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# Emergency appeal Mozambique: Floods

 International Federation  
of Red Cross and Red Crescent Societies

## Revised Emergency appeal n° MDRMZ010 GLIDE n° FL-2013-000008-MOZ 1 March, 2013

This Emergency Appeal seeks CHF 2,044,428 in cash, kind, or services to support the Mozambique Red Cross Society (CVM) to assist 5,700 families in the coming 6 months. This budget includes CHF 57,191 to cover the cost of shelter cluster coordination and funds will be allocated to this component when partners expressly indicate their interest to support it. The operation will be completed by the end of August, 2013. A Final Report will be made available by 30 November, 2013 (three months after the end of the operation).

Partner national societies have provided emergency response unit (ERU) support through the provision of human resources, training and equipment totalling CHF 574,255. This includes MSM20 (GBP 274,705), CHM (CAD 185,231), Logistics (EUR 15,000), in addition to CHF 206,719 provided by several donors. Therefore, the total value under the appeal that the IFRC is seeking is CHF 1,259,736.

**Appeal coverage:** 39% against the original budget of CHF 662,334 (or 38% including ERUs and all other income against current budget of CHF 2,044,428)

[<click here for donor response report>](#)

### Appeal History:

This appeal was originally launched on a preliminary basis on 1 February, 2013 for CHF 662,337 to assist 15,000 beneficiaries for 6 months,

Disaster Relief Emergency Fund (DREF): CHF 300,000 was initially allocated from the Federation's DREF to support the national society to respond. Unearmarked funds to replenish DREF are encouraged.

An [operation update](#) was issued on 19 February to inform on funding, ongoing assessment and ERU deployment.

### Summary

The heaviest flooding in over a decade to hit southern Mozambique has affected over 243,671 people and destroyed towns and livelihoods.

The hardest hit is Gaza Province, where 175,693 people have been displaced. People have been relocated to temporary accommodation camps across the region, where conditions are substandard. The government has launched an institutional 'Red Alert' which prevents displaced families from returning to flood-damaged homes. However, the situation is evolving rapidly and people are returning to their homes nevertheless.



Veronica, a Mozambique Red Cross volunteer treats water in a camp for people displaced by floods. Treating water to prevent deadly outbreak of Cholera is a priority in camps. Photo: IFRC

An IFRC FACT team has been supporting CVM since early February to assess the situation and coordinate with other agencies to plan a response. Emergency Response Units (ERU) have been deployed to Gaza province to deliver mass sanitation and health assistance to the affected communities, and to support the CVM in logistics and distribution. With the rainy season due to last until the end of April, contingency plans have been built into the operation to allow flexibility to respond to the rapidly evolving situation.

To date, cash contributions have been received by Danish Red Cross, Japanese Red Cross Society, VERF/WHO Voluntary Emergency Relief and in-kind donations by French Red Cross (non-food items and RDRT support). The FACT team has been supported by Australian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Netherlands Red Cross and Spanish Red Cross. The Mass Sanitation Module (MSM20) has been provided by British Red Cross with the support of Swedish Red Cross and the Community Health Module (CHM) has been contributed by the Canadian Red Cross Society. Human resources from the logistics and relief ERU pools have been provided by the Spanish Red Cross and the French Red Cross. On behalf of CVM, IFRC would like to thank these donors for their generous contributions to the Mozambique floods Emergency Appeal.

[<click here to view Emergency Appeal Budget; here for map of affected area; here for contact details>](#)

## The situation

Since early January 2013, heavy rains have fallen in southern and central Mozambique and throughout the Southern Africa region. These torrential rains have caused destruction of houses, schools, health centres and crops, forcing the affected populations to leave their homes in search of safer areas, mainly in Maputo City, Gaza, Inhambane and most recently Zambezia provinces.

The most recent figures (21 February) from the National Institute for Disaster Management (INGC) indicate the rains have affected 243,671 people (48,737 households) throughout the country with a total of 113 deaths. The hardest hit is Gaza Province, where 175,693 people (35,138 households) have been displaced.

Due to the simultaneous collapse of upstream irrigation canals and the overflow of protection dikes, the waters had a particular destructive impact on the lower lying residential areas in Chokwe – the so-called bairros consisting of high density neighbourhoods where a majority of the poorer people live. An estimated 60 per cent of the houses were totally or partially destroyed with particular impact on houses where traditional construction methods had been used.

Since February 25<sup>th</sup> the Zambezia province is experiencing heavy rains affecting 39,385 people. Families most at risk have been relocated to higher ground where the local government has established transitional camps in which 11,582 people are presently accommodated (from 21 February). With the aggravated situation in Zambezia province, the local government this week requested CVM local branch to facilitate the establishment of an accommodation camp for 100 households with the government providing shelter materials and support for the volunteers.

The public health issues remain a huge risk due to stagnant and contaminated waters. The Ministry of Health (MoH) has reported 469 cases of confirmed cholera and two deaths (as of 21 February) all in the Cabo Delgado Province. Two people have died. While this area is not targeted under this operation, the situation in Gaza will be monitored. Authorities are working with partners to reinforce prevention measures, strengthen surveillance systems and ensure case management. Local authorities also report a marked increase in malaria, diarrhoea and respiratory diseases in all affected areas.

In the Gaza district, the main town of Chokwe was heavily affected due to its high residential concentration. The flood waters have severely damaged infrastructure and houses, and the displaced population have been gathered at the administrative post of Chiaquelane and several other locations identified in the Government of Mozambique's (GoM) disaster/emergency contingency plan. The Government of Mozambique's (GoM) disaster management unit (INGC) reports (from 21 February) that a total of 137,858 people are sheltered in camps of which as many as 121,938 (adjusted downwards) in Chiaquelane.

