

Final report



International Federation
of Red Cross and Red Crescent Societies

MOZAMBIQUE: Floods and Cyclone

Final report
Emergency appeal n° MDRMZ002
GLIDE n° FL-2006-000198-MOZ
11 March 2009

Period covered by this Final Report:

16 February to 16 August 2007;

Appeal target: CHF 20.6m (USD 16.9m or EUR 12.8m) in cash, kind or services for 6 months to assist 117,235 beneficiaries (23,447 families).

Final Appeal coverage: 41%;

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

Appeal history:

- A **Preliminary Emergency Appeal** was launched on 16 February 2007 for CHF 7,464,923 (USD 5,971,938 or EUR 4,524,196) for 6 months to assist 100,000 beneficiaries (20,000 families).
- CHF 187,000 was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the national society in responding by delivering assistance to flood-affected families.
- A **Revised Emergency Appeal** was launched on 14 March 2007 for CHF 20.6 m (USD 16.9m or EUR 12.8 m) for 6 months to assist 117,235 beneficiaries (23,447 families) affected by both the floods and the cyclone.



To improve sanitary conditions in the long-term, Red Cross volunteers trained the village committees on how to fabricate 2,400 concrete latrine slabs.

Photo: Mozambique Red Cross

Summary:

Mozambique Red Cross (CVM)¹ and its partners played an essential role in preparing communities to face both the floods and cyclone, and in easing their recovery and return to normal life. The CVM responded immediately to the two disasters, which struck the country in rapid succession early in 2007. Non-food relief and emergency shelter reached some 24,000 families, or 120,000 beneficiaries in total – with capacity enhanced through the availability of pre-positioned stocks. Real-time evaluation indicated that relief distributions met the target within a reasonable timeframe, under challenging logistical circumstances. Basic monitoring activities showed that items were being used, were considered appropriate and necessary by beneficiaries, and that there was limited duplication of distributions by other organisations.

¹ In Portuguese - Cruz Vermelha de Moçambique

The Federation Zone office in Southern Africa deployed staff, along with five Emergency Response Units (ERUs) to Mozambique to provide technical expertise and increase local capacity to meet the most urgent humanitarian needs in the areas of health, water and sanitation, relief, logistics and telecommunications. Over 90 staff from CVM national headquarters (17) and provincial and district levels (74), as well as more than 740 trained volunteers worked side by side with Red Cross Red Crescent partners. In addition to relief activities, the operation provided assistance in the following areas:

- A concerted effort to raise hygiene awareness among displaced populations had a significant positive impact, with improved sanitary conditions reported in many accommodation centres. To improve sanitary conditions in the longer term, trained Red Cross volunteers have been working with village committees to fabricate concrete latrine slabs at the community level, using sand, cement and water. Moulds for the casting of slabs are on-site and the volunteers are supervising quality production of approximately 2,400 sanitary slabs.
- Volunteers at first aid posts, located in accommodation centres and resettlement sites, played a vital role in monitoring the incidence of common diseases. These were the primary sources of epidemiological data used by the Ministry of Health and WHO². They also provided basic health care, vaccination, referrals and sensitization, reaching over 230,000 people. Some 14,500 patients were treated at the Basic Health Care ERU and over 16,000 people received assistance at first aid posts.
- Flood-affected communities had access to safe drinking water using a range of methods - including water treatment, water purification and well rehabilitation - to ensure ready availability. Approximately 115m³/day of clean drinking water was distributed to 35,000 displaced people in 16 accommodation centres and 15 new boreholes were drilled, providing access to safe water to some 59,000 people.
- The Red Cross was able to provide immediate shelter to many affected families thanks to its pre-positioned stock of tents. For longer-term recovery, shelter kits were distributed to 12,925 families - designed to assist in the construction of houses in resettlement sites using traditional locally-available materials.
- CVM has also initiated a programme to improve the quality of housing construction, so that newly-built houses are better able to withstand the effects of natural disasters. Actual construction of two prototypes of housing is being undertaken in a number of communities. These will be photographed, documented and used to produce training material for use by volunteers to raise awareness about the techniques involved in building cyclone-resistant housing.

Overall, CVM disaster preparedness and early warning activities are credited with minimizing the impact of the floods and cyclone, with less loss of lives than in previous disasters of this scale.

The situation

During the first half of 2007, Mozambique faced a series of tragic natural and man-made disasters. Early in the year, in an echo of the devastating floods of 2000 - 2001, more than 285,000 people were affected as torrential rains flooded central parts of Mozambique along the Zambezi River. Some 107,000 displaced individuals moved to temporary accommodation centres established by the government, as humanitarian agencies and other partners sprung into action to meet basic needs of health, water, sanitation, food and shelter.

On 22 February, tropical cyclone Favio swept across Inhambane province, as well as parts of Sofala and Manica provinces, destroying homes, schools, hospitals and other infrastructure. More than 130,000 people were affected this time, and government agencies and humanitarian partners scrambled resources to help people impacted by the second natural disaster in as many months. In addition, 20,800 hectares of crops were destroyed, along with approximately 6,000 houses built from local materials such as wooden poles, mud and grass.

Capacity and resources of the government and partners were further stretched in March, when explosions at an ammunition depot in a Maputo suburb tragically killed more than 100 people and left over 500 homeless.

