

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Emergency Appeal MDRMZ002

GLIDE no. FL-2006-000198-MOZ

16 May 2007

MOZAMBIQUE: FLOODS AND CYCLONE

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

Appeal no. MDRMZ002; Operations Update no. 3; Period covered: 1 April to 30 April 2007; Appeal coverage: 34%; <[Click here to go directly to the Contributions List on the website](#)>

Appeal history:

- [Preliminary Emergency Appeal](#) launched on 16 February 2007 for CHF 7,464,923 (USD 5,971,938 or EUR 4,524,196) in cash, kind or services, for 6 months to assist 100,000 beneficiaries (20,000 families).
- [Revised Emergency Appeal](#) launched on 14 March 2007 for CHF 20.6m (USD 16.9m or EUR 12.8m) in cash, kind or services for 6 months to assist 117,235 beneficiaries (23,447 families).
- **Disaster Relief Emergency Funds (DREF) allocated: CHF 187,000**

Operational Summary: A coordinated Red Cross Red Crescent response, led by the Mozambique Red Cross Society (CVM)¹ with support from the International Federation and Partner National Societies (PNS), is providing essential relief to populations affected by the floods and cyclone in Mozambique.

In the flood-affected provinces of Manica, Sofala, Tete, and Zambezia, non-food relief item distributions by CVM and Relief Emergency Response Unit (ERU), targeting 18,000 families have been completed. Water treatment plants are winding down operations as displaced families move to resettlement sites and permanent water sources are established. Concerted efforts to raise hygiene awareness among displaced populations have had a significant positive impact during the reporting period, with improved sanitary conditions reported in many accommodation centres. The focus is now on distribution of shelter kits to approximately 13,000 families and continued rehabilitation and recovery to ensure ongoing and improved access to healthcare and water and sanitation.

Volunteers trained in first aid and community-based health continue to provide basic medical assistance to displaced communities through house-to-house visits and at first aid posts. Four cholera kits and four interagency emergency health kits (IEHKs) are on standby in Beira warehouse to further boost the CVM health capacity.

In the cyclone-affected province of Inhambane, Spanish Red Cross distributions of non-food relief items to a target of 6,000 families are finished and distribution of shelter kits to a target 3,535 families is nearing completion. The Norwegian/Canadian Red Cross Basic Health Care ERU in Vilanculos, supporting the cyclone-damaged hospital, has provided medical assistance to more than 13,300 patients and is preparing to handover equipment and materials to boost capacity of CVM and the Ministry of Health (MoH) before its scheduled departure on 22 May 2007.

CVM, the International Federation and PNS continue to operate in close coordination and consultation with the National Centre for Disaster Management (INGC²), which has the overall role for coordinating the relief effort, and with humanitarian actors involved in the relief effort through the United Nations (UN)-established sectoral cluster approach.

¹ In Portuguese: Cruz Vermelha de Moçambique

² In Portuguese: Instituto Nacional de Gestão de Calamidades (INGC)

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In all affected areas, CVM staff and volunteers continue to demonstrate their commitment and determination to assist vulnerable populations. CVM has finalized a recovery plan of action and is seeking additional funds to support rehabilitation and recovery plans in flood and cyclone affected areas. In line with the mission of the CVM, the plan of action seeks to improve the living conditions of the most vulnerable people, alleviating human suffering wherever possible, through the dedication and work of Red Cross volunteers. Priorities include: provision of shelter for displaced populations; increased access to health and care through training for CVM volunteers, provision of first aid equipment and establishment of first aid posts; sustainable water and sanitation through drilling and rehabilitation of boreholes, latrines and continued hygiene promotion campaigns; expansion of the proven early warning system to increase preparedness in disaster prone areas.

