by the relief teams following the distributions, it was found that 88% of the people who received shelter kits have received or remember receiving awareness messages on safe shelter and good construction practices. Therefore, the number of people reached by the awareness messages is 13,354 people.

**# households provided with emergency shelter kits which meet the agreed standards for the specific operational context: Target: 7,500 Households. Actual to date: 15,175 Households**

15,175 households received 12,568 shelter tool kits according to standards from distributions from CVM contingency stock, IFRC provisions and bilateral support from Turkish RC, Kuwait RC, ICRC, German RC, and Belgium RC – Flanders.

In response to Cyclone Kenneth, approximately 15,000 people from 2,978 households, have benefitted from the now finalized relief distributions of household kits, and shelter tool kits.

District	Province	People	Households	Number of shelter tool kits distributed
Sofala	Buzi	19,115	3,823	3,823
	Cidade Da Beira	19,520	3,904	3,893
	Dondo	6,525	1,305	1,305
Cabo Delgado	Ibo	6,445	1,289	258
	Macomia	9,405	1,881	316
	Pemba	2,400	480	480
Nampula	Pemba	4,965	993	993
Manica	Sussundenga	7,500	1,500	1,500
<b>Total</b>		<b>75,875</b>	<b>15,175</b>	<b>12,568</b>

Below the summary of the shelter and NFIs items distributed during the first three months of the operation for the whole movement reaching a total of 114,055 individuals and 22,811 households.

Locations	Shelter kits	Tarpaulins	Kitchen Sets	Blanket	Mats	Foam mats	Buckets	Jerry cans	Food parcels	Floor mats	Tents
Cabo Delgado	1,054	2,040	3,928	8,094	1,762		520	6,618			
Manica	1,500		1,500	1,500			1,500				
Nampula	993	1,986									
Sofala	9,021	18,258	8,338	16,526	13,810	1,067	5618	9,346	620	2,009	11
Tete											
Zambezia								560			
<b>Grand Total</b>	<b>12,568</b>	<b>21,291</b>	<b>13,766</b>	<b>26,120</b>	<b>15,572</b>	<b>1,067</b>	<b>7,638</b>	<b>16,524</b>	<b>620</b>	<b>2,009</b>	<b>11</b>

#### Challenges faced during distributions of shelter and NFI items:

Following the Cyclone, CVM received contributions from IFRC and bilateral in-kind contributions of other Red Cross Red Crescent members therefore, not all the family kits and other kits had the same content.

The Full standard family kits consisted initially of shelter tool kits, buckets, blankets, mats. Some adjustments were needed due to several factors such as the different timing for arrival of items to country or the difficulty to mobilize voluminous items to hard-to-reach areas, preventing the relief team to fully fulfil with planned standards.

During the first weeks of the disasters, many areas and isolated communities were not reachable by land. As a consequence, air support was requested to reach the communities. Relief distributions had to reach the highest number of people per trip, thus some of the relief items carried (such as mattress and buckets) had to be set aside. As a result, thus, some of the families received full standard family kits and others non-standard kits.

#### # people/households provided with cash for essential household non-food items assistance through voucher

Through coordination between the sectors and the Cash and Vouchers team, the shelter intervention in Beira City has been designed to be delivered through electronic voucher support, targeting 1000 household in Beira City. The program will be

accompanied by strong technical support and guidance to the beneficiaries to know best practices and recommended materials to rebuild or repair their homes. According to the Transfer Value, the support will be provided through two or three installments, depending on the achievement of programmatic objectives. There will be two different Transfer Values in this intervention, one to repair a home, and another to rebuild a home. The tender process documents are ready, and will be launched later in the year, as the implementation is aimed for September 2019. The updates will be included in the upcoming EPoA.

**% of the target population provided with awareness orientation campaign who can build a safe shelter: Target: 100%. Actual to Date: 88%**

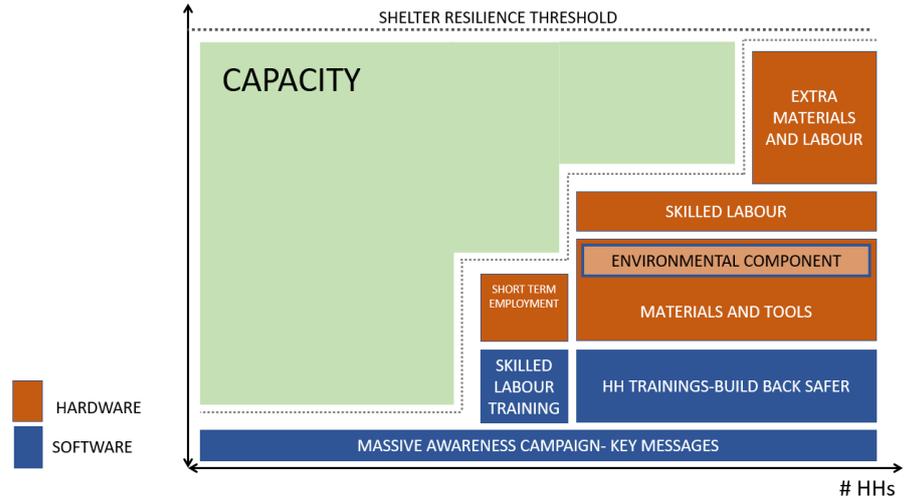
A PDM conducted by the relief team in April and May. 302 respondents to the questionnaire. It was reported that 88% of the people received information on how to build their house at the distribution, out of which 90% found the messages useful and 10% did not apply the messages.

**Outcome 2:**

Support shelter recovery of 4,000 households affected by cyclone Idai through owner driven reconstruction and repairs, including massive awareness campaign on shelter that will begin implementation in coordination with the other sectors. Within the urban areas

**The initial mapping of activities is detailed below however it will be more developed in the upcoming EPoA.**

**SUPPORT and CAPACITY**



**# of staff or volunteers provided with trainings relevant to recovery shelter and settlements activities: Target: 26 Staff and 120 Volunteers. Actual to date: 100 volunteers**

100 Volunteers have been trained on the use of the Shelter Kit and Build Back Safer Key messages to disseminate. Further capacity building will be provided in order to support the PASSA approach and shelter next phase of the operation.

62 CVM Volunteers from 3 districts in Cabo Delgado (17 Volunteers from Ibo, 26 from Macomia, and 19 Volunteers from Pemba) participated in a Relief and Emergency Shelter training, which included an introduction to the RCRC Movement.