However, numbers fluctuate constantly. Although the official number is considerably higher, it is estimated by agencies, that to date no more than 5,000 families are presently living more permanently in the Chiaquelane

camp, most of them women and children left behind to secure shelter, food and belongings while the men have returned to Chokwe to assess damages and prepare for the return.

During the initial stage of the disaster, information on actual numbers of people affected, displaced and those that need assistance was particularly difficult to collect, as no systematic assessments or registration was conducted except for information collected by agencies in areas in which they were operating. Presently the INGC releases daily updates, which however need to be verified to ensure it is current.

The Government of Mozambique declared in mid January an institutional Red Alert for the south and centre of the country which authorizes the INGC (Disaster Management Unit) to respond and coordinate all local humanitarian activities. As long as the institutional Red Alert is maintained, the displaced population is not authorized to return to their home towns. However, in spite of the alert, more and more people are returning from the camps to their homes, although public services are not fully restored. The Chokwe provincial administration was also relocated to the Chiaquelane camp and will return to Chokwe as the town is being cleaned up and the red alert lifted.

The government is offering land to resettle displaced people safely and is in the process of marking out plots. According to INGC/COE Gaza (from 21 February) in Gaza, out of a total of 8,790 planned plots, 1940 plots have been demarked with 926 families being resettled including 403 families in the district of Chokwe.

The cleaning-up process continues in Chokwe as priority activity to address sanitation and health concerns, as well as to re-start normal administrative and economic activities.

The accumulated impact of successive floods, tropical storms and cyclones has increased the vulnerability of the affected population and exhausted their coping mechanisms. Most of the affected people, especially in rural areas are already suffering from extreme poverty and deprivation before the disaster. The biggest impact of the disaster has been in shelter, much of which was destroyed or significantly damaged, especially those of the poorest population made with locally available and traditional materials. Water sources have been contaminated; sanitation conditions and practices – already poor – have deteriorated, increasing the risk of water borne diseases and cholera outbreaks in the affected areas. Livelihoods have been disrupted and crops, seeds and food stocks were lost.

The rainy season caused by tropical storms will last until April and the threat of further flooding due to predicted torrential rains, cyclones and tropical storms is still high. Latest reports indicate that the situation in the Zambezia province remains volatile. The situation is closely monitored by the government and humanitarian agencies.

## Coordination and partnerships

The Government of Mozambique (GoM) leads the overall coordination of disaster response through the INGC. CVM takes part in the regular coordination meetings held at the Disaster Management Technical Council which are part of national disaster management structure at various levels, that is at national, provincial and district including at community levels. This ensures effective support for Government-led coordination mechanisms. All humanitarian interventions are coordinated within these Government-led mechanisms.

The Humanitarian Country Team (HCT) 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 and most clusters remain active all year and not only in time of disasters.

According to the National Contingency Plan, CVM leads the shelter cluster in Mozambique for the relief phase while UN Habitat leads the cluster when the response evolves into recovery activities. The Africa Zone Shelter Delegate was deployed at the beginning of February with the specific mandate to look into the existing shelter cluster coordination needs and capacities. Based on his initial assessment and after discussion with the global shelter cluster team and the FACT Team Leader, as well as shelter cluster agencies, a request was made to deploy a shelter cluster coordinator and an information manager to support CVM in meeting its shelter cluster responsibilities.

The Shelter Cluster Coordination Team will be exclusively dedicated to the task of cluster coordination, independent of IFRC and CVM operations, and will work closely in support of the Mozambique government and CVM as cluster lead agency, providing technical advice, coordination and information management services to ensure the implementation of appropriate shelter solutions and to ensure a seamless transition from emergency shelter to shelter recovery. The deployment of the Cluster Coordinator and the Information Manager already in Mozambique are supported by the Australian Red Cross and Canadian Red Cross.

The coordination has been established in close cooperation with IOM in Gaza Province and shelter sector agencies are participating actively in the shelter cluster activities. A rapid assessment on shelter needs and the safe return of the displaced people will be conducted in the coming weeks.

CVM is part of the UNAPROC (Civil Protection Unit) teams that are carrying out search and rescue operations. 19 volunteers have been involved in the operation.

A USD 5.1 million CERF has been approved. As soon as the contract is signed, the CVM will receive up to USD 58,000 from CERF for shelter (through IOM) and USD 59,000 (through WHO) in reimbursement of administrative expenses occurred during the initial stage of the relief operation.

The key humanitarian agencies are: World Vision International, Save the Children, Oxfam, Samaritan's Purse, IOM, UNICEF, WFP and UNDP/OCHA. INGC is trucking water to accommodation centres while WFP is offering free transportation and warehousing in the Chiaquelane accommodation camp to humanitarian agencies.

CVM has extensive experience in emergency response from responding to the devastating floods of 2000 and 2001 and, being auxiliary to GoM in emergency response and preparedness, has responded regularly to disasters in the last decade. CVM, supported by the IFRC, is working in close coordination with the INGC and other humanitarian actors to provide the most effective support to people in need.

The FACT team members participate in the daily GODE (internal emergency coordination group) meeting lead by the CVM. Partner National Societies (PNS) are present at these meetings. The FACT team leader and the Regional Disaster Management Coordinator have met regularly with the Humanitarian Country Team (HCT) working group chair for coordination and information sharing. This is a role that the operations coordinator will take over.