Background

Mozambique is prone to flooding and one of the most vulnerable areas in the country is the Zambezi flood plain. In January and early February heavy rains led to overflowing of rivers and pressures on dams. As a result the Cahoba Bassa hydroelectric dam began discharging surplus water on 9 February, which – together with the rainfall – resulted in widespread flooding along the flood plain. The flood destroyed houses, schools, health centres and crops, forcing 163,045 people from their homes, according to INGC. The four most affected provinces are Sofala, Zambezia, Manica and Tete. A total of 107,534 of the displaced people have been sheltered in accommodations centres, while 55,511 others are in resettlements centres established by the Government of Mozambique after the 2001 floods.

In a separate disaster on 22 February 2007, Mozambique experienced an intense tropical cyclone (Cyclone Favio), which caused nine deaths and affected 133,670 people in Vilanculos, Inhassoro, Govuro and Massinga districts in Inhambane province and Machanga district in Sofala province. A total of 20,800 hectares of crops were destroyed along with approximately 6,000 houses built from local materials such as wooden poles, mud and grass. The cyclone also caused destruction of infrastructure and public facilities, seriously damaging Vilanculos rural hospital, in particular the maternity, surgical operation theatre and the HIV and AIDS wards where antiretroviral drugs were destroyed, and damaging seven health centres.

Red Cross Red Crescent Response

The Red Cross Red Crescent Movement was well positioned to respond to the emergencies. CVM has a strong volunteer network, with a proven track record of assisting populations affected by floods. With support from the Federation and other Red Cross Red Crescent partners, CVM has worked on an extensive disaster preparedness programme since the devastating floods of 2000 and 2001. Activities within this disaster programme served to strengthen the CVM volunteer network and disaster response capacity of the headquarters and branches, and helped prepare the Red Cross and vulnerable communities to respond to the recent floods and cyclone.

In addition, the combined disaster management capacity of CVM, the International Federation and other partners provided the volunteer network with the support and direction they need to maximise the impact of their work to the benefit of those affected by the floods. In particular, Red Cross Red Crescent partners provided support to CVM in affected areas through the deployment of Emergency Response Units (ERU) and other support:

- A Danish/Swiss Red Cross logistics ERU was deployed to strengthen logistical capacities to handle incoming donations, and ensure swift delivery of goods as well as good reporting.
- A Spanish/Belgian-Netherlands-Luxembourg/American Red Cross relief ERU deployed to ensure expedient and efficient distribution of goods.
- A Spanish Red Cross water and sanitation ERU set up water treatment plants for distribution to ensure access to clean water for displaced populations.
- A Norwegian/Canadian Red Cross Basic Health Care unit ERU was set up in Vilanculos to support the existing cyclone-damaged hospital.
- A Spanish Red Cross Telecoms ERU was deployed to Vilanculos to provide telecommunications support to the cyclone operation.

Emergency response

Overall objective: To provide humanitarian assistance to 23,447 families in the floods (Manica, Sofala, Tete, and Zambezia) and cyclone-affected (Inhambane) provinces.

Objective 1 (Shelter and non-food items): To provide temporary shelter and non food items to 23,447 families in Inhambane (cyclone affected areas) and Manica, Sofala, Tete and Zambezia (flood affected) provinces.

Achievements/Progress

Relief distributions in flood and cyclone affected areas are now complete. In flood affected areas, the Federation deployed a Relief Emergency Response Unit³ to assist CVM in distribution of non-food relief items. CVM’s experience with past flooding and distributions were a clear asset to the response and 35 accommodation centres with approximately 16,500 families in the four affected provinces originally targeted for Red Cross non-food relief item assistance. The total number of families assisted was later revised upwards to 18,000 to accommodate an increasing number of families in accommodation centres. Target beneficiaries were families living in accommodation centres due to floods; vulnerable families (families not physically able to build shelters) were provided with tents rather than tarpaulins. Beneficiary selection was carefully coordinated with the government and humanitarian agencies on the ground to avoid duplication of efforts.

In total, the Red Cross provided non-food relief items to 58 percent of the total number of displaced people in over half of the accommodation centres (35 of 65 centres). Approximately 30,000 families had been identified as affected by the government coordination body – INGC. Other response agencies included World Food Programme (WFP), United Nations Children’s Fund (UNICEF), Oxfam, Save the Children, World Vision, Medecins Sans Frontieres (MSF), Food for the Hungry International and Samaritans Purse.

