

DREF final report

Mozambique: Floods and Cholera

DREF operation n° MDRMZ008
GLIDE n° FL-2010-000055-MOZ
29 November, 2011

The International Federation of Red Cross and Red Crescent (IFRC) 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 345 207 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 1 February 2011 to support the Mozambique Red Cross Society (CVM)¹ in delivering immediate assistance to some 15 000 beneficiaries over three months.

The southern and central provinces of Mozambique (Maputo City, Maputo Province, Gaza, Inhambane, Manica, Sofala, Tete and Zambézia) experienced heavy rainfall from December 2010 to March 2011. The situation was exacerbated by the rains which were also being experienced in neighbouring South Africa, Zambia and Zimbabwe. The

floods resulted in the displacement of people and destruction of property. There was extensive damage of infrastructure, rendering roads inaccessible. Arable land and crops were also destroyed.

The CVM supported the government through mobilisation and movement of the affected people and their belongings to safer areas in designated relocation camps. The IFRC Southern Africa regional office provided technical support in all aspects of the relief operation. The DREF funds were used to procure and distribute non-food items, provide clean water and sanitation facilities and carry out hygiene promotion and preventative health activities.

Challenges

The objectives of the response operation were achieved through coordinated efforts between the CVM, the government and other partners. However, some challenges were experienced:

- Resistance by the people living in the risky areas to move to safe areas due to the fact that their livelihoods were dependant on the riverbanks (fishing and agriculture along river plains);



CVM volunteers with affected people in Chokwe District

- Insufficient data available due to the challenges experienced by the CVM volunteers in the use of the forms;
- Damage and lack of maintenance of the VHF radio equipment, which hampered the radio communication;
- Late provision of DREF funds, which hampered a speedy response by the National Society;
- Delayed delivery of supply items: The procurement of non-food items and other supplies was made through PIROI (Indian Ocean Platform for Disaster Response Intervention) in the Réunion Islands and sent to Mozambique by sea, through Beira and Maputo Ports. However, significant delays were experienced, with some items arriving as late as May 2011.
- Vehicles at the Provincial District office of Gaza were in bad condition, which caused challenges in the rural environment.

Recommendations

In the future, better and more effective response can be achieved through:

- Organising timely refresher training courses for the volunteers, risk management committees and other technical staff;
- Training provincial secretaries on emergency management, governance, advocacy and decision-making to enable them to:
 - better manage the emergency operation and optimally use resources to achieve greater impact;
 - advocate different partners (NGOs, private sector, government) about CVM's role in the disaster operations. The resource needs of the provincial delegations should be kept adequate and training be provided for better preparedness.
- Maintaining and testing communication equipment, boats, vehicles and water treatment plants regularly for better response during disasters, and sensitising volunteers also about the maintenance issues. Partnership with specialized companies or use of experienced local mechanics could be considered;
- Ensuring that the provincial delegations and district committees collect data that can be used for future programming and institutional planning;
- Pre-positioning aid items strategically along all the disaster-prone zones to enable prompt disaster response. Emergency items, especially the shelter kits and chlorine, should be repositioned along the Limpopo and Zambezi basins;
- Dedicating a budget line to support cluster coordination activities through the DREF mechanism to allow for more flexibility on the part of the National Society and to coordinate efficiently;
- Encouraging the use of shelter kits and using them as an alternative solution to the emergency shelter needs. This allows for more involvement and participation of the beneficiaries in the response process; and
- Involving the CVM management board more actively in the Shelter Cluster leadership, supported by the Disaster Management department and the shelter advisor working in the department.

Finances

Funds to replenish this DREF were supplied by Netherlands Red Cross and Government, Canadian Red Cross and CIDA, Belgian government and Red Cross as well as the Icelandic Red Cross.

Overall, the major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

In addition, about CHF 37 800 was also granted by the Danish Red Cross (DRC) bilaterally, and this support was timely and crucial in enabling the National Society to immediately respond to the disaster.

The IFRC, on behalf of the national society, would like to extend thanks to all for their generous contributions. Details of all contributions to the DREF for 2010 can be found on:

http://www.ifrc.org/docs/appeals/Active/MAA00010_2010.pdf
http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf

and for 2011 on:

