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Emergency appeal operation update

Mozambique: Storm and Cyclone

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRMZ009
GLIDE n° TC-2012-000008-MOZ
6-month summary update
14 November 2012

Period covered by this Operations Update:
22 February to 31 October 2012.

Appeal target (current): CHF 2,728,741

Appeal coverage: 39%

[<click here to go directly to the updated donor response report >](#)

Appeal history:

- **Disaster Relief Emergency Fund (DREF):** CHF 297,349 was initially allocated from the IFRC's DREF to support the National Society to respond.
- This Emergency Appeal was launched on 22 February 2012 for CHF 2,728,741 to support the Mozambique Red Cross Society to assist 14,000 households (70,000 beneficiaries) for 12 months.
- This operation update provides information on the progress of the operation and is meant to satisfy the requirement for a summary of the first 6 months.



Red Cross volunteers carrying out hygiene promotion in Namacurra district, Zambezia province/Photo: CVM

Summary: In January 2012, two tropical storms and cyclones hit Mozambique. Tropical Cyclone Funso affected the Northern Coast of the country, while Storm Dando affected mostly Gaza and Maputo provinces. In response to the disaster, the International Federation of Red Cross and Red Crescent Societies (IFRC) supported Mozambique Red Cross Society (CVM), through the deployment of a Regional Disaster Response Team (RDRT) consisting of water and sanitation, logistics, communication and coordination specialists in February for 10 days. A Field Assessment and Coordination Team (FACT) comprised of health and shelter technical experts and a team leader were also deployed to further support CVM staff at the national, provincial and district levels in the operation. A second deployment of a FACT leader was made to support CVM in reviewing the Emergency Plan of Action. The deployed RDRT and FACT teams supported the National Society in carrying out assessments in the affected areas of Gaza and Zambezi provinces in order to establish and operationalise the Emergency Plan of Action thus provide appropriate assistance to enable those affected recover and improve their pre-disaster living conditions. To further support CVM in the response operation, an IFRC operations manager was deployed and has been in Mozambique since the end of May supporting the National Society in the response operation thus ensuring that vulnerable communities are reached across all sectors.

Non food items (NFIs) such as mosquito nets, tarpaulins, shelter kits, soap, blankets, jerry cans, water purification tablets (certeza) and oral rehydration salts (ORS) were distributed to affected families. The timely distribution of NFIs was made possible by the pre-positioned stocks in Maputo and Harare and various contributions from members of shelter cluster. Volunteers have conducted water chlorination activities at the water points and during household visits and conducted 388 hygiene and health promotion campaigns in Zambezia, Maputo Province, Maputo City and Gaza Provinces reaching total of 17,206 people.

In the initial phase of the response operation, community-based disease prevention and hygiene promotion activities were implemented as planned. CVM staff and volunteers provided hygiene and health promotion information to the target population through more than 530 sensitization sessions and house visits reaching over 25,800 beneficiaries. In addition, 15 latrines were constructed and communities sensitized on their proper use. Wwater treatment tablets as well as treated drinking water was distributed benefitting a total of 41,663 beneficiaries. This is expected to contribute to reduced incidences of diarrheal and malaria diseases in Gaza and Zambezia provinces.

In May, the second phase of recovery started with the implementation of Community-based disease prevention and hygiene promotion activities, distribution of shelter tool kits , tarpaulins, mosquito nets and seeds, training of volunteers on Community Based Health and First Aid (CBHFA) and replenishment of stocks used in the initial response which included purchase of emergency response items such as emergency kits for volunteers, mosquito nets, shelter tool kits, water and sanitation materials and tarpaulins .

Disaster Risk Reduction activities planned in this operation have not been implemented during the reporting period. These are scheduled to begin and are aimed at building capacities in disaster preparedness and response at province, district and commune levels. These activities have been identified as a priority by CVM provincial chapters in the affected areas as the operation comes to a close.

To date, partner support has been received from British Red Cross, Canadian Red Cross/Canadian Government, Danish Red Cross/Danish Government, European Commission Humanitarian Aid and Civil Protection (DG ECHO), Japanese Red Cross Society, Swedish Red Cross and VERF/WHO Voluntary Emergency Relief. IFRC and CVM would like to thank all donors for their generous support.

