

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Mozambique

Appeal No. MAAMZ001

20/04/2008

This report covers the period of 01/01/2006 to 31/12/2007 of a two-year planning and appeal process.



A basic health unit established by Mozambique Red Cross and its partners during the emergency response operation at a hospital in Vilankulos, which was damaged by a tropical cyclone 'Favio'. Approximately 15,000 patients were attended to during the emergency operation. **(Mozambique Red Cross)**

In brief

Programme summary: Mozambique Red Cross¹ (CVM) prioritized response to emergencies in order to meet the immediate needs of people affected by disasters such as an earthquake in February 2006, cholera outbreak in April 2006, flooding in January 2007, tropical cyclones in February 2007 and munitions explosion in March 2007. Through responding to the recurrent disasters, the National Society (NS) has gained experience in the provision of temporary shelter, relief items, clean water, sanitation facilities, health education and hygiene promotion, supported by a wide network of volunteers. With support from the Federation and Partner National Societies (PNS), CVM has developed an efficient and effective disaster response mechanism, which has earned it credibility among the stakeholders, since the devastating floods of 2000 and 2001.

In 42 resettlement areas, seven health staff and 740 volunteers demonstrate their commitment to assisting the vulnerable and disaster affected population (277,000 people affected by floods, cyclone and cholera), through relief distribution, community-based first aid and establishment of first aid post, hygiene promotion, health education and social mobilisation.

A recovery plan of action has been finalized and CVM is seeking additional funds to support rehabilitation and recovery activities in floods and cyclone affected areas. The plan of action seeks to restore and improve the living conditions of the most vulnerable people and priorities include the provision of shelter for displaced populations; increased access to health and care services through

¹ In Portuguese is Cruz Vermelha de Moçambique

training of volunteers, provision of first aid equipment and establishment of first aid posts; sustainable water supply and sanitation facilities through drilling and rehabilitation of water points (bore holes), latrines and hygiene promotion campaigns; enhancing the early warning system and developing risk reduction and/or mitigation projects.

Due to the recurrent emergencies, donor funding support was mainly focused on disaster response operations, to the detriment of long-term programmes (outlined in the 2006 – 2007 Appeal), which received limited support. However, progress was remarkable under the bilateral and multilateral projects, particularly at provincial level.

Goal: To build and strengthen CVM capacity in order to facilitate scaling-up of health and care, disaster preparedness, response and risk reduction, promotion of Humanitarian Values and capacity development activities, through efficient coordination, cooperation and strategic partnerships at all levels.

Needs: Total 2006-2007 budget CHF 4,187,088 (USD 3,191,375 or EUR 2,705,711) (out of which 26 % covered). The appeal has been revised to include CHF 215,000 from the Norwegian Red Cross for the rehabilitation of the health facilities in Vilanculos district, which were severely damaged by a tropical cyclone in February 2007.

Click here to go directly to the attached financial reports:
[report 2006](#) [report 2007](#) [report 2006/2007](#)

No. of people we help: CVM reached approximately one million people (direct and indirect beneficiaries) during the reporting period. Beneficiaries belong to the lowest social categories with poor economic situation due to limited income opportunities.

Our partners: Support to this appeal was received from the British government through the British Red Cross, Norwegian government through the Norwegian Red Cross, and Finnish Government through the Finnish Red Cross. The Mozambique Floods and cyclone appeal (MDRMZ002) received financial support from American, Austrian, Belgium Flanders, Canadian, Danish, Finnish, French, German, Hong Kong, Icelandic, Irish, Japanese, Liechtenstein, Luxembourg, Monaco, Netherlands, Norwegian, Spanish, Swedish and Turkish Red Cross Red Crescent Societies. Also from ECHO, DFID, Great Britain private donor and some on-line donations. Other partners supporting through bilateral and multilateral means include; ICRC, WFP, National Aids Council and Disability Development Partners and the government. The National Disaster Management Institute (INGC) coordinated the all the emergency response operations at national level.

