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Emergency appeal final report

Mozambique: Storm and Cyclone

 International Federation
of Red Cross and Red Crescent Societies

Final report

Emergency appeal n° MDRMZ009
GLIDE n° TC-2012-000008-MOZ
3 December, 2013

Period covered by this Final Report: 30 January 2012 to 28 February 2013

Appeal target (current): CHF 2,728,743

Appeal coverage: 39%; [click here to go directly to the final financial report](#), or [here to view the contact details](#)

Appeal history:

- This [Emergency Appeal](#) was initially launched on 22 February 2012 for CHF 2,728,743 to support the Mozambique Red Cross (CVM) National Society in assisting 14,000 households (70,000 beneficiaries) for 12 months.
- CHF 297,349 was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the national society in responding by delivering assistance.
- A [six-month summary](#) update was issued on 14 November, 2012 to provide an update of the initial six months of the operation.



CVM volunteers carrying out hygiene promotion in Namacurra district, Zambezia province. Photo/IFRC

Summary: In January 2012, two tropical storms and cyclones hit Mozambique. The tropical Cyclone Funso affected the northern coast of the country, while Storm Dando affected mostly Gaza and Maputo provinces. To support the response operation, IFRC deployed a four-person Regional Disaster Response Team (RDRT) consisting of water and sanitation, logistics, communication and coordination specialist, for 10 days. A FACT team composed of health and shelter technical experts was deployed initially to support CVM staff at the national, provincial and district levels in the operation. A second deployment of a FACT leader was made to support CVM in reviewing the Emergency Plan of Action. To further support CVM during the emergency operation an IFRC operations manager was deployed.

The operation accomplished much to address the most urgent needs of the affected population. However, low appeal coverage (39% of the appeal target) meant that many planned activities were only partially undertaken and some did not commence.

Non-food items (NFIs) including mosquito nets, tarpaulins, shelter kits, soap, blankets, jerry cans, water purification tablets (Certeza) and oral rehydration salts (ORS) were distributed to affected families.

Volunteers conducted water chlorination activities at the water points and during household visits, and conducted 388 hygiene and health promotion campaigns in Zambezia, Maputo Province, Maputo City and

Gaza Provinces reaching a total of 17,206 people. Water treatment tablets as well as treated drinking water were distributed, benefitting a total of 41,663 beneficiaries. This contributed to a reduced incidence of both diarrheal and malaria diseases in Gaza and Zambezia provinces.

In the initial phase of the response operation, community-based disease prevention and hygiene promotion activities were implemented. CVM staff and volunteers provided hygiene and health promotion information to the target population, carrying out more than 530 sensitization sessions and house visits, reaching over 25,800 beneficiaries. In addition, 15 latrines were constructed and communities were sensitized on their proper use.

In May, the second phase of recovery was initiated with the implementation of community-based disease prevention and hygiene promotion activities, distribution of shelter tool kits, tarpaulins, mosquito nets and seeds, training of volunteers on Community Based Health and First Aid (CBHFA) and Disaster Risk Reduction.

To finish with the shelter component of this appeal, the CVM built 40 prototypes of housing to increase resilience and response capacity of communities living in coastal areas of Zambezia province through the "building back better" approach using demonstrative prototypes.

Replenishment of stock used in the initial response was made during November which included purchasing emergency response items such as emergency kits for volunteers, mosquito nets, shelter tool kits, water and sanitation materials, and tarpaulins.

Overspends for storage and distributions largely reflect trade-offs against savings on transport and vehicles. General Expenditure overspends reflect the relatively recent change to use the "shared office and service costs" expenditure category for costs originally budgeted under Personnel and office costs categories. Additional overspends under Financial Charges are almost entirely due to foreign exchange differences. Overspends also reflect unreported working advance from the National Society under other general expenses category. Over expenditure in travel is due to the need for the frequent travel from the end of the FACT mission in order to set up the operations management office.

The remaining balance of CHF 10,923 (closing balance of CHF 8,020 and a deferred income of CHF 2,903) at the end of the operation will be rolled over into the Southern Africa Regional Representation Office development plan to support operations coordination.

