

# Emergency appeal operation update

## Mozambique: Floods

Emergency appeal n° MDRMZ010  
GLIDE n° FL-2013-000008-MOZ  
**Operation update n°2**  
21 March, 2013

**Period covered by this Ops Update:** 15 February to 15 March, 2013

**Appeal target (current):** CHF 2,044,428

**Appeal coverage: 31%** < [click here for updated donor response report](#), [here for contact details](#) >

### Appeal history:

- A **Preliminary Emergency Appeal** was launched on 1 February 2013 for CHF 662,337 in cash, kind or services to support the Mozambique Red Cross Society (CVM) in giving assistance to 15,000 beneficiaries for 6 months
- **Disaster Relief Emergency Fund (DREF):** CHF 300,000 was initially allocated from the Federation's DREF to support the national society in its initial response
- [Operations Update no. 1](#) was issued on 19 February highlighting assessment done by the field assessment coordination team (FACT) and deployment of two Emergency Response Units (ERU).
- The [Emergency Appeal](#) was launched on 1 March 2013 for CHF 2,044,428 in cash, kind, or services to support the Mozambique Red Cross Society (CVM) to assist 5,700 families in the coming 6 months. This budget includes CHF 57,191 in multilateral contributions and CHF 60.908 to cover the cost of shelter cluster coordination.



CVM volunteer in Chiaquelane accommodation camp, Gaza Province. Source: IFRC

**Summary:** During the first two months of 2013 heavy rains fell in southern and central Mozambique and throughout the southern Africa region. These torrential rains caused destruction of houses, schools, health centres and crops, forcing the affected populations to leave their homes in search of safer areas, mainly in Maputo City, Gaza Quelimane and Inhambane Provinces.

As of 28 February, the number of affected people is 238,302. Of this number, 186,238 are displaced and 175,693 are in the Gaza province. Reportedly, 109 lives have been lost as a result of the floods.

The CVM has been working since the onset of heavy rains and subsequent floods by evacuating families, providing first aid, implementing health campaigns, distributing NFIs, and participating in coordination meetings with the Government and international agencies.

CVM, with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC), was involved in carrying out the operational Emergency Plan of Action in the most affected provinces (Gaza and Zambezia) to assist vulnerable families affected by the floods.

A FACT team comprising of a team leader (IFRC), relief (French Red Cross), logistics (British Red Cross/Spanish Red Cross), shelter (Australian Red Cross), emergency health (Spanish Red Cross), WatSan (Netherlands Red Cross), finance (Finnish Red Cross), and reporting (Danish Red Cross) was deployed to assist the National Society in designing the Red Cross response.

A Shelter Cluster Team exclusively dedicated to the task of cluster coordination, independent of IFRC and CVM operations, was deployed to work closely in support of the Mozambique Government and CVM to fulfil the mandate as shelter cluster lead agency.

During the current phase, non-food items (NFIs) such as tarpaulins, shelter kits, soap, cleaning kits, water purification tablets (*certeza*), Oral Rehydration Salt (ORS) and volunteer equipment were prepositioned in Chokwe. Thus, distributions are taking place to the affected families that are returning to their homes and villages after the assessment made by the relief team.

The Community Health Module ERU (CHM) has been working closely with the National Society volunteers and counterparts to identify the main needs in terms of disease prevention and major public health issues in the city of Chokwe. Existing volunteers and new CVM volunteers are being trained and their activities are being coordinated with other relevant actors in the field such as UNICEF, CDC, WHO and officials from the Ministry of Health.

The Mass Sanitation Module (MSM20) ERU, in collaboration with the CHM ERU, trained CVM staff and 21 new volunteers. Refresher training was provided to 25 existing volunteers on hygiene promotion and health prevention. In addition, 30 emergency latrines were installed to increase the coverage and access for the population in the Chiaquelane camp and four latrines in Chokwe Hospital. Materials, equipment and money was provided to the CHM ERU for the cleaning up of the facilities in Chokwe.