² World Health Organisation www.who.int

By mid 2007, due to a significant seasonal rainfall deficit, southern and central parts of Mozambique were experiencing lower than average agricultural production (down by 27% from the previous year and 18.8% lower than the five year average). The poor harvest contributed to increased food insecurity in the region, where households are largely self-subsistent³.

Overview of situation in four most flood-affected provinces

Manica:

- Approximately 1,000 families in 3 accommodation centres.
- Limited phone coverage and long distance from operational base in Caia.
- Most needs in Manica were met by local organisations.
- Based on outstanding needs, Red Cross provided sleeping mats and soap in early April 2007.

Sofala:

- Caia, within Sofala, was the operational base of the emergency response.
- Second most highly-affected province.
- Approximately 7,800 families in 25 accommodation centres.
- Affected families were primarily farmers, some of whom were affected by the floods of 2001.
- Most accessible by road.
- Distributions by road were second priority to air loading, and most distributions in Sofala therefore went out late in the afternoon, providing a challenge for distribution planning and volunteer availability.

Tete:

- Most highly affected province.
- Over 10,000 families in 22 accommodation centres.
- Most families in the centres were evacuated from 10-15 km away and were primarily farmers.
- Most difficult access, all distributions carried out by air until early April.
- As a result, frequent small-scale distributions
- Limited communication due to poor mobile phone coverage.

Zambezia:

- Over 6,000 families in 15 accommodation centres.
- Access by both air and road, though road directions confusing, leading to delays in delivery. Also dependent on ferry and bridge access, often under construction and/or heavily used.
- Mobile phone coverage was particularly challenging in Zambezia, with communication often being passed on from person to person through messages.
- Like most areas, families were primarily farmers, having to abandon lands from 4-10km away, also affected by the 2001 flooding.
- Family numbers did not fluctuate as much in this area and more accurate beneficiary lists were able to be kept, leading to less crowd control/ security issues.

All of this, in a country which remains amongst the most vulnerable, despite improvements in the overall growth rate following the peace agreement of 1992 - ranking 168th on the Human Development Index in 2006 – and which is prone to natural disasters on an annual basis.

Red Cross and Red Crescent action

In the flood and cyclone-affected areas, CVM staff from National Headquarters (17 staff) and provincial and district levels (74 staff) and more than 740 trained volunteers put regular programmes on hold and worked around the clock to assist the affected population. Main activities included:

- Distribution of non-food relief items, and basic shelter material and kits;
- Provision of basic health care, and support to the Ministry of Health in the collection of epidemiological data at specially erected first aid posts;
- Dissemination of intensive hygiene promotion campaigns to prevent the spread of water-borne and other diseases;

³ Source Famine Early Warning System Network (FEWSNET) www.fews.net

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- Provision of clean water through a variety of means, including water treatment, water purification and well-rehabilitation. In addition, sanitation facilities were improved through latrine re-construction, and clean-up campaigns.

Red Cross staff and volunteers faced extreme logistical challenges as they sought to provide assistance across huge tracts of land, cut off by flood waters and often only accessible by boat or helicopter. These same staff and volunteers - many of whom were themselves survivors of the floods or cyclone - demonstrated their commitment and determination to assist vulnerable people, working around the clock in the early stages of the relief operation. In flood-affected areas, volunteers often stayed overnight in more remote accommodation centres to ensure continued provision of first aid and other services.



Devastating floods along the Zambezi River affected more than 285,000 people, forcing more than 107,000 to seek shelter in government accommodation centres.

**Photo:
Mozambique Red
Cross**

Red Cross Red Crescent partners from across the region, along with international technical experts and equipment, were deployed to boost the overall capacity of the CVM. Representatives of CVM, the International Federation, and other Red Cross Red Crescent partners conducted an initial field assessment, and five Emergency Response Units (ERUs) were deployed to Mozambique to provide technical expertise and increase local capacity to meet urgent humanitarian needs in the fields of health, water and sanitation, relief, logistics and telecommunications.

The Federation's regional delegation in Harare sent staff and equipment to further support the relief operation. A fully functional, self-sufficient Red Cross base camp offered much-needed accommodation and basic living requirements for Red Cross staff working in and around Caia, the operational hub for the floods response. Red Cross Red Crescent Movement partners sought to meet SPHERE⁴ standards in all disaster response activities.

In the context of these concurrent emergencies, national disaster response was assumed by the National Institute for Disaster Management (INGC) under the Ministry of State Administration (MAE) - playing a strong role in coordinating the international humanitarian response. The humanitarian community involved in the response operation adopted a cluster approach as a framework for

⁴ www.sphereproject.org SPHERE - Humanitarian Charter and Minimum Standards in Disaster Response.

emergency coordination to support the government of Mozambique in its relief operation. The CVM played a fundamental role in collaborating with the government, national NGOs, and UN Agencies - both during the floods operation (namely in Sofala, Zambezia, Tete and Manica Provinces), as well as during the cyclone operation (covering Vilanculos, Govuro and Inhassoro Districts in Inhambane Province, and Buzi and Nhamatanda Districts in Sofala Province).

