

---

# Single Form

## 2020/00500/FR/02/01

---

### REFERENCES

**HIP / Decision Reference**

ECHO/-SF/BUD/2020/91000

**Agreement number:**

ECHO/-SF/BUD/2020/91005

**Action type**

Non-emergency action

**Document type**

Final report

**Submission date**

22/02/2023

---

## 1. GENERAL INFORMATION

**1.1 Humanitarian organisation**

CARE-AT

**1.2 Title of the action**

Strengthening Mozambique's Preparedness for Natural Disasters through investments and capacity building at community and national level

**1.3 Narrative summary of the action**

In March and April 2019, two successive intense tropical cyclones affected 1,8m people, and displaced more than 70.000. \$ 291,6m was mobilized, however as we enter the 2019/20 rains and cyclone season, the situation remains critical and priorities totalling \$ 424,8m remain unmet under the HRP. Mozambique reported its 1st COVID-19 case on 22.03.20 and as of 31.03, 10 official cases and 0 deaths have been recorded. However, there is a broad consensus that a high probability exists of under-reporting due to a lack of testing capacity in the country. CARE International offers to respond to the most critical ongoing recovery needs of 152.300 people in Cabo Delgado and Nampula, whilst preparing for further anticipated shocks under conflict conditions in Cabo Delgado. This project builds on the successes, lessons and operational presence of the COSACA consortium's response to Cyclones Idai and Kenneth, and leverages CARE's ongoing activities currently supported by other humanitarian donors. In Cabo Delgado under pillar 1, CARE will build on the intervention that COSACA delivered in Nampula under the 2019 ECHO HIP to deliver community-based disaster risk reduction (CBDRR) for 134.000 people in 15 communities ( [result 1](#)). In parallel we will continue our work with the National Institute for Disaster Management (INGC) to preposition stock for up to 26.730 people ([result 3](#)). In Nampula under pillar 2, CARE will assist 955 school-aged children by constructing two schools with WASH services ([result 2](#)), selected in coordination with Department of Education at district and provincial level and INGC. Anticipating further shocks, CARE also proposes a crisis modifier ([result 4](#)).

### 1.3.1 [INT] Narrative summary of the action

May to Dec. 2020 saw the continued deterioration of the humanitarian situation in Northern Mozambique. While still recovering from climatic shocks such as Cyclone Kenneth and the floods in 2019, the region has been compounded by the violence of armed non-state actors and the growing threat of COVID-19. The number of vulnerable IDPs fleeing the violence has doubled since the Spring of 2020, with many of these families settling in targeted communities. The continual mass movement of IDPs also further exacerbates the spread of COVID-19, especially in Cabo Delgado which has the third highest number of recorded COVID-19 cases in the country. These contextual challenges have impacted activities under Result 1. CARE adapted its approach to IEC activities and trainings to ensure COVID-19 safety and restriction compliance. Nonetheless, CARE was still able to select and train CLGRCs, develop community contingency plans and train community members and groups on First Aid, Psychosocial First Aid, CBDRR and the Early Warning system. In Nampula, CARE is on track to completing safe learning environments (Result 2) with the pre-selection of construction contracts completed. CARE's partnership with the INGD (formerly the INGC) continues despite some coordination challenges around warehouse management. Training of and MOU establishment with INGC warehousing staff is set for January / February 2021. A significant delay of the project surrounds Indicator 1 of Result 3, as CARE and partners re-select the most appropriate NFI kit to meet needs and cover gaps in the province. This decision was based off the agreement that COVID-19 prevention material is needed now during the active public health emergency. The crisis modifier (Result 4) has not been triggered as there have been no disasters in the targeted area during the reporting period. Given the natural disasters experienced in central Mozambique so early in the cyclone season, further climatic shocks can still be anticipated

### 1.3.2 [FIN] Narrative summary of the action

Despite a difficult operational context, the action was successfully implemented, reaching all and surpassing some of its initial targets. After being impacted by Covid-19 related restrictions, especially activities under Result 1, implementation resumed as initially planned once restrictions were lifted. The action increased awareness, knowledge and capacities of 283.153 people to prepare for and respond to shocks and disasters in 3 districts of Cabo Delgado province, including through the training and equipping of CLGRCs in 15 communities (Result 1). Through this action, two climate resilient schools, equipped with safe gender-segregated toilets and water supply, were built in Nampula providing 1614 children in two communities with safe learning spaces (Result 2). Despite challenges working with INGD (Covid-19, INGD staff turnover), by the end of the project, with CARE's support, INGD's warehouse management system was live and operating well. Pre-positioning of stocks was also successful with most of it having been distributed by the end of the project (Result 3). Renewed violent attacks by armed insurgents caused further mass displacement in Cabo Delgado which led CARE to trigger the Crisis Modifier in the province to respond to urgent needs of people displaced from Palma district (Result 4).