Lessons learned:

- The importance of pre-positioning stock in strategically-located warehouses across the country for the immediately emergency response.
- The CVM has real strength in its pool of volunteers, following years of experience of relief as well as seasonal flooding, which is of considerable assistance in government efforts to respond to disasters. CVM needs to create a data base drawing on the experience of these volunteers, and build in regular refreshment training as part of its annual plans.
- As the effect of the disaster was felt across the country and required response from several branches, the effectiveness and efficiency of the operation could have been enhanced by requesting assistance of CVM technicians from unaffected branches.
- Close monitoring is essential and should always be included in any operation, and an immediate post-disaster evaluation should capture lessons learned for future operations.
- The emergency response programmes should be linked to any existing government strategy to strengthen and demonstrate effective coordination. During this operation, it was crucial that CVM cooperated with the Ministry of Agriculture on seed distribution, and with the Ministry of Infrastructure and the INGC to implement shelter activities and distribute NFIs.

The IFRC, on behalf of Mozambique Red Cross, would like to extend thanks to all partners for their generous contributions. Contributions have been received from the British Red Cross, Canadian Red Cross and the Canadian Government, Danish Red Cross and the Danish Government, European Commission DG ECHO, the Japanese Red Cross Society, Swedish Red Cross, and the WHO Voluntary Emergency Relief.

The situation

Between mid-January to mid-February 2012, Mozambique was hit by a series of severe meteorological events ranging from tropical depression, cyclones and flooding Tropical cyclone Funso hit the northern and central

coasts of the country, mainly the districts of Nampula and Zambezia provinces; however Zambezia province was the most affected. Tropical storm Dando hit the southern provinces, affecting Inhambane and Gaza districts and Maputo province. The situation was made worse by the heavy rainfall that was also experienced in South Africa and Swaziland, resulting in an increase in the water levels in Maputo, Incomati and Limpopo basins in southern Mozambique. A total of 154,322 people were affected, with 56 deaths, 8,281 houses totally destroyed, and 10,966 houses partially destroyed causing displacement in the affected communities.

Table1: Impact of the 2012 strong winds, tropical depression and cyclone damage (source: HCT cluster)

PROVINCE	POPULATION			HOUSES		INFRASTRUCTURE	
	People	Families	Death	Partially destroyed	Totally destroyed	Schools	Health centres
Maputo City	14,465	2,839	10	233	50		
Maputo Province	15,625	3,125	13	273	50		
Gaza	48,830	9,762	10		3,694		
Inhambane	1,740	348	2	93	9	124	
Zambézia	66,946	17,082	21	9,167	4,104	355	11
Nampula	6,716	2,122		1,200	374	47	1
Total	154,322	30,485	56	10,966	8,281	526	12

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

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

During the recovery phase, CVM's monitoring indicated that those families who received shelter tool kits had improved their houses. Families who had receiving seeds either from the Red Cross or from different stakeholders had replanted their crops, and affected communities were receiving community-based disease prevention and hygiene promotion. The mechanisms of recovery were focused in "building back better" as a means to improve the houses in those disaster prone areas.

Coordination and partnerships

In Mozambique, the Government leads the overall coordination of disaster response through the National Institute for Disaster Management (INGC). During the response operation, CVM had engaged and consulted the Ministry of Agriculture on implementation of livelihood interventions in the affected areas.

CVM participated in coordination meetings held at the Disaster Management Technical Council (CGTC), and regularly participated in the government led National Institute of Disaster Management (INGC) meetings and the United Nations (UN) Humanitarian Country Team (HCT) planning and coordination meetings.

CVM facilitated information gathering and assessments in affected areas, programme planning, implementation and monitoring, undertook distributions and ensured data sharing with government, UN and humanitarian shelter partners.

The UN HCT became more engaged in the operation to complement government response efforts. Clusters were activated to support the initial assessments, deployment of staff members, allocation and strategically pre-positioning of resources for rapid emergency response in all the affected areas in the southern and central regions. The cluster system is in effect in Mozambique, and CVM, as Shelter Cluster co-lead with UN-Habitat, played a key role in coordination during this emergency. CVM was involved in monitoring and ensured

information sharing at national, provincial and district levels during and after the emergency with the government, UN and humanitarian shelter partners.