[<click here to go directly to the interim financial report or here to view the contact details>](#)

The situation

Between mid-January to mid-February 2012, Mozambique was hit by a series of severe meteorological events ranging from tropical depression, cyclones and flooding affecting more than 154,000 people. Tropical cyclone Funso hit the Northern and Central coasts of the country, mainly the districts of Nampula and Zambezia provinces; however Zambezia province was the most affected. Tropical storm Dando hit the Southern province affecting Inhambane and Gaza districts and Maputo province. The situation was made worse by the heavy rainfall that was also experienced in South Africa and Swaziland, resulting in an increase in the water levels in Maputo, Incomati and Limpopo basins in southern Mozambique. A total of 154,322 people were affected with 56 deaths, 8,281 houses totally destroyed and 10,966 houses partially destroyed.

Table 1: Summary of the effects of the disaster (source: HCT cluster on damages)

PROVINCE	POPULATION			HOUSES		INFRASTRUCTURES	
	People	Families	Death	Partially destroyed	Totally destroyed	Schools	Health centres
Maputo City	14,465	2,839	10	233	50		
Maputo Province	15,625	3,125	13	273	50		
Gaza	48,830	9,762	10		3,694		
Inhambane	1,740	348	2	93	9	124	
Zambézia	66,946	17,082	21	9,167	4,104	355	11
Nampula	6,716	2,122		1,200	374	47	1

Total	154,322	35,278	56	10,966	8,281	526	12
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Housing among the most vulnerable persons and especially the poor was greatly affected as most houses were totally destroyed or partially damaged mainly because the houses were built with locally available traditional cheap materials. Water sources were contaminated and sanitation conditions worsened by the flooding which increased the unhealthy sanitation practices. The disaster disrupted livelihoods and destroyed crops, and seeds and food stocks were lost.

The initial coping mechanisms included living in temporary accommodation, staying with relatives, living in precarious makeshift shelters, reducing quality and quantity of meals, selling domestic and productive assets, and use of unprotected water sources.

Now in the recovery phase, CVM's monitoring has highlighted that families who received shelter tool kits have improved their houses. Families who have receiving seeds either from the Red Cross or from different stakeholders, have replanted their crops and affected communities are receiving community-based disease prevention and hygiene promotion. The mechanisms of recovery in a long term should be focused in "building back better" and diversification of livelihoods or support for income-generating activities in those disaster prone areas.

Coordination and partnerships

In Mozambique, the Government leads the overall coordination of disaster response through the National Institute for Disaster Management (INGC). During the response operation MVC had engaged and consulted the Ministry of Agriculture on implementation of livelihood interventions in the affected areas. Basic training on improved agricultural farming techniques was provided to 60 community volunteers from Zambezia Province by government Extension Officers from the Namacurra and Maganja da Costa Districts in collaboration with CVM. The extension officers will support and monitor the beneficiaries of the seed distribution in collaboration with the CVM volunteers. The fact that the district authorities have been involved throughout the implementation of these activities ensures that both communities and beneficiaries will be considered by the District in its own monitoring and in future trainings and distributions.

In Gaza province the training of volunteers in agricultural techniques was carried out in collaboration with the German Red Cross, which is implementing a project that will run for four years in Disaster Prevention and Response.

The Humanitarian Country Team (HCT)¹ became more engaged in the operation to complement government response efforts. The clusters were activated to support the initial assessment, deployment of staff members and allocation of resources and pre-positioned in strategic positions to provide response in all the affected provinces and districts in the southern and central regions. The cluster system is in effect year-round in Mozambique, and CVM, as Shelter Cluster co-lead with UN-Habitat played a key role during this emergency.

CVM facilitated information gathering in affected areas, activities planning and implementation, distributions and assessments data sharing with UN and humanitarian shelter partners. CVM participated in coordination meetings held at the Disaster Management Technical Council (CGTC), monitoring and sharing information at national, provincial and district level during and post the emergency and regularly participated in the government led National Institute of Disaster Management (INGC) meetings and the UN Humanitarian Country Team's planning and coordination meetings. In addition to these external coordination mechanisms, the CVM established an internal emergency task force (GODE) made up of senior management and delegates from partner national societies (PNS) present in-country (including the German, Spanish, Belgian, Finnish and Danish Red Crosses) which meets regularly to share information and plan interventions.