The CVM, with its unparalleled capacity and network of community-based volunteers, played an important role in providing essential human resources on the ground, and in supporting other humanitarian agencies in the implementation of their relief and recovery operations.

| Emergency Relief (non food items) | |
|--|--|
| Objective 1: To provide temporary shelter and non food items to 23,447 families in Inhambane Province (cyclone-affected) and Manica, Sofala, Tete and Zambezia provinces (flood-affected). | |
| Impact | Main Results |
| Relief distributions met the target within a reasonable timeframe under challenging logistical circumstances. | <p>Floods</p> <ul style="list-style-type: none"> • 18,000 families in 35 accommodation centres received non-food relief items • 58% of affected population covered • 23,250 families received hygiene/ dignity kits provided by UNFPA⁵ <p>Cyclone</p> <ul style="list-style-type: none"> • More than 6,000 families received non-food relief items. |

Floods Response:

Between February and April 2007, a Spanish/ American/ Benelux⁶ Red Cross Relief ERU, based in Caia - the operational centre of the floods response - provided non-food relief items to 18,000 families in 35 accommodation centres, covering 58% of the total 31,000 affected families. Each family received a comprehensive package consisting of: one tent⁷ or tarpaulin, one kitchen set, two jerry cans, two buckets, two blankets, two sleeping mats, two mosquito nets, and 4kg of laundry soap and 0.5 kg of personal soap.

Relief distributions met the target within a reasonable timeframe, under challenging logistical circumstances. Basic monitoring activities showed that items were being used, were considered appropriate and necessary by beneficiaries, and resulted in limited duplication of distributions by other organisations.

The Red Cross also distributed hygiene/ dignity kits (containing toothbrushes, toothpaste, sarongs, soap, sanitary pads, t shirt, and backpack) provided by UNFPA⁸ to 23,250 families in flood-affected areas. However, these distributions were delayed due to the late receipt of funds to cover distribution costs. In the meantime, a number of the families had moved away from the resettlement sites included in the distribution plan, to low-lying fertile areas. The Red Cross responded by undertaking new beneficiary assessments and readjusting the distributions plan to reflect this movement of beneficiaries.

Cyclone Response

A Spanish Red Cross team, funded by ECHO, worked with the CVM to distribute non-food relief items to more than 6,000 families. Priority beneficiaries included children under 15, female-headed households, pregnant women, individuals with disabilities or those suffering from chronic illness.

⁵ United Nations Population Fund www.unfpa.org

⁶ Belgian, Netherlands, Luxemburg Red Cross partnership

⁷ Priority was given to families not in a position to build a shelter themselves.

⁸ United Nations Population Fund www.unfpa.org

Training in beneficiary identification and registration was organized for CVM staff and volunteers, to increase their capacity to carry out efficient, well-organised, needs-based distributions. Beneficiary selection criteria prioritised communities and settlements in remote areas that had not received assistance from the government or other humanitarian actors (in the districts of Govuro, Inhassoro, Vilankulos and Massinga). Since the majority of families affected by the cyclone were able to rescue at least part of their belongings, the distributions were intended to complement and improve on existing living conditions of the families. Coordination with other humanitarian actors minimised any duplication in service provision, and the Red Cross adapted its distribution plan and list of items for distribution in response to relief distributions conducted by other organisations, as well as the changing needs on the ground.

A detailed report on distributions for both the floods and cyclone responses is available in Operations Update 5 of 28 August 2007.

Mozambique Red Cross distributed non-food relief items to more than 6,000 families affected by cyclone Favio

Photo: Mozambique Red Cross



Challenges:

Relief distributions were complicated by:

- Difficult road access to accommodation centres
- Lack of trucks
- Lack of readily available relief stock
- Shifting numbers of potential beneficiaries at the camps.

Some accommodation centres remained inaccessible until early April and goods had to be transported via air – thereby increasing the frequency and affecting the low daily volume of distributions. In total, close to 220 distributions were made - half of which were by helicopter.

The total number of families in accommodation centres increased over time, presumably as some families were drawn to the centres by on-going food and non-food relief distributions, regardless of whether they were affected by the floods or not. The Red Cross decided to stick to its original targets with regard to beneficiary numbers as per its initial assessments; as a result, beneficiary numbers were at times lower than figures provided by INGC⁹ or actual numbers of beneficiaries in the camps. In some cases, the Red Cross divided rations so that every camp resident received support; in others, distributions were only made to families directly affected by the floods and already on Red Cross beneficiary lists.

⁹ National Institute of Disaster Management

| Recovery, rehabilitation and restoration of livelihoods | |
|---|---|
| Objective 2: To provide support to families for their resettlement through rehabilitation of shelter (through shelter tool kits) and livelihood activities. | |
| Impact | Main results |
| <p>Immediate shelter was provided. Long term recovery was assisted through the provision of shelter kits. Risk reduction is being enhanced through programmes to improve building techniques.</p> | <p>Floods</p> <ul style="list-style-type: none"> • Almost 20,000 tarpaulins and over 1,200 tents distributed. • 12,925 families receive shelter kits. <p>Cyclone</p> <ul style="list-style-type: none"> • Nearly 5,500 tarpaulins distributed. • 3,582 families receive shelter kits. • Pilot reconstruction project with disaster-resistant prototypes and training underway. |

Floods response:

The Red Cross was able to provide immediate shelter to many affected families thanks to its pre-positioned stock of tents. Almost 20,000 tarpaulins and over 1,200 tents were distributed to displaced families, and Red Cross volunteers supported vulnerable groups (including the elderly, disabled, female and child-headed households), to set up tents in accommodation centres.

