

**MOZAMBIQUE,
BOTSWANA,
SWAZILAND,
ZIMBABWE:
FLOOD
REHABILITATION**

**Revised Appeal no:
04/2000
(revision no. 3)
10 April, 2000**

***THIS REVISED APPEAL CONSOLIDATES THE RELIEF AND
REHABILITATION PHASES, SEEKING CHF 19,470,041
IN CASH, KIND AND SERVICES
TO ASSIST 140,600 DIRECT BENEFICIARIES AND 225,000
INDIRECT BENEFICIARIES FOR 12 MONTHS***

***This budget is increased from CHF 10,499,231 to a total of CHF 29,964,273.
The programme is extended from December, 2000 to March, 2001.***

Summary

Responding to the immediate emergency needs provoked by flooding in Mozambique and Botswana, the International Federation launched Appeal 04/2000 on 11 February 2000 for CHF 2,800,000. In view of the evolving nature of the disaster, the appeal was revised on 25 February, 2000 with a particular focus on Swaziland, and reflecting a revised total budget of CHF 4,667,312. With the situation in the region continuing to worsen, the Federation adjusted to the operational needs by issuing revision no. 2 (including Zimbabwe) on 2 March, 2000, reflecting a total revised budget of CHF 11,346,464.

Based on a recent series of assessments, this revision (no. 3) presents the rehabilitation needs in the four countries affected. While the overall approach continues to be regional in nature, to facilitate operational and programme management, as well as reporting and donor support, Plans of Action and respective budgets are presented separately. The regional and country-specific capacity building components of this appeal are complementary to the more detailed strategies presented in the Federation's Appeal 2000-2001: *Building Capacities to Serve the Community*.

The Disaster

Cyclones Connie and Eline hit southeastern Africa on 4-7 and 22-23 February respectively, producing heavy rains and strong winds throughout the region, causing overflowing rivers and pressure on dams, and resulting in widespread flooding in large areas of Mozambique, Swaziland, Botswana, Malawi, Zimbabwe, and South Africa. Latest figures reflect over 1,000 casualties from the cyclones and resulting floods, with more than two million people estimated to have been affected throughout the region. Main road and rail lines were severed, with widespread damage to other infrastructure, boreholes, wells, and piped water systems. Cultivated land was destroyed, causing fears that severe food shortages will occur in the longer term. In each of the affected countries, the Federation has coordinated the relief response with the respective National Societies, as well as with UN agencies and NGOs.

The International Federation's first priority in the affected countries focused on rescuing marooned people, then providing basic relief assistance. To respond to the disaster and to support the Mozambican Red Cross Society (MRCS or CVM) and the Botswana Red Cross (BRC), the Federation launched an appeal on February 11, and later extended it to Swaziland and Zimbabwe following an expansion of the affected area.

Initially, many of the flooded areas were difficult to reach, with air lifting of food and other required items the only viable way to reach victims. Health interventions focused on the danger of outbreaks cholera and malaria, as well as other water-borne diseases.

In Mozambique, the flooding has dislodged mines, increasing the danger to displaced and returning populations. As a result, de-mined areas may now be unsafe again, and dedicated mine awareness campaigns have been initiated and reinforced.

MOZAMBIQUE

The Response so far

Government Action w

On 22 February the government launched a Mozambique Floods Appeal for US\$ 65,000,000, and on 23 March the Mozambique Government revised and expanded its appeal to US\$ 102 million. Funds are being sought to assist 650,000 internally displaced people over 6 months (463,000 of whom live in 121 accommodation centres) in the provinces of Maputo, Gaza, Sofala, Inhambane, Manica and Tete. The original appeal of 23 February did not anticipate the destruction caused by the serious flooding which took place during the weekend of 26-27 February.

Red Cross/Red Crescent Action

MRCS volunteers are assisting displaced populations at the following accommodation centres:

Province:	Centres with Red Cross volunteers	Active volunteers
Maputo City	7 (all)	39
Maputo Province	17 (all)	85
Inhambane Province	1	10
Gaza Province	5	89
Sofala Province	3 (all)	57
Manica province	3 (all)	32

The MRCS volunteers have been or are involved in the following areas: rescue and relief, risk warning, provision of first aid (43,322 beneficiaries), health education (34,237 beneficiaries), chlorination of water (68,247 beneficiaries), building of latrines, psychological support, fundraising, distribution work.

