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Emergency appeal Mozambique: Storm and Cyclone

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRMZ009 GLIDE n° [TC-2012-000008-MOZ](#) 22 February 2012

This Emergency Appeal seeks CHF 2,728,741 in cash, kind, or services to support the Mozambique Red Cross Society (CVM) to assist 14,000 households (70,000 beneficiaries) for 12 months, and will be completed by the end of February, 2013. A Final Report will be made available by May 2013 (three months after the end of the operation).

In addition, the IFRC is soliciting CHF 62,373 to cover the cost of Shelter Cluster coordination. Funds will be allocated to this component when partners expressly indicate their interest.

CHF 297,349 was allocated from the IFRC Disaster Relief Emergency Fund (DREF) to support this operation. Unearmarked funds to replenish DREF are encouraged.

According to the Instituto Nacional de Gestão de Calamidades (INGC), the government body for disaster management, 40 people are reported to have died and approximately 120,000 people were affected as a result of the recent tropical storm DANDO and tropical cyclone FUNSO. The Council of Ministers met on the 2nd of February to discuss the impact of the natural disasters that affected the country in January in Maputo, Gaza, Inhambane, Zambézia and Nampula provinces. The INGC also confirmed that the impact of the disasters caused destruction of infrastructure including 30,000 houses, 565 classrooms and 31 health facilities. CVM participated in the multi sectoral assessments undertaken to determine the impact of the storm and subsequent cyclone.

While the government had not declared a state of emergency nor officially called for international assistance, it has agreed to appeal for international support for the CVM and this Emergency Appeal is being launched accordingly based on a request from the CVM and with the information available at this time reflecting the initial assessment from the IFRC-deployed Field Assessment and Coordination Team (FACT).

This appeal includes the relief and recovery activities to be undertaken in Gaza and Zambézia provinces which were among the worst affected. The operation will last for twelve months and will target a total of 14,000 households with relief assistance during the emergency and recovery phases. It is anticipated that the operational approach and strategy will be updated and adjusted to meet the evolving situation.

[<click here for the budget; here for a map of the affected area; or here to view contact details>](#)

The situation

The Mozambique's National Institute of Meteorology weather forecast for 2012 projected that for the period January to March there would be normal to above normal rainfall throughout the country with the exception of Cabo Delgado, Nampula and part of the northern province of Zambézia. The government contingency plan



A group of volunteers distributing relief supplies to the affected people in Maganja da Costa District, Zambézia Province.

projected that in the worst case scenario, approximately 16,861 households would be affected floods and cyclones in 2012. However, after the path of the tropical storm Dando in mid-January 2012 and the tropical cyclone Funso, the reality surpassed the worst case scenario of the Government contingency plan.

Since mid January 2012, Mozambique has been hit by two tropical storms. Tropical Storm Dando, which hit the southern provinces of Maputo City, Maputo, Gaza (Chokwe and Xai-Xai districts) and Inhambane (Zavala district) in mid-January, affected some 120,000 people. The situation was exacerbated 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. As a result of the heavy rains, the National Road Number 1 which links with South Africa was damaged (80 metres wide and 3 metres deep) at the “3 de Fevereiro” area in Maputo Province (Manhiça District). This affected the movement of people and goods.

Tropical Cyclone Funso, a category 4 cyclone with winds ranging from 166 to 212km/h and heavy rainfall, hit the Mozambican coastline between 20 and 22 January 2012, affecting approximately 67,000 people in Zambézia Province. Multi-sectoral assessment teams which included the Mozambique Red Cross, undertook needs assessments in the field. A considerable number of houses, schools and health centres were damaged in the districts of Nicoadala, Quelimane city, Chinde, Pebane, Maganja da Costa, Namacura, Gurue and Mocuba. Cyclone Funso weakened on the 28 of January and the winds dissipated in the Mozambique Channel in a south-easterly direction.

