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

2008/2009

Final

November 2008

Contents

Acronyms and Abbreviations	3
1. Executive summary	4
2. Introduction	5
3. Context Analysis and Risk Assessment	6
3.1 Mozambique Seasonal Rainfall Outlook for OND 2008 and JFM 2009	6
3.1.1 Cyclone forecast	7
3.2 Southern Africa Seasonal Rainfall Outlook for OND 2008 and JFM 2009	7
3.3 Hydrologic Outlook for Mozambique for OND 2008 and JFM 2009	8
3.4 Agriculture forecast for Mozambique for OND 2008 and JFM 2009	8
3.5 Food security and nutritional situation	9
4. Contingencies (floods, cyclones, earthquakes and drought)	10
5. Scenarios for the Inter-agency Contingency Plan	11
5.1 Disaster Profile (Table) 2008/2009	15
6. Lessons learned from the 2008 Zambezi floods and Cyclone Favio	20
6.1 Cluster Approach	20
6.2 Information Management	21
6.3 Human Resources	21
6.4 Early Recovery	21
6.5 Emergency Funding Mechanisms	21
7. Strategies and objectives	22
8. Overall management and coordination framework	22
8.1 HCT roles, responsibilities and emergency coordination mechanisms	22
8.1.2 Composition	23
8.1.3 Management Functions	23
8.1.4 Relationships and Working Modalities	23
8.1.5 Objectives of the HCT and the Mozambique Clusters	24
8.2 Mozambican coordination mechanisms, responsibilities and activities	24
8.3 Emergency coordination mechanisms between HCT and GoM	27
9. Cluster-based Sectoral Response Plans	29
9.1 Nutrition	29
9.2 Food Security	32
9.3 Protection	37
9.4 Education	41
9.5 WASH (Water, Sanitation and Hygiene)	46
9.6 Logistics	51
9.7 Health	55
9.8 Shelter	59
9.9 Emergency Telecommunications	61
10 Early Recovery	64

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARA	Associação Rural Africana
CCGC	Conselho Coordenador de Gestão de Calamidades
CERF	Central Emergency Response Fund
CTGC	Conselho Técnico de Gestão das Calamidades
CVM	Mozambican Red Cross
CEDES	Comité Ecuménico de Desenvolvimento Social
CNCS	Conselho Nacional de Combate ao Sida
CMT	Country Management Team of the United Nations
CAFOD	Catholic Agency for Overseas Development
DNA	National Directorate of Water
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
MISAU	Ministry of Health
MOPH	Ministry of Public Works and Housing
MMAS	Ministry of Social Action and Women
MSF	Médecins sans Frontières
NGO	Non Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OIKOS	Cooperação e Desenvolvimento
RTE	Real Time Evaluation
SARCOF	Southern Africa Regional Climate Outlook Forum
SCA	Save the Children Alliance
SPIR	Samaritan's Purse
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
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
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 in mounting 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.

Importantly, the Inter-agency Contingency Plan is based on lessons learned from previous emergencies, particularly the 2008 floods and Cyclone Jokwe responses and is aligned to the 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, 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 and 2008 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 on 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 20.1 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, which national prevalence rate is 16% (CNCS, 2007).

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. The pandemic increases the vulnerability of the population hit by natural disasters. About 36.2 %² 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 (HCT) 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 2008/9 based on (i) the experiences and lessons learned from the 2008 Floods and Cyclone Jokwe emergencies; (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, who acts as Humanitarian Coordinator during emergencies, plays a key role in the response serving as a liaison with Government, with donors and 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 (INGC) that coordinates the response. The National Disaster Management Institute (INGC) 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 (CENOE's), 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 2008/9 rainy season.

² (UNDP, 2007) "Human Development Report 2007/2008 Fighting Climatic Change: Human solidarity in a divided world", New York by Paul Grave Macmillan

3. Context Analysis and Risk Assessment

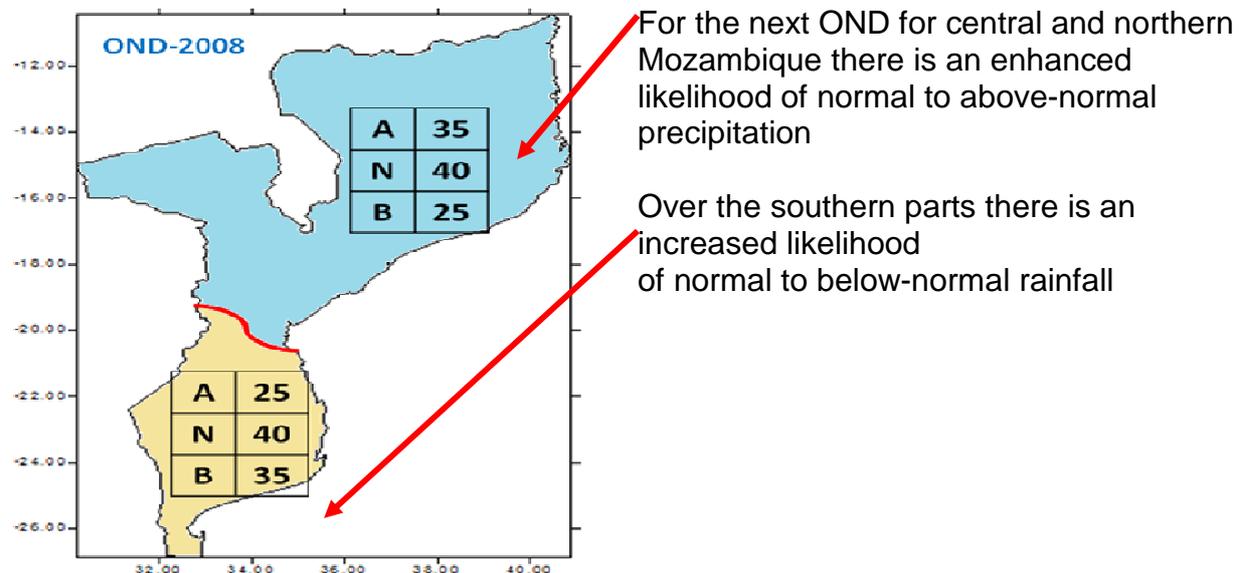
3.1 Mozambique Seasonal Rainfall Outlook for OND 2008 and JFM 2009:

The National Meteorological Institute of Mozambique (INAM) held its annual briefing on SARCOF weather predictions for the 2008/2009 rainy season in September 2008.

The outlook for Mozambique forecasts for the first half of the season (October-December 2008) increased chances of normal to above-normal rainfall specifically for the Central and Northern regions of the country. Over the Southern parts there is an increased likelihood of normal to below-normal rainfall.

For the second half of the season (January-March 2009), most of the Northern and Southern regions have an increased probability of normal to above-normal rainfall, while the Central part of the country has a probability of normal to below-normal rainfall tendency (Figure 1 & 2). Parts of Tete and Zambezia provinces might register normal to above-normal rainfall. The key point is that in the north the forecast is normal to above normal in both periods.

Figure 1: Seasonal Rainfall Outlook for October-November-December (OND) 2008



For the next OND for central and northern Mozambique there is an enhanced likelihood of normal to above-normal precipitation

Over the southern parts there is an increased likelihood of normal to below-normal rainfall

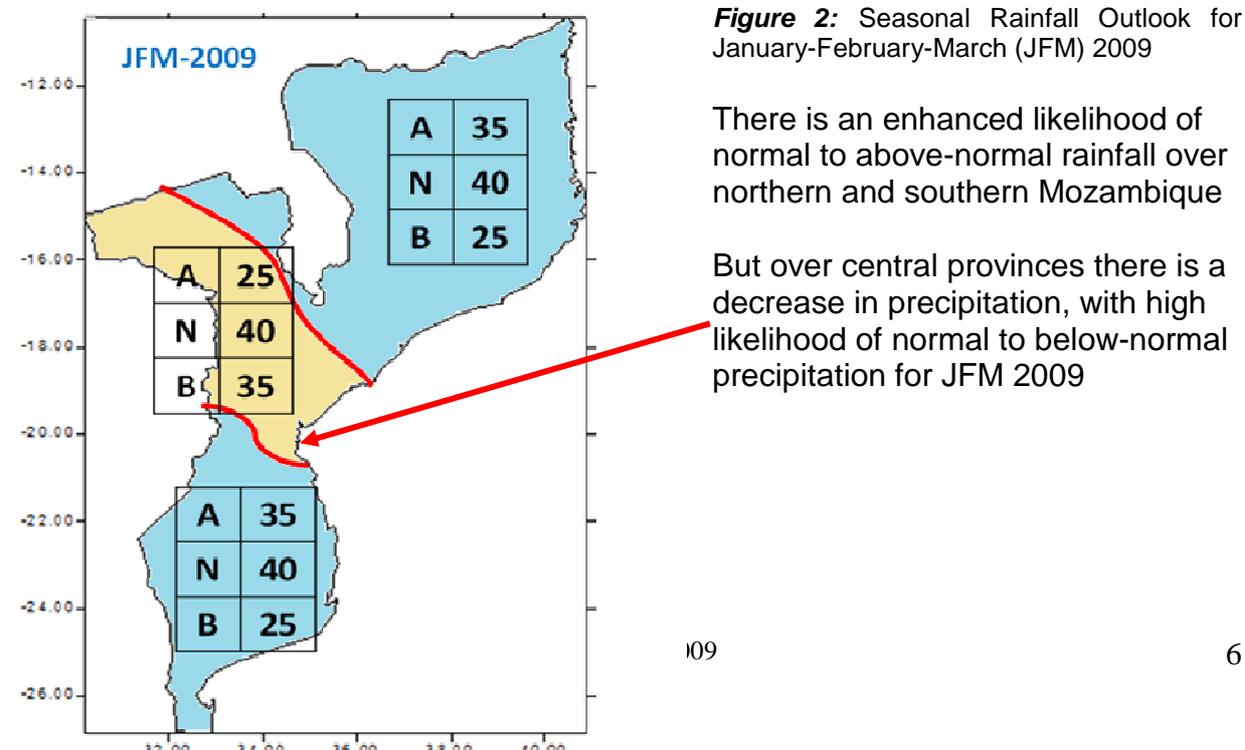


Figure 2: Seasonal Rainfall Outlook for January-February-March (JFM) 2009

There is an enhanced likelihood of normal to above-normal rainfall over northern and southern Mozambique

But over central provinces there is a decrease in precipitation, with high likelihood of normal to below-normal precipitation for JFM 2009

3.1.1 Cyclone forecast

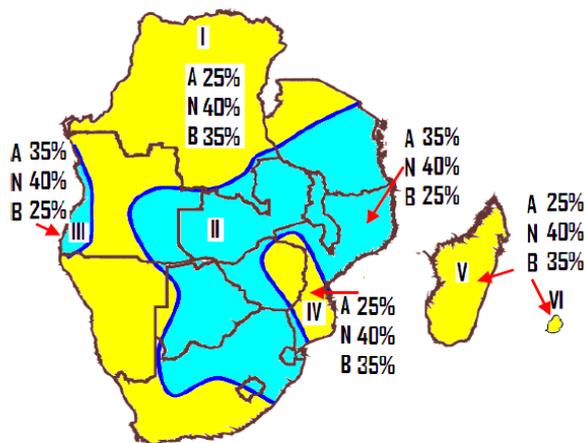
The Mauritius Meteorological Services 2008-2009 Cyclone Season Outlook in the South-West Indian Ocean states that there is a high probability that the 2008-2009 cyclone activity will be normal, with about 10 named storms with at least two in the Mozambique channel, therefore the preconditions for the formation of a cyclone that enters the Mozambican territory are medium to high.