## 1.4 Area of intervention

<u>World area</u>	<u>Country</u>	<u>Region</u>	<u>Location</u>
Africa	MOZAMBIQUE	Province of Cabo Delgado	15 communities within the districts of Ibo, Mecugfi and Metuge. (exact communities to be identified based on latest access and security assessments)
Africa	MOZAMBIQUE	Province of Nampula	Liupo and Nacala Porto districts

### 1.4.1 [INT] Area of intervention

During the reporting period, the project reduced its area of implementation to the districts of Metuge, Mecufi, and Ibo in Cabo Delgado. Due to security incidents, it was no longer safe for CARE to implement in Macomia and Quissanga. In Nampula, CARE continues to implement in Nacala-Porto and Liupo.

### 1.4.2 [FIN] Area of intervention

The project's focus areas of intervention for DRR activities (Result 1) were the Metuge, Mecufi and Ibo districts in Cabo Delgado province; Nacala-Porto and Liupo districts in Nampula province for the construction of safe learning environments (Result 2). Pre-positioned type A hygiene kits under the crisis modifier (Result 3 and 4) were distributed in Mueda, Montepuez and Chiure districts in Cabo Delgado and in the provinces of Manica, Tete, Sofala and Zambézia.

### **1.5 Timeframe of the action (at MR stage - including suspension periods)**

#### **Start date of the action**

01/05/2020

#### **Duration of the action in months (max. 60)**

29

#### **Duration of the action in days**

-

#### **Start date for eligibility of expenditure**

01/04/2020

#### **Justify the duration of the eligibility period before the start date**

Eligibility begins one month before the action to enable immediate procurement.

---

## **2. HUMANITARIAN ORGANISATION IN THE AREA OF INTERVENTION**

### **2.1 Presence in the area**

CARE began its work in Mozambique in 1984 delivering emergency and large-scale humanitarian assistance to communities affected by the protracted civil war. Since then, CARE has been at the forefront of humanitarian response: delivering lifesaving assistance, building resilience, and empowering women and girls in the most vulnerable communities across the country. CARE is present in Cabo Delgado, Sofala, Inhambane and Nampula provinces, all supported by the operational and leadership team in the Maputo country office. We have sub-offices and active programming in each of our operational provinces, and implement the majority of our programmes directly, bringing aid to those who need it the fastest.

CARE recognises the value and sustainability in strategic partnerships with a range of actors, including COSACA, INGC, the World Food Program (WFP), UNICEF, the CHEMA Consortium, and the Red Cross. In Sofala and Cabo Delgado, CARE is currently implementing emergency programming in response to the Cyclones Idai and Kenneth, and drought response programming in the southern province of Inhambane. CARE's emergency portfolio for 2019/20 is in excess of \$ 20m.

Through COSACA and independently, CARE is a leading partner in critical humanitarian work, including the Shelter/Non-Food Item (NFI), WASH, Education in Emergencies (EiE), Food Security and Health clusters. We are also active in the protection and gender-based violence sub-clusters and the recently established Logistics Working Group. We work closely with DFID, INGC and WFP on logistical planning, pre-positioning and distributions.

Since Cyclones Idai and Kenneth struck Mozambique in March and April 2019, CARE has provided shelter, WASH, education and FSL assistance to 330.727 people in Cabo Delgado. This includes: Build Back Safer shelter kit distributions and training benefiting 150.710 people; gender-sensitive NFI and menstrual hygiene management (MHM) distributions; WASH, hygiene promotion and construction for 60.966 people; construction in 8 schools and EiE interventions for 33.700 people; and food, seed and tool distributions to 85.351 people. We also delivered GBV prevention and response.