Humanitarian clusters are supporting Government sectors in planning for in-depth sectoral assessments to be conducted in the coming days in flood areas. The Government infrastructure sector has concluded an in-depth assessment in Gaza province with the support of the early recovery cluster and the World Bank. The assessment report is currently being drafted

The humanitarian response of the CVM is noticed by private companies and individuals. The CVM internal solidarity fund has received pledges from Europe Car Mozambique, the mining company Mozal and others. Approximately Mts 29,000 (CHF 864) has been received from individuals.

In Maputo, the population is donating spare clothing for the affected population and volunteers from the National headquarters are sorting the clothing for further distribution. However, despite the huge needs from the affected population, the Government is concerned about the spread of diseases via the second hand clothing.

From the onset of the operation CVM volunteers have been supporting all humanitarian agencies in the distribution of food items and NFIs. The volunteers – themselves victims of the floods – live with their families in the accommodation camps.

National Societies in-country include the Belgium Red Cross, the Danish Red Cross, the German Red Cross and the Spanish Red Cross. The Spanish Red Cross has activated its agreement with Spanish Agency for International Development Cooperation (AECID) to implement a mass sanitation project (WASH) in the Bilene district, Gaza province; EUR 135,000 for four months. In addition, the Spanish Red Cross plans to intervene in Zambezia in the affected districts where they are already working providing immediate relief assistance and also supporting the process of return to 150 of the most vulnerable families through the distribution of "return aid kits".

The German Red Cross is implementing a disaster risk reduction project in the Chibuto and Chokwe districts. The Danish Red Cross is supporting the development of CVM's Disaster Management master plan and a Community-Based Disaster Risk Reduction programme. The Belgium Red Cross is conducting a bilateral integrated health programme in the Manica province and supporting the branch in organizational development. In addition, they support an Orphans and Vulnerable Children (OVC) programme in Tete province.

IFRC and other National Societies which are not present in country, nevertheless support different CVM programmes and the Zambezi River Basin Initiative. Additionally, Danish Red Cross, German Red Cross and Spanish Red Cross supported CVM's emergency response to the recent disasters.

## Red Cross and Red Crescent action

The Mozambique Red Cross (CVM) activated their Local Disaster Management Committees in the affected areas, carried out rapid assessments and disseminated early warning information for the population in risk areas.

Based upon the initial assessment by the FACT Health & WatSan delegates, a mass sanitation (MSM-20) ERU and a Community Health Module (CHM) ERU have been deployed to Gaza Province.

The Mass Sanitation Module ERU (MSM-20), supported by the British (and Swedish Red Cross) has been deployed to the Chiaquelane accommodation camp where initial focus has been on the establishment of 120 latrines and the training of users in the maintenance of these facilities. Other WatSan team members in particular the recently arrived RDRT WatSan delegate (supported by French Red Cross) is focusing on Chokwe city and surroundings to clean boreholes and wells where in particular vector control, waste management and sanitation and hygiene promotion is essential before and while families return to their homes. The RDRT WatSan may be joined by the MSM-20 team if priorities allow. The MSM-20 has the capacity to reach at least 20,000 people to provide basic sanitation facilities (latrines, vector control and solid waste disposal) for up to 20,000 beneficiaries and to initiate hygiene promotion programmes. Hygiene promotion is central as a strategy for promoting effective development and use of facilities and for maximising health benefits. Hygiene promotion activities include assessment, community mobilisation, hygiene information, education and communication targeted at promoting hygiene practices at the community and household levels, in addition to operation and maintenance of hygiene facilities.

The Community Health Module ERU (CHM) supported by the Canadian Red Cross has started up in Chokwe city where malaria is on the increase. It will also support the CVM Gaza Branch in epidemics control, awareness building and community mobilization.

The FACT team has together with CVM conducted rapid assessments. The findings are:

The **Chiaquelane accommodation camp** is located 30 km from Chokwe in an existing resettlement area initiated by the Government during the 2000 floods. Since then it has become the designated contingency area in the Government disaster management plan.

- Insufficient camp management and planning capacity exists in this resulting in inadequate and insecure settlements where people tend to group by their neighbourhood of origin (community network being an identified resilient factor) and sprawling over a vast area.
- The accommodation conditions provided are substandard.
- There are inequitable emergency shelter solutions ranging from very limited number of tents to barely standing tarpaulin structures (no poles) and makeshift polythene coverings. A significant number of families take shelter under trucks.
- Insufficient and substandard sanitation facilities consisting of only 37 latrines, exposed rubbish tips located in close proximity to shelters and water points. At the time of reporting the number of latrines is 148 (established by Samaritan's Purse) however not all of them are functioning.
- NFIs such as mosquito nets, hygiene kits, kitchen sets, blankets, jerry cans and sleeping mats are insufficient. The assumed quantity of potable water (2 x 5,000 litres tank, 1 x 10,000 litres bladder and 5 water points) is insufficient and of an undetermined quality.

In **Macia**, the most significant accommodation centre is the Evangelic Church compound (approximately 1,500 families reported).

- Accommodation conditions provided are also substandard and scarce
- Inequitable emergency shelter solutions ranging from a very limited number of tents to barely standing tarpaulin structures (no poles) and a significant number of vulnerable people, in particular women and children (approximately 300 people reported);
- Insufficient and substandard sanitation facilities: 7 latrines, 1 bathroom, exposed rubbish tips;
- Insufficient quantities of NFI's: mosquito nets, hygiene kits, kitchen sets, blankets, jerry cans and sleeping mats;
- Assumed insufficient quantity of potable water (5,000 litres tank) of an undetermined quality.