3.2 Southern Africa Seasonal Rainfall Outlook for OND 2008 and JFM 2009:

Over the Southern Africa region, there is an enhanced likelihood for normal to above-normal rainfall over Zambia, Malawi and portions of Zimbabwe and Angola in OND 2008 and in JFM 2009 there is likelihood for normal to above-normal rainfall in Mozambique (North of the Zambezi River), Botswana, Zambia, Malawi, portions of South Africa. This has to be taken into account analyzing the runoff and encashment of the Zambezi River.

Figure 4 - 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

Figure 4: Forecast for January to March 2009



3.3 Hydrologic Outlook for Mozambique for OND 2008 and JFM 2009 (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 2008
 - **Low flood risk:** All south basins , Zambeze, Lurio and Rovuma;
 - **Medium risk:** Center region (Buzi, Gorongozo and Pungoe Basins), hydrographic basins of Licungo, coastal areas of Zambezia and Nampula; Messalo and Montepuez.
- b) For the period of January, February and March 2009
 - **Low flood risk:** Lurio and Pungoe basins;
 - **Medium risk:** Hydrographic basins of Save, Buzi, Gorongozo and Zambeze;
 - **High risk:** Maputo, Umbeluzi, Incomati, Limpopo, Inharime, Mutamba, Inhanombe and Govuro;
 - Hydrographic basins of Licungo, coastal areas of Zambezia and Nampula provinces, Messalo, Montepuez.

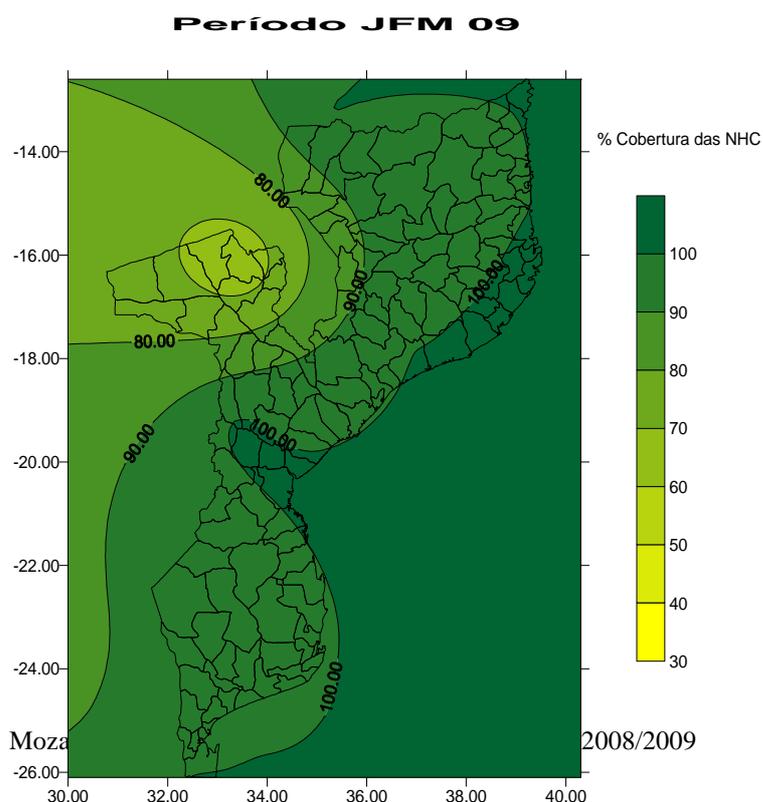
3.4 Agriculture forecast for Mozambique for OND 2008 and JFM 2009 (source MINAG)

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

a) For the period of October November and December 2008

For the northern region of the country there is moderate probability to cover the Water Requirement Satisfaction Index (WRSI): 60 -70%.

For the central region: Tete province shows low probability (50%), for Zambezia and Sofala there is moderate (60 -70%) and Manica province high probabilities (80%) to cover the WRSI.



For the south of Maputo and south of Gaza there are low probabilities, for Inhambane and the remaining of Gaza moderate (60- 70%) probabilities to cover the WRSI.

b) For the period of January, February and March 2009

In general there is a significant improvement to cover the WRSI from high (70-100%) to very high »100%.

Figure 6: Level of WRSI coverage for JFM 2009

The north of Niassa, Cabo Delgado and Nampula show high to very high probabilities to cover the WRSI. In the central region there is probabilities are be high particularly in the coastal areas of Sofala. The south also shows a high probability to cover the WRSI, for this period.

A normal crop season with a delayed harvest in the south is expected.

Alert goes to the central and Northern regions of the country, where floods could be expected, particularly in the second period (Jan to March 2009).

3.5 Food security and nutritional situation (source SETSAN)

The recent government-led Food Security and Nutrition Assessment (VAC) identified 302,000 Mozambicans as acutely food insecure and in need of immediate assistance, in seven provinces. The households identified as acutely food insecure are concentrated in provinces that were affected by natural disasters in both 2007 and 2008, including floods in four central provinces along the Zambezi River basin in January/February and severe rainfall deficits (from January until the harvest time in April) causing drought in certain districts of Mozambique particularly in Maputo, Gaza and Inhambane provinces. The flood and drought victims of Mozambique's 2008 natural disasters – most of whom depend on subsistence agriculture – lost homes, food reserves and most, if not all, of their 2007/2008 harvest.

An additional 243,000 may be at risk of food and income losses during the 'lean season' – October to March – when food stocks tend to run out and prices rise, leaving fewer options for obtaining food. The VAC also identified a total of 540,600 people who are chronically food insecure. On average, 35 percent of households in Mozambique are considered chronically food insecure (*Baseline Study of the National Secretariat for Food Security and Nutrition, 2006*). According to the most recent assessment, the provinces with the highest rate of chronic food insecurity were Zambezia (36 %), Tete (35 %), Maputo (34 %) and Inhambane (30 %).

a) For the period of October November and December 2008

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 shortly.

In the north the situation will be the same as normal.

b) For the period of January, February and March 2009

The Food security and nutrition situation could improve with the harvest, from April onwards. For the central and northern regions the situation would tend to be normal, but with localized floods, inducing crop losses and epidemics.

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 in this way food insecurity, disease outbreaks and infrastructure damage 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.

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.

Earthquakes:

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 SW 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.

To monitor earthquakes, Mozambique has five seismographic stations in Nampula, Tete, Manica, Lichinga and Changalane. The first three stations have lower coverage estimated at approximately 650 km of ray. However, the Humanitarian Country Team monitors seismic activity in Mozambique through international internet websites, such as <http://www.hewsworld.org/seismic/>; [USGS-NEIC Earthquake Data Reports](http://www.usgs.gov/neic/).

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.

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 2008/2009 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 1)

(1) Winds and strong precipitation, (2) Localized flooding, (3) drought, (4) cyclones

- Continuation of drought conditions in the southern region of the country until Dec08: low crop production, outbreaks of epidemics related to water shortages
- Cyclone hits the coastal areas of Sofala, Zambezia and Nampula

People affected: 735,900 people

Table 1: Provinces and estimated people to be affected at scenario 1

Province	Number of people			
	Winds, Localized flooding	Drought	Cyclone	Total (Scenario 1)
Maputo	23,000	118,000		141,000
Gaza	16,400	84,700		101,100
Inhambane	17,000	55,000		72,000
Manica	7,500	23,500		31,000
Tete	2,500	67,900		70,400
Sofala	3,400	44,500		47,900
Zambezia	5,900		44,600	50,500
Nampula	12,600		199,300	211,900
Niassa	8,000			8,000
C Delgado	2,100			2,100
Total	98,400	393,600	243,900	735,900

SCENARIO 2: Probable, medium magnitude (Table 2)

- Persistent drought conditions in the southern region, over the second period: low crop production, outbreaks of epidemics related to water shortages
- Cyclone hits the coastal areas of Sofala, Zambezia and Nampula
- Localized floods along the hydrometric basins of Save, Buzi, Pungoe, Zambeze, Licungo, Messalo and Montepuez and in the coastal areas of Zambezia and Nampula

People affected: 958,300 people

Table 2: Provinces and estimated people to be affected at scenario 2

Province	Scenario 1								Sub total	Total
		Zambeze	Buzi	Pungue	Save	Licungo	Montepuez	Messalo		
Maputo	141,000								0	141,000
Gaza	101,100								0	101,100
Inhambane	72,000				26,000				26,000	98,000
Manica	31,000	4,400							4,400	35,400
Tete	70,400	41,300							41,300	111,700
Sofala	47,900	16,900	35,000	30,000	12,900				94,800	142,700
Zambezia	50,500	32,000				12,700			44,700	95,200
Nampula	211,900								0	211,900
Niassa	8,000								0	8,000
Cabo Delgado	2,100						4,400	6,800	11,200	13,300
Total	735,900	94,600	35,000	30,000	38,900	12,700	4,400	6,800	222,400	958,300