To date, partner support has been received from Danish Red Cross, French Red Cross, Japanese Red Cross Society, Swedish Red Cross, the Canadian Red Cross Society (from Canadian Government), American Red Cross, China Red Cross (Hong Kong branch), Red Cross of Monaco and VERC/WHO Voluntary Emergency Relief. The IFRC on behalf of Mozambique Red Cross would like to thank the donors for their contribution.

## The situation

In mid-January, the Government of Mozambique declared an institutional Red Alert for the south and centre of the country that authorizes the INGC (Disaster Management Unit) to respond to and coordinate all local humanitarian activities. As long as the institutional Red Alert is maintained, the displaced population is not authorized to return to their home towns. However, in spite of the alert, more and more people are returning from the camps to their homes, although public services have not been fully restored.

The most affected province was Gaza. It was estimated that of the original population of 90,000 people in Chokwe City in Gaza Province, 55,000 people were living in the Chiaquelane accommodation camp and the Government initiated allocating plots to those who live in high risk areas in Chokwe.

But at this stage, entering week six, the situation is evolving very fast with displaced families returning to their places of origin. Based on the latest updates the needs have shifted both geographically and in kind so the most affected areas in Chokwe and Guja districts (Gaza) are being reassessed in cooperation with Shelter Cluster. However, it is common that the understanding of that assistance to clean, cover and repair partially destroyed houses is required in areas of origin in addition to basic household items and shelter and WatSan support.

Both the Mass Sanitation Module ERU (MSM20), supported by the British Red Cross and the Health Mobilization ERU (CHM) supported by the Canadian Red Cross was deployed to the field. The IASC Cluster Coordination Team (including a cluster coordinator and an information management delegate) arrived as well as a fleet manager delegate (IFRC) and an RDRT three member's team (WatSan and logistics/relief from the PIROI).

## Coordination and partnerships

The FACT team members participated in the weekly GODE meeting led by the CVM. Partner National Societies (PNS) were present at these meetings. The FACT team leader and the Regional Disaster Management Coordinator had met regularly with the Humanitarian Country Team (HCT) working group chair for coordination and information sharing.

The CVM internal solidarity fund continues to receive contributions from individuals and private companies.

From the onset of the operation CVM volunteers many of whom have themselves been affected by the floods and living in the accommodation camps, are supporting all humanitarian agencies in the distribution of food items and NFIs.

The Spanish Red Cross activated a four month agreement with Spanish Agency for International Development Cooperation (AECID) to implement a mass sanitation project (WASH) in the Bilene district, Gaza province estimated at EUR 100,000. The German Red Cross is implementing a disaster risk reduction project in the

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

**National Society Capacity Building:** CVM has experience in emergency response as a result of responding to the devastating floods of 2000 and 2001 and being auxiliary to GoM in emergency response and preparedness. CVM has also responded regularly to disasters during the last decade, most recently to several tropical storms, cyclones and floods in 2012.

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

## Red Cross and Red Crescent action

### Overview

Based upon the initial assessment by the FACT Health & WatSan delegates, a mass sanitation (MSM20) ERU and a Community Health Module (CHM) ERU with two delegates, were deployed to Gaza Province.

RDRT: IFRC deployed also a four-person RDRT team (water and sanitation, logistics and relief) for four weeks.

Update:

- MSM20 ERU was deployed to Chiaquelane where in particular vector control, waste management and sanitation and hygiene promotion was essential while families were returning to their homes despite the Red Alert not officially lifted by the Government. The MSM20 finished their mission on 7 March.
- CHM delegates were supporting the CVM Gaza branch in epidemics control, awareness building, community mobilisation and hygiene promotion in Chokwe. Two delegates finished their mission on 11 March however one delegate is still working in Chokwe with the CVM branch and volunteers.
- RDRT (relief and WatSan) team are working closely with the CVM Gaza branch and their volunteers and technicians to continue with the distribution plan, trainings to volunteers and dissemination of key messages related to hygiene practices to reduce the risk of water borne diseases.
- Since the onset of the disaster, more than 200 CVM community volunteers were mobilized and are participating in the emergency response operation in the affected provinces as well as being involved in assessment, relief, health and water and sanitation activities.
- In Gaza province, 372 volunteers are trained in Community-Based Health and First Aid, of which 131 are active. A total of 46 volunteers are working in the Chokwe/Chiaquelane operations area.