Primary challenges included difficult road access to centres, lack of stocks and trucks for distribution, dependence on air distributions, which increased frequency of low volume distributions and required more human resources to plan and implement. For a target population of 18,000 families, it took close to 220 actual distributions, half of which were by air. These air services were provided free of charge through the UN-established logistics cluster.

Overall, the relief distributions met the goals established by joint needs assessments within a reasonable time frame under challenging logistical circumstances. Basic monitoring activities showed that items were being used, considered appropriate and necessary by beneficiaries with limited duplication. Coordination mechanisms provided opportunities for meeting and communicating, even if bilaterally, which brought the activities of organizations to the attention of all. Red Cross Red Crescent partners worked well to support CVM and relief operations brought increased visibility and recognition of the Red Cross role in disaster response from communities, organizations and government and capitalized on established capacities of the volunteers and staff.

Table 1: Distribution of non-food relief items in Manica, Sofala, Tete and Zambezia Provinces (flood affected areas)

Location	Families		Emergency Relief Non Food Items Distributed per family* **									
	# of accommodation centres assisted	# of families assisted	Family tents	Tarpaulins	Jerry cans	Buckets	Kitchen sets	Personal soap	Laundry soap	Blankets	Sleeping mats	Mosquito nets
Tete	7	4,170	0	3,565	6,718	6,730	2,349	14,723	14,020	6,816	8,082	5,475
Sofala	16	5,433	404	4,624	10,598	10,216	4,189	22,775	26,732	9,184	9,914	4,453
Manica	3	874	50	398	882	0	149	0	3,140	882	850	882
Zambezia	10	7,536	639	5,471	7,412	12,749	6,536	24,507	31,811	11,284	13,114	0
Total (to the nearest 100)	36	18,000	1,100	14,000	25,600	29,700	13,200	62,000	75,700	28,200	32,000	10,800

³ The Relief ERU was sent in response to a Red Cross Field Assessment and Coordination Team (FACT) assessment, conducted by representatives from CVM, the International Federation and other Red Cross Red Crescent partners. The first three people Belgian/Spanish relief ERU team stayed in country for three weeks; the second American/Belgian ERU team arrived at the beginning of March and stayed until 10 April.

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* Includes distribution of 6,500 kitchen sets, 20,995 kg laundry soap (1 kg per family for four months) and 13,500 buckets (two per family) to 6,500 families (32,500 individuals) provided by Belgian Red Cross/Flanders, with ECHO funding; in addition items were contributed by the Belgian government.

** Includes distributions of tarpaulins, shelter kits, jerry cans, blankets, kitchen sets provided by Spanish Red Cross with funding from Agencia Catalana and Junta de Castilla y La Mancha.

In Govuro, Inhassoro, Massinga and Vilanculos districts (Inhambane province), the Spanish Red Cross, with European Commission Humanitarian Aid Office (ECHO)* funding, distributed non-food relief items to over 6,000 families (30,000 people). Target beneficiaries included families affected by Cyclone Favio who lost their houses, land and/or personal belongings. Priority beneficiaries included children aged under 15 years, women-headed households who lost their home in the cyclone, pregnant women, people with disabilities and people suffering from chronic illness.

As a result of the Spanish Red Cross distributions, 3,300 families received complete family kits, (one 4x6m tarpaulin, one kitchen set, 1kg laundry soap, two insecticide- treated mosquito nets, two blankets, two sleeping mats); and up to 2,930 families received one of the following emergency items to complete distributions made by other humanitarian organizations: 2,900 kitchen sets (one per family), 2,930 kg of laundry soap (1 kg per family), 2,150 insecticide-treated mosquito nets (two per family), 5,820 blankets (two per family) and 3,800 sleeping mats (two per family). The Spanish Red Cross also worked with CVM to distribute jerry cans and buckets donated by Belgian Red Cross (with funding from the Flemish government).