A Representative from ECHO conducted a monitoring visit in Gaza Province in August 2012 to assess the extent of support provided by activities funded by ECHO to the affected communities. Feedback from the monitoring visit by ECHO indicated that volunteer action in the response was positive in assisting those affected. They however recommended that CVM update its contingency plans, define minimum emergency

¹ A platform for partner institutions including UN agencies, NGOs and Red Cross Movement

stocks for CVM to respond to future emergencies and seek partnerships to maintain these stocks and constitute a well trained team for rapid assessments in emergencies. Additionally, CVM should analyze the impact and document the lessons learned from distributions made with the ECHO-funds as well as have standard assessment formats to facilitate the intervention and the interpretation of the information.

Bilaterally, Spanish and German Red Cross distributed Non food items to 2,686 and 1,700 families respectively in Gaza Province.

Table 2: Relief items distributed bilaterally in Gaza Province

Number	Item	Quantity	Partner Society
1	Chlorine(certeza 300ml)	4,000	German Red Cross
2	Mosquito nets(2 per family)	3,400	German Red Cross
3	Oral Rehydrating Salts	20,000	German Red Cross
4	Soap(1.5kg)	10,000	German Red Cross
5	Chlorine(certeza 300ml)	3,182	Spanish Red Cross
6	Soap	8,058	Spanish Red Cross
7	Mosquito nets	8,086	Spanish Red Cross
8	Buckets(1 per household)	4,386	Spanish Red Cross

National Society Capacity Building

Since the beginning of the operation, CVM with support from IFRC and the French Red Cross Platform for Disaster Response in the Indian Ocean (PIROI) undertook the following activities:

- Activation of the CVM Emergency Response Task Force and held daily coordination meetings in order to share information with the provincial branches on planning and response coordination in the affected areas
- Participated in regular INGC, HCT and cluster coordination meetings at the district, provincial and national levels
- Participated in joint assessment missions led by inter agency clusters and INGC in the affected areas as well as conducting its own assessments, including those supported by IFRC with the deployment of both RDRT and FACT teams.
- CVM branches and volunteers are also partnering with other organizations (such as Oxfam, Concern, Save the Children and Care) to implement relief distributions.
- CVM staff and volunteers build capacity across technical expertise in all sectors of the appeal, as well as distribution and monitoring
- More than 200 CVM volunteers mobilized and participating in the emergency response operation in Maputo, Gaza and Zambézia provinces as well as being involved in assessment, relief, health and water and sanitation activities.

Red Cross and Red Crescent action

Overview: To support the response operation, IFRC deployed a four person RDRT team (consisting of water and sanitation, logistics, communication and coordination specialist) in February for 10 days. A FACT team composed of health and shelter technical experts and a team leader was deployed initially to support CVM staff at the national, provincial and district levels in the operation. A second deployment of a FACT leader was made to support CVM in reviewing the Emergency Plan of Action and from which the following recommendations were made;

- Continue the distribution of essential household, shelter and WatSan relief items and mosquito nets;
- Improve access to safe drinking water through water treatment (at the source or domestic treatment);

- Disseminate key messages related to health prevention and good hygiene practices to reduce the risk of water borne diseases.
- Pre-position cholera kits to enable the CVM respond quickly and effectively should a cholera outbreak be declared
- Support recovery of agricultural livelihoods by provision of agricultural inputs so that affected households are able to engage in the next planting season and recover their sources of food and income.

Progress towards outcomes

Relief distributions (food and basic non-food items)	
Outcome: 14,000 flood-affected households are provided with emergency assistance for a period of nine months with on-going evaluation to determine if further assistance is required.	
Outputs (expected results)	Activities planned
14,000 households are provided with appropriate non food items.	<ul style="list-style-type: none"> • NDRT conducted detailed emergency needs and capacity assessments in Maputo, Gaza, Inhambane and Zambézia provinces and start up relief operation • RDRT and FACT teams deployed to support CVM with multi-sector assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Procure NFI items (Kitchen sets, blankets and mosquito nets) to 70,000 affected people, equivalent to 14,000 households. These items will be distributed or prepositioned for new disasters as the cyclone season will end in April and CVM stocks are depleted. • Monitor and evaluate the relief activities and provide reporting on relief distributions. • SPHERE training conducted (relevant to the operational strategy).

Progress: Prior to the distribution of household kits, CVM staff and volunteers from the two provinces were trained on relief distribution, with a specific focus on need assessment, beneficiary selection and registration, organising distribution points and monitoring.