For longer-term recovery, shelter kits were distributed to 12,925 families (each containing one machete, 20m rope, 20 m wire, one pair pliers). The kits were designed to assist families to construct houses in resettlement sites using traditional locally-available materials.

Cyclone Response:

Shelter kits: Some 3,582 shelter kits were distributed to assist affected families to rebuild their houses. Each kit was appropriate for constructing dwellings using locally-available traditional materials, and contained the following items: 20m wire, one hammer, one machete, two hoes, one pair pliers, 2kg nails.

Disaster resistant housing: CVM has also initiated a programme to improve the quality of housing construction, so that newly-built houses are better able to withstand the effects of natural disasters. Development of relevant training materials, training of volunteers and skilled workers, and construction of “model” houses to demonstrate appropriate construction techniques at community level will all contribute to the long-term goal of creating more disaster-resilient communities. The programme looks at two types of construction – one using only traditional materials, and a second type combining traditional materials with concrete and zinc sheeting. Red Cross volunteers, working with trained professionals - including carpenters, masons and, builders - are constructing two model houses in each of the target districts, to demonstrate best construction practice to the community. The actual construction of the two types of housing will be photographed, documented and used to produce training materials for volunteers to raise awareness regarding the techniques involved in building cyclone-resistant housing.

Challenges:

Red Cross shelter kits contained tools to assist people in the construction of houses using locally available materials – as this was considered to be the most readily accessible and most practical construction method in the flood-affected areas. However, housing construction using traditional methods was slow to start, as affected families waited to see if they would receive further assistance from governmental authorities, including materials such as tin sheeting for roofing.

| Health and care | |
|---|--|
| Objective 3: To provide community-based and basic health care to 23,447 families in the flood and cyclone affected areas. | |
| Impact | Main results |
| <p>The basic health of the affected community was ensured and enhanced through sensitization, vaccinations and referrals. There was no outbreak of cholera in the resettlement centres.</p> | <p>Floods</p> <ul style="list-style-type: none"> • 15,458 individuals received assistance at first aid posts • Up to 600 trained volunteers worked at first aid posts in accommodation centres. • Support was provided to MoH vaccination campaigns and supplemented through health sensitization, reaching 233,748 people. • 219,700 people received dissemination materials on HIV and AIDS and over 35,000 condoms were distributed. • Supply of medical equipment was provided to the district hospital for future health crises. <p>Cyclone</p> <ul style="list-style-type: none"> • Over 14,500 patients were treated at the Basic Health Care ERU. • Over 8,354 people received assistance at first aid posts. |

Floods Response

Community-based first aid: Over 249,206 people received health care from Red Cross volunteers. Nearly 600 trained volunteers worked at first aid posts and undertook house-to-house visits in accommodation centres, to treat the most common diseases (including conjunctivitis, diarrhoea, and respiratory infections), and refer serious cases to local health facilities. Volunteers also supported the Ministry of Health in a vaccination campaign for under fives, and distributed health information material, reaching 233,748 people. Health education sessions were conducted to improve the general health status of people living at accommodation centres.

Medical equipment: The capacity of the Ministry of Health to respond to health crises was increased through the provision of equipment and materials, as follows:

- Four Inter-agency Emergency Health Kits (including basic and supplementary units). The basic unit contains essential medicines and medical equipment for primary health care workers with limited training. The supplementary unit contains medicines and medical equipment for a population of 10,000, and is to be used only by professional health workers or physicians
- Four cholera kits, including one which was transferred to Chemba in response to a cholera outbreak in June/ July 2007
- 2,600 clean delivery kits for women post-partum.

Cholera: One of the biggest concerns of the operation was the threat of a cholera outbreak. It is difficult to establish the cause of something that did *not* happen, however the combined result of robust water, sanitation and health activities, as well as timely distribution of food and non-food items (including soap, buckets, and jerry cans) may have played a role. At the end of June, cholera cases were confirmed in Chemba town; however these were mostly from within the town and did not affect the population in resettlement centres. The CVM mobilised to support the Ministry of Health to contain the outbreak, and volunteers were stationed at water collection points (wells, fountains, and rivers) in Chemba and along the main road out of town to chlorinate collected water, so as to prevent contamination of carrying vessels. In addition, a cholera kit was provided to the local health authority in Chemba to boost its capacity to deal with the outbreak.

Epidemiological surveillance: Volunteers at first aid posts, located in accommodation centres and resettlement sites, played a vital role in monitoring the incidence of common diseases. These were the primary sources of epidemiological data used by the Ministry of Health and WHO¹⁰.

Malaria: Red Cross volunteers at first aid posts treated suspected malaria cases and referred serious cases to local health authorities. Distribution of more than 13,500 nets, combined with instructions on how and why to use the nets, may also have contributed to controlling the number of malaria cases among the flood-affected population.

HIV and AIDS awareness: The CVM undertook capacity-building of 80 volunteers to work in HIV and AIDS prevention at the accommodation centres. In total, over 219,700 people received dissemination in HIV and AIDS, and over 35,000 condoms were distributed.

