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The Final Evaluation of MDRMZ011 was commissioned by the International Federation of Red Cross and Red Crescent Societies (IFRC) Southern Africa regional representation and Mozambique Red Cross Society (CVM). It was carried out from 19-26 October 2015 in Zambezia province in Mopeia (Mudiba and 1 de Mai0) and Mocuba (Nacogolone and Macuvine).

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Photos: IFRC

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Acronyms

CVM	Cruz Vermelha Mozambique (Mozambique Red Cross)
DRC	Danish Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
INGC	National Institute of Disaster Management
KII	Key Informant Interviews
FGDs	Focus Group Discussions
PMER	Planning, Monitoring, Evaluation and Reporting
DMU	Disaster Management Unit
SARO	Southern Africa Regional Office
MOPH	Ministry of Public Housing
NDRT	National Disaster Response Team
RDRT	Regional Disaster Response Team
GoM	Government of Mozambique
CENOE	National Emergency Operation Centres
NS	National Society
BSS	Beneficiary Satisfaction Survey
WFP	World Food Programme

Executive summary:

The heavy rainfall across central and northern Mozambique resulted in an unprecedented rise in the water levels of the Zambezi and Licungo Rivers. Floods developed extremely fast. On 12 January 2015, the Council of Ministers declared an institutional red alert. According to the National Institute of Disaster Management (INGC) 373,026 people were affected in Zambézia, Nampula, Niassa, Cabo Delgado and Manica provinces. 14,361 houses were partially damaged, while 21,780 were completely destroyed. Furthermore, the floods caused extensive damage to public buildings and infrastructure, loss of crops and livestock.

The Mozambique Red Cross (Cruz Vermelha Mozambique - CVM) conducted detailed damage and needs assessments in the affected provinces. The targeted districts in Zambézia were Mopeia (15,670 people affected), Namacurra, (3,121 people affected), Mocuba (8,255 people affected) and Maganja da Costa (20,477 people affected), while in Nampula the districts were Mussoril (42,645 people affected) and Meconta (21,725 people affected). Based on these assessments and on its own delivery capabilities, CVM concentrated its efforts to support 17,620 displaced people (3,524 households) in Zambézia and Nampula provinces.

CVM launched an [Emergency Appeal](#), MDRMZ011 with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) on 21 January 2015 with focus on six key outcomes:

- Risk of communicable diseases within the targeted communities reduced;
- Risk of waterborne and water related diseases in targeted communities is reduced;
- Living conditions through provision of adequate shelter during the emergency and early recovery period for the flood-affected households improved;
- CVM capacity for emergency operations at the national level strengthened and
- Capacity of affected communities to prepare and respond to floods/storms in the future strengthened.

In February 2015, the Government of Mozambique (GoM) started to allocate plots of land to the families displaced by the floods. In Zambézia, 10,367 families were relocated to 64 resettlement areas, while 4,666 families returned to their places of origin.

The Government of Mozambique led the emergency response through INGC, (under the jurisdiction of the Ministry of State Administration) and with the support of line ministries at national, provincial and district levels. INGC coordinated the response locally, through National Emergency Operation Centres (CENOE) established in Quelimane (Zambezia) and Nampula City (Nampula) to improve operational management, data collection, reporting and dissemination of information. INGC requested the international community for additional support to cover identified gaps and meet the immediate needs. CVM played a key role as the lead agency for the Shelter Cluster during the emergency phase. A Shelter Cluster Coordinator from IFRC was deployed to Zambezia for six weeks to assist the National Society and partner organisations in meeting shelter and non-food item (NFI) needs.

At the end of the operation, an internal evaluation was carried out to review the accomplishment of the operation. Zambezia province was targeted for the evaluation as it had all components of the emergency operation. Some of the findings of the evaluation include:

- a) The identification of the beneficiaries was made in a participatory manner.
- b) The flood response met the needs of the targeted people.
- c) The beneficiaries appreciated the support given and also the quality of goods received was of high standard, especially when compared with those received from other organisations.
- d) There was improved access to clean, safe water resulting from construction of shallow wells for the displaced communities in the areas of resettlement.
- e) The Government of Mozambique (GoM) resettled the displaced people in plots of 15 by 30 meters. It is these resettlement areas that the shelter construction took place in Mopeia. As part of recovery, there were 230 houses constructed (110 in Mudiba through Danish RC support and 120 in Mopeia through the Emergency Appeal).

Several challenges were experienced during the operation. There was delay in release of NFIs from the warehouse in Maputo and finding transport solution to deliver the items to the affected provinces. This in turn led to the delay in distribution of relief to the affected populations thereby affecting CVM response time. Some of the beneficiaries had to wait up to more than two weeks to receive support.

Lack of transportation and inability of CVM to engage private transport companies without upfront payment led to this delay. In 1 de Maio and Mudiba where shallow wells were constructed, the area is dry, meaning in the run up to the rainy season most of the wells were dry. The displaced households were allocated land for construction of dwellings yet there was no land allocated for livelihood activities like farming, especially for the community in Nacogolone. At the time of the evaluation, shelter construction had not been completed as expected due to delays and irregular delivery of blocks and small stones for construction by the supplier. There were also structural errors noticed with regards with the way the roofing had been built that led to some roofs being blown off a week before the evaluation began. This required technical expertise to establish what corrective measure could be done to ensure a structurally sound structure handed over to the communities.

Some recommendations of the evaluation include establishment of an emergency fund both at HQ and provincial levels to kick start operations soon after any emergency is declared. Support to be given to complete the housing in Mudiba and 1 de Maio as the community expressed their inability to do this. It was also recommended that prequalification of suppliers be done in advance to shorten the prolonged procurement process in an emergency situation. Future operations should consider a livelihood intervention as with the flooding and loss of homes, there was also loss of livestock and planted crops. Most beneficiaries needed support to get their lives back to normal and have livelihood generation opportunities.

In conclusion, overall, the 2015 flood response operation was well implemented with improvement seen in terms of timeliness of interventions, quality of support given to the affected communities and also coordination and effective use of human resource capacity within CVM.

The emergency appeal operation was successful in contributing to the reduction of the spread of the cholera in the affected provinces. CVM volunteers were effective in creating awareness and promoting good hygiene practices counted a lot in ensuring community members were aware and in most cases changed behaviour to reduce incidence of cholera.

