

Operations update



International Federation
of Red Cross and Red Crescent Societies

Southern Africa: Floods

Emergency appeal n° MDR63001
GLIDE n° FL-2008-00004-
BOT/LSO/MOZ/MWI/
NAM/SWZ/ZMB/ZWE
Operations update n° 02
3 March, 2008

Period covered by this Ops Update: 5 February to 26 February, 2008;

Appeal target (current): CHF 11,409,294 (USD 10.33m EUR 7.13m);

Appeal coverage: 26%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- This Emergency Appeal was revised and launched on 13 February, 2008 for CHF 11,409,294 (USD 10,332,633 or EUR 7,131,363) for six months to assist a total of 154,150 beneficiaries in Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe.
- The **Preliminary Emergency Appeal** was launched on 18 January, 2008 for CHF 8,084,000 (USD 7.3m or EUR 5m) for six months to assist a total of 150,000 beneficiaries in Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe.
- **Disaster Relief Emergency Fund (DREF)**: CHF 1,191,000 was initially allocated from the Federation's DREF to support the national society to respond. (CHF1,084,00 of DREF for the region, CHF107,000 previously allocated for Zimbabwe)



Sofala Province in Mozambique, temporary shelter erected to assist people displaced by floods.
(Photo: Mozambique Red Cross February 2008)

Summary: The International Federation of Red Cross and Red Crescent Societies

revised the preliminary emergency appeal on 18 February based on results from the field assessments on the widespread flooding in Southern Africa. The total number of people affected had risen from 194,000 to more than 334,000 by mid-February. The geographical coverage of the appeal has also expanded to include Botswana, which experienced heavy rainfall that causes flooding in the northern parts of country. The appeal has been revised to incorporate the construction of temporary shelter and activities on health and care in emergencies. The International Federation Zone Office in Southern Africa is coordinating the relief operation through a technical relief team that has been set-up at the Federation office. Upon the request of the National Societies Regional Disaster Response Team (RDRT) members have been deployed, two in Mozambique and one in Namibia. This operation is expected to be implemented for six months, until 31 July 2008.

The Situation

Heavy rains continued for most part of February making more people vulnerable. In addition to severe flooding in some parts of Malawi, Mozambique, Namibia, Zambia and Zimbabwe, Botswana experienced localised floods in the northern districts and 1,130 families were affected. Like in other affected countries, flooding displaced people, destroyed houses and livestock and the vulnerable people are in short supply of clean water and sanitation facilities. Lesotho and Swaziland had not recorded further storms but assistance to the affected households continued.

According to figures from the National Disaster Authorities and the Red Cross National Societies, the cumulative number of affected people is estimated at 66,830 families (334,150 people), with 21,200 families (106,000 people) in Mozambique, 27,800 families (139,000 people) in Malawi, 6,500 families (32,500 people) in Zimbabwe, 4,800 families (24,000 people) in Namibia and 4,000 families (20,000 people) in Zambia and 1,130 families (5,650) in Botswana. It is estimated that a total of 60 people were killed by these floods, while an undisclosed number of people were also injured.

With the season still in the early stages, further heavy rains are expected and more immediate humanitarian needs will be required. It is expected that water borne diseases, such cholera outbreaks, will increasingly be reported. It is also anticipated that food insecurity will be one of the main threats in countries affected by the floods.

Botswana

Botswana has experienced heavy rains in the northern regions of the country and an estimated 1,130 families have been affected in four villages namely Nata, Gweta, Zoroga, and Monxotai. It has been reported that 507 huts and 76 modern houses in Gweta; 10 huts in Polanka cattle post; 10 huts at Gozoba lands; 41 huts in Nata and 26 huts in Zoroga have been damaged. In addition, there are 19 cattle posts that are equally affected and inaccessible due to high water levels. The main road from Nata through Gweta to Maun is covered by water and the dust roads are impassable. Where possible the people resorted to using horses and donkeys for transportation.