**Livelihoods and basic needs**

**People reached:**  
**Assessment is On-going**  
 Male:  
 Female:

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

Indicators:	Target	Actual
# of targeted HH that are supported by livelihoods interventions	5,000	Ongoing
<b>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).</b>		
Indicators:	Target	Actual
# of target households that improve their net income due to short-term employment	500	Ongoing
% of targeted population that improve their net income through skill building, improved assets, micro-finance support, job creation, etc.	75%	Ongoing
% of targeted individuals that apply new acquired skills promoted by the project to strengthen or diversify their livelihoods	75%	Ongoing

<b>Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities</b>		
# of target households that have enough sources of food and income to meet their survival threshold (including cash, voucher and food distribution)	1,000 HH	Ongoing
<b>Output 1.3: Household livelihoods security is enhanced through food production, increased productivity and post-harvest management (agriculture-based livelihoods)</b>		
# of target households that restore their production to pre-disaster level (baseline to be defined)	1,000 HH	Ongoing
<b>Progress towards outcomes</b>		
<p>Assessments are still on-going to inform the planning of the livelihood interventions in Praia Nova and Chinamacondo in Dondo province. A community plan of action will be developed per community based on the needs and priorities of each.</p> <p>Until now, an assessment was conducted by a multidisciplinary team in the area of Praia Nova. Among the initial findings in this community:</p> <ul style="list-style-type: none"> <li>▪ Loss of income, reduction in purchasing power</li> <li>▪ Decreased access to food</li> <li>▪ Reliance in humanitarian food assistance</li> <li>▪ Deterioration of health status</li> <li>▪ Rely on charcoal, and petty trade</li> <li>▪ Increased use of negative coping strategies</li> </ul> <p>The revised <b>strategic approach and operational plan</b> will focus on prioritizing the rural areas depending on agriculture and fishing presence and for communities that have not received or have limited food assistance. In terms of targeting, priority will be given to support the economic inclusion of marginalized groups or groups at risk of exclusion such as women or elderly people living alone. The strategy also considers not only the disaster impact but also the pre-existing socio-economic conditions and links to development actions.</p> <p>Based on the preliminary findings, the communities will be supported through the use of vouchers to purchase items such as fishery or in-kind material such as tools for farming and agriculture to be able to fully recover and strengthen their livelihoods activities. A tender process has been launched to contract vendors for a voucher program in urban areas. All other interventions regarding basic needs in the rural areas will most probably be carried out through in-kind support to the communities due to the limited access to markets and other items.</p>		

 <p><b>Health</b> People reached: 44,987</p>		
<b>Outcome 1: The immediate risks to the health of affected populations are reduced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# people that receive health services, including ECV, ORP treatment and mosquito nets	85,000	44,987
<b>Output 1.1: Target population is provided with rapid medical management of injuries and diseases</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# patients treated in health facilities	4,000	14,706
<b>Output 1.2: Community-based disease prevention and health promotion is provided to the target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached with community-based health initiatives	15,000	10,502
# of ORPs installed and functional	30	10
<b>Output 1.3: Epidemic prevention and control measures carried out</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of households reached with mosquito nets	15,000	10,903
<b>Output 1.4: Psychosocial support is provided to the target population.</b>		

Indicators:	Indicators:	Indicators:
# of people reached with PSS activities, including life skills	N/A	8,007
<b>Output 1.5:</b> Strengthened PSS capacities of the CVM		
Indicators:	Target	Actual
# of staff and volunteers in the affected areas trained in basic PSS, PFA and self-care and team care strategies	250	270
# of volunteers in the affected areas are specialized in psychosocial support	30	57
<b>Progress towards outcomes:</b>		

The ERU and health services supported with the provision of health services to the people in need by covering the services that the hospital could not provide because of the damage. Following the declaration of the Cholera Outbreak, IFRC responded by planning and implementing ORP stations in 9 of the most affected locations in Beira in addition to setting up a Cholera Treatment Center making 32 beds available. After the rapid containment of the Cholera Outbreak, the Cholera Treatment Center shifted to Cholera Treatment Unit with 10 beds available for treating cases. Once the government declared the end of the outbreak, the efforts of IFRC and CVM focused on Malaria prevention through the ORPs turned Community Mobilization Health Points.

#### Detailed Indicators Achievements:

##### Outcome 1:

**# people that receive health services, including ECV, ORP treatment and mosquito nets: Target: 85,000 people. Actual to date: 44,987 people.**

The number who received health services including PSS services and activities; 44,987 people.

**# patients treated in health facilities: Target: 4,000 people. Actual to Date: 14,706**

ERU	Type of health intervention	Number of Individuals
Canadian/Finnish ERU	Emergency Room	2,442
	Out-Patient Department	6,653
	Maternity	525
	Malaria Treatment Center	62
	Cholera Treatment Center	222
	Cholera Treatment Unit	31
Portuguese Clinic	Consultations	4,771
<b>Total</b>		<b>14,706</b>

#### Canadian/ Finnish ERU:

The ERU provided support to Nhamatanda Hospital and supported not only with patient consultations but also with rebuilding the destroyed parts of the hospital such as the X-Ray room, out-patient room, and emergency room. After the exit period, all consumables were donated to the hospital and 5 Medical delegates will continue supporting the hospital staff with capacity building in maternal care, malaria treatment, etc.

- Emergency room treated a total of 2,442 patients; 1,190 males and 1,226 females.
- Out-Patient Department treated 6,653 patients; 2,438 males and 1,226 females.
- Maternity Department care for 525 deliveries out of which 330 were normal birth and 21 Caesarean. (5 cases were not reported)
- Malaria Treatment Centre received 62 patients; 30 males and 32 females. 31 patients were below the age of 5. 50% of those patients had co-morbidities such as HIV (10), Anemia (5)
- Cholera Treatment Centre consulted 222 patients out of which 4 had malaria as a co-morbidity. 32 beds were available to respond to the Cholera outbreak. Following the vaccination campaign, the Cholera treatment center changed to Cholera Treatment Unit with 10 beds available and received 31 patients.

#### Portuguese Clinic: Bilateral Support to CVM

Collaborating with Medicos do Mundo to support the provision of medical assistance, supplies, medications and technical support in Macurungo Health Centre since March 27<sup>th</sup>.

IFRC is supporting with technical advice, provision of hardware and logistics, also taking care of the medical needs of the delegates. In addition, CVM are actively involved in the daily activities being conducted.

During this reporting period, **4,771 patients have been assisted with medication supply, psychology services, surgery, maternal health, infectious diseases consultation and PSS activities.**

The health team deployment is expected to stop by the end of July, however the hospital reconstruction support which started on the first week of June will continue until the end of October.



Figure 4: Workers fixing the roof of one of the sections of Macurungo Hospital with the support of Portuguese Red Cross

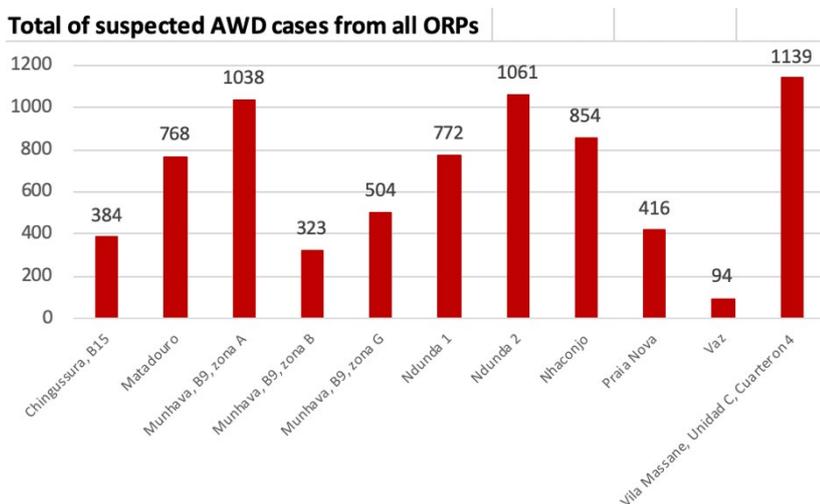
**# of people reached with community-based health initiatives: Target: 15,000 people. Actual to date: 10,502 people through the Mobilization Health Points.**

**# of ORPs installed and functional: Target: 30 ORPs. Actual reached: 11 ORPs reached during the peak of the Cholera Outbreak.**

Since the start of April, a cholera response has been implemented with the implementation of 11 Oral Rehydration Points (ORPs) in the most affected neighborhoods as reported by MoH. Following the vaccination campaign, the cases were reduced however, diarrhea cases and health problems were still present in the community.