The construction of core shelter structure was instrumental in building community resilience capacity in addition to mobilising and training CBDRT in Mopeia district. These are aspects of sustainability that were built into the operation. The use of volunteers and local builders in the process also worked towards enhancing capacity of the community in building safe shelter.

Chapter 1: Background

The heavy rainfall across central and northern Mozambique resulted in an unprecedented rise in the water levels of the Zambezi and Licungo Rivers. Floods developed extremely fast. The Council of Ministers declared an institutional red alert on 12 January 2015 after a period of heavy rainfall caused severe flooding across central and northern Mozambique. According to the National Institute of Disaster Management (INGC) 373,026 people were affected in Zambézia, Nampula, Niassa, Cabo Delgado and Manica provinces. 14,361 houses were partially damaged, while 21,780 were completely destroyed. Furthermore, the floods caused extensive damage to public buildings and infrastructure, loss of crops and livestock. The Government of Mozambique (GoM) estimated US\$ 300 million would be necessary for post-flood reconstruction in the country.

The Mozambique Red Cross (Cruz Vermelha Mozambique - CVM) conducted detailed damage and needs assessments in the affected provinces involving its extensive volunteer network, provincial staff, NDRT and Regional Disaster Response Team (RDRT) members. The targeted districts in Zambézia were Mopeia (15,670 people affected), Namacurra, (3,121 people affected), Mocuba (8,255 people affected) and Maganja da Costa (20,477 people affected), while in Nampula the districts were Mussoril (42,645 people affected) and Meconta (21,725 people affected). Based on these assessments and on its own delivery capabilities, CVM concentrated its efforts to support 17,620 displaced people (3,524 households) in Zambézia and Nampula provinces.

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- Capacity of affected communities to prepare and respond to floods/storms in the future strengthened.

In February 2015, the Government of Mozambique (GoM) started to allocate plots of land to the families displaced by the floods. In Zambézia, 10,367 families were relocated to 64 resettlement locations, while 4,666 families returned to their places of origin. In the same month of February, a cholera outbreak which started on 25 December 2014 quickly expanded to Tete, Sofala, Zambézia, Nampula and Niassa provinces. A total of 8,835 cases and 65 deaths were recorded, a case fatality rate of 0.8%. The province of Zambézia recorded 1,820 cases and 13 deaths in four districts: Quelimane, Nicoadala, Gurue and Mocuba. Quelimane was the most affected district, with 1,219 cases and eight deaths. Working closely with the Ministry of Health, Red Cross volunteers carried out health and hygiene education in Tete, Zambézia, Niassa and Nampula provinces.

The institutional red alert declared in January was downgraded to orange on the 3 March and again to green on the 10 of April.

In terms of operation, each of the stakeholders played a role towards meeting the needs of the beneficiaries following the floods. The Government of Mozambique led the emergency response through INGC, which is under the jurisdiction of the Ministry of State Administration, and with the support of line ministries at national, provincial and district levels. INGC coordinated the response locally, through National Emergency Operation Centres (CENOE) established in Quelimane (Zambezia) and Nampula City (Nampula) to improve operational management, data collection, reporting and dissemination of information. INGC requested the international community for additional support to cover identified gaps and meet the immediate needs. CVM played a key role as the lead agency for the Shelter Cluster during the emergency phase.

A Shelter Cluster Coordinator from IFRC was deployed to Zambezia for six weeks to assist the National Society and partner organisations in meeting shelter and non-food item (NFI) needs. UN-Habitat took over the lead role on 9 March 2015. The Danish Red Cross (DRC) had a bilateral programme in Mopeia that dealt with the construction of 110 core structures for 110 resettled families in the community of Mudiba addition to health and hygiene education in the area. IFRC supported the construction of 120 houses in 1 de Maio. From the planning process to the implementation of the activities, IFRC, DRC and CVM were coordinating closely together to ensure all activities were synchronised. The Spanish Red Cross (CVE) has also played a key role during the early phase of the emergency by deploying a delegate to Zambézia to coordinate the response with partner organizations. Furthermore, CVE, CVM, IFRC and DRC planned and concluded the Participatory Approach for Safe Shelter Awareness (PASSA) training together. CVE is also replenished CVM's emergency stock of tarpaulins and shelter tool kits.

Following on good practice, the final evaluation for the Mozambique flood operation, MDRMZ011 was conducted from 19-26 October 2015. This report will provide a brief on the methodology, findings, conclusions and recommendations of this evaluation.

Chapter 2: Review Process

This chapter highlights the methods used in an endeavour to achieve the stated objectives. Purpose of the review and the review process are stated before sampling considerations and the review challenges/limitations encountered are highlighted.

2.1: Objectives of the Review

The objective of the Mozambique Floods evaluation was to:

1. Review the effectiveness (by sector) of the EA operation in meeting the planned objectives and outputs in the EPoA and expenditure against the agreed budget.
2. Provide a means of identifying key results achieved/successes, challenges, lessons learned from the operation in order to inform recommendations for future DREF/EA operations, specifically those related to floods.
3. Assess the extent to which lessons learned from previous operations were incorporated within the MDRMZ011 operation.
4. Make recommendations for sustainability and the ownership by National Society (NS).

2.2: Review Methodology

The review involved a number of methodologies:

1. **Desk review and review of secondary data** – [MDRMZ011 Emergency Appeal](#), [Revised Emergency Appeal](#) and [Operations Updates No.1, No. 2](#) and [six month update](#) were reviewed. Data from the beneficiary satisfaction survey (BSS) was analysed and parts of it also used and fed into the final evaluation report.
2. **Key informant interviews (KII)** – The following people were interviewed
 - a) CVM staff – Acting Program Coordinator, DM technicians in Zambezia and from Maputo
 - b) Spanish Red Cross staff - Country Representative
 - c) INGC representative in Quelimane
 - d) MOPH representative in Quelimane
 - e) Local Administrator in Mopeia
 - f) INGC representative in Mocuba

3. **Focus group discussions** (FGDs) were held with volunteers from Quelimane, Mudiba, 1 de Maio and Mocuba and beneficiaries from Mudiba, 1 de Maio, Nacogolone and Macuvine.