The Government declared an Orange Alert to allow humanitarian players to prepare interventions or provide any required assistance to the affected people. CVM made available relief items which included shelter kits, plastic sheets, chlorine tablets, tarpaulins, kitchen sets, mosquito nets, blankets, bathing soaps, jerry cans, buckets, latrine slabs and family tents as part of its relief efforts.

Coordination and partnerships

In Mozambique, the Government leads the overall coordination of disaster response, through the INGC. The Mozambique Red Cross is part of the daily coordination meetings held at the Disaster Management Technical Council (CTGC) as part of monitoring and information sharing exercise at national, provincial and district level. This is to ensure effective support for Government-led coordination mechanisms.

The Humanitarian Country Team is the coordination platform for partner institutions (UN agencies, NGOs and Red Cross Movement), focusing on common strategic and policy issues related to humanitarian action in country. These agencies have been working through the cluster approach in Mozambique for some time now.

The CVM, supported by IFRC and the French Red Cross Platform for Disaster Response in the Indian Ocean (PIROI), is working closely and in coordination with the INGC and HCT members to provide humanitarian assistance. IFRC supported a DREF of CHF 297,349 to meet the initial needs of 4,000 affected people. At the national level, the National Society (with the support of the IFRC) and UN HABITAT are co-leading the Shelter Cluster coordination (CVM during the preparedness and response phases and UN-HABITAT during early recovery). The Shelter Cluster has been active on a continuous basis in Mozambique and CVM is now planning to recruit a dedicated local officer to take on key tasks in support of the cluster. The Inter-Agency Shelter Coordination budget in this appeal reflects the cost of this CVM local staff and related support costs to the cluster. It also includes the cost of a coaching mission from an experienced Shelter Cluster Coordinator to provide orientation and on-the-job training as the new CVM staff settles into the post, as well as other costs in support of country level coordination activities, including the development and maintenance of a dedicated website¹.

Red Cross and Red Crescent action

A 4-person RDRT team (coordinator; water and sanitation; reporting & communications; logistician) was deployed to Mozambique along with a member of the PIROI. A 3-person IFRC FACT was also deployed (team leader; health; shelter) to carry out a detailed assessment. The information generated by the RDRT and FACT has been instrumental in informing this Emergency Appeal and the operational strategy. Further multi-sectoral assessments are underway and the operational approach will be adjusted as needed, including a revised Appeal.

¹ <https://www.sheltercluster.org/Africa/Mozambique/Pages/default.aspx>

During the first days of the operation, the following activities were undertaken by CVM:

- Activation of the CVM Emergency Response Task Force and holding of daily coordination meetings in order to share information from the provincial branches for decision making on possible intervention.
- Participation in daily INGC coordination meetings at all levels and Humanitarian Country Team (HTC) meetings within the framework of the cluster approach.
- Participation in joint assessment missions in the affected areas.
- CVM has been providing assistance to the affected population since the beginning of the disaster with distribution of non-food items (NFIs), provision of first aid, health promotion awareness sessions, safe drinking water, hygiene promotion and transfer of injured people to the nearest health facilities.
- CVM branches and volunteers are also partnering with other organizations (Oxfam, Concern, Save the Children and Care) to implement relief distributions.

Relief items that were distributed include those that had been pre-positioned by CVM in previous operations as well as the relief items made available by PIROI/French RC in the 2011 emergency response operation. Up to date 2,221 shelter tool kits, 1,765 tarpaulins, 5,375 mosquito nets, 2,050 kitchen sets, 2,916 soap bars and 1,284 blankets have already been distributed. The table below provides a detailed breakdown of distributions.