In addition to these external coordination mechanisms, the CVM established an internal emergency task force (GODE) made up of senior management and delegates from in-country partner national societies (PNS), including the German, Spanish, Belgian, Finnish and Danish Red Crosses, which met regularly to share information and plan interventions.

Basic training on improved agricultural farming techniques was provided to 60 community volunteers from Zambezia Province by the Government Extension Officers from the Namacurra and Maganja da Costa Districts in collaboration with CVM. The extension officers supported and monitored the seed distribution in collaboration with the CVM volunteers.

In regards to shelter activities, 34 local artisans were trained by CVM and government district technicians, in techniques of “building back better”, with purpose to promote building of cyclone resistant houses. The fact that the district authorities were involved throughout the implementation of these activities ensured that both communities and beneficiaries will be followed up the District, including future trainings and distributions.

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

A representative from ECHO conducted a monitoring visit in Gaza Province in August 2012 to assess the extent of support provided to the affected communities. Feedback from the monitoring visit indicated that volunteer action in the response seem to have been effective in assisting the affected households. ECHO provided useful recommendations for CVM which included: to update its contingency plans, define minimum emergency stocks needed for future emergencies and seek partnerships to maintain these stocks, and establish a well-trained team for rapid assessments in emergencies. Additionally, CVM was asked to analyze the impact and document the lessons learned from distributions made with the ECHO funds, as well as have standard assessment formats to facilitate the intervention and the interpretation of the information.

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

Table 2: Relief items distributed bilaterally in Gaza Province

N°	Description	Quantity	Partner
1	Chlorine (Certeza 300ml)	4,000	GRC
2	Mosquito nets	3,400	GRC
3	ORS	20,000	GRC
4	Soap	10,000	GRC
5	Chlorine (Certeza 300ml)	3,182	SRC
6	Soap	8,058	SRC
7	Mosquito nets	8,086	SRC
8	Buckets	4,386	SRC

Red Cross and Red Crescent action

Overview

To support the response operation, IFRC deployed a four-person RDRT team (consisting of water and sanitation, logistics, communication and coordination specialist) in February 2012 for 10 days. A FACT team composed of health and shelter technical experts was deployed initially to support CVM staff at the national, provincial and district levels in the operation. A second deployment of a FACT leader was made to support CVM in reviewing the Emergency Plan of Action.

NFIs (mosquito nets, tarpaulins, shelter kits, soap, blankets, jerry cans, water purification tablets and ORS) were distributed to affected families. The limited outreach to the planned 14,000 households is largely attributable to the lack of funds raised by the appeal.

Despite the limited funding for the Emergency Appeal, CVM volunteers worked impressively to undertake water chlorination activities at the water points and household visits, and conduct Watsan, hygiene and health promotion, reaching a total of 17,206 people. Water treatment tablets as well as treated drinking water were distributed, benefitting a total of 41,663 beneficiaries. This contributed to a reduced incidence of both diarrheal and malaria diseases in Gaza and Zambezia provinces.

CVM staff and volunteers provided hygiene and health promotion information reaching over 25,800 beneficiaries. In addition, 15 latrines were constructed and communities were sensitized on their proper use.

CVM trained their volunteers on Community Based Health and First Aid (CBHFA) and Disaster Risk Reduction, and Community-based disease prevention and hygiene promotion activities were implemented in the affected communities, including distribution of shelter tool kits, tarpaulins, mosquito nets and seeds.

CVM built 40 prototypes of housing to increase resilience and response capacity of communities living in coastal areas of Zambezia province through the “building back better” approach using demonstrative prototypes.

Replenishment of stock used in the initial response was made which included purchasing emergency response items such as emergency kits for volunteers, mosquito nets, shelter tool kits, water and sanitation materials, and tarpaulins.

To further support CVM during the emergency operation and carry out close monitoring of the activities, an IFRC operations manager was deployed to Mozambique from the end of May 2012.

The German Red Cross supported training of volunteers in agricultural techniques. Additionally, on a bilateral basis, Spanish and German Red Cross distributed non-food items to 2,686 and 1,700 families respectively in Gaza Province.