Special attention is paid to the needs of vulnerable elderly, women and children, many of whom have been made destitute. In early March, the Federation strengthened its team to better assist the Mozambique Red Cross especially in the areas of logistics and relief. A joint Federation and PNS assessment and coordination team was set up at the start of the operation with excellent support from the Norwegian, German and American Red Cross Societies. Relief support has focused primarily on non-food distributions to flood affected persons. In Sofala province, the Beira sub delegation, generously resourced by the British Red Cross Society, has supported nearly 2,500 families with blankets, soap, plastic sheeting, tents, seeds and agricultural tools. In the provinces of Maputo, Maputo City, Gaza and Inhambane, an estimated 15,000 families (100,000 persons) have received similar items while several thousand kitchen sets, Oral Rehydration Salt (ORS) packets, and hundreds of thousands of water purification tablets were distributed.

Two water and sanitation delegates were deployed to Mozambique on February 7th. In the following five weeks, interventions were implemented in the suburban areas of Maputo City and also in the Chokwe, Cheaquelane, and Macia area of Gaza province. In the Maputo suburb of Polana Canico, 8 temporary water points using trucked sources and reconnected main water supplies were set up. Also, 100 latrines were constructed at various accommodation centres. Chlorine was distributed through MRCS volunteers. An aerial survey of the lower Limpopo river basin was conducted with UNICEF, followed by the distribution of medical supplies by MRCS/CVM health volunteers flown in by helicopter. After ground assessment of Gaza province with UNICEF, Oxfam and government authorities, 266 communal latrines were built and 10 water points were rehabilitated. Presently, monitoring and maintenance of handpumps, boreholes, shallow wells and communal latrines continues. Construction of 100 latrines at the Magoanine permanent resettlement site has started.

A Federation Medical Doctor is supporting the MRCS epidemics prevention and health promotion campaigns in the Cheaquelane camp, actually the largest concentration of people displaced by the floods (over 80,000 people).

During the first week of April, the American Red Cross water & sanitation delegate participated in a detailed assessment, fixing quantified needs in water and sanitation for the whole of Maputo province (exclusive of the capital).

The Spanish Red Cross water and sanitation team has been active in providing safe drinking water to flood affected populations in a variety of locations.

Delegates from the German Red Cross Society arrived in Maputo on March 1 and 4 and immediately assisted in the distribution of tents, blankets and kitchen sets in close cooperation with the Federation. A boat instructor started the immediate training of 20 MRCS volunteers who have been active since that date in water rescue using 8 boats brought in by the team. Two German Red Cross donated trucks are based in Chibuto and used to support the distribution activities of the MRCS. A water and sanitation unit was sent to Vilankulo to support Care international local staff in the cleaning of water wells.

Other Agencies' Action w

The deteriorating situation and ongoing needs assessments led the WFP to launch a revised Emergency Operation Resource Appeal on 13 March for 650,000 people in Mozambique in need of food aid.

FAO estimate that 120,000 peasant families urgently require assistance in the south and centre of Mozambique. Approximately 140,000 hectares of primarily maize and rice have been devastated. US\$ 13 million will be required to meet these needs over a 6 month period. Funding is available for the purchase of seeds and agricultural tools, but not for distribution.

Virtually all major humanitarian organisations are active in Mozambique, covering a wide variety of activities in the fields of food and non-food distributions and health.

Co-ordination w

The country's National Institute of Disaster Management (INGC), supported by OCHA teams, is responsible for coordination. The Mozambique Red Cross Society is the only permanently participating humanitarian organisation and plays an important function as advisor to the INGC. Coordination meetings are currently held three times a week. MRCS staff continue to be involved in INGC sector coordination work, especially in water and sanitation, health, and shelter. The MRCS and the Federation are both among the 19 organisations which have received credentials from the Ministry of Health. Only the Red Cross have countrywide access.

At the MRCS, emergency group (GODE) meetings take place daily to report and find solutions to current needs. Co-ordination of Red Cross action at the local level is carried out by the provincial delegations and district commissions in close collaboration with public bodies. The provincial delegations report to the MRCS headquarters.