This project will target the provinces of Nampula and Cabo Delgado. Nampula activities will build on our previous three years' EiE programming in high-risk coastal districts Nampula. The CBDRR activities will focus on Cabo Delgado province, where CARE has an active operational base in Macomia district and a

coordination office in Pemba (the provincial capital). The pre-positioning component of this project will be delivered in support of CBDRR activities and in response to INGC-defined need. We actively coordinate with the Departments of Education, Health, Nutrition and *Serviço Distrital de Planeamento e Infra-estruturas* (SDPI) authorities in all target provinces.

## **2.2 Synergies with other actions**

Over the past 12 years, COSACA has responded to numerous humanitarian crises in Mozambique. This long established partnership enables each member to leverage the capacity, local relationships, and thematic specializations of other partners, to provide multi-faceted integrated programming with a focus on vulnerable communities.

CARE has partnered with ECHO on DRR actions in Mozambique on the 2016/17, 2017/18 and 2018/19 HIPs. Over the course of these projects, CARE has developed and refined a highly effective methodology for implementing CBDRR and EiE. This project proposes to build on the implementation methodology of previous actions in undeserved areas. Targeting provinces where ongoing humanitarian needs are significant and where CARE and its consortium partners currently have active implementation capacity will strengthen CARE's capacity to respond should conditions deteriorate and require additional response. In addition, this action will provide an opportunity to maximise impact through complementary mitigation and risk reduction activities.

Proposed pre-positioning activities under pillar 1 (result 3) will harmonise with current and recent investments by both ECHO and DFID, run by CARE. These include:

- CARE's self-funded 'Strengthening the Readiness and Response Capacity in Emergencies' (RRACE) which establishes an Electronic Warehouse Management System (EWMS) for INGC (providing an online platform for tracking volumes and locations of NFIs).
- Emergency stock replenishment activities funded in two rounds by DFID, and led by CARE. The action funds additional pre-positioning of similar and complementing stock in Sofala
- The ECHO HIP 2018/19, through which CARE reached over 65,000 individuals in 15 communities and schools. These communities are now trained and equipped to respond and act in case of flooding or cyclone. This project also supported the INGC EWMS activity. The successes and learnings from the 2018/19 project has supported the development of this proposal.

EiE activities under pillar 2 will complement activities conducted under previous ECHO projects which targeted schools in Nampula. As a result of the ECHO HIP 2018/19, communities (including school committees) are now well trained in taking preventative and preparedness measures. However, a critical lack of infrastructure left these communities highly vulnerable the risk of natural hazards and significant interruptions in access to education. Pillar 2 activities will build on and complement previous projects and establish meaningful and durable solutions to some of the risks identified in the previous actions.

## **2.3 [FIN] Report on synergies with other actions**

No major changes.

---

## **3. NEEDS ASSESSMENT AND BENEFICIARIES**

### **3.1 Needs and risk analysis**

#### **3.1.1 Date(s) of assessment**

1. Desk Research and Data Collection (CARE), December 2019 - January 2020
2. Cabo Delgado Security Risk Assessment (CARE), 2-10 December 2019
3. INGC Prepositioning Capacity Assessment (CARE), October 2019 - [Annex 4](#)
4. After Action Review of local preparedness and response to cyclone IDAI in Sofala Province, Mozambique (CARE), September 2019 - [Annex 6](#)
5. Security Assessment of Schools in Nampula (CARE), July and August 2019
6. COSACA Rapid Gender and Protection Analysis (RGPA), Cyclone Kenneth Response, Cabo Delgado Province (CARE), June 2019 - [Annex 12](#)
7. Gender Sensitive Climate Vulnerability Analysis report (GCVCA) in Liupo, Monapo and Nacala-Porto Districts -Nampula Province (CARE), March 2019 - [Annex 11](#)

### **3.1.2 Assessment methodology**

#### 1 - Desk Research and Data Collection (CARE), December 2019 - January 2020

CARE has undertaken a thorough desk review of available data and analysis regarding potential vulnerable communities and schools in Cabo Delgado, using district level and INGC data on current capacity and vulnerability status of the communities.

#### 2 - Cabo Delgado Security Risk Assessment (CARE), 2-10 December 2019

CARE's security manager visited several sites in Cabo Delgado to review the security context, assess issues such as safety of movement, operational risk and access to affected populations.

