
**Mozambique Humanitarian Country Team
Inter-Agency Contingency Plan**

2010/2011

Final

October 2010

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARA	Associação Rural Africana
CAFOD	Catholic Agency for Overseas Development
CCGC	Conselho Coordenador de Gestão de Calamidades
CEDES	Comité Ecuménico de Desenvolvimento Social
CENOE	National Emergency Operations Centre
CFR	Case Fatality Ratio
CNCS	Conselho Nacional de Combate ao Sida
CMT	Country Management Team of the United Nations
CSB	Corn Soya Blend
CTGC	Conselho Técnico de Gestão das Calamidades
CVM	Mozambican Red Cross
CLTS	Community Led Total Sanitation
DNA	National Directorate of Water
DRR	Disaster Risk Reduction
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender Based Violence
HCT	Humanitarian Country Team of the United Nations
HCT WG	Humanitarian Country Team Working Group
HIV	Human Immune deficiency Virus
IASC	Inter-Agency Standing Committee
IFRC	International Federation of the Red Cross and Red Crescent Societies
IACP	Inter-agency Contingency Plan
INAM	Instituto Nacional de Meteorologia
INGC	Instituto Nacional de Gestão de Calamidades
IOM	International Organisation for Migration
ITU	International Telecommunications Union
IRD	International Relief and Development
JAM	Joint Aid Management
LWF	Lutheran World Federation
MEC	Ministry of Education and Culture
MDG	Millennium Development Goals
MISAU	Ministry of Health
MOPH	Ministry of Public Works and Housing
MMAS	Ministry of Social Action and Women
MSF	Médecins sans Frontières
NFI	Non Food Items
OCHA	Office for the Coordination of Humanitarian Affairs
RTE	Real Time Evaluation
RUTF	Ready To Use Therapeutic Food
SARCOF	Southern Africa Regional Climate Outlook Forum
SC	Save the Children in Mozambique
SPIR	Samaritan's Purse
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNAIDS	United Nations Joint Programme on HIV and AIDS
UN-Habitat	United Nations Human Settlements Programme
VAC	Vulnerability Assessment Committee
VCT	Voluntarily Counselling and Testing
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WVI	World Vision International

1. Executive Summary

The Humanitarian Country Team Inter-Agency Contingency Plan was developed as a result of wide-ranging consultations and meetings with Cluster Leads aimed at increasing awareness, preparedness and effective response to emergencies should they strike Mozambique.

The overall goal of the Inter-agency Contingency Plan (IACP) is to support the Government of Mozambique to coordinate a timely, consistent and coordinated response to minimise the humanitarian consequences of disasters on the Mozambican population.

This Plan is aligned with the National Contingency Plan that is put together by the National Disaster Management Institute (INGC). The National Plan considers four main contingencies for Mozambique: floods, droughts, cyclones and earthquakes. It focuses on strengthening coordination between humanitarian actors for emergency preparedness and response at national, provincial, district and community levels in the face of these types of natural disasters, while upholding the rights of affected populations. The Plan includes a profile of frequently occurring natural disasters, the districts most vulnerable to each and the priority needs of the population threatened in the event of a flood, drought, cyclone or earthquake situation. This IACP also considers cholera outbreaks due to its clear links with hydro-meteorological conditions and its endemic characteristics in Mozambique.

Importantly, the Inter-agency Contingency Plan is based on lessons learned from natural disasters that occurred in Mozambique in the past years and is aligned to the Inter-Agency Standing Committee (IASC) Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance. In order to ensure more effective and coordinated support to the Mozambican Government for emergency preparedness and response, the IACP outlines the key structures and mechanisms within the Mozambique Humanitarian Country Team (HCT), within the national institutions mandated with disaster management and between the HCT and government structures. The activities described in the IACP will be implemented in support of the INGC and the line ministries¹ that comprise the Technical Council for Disaster Management (CTGC).

Specific Cluster planning and capacities are described in the Sectoral Plans presented in Section 9 and will be carried out by the Cluster members, in coordination with the wider Humanitarian Country Team. The Humanitarian Cluster approach as implemented in the 2007, 2008 and 2010 emergencies was proven to enhance humanitarian response, preventing duplication of activities and facilitating joint resource mobilisation efforts, and ultimately ensuring that the needs of the affected populations were met. The Sectoral Plans thus provide the roadmap through which future collaborative humanitarian action will be carried out.

The Humanitarian Country Team Inter-Agency Contingency Plan, which will be updated twice annually, will be shared with all stakeholders at different levels to ensure that when emergencies occur there will be more coordinated and effective humanitarian assistance provided to the affected populations. This will reinforce comprehensive coordination mechanisms in support of the Government (INGC) and ensure timely response and accountability. The Plan will be based on consensus built through commonly agreed Cluster objectives amongst the UN agencies and national and international NGO partners that compose the Humanitarian Country Team in Mozambique.

¹ The line ministries that will implement activities described in this Emergency Preparedness and Response Plan are but not restricted to the following: Ministry of Education and Culture (MEC), Ministry of Agriculture (MINAG), Ministry of Public Works and Housing (MOPH), Ministry of Defense, Ministry of Health (MISAU) and Ministry of Women and Social Affairs (MMAS), Ministry of Health (MISAU)

2. Introduction

Mozambique is prone to a wide range of natural disasters, which regularly cause major damage and set back economic growth in the disaster affected areas. The country has a land surface of about 799,380 km² and a total population of 20.5² million inhabitants of which 51.9 per cent are female. The population is dispersed over 10 provinces, 128 districts, 394 administrative posts, 1,072 localities and 10,025 villages. Natural disasters have long-lasting consequences due to the high level of vulnerability in the population further exacerbated by the debilitating HIV pandemic with a national prevalence rate of 11.5%³.

A look at the record of natural disasters in Mozambique shows that the country is recurrently hit by droughts, floods and cyclones. Meteorological records show that flooding usually occurs during the rainy season between the months of October and April, with some slight variations across the country, affecting principally river valleys and low-lying areas where drainage systems are weak or do not exist. Records of cyclones, dating back to 1946, show that they mostly form between the months of October and April, mainly affecting the coastline of Mozambique but occasionally moving inland. Historical references to drought reveal that the country habitually suffers from extremely dry conditions approximately every ten years, mostly affecting inland areas.

High levels of vulnerability and susceptibility to climate changes has tremendous impact on Mozambique's people, livestock, property, natural resources and physical infrastructure. The HIV/AIDS pandemic is seen as an emerging disaster with a very slow onset. The strong impact of this pandemic is expected to continue for years into the future and cannot be mitigated through short-term interventions which increase the vulnerability of the population hit by natural disasters. In addition, about 54.7 %⁴ of the population lives below the poverty line and survives on less than an estimated average of 1 USD per day. Natural disasters in Mozambique remain a key obstacle to sustainable development and the achievement of the Millennium Developmental Goals (MDGs). As a result, the Mozambique Humanitarian Country Team has developed this Inter-Agency Contingency Plan which takes into account the country's propensity for rapid and slow on-set natural disasters, and addresses preparedness and response efforts for 2010/11 based on (i) the experiences and lessons learned from the past natural disasters; (ii) the framework of the Humanitarian Country Team and the Mozambique Clusters and their coordination with the Mozambican government's disaster management structures.

The Resident Coordinator plays a key role in emergencies, serving as a liaison with the Government and with donors as well as facilitates OCHA's coordination role. The Cluster Approach adopted in early 2007 by the wider international humanitarian community in Mozambique serves as a framework to complement and support the Government's emergency response efforts. The Government of Mozambique leads the emergency preparedness and response through the National Disaster Management Institute that coordinates the response. The National Disaster Management Institute is under the jurisdiction of the Ministry of State Administration and receives support from line ministries at national, provincial and district levels. Improved coordination between the ten clusters created in the Mozambique context and the Government's sectoral working groups created in the national and regional Emergency Operations Centres (CENOs),

² "Censo geral da população e habitação do Instituto Nacional de Estatística 2007"

³ INSIDA "Inquerito Nacional de Prevalência, Riscos comportamentais e informação sobre o HIV/SIDA em Moçambique 2009"

⁴ "Terceiro Inquérito Nacional aos Orçamentos Familiares (IOF) 2008/09"

will contribute to a more coordinated, timely and predictable approach to humanitarian response in 2007 and beyond. The Clusters have also been actively supporting national emergency preparedness efforts in the lead-up to the 2010/11 rainy season.

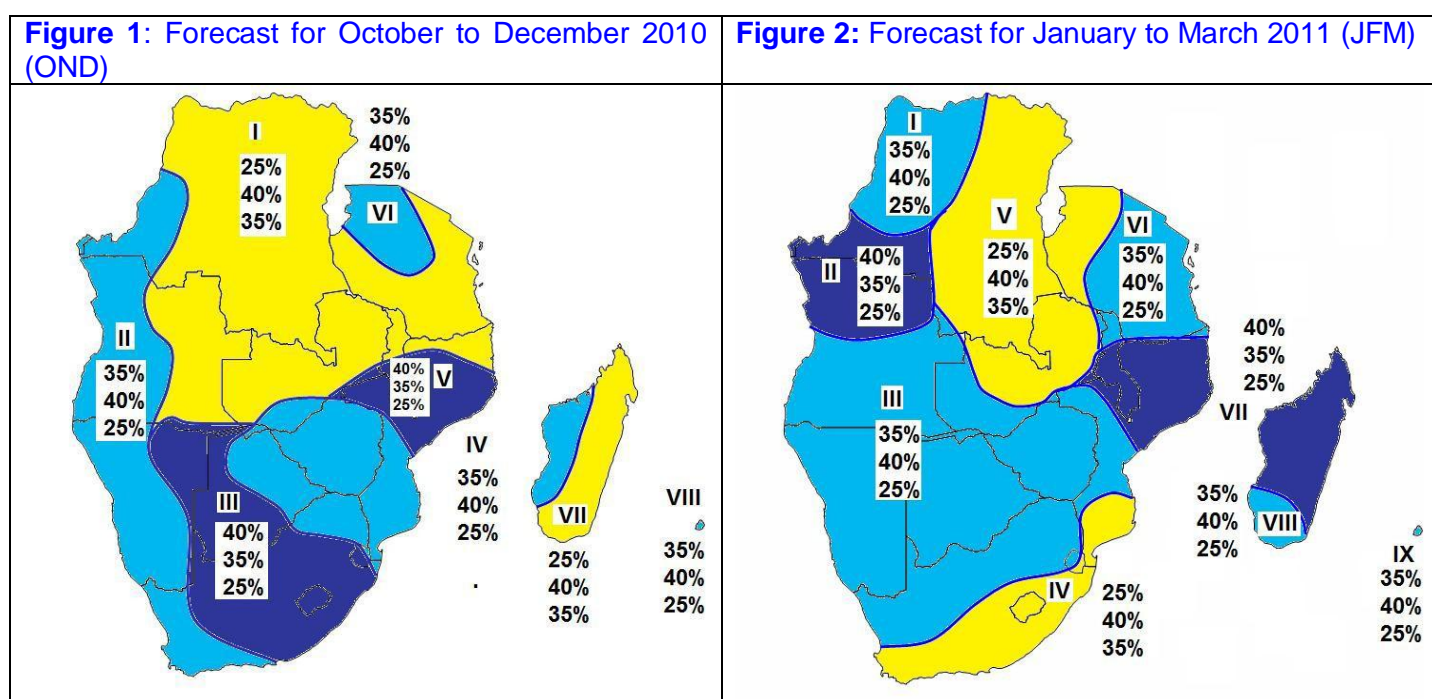
3. Context Analysis and Risk Assessment

3.1 Southern Africa Seasonal Rainfall Outlook for OND 2010 and JFM 2011:

The southern and western parts of the contiguous Southern African Development Community (SADC), Mauritius and western Madagascar are expected to receive normal to above-normal total rainfall for the period October to December (OND) 2010. The north-eastern parts of continental SADC and rest of Madagascar are likely to receive normal to below-normal rainfall (Figure 1).

From January to March (JFM) 2011 the bulk of SADC is expected to receive normal to above-normal rainfall. However, the northern parts and the extreme south of continental SADC region are expected to receive normal to below-normal rainfall (Figure 2).

Figures 1 & 2- The numbers for each zone indicate the probabilities of rainfall in each of the three categories: below-normal, normal and above-normal. The top number indicates the probability of above-normal rainfall, the middle number is for normal rainfall, and the bottom number is for below-normal rainfall



Zone	Legend of Fig. 1	Legend Fig. 2
I	The greater part of the DRC, eastern half of Angola, most of Zambia, northern parts of Malawi, bulk of Tanzania and extreme northern part of Mozambique. Increased chances of normal to below-normal rainfall	North-western parts of DRC. Increased chances of normal to above-normal rainfall
II	Extreme western part of the DRC, western half of Angola, most of Namibia and the extreme western part of South Africa. Increased chances of normal to above-normal rainfall	Extreme south-western DRC and northern parts of Angola. Increased chances of above-normal to normal rainfall
III	Extreme north-eastern part of Namibia, south-western half of Botswana, the greater part of central South Africa, Lesotho and bulk of Swaziland. Increased chances of above-normal to normal rainfall	Southern Angola, south-western Zambia, Namibia, Botswana, Zimbabwe, the northern parts of South Africa, north-western Swaziland and central Mozambique. Increased chances of normal to above-normal rainfall
IV	Southernmost Zambia, Zimbabwe, north-eastern half of Botswana, extreme north-east of Swaziland, north-eastern parts of South Africa, southern half of Mozambique and	Southern parts of South Africa, Lesotho, south-eastern parts of Swaziland and southernmost Mozambique. Increased chances of normal to below-normal rainfall

	western parts of Madagascar. Increased chances of normal to above-normal rainfall	
V	Extreme south-east Zambia, southern Malawi and most of northern Mozambique. Increased chances of above-normal to normal rainfall	Eastern half of DRC, most of Zambia, Lake Victoria basin and western parts of Tanzania. Increased chances of normal to below-normal rainfall
VI	North-western parts of Tanzania. Increased chances of normal to above-normal rainfall	Bulk of Tanzania, extreme western Zambia and northern parts of Malawi. Increased chances of normal to above-normal rainfall
VII	Most of Madagascar. Increased chances of normal to below-normal rainfall	Bulk of Malawi, northern Mozambique and bulk of Madagascar. Increased chances of above-normal to normal rainfall
VIII	Mauritius. Increased chances of normal to above-normal rainfall	Southern Madagascar. Increased chances of normal to above-normal rainfall
IX		Mauritius. Increased chances of normal to above-normal rainfall

3.2 Mozambique Seasonal Rainfall Outlook for OND 2010 and JFM 2011:

The National Meteorological Institute of Mozambique (INAM) held its annual briefing on Southern Africa Regional Climate Outlook Forum (SARCOF) weather predictions for the 2010/2011 rainy season on the 31st of August 2010.

The outlook for Mozambique forecasts for the first half of the season (October-December 2010) *Fig 3*:

- Normal to below-normal rainfall for the extreme north of Cabo Delgado province and part of northern Niassa;
- Above-normal to normal rainfall for Tete, South-east Zambezia, northern Sofala Province and extreme northern Manica;
- For the southern Provinces of Niassa and Nampula, northern Zambezia, the Provinces of Maputo, Gaza, Inhambane and most parts of Manica Province and southern Sofala there is a probability of normal to above-normal rainfall.

For the second half of the season (January-March 2011) *Fig 4*, there is a probability of:

- Above-normal to normal rainfall for most parts of Cabo Delgado, Niassa, Nampula, Zambezia and parts of Tete Province;
- Normal to above-normal rainfall for extreme north-east of Cabo Delgado, north-east of Tete, Manica and Sofala and extreme north of Inhambane and Gaza Provinces;
- Normal to below normal rainfall for Maputo Province and most parts of Inhambane and Gaza Provinces.

Figure 3: Forecast for October to December 2010 (OND)

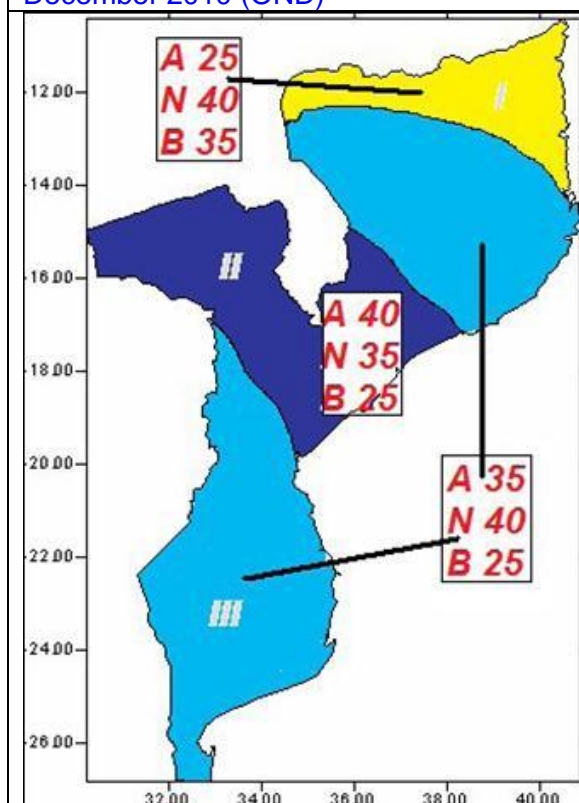
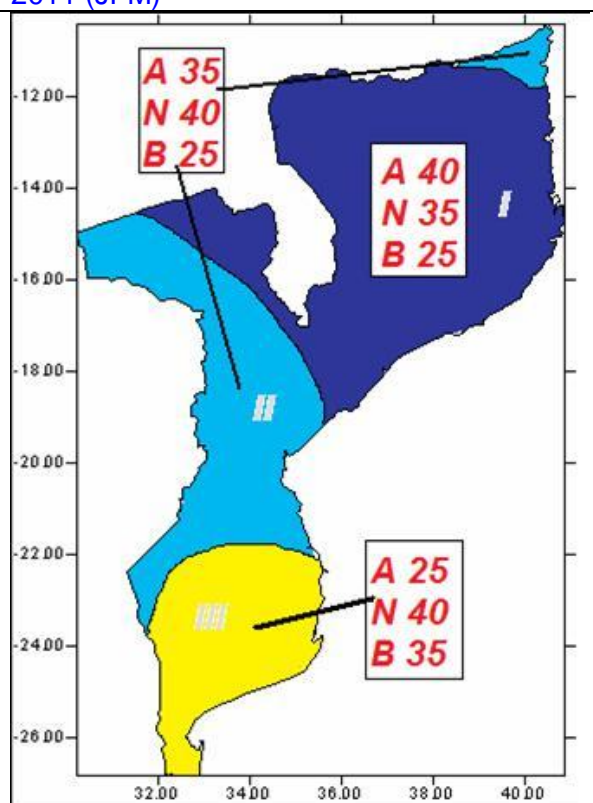


Figure 4: Forecast for January to March 2011 (JFM)



3.3 Cyclone forecast

Cyclones normally occur along the coastal regions of Mozambique (and in some cases may also affect the interior) due to tropical depressions originating from the Indian Ocean. The rainfall season is associated with the period of tropical cyclones which when reaching the Mozambique Channel can eventually cause damages in the medium and longer terms.

In Mozambique the cyclone season is from October to April with the most intense storms occurring from February-April, therefore for the period January-March 2011 there is a probability that unfavourable conditions contribute towards the formation of tropical cyclones along the Mozambican territory, considering the La Niña which causes tropical rains and cyclones, and also considering the effects of the Intertropical Convergence Zone.

3.4 Hydrologic Outlook for Mozambique for OND 2010 and JFM 2011 (source DNA)

The analysis for the river basins, considers the following factors:

- (i) National and regional precipitation levels;
- (ii) Saturation level of the soils;
- (iii) Infrastructure storage capacity.

The forecasted hydrologic scenarios are the following:

- a) For the period of October, November and December 2010
 - **Low flood risk (Green Alert) for the** hydrographic basins: Inhambane, northern Gaza, Save, Lurio, Messalo and Montepuez;
 - **Medium risk (Orange Alert) for the** hydrographic basins: Umbeluzi, Incomati, Limpopo, Buzi, Pungoe, Licungo, Zambezi and Rovuma;
 - **High risk (Red Alert) for** Maputo hydrographic basin.
- b) For the period of January, February and March 2011
 - **Low flood risk (Green Alert) for all the** hydrographic basins of the southern region of the country, with probability of occurrence of drought in the arid and semi-arid districts of Inhambane and Gaza Provinces;
 - **Medium risk (Orange Alert) for the** hydrographic basins: Save, Buzi, Ligonha, Lurio, Rovuma and in the hydrographic basins of coastal area of Nampula Province;
 - **High risk (Red Alert) for the** hydrographic basins: Maputo, Zambeze, Licungo and Messalo.

3.5 Agriculture forecast for Mozambique for OND 2010 and JFM 2011 (source MINAG)

Following the climate forecast, MINAG analysis for agriculture is the following:

It is expected a good harvest due to the good distribution of rainfall forecasted for the period (OND 2010 and JFM 2011) particularly in the in central and northern regions during the 2010/11 crop season. Alert goes to the southern region of the country due to the general moderate probabilities to cover the crop water requirement in the period OND 2010 and moderate with a tendency to low probability to cover the crop water requirement in the period JFM 2011, that can lead to water stress in crops.

a) For the period of October, November and December 2010 (Fig. 5)

For the northern region of the country, particularly for Zambezia Province and Tete, there is high probability to cover the crop water requirement (75-90 %);

For the central region with the exception of Sussundenga district in Manica Province, there is moderate to high probabilities to cover the crop water requirement (65-75%);

For the south there is a moderate probability to cover the crop water requirement (60-70%).