In April, ORPs were changed to Community Mobilization Health Points (CMHP) spaces where CVM services and activities were implemented such as provision of ORS sachets, and First Aid, treatment of cases.

The 4 ORPs are currently operating in Munhava A, Villa Masane, Ndunda 1, and Ndunda 2 and reached a total of 455 people during this reporting period.



**# of households reached with mosquito nets: Target: 15,000 households. Actual to Date: 11,754 households.**

20,910 mosquito nets were distributed with other shelter and NFI items to 11,754 households i.e. 58,770 people.

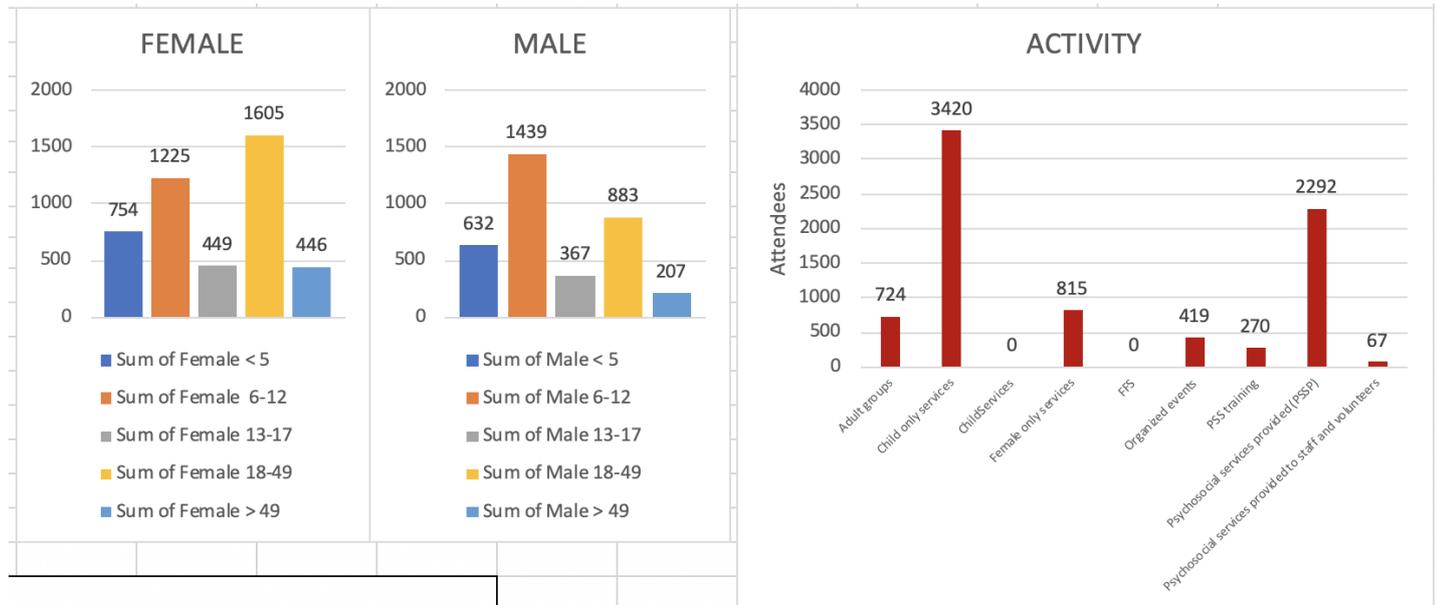
Province	District	Individuals	Households	Mosquito Nets distributed
Cabo Delgado	Ibo	4,950	990	1,980
	Macomia	9,405	1,881	3,762
	Pemba	2,400	480	960
Nampula	Pemba	4,965	993	993
Sofala	Buzi	19,115	3,823	7,646
	Cidade Da Beira	10,920	2,184	4,156
	Dondo	2,760	552	562
Zambezia		4,255	851	851
<b>Total</b>		<b>58,770</b>	<b>11,754</b>	<b>20,910</b>

**# of people reached with PSS activities, including life skills: Actual to Date: 8,007 people**

The PSS sessions are implemented by the Portuguese Red Cross consultation clinic and are conducted within the Community Mobilization Health Points.

The PSS activities included events such as personal emotional education, games, music activities. It was reported that out of the 8,007 people 3,528 males attended and 4,479 females, with most of the attendees below the age of 17.

Activities	Total attendees
Adult groups	724
Child only services	3,420
Female only services	815
Organized events	419
PSS training	270
Psychosocial services provided (PSSP)	2,292
Psychosocial services provided to staff and volunteers	67
<b>Total</b>	<b>8,007</b>

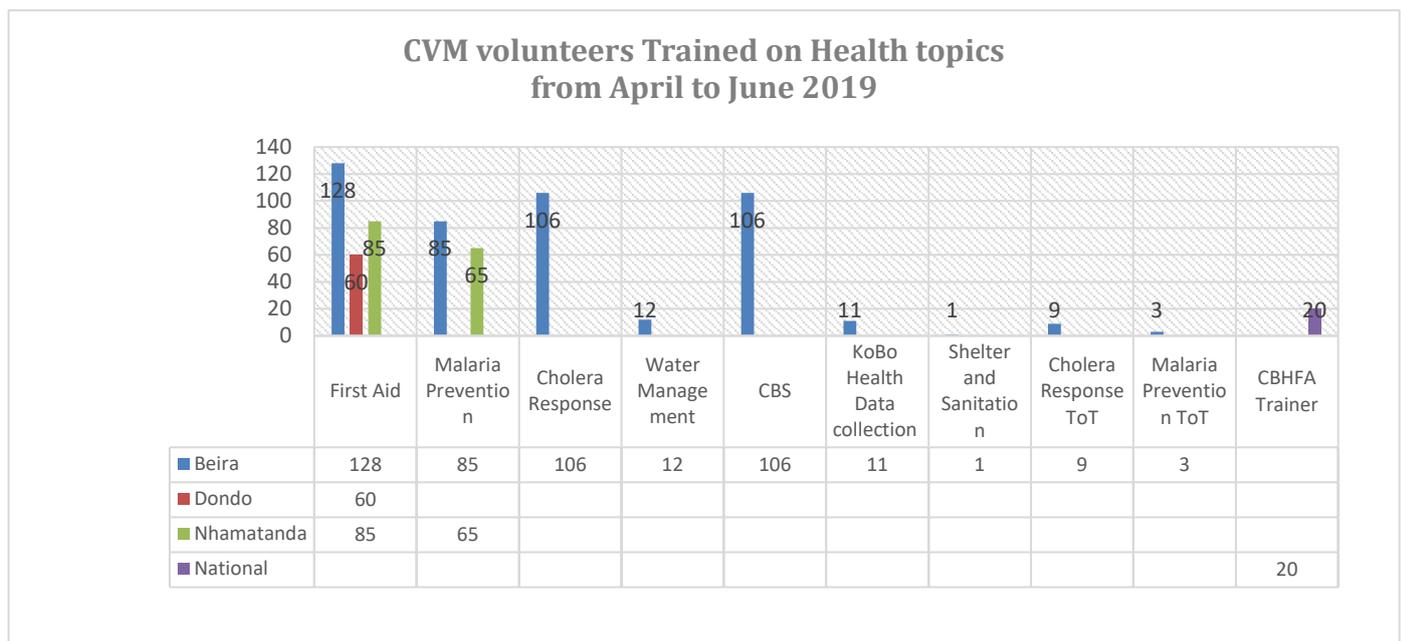


**# of staff and volunteers in the affected areas trained in basic PSS, PFA and self-care and team care strategies: Target: 100% (250 people). Actual to Date: 270 volunteers.**

270 volunteers have been trained on PSS including PGI considerations. Regarding the volunteers trained on health and hygiene promotion key messages, **233 CVM volunteers were reached.**

**# of volunteers in the affected areas are specialized in psychosocial support: Target: 30 volunteers. Actual to Date: 57 volunteers.**

57 trained CVM volunteers are running the daily activities in the Community Mobilization Health Points.