#### 3 - INGC Pre-positioning Capacity Assessment (CARE), October 2019 - Annex 4

This covered three components: Infrastructure, Human Resources and Existing Pre-positioning resources. CARE conducted site visits to all regional and national warehouses, working closely with INGC staff in all locations to capture key data and confirm existing INGC stocks. By aggregating this data alongside other ongoing procurements (for example, COSACA's UKAid/DFID-funded pre-positioning procurement) and comparing it to INGC's stated needs, we worked with INGC to prioritise essential emergency pre-positioning requirements.

#### 4 - After Action Review of local preparedness and response to Cyclone Idai in Sofala Province (CARE), September 2019 - Annex 6

This assessment was carried out in Beira, Dondo and Buzi districts (urban, semi-urban, and rural settings) by an external consultant through a desk top review and the collection of empirical data with FGDs, semi-structured interviews and transect walks. The consultant interviewed people from community disaster management committees, (CLGRCs), local associations, primary schools, INGC, and local administrations.

#### 5 - Security Assessment of Schools in Nampula (CARE), July and August 2019

CARE's DRR team conducted rapid assessments of all schools in the ECHO HIP 18/19 target communities. The assessment provided preliminary observations on the structural integrity of all the schools, the status of essential facilities and an indicative budget required to ensure minimum safety and cyclone/flood resilience within each school.

#### 6 - COSACA Rapid Gender and Protection Analysis (RGPA), Cyclone Kenneth Response, Cabo Delgado Province (CARE), June 2019

A CARE-led collaboration between COSACA partners, the RGPA sent a mostly female enumerator team to multiple locations in Cabo Delgado to conduct focus group discussions (FGDs), key informant interviews (KIIs), and observation using CARE's Rapid Gender Analysis Toolkit, adapted for the context to assess the initial impacts of cyclone Kenneth from a gender and protection perspective. Partners spoke to 418 people across five districts, covering roles and responsibilities, risks and priorities, and appropriate do no harm response strategies in the wake of the cyclone.

Community meetings and individual interviews were held with 1.453 people across the three districts. The research mapped and analysed the vulnerability to climate change and adaptive capacity at the community level, with particular focus on social and gender dimensions.

### **3.1.3 Problem, needs and risk analysis**

Following on from the double cyclone disasters of 2019, Mozambique continues to struggle with the impact of natural hazards and shocks as well as a conflict in the northern province of Cabo Delgado. In the last week of 2019, the Government of Mozambique (GoM) declared an orange alert status - the second highest security status - in the wake of rains and flooding in the north of the country. It is expected that recent extreme flooding and drought will exacerbate the peak lean season between January and March. On 31st December, the Prime Minister initiated a response action plan calling partners to prepare for escalating needs, and urging DP investment, including infrastructure, capacity, and EW.

Natural Hazards: Mozambique is increasingly exposed to multiple weather-related hazards, disproportionately affecting the poorest populations and costing the country about 1,1% of GDP annually. Climate change and increasing population density intensify the impact, and conflict has compounded displacement in Cabo Delgado. The frequency of events prevents full recovery and impedes DRR. The population remains extremely vulnerable as recovery efforts from Idai and Kenneth are still ongoing, and at least one cyclone is predicted to hit land in early 2020. Please see the Cabo Delgado Risk Map, [annex 3](#).

- Cyclones: The frequency and intensity of Indian Ocean cyclones has increased over the last fifty years, with the coastal provinces of Mozambique - in particular Nampula, Inhambane and recently Cabo Delgado - most at risk. The normal cyclone season is January to March but is becoming less predictable with climate change. Over 1,85m people were affected by Cyclone Idai in March 2019, including around 1m children. More than 140.000 were displaced. Cyclone Kenneth then followed in April, affecting a further 200.000. As of November 2019, nearly 92.500 people remain displaced in resettlement centres.
- Flooding: Flood season overlaps with cyclone season: November to March in the southern regions and from January to April in the central and northern regions. Cabo Delgado saw significant flooding in December 2019 - January 2020: cities across the province saw up to 500mm of rain in ten days: Pemba saw 126mm in less than six hours. This has affected 8.000 people and led to further displacement, increasing the vulnerability of communities still recovering from cyclone Kenneth. Montepuez Bridge collapsed in December, cutting off a lot of the northern part of Cabo Delgado, and has since been temporarily repaired. Moderate to heavy rains are forecasted for Nampula, Zambezia and Tete for the next months. Central and northern provinces are prioritised for recovery efforts.

