



A head of household receives a non-food assistance kit as part of humanitarian aid for internally displaced persons in Eráti district, Nampula.

Appeal: MDRMZ023	Total DREF Allocation: CHF 43,726	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: -	People Affected: 577,545 people	People Targeted: 13,862 people	People Assisted: 13,682 people
Event Onset: Sudden	Operation Start Date: 12-03-2024	Operational End Date: 31-07-2024	Total Operating Timeframe: 4 months
Targeted Regions: Nampula			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event

Date of event

24-02-2024

What happened, where and when?

Due to the increased armed violence in Cabo Delgado, as of February 24th, the National Institute for Disaster Risk Management and Reduction (INGD) estimated that 33,218 people were displaced and arrived in Erati district in Nampula province after fleeing Chiúre district, Cabo Delgado, due to fear of attacks. A total of 5,973 families, including 4,100 men, 6,898 women, 11,096 boys, and 8,989 girls, among them 249 pregnant women, 60 persons with disabilities, and 419 elderly arrived in Erati district. District authorities requested immediate assistance from humanitarian organizations during cluster meetings, prompting the plan from Mozambique Red Cross (CVM), and the subsequent DREF operation launched in coordination with country partners.

The situation remained volatile in the following months. While in early March, returns started to be reported as people noticed improved conditions in their location of origin and were seeking better conditions that were not met in Erati, particularly regarding to food access. By March 27, only 1,503 Internal Displaced People (IDPs) remained in Erati, according to a UNOCHA report, a 70% decrease from the peak. However, amongst those who stayed, children made up 53% of the remaining displaced. Attacks restarted in the second half of April, in Cabo Delgado province, causing new displacement in several villages in Erati and other districts in Nampula. The renewed attacks led to the displacement of people through multiple entry points into Nampula province. This created various paths and destinations for those, including further displacement of people who were already in Erati. By the end of April, displacement data were not precise because people were dispersed and continuously moving between multiple locations, with restricted access to IDP communities. By July 2024, the overall reported numbers by IOM indicated that in the period from January 2024 to July 2024, a total of 577,545 people had been displaced from Cabo Delgado and Northern Nampula to other parts of Cabo Delgado, Niassa, and Nampula provinces. Out of which 210,000 people remained displaced by July 2024, while the others returned to their homes. Of those displaced, it was estimated by IOM that 74% were living with host communities and 26% in displacement sites. From the areas assessed, IOM reported that by July 2024 there were still 32,614 IDPs in Nampula. It is also noted that by July 2024, the number of IDPs had decreased by 1% compared to IDP numbers at the start of the year.

Scope and Scale

The heightened armed violence in Cabo Delgado, led to population movement and important arrival of IDPs in Erati district, Nampula province, after fleeing Chiure district, Cabo Delgado, due to fear of attacks. The situation escalated from February 19 to February 21, with a significant increase in population movement on the 21st and 22nd. Because of the violence and prolonged insurgency, those fleeing from Cabo Delgado into Nampula were more likely to have unmet health and livelihood needs. Humanitarian aid implementers in Cabo Delgado had to pause aid delivery in the province during various periods of violence. The number of IDPs going to Nampula province rapidly increased as a result of violence and lack of food. Schooling, and health care facilities were disrupted in Cabo Delgado. A joint government-cluster assessment team, including local NGOs, visited Erati on February 24th and 25th. That assessment was enriched by the engagement with affected communities, using various channels. For instance, focus group discussions with men and women at two sites: Macucha (a transit site where IDPs were hosted at a school) and Muanona (a registration center at a school), key informant interviews with IDPs and government key informants, and observations. Preliminary assessments indicated the need for shelter, water, basic sanitation (WASH) supplies, and items such as hygiene kits, mosquito nets, and other basic household supplies. Among the IDPs, children, pregnant women, unaccompanied minors, the elderly, and people with disabilities were most at risk of suffering from unmet needs in the areas of health, WASH, shelter, education, and other essentials, due to socio-economic hardship and difficulties in traveling long distances. In addition, host communities were also affected by the influx of IDPs and fear of violence reaching their communities. Children in host communities were unable to attend school, as educational facilities were being utilized as temporary shelters for IDPs.

By February 24, 2024, the National Institute for Disaster Risk Management and Reduction (INGD) estimated that 33,218 individuals arrived in Erati. Approximately 5,976 families, comprising 4,100 men, 6,898 women, 11,096 boys, and 8,989 girls, including 249 pregnant women, 60 persons with disabilities, and 419 elderly. Further conflicts across the following months led to the continuous flux and movement of people returning to their homes and being displaced again. By July 2024, the overall reported numbers by IOM indicated that in the period from January 2024 to July 2024, a total of 577,545 people had been displaced from Cabo Delgado and Northern Nampula to other parts of Cabo Delgado, Niassa, and Nampula provinces. Out of which 210,000 people remained displaced by July 2024, while the others returned to their homes. Of those displaced, it was estimated that 74% were living with host communities and 26% in displacement sites. From the areas assessed, by July 2024 there were still 32,614 IDPs in Nampula.

In this context, it was important for Mozambique Red Cross (CVM) to have a presence in Erati and other districts bordering Cabo Delgado and across Nampula where IDPs were being hosted. Displacements occurred within the districts, particularly near the border with Cabo



Delgado, which is approximately 30-60 minutes from the district capitals (for example, Namapa - the administrative center of Erati District). As further displacements occurred, and IDPs moved from accommodation sites to host communities across Nampula's urban centers, it was important to respond in these areas as well. As conflict continued to move south into Erati district, access to the area was limited by the Government. There was an ongoing coordination with INGD and other partners in order to ensure IDPs in Erati and outside of Erati received the support they needed. Mozambique Red Cross began by adapting activities to the evolving context, ensuring coordination and presence across various platforms, and continuously monitoring the situation and the availability of data.