Progress towards outcomes

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

Impacts: The International Federation of Red Cross and Red Crescent Societies (IFRC) supported CVM by deploying a Regional Disaster Response Team (RDRT) consisting of water and sanitation, logistics,

communication and coordination specialists. A Field Assessment and Coordination Team (FACT) comprised of health and shelter technical experts was also deployed to further support CVM staff at the national, provincial and district levels to plan for the operation.

A second deployment of a FACT leader was made to support CVM in reviewing the Emergency Plan of Action and from which the following recommendations were made;

- Continue the distribution of essential household, shelter and WatSan relief items and mosquito nets;
- Improve access to safe drinking water through water treatment (at the source or domestic treatment);
- Disseminate key messages related to health prevention and good hygiene practices to reduce the risk of water borne diseases.
- Pre-position cholera kits to enable the CVM to respond quickly and effectively in the event of a cholera outbreak;
- Support recovery of agricultural livelihoods by provision of agricultural inputs enabling affected households to engage in the next planting season and recover their sources of food and income.

The deployed RDRT and FACT teams supported the CVM in carrying out assessments in the affected areas of Gaza and Zambezi provinces in order to establish and operationalize the Emergency Plan of Action for appropriate assistance to mitigate the situation for the affected population and enable recovery.

The relief activities carried out under the operation were planned to meet the needs of 14,000 families in the four most affected provinces: Zambezia, Gaza, Maputo City and Maputo province. NFIs included mosquito nets, tarpaulins, shelter kits, kitchen sets, soap, blankets, jerry cans, buckets, water purification tablets (Certeza) and ORS. The timely distribution of NFIs was made possible by the pre-positioned stocks in Maputo and Harare, and various contributions from members of shelter cluster. However, the quantities of NFIs distributed fell short of the planned number of households, due to lack of funding under the appeal

Prior to the distribution of household kits, CVM staff and volunteers were trained on relief distribution, with a specific focus on needs assessment, beneficiary selection and registration, organising distribution points and monitoring. Previous experience has underlined the importance of engaging the local authorities for coordination, trainings and distributions.

Table 3: Relief items distributed

Province	Tarpaulins	Shelter kit	Mosquito nets	Kitchen sets	Soap	Blankets	Jerry cans	Buckets	Latrine Slabs
Zambézia	1,535	2,109	4,500	2,000	2,500	1,000	0	0	60
Gaza	100	100	275	0	200	0	100	0	0
Maputo city	10	0	300	0	0	0	0	0	
Maputo Province	120	12	300	50	216	284	100	20	20
TOTAL	1,765	2,221	5,375	2,050	2,916	1,284	126	20	80

Emergency and recovery shelter

Outcome: Reduced the vulnerabilities related to shelter and settlement of 5,500 affected households.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Emergency: 5,500 households have temporary shelter and settlement that will remain adequate until durable solutions are achieved. 	<ul style="list-style-type: none"> • Sectoral assessment (part of the CVM, RDRT, FACT multi-sector assessment) on relief and recovery shelter. • Conduct basic trainings targeting local CVM staff and volunteers and local committees of disaster management in shelter techniques (shelter kit trainings and low-cost improved local techniques). • Procurement of emergency shelter and shelter materials to cover the needs of 5,500 of the targeted affected

	<p>people.</p> <ul style="list-style-type: none"> To provide community based material support for the construction and rehabilitation of houses for the most vulnerable people. Awareness activities and dissemination of materials related to adequate emergency shelter (leaflets, booklets, posters). Advocacy on sustainable construction and safe shelter and settlement to government institutions and humanitarian agencies.
<ul style="list-style-type: none"> Recovery: 500 most vulnerable affected households supported to get transitional durable and sustainable shelter and settlements based on “building back better.” 	<ul style="list-style-type: none"> Assessment on transitional/durable shelter that is adequate to the local context. Identification of the most vulnerable households. Tender of different recovery shelter options. Construction of demonstrative shelter prototypes to be replicated by the community. Awareness raising of population on the importance of building safe and resistant shelters. Community based support for construction of transitory durable shelter. Advocacy activities on sustainable and safe shelter.