Conflict: Cabo Delgado province is enduring a period of increased instability with the emergence of an armed insurgency in the northern coastal districts since October 2017. In December 2019, over 35 deaths were recorded and the violence has displaced more than 65.000, mostly abandoning agricultural land to seek refuge in urban areas. March estimates show that at least 165,000 have been affected. In January 2020, the violence moved south and became increasingly political; now targeting the government and military, destroying assets and undermining control. The population is less targeted in this wave, and in some cases insurgents have distributed looted cash and food. However, the conflict has moved through CARE project areas and we have seen significant disruption to activities. The situation is fragile, and further shocks are likely to spark further discontent and violence. This will amplify need, impede access and increase vulnerability.

DRR and Preparedness: Elderly, chronically sick or disabled, pregnant women and children are the most vulnerable to shocks. Though progress has been made to establish, train and equip CLGRCs, most receive a one-off training and (sometimes) provision of emergency kits. Committees are often dormant and with limited linkages to Early Warning (EW) systems, and planning does not consider vulnerable and hard-to-reach families.

- Early Warning, Early Action (EW/EA): Though lives have been saved through improved EWS, the damage of floods and cyclones to local infrastructure and the loss of essential assets of a household is still considerable. CARE's recent AAR ( [annex 6](#)) found that CLGRCs were responsive to Cyclone EW and moved quickly to EA, and all the non-CLGRC people we interviewed during the AAR did receive EW messages. However, the messaging was unclear and many failed to comprehend the scale of the cyclone, and took few steps to prevent damage or loss. Nobody received EW on the floods that followed, partly due to infrastructure damage.
- Preparedness and Pre-positioning: The rapid cyclone response was in part a result of effective pre-positioning in which CARE had supplied INGC with emergency NFIs and pre-positioned them in their regional warehouses. The ECHO Crisis Modifier enabled rapid deployment of the kits and assessment/distribution teams. Following stock depletion, CARE is completing the procurement of emergency pre-positioned stocks for donation to the Mozambican government's INGC with DFID funding. By January 2020, INGC is already responding to small/medium-scale flood responses in Cabo Delgado, Zambezia and Sofala provinces. CARE's procurement is the only source of significant stocks for the INGC and its humanitarian partners (ECHO funded Spanish Red Cross pre-positioning is not yet completed) and have made multiple requests for pre-positioning at provincial level for onward distribution, illustrating the critical need for more stocks ( [annex 4](#)). INGC have been clear in their communications that they are fully reliant on CARE for all their NFI pre-positioning pipeline for this emergency season. Considering a lead time of up to three months to bring new stock into Mozambique, combined with significant infrastructure damage further impeding access to the hardest to reach and most vulnerable, pre-positioning will be a critical life saving measure for 2020. As distribution responses are ongoing at the time of writing, CARE will conduct an assessment at the end of the flood season of remaining stocks and see where critical gaps emerge.
- COVID-19 pandemic: As the virus follows its trajectory, the health system and the economy will be under significant strain at national and household level. This is likely to impact food security and income, stretch supply and access, and drive unrest in Cabo Delgado ( [pls see update annex 13](#))
- School Safety and Preparedness: CARE's assessment of schools in three districts in Nampula conducted in 2019 highlighted the dangerous state of some schools in the province and the complete lack of any solid structure for shelter within communities during a natural disaster event. This is a real threat, especially for younger school children, and in some cases, prevents parents sending their children to school during rainy and stormy weather. Out of school children are less likely to return, staying home to earn money, tend livestock, or support family. Girls who dropout from school are more likely to suffer SGBV, and are less likely to return to school.

### 3.1.4 Response analysis

If communities have effective vulnerability-sensitive and contextually appropriate action plans, contingency measures and relief stock in place, with active and accountable leadership, then they will be better able to effectively anticipate, prepare for and more quickly recover from predictable disasters - including the COVID-19 pandemic - thus mitigating their impact and protecting the most vulnerable.