An internal evaluation was done where the regional PMER officer who had not been part of the implementation team (external to the operation) was selected as the team lead. A participatory approach was used from the development of the tools to their application in the data collection exercise, analysis and drawing up the initial findings of the evaluation. Feedback was also sought from the beneficiaries on the services and items given for both the relief/emergency phase and also for the recovery phase. All these will be discussed in the section under findings.

2.3: Sampling Considerations

As the shelter intervention was only done in Zambezia province, this made the area targeted for the evaluation to be Zambezia in order to have an evaluation of all components of the emergency operation. Among four targeted districts in Zambezia province, two were selected for this evaluation representing 50% of areas where interventions were. In addition, Mopeia was the only district where recovery shelter construction took place together with other activities under this operation. For this reason, Mopeia district was purposively targeted. Mocuba district was also selected as it had communities that had been resettled from original homes that had been flooded and would give useful information how communities were coping with resettlement and life after the floods.

2.4: Limitations

Language – as the lead evaluator had no knowledge of Portuguese or the local language, interviews were conducted through an interpreter, sometimes, especially during the focus group discussions with the beneficiaries, the local language was used leading to two levels of interpretation which could alter meaning of responses. This meant that the same question was asked differently to verify responses.

Chapter 3: Key findings

The evaluation established that the flood response implemented by CVM and supported by IFRC, CVE and DRC went well with needs of the affected people being met through the distribution of non-food items (NFIs), provision of shelter for both emergency and recovery phases and also response to cholera outbreak in affected areas. The beneficiaries were appreciative of the support given and also the quality of goods received was of high standard, especially when compared with response from other organisations to the 2015 floods. Compared to previous response times, CVM had given timely response to the communities, reducing their vulnerability to the floods following destruction of some of the homes. In this section, there will be the discussion of the findings under the various sectors, the challenges and lessons learnt.

Assessments were done at the onset of the flooding to determine the needs of the affected communities. These were then fed into the plans and revision of the emergency operation done according to these findings to include construction of shelter for the vulnerable households.

Different stakeholders were interviewed to gauge their perception on the success of the operation. All three key informants from INGC, MOPH and the administrator of Mopeia expressed gratitude for the support offered by CVM and its partners in

responding to the needs of the community affected by the floods. Community leaders were also in agreement on the timely support given by CVM, at a time when they needed help the most. The community members, the beneficiaries themselves, were happy that someone saw their plight and came to offer assistance when they had no hope. At the time of the evaluation, there was still high expectation from these communities on more support from CVM yet the operation was due to end hence the need to have exit strategies addressed in operations earlier during implementation to adequately prepare communities when the operations ends and interventions would stop.

3.1. Profile of the beneficiaries

Following the distribution of the non-food items, there was a beneficiary satisfaction survey (BSS) carried out in July 2015 to establish efficiency of the distributions, usefulness of the items and whether or not the needs to the affected households were met through this distribution. About 10% of the households targeted by the MDRMZ011 floods operation were sampled in this survey. Of these, 50% were women while 47% were male headed households.

When planning for the operation, beneficiary targeting was to include the most vulnerable groups such as orphans and vulnerable children, female head households and pregnant women, elderly people, people with disabilities, chronically ill people and child-headed households. Of the 400 households interviewed, 63% had very young children (possibly below five years old), 6% had elderly people living alone and 8% having self-supporting mothers, indicating that these aspects of vulnerability identified at the planning stage were put into consideration at the time of implementation.

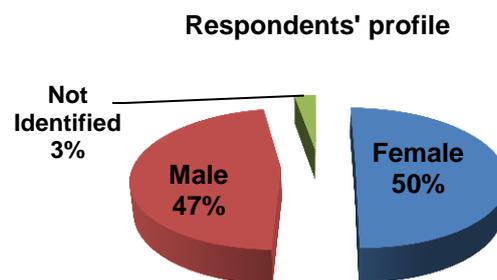


Figure 1: Respondents Profile

Vulnerabilities amongst sampled households

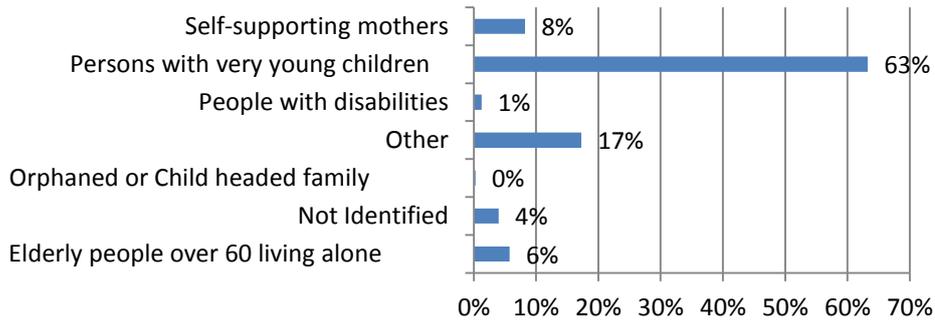


Figure2: Vulnerabilities among households sampled in BSS

The identification of the beneficiaries was made in a participatory manner where the community members themselves assisted in identifying those affected by the floods with the participation of INGC and CVM. During the assessment, a checklist was developed and used in this process of identification.

The age distribution for the selected beneficiaries was shown below with 51% being between 18-35 years old. This explains why many households had young children, increasing their vulnerability in the flooding situation. 13% are over 55 years and of these are the 6% of the elderly people over 60 years living alone.

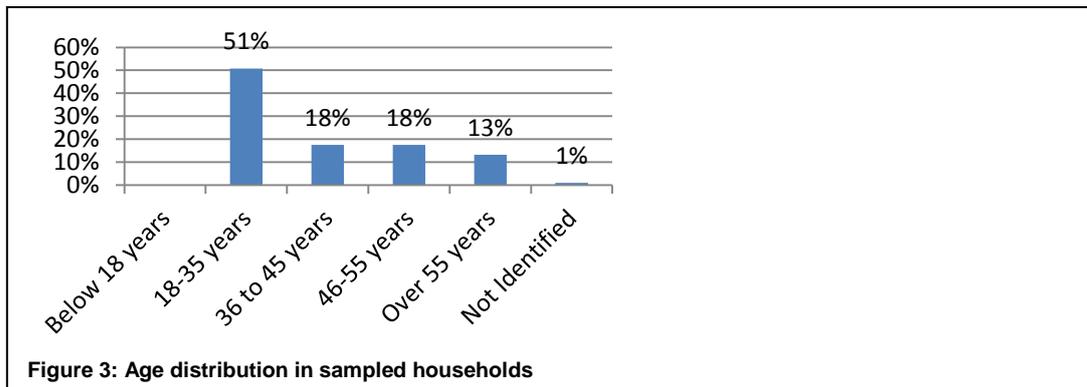


Figure 3: Age distribution in sampled households

49% of the sampled households had between four to six family members followed by households that had one to two members at 21% and two to four at 15%. 9% of the households had six to eight members.