## Progress towards outcomes

### Shelter, settlement and non food items

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

Outputs (expected results)	Activities planned
Shelter assistance is provided to the flood affected target population	<ul style="list-style-type: none"> <li>• Develop baseline assessment</li> <li>• Identify 20 volunteers and staff to support operation and provide CVM/INGC volunteers with training on needs assessment</li> <li>• Procure and transport shelter materials to the site</li> <li>• Distribute two tarpaulins and one shelter tool kits to 3000 families</li> <li>• In parallel of the distribution, undertake sensitization session on the use of shelter kit and setting up shelter</li> <li>• Technical assistance in the setting up and maintenance of emergency</li> </ul>

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

## Progress

The National Society has been distributing relief items from its own existing pre positioned emergency stock to the population in the Chiaquelane camp including tents, water tanks, bladders, both food and non-food items, bottled water and clothing. Distributions were carried out with the assistance of 30 – 50 volunteers. Most items were distributed during the first weeks of the emergency in a chaotic setting with a huge number of displaced persons arriving during a short period of time. Consequently it was not possible for the volunteers to carry out a proper beneficiary targeting prior to the distributions.

Joint field assessments were carried out within the Gaza Province, with Shelter and Relief FACT delegates. Shelter was identified as the biggest challenge. The plan of action will take into account these findings. The shelter component will be two-pronged, initially aiming to assist displaced people in accommodation camps with shelter tool kits to construct temporary shelters, which then can be reused upon their return to their original communities.

A Shelter Cluster Coordination team was deployed for four weeks and has been dedicated to the task of cluster coordination, independent of IFRC and CVM operations working closely in support of the Mozambican government and CVM as a cluster lead agency, providing technical advice, coordination and information management services to ensure the implementation of appropriate shelter solutions and a seamless transition from emergency shelter to shelter recovery.



CVM volunteers in shelter training: Source FACT shelter delegate

The arrival of three RDRT delegates (relief and WatSan) has reinforced the response of the CVM in the selection of the beneficiaries, identification of needs and improvement in the organization and preparation of volunteers and CVM officials for future distributions. The situation in week five was evolving rapidly with displaced families returning to their places of origin, so the targeting process for all the sectors has been complex, but the relief and shelter team has been working in coordination with the Shelter cluster, GoM and other organizations to define the population to be targeted in the distribution of NFI's.

Activities of the Relief/Shelter team:

1. **Daily coordination meetings** with different organizations working in Gaza Province: including Save the Children, IOM, Samaritan Purse, WFP, GoM, to organize the intervention.

2. **Training of 40 CVM volunteers** (29 new volunteers) in relief and shelter (26 to 27 February) to support distributions planned by the CVM. The content of the training was:
  - a. Fundamental Principles of the Red Cross
  - b. Responsibility of being a Red Cross volunteer
  - c. Emergency Assistance:
    - How to identify the most vulnerable groups
    - How to identify their immediate needs
    - How to improve the distributions
  - d. To have a general understanding of the different alternatives in shelter kit and how families can improve their houses.
3. **Distribution of 250 shelter tool kits to complement the distribution by Save the Children:** During Shelter Cluster coordination meeting which took place in Macia on the 7 March 2013, Save the Children requested CVM support to distribute shelter tools kit to complete the package to be distributed to beneficiaries in Chiaquelane resettlement camp. Three, CVM volunteers supported them in the distribution.
4. **Assessment made in the most affected areas:** Lionde, Caniçado and Chokwe where the CVM will make distributions of NFIs for being hard-hit areas and where no other organization has made any distribution to date.
 

The first scheduled distribution of 1,500 shelter tool kits and 1,500 tarpaulins are to begin on 12 March in the community of Lionde, (neighbourhoods 4, 5, 6 and 7) from the French Red Cross donation.

#### Progress:

Once both MSM and CHM ERUs were deployed, the CHM ERU started work in the city of Chokwe and the MSM 20 ERU worked in the transitional camp of Chiaquelane.