Source Information

Source Name	Source Link
1. MDRMZ023_DREF planning & revision documents	https://www.ifrc.org/fr/appeals?date from=&date to=&search terms=&search terms=&appeal co de=MDRMZ023&search terms=&text=
2. IOM report July 2024	https://dtm.iom.int/es/node/42466
3. OCHA	https://reliefweb.int/report/mozambique/erati-inter-sectoral-needs-assessment-report-24-25-february-2024

IFRC Network Actions Related To The Current Event

Secretariat	IFRC supported CVM through its Country Cluster Delegation based in Maputo (covering Mozambique and Angola). The IFRC supported CVM through the launch of this DREF thus, contributing to the overall national society (NS) response plan. In addition, the IFRC attended coordination meetings with the Humanitarian Country Team (HCT) and participated in Shelter and WASH clusters to ensure a coordinated response. Although the IFRC was not in Erati district, it sought authorization and was permitted to operate from Nampula province, organizing the support to the response team from that branch. The IFRC-DREF allocation provided critical support to the NS to address key gaps in shelter, health, WASH, and Community Engagement and Accountability (CEA) that were not covered by other partners. It demonstrated the continuity, flexibility, and added value of the DREF mechanism in enabling the NS to respond rapidly and effectively. Leveraging pre-positioned stocks from a un-used stock of previous DREF operation—including hygiene kits, chlorine bottles, and tarpaulins—SRCS was able to expedite distributions and reach affected communities swiftly despite the rapid returns. The IFRC Secretariat played a central role in fostering coordination among Red Cross Red Crescent Movement partners and supporting NS with the coordination with external actors, through the HCT, ensuring a coherent and complementary response. Through the operation team and the surge in country, The IFRC secretariat has been facilitating joint planning and regular information-sharing across partners, the Secretariat helped align efforts.
Participating National Societies	Through the movement coordination (IFRC, PNSs and ICRC) meeting, a collective response plan was developed to address the IDPs needs. Each member committed to the following: The Belgian Red Cross and Swedish Red Cross would provide assistance with items of the WASH kits, setting up water boreholes, water distribution, latrine construction, provision of shelter items, volunteer per-diems, and training of volunteers in WASH. The Spanish Red Cross committed to provide communications and media coverage, visibility, and personal protective equipment for volunteers. ICRC - would conduct rapid assessment of communities regarding Risk Communication and Community Engagement (RCCE), provide services and training of volunteers in Restoring Family Links (RFL), Protection, Gender, and Inclusion (PGI), and Gender Based-



	Violence (GBV), and supply material for safe spaces, tent, chairs, and registration materials. All partners would also contribute to National Society Development (NSD) costs, including monitoring, administrative costs, etc. Detailed contribution from each PNS for these costs were included in the attached Excel fille (Plano de Resposta CVM).
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ICRC Actions Related To The Current Event

ICRC is present in the country, with operations in both Cabo Delgado and Maputo. Presently, they are providing support in Cabo Delgado and conducted RFL trainings with the NS in Nampula. ICRC intended to support the NS response plan and would also carry out rapid assessments of communities regarding RCCE, services, and the training of volunteers in RFL, PGI, and GBV. Additionally, ICRC would provide materials for safe spaces, including tents, chairs, and registration materials.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The National Institute for Disaster Risk Management (INGD) is the local government which leads all the disaster response and disaster risk management coordination and actions in Mozambique. INDG was active in Nampula coordinating with UN clusters. The government started addressing the need through the food distribution of 32 tons of food to about 19,000 individuals, the ration for three days, mainly rice, pulses, oil, and salt (https://reliefweb.int/report/mozambique/erati-inter-sectoral-needs-assessment-report-24-25-february-2024). As the number of the internal displaced people were increasing in daily basis, and other exacerbating factor such as the cholera outbreak and the rain season, influenced the local government to request support of humanitarian actors within the country.
UN or other actors	World Food Program (WFP) conducted food distribution. Joint Response Program (WHO, UNICEF, and UN) carried out assessments. UNICEF supported the cholera response. IOM tracked displacement, assessed the potential for providing mobile health services, and coordinated non-food item (NFI) distributions with the government.
Are there major coordination mechanism in place? - Internal movement coordination: GODE activated, daily meetings led by NS. - HCT meetings: weekly with regular updates by email from OCHA. - The AHCT activated all the sector working groups to start coordinating with government counterparts to prepare for assessment and response at the provincial level.	

Needs (Gaps) Identified



Shelter Housing And Settlements

31,811 internally displaced persons (IDPs) arrived in Erati between February 21st and 22nd, all were forced to flee from their homes. A preliminary assessment revealed that 89.9% of these IDPs had urgent shelter needs. They were housed in severely overcrowded shelters, including classrooms, which posed significant risks to their safety and well-being, increased the likelihood of disease outbreaks, gender-based violence (GBV), sexual abuse, and interpersonal conflicts. At transit centers, women and children slept in classrooms with an estimated 100 people per room, while men slept outside the classrooms or on verandas. Dire humanitarian needs were observed in Namapa-Sede, the main settlement area, with food, shelter/non-food items (NFIs), health, water, sanitation, hygiene (WASH), protection, and education identified as the most urgent priorities.



By March, two schools were still being used as transite sites (Nacuxa and Muanona), where there is only 2 latrines for each school and reports of 70-100 people staying per classroom. By end of operations these were no longer serving as transit sites.

The Corrane Relocation Site in the Meconta district, established in November 2020 to house IDPs fleeing Cabo Delgado continues to serve as a resettlement site hosting around 4,200 people in 2024. Transportation logistics for moving people to Corrane was carefully considered, Government and external partners are investing in building roads to connect Corrane center with host communities.