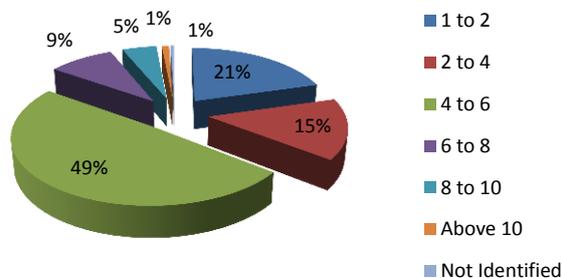


Figure 4: Number of members in each household

The communities were affected differently by the floods with majority, 94% having had their property damaged, 25% had family members injured and 24% almost losing their lives. About 13% were injured.

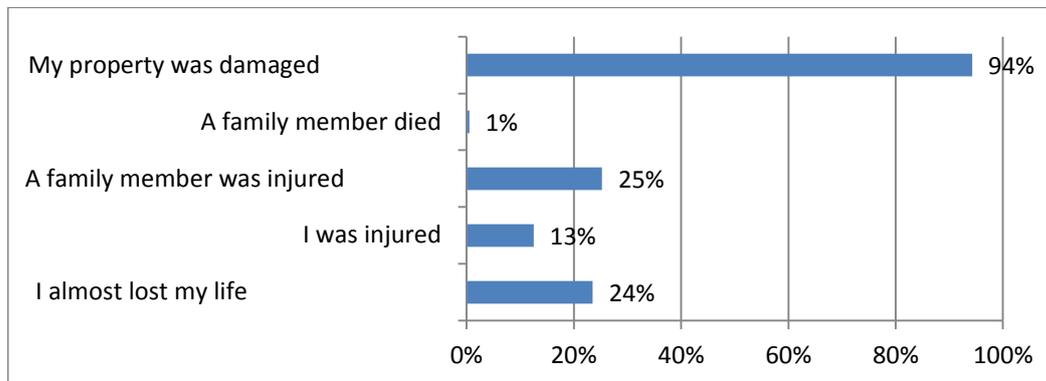


Figure 5: How communities were affected by floods

In terms of what the community needed, the major items based on the response were food, shelter, clothes/blankets, water and medical assistance. Looking at what the operation, these were the major support given by CVM thereby strengthening operation relevance from the perspective of the beneficiaries. From the FGDs, the community members mentioned some of things they would have needed that were not provided (part of the 5% comprising of other items) to be mattresses or mats and solar lamps for lighting. Others also mentioned the need for seeds to plant their fields as their crops had been washed away by the floods. This was reiterated several times during the field visits showing the need to offer support to the communities in terms of addressing the livelihood needs. The Lualaba administrator also mentioned the need to look into livelihood component after the flood with some potential partnerships expected to support the flood affected families.

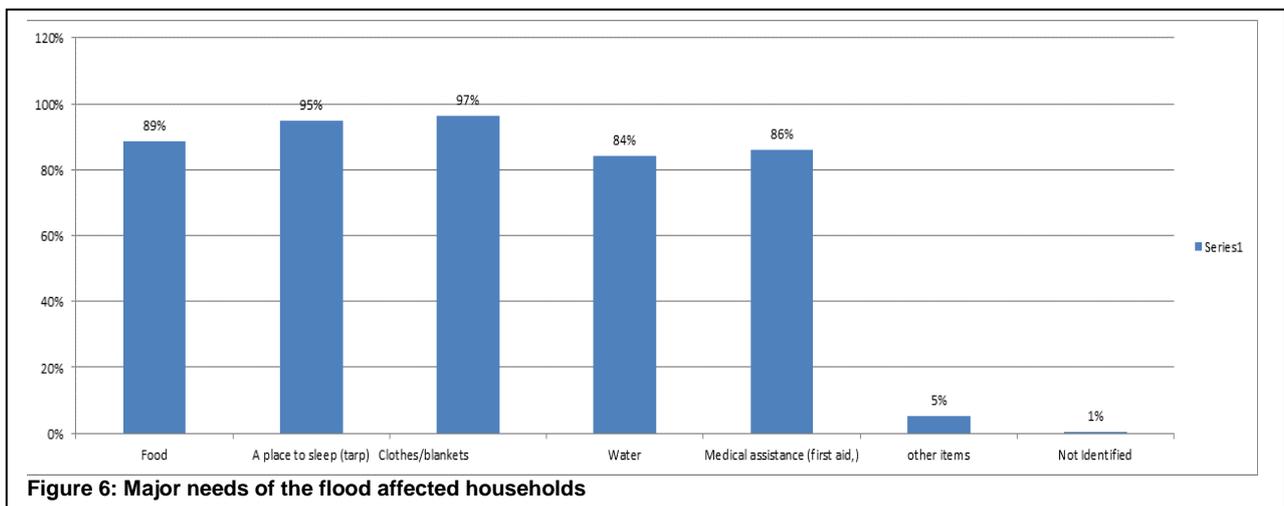


Figure 6: Major needs of the flood affected households

3.2: Health and care

Under health and care, following an outbreak of cholera, 159 volunteers were trained in community mobilisation, hygiene promotion and referral to health centres of those suspected cholera cases in the community to the nearest health facilities in a bid to curb the spread of cholera. The training was done as follows:

Table 1: Volunteer training in cholera prevention

Province	District	No. of trainings	No. of volunteers
Tete	Angonia	1	30
	Moatize	1	30
Nampula	Nampula City	1	29
	Meconta	1	16
	Murrupula	1	24
Zambézia	Mopeia	1	30
Total		7	159

*Source MDRMZ011 six month update

These trainings were combined with refresher training on the Red Cross principles, mission, vision and values. CVM volunteers carried out door-to-door campaigns and public lectures on cholera and hygiene education, reaching 225,416 people in the following districts: Nampula City, Namialo and Murrupula (Nampula Province); Quelimane, Nicoadala and Mocuba (Zambezia Province); Tete City and Moatize (Tete Province); Cuamba and Lago (Niassa Province).