In Gweta and surrounding villages there is problem of sanitation because there are few pit latrines in the community and the rest of the people resort to using the bush. In addition, the sewerage pump is not working and the ponds are full beyond capacity. All the areas mentioned above are malaria prone zones. Because of the stagnant water and the over spilling sewerage ponds there will possibly be an increase in anopheles, which will most likely result in increased malaria cases. In addition, the water that runs through and around the communities is contaminated, and this will most likely expose most people to infectious and water-borne diseases. The government has sent 17 portable toilets for use by the community for approximately 7,000 people. However, this act will most probably not rid the expected results as there is a serious problem of insufficient water supply for those that are using water-system toilets.

Malawi

After further assessments by Malawi Red Cross, the Department of Disaster Management (DoDMA) and other humanitarian agencies, it is reported that the number of affected people has increased from 12,199 households to approximately 27,800. An increase in rains has led to additional reports of flooding in some areas and Nsanje and Chikwawa reported an increase in numbers of affected households. Zomba is the latest district to report flooding, with 657 households losing their effects. In Mlolo village in Nsanje, a further 1,302 households were reported to have their houses destroyed, while Chikwawa reported 3,000 displaced households in Makhuwira village. The total hectares reported flooded has risen to 10,080.

The DoDMA continues with assessments and situation monitoring in the areas affected, and two teams have been deployed on 12 February to conduct verification exercises and further assessments in Nsanje and Chikwawa. There are increasing concerns on the health risks in the area, with 714 cumulative cases of cholera and 13 deaths reported since November 2007. The DoDMA, with the help of Malawi Defence Forces vehicles, managed to access flood affected people in Mlolo's area.

Mozambique

Heavy and intense rainfall has been recorded in the northern part of Mozambique during the past two weeks of February. Levels of the Licungo and Pungue rivers have increased due to persistent rainfall in Zambezia and Manica Provinces. The water levels of the basins in the central region, Zambezi, Buzi and Save, are fluctuating with a tendency to stabilise. Water levels rose slightly in the northern Melela, Messalo, Montepuez and Lurio

rivers. On 12 February, a flood gate was opened in the Kariba Dam in order to prevent the dam from overflowing. An alert was sent out in the area, warning 100,000 people to move to higher grounds due to increased water in the Zambezi River. The situation is currently under control.

The National Institute for Disasters Management (INGC) and Mozambique Red Cross (CVM) were in the field to conduct preliminary needs and damage assessment. In Cabo Delgado Province, around 2400 families have been affected and approximately 2,205 hectares of crops have been washed away. A total of 766 houses built with local materials have also been destroyed, of which 207 are in Quissanga, 138 in Muedumbe, 65 in Macomia, 53 in Montepuez; 300 in Mecufie, 3 in Pemba Metuge districts; Cabo Delgado Province. In Niassa (Mandimba District) the situation is under control and all support was offered by INGC and CVM.

According to the Emergency Operative Centre (CENOE), a total of 105,685 people (21,137 families) have been displaced as a result of the floods in all affected areas. The total number of deaths is 12 (update until 19th February). The government has in total established 44 resettlement areas to shelter the displaced population.

The health authorities have raised concerns about the rapid increase in numbers of people affected by severe diarrhoea and cholera. Government and non-governmental partners have already planned a multi-sector assessment and a number of staff and humanitarian organisations are being deployed to ensure on-going monitoring of the rapidly changing situation. Preliminary reports indicate that the Ministry of Health (MoH) and other partners began the process of establishing temporary facilities to address the additional needs of displaced populations. The displaced population living in camps is overcrowded and are faced with water and sanitation problems. A total of 4,108 cases of cholera, with 37 deaths suspected to have been caused by cholera, were reported in eight provinces namely Sofala, Cabo Delgado, Manica, Tete, Zambezia Gaza, Maputo City and Maputo Province). More than 71 Treatment Cholera Centers have been established across these provinces.

Namibia

Water levels were reported to be rising in Oshakati in the northwest and Caprivi region in the north. With the increased rainfall in neighbouring countries' drainage areas, the downstream river flow into Caprivi is expected to be high. To date, the majority of the flood waters relate to the amount of rainfall meaning that the main effect of river flooding is yet to come.