The provincial health technicians are responsible for the implementation of the relief programme, supported by MRCS headquarters who also prepare donor activity reports.

The Mozambique Delegation holds daily coordination meetings for all delegates from the Federation Secretariat and PNS's. Support has been provided by the regional delegation in Harare as well. Cooperation between the various Red Cross actors has been excellent.

The MRCS/CVM and Federation has supported cooperation with other humanitarian actors through participation in the coordination platforms and by making warehouse space available (extra rubbhalls) at the Maputo airport for various agencies and organisations.

The Operation

Assessment of Needs •

The MRCS has presented a list of current priority districts areas in which the National Society wishes to operate during the rehabilitation phase.

On the basis of two assessment missions conducted jointly by the Federation, PNSs and MRCS experts in the identified priority districts in the provinces of Sofala, Inhambane, Maputo, Maputo City, Gaza and Manica, rehabilitation needs were identified related to Red Cross programme expertise in health and disaster preparedness. The teams consisted of experts in the fields of health, water and sanitation, rehabilitation, disaster preparedness, logistics and capacity development.

Many health centers were found to be partially destroyed or totally damaged by the floods and the cyclones and some emergency health posts have been temporarily set up. Although in most cases the buildings still stand, most equipment and disposables were completely destroyed by the floods.

The risk of epidemics is rising, with cases of malaria already reaching epidemic proportions and imminent threats of cholera, shigellose and measles. Cases of diarrhea and respiratory infections have already doubled in most flood affected areas.

The widespread destruction of roads and bridges has considerable implications for logistics. Effective communication and transport is vital to manage available resources (material and human) efficiently. Red Cross district branches need to have logistical capacity necessary to secure, store and distribute these non food items.

Red Cross Objectives •

Based on the assessed needs, the overall objective of the intervention is to provide assistance to communities in selected flood affected districts, so that they may return to normalcy as soon as possible. The water and sanitation intervention is currently being implemented, focusing on the rehabilitation and reconstruction of water and sanitation facilities over a 6-month period to assist 62,000 flood victims in the Southern Gaza Province. Specifically, the following activities are underway with the MRCS:

- Re-establishing basic WatSan facilities for peri-urban and rural communities affected by floods rehabilitating and constructing 150 water points, latrines at 25 schools, as well as house latrines for 6,000 families.
- Providing health education/awareness raising campaign among vulnerable groups.
- Assisting community based initiatives in improving environmental health conditions.
- Providing vector control initiatives to reduce threat or incidence of disease.

Strong supporting objectives will focus on collaborating with the MRCS and the Government bodies to ensure effective targeting of those in most need, strengthening collaboration between Government bodies and MRCS staff and volunteer network, ensuring effective integration between MRCS health initiatives and WatSan interventions, and facilitating further capacity building among MRCS staff and volunteers. The British and Austrian Red Cross have strongly indicated their intention of covering and supporting these main and secondary water and sanitation interventions.

Immediate Needs for the next 3 months (April to June) •

Health, and Water and Sanitation

- Rehabilitation of 15 health center facilities;
- Basic medical equipment and essential drugs (initial stock to cover 3 months) for health centers;
- Volunteer training for epidemics control and first aid;
- Community sensitization on basic hygiene and use of mosquito nets;
- Management of Oral Rehydration points before referral to health posts;
- Support of governmental mass vaccination campaigns and routine immunization for measles and other vaccine preventable diseases and vitamin A supplementation to children;
- Rehabilitation, reconstruction, and chlorination of rural water points and latrines (improved pit latrines).

Reinstallation / Post-emergency

- Identification of the most vulnerable families directly affected from the floods;
- Provision of 10,000 “family reinstallation packages” across 15 districts (see below);
- Construction of MRCS minimal storage center at district branch level;
- Volunteer training for distribution, beneficiary identification, monitoring and reporting;
- Landmine awareness campaigns;
- Provision of logistics and communication systems ;
- Social services and tracing if required.

The “family reinstallation package” includes: 1 tarpaulin, 1 kitchen set, 2 blankets, 12 bars of soap, 2 kangas/capulanas, 1 fishing net (for localities near rivers), construction wire and nails, 2 mosquito nets, 2 buckets with lids, 1 machete, 1 axe, 1 hoe, 1 jerrycan of 25 L.