Following the training, the CVM volunteers worked in close collaboration with the MoH in identification of locations for the hygiene promotion, especially in areas where suspected cholera cases had been reported. Vulnerability of each neighbourhood was also identified by the Ministry of Health using the data received from the health units in the town. Following these reports, the volunteers would conduct information dissemination sessions which included hand washing techniques, key times to wash hands, treatment of drinking water and food hygiene. Information education and communication (IEC) materials and booklets on cholera prevention were also disseminated at this time in households, markets and schools. Distribution of CERTEZA was also done and demonstration on how to treat the water with the same CERTEZA in the communities also done. For the cases found with cholera, there was referral made to the nearest health facility. Before a case was referred, the volunteers would offer first aid as needed to the person then support given to the nearest health facility.

Table 2: Cholera and hygiene education by province

Province	Door to door cholera and hygiene education		Public lectures (markets, schools, plays etc.)	
	No. of HH visits	Beneficiaries	No. of public lectures	Beneficiaries
Nampula	11,163	55,815	3,349	8,508
Tete	7,626	38,130	665	45,758
Zambézia	12,141	60,705	-	-
Niassa	3,300	16,500	-	-
Total:	34,230	171,150	4,014	54,266

*Source MDRMZ011 six-month update

In Quelimane, Cualan Quarter, the population had been adversely affected by the cholera outbreak and were very eager to learn methods of cholera prevention from the volunteers. A community member volunteered his time to show the volunteers working in this area the households affected by cholera to support in disinfection and education. It was touching to the community that people living outside their community were interested in their plight. This clearly showed the relevance and importance of the cholera prevention intervention to the affected communities.

As a result of the CVM volunteer activities, there were behavioural changes in the communities resulting in the treatment of drinking water. Those who could afford to buy CERTEZA got it from the local shops. Others mentioned that they were boiling their water for drinking. Also, the knowledge on the causes, spread and prevention of cholera remained with the community ensuring that future impacts of cholera will be lowered if the community kept on practicing health hygiene habits.

3.2.1. Challenges

- In some areas, as the volunteers were distributing CERTEZA, the water purification liquid, they were chased by some community members who thought that the liquid would cause them cholera. In this situation, the volunteers focused on the homes that accepted them and use these households to advocate for the use of drinking treated water to prevent cholera.
- First time volunteers felt insecure reaching out to households for sensitisation. There was need for confidence building and pairing up of volunteers (new and old) to give the necessary support to reach to the households.
- When the volunteers used the megaphones to announce their presence, in some areas, the community members left their homes and were not found in the homesteads by the volunteers. This meant that the volunteers went back to these households where members were missing to conduct their awareness sessions. This meant a lot of time was spent in covering these areas. For the available households, awareness sessions were conducted during the first visit.

3.3: Water, sanitation and hygiene promotion

During the focus group discussions (FGDs) with the community, it was established that before the construction of the wells by CVM, the main water sources were the rivers and streams around the villages which were not clean. Following the construction of the shallow wells, the



Community members fetching water.
Photo: IFRC

community now had clean drinking water available for use nearby at a distance of less than 1km. These six wells were constructed in 1 de Maio and Mudiba and were to benefit more than 1,100 people (with more than 50% being women and children). In other areas where CVM responded, there were other actors (Kukumi) who also supported in development of water sources for the communities.

For the houses that were constructed through support from IFRC and DRC in 1 de Maio and Mudiba, 230 latrine slabs were distributed. At the time of the evaluation, some of the households had already used these slabs to construct latrines next to the permanent shelter structure built through the support of this emergency appeal.

CVM mobilized and trained volunteers in Tete, Zambézia, Nampula and Niassa promoted improved sanitation, hygiene practices and use of safe and clean water. The volunteers were also trained in monitoring water quality and other hygiene practices like keeping the environment clean. The following table shows activities done under the water and sanitation sector. The volunteers collected water samples for testing by the MoH.

Table 3: Water quality monitoring

Province	Monitoring of waste pits	Monitoring of water sources	Monitoring of latrines	Distribution of water purifier		Collection of water samples
				CERTEZ A	Chlorine	
Nampula	1,303	2,550	7,814	3,743	-	-
Tete	83	-	644	-	4,851	-
Zambézia	4,154	3,093	5,658	5,304	-	877
Niassa	3,938	3,708	938	-	-	-
Total:	9,478	9,351	15,054	9,047	4,851	877

Waste pits were also dug to enable the proper disposal of household waste, avoid littering while also ensuring cleanliness of the environment where the displaced households had been relocated.

3.3.1. Challenges

In 1 de Maio and Mudiba where shallow wells were constructed, the area is dry, meaning in the run up to the rainy season most of the wells were dry. This was confirmed during the FGDs which means that the nearest rivers/streams with contaminated water are what the community resorts to when the wells dry up.

3.4: Emergency shelter and NFIs

Following the floods in January, the CVM moved the prepositioned stock in Maputo and Gaza province to the Northern provinces affected by the floods. Zambezia province was the most affected by the floods and it took long for CVM to respond because there was no access as bridges and other infrastructure had been affected. During the floods, communication networks had also



Shelter construction in 1 de Maio. Photo IFRC

been destroyed hence the difficulty to deliver relief items.

Several organisations responded to the flood reaching out the affected people with various items. As there was coordination through INGC, there was no duplication of efforts and the community members mentioned during the FGDs that what they got from one organisation, they did not get from another distributing the same items. Through this approach, many people got the much needed support unlike in previous disasters. Table 4 shows some of the organisations that responded and the items they provided to the affected communities. Note that the distributions were done in phases with some households getting support while in transitional/temporary evacuation centres while other got support at the final relocation destinations.