All distributions were planned in coordination with the government of Mozambique's National Centre for Emergencies (CENOE) a part of INGC and other humanitarian agencies operational in the province. CVM and Spanish Red Cross distributions targeted more remote areas where other organizations were not operating.

Table 2: Distribution of non-food relief items in Inhambane province (cyclone affected) *

Non-food relief item	Quantity	Number of families
Tarpaulins (4x6m.) (1/family)	3,300	3,300
Kitchen sets (1/family)	6,200	6,200
Laundry soap (1kg/family)	6,230	6,230
Impregnated mosquito nets (2/family)	8,750	4,375
Blankets (2/family)	12,420	6,210
Sleeping mats (2/family)	10,400	5,200

**full distribution details by district will be available in operations update 4.*

To increase CVM capacity to carry out efficient, needs based distributions, the Spanish Red Cross organized beneficiary identification training on 29 and 30 March in Vilanculos for key CVM staff and volunteers in Inhambane province. The training focused on sharing information about affected communities and appropriate beneficiary registration techniques. During the second round of distributions (which followed the training), each beneficiary was registered and provided with a beneficiary identification, and asked to sign for goods received. This contributed to overall improved efficiency and organization at distribution sites.

Objective 2 (Recovery, rehabilitation and restoration of livelihoods): To provide support to families for their resettlement through rehabilitation of shelter /through shelter tool kits) and livelihoods activities

Achievements/Progress

Shelter kits: Distribution of shelter kits in flood affected areas started on 14 May 2007 in Manica province. A total of 12,075 kits will be distributed (one kit per family) to the areas as indicated in the table below. Each kit contains one machete, a 20m rope, a 20m wire and one pair of pliers. The number is slightly less than originally planned (13,000) due to limited immediate availability of shelter kits from providers in Mozambique.

In cyclone affected Inhambane province, 3,000 kits have been distributed. Each kit contains a 20m wire, one hammer, one machete, two hoes, a pair of pliers and 2kg of nails. Distribution of a further 600 shelter kits is planned for the next two weeks.

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Table 3: Distribution of shelter kits

	Province	No. of shelter kits	
		Planned	Distributed
Affected by floods	Tete	6,500	Distribution on-going
	Sofala	2,850	Distribution on-going
	Manica	400	Distribution on-going
	Zambezia	3,250	Distribution on-going
Affected by cyclone	Inhambane	3,535*	3,000 kits distributed distribution of 600 kits in warehouse planned.

**Includes 2,000 kits provided by Spanish Red Cross with ECHO funding; includes 1,600 kits contributed by Belgian Red Cross Flanders with support of the Flemish government.*

Preparations are on-going for the distribution of 3,480 zinc sheets (for 290 families), 3,062 bags of cement (for 612 families) and 2,670 blankets (for 1,335 families) to support rehabilitation of cyclone damaged houses and overall recovery.

Zinc sheets: So far, CVM has received a donation of 2,000 zinc sheets from TRAC, of which 400 have been provided to the MoH for reconstruction of part of Vilanculos hospital. The South African Red Cross Society, with funding from Vodacom, will provide a further 1,062 zinc sheets directly to the Red Cross warehouse in Vilanculos. Distributions are expected to be complete in two weeks.

Cement: South African Red Cross Society, with funding from Vodacom, will fund purchase of 3,062 bags of cement. These bags will be delivered directly to the Red Cross warehouse in Vilanculos. Distributions are expected to be complete in two weeks.

Blankets: South African Red Cross Society, with funding from Vodacom, will fund purchase of 2,400 blankets. Purchase of an additional 270 blankets is required.

Livelihoods support: In Inhambane province, CVM plans to support 1,360 families with distribution of vegetable seed kits, beans and cassava, and to support 2,500 families with distribution of 7,500 fruit and other trees. There has been no progress due to a lack of funding.