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

The situation

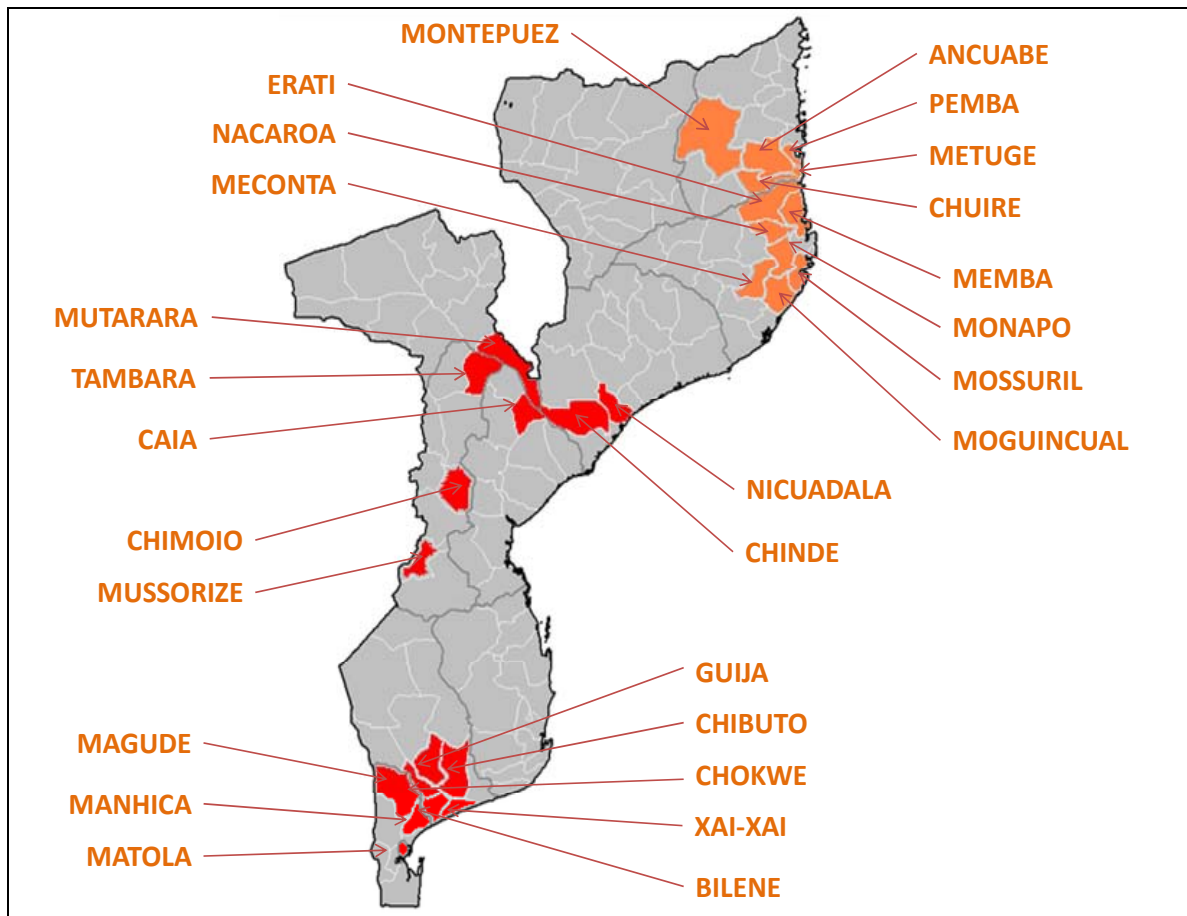
Between October and December, 2010, the country experienced heavy, incessant and above average rainfall in the central and southern regions. The same weather pattern also prevailed in the neighbouring countries, and this increased the discharge into the main rivers of Mozambique. The discharge also exceeded the storage capacity of the few inland dams, thereby increasing the risk of flooding.


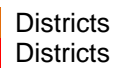
The impact of the rise in the water level in the Zambezi River was felt in the districts of Mutarara, Caia, Tamabara and Mopeia; and the destruction spread to districts of Chibuto, Guijá, Bilene – Macia, Xai – Xai. The floods simultaneously affected both the Limpopo and Zambezi basins. There were also cholera outbreaks in the Central and Northern regions in particular. Earlier on outbreaks had also been reported in Maputo, Zambézia, Manica, Nampula and Cabo Delgado Provinces.

On 25 January 2011, the government of Mozambique declared the red alert due to the floods caused by heavy rainfall experienced along the Maputo, Incomati, Limpopo, Save, Buzi, Pungué and Zambezi River Basins covering the southern and central provinces of Maputo. The National Hydrological Bulletins issued by the National Directorate of Water, put all the major rivers and dams on high alert. These included the Zambezi, Limpopo and Save Rivers and their tributaries, as well as in the Cahora Bassa Dam and Massingir Dam reservoirs. The dams were discharging 1900m³/s and 1400m³/s, respectively.