An estimated number of 24,000 people have been affected and are in need of shelter and other relief items. Assessments are still taking place to ascertain the damage so far and how the situation is evolving. Because most of these areas are rural, the flooding to date is enough to render roads impassable, cutting access to population groups already. The affected population has not yet shifted, although there are some areas (south Caprivi) where some livestock movement, a pre-cursor to population transit, has commenced. The two main consequences of the rising water levels are; restricted access to shops/facilities, clinics and schools, while shortage of edible water has also been reported.

This situation represents a pending disaster with potentially higher flood levels than last year. At this time, access to relocation sites is possible, so there is an opportunity to pre-position relief stock before the situation worsens. Above all, chlorine; which is required to treat the contaminated water, is urgently needed as the affected population is now drinking flood waters.

In the northwest, much of the land which is usually used for cultivation is trapped under water. This might lead to poor crop harvest this year. In areas where seeds have already been planted seedlings have drowned or are under water and are not likely to germinate. Some food storages have collapsed and the livestock has also been affected because most of the grazing land is under water while other livestock has drowned. Some schools are not accessible due to the flooding. There is a general fear of disease outbreak such as cholera, malaria, diarrhoea and all water-borne related diseases. There could also be a risk of spreading of airborne diseases such as tuberculosis (TB) among the relocated families sharing tents or shelter.

Zambia

The heavy rains have continued though the intensity has shifted from the southern to the northern parts of the country. The newly most affected are the Western and North-Western provinces. The rains are expected to continue up to end of March, 2008 for most parts of the country. The already saturated flood plains are expected to have more flooding with the heavy downpours in the Northern and North-Western parts of the country where the major rivers have their sources and flow to the southern parts. The southern province has nevertheless continued to receive normal to above normal rainfall.

The western province had the highest number of people displaced by flooding i.e. the Kasaya area bordering Livingstone and Sesheke recorded 245 households including 210 school age children. Two camps were set up at different locations to shelter the displaced people. Zambia Red Cross has provided food and sanitation facilities, the Lottery Club Shelter, and the Catholic Relief Services mobile clinic including antiretroviral therapy (ART) education facilities. The children at Kasaya camp are learning under trees while those at Kazungula camp have to walk for three kilometres to the nearest school.

Lusaka, the capital city has not been spared from the effects of floods. The rains have caused flooding in the surrounding shanty townships due to poor drainage system. As a result some latrine and water points are flooded and unfortunately this poses risks of diseases outbreaks. The MoH has reported 40 suspected cholera cases in Chipata compound of Lusaka in the past three weeks. The Lusaka District Health Management Team (LDHMT) has embarked on measures to prevent further spread including: liming of latrines in the compound, conducting health education, burying of shallow wells, which have been sources of domestic water for some residents and distributing chlorine to households. The ZRCS has initiated discussions with the LDHMT with the intention of establishing collaborative activities.

Zimbabwe

A cholera alert has been sent out for the Mashonaland East Provinces where so far 66 cholera cases and four deaths have been reported in Mudzi district. The problem seems to have arisen from people using unprotected water sources, which could be contaminated from floods water. There is only one borehole at the Mudzi growth point and the health facility has gone without adequate water supply for some months. A cholera assessment is currently underway in Mashonaland Central where there have been 11 cholera cases reported and five deaths. Zimbabwe Red Cross is responding to this alert.

Muzarabani and Chipinge have continued to receive rainfall but this has not resulted in major flooding. However, the Cabora Bassa dam on the Mozambique side is now full to capacity and overflowing. Several rivers from Democratic Republic of Congo, Zambia and Zimbabwe flow into the Zambezi River, which also feeds the Cabora Bassa dam, heavy rains in these countries contribute to the likelihood of backflow. The backflow from Cabora Bassa into Musengezi River and its tributaries may result in further flooding in the low lying Muzarabani area.