## Water, sanitation and hygiene

People reached: 28,712 people

### Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% of target population that has access to sufficient safe water	80%	100%
% of target population that is using adequate sanitation	60%	75%

### Output 1.1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards).	15.000	28,712
# of water distribution points and handpumps repaired	30	51
% of people practicing good water handling practices which includes use of sufficient water storage container	80%	<i>To be reported in the next stage</i>

### Output 1.2: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of people provided with excreta disposal facilities	25.000	6,993

### Output 1.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
# of people reached by hygiene promotion activities	50,000	21,950
# of volunteers involved in hygiene promotion activities	100	239

### Output 1.4: Hygiene-related goods (NFIs) which meet Sphere standards are provided to the target population

Indicators:	Target	Actual
# of households provided with a set of essential hygiene items (Hygiene kits)	7,500	3,139
# of women provided with dignity kits	10,000	6,485

### Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% of target population using sanitation facilities	100 %	99%

### Output 2.1: Longer term support to ensure safe access to water and sanitation facilities

Indicators:	Target	Actual
# of people with access to an improved sanitation facility	15,000	6,993

### Progress towards outcomes

**The WASH strategy** for the response included the deployment of three Emergency Response Units: 1) Spanish RC M15 ERU to work on water supply, sanitation and hygiene promotion in Mutua, Dondo, camps and Ndunda 2 - Beira, 2) British RC MSM20 to work on sanitation and hygiene promotion in Mutua, Dondo and camps in Beira, 3) Swedish RC MSM20 originally deployed in response to the cholera outbreak however due to the fast containment of the outbreak, the Swedish RC MSM20 shifted its focus to support the Community Mobilization Health Points and currently working on sanitation and hygiene in Ngupa (237 Households), Subida (143 Households) and Terra Prometida (37 Households), in Beira District.

### Summary of the Spanish RC ERU M15 and BRC MSM20 activities in Mozambique:

	Inhamizua IFP Camp	Sao Pedro Camp	Samora Machel Camp
<b>Camp status</b>	Residents were already in camp prior to ERU interventions	Newly opened. ERU services were established prior to the arrival of camp residents (except handwashing facilities)	Newly opened. Some ERU services were set up prior to receiving residents
<b>Number of tents</b>	57 (some vacant)	51 (some vacant)	81 (some vacant)
<b># Households (HH) (approx.)</b>	120	110	120
<b>Water provider</b>	Spanish M15	Spanish M15	Spanish M15
<b>Sanitation provider</b>	British MSM20	Spanish M15	British MSM20
<b>HP services</b>	MSM20/M15, others	MSM20/M15	MSM20/M15, others
<b>Other services</b>	Discussions were taking place related to health and protection services during the baseline survey week	Services already available related to health and protection	Services already available related to health, PSS, Protection and education
<b># HP volunteers</b>	2	2	3

#### Monitoring Indicators:

**% of target population that has access to sufficient safe water: Target: 80%. Reached: 100% of target population**

**% of target population that is using adequate sanitation: Target: 60%. Reached: 75% of target population**

**% of target population using sanitation facilities: Target: 100%. Reached: 99% of target population**

The Spanish RC ERU M15 and BRC MSM20 conducted a baseline survey (in April) and end line survey (in May) in the 3 IDPs that were supported by the interventions. An increase of 42.8% of people living in the camps was noted between the baseline and the end line dates.

#### Main findings:

- 90% of the people living in the camps were reached by hygiene promotion activities
- Diarrhea cases in the camps severely decreased from 33% at the baseline to 0.47% at the end line
- 99% of respondents are using latrines compared to 68% at the baseline.
- 100% of the respondents in the IDPs have been using water distributed in the camps compared to 92% in the baseline
- 75% of respondents have reported being happy and satisfied with the latrines set in the IDPs; however, 27% reported that they were physically not accessible compared to only 6% during the baseline

#### Detailed Indicators Achievements:

**# of people provided with safe water: Target: 15,000. Actual to Date: 28,712**

**# of water distribution points and handpumps repaired. Target: 30. Actual to Date: 51**

During the first 10 days of the response, the WASH teams provided safe water for at least 10,000 people on a regular basis with 3 water treatment units were installed in Sao Pedro, Samora Machel and Inhamizua camps. In total, 2,698,944 Liters of waters have been distributed in the Beira and Dondo reaching 2,360 people.

The total number of people benefitting from safe water is 28,712 after an additional 26 handpumps and 10 standpipes were reconstructed or rehabilitated in Dondo and Beira based on agreements initiated with FIPAG to repair handpumps in the communities raising the number to rehabilitated handpumps or points to 51 in total since the beginning of the response.

**% of people practicing good water handling practices which includes use of sufficient water storage container: Target: 80%**

16,524 jerrycans and 7,638 buckets for safe water storage have been distributed with the relief items in Cabo Delgado, Manica, Sofala and Zambezia to 9,097 households i.e. 45,485 people.

Locations	Buckets	Jerry cans
Cabo Delgado	520	6,618
Manica	1,500	
Sofala	5,618	9,346
Zambezia		560
<b>Grand Total</b>	<b>7,638</b>	<b>16,524</b>

**# of people provided with excreta disposal facilities: Target: 25,000 people. Actual to Date: 6,993 people**

In total, 75 latrines have been built serving 6,993 people. Currently, sanitation facilities including latrines are being decommissioned following the closing of the accommodation centers, ORPs, and camps. In addition, as part of the transition of the ERUs, latrines are being donated to the IFRC health team for the Cholera contingency stock.

**# of people reached by hygiene promotion activities: Target: 50,000 people. Actual to date: 21,950**

Hygiene promotion is important in emergencies as it is widely recognized as one of the most valuable tools to reduce the incidence of diarrheal diseases after a disaster.

21,950 people were reached with 287 hygiene promotion activities conducted since the beginning of the response in Mutua, Dondo district and IDP camps located in Beira.

In addition, CVM volunteers carried hygiene promotion activities door to door working closely with families to reinforce the messages and practices.

The MSM ERU 20 also supported 3 cleaning campaigns in 2 accommodation centers reaching around 340 people.



Figure 5: Posters used in the camps to reinforce the hygiene promotion messages disseminated

**# of volunteers involved in hygiene promotion activities: Target: 100 volunteers. Actual to date: 239 volunteers.**

Up to 40 CVM volunteers and 199 community volunteers received WASH trainings including hygiene promotion delivery. Out of the total, 13 CVM volunteers were involved in Hygiene Promotion in Inhamizua IFP, Sao Pedro, and Samora Machel Camps.

77 training sessions were conducted in order to train this number of volunteers.

**# of households provided with a set of essential hygiene items (Hygiene kits): Target: 7,500 households. Actual to date: 3,139 households**

Distribution of 3,059 hygiene kits took place May in Sofala and Cabo Delgado reaching 3,139 families i.e. 15,695 people.