Current context

Mozambique succumbed to a number of disasters for most part of the reporting period. In February 2006, an earthquake of magnitude of 7.5 on the Richter's scale with epicentre in Maputo Province caused four deaths, injured hundreds and destruction of infrastructure particularly buildings and houses build from local material such as wood poles, mud and grass.

During the same quarter, a cholera outbreak was reported in Sofala, Manica, Zambezia and Nampula provinces with a cumulative 3,800 cases and eight deaths. Cholera is endemic in the country mainly in slums and rural areas without adequate supply of clean water and sanitation facilities.

Torrential rains in December 2006 throughout southern Africa led to overflowing of major rivers and caused localised flooding in central and southern parts of Mozambique. Sofala, Zambezia, Manica and Tete Provinces were the most affected. Approximately 163,000 people were displaced and over 100,000 made completely homeless.

The floods were followed by a tropical cyclone 'Favio' that hit Vilankulos district in Inhambane Province and displaced approximately 133,670 people and caused nine deaths. The cyclone also caused destruction of infrastructure and public facilities, seriously damaging Vilankulos rural hospital, particularly the maternity, surgical theatre and HIV and AIDS departments. A considerable amount of antiretroviral drugs were destroyed putting the people on treatment at risk

On 22 March 2007, a series of explosions occurred in an arms depot located in the Malhazine residential area, of Maputo. The explosions, which lasted for four hours, launched rockets from the arms depot into nearby densely populated slum areas, killing 101 people and injuring approximately 500 civilians.

In addition to the recurrent emergencies, Mozambique still suffers from high poverty levels and shortages of food in some drought stricken areas. Although the government is committed to increasing public expenditure, it has decided in its Health Development Plan (2004-2008) for 11 provinces (Plano de Investimento Provincial da Saúde) not to increase the number of health facilities due to inadequate funding support and shortages of trained personnel. The government chose to strengthen service delivery at the existing facilities; as a result health services have been limited in a number of remote rural communities.

Humanitarian assistance is still needed to help improve the provision of clean water and sanitation facilities, primary health and care services. More resources are also needed to further strengthen early warning systems, community resilience to the effects of natural disasters, and basic education on climate change.

Progress towards objectives

Health and Care

Objective: The incidence and impact of major health problems on the vulnerable population in 11 provinces and 25 districts is reduced by December 2007.

Achievements

CVM's health and care objective is in line with the International Federation of Red Cross/Red Crescent Societies health care objectives for Africa adopted in Algiers Plan on Action: *Making a major difference to the health of vulnerable population in Africa and Responding to the HIV and AIDS pandemic as an unprecedented humanitarian and development disaster in Africa, by scaling-up the response in terms of advocacy, prevention, care and mitigation.*

In response to the cyclone disaster, which destroyed the health facilities in Vilankulos district, a basic health and care Emergency Response Units (ERU) was deployed to ensure continued provision of regular services at the district hospital. The ERU basic health care unit was set-up to support the health authorities through the provision of out-patient care, mother and child health care, maternity, vaccination and joint mobile outreach services. These activities complemented the services offered by Vilankulos hospital, which include surgery, in-patient care and diagnostic services. The basic health care ERU facility served approximately 15,000 people during the emergency phase. The project was financially supported by the Norwegian Ministry of Foreign Affairs, ECHO, Norwegian and Canadian Red Cross Societies. As of August 2007, the basic health care unit continued to function as a temporary medical facility under the management of the Ministry of Health (MoH).

The community-based first aid was at the centre of volunteers' activities during the emergency operations. In Vilanculos, Govuro and Inhassoro (during floods and cyclone operations), 740 trained volunteers assisted local communities with social and psychological support, providing basic health care, supporting MoH with epidemiological data collection at the first aid posts, and conducting intensive hygiene promotion campaigns to prevent the spread of water-borne and other diseases. The long-term health and care programme activities continued on a very small scale, as the trained volunteers were heavily involved in the emergencies.