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

- Persistent drought conditions in the southern region, over the second period: low crop production, outbreaks of epidemics related to water shortages
- Cyclone hits the coastal areas of Sofala, Zambezia and Nampula
- Localized floods along the hydrometric basins of Save, Buzi, Pungoe, Zambeze, Licungo, Messalo and Montepuez and in the coastal areas of Zambezia and Nampula
- Category 4 cyclone hits Inhambane, Sofala and Cabo Delgado provinces
- Major flooding along the hydrometric basins of Maputo, Umbeluzi, Incomati, Limpopo
- Earthquakes hits Beira, Chimoio, Dondo, Machaze, Mossurize, Chibuto, Chokwe, Xai-xai and Maputo

People affected: 1,895,700 people

Table 3: Provinces and estimated people to be affected at scenario 3

Province	Scenario 2	Population at risk				Sub total	Cyclone	Earthquake	Total
		Incomati	Maputo	Umbeluzi	Limpopo				
Maputo	141,000	30,000	6,500	22,000	58,500		220,000	419,500	
Gaza	101,100				41,900	41,900	70,000	213,000	
Inhambane	98,000				0	247,000		345,000	
Manica	35,400				0		55,000	90,400	
Tete	111,700				0			111,700	
Sofala	142,700				0	44,500	175,000	362,200	
Zambezia	95,200				0			95,200	
Nampula	211,900				0			211,900	
Niassa	8,000				0		1,500	9,500	
Cabo Delgado	13,300				0	24,000		37,300	
Total	958,300	30,000	6,500	22,000	41,900	100,400	315,500	521,500	1,895,700

Figure 7: Areas most vulnerable to floods, droughts and cyclones in Mozambique

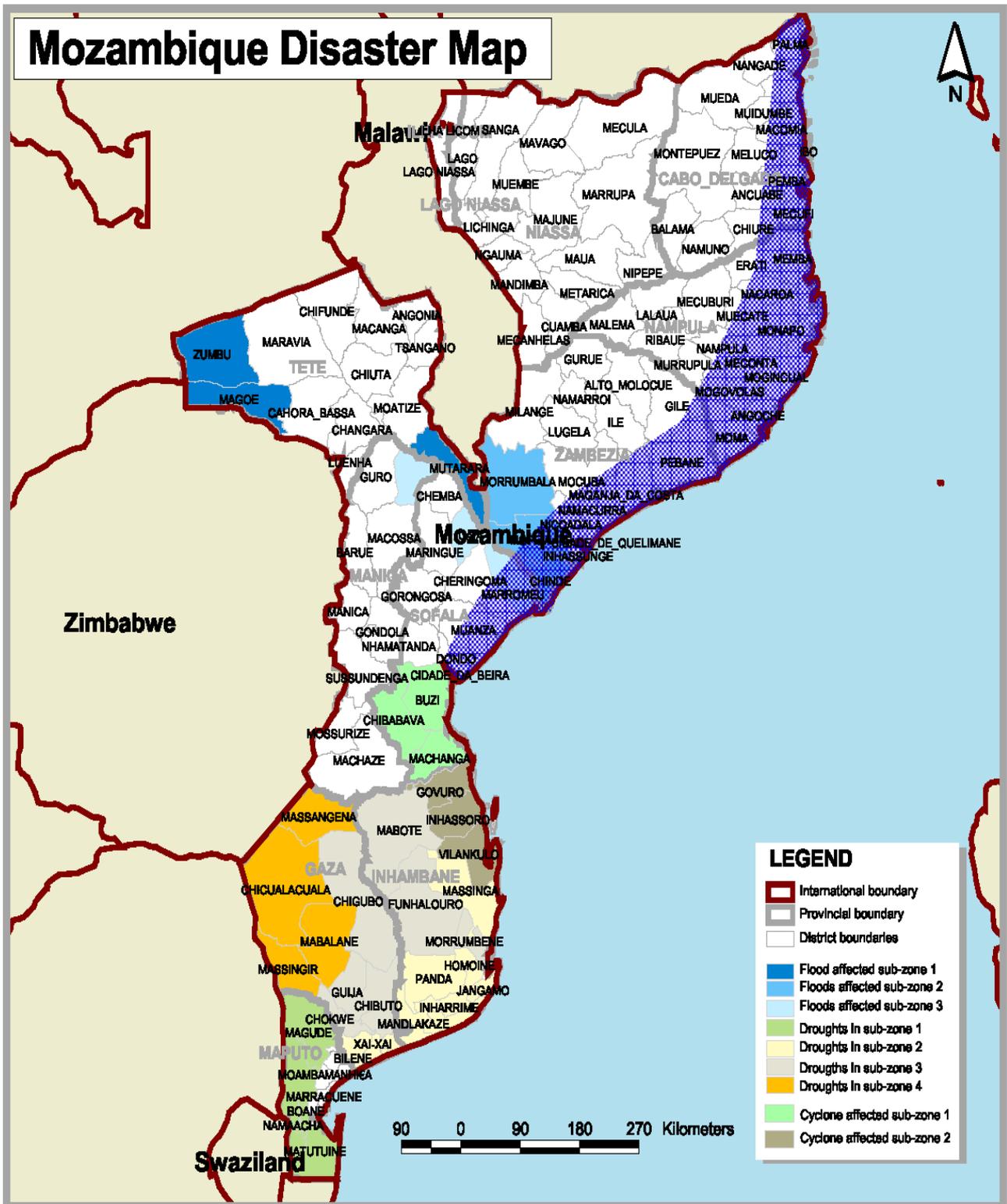


Table 4: Disaster Profile 2008/2009

CRITERIA	Localized flooding/winds scenario	Drought scenario	Earthquake scenario	Major flooding and cyclone scenario
Type of Hazards	Localized flooding/winds	Drought	Earthquake	Major flooding and cyclone (flooding in following major valleys: Maputo, Umbeluzi, Incomati, Limpopo, Zambezi, Buzi, Pungue, Save, Licungo, Montepuez, Messalo) And cyclones possible in the following provinces: Sofala, Zambezia, Nampula, Inhambane and Cabo Delgado
Probability of occurrence*	Very likely	Very likely	Possible	Likely
Impact*	Limited	Critical	Catastrophic	Catastrophic
Season	November to March	From August to February food insecurity is greatest	All year	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
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 	<ul style="list-style-type: none"> Insufficient rainfall High levels of evapotranspiration (affecting agriculture) 	<ul style="list-style-type: none"> Seismic activity; geological/ seismic activity warnings 	<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	<p>Maputo: Matutuine, Boane, Manhiça, Magude and the city of Maputo; Gaza: Xai-xai, Bilene, Chokwe, Chibuto and Manjacaze; Inhambane: Inharrime, Vilanculos, Inhassoro, Jangamo and Govuro; Zambézia: Chinde, Mopeia, Maganja da Costa, Quelimane, Nicoadala and Namarroi; Manica: Tambara; Sofala: Buzi, Nhamatanda,</p>	<p>Maputo Province: all districtal Inhambane: Govuro, Vilankulos, Mabote, Funhalouro, Homoine and Panda Manica: Machaze, Tambara and Guro Sofala: Chibababava and Machanga Tete: Mutarara and Changara Gaza (all districts with exception of Bilene and Xai-Xai)</p>	<p>Maputo: City of Maputo Gaza: City of Xai-Xai, Chibuto and Chokwè Manica: Machaze, Mossurize, Chimoio Sofala: City of Beira, Dondo Niassa: Cuamba</p>	<p>Nampula: Mossuril, Angoche, Memba, Moma, Ilha de Moçambique, Namapa, Mogincual, Mogovolas, Muecate and Nacala Inhambane: Inhambane, Vilankulos, Inhassoro, Govuro, Maxixe, Morrumbene, Jangamo, Inharrime, Zavala and Massinga Zambézia: Chinde, Mopeia, Pebane, Quelimane, Maganja da Costa, Namacurra, Morrumbala Sofala: Machanga, Chibabava, Buzi, Caia, Beira, Dondo and Marromeu Tete: Mutarara Manica: Machaze. Tambara, Guro and Gondola Gaza: Xai-xai, Bilene, Chokwe, Chibuto and Manjacaze Maputo: Magude, Manhiça, Boane, Marracuene</p>

	Chibabava, Beira, Dondo, Chemba, Caia and Marromeu; Tete: Mutarara Nampula: Mossuril, Angoche, Memba, Moma, Ilha de Moçambique, Namapa, Mogincual, Mogovolas, Muecate and Nacala Niassa: Cuamba and Mecanhelas Cabo Delgado: Montepeuz, Macomia, and Muidumbe			and the City of Maputo
Number of Affected people (as per Government Contingency Plan 2008-2009)	A total of 98,400 people are at risk of localized flooding and winds in 2008/2009	A total of 393,600 people may be affected by drought in 2008/2009	A total of 521,500 people are at risk in the major cities mentioned above	882,200 people are at risk of major flooding and cyclones in 2008/2009
Potential Humanitarian Consequences³	<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 	<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 <p>Absenteeism and drop-outs from schooling</p>	<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 	<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

³ Source: Emergency Preparedness and Response Plan (EPRP) 2007-2008, UNICEF Mozambique

	<ul style="list-style-type: none"> Possible reduced availability of HIV prevention and treatment services. 		epidemics, including diarrhoeal diseases, malaria, cholera and measles <ul style="list-style-type: none"> Malnutrition Disruption of education Possible physical and psychological trauma	
Duration of the emergency phase	1-2 months	3-4 months	5-6 months	5-6 months
Government's prior experience/exposure to natural disasters at the national and local levels	Localised flooding occurs on an annual basis	2008 drought left 48,898 people in acute food and nutrition insecurity; and 142,242 people in chronic food and nutrition insecurity in the southern region ⁴ 2005 drought in southern, central and northern region - 800,000 people extremely food insecure and in need of emergency food assistance	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 22 February 2007 - Cyclone Favio hit Vilanculos in the costal province of Inhambane (180,000 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 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)