Impacts: Essential relief items were prepositioned across the country in strategic CVM warehouses to be ready for immediate distribution. The items included tarpaulins, shelter tool kits, mosquito nets and emergency equipment for volunteers.

The already shelter-trained CVM staff from Gaza and Zambezia provinces facilitated the volunteer trainings during the distribution of shelter kits and mosquito nets. The training focused on identifying people in need of shelter support, shelter construction using IFRC shelter kit and local materials, general training on the different alternatives of shelter kit and how families living in disaster-prone areas can improve their houses, as well as other uses of the shelter kit (creation of community spaces and use of tarpaulins to strengthen the damaged parts of the house).

CVM received support from members of the Shelter and NFI Cluster that provided 2,500 shelter kits, 1,201 family tents, 7,651 blankets, 8,047 sleeping mats and 6,900 kitchen sets, covering 31% of estimated needs. CVM also distributed 2,221 shelter kits prepositioned in Maputo and Harare. Volunteers with transitional shelter training were deployed to affected communities to ensure that shelters were adequate and safely erected according to the shelter cluster standards.

For the recovery needs in terms of shelter, CVM provided refresher training for the CVM staff and volunteers on shelter construction, procured community shelter kits, and distributed more shelter tool kits to improve damaged houses (using ECHO funds). CVM developed partnerships with agencies specialized in shelter, such as UN-Habitat. The team of CVM volunteers monitored and supported the beneficiary families to improve their living conditions using the materials distributed.

Beneficiary selection criteria prioritized vulnerable households, such as persons with chronic diseases, orphan-headed households, households with pregnant women, and children under the age of five. The distribution of relief items was combined with sensitisation sessions on the importance of sleeping under a mosquito net, proper hanging and maintenance of the nets, as well as different uses of the shelter tool kit in order to improve on the affected houses.

Table 4: Non-food Items distributed.

Province	District	Community	N°Beneficiaries	Shelter tool kits	Tarps	Mosquito Nets
		Terceiro Bairro	72		144	
		Quinto bairro	70	69	138	
		Sexto bairro	60		118	120

GAZA	Chokwe	Sétimo Bairro	36		74	
		Viúva	60			180
		Chiguidela	150		126	300
		Total Chokwe	448	69	600	600
	Chibuto	Lhambe	84	84	168	168
		Mavonane	76	76	152	152
		Mucanhine	40	40	80	80
	Total Chibuto	200	200	400	400	
	TOTAL	640	269	1,000	1,000	
Province	District	Community	Number of Beneficiaries	Shelter tool kits	Tarps	Mosquito Nets
ZAMBEZIA	Maganja da Costa	Murabiua	330	330	428	284
		Morola	330	330	428	284
		Total Maganja	660	660	856	568
	Namacurra	Malei	375	375	428	288
		Funganha	375	375	426	284
	Total Namacurra	750	750	854	572	
	TOTAL	1,410	1,410	1,710	1,140	

The typical damages on the houses in Namacurra District after the strong winds and heavy rain of the cyclones included destruction of walls and roof bracing systems. The impact of the cyclones were sometimes worsened due to lack of regular maintenance of building components, poor quality of construction materials of, housing architectural types not fit for cyclone-prone areas (two-slopes roof, gable walls, light and thin metal sheet for roof covering), lack of cyclone resilience related knowledge by local constructors and communities.

With the support of the Emergency Appeal, CVM demonstrated the techniques under the “Building Back Better” approach, to increase resilience and response capacity of communities living in the coastal areas of Zambezia province. CVM was working with one community in Namacurra district (Malei/Vuruca), to assist with



A family with their destroyed home and a new storm-resistant house. Photo/CVM

safer durable shelter through the “building back better” approach using community-based demonstrative prototypes as “learn by doing”. Three prototypes were built during the practical sessions to apply the innovative and simple “Building Back Better” solutions on improved conventional building techniques.

Emergency health and care

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

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

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

In the initial phase of the response operation, community-based disease prevention and hygiene promotion activities were implemented. CVM staff and volunteers provided hygiene and health promotion information to the target population, carrying out 533 sensitization sessions and house visits, reaching 25,859 beneficiaries.