In total, by July 2024, it is estimated the 86% of IDPs continue to live in host communities while 14% remain in 2 displacement sites, the larges one being Corrane.



Livelihoods And Basic Needs

IDPs were unable to bring food with them when they fled their homes. Approximately 99.1% of IDPs require food assistance. Preliminary assessments also show that the majority of IDPs were in need of shelter, water, basic sanitation, and supplies such as hygiene kits, mosquito nets, and other household essentials.

Food distribution was coordinated by INGD and WFP. IOM collaborated with other organizations to facilitate the distribution of non-food items (NFIs) in Erati.

By July 2024, the main priority need from an assessment of IDPs in Nampula remained financial support and sources of income, followed by NFIs and food and security.



Health

In Chiure District - Cabo Delgado, Mazeze Health Facility, staff housing, and a warehouse containing medical supplies were set ablaze on February 12th. Both Chiure and Erati had previously declared cholera outbreaks before the arrival of the new IDPs. Concerns have been raised about the potential further spread of the epidemic due to reports of diarrhea among people arriving from Chiure.

As of February 19th, Nampula has recorded the highest cumulative cases of cholera nationwide, with 3,759 cases and 12 deaths reported. In Erati district, there have been 421 cases, and 1 death reported. UNICEF and the National Society (NS) have been involved in responding to the cholera outbreak in Erati.

Increased healthcare access challenges have been exacerbated by rain and flooding, which were expected to lead to a rise in cholera cases as well as mosquito-borne diseases such as malaria in the area. IOM collaborated with INGD and UNICEF to bolster the health response through mobile brigades.

A preliminary assessment indicated that 57.5% of IDPs have health needs, a number expected to increase if cholera cases rise. Many women of childbearing age lacked monitoring for their general health status, including sexual and reproductive health and serological status, and there is no available gender-based violence (GBV) assistance. At the transit center, four newborn babies have been identified, but lactating mothers were unable to feed them due to a lack of proper diet resulting in the inability to produce milk.

Health authorities assured that disease surveillance was in place. A provincial health service team was dispatched to Erati to aid in the screening, referral, and treatment of individuals, including psychologists to support the mental health of IDPs.

By June of 2024, cholera cases were decreasing.



Water, Sanitation And Hygiene

The preliminary assessment indicates that Namapa-sede lacked sufficient clean drinking water. Both Chiure and Erati Districts experienced active cholera outbreaks, and the overcrowding and poor sanitation conditions in displacement sites could lead to a further spread of cases. The WASH conditions in Nampula health centers were particularly concerning, with only 20% having a basic level of water, sanitation, hygiene, and solid waste management facilities, as per the WASH cluster assessment on February 8th, 2024. Hygiene conditions were deteriorating due to insufficient latrines and clean water for the influx of people in Namapa. The main water supply system in the village of Namapa was not functioning due to damage, and restoring and expanding the system requires a significant investment that the district authorities cannot afford. IDPs used the latrines of host communities or practicing open defecation. Response mechanisms and services for IDPs hosted in the transit center of Namapa were limited to the existing health facilities. There were no basic services, including health, in Nacuxa schools, which served as a transit site. The transit center at Nacuxa school has two blocks of latrines with two

rooms each, which were inadequate for the number of IDPs hosted in the school. UNICEF installed four latrines and bathrooms at the transit site of Nacuxa and signed an agreement with a service provider to begin water trucking with a daily delivery capacity of 16 cubic meters for 15 days.



Protection, Gender And Inclusion

The attacks and displacement increased the need for civil documentation as some might have been burnt or left behind by displaced persons during flight. A total of 52 children were reported missing or separated from their primary caregivers, while three unaccompanied children were reported living without support. Lack of documentation impeded access to assistance. Some IDPs reported that they did not receive assistance because they did not have documentation (identity card) and their name was on the list during food distribution by INGD. Out of the remaining IDPs in Nampula by end of operation, 3% are elderly, and estimated 5,122 people may have a disability estimated 16%, and 17% are children under the age of 5.



Education

Classes had been suspended in Namapa-sede since schools were used as transit centre to accommodate IDPs. The school closures in Erati affected the education of 13,891 students from the district and of 2,500 displaced students. There were no plans at that time for integration of displaced students into the existing schools. Six schools in Erati were closed: Nacuxa school was used as transit center; one secondary school was occupied by the Mozambican Army; four others were closed due to parents' decision not to send children to school for fear of attacks by NSAGs. By July, Nacuxa was no longer used as a transit center.



Migration And Displacement

IOM assisted INGD in registering the arrival of internally displaced persons (IDPs) by establishing five registration points and one transit center in Namapa-sede and Alua. There were reports that residents of Namapa, Erati also fled towards Meconta and other Nampula districts due to fear of attacks. INGD estimates that 31,811 individuals (5,973 families, including 4,100 men, 6,898 women, 11,096 boys, and 8,989 girls, along with 249 pregnant women, 60 persons with disabilities, and 419 elderly) arrived in Erati district - Nampula province, after fleeing Chiure district - Cabo Delgado. Many IDPs were not registered, and considering the fluid situation, the displacement figures were expected to increase. Humanitarian partners took this into account when planning their response. District authorities had requested assistance for host communities that accommodated many displaced people. By end of the operation, after months of movement due to new attacks, an estimated 32,614 people were still displaced in Nampula province, all originating from Cabo Delgado. 56% women/44% men, 59% children under 18 years old. 80% of the remaining living in semi/peri-urban settings close to Nampula cities.

Operational Strategy

Overall objective of the operation

The DREF aimed to provide assistance to 2,300 households affected by the conflict in Cabo Delgado who had arrived in Nampula, including 300 Internally displaced families (IDPs) and 2000 host communities.

The overall CVM response plan was in alignment with Government and aimed to address Internally Displaced People's needs and support host communities.