⁴ Source: May 2008 SETSAN/GAV Vulnerability analyses report

Capacities	National	Response capacity existent INGC/CENOE	Response capacity existent MINAG – SETSAN / CENOE	UNAPROC being trained for search and rescue	Response capacity existent INGC/CENOE
	Local	<ul style="list-style-type: none"> • Response capacity existent (INGC/COE) • 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 (delegação provincial) 	<ul style="list-style-type: none"> • Response capacity existent • INGC/CERUM (Centro de Recursos de Usos Múltiplos -zonas áridas e semi-áridas), offices in Gaza (Chigubo and Massangena), Inhambane (Funhalouro and Mabote) 	<ul style="list-style-type: none"> • No specific response capacity 	<ul style="list-style-type: none"> • Response capacity existent • INGC / CLGRC - Comités locais de gestão de risco de calamidades (local disaster risk management committees) i.e. Govuro in Inhambane province (ciclones) • Regional CENOE's (Southern, Central and Northern) • INGC Provincial field offices (delegação provincial)
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
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 <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"> • Few main access roads • Affected population living in dispersed communities 	<ul style="list-style-type: none"> • Damaged infrastructure • 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
Priority Needs		<ul style="list-style-type: none"> • Rescue of affected people if needed • Family tracing unification • Immediate shelter • Food assistance 	<ul style="list-style-type: none"> • Food assistance • Nutrition programme • Identification of most vulnerable people (children, pregnant 	<ul style="list-style-type: none"> • Search and rescue • Immediate shelter • Food assistance • Provision of NFIs (Non-food items: Mosquito 	<ul style="list-style-type: none"> • Rescue of affected people if needed • Family tracing unification • Immediate shelter • Access to basic services

	<ul style="list-style-type: none"> • 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>	<p>women, chronically ill and elderly people)</p> <p>➤ HIV/AIDS and Gender mainstreamed in the Sectoral Response Plans</p>	<p>nets, drugs, blankets, etc)</p> <ul style="list-style-type: none"> • Restore access to basic services including access to ART and Voluntarily Counselling and Testing (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"> • 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>
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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

6. Lessons learned from the 2008 floods and Cyclone Jokwe

Mozambique is prone to natural disasters mainly floods, droughts, cyclones and earthquakes. From mid December 2007 to mid February 2008 heavy rains experienced 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 2008 Floods and 20 were reported dead with 150,923 ha of agricultural land lost due to the floods.

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

The Central Emergency Operations Centre (CENOE) was activated on 4 January and meetings with emergency focal points from the line ministries, relevant Government institutions and the Humanitarian Country Team members through the Cluster approach (WASH- Water, Sanitation and Hygiene; Food Security; Logistics; Telecommunications; Shelter; Health; Protection; Education and Nutrition) took place daily to provide updates on the situation and response in areas affected by the localized flooding.

On March 8, 2008, tropical cyclone “Jokwe” hit the coastland of Nampula and Zambezia, 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 ha of agricultural land lost.

The United Nations Country Team (UNCT) in Mozambique, comprising UN and NGO partners, activated the Ten Clusters⁵ to support INGC and line ministry partners to ensure 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 representatives from UNAIDS and UNFPA were continuously present in coordination meetings in Maputo and Caia.

Overall, the Cluster Approach 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.

Lessons learnt during 2008 Emergencies Floods and Cyclone Jokwe:

6.1 Cluster Approach

- Clusters were wrongly perceived as funding sources and NGOs that did not receive funding from the Cluster tended not to actively participate in Cluster meetings
- The Cluster Approach is a good coordination tool and offered a forum for discussion and information sharing, encouraging cooperation between agencies.
- Cluster approach contributes to quick mobilization of international resources (i.e. CERF funds) The CERF was very useful in scaling up immediate response activities to support the Government

⁵ 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.

- 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
- 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
- Assessment and reporting tools need to be standardised
- 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 (i.e. Portuguese) skills

6.4 Early Recovery

- While 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 mobilized.

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. The process of developing the CERF and Sub-Regional Appeal was a collaborative one and was found to be generally inclusive between the UN and NGO partners.

On January the Central Emergency Response Fund (CERF) proposal was submitted and an amount of USD 4,251,994 was allocated for the floods response. For the Sub-regional request an additional amount mobilized was 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 US Dollars 366,660.

For future emergencies in Mozambique, the HCT will endeavour to ensure the inclusion 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.

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 and mount 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.

When the country is not experiencing an active emergency situation, the Mozambique HCT will address vulnerability reduction, disaster preparedness and mitigation issues⁶. A key objective of the HCT will be to update the HCT Inter-agency Contingency Plan every six months.

Strategies

The strategies for achieving this objective are Cluster-specific and therefore, are addressed in more detail in each of the nine Sectoral Plans (see Section 8). These strategies will be implemented under the overall framework of the Government of Mozambique response.

The strategies are based on the planning assumptions identified by each Cluster, and lessons learned from the 2008 floods and cyclone emergencies. It should be noted that Gender, HIV/AIDS and Early Recovery are mainstreamed across all of the Cluster-based Sectoral Plans given their importance as cross-cutting themes.

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 the 2007 and 2008 floods and cyclone emergencies.

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

⁶ In 2008-2009, the Mozambique HCT will also serve as a coordination platform to carry on with the implementation of the UN Joint Programme for Disaster Risk Reduction and Emergency Preparedness

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.

It is proposed that the Mozambique Humanitarian Country Team be complemented by efforts at the technical level with a HCT Working Group (HCT-WG). This would replace the current UN Disaster Management Technical Working Group (UNDMTWG) as this consists of UN agencies only and should therefore expand to include the international and national NGO partners who are members of the HCT. The HCT-WG will be chaired by the WFP Representative (who was chair of the UNDMTWG) and will continue to meet every month. It will serve 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.

During the 2008 floods and cyclone emergencies focal points within each cluster were appointed to advocate for inclusion of activities promoting the protection of children and preventing gender based violence in the different clusters. Focal points were also to ensure that the activities developed by the clusters were sensitive to the needs of women and children. HIV has been incorporated in the Terms of Reference and check-list developed for these focal points in preparation for an eventual emergency in the 2008/2009 season.

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, and quarterly the

rest of the year in June and September. 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 Mozambique 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.

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*

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;
- 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;
- To perform inventories of supplies and pre-position existing means;
- 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 (CENOE) 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 (INGC) 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;
- 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

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.

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

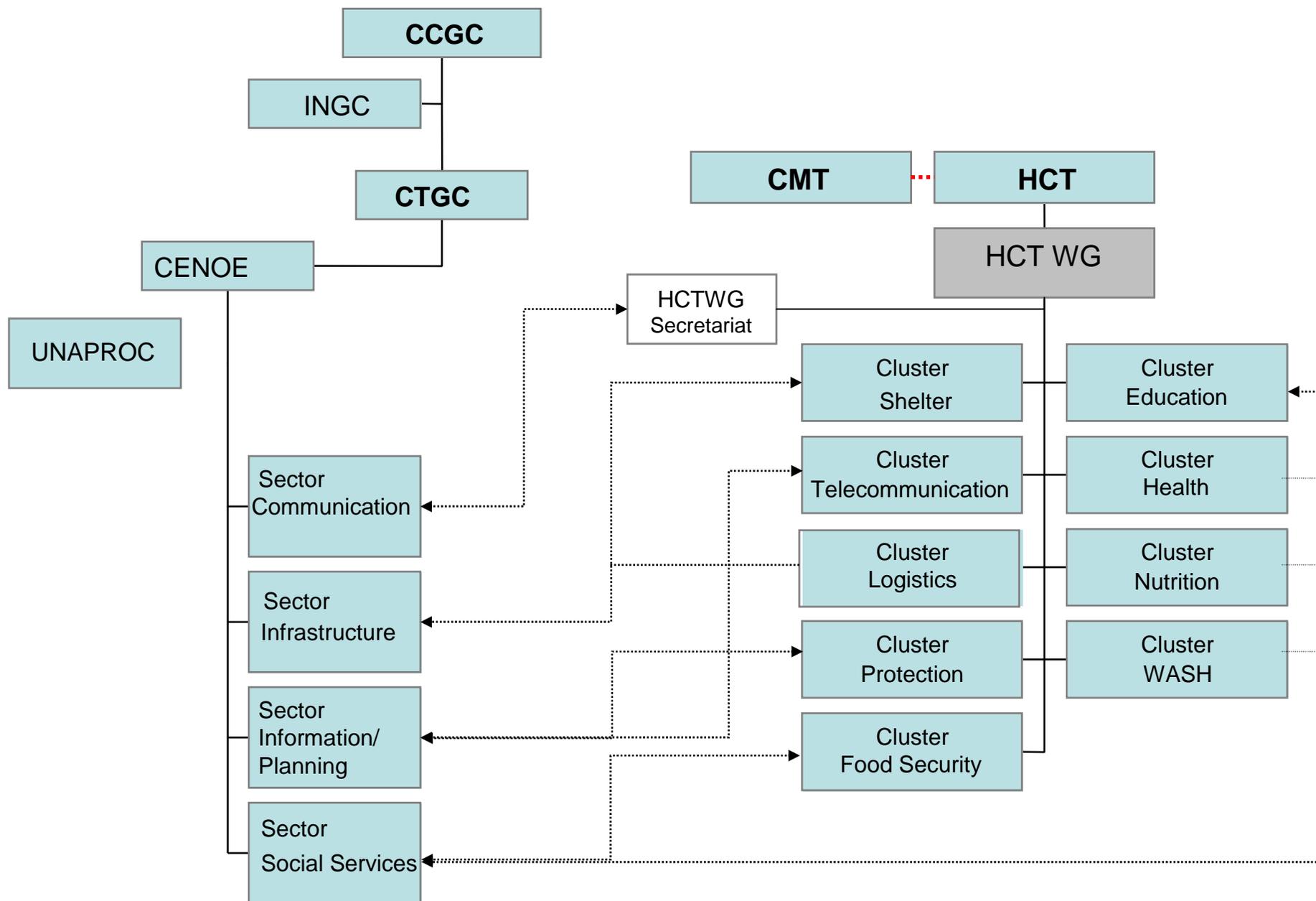
The organigram on page 28 summarizes the proposed links and coordination arrangements between the Humanitarian Country Team and the Mozambican Government's emergency management mechanisms described above. Based on the guiding principles and structures presented and on lessons learned from previous emergencies, 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 with 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.