Table 3: Relief items distributed

Province	Tarpaulins	Shelter kit	Mosquito nets	Kitchen sets	Soap	Blankets	Jerry cans	Buckets	Latrine Slabs
Zambézia	1,535	2,109	4,500	2,000	2,500	1,000	0	0	60
Gaza	100	100	275	0	200	0	100	0	0
Maputo city	10	0	300	0	0	0	0	0	
Maputo province	120	12	300	50	216	284	100	20	20
Total	1,765	2,221	5,375	2,050	2,916	1,284	200	20	80

Emergency health and care

Outcome: The risk of deaths, illnesses and impact from diseases reduced among affected communities through the provision of preventive measures at community-level and curative services to 14,000 households (70,000 beneficiaries) in the provinces of Gaza and Zambézia.	
Outputs (expected results)	Activities planned
First aid provided to those affected by the disaster.	<ul style="list-style-type: none"> • Provide the first aid, and refer those affected to the health facilities. P • Purchase 15 first aid kits. • Purchase 50 volunteers kit.
Increased knowledge of common disease and epidemic preventive	<ul style="list-style-type: none"> • Assessment of the current needs in affected areas. • Mobilize and recruit 155 volunteers at community level for the

measures in affected target communities through community health education.	<p>prevention of common diseases and epidemic.</p> <ul style="list-style-type: none"> • Refresher training of 135 volunteers and 5 branch staff using the CBHFA curriculum for 3 days. • Training of 20 new volunteers in one branch for 5 days.
Health status of affected communities is improved.	<ul style="list-style-type: none"> • Conduct health promotion, education and sensitization activities to 14,000 households. • Develop community-based care and support structures for the chronically ill and vulnerable members of the communities in the 5 branches. • Train 14,000 households on skills for personal protection including condom use. • Volunteers provide care and support for the sick people at home and refer them to health facilities. • Carry out CBHFA activities, in areas of the target communities, according of the priorities of the communities. • Conduct social mobilization in the routine vaccination and Malaria prevention • Procure and distribute 28,000 long-lasting impregnated mosquito nets (LLIN). • Refer pregnant women to pre-natal care intermittent preventive treatment (IPT) and anti-tetanus vaccinations. • Volunteers conduct house to house visit to check the weight card and vaccination of the children and refer to the health centre to the vaccination. • Purchase 28,000 Oral Rehydration Salt for dehydration prevention. • Printing and distribution of IEC materials on disease prevention. • Procurement and distribution of 15 kits for home treatment management. • Treatment of the most common diseases by the volunteers/APES (Community health workers).

To reduce health risks among affected communities through the provision of preventive measures at community-level and curative services in the provinces of Gaza and Zambézia, CVM staff and volunteers carried out first aid and transported injured people to health centres. They also conducted diseases prevention campaigns through house-to-house visits and community activities, including hygiene promotion activities to help community members prevent disease transmission. Mosquito nets and latrine slabs were also distributed.

Safe drinking water was distributed in Zambezia, Gaza and Maputo province and water chlorination activities at water points and during household visits conducted by CVM staff and volunteers.

Table 4: People reached through community mobilizations

Provinces	Districts	Human Resources		Community Mobilization			
		CVM Staff	CVM Volunteers	Number of sensitization activities	People reached	Number of house visits	Number of beneficiaries
Zambezia	Maganja da costa	1	30	302	10,350	38	83
	Namacurra	1	30	120	11,215	44	77
Gaza	Chibuto	2	13	47	3,285	0	0
	Chokwe	2	24	33	695	0	0
	Guija	0	18	390	3,980	0	0
Maputo Province	Moamba		10	15	100		
	Ressano G		10	16	214		
	Total	6	117	533	25,859	82	160

During the recovery phase of the operation in Zambezia and Gaza provinces, CVM has carried out health and hygiene promotion activities, treated drinking water at household level and water collection points, conducted refresher training for 12 volunteers in basic CBHFA, distributed 700 mosquito nets, prepositioned 1,800 mosquito nets and conducted sensitizations on malaria prevention. The CBHFA refresher training was conducted by CVM in collaboration with the Ministry of Health between 24 September and 3 October and covered Volunteer in CBHFA, Community mobilization, Action based in my community evaluation, Community mobilization for emergencies, Disease prevention and hygienic promotion and community visits and monitoring instruments modules. These activities were identified as priorities due to limited funding so far available for the emergency operation.