Extra purchase of seeds is not necessary at this time as there are sufficient supplies in country through INGOs. The MRCS is willing to support distribution of these seeds in the field. The need might arise to reconstitute a sufficient stock of seeds for the next planting season.

Identified Later Needs •

Health, and Water and Sanitation

- Re-initiate basic reproductive health programs and routine immunization and monitoring of children’s nutritional statute
- Establish 15 MRCS first aid posts for community outreach
- Expand initial epidemics prevention programme into full scale Community Based First Aid (CBFA).

Disaster Preparedness

- Clarify MRCS' specific roles and responsibilities within the overall Mozambique DP and Response plan.
- Develop MRCS flood response plan, linked to the official Mozambique Early Warning System.
- Pre-position emergency supplies and MRCS rescue equipment at district and branch level.
- Volunteer training (needs assessment, risk mapping, Red Cross/Red Crescent Movement).
- Develop income generation activities for sustainability.

National Society/Federation Plan of Action**Post Emergency Phase: April - June 2000 •**

- To continue ongoing relief distributions started during the emergency phase and continue the rehabilitation of rural drinking water points in the Gaza province.
- Procure material input for rehabilitation of 15 health centers, for households and water/sanitation facilities, and ensure logistical support and human resources accordingly. Start the rehabilitation of 15 health centers at the earliest.
- Immediately develop key hygiene messages for epidemic prevention and start the prevention campaigns through volunteers at district level. Provide in parallel necessary refresher courses on epidemics control (hygiene, chlorination control, ORT, use of mosquito nets, vaccination support).
- Identify all the water points in need of rehabilitation and/or chlorinating; the same process will be used for latrines.
- Distribute 10,000 "family reinstallation packages" and provide logistics and basic materials to support reconstruction of permanent homes across 15 districts. Procure required storage and operations center for MRCS district branches to implement such distributions. Provide necessary refresher courses and training for identification of beneficiaries, distributions, needs assessment, first aid and landmine awareness.
- Supply necessary staffing, communications and logistics support at district and provincial levels to effectively implement post emergency activities.

Rehabilitation Phase: July 2000 - April 2001 •

The rehabilitation of health centers and water/sanitation services will continue and be complemented with health education. Basic hygiene education will continue to expand into full scale CBFA training, including construction of 15 basic MRCS first aid posts at community level. Landmine awareness campaigns will be conducted. Volunteers will receive training in disaster preparedness at provincial level, to include risk mapping, pre positioning of emergency items, community-based early warning systems, and evacuation plans. The agricultural situation will be reassessed for the second planting season. Income generation skills will be developed at district and provincial levels to sustain activities and maintain materials of the post/emergency phase.

Capacity of the National Society •

The management capacity at MRCS Headquarters is adequate. The large distances involved in the proposed multi-district/province rehabilitation programme make it necessary to strengthen monitoring and management capacities at all levels (field, district, province, zonal, headquarters). The MRCS has extensive relief experience but support is needed in the provinces. Transport and communication capacities are insufficient for the emergency operation.

Present Capacity of the Federation in Mozambique •

The Maputo delegation expanded from two to eleven delegates (Head of Delegation, Finance, Development, Health, two Water/Sanitation, two Logistics, three relief) and still requires further strengthening (Programme/Rehabilitation Coordinator, Finance and DP). The Beira sub-delegation currently consists of four delegates (Teamleader, Finance, Logistics and Relief).

BOTSWANA

The Response so far

Government Action w

An overall assessment was made by the Government's National Disaster Management Office (NDMO) using well established local structures. The NDMO concluded that a total of 94,000 people were affected. At district level, activities are coordinated by District Disaster Preparedness Committees which are involved in securing basic health services as well as water and sanitation services where needed. Government efforts remain focused on emergency support in the form of food supply, tents, blankets, chlorine tablets, and water. Future needs will focus on rebuilding or rehabilitating local shelters or houses.

Red Cross/Red Crescent Action

CHF 50,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to initiate the emergency assistance operation. External support to the National Society has been distributed with the assistance of Government structures. The German Red Cross (GRC) provided and distributed 800 tents and 7,350 blankets, in coordination with local Government offices. The GRC provided a delegate to participate in assessments.