The map below shows the areas affected by floods and cholera in the southern, central and northern areas of the country. More than 30 000 people were affected in the provinces of Maputo, Gaza, Inhambane, Manica, Sofala, Tete and Zambezia. Over 100 people had to be sheltered in four temporary accommodation centres established by the government. At least 11 people were killed between January and February and 325 cases of cholera reported. CVM, under its contingency plan, prepared its response to assist and support about 3 000 vulnerable households with financial support received from the DREF and the Danish Red Cross (DRC). This was in addition to the material resources provided by PIROI and existing staff on site. The CVM, through its volunteers, district, provincial and headquarters structures in cooperation with United Nations agencies, the non-government organisations and the civil society, reached the affected areas and they contributed to minimising the negative impacts of the disaster to alleviate people's suffering. A preliminary needs assessment took place during the first few weeks, and it was carried out by a multi-sectoral team led by the INGC (Disaster Management Department – a steering committee), which comprised technical people from government, CVM and the humanitarian country team partners.

Figure 1: Areas affected by floods and cholera in the Southern, Central and Northern Mozambique



 Districts affected by Cholera
 Districts affected by floods

In line with the CVM Master Plan on Disaster Management that highlights the importance of gender mainstreaming in emergency situations and in all the phases of the disaster management process, gender issues were considered in the response preparation, damage and needs assessment phase, operation strategy and response operation management.

Summary of the damages and needs identified in the affected areas

There were four casualties and about 23 000 households were directly affected by the floods in the Limpopo basin (Gaza Province). An estimated 20 173 hectares of arable land was lost at national level. Gaza, Maputo and Sofala provinces lost 12 442 hectares, 5 442 hectares and 1 397 hectares respectively. In Sofala access to markets was also cut off at community level as some main and secondary access roads were blocked.

The risk of waterborne disease outbreaks increased due to consumption of contaminated water as drinking water sources had been destroyed and latrines flooded.

The initial assessment was conducted by the Red Cross volunteers and staff from the affected areas. They then who participated in multi-sectoral teams



Affected people trudging through a flooded river

that were assigned to record damages and indentify needs. Multi-sectoral technical teams were sent from CVM headquarters to support the CVM provincial office in Gaza province, the Limpopo basin and in Zambézia, Sofala, Tete and Manica provinces along the Zambezi River. Three technical teams mobilised by the Disaster Management department and approved by GODE (Emergency Operation Group) met a week after the declaration of the red alert. They were deployed to the affected areas to assist the CVM provincial officers in Nampula, Zambezia and Gaza with the needs assessment process.

In the Limpopo Basin, Bilene-Macia, Chokwé, Guijá, Chibuto and Xai- Xai were the most affected districts. Some communities from Chokwé district had no access to health facilities and relief aid. About 23 827 households were affected, and major challenges were experienced with housing, access to water and sanitation.

Table 1: People affected per district along Limpopo River – Gaza Province – 2011 Floods

Province	District	Households	People
Gaza	Guijá	534	1 546
	Bilene	1 154	4 527
	Chokwé	15 129	74 750
	Chibuto	3 675	17 675
	Xai – Xai	3 375	16 858
	TOTAL	23 827	115 356

Source: (HCT, Presentation for donors, February, 2011)

Agricultural land covering almost 12 442 hectares of diverse food crops along the Limpopo basin was destroyed by the floods. The greatest impact was on maize which, being the staple food crop for most households, occupied large tracts of arable land. (FewsNet – Mozambique Food Security Outlook, February 2011.)

Five resettlement centres were established; two in Guijá district and three in Bilene district, and some households from the affected communities in Chokwé district were moved to Bilene resettlement Red Cross centres in Magul, Chicotane and Licilo), since no resettlement centre was established in Chokwé. The main problems identified by the assessment team included the imminent risk of isolation of the centres due to the worsening of floods (limited road access in case of heavy rains), conflicts with the local people, lack of adequate latrines to meet the needs of the resettled households, lack of shelter and access to safe water in the affected areas.

Table 2: Findings of the needs established under the rapid assessment

Code	Intervention areas	Main Needs
1	Shelter and disaster management	Shelter for the resettled people (tents/shelter kits) Mosquito Nets
2	Water and sanitation	Construction of traditional and improved latrines in the resettlement centres, promotion of hygiene and environmental sanitation, distribution of liquid and granular chlorine, and soap in the affected areas and in resettlement centres
3	Health	Information, Education and Communication material (IEC), First Aid bags for volunteers
4	HIV and AIDS	Condoms for the resettlement centres, information on HIV and AIDS and correct use of condoms.
5	Education	School materials for school-aged children in the resettlement centres Psycho-social support for children

Source: Report of the CVM Monitoring Team Mission, Limpopo Basin, February 2011

In Chibuto District, the floods mainly had impact on food crops. Although 12 households were displaced in this district, no resettlement centres were established. Two households were resettled at the *vila do milénio*² and ten households were resettled in Chibuto Municipality.