Table 5: Community mobilization in Zambezia, Gaza and Maputo province.

PROVINCES	DISTRICTS	Human Resources		Community Mobilization			
		CVM Staff	Volunteers CVM	Sensitization activities	Participants	House visits	Number of beneficiaries
ZAMBEZIA	Maganja da costa	1	30	302	10,350	38	83
	Namacurra	1	30	120	11,215	44	77
	Total	2	60	422	21,565	82	160
GAZA	Chibuto	2	13	47	3,285	0	0
	Chokwe	2	24	33	695	0	0
	Guija	0	18	390	3,980	0	0
	Total	4	37	80	3,980	0	0

MAPUTO PROVINCE	Moamba		10	15	100		
	Ressano G		10	16	214		
	Total		20	31	314	0	0
	TOTAL	6	117	533	25,859	82	160

During the recovery phase of the operation in Zambezia and Gaza provinces, CVM carried out refresher training for 12 volunteers in basic CBHFA health and hygiene promotion activities. The CBHFA refresher training was conducted by CVM in collaboration with the Ministry of Health in September-October 2012, and covered the following modules: “action based in my community”, community mobilization for emergencies, disease prevention and hygienic promotion, community visits, and monitoring and evaluation instruments. These areas were prioritized due to limited funding available for the emergency operation.

CVM assisted vulnerable households to treat their drinking water at household level, and also at water collection points. As part of reducing risks for malaria, CVM distributed 700 mosquito nets, prepositioned 1,800 mosquito nets, and conducted sensitization on malaria prevention.

Water, sanitation, and hygiene promotion

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

Impacts: To ensure that the affected households had access to safe drinking water, CVM procured and distributed 4,899 water purification tablets (Certeza), 6,000 chlorine tablets for water treatment, and distributed 1,890,165 litres of treated water to 41,663 affected people. The distributions were combined with messages promoting the use of safe drinking water. To support this process, CVM deployed a technician with extensive experience in water and sanitation to Zambezia province to provide training and support to the provincial delegation and volunteers. Post distribution reports indicated that the communities favoured the use of Certeza bottles as the preferred water treatment method.

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

Table 6: Community mobilization

PROVINCE	District	Latrines built	Sensitization	Beneficiaries
Zambezia	Maganja da Costa	11	35	4,253
Maputo Province	Manhica	4	30	5,000
Maputo City	Xipamanine		202	1,090
	Mahotas		252	1,360
	Chamankulo C		200	991
	Aeroporto B		150	773
	Inhagoia A		337	1,753
	Maxaquene B		159	842
Gaza	Chibuto		6	431
	Macia		1	18
	Chockwe		16	695
	Total	15	1,388	17,206

Funding constraints attributed to the failure to implement all planned activities. The activities considered the most urgent ones were prioritized, such as provision of safe water and hygiene and health awareness raising.

Table 7: Summary of water treatment tablets and treated water distributed

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

Food Security, Nutrition and Livelihoods

Outcome: 5,000 affected households able to restore their livelihoods and food security.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> 5,000 affected households have their livelihoods restored through agricultural support (in 	<ul style="list-style-type: none"> Procure and distribute food security starter packs that meet local agricultural specifications. Basic training and agricultural farming techniques to 40

kind/cash/voucher) and gained knowledge on agricultural techniques.	community volunteers. <ul style="list-style-type: none"> • Establishment of (12) demonstrative plots to train the beneficiaries in basic training in agricultural farming techniques (replication). • Training in preservation of vegetables. • Training in storage techniques. • Support additional income generation activities as per recommendations of the assessment.
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Impacts: The most affected provinces after the Cyclones Dando and Funso were Zambezia and Gaza where the flooding and constant rain caused destruction to planted cereals and horticultural crops as well as the harvested stock.

An assessment visit was conducted by CVM and IFRC technical staffs to determine and plan for the appropriate assistance during the recovery phase, identify beneficiaries, and define a training plan on food security for volunteers in Gaza and Zambezia.