Coordination and partnerships

The affected Red Cross National Societies continue to collaborate with the respective National Disaster Management Coordination Bodies¹, and actively participating in the coordination meetings with other humanitarian agencies. Zimbabwe Red Cross is working closely with the local authorities and United Nations International Children Emergency Fund (UNICEF) on the cholera alert in Mashonaland East and Central Provinces where assessments are currently taking place.

Mozambique Red Cross (CVM) is working closely with World Health Organisation (WHO) and UNICEF in the health sector and conduct coordination meeting and joint assessments. CVM has a good cooperation with all stakeholders involved in this operation namely the Federation Country Representative, Partner National Societies (PNS), other agencies (OXFAM, MÉDICOS SEM FRONTEIRA, Action Aid, Help Age, World VISION), United National (UN) agencies (World Food Programme, UNICEF, OMS) and the government authorities through the MoH, Ministry of Public Works and Housing and other ministries at all levels. CVM is taking part in all coordination meetings at national, provincial and district levels. A task force has been established, and hold daily meetings to keep all members informed about the situation and to take decision on assistance and relief in field. CVM is also a member of CENOE and has got a representative in Caia District where the CENOE is based. The National Society also takes part in other cluster meetings at headquarters level and provincial level.

Zambia Red Cross response teams continue to work closely with the District Disaster Management Committees in all the affected districts. The MoH has availed the environmental health technicians in the affected areas to assist in hygiene promotion and other sanitation services. Zambia Red Cross holds coordination meetings with UNICEF and DFID to explore potential partnerships. The existing collaboration with the UN has been maintained through Inter Agency Standing Committee meetings conducted once every fortnight.

¹ (Disaster Management Mitigation Unit (DMMU) in Zambia; Civil Protection Unit (CPU) in Zimbabwe; Emergency Management Unit (EMU) in Namibia; Disaster Management Authority (DMA) in Lesotho; National Disaster Management Authority/Department of Disaster Management Affairs (NDMA/DoDMA) in Malawi; and National Disaster Management Institute (INGC) in Mozambique).

National Society Capacity Building: At the request of the National Societies, two RDRT members trained in relief and water and sanitation have been deployed in Mozambique, and another WatSan RDRT deployed to support Namibia Red Cross. Through the relief coordination team established at the Zone, all the affected national societies will receive technical support in relief work, logistics, finance management and coordination of the operation. The relief team will conduct structured field visits to provide in-county support to the operations.

The Federation Zone in southern Africa has been strengthening the National Societies' disaster management systems, through regional planning meetings, development of floods and cholera contingency plans, training Red Cross action teams and Regional Disaster Response Teams (RDRT). The Zone has also initiated an internal restructuring process for the disaster management departments at National Society level. The whole set up for this operation is intended to ensure that each National Society takes a lead in the operation and support from the Federation will be at the request of the affected National Society.

Red Cross and Red Crescent action

The Federation Zone office in Southern Africa established a centre for support to the country operations. The relief coordination team consists of a floods operation coordinator, logistics coordinator, relief coordinator and finance manager. To complete the team a communication delegate will soon be recruited. Communication and reporting function are provided on ad hoc basis with Zone PMER and Relationship Management units providing the necessary backup. This team reports to and works with the Disaster Management Coordinator at the Federation Zone office.

The relief support team (Field Assessment and Coordination Team - FACT) completed its mission on 19 February and handed over the operation to the relief coordination team. An assessment has been conducted in Namibia jointly with the local authorities, Namibia Red Cross and a relief support (FACT) team member. The relief support team report has been produced and it contributed to the revision of the preliminary emergency report.

The affected National Societies have also deployed staff from the headquarters and the provincial branches, particularly people trained in RDRT, and with experience in disaster response working in various areas such as coordination, relief, water and sanitation, and health. Teams from the headquarters are also closely monitoring the situation and providing technical support in the affected branches.