CVM volunteers and staff provided support to MoH health structures for as long as they were requested in the

<b>Emergency Health</b>	
<b>Outcome: Within 6 months the basic living conditions of 5,700 of the most vulnerable affected families have been restored to pre-emergency conditions while strengthening household and community resilience</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Target population is provided with rapid medical management of injuries and diseases	<ul style="list-style-type: none"> <li>• First Aid support maintained by 20 CVM volunteers in the MoH health structures</li> <li>• Support of the CVM health posts with first aid material (incl. ORS) and assist with referral cases</li> <li>• Support the ongoing health activities such as first aid and replenish kits with materials such as ORS distributed for diarrhoea cases)</li> <li>• There are 2 ambulances working as referral vehicles to take the emergencies from Chiaquelane and Chokwe to the closest quality, non-damaged health facility.</li> </ul>
Community-based disease prevention and health promotion is provided to the flood affected target population	<ul style="list-style-type: none"> <li>• Refresher training 100 volunteers on EVC in coordination with MoH and District Health Offices</li> <li>• Daily sensitization activities in Chiaquelane transition camp and Chokwe city</li> </ul>
Epidemiological surveys, prevention and control measures are carried out	<ul style="list-style-type: none"> <li>• Outreach community activities are maintained in Chiaquelane camp, Chokwe city and area</li> <li>• Epidemiological surveillance, including nutritional situation</li> </ul>
Vulnerable groups (HIV/AIDS; children, pregnant women,) are identified and targeted for support with essential health management measures	<ul style="list-style-type: none"> <li>• Sensitization awareness by the CVM volunteers and follow up on vulnerable (women, children, elderly and HIV/AIDS and Gender Based Violence) cases</li> <li>• Distribution of 1 torch/household to 2,000 women, who are single headed of households</li> <li>• Sex and Gender Based Violence (SGBV) Assessment is performed and followed in the affected areas</li> <li>• Assessment on the viability and implementation of “safe spaces” within the camp for vulnerable groups, emphasising on women and children</li> </ul>
Recovery health activities assist families to transition back to their communities	<ul style="list-style-type: none"> <li>• Health promotion programmes continue in the most affected areas.</li> <li>• CVM public health activities will continue in Gaza district in coordination with the MoH</li> </ul>

Chiaquelane camp health centre and CVM run only in the Chibutu aerodrome camp. This camp was one of the first ones to be closed as people returned back to their places of origin, so the volunteers went also back. There were two CVM ambulances transferring patients from the working health centres in Chokwe and Chiaquelane to Macia Rural Hospital throughout the operation, providing support to the MoH facilities.

The CHM ERU has been working closely with the National Society volunteers and their counterparts identifying the main needs in terms of disease prevention and major public health issues in the city of Chokwe. During this assessment, there was need to clean the rural hospital, thereby allowing it to reopen for normal activities for the returning population. The operation also looked into consumption of spoiled goods from the floods which were being sold in the public market and shops.

The activities started with the refresher training of 25 existing volunteers and the training of 21 new CVM volunteers, which created a trained volunteers base that worked with the CHM ERU and MSM 20 ERU teams.

The team cleaned the rural hospital in Chokwe, allowing it to restart their activities. While the CHM/CVM volunteers team cleaned the wards and rooms inside, Samaritan's Purse sprayed the rooms with chlorine and disinfectant to finalise the complete rehabilitation of the room. After a sufficient amount of time for the fumes to disperse, the room was available for usage by the hospital staff. The MSM team supported this activity by providing some material and paying per-diems of the volunteers.

Cleaning of the structure was complemented with the disposal of the medical waste materials that the floods had damaged and flushed away from the hospital and were lying around the hospital grounds and the adjacent streets. Drugs, syringes and used needles were exposed on the open air and accessible to the children and the people, thus, becoming a major public health risk. These materials will be disposed of in collaboration with local authorities.

The WatSan delegate supported the CHM team complementing their activities with his expertise in the sanitation of the hospital facilities and the disposal of the medical equipment.