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

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. In areas without a selective feeding programme already underway, the programme may be set up, as appropriate.
3. A referral system for severely malnourished children to district hospitals should be ensured.
4. Refreshing and training of health workers on nutrition (correct case management of malnutrition and nutrition education) should be conducted.
5. Training and education of health workers on Nutrition/HIV/NCD like diabetes.
6. Nutrition education activities (IYCF, feeding habits, food 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 2008
2.	Expansion of Basic Nutrition package, at health facility and community level	MoH, with support from partners	Last quarter of 2008 and first half of 2009
3.	Provision of anthropometric equipment (scales, height boards, etc.)	UNICEF	Last quarter of 2008 and first quarter of

			2009
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 2008 and first quarter of 2009
6.	Establishment of sentinel surveillance mechanisms	MoH, with support from partners	First half of 2009
7.	Technical contribution to development of a food basket (also taking into account special needs of PLWHA, TB and other chronic diseases patients)	Whole cluster	Last quarter of 2008 and first quarter of 2009
8.	Training on management of acute malnutrition	MoH, with support from partners	First quarter of 2009

Activities to be undertaken during an emergency

#	Activities	By whom	When
1.	Compilation of available information, 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 PLWHA, 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 PLWHA 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

Requirements:

Human Resources

Available Staff:

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

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

Nutrition Cluster Lead: UNICEF - Roberto De Bernardi rdebernardi@unicef.org Cell: + 258 82 3148100			
WHO	Alicia Carbonell	carbonella@mz.afro.who.int	21491991
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WORLD VISION	Veronique Kollhoff	veronique_kollhoff@wvi.org	824720490
WORLD RELIEF	Joseph Matongo	jmatongo@wr.org	823125210
FAO	Jose da Graça	jose.dagraca@fao.org	823010493
SC-UK	Kerry Selvester	skerry@virconn.com	823145950
SAMARITAN'S PURSE	Joanna Lai	jflai@samaritan.org	823227930
FOOD F.THE HUNGRY	Emma Hernandez	ehernandez@fhi.net	825308451
WFP	Deolinda Pacho	deolinda.pacho@wfp.org	820453160
MOH/Nutrition	Avone Pedro	guipandane@yahoo.com.br	827302556
UNAIDS	Lene Leonhardsen	leonhardsenl@unaids.org	842009004
MSF (observer)	Marc Biot	Msfb-maputo-comed@msf.be	823179700

9.2 Food Security

Overall Objective

Address immediate and short to medium-term food security and nutrition needs, through the provision of targeted assistance. In doing the food security aims at saving lives and reducing acute malnutrition, protecting livelihoods and enhancing self reliance in emergency and early recovery.

Specific objectives

- Provide general and targeted food assistance and emergency nutrition interventions;
- Ensure timely identification of food security and nutrition situations through monitoring and assessments;
- Provide food rations to affected households;
- Provide purchasing capacity to affected community through cash transfers;
- Protect and promote existing and sustainable coping mechanisms;
- Protect and promote feasible livelihood strategies;
- Ensure appropriate community involvement.

Planning Assumptions

- Local governments willing / prepared to accept external support;
- Loss (total or partial) of food reserves;
- Sufficient stocks available for the initial response or ability to mobilise sufficient funds quickly;
- Key access routes are flooded or damaged;
- No proper registration mechanisms / lists of the affected people;
- Distribution to be carried out in accommodation and resettlement centres (when displacements are involved)
- Partner's capacities and geographic positions and response capacity identified;
- Food security coordination mechanisms in place;
- Assessments are done immediately to determine numbers, duration and type of interventions.

Food Security Requirements

A daily individual ration comprising 333 grams of cereals, 40 grams of pulses and 20 grams of vegetable oil per person per day. If necessary, salt and CSB will be provided. Minimum food requirements per scenario (as per the INGC contingency plan).

Scenario I (540,000 Beneficiaries)

Commodity	Cereals	Pulses	Oil	CSB	Total
Recovery	25,860	3,103	1,552	6,252	36,767
Relief (October to December 2008)	9,060	1,087	544	-	10,691
Relief (November 2008 to March 2009)	27,000	3,240	1,620	-	31,860
Total	61,919	7,430	3,715	6,252	79,317

Scenario II (800,000 Beneficiaries)

Description	Cereals	Pulses	Oil	CSB	Total
Recovery	25,860	3,103	1,552	6,252	36,767
Relief (November 2008 to March 2009)	40,000	4,800	2,400	-	47,200
Total	65,859	7,903	3,952	6,252	83,966

Scenario III (1,200,000 Beneficiaries)

Description	Cereals	Pulses	Oil	CSB	Total
Recovery	25,860	3,103	1,552	6,252	36,767
Relief (November 2008 to March 2009)	59,999	7,200	3,600	-	70,799
Total	85,859	10,303	5,152	6,252	107,566

Assist vulnerable households restore their food production capacity through Agriculture Input Trade Fairs. Each household will receive an ITF voucher of USD 100. Total USD required: USD 8,500,000.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Prepare a contingency plan	All cluster members	October
2.	Preposition food and NFIs	WFP and NGOs	Before the rainy season
3.	Participate in the CTGC	All stakeholders	As necessary
4.	Follow up on early warning information	All stakeholders	
5.	Preposition personnel to areas of response	All cluster members	As necessary
5.	Have a fully updated partner list for food distributions	WFP	October
6.	Map out partners geographic locations and identify capacity partners and possible expansion of activities in most disaster prone areas	WFP and NGOs	October, November
7.	Contribute to the finalization of the emergency assessment tools and contribute to training	All stakeholders	When required
8.	Identify who among partners that can participate in emergency needs assessments and predetermine participation list	All stakeholders	When required
9.	Call forward preparedness funds for partners participating in the emergency needs assessment	Cluster lead, HCT	As appropriate
10.	Pre prepare draft contracting agreements with partners responsible for distributions	WFP and NGOs	When required
11.	Build clear and strong coordination and collaboration processes and methods with INGC food security/food aid focal point through coordination meetings and regular updates and regular updates from food security cluster.	All stakeholders	As necessary
12.	Identify existing coordination	All stakeholders	October, November

	mechanisms in capital and provincial and districts level		
13.	Identify role of food security group in those mechanisms – identify who takes a lead in those mechanisms from the partners side with the government	All stakeholders	October, November
14.	Weekly (bi-weekly) updates of early warning and food security and nutrition situation and identify needs for further investigations	All cluster members	As necessary
15.	Identify office space and accommodation for staff per geographic zone	All cluster members	As necessary
16.	Have beneficiaries cards samples ready for use	WFP	As appropriate
17.	Have food stocks prepositioned	WFP	As appropriate
18.	Clearly identify list of people from all partners; who is who; emergency coordinator, reporting, communications, area responsible, addresses and telephone numbers	WFP	As appropriate
19.	Have monitoring forms ready and have people trained	WFP	As appropriate

Activities to be undertaken during an emergency

#	Activities	By whom	When
1.	Create committees for the beneficiary selection ensuring at least 50% female representation.	WFP, CP, Local authorities	24hrs
2.	Conduct beneficiary selection integrating cross cutting issues, ensuring inclusion of HH headed by single women and OVC.	WFP, CP, Local authorities	24 hrs
3.	Food distribution	WFP, CP, Local authorities	24 hrs
4.	Reporting on distributions effected	CPs	Weekly
5.	Sitreps	Field staff	As required
6.	Participate in coordination meetings (Cluster, CTGC)	WFP, CP, Local authorities	As convened
7.	Determine rough initial number of people and organize /participate in more in depth assessment in the days after floods/cyclone	WFP, NGOs, District authorities	24 hrs
8.	Reactivate coordination mechanisms with food security cluster participation at the district level	WFP, NGOs, District authorities	24hrs
9.	Determine needs and daily monitoring of stocks, needs and distributions	WFP, NGOs, District authorities	24hrs
10.	Press releases, communication releases	WFP, NGOs, INGC	24hrs

Activities to be undertaken during the Early recovery phase

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

Requirements:

Human Resources

World Food Programme (WFP) has a presence in all the concerned provinces under this contingency plan. The presence includes Sub Offices in the provinces and Food Monitors in the districts. However if the situation requires, WFP will increase personnel to reinforce the existing capacity with well trained staff and with the required expertise, in accordance with the needs on the ground.

5. Contacts

Organization	Extended Name	Focal Point	Office Number	Mobile Number	E-mail
Africaire	Africaire				
ARA	Associação Rural Africana			821480549	ara@tvcabo.co
CAFOD		Severino Molande			cafodmoz@teledata.mz
CEDES	Comité Ecuménico de Desenvolvimento Social				
FAO	Food and Agriculture Organization	José da Graça	21491136 / 21490948	823010493	Jose.DaGraca@fao.org
FAO	Food and Agriculture Organization	Tatenda Mutenga	21491136 / 21490948	823233330	Tatenda.Mutenga@fao.org
FEWS NET	FEWS NET	Olanda Bata		823287580	obata@fews.net
GAA	German Agro Action	Ursula Langkamp	21492602		aaamaputo@tvcabo.co.mz
INGC	Instituto Nacional de Gestão de Calamidades	Rita de Almeida		824309940	ritaalmeida@ingc.gov.mz
IRD	International Relief and Development	Themos Ntasis	21 415953	829822720	ntasis@ird-dc.org
JAM	Joint Aid Management	Renata Nuners		826125990	Jammaputo@yahoo.com
KULIMA	Kulima	Domenico			kulima@tvcabo.co.mz
LWF	Lutheran World Federation	Jean Mutamba	21491185	823164290	jean@lwfmzambique.org.m
MSF	Médecins sans Frontières				
OIKOS	OIKOS Cooperação e Desenvolvimento	Claire Fallender	21496168	826223396	claire@oikos.pt
SCA	Save the Children Alliance	Samuel Maibasse		823165410	smaibasse@savechildren.org
SETSAN	Secretariado Técnico para a Segurança Alimentar e Nutricional	Francisca Cabral	21461874	823943820	fcabral@setsan.org.mz
SPIR	Samaritan's Purse	Joseph Lai		823245350	JLai@samaritan.org
SPIR	Samaritan's Purse	Betsy Hall		823215990	blhall@samaritan.org
WFP	World Food Programme - Management	Margot VanderVelden	21482200	823251300	margot.vandervelden@wfp.org
WFP	World Food Programme (Programme Unit)	Jerónimo Tovela	21482200	823185960	ieronimo.tovela@wfp.org
WFP	World Food Programme Tete	João Caibone	21482200	828311530	joao.caibone@wfp.org
WFP	World Food Programme Sofala, Zambézia, Manica	Hitesh Kanakrai	21482200	823005332	hitesh.kanakrai@wfp.org
WFP	World Food Programme Gaza and Inhambane	João Bobotela	21482200	827061790	joao.bobotela@wfp.org
WFP	World Food Programme Maputo	Marta Guivambo	21482200	823005328	marta.guivambo@wfp.org
WFP	WFP Log	Samson Mabasso	21482200	823149170	Samson.mabasso@wfp.org
WRI	World Relief International	Joseph Matongo	21 488813/5	821488816	jmatongo@wr.org
WVI	World Vision International	Denis Brown	21350600	82301 8870	Denis_Brown@wvi.org