Co-ordination w

The NDMO is still coordinating the emergency efforts but has not started looking into the rehabilitation phase in more detail.

The Operation

Red Cross Objectives •

- Support affected families in Khatleng and Kweneng districts (3 villages) to reconstruct their houses.
- Strengthen the capacity of the National Society through branch development and disaster preparedness (see section on regional capacity building).

National Society/Federation Plan of Action

May - November, 2000 •

Meetings with local structures to agree on a workplan will be organised. Building bricks will be formed, together with the communities concerned and Red Cross volunteers. The aim is to build 90 houses. Volunteers will be recruited and trained, and branch structures will be strengthened. Disaster preparedness capacity will be improved.

Capacity of the National Society •

The Botswana Red Cross Society maintains a small headquarters structure, including office and vehicles. However, there are constraints with staffing, transportation, and financial management systems. Except for the office in Francistown, there is very little capacity at the branch level, posing some concern as to the capacity of the Society to implement the proposed rehabilitation programme. The technical support for building houses will be supplied through a cooperation with the NGO "Habitat for Humanity".

SWAZILAND

The Response so far

Government Action w

Although not having declared the floods an emergency, the government has intervened with assistance in several areas such as providing food relief (distributed by the Bophalali Swaziland Red Cross Society or BSRCS) and transport for distribution exercises. The Government is supported by various NGOs in making assessments and distribution of relief items to areas that are accessible. A global assessment of the needs has been carried out and the final results are being compiled.

Red Cross/Red Crescent Action

The Baphalali Swaziland Red Cross Society (BSRCS) has been involved in the emergency operation from the beginning, and is the only NGO with a presence in all regions of the country. During the operation the Society has managed to build up a volunteer base of 122 people.

Initially the Society distributed food and tents from its own emergency store. Food was also provided by the government, and tents from the Swiss Red Cross for the BSRCS to distribute. Volunteers also provided health education in the affected areas and have distributed water purification tablets in order to help prevent outbreaks of water borne diseases. In March, the Society launched a campaign to raise awareness in non-affected areas of the gravity of the floods disaster. Individuals, companies and the public in general were encouraged to support the assistance efforts in cash or kind through the media. This campaign has been very successful with donations received in the regions and the capital for distribution by the Red Cross volunteers.

With the CHF 50,000 allocated from the Federation's Disaster Relief Emergency Fund (DREF), food items have been purchased, and support training workshops and volunteer action in the field have been organised. Effective implementation has been hampered, however, by the continuing bad weather and the lack of 4WD vehicles.

Recently, the Society has assisted the Government in conducting training for the assessment supported by the Regional Delegation in Harare.

Other Agencies' Action w

UNDP, Save the Children and World Vision are amongst the other organisations which have been involved in the operation so far.

Co-ordination w

The coordination of the emergency response is carried out by the National Disaster Task Force, which however still lacks implementing power.

The Operation

Assessment of Needs •

Preliminary figures on people affected have been downsized, and current assistance planning is based on a figure of 10,000. The water and sanitation situation in rural areas is mainly poor with few protected waterpoints and latrines. There are signs that the occurrence of diarrhoea is increasing, as well as malaria.

Anticipated Later Needs •

Activities will focus on rebuilding of houses in rural areas, water and latrines, including health education. Improved disaster preparedness will be implemented through training of disaster response teams,

allocation of stores at the division offices, and reinforcement of branch structures. An emergency plan for the Society will also be developed.

Red Cross Objectives •

- Support the affected communities with water and sanitation (Hhohho and if possible also Lubombo region).
- Support selected affected communities with building material for rebuilding houses (distribution on behalf of the Government).
- Improve the capacity of the National Society through branch development and disaster preparedness.

National Society/Federation Plan of Action

May, 2000 - April, 2001 •

The water and sanitation project will start as soon as sufficient funding is available. The National Society Field Coordinator in the Northern Hhohho division is a watsan technician, whereas in Lubombo there is a need to improve this capacity. If the Society is to be in a position to assist in distribution of food and non-food items, there is a need to recruit and train more volunteers. This is already taking place, but will require more support to provide more impact. Second hand containers will be purchased and placed at the division offices for storage of relief items. The communication radio system, set up a few years ago with support from ICRC, is presently being rehabilitated.