	Maputo City	Maputo Province	Gaza	Zambézia	Total
Shelter tool kit	0	12	100	2,109	2,221
Tarpaulins	10	120	100	1,535	1,765
Mosquito nets	300	300	275	4,500	5,375
Blankets	0	284	0	1,000	1,284
Jerry can	0	100	100	0	200
Kitchen sets	0	50	0	2,000	2,050
Latrine slabs	0	20	0	60	80
Bucket	0	20	0	0	20
Soap	0	216	200	2,500	2,916
Water maker (WPT)	0	2,000	1,000	10,000	13,000
Certeza (*)	0	0	0	10,000	10,000

(*) Certeza is a water purification agent widely used in Mozambique and available in the local market.

The CVM has also provided safe drinking water in Zambézia province (4,000 litres), Gaza (656,091 litres) and in Maputo province assisted 5,000 people that were trapped in the destroyed road with safe drinking water. CVM staff and volunteers also undertake water chlorination activities at the water points and during household visits.

More than 200 CVM volunteers have been mobilized and are participating in the emergency response operation in Maputo, Gaza and Zambézia provinces, and they are involved in assessment, relief, health and watsan activities.

The needs

The initial DREF operation targeted 4,000 households in the flood affected regions. Given the increased needs, this Emergency Appeal will include an additional 10,000 households, making a total of 14,000 displaced households.

Region	People displaced in the seven Regions		Targeted Beneficiaries under the Appeal (Households)
	Households	Affected Population	
Maputo City	91	410	
Maputo Province	2,893		
Gaza	9,762	48,830	4,600
Inhambane	90	450	
Sofala			
Zambézia	17,082	66,946	9,400
Nampula	567	2,835	
Total	30,485	119,471	14,000

Source: INGC 2/2/2012

The target number of beneficiaries might change after detailed needs assessment is carried out by the CVM, RDRT and FACT and may require a subsequent revised appeal. Vulnerability mapping has been carried out to highlight the targeted areas based on needs. The selection will make use of the CVM selection criteria based on needs and level of vulnerability and community participatory approaches will be applied. Joint verifications and coordination with other stakeholders will be done on a regular basis during the operation to avoid duplications and ensure that gaps are covered.

The distribution of relief items to affected households will depend on specific needs identified after assessment and verification of beneficiaries.

Immediate needs: The affected households are in immediate need of shelter, food, blankets, jerry cans, bed nets, safe drinking water and sanitation facilities to reduce the impact of floods for the next twelve months. The DREF funds are being used to start the operation targeting 4,000 households, however, the number of displaced people has increased to 30,000 households according to INGC and therefore a decision has been taken to seek international assistance through an Emergency Appeal to support an additional 10,000 households.

Medium-term needs: The priority medium term needs are related to shelter, rehabilitation of damaged water sources and latrines, and promotion of health and hygiene in the affected communities and the restoration of livelihoods which in the affected area are mainly related to agriculture. About 70% of the population living in these areas depends on subsistence farming. The destruction of agricultural land, the damage to crops, seeds, livestock and social economic infrastructure and local markets experienced in the affected regions and the depletion of food stocks due to the previous floods in 2011 indicate that the population is currently less resilient to the current floods and water logging. CVM will focus its operations towards the restoration of livelihoods, the reinforcement of coping mechanisms and strengthening community resilience. This is informed by previous experience where floods caused by cyclones and storms in 2007 and 2011 especially, affected agricultural production.

According to the CVM and other stakeholders reports, the majority of the households will not be able to recover without support, they lost crops and capital assets, deterioration of sanitary conditions and contamination of water sources. The local health authorities are concerned that the wet environment may trigger disease outbreaks. Lack of proper housing and clothing exposes affected community to adverse weather and illness. Most households were living in poverty before the disaster and do not have access to social services, neither will they be able to afford the purchase of agricultural inputs. If their recovery is not supported the impact of the disaster will have long term effects in many of the affected communities

increasing their vulnerability, limiting their sources of income and potentially increasing the number of food insecure people living in extreme poverty.