During the operation, CVM engaged the Ministry of Agriculture in implementation of the livelihood interventions in the affected areas. Basic training on improved agricultural farming techniques was provided to 60 community volunteers from Zambezia Province focusing on soil preparation for optimal yields, sowing of horticultural crop, use of distances suitable for the sowing of corn and horticultural crops, rotation of cultures and their importance as well as soil conservation. In addition, the volunteers were taken through field school where demonstrations on the learned skills were carried out. The trainers were drawn from CVM, Extension officers from the Namacurra and Maganja da Costa Districts.

These trained volunteers started to undertake regular monitoring and make recommendations to the beneficiaries of seed distributions in collaboration with the district agricultural officials. The extension officers will continue support and monitor the beneficiaries of the seed distribution in collaboration with the CVM volunteers. The fact that the district authorities have been involved throughout the implementation of these activities ensures that the District will continue monitor and support the communities and beneficiaries, including consider them for future trainings and distributions.

Identification of beneficiaries for the seed distribution was conducted and distributions made reaching a total of 4,000 families in the two provinces.

Table 8: Distribution seeds and agricultural inputs in Gaza Province

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

Disaster Risk Reduction

Outcome: The affected targeted community's resilience to disasters is protected and restored.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Flood affected communities are better prepared to predict, respond and recover to cyclone and flood-induced emergencies 	<ul style="list-style-type: none"> • Capacity building of community based disaster risk reduction committees. • Development Standard Operation procedures (SoPs), contingency plans and community-based early warning systems. • Train staff and volunteers on use of Vulnerability Capacity Assessment (VCA) guidelines and tools. • Conduct VCA with communities along the river basin. • Develop community hazard maps for each of the communities

	<ul style="list-style-type: none"> • Train staff and local leaders on climate change adaptation techniques. • Promote sustainable use of natural resources through land use management and use of appropriate technologies.
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Impacts: The disaster preparedness capacities from Zambezia provinces were enhanced, through a refresher training conducted by CVM in September-October 2012. CVM volunteers were trained in CBHFA, community mobilization, “action based in my community evaluation”, and community mobilization for emergencies. These modules were prioritized for enabling carrying out the most urgent activities, due to limited funding.

The other planned activities relating to risk reduction could not be carried out due to lack of funding.

Logistics

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

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

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

Communications – Advocacy and Public Information

The communications activities outlined in this operation plan were aimed at supporting the National Society to improve their communications capacities and develop appropriate communications tools and products to support effective operations.

The National Society with technical support from the IFRC’s zone and regional offices has been sharing communication material on CVM preparedness and response activities since the onset of the disaster. The CVM programme teams have been developing beneficiary communications to support the programme objectives in terms of decreasing the vulnerability of the affected populations. Volunteers have been disseminating the principles and values of the Movement during their response operation.

Contact information

For further information specifically related to this operation, please contact:

- **Mozambique Red Cross/Cruz Vermelha de Moçambique:** Americo Ubisse, Secretary General; Phone: +258 82 306 2932; email: americo.ubisse@redcross.org.mz
- **IFRC Regional Representation:** Alexander Matheou Regional Representative for Southern Africa; Gaborone; phone: +267 3712700, mob: +267 71395340, fax: +267 3950090; email: alexander.matheou@ifrc.org
- **IFRC Regional Representation:** Stanley Ndhlovu, Regional Disaster Management Coordinator; phone: +27834400564; email: Stanley.ndhlovu@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone:

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- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC East Africa regional representation:** Diana Ongiti, Senior RM Officer; phone +254 20 2835 276; email: diana.ongiti@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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.

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Saving lives, changing minds.