Capacity of the National Society •

The Baphalali Swaziland Red Cross Society (BSRCS) has a headquarters and five divisions with offices, staff and volunteers. Most structures are in place but are not strong enough to manage the planned emergency and rehabilitation programmes. The Society has 122 volunteers mobilised in the four most affected regions of Manzini, Hhohho, Chiselweni and Lubombo. Staff and volunteers require more training (primarily DP-related, but also Red Cross dissemination, management, reporting, computer literacy). The lack of transportation is also a constraint, affecting the overall programme implementation.

ZIMBABWE

The Response so far

Government Action •

Government action is co-ordinated through the Civil Protection Unit (CPU) at the national, provincial and district levels. The main governmental activities include: rehabilitation of roads and bridges, provision of transport means such as trucks and helicopters to parties distributing items, and emergency chlorination of affected boreholes and wells. In some areas government agencies assist in the provision of shelter as well. Furthermore, the authorities distribute limited amounts of food and non-food items themselves, but with limited resources. The CPU fulfills a central role in the co-ordination as well as in information dissemination and management. The extent to which they are successful in this varies between the affected Provinces and Districts.

Red Cross/Red Crescent Action

Food and non-food items have been distributed to affected villages, with roughly 20 tons of food (mainly maize meal), 2,500 blankets, 20 rolls of plastic sheeting, and 1,000 bars of soap distributed weekly. Also second hand clothes and limited amounts of medicines (malaria curatives), chlorine tablets (for drinking water), and other items are distributed. However, the supplies are limited.

The Operation

Assessment of Needs •

From 24 March to 4 April 2000 a Red Cross assessment team visited the Districts of Chimanimani and Chipinge (Manicaland Province), Chiredzi (Masvingo Province), Beitbridge and Gwanda (Matabeleland South Province) and Mberengwa (Midlands Province). In these Districts, the team assessed both short and long-term needs in the most affected areas.

Immediate Needs •

There is a need for food (mealie meal), malaria curative drugs, larviciding, roof thatching materials, seeds and fertilisers, emergency chlorination of boreholes and wells, distribution of chlorine tablets. These items and services will be provided as part of the emergency relief assistance.

Rehabilitation Needs •

Rehabilitation needs consist of repairing affected boreholes, wells, latrines, houses, and granaries; provision of seeds, fertilisers, agricultural tools, mosquito nets, and cooking sets; larviciding and residual spraying, hygiene and health education, trauma counseling (relatively small component); and better disaster preparedness procedures.

Red Cross Objectives •

The Federation and ZRCS will:

- provide assistance to meet the immediate needs of the most affected population in the affected areas focusing on health, water/sanitation, agriculture and shelter.
- Assist the population in the affected areas to bridge the gap from the emergency situation, focusing on health, water/sanitation, agriculture and shelter, reducing their vulnerability.
- Improve the disaster preparedness capacity of the ZRCS.

National Society/Federation Plan of Action**Rehabilitation Phase: May 2000 - April 2001 •**

- Rehabilitate 64 boreholes and 107 wells and drill 12 new boreholes.
- Reconstruct 814 affected blair latrines.
- Rehabilitate 565 granaries.
- Reconstruct 151 huts.
- Provide 1,340 cooking sets.
- Sensitize and provide health and hygiene education to 13,280 affected families.
- Counsel 148 traumatized persons.
- Provide 4,680 double size mosquito nets to 2,340 affected families.
- Execute larvicide and residual spraying campaigns in approximately 12 heavily affected areas endemic with malaria.
- Provide fertilisers, agricultural tool sets and seeds to 1,200 of the most affected families.
- Construct Red Cross offices in 7 Districts.
- Improve the skills of 70 volunteers and 20 ZRCS professional staff at national, provincial and district levels in the fields of water/sanitation, logistics, communication and reporting.
- Improve the general capacity and especially the disaster preparedness of the ZRCS at all levels, both in terms of skills among volunteers and staff and organizational and physical infrastructures. Specific emphasis will be on relief logistics, procedures and distribution methods.