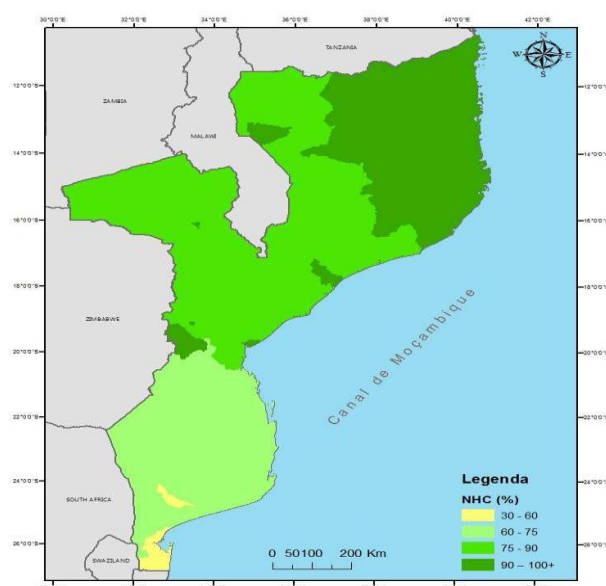


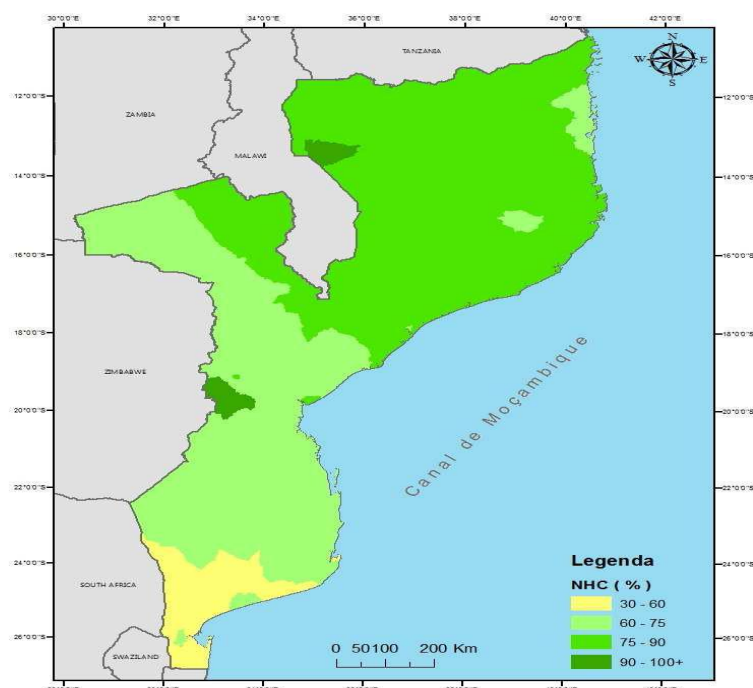
Figure 5: Level of WRSI coverage for OND 2010

b) For the period of January, February and March 2011 (Fig. 6)

The northern and central regions of the country have a high probability to cover the crop water requirement from high (100 %) to very high ($\gg 100\%$) particularly in the coastal areas of Nampula and Cabo Delgado;

For the southern region of the country there is a moderate probability to cover the crop water requirement (65-75%) in Inhambane and Gaza Provinces and a low probability to cover the crop water requirement (30-60%) in the extreme south of Maputo Province.

Figure 6: Level of WRSI coverage for JFM 2011



3.6 Food security and nutritional situation (source SETSAN)

The food security situation during the 2009/10 agriculture season was affected by adverse agro-climatic conditions (late start of rains, long dry spells, and drought conditions) in the central and southern areas of the country negatively affecting crop yields and crop production at the household level. The Mozambique Food Security Outlook October 2010 through March 2011 indicates that increasing food prices have been a key limitation for those households that depend on market purchases to meet food requirements.

In August 2010 the regular countrywide vulnerability assessment carried out by SETSAN/GAV estimated that 350,000 people from poorer households mostly living in the semi-arid, arid, and remote areas with limited ability to cope will require humanitarian assistance between now and the next major harvest in March 2011. With the onset of the lean season from October through February, the rural low-income and resource-poor households are facing food access constraints which are likely to continue in these areas until February.

The districts are mainly in the arid and semi-arid districts Maputo (districts of Magude, Matutuine, Marracuene, Boane), Gaza (Chókwe, Chicualacuala, Massangena, Massingir, Guijá, Chibuto, Chigubo, Mabalane), Inhambane (Morrumbene, Funhalouro, Vilankulos, Mabote, Massinga, Govuro, Inhassouro, Inharrime, Panda), Manica (Mossurize, Sussundenga, Bárue, Machaze, Macossa, Tambara, Guro) Sofala (Chemba, Maríngue, Caia, Nhamtanda, Buzi, Chibabava, Machanga), Tete (Mágoe, Mutarara, Changara, Cahora Bassa), Zambézia (Inhassunge, Mopeia, Chinde, Maganja da Costa, Morrumbala, Nicoadala), Nampula (Nacarroa, Erati, Memba, Nacala Velha, Ribaue, Monapo, Mogincual, Memba, Angoche and Mossuril).

a) For the period of October, November and December 2010

Due to the continuous drought conditions over the southern region of the country, the food security situation is expected to degenerate. Epidemics associated to water shortages should be expected.

Once guaranteed the support for food security and nutrition in the central region, the situation could improve gradually.

In the north the situation will remain as normal.

b) For the period of January, February and March 2011

The food security and nutrition situation could improve with the green harvest, from February onwards and for the central and northern regions the situation would tend to be normal.

3.7 Cholera Situation

Since 1973, cholera has always been present in Mozambique. During the years 1992, 1993, 1998, 1999 and 2004 notified cholera cases from Mozambique represented between one third and one fifth of all African countries. In 1998, over 40,000 cases were reported and 1,353 deaths with a Case Fatality Rate of 3.2 per cent. After a period of 12 months with no cholera cases reported in the country, a resurgence of cholera started in October 2007. Overall, more cholera cases have been reported in the period 1998-2009 than in the period before 1998. Typically, cholera outbreaks occur during the period of December to May/June, coinciding with the rainy season.

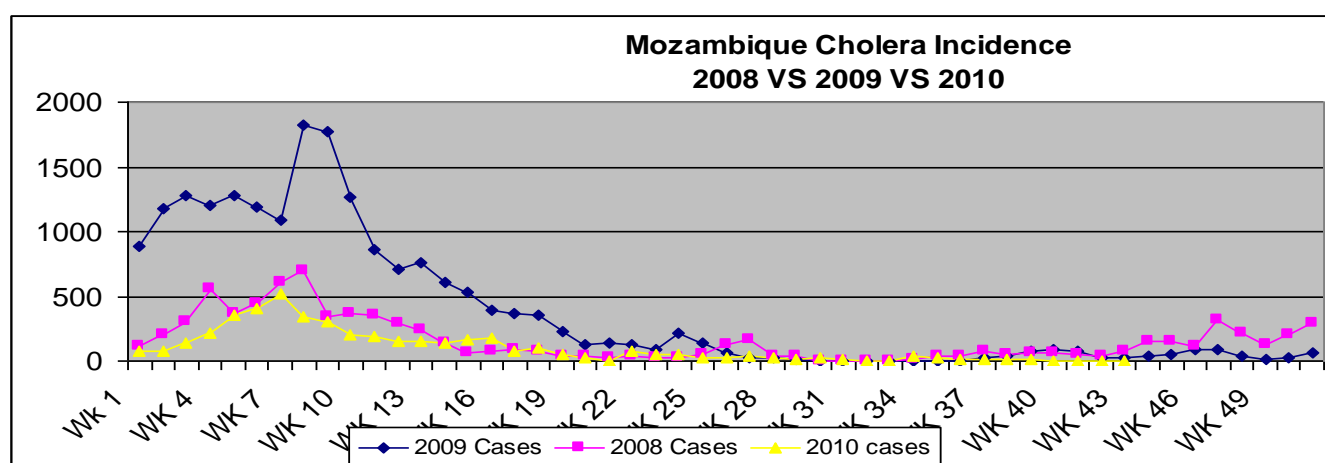
From the start of 2010 up to 30 October 2010, a total of 4,603 cases and 61 deaths (CFR: 1.3%) were reported in the following provinces: Cabo Delgado, Niassa, Zambezia, Sofala, Nampula and Maputo, compared to 19,088 cases and 150 deaths (CFR: 0.8%) reported during the same period in 2009. This represents a steep decrease in the incidence of cholera compared to 2009. Also, only six provinces reported cases in 2010 compared all eleven provinces of the country in 2009.

In 2008 a total of 12,306 cases were reported and 157 deaths (CFR 1.3%). In 2009 a total of 19,843 cases were reported with 156 deaths (CFR 0.8%). Following intensified social mobilisation and prevention activities there has been a great reduction of incidence in 2010. As of the 43rd epidemiological week of 2010 (30 October 2010) a total of 4,603 cases and 61 deaths have been recorded representing a 77% reduction in incidence rate compared to incidence 2009.

Table 1: Comparison of cases and deaths cholera 2008-2009-2010-Mozambique

Province	2008			2009			2010*		
	cases	deaths	CFR %	cases	deaths	CFR %	cases	deaths	CFR %
Cidade de Maputo	1,038	6	0.6	1,283	7	0.5	0	0	0.0
Provincial Maputo	806	13	1.6	147	3	2.0	130	2	1.5
Gaza	842	19	2.3	128	0	0.0	0	0	0.0
Inhambane	87	3	3.4	37	4	10.8	0	0	0.0
Sofala	1,035	0	0.0	1,464	3	0.2	487	6	1.2
Manica	910	11	1.2	2,070	6	0.3	0	0	0.0
Tete	1,411	24	1.7	1,326	14	1.1	0	0	0.0
Zambezia	750	8	1.1	4,898	33	0.7	2,011	27	1.3
Nampula	4,151	54	1.3	3,697	23	0.6	298	4	1.3
Cabo delgado	384	1	0.3	4,093	50	1.2	1,080	8	0.7
Niassa	892	18	2.0	700	13	1.9	597	14	2.3
Total	12,306	157	1.3	19,843	156	0.8	4,603	61	1.3

*Data as of 30 October 2010



Graph 1 shows cholera incidence over a 3 year period (2008 to 2010)

Factors associated with enhanced risk of cholera transmission include inadequate safe water supply as a major risk factor in most affected areas. It is commonly combined with inadequate sanitation and insufficient food and personal hygiene.

The infrastructure of the health care system is insufficient and in most situations unable to cope with the increased patient load caused by the disease outbreaks.

Acknowledging the endemic feature of cholera in Mozambique, the Government has prepared a multi-sector and multi-year plan for cholera control and prevention.

This plan has been elaborated under the leadership of the Ministry of Health and has counted on the active participation of many other ministries, amongst others, Ministry of Public Works, Ministry of Education, Ministry of Interior, Ministry of Environment, etc. Partners have also contributed to this document, mainly through the existing Cluster approach as well as SWAp working groups.

The most important characteristics of this document, approved by the Minister of health are the multi-sectoral approach to prevention and control, as well as the long term vision to break the transmission of cholera. Preparations are ongoing for its divulgation to all stakeholders and start of implementation.

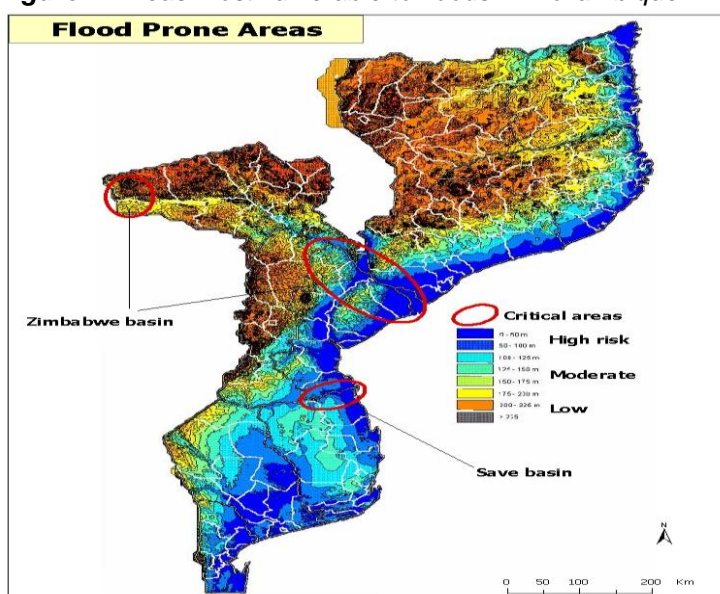
4. Contingencies (floods, cyclones, earthquakes and drought)

Floods:

Flooding scenarios in Mozambique have demonstrated a relatively well defined pattern with regard to their timing and geographic locations, occurring every two to three years along the seven major rivers that cross the country namely the Incomati, Limpopo, Save, Buzi, Pungue, Zambezi and Licungo rivers. The extent of flooding depends not only on the amount of rainfall in the country but also on the amount of rainfall in neighbouring countries where these rivers originate. In 2000/2001, Mozambique experienced its worst flooding in 50 years, affecting a total of 570,000 people.

The most likely time for floods to occur is from November to March in the southern region of the country and from January to April in the central and northern regions, due to heavy rains in Mozambique and/or in the countries upstream. There is also a high probability of flooding following cyclones, increasing food insecurity, disease outbreaks and infrastructure damage, as well as displacing large numbers of people and exposing them to the risk of homelessness, water-borne disease and malnutrition which turns the children, chronically ill and elderly people even more vulnerable than they were prior to an emergency. The National Directorate of Water (DNA) monitors the water flows and levels in the main river basins in the country and issues warnings in case of imminent flooding.

Figure 7: Areas most vulnerable to floods in Mozambique



Cyclones:

The long coastal area of Mozambique is frequently hit by tropical depressions or cyclones that enter the country from the southwest Indian Ocean. From November to April the provinces most prone to this disaster are Nampula (Angoche), Zambezia (Nicoadala), Sofala (Dondo and Buzi) and Inhambane (Vilankulos and Massinga). Over the period January to March there is an increased risk that cyclones can occur.

Monitoring of cyclone activity is carried out by the National Meteorological Institute (INAM) and Mozambique has a flag-based warning system for local communities in the event of approaching cyclones.

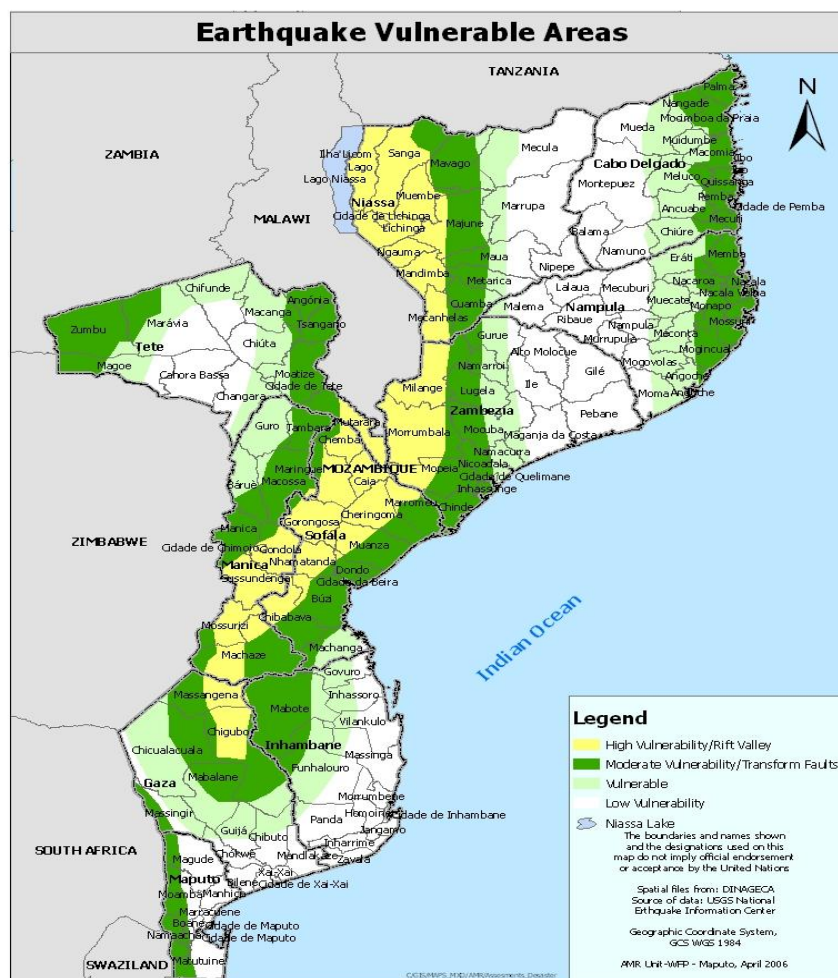
Cyclone Frequency and Paths

The map displays the frequency of cyclones in Malawi, with colors indicating the number of cyclones per year. The highest frequency (more than 50) is shown in dark red, primarily in the southern coastal region. Other colors include red (31-50), orange (16-30), yellow (9-15), medium green (4-8), and light green (1-3). Major cities and towns are labeled, including Lilongwe, Blantyre, Zomba, and Morondoro. Neighboring countries (Zambia, Tanzania, Zimbabwe, South Africa, Swaziland) and the Indian Ocean are also shown. A scale bar (0-200 km) and a north arrow are included.

Mozambique is situated on the southern end of the East African Rift Valley (a 50-60 km wide zone of active volcanic fault lines that extend north-south in eastern Africa for more than 3,000 km from Ethiopia in the north to the Zambezi river in the south), although seismic activities are not frequent in this area. INGC has identified the need to consider earthquake preparedness as a priority for contingency planning since February 2006 when an earthquake measuring 7.2 on the Richer Scale struck central Mozambique on Wednesday, February 23, 2006, 220 km South West of Beira, 235 km South of Chimoio and 530 km North of Maputo, injuring 27 people and damaging infrastructure (health centres, schools and houses) in the Espungabera, Beira and Chimoio areas.

Mozambique HCT Inter-Agency Contingency Plan - 2010/2011

Figure 9: Areas most vulnerable to earthquakes in Mozambique



Drought:

Mozambique is affected by cyclical droughts which occur every two to three years, although southern Mozambique has experienced drought for five of the last seven years. Droughts are likely to occur, are relatively chronic particularly in southern and central regions of the country and are determined not only by the total amount of rainfall but also by its spatial and temporal distribution. Prolonged dry spells can easily lead to a drought situation particularly in remote areas where agriculture is absolutely dependent on rain fed crops. As a result, vulnerable communities may experience reduced access to water, outbreak of communicable diseases, hunger and eventually malnutrition.

Most households, already vulnerable due to other socio-economic factors including the impact of HIV are often too weak to cope with the cumulative shocks caused by droughts.

Figure 10: Areas most vulnerable to droughts in Mozambique

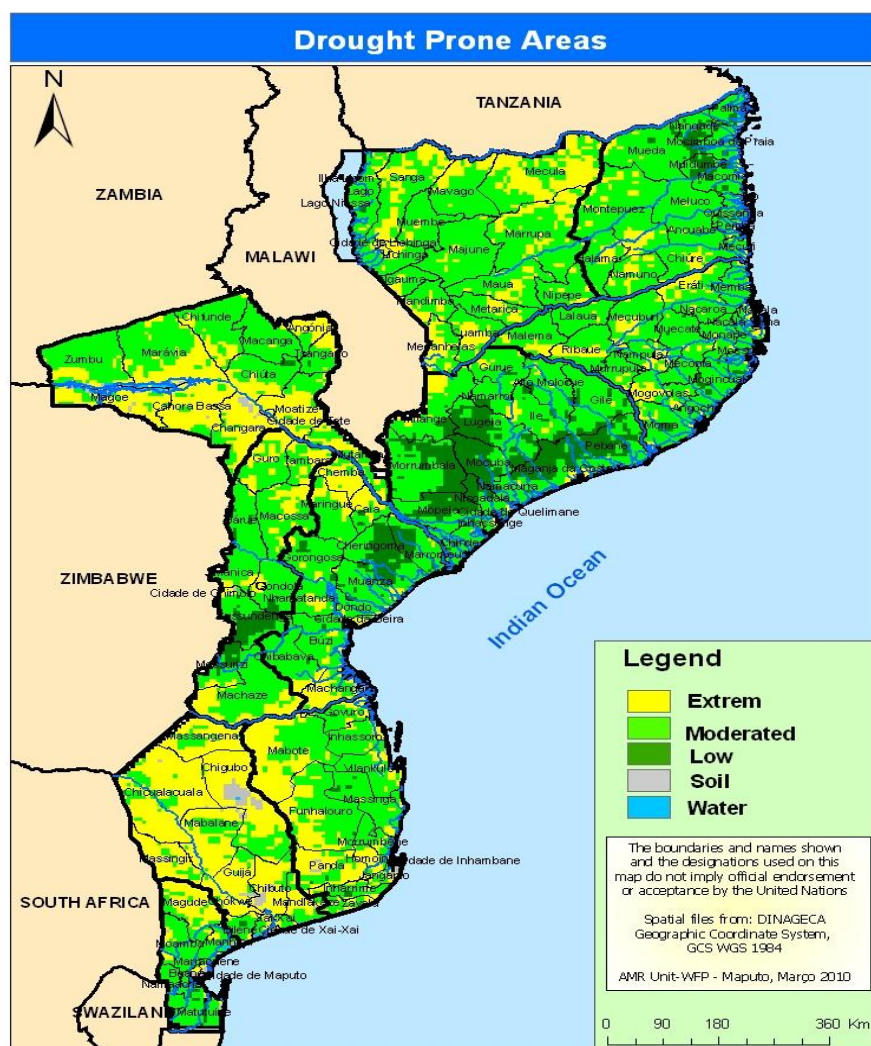


Table 5: Mozambique Disaster Profile

Type of Hazards	Localized flooding/windstorms	Drought	Earthquake	Major flooding	cyclone
Probability of occurrence*	Very likely	Very likely	Possible	Likely	Likely
Impact*	Limited	Critical	Catastrophic	Catastrophic	Catastrophic
Season	November to March	From August to February food insecurity is greatest	All year	November to April	November to April
Average Frequency	Every year	Every two to three years (although Southern Mozambique has experienced droughts in 5 of the last 7 years)	-	Every 5 years	Every 5 years
Triggers (The indicators noted under each scenario will be used to trigger the appropriate level of Alert from INAM/INGC)	<ul style="list-style-type: none"> Increased rainfall High river levels and rainfall in neighbouring countries Critical storage capacities of national dams 	Insufficient rainfall <ul style="list-style-type: none"> High levels of evapotranspiration (affecting agriculture); Low productivity and exhaustion of food reserves 	<ul style="list-style-type: none"> Seismic activity; geological/ seismic activity warnings 	<ul style="list-style-type: none"> Increased rainfall High river levels and rainfall in neighbouring countries Critical storage capacities of national dams 	<ul style="list-style-type: none"> Information from INAM (National meteorological institute) on development of Tropical depressions in the Indian Ocean
Location and geographic area	Localized flooding with windstorms may likely affect areas along the rivers, agricultural areas as well as the cities of Maputo, Xai-xai, Maxixe, Inhambane, Beira, Quelimane, Nicoadala, Buzi, Tete, Pemba, Cuamba and Mecanhelas	Drought in Sofala, Manica, Tete and interior of Maputo, Gaza and Inhambane	Urban areas and villages such as Beira, Chimoio, Xai-xai, Maputo and Niassa	Major floodings in the Zambeze and Messalo river basins	Cyclone in the northern, central and southern regions of the country
Number of Affected people (as per Government Contingency Plan 2010-2011)	A total of 191,371 people are at risk of localized flooding and windstorms in 2010/2011	A total of 276,961 people may be at risk.	A total of 446,308 people are at risk in the major cities mentioned above	78,977 people are at risk of major flooding	About 297 people are at risk of cyclones in 2010/2011