Through a project that falls under all three ECHO HIP 2020 pillars, CARE will enhance the capacity of communities, schools and the INGC to understand and prepare for further shocks specific to Mozambique, including increased conflict, flooding and further cyclone events. Based on risk mapping, our coordination with INGC and our own assessments, we have prioritized communities that are still in recovery or are at high risk, in particular the priority districts in Cabo Delgado and Nampula, as defined by the HRP ( [annex 3](#)). CARE's strategy enhancing our 2019 response strategy, expanding the scope of our CBDRR and EiE interventions, and the scale of our pre-positioning.

Pillar 1: Targeted Disaster Preparedness through DRR, EW/EA, and Pre-positioning

Under priority 1, CARE will enhance national and local competencies on rapid emergency response,

communications, and coordination through hardware activities (procurement, pre-positioning and kit distributions) and soft activities (CBDRR, capacity building, risk mapping) under the EW/EA results.

#### Result 1: Self-Reliance and Resilience through Community-Based Disaster Risk Reduction

CARE will deliver multi-hazard CBDRR in 15 communities in the priority northern districts of Cabo Delgado. Our CBDRR strategy is community owned and builds on existing structures and incorporates lessons learnt from the AAR ([annex 6](#)). Specifically, we will be improving the efficacy of messaging and communication mechanisms, and ensuring all actors - communities, CLCGRs and vulnerable groups - are better informed and able to effectively transition to early action. This will be done through proven communication activities, and we will be applying the existing INGC-integrated EWS system, DataWinners.

#### Result 3: Lifesaving Response through Pre-positioning of Emergency Supplies

CARE's pre-positioning activities in 2019 have been critical to reinforcing INGC's preparedness and other humanitarian actors' ability to respond to the current floods. Recognizing that recovery efforts are ongoing and needs are constantly evolving and in anticipation of household hygiene needs to prevent the spread of COVID-19, we will continue to work with INGC to strategically preposition further stock, based on a collaborative risk and stock mapping exercise. This, alongside continued capacity building of INGC on their own EWMS, will improve the national capability to respond to a crisis within a crisis. Stock will, of course, be available to all partners who have an agreement in place with INGC. CARE will work to INGC guidelines and procure through ECHO's HPC. Stock will include household and personal hygiene supplies as agreed with INGC.

Pillar 2: Ensuring minimal disruption to learning during emergencies.

CARE responds to priority 1 under pillar 2 in working with local education authorities and INGC in Nampula to reduce the impact of further shocks on education delivery, including reducing the risk of injury and death, the loss of assets and disruption to normal services. Specifically, we will assist 800 by rehabilitating two schools, selected in coordination with INGC and the Department of Education at district and provincial level. We have proposed three schools to DoE and are waiting for confirmation of the final selected two.

#### Result 2: Minimize Disruption and Ensuring Safe Learning through School Construction

CARE will work to UN HABITAT local guidelines ([annex 7](#)) to build two hazard resilient learning spaces. Please see details in the [result 2](#) section for a description of the criteria for selection, which was validated by the Ministry of Education and Infrastructure (MoEI). Improved learning spaces provide better shelter for school children and often the community, and will enable schools to quickly reopen and resume normal services.

Pillar 3: Preparing to address immediate life-saving needs across all sectors

#### Result 4: Crisis Modifier

CARE is ready to respond to immediate, life-saving and essential needs that arise from further shocks and crises, under WASH, Shelter, NFI and Food Distribution, EiE and Protection sectors. We will leverage our current operational structure and through our pre-positioning work with INGC have proven that we are able to anticipate needs based on our vulnerability assessments (eg., The GVCA) and effective hazard risk mapping. A crisis modifier would - where relevant - integrate with this ECHO project, specifically to assist with distribution of pre-positioned stock. It is possible that we would work with COSACA partners in a collaborative response, if that presents the most effective option.



Based on the data and trends, CARE anticipates escalated emergency needs arising from one or more event - including increased flooding, cyclone landfall, and increased insecurity - which would likely lead to a spike in the numbers and movements of IDPs, IDPs and HH with basic life-saving needs, school dropouts, and protection needs.

Cabo Delgado is currently extremely vulnerable to even mild shocks and is at high risk of violence, flooding, and cyclone in the coming months. CARE is well established in the province and is already working very closely with DFID, INGC and local authorities.