² Millennium village

The communal agriculture was severely hit. The floods also disrupted traffic and most road access to certain districts. 507 households in Mutarara district were involved in the rapid assessment carried out. According to this, 50 households in Jardim community of Mutarara district were still living in lower areas. The government's Civil Protection Unit (UNAPROC) and Local Disaster Risk Management Committee (CLGR), sensitised the communities in flood prone areas through community radio and the network of CVM volunteers.



Assessment team on the Zambezi

Due to flooding, 1 397 hectares of food crops were lost. The main health problems were related to the lack of access to health services; lack of latrines, broken water sources, resulting in poor quality drinking water from the Zambezi River and its tributaries, as well as poor sanitation, which caused diarrhoea and conjunctivitis (pink eye). The main environmental risk from these floods was soil erosion due to the high intensity of rainfall. The greatest impact was along the steep slopes of the basins and close to riverbanks along the wide lowland of the Gaza province. No schools were flooded and no interruption of lessons was recorded. However, in some regions, some students did not have lessons due to limited road access. In the affected areas, there were volunteers, district committees and First Aid posts, although the volunteers lacked identification equipment and medicine for the First Aid bags.

Areas of intervention and selection of beneficiaries

In the selection of beneficiaries, priority was given to the most vulnerable including pregnant women, woman-headed households, elderly and physically handicapped people and orphans and vulnerable children (OVC) affected by floods.

Almost 23 000 families were affected by the floods. The CVM plan of response, based on the report produced by the multi-sectoral team and on the government and local partners' response capacity, defined a target group of 3 000 households, which corresponds to approximately 13 per cent of the 15 000 people along the whole region affected by the floods.

The selection of intervention areas was made based on the analysis of the CVM intervention effectiveness and efficiency, taking into account vulnerability and existing capacity by using the following criteria:

- The social and economic impact of the floods;
- Affected and resettled people;
- Loss of lives and livelihoods;
- CVM capacity at local level;
- The needs identified in the monitoring and evaluation report; and
- Other partners' interventions.

The following districts were then selected for the floods response interventions: Maputo City, Manhiça, Magude, Guijá, Xai-Xai, Bilene – Macia, Chokwé, Chibuto, in Gaza Province – Southern area, Caia, Tamabara, Mopeia, Mutarara, Buzi and Machanga, in the Central area, and Manhiça, Magude and Matola in Maputo Province.

Red Cross and Red Crescent action

In response to the floods, the CVM, through the provincial and headquarters technical teams and its network of volunteers, developed an action plan which comprised Relief, Shelter, Health and Water and Sanitation interventions in the affected districts.

Achievements against outcomes

Relief distributions (food and basic non-food items)

Outcome: Distribution of relief items: Provide non-food items to 5 000 people (1,000 households) affected by floods within a month and assess future needs.

Outputs (expected results) and activities planned: Refer to Table 3 below.

Table 3: Distribution of non-food items

Items	Anticipated (Qty)	Distributed	Households
Mosquito nets	250	250	125
Kits of second-hand clothes	130	130	130
Jerry cans	800	00	00
Chlorine	15 000	15 000	Data not available
Soap	560	560	280

Source: Report of the CVM Monitoring Team Mission, Limpopo Basin, February 2011

Impact:

CVM distributed non-food items including mosquito nets, clothing, jerry cans, chlorine and soap. Furthermore, any household in the resettlement centre whose tent was destroyed by lightning was given two sets of clothes, one kitchen kit, two blankets, two sets of second-hand clothes, three mats, ten tablets of soap, two kits of school material, one bucket and two jerry cans. Table 4 above summarises the standard distribution list and quantities of non-food items supplied.

Emergency health

Outcome: Reduce the risk of transmittable diseases, including malaria, through community health based activities, with focus on First Aid and community-based health approach.

- **Outputs (expected results) and activities planned:** Distribution of two mosquito nets per household to 500 affected and vulnerable households;
- Establishing of First Aid posts in the affected areas or in resettlement centres;
- Carrying out health education campaigns, with focus on the prevention of diseases such as malaria, cholera and other diseases related to the consumption of poor quality water; and
- Assisting in the printing and distribution of school material, information on health (posters, charts, manuals, et cetera.).
- Monitoring the promotion of hygiene and community based health and first aid carried out by volunteers;
- On-going monitoring of malaria rates and other public health-related risks arising from the floods by CVM and the Ministry of Health.

Impact:

Health interventions are the most important component in natural disaster situations within the Mozambican context, which has a weak network of health services infrastructure, high rates of diseases such as cholera, tuberculosis and a high HIV prevalence. Weak infrastructure, coupled with natural disasters, threaten the existing public health system which would fail to cope given the increased incidences of cholera and malaria.