In regards to programme implementation, the rehabilitation of boreholes and wells and drilling of new boreholes will be executed by the Red Cross in close collaboration with the government District Development Fund and professional drilling companies. For the rehabilitation of latrines, granaries and huts, materials such as cement and roofing sheets will be provided by the Red Cross. Provision of local materials and the (re)construction of the facilities covered by the programme will be done, to the extent possible, by the beneficiaries themselves. The required expertise and supervision will be provided by Red Cross and village technicians.

Distributions, sensitization and hygiene/health education will be carried out by trained Red Cross volunteers, under supervision of Provincial and District Red Cross staff. For trauma counseling, volunteers will be specially trained under expert supervision.

The agricultural activities will be implemented during the first two months of the programme (the planting season). Ongoing distribution of relief items, reconstruction of huts and granaries, and spraying activities will take place during this period to meet short-term rehabilitation needs. Work on boreholes, wells and latrines will take place during the whole rehabilitation period depending on the capacities of the involved parties. Sensitization, hygiene and health education, and trauma counseling will also involve the whole programme period whereas training courses and workshops will be held mainly during the first 6 months of the programme. Construction of the seven District offices will be finalized towards the end of the rehabilitation programme.

Capacity of the National Society •

Efforts will be directed towards strengthening capacities in disaster preparedness of those branches and districts where rehabilitation programmes will be implemented. Formulating a Disaster Preparedness Policy for the ZRCS is a priority, so that roles and responsibilities of the Society are clearly defined and well integrated into the Government plan. Strategic and contingency plans will be developed to ensure that the ZRCS is better prepared to manage emergencies. The support to branch and district levels will be particularly emphasized, with the pre-positioning of smaller quantities of emergency supplies and equipment at branch/district levels and the creation of a data base of supplier contacts. A revolving Emergency Response Fund will be established for these purposes, including guidelines for the utilisation of the funds. Training of Red Cross volunteers and staff in needs assessment, data collection, relief distribution, risk mapping, reporting, monitoring, and logistics will also receive support, and it is envisioned that once trained, Red Cross Action Teams will be integrated into the Regional Disaster Assessment Team.

The ZRCS maintains a headquarters and an office in each of the 8 provinces of Zimbabwe. It has however only 4 district offices out of the 56 administrative Districts in the country. There are two provincial warehouses in Manicaland and Matabeleland South Provinces and office space in three of the affected provinces (Manicaland, Masvingo and Midlands). The Provincial Programme Officers in Masvingo and Matabeleland South have water/sanitation skills. Each of the 4 affected Provinces has a large volunteer base and 3 professional field staff.

Needs include:

- A water/sanitation delegate for 8 months.
- A national rehabilitation water/sanitation officer for 12 months.
- A national relief officer for 12 months.
- Seven district rehabilitation officers each for 12 months.

REGIONAL OVERVIEW

Government Action w

Governments have consulted at a Regional level through the Southern Africa Development and Cooperation (SADC) forum, addressing issues such as debt relief.

Red Cross/Red Crescent Action

The Regional Delegation in Harare has provided technical support to the operation, and dispatched 3,600 blankets, 995 tarpaulins and 10 boxes of water purification tablets from its disaster preparedness stock.

Assessment of Needs •

While the severity and the widespread nature of the floods severely stretched the capacity of the Regional Delegation, technical support has been provided to undertake recent assessments in Mozambique, Botswana, Swaziland and Zimbabwe to ascertain longer term rehabilitation needs. Assessment teams conducted and completed their work over the end of March and beginning of April, and their conclusions form the basis of the country sections for each part of this rehabilitation appeal and for the needs identified to support the Regional Delegation.

Regional Needs in the Post Emergency Phase •

A regional relief and logistics capacity is essential to meet ongoing relief needs and to back up and support the rehabilitation phase. Telecommunications support is also required in several National Societies, and additional technical resource persons are needed to work with National Societies on relief health and water and sanitation programme design and implementation.

Red Cross Regional Objectives •

The Regional Assistance Strategy for Southern Africa emphasises the need to build capacity among National Societies to reduce the impact of disasters through better management, better information and communications systems and to reduce the vulnerabilities of specific target groups. A Regional Relief Co-ordinator has been recruited for the next twelve months to structure and produce a strategy for relief interventions at the Regional Delegation level, and to support capacity building within the National Societies as part of the Rehabilitation Plan to mitigate the impact of possible flooding in the next rainy season. The recruitment of a Development Delegate with disaster preparedness experience is planned for a period of 12 months.