Potential Humanitarian Consequences⁵	<ul style="list-style-type: none"> • Infrastructure and logistical facilities destroyed • Population displaced, stranded or trapped in villages • Children separated from caregivers • Increased vulnerability of children, women, elderly, disabled and chronically ill • Outbreak of communicable diseases • Disruption of education services • Reduced access to basic social services • Possible reduced availability of HIV prevention and treatment services 	<ul style="list-style-type: none"> • Food insecurity • Increased vulnerability of the productive segments • Increased vulnerability of children, women, elderly, disabled and chronically ill • Reduced access to water • Possible migration • Localised hunger • Malnutrition levels increased • Absenteeism and drop-outs from schooling 	<ul style="list-style-type: none"> • Infrastructure damaged/destroyed • Population killed, buried, hurt. • Displaced/isolated population • Reduced access to basic social services • Food insecurity • Increased vulnerability of children and women • Separated children • Increased risk of STD/HIV transmission; reduced availability of and access to HIV and AIDS prevention and treatment services • Increased risk of epidemics, including diarrhoeal diseases, malaria, cholera and measles • Malnutrition • Disruption of education • Possible physical and psychological trauma 	<ul style="list-style-type: none"> • Infrastructure (health, schools, health, water system, roads, bridges) and crops destroyed • Population displaced, stranded or trapped in villages • Children separated from caregivers • Increased vulnerability of children, women, elderly, disabled and chronically ill • Outbreak of communicable diseases • Disruption of education services • Reduced access to basic social services • Increased risk of STD/HIV transmission; reduced availability of and access to HIV and AIDS prevention and treatment services 	<ul style="list-style-type: none"> • Infrastructure (health, schools, health, water system, roads, bridges) and crops destroyed • Population displaced, stranded or trapped in villages • Children separated from caregivers • Increased vulnerability of children, women, elderly, disabled and chronically ill • Outbreak of communicable diseases • Disruption of education services • Reduced access to basic social services • Increased risk of STD/HIV transmission; reduced availability of and access to HIV and AIDS prevention and treatment services
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⁵ Source: Emergency Preparedness and Response Plan (EPRP) 2007-2008, UNICEF Mozambique

Duration of the emergency phase	1-2 months	3-4 months	5-6 months	5-6 months	5-6 months
Government's prior experience/exposure to natural disasters at the national and local levels	<ul style="list-style-type: none"> Localised flooding occurs on an annual basis. From 9 March to 23 March 2010, 13,000 people have been affected by localized floods in Zumbo, Tete, Chemba, Tambara, Mutarara, Caia, Mopeia, Morrumbaia, Marromeu and Chinde 	The GAV/SETSAN final report issued in October 2010 indicates that about 350, 000 people are extremely food insecure and require humanitarian assistance such as food aid, agricultural inputs, or water interventions from October 2010 until March 2011. In general food stocks can last up to 6 months in the northern region of the country and 3 months in the central and southern regions	In February 2006 an earthquake of magnitude 7.2 on the Richter scale hit the central region of Mozambique with the epicenter in the Machaze district of Manica which caused slight damage to infrastructure.	<ul style="list-style-type: none"> 4 February 2007 major flooding on the Zambezi River with 285,000 people affected In 2008 (Jan/mid Feb.) major flooding in the Hydrometric basins of Save, Buzi, Pungoe and Zambezi With a total of 21,476 households (102,155 people) affected and a death toll of 20 	<ul style="list-style-type: none"> 22 February 2007 - Cyclone Favio hit Vilanculos in the costal province of Inhambane (180,000 people affected) 8 March, 2008, tropical cyclone "Jokwe" hit the coastland of Nampula and Zambezia (total of 40,339 households destroyed, 201,695 people affected, a death toll of 13 and a total of 68,522 ha of agricultural land lost)
National Organizations working in the humanitarian settings	INGC/CENOE UNAPROC	SETSAN / INGC/CENOE	INGC/CENOE UNAPROC	INGC/CENOE UNAPROC	INGC/CENOE UNAPROC

Local level	<ul style="list-style-type: none"> Regional CENOE's : Southern Region (Vilanculos covers Inhambane, Gaza) Central Region (Caia covers Manica, Sofala, Tete and Zambézia Provinces) Northern Region (Nacala covers Nampula, Cabo Delgado and Niassa Provinces) INGC provincial field offices (delegações provincial) COE (Centro operativo de emergencia) CLGRC - Comités locais de gestão de risco de calamidades 	<ul style="list-style-type: none"> INGC/CERUM (Centro de Recursos de Usos Múltiplos -zonas áridas e semi-áridas), offices in Gaza (Chigubo and Massangena), Inhambane (Funhalouro and Mabote) COE (Centro operativo de emergencia) CLGRC - Comités locais de gestão de risco de calamidades 	<ul style="list-style-type: none"> COE (Centro operativo de emergencia) CLGRC - Comités locais de gestão de risco de calamidades 	<ul style="list-style-type: none"> Regional CENOE's : Southern Region (Vilanculos covers Inhambane, Gaza) Central Region (Caia covers Manica, Sofala, Tete and Zambézia Provinces) Northern Region (Nacala covers Nampula, Cabo Delgado and Niassa Provinces) INGC provincial field offices (delegações provincial) COE (Centro operativo de emergencia) CLGRC - Comités locais de gestão de risco de calamidades 	<ul style="list-style-type: none"> Regional CENOE's (Southern, Central and Northern) INGC provincial field offices (delegações provincial) COE (Centro operativo de emergencia) CLGRC - Comités locais de gestão de risco de calamidades i.e. Govuro in Inhambane province (ciclones)
Other organizations with the capacity to respond	As per Cluster-based Sectoral Response Plans	As per Cluster-based Sectoral Response Plans	As per Cluster-based Sectoral Response Plans	As per Cluster-based Sectoral Response Plans	As per Cluster-based Sectoral Response Plans
Probable major constraints to the emergency response	<ul style="list-style-type: none"> High density of population Damaged infrastructure No drainage systems Lots of swamp areas Few main access roads <p>In some cases the number of people in accommodation centres increases beyond those affected by the floods</p>	<ul style="list-style-type: none"> Affected population living in dispersed communities 	<ul style="list-style-type: none"> Damaged infrastructures Critical facilities could be damaged or destroyed (hospitals, health centres, schools, etc.) 	<ul style="list-style-type: none"> Population living along the river banks Farming areas destroyed Infrastructure (i.e. houses) and services located in flood prone areas In some cases the number of people in accommodation centres increases beyond those affected by the floods 	<ul style="list-style-type: none"> Farming areas destroyed Damaged Infrastructure (i.e. houses) and critical facilities could be damaged or destroyed (hospitals, health centres, schools, etc.)

Priority Needs	<ul style="list-style-type: none"> • Rescue of affected people if needed • Family tracing unification • Immediate shelter • Food assistance • Provision of NFIs (non-food items: mosquito nets, drugs, blankets, etc) • Restore access to basic services including access to antiretroviral treatment (ART) • Resettlement • Rehabilitation of priority infrastructure (roads, bridges, schools, health centres, houses, water system) <p>➤ HIV/AIDS and Gender mainstreamed in the Sectoral Response Plans</p>	<ul style="list-style-type: none"> • Food assistance • Nutrition programme • Identification of most vulnerable people (children, pregnant women, chronically ill and elderly people) <p>➤ HIV/AIDS and Gender mainstreamed in the Sectoral Response Plans</p>	<ul style="list-style-type: none"> • Search and rescue • Immediate shelter • Food assistance • Provision of NFIs (non-food items: mosquito nets, drugs, blankets, etc) <p>Restore access to basic services including access to ART and Voluntarily Counselling and Testing</p> <ul style="list-style-type: none"> • (VCT). • Ensure availability of condoms to affected population <p>➤ HIV/AIDS and Gender mainstreamed in the Sectoral Response Plans</p>	<ul style="list-style-type: none"> • Rescue of affected people if needed • Family tracing unification • Immediate shelter • Access to basic services • Food assistance • Provision of NFIs (non-food items) • Restore access to basic services including access to ART and VCT. • Camp management • Treatment for children, pregnant women, chronically ill and elderly people • Resettlement • Rehabilitation of priority infrastructure (roads, bridges, schools, health centres, houses, water system) • Ensure availability of condoms to affected population <p>➤ HIV/AIDS and Gender mainstreamed in the Sectoral Response Plans</p>	<ul style="list-style-type: none"> • Rescue of affected people if needed • Family tracing unification • Immediate shelter • Access to basic services • Food assistance • Provision of NFIs (non-food items) • Restore access to basic services including access to ART and VCT. • Camp management • Treatment for children, pregnant women, chronically ill and elderly people • Resettlement • Rehabilitation of priority infrastructure (roads, bridges, schools, health centres, houses, water system) <p>➤ HIV/AIDS and Gender mainstreamed in the Sectoral Response Plans</p>
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*** Scales used to classify the probability of occurrence and the impact of a natural disaster**

Probability of Occurrence	
Very likely	Near 100% probability in the next year
Likely	Between 50% and 100% probability in the next year, or at least one chance in the next five years
Possible	Between 1% and 10% probability in the next year, or at least one chance in the next 100 years
Unlikely	Less than 1% probability in the next year, or less than one chance in the next 100 years

Impact Scale	
Catastrophic	Mass casualties. Complete shutdown of facilities for 30 days or more. More than 50 percent of property is severely damaged.
Critical	Less than 100 deaths and injuries. Complete shutdown of critical facilities for at least 2 weeks. More than 25 percent of property is severely damaged.
Limited	Multiple deaths and injuries. Complete shutdown of critical facilities for less than one week. More than 10 percent of property is severely damaged.
Negligible	No deaths, multiple injuries. Minimal quality-of-life impact. Shutdown of critical facilities and services for 24 hours or less. Less than 10 percent of property is severely damaged.

Reference: Keeping natural hazards from the becoming disasters: mitigation planning guidebook for local government; The North Carolina Disaster Mitigation Unit; March 2004

5. Scenarios for the Emergency Preparedness and Response Plan

Based on the prevailing weather conditions, three scenarios have been developed as possible occurring natural disasters over the 2010/2011 season. Each disaster is unique and requires different responses. Mozambique's flood, drought and cyclone prone areas are illustrated in Figure 7.

SCENARIO 1: Most probable, low magnitude (Table 2)

(1) Windstorms, strong precipitation and localized flooding, (2) drought,
(3) Floods with medium risk

- This scenario is likely to affect areas along rivers, agricultural areas (machambas), urban and suburban areas. Cities and villages that are likely to be affected are Maputo, Xai-xai, Maxixe, Inhambane, Beira, Quelimane, Nicoadala, Buzi, Tete, Pemba, Cuamba and Mecanheles.
- Strong winds, strong precipitation and localized flooding may likely affect about 251, 000 people.
- Drought conditions are likely to affect Sofala, Manica, Tete and interior of Maputo, Gaza and Inhambane with total of 277,000 people affected.

Table 2: Provinces and estimated people to be affected in scenario 1

Provinces	Floods (cities) and windstorms	Floods with medium risk									Drought	Total
		Umbelizi	Incomati	Limpopo	Pungue	Zambeze	Licungo	Buzi	Save	Rovuma		
Maputo	22,500	1,000	11,000								44,000	78,500
Gaza	8,511			14,163					540		49,677	72,891
Inhambane	12,029										21,451	33,480
Sofala	89,449				7,719	6,757		14,854	7,738		59,333	185,851
Manica	7,668					3,589			6,546		32,482	50,285
Tete	12,244					13,830					8,578	34,652
Zambezia	21,050					18,044	5,300				39,906	84,300
Nampula	12,625										13,114	25,739
Niassa	2,800									500	1,160	4,460
C.Delgado	2,495							2,200		769	7,260	12,724
Total	191,371	1,000	11,000	14,163	7,719	42,220	5,300	17,054	14,824	1,269	276,961	582,882

SCENARIO 2: Probable, medium magnitude (Table 3)

Consists of scenario 1: (1) windstorms, strong precipitation and localized flooding, (2) drought, (3) floods with medium risk, with the:

- Probability of flooding along the hydrographic basins with high risk of flooding such as Zambeze and Messalo.
- Cyclone hits the northern region of the country.

Total number of people likely to be affected: 773, 000

Table 3: Provinces and estimated people to be affected in scenario 2

Provinces	Scenario I	Limpopo	Zambeze	Messalo	Cyclones (northern region)	Total
Maputo	78,500					78,500
Gaza	72,891	28,314				101,205
Inhambane	33,480					33,480
Sofala	185,851		16,892			202,743
Manica	50,285		8,000			58,285
Tete	34,652		22,144			56,796
Zambezia	84,300		26,476			110,776
Nampula	25,739				56,733	82,472
Niassa	4,460				0	4,460
Cabo-Delgado	12,724			5,465	25,784	43,973
TOTAL	582,882		73,512	5,465	82,517	772,690

SCENARIO 3: Low Probability, high magnitude (Table 4)

Scenario 3 is the combination of scenario 1 and 2 with high probability of cyclones of high magnitude that are likely to affect the Provinces of Sofala and Inhambane with,

- Earthquakes that can affect urban areas and villages such as Beira, Chimoio, Xai-xai, Maputo and Niassa.

Total number of people likely to be affected: 1.433.498

Table 4: Provinces and estimated people to be affected in scenario 3

Provinces	Scenario II	Cyclones (Central and Southern)	Earthquakes	Total
Maputo	78,500		211,000	289,500
Gaza	101,205		70,000	171,205
Inhambane	33,480	180,000	0	213,480
Sofala	202,743	34,500	135,000	372,243
Manica	58,285		28,808	87,093
Tete	56,796		0	56,796
Zambezia	110,776		0	110,776
Nampula	82,472		0	82,472
Niassa	4,460		1,500	5,960
Cabo-Delgado	43,973		0	43,973
TOTAL	772,690	214,500	446,308	1,433,498

6. Lessons learned from recent natural disasters

Mozambique is a country prone to natural disasters mainly floods, droughts, cyclones and earthquakes. Based on three recent events that occurred in the country in 2007, 2008 and 2010, respectively, the following lessons learned have been retained.

From mid-December 2007 to mid-February 2008, heavy rains in Mozambique and in the bordering countries flooded the Save, Buzi, Pungue and Zambezi river basins in central Mozambique, creating flash floods around the Lugenda, Megaruna, Messalo and Montepuez rivers in the North of the country. A total of 21,476 households (102,155 people) were affected by the floods and 20 people were reported dead, with 150,923 hectares of agricultural land lost due to the floods.

The National Institute for Disaster Management (INGC) declared a Red Alert on the 3rd of January 2008 following a decision of the Ministers Council.

On the 4th of January, the Emergency Operations Centre in the Central Region was activated, and daily meetings took place with emergency focal points from relevant Government institutions and the Humanitarian Country Team members through the Cluster approach⁶ to provide updates on the situation and response in areas affected by the localised flooding.

On March 8, 2008, the tropical cyclone “Jokwe” hit the coastland of Nampula and Zambezia provinces, leaving behind a trail of destruction with a total of 40,339 households (201,695 people) affected, a death toll of 13 and a total of 68,522 hectares of agricultural land lost.

The Humanitarian Country Team (HCT) in Mozambique through the Cluster approach supported the Government’s overall humanitarian response and ensured that the humanitarian needs of the affected populations were met. The Cluster approach facilitated joint resource mobilisation efforts between the UN agencies and NGO partners (including a joint CERF application and a Sub-Regional Appeal) and improved coordination between all humanitarian actors and with INGC both at central level and in the operational bases established in the affected provinces. To ensure that the cross-cutting issues of HIV and gender were taken into consideration throughout the response, UNAIDS and UNFPA representatives were continuously present in coordination meetings in Maputo and Caia.

By mid-February 2010, heavy rains in Mozambique and neighbouring countries compelled the local authorities to release water from the major dams in order to protect the economic infrastructure, which aggravated the flood situation in the surrounding areas. On 9 March 2010, the government of Mozambique declared the institutional red alert for the flood situation in the affected areas of the central region covering Zambézia, Tete, Manica and Sofala provinces, paving the way for the INGC to start using the disaster contingency plan. A total of 1,728 families (7,975 people) were evacuated from lowland areas.

Overall, the Cluster Approach implemented in Mozambique resulted in improved coordination and information sharing, and provided a more coherent link with government. However, some important lessons were learned which need to be addressed in future emergency responses and in the implementation of this Cluster-based Contingency Plan.

⁶ The ten Clusters formed were for the following sectoral areas: Nutrition, WASH, Logistics, Education, Protection, Health, Food Security, Shelter, Emergency Telecommunications and Early Recovery. The Early Recovery Cluster has since been disbanded as it was seen to be a cross-cutting issue to be addressed by all of the other clusters.

Lessons learnt during the 2007, 2008 and 2010 emergencies in Mozambique:

6.1 Cluster Approach

-
- The Cluster Approach is a good coordination tool and offered a forum for discussion and information sharing, encouraging cooperation between agencies.
- During non-emergency periods, the Cluster Approach enables to improve preparedness and response to new disasters, as well as to develop joint programmes focused on disaster risk reduction (DRR).
- The Cluster Approach contributes to quick mobilisation of international resources (i.e. CERF funds) The CERF has proven to be very useful in scaling up immediate response activities to support the Government.
- Limited partner capacity needs to be taken into account when implementing Cluster Approach.
- Cluster Leads must have a field presence.
- Cluster leadership is quite demanding on agencies in terms of funding and resources.
- Monitoring of Cluster partners' activities at field level is critical to ensure that commitments are fulfilled and that there are no gaps in humanitarian response.
- Weak integration of provincial authorities in coordination process.
- During the 2010 floods, few HCT partners participated in the activities coordinated within the Regional CENOE, and – when present in an area – continued doing their business as usual.
- The cross cutting issues of HIV and Gender must be addressed in every cluster-based sectoral plans. Incorporation of HIV into existing protection and GBV focal point system are suggested to mitigate this.

6.2 Information Management

- The flow of information from Maputo to the field level and from the field to Maputo needs to be enhanced.
- There is need for greater dissemination of the Inter-agency HCT contingency Plan to stakeholders deployed in the field.
- A standardised questionnaire for multi-sectoral rapid assessments including questions related to all sectors has proven to be an essential tool for collecting information. However, some sector chapters in the questionnaire need to be improved.
- Reporting tools need to be standardised.
- The multi-sectoral assessment teams, involving programme officers from various government institutions and partners, improved the team spirit and enabled a more articulated and integrated response.
- However, assessment results were not promptly made available, which delayed the response. INGC information officers requiring more training in order to improve the management and analysis of information.
- Mechanisms and tools should be developed to improve the registration of people affected during emergencies.
- The use of the 3W (Who Does What Where) database should be seen as a dynamic coordination tool that can be used to support clusters to better coordinate activities.

6.3 Human Resources

- Surge capacity should include people who can stay in place for at least six weeks and who have appropriate language skills (i.e. Portuguese).

6.4 Early Recovery

- While Early Recovery (ER) was integrated in the various clusters, it was found that some issues related to livelihood, infrastructure, etc., were not adequately addressed.
- ER was integrated in the regional appeal, but very limited financial resources were mobilised.
- Taking into account activities related to sustainable development and reconstruction ("building back better"), allows a better recovery and reduction of disaster risks.
- On the same way, sustainable alternatives to resettlement of populations should be explored, in order to get more self-resilient communities.

6.5 Emergency Funding Mechanisms

Funding from the Central Emergency Response Fund (CERF) and the Sub-Regional Appeal enabled humanitarian partners to respond rapidly to the floods and cyclone in the 2007 and 2008 emergencies. One of the key factors that contributed to the success in accessing the funds was the collaboration and consultation spirit among all the concerned partners (including UN agencies and NGOs) in the preparation of the CERF and Sub-Regional Appeal.

In January 2008 the Central Emergency Response Fund proposal was submitted and an amount of USD 4,251,994 was allocated for the floods response. The Sub-regional request mobilized an additional amount of USD 14,582,951 for the interventions of humanitarian partners in support of the national response in Mozambique. Moreover, resources from the Office for the Coordination of Humanitarian Affairs (OCHA) humanitarian depot in Brindisi were mobilized to contribute relief items for the WASH and Shelter clusters worth USD 366,660.

For future emergencies in Mozambique, the HCT will endeavour to ensure further participation of more local NGO and Civil Society partners in any initial requests for humanitarian funding and with clearer guidelines for preparing proposals as it was found that local NGOs were constrained in their response by a lack of funding.

6.6 Relief materials

Pre-positioned relief supplies are considered to be a good practice since it allows to promptly and efficiently meet the needs of affected people. Replenishment and pre-positioning of relief supplies should be ensured.

Standardised kits (i.e. shelter kits, school kits, hygiene kits, etc.) can be very useful in order to facilitate the relief distribution to beneficiaries, as they are cost-effective, less bulky, lighter and therefore easier to transport.

7. Strategies and Objectives

Global Objective

The overall objective of the Humanitarian Country Team Inter-agency Contingency Plan is to support the Government of Mozambique to prepare for a timely, consistent and coordinated response to minimise the humanitarian consequences of disasters on the Mozambican population. Based on agency mandates and international instruments, all of the humanitarian agencies composing the Mozambique Humanitarian Country Team will assist with the provision of aid and assistance in a coordinated manner to save lives of civilians and to provide for the humanitarian needs of the population, while maintaining the rights and dignity of those affected through participatory means.