DREF objective was to:

- Contribute to covering the gaps in the CVM response plan that is already supported by NS partners in country. Especially on health, CEA and shelter through increasing of the massive community health promotion and rumors management, distribution chlorine on the CTCs considering that Nampula province continues to be the cholera hot spot which can be exacerbated with the IDPs. In addition, the DREF would also assist with tarpaulins distribution and transportation of the NFIs in stock.
- Meet immediate needs and risk is alleviated for the key sectors identified: WASH, Health, Shelter, RFL, basic needs including cross cutting issues such PGI and CEA targeting directly 300hh (1,500 people) that arrived in Erati.
- Alleviate suffering and immediate risk of the humanitarian condition faced by IDPs and host families in Erati and others host districts in Nampula as result of the armed insurgency in Cabo Delgado., including 300 families IDPs and 10,000 people (2000 families) from the hosts communities in Nampula.



The CVM response plan ensured coordination between RCRC movement partners and removes duplication of efforts. Different movement partners have come together to implement different parts of the response plan – together, having a unified response with larger impact. The NS and ICRC were active in the conflict affected areas, while remote support and in-person support to the provincial HQ of Nampula (not in conflict zone) was being provided by IFRC, Belgian Red Cross, Swedish Red Cross, and Spanish Red Cross.

Operation strategy rationale

Through the DREF request, CVM aimed to address critical gaps of Internally Displaced People (IDPs) and support host communities in alignment with government efforts to alleviate the suffering caused by the armed insurgency in Cabo Delgado. Planned intervention prioritized WASH, Health, Shelter, RFL, and basic needs, while also incorporating cross-cutting themes such as Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA). The plan targeted 300 displaced households (1,500 IDP) arriving in Erati and 10,000 individuals from host communities in Nampula province. The main pillars of the CVM response included:

1. Support the shelter gaps by distributing Shelter and Basic Household Items for 300 IDP households (1,500 people). Distribution included 600 tarpaulins (2 per household) to displaced families while Sleeping mats, blankets, mosquito nets, and kitchen kits were to be provided outside the DREF by Belgian and Swedish Red Cross. Tarpaulins were in NS stocks, allowing quicker implementation as it was coming from un-used stocks from TC FREDDY DREF. This aimed to ensure adequate shelter for displaced populations.

2. Scale up massive community health promotion campaigns, the cholera prevention and overall risk communication. Target was enlarged to both IDPs and host communities. The main output being

- The distribution of 3 chlorine bottles per household, distribution of chlorine bottles to health centers treating cholera in Nampula, distribution of hygiene kit items and dignity kit items using pre-positioned stocks. The intervention also covered the Hygiene promotion and cholera risk reduction through community sensitization sessions. This chlorine Water treatment was oriented to be distributed to 10 health centers around the IDPs areas. The initial plan to distribute these chlorine bottles to displaced communities was revised for a distribution to health centers following the changes in the context, rapid returnees and difficult access. See operation update 1 for more details. The chlorine stocks were deployed from un-used chlorine bottles from previous TC FREDDY DREF, ensuring rapid distribution. This approach aimed at strengthening the Cholera Treatment Centres (CTCs) in health facilities. This was found to be the most efficient way to contribute to the overall health services reach and the cholera prevention in Nampula province, a cholera hotspot exacerbated by the influx of IDPs.

- Improve WASH conditions and contribute to the cholera prevention by supporting the construction of 70 emergency latrines and drilling of 3 boreholes (outside DREF scope but linked to the broader response).
- Volunteer-led health and WASH education in communities and in CTCs focusing on cholera, hygiene, and disease prevention messages.
- CVM team supported the health center disinfection and patient family education.

4. Community Engagement and Accountability (CEA)

To contribute to a relevant intervention, NS planned to Establishment of 3 feedback mechanisms (complaint boxes, safe spaces, integrated service offices). This mechanism was to contribute to collect feedback from communities and used those to inform community messaging on cholera, rumor management and shape the intervention approach. The plan was also to ensure Risk communication is scaled-up with a massive reach through the safe spaces but also via radio, IEC materials, and door-to-door sessions. Volunteer training on CEA, RCCE, and feedback collection was part of the capacity strengthening.

5. Protection, Gender and Inclusion (PGI) / RFL was implemented with the lead of ICRC. Expected outputs were:

- Training of volunteers on PGI, RFL, and GBV.
- Establishment of safe spaces and provision of RFL kits and materials.
- Child safeguarding and support for unaccompanied minors as per the minimum standards of RCRC.

Response coordination

CVM sought to ensure coordination among RCRC Movement partners to deliver a unified response and avoid duplication of efforts. The Mozambique Red Cross (CVM) led internal coordination through the activation of the Emergency Operational Group (GODE), which convened regular meetings (at least three times per week) to monitor the situation, adjust operational plans, and ensure alignment across departments. At the Movement level, coordination was facilitated through joint planning meetings between CVM, the IFRC Secretariat, ICRC, and Partner National Societies (Belgian, Swedish, and Spanish Red Cross), with each partner contributing to different aspects of the response to avoid duplication and ensure complementarity. While the National Society and ICRC focused on conflict-affected areas, the IFRC—alongside Belgian Red Cross, Swedish Red Cross, and Spanish Red Cross—provided both remote and in-person support to the provincial headquarters in Nampula, ensuring coverage of non-conflict zones.