Progress towards objectives

Relief distributions (food and basic non-food items)	
Objective: 30,830 flood affected households are provided with appropriate non-food relief items. Distributions are carried out in the immediate and mid-term according to assessment and selection criteria that identify actual needs and vulnerable groups, and are based on careful registration and a system/process that controls and monitors, and record the movement of such goods.	
Expected results	Activities planned
Relief items are distributed to the following households: 1,130 in Botswana, 900 in Lesotho, 6,000 in Malawi, 9,000 in Mozambique, 4,800 in Namibia, 500 in Swaziland, 2,000 in Zambia, and 6,500 in Zimbabwe for a period of six months.	<ul style="list-style-type: none"> • Conducting joint needs and capacity assessments, and continuous monitoring in the affected countries. • Distributing blankets, kitchen sets, mosquito nets, kitchen sets, jerry cans, soap, life jackets and first aid kits. • Procuring and distributing agricultural starter-packs, (seeds and fertilizer), to 400 most vulnerable households and replace lost livestock for 150 most affected households in Zambia.

Progress: The affected National Societies have more or less started relief distributions and some pre-positioning relief stocks at strategic areas. Specific information on total distribution is still being gathered at country level as National Societies are busy with the distribution work on the ground.

Botswana Red Cross: Distributed 160 blankets, disposable nappies, 213 water purifying sachets, clothes, toiletry to 225 people in Gweta, 30 blankets in Nata, and 13 blankets in Zoroga,

Lesotho Red Cross: Received in-kind donations of clothing from local non-governmental organisations, blankets and hygiene kits from a faith-based organisation. Items are being distributed.

Mozambique Red Cross: 108 First aid kits distributed among volunteers, four boxes of medicine kits distributed to health centres, four inter agential medical kits distributed also to the government (district health office), 8.180 mosquito nets distributed (accumulative), and the following were distributed during the reporting period 400 tarpaulins, 400 kitchen set, 400 jerry cans, 400 buckets, 800 blankets, 97 tents. CVM has in CAIA for distribution the following material according to plan (In pipeline present in Caia Warehouse): 400 tents, 1,000 kitchen sets, 200 tarpaulins, 11,000 mosquito nets.

More than 600 volunteers are currently deployed in the affected areas to support relief activities. The volunteers' activities include; rescue, first aid, water chlorination, hygiene promotion, latrines construction, health and care, shelter construction and social support.

Namibia Red Cross: Continues with registration of the affected people in the relocation centres. Distribution of food aid, mosquito nets and blankets began in the reporting period. Namibia Red Cross has so far distributed 1,560 blankets and 600 mosquito nets.

Zambia Red Cross: Conducted three rapid assessments in the affected areas. So far, Zambia Red Cross has distributed 800 blankets, 375 mosquito nets, 200 cooking sets, bathing and washing, 100 water buckets and 200 collapsible 20 litre jerry cans.

Challenges: It is very difficult to get the information on the distribution of relief items from the remote areas to the headquarters of the Red Cross National Societies, especially in the large operation in Mozambique. Due to inadequate funding support, it has been difficult to keep volunteers and staff at the field, unable to conclude the assessment on time, which derailed plans for the implementation of the activities. However, from the preliminary assessments, it has become very clear that there is need for air transport and more volunteers to assist

In Zambia, damage to roads, bridges and culverts in some areas made it difficult for the response teams to reach some of the affected people. The lack of capacity at district level especially in assessment has delayed response activities. Transportation of relief materials to beneficiaries has been difficult without trucks (hiring over long distances has been very costly).

Shelter

Objective: A total of 29,430 families affected by floods in Botswana, Malawi, Mozambique, Namibia, Zambia, and Zimbabwe and 1,400 affected by heavy rains with storm in Lesotho and Swaziland are living in a safe and healthy environment.

Expected results

The targeted 30,830 displaced households are provided with shelter material within six months

Activities planned

- Distributing shelter kits and assisting with the construction of temporary shelter².
- The affected National Societies' staff and volunteers are trained on the provision of shelter kit.

Progress:

Botswana Red Cross: It took about three weeks since the onset of the floods to conduct an assessment and to distribute relief items in Gweta district. In Zoroga and Nata, only a few tents were distributed within four weeks of the disaster. Botswana Red Cross in collaboration with the government has started providing relief assistance.