In terms of principal threats for the 2010/2011 season the following have been identified as of particular concern:

- Particular attention should be given to strengthen the response to diseases with epidemic and endemic characteristics common in emergency settings, such as cholera which remains a real threat in many parts of the country. There is need to remain watchful of the continuing drought in the southern part of the country, especially given the fact that the Early Warning System forecasts that this area may experience another season of low rainfall. Failure to provide a timely humanitarian intervention will cause a further deterioration in the livelihoods of poorer households. This will lead to negative coping strategies, including consumption of improper foods and a consequent rise in malnutrition among children and women, an increase in school drop outs and outwards migration to nearby cities and even further afield to South Africa.
- Heavy rains in Mozambique and bordering countries frequently create floods in central and northern areas of the country, affecting communities that live along river basins and destroying vast areas of agricultural land. Cyclones also remain a threat during the November to April window period and as in the recent past can lead to loss of lives, destruction of infrastructure and further erosion of already vulnerable livelihoods in coastal areas.

To complement and support the Government's emergency response efforts, the HCT should continue to identify a series of pre-emptive measures that can prevent the outbreak of diseases, stabilize food security and nutritional standards, ensure a stable response to the shelter, protection and educational needs of those affected and in addition, build a foundation for longer-term recovery not disregarding that HIV/AIDS and Gender are also key cross-cutting themes to be considered when working in order to ensure the coordination and integration of these key areas throughout the response.

When the country is not experiencing an active emergency situation, the Mozambique HCT addresses vulnerability reduction, disaster preparedness and mitigation issues. A key objective of the HCT will be to update the HCT Inter-agency Contingency Plan every six months.

Strategies

Strategies for achieving this objective are based on the cluster approach and are addressed in detail in each of the ten Cluster-based Sectoral Plans (see Section 9). These strategies will be implemented under the overall framework of the Government of Mozambique response.

These strategies are based on the planning assumptions identified by each Cluster, and lessons learned from natural disasters that occurred in Mozambique in the past few years. Gender, HIV/AIDS and Early Recovery are mainstreamed across all of the Cluster-based Sectoral Plans, given their importance as cross-cutting themes. In addition the issue of humanitarian accountability will also be promoted, with a greater emphasis on community consultation and engagement than in the past.

8. Overall management and coordination framework

This section of the Inter-agency HCT Contingency Plan aims at defining the coordination mechanisms of both the Mozambique Humanitarian Country Team and the relevant Government institutions for emergency preparedness and response. Furthermore, it outlines the mechanisms through which the HCT should link to the Government structures to ensure the most effective and efficient means of coordination and information sharing. These mechanisms have been determined on the basis of consultation with the INGC, the Clusters and the HCT WG, and lessons learned from emergencies since 2007.

8.1 HCT roles, responsibilities and emergency coordination mechanisms

In early 2007, and in line with the UN and humanitarian reforms, the UN Resident Coordinator (RC) convened the Mozambique members of the Inter Agency Standing Committee (IASC) to establish a Humanitarian Country Team and to formally adopt the cluster approach.

The purpose of the Mozambique HCT is to strengthen inter-agency preparedness and response capacity, and strengthen support to the Government of Mozambique for disaster management. The HCT has a dual function for strategic preparedness policy and coordinating actual response. The Mozambique HCT will also promote the mainstreaming of relevant policies, guidelines and standards adopted by the IASC in humanitarian preparedness and response efforts, especially in the areas of gender, early recovery and HIV/AIDS.

8.1.2 Composition

The Resident Coordinator chairs the Mozambique HCT, which is comprised of all heads of UN agencies present in country and representatives of non-resident UN agencies, who are involved in humanitarian preparedness and response activities, as well as the IASC NGO consortia members in country. To reflect the Global IASC, the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the Mozambique Red Cross (CVM) are also invited to participate. The Mozambique HCT is open to bilateral donors interested in participating as observers on a case-by-case basis. Other national organisations are also invited as appropriate.

8.1.3 Management Functions

The Resident Coordinator is responsible for overall coordination of the activities of the Mozambique HCT. He is supported by an HCT secretariat based in the RC's Office. The Secretariat is responsible for organising meetings, following-up with individual HCT members, and coordinating information sharing between partners and with Government.

The Mozambique Humanitarian Country Team is complemented by efforts at the technical level with a HCT Working Group (HCT-WG) which consists of UN agencies, national and international NGOs and Civil society Organizations. The HCT-WG is chaired by the WFP Representative and meets every month. It serves as a forum for inter-agency UN and NGO deliberations on disaster vulnerability reduction and preparedness, mitigation and response issues.

Management of sector specific issues takes place through the Mozambique Clusters which continue to operate actively since the emergency response in early 2007 and on on-going recovery and resettlement processes. When not in active emergency response mode, the Clusters have been focusing on vulnerability reduction, early warning, disaster risk

reduction, preparedness and contingency planning with their respective Government counterparts.

These take into account the need of integrating cross-cutting issues (HIV/AIDS, Gender, and DRR) in all emergency activities by ensuring that these are HIV/AIDS, Gender and DRR responsive. The focal points and the clusters leads, who act as provider of last resources, have a critical role. They should also cover the need of ensuring that the activities developed by the clusters are sensitive to the needs of women and children”.

8.1.4 Relationships and Working Modalities

The Resident Coordinator is the main liaison between the Mozambique HCT and the UN Emergency Relief Coordinator and oversees the implementation of the Cluster Approach in Mozambique. While Cluster Leads report to the RC through the Mozambique HCT on issues related to the Cluster Approach, they maintain at the same time their normal reporting lines insofar as their own agencies’ activities are concerned.

Working Modalities: In the absence of an emergency situation, the Mozambique HCT will meet monthly during the rainy season that runs from November to April. In the event of an active emergency response, the Mozambique HCT will meet as often as required.

Clusters prepare periodic updates on emergency preparedness and response developments to the Mozambique HCT, and hold periodic consultations as required in the absence of an emergency situation. During the rainy season from November to April, or in the event of an active emergency response, Cluster Leads will determine the frequency of meetings required based on preparedness needs and developments in the emergency situation.

8.1.5 Objectives of the HCT and the Mozambique Clusters

a) Preparedness Objectives

The Mozambique HCT will work with the Government of Mozambique, through the CENOE/CTGC Working Groups and interaction with corresponding line-ministries to:

- Exchange information on vulnerability reduction, disaster preparedness, mitigation and response leading to improved early warning and risk reduction efforts;
- Develop and strengthen national and sector-specific information sharing, emergency preparedness planning, assessment, monitoring and evaluation tools; and
- Ensure that the HCT IACP is in line with national and sector specific preparedness and contingency plans.

b) Response Objectives

The key objective of the HCT in an active emergency response period is to support the emergency coordination and response efforts of the Government of Mozambique, through close collaboration with the INGC. The HCT will help ensure timely, predictable and effective response to emergency situations in Mozambique based on the HCT IACP, national and sector specific preparedness and contingency plans, and the specific demands presented by each emergency situation. This will be achieved through the coordination of the Mozambique Clusters by the Resident Coordinator in consultation with the HCT, and in conjunction with the declaration of INGC preparedness Red Alert and/or the reactivation of the CENOE.

The Mozambique HCT and its Clusters will also work to reinforce the capacity of Government counterparts for information sharing, assessment, monitoring and evaluation in emergency situations.

8.2 Mozambican coordination mechanisms, responsibilities and activities⁷

a) Disaster Management Coordinating Council (CCGC) and Disaster Management Technical Council (CTGC)⁸

The Coordination Council for Disaster Management (CCGC) was established through a Cabinet Decree 38/99 on the 10th of June 1999. The CCGC is an organ of the Mozambican Prime Minister's Cabinet and is the highest coordination body for disaster risk management in the country. The primary objective of the CCGC is to ensure multi-sectoral coordination for disaster prevention, assistance to victims and rehabilitation of damaged infrastructure.

Importantly, as the CCGC is a political decision-making organ, it is advised by the Technical Council for Disaster Management (CTGC), which is comprised of technical staff from the relevant departments of the different Ministries represented in the CCGC. In general, the CTGC meets weekly at central level.

b) National Disaster Management Institute (INGC)

The INGC is a public institution endowed with legal and administrative autonomy. Its mandate is to direct and coordinate disaster management at the national level, particularly concerning prevention and mitigation activities, as well as assisting disaster victims during an emergency response. The Institute is under the Ministry of State and Administration, has delegations in each province, and works under the guidance of a director and deputy-director nominated by the Minister of State Administration. It coordinates the CTGC at both central and provincial levels.

The INGC's general competencies are related to prevention, emergency response and recovery/rehabilitation. More specifically on emergency response, INGC has the responsibility to:

- Ensure the proper functioning of the emergency operation centres both at central and local levels, as well as the active involvement of civil society, concerned governmental sectors and the international humanitarian community; and
- Manage and coordinate all humanitarian assistance activities directed to affected communities and concerned local authorities, and coordinate the support of competent organisations (such as NGOs, UN Agencies, etc) for fulfilling this objective.

At the provincial level, a similar disaster management organisational structure is replicated. There are INGC delegations in all Mozambican provinces. Each one is headed by a Delegate nominated by the INGC Director. A provincial technical council for disaster management is also in place, with representatives from all concerned government sectors, other stakeholders from civil society (religious leaders, NGOs, etc) and the media (provincial and community radio, television, etc).

Since the 2000 floods, INGC has coordinated the preparation of Contingency plans with national and local institutions in order to delineate strategies to cope with three types of disaster: floods, droughts and cyclones. Plans are developed based on assessments made at community, district and provincial levels, as well as from contributions gathered during regional seminars. The main objectives of these Contingency Plans are:

- To locate risk areas and prepare operational early warning systems;

⁷ Sources: National Baseline Report for Mozambique - Legal, Policy and Institutional Framework for Sustainable Land Use Planning, Land Use Management and Disaster Management. UN-HABITAT/UNEP. July 2007. pp 24. *Proposta para estabelecimento e funcionamento do Centro Nacional Operativo de Emergência. República de Moçambique, Ministério da Administração Estatal, Instituto Nacional de Gestão de Calamidades. Outubro 2006.*

⁸ CCGC for *Conselho Coordenador de Gestão de Calamidades* and CTGC for *Conselho Técnico de Gestão de Calamidades*

- To perform inventories of supplies and pre-position existing means; and
- To determine additional resources needed for response and mitigation.

The plans are also meant to provide meteorological information based on the Southern Africa Regional Climate Outlook Forum (SARCOF), as well as indications of the hydrological situation at national level. In addition, relevant Ministries provide information concerning their respective sectoral needs and activities.

c) **National Emergency Operation Centre – CENOE**

The National Emergency Operations Centre is a multi-institutional and multi-sectoral coordination structure established by the Government of Mozambique to coordinate national and international efforts for a rapid, efficient and effective response to any disaster or threat from natural hazards.

Under the leadership of the National Institute for Disaster Management and its Director, the objectives of the CENOE are:

- To collect from the different national and international bodies all relevant information about possible or current emergency conditions and to centralise them in order to provide support to the President of the Republic and the Council of Ministers for the declaration of emergency conditions;
- To coordinate, upon delegation by the President of the Republic, the efforts of the different country administrations and international bodies; and
- To provide all of the stakeholders involved in the prevention, mitigation and hazard response with guiding instruments, procedures, tasks and actions for technical and scientific monitoring, broadcasting warnings, control of operations, and the activation and deactivation of the emergency operations.

Functioning of the CENOE, including protocols and procedures for activation/deactivation and warnings are presented in the document entitled “*Proposta para estabelecimento e funcionamento do Centro Nacional Operativo de Emergência*”.

The operations and support function of the CENOE is implemented through a sectoral approach, with the following four sectors or working groups:

Sector I – Planning and Information	Sector II – Communication
Planning Information Resources	Maintenance of Equipment INGC Internet Website Social Communication
Sector III – Infrastructure	Sector IV – Social Services
Transport Public Works and Engineering Energy	Attention to the population Medical and Health Services Food Volunteers

The CENOE counts on a permanent system of duty officers, operating 24 hours per day during the year. They collect and process information⁹ about potential threats and they monitor natural phenomena. Partial or full activation of the CENOE is based on an “institutional” warning system. Once the CENOE is activated, focal points from various ministries will be called in and will act as “operation” officers, with responsibility to liaise with their respective ministers/institutions.

The Civil Protection National Unit or UNAPROC is the operational armed of CENOE and is deployed for search and rescue operations.

8.3 Emergency coordination mechanisms between HCT and GOM

The organigram on page 28 summarizes the proposed links and coordination arrangements between the Humanitarian Country Team and the Mozambican Government's emergency management mechanisms described above. Based on the guiding principles and structures presented and on lessons learned from previous emergencies, it was suggested that the HCT continue to coordinate the efforts of the humanitarian community through the Cluster approach, instead of having many UN agencies, NGO and international partners attending CENOE/CTGC meetings and participating in national working groups.

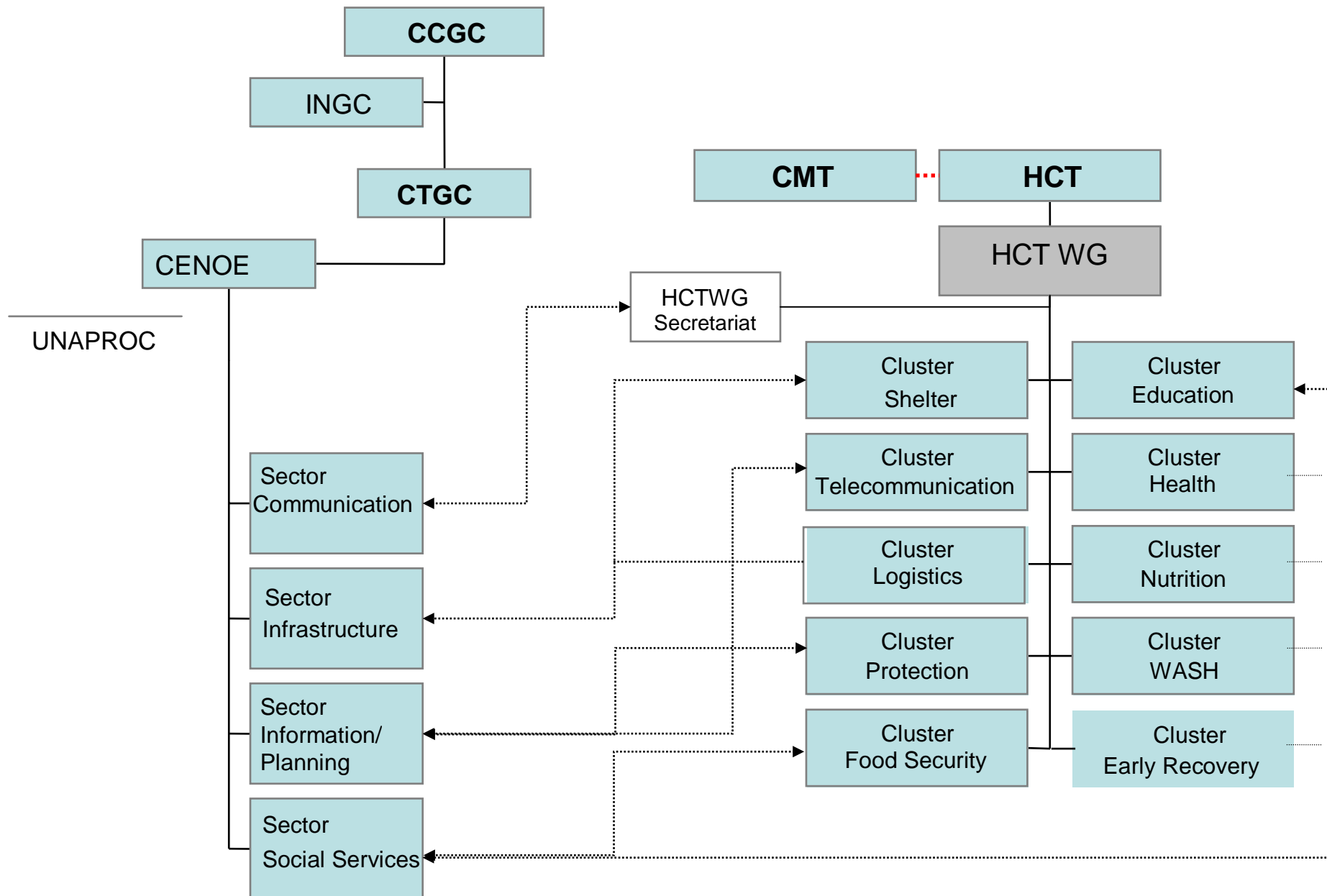
Therefore, the clusters will endeavour to integrate into the four working groups of the CENOE. **The Cluster Lead or Co-Leads and a deputy (preferably one UN agency and one NGO Cluster Partner) will be designated to attend INGC Working Group meetings** - representing the other Cluster partners, contributing Cluster inputs to the national preparedness and response process, and feeding back to the Clusters the developments and decisions made with regard to emergency preparedness and response within the CENOE Working Groups and the wider INGC.

In the absence of an active emergency, Cluster Leads and designated NGO Cluster partners will be an integral part of the CTGC Working Groups; the frequency of Working Group meetings will be determined with the INGC. Cluster participants in the Working Groups are expected to provide written updates to the rest of their Cluster partners and the Mozambique HCT. In an active emergency response period, the Clusters will work in conjunction with the CENOE Working Groups through the representation of Cluster Leads and designated NGO Cluster members; Cluster representatives will attend INGC/CENOE working Group meetings as required, and will keep Cluster partners and the Mozambique HCT abreast of new developments.

To strengthen coordination and exchange of information between Clusters and CENOE sectors, the weekly meetings between the Cluster Leads and the Heads of the CENOE Sectors that were initiated in 2008 will be maintained.

⁹ Sources of information are mainly the National Meteorological Institute (INAM), the Technical Secretariat for Food Security and Nutrition (SETSAN), Southern African Regional Climate Forecasting Office (SARCOF), Southern Africa Development Community (SADC/EW), National Water Authority (DNA), as well as provinces and districts disaster management committees.

Emergency Coordination Mechanisms between the Government of Mozambique and the Humanitarian Country Team



9. Cluster-based Sectoral Response Plans:

9.1 Nutrition

Overall Objective

The overall goal is to provide access to essential and quality nutritional services to emergency affected populations, with special attention paid to vulnerable groups.

Specific objectives

- To ensure the nutrition sector has set up mechanisms to adequately respond to emergencies.
- To provide access to nutrition services to 100% of vulnerable groups.
- To ensure adequate monitoring of the nutritional situation in the emergency-affected areas.

Planning Assumptions

- The Government will take the lead using existing structures, in collaboration with all stakeholders.
- It will be possible to mobilise the necessary resources quickly.
- Supplies, either pre-positioned or already present in the area, will be quickly made available.
- Rapid field assessments and existing data will assist in building an up-to-date picture of the situation.
- Nutrition indicators will be included in the surveillance system, to ensure adequate follow-up.
- Coordination with health and food security clusters for a better implementation of nutrition activities

Requirements

1. Rapid field assessments should provide some initial data. A formal nutrition survey may be required, although its need will be established according to various criteria. The analysis of the compilation of already available and freshly generated information should guide the interventions.
2. Build the capacity of local health staff for nutrition assessments, where required
3. In areas without a selective feeding programme already underway, the programme may be set up, as appropriate.
4. A referral system for severely malnourished children to district hospitals should be ensured.
5. Refreshing and training of health workers on nutrition (screening and growth monitoring using the latest WHO guidelines, correct case management of moderate and severe acute malnutrition and nutrition education for vulnerable groups like mothers and children and including the latest recommendations on infant feeding in the context of HIV) should be conducted.
6. Training and education of health workers on Nutrition/HIV/NCD like diabetes.
7. Nutrition education activities (IYCF, feeding habits, food safety, preparation and storage, etc.) in emergency would need to be strengthened.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Contribution to drafting of EPRP	Whole cluster	Last quarter of 2010
2.	Expansion of Basic Nutrition package, at health facility and community level	MoH, with support from partners	Last quarter of 2010 and first half of 2011
3.	Provision of anthropometric equipment	UNICEF	Last quarter of 2010,

	(scales, height boards, etc.)		first quarter of 2011
4.	Contribution to VAC exercises	Whole cluster	As per VAC calendar
5.	Assess in country existing stocks of nutrition supplies (e.g.: RUTF, therapeutic milk, supplies, etc.)	Whole cluster	Last quarter of 2010 and first quarter of 2011
6.	Establishment of sentinel surveillance mechanisms including training on growth monitoring in line with the latest WHO standards	MoH, with support from partners	First half of 2011
7.	Technical contribution to development of a food basket (also taking into account special needs of PLHIV, TB and other chronic diseases patients)	Whole cluster	Last quarter of 2010 and first quarter of 2011
8.	<u>Provide short nutritional education courses on nutrition to community groups, including PLHIV</u>	<u>MoH with support from partners</u>	<u>First quarter of 2011</u>
9.	<u>Monitor infants of both breastfeeding and non-breastfeeding positive mothers for growth, weight gain and infections</u>	MoH, with support from partners	Continuous throughout all emergency phases
10.	Training on management of acute malnutrition as per the latest (August 2010) nutrition rehabilitation manual.	MoH, with support from partners	First quarter of 2011

Activities to be undertaken during an emergency

#	Activities	By whom	When
1.	Compilation of available information, and desegregate data to come up with a provisional response plan	MoH, with support from partners	First 72 hrs
2.	Dissemination of IEC materials/ implementation of activities, related to IYCF, feeding habits, food preparation and storage, support of PLHIV, etc	MoH, with support from partners	First week
3.	Supporting creation of breast-feeding safe havens (if necessary) in camps or sites	MoH, with support from partners	First week
4.	Assess needs of supplementary and therapeutic food	MoH, with support from partners	First 72 hours
5.	Ensure adequate stocks of micronutrients for mothers and children	MoH, with support from partners	First 96 hours
6.	Liaising with other clusters, in particular with Food security and Health	Cluster lead	First 72 hours
7.	Setting up selective feeding programme (with special attention paid to PLHIV and other vulnerable groups) and referral system, if necessary and as appropriate	MoH, with support from partners	First 96 hours
8.	Ensure constant monitoring of activities and situation, and supervision of staff	MoH, with support from partners	First 96 hours

Activities to be undertaken during the Early recovery phase

#	Activities	By whom	When
1.	Ensure adequate follow-up of activities initiated during the period of emergency	MoH, with support from partners	First week
2.	Assessment of nutritional situation	MoH, with support from partners	First 3 months
3	Support planning, coordination, supervision and evaluation of nutrition services	MoH, with support from partners	First 3 months
4	Reduce the prevalence of malnutrition	MoH, with support from partners	First 3 months
5	Liaise with communities, CHWs, CBOs, etc. to promote good practices	MoH, with support from partners	First 3 months
6	Study lessons learned	MoH, with support from partners	End of the first 3 months
7	Coordinate phase-out and ensure proper hand over of activities to MoH	MoH, with support from partners	After first 3 months

Requirements:

Human Resources

Available Staff:

UNICEF: 4 professional staff, 2 support staff (no additional staff required)

Food for The Hungry: 2 professional staff

Samaritan's Purse: 14 professional staff.