Table 4: Relief items provided by various stakeholders

Stakeholders	Support given to affected communities
Wold Vision	Flour, rice, beans, maize, oil.
INGC	Flour
Save the Children	Tarpaulins, soap, slippers, buckets, toothbrushes
CVM	Kitchen set, tool set, buckets, clothes, mosquito nets, soap, shoes, house and latrine construction materials, tarpaulin, CERTEZA, construction of water points in selected communities
World Food Programme	Food (flour)
ADRA	Beans, rice, wheat flour, oil.
Zambezia Muslim community	Food, Rice, oil, sugar, salt, flour.
Concern	Solar panels, CERTEZA
Kukumi	Latrine and water point construction, toothbrushes,

Following the selection of beneficiaries, distribution lists were developed and each household given a voucher which was to be presented on the day of distribution. Beneficiary verification was done by local leaders in areas of origin where the communities were flooded. Information on the distribution was circulated by the village secretary so all members knew of the date and time for the distributions.

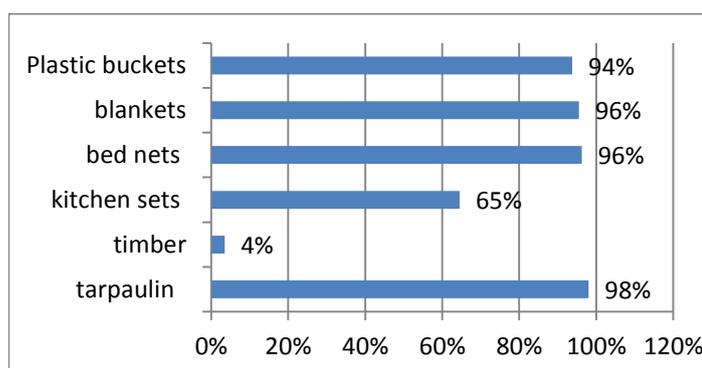


Figure 7: Items received by beneficiaries

During the beneficiary satisfaction survey (BSS), the sampled households confirmed the items that CVM had distributed with some of the items being blankets, mosquito nets, buckets, kitchen sets and tarpaulins. For timber, since at the time of the survey house construction had not begun, only 4% of the households confirmed having received these. By the time of the evaluation, all the 120 households that were supported by appeal had the timber distributed for construction of their houses.

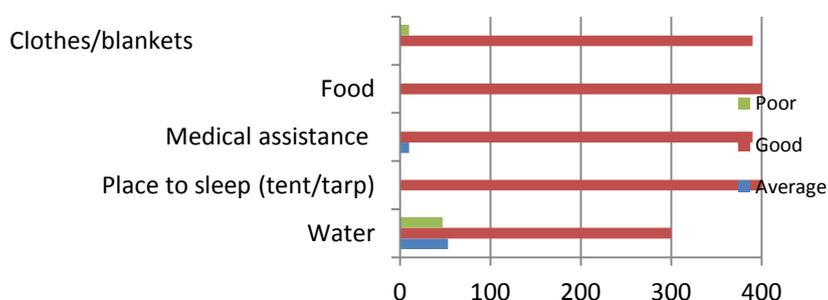


Figure 8: Rating on quality of assistance received based on the items listed

The BSS also indicated that overall, more than 50% of the beneficiaries were satisfied with both the quantity and quality of assistance received from CVM as shown by the results of the survey in figure 8 and 9.

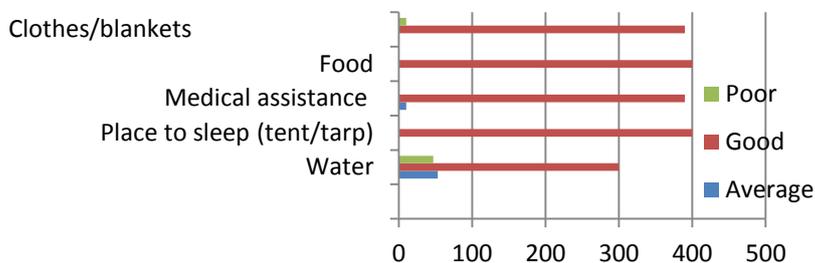


Figure 9: Rating on quantity of assistance received by households

In terms of timeliness of response, majority of the interviewed households (73%) indicated that they received the items they needed two weeks after the disaster while 21% received a week after the floods. An interview with the staff revealed that they took long to respond because there was limited access to the affected areas – in some cases the bridges were cut off restricting movement by road. In addition, the delay in transporting pre-positioned items from Maputo was cited by staff as a factor that contributed to the slow response by CVM. This meant that other organisations were already on the ground having given support to the affected households.

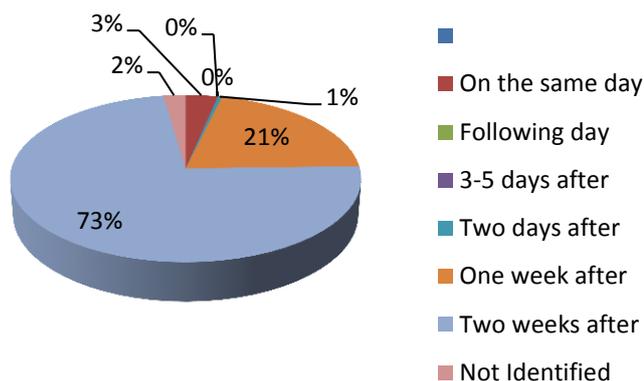


Figure 10: Timeliness of distributions

As CVM did not have its own truck to help in transportation of prepositioned relief items, it was difficult to get private trucking companies to deliver the goods without upfront payments being made. Following the launch of the appeal, there was delay in accessing the DREF start-up funds to enable CVM to respond immediately.

CVM began the distribution of pre-positioned NFIs at the end of January. The distributions took place at the collective shelters and the resettlement communities. To ensure coordination and avoid duplication, CVM communicated its activities continuously with the INGC. Through this coordination, there were fewer items distributed by CVM than planned since other organisations working in the same area also made their distributions covering most community needs. 3,524 households received assistance in the form of NFIs, combined with relevant trainings on how to use the shelter tool kit and sensitisation on health and care issues.