Through its technical leadership, surge deployments, and coordination mechanisms, the IFRC Secretariat helped maintain a unified and well-coordinated Movement response, while also facilitating engagement with external stakeholders and government counterparts to align with national plans and optimize resource use. The IFRC Secretariat participated actively in national coordination platforms, attending Humanitarian Country Team (HCT) meetings and engaging in Shelter and WASH Cluster coordination forums alongside UN agencies, NGOs, and government actors. Coordination with local authorities was ensured through CVM's collaboration with the National



Institute for Disaster Risk Management and Reduction (INGD), which led government-led cluster meetings. Additionally, inter-agency field coordination meetings at the provincial level, including actors such as UNICEF, IOM, WFP, and district authorities, supported information-sharing and joint decision-making. Due to security constraints, the IFRC support was remotely or organized from Nampula.

This multi-level coordination approach ensured that both Movement-wide efforts and external partnerships were harmonized, enhancing the overall effectiveness and timeliness of the response.

The exit/transition strategy for this operation was based on continued support by PNSs with already existing projects in the province of Nampula, as well as ongoing work of CVM with ICRC in Cabo Delgado. Ongoing projects with Belgian RC in Nampula in Erati district remained active after DREF closure, understanding that the situation remained volatile.

Targeting Strategy

Who was targeted by this operation?

NS target is 2,300 HH, comprising IDPs and host communities to target both IDPs in Erati (limited access) and the influx of displaced families into new districts and host communities in peri/semi-urban areas in Northern Nampula province.

Breakdown:

- 300 families displaced targeted in Erati district. NS coordinated with local partners and utilized available information to prioritize the people displaced that were in Erati district that would receive NFIs. 1,500 people being the target.
- 2,000 families from host communities targeted in Erati as well as other Nampula districts hosting IDPs. Target Host communities with IDPs: 10,000 people - approximately 2,000 HHs.

The 300 displaced families in Erati will receive relief items. Host communities will benefit from hygiene items (chlorine), supported by material from the NS. Additionally, these IDPs and host communities would be targeted for health and hygiene sensitization activities. The outreach of these messages would be broader, contributing to health risk mitigation and safety for the entire community, encompassing at least 13862 people, beyond the 11,500 people originally targeted from both host and IDP.

The security considerations and restriction of access following attacks of April greatly limited the reach of direct relief distribution, especially as some of the IDPs also started to return.

Explain the selection criteria for the targeted population

Targeting for assistance under the DREF operation was carefully harmonized through a participatory and inclusive process, ensuring that communities were actively engaged and their perspectives reflected in the intervention. The National Society, through its local structures and volunteers, worked closely with both displaced populations and host communities to promote fairness, transparency, and acceptance of the targeting criteria.

Initial coordination involved meetings with key stakeholders, including local government authorities, community leaders, and the Community Disaster Committees (CED) of Erati-Namapa. These engagements helped define the methodology for selecting beneficiaries and distributing relief items. Leaders from the host communities were directly involved in identifying vulnerable displaced families and contributed local knowledge to ensure that the selection process was sensitive to the most pressing needs.

The involvement of government authorities was also key, as distributions were conducted in coordination with district-level representatives who helped determine the timing and type of assistance. While this resulted in some adjustments to the initial plans, for example, prioritization of other shelter items over tarpaulins, the collaborative approach ensured alignment with local response efforts and avoided duplication of aid.

Total Targeted Population

Women	7,210	Rural	30%
Girls (under 18)	-	Urban	70%
Men	6,652	People with disabilities (estimated)	1.2%
Boys (under 18)	-		
Total targeted population	13,862		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Operational capacity constraints	The DREF provided remote support from IFRC in the areas of monitoring, implementation, and technical support with coordination from the eld (province) in the area without security risk. IFRC able to travel to support the NS at the provincial HQ for enhanced eld coordination as most meetings (external & internal) were happening at provincial level and NS has mobilized their HQ staff to Nampula.
Procurement and transportation delays	Due to potential procurement delays, the DREF prioritized the distribution of items already purchased and in NS warehouses that were ready to be distributed. Transportation delays could occur with heavy rains and flooding later in the season, so mobilizing quickly was a priority.
Continuity of movement due to fear of violence or actual violence.	Through coordination meeting and IDP tracking, humanitarian actors assessed where IDPs were going to and have decided where to set up settlement camps in case of further displacement and in case of growing numbers. Operation would target IDPs based on coordination with gov & other stakeholders to cover areas where they could move to. IFRC and NS remained alert to possible scale-up needs as numbers increase & response plans were coordinated with external partners and government.

Safety risk for humanitarian actors in the field due to cholera misinformation

The operation has a strong RCCE lens to ensure community members understand the role of humanitarian actors and that volunteers know how to address rumors related to cholera.

Training of volunteers in safer access.
Coordination with ICRC on safety and security

Please indicate any security and safety concerns for this operation:

The displacement of the population was a result of conflict and violence in Cabo Delgado, which has previously spread to northern parts of Nampula. In light of the security situation, IFRC has offered remote technical support for security analysis of the areas. Field coordination and technical support would be provided from Nampula province, specifically from the provincial headquarters, which is outside the conflict zone. Volunteers would receive training in safer access from the ICRC.

Operations in the conflict-affected zones would be conducted in designated areas determined by the government and in coordination with the AHCT, which also conducts security risk analysis.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Shelter Housing And Settlements

Budget: CHF 0

Targeted Persons: 1,500

Assisted Persons: 2,050

Indicators

Title	Target	Actual
# of people reached with shelter assistance in the response period.	1,500	2,050

Narrative description of achievements

The Mozambique Red Cross has been actively involved in providing humanitarian assistance to IDPs in Erati district. Through their efforts, a total of 2,050 people (approximately 410HH), received essential aid in Erati district, representing 137% of the target achievement. The high level of achievement is attributed to the additional support received from PNSs, including Swedish and Belgian Red Cross Societies.