To mitigate the impact of floods under the health component, the CVM embarked on community based health activities using the Community Based Health and First Aid (CBHFA) approach. There was a cholera epidemic between January and July 2011 which claimed four lives and it further affected 1 254 (MoH – Statistic data, week 27/2011). The affected provinces were Cabo Delgado, Nampula, Maputo Province, and Maputo City. The most critical area was Maputo City where the number of districts affected increased from one to three in two weeks.

Volunteer mobilisation: 334 new CVM volunteers were mobilized in the affected areas. The cholera outbreak occurred mostly in areas where CVM had not been active. A contingency plan for control and prevention of cholera was put in place and 511 volunteers were involved in the cholera-response in the affected districts. The main activities conducted by the National Society since January of 2011 comprised support to the CTC (Centre for Cholera Treatment), water treatment, distribution of rehydration units and community awareness.

The Ministry of Health (MoH) worked together with the CVM, Maputo Provincial branch, and nine CVM volunteers based in the area to undertake activities to prevent the spread of the disease. The activities that were undertaken and beneficiaries are listed in Table 4 below:

Table 4: Disease prevention activities

Province	Health Education		Household visits		Water Treatment	
	No. of sessions	Beneficiaries	No. visits	Beneficiaries	Units	Beneficiaries
Manica Tete Cabo Delgado Maputo Province Maputo City	523	5 091	5 657	28 285	Units of 67 wells chlorinated 14 houses disinfected	9 820 (Families)
TOTAL	523	5 091	5 657	28 285	67 wells	9 820 families

Source: Summary Report by the Health Sector – CVM: 2011 Floods

In addition, regular coordination meetings were organised for planning, implementation and information sharing at all levels with MoH and other partners in the country. CVM was not holding any funds to support the cholera affected areas. Some of the activities were funded by the health projects budget which is, not sufficient to address the demand that cholera interventions require. There is a need to maintain and intensify the community mobilization efforts to identify cases and to treat them in order to curb the spread.

HIV and AIDS

Outcome: Undertake HIV and AIDS sensitisation campaigns on prevention

Outputs (expected results) and activities planned:

- Undertaking HIV prevention activities
- Expand treatment, care and support to OVC.
- Establish community-based projects to support PLHIV.

Impact:

CVM's response plan focused HIV and AIDS prevention campaigns including the distribution of condoms in the resettlement centres. 2 684 condoms were distributed in the districts of Xai – Xai, Chokwé, Bilene – Macia and Guijá e Chibuto.

350 peer educators were trained who further managed to reach 13 509 people. Further, 230 000 people were reached through the IEC activities. 169 persons were referred for VCT services and 320 pregnant women were referred for PMTCT. Prevention interventions provided support to 1 560 people.

OVC services were provided to 3 120 children, while 1 832 and 3 457 children received food assistance and OVC educational support respectively. Material support was also given to 2 456 OVC and an additional 3 097 OVC were given psycho-social support. Red Cross kids and youth clubs reached 346 OVC.

A number of community based projects continued to operate and supported PLHIV. An additional 29 HBC projects were set up, and 595 PLHIV support groups were operating in the country. Four thousand seven hundred and sixty four PLHIV were supported through 551 CHBC care facilitators and volunteers.

Water, sanitation and hygiene promotion

Outcome: Reduce the risk of outbreak of waterborne diseases associated with the quality of drinking water by supplying drinking water, promoting hygiene and proper environmental sanitation for 15 000 people (3 000 households) who had been displaced or resettled in the accommodation/resettlement centres.

Outputs (expected results) and activities planned:

- Assess the coverage of safe drinking water
- Provide drinking water and promote proper hygiene and environmental sanitation for 3 000 households affected by floods and cholera in Maputo, Gaza, Manica, Cabo Delgado and Nampula provinces;
- Carry out volunteer training sessions (Community-led Total Sanitation (CLTS));
- Carry out sensitisation campaigns on hygiene and sanitation and proper use of latrines and assist in the construction of 500 latrines;
- Treat and distribute 180 000 litres of water per day;

- Distribute two jerry cans per family; 1 000 jerry cans in total;
- Undertake hygiene promotion campaigns, with focus on behavioural change; Disinfect infected water sources.

Impact:

The objective of this operation was to reduce the risk of transmittable diseases related to the consumption of unsafe water and poor sanitation resulting from the floods situation. 15 000 beneficiaries, the equivalent of 3 000 households were targeted along the affected basins in Limpopo and Zambezi.