Province	District	Number of Hygiene Kits	Households	Individuals
Sofala	Cidade Da Beira	269	270	1,350
		100	100	500
Cabo Delgado	Ibo	270	270	1,350
		220	299	1,495
		200	200	1,000
		520	520	2,600
	Macomia	160	160	800
		113	113	565
		200	200	1,000
		383	383	1,915
	200	200	1,000	

		424	424	2,120
<b>Total</b>		<b>3,059</b>	<b>3,139</b>	<b>15,695</b>

**# of women provided with dignity kits: Target: 10,000 women. Actual: 6,485 women**

Distribution of 1,519 dignity kits took place May in Sofala and Cabo Delgado reaching 6,485 women. Additional 6,000 dignity kits were ordered to be distributed.

Province	District	Number of Dignity Kits	Individuals
Sofala	Dondo	391	1,955
		237	1,185
	Cidade Da Beira	302	1,350
		149	500
Cabo Delgado	Ibo	440	1,495
<b>Total</b>		<b>1,519</b>	<b>6,485</b>

**# of people with access to an improved sanitation facility: Target: 15,000 people. Actual to Date: 6,993 people**

The ERUs have supported in the rehabilitation or construction of sanitation facilities in the targeted sites in Beira: ES Samora Machel, IFP Inhamizua, and Cuban Field Hospital (BRC MSM20). The SpRC M15 ERU provided showers and handwashing stations in the Cuban field hospital in Beira.

In total, 75 Latrines, 17 Showers and 32 Handwashing stations reaching around 6,993 people. In addition, 2 new child latrines built by BRC MSM20 ERU in the IDP camps in Beira.

#### **Additional Achievements:**

Water committees are receiving training on the composition and role of water committee members, practical sessions on basic maintenance and small repairs delivered by the Beira District Office. Training is followed by the delivery of a Maintenance kit, logbook and a cleaning kit. During the reporting period **14 water committee members participated in WATSAN and HP training and Maintenance & cleaning kits were given out.**

38 CVM volunteers in Beira and Mutua received training in conducting hygiene promotion sessions, on menstrual hygiene management and PGI. Three ERU's have worked coordinating to increase the capacity of CVM volunteers in PGI and menstrual Hygiene.

## Protection, Gender and Inclusion



**People reached: Assessment are**

**On-going**

Male:

Female:

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

Indicators:	Target	Actual
# of people receiving services that include PGI considerations	37,500	<i>Explanation detailed below</i>

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

Indicators:	Target	Actual
# of multi-sector needs assessments that identify protection needs	5	5

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

Indicators:	Target	Actual
# of people that receive awareness sessions or messages on PGI considerations, including SGBV	400	391

**Detailed Indicators Achievements:**

**# of people receiving services that include PGI considerations: Target: 37,500 people. Actual to date: Detailed in the overview**

During the planning of the response in March, the number of people receiving services that include PGI considerations was set to be the same as the shelter/relief target as it was expected to mainstream PGI with the distributions.

However, PGI was mainstreamed through all the sectors and services provided to the population, therefore the actual number reached is the number of people reached through the different services across the programs.

It is important to note that the overall number of people is not the sum of all people reached for each the sectors since there is no method yet to identify people that received multiple services from the Red Cross. For this reason, the numbers are reported below per sector:

**WASH: 23,712 people** including people reached with sanitation facilities, hygiene promotion, and hand pumps repairs

**Shelter: 114,055 people supported** with shelter kits, and NFIs

**Health: 32,690 people reached** by ORPs, and PSS sessions, including clinic consultations given by the Canadian/Finnish ERU, and Portuguese clinic

**# of multi-sector needs assessments that identify protection needs: Target: 5. Actual to date: 5**

Three assessments have already been conducted and reported in the first Operations Update:

1. The rapid assessment of Cidade de Beira (Sofala) was conducted in March with 12 inter-agency assessment teams
2. The rapid assessment of Buzi district (Sofala) was conducted in April to identify priority needs of the affected population
3. The rapid assessment of [East] Dondo district (Sofala) in April, with CVM, IFRC logistics and the INGC Assessment Coordinator

Two additional multi-sector needs assessments were conducted by the Assessment Cell which included PGI questions and identified protection needs.

4. Phase 1 of the assessment cell in Dondo district (Sofala) to geographically assess the most vulnerable communities
5. Phase 2 of the assessment conducted and analyzed in the community of Praia Nova, and still ongoing in Chinamacondo (Dondo District)

**# of people that receive awareness sessions or messages on PGI considerations, including SGBV: Target: 400 people. Actual to date: 391 people**

**270 volunteers have been trained on PSS** which included PGI considerations

**23 Volunteers for the Praia Nova assessment have been trained on and PSEA mechanisms**, Fundamental Principles and Code of Conduct

Mandatory PGI briefings for **98 staff have been conducted**

**Additional Achievements:**

- A PGI monitoring mechanism has been set up to ensure that the RCRC operation is informed by protection risks and incidents in all areas, and that staff and volunteers are followed-up with if witnessing any risk
- PSEA mechanisms and reporting procedures have been established; a poster with reporting lines have been disseminated to volunteers, at every point of work, including ORPs
- Implemented Minimum Standards on PGI in emergencies. A joint CEA-PGI checklist for relief distributions has been developed and shared.
- Strengthened PGI component of trainings and awareness raising
- Integrated PGI into the community-led approach developed by the assessment cell. Phase II include focus group discussions on CEA and PGI. A gender and diversity sensitive approach have been integrated into assessment tools.

- A sensitization session on Menstrual Hygiene Management has been developed with CVM to be disseminated with the hygiene kits distribution

 <h2 style="color: red;">Disaster Risk Reduction</h2> <p><b>People reached:</b>  <b>Assessment is On-going</b>  Male:  Female:</p>		
<b>Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Community risk reduction and preparedness plans in place	Yes	<i>Plan to be detailed in EPoA</i>
<b>Output 1.1:</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached through RCRC programmes for DRR and community resilience (excluding public awareness and education campaigns)	TBC	<i>Plan to be detailed in EPoA</i>
<b>Progress towards outcomes</b>		
<p>Identification of community DRR interventions is ongoing alongside the integrated recovery assessment exercise. Environmental protection and Green Response are being considered for a dedicated assessment. Further developments are expected in coming weeks and months in collaboration with Movement partners.</p> <p>The focus of the sector will be protecting and restoring community resilience, boosting community-based disaster reduction through approaches related to early warning early action, identification of local risks, vulnerabilities and capacities to strengthen resilience of communities.</p> <p>For the urban component, the Municipality of Beira, together with UN Habitat, the Government of the Netherlands and Shelter Arcadis, developed its Recovery and reconstruction plan with emphasis on climate change adaptation and resilience.</p> <p>In addition, capacity building of CVM in terms of DRR will need to be established through the PER tool self-assessment. The tool will support as a baseline to assess and understand the capacity and preparedness of CVM in terms of logistics, SOPs and protocols, and alignment with the national government national plan for responding to disasters.</p>		

## Strategies for Implementation

### Human Resources

The HR unit has finished the organizational chart of international and national positions in Maputo and Beira after a coordination process with heads of sector. The chart has been finalized and reviewed by IFRC and CVM leadership. Currently, a salary scale benchmarking exercise for national staff recruitment is being conducted to align the scales with other INGOs, and NGOs working in country.