Latest findings from the FACT team disclose that the displaced population is already taking steps to return to their homes even before the red alert is lifted. This confirms recommendations from FACT Health and WatSan to combine relief efforts in accommodation centres with early recovery aiming to ensure that the return of displaced people to Chokwe district will take place without jeopardizing their health.

Joint field assessments were carried out in Gaza Province, with FACT Shelter, Relief and Communication delegates. Shelter support which was originally identified as the most pressing need in the camps has since been addressed and the Government has requested shelter support to be phased out. Therefore, following the recommendation of shelter cluster agencies, focus will be directed towards assistance to clean, protect and repair partially destroyed houses with the provision of cleaning kits, additional tarpaulins and shelter tool kits.

## The needs

### Beneficiary selection:

The proposed intervention is based on an integrated approach for all affected areas, based upon SPHERE standards and will target specific vulnerable people, with priority given to those who have completely lost their houses or whose houses are partly destroyed:

- Female headed households with young or school going children
- Households headed by children or young persons
- Households with members that suffer from a chronic illness or HIV/AIDS
- Households with elderly members or people with disabilities

On-going CVM distribution plan has been discussed and approved by INGC coordination mechanisms at province and district level (COE and CENOE). Beneficiary identification for distribution of shelter items and NFI's is underway managed by the Mozambican Government, who provides the beneficiary lists to Gaza CVM branch, while beneficiary targeting is carried on by CVM. The planned detailed assessment will optimize registration and targeting strategy and provide a clear and joint baseline.

The Chokwe area accommodates a relatively high female population, since many men migrate for work. Hence, both in Chokwe town as well as in the camps, special attention will be paid to women affected by the floods, as well as their children, especially those under the age of five. Therefore, priority will be given to female headed households. HIV prevalence is high in the area. TB (co-)infection is also common. Thus families housing chronically ill people also require special attention as well as child/orphan headed households. Households composed of elderly people will require more assistance while displaced in the Chiaquelane camp and the moment they will return to rebuild their lives. As the intervention also includes public infrastructure, people visiting health facilities and school-going children at primary schools are also targeted.

### Immediate needs:

This intervention will support 5,700 of the most vulnerable families (28,500 people) affected by the disaster for 7 months to recover / improve their pre-disaster living conditions in Gaza Province. The main focus of the operation is to assist 5,700 flood affected families (28,500 persons) with NFIs, emergency shelter materials, health and water sanitation assistance. Health activities and health and hygiene promotion sessions may reach a higher number of indirect beneficiaries as they are implemented in the accommodation camps and during distributions not only of CVM/Red Cross Red Crescent relief items but also during distributions

provided by other agencies and stakeholders. Mosquito nets are not being provided under this operation, as UNICEF have sufficient for the targeted area available in-country.

The CVM distribution plan has been discussed and approved by INGC coordination mechanisms at province and district level (COE and CENOE). Beneficiary identification for distribution of shelter items and NFI's is managed by the Mozambican Government, who will provide the beneficiary lists to Gaza CVM branch, while beneficiary targeting is carried on by CVM.

The initial focus will be to the displaced population in the Chiaquelane camp or with neighbouring host communities from Chokwe city and to the city of Chokwe, and the affected population relocated to resettlement areas but do not exclude other geographical areas of intervention as a clearer picture of needs and gaps become available. The Macia town consisting of several smaller sites may be included as well as the possibility to extend relief assistance to displaced vulnerable families in isolated areas in the Guija and Chibuto districts.

This appeal also includes support to 1,500 affected families in the Zambezia province with the provision of tarpaulins, shelter tool kits, blankets and kitchen sets which will be prepositioned with CVM and distributed in coordination with the shelter cluster agencies.

### **Longer-term needs:**

The proposed intervention using the integrated approach will support 5,700 families mainly from the city of Chokwe and surrounding areas with the following specific sector interventions:

**Shelter:** 3,000 families will be provided with shelter assistance tool kits to restore/improve their houses to safe shelter conditions. 500 shelter kits will be also purchased under this Revised Emergency Appeal and prepositioned to be better prepared for future disasters. Traditionally urban communities in Chowke are organized in groups of 20 households, called 'bairros'. A total of 100 of these bairros will receive clean-up kits to improve communal and housing conditions. The tool kits are designed in a way enabling the restoration of houses and livelihoods. Should sufficient funds become available and CVM has the capacity to get involved in the proposed early recovery activities, there is an opportunity to engage in build-back-better activities, which bilateral PNS in-country may be able to make use of (tap into) along with UN-Habitat, with the support of IFRC the Zone office.

**Health and Care:** The scope of the health and hygiene promotion sessions conducted will reach beyond the returned population as it is important that the population in vulnerable areas is aware of preventive and treatment measures, especially in cholera and malaria-prone areas as it is endemic in many areas in Mozambique. The response capacity of CVM will be augmented by providing a refresher course to community-based volunteers in information, education and communications (IEC). As part of CVM activities, volunteers visit the affected peoples' home and provide the first response to treatment of the most prevalent diseases, such as diarrhoea. ORS sachets are a component contained in the first aid kit. In order to be able to provide a rapid initial response to the increase in diarrhoea cases, a quantity of ORS will also be transferred to the Ministry of Health.

**Water and Sanitation:** Dissemination of key hygiene promotion messages and building capacity at the community level by training community-based volunteers rehabilitating water sources and training water committees, and the construction and distribution of latrine slabs for 50 (temporary) latrines will be done in the Chiaquelane camp to last 3-4 months.