World Relief: 2 professional staff, 4 support staff

Supplies

Anthropometric equipment (scales, height boards, MUAC tapes, etc.): quantity to be defined

Supplementary food (CSB, BP-5): quantity to be defined

Therapeutic food (F-75, F-100) and RUTF: quantity to be defined

IEC materials (posters, leaflets, flip-charts, pre-recorded radio spots, etc.): quantity to be defined

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9.2 Food Security

The ESAN II defined food security as “when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life”. Commonly, the concept of food security is defined as including both physical and economic access to food that meets people's dietary needs as well as their food preferences. Food security is built on three pillars: (1) Food availability: sufficient quantities of food available on a consistent basis, (2) Food access: having sufficient resources to obtain appropriate foods for a nutritious diet, and (3) Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation.

The Food security cluster follows the Inter-Agency Standing Committee (IASC) that is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a forum involving the key UN and non-UN humanitarian partners. The Cluster Approach was introduced in Mozambique in 2008, as part of the reform of the humanitarian system led by the Emergency Relief Coordinator (UN Resident Coordinator). The aim is to strengthen system wide preparedness and technical capacity to respond to humanitarian emergencies, ensuring predictable leadership and accountability in main areas of activity. The food security cluster is currently led by WFP.

1. Overall Objective

The Food Security Cluster role in Mozambique is to support to coordinate responses and advocate for food security in emergency contexts. In doing the food security aims at saving lives and reducing acute malnutrition, protecting livelihoods and enhancing self reliance in emergency and early recovery.

2. Specific objectives

- Surge Support: The provision of skilled staff at times of operational need.

- Information Management: Developing standard templates for sitreps, information sharing/reporting, as well as making existing and new guidance on emergency food security more readily available to practitioners.
- Support national coordination systems on preparedness and response to assist affected populations, and ensure timely identification of food security and nutrition situations through monitoring and assessments;
- Advocacy: Ensuring a common message regarding the food security elements of a particular operation.
- Capacity Building: Targeted and specific training on core cluster functions; Training in response to specific requests; Information sharing – so that one an entity receives a specific request, the response can be informed by how other entities have responded to similar requests.

3. Planning Assumptions

- Declaration of red alert by the Government
- Overall coordination and leadership of the Government in response to emergency
- Needs assessment performed, with clear indication of affected areas and support needed
- Key stakeholders are keeping their geographical coverage and retain minimum response capacity.
- Resources available to meet the demand

4. Food Security and Nutritional Requirements

The August 2010 Vulnerability Assessment Committee report had recommended humanitarian assistance to 350,000 people in extreme food insecurity from October 2010 to March 2011. Specific recommendations to be addressed by the Food Security Cluster included:

4.1 Food Assistance

Provide a daily individual ration comprising 333g of cereals and 40g of pulses, and, if necessary provide salt and CSB. Food distribution will be effectuated in response to the VAC report to the extent possible through asset creation or as requested by INGC in response to a rapid onset emergency.

4.2 Agriculture:

- Assist vulnerable households restore their food production capacity through Agriculture Input Trade Fairs.

4.3 Markets and Prices:

- Monitor the food prices and market dynamics;
- Promote local purchases in surplus districts to support small holders to access markets;

5. Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Monitor early warning information	WFP (w/ all)	From Oct monthly
2.	Prepare a contingency plan	All cluster members	October
3.	Preposition food and NFIs	WFP and NGOs	Before the rainy season
4.	Participate in the CTGC, Food Security and HCT meetings	All stakeholders	As necessary
5.	Establish a roster w/ skilled personnel	Cluster lead	By Dec
5.	Preposition personnel to areas of response	All cluster members	As necessary
6.	Map where, who, what partners do (3W)	Cluster lead	October
7.	Share the emergency assessment form	Cluster lead	October

8.	Training on use of the assessment form	All	November
9.	Identify skilled partners that can participate in emergency needs assessments and predetermine participation list	All stakeholders	December
10.	Call forward preparedness funds for partners participating in the emergency needs assessment	Cluster lead, HCT	As appropriate
11.	Stand by agreements for emergency operations	WFP and NGOs	When required
12.	Set up regular updates from food security cluster to INGC, at national level	Cluster Lead, all stakeholders	As necessary
13.	Support existing national coordination mechanisms at provincial and districts level	All stakeholders	October, November
14.	Identify leadership and office for the cluster at decentralized level	All stakeholders	October,
15.	Preposition food and NFI	All members	By Nov
16.	Update contact list	Cluster lead	By Nov

6. Activities to be undertaken during an emergency

#	Activities	By whom	When
1.	Support emergency assessment	All	48 hrs after occurrence
2.	Prepare operational action plan according identified needs, including beneficiaries selection criteria, distribution methods	Lead w/ all	72hrs after occurrence or red alert
3.	Food assistance	WFP, NGOs, Local authorities	24 hrs
4.	Reporting on distributions effected	NGOs	Weekly
5.	Regular Sitreps/ reports	Field staff	As required
6.	Participate in coordination meetings (Cluster, CTGC)	WFP, NGOs, Local authorities	As convened
7.	Review operational plans according with available resources, stock etc	WFP, NGOs, District authorities	Every week
8.	Press releases, communication releases	All	Every week

7. Activities to be undertaken during the Early recovery phase

#	Activities	By whom	When
1.	ITF implementation	FAO, MINAG	2 months
2.	Post activity monitoring	NGOs, FAO, MINAG	4 months
3.	Situation Reports	NGOs	Weekly
4.	Food for reconstruction activities	All stakeholders	As appropriate

5. Contacts:

FS Cluster Lead Co-Leads:

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9.3 Protection

Overall Objective

The overall goal is to ensure the overall protection from discrimination, neglect, exploitation, violence and abuse for the most vulnerable groups affected by the humanitarian crisis.

Specific objectives

- Ensure a coordinated assessment on the situation of the most vulnerable groups, to inform the precise nature of ensuing interventions.
- Ensure that monitoring against, reporting and communicating on severe, systematic abuse, violence, and exploitation is possible through appropriate mechanisms.
- Ensure that preventive and responsive mechanisms are in place to protect against unintended separation from family members, particularly for children under 5 years of age and adolescent girls from their caregivers. Ensure that family-tracing systems are implemented promptly with appropriate care and protection facilities and services (e.g. temporary/foster care) as needed.
- Ensure prevention of sexual abuse and exploitation of children and women during and after the emergency. Internally, with regards to humanitarian workers and staff, ensure that humanitarian activities are undertaken and promoted in a way that minimizes opportunities for sexual exploitation and abuse.
- Ensure that the material and psychosocial immediate and medium-term needs of the most vulnerable households affected are met through a coordinated response.

Planning Assumptions

- In an emergency, children may become separated from their families and vulnerable groups may face increased discrimination, neglect, exploitation, violence and abuse.
- No infrastructure for shelter and basic social services for the displaced population will be available.
- The Government will take the lead using existing community structures, in identifying Orphaned and Vulnerable Children and other vulnerable groups requiring specific care and support (Data to be disaggregated by AGE and sex).

- It will be possible to mobilise the necessary resources quickly.
- Distribution of any non-food items for vulnerable groups will be done in temporary shelters where the people will be re-located.

Requirements

1. Rapid assessment tool to establish protection violations and the degree of vulnerability of the most vulnerable groups in the context of the new crisis.
2. Tracing system that will ensure immediate action for tracing missing people, especially children in the event of sudden internal displacement. Such system will provide for the immediate reunification between family/community members or intermediate/temporary solutions in terms of care and support.
3. Community mobilization systems and awareness raising activities on the increased risks of sexual exploitation and abuse in the context of an emergency.
4. Preventive and responsive mechanisms and services (e.g. mobile police brigades, community referral systems) against violence, sexual abuse and exploitation.
5. Availability of financial, material and human resources for the prompt establishment of child-friendly spaces for affected population.
6. Emergency supplies pre-positioned and logistic system in place for prompt distribution.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Participate in HCT, cluster and INGC meeting to 1) monitor the situation; 2) share information; and 3) coordinate activities	Cluster	Ongoing
2.	Support MMAS to finalize protection component of INGC's contingency plan which will in turn facilitate the inclusion of emergency preparedness activities into national education strategies, plans and budgets	MMAS with Cluster support	Ongoing
3	Develop capacity of national and provincial level of MINED and other relevant authorities in Education and Protection in Emergencies	MINED, INGC, MMAS, MINT, UNICEF & Cluster	Ongoing
4	Train humanitarian workers in the use of rapid assessment form for protection (awaiting INGC's approval) and in the code of conduct in emergencies	Cluster	Ongoing
5	Undertake a Cluster mapping for staff deployment and pre-positioned materials	Cluster	Nov 2010
6	Re-visit warehouses to update inventory of all pre-positioned materials with names and contacts of warehouse in-charge and assess condition of the pre-positioned materials	UNICEF/MMAS	quarterly
7	Develop an update on the existing capacities of protection services in 7 disaster prone provinces, including existence of local preparedness plans with names of focal points	MMAS with Cluster	Ongoing
8.	Ensure adequate functioning of 200 <i>Gabinetes de Atendimiento</i> nationwide for women and children victims of abuse, exploitation, violence, neglect and discrimination	MINT, UNICEF, Save the Children,	Ongoing
9.	Distribute minimum standards for psycho-social support manual (not emergency focused) and provide on-going information to key partners	MMAS, CDC, CVM UNICEF, GTCOV,	Ongoing
10.	Training & Refresher training on violence against women & children to HIV/AIDS & Gender Focal Points in key ministries & civil society organizations	UNICEF, UNFPA, UNAIDS, Save the Children, UNIFEM, UNHCR	Ongoing

11.	Support NAFEZA(*) and “Geração BIZ” activists to spread information on Gender and HIV in resettlement centers during and after emergencies	UNFPA, UNAIDS;	Ongoing
12.	Appoint community focal points for Child Protection in resettlement camps	Save the Children, HelpAge	Ongoing

*NAFEZA: Nucleo das Associações Feminas da Zambézia

Activities to be undertaken during an emergency

#	Activities	By whom	When
1	Sign of code of conduct and ensure all humanitarian workers receive the information on the INGC Code of Conduct	Cluster	Within seven days
2.	Implement rapid assessment, integrate with secondary data disaggregated by sex and Age, identify knowledge gaps	Cluster and MMAS/MINT	Within first 48 to 72 hours
3	Monitor, report and advocate against instances of sexual violence by military forces, state actors, armed groups and others	Cluster and MMAS/MINT	Within one month
4	Provide 5000 household emergency kits to most vulnerable families (25,000 people)	UNICEF, Africare, Samaritan's Purse, IRD, HelpAge, ISAAC Moçambique, World Vision, OXFAM	Within one month of the onset
5	Provide 6000 Dignity Kits to most vulnerable families	UNFPA	Within two weeks onset
6	Provide financial support to MINT to deploy trained police specialized in prevention of and response to sexual exploitation & abuse	UNICEF, Save the Children, UNFPA	Within seven days
7	Provide recreational activities with spaces for displaced children with provision of 70 recreational kits; Provide spaces for older people to gather for psychosocial support	Save, UNICEF, Africare, CVM, SP, IRD; HelpAge, ISAAC Moçambique, World Vision	Within seven days
8	Conduct education and awareness campaigns about child rights, HIV, disability, violence and sexual abuse of children with IEC materials	UNICEF, Save the Children, UNFPA, CVM, Samaritan's Purse, IRD, ISAAC Moçambique, World Visio, Handicap International	Within two weeks
9	Identify separated children and run re-unification with families or communities (as interim solution in coordination with MMAS) and identify isolated very vulnerable older people and link them to community support	Save the Children, Africare, Samaritan's Purse, UNICEF, CVM, HelpAge, World Vision, MMAS	Within seven days
10.	Ensure provision of Post-Exposure Prophylaxis (PEP) to affected populations through MISAU	UNFPA	Within one month
11.	Ensure that gender, ageing, protection, disability and HIV issues are mainstreamed in other clusters, using the focal point system established	UNFPA, UNICEF, UNHCR, Save the Children, CVM, Samaritan's Purse, UNAIDS, World Vision, HelpAge, ActionAid, Handicap International, OXFAM	Within seven days
12.	Undertake rapid survey for mine-risk and respond	Handicap International	Within 2 weeks

	accordingly with mine-risk education campaigns as necessary		
13.	Ensure that cases of violence against children and women are reported and followed up by trained Police	UNICEF, Save the Children, UNFPA, OXFAM, ActionAid, UNHCR,	Within one month

Activities to be undertaken during the Early recovery phase

#	Activities	By whom	When
1.	Conduct monitoring field visits to ensure that all vulnerable groups identified are given access to basic services (health, education, psycho-social care and support, financial support, legal support and nutritional support)	Cluster	Within two months
2.	Work with Communities to establish or strengthen committees representing the interests of Orphaned and Vulnerable Children and to prevent sexual exploitation and abuse or refer cases as necessary	Cluster	Within two months
3.	Ensure that necessary services are provided to child, women, disabled and elderly victims of violence in collaboration with MINT and MMAS	Cluster	Within two months
4.	Support INGC to train members of Local Committees for Disaster Management to ensure that necessary services are provided	UNFPA, UNAIDS	Within two months

Requirements

Staff Available:

UNICEF: 5 professional staff, 1 support staff (no additional staff required)
 ActionAid: 4 professional staff (additional staff may be required)
 Africare: 4 professional staff (additional staff may be required)
 Save the Children: 8 trained professional staff (Zambézia, Gaza, Nampula, Manica, Sofala)
 UNFPA: 2 professional staff (additional may be mobilized if needed)
 UNHCR: 4 professional staff (2 from Maputo and 2 from Nampula, additional staff may be mobilized within 72 hours in case of major displacements)
 Samaritan's Purse: 9 professional staff (additional staff may be required)
 IRD: 4 professional staff (additional staff may be required)
 IOM: Staff to be mobilized in the event of an emergency
 HelpAge International: 1 staff
 World Vision: Staff to be mobilized in the event of disaster within WV Mozambique and the WV partnership
 ISAAC Moçambique: 3 professional staff (additional staff can be obtained)
 The Halo Trust: Staff to be mobilized in the event of disaster.
 Handicap International: 2 professional staff (additional staff may be available)
 Red Cross: Net of volunteers activists everywhere

Equipment

UNICEF: 1932 Basic OVC kits, 35 Recreation kits
 Save the Children: Guides on establishing child friendly spaces in English and Portuguese
 UNFPA: 6000 Dignity Kits, Contacts with CNCS to deliver 7000 male condoms to each province
 UNHCR: Non-Food Items may be mobilised, in case of major displacements.

Funds:

UNICEF: USD 280,000 (fund to be mobilised)
 UNFPA: USD 75,000 (more funds can be mobilized in the event of major disasters)

ActionAid: Approx. 6,000 Pounds for immediate small interventions and access to additional funds to UK maximum of 30,000 Pounds
 Save the Children: Start up funds in the event of a sudden emergency
 UNHCR: Funds to be mobilized in case of emergency involving major displacements
 Samaritan's Purse: Immediate funding for small interventions; HQ funds
 Terre des Hommes: Small quantities for small interventions available through HQ funds.
 Handicap International: upon HQ decision.
 Red Cross: Able to request some fund from the HQ
 OXFAM – Start up funds available, access to additional funds
 UNHCR: In case of major displacements, immediate funding for small interventions and additional funding may be required from HQs.

9.4 EDUCATION

Overall Objective

To ensure minimal disruption to education services in disaster affected areas by promoting access to quality primary education for all children with specific focus on girls.

Specific objectives

- Ensure that a coordinated rapid assessment on education facilities and children affected is conducted.
- Ensure that the immediate and medium-term education and development needs of all children affected by the emergency – with special focus on girls - are met through a coordinated response.
- Ensure that monitoring on school attendance by children and teachers during the emergency is possible through the appropriate mechanisms.
- Ensure resumption of curricular activities and teachers reintegration as soon as possible;
- Internally, with regards to humanitarian workers and staff, ensure that humanitarian activities are undertaken and promoted in a way that safeguards children's vulnerability against sexual exploitation and abuse.

Planning Assumptions

- Schools and materials will be damaged or inaccessible due to disaster.
- Education provision will be interrupted due to disruption to school and community life.
- Government will take the lead to carry out rapid assessments of affected schools and areas with displaced communities in collaboration with cluster.
- There could be a shortage of (trained) teachers in affected areas.
- The location and number of learners and teachers may change after an emergency (through displacement and resettlement, for example).
- Cluster coordination exists.
- Emergency supplies are pre-positioned at strategic locations.
- Logistics support to transport and distribution of school tents, education and recreation materials are planned.

Requirements

1. A commonly agreed rapid assessment tool for schools in disaster-affected areas. Matrix to include the level of destruction of classrooms and equipment, safety of school space, level of accessibility, number of teachers and learners affected, capacity of local education authorities to respond, and loss or damage to textbooks and other education materials.
2. Education Cluster map is updated to finalize specific responsibilities of member organisations based on capacity and geographical coverage to support the district education authorities to respond to the identified education needs.
3. Ensure that all partners use education emergency response checklist from Education EPRP.
4. Cluster partners coordinate with district education authorities to set up temporary learning spaces for children from displaced communities or, annexes are set up in existing schools to

absorb increased numbers of learners; community mobilization systems and awareness raising activities undertaken on the importance of sending children back to school and for mobilizing temporary teachers or professionals and supporting them to organize learning activities.

5. Availability of financial, material and human resources for the prompt response to ensure minimal disruption to schooling.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Participate in HCT, cluster and INGC meeting to 1) monitor the situation; 2) share information; and 3) coordinate activities	Cluster	Ongoing
2	Support MINED to finalize Education component of INGC's contingency plan which will in turn facilitate the inclusion of emergency preparedness activities into national, disaster related education strategies, plans and budgets	MINED with Education Cluster support	Ongoing
3	Develop capacity of national and provincial level emergency focal points of MINED and other relevant authorities on Education and Protection in Emergencies through training of trainers in at least 7 disaster prone provinces	MINED, INGC, MMAS, MINT, UNICEF & Cluster	Ongoing
4.	Train humanitarian workers in the use of rapid assessment form for education (awaiting INGC's approval) and in the code of conduct in emergencies	Cluster	Ongoing
5.	Support DPECs in disaster prone provinces to develop provincial level contingency plans	MINED with Education Cluster	Ongoing
6.	Undertake a Cluster mapping for staff deployment and pre-positioned materials	Cluster	Ongoing
7.	Update inventory of all pre-positioned materials with names and contacts of warehouse in-charge and assess condition of the pre-positioned materials	UNICEF/MINED	Ongoing
8.	Develop an update on the existing capacities of education services in at least 7 disaster prone provinces, including existence of local preparedness plans with names of focal points	MINED with Cluster	Ongoing
9.	Carry out a TARPAs tent training in at least 7 disaster prone Districts in Sofala Province, in order to provide options for low cost temporary classes in case of emergency	MINED, UNICEF, INGC	Ongoing
10.	Initiate capacity development at school & community level on DRR	MINED with Cluster	1 st quarter 2011

Activities to be undertaken during an emergency

#	Activities	By whom	When
1.	Implement rapid assessment, integrate with secondary data disaggregated by sex and age, identify knowledge gaps	Education cluster, MINED/DPECs/SDEJ Ts	Within first 48 to 72 hours
2.	Locate sites for schools for Internally Displaced Persons	Local education authorities/Education Cluster	Within first 48 to 72 hours
3.	Sign code of conduct and ensure all humanitarian workers receive the information on the INGC-approved Code of Conduct	Cluster	Within seven days
4.	Provide life-saving messages to learners, including messages related to hygiene, sanitation, HIV/AIDS, disability, prevention of gender-based violence and sexual abuse, basic health and	Cluster Members with local education authorities	Within first 2-4 weeks

	hygiene;		
5.	Provide school kits and teachers' kits of didactic materials to affected primary school children and teachers, where materials have been lost in coordination with SDEJTs, School Directors and School Councils;	Cluster members/local education authorities	Within first 2-4 weeks
6.	Provide teachers with required assistance to facilitate their prompt return to the work for school when/where necessary	Cluster members	Within first 2-4 weeks
7.	Provide textbooks to all learners whose books have been lost or damaged;	MINED	Within first 2-4 weeks
8.	Monitor children's attendance, particularly of most vulnerable children and raise awareness amongst school directors to ensure protection from any form of abuse of children	SDEJT/Cluster member on the ground	Continuously
9.	Provide training & refresher training to school teachers	World Vision/MINED	Within 2 Months
10.	Monitor teacher attendance and support education authorities to mobilize and relocate teachers as required.	Cluster Members on the ground	Within first 2-4 weeks

Activities to be undertaken during the Early recovery phase

#	Activities	By whom	When
1.	Undertake an assessment of the school rehabilitation requirements or other needs, particularly construction of new classrooms and deployment of teachers to resettlement areas	Local education authorities supported by Cluster organizations	Within 1 month
2.	Undertake rehabilitation and repair of school structures damaged by the disaster	MINED, UNICEF, Cluster partners	Within 6 months
3.	Undertake regular monitoring of the situation and ensure that children attend classes and that learning takes place	Local education authorities supported by Cluster	Regularly
4.	Promote resumption of quality education activities in literacy and life skills such as HIV/AIDS, prevention of sexual exploitation and abuse	Relevant cluster partners with local educ. authorities	Within 2 months
5.	Conduct a real time evaluation	UNICEF	After normalization of situation
6.	Facilitate training on environmental education and awareness and involve communities	MINED, Save the Children, UNICEF, Samaritan's Purse, ISAAC Moçambique	After normalization of situation

Staff available:

UNICEF: 3-4 professional education staff.