Cyclone response

Basic Health Care ERU: A Basic Health Care Unit (BHCU) arrived in Mozambique in late February, to ensure continued provision of regular services at the Vilankulos District Hospital, which had suffered severe cyclone damage to infrastructure, equipment and medicinal stocks. From 5 March to 19 May 2007, the Basic Health Care unit - staffed by local Ministry of Health personnel, with support from Norwegian and Canadian Red Cross delegates - received 14,791 patients. Major causes of morbidity recorded were malaria, respiratory tract infections and other unspecified infections.

In addition to diagnosis and treatment of patients, the BHCU conducted hygiene-awareness training, universal precaution, health care training for hospital staff and a hospital clean-up campaign, and distributed mosquito nets to pregnant women. The project was financially supported by the Norwegian Ministry of Foreign Affairs, ECHO, Norwegian Red Cross and Canadian Red Cross. Equipment and supplies were subsequently handed over to the Mozambique Ministry of Health and CVM, thereby strengthening national and local public health care capacity in Mozambique. Equipment and related services will be accessible to all persons in need through the hospital's outpatient department. To support effective management of the Basic Health Care Unit in the future, twenty-three CVM staff, volunteers and representatives of the Ministry of Health participated in a practical and theoretical workshop on planning, set-up, and management of a basic health care unit, carried out in early May 2007.

A Basic Health Care Unit ensured continued provision of regular medical services at a cyclone-damaged hospital in Vilankulos. In total, 14,791 patients received assistance.

Photo: Mozambique Red Cross



¹⁰ World Health Organisation www.who.int

As from August 2007, the Basic Health Care Unit continued to function as a temporary medical facility under the management of the Ministry of Health, until hospital staff and equipment could be relocated into a permanent rehabilitated structure. Norwegian Red Cross has pledged to fund the rehabilitation of part of the hospital health centre, and a consultant has finalised designs and cost estimates for this reconstruction. In the meantime, CVM contributed 400 zinc sheets to assist in partial reconstruction of damaged hospital buildings.

Community-based first aid: Community-based first aid was provided by Red Cross volunteers to the communities of Pambara 1 and 2, the Municipality of Vilanculos, and in Govuro and Inhassoro. Volunteers provided social and psychological support, as well as training in cyclone prevention.

| Water, sanitation, and hygiene promotion | |
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| Objective 4: To ensure community access to adequate safe and clean water, as well as sanitation facilities and hygiene promotion to 9,000 families in flood and cyclone-affected provinces, meeting minimum SPHERE standards. | |
| Impact | Main results |
| Flood-affected communities had access to safe drinking water using a range of methods - including water treatment, water purification and well rehabilitation - to ensure ready availability. Sanitation facilities at the accommodation centres were improved. | <ul style="list-style-type: none"> • Approximately 115m³/day of clean drinking water was distributed to 35,000 displaced people in 16 accommodation centres. • 15 new bore holes were drilled, providing access to safe water to 59,000 people. • Over 1 million Watermaker (chlorine) sachets were distributed. • 140 volunteers disseminated health and hygiene promotion messages. |

Water distribution: A Spanish Red Cross Water and Sanitation ERU supported the production of drinking water in flood-affected areas. The Red Cross accessed both the ERU equipment, as well as rehabilitated water treatment units which had been kept in storage since the floods of 2000/2001. These were used to establish water treatment plants in Caia, Nhacatundo and Mopeia. A combined total of approximately 115m³ clean drinking water was provided to 35,000 displaced people in 16 accommodation centres on a daily basis. Water was distributed to bladder tanks through a transport system organised by a WFP¹¹ - led logistics cluster. Red Cross provided eight bladder tanks and five tap stands to facilitate access to water in accommodation centres. Water distribution was phased out at the end of April 2007 as alternative, permanent water sources - including wells and boreholes - became available.

Water sachets: More than 1 million Watermaker sachets and 8,800 bottles of Certeza were distributed to ensure access to clean drinking water at household level.

Well drilling: Construction of 15 new wells increased access to drinking water for approximately 59,000 people. To ensure the sustainability of these water points, water committees were being set up in each of the beneficiary communities. Women have a dominant function in these committees, since they traditionally play a major role in the collection and use of water at household level. Each water committee was trained in how to maintain the water point in their community, and provided with spare parts to repair water points in case of damage.

¹¹ World Food Programme - www.wfp.org

Red Cross distributed approximately 115m3 of clean drinking water per day to 35,000 displaced people in 16 accommodation centres.

Photo: Mozambique Red Cross



Hygiene promotion: Some 100 volunteers trained in Participatory Hygiene and Sanitation Transformation (PHAST) and 40 in basic hygiene promotion conducted on-going hygiene promotion sessions in temporary accommodation centres and resettlement sites. This concerted effort to raise hygiene awareness among displaced populations had a significant positive impact, with improved sanitary conditions reported in many accommodation centres - including faster, better quality construction of latrines, establishment of bathing facilities and organisation of community groups to clean sanitation facilities. Almost 600,000 packs of personal and laundry soap were distributed to communities. The CVM plans to provide refresher PHAST training for 60 volunteers, focusing on gaps identified during the emergency operation, and providing additional tools to facilitate on-going hygiene promotion work.