Distributed Items	Mopeia	Maganja da Costa	Namacurra	Mocuba	Nampula	Original Planned distribution (Emergency Appeal)	Revised Planned distribution (Emergency Appeal)	Distributed	Remaining Stock as replenishment
Kitchen Sets	298	531	577	694	900	3000	3000	3000	0
Blankets	0	650	0	225	2000	6000	6000	2875	3125
Jerry Cans	298	1200	0	1058	444	3000	3000	3000	0
Shelter tool kits	298	239	447	605	0	2900	3524	1789	1735
Tarpaulines	0	1962	894	1044	0	6000	3000	3000	0
Latrine slabs	50	0	50	221	0	500	500	321	179
Mosquito Nets	0	325	894	1610	2000	6000	6000	4829	1171
Soap Bars	2980	4510	5770	3868	0	9600	25600	17928	7672
Buckets	0	0	0	0	1056	3000	3000	1056	1944

*Source MDRMZ011 six month update

Following the destruction of the homes of the flood affected families, there came the need to support construction of shelter for some of the resettled families. The recovery phase of the operation began in April with the development of a shelter strategy, coming up with the house design and plan, identification of beneficiaries and finally construction of the houses. Danish Red Cross started a bilateral programme to support in construction of 110 houses in Mudiba while through the appeal, 120 houses were to be constructed in 1 de Maio (both in Mopeia district). Together, DRC, CVM and IFRC developed a joint strategy for the implementation of the shelter construction.

The Government of Mozambique (GoM) resettled the displaced people in plots of 15 by 30 meters. As the resettled people had already used the tarpaulins and other local materials to improve their houses, assessment showed that supporting in the development of permanent shelters would be more effective. Also, the GoM policy of providing shelter support in areas of resettlement meant that the community had secure land for the construction. FGDs in Nacogolone revealed that the beneficiaries had been given allotment letters for the land that their houses stood on. At the time of the evaluation, the only land allocated had been for house construction and none had been given for cultivation of crops.

The construction of the Red Cross supported houses in Mudiba and 1 de Maio was done using local builders and volunteers who live in the community. Due to constraints in term of space for storage of the construction material, a strategy was devised to distribute the construction materials to each household based on the amounts of block, timber, latrine slabs etc. needed. The house construction involved development of a basic core structure made of a foundation, columns and roof, technically able to accommodate a longer-term incremental process. The design would enable completion of the house using mud blocks, concrete blocks or burnt bricks based on economic ability of the household. The core structure was based on suggestion from the MOPH's project for rural housing started in 2013 which required all organisations to follow it across the country. As a result, CVM proposed to provide 18m² houses out of 52m² model house by MOPH due to limited resources as the cost of construction material is high in Zambézia. Each core structure was to cost approximately U\$ 1,600 excluding the operational costs (transport, storage, labour etc.).

Prior to the commencement of the shelter construction, Participatory Approach for Safe Shelter Awareness (PASSA) ToT Training was conducted in June, jointly planned and organised by CVM, IFRC, DRC and Spanish Red Cross. Staff and volunteers from CVM attended the training in addition to other participants from INGC, World Vision, IOM, MOPH and Concern.

3.4.1. Challenges

1. There was delay in release of NFIs from warehouse in Maputo and finding transport solution to deliver the items to the affected provinces. This in turn led to the delay in distribution of relief to the affected populations thereby affecting CVM response time. Some of the beneficiaries had to wait up to more than two weeks to receive support. Lack of transportation and inability of CVM to engage private transport companies without upfront payment led to this delay. When transport was available, it was shared with other stakeholders therefore preference was given to the delivery of the stakeholder's items over those of CVM further contributing to delayed response.
2. SPHERE standards was used in planning for the operation yet at the time of implementation, the stock available was not enough to enable sufficient distribution hence in some cases, only one blanket was given per household due to fewer numbers available in stock.
3. Slow funds transfer from the IFRC and slow funds accountability from CVM.
4. The displaced households were allocated land for construction of dwellings yet there was no land allocated for livelihood activities like farming, especially for the community in Nacogolone.
5. At the time of the evaluation, shelter construction had not been completed as expected due to the following reasons:
 - a) There was delay and irregular delivery of blocks and small stones for construction by the supplier.
 - b) Plans had been made to have the supplier make the blocks at the construction sites but the quality of these blocks were poor compared to those delivered from Quelimane further affecting the structures that were being built.
 - c) The beneficiaries in 1 de Maio and Mudiba during the evaluation expressed their inability to complete the construction due to financial constraints hence the need to demonstrate how the structures could be completed in a more affordable way without necessarily using the expensive concrete blocks.
 - d) There were also structural errors noticed with regards with the way the roofing had been built that led to some roofs being blown off a week before the evaluation began. This required technical expertise to establish what corrective measure could be done to ensure a structurally sound structure handed over to the communities.
 - e) Some of the timber and iron to be used by the builders were missing/stolen hence needed to be replaced.

3.5 Capacity of the National Society

The capacity of CVM was enhanced in various ways improving its ability to be the first responder to future disasters in Mozambique. This was done in various degrees:

- i. Community
- ii. Branch/provincial level
- iii. National/headquarter (HQ) level

At the community level, volunteers were recruited and trained. Through the operation, 159 volunteers were trained in cholera prevention and hygiene promotion; first aid, water and sanitation promotion (waste disposal, drainage construction, use of water purification tablets – CERTEZA) and social mobilisation. The volunteers were equipped with rubber boots, megaphones, bibs, hats, t-shirts, raincoats. In addition to this, five community based disaster response teams (CBDRT), each comprising of 18 members, were established, trained and equipped in five communities in Mopeia district with the trainings facilitated by CVM and INGC. The kit consists of more than 20 different items such as bicycles, stretchers, megaphones and solar radios.

At the branch and national/HQ level, following the training on contingency planning, staff were able to review the developed contingency plan (CP) and use it during the implementation of the operation. It is this plan that formed the basis of planning for a DREF application before a decision was made to have an emergency appeal in order to adequately address the emerging needs. In addition to this,

staff from the headquarters were moved to the provinces where their skills were needed in the response to temporarily boost the operation implementation. This showed an efficient use of the available human resources capacity.

Learning had occurred from past operations where timeliness of response was an issue, there was concerted effort to ensure the NFIs reached the communities in time for them to make use of the items unlike in the past operation (Gaza Flood Operation) when the NFIs reached locations long after the displaced communities had left the temporary relocation centres and had gone back to their homes.