The CHM team shared information and coordinated their activities with other actors in the field including UNICEF, CDC, WHO and the Ministry of Health officials. This was done on a two step approach: by the attendance to the health cluster coordination meetings which took place on Mondays and Thursdays in Chiaquelane camp, and once the once the camp was closed, in Chokwe's rural hospital.

The medical materials and equipment (first aid bags and ORS) are being sent for distribution within Chokwe city as part of the health CVM branch activities.

The presence of an epidemiologist as part of the CVM ERU team has facilitated the centralisation of data concerning the evolution of diseases in the affected areas and the evolution of the numbers of patients and pathologies seen in the working health facilities in the area. Malaria, diarrhoea and acute respiratory infection (ARI) have been the main emerging health concerns. A large increase in the number of malaria patients in the city of Chokwe is being monitored as the population is returning and there are large amounts of stagnant water still being observed. This creates a perfect scenario for the development of the anopheles mosquito and the transmission of malaria.

Health promotion activities are returning to their normal schedule since the most urgent needs from the floods have been addressed. The newly trained volunteers are working well with the veteran volunteers, well coordinated by the CVM technical officer and supported by the CHM ERU members. This compilation of motivated volunteers and external support is facilitating the outreach activities in Chokwe city.

## Water, sanitation, and hygiene promotion

<b>Outcome: Immediate reduction in risk of WASH-related diseases for 5,700 families in the peri-urban areas of Chokwe Municipality, additional selected localities, and Transit Camps in the Gaza areas</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Improved daily access to safely treated, handled and stored drinking water by 15,000 people (3000 families) in Chokwe, Chiaquelane and other selected camps targeted for drinking water quality intervention	<ul style="list-style-type: none"> <li>• Procure and distribute Certeza water treatment product to most vulnerable in Chokwe and Chiaquelane.</li> <li>• Training to households receiving Certeza on correct use and safe handling and storage of drinking water</li> <li>• Appraise water distribution system in Chokwe, Chiaquelane and provide advice/ feed-back to actors responsible and WASH cluster</li> <li>• Training to households receiving Certeza on correct use and safe handling and storage of drinking water</li> </ul>
Adequate sanitation services provided to the target population which meet	<ul style="list-style-type: none"> <li>• On-going WatSan assessment in areas affected by flooding within an integrated relief approach</li> <li>• Identification of public spaces most in need of environmental</li> </ul>

<p>SPHERE standards in terms of quantity and quality</p>	<p>sanitation action in Chokwe</p> <ul style="list-style-type: none"> <li>• Identification and preparation of liquid and solid waste dump sites in Chokwe</li> <li>• Construction of 50 plastic latrines in Chiaquelane for 3 – 4 months</li> <li>• Train 30 volunteers on environmental sanitation campaign for Chokwe and Chiaquelane</li> <li>• Mass emergency environmental sanitation/ clean-up action at Chokwe community/ bairro level</li> <li>• Emergency sanitation action such as solid waste disposal, waste management, hygiene information and education at selected public spaces (Heath Facilities, schools, etc.) in Chokwe</li> </ul>
<p>Hygiene promotion activities provided to 20,000 people in Chokwe and selected camps, meeting SPHERE standards in terms of identification and use of hygiene promotion methodologies appropriate to the context</p>	<ul style="list-style-type: none"> <li>• Design rapid hygiene promotion campaign and materials</li> <li>• Develop (print, reproduce etc.) hygiene materials and distribute to sites and volunteers</li> <li>• Organise rapid community-level hygiene promotion session using hygiene promotion methods that are appropriate to the initial stage of an emergency situation</li> <li>• Undertaking social mobilization in the camps for operations and maintenance (O&amp;M) of sanitation facilities (latrines, hand washing, bathing and laundering)</li> <li>• Adapt the rapid hygiene promotion towards more in-depth mass campaign appropriate to the stabilization stage, possibly including in-depth assessment of hygiene situation, developing mass communication plan. Activities as radio shows, drama, cinema, mobile phone, or others to be considered for the campaign</li> <li>• On-going monitoring of hygiene activities</li> </ul>
<p>Distribution and correct use of Sanitation and Hygiene-related goods (NFIs), meeting SPHERE standards by 15,000 flood affected people</p>	<ul style="list-style-type: none"> <li>• Procure and distribute hygiene and water related NFIs to selected beneficiaries</li> <li>• 15,000 received essential hygiene items including 450g soap (laundry and bathing), one 10-20ltr bucket and one 15- litre jerry can</li> <li>• 6000 women receive menstrual materials</li> <li>• Ongoing monitoring of the use of NFIs</li> </ul>
<p>Training of Volunteers on WatSan/HP programming related topics, including reporting/ monitoring and accountability, household water treatment, and how to correctly use hygiene-related goods</p>	<ul style="list-style-type: none"> <li>• Design, training and implementation of monitoring and reporting system</li> <li>• Train 50 volunteers on environmental sanitation campaign topics (e.g. excreta disposal, vector control)</li> <li>• Volunteers train 3,000 households in improving their sanitation and hygiene situation, and the use of distributed items</li> <li>• Refresher training of volunteers on PHAST and other hygiene promotion methodologies including basic accountability mechanisms</li> <li>• Workshop on identifying WatSan/HP priorities in emergency and (early) recovery, with Volunteers and CVM</li> </ul>