The proposed operation

This appeal includes the relief and recovery activities to be undertaken in Gaza and Zambézia provinces which were among the worst affected by DANDO and FUNSO Cyclones. The operation will last for twelve months and will target a total of 14, 000 households with relief assistance during the emergency and recovery phase, especially in areas that have not been reached by other agencies.

In Gaza Province, CVM envisages assisting 4,600 households in Gaza province (Chibuto, Chókwe and Guijá districts) out of 9,762 households affected. In Zambézia province, CVM will target 9,400 households in Nicoadala, Maganja da Costa, Namacurra and Quelimane districts out of 17,082 households affected. This takes into account assistance being provided by government and other humanitarian agencies also the implementing capacity of CVM.

In order to provide a comprehensive package, CVM/Federation intend to combine relief, shelter and WatSan health and livelihoods activities to better serve the needs of the targeted affected communities so that the impact of the support is more effective and increase their resilience to future disasters. This integrated holistic operation will be implemented through CVM's network of first aid and community based volunteers in the identified areas. This approach will continue after the relief phase, the most vulnerable communities will be selected to receive the integrated approach "package". The selection criteria includes most vulnerable needs which remain high, no other actors, accessibility, presence of CVM in the community and its implementing capacity. This integrated approach will enable the affected communities to recover faster.

The beneficiaries will be supplied with non-food items such as sleeping mats, blankets, jerry cans, personal and laundry soap and mosquito nets to replenish their household equipment. As part of this appeal, IFRC will pay particular attention to the replenishment of CVM stocks. Therefore, part of the relief items to be obtained through this appeal are to be used for purposes of replenishing stocks, taking into consideration that the cyclone season is not over until April; pre-positioned stocks should be available for CVM to be able to provide emergency response to potential additional disasters during this season as it is the case of the current alert for the Giovanna cyclone.

CVM with the support of Partner National Societies and Federation have been implementing Disaster Risk Reduction and Disaster Preparedness programmes in different parts of the country. The impact of this programme has contributed to the low number of casualties and injured people in this emergency as communities are now better aware and prepared before a disaster and the majority evacuate the potential flood and cyclone prone areas when they receive the early warning alerts in coordination and leadership of the Government.

In response to the increased need for shelter, CVM intends to support the shelter needs of the affected population and target beneficiaries through community based shelter and understanding shelter as a process. Initially 5,500 households are provided with emergency shelter materials (tarpaulins and tools) and later on a housing process will be supported through the provision of technical support, social mobilization and construction materials for 500 most vulnerable households. "Building back better" and the indigenous approach will guide the shelter process. A number of demonstrative housing prototypes will be constructed for the most vulnerable so that can be taken as a model for the rest of the community. CVM has previous experience in this type of projects in some parts of the country. Recommendations and standards set up by the Shelter Cluster (with the CVM as lead agency) will be taken into consideration when designing the shelter response. At the national level, CVM is the lead cluster agency, during the emergency phase this function will be reinforced with additional human resource as most disaster management staff will be engaged in emergency operations.

IFRC will continue supporting CVM health activities in the operation. Efforts will be concentrated on first aid activities, refresher trainings for CVM volunteers as well as hygiene promotion and health awareness to prevent communicable diseases. Water and sanitation activities will focus on ensuring improved access to safe water for people sheltered in accommodation centres.

Health and WatSan include relief and recovery activities aimed to reduce morbidity in the affected communities, including first aid, distribution of safe drinking water using water purification tablets or preferable Certeza (a liquid chlorination agent locally available and known in the communities as it is promoted by the Government safe drinking water campaigns); promotion of good health and hygiene practices, rehabilitation and/or disinfection of damaged water sources and waste management.

Given that the country is traditionally affected by storms and cyclones, the majority of the displaced people usually resettle in safer and higher areas but continue cultivating their crops along the rivers. In the recovery phase, CVM will focus on assisting the re-settled by improving their livelihoods and developing community-based disaster management systems. This will be part of the DRR initiatives currently underway and supported by Participating National Societies (PNSs). Special focus will be on the most vulnerable groups such as the elderly, single mothers, households with more than three children aged under five years and people with disabilities, among others.