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 survey 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
	Train humanitarian workers in the use of rapid assessment form for protection	Save the Children, UNICEF	Jan
	Train humanitarian workers in the code of conduct in emergencies ¹⁰	UNICEF	Dec 2008
	Develop an integrated M&E plan (IMEP), including key performance monitoring indicators and a Rapid Assessment form		
1.	Train Humanitarian workers and Teachers at provincial level (approximately 400-600) in child protection and prevention of gender-based violence	Save the Children, UNICEF, UNFPA, Samaritan's Purse, IRD	December 2007-May 2008 (done)
2.	Establish long term contracts with suppliers to provide emergency household kits to the most vulnerable families	UNICEF	September 2007
3.	Support 200 <i>Gabinetes de Atendimento</i> nationwide for women and children victims of abuse, exploitation, violence, neglect and discrimination	UNICEF, Save the Children,	Ongoing
4.	Produce minimum standards for psycho-social support (not emergency focused)	MMAS, CDC, CVM UNICEF, GTCOV,	February 2008 (done)
5.	Develop child tracing forms in Portuguese for use by government	UNICEF, Save the Children, MMAS, CVM	March 2007
6.	Update protection and Gender-based violence focal points in clusters and provide refresher trainings for them	UNICEF, UNFPA, Save the Children	November 2008
7.	Train CVM activists to spread information about Gender and HIV in resettlement centers during and after emergencies	UNFPA, UNAIDS; CVM	November-December 2008
8.	Appoint community focal points for Child Protection in resettlement camps	Save the Children, HelpAge	Ongoing
9.	Finalize Guidelines/Protocols on i) Child-Friendly Spaces, ii) OVC basic package, and iii) Community-referral mechanisms to prevent and respond to violence against children and women	The Cluster (UNICEF, Save the Children	August 2008
10.	Review Police protocol for emergency response; and provide training for police officers to be deployed to the field during emergency	MINT, UNICEF	December 2008

¹⁰ HelpAge would be available to train humanitarian workers and activists in protection for older people affected by the emergency

Activities to be undertaken during an emergency

#	Activities	By whom	When
1.	Sign of code of conduct	UN staff and partners	Within seven days
	Implement rapid assessment, integrate with secondary data disaggregated by sex and Age, identify knowledge gaps	UN staff and partners	Within first 48 to 72 hours
	Monitor, report and advocate against instances of sexual violence by military forces, state actors, armed groups and others	UN staff and partners	
2.	Provide 5000 household emergency kits to most vulnerable families (25,000 people)	UNICEF, Africare, Samaritan's Purse, IRD, HelpAge	Within one month of the onset
3.	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
3.	Provide recreational activities for displaced children; Provide spaces for older people to gather for psychosocial support	Save, UNICEF, Africare, CVM, SP, IRD; HelpAge	Within seven days
4.	Conduct education and awareness campaigns about child rights, HIV, violence and sexual abuse of children with IEC materials	UNICEF, Save the Children, CVM, Samaritan's Purse, IRD	Within two weeks
5.	Identify separated children and run re-unification with families or communities (as interim solution in coordination with MMAS)	Save the Children, Africare, Samaritan's Purse, UNICEF, CVM	Within seven days
6.	Provide Rape Kits to affected populations	UNFPA	Within one month
7.	Ensure that gender, protection and HIV are mainstreamed in other clusters, using the focal point system established	UNFPA, UNICEF, Save the Children, CVM, Samaritan's Purse, UNAIDS	Within seven days
8.	Undertake rapid survey for mine-risk and respond accordingly with Mine-risk education campaigns as necessary	UNICEF, Handicap International	Within 2 weeks
9.	Ensure that cases of violence against children and women are reported to the Police and followed up by the deployed trained police	UNICEF, Save the Children, UNFPA	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)	UNICEF, Save the Children, Africare, FDC, Samaritan's Purse, IRD Action Aid, International HIV/AIDS Alliance, Handicap International, DSF, Aga Khan, CVM, HelpAge International	<i>Within two months</i>
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	UNICEF, Save the Children, Africare, FDC, Samaritan's Purse, IRD Action Aid, International HIV/AIDS Alliance, Handicap International, DSF, Aga Khan, CVM,	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	UNICEF, Save the Children, FDC, Samaritan's Purse, IRD Action Aid, International HIV/AIDS Alliance, Handicap International, DSF, Aga Khan, CVM	Within two months
4.	Conduct a real time evaluation	UNICEF	

Requirements

Staff Available:

UNICEF: 6 professional staff, 2 support staff (no additional staff required)
Africare: 4 professional staff (additional staff may be required)
Save the Children: 14 professional staff (additional staff available)
UNFPA: 1 professional staff (additional staff may be required)
Samaritan's Purse: 9 professional staff (additional staff may be required)
IRD: 4 professional staff (additional staff may be required)
UNAIDS: 1 professional staff (additional staff can be obtained)
Terre des Hommes: No staff available (additional staff may be required)
HelpAge International 2 professional staff and 2 support staff

Equipment

UNICEF: 5000 household kits for vulnerable families
Save the Children: Recreational Kits, Household kits
Africare: Household Kits or items for Orphaned and Vulnerable Children
UNFPA: Rape Kits covering 1000 people – depending on size of affected population.

Funds:

UNICEF: 500,000
UNFPA: 50,000
Samaritan's Purse: Immediate funding for small interventions; HQ funds
Terre des Hommes: Small quantities for small interventions available through HQ funds.

9.4 EDUCATION

Overall Objective

To ensure minimal disruption to education services for all learners and teachers 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 minimizes opportunities for 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 community life;
- Temporary learning facilities will need to be established for displaced communities/as annexes to existing schools absorbing increased numbers of learners or to replace damaged structures;
- There could be a shortage of (trained) teachers in affected areas;
- Logistics will be required to transport and distribute school tents, education and recreation materials;
- MEC will carry out assessments of schools affected;
- The location and number of learners and teachers may change after an emergency (through displacement and resettlement, for example)

Requirements

1. Emergency supplies pre-positioned and logistic system in place for prompt distribution
2. A 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 and capacity of local education authorities to respond, and loss or damage to textbooks and other education materials.
3. Education Cluster map to determine the capacity of the Education Cluster partners to support MEC to respond to the education needs identified and member organisations to take on specific responsibilities, based on capacity and geographical coverage. Ensure that all partners use education emergency response checklist from Education EPRP.
4. Community mobilization systems and awareness raising activities on the importance of sending children back to school and for mobilizing temporary teachers or paraprofessionals
5. Availability of financial, material and human resources for the prompt establishment of temporary safe classrooms/learning spaces

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Support MEC to finalize and implement the Education Sector Emergency Preparedness and Response Plan (EPRP) at all levels which will in turn facilitate the inclusion of emergency preparedness activities into national education strategies, plans and budgets	MEC with Education Cluster support	Ongoing
2.	Train humanitarian workers in the use of rapid assessment form for education and in the code of conduct in emergencies	UNICEF	Jan
2.	Promote incorporation of emergency education activities into national ministerial disaster related strategies, plans and budgets.	INGC, Education Cluster with relevant ministries, and government institutions,	Ongoing
3.	Support DPECs and SDEJTs to develop provincial and district level contingency plans	MEC with Education Cluster	2008 (ongoing)
4.	Pre-position education and recreation materials and school tents in central/ regional warehouses	UNICEF/MEC/Other Cluster members	Completed
5.	Train MEC warehouse personnel in supply management and distribution where necessary	UNICEF/MEC	Jan 2009
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/MEC	Oct 2009

Activities to be undertaken during an emergency

#	Activities	By whom	When
1.	Sign of code of conduct	UN staff and Education cluster partners	Within seven days
2.	Implement rapid assessment, integrate with secondary data, identify knowledge gaps	UN staff and Education cluster partners, MEC/DPECs/SDEJTs	Within first 48 to 72 hours
3.	Locate sites for schools for Internally Displaced Persons	Local education authorities/Education Cluster	Within first 48 to 72 hours
4.	Provide life-saving messages to learners, including messages related to hygiene, sanitation, HIV/AIDS, prevention of gender-based violence and sexual abuse, basic health and hygiene;	Cluster Members with local education authorities	Within first 2-4 weeks

5.	Provide school kits and teachers' kits of didactic materials to schools where materials have been lost as a result of the emergency in coordination with School Directors and School Councils;	Cluster members/local education authorities	Within first 2-4 weeks
6.	Provide textbooks to all learners whose books have been lost or damaged;	MEC	Within first 2-4 weeks
7.	Monitor children's attendance, particularly of most vulnerable children	SDEJT/Cluster member on the ground	Continuously
8.	Monitoring 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 2 months
2.	Undertake rehabilitation and repair of school structures damaged by the disaster	MEC, UNICEF,	Within 6 months
4.	Undertake regular monitoring of the situation and ensure that children attend classes and that learning takes place	Local education authorities supported by Cluster orgns.	Regularly
5.	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
6.	Conduct a real time evaluation	UNICEF	After normalization of situation
7.	Facilitate training on environmental education and awareness and involve communities	MEC, Save the Children, UNICEF, Samaritan's Purse	After normalization of situation

Requirements

Education materials/supplies

UNICEF: 55,000 learners' kits, 1,000 teachers' kits and 100 School kits pre-positioned in warehouses in Quelimane, Beira and Xai-Xai. 30 school tents (72m²) in Quelimane, Beira, Chimoio, Maputo. 30 School tents (84m²) propositioned in Nampula.