**Progress:**

The MSM team trained 23 new volunteers and did refresher training for 21 existing volunteers on hygiene and health promotion. This activity was shared with the CHM ERU and created a trained volunteer base for both ERUs to develop activities in their respective areas. As part of the support to the CVM activities 90 hygiene promotion posters from the CVM were laminated and provided to the branch so as to support their hygiene promotion activities.

This CVM volunteer workforce has been a key component in the implementation of the activities as they are citizens of Chokwe/Chiaquelane and the CVM has a consistent structure which allows access to the most vulnerable. The MSM hygiene promotion procured “*certeza*” which the volunteers distributed to the most vulnerable, training the heads of household on how to use it as well as how to safely handle and store drinking water. Hygiene promotion activities in the Chiaquelane camp also included the distribution of 540 bars of soap.



CVM Volunteers cleaning Chokwe Hospital. Source IFRC

Access to latrines in Chiaquelane camp has been a problem ever since the beginning of the operation as the numbers of latrines was very low. The MSM ERU installed 30 emergency latrines to increase the coverage and access for the population in the camp. These latrines were situated closer to the living area of the camp than the communal latrines as the women were scared to use the communal latrines at night. Two focus groups were created in Chiaquelane concerning latrine usage and the correct way to hand washing.

Maintenance of the latrines was performed by local workers who were paid an incentive to maintain cleanliness in the installed latrines and grant hygienic conditions of usage.

There has been a united approach and sharing of efforts between the ERUs deployed in the field. The MSM 20 ERU has been providing materials, equipment and money to the CHM ERU for the cleaning up of the facilities in Chokwe. The technical staff from the MSM 20 supported the construction of four latrines in the hospital in Chokwe upon request from the CHM ERU and also supported the initiation of the WatSan activities in latrine construction in the outskirts of Chokwe city.

The volunteers and the CVM branch have been integrated in the activities developed by the MSM 20 ERU, facilitating the continuation of the activities once the ERU team returns home.

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

**Progress:**

Main activities during this period have been centred on the procurement of local goods and the reception of NFIs. All these activities have been supported by the Logistics Cluster providing transport and storage free of charge from Maputo to Gaza Region and within Gaza for distributions.

There are some NFIs that are being locally procured for the shelter, relief, WatSan and health programmes. These items include certeza, body soap, laundry soap, sleeping mats, mattresses, wheelbarrows, tools, construction materials, and ORS. These items are being stored in secure CVM warehouses network in Maputo and Gaza Province.

All other IFRC standard emergency items are being sourced from region and prepositioned stock, such us the 1.500 Shelter Tool Kits and 1,500 tarpaulins that were received on 6 March from PIROI (French Red Cross Platform for Disaster Response in the Indian Ocean). These items are already in the Logistics Cluster Warehouse in Chihauquelane ready for distribution. A cash pledge from American Red Cross has been confirmed which will be used to procure 1,500 shelter tool kits and 3,500 tarpaulins.