Latrines: Some 952 temporary latrines were constructed for displaced people living in accommodation centres. To improve sanitary conditions in the longer term, trained Red Cross volunteers are in turn training village committees to fabricate concrete latrine slabs at community level, using sand, cement and water. Moulds for the casting of slabs are on-site and the volunteers are supervising quality production of approximately 2,400 sanitary slabs.

| Institutional development and disaster preparedness | |
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| Objective 5: To have appropriate and sustainable organisational structures at provincial and branch levels, with equipment and training to improve the CVM capacity in disaster management. | |
| Impact | Main activities |
| Through its community based disaster management programme, the Red Cross increased disaster management awareness and preparedness so that communities were better able to mitigate the impact of the floods and cyclone in 2007. There was a relatively low impact on human life. | <ul style="list-style-type: none"> • Red Cross community disaster management projects prepared communities to mitigate the impact of the floods and cyclone. • Pre-positioned stocks facilitated prompt, effective delivery of non food relief items to the neediest populations. • Red Cross volunteers trained in water rescue helped to evacuate communities cut off by flood waters. • The early warning system, heard on radios distributed via the Red Cross programme, ensured that communities targeted through the community-based disaster preparedness programme knew about the cyclone/ floods in advance. |

Disaster preparedness: Since the floods of 2000 – 2001, CVM has conducted disaster response simulations on a regular basis, and was a participant in a flood response simulation in collaboration with the National Institute of Disaster Management (INGC) in October 2006. The national society also updated its disaster response contingency plan in November 2006, less than 3 months before floods struck. Red Cross pre-positioned stock enabled a speedy response to the emergency needs of affected communities, and Red Cross volunteers trained in water rescue, and equipped with boats, were able to evacuate people cut off by the rising flood waters. The CVM was also involved in monitoring the situation prior to the floods, with approximately 100 volunteers stationed along river banks to collect data on river levels.

Community-based disaster preparedness and the Early Warning System: The National Early Warning System played a vital role in preparing people to mitigate the impact of floods and cyclone in 2007, and contributed to one of the most important achievements of the preparedness and response operation in 2007 - the relatively low impact on human life, compared to the devastating floods in 2000 and 2001 which killed 700 people.

Dialogue with key stakeholders in target communities in cyclone-affected Inhambane Province showed that skills, techniques and materials provided through the Red Cross programme played a crucial role in protecting the lives and possessions of vulnerable households:

- Community members trained in disaster management played an important role in helping communities to prepare for and mitigate the risk to human life and material possessions.
- The early warning system, heard on radios distributed via the Red Cross programme, ensured that communities targeted through the community-based disaster preparedness programme knew about the cyclone/ floods in advance.
- In areas where the community-based disaster preparedness programme was implemented, CVM volunteers found communities prepared to face Cyclone Favio.
- Local disaster committees (established through the Red Cross programme) successfully used methodologies recommended through community-based disaster preparedness training activities to inform community members of the impending cyclone, and advise them on how to minimize the negative effects of the disaster.
- Equipment and training provided through the programme (for example, the provision of HF radios, and the training of community-based volunteers) strengthened the capacity of the CVM to effectively prepare for and respond to these disasters.

Pre- positioned relief stocks: The CVM had tents, tarpaulins, jerry cans and other non-food relief items positioned in warehouses across Mozambique at the time of the floods and cyclone. In addition to this national pre – positioned stock, the International Federation's Regional Logistics Unit in Dubai sent pre – positioned stocks from its warehouse to assist floods and cyclone survivors. By using emergency stocks, the Red Cross was able to drastically reduce the time it took for goods to reach the beneficiaries. In particular, the International Federation's logistics system enabled faster, more cost-effective and focused relief delivery through the regional and national pre-positioning of relief stocks, and through well-trained human resources, efficient processes and information systems – including a Danish/Swiss Logistics ERU operational in the flood and cyclone-affected areas. Both the CVM and the International Federation are currently planning to increase the amount of stock held in their respective warehouses so that they can continue to react quickly and cost-effectively for future operations.

Conclusion

Lessons learned: Evaluations of the emergency response operation show that the cluster approach was extremely successful in encouraging a cooperative and coordinated approach among humanitarian partners, which in turn led to a more effective floods and cyclone response. For example, in flood-affected areas, distribution of relief goods was closely coordinated with other humanitarian actors and the government of Mozambique through the cluster approach. As a result, information-sharing, planning and close cooperation between the various actors proved to be strength of the operation, helping to avert duplication and gaps of service to beneficiaries in the field. Transport for distribution of emergency goods was carefully coordinated through the Logistics Cluster, so that available resources were shared between all humanitarian partners.

The floods and cyclone response operation of 2007 has been considered to be a success story. A Real Time Evaluation¹², commissioned by a group of Inter-Agency Standing Committee agencies, found that disaster preparedness and coordination mechanisms played an important role in preventing unnecessary suffering and in speeding-up the delivery of assistance to affected populations. The report singles out the CVM for its positive role in establishing disaster preparedness mechanisms at community level, and for developing contingency plans that helped facilitate a prompt, effective emergency response.