Capacity building in flood and cyclone resistant housing: CVM plans to increase its capacity to support construction of cyclone and flood resistant housing through development of relevant training materials, training of volunteers and skilled workers, and construction of “model” houses to demonstrate appropriate construction techniques at the community level. CVM has been working in consultation with the International Federation’s shelter department in Geneva on development of these activities. As a member of the shelter cluster, which is coordinating shelter activities in floods and cyclone response and includes representatives from the government of Mozambique, UN HABITAT and other key players, CVM and the Federation are also working together to develop standardized construction technique manuals for use in resettlement areas.

Health and Care

Objective 3 (Health): To provide community-based health and basic health care to 23,447 families in the flood and cyclone affected areas.

Achievements/Progress

Community-based health care and first aid: Throughout the emergency phase, CVM provided emergency first aid and community-based health training (ranging from 7 – 10 day training courses) for 567 volunteers. As of the end of April 2007, these 567 trained volunteers continued to provide community health and first aid to displaced communities in flood and cyclone affected areas, through house-to-house visits and at first aid posts. Activities to improve health of displaced communities included health education sessions; treatment/diagnosis of the most common health problems during house-to-house visits and at first aid posts (diarrhoea, respiratory infections, conjunctivitis); supporting the MoH vaccination campaign, and distribution of health information materials provided by MoH, UNICEF and others.

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Four IEHK kits are currently at the transitional warehouse in Beira and will be opened during planned training sessions for volunteers. As flood affected families move to permanent resettlement sites, CVM will establish permanent first aid posts with local first aid committees, and carry out comprehensive training of trainers and training for volunteers in community-based health.

Cholera: Four cholera kits (funded by Belgian and Danish Red Cross) are on standby at the transitional warehouse in Beira. The biggest concern of the floods response operation was a cholera outbreak, and while it is difficult to prove that an outbreak was prevented through the response, the combined result of robust WatSan and health activities, as well as and non-food relief items including soap, buckets and jerry cans among others may have played a role. The cholera kits will remain on standby in case of cholera outbreak during the resettlement phase and CVM with the Federation is in the process of establishing a plan for use of these kits prior to their expiry date.



The Norwegian/Canadian Red Cross Basic Health Care ERU in Vilanculos, supporting the cyclone-damaged hospital, has provided medical assistance to more than 13,300 patients and is preparing to handover equipment and materials to boost capacity of the local CVM and the Ministry of Health.

the Basic Health Unit is providing insecticide-treated mosquito nets to all pregnant women and encouraging correct usage to prevent malaria. The Basic Health Unit also initiated a hospital cleaning campaign, including spraying/removal of mosquito breeding grounds to reduce the risk of malaria. In addition, at the beginning of May, 23 CVM staff, volunteers and representatives of the Ministry of Health participated in a practical and theoretical workshop on planning, set up, and management of a Basic Health Unit, using equipment that will be handed over to the MoH and the local branch of CVM. The training, combined with the planned handover of Basic Health Care equipment and material, has increased government and CVM capacities, at the local level, to respond to health emergencies in future.

The number of international staff now working side by side with the existing local medical team to provide medical care continues to reduce. At present, five international staff are working with the BHC; a team leader, a midwife, a technician, a public health nurse and an administrator. The team will leave by 22 May.

Further planned support to improve access to health care in the Vilanculos area includes the Norwegian Red Cross-funded rehabilitation of the hospital and health centres, and health education for CVM volunteers.

Water and Sanitation

Objective 4 (water and sanitation and hygiene promotion): To ensure community access to adequate safe and clean water as well as sanitation facilities and hygiene promotion to 9,000 families in flood and cyclone affected provinces, meeting SPHERE minimum standards.

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Achievements/Progress

Supply of water and provision of sanitation facilities has improved considerably during the month. The number of latrines available has doubled and concerted efforts to conduct intensive hygiene promotion campaigns have led to a significantly cleaner environment in accommodation centres.