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 pre-positioned 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).

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. • Community based support for construction of transitory durable shelter. • Advocacy activities on sustainable and safe shelter.

Emergency health and care

<p>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.</p>	
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. • Purchase 15 first aid kits. • Purchase 50 volunteers kit.
Increased knowledge of common disease and epidemic preventive measures in affected target communities through community health education.	<ul style="list-style-type: none"> • Assessment of the current needs in affected areas. • Mobilize and recruit 155 volunteers at community level for the prevention of common diseases and epidemic. • 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 C for home treatment management. • Treatment of the most common diseases by the volunteers/APES (Community health workers).

Water, Sanitation, and Hygiene Promotion

<p>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.</p>	
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 a 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	<ul style="list-style-type: none"> • Training 120 community-based volunteers on Participatory Hygiene and Sanitation Transformation (PHAST; IFRC watsan software).

behaviour change and hygiene promotion activities.	<ul style="list-style-type: none"> • 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, etc.
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Food Security, Nutrition and Livelihoods

Outcome: 5,500 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 met 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.

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.

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 mobilization of relief items and efficiencies dispatch of 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.

Communications – Advocacy and Public information

CVM with technical support from the regional and the Zone office will conduct awareness and publicity activities including field trips to sensitise the public and media on the situation on the ground and the humanitarian response by CVM. They will also work with programme teams to develop beneficiary communications that support programme objectives in decreasing the vulnerability of the affected populations. Volunteers will also disseminate the principles and values of the Movement during their response operation. The communications activities outlined in this appeal are aimed at supporting the National Society to improve their communications capacities and develop appropriate communications tools and products to support effective operations. The communications team will work to produce regular updates on the operation and capture stories from the affected communities to highlight the impact at a local level. These activities are closely coordinated with the Communications department of the International Federation's Regional in Gaborone and the Zone Office communication team based in Addis Ababa.

Outcome: Regular credible and reliable information to the public is provided.	
Outputs (expected results)	Activities planned
A steady flow of timely and accurate information between field and other stakeholders both internal and external is maintained.	<ul style="list-style-type: none"> • Conduct media awareness campaigns. • Organise media tours to the places of intervention by CVM. • Support field staff in producing regular updates for sharing with stakeholders • Facilitate the development/adaptation or reproduction of IEC materials on floods and future preparedness. • Prepare and develop press materials to support the visibility activities in CVM. • Support fundraising operations. • Collect and prepare stories, pictures and other visual materials. • Strengthen the communications capacity of the NS communications unit.

Capacity of the National Society

CVM as part of the International Red Cross Movement works with several partner Red Cross societies including the Danish, Spanish, German, Finnish, Norwegian, Italian, French RC/PIROI and Netherlands Red Cross Societies in implementing the integrated community based disaster risk reduction programmes and complimentary programmes. This has made the National Society well equipped to respond to community health challenges, food security and disasters. The CVM has considerable experience in implementing DRR, health programmes, WASH activities, food security activities and disaster response in all parts of the country. CVM relies on a 6,000 volunteer base within the communities. Volunteers will assist in monitoring activities and data capturing for onward submission to CVM Disaster Management Coordinator for full reporting to partners. One refresher training will be conducted for the CVM National Disaster Response Team (NDRT).

Capacity of the IFRC

In addition to managing grants, the IFRC will provide technical support to CVM and strengthen support in the areas of health, WatSan, shelter, relief, food security, nutrition and livelihoods, logistics; communications; finance; M & E, and reporting and also technical advice and training in relevant areas. Technical and strategic back-up is also available from the IFRC Regional in Gaborone and Nairobi Zone Office and from Partner National Societies where required.