Zambia Red Cross: In Monze district of Southern province, 290 people that were displaced and temporarily sheltered at the Ntandabale School have now been provided temporary shelter at a camp set up by Zambia Red Cross.

Water, sanitation, and hygiene promotion

Objective: The risk of waterborne and water related diseases has been reduced through the provision of safe water, adequate sanitation as well as hygiene promotion to a total of 29,430 families affected by floods in Botswana, Malawi, Mozambique, Namibia, Zambia, and Zimbabwe and 1,400 affected by heavy rains with storm in Lesotho and Swaziland.

² The International Federation shelter kits consist of 2 standard tarpaulins, tools (hoe, shovel, machete, hammer, wood saw) fittings (wire, nails, and rope), and 5 wooden poles.

Expected results	Activities planned
Safe water is provided to a total of 30,830 families displaced by floods and heavy rains with storm.	<ul style="list-style-type: none"> Distributing water purification powder and conducting training on the appropriate use. Information, communication and Education (IEC) materials will be developed in local languages. Treating and distributing water in Mozambique and Namibia. Distributing household level water storage (i.e. jerry cans) to 30,830 households.
Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, is provided to 30,830 families for six months.	<ul style="list-style-type: none"> Distributing 7,500 sanitation platforms to the displaced families and training to ensure appropriate installation, operations and maintenance (O&M). Assisting with construction of 7,500 temporary latrines and training on O&M. Assisting with vector control and prevention measures. (outdoor and indoor spraying where appropriate, grass cutting and filling mosquitoes breeding sites) Assisting in waste disposal measures. (digging and using refuse pits) Assisting in drainage measures. (improvement of drainages around shelters and water points)
The health status of the population affected by floods and storm is improved.	<ul style="list-style-type: none"> Training 160 community-based volunteers on PHAST (adapted to emergency context) and deploying teams in the affected communities to conduct PHAST sessions targeting 50,000 families. Conducting hygiene promotion campaign (health promotion as elaborated in health emergency) within the affected population focusing on behaviour change and targeting a total of 50,000 families in the affected countries. (Distributing IEC materials, conducting house visit, community meetings with key messages such as washing hand at critical times, after using toilet, before and after eating, before feeding children, after helping children to use toilet etc) Providing information, education and communication (IEC) material on key hygiene practices (printed materials - posters, flyers, etc) to targeting affected population.

Progress:

Mozambique Red Cross: More than 16,000 litres of water has been chlorinated, two water treatment plants placed in Mopeia and Caia districts. Each one produces 30,000 litres of water for 2,000 people per day (60,000 litres of water for 4,000 people). A total of 283 temporary latrines have been constructed in resettlement areas for 14,150 people. Approximately 107,500 people reached through hygiene promotion and door-to-door visits by CVM volunteers

Zambia Red Cross: Constructed 32 temporal latrines and 23 bathing shelters at eight evacuation camps in Southern and Western Provinces. Zambia Red Cross also provided protected waste disposal refuse pits and dish racks at all the eight evacuation camps. The National Society also set up 250 litre water containers (with taps) at Kasaya and Kazungula for storage and treatment of water. The affected households have also benefited from hygiene promotion from ZRCS volunteers that have been trained, nine in Mazabuka, six Kasaya and eight Kazungula

Emergency Health and Care

Objective: To reduce health risks, morbidity and mortality as a result of the emergency on the affected population through the provision of health promotion, preventive, community-level and primary health care services to 28,830 households in Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, and Zimbabwe for six months.