Hygiene promotion: In April, the final phase of participatory hygiene and sanitation transformation (PHAST)⁴ training was conducted in Mopeia for 40 volunteers who are currently engaged in hygiene promotion sessions. The total number of volunteers now trained in PHAST is 140 (100 in Caia, and 40 Mopeia). PHAST training is supporting volunteers to improve health among people living in temporary accommodation centres through effective hygiene promotion campaigns. The impact of the PHAST training and the volunteer involvement in community hygiene promotion is clearly seen from the fast rate of latrine construction, improved quality and shape of latrines structures, erection of several bathing facilities in the accommodation centres and the organization of communal groups to maintain and clean the latrines they use. Overall hygiene levels have significantly improved in all accommodation centres where the Red Cross is operational.

Construction and rehabilitation of boreholes: Planned construction and rehabilitation of boreholes is on hold due to lack of funds.

Latrine construction: A total of 246 latrines were constructed in Caia in April 2007, bringing the total to 546 in two camps in Caia and two camps in Mopeia. The Red Cross is aiming to meet SPHERE standards in latrine construction (20 people per latrine); the current scenario in accommodation centres is one latrine per 25 people.

Construction of 1,000 family latrines is planned for the coming weeks to address sanitation needs as families move into permanent resettlement sites. Plastic sanitary platforms (SanPlats) for latrine construction have been donated by UNICEF. CVM and the Federation will identify the total number of families ready to construct latrines, and will construct a sample latrine to demonstrate construction best practice.

Water production: A Spanish Red Cross WatSan emergency response unit arrived in Mozambique to support water sanitation interventions in flood affected areas. Throughout the emergency phase, CVM and the Spanish Red Cross (with funding from Agencia Espanola de Cooperacao Internacional) were producing water for families displaced by floods through water treatment plants⁵ operating in Caia, Nhacatundo and Mopeia. As permanent water sources are established, the overall water production is decreasing, however in Caia the original planned cut off date for water production (21 April) was extended to ensure uninterrupted supply of water while permanent water sources are established.

In Mopeia and Nhacatundo (Zambezia province), government authorities have started resettlement of people in permanent accommodation centres adjacent to temporary accommodation sites. UNICEF has completed drilling of 17 bore holes and installation of hand pumps to provide permanent water sources to the resettled population. Since a permanent water source is now in place, the water production at the Red Cross treatment plants and water trucking stopped at the end of April 2007. CVM volunteers have been involved in the cleaning and packing of bladder tanks and all related equipment no longer in use in readiness for the next emergency.

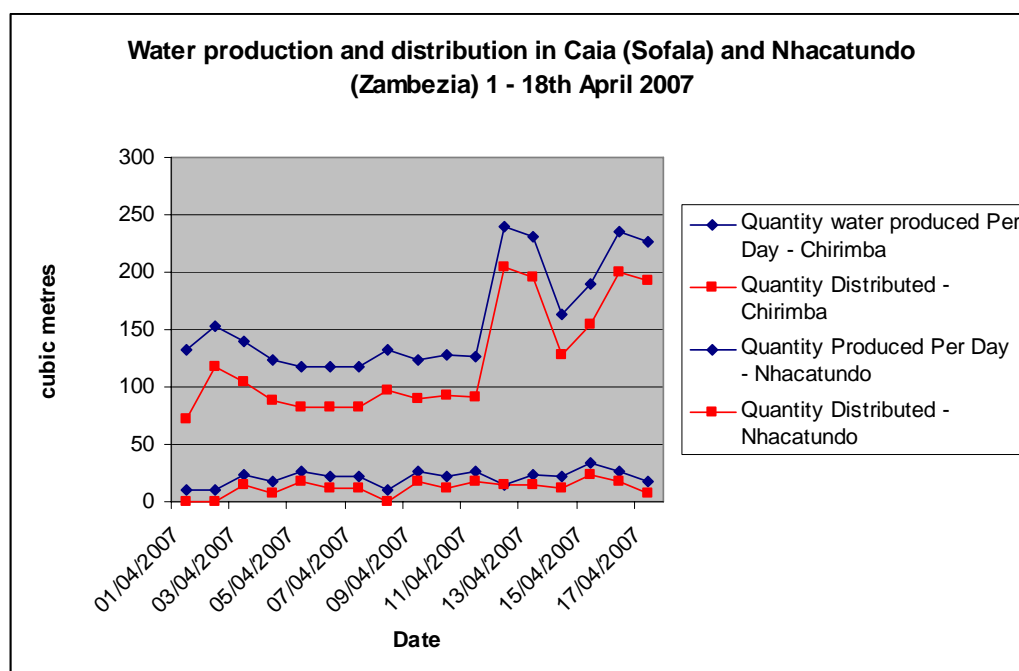
In Caia (Sofala province), water production at Red Cross treatment plants has been extended until a permanent and sustainable water sources is identified. The limited number of humanitarian agencies working in the water sanitation sector in Caia poses a challenge to overall water and sanitation provision in accommodation centres. Red Cross doubled production at the Caia water treatment plant after the departure of the South African Army water purification unit and is now covering temporary water needs in all accommodation centres in the area.