Samaritan's Purse: 1,000 learner kits

Human resources

UNICEF: 3-4 professional education staff

Save the Children Alliance: 2 professional education staff, they also have staff in provinces

Samaritan's Purse: 9 staff trained in OVC/education related issues in 2 provinces

Concern: 12 Education staff members in three provinces

Funds

UNICEF: \$100,000

Save the Children: Immediate funding for small interventions; access to additional funds

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

Concern: Immediate funding for small interventions; access to additional HQ funds

Terre des Hommes: Immediate funding for small interventions; HQ funds

**EDUCATION and PROTECTION CLUSTER CO-Leads: UNICEF & Save the Children
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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 contingency plan (activities, budget).	WASH Cluster partners	WASH included in Government 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 30 October 2008 in Beira
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	2008 (additional supplies identified and 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; Chloroforic Powder Sachets; Water Purification Plants and consumables, Latrine Slabs, Plastic Sheeting. UNICEF supported DNA with the procurement of WASH emergency supplies that have been pre-positioned in strategic locations across the country.

International Relief and Development (IRD): Existing supplies in Zambezia province have been transferred to DPOPH warehouses in Quelimane. IRD are present in Inhambane province (south region) and can mobilise resources whenever appropriate;

Samaritan's Purse (SP): Hygiene kits (buckets, certeza, etc) available in Guijá and Bilene districts, Gaza province. SP is present in Inhambane and Zambezia provinces and can also mobilize resources to respond as appropriate.

Oxfam International: Available stock of assorted WATSAN equipment/materials – water pumps, bladders, tap stands, water containers & filters, etc – stocked in Marromeu (Sofala), Tambara (Manica) and Mutarara (Tete) districts. Funds available to procure additional emergency materials for distribution to local partners in Manica and Inhambane provinces.

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.

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

Mozambique Youth Challenge Association (ADJM): one 5,000 lts tank in Buzi district that will be transferred to DPOH warehouse in Sofala.

Association for Community Poverty Alleviation & Social Affair (ISAAC): two 5,000 lts tanks in Mutarrara district that could be mobilized;

Human Resources

UNICEF: 11 staff in WASH Section that can be deployed for emergency response at national at sub-national levels.

International Relief and Development (IRD): 2 water engineers (one in Maputo and another in Zambézia) with field experience in the implementation of WASH emergency

responses are currently on staff. In addition, 134 hygiene promoters are currently active in Maputo, Inhambane, Zambézia and Sofala 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.

Oxfam International: 7 water and sanitation program staff dedicated to emergency response and 21 hygiene promoters (in Marromeu). Oxfam GB also has capacity to deploy additional staff from the development programme when needs arise. Subject matter specialists at OGB regional office in Pretoria and in Oxford available for deployment 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, 40 hygiene promoters are currently active in Mutarrara and Govuro districts and 2 logistics manager with experience in water trucking are on staff in Mutarrara and Govuro.

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

Oxfam International: 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.

Mozambique Youth Challenge Association (ADJM): Ability to access small amounts of local resources immediately.

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

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Other members:

Médecins sans Frontières, Food for the Hungry International, Concern, IFRC, Spanish Red Cross, World Vision, German Agro Action, CARE, AMURT

9.6 LOGISTICS

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

- Affected areas will not be accessible (bad road conditions, etc);
- The Government will make a substantial contribution in personnel and boats for rescue activities;
- The Government will facilitate customs clearance of emergency equipment and supplies and notify all partners as to when the special clearance facilities will be in operation and when (with at least 6 weeks advance notice) as to when the special emergency clearance procedures will cease. The GoM agrees, in advance, to clear all supplies ordered for the emergency through the special fast tracking procedure.
- The Government will identify affected areas and will facilitate access to storage and office facilities;
- 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.
- Logistics Cluster will establish an integrated inventory of equipment and supplies for the emergency that captures inputs from all players.

Requirements

1. The Logistics Cluster will establish Logistics hubs as and where required and work to ensure the timely delivery of supplies to the effected areas.
2. The Logistics Cluster will deploy staff that will be responsible for ensuring that supplies reach intended destination with the correct documentation.
3. The Logistics Cluster will ensure that in case of logistics gaps, bottlenecks or duplication such cases are appropriately addressed and resolved.
4. 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.
5. Logistics Cluster will be part of Inter-Agency assessment team on the ground and will contribute to Programming of the response
6. Logistics Cluster will form Concept of Operations and ensure that all Partners familiarize with services to be provided.
7. In the first week of floods the Logistics Cluster will ensure appropriate transport resources are mobilised to react to the emergency in all affected areas.
8. Establish an integrated inventory of equipment and supplies for the emergency that captures inputs from all players.
9. Ensure availability of contracted transport resources can access all areas accessible by road.
10. Ensure adequate, storage facilities for emergency materials that there are sufficient
11. Logistics related personnel for response deployed in a timely manner for implementation.

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

- 1) Contracted trucks as and when required
- 2) Helicopters x 2 (light five-seat Bell and 9 ton capacity MI 26)
- 3) Light vehicle fleet to support Logistics staff movements
- 4) Quad Bikes x 6
- 5) Light Aircraft or passenger movements (10-seat caravan type)
- 6) Storage Tents and portable/ tented office space the Emergency locations.
- 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 (plastic type, thru WFP X 1000 initially)
- 12) 10 x 50 meter rolls plastic sheeting for emergency supply coverage for items stacked outside.
- 13) Hand tools, pick axes, shovels spades, screw drivers, hammers, sledge and claw, bow saws, and ropes etc for general purpose us.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Inventory of equipment and supplies.	All clusters members	November-December 2008
2.	Physical layout/management of the Hub in terms of portable warehouse sitting, identifying/ rent inquiry of fixed warehouse site in situ., identify office- work area, possible accommodation/ tented camp area for staff, with generator, running water etc	Logistics Cluster/INGC planning team	ASAP
3.	Common warehousing practices established, standard way bill (Items code directory), stock card control system implemented accordingly	Logistics Cluster/INGC planning team	ASAP
4.	Obtain the INGC's HF/VHF frequencies, the directory of the INGC's hubs with contacts	WFP/INGC	ASAP
5.	GIS Map of the area stating the GPS reading/name of the existing villages in the potential affected locations	WFP/INGC	ASAP
6.	Logistics capacity assessment: road conditions in potential disaster areas and alternative routes; air strips condition, warehouses	All clusters members	November-December 2008
7.	Pre-positioning of supplies	All emergency players	4 month in advance
8.	Meeting with customs to clarify clearance procedures and time frame for "special clearance window"	WFP as the cluster lead	Preliminary talks now.
9.	Initiate weekly Cluster meetings	WFP as the cluster lead	Emergency confirmed
10.	Re-confirm emergency stock levels that are pre positioned in country	All cluster participants reporting to WFP focal point for consolidation	November-December 2008
11.	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	November 2008

		level assigned staff must be experienced and speak Portuguese	
12.	Pre-check commitment of organisations/ government bodies who might be called on to assist (SA Air force, Communications San Frontiers, etc)	WFP to GoM for International Governmental Support. Relevant agency for other contacts	When Emergency declaration likely
13	Make sure all Logistics Cluster procedures clearly explained to all partners.	WFP/Logistics Cluster/LRT	December 2008
13.	Pre-check boat operator, prepare contract templates	WFP/UNICEF/ /NGOs with existing Boat owner./contractor contacts/INGC Fleet	November-December 2008
14.	Review available transporters in districts who have secondary transport: small tonnage vehicles	WFP/UNICEF/all cluster participants.	November-December 2008

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-asses 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	A soon as emergency is declared over

Human Resources of Partners

Details of Logistics specific Human Resources of Partners is currently being collected and will be reflected in the Logistics Cluster Preparedness and Response Plan

Supplies

Details of Partner's supplies is currently being collected and will be reflected in the Logistics Cluster Preparedness and Response Plan

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 diseases and public health threats surveillance and set up an early warning systems and set up a prompt response to outbreaks and other health risks;
- To improve access to essential health services including primary health care and immunisation, HIV/AIDS control programmes, 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 actions' coordination mechanism with all health partners for an appropriate joint need assessment, priority identification and planning.
- To strengthen the capacity of national partners (MoH and National NGOs) and other partners for adequate health interventions.

Planning Assumptions

- Temporary health facilities will be located close to where the accommodation camps are set up;
- Temporary health facilities will need to be established for displaced communities;
- 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;
- Health facilities and equipment will be damaged or inaccessible due to the disaster;
- The supply of drugs and other services 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

Requirements

1. A rapid assessment of 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 develop an initial response for critical interventions and plan for distribution of supplies required (health facilities) and human resources.
3. A rapid response team will be deployed including trained health staff for disease surveillance, case investigation reporting and notification and advising in the implementation of health interventions.
4. Medical supplies will be provided for epidemic prone diseases such as cholera and for common diseases (acute respiratory infections and other diarrhoea diseases).
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.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1	Mapping existent services and partners in districts prone to natural disasters	WHO, UNICEF	Ongoing
2	Conduct vulnerability assessment	WHO/UNICEF	December/January ¹¹
3	Training staff for detection of epidemic prone diseases (surveillance, investigation and response)	WHO	January
4	Support the DPS with collaboration of EPI epidemiologists to train/refresh course of community health activists	WHO/UNICEF	January
5	Reproduction of IEC materials about upcoming emergencies (community radios and other means).	UNICEF	December/January
6	Training of volunteers on basic curative, preventive health care	WHO/UNICEF	January
7	Discuss and plan appropriate referral system to manage the obstetric emergencies	WHO/UNFPA	January
8	Assess stockpiles of drugs in emergency prone areas	UNICEF/WHO	December
9	Support refresher training for health staff on management of diarrhoeal diseases and dehydration, especially cholera	WHO/UNICEF	January
10	Training at community level to strengthen knowledge and skills to deal with diarrhoeal diseases and the use of ORT	UNICEF	January
11	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
12	Support the gender and HIV focal points in the health cluster	UNFPA, UNAIDS	Ongoing
13.	Training of HBC in most vulnerable districts to support DDS in tracking people failing treatment and providing HBC to sick people in resettlement centres.	UNFPA, UNAIDS	November-December 2008
14	Train Provincial and District health focal point form disaster prone areas in disaster management in health sector	WHO	November/December