This assistance included the distribution of the following:

- Out of the 1,500 internally displaced persons (IDPs) (300 households) targeted under this DREF operation with 600 tarpaulins, only 25%, equivalent to 375 IDPs (75 households) received tarpaulins (one per household) during the initial distribution at the onset of the crisis in February. The tarpaulins made available by the National Society (NS) were part of the stock originally allocated for the Freddy DREF and subsequently reallocated to this operation. Furthermore, distributions had to be conducted in close coordination with the Government, which defined both the items to be distributed and the distribution schedule. As a result, other shelter items were prioritized during this phase based on assessed needs and government guidance, resulting in a lower number of tarpaulins distributed.
- Through a joint effort between NS, Belgian and Swedish Red Cross Societies, an additional 1,675 people (335HH) were reached with the distribution of 260 kitchen kits, 520 jerrycans, and 780 mosquito nets, 75 blankets and 780 sleeping pads. As per plan, Belgian Red Cross supported with the provision of shelter items such as 780 sleeping pads and 75 blankets, while Swedish Red Cross contributed by covering costs for the implementation of activities, including the transport and distribution of the items to the targeted beneficiaries, with transportation costs covered jointly by the IFRC and Swedish.

The DREF operation managed to distribute NFIs to 25% (375 IDPs) of its target. This shortfall was due to the rapidly evolving situation, as two weeks after the launch of this DREF operation, thousands of IDPs began returning to their places of origin in Cabo Delgado. The fact that the IDPs used multiple entry points into Nampula after the second attack which happened in the second half of April further limited



and restricted access to them and prevented the team to continue with the distributions. Erati district became locked down by the Government and no further distribution in Erati could take place. The remaining tarpaulins are in CVM warehouse.

Lessons Learnt

While the plan initially forecasted support for 300 households with shelter assistance, the dynamic and unpredictable movement of displaced populations made it challenging to reach this target. The constant shifting of displaced families, often due to changing security situations or the search for better living conditions or returning to the areas of origin, resulted in a significant deviation from the original plan. It is important that the NS reinforce communication with local communities and leaders to gain timely information about population movements, enabling more effective planning and distribution of shelter kits.

Challenges

The rapidly evolving situation posed a significant barrier, as many IDPs began returning to their areas of origin shortly after the operation's launch. Additionally, the use of multiple entry points into Nampula by IDPs, following a second attack in April, further limited the team's access and hindered continued distributions.



Budget: CHF 0

Targeted Persons: 13,862

Assisted Persons: 13,862

Indicators

Title	Target	Actual
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Narrative description of achievements

As the need for additional support in Nampula's health centers was evident, especially given the significant number of cholera cases, this DREF operation supplied health centers with Certeza. This donation was made through the District Service for Women's Health and Social Action (SDSMAS) to extend support to a broader geographical area of host districts, which were not included in the initial plan. In total, 13,862 bottles of chlorine were made available to 10 healthcare centers across 10 districts in the province, namely Erati, Memba, Nacaroa, Mecuburi, Ilha de Mocambique, Monapo, Moma, Angoche, Meconta and Nampula City. Note that the water purifiers made available by the NS was part of the stock available from Freddy DREF which was reallocated to this DREF.

The target has been increased from 3,000 bottles to 13,862 bottles to reach additional districts. The operation was initially centered to assist IDPs in the district of Erati, but following the second attack in Cabo Delgado, IDPs entered the province of Nampula through multiple entry points other than Erati. Given this situation, CVM had to increase the number of NFIs to be distributed as well as expand its support area.

During the operation, support was also provided in the Cholera Treatment Centers (CTC). Volunteers helped in directing patients to the tents and conducting educational talks for the families of hospitalized patients at the sentinel post of the Monapa Health Center on preventive measures, including explaining the reasons for restricting visits to the CTC.

Disinfection efforts were carried out for the homes of cholera patients and surrounding areas, with chlorine applied at the CTC entrances to maintain sanitation. Guidance was given to all CTC users on proper handwashing practices, and the clothing and utensils of hospitalized patients were disinfected to prevent further contamination. Additionally, clear and accurate information was communicated to both the patients' families and the patients regarding family matters.

Lessons Learnt

The initial DREF plan aimed to provide 3 chlorine bottles per household to IDPs in transit sites, distributed in cycles, benefiting 1,000 families. However, it became evident that the families' stay in these sites was temporary and brief, necessitating a change in approach. Additionally, the high number of people on the move significantly increased the quantity of chlorine needed, from an initial 3,000 bottles to 13,862. Consequently, it was decided that the most effective strategy would be to distribute a larger quantity of chlorine in a single distribution, as households would no longer be present to receive chlorine in subsequent cycles. This highlighted the importance of



flexibility and adaptability in emergency response planning, particularly when working with transient populations. Initial assumptions about the duration of the displaced families' stay impacted the approach to resource distribution. However, recognizing the temporary nature of these transit sites and the unexpectedly high number of people on the move allowed for a critical adjustment in the distribution strategy.

Challenges

The main challenge encountered by the team was the limited access to IDP families, which hindered their ability to deliver non-food items (NFIs), such as Certeza. To address this, the Red Cross opted to distribute Certeza at health unit locations to ensure access for beneficiaries. This approach aligned with government advice to avoid directly distributing water purifiers to individuals, as there was concern that some recipient could be opportunists, especially since many IDPs had already returned to their areas of origin. This strategy allowed for a more controlled and targeted distribution, ensuring that resources reached those genuinely in need.



Budget: CHF 0
Targeted Persons: 1,500
Assisted Persons: 13,862

Indicators

Title	Target	Actual
# of people supported with hygiene & dignity items	1,500	1,300
# of people supported with chlorine bottles	1,500	13,862
# of chlorine bottles distributed during community sessions	3,000	0

Narrative description of achievements

CVM initial plan was to directly assist 300 IDP HH (about 1500 people) in transit centers and host communities in Erati district. In line with this, the NS conducted an initial distribution of hygiene items, mainly buckets and bars of soap in May 2024. In total, 1,300 IDPs(260HH) were reached with this distribution (3 bars of soap per HH, and 1 bucket per HH).