If successful in this HIP, we will be in an even stronger position to deploy a rapid response and propose a crisis modifier component that may include some or all of the following interventions:

- Rapid Response Team deployment to conduct assessments and coordination
- Emergency distributions of stock already pre-positioned under result 3, supporting communities in the COVID-19 response

### ***3.1.5 Previous evaluation or lessons learned exercise relevant for this Action***

Yes

#### ***3.1.5.1 Brief summary***

CARE recorded lessons learnt on the efficacy of its school based DRR activities in vulnerable communities under the recent ECHO HIP. It was recommended that we extend DRR training beyond school and community leaders to school teachers as well, and more closely support the facilitation of DRR plans in schools as the training cascades. We found that the theatre groups we hired were very effective in communicating to communities on issues such as school dropout and the importance of girls' attendance. These groups are now also working across other issues (such as NRM) and for other INGOs.

#### ***3.1.6 [INT] Report On Needs Assessment***

During the reporting period CARE has conducted a Gender-Sensitive Climate Vulnerability and Capacity Analysis (GCVCA - IR\_Annex 1 GCVCA Nov.20) in the Ibo, Mecufi and Metuge districts of Cabo Delgado in November 2020. Funded by ECHO, this research mapped and analyzed the vulnerability to climate change and adaptive capacity at the community level, with particular focus on social and gender dimensions in the current context in Northern Mozambique. The GCVCA involved CARE International staff (DRR, emergency preparedness and gender and protection teams) in collaboration with representatives of ECHO, SDPI, the District Services of Economic Activities (SDAE), District Services for Education, Youth and Technology (SDEJT) and the Police of the Republic of Mozambique (PRM). 1047 people participated from 15 communities (five in each district), including members of the local disaster risk management committees (CLGRC), community leaders and community members. Recommendations called for increased integration of gender and protection in DRR and emergency preparedness through the promotion of women in decision-making, increased access to adult learning opportunities and the promotion of the diversification of income generating activities for women. Additionally, the analysis recommended the strengthening DRR programming in conflict-affected communities and integrating a conflict-sensitive approach. As the prevention of disasters and of conflicts have traditionally been treated as separate issues, one of the lessons learned through the GCVCA exercise is to integrate the two.

During the reporting period, CARE also conducted assessments on the behalf of other donors, including an a COSACA-led Multisectoral Rapid Needs Assessment (RNA) in Metuge district and Pemba city (October 2020), an OFDA-funded Protection Mapping in Mecufi and Metuge districts (October 2020) and DANIDA-funded Masculinities study and a Rapid GBV assessment (August and May 2020) in Cabo Delgado.

The area continues to reflect the same needs as originally reported, however, due to the increased violence by the non-state armed group, the number of displaced people has nearly doubled since the spring of 2020. In fleeing violence, IDP families have arrived in host communities highly traumatized and vulnerable, with no assets and urgently require basic relief items and protection services. In this group, the elderly, chronically sick or disabled, pregnant women and children are the most vulnerable to shocks and require support in preparing for the inevitable disasters.

As of January 2021, CARE coordinated with the INGD and cluster system to reevaluate and identify the greatest needs and gaps to be addressed by the crisis modifier. A report will be provided to CARE from the clusters the week of the time of this reporting however mosquito nets for family kits was already identified as a significant need due to the Ministry of Health's dwindling supply.

### **3.1.7 [FIN] Report On Needs Assessment**

Information provided above still valid at project's end.

## **3.2 Beneficiaries**

### **3.2.1 Estimated total number of direct beneficiaries targeted by the action**

#### **Individuals**

161.530

#### **Organisations**

15

### **3.2.1.1 [FIN] Estimated total number of direct beneficiaries targeted by the action**

#### **Individuals**

311.017

#### **Organisations**

21

### **3.2.2 Estimated disaggregated data about direct beneficiaries (only for individuals)**

	<u>Estimated % of target group</u>	<u>% of female (F)</u>	<u>% of male (M)</u>
Infants and young children (0-59 months)	19,00 %	51,00 %	49,00 %
Children (5-17 years)	37,00 %	51,00 %	49,00 %
Adults (18-49 years)	34,00 %	51,00 %	49,00 %
Elderly (> 50 years)	10,00 %	51,00 %	49,00 %