The IFRC's main programmatic and operational areas of focus are Disaster Management, Health and Care and promotion of Principles and Values. Moreover, in all of its activities the IFRC seeks to strengthen the role of the National Society to increase its ability to respond, as well as the scope and quality of its humanitarian work. With regard to Food Security and Disaster Management, the focus is on ensuring integration of emergency response with longer term rehabilitation and development. Additionally disaster risk reduction strategies will be incorporated. Support for communications, monitoring, evaluation and reporting is also provided through the regional and Zone office thus ensuring that adequate technical support is available.

Budget summary

See attached budget (Annex 1) for details. Please note that CVM is on the direct cash transfer arrangement.

Matthias Schmale
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Bekele Geleta
Secretary General

Contact information

For further information specifically related to this operation please contact:

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Click here

1. DREF budget **below**
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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 Humanitarian 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.

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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.
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EMERGENCY APPEAL

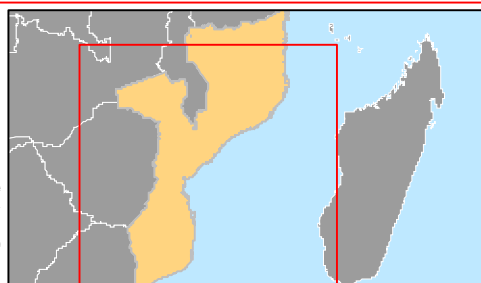
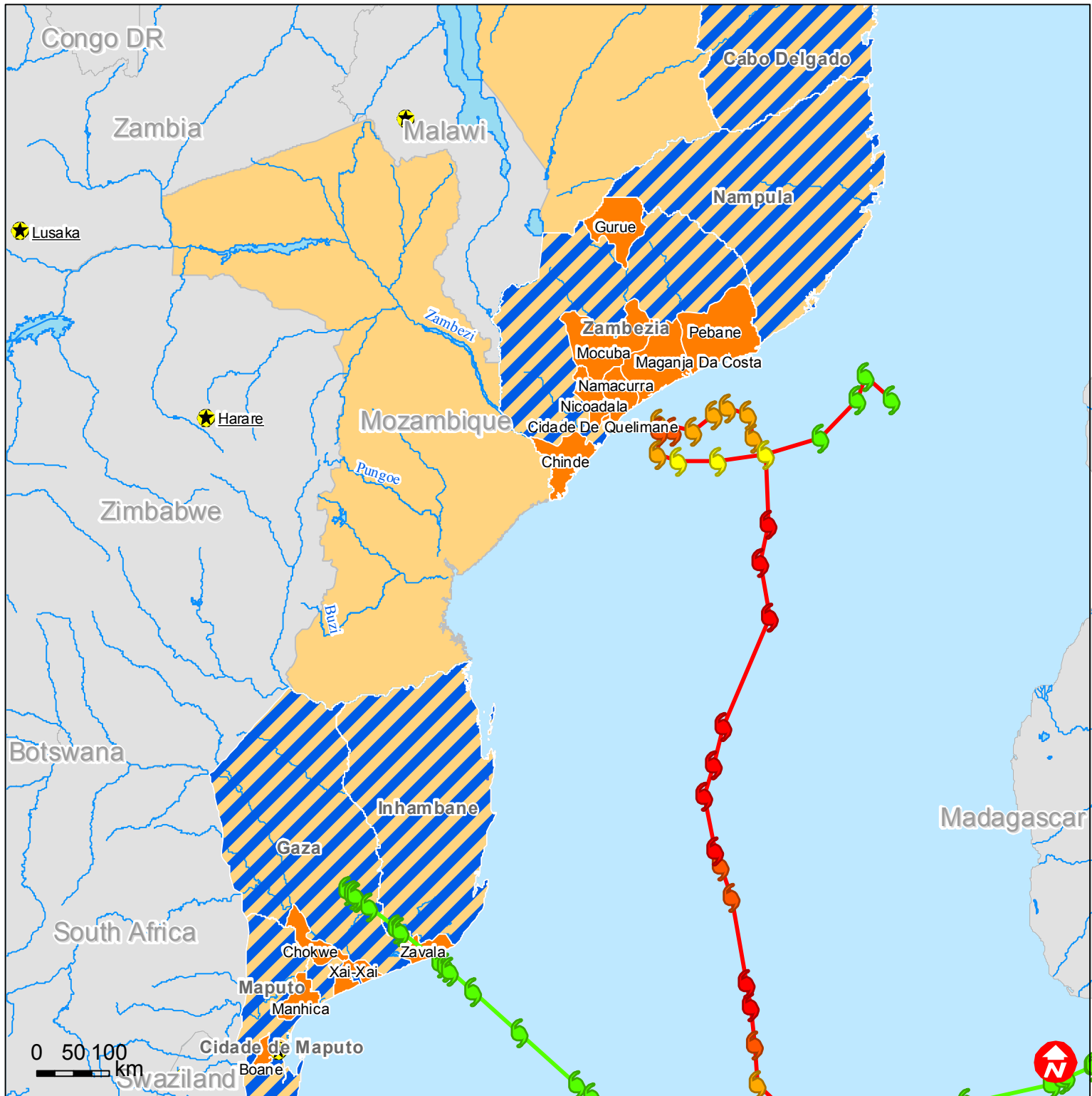
22-02-12