¹¹ Assuming the emergency is a flood

Activities to be undertaken during an emergency

#	Activities	By whom	When
#	Activities	By whom	When
1	Conduction of Heath rapid assessment	UN Agencies	Within 1 week
2	T.A to support MoH for health action's coordination (diseases surveillance, reporting on health situation and interventions, notification and case management of epidemic prone diseases in affected areas)	WHO/UNICEF	Within 1 week
3	Support MoH to stockpile vaccines and medicines in affected areas particularly for Measles, Meningitis and Cholera.	WHO/UNICEF	Within 1 week
4	Distribute IEC materials on HIV&AIDS, Malaria, STI's and TB. Provide bed nets and condoms.	UNFPA, UNICEF, UNAIDS, WHO	Within 1 month
5	Reinforcing appropriate referral system to manage obstetric emergencies	WHO	Within 1 month
6	Supply delivery of kits to pregnant women and midwives	UNFPA	Within1 month
7	Provide medicines for chronic diseases such as TB, ART, leprosy and malaria	WHO	Within 2 weeks
8	Provide services for survivors of gender based violence including PEP kits	UNFPA	Within 2 weeks
9	Provision of dignity kits for women in accommodation centres	UNFPA	Within 1 month
10	Monitoring, evaluation and reporting of activities	WHO/UNICEF/ UNFPA	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	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	Implementation of immunization and ITN campaigns in the affected areas,	UNICEF/WHO	Within 2 weeks
5	Adequate referral to secondary and tertiary health care services	WHO	Within 1 month
6	Epidemiological surveillance and early warning systems for the early detection and control of communicable diseases	WHO	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); External roster of experts such as: Epidemiologist, Public Health Emergency Officer (cluster coordinator), Nutritionist, Logistician and Communication specialists.

UNICEF: *Existing:* Chief Health and Nutrition, Nutrition and Health Manager; Health and Nutrition Specialist (Field Support), EPI Specialist; Malaria Specialist. Additional suggested capacity in case of a major Emergency: EPI logistician to assist in planning and transport 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.

Supplies

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

UNICEF: In case of large emergency: 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: Informational materials can be acquired as per needs assessment.

FUNDS

WHO: Strengthening of health services, epidemiological system and mental health – USD 60,000; Procurement of medical supplies - USD 50000; Application for CERF grant as appropriate for Health Cluster interventions

UNICEF: Basic Health Services: \$400,000 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: \$200,000 for fuel, transport, cash, food, tents for vaccinator teams.

Malaria: \$100,000 for human resources: spray teams; activists; nurses, transport: fuel, vehicle hire, etc.

Prevention and Treatment of Diarrhoeal Diseases: \$200,000 for cholera beds, renewable supplies, case mx. 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\$ 135,000; Condoms: US\$ 30,000 (depending on size of emergency); Dignity kits: US\$ 60,000 (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

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Other members include: Medicus Mundi, World Vision, NAFEZA, TRIMODER; MSFB is an Observer

9.8 SHELTER

Overall Objective

The overall goal is to provide adequate Shelter conditions to the population affected by natural disasters.

Specific objective

- To reduce vulnerability to natural disasters by providing assistance and capacity to the Government and Civil Society at local level for addressing emergency shelter, adequate planning, basic and social services and infrastructure.

Planning Assumptions

- No infrastructure and funds will be available;
- Temporary shelter facilities will need to be provided to minimise exposure of the affected population to other threats;
- The Government will make a substantial contribution in identifying and registering the beneficiaries for plots and shelter;
- It will be possible to organise a shelter response quickly, including adequate planning at a very early stage of the recovery phase.

Requirements

1. Perform field assessments in terms of shelter and resettlement preparation activities.
2. Provide 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.
3. Support the development of 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.
4. Strengthen and decentralise institutional disaster management on shelter issues.
5. Strengthen the participation of municipal/local governments on disaster management.
6. Promote and strengthen national and regional cooperation for the provision of water, sanitation, shelter and the access to homes and services to the affected population.
7. Support the development of procurement plans in consultation with UN agencies and all counterparts.
8. Monitor all resettlement activities.

Activities to be undertaken before an emergency

#	Activities	By whom	When
1.	Identification of shelters in safe areas and infrastructure.	INGC, MOPH, MICOA, UN-HABITAT	On-going
2.	Selection of municipalities with similar problems for which production of capacity building tools will be cost effective.	INGC, MICOA, UN-HABITAT, OIM	On-going
3.	Setting up a process of co-ordination and consultation among local initiatives specialised in shelter. Lay the basis for follow up with technical co-operation initiatives.	MICOA, UN-HABITAT	On-going
4.	Provide capacity building at the community level of teachers and CSOs in "awareness" and "advocacy" in disaster prevention and shelter through the deployment of NGOs and delivery of radios.	NGOs, INGC	On-going

5.	Promotion and strengthening of existing national co-ordination and response mechanisms at national, local, community level.	INGC, MOPH, MICOA, UN-HABITAT	On-going
6.	Prepare a standby logistics agreement with construction material companies and counterparts to ensure availability for rapid delivery all over Mozambique.	IOM, NGOs	On-going

Activities to be undertaken during an emergency

#	Activities	By whom	When
1.	Determine the location of accommodation and resettlement camps and set up a quick registry system	INGC, Local authorities, MICOA, MOPH, CVM, IOM	1 week
2.	Provide temporary shelter, basic NFI and tents	INGC, IOM, CARE, CVM, NGOs, other NGOs	Within first 2 - 4 weeks
3.	Support the Government in providing temporary sanitation and water supply facilities	MOPH, UNICEF, NGOs	Within first 2 - 4 weeks

Activities to be undertaken during the Early recovery phase

#	Activities	By whom	When
1.	Perform a rapid damage assessment and immediate planning measures for shelter, provision of basic and social services and infrastructure in a participatory manner	MICOA, MOPH, UN-HABITAT	Within 1 month of end of emergency period
2.	Provide information on available supplies/material for reconstruction activities	MOPH, INGC	Within 1 - 2 months
3.	Mobilising both technical support and material for self-help reconstruction activities, including capacity building for low-cost housing construction techniques	MOPH, INGC, MCT, UN-HABITAT, IOM	3 - 6 months
4.	Developing and re-activating productive economic activities, especially through the construction of multi-purpose warehouses	INGC, MOPH, MINAG, MMAS, UN-HABITAT	6 – 12 months

Shelter Cluster Lead:

During the Emergency – CVM

Before and After the Emergency – UN-HABITAT

UN-HABITAT Focal Points:

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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.
- 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 24 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:

Staff available: 2 international ICT Officers, 4 national telecom / IT officer/assistants, 3 radio-operators

- ICT specialists are available upon request from Regional and HQ offices
- TSF, a stand-by partner of UNICEF and OCHA, can provide basic voice/data connectivity for the initial stage of an emergency.
- WFP Dubai / FITTEST can provide upon request staff including telecom / IT specialists, emergency ICT coordinators, international radio-operators and trainers.
- SRSA, a stand-by partner of WFP, can provide on a very short notice telecom / IT specialists, international radio-operators and trainers.

Supplies – Emergency Equipment stock:

Stock of ICT equipment enough to deploy one full-size 24/7 radio-room, VSAT and power generator for medium-size office (up to 25 users), as well as satellite phones, laptop computers, hand-held radios and wireless network / links equipment.

Stock 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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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 opportunities.
- Early recovery aims to generate to the extent possible self-sustaining nationally owned and resilient processes for post-disaster recovery.
- Early recovery 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 Resources 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 2007 and 2008 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 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.

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 to plan and manage the recovery effort	FAO, UNDP, UNICEF, INGC	1 to 3 months
2	Establish effective and participative early recovery coordination mechanism to support national efforts	FAO, UNDP, INGC	1 to 3 months
3	Support the establishment of monitoring and evaluation systems for early recovery activities	FAO, UNDP, UNICEF, INGC	1 to 3 months
4	Set up and Support implementation of donor and beneficiary tracking systems	UNDP, INGC	1 to 3 months
Assessments			
5	Support national capacity for early recovery joint assessment, planning and programming	FAO, UNDP, UNICEF, INGC, ACT, IRD	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, UNDP, UNICEF, INGC, IRD	1 to 3 months
Strategic Planning			
7	Contributes to the elaboration of common ER strategic priorities in flash appeals and CAPs	FAO, UNDP, UNICEF	1 to 3 months
8	Facilitate early recovery prioritization workshops at national and local levels	UNDP, 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, UNDP, UNICEF, INGC	1 to 3 months
10	Support early recovery resource mobilization	FAO, UNDP, UNICEF,	1 to 12 months

#	Activities	By whom	When
	efforts	ACT, IRD	
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, UNDP, UNICEF, ACT	6 to 18 months
Disaster Risk Reduction			
12	Develop Guidelines and training for disaster-resistant recovery and reconstruction	UNICEF, UN-HABITAT, INGC, IRD, WVI	1 to 6 months
13	Support Government in the development of a risk sensitive recovery policy	UNICEF, UN-HABITAT, UNDP, INGC, WVI	1 to 3 months
14	Rapid local vocational training in hazard-resistant construction techniques	FAO, UN-HABITAT, ACT, IRD	1 to 3 months
15	Strengthen local level emergency response mechanisms in the affected areas	FAO, UNICEF, OIKOS, UNDP, INGC, ACT, WVI	3 to 18 months
16	Train local government officers in DRR	FAO, UNDP, UN-HABITAT, INGC, WVI	3 to 18 months
17	Strengthen local level DRR knowledge for building back better	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	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	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	3 to 18 months
24	Create cash for work opportunities in public works	WFP, ACT (LWF), IRD	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	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 eg. crop diversification	FAO, OIKOS, ACT, IRD, WVI	3 to 18 months

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¹² 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.