In terms of recruitment, 18 long-term delegates have already been recruited for the progress of the operation. All delegates should settle in their new roles by mid-July. 9 long-term delegates are in the progress of being recruited and it is expected that the recruitment process will be finalized by the end of July or early August.

Regarding national positions, all support function roles have been recruited and are expected to begin their roles by the end of June. Out of the 25 recruited staff, 17 were recruited as drivers.

### Organizational Development in Emergencies

CVM has already been going through a number of reform processes since last year mainly following the OCAC assessment. With the response to Cyclone Idai and Kenneth, pressure was put on the National Society's limited capacity which demanded scale-up.

In coordination with all movement partners, learning from previous emergency operations, OD in Emergencies was applied for the Cyclone Idai response not only focusing on operational strategies but also focusing on supporting and advising CVM with the following actions:

- Identifying and mapping the critical NSD issues which affect the operation
- Providing support to the operation in volunteer management in emergencies and update of the volunteer management policy for long-term program implementation
- Applying the ODiE framework's critical domains in a real-time scenario for learning and improvement
- Protecting CVM from the potential negative effects of the operation
- Identifying new opportunities for institutional and operational long-term strengthening of CVM such as branch development projects

### **Planning, Monitoring, Evaluation and Reporting (PMER)**

The PMER team is working closely with the heads of sector and IM to support the analysis of data to inform the planning process and the development of the revised Emergency plan of Action and other key documents needed in this operation.

After the validation of the revised Emergency Plan of Action, PMER will be working on validating common indicators that sectors will be using as part of the integrated approach and other components such as developing an M&E framework including roles and responsibilities based on the EPoA. The M&E framework should 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 are planned to arrive by the end of June and will be conducting interviews with both the teams in Maputo and Beira.

### **Information Management**

IM is keeping close coordination with all sectors to maintain the data collection system that was set previously and is currently working with PMER on consolidating the data collection methods to have a one reporting system. Maps have also been critical to understand the complex setting of the response in Mozambique and are being updated as new information is available.

The Movement Wide publication is being coordinated closely with the communication delegate in Africa Regional office and movement coordination officer.

All information management products developed are available in a webpage fully dedicated to the [Mozambique response in the IFRC GO Platform](#). 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 organize key information from ongoing emergency operations, including situation reports, surge deployment alerts, contacts and dashboards etc. The GO Platform will apply the principle of 'do no harm' with all data collected, and as information is made available, compliance with agreed IFRC information security standards will be observed to ensure sharing is done in a safe and relevant manner, protecting personally identifiable and sensitive information.

### **Information Technology and Telecommunications**

The ITT surge team is providing solid and consistent Information Technology and Telecommunication services to support the response. The team has ensured that the Emergency Operations Centre and active field offices have the necessary resources to operate and communicate properly.

In addition, work was done to develop the communication system in remote area when challenges are being faced with reception and network such as exploring VHF radios.

## **International Disaster Response**

### **Surge Deployments**

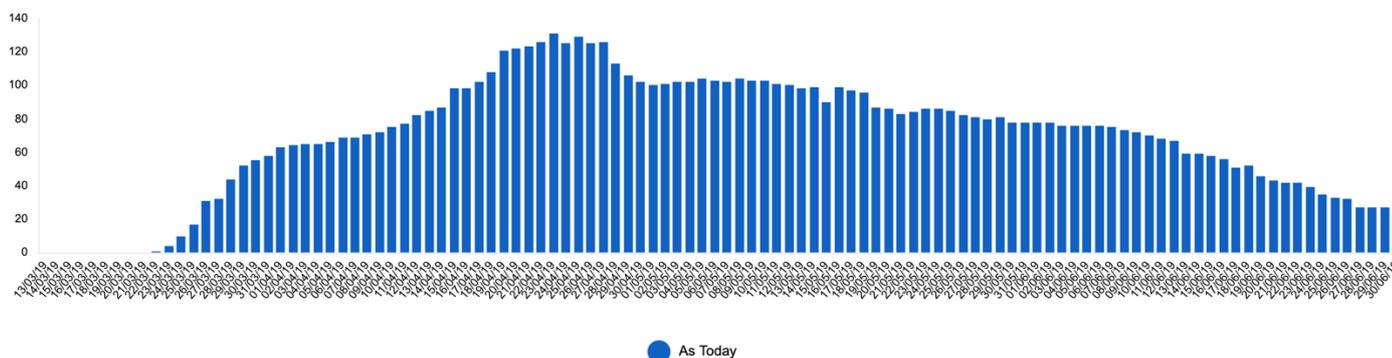
**More than 227 surge staff (107 females and 120 males) have been deployed to support the emergency response and set up a recovery strategy for the response to Tropical Cyclones Idai and Kenneth.** Five DHeOps were deployed within the first two months of the response covering the positions of FACT Team Leader, ERU Team Leader, Field Coordination, and Cooperation Manager. The team was also composed of multi-disciplinary sections that covered

all areas of focus as well as new profiles that are deployed for the first time in response to the Mozambique response such as Assessment Cell responsible to the consolidation of all RCRC assessment efforts, PGI and PSEA, volunteer management, Movement Coordination officer that was based in Maputo and National Society Development in Emergencies officer.

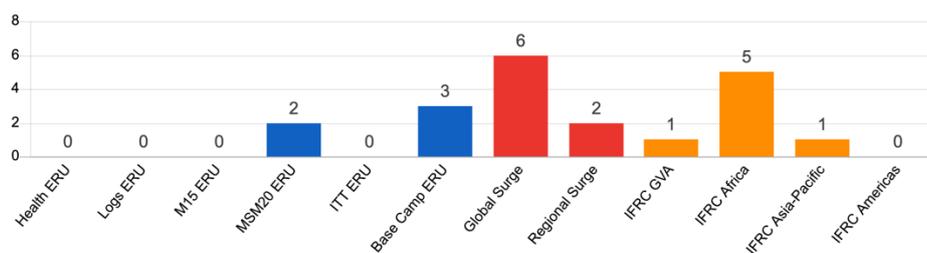
The objective of these deployments is to support CVM and the IFRC Regional Team in assessments, coordination, planning and implementing an effective and integrated operation. The Field Assessment and Coordination Team (FACT) members deployed have worked to integrate assessments and planned programming within and between sectors, and proper implementation of activities.

The charts below describe the overall scope and composition of surge profiles deployed.

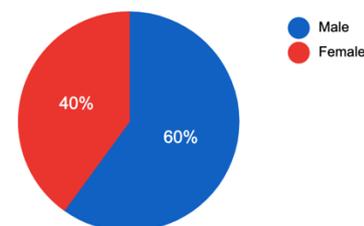
# Surge members in the field by date



# Surge members in the field by type



# Surge members in the field by gender



## Logistics

The logistics team involved in the operation used a multi-disciplinary range of professionals specialized in operations management, supply-chain, air operations, fleet management, warehouse management, procurement.

Constant support from the Africa Regional Office logistics department was present; two surge fleet delegates and three surge procurement delegates. Up to date there have been three FACT logistics rotations, two Logistics ERU rotations (current rotation will end by June).

The long-term Logistics Coordinator arrived beginning of June, and his presence overlapped with the preparation exit of the ERUs which was crucial in terms of coordination of remaining stock and handover, in addition to coordination with CVM in Maputo regarding fleet, custom clearance and storage.

