

DREF operation

 International Federation
of Red Cross and Red Crescent Societies

Mozambique: Cholera

DREF operation n° MDRMRZ007
GLIDE n° EP-2010-000044.MOZ
09 March, 2010

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

CHF 121,525 (USD 113,383 or EUR 84,837) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support Mozambique Red Cross Society¹ (CVM) in delivering immediate assistance to some 15,000 people (3,000 families). Unearmarked funds to repay DREF are encouraged.

Summary:

Since the beginning of the year, cholera has claimed 42 lives in Mozambique. The poor water supply and sanitation infrastructure, limited access to health facilities plus the recent heavy rains increase the risk of water and vector-borne diseases. According to the Ministry of Health (MoH), 3,039 cholera cases have been reported between January and March 2010 in Cabo Delgado,

Niassa, Nampula, Zambezia and Sofala Provinces. The situation remains precarious particularly in provinces where cholera is endemic, and it is feared that the increasing heavy rains will aggravate the situation.

Whilst cholera outbreak intensifies, the country is battling to respond to flooding along the Buzi, Zambézia, Licungo, Save river valleys affecting approximately 17,000 people in Zambézia, Tete, Manica and Sofala Provinces. Some people are enduring double impact specifically in Zambézia and Sofala Provinces, thus affected by the impact of floods and cholera.

The IFRC has already provided CVM with emergency funding (CHF 282,067) under operation (MDRMZ006) to help the National Society collaborate with the government in providing relief in terms of moving people to safer grounds, shelter material, promoting hygiene, ensuring clean water supply and



CVM volunteers at Lurio CTC of Cuamba district in Niassa Province (February 2010)

¹ Portuguese Cruz Vermelha de Moçambique

sanitation facilities. This operation is targeting activities to respond to the cholera outbreak, with the help of the same CVM branches and volunteers in some provinces. The DREF will be used to support rapid assessments, treatment of water, hygiene promotion, information, education and communication (IEC) activities, whilst strengthening the disaster response capacity of the Red Cross branches.

The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments, and ECHO. Details of all donors can be found on <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

This operation is expected to be implemented over three months, and will therefore be completed by 30 June, 2010; a Final Report will be made available three months after the end of the operation (30 September, 2010)

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

The situation

The cholera outbreak in Mozambique started in 2009 and recorded 19,310 cases and 155 deaths, with CFR of 0.8 percent (January to November 2009). During that period, Zambézia, Cabo Delgado, Nampula and Manica Provinces were the most affected. Although the cholera cases drastically decreased between November and December 2009, it is expected that the heavy rains in the first quarter of 2010 led to the further spread of cholera. Cabo Delgado, Niassa, Nampula, Zambezia and Sofala cumulatively recorded 3,039 new cholera cases and 42 deaths with a CFR of 1.4 percent, between January and March 2010.

Table 1: Cholera outbreak situation as at 27 March 2010

Province	District	Reported Cases	Reported Deaths	Case Fatality Rate
Zambezia	Gurue, Milane, Namarroi	1,260	19	1.6%
Nampula	Nampula City, Melama, Mecuburri	203	2	0.6%
Sofala	Beira, Nhamatanda	268	1	0.4%
Cabo Delgado	Pemba, Macomia, Mecufi, Monteuez, Chiure	739	7	1%
Niassa	Cuamba, Mecanhelas	569	13	2.4%
Total		3,039	42	

Source: WHO, Mozambique

Meanwhile, Mozambique is experiencing heavy rains mainly in northern, southern and central parts of the country. The heavy rains compelled the local authorities to release water from the major dams in order to protect the economic infrastructure, which aggravated the flood situation in the surrounding areas. It is estimated that 17,000 people are affected, whilst 130,000 are at risk. The floods have also disrupted community services such as road networks, where the road linking Beira to Chimoio has been cut between Tica and Mutua, in Dondo district. Media reports indicated that five people lost their lives in Buzi district trying to cross the flooded roads. The water levels of Zambézia, Púngue and Buzi rivers are rising at an alarming rate, so far has affected the following districts: Buzi, Nhamatanda and Chemba in Sofala, Mutarara, Cabora Bassa districts and Tete City in Tete, Mopeia and Morrumbula districts in Zambézia and Sussundenga and Tambara in Manica.