Water, sanitation, and hygiene promotion

Outcome: 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 14,000 households (or 70,000 beneficiaries) in Gaza and Zambézia provinces for 12 months.	
Outputs (expected results)	Activities planned
Safe water is provided to 14,000 households as damaged systems are restored.	<ul style="list-style-type: none"> Conduct water quality testing. Procurement and distribution of 180,000 Water Purification Tablets or CERTEZA for water treatment. Establish and train ten water point committees. Rehabilitation of ten water points. Procurement and distributing 28, 000 jerry cans to 14, 000 households. Procurement and distribution/pre-positioning of 28,000 buckets.
Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, is provided to the target households in Zambézia and Gaza provinces	<ul style="list-style-type: none"> Conduct training for 155 volunteers in sanitation platform casting. Construction and distribution of 500 sanitation platforms. Training of 155 volunteers in vector control. Volunteers and staff conduct vector control campaigns. Volunteers conduct dissemination of information on hygiene promotion. Conduct promotion activities on waste disposal and drainage systems.
The health status of the population is improved through behaviour change and hygiene promotion activities.	<ul style="list-style-type: none"> Training 120 community-based volunteers on Participatory Hygiene and Sanitation Transformation (PHAST; IFRC Watsan software). Conducting hygiene and health promotion campaign within the affected population focusing on behaviour change and targeting a total of 70,000 in the affected communities Printing and distribution of information, education and communication (IEC) material on hygiene promotion (posters, flyers, etc.), manuals, educational materials.

During the reporting period a total of 1,388 hygiene and health promotion campaigns were conducted in the Zambezia, Maputo Province, Maputo City and Gaza Provinces reaching total of 17,206 people. In addition, 15 latrines were constructed in temporary settlements and 3,000 metres of black plastics procured to use to protect and add privacy to the latrines that were built or rehabilitated.

Table 5: Beneficiaries reached through Community mobilization and latrine construction

PROVINCE	Latrines built	Sensitization	Beneficiaries
Zambezia	11	35	4,253
Maputo Province	4	30	5,000
Maputo City	0	1,300	6,809
Gaza	0	23	1,144
Total	15	1,388	17,206

To ensure that households access safe drinking water, CVM procured and distributed 4,899 certeza, 6,000 chlorine tablets for water treatment and further distributed 1,890,165 litres of treated water to 41,663 affected

people. The distributions were coupled with messages promoting the use of safe drinking water. Post distribution reports indicated that the communities favoured the use of certeza bottles as the preferred water treatment method. To support this process, CVM deployed a technician with extensive experience in water and sanitation to Zambezia province to provide training and support to the provincial delegation and volunteers.

Funding constraints attributed to the failure to implement all planned activities with only those most urgent done.

Table 6: Summary of water treatment tablets and treated water distributed

Province	District	Certeza	Chlorine	Treated Water	Beneficiaries
Zambézia	Maganja da costa	1,850	2,000	111,000	7,543
	Namacurra	650	0	39,000	3,398
	Penbane	500	0	12,500	1,134
Maputo Provincia	Manhica	0	1,500	6,800	6,500
Maputo Cidade	Xapamanine	138	0	207,000	854
	Inhagoia A	273	0	409,500	1,667
	Aeroporto	92	0	138,000	552
	Lhamakulu C	113	0	169,500	798
	Maxaquene B	95	0	142,500	570
	Mahotas	188	0	282,000	1,128
Gaza	Xai Xai	0	1,000	25,000	4,675
	Bilene	0	0	0	0
	Chockwe	500	750	34,765	6,238
	Chibuto	500	750	312,600	6,606
Total		4,899	6,000	1,890,165	41,663