**Livelihoods:** Government of Mozambique (GoM) is planning a livelihoods assessment (SETSAN), mainly focusing on impact of the floods to agriculture in the affected areas. The IFRC considered the possibility to include a person in this assessment; however the team has already been selected to include the Department of FAO, WFP, etc). CVM sometimes supports these assessments with volunteers who collect data. It seems that the GoM will not approve any livelihoods plans (seeds and tools) before the results of the SETSAN assessment are published. At the moment they are only authorizing plans for distribution of seeds and tools for the upcoming planting season when the organizations are also offering regular food distributions. If in the near future, when the new SETSAN assessment results are published, there is a significant unmet need for distribution of seeds and tools or support for other types of livelihoods intervention the Appeal will be revised to include a livelihood component. As it is, both FAO and WFP have a strong presence in country.

**Capacity Building:** The capacity of the National Society will be strengthened through empowering and enhancing its volunteer base, district and provincial staff members. Support will be given to ensure effective financial management of this Revised Emergency Appeal.

As the cyclone season will continue for some time yet, it is imperative CVM is able to replenish prepositioned stocks/relief items in order to respond to future events.

## The proposed operation

### Shelter, settlement and non food items

**Outcome: 3,000 of affected households in Gaza District have safe and adequate shelter and settlement solutions through the provision of locally appropriate materials and tools, and guidance on improved building techniques**

Outputs (expected results)	Activities planned
Shelter assistance is provided to the flood affected target population	<ul style="list-style-type: none"> <li>Develop baseline assessment</li> <li>Identify 20 volunteers and staff to support operation and provide CVM/INGC volunteers with training on needs assessment</li> <li>Procure and transport shelter materials to the site</li> <li>Distribute two tarpaulins and one shelter tool kits to 3000 families</li> <li>In parallel of the distribution, undertake sensitization session on the use of shelter kit and setting up shelter</li> <li>Technical assistance in the setting up and maintenance of emergency shelter</li> <li>Prepositioning of two tarpaulins, one shelter tool kit, one kitchen set and two blankets for 1,500 affected families in the Zambezia province</li> </ul>
Essential Household Items (EHI) are provided to the flood affected target population	<ul style="list-style-type: none"> <li>Support CVM distribution plan design according to coordination mechanisms (COE,CENOE)</li> <li>Design detailed beneficiary identification and targeting strategy</li> <li>Provide 20 CVM volunteer/local staff with training/refresher course</li> <li>Distribute NFIs to 3,000 families – each family will receive one kitchen set as per SPHERE standards</li> <li>Report on distributions and adjust distribution plan if necessary</li> <li>Monitor the use of distributed items</li> </ul>
Flood affected families are able to restore their flood damaged homes and community spaces	<ul style="list-style-type: none"> <li>Community will be organized in groups of 20, which is the average block in an urban neighbourhood</li> <li>Cleaning kits (including a bucket, a wheelbarrow and a rake) will be distributed for cleaning mud and debris from houses to 100 bairros - a total of 1,000 buckets, 1,000 rakes and 300 wheelbarrows.</li> <li>Awareness campaigns on the promotion of communal hygiene</li> </ul>

### Emergency Health

**Outcome: Within 6 months the basic living conditions of 5,700 of the most vulnerable affected families have been restored to pre-emergency conditions while strengthening household and community resilience**

Outputs (expected results)	Activities planned
Target population is provided with rapid medical management of injuries and diseases	<ul style="list-style-type: none"> <li>First Aid support maintained by 20 CVM volunteers in the MoH health structures</li> <li>Support of the CVM health posts with first aid material (incl. ORS) and assist with referral cases</li> <li>Support the ongoing health activities such as first aid and replenish kits with materials such as ORS distributed for diarrhoea cases)</li> <li>There are 2 ambulances working as referral vehicles to take the emergencies from Chiaquelane and Chokwe to the closest quality, non-damaged health facility.</li> </ul>
Community-based disease prevention and health	<ul style="list-style-type: none"> <li>Refresher training 100 volunteers on EVC in coordination with MoH and District Health Offices</li> </ul>

promotion is provided to the flood affected target population	<ul style="list-style-type: none"> <li>• Daily sensitization activities in Chiaquelane transition camp and Chokwe city</li> </ul>
Epidemiological surveys, prevention and control measures are carried out	<ul style="list-style-type: none"> <li>• Outreach community activities are maintained in Chiaquelane camp, Chokwe city and area</li> <li>• Epidemiological surveillance, including nutritional situation</li> </ul>
Vulnerable groups (HIV/AIDS; children, pregnant woman, children) are identified and targeted for support with essential health management measures	<ul style="list-style-type: none"> <li>• Sensitization awareness by the CVM volunteers and follow up on vulnerable (women, children, elderly and HIV/AIDS and Gender Based Violence) cases</li> <li>• Distribution of 1 torch/household to 2,000 women, who are single headed of households</li> <li>• Sex and Gender Based Violence (SGBV) Assessment is performed and followed in the affected areas</li> <li>• Assessment on the viability and implementation of “safe spaces” within the camp for vulnerable groups, emphasising on women and children</li> </ul>
Recovery health activities assist families to transition back to their communities	<ul style="list-style-type: none"> <li>• Health promotion programmes continue in the most affected areas.</li> <li>• CVM public health activities will continue in Gaza district in coordination with the MoH</li> </ul>