Expected results	Activities planned
Reduction of mortality and morbidity through provision of primary/preventive health care oriented programme.	<ul style="list-style-type: none"> Train 500 NS volunteers on communicable disease surveillance (focus on malaria and diarrhoeal diseases) and community based epidemic action and referrals. Distribute 18,000 ORS to 3,000 families within six months with

	<p>education on diarrhoea prevention and control, usage on ORS and establishing community based integrated disease surveillance.</p> <ul style="list-style-type: none"> • Undertake malarial control measures through community education, distribution of mosquito nets and follow up of usage. The beneficiaries should be registered and statistics shared with the local health authorities. • Support any related mass vaccination campaigns by social mobilisation and/or independent monitoring in coordination with MoH/WHO/UNICEF. • Pre-positioning additional supplies such as cholera kits and mosquito nets as a contingency stock for up to 10,000 persons.
The scope and quality of the NS health and care is strengthened to prepare for and respond to health in emergencies.	<ul style="list-style-type: none"> • A total of 1000 NS volunteers to be trained on CBFA (health promotion). • Sustain health promotion campaigns within the affected population focusing on malaria and diarrhoeal diseases targeting 30,000 households. • Create and provide printed and other materials to be used in the health promotion campaigns (such as posters, flyers, manuals, educational materials, etc). • Conduct emergency health training for the NS health personnel to increase the capacity of the RDRT/NDRTs. • Support Reproductive Health (RH) and Sexual Gender Based Violence (SGBV) activities including protection of women, girls and children. • Conduct trainings - Training of Trainer courses on First Aid Epidemic control, Emergency Health training for 160 volunteers and coaches, in the affected branches within the next six months.
Psycho-social support is provided to the most affected households and NS staff and volunteers as needed.	<ul style="list-style-type: none"> • Provision of Psychosocial Support to the most affected households. • Provision of psychological support to the RC staff and volunteers.

Progress:

Mozambique Red Cross: CVM has set 34 first aid posts out of 44 resettlement areas and has assisted 9,234 people through the first aid post. The most common health problems attended to are diarrhoea, malaria, headaches and minor injuries. More than 80 health education sessions for 22,470 people have been conducted.

Logistics	
Objective: To support the relief operations, delivering a range of relief items in line with the operational priorities.	
Expected results	Activities planned
The operation has coordinated mobilization of relief goods; reception of all incoming goods; warehousing, centralized provision of standard vehicles as required; and coordinated and efficient dispatch of goods to the final distribution points.	<ul style="list-style-type: none"> • Providing technical and financial support in logistics, warehousing, and distribution and controlling supply movements. • Procuring and distributing relief supplies and controlling supply movements from point of dispatch to end user. • Monitoring and evaluating relief activities and reporting on relief distributions. • Liaising and coordinating actions with all appropriate key logistics actors to ensure that the Federation logistics operation uses all information and resources as efficiently and effectively as possible. • Supporting and building logistics capacity through training, workshops, and providing delegates to support the logistics function. • A detailed and up-to-date mobilization table is available on the Federation's Disaster management Information System (DMIS): The Federation will be working on mobilizing specific relief items to respond to needs in the field and donors must coordinate with the Dubai Regional Logistics Unit (RLU) regarding outstanding needs. Shipping instructions will be provided to donors from Dubai RLU,

	with a Consignment Tracking Number which is issued prior to shipping any goods to the operation. Procurement of goods and transport can also be arranged through the RLU.
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Progress: To support the operation, the PIROI (Plate-forme d'Intervention Régionale pour l'Océan Indien) logistics delegate is currently in Mozambique on a one month mission to assist with the distribution of relief items (500 kitchen sets, 200 family tents and 11,000 mosquito nets) provided by the French Red Cross.

Communications – Advocacy and Public Information

The Federation Zone office has engaged a communication officer for short term to facilitate continuous production of stories for the operations. With support from the Federation Secretariat communications department, the Zone maintains a steady flow of information between the field and other major stakeholders.

Zimbabwe Red Cross in conjunction with the communities has come up with a hazard and risk map of the flood prone villages, evacuation routes and safety zones. It was noted that some of those who were recently displaced by flooding had relocated to higher ground and started construction on secure ground. All information on floods is disseminated combined with information on the Red Cross mandate and the Fundamental Principles. Interest has been generated within some communities that are keen to renew their membership. As part of its preparedness, Zimbabwe Red Cross is enhancing membership recruitment, branch formation and establishment of emergency response teams.

How we work

All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

Global Agenda Goals:

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

Contact information

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[<Updated donor response report attached below; click here to return to the title page>](#)