Main activities conducted up to date include effective and efficient management of the Tropical Cyclone Idai response operations' supply chain - including procurement, fleet, storage, custom clearance, warehousing and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

## Fleet support

Since the start of the emergency, the logistics team has facilitated transportation for IFRC and CVM staff and volunteers in the Maputo Hub and Beira Hub; as well as for special visits from partners.

At the moment there are 9 IFRC vehicles in place and operating. There are 9 additional rental vehicles which complement the current fleet needs of the operation.

Following the visit of the Global Fleet Manager, the aim of the fleet support is to have a full fleet for IFRC use through the Vehicle Rental Program (VRP) of IFRC. This will lessen the cost on the operation in terms of rental vehicles from Beira and other regions. 22 cars were ordered through the VRP system and are all expected to be in country by the

beginning of July. In terms of car allocation, 2 cars will be located in Beira, 1 car in Chimoio, 1 car in Chinamacondo and the rest will be located in Beira. Two minibuses have also been added due to the increasing number of people that work in the Beira Hub. In coordination with HR, a total of 25 drivers will be available by the first of July.

The logistics team in Beira hub also has set up clear internal processes for fleet management, in coordination with the security focal point and operational leadership to ensure the best possible use of fleet resources. Africa Regional Office Logistics also deployed one surge delegate from Zimbabwe to support importation process and registration of the vehicles that arrived as a part of ERU equipment and vehicles that were mobilized from Zimbabwe.

## Procurement

The logistics team in Maputo has been actively setting up processes that meet IFRC standards for local procurement, in coordination with CVM and partners. Several tenders have been launched, and purchase orders have been already placed for assets – mainly WASH and health items, relief (dignity kits, shelter kits, tarpaulins, hygiene kits, etc.)

Additional operational support

Warehouse and transportation of assets from partners who are currently active in the country – such as the Spanish Red Cross, French Red Cross and Turkish Red Crescent. At the moment there are one active warehouses –Beira with a surface of 2,200 square meters (with a contract signed until November 2019). The remaining warehouse in Pemba is expected to be emptied by the end of June.

## ERU Transition plan

The logistics department supported the mobilization, reception, handling, customs clearance, storage and transport to operational locations of 7 different Emergency Response Units (ERUs) – besides the Logistics ERU itself, which had the support of the FACT and Africa Regional Office. These ERUs arrived in Mozambique during the start of the emergency phase. These response units included one Base Camp ERU, one WASH M15 ERU, two WASH MSM20 ERUs, one ITT ERU, one Emergency Hospital, and one Relief ERU.

After 3 months of interventions the ERU teams deployed to the field will be exiting during the month of June and July as the operation enters the recovery phase. Below a summary of the ERUs situation and key activities before their exit plan is completed.

ERU team	Numbers of Rotations	Actual situation	Transition key actions
<b>ERU Health - Lead: Canadian RC, Support: Finnish RC Field hospital Type2</b>	03	Exiting on 14th June 2019	<ul style="list-style-type: none"> <li>Rehabilitation activities to be finalized (X-Ray room, out-patient, emergency room)</li> <li>Transfer of capacity and knowledge to Nhamatanda Hospital</li> <li>5 Medical delegates to continue supporting the hospital staff</li> <li>Medical consumables and assets to be donated to the hospital and CVM</li> </ul>
<b>ERU Wash:</b> Mass sanitation and hygiene promotion MSM20 Lead by <b>Swedish RC, supported by Austrian and German</b>	03	Exiting in July 8th, 2019	<ul style="list-style-type: none"> <li>Continue Hygiene promotion in Ngupa till end of September and sanitation work in Terra Prometida</li> <li>4 ORPs will be repurposed and opened till December 2019</li> </ul>
Water, sanitation and hygiene promotion M15 Lead by <b>Spanish RC and supported by French RC</b>	04	Exiting on July 9th, 2019	<ul style="list-style-type: none"> <li>Working on handpumps and standpumps repairs and training water management committees and CVM volunteers</li> <li>Hardware equipment will be donated to Ministry of Public Works</li> </ul>
Mass Sanitation and hygiene promotion MSM20 <b>British RC</b>	04	Exiting July 17th, 2019	<ul style="list-style-type: none"> <li>Support Samora camp until official closure</li> </ul>

			<ul style="list-style-type: none"> <li>Finalize program package to IFRC WASH delegate</li> <li>Equipment will be donated to IFRC and CVM</li> </ul>
<b>ERU Relief – Lead by Danish RC</b>	03	Exiting on June 23rd, 2019	<ul style="list-style-type: none"> <li>Support CVM and Spanish RC bilateral project</li> <li>One delegate will continue to provide support till August</li> <li>Donation of items to CVM</li> </ul>
<b>ERU IT – Lead by Finnish RC, supported by American RC</b>	03	Exit on July 1st 2019	<ul style="list-style-type: none"> <li>Set-up IT infrastructure in Sengo camp</li> <li>Capacity building of CVM</li> <li>Items will be handed over to IFRC</li> </ul>
<b>ERU Log – Swiss RC</b>	03	Exiting in 14th June 2019	<ul style="list-style-type: none"> <li>Handover to long-term delegate</li> <li>Capacity of warehouse will be maintained till end of July and then cut in half</li> </ul>
<b>ERU Base Camp - Italian RC</b>	04	Exiting 5th of July 2019	<ul style="list-style-type: none"> <li>Support in movement to IFRC offices</li> <li>Main items to be handed over to IFRC and CVM</li> <li>Training on tent management</li> </ul>

## Influence Others as Leading Strategic Partner

### Communication

Through the first month of the operation, media monitoring from the communications team confirmed nearly 13,000 mentions and more than 1 million media and social media impressions. Over the first week of the operation, the Red Cross was the most visible across the media scene with over 8,000 news and social media mentions compared to 4,000 for UNICEF, 2,700 for CARE and 3,700 mentions for WFP.

Approximately 350 media interviews were completed, which included support to multiple National Societies for specific content/interview requests. IFRC Secretary General Elhadj As Sy held a press briefing at the UN Palais in Geneva on Monday 25 March where he warned of the rising health risks in Mozambique and emphasized the importance of speeding up the Red Cross response to prevent disease outbreaks. The briefing generated lots of media interest with 500 media and social media mentions.

In addition, the communication coordinator was deployed to Pemba in response to Tropical Cyclone Kenneth to support with media inquiries.

## Shelter Cluster Snapshot

IFRC, through the Southern Africa Country Cluster, immediately deployed a Shelter Cluster Coordination surge capacity to support to CVM. With the responsibility to co-lead the Shelter and NFI Cluster, IFRC with IOM, supported the Government of Mozambique's (GoM) and Humanitarian Country Team's (HCT) tropical cyclone Idai response.