Under the long-term health and care programme, CVM volunteers were active during the Roll Back Malaria programme and conducted community education on malaria awareness, early treatment, distribution and promotion of mosquito nets. The project started in 2006 and is funded by the Norwegian Red Cross through the Federation, in cooperation with the American and Belgium Red Cross Societies bilaterally.

In 2007, CVM started training volunteers in community-based DOTs (Direct Observation Therapy Strategy) with support of the MoH in three provinces. The NS increased its involvement in tuberculosis (TB) control through working in partnership with the MoH and the National TB Control Programme (NLTP). In HIV and AIDS, the emphasis was on prevention activities, thus aimed at increasing awareness and influencing change in sexual behaviour and practices. The general knowledge of HIV and its transmission is very limited, especially among the most vulnerable rural population. Therefore, CVM targeted the traditional birth attendants, local leaders and traditional healers and sensitised them on HIV prevention, based on that they are influential in behaviour change.

Water and Sanitation (WatSan)

Objective: Establishment of sound, sustainable water supply, sanitation and hygiene promotion services to a vulnerable population in Malema and Ribawe districts in Nampula province by 2009.

Achievements

The WatSan programme expanded in terms of coverage and funding in response to the growing long-term and emergency demand for clean water and sanitation facilities. The British Red Cross in collaboration with Nestlé supported the WatSan programme implemented in Ribawe district in Nampula Province. The government statistics reflects that the project area as the lowest safe water coverage of 17%, hence CVM decided to concentrate its efforts in the district. The overall objective was met and the target communities improved on access to clean safe water, which is now at a reasonable distance (less than 500 metres)² from the houses. A total of 28 new water points were constructed and 11 rehabilitated.

Community participation was ensured through the established water committees in 32 communities. The members were chosen by the communities and trained under the community-based management training curriculum to maintain water-points and conduct hygiene promotion. The community mobilization process resulted in beneficiaries increasing ownership evidenced by a 100 USD (equivalent in local currency) contribution for the maintenance of the water points.

The planned sanitation facilities were constructed and hygiene promotion conducted by 20 volunteers trained on Participatory Hygiene and Sanitation Transformation (PHAST). Access to sanitation facilities was improved based on the cultural needs i.e. the latrines were designed according to the local traditional pit latrine and improved by providing 400 families with sanitary platforms (SanPlats); which enhance hygiene and safety. Each family contributed in construction of own latrine and ensured the proper use and maintenance.

CVM supported by the Federation Zone office, Finish and Norwegian Red Cross Societies processed an application through the Federation Global WatSan Initiative to the European Union (EU) for funding supporting to scale-up WatSan activities for three years (2007 to 2009). The proposed programme is in line with the Water Supply and Sanitation (WSS) of the Millennium Development Goals and Federations Global WatSan Initiative (GWSI).

Constraints or challenges

- The main challenge was on the transportation of construction material to the project sites due to cost, distance and in other cases inaccessibility. Bad and damaged roads between Nampula and Ribawe made transportation difficult, which affected deliveries of material and efficiency in monitoring activities. The NS is looking at strategically pre-positioning water-points and latrine construction materials in project areas, in order to improve the implementation process.

Disaster Management

Objective: CVM capacity to respond to disasters is strengthened to reduce vulnerability of communities in disaster prone areas.

Achievements:

CVM and its partners played an essential role in preparing communities to mitigate the impact of disasters and in restoring livelihoods of the affected population. For most part of 2006 – 2007 operating period, regular long-term programmes were deferred as the staff and volunteers worked around the clock distributing relief items, providing basic health care in emergencies. Nevertheless, CVM has gained experience in disaster response operations and coordination of particular sectors such as shelter and health in emergencies.