	Diarrhoeas			dysentery		Combined with poor sanitation infrastructures and water supply, has exacerbated the spread of cholera across a number of provinces. The high population mobility among provinces also
	Cases	Deaths	CFR	Cases	Deaths	
January	58,946	65	0.11%	11,188	1	increases the risk of spreading cholera. The above mentioned provinces and districts are in cholera prone areas and have strong links to informal commercial routes, which could further worsen the situation. An indicator of this assumption is the high number of diarrhoea and dysentery cases recorded from these areas as shown in the take above.
February	56,685	33	0.06%	11,174	0	
Total	115,631	98	0.08%	22,362	1	

Coordination and partnerships

As auxiliary to the local authorities, CVM supports the government efforts in fighting the cholera outbreak and ensuring better living conditions for the vulnerable people. Regular coordination meetings are held at all levels to ensure joint planning, implementation, monitoring and information sharing among the stakeholders. At the meeting with Ministry of Health officials held on the 10 February 2010, it was decided to primarily focus on social mobilization, active surveillance and treatment. CVM, through its active volunteers, has commendable and reliable experience in the above mentioned focus areas.

The IFRC has provided emergency response funding to support CVM, which was faced with a shortage of resources for the emergency operation. Meanwhile, the Ministry of Health requesting the assistance of CVM volunteers has limited resources to support the activities. The purpose of this DREF is therefore to ensure the active involvement of CVM in social mobilization, promoting water treatment and supply, dissemination of cholera prevention messages, hygiene promotion and construction of latrines. The IFRC Southern Africa regional office will continue providing technical support through the disaster management and health and social services departments.

Red Cross and Red Crescent action

In response to the cholera outbreak, CVM mobilised 170 volunteers, which increased the number of active volunteers to 550. Guided by the cholera contingency plan the volunteers have been assisting at the cholera treatment centres (CTC) and communities through water treatment, distribution of oral rehydration solutions (ORS), hygiene promotions and social mobilisation.

Jointly with the Ministry of Health officials, the CVM disaster response team conducted monitoring missions to Gurue district in Zambezia province and set up four CTCs. These actions were financially supported by the government. Niassa Province branch has 20 volunteers in Cuamba City, 25 in Lurio (Cuamba district), 21 in Mecanhelas City, and 25 in Cumulike (Mecanhelas district) carrying out cholera prevention activities and helping at the CTCs in Cuamba, Mecanhelas Lurio, Etatare, Cuamba and Mecanhelas districts. The Niassa Province branch also received a donation of 4,100 bars of soap from Oxfam used by volunteers in their activities. In response to the acute diarrhoea cases, CVM assisted approximately 1,865 people in, Cabo Delgado, Sofala, Zambezia and Niassa Provinces of which 950 were referred to CTCs for treatment. T

Table 2: Summary of CVM cholera prevention activities

Province	Health Education		Household Visits		Water Chlorination	
	No of sessions	Beneficiaries	No. visits	Beneficiaries	Litres	Beneficiaries
Manica Cabo Delgado Sofala Zambezia Niassa	978	7.362	652	4.564	20L x 42,180 units	3.624 (families)
Total	978	7.362	652	4.564	843,600 litres	3.624 families

National Society Capacity

CVM has earned experience at headquarters and provincial levels in cholera prevention and response activities. The disaster management task force "(GODE)-Emergency Operational Group" at headquarters and provinces are led by the secretary general and provincial secretaries respectively. In each province, a health officer is available as a focal person for cholera prevention and response actions as well as volunteer mobilisation and training. The National Society has 15 regional disaster response team (RRDRT) members; three of them specialized in WatSan and health response. However, there is need to recruit and train new volunteers in cholera prevention and response in districts without CVM projects.

The needs

The CVA assessment confirmed the gaps identified by the Ministry of Health and the UN health cluster, and identified the following immediate needs:

- Improving case management and strengthening disease surveillance and monitoring;
- Ensuring coordination among health partners;
- Increasing the availability of oral rehydration solution at community level;
- Intensifying social mobilization and community awareness;
- Provision of safe drinking water and sanitation facilities in both rural and urban affected areas;

- Sustained community-based health and hygiene promotion;
- Training of volunteers in cholera prevention, mitigation and infection control.

The proposed operation

The goal of this operation is to ensure sustainable improvement of health and well being of the most vulnerable populations in order to prevent and respond to cholera epidemic. In specific terms this will entail the following actions:-

Water, Sanitation and Hygiene Promotion

Objective: The spread of cholera and other water borne diseases is prevented through the provision of safe water, adequate sanitation and promoting observance of good hygiene behaviour.