Latrines built in the resettlement centre of Magul – Bilene: Gaza

The majority of latrines in the affected areas along the Limpopo and Zambezi were flooded and collapsed, forcing the local communities (including those who already had latrines in their homes) to resort to defecating in the open. The resettlement centres located on higher areas did not have latrines. Therefore, it was necessary to construct and rehabilitate latrines in the resettlement centres and in the areas affected.

Defecation in the open presents a problem, not only resulting from the destruction of latrines during the floods season, but also an issue of common habits and practices of some communities in Mozambique. Therefore, the sensitisation sessions conducted by the volunteers are an important complementary tool to promote behavioural change in these communities and ensure a shift to the use of latrines at community level. Table 5 below presents data related to the sensitisation sessions carried out by the volunteers.

Table 5: Breakdown of sessions undertaken, constructed latrines and beneficiaries

Province	District	Number of sessions	Number of rehabilitated latrines	Number constructed latrines	Number of beneficiaries
Zambézia	Mopeia	76	170	115	377
Mopeia	Caia		564		data not available
	Machanga				data not available
	Marromeu		972		data not available
	Beira		360		data not available
	Dondo				data not available
	Chibabava				data not available
Gaza	Bilene	67	86	82	1 551
	Chokwé	33	71	79	1 118
	Guijá	16	27	58	775
	Chibuto	33	13	13	2 500
	Xai – Xai	17	45	78	1 033
TOTAL		242	2 308	425	7 362

Source: Summary report provided by the CVM Water and sanitation Sector

Table 6: Number of open wells treated with chlorine

Province	District	Treated wells
Gaza	Chokwé	28
	Guijá	3
	Bilene – Macia	12
	Chibuto	85
TOTAL		128

Source: Emergency Response Report submitted by DP of Gaza – February 2011

Table 7: Sessions undertaken, garbage pits dug and beneficiaries assisted

Province	Districts	Number of Sessions	Number of garbage pits	Number of rehabilitated pantries	Number of pantries built	Beneficiaries
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Zambézia	Mopeia	88	225	345	102	680
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Source: Summary report provided by the CVM Water and sanitation Sector – Floods and Cholera, 2011

About 10 000 litres of treated water were carried every two or three days to each resettlement centre by trucks provided by other humanitarian partners, such as World Vision and UNICEF. This was intended to meet the water needs of an average of 300 households per centre, who had been resettled along the Limpopo basin.

Apart from providing water, the CVM volunteers, in partnership with the provincial and district directors of health, carried out sensitisation campaigns on water treatment with chlorine in the resettlement centres and in the zones affected by floods, as well as a community sensitization campaigns on prevention of transmittable diseases related to the consumption of contaminated water.

In the north of Mozambique, the strategy adopted together with all the cooperation partners and government institutions was the distribution of *chlorine* cans for water treatment due to the previous registered death of volunteers in 2009 as a result of having distributed chlorine in the areas affected by floods and cholera.

Table 8: Quantity of treated water

Province	District	Quantity –Certeza kgs	Treated Water (Litres)	Beneficiary (Households)
Zambézia	Mopeia	193 cans/1 000 litre	193 000	404
Subtotal		193 000	193 000	404
Sofala	Caia	19 400	387 382	Data not available
	Machanga	1 115	22 300	Data not available
	Marromeu	16 830	336 600	Data not available
	Beira	3 200	64 000	Data not available
	Dondo	5 415	108 300	Data not available
	Chibabava	13 500	270 000	Data not available
Gaza	Bilene	2 040	40 800	
	Chokwé	5 970	119 400	3 797
	Guijá	2 711	54 220	122
	Chibuto	2 000	40 000	1 570
	Xai - Xai	15	300	Data not available
Sub – total		12 736	1 443 320	
Total			1 636 302	5 893

Source: Summary report provided by the Water and Sanitation Sector – Floods and Cholera, 2011

Table 9: Number of open wells treated with chlorine

Province	District	Treated wells
Gaza	Chokwé	28
	Guijá	03
	Bilene – Macia	12
	Chibuto	85
Total		128

Source: Emergency Response Report submitted by DP of Gaza – February 2011

In an effort to deliver an effective standardised and integrated sensitisation initiative, construction of latrines and the treatment of water process, an entire community based approach was used, also by other partners at national level, during the 2011 floods response. 20 CVM volunteers in Xai (districts of Xai and Chokwé) were therefore trained on the Community-led Total Sanitation (CLTS) approach.

Emergency shelter

Outcome: Provide proper shelter conditions for the affected people during the emergency period.

Outputs (expected results) and activities planned:

- Participating in the daily meetings of the CTGC (Technical Council of Disasters Management – an inter-sectoral forum moderated by INGC with participation of clusters).
- Participating in the weekly meetings of CENOE infrastructure sectors led by the Ministry of Public Works and Housing, where the WASH, IT, Logistics and Shelter Clusters are integrated.
- Organising Shelter Cluster meetings.