### Water, sanitation, and hygiene promotion

<b>Outcome: Immediate reduction in risk of WASH-related diseases for 5,700 families in the peri-urban areas of Chokwe Municipality, additional selected localities, and Transit Camps in the Gaza areas</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Improved daily access to safely treated, handled and stored drinking water by 15,000 people (3000 families) in Chokwe, Chiaquelane and other selected camps targeted for drinking water quality intervention	<ul style="list-style-type: none"> <li>• Procure and distribute Certeza water treatment product to most vulnerable in Chokwe and Chiaquelane.</li> <li>• Training to households receiving Certeza on correct use and safe handling and storage of drinking water</li> <li>• Appraise water distribution system in Chokwe, Chiaquelane and provide advice/ feed-back to actors responsible and WASH cluster</li> <li>• Training to households receiving Certeza on correct use and safe handling and storage of drinking water</li> </ul>
Adequate sanitation services provided to the target population which meet SPHERE standards in terms of quantity and quality	<ul style="list-style-type: none"> <li>• On-going WatSan assessment in areas affected by flooding within an integrated relief approach</li> <li>• Identification of public spaces most in need of environmental sanitation action in Chokwe</li> <li>• Identification and preparation of liquid and solid waste dump sites in Chokwe</li> <li>• Construction of 50 plastic latrines in Chiaquelane for 3 – 4 months</li> <li>• Train 30 volunteers on environmental sanitation campaign for Chokwe and Chiaquelane</li> <li>• Mass emergency environmental sanitation/ clean-up action at Chokwe community/ bairro level</li> <li>• Emergency sanitation action such as solid waste disposal, waste management, hygiene information and education at selected public spaces (Health Facilities, schools, etc.) in Chokwe</li> </ul>
Hygiene promotion activities provided to 20,000 people in Chokwe and selected camps, meeting SPHERE standards in terms of identification and use of hygiene promotion methodologies appropriate to the context	<ul style="list-style-type: none"> <li>• Design rapid hygiene promotion campaign and materials</li> <li>• Develop (print, reproduce etc.) hygiene materials and distribute to sites and volunteers</li> <li>• Organise rapid community-level hygiene promotion session using hygiene promotion methods that are appropriate to the initial stage of an emergency situation</li> <li>• Undertaking social mobilization in the camps for operations and maintenance (O&amp;M) of sanitation facilities (latrines, hand washing, bathing and laundering)</li> <li>• Adapt the rapid hygiene promotion towards more in-depth mass campaign appropriate to the stabilization stage, possibly including in-</li> </ul>

	<p>depth assessment of hygiene situation, developing mass communication plan. Activities as radio shows, drama, cinema, mobile phone, or others to be considered for the campaign</p> <ul style="list-style-type: none"> <li>• On-going monitoring of hygiene activities</li> </ul>
Distribution and correct use of Sanitation and Hygiene-related goods (NFIs), meeting SPHERE standards by 15,000 flood affected people	<ul style="list-style-type: none"> <li>• Procure and distribute hygiene and water related NFIs to selected beneficiaries</li> <li>• 15,000 received essential hygiene items including 450g soap (laundry and bathing), one 10-20ltr bucket and one 15- litre jerry can</li> <li>• 6000 women receive menstrual materials</li> <li>• Ongoing monitoring of the use of NFIs</li> </ul>
Training of Volunteers on WatSan/HP programming related topics, including reporting/ monitoring and accountability, household water treatment, and how to correctly use hygiene-related goods	<ul style="list-style-type: none"> <li>• Design, training and implementation of monitoring and reporting system</li> <li>• Train 50 volunteers on environmental sanitation campaign topics (e.g. excreta disposal, vector control)</li> <li>• Volunteers train 3,000 households in improving their sanitation and hygiene situation, and the use of distributed items</li> <li>• Refresher training of volunteers on PHAST and other hygiene promotion methodologies including basic accountability mechanisms</li> <li>• Workshop on identifying WatSan/HP priorities in emergency and (early) recovery, with Volunteers and CVM</li> </ul>

### Logistics

The mobilisation table has been posted on DMIS. This includes relief, shelter and WatSan NFIs required for the operation. Some items will be procured in-country. For example, soap (both body and laundry soap) will be procured locally. All other IFRC standard emergency items will be sourced from region and zone prepositioned stock at the moment funding is confirmed.

CVM is apparently exempt from direct and all customs duties except stamp duties for all materials (with several exceptions) however it is normal practice to apply for customs exemptions via INCG. This requires a request to be made and approved by INCG, which is then submitted to customs for approval. CVM logistics anticipates that standard items should be clear through customs within 2-5 days of reception of required documentation in Maputo.

Lessons learned from the last floods and storm operation from February 2012 (Emergency Appeal MDRMZ009):

- Need to liaise closely with Government, after a certain point in the emergency – emergency goods are too late and are refused
- Duty free applications should be submitted before the goods leave the port of origin

The FACT logistics is in contact with the logistics cluster focal point and has attended cluster meetings in Maputo. Further cooperation in the cluster is initiated for airport handling, transport and warehousing in the affected area. A Service Level Agreement with WFP is under approval.

There are two warehouses/ Rubbhalls next to the Chiaquelane accommodation camp. CVM have six warehouses in Gaza Province across five districts. The operation is currently using warehouses in Macia, Maputo and the WFP rubbhall in Chiquelane camp.