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

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

Disaster Response Financial Report

MDRMZ009 - Mozambique - TS Dando

Timeframe: 30 Jan 12 to 28 Feb 13

Appeal Launch Date: 22 Feb 12

Final Report

Selected Parameters

Reporting Timeframe	2012/1-2013/	Programme	MDRMZ009
Budget Timeframe	2012/1-2013/	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		2,728,743				2,728,743	
B. Opening Balance		0				0	
Income							
<u>Cash contributions</u>							
<i>British Red Cross</i>		41,400				41,400	
<i>Danish Red Cross (from Danish Government*)</i>		76,667				76,667	
<i>European Commission - DG ECHO</i>		201,461				201,461	2,903
<i>Japanese Red Cross Society</i>		90,000				90,000	
<i>Swedish Red Cross</i>		245,462				245,462	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>		183,227				183,227	
<i>VERF/WHO Voluntary Emergency Relief</i>		300				300	
C1. Cash contributions		838,518				838,518	2,903
C. Total Income = SUM(C1..C4)		838,518				838,518	2,903
D. Total Funding = B + C		838,518				838,518	2,903

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance		0				0	
C. Income		838,518				838,518	2,903
E. Expenditure		-830,498				-830,498	
F. Closing Balance = (B + C + E)		8,020				8,020	2,903

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III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			2,728,743			2,728,743		
Relief items, Construction, Supplies								
Shelter - Relief	752,500		83,380			83,380	669,120	
Construction - Housing			359			359	-359	
Construction Materials			2,274			2,274	-2,274	
Clothing & Textiles	439,151		38,526			38,526	400,625	
Seeds & Plants	273,148		35,558			35,558	237,590	
Water, Sanitation & Hygiene	87,223		16,709			16,709	70,514	
Medical & First Aid	33,991		980			980	33,011	
Teaching Materials	600		254			254	346	
Utensils & Tools	272,496		1,330			1,330	271,166	
Other Supplies & Services	1,600		357			357	1,243	
Total Relief items, Construction, Sup	1,860,709		179,727			179,727	1,680,982	
Land, vehicles & equipment								
Computers & Telecom	3,000						3,000	
Total Land, vehicles & equipment	3,000						3,000	
Logistics, Transport & Storage								
Storage	12,638		67,209			67,209	-54,571	
Distribution & Monitoring	6,304		45,895			45,895	-39,591	
Transport & Vehicles Costs	140,125		48,898			48,898	91,227	
Logistics Services			6,571			6,571	-6,571	
Total Logistics, Transport & Storage	159,067		168,572			168,572	-9,505	
Personnel								
International Staff	27,000		75,766			75,766	-48,766	
National Staff	40,500		4,989			4,989	35,511	
National Society Staff	155,520		115,031			115,031	40,489	
Volunteers	24,050		3,714			3,714	20,336	
Total Personnel	247,070		199,500			199,500	47,570	
Consultants & Professional Fees								
Consultants	28,455		518			518	27,937	
Professional Fees	5,000		5,102			5,102	-102	
Total Consultants & Professional Fees	33,455		5,620			5,620	27,835	
Workshops & Training								
Workshops & Training	174,599		9,038			9,038	165,561	
Total Workshops & Training	174,599		9,038			9,038	165,561	
General Expenditure								
Travel	13,425		34,330			34,330	-20,905	
Information & Public Relations	33,225		8,623			8,623	24,602	
Office Costs	15,550		9,103			9,103	6,447	
Communications	19,600		1,897			1,897	17,703	
Financial Charges	2,500		54,391			54,391	-51,891	
Other General Expenses			52,300			52,300	-52,300	
Shared Office and Services Costs			50,165			50,165	-50,165	
Total General Expenditure	84,300		210,809			210,809	-126,509	
Indirect Costs								
Programme & Services Support Recover	166,543		50,262			50,262	116,281	
Total Indirect Costs	166,543		50,262			50,262	116,281	
Pledge Specific Costs								

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			2,728,743			2,728,743		
Pledge Earmarking Fee			5,188			5,188	-5,188	
Pledge Reporting Fees			1,780			1,780	-1,780	
Total Pledge Specific Costs			6,968			6,968	-6,968	
TOTAL EXPENDITURE (D)	2,728,743		830,498			830,498	1,898,245	
VARIANCE (C - D)			1,898,245			1,898,245		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	2,666,370	0	833,033	833,033	825,013	8,020	2,903
Shelter	62,373	0	5,485	5,485	5,485	0	
Subtotal BL2	2,728,743	0	838,518	838,518	830,498	8,020	2,903
GRAND TOTAL	2,728,743	0	838,518	838,518	830,498	8,020	2,903