Save the Children: 9 professional education staff (Nampula, Gaza, Zambézia, Manica, Sofala)

Samaritan's Purse: 9 staff

Concern: 10 staff in two provinces (Manica & Zambézia).

Food for the Hungry: Staff to be mobilised in the event of emergency

ISAAC Moçambique: 3 professional education staff, they also have staff in provinces.

IOM: Staff to be mobilized in the event of an emergency

UN Habitat: 3-4 staff (architects, engineers, geographers) specialized in Risk Mitigation and Sustainable Reconstruction

World Vision: Staff to be mobilized in the event of disaster within WV Mozambique and the WV partnership.

Handicap International: 1 professional staff

ActionAid: 4 professional staff with some staff in provinces (Maputo, Zambezia, Nampula and Cabo Delgado).

Terre des homes: No staff directly involved but through partners.
Red Cross: Network of volunteer activists everywhere

Requirements

Education materials/supplies

UNICEF: 51,520 learners' kits, 942 teachers' kits and 190 School kits pre-positioned in WFP warehouses in Maputo & Beira. 20 school tents (72m²) in DPEC Quelimane (3) and DPEC Beira (15).

Concern: Manica Province Plastic sheeting 13 rolls (approx. 4m x 6m), 100 Cutlass, 220

Zambézia Province: Boxes of condoms (approx 60 bx), Hygiene kits (approx 60 kits)

Save the Children: Some education materials in Gaza

Samaritan's Purse: 1,000 learner kits.

Terre des homes: Material to be available after a project proposal is approved.

Funds

UNICEF: \$100,000 (funds to be mobilised, excluding school rehabilitation costs).

ActionAid: Approx. 6,000 Pounds for immediate small interventions and access to additional funds to UK maximum of 30,000 Pounds.

Save the Children: Access to small start up fund in the event of a sudden emergency

Samaritan's Purse: Immediate funding for small interventions; access to additional funds.

Concern: Immediate funding for small interventions in our existing programme areas.

Terre des Hommes: Immediate funding for small interventions; HQ funds (up to 30,000 euro)

ISAAC Moçambique: Immediate funding for small interventions; HQ funds.

Red Cross: Able to request some funds from the headquarter

World Vision: Immediate funding through WV's national emergency preparedness and response funds.

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9.5 Water Sanitation & Hygiene (WASH)

Overall Objective

To ensure equitable provision of safe water, proper sanitation and good hygiene practices taking into account the privacy, dignity and security of women and girls.

Specific objectives

- To reduce the transmission of diseases from faeces to mouth through the promotion of good hygiene practices, the provision of safe drinking water and the reduction of health risks related to poor sanitation.

Planning Assumptions

Safe water supply facilities will be damaged and/or not available due to the emergency situation exposing people more susceptible to illness and death from diseases caused by lack of sanitation, inadequate water supply and hygiene. In response to the situation, there will be a need to:

- Restore water supply ensuring the availability of minimum safe drinking water supplies.
- Trucking of water.
- Providing technical expertise to ensure rapid response taking into account the minimum standards and policy guidelines.
- Providing supplies for water treatment, storage and distribution.
- Making available latrines and sanitation services.
- Preparing and disseminating information on hygiene, safe water, sanitation, as well as on HIV and AIDS has a public health issue.
- Monitoring and coordination of the WASH emergency interventions.

Requirements

1. A rapid assessment of water supply, sanitation and hygiene conditions in disaster-affected areas is required to assess needs and ensure that lives are saved, the availability of drinking water and basic hygiene conditions. Assessments should also include details on accessibility, numbers of population affected, disaggregated by gender taking into consideration the different gender needs and the capacity of local WES authorities and partners to respond to the situation.
2. Based on the results of the assessment, and in coordination with MOPH, develop an initial response plan (48 – 72 hours response) with supplies required and distribution plan, appropriate alternatives for minimum water supply, safe excreta and solid disposal.
3. Determine the capacity of the WASH Cluster partners to support MOPH to respond to the water supply, sanitation and hygiene needs identified and conduct a mapping of WASH Cluster partners according to their human and technical capacities to ensure full geographical coverage of WASH assistance in disaster-affected areas. Ensure that all partners use WASH emergency response guidelines including priority action checklist from the WASH EPRP. Ensure all partners agree on standardized contents of hygiene kits, in order to reduce unnecessary migration between resettlement centres.
4. Conduct a detailed assessment (for a two week response) including evaluation of WES resources available; develop a response plan that could include the repair of existing water systems/points in the accommodation centres.
5. Ensure continuous monitoring of the WASH situation including disease surveillance in collaboration with Health Cluster partners. Ensure that adequate coordination mechanisms are in place including a system for timely information sharing.
6. After the emergency response, undertake an assessment of the WASH situation for reconstruction requirements or other needs, particularly construction of new water supply facilities and assistance of resettled households for construction of HH latrines.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Support DNA/DPOPHs to implement WASH Emergency Preparedness and Response Plan (EPRP) particularly in regard to inventory, maintenance/repair and pre-positioning (in strategic locations) of WASH emergency supplies available in country.	DNA/DPOPHs with WASH Cluster support	On-going
2.	Assist DNA/DPOPHs in development of sectoral contingency plan and its integration into national	WASH Cluster partners	WASH included in Government

	contingency plan (activities, budget).		CP
3.	Strengthen coordination and capacities of WASH Cluster partners and Government (national, provincial and district) for timely emergency planning and response	WASH Cluster and DNA/DPOPH	on-going; national coordination meeting planned for 09 November 2010,
4.	Support procurement of additional WASH emergency supplies for adequate emergency response. Determine standard contents of hygiene kits to be distributed in case of emergency response.	DNA, WASH Cluster	Ongoing; consumable for water purification plants and household water treatment products being procured.

Activities to be undertaken during an emergency

1.	Rapid Assessment of WASH situation and needs	WASH Cluster, DNA, DPOPHs	Within 48-72 hours
2.	Ensure availability of minimum safe drinking water supply and sanitation facilities	WASH Cluster, DNA, DPOPHs, District Authorities	Within 48-72 hours
3.	Provide WASH emergency supplies for (a) water treatment, storage, distribution and collection; (b) safe excreta and solid disposal and (b) hygiene	WASH Cluster, DNA	Within first 2-4 weeks
4.	Disseminate key messages on diarrhoea and cholera prevention including user instructions and messages on handling drinking water	WASH Cluster, DNA, DPOPHs, District Authorities	Within first 2-4 weeks
5.	Provide instructions for construction of pit latrines and other sanitation facilities	WASH Cluster, DNA, DPOPHs, District Authorities	Within first 2-4 weeks
6.	Reactivate coordination mechanisms and information sharing systems	WASH Cluster, DNA, DPOPHs, District Authorities	Within first 2-4 weeks
7.	Set up, in coordination with Health Cluster and Programme Communication, a monitoring system of health risk behaviour; assist in development and implementation of communication strategy/plan for adoption of safe hygiene practices	WASH Cluster, DNA, DPOPHs, District Authorities in collaboration with Health & Programme Communication Partners	Within first 2-4 weeks
8.	Support rehabilitation of existing water supplies facilities in accommodation centres or affected areas to ensure minimum drinking water.	WASH Cluster, DNA, DPOPHs, District Authorities	Within first 2-4 weeks

Activities to be undertaken during the Early recovery phase

#	Activities	By whom	When
1.	Conduct assessment of WES situation in resettlement areas and identify the needs	WASH Cluster, DNA, DPOPHs, District Authorities	Within 2 months
2.	Support the rehabilitation and construction of WES facilities ensuring community participation and involvement for sustainability of the interventions	WASH Cluster, DNA, DPOPHs, District Authorities	Within 2 months
3.	Support the self-construction of household latrines	WASH Cluster, DNA, DPOPHs, District Authorities	Within 2 months
4.	Continue assistance for the implementation of hygiene promotion activities	WASH Cluster, DNA, DPOPHs, District Authorities	Regularly
5.	Monitoring of progress implementation and health risk indicator	WASH Cluster, DNA, DPOPHs, District Authorities	Within 2 months

Emergency Capacity Available for WASH response

Supplies

UNICEF: Water Bladders and tanks; Chlorine HTH; jerrycans, soap, plastic sheeting. UNICEF has supported DNA with the procurement of WASH emergency supplies (Water Purification Plants, Water pumps, jerry cans, buckets, latrine slabs, household water treatment products) that have been pre-positioned in strategic locations across the country.

International Relief and Development (IRD): Tanks, Plastic Sheetting, tippy tap jugs, latrine slabs and posters for hygiene promotion are stocked in Maxixe District (Inhambane). IRD are present in both Zambezia and Inhambane provinces and can mobilise resources whenever appropriate

Samaritan's Purse (SP): SP has supplies pre-positioned in Dubai that can be called for on short notice depending on the magnitude of the disaster. This includes NFI kits, water, water purifying packets and equipment (WMI), blankets, plastic for temporary shelters and more.

Oxfam Available stock of assorted WATSAN equipment/materials to ensure adequate water and sanitation for approx 20 000 people in first phase emergency – water pumps, tanks, bladders, tap stands, , water treatment, plus 1000 hygiene WES and 500 family kits, 400 latrine slabs , plastic sheeting, etc – stocked in Marromeu (Sofala), Funds are available to procure additional emergency materials.

Mozambican Red Cross (CVM): Water Bladders and Tanks; Water Purification Plants, water pumps, tap stands, water containers & filters, diesel pumps and connection tools available in Mopeia warehouse in Zambezia Province ready to be used in case of needs for emergency response. Jerry cans, buckets, plastic sheeting rolls and other emergency supplies available in some provincial Mozambican Red Cross offices.

Action by Church Together (CEDES): Water bladders, Generators; Posters for hygiene promotion, Hygiene kit (Soap); Plastic Sheetting.

World Vision (WV): Jerrycans, buckets, a motor pump, two boats and tools are stocked in Mutarara (Tete)

Save the Children (SC): SC has a boat in Zambézia, more than 1000 household kits prepositioned in Xai-Xai, Chimoio and Quelimane, which include soap, buckets and jerricans.

Human Resources

UNICEF: 10 staff in WASH Section that can be deployed for emergency response at national at sub-national levels. Additional capacity can be put in place when required.

International Relief and Development (IRD): 15 WASH technicians (three in Inhambane and eleven in Zambezia) with field experience in the implementation of WASH emergency responses are currently on staff. In addition, 4 WaSH Coordinators are currently active in Zambezia provinces.

Samaritan's Purse International Relief: 12 water and sanitation program staff that could be redirected to emergency response particularly in Gaza, Inhambane and Zambézia provinces. In addition, there are 690 hygiene promoters currently active in Chicualacuala (660) and Govuro (30)

districts that can be mobilised to other districts in the region. In addition SP has Disaster Response Teams (DART) that can be deployed within 24 hours (4 to 5 person teams).

Oxfam 3 water sanitation and public health promotion program staff can be dedicated to emergency response Oxfam also has capacity to deploy additional staff from the region or Head Quarters when needs arise.

Mozambican Red Cross (CVM): 8 WaSH staff (including health hygiene promoters) based in Headquarters, Gaza, Sofala, Tete, Zambezia and Manica provinces.

Action by Church Together (CEDES): 2 WaSH staff and 23 hygiene promoters available in Sofala province. Additional human resources can be mobilised for covering needs in Maputo, Inhambane and Sofala provinces.

Mozambique Youth Challenge Association (ADJM): 2 water technicians' managers with field experience in the implementation of WASH emergency responses are currently on staff. In addition, 20 hygiene promoters are currently active in Buzi district and a logistics manager with experience in water trucking is on staff in Buzi.

Association for Community Poverty Alleviation & Social Affair (ISAAC): 1 water engineer, 2 water technicians' managers with field experience in the implementation of WASH emergency responses are currently on staff. In addition, 86 hygiene promoters are currently active in Mutarara, Govuro, Meconta, Mongicual, Nampula, Buzi and Chokwe, Matutuine districts and 2 logistics manager with experience in water trucking are on staff in Mutarara and Govuro.

Visão Mundial: 1 specialist/Manager in WASH, 2 water technicians and 64 health hygiene promoters in Mutarara.

Resource Mobilization

UNICEF: Ability to reallocate UNICEF regular resources for emergency preparedness and immediate response.

International Relief and Development (IRD): Existing WASH funding comes from Office of Foreign Disaster Assistance (OFDA) of USAID.

Samaritan's Purse (SP): Ability to access small amount of local resources immediately. Cargo planes and supplies pre-positioned in Dubai can be used depending on the size of the intervention. SP also has ability to access larger amounts of funds on short notice depending on the size of the intervention.

Oxfam Ability to mobilize resources quickly and internally

Mozambican Red Cross (CVM): Ability to access funds from DFR/IFRC (Disaster funds response in IFRC Geneva), Red Cross donors and to mobilise internal fundraising.

Action by Church Together (CEDES): Ability to mobilise resources through Christian Church's network.

Association for Community Poverty Alleviation & Social Affair (ISAAC): Ability to mobilize resources quickly and internally.

Visão Mundial: Internal fund available for quick response start and ability to mobilize more resources.

Save The Children: Ability to mobilize funds from its members such as SC-US, SC-UK and SC Norway within 72 hours for immediate relief and can mobilize larger funds if required.

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Other members:

Médecins sans Frontières, Food for the Hungry International, Concern, IFRC, German Agro Action, CARE, AMURT

9.6 LOGISTICS

For more detailed information on the Logistics Cluster please refer to the Logistics Cluster Preparedness and Response Plan season 2010/2011.

Logistics Cluster Lead WFP; overall objective

The overall goal is to provide Logistics support to Cluster participants through common preparedness efforts and to ensure effective coordination mechanisms and timely emergency response.

Specific objectives

- Move food and non-food items plus other supplies to the affected areas
- Ensure proper storage facilities and management of supplies
- Provide logistics facilitation/coordination mechanisms for all emergency response players.

Planning Assumptions

- It is expected that logistics cluster service activation will not be required in the drought scenario due to the fact that it is a slow onset emergency, and cluster participants are expected to be able to gear up their services individually as required.
- Logistics cluster services might need to be activated in the large scale sudden onset emergencies. In these scenarios, road access to the affected areas will be limited and common warehousing and transport services (air and/ or water) might be required. The planning volume assumptions for the warehouse space, transport requirements and logistics staff services will be based on indicative food and NFI rations and requirements per beneficiary number. These rations and requirements are established with the aim of allowing planning for the cluster services that may need to be activated.

- The Government will make a substantial contribution in personnel and boats for rescue activities, and will coordinate and be in charge of the rescue function.
- The Government will facilitate customs clearance of emergency equipment and supplies through signature of the OCHA Model Agreement type of agreement that pre-defines the required relief items and allowed importers. The GoM agrees to apply one stop shop for all the relief items' exemption and customs clearance. They engage to provide prompt service in availing exemptions and takes charge of the customs clearance function.
- The Government will identify the intervention areas and will facilitate access to storage and office facilities. The Government will assist in provision of security for the same.
- The GoM will facilitate in establishing contracts and arrangement on the use of air carriers and access to the airports.
- The Government through the INGC will ensure the timely availability of supply reporting formats to ensure standardization of reporting, allowing for the rapid development of a supply data base (oversight provided by WFP) which will provide the nucleus for supply reporting requirements.

Requirements

1. Assessment flight/ Flying Robot/ satellite pictures are available for designing concept of operation and requirements in the 72hours from the onset of emergency.
2. INGC makes arrangements to ensure the defined cluster participants can import duty free for pre-positioning and replenishment purposes, including signature of the OCHA Model Agreement.
3. The Logistics Cluster receives funding to establish Logistics hubs as and where required and work to ensure the timely delivery of supplies to the effected areas.
4. The Logistics Cluster receives funding to timely deploy sufficient staff that will be responsible for ensuring that supplies reach intended destination with the correct documentation. The Mozambique Logistics Cluster will be able to deploy some members in the first group to set up the service.
5. The Global Logistics Cluster support cell will deploy an experienced Portuguese speaking Logistician to act as cluster coordinator, reporting to the WFP Head of Logistics. The support cell will avail more staff depending on the requirements.
6. The Logistics Cluster will ensure that in case of logistics gaps, bottlenecks or duplication such cases are appropriately addressed and resolved.
7. If required, Logistics Cluster will assemble LRT (Logistics Response Team) in order to conduct initial logistics assessment, participate in IA assessment and provide immediate operational logistics surge capacity and assume initial coordination role.
8. The Logistics Cluster will be part of Inter-Agency assessment team on the ground and will contribute to Programming of the response.
9. The Logistics Cluster will establish the logistics services based on the Cluster participants' requirements and will draft a Concept of Operation subsequently; Logistics cluster participants actively attend the preparedness phase that will allow the cluster lead to establish an indication on the required services and get acquainted with the participants' potential requirements.
10. In the first days of sudden onset emergency, prepositioned relief items and food will be mobilised, as well as existing stocks in the proximity of the disaster area which can be lent to the emergency operation and will be replenished afterwards.
11. INGC will seek to ensure settlement centres are established in locations where supplies can reach beneficiaries by road.
12. Logistics Cluster participants avail their stock information in the agreed format regularly to allow WFP as cluster lead to establish an integrated inventory of equipment and relief items that will be regularly updated.

Indicative requirements for emergency response and the deployment of Logistics teams in the affected locations

1. Contracted trucks as and when required
2. Helicopters depending on the magnitude of the disaster (light five-seat Bell and 9 ton capacity MI 26)
3. Light vehicle fleet to support Logistics staff movements
4. Quad Bikes or motor bikes

5. Light Aircraft or passenger movements (10-seat caravan type)
6. Temporary Storage Tents and portable/ tented office space at the Emergency locations/ Base camp.
7. Camping kits for all deployed personnel
8. Communication equipment to provide linkages to all emergency locations and various Country Offices/HQs.
9. Generators
10. Fuel and lubricants
11. Pallets for warehousing
12. 10 x 50 meter rolls plastic sheeting for emergency supply coverage for items stacked outside, or tarpaulins
13. Hand tools, pick axes, shovels spades, screw drivers, hammers, sledge and claw, bow saws, and ropes etc for general purposes.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Inventory of equipment and supplies	All clusters members	Before the emergency season
2.	Advocacy of standardisation and definition of relief items – to support the GoM to facilitate planning, prioritisation and customs clearance	WFP as the cluster lead	Continuous
3.	Physical layout/management of the Hub in terms of portable warehouse sitting, identifying/ rent inquiry of fixed warehouse site, identify office- work area, possible accommodation/ tented camp area for staff, with generator, running water etc	Logistics Cluster/INGC planning team	ASAP
4.	Common warehousing practices established, standard way bill (Items code directory), stock card control system implemented accordingly	Logistics Cluster/INGC planning team	ASAP
5.	Obtain the INGC's HF/VHF frequencies, the directory of the INGC's hubs with contacts	WFP/INGC	ASAP
6.	GIS Map of the area stating the GPS reading/name of the existing villages in the potential affected locations	WFP/INGC	ASAP
7.	Logistics capacity assessment: road conditions in potential disaster areas and alternative routes; air strips condition, warehouses	All clusters members	November-December 2010
8.	Pre-positioning of supplies	All emergency players	4 month in advance
9.	Meeting with customs to clarify clearance procedures and time frame for "special clearance window"	WFP as the cluster lead	Preliminary talks now
10.	Initiate weekly Cluster meetings	WFP as the cluster lead	Emergency confirmed
11.	Re-confirm emergency stock levels that are pre positioned in country	All cluster participants reporting to WFP focal point for consolidation	November-December 2010
12.	Pre-check – potential surge capacity: LRT roster of Global Logistics Cluster and Partner Organizations	All cluster participants to report to WFP once contact ascertained; All hub level assigned staff must be experienced and speak Portuguese	December 2010

13.	Pre-check commitment of organisations/ government bodies who might be called on to assist (SA Air force, Communications San Frontiers, etc)	WFP to ask GoM for International Governmental Support. Relevant agency for other contacts	When Emergency declaration likely
14	Make sure all Logistics Cluster procedures clearly explained to all partners.	WFP/Logistics Cluster/LRT	December 2010
15.	Pre-check boat operator, prepare contract templates	WFP/ cluster participants with existing Boat owner/contractor contacts/INGC Fleet	November-December 2010
16.	Review available transporters in districts who have secondary transport: small tonnage vehicles	WFP /all cluster participants.	November-December 2010

Activities to be undertaken during an emergency

#	Activities	By whom	When
1	Prepare Concept of Operations with clear outlined types of services; Logistics cluster structure and reporting lines	WFP/Logistics Cluster/LRT	From onset
2	To plan for combined distribution of food and NFI, following items prioritization by Humanitarian Country Team	WFP/Logistics Cluster/LRT	From onset
3	Make sure all Logistics Cluster procedures clearly explained to all partners	WFP/Logistics Cluster/LRT	From onset
4	Work closely with INGC to avoid duplication of coordination structures	Head of Logistics Cluster or his/her designee/INGC Counterpart	From onset
5	Move and erect available portable storage as number 1 priority quickly followed by transportation of “all start” up supplies and assessment teams to the emergency response hubs	Logistics Cluster staff/WFP	Within 10 days of emergency declaration
6	Estimate the overall supply cbm of NFI and Food. To establish a daily distribution ratio Plan for the necessary transport resources accordingly	Logistics Cluster staff/WFP	Within 10 days of emergency declaration

7	Contact transporters and confirm full availability of resources. Contact boat operator and confirm availability of resources	Logistics teams deployed	From onset
8	Order more portable storage/ identify-rent more fixed, in relation to unfolding needs of the emergency	Logistics Cluster staff/WFP	From onset
9	Daily hub level Cluster meetings to discuss logistics related issues of response. Bi weekly capital city level Cluster meetings addressing actions where required from hub level cluster meetings	Coordinated by Logistics Cluster led by WFP at both the Hub and Capital levels	Daily/Bi weekly
10	Delivery planning at hubs according to prioritization criteria, with concise, regular feed back to capital city cluster	Coordinated by Logistics Cluster led by WFP	Daily
11	Daily deliveries monitoring and follow up, sent in a tabular format by Hub level to capital level and vice versa	Logistics Cluster Focal point Hub/capital	Daily
12	Lay out exit strategy and hand over mechanisms	Logistics Cluster staff/WFP and Cluster Partners	One month before operation closure

Activities to be undertaken during the Early recovery phase

#	Activities	By whom	When
1.	Inventory of all surplus stock balances in all locations	All clusters members	When emergency over
2.	Agreement on what to do with surplus stocks balances (including items for re use such as good quality tents, bladders, pumps, purification plants etc)	All cluster members	As agreed with the GoM
3.	Approach customs to ensure that any Emergency supplies still in pipeline en route to Mozambique will be cleared under special arrangements	All cluster members submitting to WFP; WFP presenting consolidated letter to Customs	As agreed with the GoM
4.	Re-assess pre-positioning strategy / required supply quantities for new emergencies in light of surplus materials carry over from current emergency.	Coordinated by WFP	1 month after emergency is declared over.
5.	Convene a lessons learned retreat for all Logistics Cluster Members concerned, INGC and GoM participants.	Coordinated by WFP	2 weeks after emergency is declared over
6.	Ensure all transporters bills/ warehouse rents etc are paid by concerned agencies/ organisations to avoid carry over problems in any future emergencies	All cluster members	As soon as emergency is declared over
7.	Continue advocacy of standardisation of relief items – informed by lessons learnt from emergency	WFP as Cluster Lead	When emergency over

Common Relief Items Reporting

The Logistics Cluster has compiled a 'Basic Relief Ratio' (see table 1) of relief items, which in alignment with the Sphere standards are minimum relief item requirements for a family of five. Thus, the table includes items which will be given directly to the beneficiaries, and not additional relief items, which would e.g. be given to health institutions or similar.