How we work

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

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

Global Agenda Goals:

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

Contact information

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[<Final financial report below; click here to return to the title page>](#)

¹² Inter-agency real-time evaluation of the response to the February 2007 floods and cyclone in Mozambique <http://www.reliefweb.int/rw/rwb.nsf/db900sid/YSAR-73JN4B?OpenDocument&rc=1&cc=moz>

International Federation of Red Cross and Red Crescent Societies

MDRMZ002 - Mozambique - Floods & Cyclones

Final Financial Report

| Selected Parameters | |
|---------------------|----------------|
| Reporting Timeframe | 2007/1-2008/12 |
| Budget Timeframe | 2007/1-2008/12 |
| Appeal | MDRMZ002 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

| | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: Principles and Values | Coordination | TOTAL |
|--|-----------------------------|-------------------------|---------------------------|-------------------------------|--------------|-------------------|
| A. Budget | 20,644,994 | | | | | 20,644,994 |
| B. Opening Balance | 0 | | | | | 0 |
| Income | | | | | | |
| <u>Cash contributions</u> | | | | | | |
| American Red Cross | 8,858 | | | | | 8,858 |
| Austrian Red Cross | 85,750 | | | | | 85,750 |
| Belgium Red Cross (Flanders) | 66,103 | | | | | 66,103 |
| Belgium Red Cross (Flanders) (from ECHO) | 35,355 | | | | | 35,355 |
| British Red Cross (from DFID - British Government) | 1,181,372 | | | | | 1,181,372 |
| Canadian Red Cross (from Canadian Government) | 415,800 | | | | | 415,800 |
| Danish Red Cross | 6,809 | | | | | 6,809 |
| Finnish Red Cross | 80,999 | | | | | 80,999 |
| French Red Cross | 10,439 | | | | | 10,439 |
| German Red Cross (from German Government) | 270,377 | | | | | 270,377 |
| Great Britain - Private Donors | 11,950 | | | | | 11,950 |
| Hong Kong Red Cross | 1,210 | | | | | 1,210 |
| Icelandic Red Cross | 115,889 | | | | | 115,889 |
| Icelandic Red Cross (from Icelandic Government) | 56,735 | | | | | 56,735 |
| Irish Government | 402,500 | | | | | 402,500 |
| Irish Red Cross | 48,276 | | | | | 48,276 |
| Japanese Red Cross | 305,275 | | | | | 305,275 |
| Liechtenstein Red Cross | 15,000 | | | | | 15,000 |
| Luxembourg Red Cross | 5,494 | | | | | 5,494 |
| Monaco Red Cross | 50,850 | | | | | 50,850 |
| Netherlands Red Cross | 1,209 | | | | | 1,209 |
| Norwegian Red Cross | 32,071 | | | | | 32,071 |
| Norwegian Red Cross (from Norwegian Government) | 187,435 | | | | | 187,435 |
| On Line donations | 626 | | | | | 626 |
| Spanish Red Cross | 65,049 | | | | | 65,049 |
| Unidentified donor | -2,410 | | | | | -2,410 |
| C1. Cash contributions | 3,459,022 | | | | | 3,459,022 |
| <u>Outstanding pledges (Revalued)</u> | | | | | | |
| Icelandic Red Cross | 200 | | | | | 200 |
| Icelandic Red Cross (from Icelandic Government) | 100 | | | | | 100 |
| C2. Outstanding pledges (Revalued) | 300 | | | | | 300 |
| <u>Inkind Goods & Transport</u> | | | | | | |
| American Red Cross | 231,082 | | | | | 231,082 |
| Belgium Red Cross (Flanders) | 1,362,053 | | | | | 1,362,053 |
| Danish Red Cross | 950,133 | | | | | 950,133 |
| French Red Cross | 160,592 | | | | | 160,592 |
| Luxembourg Red Cross | 84,525 | | | | | 84,525 |
| Norwegian Red Cross | 675,841 | | | | | 675,841 |
| Spanish Red Cross | 1,195,898 | | | | | 1,195,898 |
| Swiss Red Cross | 13,234 | | | | | 13,234 |
| C3. Inkind Goods & Transport | 4,673,357 | | | | | 4,673,357 |
| <u>Inkind Personnel</u> | | | | | | |
| Icelandic Red Cross | 37,200 | | | | | 37,200 |
| Netherlands Red Cross | 18,600 | | | | | 18,600 |
| C4. Inkind Personnel | 55,800 | | | | | 55,800 |

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Other Income

| | | | | | |
|--------------------------------------|------------------|--|--|--|------------------|
| Miscellaneous Income | 161,740 | | | | 161,740 |
| Opening Balances & Income Transfers | 195,355 | | | | 195,355 |
| C5. Other Income | 357,095 | | | | 357,095 |
| C. Total Income = SUM(C1..C5) | 8,545,574 | | | | 8,545,574 |
| D. Total Funding = B + C | 8,545,574 | | | | 8,545,574 |
| Appeal Coverage | 41% | | | | 41% |

II. Balance of Funds

| | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: Principles and Values | Coordination | TOTAL |
|----------------------------------|-----------------------------|-------------------------|---------------------------|-------------------------------|--------------|------------|
| B. Opening Balance | 0 | | | | | 0 |
| C. Income | 8,545,574 | | | | | 8,545,574 |
| E. Expenditure | -8,545,574 | | | | | -8,545,574 |
| F. Closing Balance = (B + C + E) | 0 | | | | | 0 |