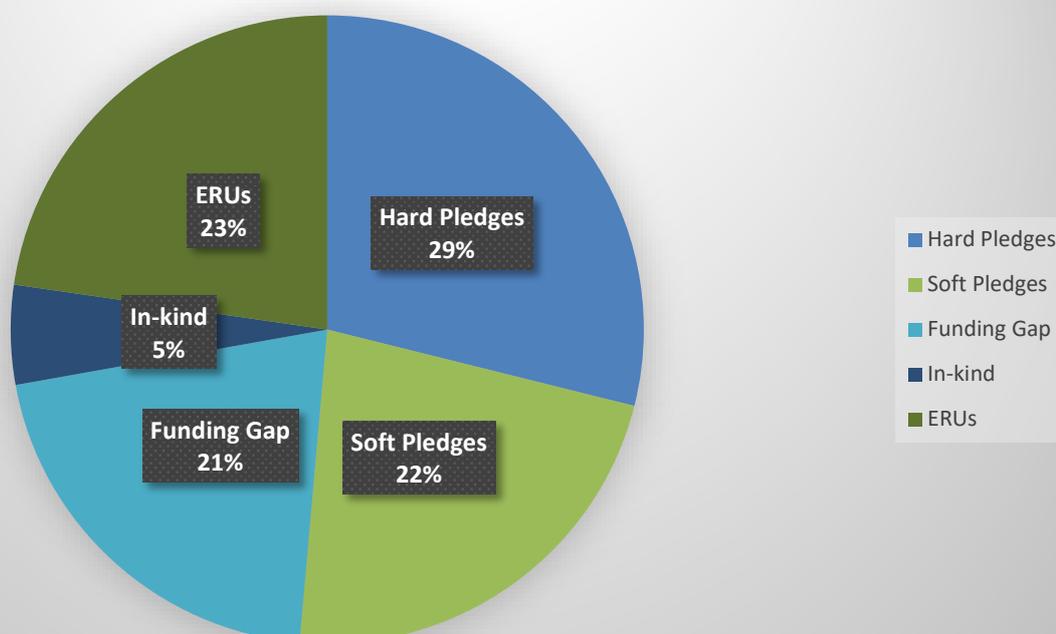
INGC reported 239,731 houses totally destroyed or damaged over 1.2 million people. It was estimated that, from the reported damage, approximately 185,000 houses were completely destroyed or structurally damaged, therefore highlighting from very early on an overall gap of approximately 95,000 households in dire need of shelter assistance and not targeted under the humanitarian response appeals.

- To date, Shelter Cluster partners have assisted a total of 117,256 households (594,754 people) with emergency shelter or NFI support, across the provinces of Sofala, Manica, Zambezia, and Tete
- Assistance provided to displaced families still in accommodation centers (713 HH / 2,298 people), or currently in resettlement sites (11,401 HH / 50,948 people)
- The Cluster's Strategic Advisory Committee has endorsed a shelter recovery strategy as a working document to guide the response covering a period of 6 months to 1 year (May 2020)
- Shelter Recovery Strategy draft was endorsed by Shelter Cluster Strategic Advisory Group (SAG) to guide the response, covering a period of 6 months (December 2019) to 1 year (May 2020) to be open to adjustments and periodic revisions, as required.

## D. BUDGET

The below chart represents the funding chart of the operation at the time of the reporting (June 20<sup>th</sup>, 2019). Including the soft pledges in the funding status, the total coverage for the operation is raised to 79,2% with a gap of 20,8%.

### Funding Chart



# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2019/5	Operation	MDRMZ014
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 21 Jun 2019

All figures are in Swiss Francs (CHF)

## MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 31 Mar 2021; appeal launch date: 20 Mar 2019

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	848,000
AOF2 - Shelter	7,000,000
AOF3 - Livelihoods and basic needs	3,173,000
AOF4 - Health	5,500,000
AOF5 - Water, sanitation and hygiene	4,198,000
AOF6 - Protection, Gender & Inclusion	352,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	2,164,000
SFI2 - Effective international disaster management	2,908,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	5,857,000
<b>Total Funding Requirements</b>	<b>32,000,000</b>
<b>Donor Response* as per 21 Jun 2019</b>	<b>10,210,591</b>
<b>Appeal Coverage</b>	<b>31.91%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	361,945	0	361,945
AOF2 - Shelter	3,602,314	519,748	3,082,566
AOF3 - Livelihoods and basic needs	1,021,169	10,956	1,010,213
AOF4 - Health	1,721,915	119,648	1,602,268
AOF5 - Water, sanitation and hygiene	1,324,631	78,936	1,245,695
AOF6 - Protection, Gender & Inclusion	103,305	3,322	99,983
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	754,078	12,048	742,030
SFI2 - Effective international disaster management	879,797	1,471,593	-591,796
SFI3 - Influence others as leading strategic partners	0	198	-198
SFI4 - Ensure a strong IFRC	1,818,868	19,020	1,799,848
<b>Grand Total</b>	<b>11,588,022</b>	<b>2,235,469</b>	<b>9,352,553</b>

### III. Operating Movement & Closing Balance per 2019/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	8,393,749
Expenditure	-2,235,469
<b>Closing Balance</b>	<b>6,158,279</b>
Deferred Income	909,233
Funds Available	7,067,512

### IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	750,000	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2019/5	Operation	MDRMZ014
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 21 Jun 2019

All figures are in Swiss Francs (CHF)

## MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 31 Mar 2021; appeal launch date: 20 Mar 2019

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	459,126				459,126		
Australian Red Cross	357,750				357,750		
Austrian Red Cross	640,031				640,031		
Belgium - Private Donors	90				90		
British Red Cross	13,326	205,020			218,347		
Bulgarian Red Cross	2,000				2,000		
China Red Cross, Hong Kong branch	25,497				25,497		
Croatian Red Cross	5,000				5,000		
Czech Government	222,432				222,432		
Estonia Government	33,935				33,935		
Facebook	96,117				96,117		
Finnish Red Cross	4,156	89,287			93,444		
Fondation Trafigura	99,549				99,549		
French Red Cross	23,310	358,611			381,921		
German Red Cross	56,143				56,143		
Germany - Private Donors	2,598				2,598		
Icelandic Red Cross	100,000				100,000		
Icelandic Red Cross (from Icelandic Government*)	100,000				100,000		
IFRC at the UN Inc (from Coca Cola Foundation*)	175,724				175,724	405,794	
Irish Government	573,010				573,010		
Irish Red Cross Society	56,143				56,143		
Italian Government Bilateral Emergency Fund	112,820				112,820		
Japanese Red Cross Society	89,523				89,523		
Liechtenstein Government	100,000				100,000		
Luxembourg Government	280,715				280,715		
Netherlands - Private Donors	12,016				12,016		
New Zealand Government	336,450				336,450		
Norwegian Red Cross	178,242	72,922			251,164		
Singapore Red Cross Society	30,456				30,456		
Spanish Government	56,771				56,771		
Sundry Income				7,560	7,560		
Swedish Red Cross	194,079				194,079		
Swiss Red Cross	2,730	42,000			44,730		
Switzerland - Private Donors	823				823		
The Canadian Red Cross Society	7,927	121,949	8,900		138,776		
The Canadian Red Cross Society (from Canadian Gov	258,318				258,318		
The Netherlands Red Cross	672,584				672,584		
The Netherlands Red Cross (from Netherlands Govern	1,923,913				1,923,913		
The Republic of Korea National Red Cross	109,694				109,694		
United States Government - USAID	0				0	503,439	
United States - Private Donors	25,270				25,270		
White and Case, LLP	24,230				24,230		
World Remit	24,999				24,999		
<b>Total Contributions and Other Income</b>	<b>7,487,498</b>	<b>889,790</b>	<b>8,900</b>	<b>7,560</b>	<b>8,393,749</b>	<b>909,233</b>	
<b>Total Income and Deferred Income</b>					<b>8,393,749</b>	<b>909,233</b>	

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**For IFRC Resource Mobilization and Pledges support:**

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**For In-Kind donations and Mobilization table support:**

- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org); phone: +254 733 888 022

**For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)**

- **IFRC Africa Regional Office:** Fiona atere, PMER Coordinator, email: [fiona.gatere@ifrc.org](mailto:fiona.gatere@ifrc.org)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (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**.