- Drafting weekly reports on the situation, providing information on the shelter needs and activities carried out during the emergency.
- Updating on the shelter immediate needs assessment form (after 72 hours): assisting the infrastructure sector in designing a specific form for immediate needs.
- Shelter kits: the proposal for distributing shelter kits as an alternative to the distribution of tents was presented to CTGC. (The presentation took place at national level in the meetings with CTGC and the infrastructure sector, as well as at provincial level in meetings with COE-Gaza and CENOE-Caia).
- Carrying out field assessment missions: CVM was part of the infrastructure sector technical team that visited the sites affected by floods to assess the situation. Technical assistance was provided to the provincial INGC staff, district and staff from provincial government institutions in the wake of housing and demarcation of plots of land.

Impact:

As in the case of the shelter component of the 2010 floods response, focus was also on the following:

- CVM, as a leader in the shelter cluster, to coordinate the cluster at national level.
- Conducting a workshop on the use of emergency shelter kits.
- Distribute emergency shelter items for 500 affected households (as the last provider of shelter resources)

The response mainly focused on the distribution of shelter kits, whose contents consisted of one claw hammer, one handsaw, one tent; tie wire, 20m of a nylon rope, one pair of pliers, one machete, one hoe, a shovel, 1kg of nails for roof sheet and 1kg of standard nails.

Since early 2010, CVM, together with UN-HABITAT, have effectively assumed leadership of the cluster. CVM is responsible for coordinating the shelter group during the emergency preparation and response phases, and UN-HABITAT is responsible for coordinating the development phase. Only an initial meeting was carried out, because the majority of the members advised that they would only participate if the situation were to worsen. Therefore, issues relating to the coordination of emergency shelters were discussed during the National Emergency Operation Centre infrastructure sector meetings. The reports were shared with the shelter cluster members and the IFRC.

The response to this year's floods gave CVM some visibility, and CVM's important role as a humanitarian actor in the national context of providing response to the shelter needs and coordination of the emergency cluster was acknowledged. CVM was overwhelmed with distribution of shelter items, technical assistance to government institutions, and the assistance provided by a wide range of volunteers in helping the most vulnerable.

The good level of preparation by the National Society in addressing the needs of this sector drew ample attention immediately after the disaster. The NS had almost 4 000 shelter kits pre-positioned to support the same number of households affected by the natural disasters, from which about 1 000 kits were provided to support the affected households in the Limpopo region.

Another issue to be highlighted is related to the fact that both the government and the partners embraced the initiative of using shelter kits as an alternative response to the shelter needs in an emergency situation. The government's and partners' satisfaction in relation to the use of the shelter kits has diverse economic advantages; practices were presented during the meetings at CTGC (Technical Council of Disasters Management) and Humanitarian Country Team – which was displayed by their openness in being willing to obtain and pre-select the shelter kits as alternative response material in emergency situations. However, caution needs to be exercised with regards to the disposal and environmental impact of the kits.

Although all the work undertaken by the National Society with regard to the introduction of the concept of a shelter kit in the country and their distribution to the affected people was successful, it is important to highlight the fact that DREF did not provide funds for the “training on the use of shelter kits” component, and this lessened the efficiency of the initiative to some degree.

Training volunteers on the use of the shelter kits would allow them to render direct support to the most vulnerable beneficiaries in the community on how to effectively build temporary shelters, ensuring that other affected households would be able to use these model houses and construction techniques as examples to be replicated at community level, thereby maximising the advantages of the kit at beneficiary level.

The distribution of shelter kits was only focused on the areas affected by floods along the Limpopo basin where the majority of people lost houses or they were partially destroyed. This caused the affected households to move to the accommodation or safe resettlement centres in most cases.

Xai-Xai, Bilene, Chokwé, Guijá and Chibuto districts, in the Gaza province, were the worst affected. In these districts, five resettlement camps were created, and a total of 200 tents were distributed, as well as almost 791 shelter kits.

Table 10: distributed kits and beneficiary households

Districts	Resettlement Centres / Bairros	Anticipated (Shelter Kit)	Distributed (Shelter Kit)	Beneficiary households
Bilene	Magul	112	25	25
	Chicotane	138	88	88
	Licilo	134	87	87
		384	200	200
Guijá	Dotane	79	42	42
	Tomanine	40	22	22
		119	64	64
Xai-Xai	Xilaulane	107	107	107
	Muwawassa	67	67	67
	Nhacutse	153	153	153
		327	327	327
Chokwé	Mavassa	42	42	42
	Hokwé	146	146	146
	6º Bairros	12	12	12
		200	200	200
Total		1 030	791	791

Source: Monitoring Report of the CVM Technical Team – February/March 2011

The discrepancy in Table 10 above results from a process of analysis, assessment and triangulation of the data collected during the beneficiaries targeting phase. The previously presented lists had a number of beneficiaries who were not eligible under CVM criteria for the distribution of shelter kits.