Activities Planned

- Conduct rapid and needs assessments in the affected areas in coordination with the Ministry of Health and the UN Health Cluster (Nhamatanda district in Sofala Province; Pemba, Chiure, Mecufi, Macomia and Montepuez districts in Cabo Delgado Province; Cuamba and Mecanhelas districts in Niassa Province; Gurue, Milange and Namarrói districts in Zambézia Province and; Malema and Mecumburri districts in Nampula Province).
- Mobilise and train volunteers in activities aimed at preventing and controlling cholera.
- Water treatment and distribution to affected communities.
- Assist communities in the construction and promoting the use of 500 household latrines.
- Train communities in the safe use of household water treatment chemicals.
- Distribute water treatment chemicals (*Certeza*) affected households.
- Carry out hygiene promotion campaigns among affected.
- Distribute hygiene kits (mainly soap) to affected households.

Community Health

Objective: To reduce the risk of communicable diseases (especially diarrhoeal diseases) through community health activities focused on the Community Based Health and First Aid (CBHFA) approach.

Activities Planned

- Carry out community-based health and First Aid (CBHFA) activities at CTC and communities through the 550 trained volunteers.
- Health promotion campaigns focusing on hygiene promotion and targeting 15,000 people.
- Support and provide printed and other materials to be used in the health promotion campaign (such as posters, flyers, manuals, educational materials).
- Provide the CTC and community members with ORS.
- Active case finding, identification and facilitating referral/transportation to clinics or CTC.

Communications

Objectives: The profile and position of the host National Society and the IFRC are enhanced, leading to increased availability of funds and other resources to support this and future emergency operations.

The steady flow of timely and accurate information between agencies in the field and other major stakeholders will support the smooth implementation of the activities under this DREF operation, profiling the National Society, increasing funding and technical support for the impacted National Society and the IFRC, and provide a platform on which to advocate in the interests of vulnerable populations. The stakeholders and the National Society will receive information and promotional material. The communications initiatives will help build the information and public relations capacity of CVM for future emergencies.

Activities:

- News releases, fact sheets, video, photographs and qualified spokespeople are immediately developed and made available to media and key stakeholders.
- Direct outreach will be coordinated with CVM and conducted with national and international media.

Exit Strategy

At the end of the emergency phase, activities will be replaced by prevention actions, as part of routine volunteers' activities. These activities will have a permanent character in order to keep communities aware of the epidemic. The prevention activities will be integrated in the normal health programme in the scope of community-based health care. By training volunteers in CBHFA, CVM envisages that proactive prevention activities will minimise the risk of communicable diseases. The activities will be accompanied with the dissemination of Red Cross Red Crescent principles and values.

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

For further information specifically related to this operation please contact:

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For performance and accountability enquiries:

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[<DREF budget and map below; click here to return to the title page>](#)

MDRZMOO7: BUDGET SUMMARY

RELIEF NEEDS

500	Shelter	0
505	Construction Materials	0
510	Clothing & Textiles	0
520	Food	0
523	Seeds & Plants	0
530	Water & Sanitation	37,808
540	Medical & First Aid	7,700
550	Teaching Materials	15,000
560	Utensils & Tools	5,000
570	Other Supplies & Services	0
571	Emergency Response Units (ERUs)	0

Total Relief Needs 65,508

580	Land & Buildings	0
581	Vehicles Purchase	0
582	Computers & Telecom Equipment	0
584	Office/Household Furniture & Equip.	0
587	Medical Equipment	0
589	Other Machinery & Equipment	0

TRANSPORT, STORAGE & VEHICLES

590	Storage - Warehouse	0
592	Distribution & Monitoring	0
593	Transport & Vehicles Costs	4,000

PERSONNEL

600	International Staff	0
640	Regionally Deployed Staff	3,550
661	National Staff	0
662	National Society Staff	20,900
670	Consultants	0

WORKSHOPS & TRAINING

680	Workshops & Training	18,150
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GENERAL EXPENSES

700	Travel	0
710	Information & Public Relations	2,000
730	Office running costs	0
740	Communication Costs	0
750	Professional Fees	0
760	Financial Charges	0
790	Other General Expenses	0
798	Depreciation	0
799	Shared Services	0

PROGRAMME SUPPORT

599	Programme Support - PSSR	7,417
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SERVICES & RECOVERIES

59	Services & Recoveries	
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Total Operational Needs 56,017

Total Appeal Budget (Cash & Kind) 121,525

