

# DREF operation final report



International Federation  
of Red Cross and Red Crescent Societies

## MOZAMBIQUE: Cholera

DREF operation n° MDRMZ005  
GLIDE n°EP2008-000219-MOZ  
2 June, 2009

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

**Summary:** CHF 82,218.00 (USD 67,855.00 or EUR 52,708.00) was allocated from the International Federation of Red Cross and Red Crescent Societies' (IFRC's) Disaster Relief Emergency Fund (DREF) on 16 November 2008 to support the Mozambique Red Cross (CVM) in delivering assistance to some 500,000 beneficiaries, or to replenish disaster preparedness stocks.

The cholera outbreak registered 11,284 cases throughout the country, and 103 deaths since the first week of November 2008. Nampula, Cabo Delgado, Manica, Sofala and Zambezia Provinces, and Maputo City registered the largest number of cases although in the end the outbreak stabilised.

In response to the cholera outbreak, 1,207 CVM volunteers in ten provinces provided hygiene promotion, social mobilization and door-to-door sensitization and prevention activities, as well as assisting in latrine construction and water treatment. Of these volunteers, 33 worked at the cholera treatment centre (CTC) more regularly supporting activities implemented by OXFAM, UNICEF and the local district and provincial Ministry of Health (MoH) authority. A total of 547,765 people benefited from this operation, with 182,035 benefitting from health and hygiene education, 75,816 reached through home visits, 287,383 from water treatment, 2,377 from latrine construction and 154 from landfills.

The Netherlands Red Cross contributed CHF 29,704 to the DREF in replenishment of the allocation made for this operation. The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments, and ECHO. Details of all donors can be found on <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>



CVM volunteer treating water

[<click here for the final financial report, or here to view contact details>](#)

## The situation

Cholera outbreaks have plagued Mozambique since October 2007, with ten of the 11 provinces reporting cases throughout 2008. Nampula, Tete, Sofala and Maputo Cidade account for most of the 12,219 cases and 154 deaths reported, giving Mozambique a case fatality rate (CFR) of 1.3 percent. Laboratory testing has confirmed the cause of the outbreak to be *vibrio cholerae 01*.

**Table 1:** The CFR per province in 2008

PROVINCES	CASES	DEATHS	CFR%
Maputo	806	13	1.6
Maputo city	1,038	6	0.6
Sofala	1,035	0	0.0
Manica	910	11	1.2
Zambezia	750	8	1.1
Cabo Delgado	384	1	0.3
Tete	1,411	24	1.7
Gaza	842	19	2.3
Niassa	892	18	2.0
Nampula	4,151	54	1.3
<b>TOTAL</b>	<b>12,219</b>	<b>154</b>	<b>1.3</b>

From November 2008 to 28 February 2009, a total of 11,284 cases and 103 deaths (CFR of 0.9 percent) were reported as shown in Table 2 below.

**Table 2:** CFR per province from November 2008 to 28 February 2009

PROVINCES	CASES	DEATHS	CFR%
Maputo	120	1	0.8
Maputo city	1,106	6	0.5
Cabo Delgado	2,256	37	1.6
Manica	1,878	6	0.3
Tete	1,223	14	1.2
Zambezia	795	12	1.5
Nampula	2,808	14	0.5
Niassa	296	6	2.0
Sofala	763	3	0.4
Inhambane	39	4	10.3
<b>TOTAL</b>	<b>11,284</b>	<b>103</b>	<b>0.9</b>
44 out of 144 districts are currently affected			

The MoH with the support of WHO, UNICEF, OXFAM and CVM provided refresher training for provincial rapid response teams (RRT) and conducted training of trainers (ToT) in cholera outbreak investigation and management. A total of 189 technicians in Manica, Zambezia, Tete, Nampula, Cabo Delgado, Sofala and Niassa provinces, including CVM technicians, were trained.

MoH-headed Cholera Task Forces were established to deliver a coordinated response (social mobilisation, water and sanitation, disinfection and primary prevention). The appointment of health authorities as coordinators fostered progress in the revitalization of the provincial technical coordination team (PTCT). The PTCTs developed coordination work plans and scaled-up cholera prevention activities. Meetings took place regularly with all partners to review actions and adjust plans accordingly.

UNICEF provided technical assistance to improve coordination, response planning, surveillance and reporting as well as capacitating CVM volunteers in behaviour change communication initiatives. UNICEF also provided technical assistance and on-site monitoring to strengthen prevention activities and organization within CTCs in the Manica, Nampula, Niassa and Sofala provinces.

Social mobilisation campaigns via radio programmes and debates, multimedia mobile units and theatre activities were scaled-up in cholera-affected areas, particularly in Tete, Cabo Delgado, Zambezia, Manica and Sofala provinces. MoH and health partners allocated internal funds to strengthen surveillance, preparedness and community mobilisation.