In addition to the remarkable intervention with shelter kits in the shelter component, during the early days after the floods, the response along the Limpopo basin mainly focused on the distribution of family tents. One hundred and ninety one tents were distributed as presented in Table 11 below.

Table 11: Number of tents distributed and beneficiary households

Province	Districts	Distributed by CVM (Tents)	Distributed by INGC (Tents)	Total of distributed tents	Beneficiary households
Gaza	Bilene	90	22	112	496
	Guijá	60	91	151	267
	Chibuto	20	0	20	20
	Chokwé	21	0	21	21
	Xai – Xai	0	51	51	51
	Maputo City	09	data not available	data not available	09
	Total	200	164	355	813

Source: Adapted from a summary report provided by DP from Gaza Province

There were initially not enough tents to accommodate all the households, and tents were distributed to men, women and children separately. Other partners' lack of preparedness was visibly noticeable at national level, as they did not have pre-positioned shelter material. Only the CVM and the National Institute for Disaster Management already had small quantities of pre-positioned tents to support vulnerable households in case of disasters.



Distribution of shelter kits – Gaza



Shelter built with the shelter kit

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Click here

1. Final financial report (remaining funds CHF 30,029 returned to DREF) **[below](#)**
 2. Click **[here](#)** to return to the title page
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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

www.ifrc.org
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
-

MDRMZ008 - Mozambique - Floods

Appeal Launch Date: 31 jan 11

Appeal Timeframe: 31 jan 11 to 30 apr 11

FINAL

Selected Parameters	
Reporting Timeframe	2011/1-2011/8
Budget Timeframe	2011/1-2011/4
Appeal	MDRMZ008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	345,208					345,208
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	345,207					345,207
C4. Other Income	345,207					345,207
C. Total Income = SUM(C1..C4)	345,207					345,207
D. Total Funding = B + C	345,207					345,207
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	345,207					345,207
E. Expenditure	-315,178					-315,178
F. Closing Balance = (B + C + E)	30,029					30,029

International Federation of Red Cross and Red Crescent Societies

MDRMZ008 - Mozambique - Floods

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FINAL

Selected Parameters	
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Budget Timeframe	2011/1-2011/4
Appeal	MDRMZ008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		345,208					345,208	
Relief items, Construction, Supplies								
Shelter - Relief	60,928	48,926				48,926	12,002	
Clothing & Textiles	30,426	23,144				23,144	7,282	
Water, Sanitation & Hygiene	37,210	4,760				4,760	32,450	
Medical & First Aid	47,755						47,755	
Teaching Materials	3,000						3,000	
Utensils & Tools	49,750	9,634				9,634	40,116	
Other Supplies & Services	3,000						3,000	
Total Relief items, Construction, Supj	232,069	86,464				86,464	145,605	
Logistics, Transport & Storage								
Storage	5,600	1,882				1,882	3,718	
Distribution & Monitoring	23,009	8,592				8,592	14,417	
Transport & Vehicles Costs	13,122	4,021				4,021	9,101	
Total Logistics, Transport & Storage	41,731	14,495				14,495	27,236	
Personnel								
International Staff	2,050	9,302				9,302	-7,252	
National Staff	11,350	55,451				55,451	-44,101	
National Society Staff	13,530	5,376				5,376	8,154	
Volunteers		135				135	-135	
Total Personnel	26,930	70,263				70,263	-43,333	
Workshops & Training								
Workshops & Training	4,227	10,039				10,039	-5,812	
Total Workshops & Training	4,227	10,039				10,039	-5,812	
General Expenditure								
Travel	2,299	6,852				6,852	-4,553	
Information & Public Relations	8,515	13,924				13,924	-5,409	
Office Costs	3,000	1,586				1,586	1,414	
Communications	4,519	882				882	3,636	
Financial Charges	849						849	
Other General Expenses		5,426				5,426	-5,426	
Total General Expenditure	19,183	28,671				28,671	-9,488	
Contributions & Transfers								
Cash Transfers National Societies		86,009				86,009	-86,009	
Total Contributions & Transfers		86,009				86,009	-86,009	
Indirect Costs								
Programme & Services Support Recov	21,069	19,236				19,236	1,833	
Total Indirect Costs	21,069	19,236				19,236	1,833	
TOTAL EXPENDITURE (D)	345,208	315,178				315,178	30,031	
VARIANCE (C - D)		30,031				30,031		