UNICEF has engaged a contractor to carry out rehabilitation work in Caia. So far 20 boreholes have been rehabilitated near to the accommodation centres. In response to the establishment of permanent water sources in Caia, a gradual reduction in the Red Cross water treatment and trucking was initiated in the third week of April. Accommodation centres with hand pumps within a distance of 500m or less were removed from water supply by trucking.

⁴ Refer to: http://www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/index.html

⁵ Four mobile water treatment units were imported directly from Spain; a mass water treatment plant was assembled with equipment from Spain and the Federation Regional office in Harare; Spanish Red Cross and CVM rehabilitated two water treatment units kept in CVM storage since floods of 2000. The Spanish water sanitation ERU team trained CVM volunteers to operate the water treatment plants and handed over management responsibility to CVM on 1 April.

Table 4: Production and distribution of water as of 30 April 2007



Generally, although water coverage meets Mozambique government standards, it is not in line with SPHERE standards. To further support access to clean water, 880,000 water sachets (for clean water at household level) donated by the Danish Red Cross were received at the Red Cross warehouse in Caia and will be distributed (45 sachets per family). This is in addition to 81,000 chlorine sachets previously distributed in Tambara, Nhacatundo and Mutarara.

Coordination: CVM and the Federation continue to attend water sanitation cluster meetings in Caia, headed by UNICEF and including all humanitarian actors and government agencies involved in WatSan interventions. The cluster is ensuring a coordinated approach to cover the water sanitation needs of populations in temporary accommodation centres and permanent resettlement sites. During April, the cluster focused on establishing clear exit strategies for ongoing water production and distribution, including construction and rehabilitation of wells, boreholes and other permanent water sources.

Disaster management and organizational development

Objective 5 (Institutional development and disaster preparedness): To have appropriate and sustainable organisational structures at provincial and branch levels, with equipment and training to improve the CVM capacity in disaster management.

Achievements/Progress

Early warning systems: A case study was completed on the cyclone early warning system in Inhambane province. The case study focused on the success of a Danish Red Cross funded community-based disaster preparedness (CBDP) programme (including an early warning system) initiated in Inhambane and Zambezia provinces after severe floods in 2000-2001. Interviews with key informants in the aftermath of Cyclone Favio indicated the relevance, success and sustainability of the programme. In particular, although direct external funding ended with the close of the programme in early 2006, local disaster committees, with support from CVM, put into practice skills and techniques learned through the CBDP activities and played a crucial role in alerting communities to the cyclone, and overall damage to property and human life was reduced as a result of training, awareness raising and equipment provided through the CBDP programme.

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Pre-positioning of relief stocks: CVM has developed a plan for replenishing disaster relief stocks used during the emergency as well as strategically pre-positioning stocks in warehouses. The National Society is seeking funding to support this activity, which will increase its capacity to respond in future emergencies.

Infrastructure: To increase its capacity to better respond to disasters, CVM plans to rehabilitate three cyclone-affected district offices; to construct one district office in flood affected areas; to construct a regional operational base in Caia (identified as the operational base for floods response by the INGC) and to rehabilitate three strategically located warehouses. Plans have been designed in cooperation and consultation with a Federation fleet delegate who was in Mozambique to assess fleet and logistics procedures and set up throughout CVM, including in flood and cyclone affected areas. A lack of funding has restricted progress against these activities.