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III. Budget Analysis / Breakdown of Expenditure

| Account Groups | Budget | Expenditure | | | | | TOTAL | Variance |
|---|-------------------|-----------------------------|-------------------------|---------------------------|-------------------------------|------------------|-------------------|----------|
| | | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: Principles and Values | Coordination | | |
| A | | | | | | | B | A - B |
| BUDGET (C) | 20,644,994 | | | | | | 20,644,994 | |
| Supplies | | | | | | | | |
| Shelter - Relief | 1,595,073 | 1,149,222 | | | | 1,149,222 | 445,851 | |
| Shelter - Transitional | | 646,840 | | | | 646,840 | -646,840 | |
| Construction Materials | 5,640,000 | 2,082 | | | | 2,082 | 5,637,918 | |
| Clothing & textiles | 1,073,916 | 459,413 | | | | 459,413 | 614,504 | |
| Seeds,Plants | 52,500 | | | | | | 52,500 | |
| Water & Sanitation | 1,042,789 | 548,226 | | | | 548,226 | 494,563 | |
| Medical & First Aid | 766,016 | 171,808 | | | | 171,808 | 594,208 | |
| Teaching Materials | 187,500 | | | | | | 187,500 | |
| Utensils & Tools | 1,534,692 | 873,283 | | | | 873,283 | 661,409 | |
| Other Supplies & Services | 525,213 | 200,058 | | | | 200,058 | 325,155 | |
| ERU | | 702,483 | | | | 702,483 | -702,483 | |
| Total Supplies | 12,417,699 | 4,753,414 | | | | 4,753,414 | 7,664,285 | |
| Land, vehicles & equipment | | | | | | | | |
| Vehicles | 35,000 | | | | | | 35,000 | |
| Computers & Telecom | 310,547 | 40,628 | | | | 40,628 | 269,919 | |
| Office/Household Furniture & Equipm. | | 217 | | | | 217 | -217 | |
| Total Land, vehicles & equipment | 345,547 | 40,845 | | | | 40,845 | 304,702 | |
| Transport & Storage | | | | | | | | |
| Storage | 817,973 | 13,212 | | | | 13,212 | 804,761 | |
| Distribution & Monitoring | | 952,602 | | | | 952,602 | -952,602 | |
| Transport & Vehicle Costs | 524,804 | 51,916 | | | | 51,916 | 472,889 | |
| Total Transport & Storage | 1,342,777 | 1,017,730 | | | | 1,017,730 | 325,048 | |
| Personnel | | | | | | | | |
| International Staff | 1,125,833 | 541,893 | | | | 541,893 | 583,940 | |
| Regionally Deployed Staff | 1,102,350 | | | | | | 1,102,350 | |
| National Staff | | 2,037 | | | | 2,037 | -2,037 | |
| National Society Staff | | 1,142 | | | | 1,142 | -1,142 | |
| Consultants | | 14,226 | | | | 14,226 | -14,226 | |
| Total Personnel | 2,228,183 | 559,298 | | | | 559,298 | 1,668,885 | |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 329,656 | 125 | | | | 125 | 329,531 | |
| Total Workshops & Training | 329,656 | 125 | | | | 125 | 329,531 | |
| General Expenditure | | | | | | | | |
| Travel | 196,175 | 99,364 | | | | 99,364 | 96,811 | |
| Information & Public Relation | 60,800 | 1,825 | | | | 1,825 | 58,975 | |
| Office Costs | 276,840 | 22,223 | | | | 22,223 | 254,617 | |
| Communications | 108,550 | 12,226 | | | | 12,226 | 96,324 | |
| Professional Fees | 45,000 | 9 | | | | 9 | 44,991 | |
| Financial Charges | 1,951,842 | 11,214 | | | | 11,214 | 1,940,628 | |
| Other General Expenses | | 6,235 | | | | 6,235 | -6,235 | |
| Total General Expenditure | 2,639,207 | 153,095 | | | | 153,095 | 2,486,112 | |
| Contributions & Transfers | | | | | | | | |
| Cash Transfers National Societies | | 1,602,280 | | | | 1,602,280 | -1,602,280 | |
| Total Contributions & Transfers | | 1,602,280 | | | | 1,602,280 | -1,602,280 | |
| Programme Support | | | | | | | | |
| Program Support | 1,341,925 | 413,823 | | | | 413,823 | 928,102 | |
| Total Programme Support | 1,341,925 | 413,823 | | | | 413,823 | 928,102 | |
| Services | | | | | | | | |
| Services & Recoveries | | 4,964 | | | | 4,964 | -4,964 | |
| Total Services | | 4,964 | | | | 4,964 | -4,964 | |

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III. Budget Analysis / Breakdown of Expenditure

| Account Groups | Budget | Expenditure | | | | | TOTAL | Variance |
|------------------------------|-------------------|-----------------------------|-------------------------|---------------------------|-------------------------------|--------------|-------------------|-------------------|
| | | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: Principles and Values | Coordination | | |
| A | | | | | | | B | A - B |
| BUDGET (C) | | 20,644,994 | | | | | 20,644,994 | |
| TOTAL EXPENDITURE (D) | 20,644,994 | 8,545,574 | | | | | 8,545,574 | 12,099,421 |
| VARIANCE (C - D) | | 12,099,421 | | | | | 12,099,421 | |