In disaster preparedness, CVM utilised the National Early Warning System in preparing the communities to mitigate the impact of floods and cyclone. The community members in disaster prone areas were trained on the *three-tier coloured early warning system*, community risk mapping, identifying escape routes and so on).

It contributed to the achievements of the preparedness and response operations in 2007 - the relatively low impact on human life, compared to devastating floods in 2000 and 2001, which killed 700 people. The volunteers were actively involved in the dissemination of messages during the early warning system campaign, coordinated by the government. Local disaster committees (established through the Red Cross programme) successfully used methodologies recommended at the community-based disaster preparedness training, in sensitising communities on the forecasted disasters. As a result the impact was reduced despite that the magnitude of the floods was bigger than in 2002.

Therefore, in maintaining pre-existing disaster preparedness capacity, CVM started replenishing and pre-positioning non-food relief items including blankets, tarpaulins and used clothes, kitchen sets, buckets, jerry cans, sleeping mats, plastic sheeting and family tents at strategic and convenient places in most vulnerable provinces.



The government's cyclone early warning system (EWS) – *three-tier coloured early warnings system* established in November 2002 plays a vital role in preparing people to mitigate the impact of cyclones. EWS is used by the volunteers during community sensitisation. **(Mozambique Red Cross)**

The long-term disaster management activities continued, although at a slow pace. The disaster risk reduction (DRR) project emphasised on the reduction of the impact of natural hazards on vulnerable communities through identifying and promoting effective community resilience; building effective disaster response mechanisms. The DRR projects facilitated the establishment of disaster management committees, which include community members and Red Cross volunteers and play a crucial role in mitigation, preparedness and response mechanism.

The DRR projects also facilitated vulnerability and capacity assessments (VCA) in target communities. Findings from the VCA enlightened on the level of vulnerability and are useful in developing disaster management programme.

Linked to the DRR projects, CVM implemented a climate change project in Gaza Province, with emphasis on adaptation and mitigation measures. The volunteers disseminated climate change messages, educating farmers about the basic science on climate change (including the longer-term impacts). Technical support on climate change initiatives was provided by the Netherlands Red Cross and the Federation Zone disaster management department.

Constraints or challenges:

- The emergency response operations derailed the implementation of the planned long-term activities, such as the establishment of the climate change unit and the development of the disaster risk reduction (DRR) programme. However, CVM increased its capacity in emergency operations particularly at provincial levels. This is evidenced by the increase in donor agencies willing to partner with CVM during emergencies.
- Red Cross staff and volunteers faced extreme logistical challenges as they sought to provide assistance across huge tracts of land cut-off by flood waters, and only accessible by boat or helicopter.

Organisational Development

Objective: CVM structure, systems and human resource skills have been strengthened at all levels in order to increase its capacity for sustainable and quality service delivery.

Achievements:

The increased involvement of staff and volunteers in emergency disaster response has had a positive impact on the overall disaster management capacity. Direct involvement in the emergency response has expanded the skills and knowledge at branch level. The response operation also enabled the Regional Disaster Response Team (RDRT) trained staff to put into practice skills learnt, as well as providing an opportunity for the NS to review its strengths and weaknesses in disaster response.

In order to maintain and promote voluntarism, CVM ensured training of volunteers, conducted periodic volunteers' meetings, disseminated principle and values and provided with protective and visibility clothing as part of their incentives. More importantly was the focus on efficient distribution of workload among volunteers in order to avoid fatigue and overworking volunteers. In an effort to keep record of the volunteers and improve on management and motivation, CVM started working on a database, which will facilitate documentation and updating of information of volunteers.

CVM recognised the work of its volunteer network during the commemoration of the Red Cross Red Crescent Day, where volunteers were presented with certificates in honour of their commitment and hard work. Some of the volunteers received certificates for their involvement in disaster response in the aftermath of the ammunition depot explosions.