Communication and transport systems: To ensure a safe and efficient flood and cyclone response, CVM is improving its communications and transport through maintenance of vehicles involved in the operation, installation of mobile HF radios, and 4 x 4 training for drivers. So far, training in 4 x 4 driving and checking vehicles has taken place for seven drivers at the CVM headquarters. Plans have been designed in cooperation and consultation with a Federation fleet delegate who was in Mozambique at the time.

Disaster response capacity and institutional knowledge: CVM is planning to increase overall capacity through lessons learnt, on the job training in report writing, national disaster response team (NDRT) training, experience exchange activities and documentation and dissemination of information materials on good practices and lessons learnt. So far, a case study has been completed on cyclone early warning systems and regular reporting and on the job training in reporting for CVM headquarters staff is on-going; however an overall lack of funding has restricted progress against these activities.

Logistics: A Federation logistics delegate continues to support the floods and cyclone response to ensure efficient, timely receipt and distribution of relief items. The Danish/Swiss logistics ERU, previously operational in flood and cyclone affected areas, has now left Mozambique. A Danish base camp, set up in Caia to accommodate Red Cross staff involved in the operation, is being dismantled as the overall size of the floods response operation decreases and more permanent accommodation facilities are identified.

The Spanish Red Cross Telecoms ERU, funded by Telefonica (a Spanish telecoms company) was operational in Vilanculos until 20 March. The ERU repaired high frequency communications systems and boosted electrical supply with solar panels. In addition, a service centre – with voice, data and radio communications – was set up in the Spanish Red Cross Telecoms office and the Norwegian Red Cross Basic Health Care unit ERU.

Communications – Advocacy and Public Information

Awareness of Red Cross Red Crescent: CVM and the Federation continue to produce information materials (including newsletters and news stories) in English and Portuguese for distribution through the national media and to national and international partners and donors. CVM is engaged in regular production of radio shows and submits articles for publication in the national press on a regular basis.

Promotion of Humanitarian Values: CVM volunteers in Maputo celebrated the International Red Cross Red Crescent Day on 8 May by recalling their experiences working to assist survivors of recent explosions from a munitions factory that hit the capital's suburbs. Over 100 people were killed and more than 500 injured in the tragedy, and Red Cross volunteers and staff played a vital rescue and response role in volatile circumstances, providing shelter, food and water to survivors, and helping in the transfer of the dead and injured to the hospital.



Local disaster committees (a member of the disaster committee is pictured above), with support from CVM, played a crucial role in alerting communities of Cyclone Favio.

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In speeches marked with reminders of the seven Fundamental Principles of the Red Cross Red Crescent Movement, the secretary general of CVM and head of operation in Mozambique, praised the volunteers for their courage, strength and hard work in the aftermath of the explosions. The event ended with a presentation of certificates from the CVM and International Federation in recognition of the remarkable commitment and courage of these volunteers during the emergency operation.

A dissemination workshop on the Fundamental Principles was held in Inhambane province for staff and volunteers. The purpose was to increase/refresh overall understanding of the principles and values. Similar workshops are planned for the four flood affected provinces.

Preparations are under way for CVM day (10 July); the CVM information department is planning an experience exchange workshop and distribution of certificates for all volunteers involved in the floods and cyclone operation.

Coordination

For this emergency, the UN-established cluster approach has been activated. By appointing specific organizations as lead agencies in specific fields, clear coordinating structures have been set up. Disaster response coordination at a national level is being handled by the INGC, which is part of the Ministry of State Administration. The UN Resident Coordinator is in charge of coordinating UN support to the government. The UN Office for the Coordination of Humanitarian Affairs (OCHA) regional office and the UN country team are supporting the UN Resident Coordinator's office in implementing the cluster approach.

This operation is aligned with the International Federation's 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.**

For further information specifically related to this operation please contact:

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