As warehouse assessment has been conducted on different possible warehouses to improve the capacity of storage of CVM. For the moment, major efforts are being concentrated in training staff on accountability of NFIs, not only in Maputo, but also in the provinces. Training on good practices on warehousing was carried out in Gaza Region and templates of warehouse forms have been translated in Portuguese and shared with CVM for its implementation. Further training is planned by the Logistics Coordinator and Warehouse Manager in Maputo in the coming weeks.

Three vehicles from IFRC Vehicle Rental Programme have been received. An agreement with Toyota in Maputo has been signed in order to guarantee the adequate maintenance of these vehicles. Training on driving was carried out in Chokwé by Fleet delegate for several drivers that are being used in the operation.

**Shelter Cluster Coordination**



Shelter coordination team was deployed three weeks ago funded by Australian Red Cross and Canadian Red Cross. The coordination activities are not only focus on Gaza and the team is following up on the situation in Zambezia.

Through the coordination mechanism stock has been sent to Gaza and Zambezia to cover the immediate needs and has been distributed by agencies on the field on a close cooperation.

The team has coordinated a rapid shelter assessment in Gaza province. A preliminary report was released on 5 March and final report, including maps, is yet to be released. An isolated area on lower Congo in Zambezia has been identified and rapid assessment started on 12 March supported by the coordination team.

Coordination mechanism is ongoing, partners are sharing information and joint distributions are performed base on needs assessed and stock availability. Emergency shelter strategy has been agreed between partners and early recovery is being finished. Meetings in Maputo at country level and in Gaza at field level have been held weekly. INGC is involved into the coordination mechanism sharing information and participating on meetings.

### **Communications – Advocacy and Public Information**

The regional communications officer and the CVM communications officer returned to Chokwe and Chaquelane with a videographer to update the situation for internal and external communications, particularly to highlight the challenges faced by people trying to rebuild their homes and lives. Interviews were carried out in the camp to show the needs that exist for people unable to leave. In Chokwe the team visited destroyed homes and spoke to people unable to rebuild and the challenges they face. A CVM volunteer, who is a survivor of the flood, spoke about her personal experience and why she is a volunteer for Red Cross.

A short internal evaluation video of the Red Cross response to the floods is also being produced. Interviews were filmed with volunteers and beneficiaries to understand their opinions of the assistance provided. This evaluation will be completed in early April once the formal evaluation is finished.

Web videos, photographs, footage for news media and stories listed below have all been published.

Mozambique Floods Web Video

<http://www.youtube.com/watch?v=YHbzWh59Wp8>

The challenges of returning home in flooded Mozambique

<http://www.ifrc.org/en/news-and-media/news-stories/africa/mozambique/the-challenges-of-returning-home-in-flooded-mozambique-61085/>

Mozambique's floods leaves thousands displaced and in need of humanitarian assistance

<http://blogs.ec.europa.eu/echo-action/mozambiques-floods-leaves-thousands-displaced-and-in-need-of-humanitarian-assistance/>

Picking up the pieces in a camp after the floods

<http://www.ifrcmedia.org/blog/mozambique-picking-up-the-pieces-in-a-camp-after-the-floods/>

Mozambique: After a flood, the challenge is to keep on surviving

<http://www.ifrcmedia.org/blog/mozambique-after-a-flood-the-challenge-is-to-keep-on-surviving/>

Broll:<https://av.ifrc.org:443/pincollection.aspx?collectionName={bc997b2e-0fe0-486e-8429-f05ca4d6b3ba}>

Photo Set: <https://av.ifrc.org:443/pincollection.aspx?collectionName={357fe70e-a188-4a5f-8624-d6fdfe76cadb}>

Stories to be published are:

- Chokwe – a town engulfed by mud and water
- A story on malaria and health implications after a flood

The regional communications officer and zone communications manager will continue to work with and support CVM to build its communications capacities and develop appropriate communications tools and products to support effective operations, including the dissemination of the principles and values of the Movement during their response operation.

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## Contact information

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

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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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.