Emergency and recovery shelter

Outcome: Reduced the vulnerabilities related to shelter and settlement of 5,500 affected households.	
Outputs (expected results)	Activities planned
Emergency: 5,500 households have temporary shelter and settlement that will remain adequate until durable solutions are achieved.	<ul style="list-style-type: none"> • Sectoral assessment (part of the CVM, RDRT, FACT multi-sector assessment) on relief and recovery shelter. • Conduct basic trainings targeting local CVM staff and volunteers and local committees of disaster management in shelter techniques (shelter kit trainings and low-cost improved local techniques). • Procurement of emergency shelter and shelter materials to cover the needs of 5,500 of the targeted affected people. • To provide community based material support for the construction and rehabilitation of houses for the most vulnerable people. • Awareness activities and dissemination of materials related to adequate emergency shelter (leaflets, booklets, posters). • Advocacy on sustainable construction and safe shelter and settlement to government institutions and humanitarian agencies.
Recovery: 500 most vulnerable affected households supported to get transitional durable and sustainable shelter and settlements based on “building back better.”	<ul style="list-style-type: none"> • Assessment on transitional/durable shelter that is adequate to the local context. • Identification of the most vulnerable households. • Tender of different recovery shelter options. • Construction of demonstrative shelter prototypes to be replicated by the community. • Awareness raising of population on the importance of building safe and resistant shelters.

	<ul style="list-style-type: none"> • Community based support for construction of transitory durable shelter. • Advocacy activities on sustainable and safe shelter.
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The National Society received support from members of the NFI and shelter cluster that included 2,500 shelter kits, 1,201 family tents, 7,651 blankets, 8,047 sleeping mats and 6,900 kitchen sets covering 31% of estimated needs. CVM also distributed 2,221 shelter kits prepositioned in Maputo and Harare and volunteers with transitional shelter training deployed to affected communities to ensure that shelters were adequate and safely erected according to the shelter cluster Standards. The recovery needs remain high in terms of shelter during the recovery phase, CVM is working on training for volunteers, distribution of more shelter tool kits to improve damaged houses, using ECHO funds, development of partnerships focussing on those specialized in shelter such as UN-Habitat, procurement of the community shelter kit and refresher training for the CVM staff and volunteers on shelter construction. The team of CVM volunteers is monitoring and supporting the beneficiary families to improve their living conditions with the correct use of the materials distributed.

Driven by the challenges posed by the shelter component, CVM included shelter in its 2011-2015 Disaster Management Master Plan in order to build the staff capacity and harmonize operational procedures and methodologies in response to shelter related emergencies. In August 2011, CVM conducted basic shelter training in order to improve its capacity in disaster preparedness and response in the area of shelter in collaboration with institutions with related issues of emergency shelter. The shelter-trained CVM staff from Gaza and Zambezia provinces facilitated the volunteer trainings during the distribution of shelter kits and mosquito nets. The trainings focused on, identification of persons in need of shelter support, shelter building using IFRC shelter kit and local materials, general training on the different alternatives of shelter kit and how families living in disaster-prone areas can improve their houses as well as other uses of the shelter kit (creation of community spaces and use of tarpaulins to strengthen the damaged parts of the house).

Following heavy flooding in the Chokwe, Guijá, Chibuto and Xai-Xai districts of Gaza Province bordering the Limpopo River, which affected a total of 17,082 families, 500 beneficiaries from Chibuto and Chokwe were identified as needing shelter kits, tarpaulins and mosquito nets and were subsequently provided with the items. Beneficiary selection criteria took into account the households with the sick, orphan headed households, households with pregnant women and children under the age of 5. The distribution of the relief items was coupled with sensitisation sessions on the importance of sleeping under a net, proper net hang up and maintenance as well as different uses of the shelter tool kit in order to improve the state of the affected houses.

Table 7: Non Food Items distributed.

Province	District	Number of Beneficiaries	Shelter tool kits	Tarpulins	Mosquito Nets
Gaza	Chockwe	448	69	600	600
	Chibuto	2,000	200	400	400
Zambezia	Maganja da Costa	660	660	856	568
	Namacurra	750	750	854	572
Total		3,858	1,679	2,710	2,140

Food Security, Nutrition and Livelihoods

Outcome: 5,200 affected households able to restore their livelihoods and food security.

Outputs (expected results)	Activities planned
5,000 affected households have their livelihoods restored through agricultural support (in kind/cash/voucher) and gained knowledge on agricultural techniques.	<ul style="list-style-type: none"> • Procure and distribute food security starter packs that meet local agricultural specifications. • Basic training and agricultural farming techniques to 40 community volunteers. • Establishment of (12) demonstrative plots to train the beneficiaries in basic training in agricultural farming techniques (replication). • Training in preservation of vegetables. • Training in storage techniques. • Support additional income generation activities as per recommendations of the assessment.