The involvement of the youth in community development and during emergency operations was commendable throughout the reporting period, thus the NS would build on their capacity for futuristic initiatives. The volunteers also participated at a national youth camp, which provided a forum for volunteers to exchange experiences, review successes and challenges during the disaster response operations. The organisational development department was involved in lobbying for the establishment of a National Youth Committee and a CVM youth logo.

A self assessment was conducted to review organisational development and identifying areas in need of capacity building, in preparation for a twinning with the Kopavogur branch of Icelandic Red Cross. A project to twin Dondo branch in Sofala province and Kjos district branch of Icelandic Red Cross is also underway.

Humanitarian Values

Objective: Increased understanding of the Fundamental Principles, Humanitarian Values and CVM's mission amongst its staff and volunteers, various target groups and the general public.

Achievements:

CVM paid special attention to the dissemination of the Fundamental Principles, particularly on voluntary service and humanity in both emergency and long-term programmes. In addition, the NS strove to build a better understanding of the principles and the role of the International Red Cross Red Crescent Movement in emergency situations.

Working in partnership

CVM has the biggest number of Red Cross Red Crescent partners mainly for bilateral projects. The Movement partners have hence formed a coordination forum where partners meet to discuss issues on programme and support to the NS. In 2006 and 2007, CVM was host to American, Austrian, Belgian-Flanders, British, Danish, Finnish, Germany, Icelandic, Netherlands, and Spanish Red Cross Societies.

In response to the floods in 2007, the five emergency response units (ERUs) were deployed to Mozambique to provide technical expertise and increase local capacity to meet urgent humanitarian needs in the field of health, water sanitation, relief, logistics and telecommunications. The Federation Zone office in southern Africa provided technical support through the deployments of RDRT members, general support with administration, financial management and resource mobilisation. Strategic task forces were also established to ensure coordination and avoiding duplicating efforts.

The government through the INGC under the Ministry of State Administration (MAE) coordinated all emergency response operations. INGC is recognised by the Real Time Evaluation as “the very model of an ideal National Disaster Management Institute”, playing a strong coordination role during the international humanitarian response.

Contributing to longer-term impact

Through both regular and emergency related activities, CVM met the objective under its mandate of assisting and improving the lives of the most vulnerable people. The programmes are designed to meet the Millennium Development Goals and are aligned to the Federation Global Agenda's goals and NS strategic development plan.

Adherence to the SPHERE minimum standards has been respected throughout emergency operations. The same standards are maintained during the recovery and rehabilitation phase to ensure sufficient and sustainable service provision. In addition, the involvement of youth in volunteer work will ensure consistency in emergency operations.

The NS took conscious effort to ensure gender mainstream and equity throughout long-term programmes and emergency operations. For example, in WatSan projects, the water committees that ensure maintenance and sustainability of water points include the participation of women, since they are the group normally responsible for collecting water. In community home-based care, initial contact with beneficiaries includes interviews to identify the different needs and possible support mechanisms of gender specific groups. Projects to support OVC concentrated on ensuring that the girls attend school. Keep Up Malaria project focuses on providing assistance to the most at risk groups in terms of provision of malaria and immunisation, thus children and pregnant women.

Looking ahead

CVM in looking at capitalising on experience and knowledge gained through disaster response operations by documenting lessons learnt and updating its internal protocols in emergency situations, (designed during the contingency planning workshop held in 2006). In addition, CVM seeks to build on the positive image of Red Cross and strengthening the existing relationship with the INGC and other government agencies. In addition, to encourage further integration of community-based disaster management approaches into a national strategy.

CVM has realised the need to include disaster management as a cross cutting issue in all its programmes, in order to increase its capacity in response to emergencies, at the same time maintaining implementation of long-term programmes. CVM is also developing a disaster management master plan to guide the implementation of activities across the country.

CVM is now exploring longer-term options for collaboration beyond the scope of the emergency response phase. The NS will ensure restocking of relief items, strategically in disaster prone provinces, at the same time strengthening volunteer mobilisation and promotion.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

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

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