The table takes into account the recent work of the Shelter cluster in terms of harmonisation of shelter items and further standardisation of relief items from other clusters is recommended. Additional relief items may be added upon final validation of the Clusters in Mozambique. The Logistics Cluster will report on the Cluster members' common stock as per table 1 below before the emergency season and during an emergency. This can help planning of import of additional items, as well as it will support the GoM's planning. The Cluster Members' inventory is currently being updated.

Table 1- Basic Relief Ratio: Items, specifications and ration size for family of 5 people

Types of items	Specification	Weight (kg)	Volume (cbm)	Ration size for family of 5
Tarpaulins (woven plastic, 4x6m, white/blue)	Woven plastic, 4x6m, white/blue, piece	8.4	0,0224	2
Shelter Tool Kit	Shelter tool kit content: 1 roll of 30m nylon rope, 1 handsaw, 01 bag of 500gm roof nails, 1 round point shovel, 1 hoe plus wooden handle, 1 machete curved, 1 tin snips for cutting sheets, 1 bag 500gm iron nails, 1x5 m tie wire, 1 claw hammer;	11	0,036	1
Blanket	Woven, 50% wool, 1.5x2m	5,25	0,0337	3
Kitchen set	2 pots, 5 plates, 8 spoons, 5 cups, 2 knives	5.00	0.03	1
Jerry can	Rigid plastic, 20l, food grade plastic, 50mm screw cap	1.00	0.03	1
Jerry can	Flexible 5-20 l	2.00	0.03	1
Bucket	Plastic, 5- 20 l, clip-on cover, 50mm outlet	1.25	0.01	1
Latrine Slabs	Serves 20 people	0.25	0.005	0.25
Mosquito nets		3,00	0.045	3
Chlorine or Certeza	Water purifier	2.00	0.01	2
Soap, body soap, 100g	Unit	1.25	0.01	Per month
Soap, laundry soap, 200g	Bars	1.00	0.01	Per month
Cereals, pulses and oil	Per month	59.00	0.04	Per month
Biscuits (CSM, BP5)	1 packet (24 biscuits) 500g/ person/day for 3 days	7.5	0.01	Per month
TOTAL		107,9	0.322	

In addition, table 2 below outlines the requirements for the same relief items for a scenario of 50,000 and 200,000 beneficiaries respectively. When compared with the current stock, it is possible to identify possible shortfalls of specific relief items.

Table 2 - Relief items requirements for 50,000 and 200,000 beneficiaries

Types of items	Ration size for family of 5			50,000 beneficiaries			200,000 beneficiaries		
	Quantity	Weight (kg)	Volume (cbm)	Quantity	Weight (MT)	Volume (cbm)	Quantity	Weight (MT)	Volume (cbm)
Tarpaulins (woven plastic, 4x6m, white/blue)	2	8.40	0.022	20,000	84,000	224	80,000	336,000	896
Shelter Tool Kit	1	11.00	0.036	10,000	110,000	360	40,000	440,000	1,440
Blankets	3	5.25	0.034	30,000	52,500	338	120,000	210,000	1,350
Kitchen set	1	5.00	0.030	10,000	50,000	300	40,000	200,000	1,200
Jerry can	1	1.00	0.030	10,000	10,000	300	40,000	40,000	1,200
Jerry can	1	2.00	0.030	10,000	20,000	300	40,000	80,000	1,200
Bucket	1	1.25	0.010	10,000	12,500	100	40,000	50,000	400
Latrine Slabs	0.25	0.25	0.005	2,500	2,500	50	10,000	10,000	200
Mosquito nets	3	3.00	0.045	30,000	30,000	450	120,000	120,000	1,800
Chlorine or Certeza	2	2.00	0.010	20,000	20,000	100	80,000	80,000	400
Soap, body soap, 100g	1	1.25	0.010	10,000	12,500	100	40,000	50,000	400
Soap, laundry soap, 200g	1	1.00	0.010	10,000	10,000	100	40,000	40,000	400
Cereals, pulses and oil (per month)	1	59.00	0.040	10,000	590,000	400	40,000	2,360,000	1,600
Biscuits (CSM, BP5) (500gr/person/3 days)	1	7.50	0.010	10,000	75,000	100	40,000	300,000	400
TOTAL	19.25	107.9	0.322	192,500	1,079,000	3,222	770,000	4,316,000	12,886

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9.7 HEALTH

Overall Objective

The overall goal is to reduce the vulnerability of the population affected by disasters through strengthening the response capacities of the Ministry of Health and its partners.

Specific objectives

- To strengthen surveillance for diseases and public health threats set up an early warning systems and a prompt response to outbreaks and other health risks including HIV. To strengthen the integration of emergency issues on the planning process (including emergency preparedness and contingency planning).
- To improve access to essential health services including primary health care and immunisation, Sexual and Reproductive Health, HIV/AIDS prevention commodities, including IEC material, communicable and non-communicable (chronic) diseases and mental health.
- To monitor and report on health situation and highlight critical gaps to be addressed by Health Partners as well as ongoing health interventions monitoring.
- To establish a strong health action' coordination mechanism with all health partners for an appropriate joint need assessment, priority identification and planning.
- To strengthen the capacity of national partners (MoH, NGOs, CNCS) and other partners for adequate health interventions.
- To prevent the spread of HIV in emergency through protecting women and girls from sexual violence and treat survivors of sexual violence

Planning Assumptions

- Health facilities and equipment will be damaged or inaccessible due to the disaster.
- Temporary health facilities for displaced communities will be located close to where the accommodation camps are set up.
- The Government will pre-position medicine in natural disaster prone areas.
- It will be possible to access emergency funds quickly.
- There will be allocated space for the transport of medication in UN transport means.
- The supply of drugs and other services such HIV prevention services, including IEC and condoms outlets, will be interrupted due to disruption to community life.
- Risks for outbreak of epidemic prone disease will be higher due to ongoing outbreaks (cholera mainly) and epidemiological context in disaster prone areas.
- Disruption of livelihood will drive family members, especially women to resort to negative coping mechanisms such as transactional sex to secure food and shelter for their families.
- Affected population and PLHIV will decrease their nutritional status and food uptake due floods and drought.
- Withdrawal of children from schools over long period of time can result in great vulnerability to HIV transmission due to lack of HIV information and awareness as well as the higher potential of sexual activities among non schools children.

Requirements

1. A rapid assessment of the health situation and health facilities in disaster-affected areas is required to assess public health impact of the disaster and also the level of destruction of health facilities and equipment, and loss or damage.
2. Based on the results of the assessment an initial response will be developed for critical interventions and plan for distribution of required supplies (health facilities) and human resources.
3. A rapid response team will be deployed including trained health staff for disease surveillance, case investigation, management, reporting, notification and advising in the implementation of health interventions.

4. Medical supplies will be pre-positioned and provided for epidemic prone diseases such as cholera and for common diseases (acute respiratory infections and other diarrhoea diseases and TARV for HIV).
5. Undertake an assessment of the Health situation and the health system, after the emergency response, for a recovery programme involving reconstruction, re-requirements; restore supply chain, and deployment of health workers.
6. Funding mechanism that ensures rapid availability of money to undertaking activities and availability of adequate information is required.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1	Mapping of existent health services and partners in districts prone to natural disasters	Health cluster	Ongoing
2	Conduct vulnerability assessment	WHO/UNICEF,UNAIDS	December/January
3	Strengthen coordination of humanitarian health activities	WHO and Health cluster members	ongoing
4	Training staff for detection of epidemic prone diseases (surveillance, investigation and response)	WHO,	ongoing
5	Ensure training for standard precautions, blood safety and waste management	MoH, WHO, CNCS	December/January
6	Strengthening health care provision by supplying essential medicine, guidelines and training material on common diseases	WHO,UNICEF,UNFPA; UNHCR, UNAIDS	Ongoing
7	Draft of HIV guideline in Emergency	WHO,UNAIDS	Ongoing
8	Support the DPS with collaboration of EPI epidemiologists to train/refresh course of community health activists	WHO/UNICEF	January
9	Reproduction of IEC materials on common diseases about upcoming emergencies (community radios and other means)	UNICEF,UNAIDS,WHO, UNFPA, UNHCR	December/January
10	Training of volunteers on basic curative, preventive health care and including PLHIV	WHO/UNICEF/UNAIDS	January
11	Discuss and plan appropriate referral system to manage the obstetric emergencies	WHO/UNFPA	January
12	Pre-positioning of drugs and essential supplies in emergency prone areas and support MoH to do same.	UNICEF/WHO/UNAIDS/ UNHCR	ongoing
13	Support refresher training for health staff on management of diarrhoeal diseases and dehydration, especially cholera	WHO/UNICEF	ongoing
14	Training at community level to strengthen knowledge and skills to deal with diarrhoeal diseases and the use of ORT	UNICEF/WHO/UNHCR	January
15	Training at community level to strengthen knowledge and skills on HIV transmission, prevention, stigma and non-discrimination	UNAIDS/UNICEF/WHO/ UNHCR	January
16	Training on HIV prevention in Emergency setting	WHO/UNAIDS/UNHCR	December-January
17	Training at national and provincial levels for the dissemination of tools on Minimal Initial Service Package (MISP), HIV/AIDS guidelines, gender guidelines	UNFPA,UNAIDS, UNICEF	Within 6 -12 months
18	Consult community leaders and stakeholders in decisions about how to make condoms available in a culturally acceptable way	UNAIDS, CNCS and UNFPA	December –March
19	Support the gender and HIV focal points in the	UNFPA, UNAIDS	Ongoing

	health cluster		
20.	Training of HBC in most vulnerable districts to support DDMAS in tracking people failing treatment and providing HBC to sick people in resettlement centres	UNAIDS, WHO	November-December 2010
21	Training of Provincial and District health focal points for disaster management	WHO	November/December 2010

Activities to be undertaken during an emergency

#	Activities	By whom	When
1	Conduct rapid Health assessment	UN Agencies	Within 1 week
2	Support MoH for health action's coordination (diseases surveillance including HIV, reporting on health situation and interventions, notification and case management of epidemic prone diseases in affected areas)	MoH, WHO/UNICEF, UNAIDS	Within 1 week
3	Support MoH to pre-position vaccines and Medical supplies and diseases outbreak emergency kits for health services in affected areas namely for r Measles, Meningitis, Cholera and HIV	WHO/UNICEF, UNAIDS	Within 1 week
4	Ensure appropriate mainstreaming of HIV related issues within existing coordination framework	UN Agencies	Throughout emergency
5	Ensure the implementation and establishment of notification, treatment tools for appropriate ITS treatment	CNCS, UNFPA, UNAIDS	During all the emergency
6	Distribute IEC materials on HIV&AIDS, Malaria, STI's and TB. Provide bed nets and condoms.	UNFPA, UNICEF, UNAIDS, WHO, UNHCR	Within 1 month
7	Reinforcing appropriate referral system to manage obstetric emergencies	WHO, UNFPA	Within 1 month
8	Supply delivery of kits to pregnant women and midwives	UNFPA	Within 1 month
9	Provide medicines for chronic diseases such as TB, ART, leprosy and malaria	WHO	Within 2 weeks
10	Provide services for survivors of gender based violence including PEP kits	UNFPA, UNAIDS, UNHCR	Within 2 weeks
11	Provision of dignity kits for women in accommodation centres	UNFPA	Within 1 month
12	Monitoring, evaluation and reporting of activities	WHO/UNICEF/ UNFPA, UNAIDS, UNHCR	Throughout

Activities to be undertaken during the Early recovery phase

#	Activities	By whom	When
1.	Re-establish health facilities and supply of drugs and treatment of diseases	WHO/UNICEF/UNAIDS	Within 1 month
2	Restore Home based care for the most vulnerable population and care-givers.	WHO	Within 1 month
3	Delivery of essential primary health care, including psychosocial services	WHO	Within 2 weeks
4	Epidemiological surveillance and early warning systems for the early detection and control of communicable diseases	WHO	Within 1 month
5	Implementation of immunization and ITN campaigns in the affected areas,	UNICEF/WHO	Within 2 weeks
6	Supply of HIV/AIDS related kits, IEC material and assistance services to affected population	UNAIDS/UNFPA, UNHCR	Within 1 month
7	Adequate referral to secondary and tertiary health care services	WHO	Within 1 month
8	Expand HIV prevention and awareness programmes	WHO/UNICEF/UNAIDS/CNCS	Within 1 month
9	Support Ministry of Health on the provision of high quality reproductive health services for those women in need	WHO/UNFPA	Within 1 week

Requirements:

Human resources

WHO: Existing - Public health specialist (P4); Consultant on Emergency; External roster of experts such as: Epidemiologist, Public Health Emergency Officer (cluster coordinator), Nutritionist, Logistician and Communication specialists.

UNICEF: *Existing:* Chief Health and Nutrition, Maternal and Child Health Specialist, Nutrition Specialist, EPI Specialist; Malaria Specialist. Additional suggested capacity in case of a major Emergency: EPI logistician to assist in planning, transport and logistics; Health logistician to assist in planning and transport logistics.

UNFPA: *Existing* Emergency Focal Point; additional capacity in case of major emergency;

UNAIDS: *Existing:* Humanitarian Officer; Additional Capacity: Possibility for deploying Regional Humanitarian Advisor.

IOM: *Existing:* Migration Health Coordinator. Additional capacity in case of emergency

SAVE THE CHILDREN: **Human Resources:** public health specialist; 1 health project manager and 5 field based health officers (Zambezia, in Morrumbala and Mopeia districts); 1 health project manager in Manica; external roster of experts.

OXFAM: Existing: 1 WASH Manager, 2 Humanitarian Managers in Maputo, 1 WASH Officer and 1 Public Health Promotion Officer in Marromeu (Sofala)

UNHCR: Existing: 2 Community Service staff (Nampula, Maratane Camp). Possibility for deploying Regional Health Coordinator and emergency staff within 72 hours, if need be.

Supplies

WHO: New Emergency Health kits; tools for epidemics investigation; drugs for epidemics; EOC kits; Medicines for chronic diseases (TB, ART, leprosy and malaria); Cholera Manual

UNICEF: In case of large emergency: Tents, LLINs, Basic Emergency Health Kits; New Emergency Health Kits (Supplementary 1 Drugs and Supplementary 2 Equipment); cold chain, vaccines, consumables and vaccination cards; Reproduction and distribution of IEC materials; can procure and provide pyrethroid insecticide for indoor residual spraying and outdoor spraying; can support MoH to procure adequate supplies of anti-malarial drugs, ORS, drugs and other items; can provide supplies for the establishment and running of CTCs .

UNFPA: Dignity kits; delivery kits for pregnant women and midwives; condoms; PEP kits.

UNAIDS: IEC materials on HIV/AIDS, prevention commodities (e.g. condoms) and VCT services will be made available per needs assessment.

IOM: Informational materials can be acquired as per needs assessment.

Save Children: reproductive health kits; IEC material; **OXFAM:** IEC material (mainly cholera), family hygiene kits, material and technical support to CTCs

UNHCR: IEC material (HIV/AIDS, basic hygiene, epidemic flu), prevention commodities (condoms), PEP kits may be provided in case of major displacements. Further supplies may be mobilised from Regional and Global stocks, if need be.

FUNDS

WHO: Strengthening of health services, epidemiological system and mental health – US\$ 50,000; Procurement of medical supplies – US\$50,000; Application for CERF grant as appropriate for Health Cluster interventions.

UNICEF :Basic Health Services: US\$200,000 for tents, emergency health kits, renewable supplies, extra staff for temporary/mobile health services, transport, fuel, supervision and health/hygiene education by health workers.

Immunization: US\$100,000 for fuel, transport, cash, food, tents for vaccinator teams.

Malaria: US\$60,000 for human resources: spray teams; activists; nurses, transport: fuel, vehicle hire, etc.

Prevention and Treatment of Diarrhoeal Diseases: US\$200,000 for cholera beds, renewable supplies, training, extra staff for CTCs, supervision and health/hygiene education by health workers. UNICEF will also apply for a CERF grant as appropriate for Health Cluster related interventions.

UNFPA: Training in MISP, GBV: US\$50,000; Condoms: US\$30,000 (depending on size of emergency); Dignity kits: US\$50,000 (depending on size of emergency); PEP kits: US\$ 10,000 (depending on size of emergency); UNFPA will apply for CERF grant as appropriate for Health Cluster interventions.

UNAIDS: Training on HIV/AIDS prevention targeting INGC emergency staff, LCRM, Uniformed personnel US\$ 90,000,00; VCT services US\$ 10,000,00. UNAIDS will apply for CERF grant as appropriate for Health Cluster interventions.

IOM: If one of the other agencies didn't apply for the CERF funds, IOM could do apply for a health cluster intervention.

Save Children: funding available for training of health personnel in sexual and reproductive health in emergencies; SC will apply for a CERF grant as appropriate for health cluster related interventions

OXFAM: Small funding available for immediate response, have access to more funds, specifically for cholera response

UNHCR: In case of major displacements, funding may be mobilized through HQs and CERF funds.

Update HCT WG Members

Health cluster

Health Cluster Lead: WHO - Dr EL HADI Benzerroug, Representative,
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Other members include: Medicus Mundi, World Vision, Red Cross; Save children, MSFB is an Observer

9.8 SHELTER

Overall Objective

Reduce the vulnerabilities related to Shelter, Settlement and Essential Household Items (EHI) of the disaster-affected population in Mozambique.

Specific objectives

- (1) **Mitigation and Prevention:** the vulnerability to natural disasters has been reduced by providing assistance and capacity to the Government, Civil Society and Communities at both national and local level for addressing resistant shelter, adequate planning, basic and social services, and infrastructure in coordination with other groups.
- (2) **Preparedness and Response:** the target population has Shelter, Settlement and Essential Household Items (EHI) to agreed standards for emergency.
- (3) **Early Recovery:** the target population has shelter and settlement to agreed standards for early recovery, which will continue to be met until durable solutions are achieved.
- (4) **Sustainable Reconstruction:** the target population has durable shelter and settlement to agreed standards for recovery.

Planning Assumptions

- (5) Security (political instability, conflict, disasters-related hazards, host/hosted community insecurity) in the affected area.
- (6) National and Local governments willing / prepared to accept external support.
- (7) Access to the affected areas.
- (8) Availability of resources (funding, relief goods, programming personnel).
- (9) Access to existing or new sites for the required area/space for shelter.
- (10) Access to existing or new temporary or permanent basic infrastructure and essential communal facilities.
- (11) Functioning land and property registration process.
- (12) Protection and promotion of existing and sustainable coping mechanisms.
- (13) Protection and promotion of feasible livelihood strategies.
- (14) Appropriate community involvement in problem identification and solutions.
- (15) Availability of technical expertise in-country to ensure rapid response taking into account the minimum standards and policy guidelines.
- (16) The main stakeholders are aware that the IFRC will lead the in-country shelter cluster in case of a major emergency.

Requirements

- A rapid assessment of shelter, settlement and essential household needs in disaster-affected areas is required to assess needs and ensure that lives are saved, the availability of drinking water and basic hygiene conditions. Assessments should also include details on accessibility, numbers of population affected, disaggregated by gender taking into consideration the different gender needs and the capacity of local WES authorities and partners to respond to the situation.
- Developed rapid standard assessment tools for Shelter, Settlement and Essential Household Items, using agreed methodologies and analysis with reference to agreed standards (e.g. Sphere, national, cluster, etc.)
- Developed technical tools for human settlement risk vulnerability, environmental and social impact assessments and mapping of the affected areas at a very early stage of the recovery phase.
- Developed standardized relief kits for shelter and essential households that are commonly accepted by main stakeholders (ie. 'Shelter kits').
- Provided means and technical support for developing adequate and environmentally

sustainable settlement planning through participatory approach addressing land tenure issues and ensuring adequate livelihood conditions in resettlement areas at a very early stage of the recovery phase.

- Provided means and technical support for developing guidance on safe house repair and construction, including appropriate technologies based on improved local knowledge and disaster-resistant building methods.
- The communities are involved in activities related to preparedness, response and recovery.
- Strengthened institutional disaster management on shelter and settlement issues, by providing training and technical support. Strengthened the participation of municipal/local governments in disaster management.
- Promoted and strengthened national and regional cooperation for the provision of shelter and the access to land and services to the affected population.
- Supported the development of procurement plans in consultation with UN agencies and all counterparts.
- Monitored all resettlement activities.
- Sustainable alternatives to the resettlement of populations are being explored.