<b>Outcome: Ensure appropriate logistics for IFRC/CVM Mozambique Floods response for the duration of 6 months</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
The coordinated mobilization of relief goods; coordinated reception of all incoming goods; coordinated warehousing, and coordinated and efficient dispatch of goods to the final distribution points. The IFRC will also work with the CVM to	<ul style="list-style-type: none"> <li>• Conduct rapid emergency needs and capacity assessments.</li> <li>• Develop beneficiary targeting strategy and registration system to deliver intended assistance.</li> <li>• Undertake local tendering</li> <li>• Source through RLU/HLS international procurement of items according to the mobilisation table that cannot be procured locally</li> <li>• Clear customs and undertake goods received procedures</li> <li>• Distribute relief supplies and control supply movements from point of</li> </ul>

support and build logistics capacity through training, workshops, and support to the logistics function.	dispatch to end user. <ul style="list-style-type: none"> <li>• Monitor and evaluate the relief activities and provide reporting on relief distributions.</li> <li>• Develop an exit strategy.</li> </ul>
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### Communications – Advocacy and Public information

The need to communicate with disaster affected communities has proven to play an important factor in emergency response operations in Red Cross responses across the globe. Without robust beneficiary communication, people lacking information lose perspective and confidence further complicating relief efforts.

The Red Cross Red Crescent, as part of its commitment to work in partnership with the people affected by the floods in Mozambique, intends from the outset to assist CVM to systematically embed beneficiary communication programming as a crosscutting function within its overall operational approach.

The media used include radio, TV, print and SMS can be utilised both directly on a one-on-one basis with beneficiaries or for mass information dissemination to targeted populations. Systems or processes to capture and feedback information from beneficiaries, to respective programme sectors within this disaster can also be established.

The steady flow of timely and accurate information between the field and other major stakeholders will support the operation, by increasing the profile, funding and support for CVM and the IFRC. It will also provide a platform on which to advocate in the interests of vulnerable populations. Donors and CVM will receive information and materials they can use to promote this operation and communication initiatives will help to build the information and public relations capacity of CVM for future emergencies.

In order to achieve all this, support will be provided by the IFRC regional communications delegate in Botswana and several field trips have been planned accordingly.

<b>Outcome: Communication on the operation from affected communities through to the International community will be enhanced by a strategic beneficiary communication strategy and a broader external communications strategy</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Working through the CVM and in close consultation with operational and technical counterparts, those impacted by this emergency receive timely, accurate information on this disaster and services available to support their relief and recovery	<ul style="list-style-type: none"> <li>• Key beneficiary audiences and their common sources of information are identified.</li> <li>• Those sources of information are prioritized and provided with details on relief and recovery resources, qualification criteria, and other essential information to benefit vulnerable individuals.</li> <li>• The inputs of beneficiaries are sought and incorporated into the planning and implementation process of this operation.</li> <li>• Special focus is given to identifying and communicating with potentially marginalized groups through methods that ensure their dignity.</li> </ul>
The profile and position of the CVM and the IFRC are enhanced, leading to increased availability of funds and other resources to support this and future emergency operations.	<ul style="list-style-type: none"> <li>• News releases, fact sheets, video, photographs and qualified spokespeople are immediately developed and made available to media and key stakeholders.</li> <li>• Direct outreach will be coordinated with the CVM and conducted with national and international media.</li> <li>• The launch of this Emergency Appeal and other major milestones throughout the operation will be supported with people-centred, community level diverse content, including web-stories, blog entries, video footage and photos with extended captions, will be posted to ifrc.org and shared with other global humanitarian web portals and international media</li> </ul>
Existing and potential donors, National Societies and other partners receive and utilize high quality communications	<ul style="list-style-type: none"> <li>• A communications tool-kit will be developed and distributed to key stakeholders that includes draft news releases, opinion pieces linking the operation to Red Cross advocacy priorities (e.g. early warning,</li> </ul>

materials and tools they need to raise funds and build awareness for this emergency.	<p>emergency health, IDRL), key messages, talking points, reactive lines addressing existing and potential risks to reputation, beneficiary profiles, photos, extended captions and access to video footage for use in the partners' domestic markets.</p> <ul style="list-style-type: none"> <li>• Conference calls for global communicators will be held regularly to share updated information and to understand emerging opportunities and needs in the communications arena.</li> </ul>
The communications and media relations capacity of CVM is increased in advance of the next major disaster to impact their communities.	<ul style="list-style-type: none"> <li>• CVM staff and IFRC communications focal points will jointly plan and implement IFRC supported field missions to gather information required for the tools listed above.</li> </ul>

### Capacity of the National Society

CVM has extensive experience in emergency response from responding to the devastating floods of 2000 and 2001 and, being auxiliary to GoM in emergency response and preparedness, has responded regularly to disasters in the last decade, most recently in 2012 to several tropical storms, cyclones and floods.

The community-based approach has been mainstreamed in all CVM programmes and proven successful. It is now being used by the GoM and other organizations as the most effective way of building capacities and disaster risk reduction at local level. In the recent disasters the number of casualties and injured people has been very low compared to the disasters in the previous decades and demonstrates that communities have a better understanding of disaster preparedness and contingency plans. CVM will continue to use this approach and will expand their intervention areas in coordination with the Government and other agencies programmes.

The CVM developed a Disaster Management Master Plan 2010-2017 with four programmatic objectives: Organizational Development, Disaster Risk Reduction, Disaster Response and Disaster Recovery. National Societies present in country are supporting this through either specifically developed (OD, DM, DRR) programming or as part of the integrated approach interventions in target communities where multi-sector activities are implemented to provide holistic support and more effective results in building capacity and strengthening the communities.