Present Capacity of the Federation in Harare •

The Regional Delegation in Harare maintains Regional Delegates with technical expertise in the areas of Disaster Preparedness, Institutional and Resource Development, Health, Water and Sanitation, Information Systems Management, Reporting and Finance and Administration.

Reporting, Monitoring and Evaluation •

Regular Situation Reports on the entire appeal and operation will be issued. A final evaluation will be carried out within two months of the end of the rehabilitation programme to assess whether the objectives of the programme were achieved, to provide lessons for future rehabilitation programmes, and to further improve on established procedures and structures with regard to disaster preparedness. In Mozambique, monitoring of the operation will be carried out by the MRCS programme coordinators. A joint review will be carried out by the Federation and National Society after 6 months, and a full evaluation after completion of the operation.

Budget summary

See Annex 1 for details.

Jean Ayoub
Under Secretary General ai
Disaster Response and Operations Coordination

Didier J. Cherpitel
Secretary General

BUDGET SUMMARY			
Mozambique, Botswana, Swaziland & Mozambique: Floods			
			VALUE IN CHF
APPEAL No. 04/2000 - Revised Appeal			
RELIEF NEEDS	Total Emergency Phase	Total Rehabilitation Phase	Total revised budget
Family tents	2,060,922	75,000	2,135,922
Hospital tents	180,000		180,000
Plastic sheeting / Tarpaulins	258,935	197,720	456,655
Rubbhal	262,500		262,500
Cement	33,125	106,730	139,855
House rehabilitation/Reconstruction of huts/Company	111,100	6,116,950	6,228,050
Mats	32,500		32,500
Mosquito Net	247,500	500,000	747,500
Other supplies (rubber boots/flashlight/gloves)		12,450	12,450
Blankets	478,487	446,860	925,347
Cotton wraps / Clothing	19,500	213,500	233,000
Water tanks	337,800	1,491,875	1,829,675
Jerrycans/buckets/Cooking pots/Tools	105,000	1,090,850	1,195,850
Chlorine	16,074	9,480	25,554
Water testing/Purification tablets	47,250	9,000	56,250
Rehabilitation of boreholes		959,220	959,220
Sanitation / latrines		145,470	145,470
Vector control	15,000	56,340	71,340
Bodybag	5,625		5,625
Medical kits (WHO kits/First Aid Kits)/Equipment	225,420	587,040	812,460
Stretcher	26,000		26,000
Teaching material	5,000	40,000	45,000
Kitchen ustensils	545,000	16,375	561,375
Soap/hygiene supply	45,400	50,800	96,200
Food (beans and maize)	14,261	26,350	40,611
Fertilisers		47,670	47,670
Generators	38,488		38,488
Vehicles (4WD/1 ambulance/Trucks/Motorbikes/Bicycle)	235,000	519,486	754,486
TOTAL RELIEF NEEDS	5,345,887	12,719,166	18,065,053
CAPITAL EQUIPMEN]			0
Telecom. equipment	109,000	92,282	201,282
Office furniture & equipment (Computer/generators)	220,000	143,700	363,700
PROGRAMME SUPPORT			
Programme management (automatic calculation)	707,626	1,312,865	2,020,491
Technical support (automatic calculation)	211,826	393,003	604,829
Professional services (automatic calculation)	234,913	435,837	670,750
TRANSPORT STORAGE & VEHICLE COS]	2,238,000	705,030	2,943,030
PERSONNEL			
Expatriate staff	510,000	1,676,196	2,186,196
National staff	377,338	1,150,750	1,528,088
Training/Workshops/Seminars	53,000	119,980	172,980
ADMINISTRATIVE & GENERAL SERVICE]			
Travel & related expenses	122,641	100,207	222,848
Information expenses	100,000	63,500	163,500
Consultant fees		74,960	74,960
Administrative & general expenses	264,000	482,566	746,566
TOTAL OPERATIONAL NEEDS	5,148,344	6,750,876	11,899,220
TOTAL APPEAL CASH, KIND, SERVICES	10,494,231	19,470,042	29,964,273
LESS AVAILABLE RESOURCES (-)			(9,835,351)
NET REQUEST			20,128,922