Activities to be undertaken before an emergency (mitigation, prevention, preparedness)

#	Activities	By whom	When
1.	Participation on HCT WG and CTGC meetings	All members	On-going
2.	Identification of shelters in safe areas and infrastructure.	INGC, MOPH, MICOA-DNAPOT, UN-HABITAT	On-going
3.	Pre-positioning of relief material related to shelter and NFIs	INGC, MICOA-DNAPOT, Shelter Cluster members led by CVM	On-going
4.	Setting up a process of co-ordination and consultation among local initiatives specialized in shelter. Lay the basis for follow up with technical co-operation initiatives.	INGC, MICOA-DNAPOT, MOPH, Shelter Cluster members led by UN-HABITAT	On-going
5.	Provide capacity building at the community level in “awareness” and “advocacy” in disaster prevention, on issues related to shelter	INGC, Shelter Cluster members led by UN-HABITAT, other NGOs	On-going
6.	Promotion and strengthening of existing national co-ordination and response mechanisms at national, local and community level.	INGC, MOPH, MICOA-DNAPOT, UN-HABITAT	On-going
7.	Prepare a standby logistics agreement with construction material companies and counterparts to ensure availability for rapid delivery of standardized relief material all over Mozambique.	INGC, Shelter Cluster members led by CVM	On-going

Activities to be undertaken during an emergency (disaster response)

#	Activities	By whom	When
➤	Participate on the rapid assessments with the Government and in coordination with other groups	INGC, MICOA-DNAPOT, MOPH, Shelter Cluster members led by CVM/IFRC	During emergency
➤	Provide temporary shelter in existing infrastructures and/or camps	INGC, Shelter Cluster members led by CVM	Within the 1 st week
➤	Determine the location of accommodation camps and resettlement areas and set up a quick registry system	INGC, Local authorities, MICOA-DNAPOT, MOPH, Shelter Cluster members led by CVM/IFRC	Within the 2 nd week

➤	Provide emergency shelter and basic NFIs Including technical support on the efficient use of emergency shelter items (on the job trainings, using existing awareness materials etc)	INGC, Shelter Cluster members led by CVM/IFRC	Within first 2 - 4 weeks
➤	Coordinate with the WASH group in overlapping activities such as providing temporary sanitation, water supply facilities and other basic NFIs	MOPH, CVM/IFRC, WASH cluster leader	Within first 2 - 4 weeks

Activities to be undertaken during the Early recovery and Sustainable Reconstruction phases

#	Activities	By whom	When
➤	Perform a rapid damage assessment and immediate planning measures for shelter, provision of basic and social services and infrastructure in a participatory manner	INGC-GACOR, MICOA-DNAPOT, MOPH, Shelter Cluster members led by IFRC/UN-HABITAT	Within 1 month of end of emergency period
➤	Provide information on available supplies/material for reconstruction activities	MOPH, INGC-GACOR, Shelter Cluster members led by IFRC/UN-HABITAT	Within 1 - 2 months
➤	Mobilising both technical support and material for self-help reconstruction activities, including capacity building for low-cost housing construction techniques	MOPH, INGC-GACOR, MTC, Shelter Cluster members led by UN-HABITAT	3 - 6 months
➤	Developing and re-activating productive economic activities, especially through the construction of multi-purpose warehouses	INGC, MOPH, MINAG, MMAS, Shelter Cluster members led by UN-HABITAT	6 – 12 months
➤	Developing guidance on land ownership and responsible resettlement options for landless/homeless and those living in areas considered as unsafe.	INGC, MOPH, MICOA, Shelter Cluster members led by UN-HABITAT	6 – 12 months
➤	Develop guidance for specific activities that affect the planning of settlements/villages/neighborhoods. (ie.debris removal and reuse, repairs/demolitions, land use and management..) in an inclusive way.	INGC, MOPH, MICOA, Shelter Cluster members led by UN-HABITAT	6 – 12 months

Human Resources Availability

In case of major natural disasters, about 20 specialized staff from various institutions members of the Global Emergency Shelter Cluster can be deployed to the country, led by the IFRC Shelter Cluster Coordination Team.

CVM: Branches in all provinces and most of districts (average of 5 staff and 550 volunteers per province). The CVM DM Department at Central HQ coordinating the shelter cluster during preparedness phase and response to minor emergencies.

IFRC: Shelter Coordination Teams (SCT) composed by three specialized people, ready to be deployed in the country within a few days in order to lead the cluster along with CVM, in case of a major natural disaster. The SCT comprises a Coordinator, a Technical Coordinator and an Information Manager. Additionally, a Shelter Recovery Adviser is increasingly a member of the standard team. Environmental Advisors and Mapping Assistants can also be included as required. The role of the SCT Liaison Officer will be undertaken by a representative of the CVM.

UN-HABITAT: 3-5 specialized staff (architects, engineers, geographers, DRR specialists...) based in Maputo. Global human resources can be deployed to Mozambique in times of early recovery.

OIM: 5 persons based in Maputo, one of them is a shelter specialist. Global human resources that can be deployed immediately to Mozambique in times of emergency.

UNICEF: no data available

KULIMA: 2 specialized staff, ready to be deployed during a week

CARE: Global human resources that can be deployed to Mozambique in times of emergency.

World Vision: 2 specialized staff in Mutarara and Quelimane. Response multisectoral teams composed by 10 persons per province (Nampula, Tete, Gaza and Zambezia). 900 staff at the country level.

OXFAM: 6 staff working on DM affairs (no specialists on shelter). Global human resources that can be deployed to Mozambique in times of emergency.

Samaritan's Purse: DART (disaster response teams, 4 - 5 persons) that can be deployed in Mozambique within 24 hours. 121 staff working in the country.

Habitat for Humanity: 3 shelter specialized staff. 18 staff working in the country.

OIKOS: 5 staff in the country

UNHCR: Emergency staff can be deployed within 72 hours in case of major displacements.

Supplies:

Basic Relief Ratio: Items, specifications and ration size for family of 5 people

Types of items	Specification	Ration size for family of 5	Weight (kg)	Volume (cbm)
Tarpaulins (woven plastic, 4x6m, white/blue)	Woven plastic, 4x6m, white/blue	2	8.4	0,0224
Shelter Tool Kit	Shelter tool kit content: 1 handsaw, 1 claw hammer; 1 round point shovel, 1 hoe plus wooden handle, 1 machete curved, 1 tin snips for cutting sheets, 1 roll of 30m nylon rope, 1x5 m tie wire, 1 bag 500gm iron nails, 1 bag of 500gm roof nails	1	11	0,036
Blanket	Woven, 50% wool, 1.5x2m	3	5,25	0,03375
Kitchen set	2 pots, 5 plates, 8 spoons, 5 cups, 2 knives	1	5.00	0.03
Clothing	at least one full set of clothing in the correct size	5		

*The **SHELTER KIT (2 tarpaulins + shelter tool kit)** includes plastic sheeting, tools and fixings suitable for building emergency shelters or repairing damaged houses. One shelter kit is designed for a family of 5 members. With a shelter kit, disaster affected households can begin to build their homes and restart their lives. It is highly recommended the distribution of shelter kits in most of disaster response operations, rather than **FAMILY TENTS**.*

CVM: Existing stocks – About 10,000 tarpaulins, 2,000 shelter tool kits, 900 family tents, pre-positioned in warehouses (Maputo, Beira and Mopeia). IFRC can provide shelter relief from global warehouses.

WVI: Agreement with Advance Aid to provide 25,000 families within two weeks if needed.

Samaritan's Purse: NGO specialized in relief. Material pre-positioned on global warehouses.

FUNDS

- Immediate Response: among the members, there is about \$ 30.000 available funds to cope with an eventual emergency.
- OIM can access funds through the **CERF** mechanism within 1-2 weeks (as recommended by CERF, IOM can also identify other possible emergency funding partners).
- CVM and IFRC can access to **DREF** funds.
- CARE can access to funds from CARE International

Shelter Cluster Leadership:	
Responsible of activities related to the Preparedness and Response phases:	
1.	Mozambique Red Cross (CVM)
2.	The International Federation of the Red Cross and Red Crescent Societies (IFRC) should take the lead in case of a major disaster.
Responsible of activities related to Recovery and Sustainable Reconstruction , including Mitigation and Prevention :	
3.	UN-HABITAT
Assistant to Shelter Cluster coordination:	
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9.9 Emergency Telecommunications

Overall Objective

The Emergency Telecommunications Cluster (ETC) will provide clearly defined services to ensure timely, predictable, and effective inter-agency telecommunications to support humanitarian operations (Clusters and other humanitarian partners) and to ensure personal security from the onset of the emergency.

Specific objectives

- Providing inter-agency telecommunications infrastructure and services, covering both data and security communications, which are essential for the efficient and effective operations, as per section A.
- Providing basic data services in emergency affected areas, as per section B.

- Providing standard, interoperable ICT platforms and procedures to avoid duplication and ensure cost effective services.
- Ensuring a smooth transition to the post-emergency reconstruction phase.

A. Security Communications (WFP)

These services aim to provide a reliable common telecommunications backbone for UN agencies and Cluster partners, to facilitate common security support measures, and they include but are not limited to:

- Provision of HF/VHF network coverage in every UN operational area, as per established requirements, for humanitarian community.
- Deployment of a MOSS compliant radio backbone/infrastructure and 24/7 capable radio-rooms in all operational areas operating as per MOSS standards, including recruitment, training and management of the necessary radio operators.
- Frequency, call-sign and cell-calls coordination and management services.
- Liaison with government authorities on behalf of the ICT humanitarian community for security telecommunications purposes (licensing, equipment importation).
- Coordination of the ETC cluster activities on the ground, including definition and submission for approval of a project document with a clear budget, fund-raising, regular (at least monthly) project reporting, donor reporting; definition of an exit strategy and hand-over/closure of the services at the end project and final closure reporting.
- Provision of technical advices to all UN agencies, INGC, NGOs and other humanitarian partners.

B. Data Communications Services (UNICEF)

These services aim to provide common inter-agency data-communications services for the Clusters, INGC, other humanitarian agencies and NGOs in the primary operations site. The services will be provided based on two distinct phases described below:

- Phase One – within the first week of the emergency activation of basic voice, fax and web-based email access by installing portable data satellite terminals or by activating and upgrading the internet bandwidth of currently installed INGC VSATs at CENOE and CERUMs.
- Phase Two – within three weeks of the emergency activation wireless data-connectivity from Internet “hot spots” using portable high-speed data satellite terminals (VSATs) or through local broadband links if available.

Planning Assumptions

- No infrastructure will be available due to the damage, non-existence or overloaded communications channels.
- It will be possible to mobilise the necessary resources quickly.
- Importation of the equipment into the country might be delayed.
- INGC will ask for additional assistance to support its communication system.
- Roads in affected areas might be destroyed which will make it more difficult for bulky equipment (generators, masts) to be deployed.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Mapping existing services in districts prone to natural disasters	WFP UNICEF	During Operational Plan preparation
2.	Emergency equipment stock management	WFP UNICEF	Currently underway
3.	ICT capacity assessment, including NGOs in possible operational areas	UNICEF WFP	During Operational Plan preparation
4.	Operational plan development	UNICEF WFP	1-2 months before rainy season

5.	Pre-position telecom and IT equipment, if needed, in Beira (for central provinces) or Tete /Nampula (for northern provinces)	WFP UNICEF	Upon receiving information on possible response
6.	Coordination meetings with INGC	WFP, UNICEF INGC	On weekly basis if response likely

Activities to be undertaken during an emergency

#	Activities	By whom	When
1.	Assessment of security telecommunication needs for the UN, and the preparation of recommendations and/or project proposal(s)	UNICEF WFP Other cluster partners	First 48 hours of the emergency
2.	ICT staff deployment to the emergency affected areas	WFP UNICEF	First 48 hours of the emergency
3.	Radio-rooms deployment as per established requirements / recommendations	WFP	First 72 hours of the emergency
4.	VHF repeaters installation to cover the UN's operational areas	WFP	First 72 hours of the emergency
5.	Design and deployment of HF network, including call-signs and cell-calls management	WFP	First week of the emergency
6.	Deployment of basic voice, fax and web-based email access through portable data satellite terminals	UNICEF first responder team	First 48 hours of the emergency
7.	Deployment of VSAT stations in all UN operational areas to provide advanced data and VoIP services in all UN operational areas	UNICEF	Second and third weeks of emergency
8.	Training of radio-operators and users (both UN and NGOs) on radio-operations and IT systems, through a dedicated radio trainer	WFP UNICEF	Upon arrival of the personnel to the affected area
9.	ETC management activities, such as reporting, staffing issues, recruitment, equipment management (inventory)	WFP	Throughout the emergency

Activities to be undertaken during the Early recovery phase

#	Activities	By whom	When
1.	Closure / hand-over of activities	WFP	By the end of the emergency
2.	Equipment management issues: inventory, stock replenishment, refurbishing of used equipment	UNICEF WFP	Immediately after the project closure
3.	Managerial issues – financial closure, staff evaluation, etc.	UNICEF WFP	2 months after the end of the project
4.	ETC activities final report preparation and distribution	WFP	2 months after the end of the project

Requirements

Human Resources:

WFP internal:	1 international ICT officer, 1 national IT officer, 2 TC assistants (Maputo and Beira).
UNICEF internal:	1 international ICT officer, 1 national IT officer.
UNDP internal:	(if required) 1 national IT officer.
WFP external:	ICT specialists are available upon request from Regional and HQ offices; WFP Dubai / FITTEST can provide any required number of ICT staff including telecom / IT specialists, emergency ICT coordinators, international radio-operators and trainers.
Partners: WFP	SRSA, a stand-by partner of WFP, can provide on a very short notice telecom / IT specialists, international radio-operators and trainers.

Partners: UNICEF TSF, a stand-by partner of UNICEF and OCHA, can provide basic voice/data connectivity for the initial stage of an emergency.

Supplies – Emergency Equipment stock:

WFP: ICT equipment enough to deploy one full-size 24/7 capable radio-room, including mid-size VSAT outstation and power generator for medium-size office (up to 25 users), as well as four portable Iridium satellite phones, six laptop computers, scanners, printers, multifunction fax machine, hand-held radios and wireless network / links equipment.

UNICEF: One small-size VSAT outstation kit, 4 portable BGAN internet satellite terminals.

Additionally, six VSATs installed at CENOE's (Maputo, Caia, Vilankulos and Nacala) and CERUMs (Massagena and Chigubo), under the WFP-UNICEF-INGC Joint Programme is available to provide upper bandwidth data connectivity from these sites, up to 300 users per site.

Inter Agency stock of equipment is located at WFP compound in Maputo.

Funds: Immediate start-up funds can be obtained through the ICT Special account in WFP's HQ, pending the preparation and funding of a Flash Appeal.

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9.10 Early Recovery

Defining Early Recovery

The overall focus of ER is on restoring the capacity of national institutions and communities to recover from disasters, to build back better and to prevent relapses.

- Early Recovery is defined as recovery that begins early in a humanitarian setting. It is a multi-dimensional process, guided by development principles, that seeks to build upon humanitarian programmes and to catalyze sustainable development opportunities¹⁰.
- Early recovery aims to generate to the extent possible self-sustaining nationally owned and resilient processes for post-disaster recovery.
- Early recovery fosters a risk reduction approach and encompasses livelihoods, shelter, governance, environment and social dimensions, including the reintegration of displaced populations, if any.

While it's difficult to set a firm time line for early recovery, we will consider that the ER process starts within the time frame of emergency intervention and closes 18 months after the impact of a natural disaster.

Objectives of Early Recovery

Early recovery occurs in parallel with emergency activities, but its objectives, mechanisms and expertise are different. Early recovery aims to:

- i) Augment emergency assistance operations.
- ii) Promote spontaneous recovery initiatives by the affected population and mitigate the rebuilding of risk.
- iii) Establish the foundations for longer-term recovery.

Guiding Principles

As a precondition for achieving the above mentioned objectives, to ensure a successful transition, the recovery process should be guided by a range of principles, identified as conducive for sustainability: *national ownership, participation and decentralized planning, review and reorientation of current development initiatives, promoting national capacities, effective needs assessment, avoid dependence on HA, effective coordination, factoring risk reduction, ensuring gender equality, integrating other cross cutting issues, and effective M&E.*

Broadly, Early Recovery Activities include:

- Early Recovery activities in each of the Clusters within respective response plans
- Build-up of country capacities for disaster management, transition and recovery
- Planning and resource mobilization for sustainable resettlement
- Area-based and community driven social and economic recovery
- Small scale recovery infrastructure
- Coordination of *Early Recovery*

Early Recovery Cluster

Based on lessons learned from rapid onset emergency since 2007 floods and cyclone, it was suggested to create an 'Early Recovery' Cluster to cover the 'core areas' of early recovery, such as livelihoods, reintegration, land & property, infrastructure and governance. The focus of the cluster will be determined by identifying the early recovery 'gaps' i.e. those areas of early recovery not

¹⁰ "Guidance note on Early Recovery CWGER, April 2008"

covered by the other clusters.

UNDP, in its role as the lead of the IASC Early Recovery Cluster, will set up and run the Early Recovery Cluster. Therefore, UNDP will be accountable to the HC/RC to provide expertise and support in early recovery coordination, strategic planning, monitoring, preparedness, and advocacy.

However, early recovery is a multi-dimensional process as well as a crosscutting issue and must be mainstreamed into the work of all clusters. The ER Cluster will work closely with other clusters to ensure that ER issues are properly addressed.

The ER Cluster will also have the responsibility to develop an early recovery plan or strategy, in coordination with early recovery focal points in each cluster. The plan should be HIV/AIDS, Gender and DRR sensitive, responsive and ensure active participation of affected women and men.

Finally, the ER Cluster will support resource mobilization efforts with key donors to address the funding gap between humanitarian aid and long term resettlement, which has been pointed out by INGC and partners themselves as a serious constraint to recovery/rehabilitation efforts.

Early Recovery Activities (not covered by other clusters)

#	Activities	By whom	When
Coordination			
1	Support relevant authorities (MOPH, MICOA, MISAU, MINAG and other relevant Ministries) to plan and manage the recovery effort	FAO, UNDP, WHO, UNICEF, INGC	1 to 3 months
2	Establish effective and participative early recovery coordination mechanism to support national efforts	FAO, WHO, UNDP, INGC	1 to 3 months
3	Support the establishment of monitoring and evaluation systems for early recovery activities	FAO, WHO, UNDP, UNICEF, INGC	1 to 3 months
4	Set up and support implementation of donor and beneficiary tracking systems	UNDP, WHO, INGC	1 to 3 months
Assessments			
5	Support national capacity for early recovery joint assessment, planning and programming	FAO, WHO, UNDP, UNICEF, INGC, ACT, IRD, OXFAM	1 to 3 months
6	Support coordinated early recovery needs assessment, and advocate for early recovery issues to be taken into account in other needs assessments by national and international humanitarian and development actors	FAO, WHO, UNDP, UNICEF, INGC, IRD, OXFAM	1 to 3 months
Strategic Planning			
7	Contribute to the elaboration of common ER strategic priorities in flash appeals and CAPs	FAO, UNDP, WHO, UNICEF	1 to 3 months
8	Facilitate early recovery prioritization workshops at national and local levels	UNDP, WHO, INGC, ACT	1 to 3 months
9	Support the development of nationally-led and needs-based multi-stakeholders Early Recovery Strategic Frameworks and Action Plans, linked to the conceptualization of longer-term strategic development frameworks that are risk sensitive	FAO, WHO, UNDP, UNICEF, INGC	1 to 3 months
10	Support early recovery resource mobilization efforts	FAO, WHO, UNDP, UNICEF, ACT, IRD, OXFAM	1 to 12 months

#	Activities	By whom	When
11	Contribute to the conceptualization and development of longer-term strategic development frameworks for the transition from relief to development that are risk sensitive	FAO, WHO, UNDP, UNICEF, ACT	6 to 18 months
Disaster Risk Reduction			
12	Develop guidelines and training for disaster-resistant recovery and reconstruction	UNICEF,WHO, UN-HABITAT, INGC, IRD, WVI, UNAIDS, UNFPA, CAFOD, OXFAM	1 to 6 months
13	Support Government in the development of a risk sensitive recovery policy with involvement from all line Ministries.	UNICEF, WHO, UN-HABITAT, UNDP, INGC, WVI	1 to 3 months
14	Local vocational training in hazard-resistant construction techniques	FAO, WHO, UN-HABITAT, ACT, IRD	1 to 3 months
15	Strengthen local level emergency response mechanisms in the affected areas	FAO, WHO, UNICEF, OIKOS, UNDP, INGC, ACT, WVI, OXFAM	3 to 18 months
16	Train local government officers in DRR	FAO, WHO, UNDP, UN-HABITAT, INGC, WVI, UNAIDS, UNFPA	3 to 18 months
17	Strengthen local level DRR knowledge for building back better	All agencies FAO, UNDP, UN-HABITAT, INGC, ACT (CEDES), IRD, WVI	3 to 18 months
18	Promote practical and applied regional/international exchanges in the area of DRR	FAO, UNDP, INGC, WVI	3 to 18 months
Revitalizing and Diversifying Livelihoods & Economic Recovery			
19	Rapid restoration of damaged/destroyed livelihoods inputs (e.g. fishery; boats repair/replacement; livestock; small trade)	FAO, OIKOS, ACT (LWF), IRD, WVI, OXFAM	1 to 3 months
20	Reactivate agricultural and non-agricultural productive sectors	FAO, OIKOS, ACT, IRD, WVI	3 to 18 months
21	Diversify income generation activities	FAO, OIKOS, ACT, IRD, WVI, OXFAM	3 to 18 months
22	Rehabilitate market places and create market structures to facilitate regional trade	FAO, IRD	3 to 18 months
23	Provide productive resources and training to men and women to engage in productive activities	FAO, OIKOS, ACT, IRD, WVI, OXFAM	3 to 18 months
24	Create cash transfer opportunities for public works	WFP, ACT (LWF) , IRD, OXFAM	3 to 18 months
25	Facilitate regional exchanges strengthening durable solutions for economic recovery	FAO, UNDP, INGC	3 to 18 months
26	Create income generation projects	FAO, UNDP, ACT, IRD, WVI, OXFAM	3 to 18 months
27	Provide skills training and skills development to the youth and female heads of households	FAO, OIKOS, ACT, IRD, WVI	3 to 18 months
28	Promote sustainable use of natural resources e.g. crop diversification and re-forestation	FAO, OIKOS, ACT, IRD, WVI, OXFAM	3 to 18 months

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¹¹ ACT (Action by Churches Together) is a Global Alliance of Churches and related Organizations working together to save lives and support communities in emergency and development. In Mozambique, ACT regroups the following organizations: CEDES, CCM, IPM, LWF, EED/FFW, Christian Aid, Church World Service and Wesleyan Methodist Church.