## Red Cross and Red Crescent action

CVM provided technical support to its local district branches. So far, more than 60 field visits were conducted to monitor prevention and hygiene education activities carried out by the volunteers. The National Society has set-up more than 14 First Aid posts with functioning sentinel sites in Manica, Tete, Zambezia and Niassa provinces. CVM also submitted a cholera proposal for a total amount of USD 80,000 to WHO and UNICEF to continue the cholera operation in Nampula and Manica Provinces.

### Progress towards objectives

#### Water, sanitation, and hygiene promotion

**Objective: Strengthening of prevention activities in the area of water and sanitation to avoid new cases and further spreading of cholera.**

#### Activities

Interventions included the treatment of 288.4 tonnes of water during the door-to-door visits and at fixed community treatment points. In addition, volunteers dispensed advice on home-based water management, safe storage and effluent removal along with information, education and communication (IEC) material. WHO and UNICEF supported CVM with behaviour change, communication initiatives and prevention activities at the district and provincial level. Low-cost solutions for sanitation and good hygiene practices, such as proper hand washing and hygiene, were demonstrated while sanitation promotion activities including theatre performances, radio messages and the use of mobile units were provided to prevent the further spread of cholera.

#### Impact

CVM, with the support of MoH, UNICEF and WHO, initially mobilized and trained 230 volunteers in the cholera-affected provinces. However, with the spread of cholera to other provinces, a total of 1,207 volunteers were deployed in ten provinces (Maputo city, Inhambane, Sofala, Manica, Tete, Zambezia, Nampula, Cabo Delgado, Niassa and Maputo Provinces). While 33 were deployed at the CTCs, others focussed on community mobilization, door-to-doors campaigns to identify cholera cases, promoting hygiene practices, and constructing latrines and landfills. As a control measure and to prevent the spread of diarrhoeal diseases, CVM volunteers improved 2,377 family latrines and constructed 839 landfills, with the participation of the community. In terms of water chlorination, 287,383 beneficiaries received 288.4 tonnes of treated water. Volunteer assistance during the operation is outlined in table 3 below.

**Table 3:** Volunteer activities during the cholera operation

PROVINCE	INVOLVED VOLUNTEERS	HEALTH EDUCATION		HOME VISITS		WATER CHLORINATION	
		No. of sessions	People reached	No. of visits	People reached	Litres	People reached
Maputo city	40	1,311	11,226	3,256	14,958	99,486	9,779
Maputo	40	05	350	1,839	9,924	66,020	6,489
Inhambane	20	1,179	13,290	1,564	10,412	80,500	7,913
Sofala	377	1,167	21,358	534	2,670	2,260,104	222,154
Manica	125	3,658	22,563	5,020	17,465	107,796	10,596
Tete	76	1,172	15,828	2,059	5,219	94,371	9,276
Zambézia	60	1,146	13,674	2,519	9,909	115,916	11,394
Nampula	344	1,142	8,424	1,059	5,019	69,520	6,833
Cabo Delgado	95	14,813	75,219	0	0	0	0
Niassa	30	0	103	0	240	30,000	2,949
<b>TOTAL</b>	<b>1,207</b>	<b>25,593</b>	<b>182,035</b>	<b>17,850</b>	<b>75,816</b>	<b>2,923,713</b>	<b>287,383</b>

#### Constraints

During the course of the operation a volunteer was killed, 11 injured and 21 had their houses and agricultural plantations destroyed in Nampula Province when an angry population accused the CVM volunteers of receiving money to spread cholera in the community district of Mogincual. Red Cross volunteers were targeted because they received incentives (t-shirts, money, bicycles, etc) without a proper orientation of the community in which they lived.

## How we work

*All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### **Global Agenda Goals:**

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

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

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# International Federation of Red Cross and Red Crescent Societies

MDRMZ005 - Mozambique - Cholera

Final Financial Report

Selected Parameters	
Reporting Timeframe	2008/11-2009/5
Budget Timeframe	2008/11-2009/5
Appeal	MDRMZ005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	0					0
B. Opening Balance	0					0
<b>Income</b>						
<u>Other Income</u>						
Voluntary Income	82,218					82,218
C5. Other Income	82,218					82,218
C. Total Income = SUM(C1..C5)	82,218					82,218
D. Total Funding = B + C	82,218					82,218
Appeal Coverage	#DIV/0					#DIV/0

## II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	82,218					82,218
E. Expenditure	-82,218					-82,218
F. Closing Balance = (B + C + E)	0					0

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		0					0	
<b>General Expenditure</b>								
Other General Expenses		1				1	-1	
Total General Expenditure		1				1	-1	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		76,873				76,873	-76,873	
Total Contributions & Transfers		76,873				76,873	-76,873	
<b>Programme Support</b>								
Program Support		5,344				5,344	-5,344	
Total Programme Support		5,344				5,344	-5,344	
TOTAL EXPENDITURE (D)		82,218				82,218	-82,218	
VARIANCE (C - D)		-82,218				-82,218		