3.5.1. Capacity gaps identified:

1. The NS did not have emergency funds to kick start the operation while awaiting funding from donors or even DREF start-up funds. This could have enabled payment of transportation for the prepositioned items to the provinces that needed the items.
2. No warehouse for storage available at the provincial headquarters in areas prone to disaster hence the NFIs were prepositioned in Maputo. Availability of facilities and capacities at the branches is limited and needs investment.
3. Poor condition of available vehicles hence limiting staff access to the field, areas where the flood affected households needed CVM assistance. There was also no suitable transportation to enable staff go across rivers to give support needed. This made some affected areas to be left out of the operation.
4. There was delay in procurement as there was no pre-qualification of potential suppliers to provide items that were not prepositioned. Pre-qualification in advance of a disaster shortens procurement time and enables the National Society to be a first responder.
5. Poor forecast/projection/planning by technical personnel leading to implementation delays. This was a challenge especially in terms of logistics planning and implementation, how to reduce delays to reach the affected communities with the required supplies in the least time.
6. Lack of skilled and adequate number of staff and volunteers to support operation implementation. In some cases, other organisations were using CVM volunteers and giving a higher stipend leading to lower numbers of volunteers available to support the CVM flood operation.
7. Weakness in communication and visibility on the ground. Also, the exit strategy was not in place in good time so as to enable adequate preparation of the communities for the end of the operation. At the time of the evaluation, there was still high expectation from the communities to have their houses completed for them. With an exit strategy, this should have been done smoothly earlier on in the operation to minimise unmet expectations by the beneficiaries.

3.5.2. Changes in capacity, capability, understanding and learning:

There was improvement seen in the timeliness of response. All the staff interviewed in the evaluation agreed that as much as there were delays in getting the NFIs and other procurements to the communities in need, there was still marked overall improvement in reaching the vulnerable populations some as early as 1 week after the floods and others much later. This was also confirmed through the BSS that was conducted. There was also the appreciation that despite the challenges the NS had been undergoing, staff were still motivated to deliver and ensure vulnerability of affected populations is alleviated.

Through the technical support given by IFRC, CVM appreciated the need to be efficient and flexible, able to quickly adjust to fluid emergency context and give the support when needed. This brought out the need to have all staff being involved in all aspects of the operations especially the finance staff to appreciate the context of emergency and move with speed so as not to delay processes. In terms of flexibility, some of the staff felt that they should have been able to distribute whatever NFI was available e.g. tarpaulins and then waited for other supplies to be distributed later. This would have to

be done alongside consideration of the costs of distribution and advantages/disadvantages of each approach analysed to give most efficient use of resources.

There were opportunities to ensure learning especially when staff from the HQ came in to give support to the affected branches. The use of the contingency plans and constant review and planning was cited as a learning point by staff who had not been part of the CP training and development of the final plan used in the operation.

CVM had an opportunity to redeem its image through this operation. Poor past reputation, especially with suppliers and other stakeholders meant that for services to be provided, the NS had to make upfront payments. This is part of the process of building the trust of all stakeholders including the community. In Nacogolone, during the FGD, the community members expressed their satisfaction with the services and support given by CVM and requested that should there be any disasters, they would want CVM to handle food distribution as the quality of NFIs received was very good, they expected that they would ensure the food quality would also be good. Some other NGO had brought them poor quality food and on pointing it out, the community did not get any improvement. They felt that the CVM standards would be better if they also handled the food distribution as well.

In discussion with all staff from the branches to the HQ, there is the awareness on the need to improve staff capacity both in terms of numbers as well as skills.

3.5.3. Lessons learnt

The top-down approach in the design of the shelter should have been more flexible to allow adaptation of design and materials to suit the local conditions and economic situation of the beneficiaries. PASSA principles should have been applied to ensure a more sustainable approach.

Involvement of local authorities to have their participation, ownership and support is crucial and should be done in the initial stages of the operation.

Further analysis of beneficiaries should be done so as not to leave out the most vulnerable. A few more vulnerable households should have been considered to have their houses completed by the operation so that the completion of the structure should not be a burden to an already vulnerable household.

In future shelter construction operation, there should be a shelter expert supporting implementation so as to ensure the construction of a sound structure and avoid potential defects.

4. Conclusion

Overall, the 2015 flood response operation was well implemented with improvement seen in terms of timeliness of interventions, quality of support given to the affected communities and also coordination and effective use of human resource capacity within CVM.

The emergency appeal operation was successful in contributing to the reduction of the spread of the cholera in the affected provinces. CVM volunteers were effective in creating awareness and promoting good hygiene practices counted a lot in ensuring community members were aware and in most cases changed behaviour to reduce incidence of cholera.

The construction of core shelter structure was instrumental in building community resilience capacity in addition to mobilising and training CBDRT in Mopeia district. These are aspects of sustainability that were built into the operation. The use of volunteers and local builders in the process also worked towards enhancing capacity of the community in building safe shelter.

5. Recommendations

1. In order to expedite processes e.g. procurement and disbursement of funds, there should be clarity of information on expected deliverables from each staff, the results to be achieved and potential consequences of any delays. Better communication at all levels is necessary to improve timeliness. There should be opportunities provided for continuous learning and reflection in order to troubleshoot on time.
2. Conduct supplier pre-qualification on a regular basis so as to shorten the procurement process in the event of an emergency and have better supplier management.
3. The contingency plan needs to be update and activated in the event of a disaster. In the updating of the contingency plan, there is need to identify the capacity of stakeholders who will be called upon to support the operation and have them agree on their contribution in advance. This contribution can be reviewed as needed later when a disaster occurs.
4. A database of active volunteers can be developed and updated at the beginning of flooding season to enable quick mobilisation in the event of a disaster.
5. Future operations should consider a livelihood intervention as with the flooding and loss of homes, there was also loss of livestock and planted crops. Most beneficiaries needed support to get their lives back to normal and have livelihood generation opportunities.
6. There should be resource mobilisation in order to develop an emergency fund that can be used at the beginning of a disaster before funding is received for launched emergency appeal or DREF.
7. CVM should work on improving visibility e.g. branding of tents/tarpaulins, procuring an adequate number of branded t-shirts for volunteers, etc.