During the response operation MVC had engaged and consulted the Ministry of Agriculture on implementation of livelihood interventions in the affected areas. Basic training on improved agricultural farming techniques was provided to 60 community volunteers from Zambezia Province focussing on soil preparation for optimal yields, Sowing of horticultural crop, use of distances suitable for the sowing of corn and horticultural crops, rotation of cultures and their importance as well as soil conservation. These trained volunteers will undertake regular monitoring and make recommendations to the beneficiaries of seed distributions in collaboration with the district agricultural officials. In addition the volunteers were taken through field school where demonstration on the learned skills were carried out. The trainers were drawn from CVM, Extension officers from the Namacurra and Maganja da Costa Districts. The extension officers will support and monitor the beneficiaries of the seed distribution in collaboration with the CVM volunteers. The fact that the district authorities have been involved throughout the implementation of these activities ensures that both communities and beneficiaries will be considered by the District in its own monitoring and in future trainings and distributions.

The most affected provinces after Cyclones Dando and Funso were Zambezia (13.2%) and Gaza (3.9%) respectively where due to flooding and constant rain, cereals and horticultural crops planted as well as those harvested destroyed due to excessive moisture. In response, an assessment visit was conducted by CVM and IFRC technical staffs to determine the appropriate assistance during the recovery phase, develop a specific plan of identification and distribution as well as define a training plan on food security for volunteers in Gaza and Zambezia. Identification of the seed distribution beneficiaries was conducted and distributions made reaching a total of 4,000 families in the two provinces.

Table 8: summary of seed distribution

Province	Number of Families	Tomato	Maize (kgs)	Batata Doce(kgs)	Mandioca Estaca (mts)	Onion(gms)	Cabbage(gms)
Gaza	2,000	0	10,000	1,500	200		
Zambezia	2,000	20,000	10,000	0	0	20,000	20,000
Total	4,000	20,000	20,000	1,500	200	20,000	20,000

The initial Plan of Action (PoA) included the purchase and distribution of seeds, fertilizer and tools. However, due to funding constraints, seed distribution was prioritized and the communities advised to use manure. In the volunteer training, use of manure was introduced, along with how to reap maximum benefits from its use. Communities were also encouraged to make use of their existing farming implements.

Disaster Risk Reduction

Outcome: The affected targeted community's resilience to disasters is protected and restored.	
Outputs (expected results)	Activities planned
Flood affected communities are better prepared to predict, respond and recover to cyclone and flood-induced emergencies	<ul style="list-style-type: none"> Capacity building of community based disaster risk reduction committees. Development Standard Operation procedures (SoPs), contingency plans and community-based early warning systems. Train staff and volunteers on use of Vulnerability Capacity Assessment (VCA) guidelines and tools. Conduct VCA with communities along the river basin. Develop community hazard maps for each of the communities Train staff and local leaders on climate change adaptation techniques. Promote sustainable use of natural resources through land use management and use of appropriate technologies.

Activities under this component are planned in order to build capacities of staff and volunteers at province, district and commune levels in disaster preparedness and response. These activities have been identified as a top priority by CVM provincial chapters in the affected areas.

Logistics

Outcome: Relief operation is supported and delivering a range of relief items in line with the operational priorities in a cost effective and timely manner.

Outputs (expected results)	Activities planned
The operation has coordinated mobilisation of relief items and efficiently dispatched goods to the final distributed points.	<ul style="list-style-type: none"> In coordination with IFRC GLS Dubai Office and Regional Logistics Delegate, establish the best sourcing strategy for relief materials so cost efficient and timely delivery of relief is ensured. Control efficient supply movements to end user.

CVM has collaborated with the Logistics unit in Dubai to procure 2,000 shelter tool kits and 2,710 tarpaulins and to preposition stocks that CVM had used up in the initial response in the emergency and recovery phase.

Communications – Advocacy and Public Information

The National Society with technical support from the IFRC's zone and regional offices has been sharing communication material on CVM preparedness and response activities since onset of the disaster. The CVM programme teams are developing beneficiary communications that support programme objectives in terms of decreasing the vulnerability of the affected populations. Volunteers are also disseminating the principles and values of the Movement during their response operation. The communications activities outlined in this operation plan are aimed at supporting the National Society to improve their communications capacities and develop appropriate communications tools and products to support effective operations.