Distributions of items composing the hygiene and dignity kit (child and adult toothbrushes, toothpastes, and sanitary pads) were planned to occur afterwards, however, due to the dispersal of IDPs to other districts within the province and lack of access to Erati district, it was not possible to carry them out. In addition, the government recommended to cancel the distributions to avoid opportunism and returning of IDP families only to receive the items.

The provision of Certeza, during community sessions was also compromised. Due to limited access to IDP communities, the distribution of chlorine bottles directly to the IDP families and host families was redirected to health centers (to the CTC's). With this approach, CVM intended to ensure that chlorine bottles reach those in dire need and help prevent further contamination from infectious diseases such as cholera, which afflicts the province. Thus, 13,862 bottles were distributed to health centers in the districts of Erati, Memba, Nacaroa, Mecuburi, Ilha de Mocambique, Monapo, Moma, Angoche, Meconta and Nampula City as mentioned in the health indicators on previous section.

Lessons Learnt

Following government's recommendations of not conducting more distributions and the returning of IDPs HH to their regions of origin, CVM revised the provision of chlorine and oriented the support towards healthcare centers. This measure was implemented to mitigate and prevent further cholera infections in the province as more individuals would benefit from the support. The remaining hygiene and dignity items are stored at CVM warehouse.



Challenges

The swift context change imposed a significant challenge to the team, preventing the direct distribution of chlorine bottles to the beneficiaries during community sessions as well as the distribution of hygiene and dignity items. This new approach impacted the operation, making it difficult to achieve the set indicators/output.



Community Engagement And Accountability

Budget: CHF 0

Targeted Persons: 10,000

Assisted Persons: 15,749

Indicators

Title	Target	Actual
# of feedback mechanisms implemented	3	3
# of people reached through dissemination of information and key messages on cholera rumors	11,500	15,749

Narrative description of achievements

With support from Belgian RC and the International Committee of Red Cross (ICRC), CVM managed to implement 3 feedback mechanism, namely complaint boxes, safe spaces and integrated service office, thus reaching the target. To complement this operation, the ICRC contributed to the purchase of complaint boxes, and they have been activated at strategic points in the Memba and Erati districts and integrated care offices have been set up. Safe spaces for conversation have also been established so that communities could raise their concerns, obtain information and clarifications.

This DREF operation trained volunteers on the operation and setup of the mechanism to better provide assistance to the affected communities.

A total 60 volunteers were trained in the areas of health/WASH, RFL (Restoring Family Links), GBV (Gender-Based Violence), CEA (Community Engagement and Accountability), and PGI (Protection, Gender and Inclusion) in Erati district at the beginning of the operation. Out of the 60 volunteers trained, 58 volunteers were assigned to specific areas and neighborhoods in the town of Namapa – Erati district. Their mission was to conduct health and hygiene sessions addressing cholera, diarrhea, conjunctivitis and scabies. These volunteers used Information, Education, and Communication (IEC) materials to conduct community mobilizations in densely populated areas, such as markets, and to carry out door to door visits to raise awareness on personal and collective hygiene, environmental sanitation, and food hygiene. According to CVM records, two community workshops on environmental sanitation and endemic diseases, including conjunctivitis were held at a market. All these efforts enabled the National Society to surpass its target of reaching 11,500 individuals, ultimately reaching approximately 15,749 people through awareness activities.

In addition, nearly 1,251 people were referred to hospitals in Namapa for conjunctivitis, diarrhea and scabies.

This DREF also contributed to disseminate messages on cholera through the local radio, and volunteers provided support to IDPs by assisting them through home visits, PGI, PSS, stress management, RFL. Assistance was also provided to purchase Personal Protective Equipment (PPE) to enable volunteers to deliver services safely.

Later in June this DREF also contributed with trainings for another cohort of 40 CVM volunteers from the districts of Erati (20) and Memba (20). Those were further selected to receive training on Risk Communication and Community Engagement (RCCE) related cholera and other communicable diseases and how to establish an effective feedback mechanism for activities. The purpose of the training was to enhance CVM's capacity to delivery humanitarian aid to displaced individuals and host families. After the training, these volunteers actively engaged in disaster response and in providing assistance to IDPs from Cabo Delgado.

As an outcome, this operation has equipped a total of 100 volunteers in Nampula with knowledge on the abovementioned topics. These volunteers have been working in response to natural disasters and assisting internally displaced people from Cabo Delgado.

Lessons Learnt

The Mozambican Red Cross noted the importance of including the Forum of Mozambican Associations of People with Disabilities (FAMOD) in future activities or similar events.



CVM also concluded that it is important to include more days in training packages and train more volunteers on GBV to conduct sensitization activities to raise awareness among communities on GBV issues, with the support of and coordination with government actors.

Challenges

One of the primary challenges was reconciling the relatively short training time with the established standards for training duration and content. Additionally, the placement of the complaint boxes and safe spaces posed a challenge, as many partners had already positioned them in the predetermined locations. Despite the initial difficulties, suitable points for the setup of the complaint boxes and safe spaces were later identified.

Another challenge pertains to post-distribution monitoring (PDM), which did not occur due to the cancellation of the distributions.



Secretariat Services

Budget: CHF 6,383

Targeted Persons: 1

Assisted Persons: 1

Indicators

Title	Target	Actual
# of coordination meetings attended	12	16
# of surge deployed	1	1

Narrative description of achievements

The IFRC Secretariat played a key role in facilitating this timely response. Through coordinated support from regional, cluster and district-based teams, technical assistance was provided across key sectors. This included guidance on planning, procurement, and implementation. In addition, surge support was mobilized from the IFRC network, including a deployed surge operations manager from Mozambique, who provided on-ground operational reinforcement. The close collaboration between the Secretariat and SRCS helped ensure efficient use of resources, accelerated decision-making, and alignment with operational standards—ultimately strengthening the overall impact of the response.