MDRMZ009 Mozambique: Storm & cyclone

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	752,500			752,500
Shelter - Transitional				0
Construction - Housing				0
Construction - Facilities				0
Construction - Materials				0
Clothing & Textiles	439,151			439,151
Food				0
Seeds & Plants	273,148			273,148
Water, Sanitation & Hygiene	87,223			87,223
Medical & First Aid	33,991			33,991
Teaching Materials	600			600
Utensils & Tools	272,496			272,496
Other Supplies & Services	1,600			1,600
Emergency Response Units				0
Cash Disbursements				0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	1,860,708	0	0	1,860,708
Land & Buildings				0
Vehicles Purchase				0
Computer & Telecom Equipment		3,000		3,000
Office/Household Furniture & Equipment				0
Medical Equipment				0
Other Machinery & Equipment				0
Total LAND, VEHICLES AND EQUIPMENT	0	3,000	0	3,000
Storage, Warehousing	12,638			12,638
Distribution & Monitoring	6,304			6,304
Transport & Vehicle Costs	139,125	1,000		140,125
Logistics Services				0
Total LOGISTICS, TRANSPORT AND STORAGE	158,067	1,000	0	159,067
International Staff	27,000			27,000
National Staff	40,500			40,500
National Society Staff	143,759	11,761		155,520
Volunteers (including volunteer insurance)	24,050			24,050
Total PERSONNEL	235,309	11,761	0	247,070
Consultants		28,455		28,455
Professional Fees		5,000		5,000
Total CONSULTANTS & PROFESSIONAL FEES	0	33,455	0	33,455
Workshops & training (Sphere; etc.)	174,599			174,599
Total WORKSHOP & TRAINING	174,599	0	0	174,599
Travel	10,425	3,000		13,425
Information & Public Relations	30,225	3,000		33,225
Office Costs	13,800	1,750		15,550
Communications	18,000	1,600		19,600
Financial Charges	2,500			2,500
Other General Expenses				0
Shared Support Services				0
Total GENERAL EXPENDITURES	74,950	9,350	0	84,300
Programme and Supplementary Services Recovery	162,736	3,807	0	166,543
Total INDIRECT COSTS	162,736	3,807	0	166,543
TOTAL BUDGET	2,666,368	62,373	0	2,728,741
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	2,666,368	62,373	0	2,728,741



Mozambique: Tropical storm



- Funso
- Dando
- Most affected districts
- Affected provinces