Contact information

For further information specifically related to this operation please contact:

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How we work

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

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



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

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

MDRMZ009 - Mozambique - TS Dando

Appeal Launch Date: 22 feb 12

Appeal Timeframe: 30 jan 12 to 28 feb 13

Interim Report

Selected Parameters	
Reporting Timeframe	2012/1-2012/10
Budget Timeframe	2012/1-2013/2
Appeal	MDRMZ009
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	2,728,743					2,728,743	
B. Opening Balance	0					0	
Income							
Cash contributions							
<i>British Red Cross</i>	41,400					41,400	
<i>Danish Red Cross</i>	76,667					76,667	
<i>European Commission - DG ECHO</i>	240,629					240,629	
<i>Japanese Red Cross Society</i>	90,000					90,000	
<i>Swedish Red Cross</i>	266,641					266,641	
<i>The Canadian Red Cross Society</i>	342,508					342,508	
<i>VERF/WHO Voluntary Emergency Relief</i>	300					300	
C1. Cash contributions	1,058,145					1,058,145	
C. Total Income = SUM(C1..C4)	1,058,145					1,058,145	
D. Total Funding = B + C	1,058,145					1,058,145	
Coverage = D/A	39%					39%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	1,058,145					1,058,145	
E. Expenditure	-593,113					-593,113	
F. Closing Balance = (B + C + E)	465,033					465,033	

Selected Parameters	
Reporting Timeframe	2012/1-2012/10
Budget Timeframe	2012/1-2013/2
Appeal	MDRMZ009
Budget	APPROVED

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		2,728,743					2,728,743	
Relief items, Construction, Supplies								
Shelter - Relief	752,500	83,380				83,380	669,120	
Clothing & Textiles	439,151	38,526				38,526	400,625	
Seeds & Plants	273,148	35,558				35,558	237,590	
Water, Sanitation & Hygiene	87,223	16,709				16,709	70,514	
Medical & First Aid	33,991	980				980	33,011	
Teaching Materials	600	115				115	485	
Utensils & Tools	272,496	1,330				1,330	271,166	
Other Supplies & Services	1,600	357				357	1,243	
Total Relief items, Construction, Supplies	1,860,709	176,955				176,955	1,683,754	
Land, vehicles & equipment								
Computers & Telecom	3,000						3,000	
Total Land, vehicles & equipment	3,000						3,000	
Logistics, Transport & Storage								
Storage	12,638	26,776				26,776	-14,138	
Distribution & Monitoring	6,304	26,243				26,243	-19,939	
Transport & Vehicles Costs	140,125	54,795				54,795	85,330	
Logistics Services		6,294				6,294	-6,294	
Total Logistics, Transport & Storage	159,067	114,107				114,107	44,960	
Personnel								
International Staff	27,000	58,414				58,414	-31,414	
National Staff	40,500	3,222				3,222	37,278	
National Society Staff	155,520	47,495				47,495	108,025	
Volunteers	24,050	3,434				3,434	20,616	
Total Personnel	247,070	112,564				112,564	134,506	
Consultants & Professional Fees								
Consultants	28,455	518				518	27,937	
Professional Fees	5,000	5,102				5,102	-102	
Total Consultants & Professional Fees	33,455	5,620				5,620	27,835	
Workshops & Training								
Workshops & Training	174,599	5,735				5,735	168,864	
Total Workshops & Training	174,599	5,735				5,735	168,864	
General Expenditure								
Travel	13,425	29,027				29,027	-15,602	
Information & Public Relations	33,225	8,623				8,623	24,602	
Office Costs	15,550	2,652				2,652	12,898	
Communications	19,600	874				874	18,726	
Financial Charges	2,500	51,805				51,805	-49,305	
Other General Expenses		22				22	-22	
Shared Office and Services Costs		38,186				38,186	-38,186	
Total General Expenditure	84,300	131,189				131,189	-46,889	
Indirect Costs								
Programme & Services Support Recov	166,543	42,058				42,058	124,485	
Total Indirect Costs	166,543	42,058				42,058	124,485	
Pledge Specific Costs								
Pledge Earmarking Fee		2,783				2,783	-2,783	
Pledge Reporting Fees		2,100				2,100	-2,100	
Total Pledge Specific Costs		4,883				4,883	-4,883	



Selected Parameters	
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Budget Timeframe	2012/1-2013/2
Appeal	MDRMZ009
Budget	APPROVED

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		2,728,743					2,728,743	
TOTAL EXPENDITURE (D)		2,728,743	593,113				593,113	2,135,630
VARIANCE (C - D)		2,135,630					2,135,630	