Presently, the National Society is facing challenges and has capacity gaps to effectively coordinate a response. In addition, the number of volunteers is low compared to the needs and demands. CVM volunteers – themselves victims of the floods and living in the camps with their families – are at the same time supporting the distributions of other humanitarian organisations. The total number of volunteers is estimated at 6,600. In the Gaza province the volunteer base is 415 of which 193 persons (80% of whom are women) have been trained in CBHFA. Presently a limited number of volunteers (30) are available but according to CVM new volunteers are in the process of being recruited and trained for the operation. Under this operation new volunteers will be trained to increase the number of volunteer base of the CVM reinforcing the National Societies capacity to response to disasters. To date, 40 volunteers have been trained in shelter and relief, 29 of which are new volunteers, and 54 volunteers have been jointly trained in health and WatSan, out of which 24 are new.

This emergency operation also provides the opportunity to increase capacity and experience of CVM in implementing emergency activities. To this end, IFRC will provide technical advice and coordination support to CVM disaster management coordinator for Gaza Province, as well as build capacity across a range of sectors at CVM national, provincial and district levels. This capacity development will also include on the job training for CVM staff and volunteers during programme implementation

### Capacity of the IFRC

In addition to managing the grants, the IFRC will provide technical support to CVM and strengthen support in the areas of health, WatSan, shelter, relief, logistics, communications and finance, M & E and reporting and also technical advice and training in relevant areas. An operations manager will be responsible for managing the operation, while an operations coordinator for the ongoing Southern Africa Emergency Appeals will provide additional support. Technical and strategic back-up is also available from the IFRC Regional Office in Gaborone and National Zone Office and from Partner National Societies where required. A number of

technical support missions by IFRC regional and Zone personnel are planned, and external consultancy support will be sought for evaluation of the operation upon completion.

The MSM-20 ERU, the CHM, the logistics and relief ERU teams together with the relief and WatSan RDRTs will remain in Mozambique until mid-March and work alongside CVM staff and volunteers providing training and technical support during the implementation of activities. An operations manager is currently being selected for the implementation of the operation. A finance delegate will be hired to support the well running of the operation and logistics support will be provided through the IFRC office in Harare.

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 regards to Disaster Management and Disaster Risk Reduction, the focus is on ensuring integration of emergency response with longer term rehabilitation and development, through the engagement with partners. Support for communications, monitoring, evaluation and reporting is also provided through the regional and Zone office thus ensuring that adequate technical support is available.

*Walter Cotte*  
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*Programme Services Division*

*Bekele Geleta*  
*Secretary General*

## Contact information

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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](http://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.

# EMERGENCY APPEAL

01-03-13

## Mozambique: Floods (MDRMZ010)

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	258,000			258,000
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	40,100			40,100
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	164,232			164,232
Medical & First Aid	16,321			16,321
Teaching Materials	600			600
Ustensils & Tools	130,250			130,250
Other Supplies & Services	0			0
Emergency Response Units			574,255	574,255
Cash Disbursements	0			0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>609,504</b>	<b>0</b>	<b>574,255</b>	<b>1,183,759</b>
Land & Buildings	0			0
Vehicles Purchase	0			0
Computer & Telecom Equipment	16,500	1,000		17,500
Office/Household Furniture & Equipment	1,000			1,000
Medical Equipment	0			0
Other Machinery & Equipment	0			0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>17,500</b>	<b>1,000</b>	<b>0</b>	<b>18,500</b>
Storage, Warehousing	28,250			28,250
Distribution & Monitoring	64,520			64,520
Transport & Vehicle Costs	76,266	1,300		77,566
Logistics Services	0			0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>169,036</b>	<b>1,300</b>	<b>0</b>	<b>170,336</b>
International Staff	133,800	16,950		150,750
National Staff	0	3,000		3,000
National Society Staff	104,078			104,078
Volunteers	53,023			53,023
<b>Total PERSONNEL</b>	<b>290,901</b>	<b>19,950</b>	<b>0</b>	<b>310,851</b>
Consultants	20,000	20,950		40,950
Professional Fees		3,600		3,600
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>20,000</b>	<b>24,550</b>	<b>0</b>	<b>44,550</b>
Workshops & Training	64,619			64,619
<b>Total WORKSHOP &amp; TRAINING</b>	<b>64,619</b>	<b>0</b>	<b>0</b>	<b>64,619</b>
Travel	34,000	3,500		37,500
Information & Public Relations	21,501			21,501
Office Costs	29,636	1,050		30,686
Communications	16,110	1,250		17,360
Financial Charges	10,000			10,000
Other General Expenses	0	1,100		1,100
Shared Support Services	40,446			40,446
<b>Total GENERAL EXPENDITURES</b>	<b>151,694</b>	<b>6,900</b>	<b>0</b>	<b>158,594</b>
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme and Supplementary Services Recovery	86,011	3,491	0	89,502
<b>Total INDIRECT COSTS</b>	<b>86,011</b>	<b>3,491</b>	<b>0</b>	<b>89,502</b>
<b>TOTAL BUDGET</b>	<b>1,409,265</b>	<b>57,191</b>	<b>574,255</b>	<b>2,040,710</b>
<b>Available Resources</b>				
Multilateral Contributions	206,719			206,719
Bilateral Contributions			574,255	574,255
<b>TOTAL AVAILABLE RESOURCES</b>	<b>206,719</b>	<b>0</b>	<b>574,255</b>	<b>780,974</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>1,202,546</b>	<b>57,191</b>	<b>0</b>	<b>1,259,736</b>



# Mozambique: Floods