Based upon records, the IFRC Field Coordinator successfully attended 16 meetings to support CVM. These meetings were essential for ensuring effective coordination of the operation, both at the cluster level and in the field, as well as fostering collaboration with cooperation partners. These meetings brought together participants from a diverse range of institutions and organizations, including CARE, PMA, IOM, CVM, World Vision, UNICEF, INGD, and the District Government. The participation of these key stakeholders underscores the collaborative approach being taken to address the challenges at hand and highlights the commitment of all involved to work together towards shared objectives.

A field coordinator was deployed to bolster the coordination and implementation of the planned activities on the ground. He was based in Maputo but had regular travel visits to Nampula and worked from CVM provincial delegation located in Nampula city, as Erati district is classified as a risky area by the IFRC. The duration of the deployment was three-months.

Lessons Learnt

Effective coordination amongst different organizations, including governmental institutions, was essential for real-time information sharing. This facilitated the timely and accurate adaptation of new strategies for responding to the changes in the context.

Challenges

No challenges have been reported.



Budget: CHF 21,307
Targeted Persons: 15
Assisted Persons: 2

Indicators

Title	Target	Actual
# of coordination meetings led by CVM	24	12
# of monitoring visits from HQ	4	2

Narrative description of achievements

To enhance internal coordination, CVM activated the Emergency Operational Group (GODE) meetings. These meetings are organized and led by CVM and occurred at least three times a week since the beginning of the operation. Out of the 24 planned meetings, 12 have been conducted, achieving only 50% of the target. This coordination sessions convened NS staff involved in the operation, to monitor the situation and provide updates to inform decision making regarding the operation. During the response operations, the Government decided to suspend activities, citing evidence of infiltrators - people who were not genuinely displaced or in need - attempting to access accommodation and distribution centers to benefit from the assistance provided. Consequently, this decision forced NS to scale back its on-ground activities, leading to the suspension of GODE meetings.

Regarding the monitoring visits, the HQ conducted 2 to assess the implementation, progress, and effectiveness of the operation. Regarding the monitoring visits, the HQ conducted 2 visits to assess the implementation, progress, and effectiveness of the operation, out of the 4 initially planned. The response situation changed significantly as many IDPs returned to their areas of origin, resulting in adjustments to certain activities. Consequently, the reduced need for monitoring visits reflected these shifts, as on-the-ground circumstances required fewer assessments to track the operation's progress effectively.

A lessons learned workshop was carried on after the operations closure and the discussions revolved around several key points which the following can be highlighted:

- A significant part of the discussion focused on the management of funds, particularly DREF (Disaster Response Emergency Fund). There was a call for a more flexible approach to financial reporting and better coordination between various stakeholders to ensure smoother operations.
- Several weaknesses were identified, including inadequate monitoring of activities, delays in volunteer incentives, and the slow process of sharing documents between provincial delegations and the central headquarters. These issues were seen as critical areas for improvement.
- Opportunities were highlighted, such as maximizing partnerships with government authorities who provided infrastructure and spaces. The workshop also discussed the importance of institutional capacity-building through support from technical experts.
- Key recommendations included improving volunteer management, using MPESA reports for financial accountability, enhancing stock management, and regularly reviewing and sharing success stories and reports. There was a strong emphasis on the need for periodic lessons learned sessions to ensure continuous improvement.

Lessons Learnt

The GODE meetings should have been maintained, even though distributions would not happen. Because it was the only platform for the NS to oversee and deliberate on action plans for operations. An operations organogram is necessary to clearly delineate the roles and responsibilities of all stakeholders or personnel involved in the operation.

Opportunities for growth were found in partnerships with local governments and institutional capacity-building.

There is a need to enhance volunteer management, streamlining financial processes using MPESA, and improving stock management.

Challenges

Insufficient monitoring, delays in volunteer incentives, and slow document sharing were identified as areas for improvement.

Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRMZ023 - Mozambique - Population Movement

Operating Timeframe: 12 Mar 2024 to 31 Jul 2024

Selected Parameters			
Reporting Timeframe	2024/3-2025/3	Operation	MDRMZ023
Budget Timeframe	2024	Budget	APPROVED

Prepared on 05/May/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	43,726
DREF Response Pillar	43,726
Expenditure	-27,690
Closing Balance	16,036

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	2,924		2,924
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	2,924		2,924
AOF5 - Water, sanitation and hygiene	2,924		2,924
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	8,773		8,773
SF11 - Strengthen National Societies	18,086	21,307	-3,221
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	16,866	6,383	10,484
Strategy for implementation Total	34,953	27,690	7,263
Grand Total	43,726	27,690	16,036

[Click here for the complete financial report](#)

Please explain variances (if any)

IFRC-DREF allocation to the assistance to Nampula displacement situation was CHF 43,726. By the end of the intervention, the total expenditure of 63% is registered. The balance of CHF 16,036 will be returned to the DREF pot.

The variance on budget allocated to transport is because some items were not transported given the Government instructions and lack of access. Transport costs that did occur, in particular for Chlorine bottle distribution and some tarpaulins and hygiene items are currently also reflected under AP124 which is why that line appear as overspent. Other savings from unused transportation were noted and returned to the DREF.



Variance from AP122 (Secretariat Strengthening) is from Surge Delegate which came fully funded, accounting for the savings in this area.

Un-used stock such as tarpaulins, hygiene and dignity items remains in CVM stock. 375 IDPs (75 HH) received tarpaulins (1 per HH) meaning out of the 600 tarps that were approved to be oriented to this DREF, 525 remained un-used.



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[Click here for reference](#)