### **3.2.2.1 [FIN] Disaggregated data about direct beneficiaries reached (only for individuals)**

	<u>Estimated % of target group</u>	<u>% of female (F)</u>	<u>% of male (M)</u>
Infants and young children (0-59 months)	17,08 %	51,00 %	49,00 %
Children (5-17 years)	38,50 %	51,00 %	49,00 %
Adults (18-49 years)	33,70 %	51,00 %	49,00 %
Elderly (> 50 years)	10,00 %	51,00 %	49,00 %

### **3.2.3 Does the action specifically target certain groups or vulnerabilities?**

Yes

#### **3.2.3.1 If yes, which groups or vulnerabilities?**

Children - Elderly - Disabled - Male - Female

#### **3.2.3.2 [FIN] If yes, which groups or vulnerabilities?**

Children - Elderly - Disabled - Male - Female

### **3.2.4 Beneficiaries selection criteria**

Beneficiary selection criteria will be guided by rules that will ensure independence and verification during implementation and guarantee transparency and accountability. The most vulnerable will be selected in collaboration with existing institutions, such as provincial INGC, local authorities (Social Protection), community and social structures facilitated by churches, mosques and traditional leaders and always prioritizing access by those who are vulnerable and most in need.

Selection criteria will include those communities or HH that:

1. Are geographically located on flood prone areas near rivers, in drought affected areas and / or along the coast resulting in higher vulnerability to floods, droughts and cyclones;
2. Have higher numbers of vulnerable households;
3. Have reduced coping capacity due to being previously hit by droughts, floods, cyclones and / or other disasters (eg health epidemics) and potentially also likely to experience shock during current El Nino phenomenon;
4. Contains CLGRs and Community Based Organizations (CBOs) with low capacity to plan and / or response to disasters;
5. District Commissions in need of capacity-building;
6. Contain households prone to multiple vulnerabilities and / or headed by poor women, children and older persons.

### **3.2.5 Beneficiaries involvement in the action**

CARE has a strong presence in the implementation areas through delivery of humanitarian work as well as DRR and Emergency Response work. The methodology for interaction and dialogue at community level includes the use of audio visuals and local languages so as to encourage the participation of women, older persons and those who cannot read or understand Portuguese. Capacity building on early warning / response will include: risk mapping; Hazard, Vulnerability and Capacities Assessments; and contingency planning will be undertaken in a participatory manner in the first stage of the program. Targeting will ensure: equal participation of women and men and include the most vulnerable (acknowledging existing inequalities among target communities in terms of decision making); community involvement in the validation of the DRR plans through consultation; participation in simulation exercises; community debriefings; and lessons learned workshops to further to the activation of DRR plans after simulations and real-time interventions.

### **3.2.6 More details on beneficiaries**

The number of direct beneficiaries -161,530 individuals- is calculated from a combination of beneficiaries receiving direct support under result 1 (134.000), result 2 (800), result 3 (26.730).

If the result 4 crisis modifier actions are triggered, up to 5.346 households would directly benefit (ie 26.730 individuals) through distribution of materials pre-positioned under result 3; these are the same beneficiaries and therefore will not be double counted.

Our methodology assumes the recognised average of 5 people per HH.

The number of organizations directly benefiting from the action is calculated as 15 CLGRCs.

### **3.2.7 [INT] Report on beneficiaries**

During the reporting period Cabo Delgado was affected by a greater frequency and intensity of attacks by insurgents, thereby triggering a massive influx of IDPs fleeing violence. IDPs fleeing violence sought refuge in 3 of the implementation districts in the province. Metuge district is currently hosting a significantly greater number of IDPs who were fleeing the new violence in Macomia and Quissanga. IDP families have arrived in host communities highly traumatized and vulnerable, with no assets and urgently require basic relief items and protection services. In this group, the elderly, chronically sick or disabled, pregnant women and children are the most vulnerable to shocks and require support in preparing for the inevitable disasters.

CARE continues to engage beneficiaries at the community-level through participatory exercises. These activities have been adapted to the reality of COVID-19 to ensure all preventative measures are following, such as mask-wearing, social distances, hand washing etc.

### **3.2.8 [FIN] Report on beneficiaries**

By the end of the implementing period, the action had reached 311,017 people. The initial target for direct beneficiaries' reach was exceeded due to the dissemination of DRR & Gender messaging through the community radio stations of Mecufi and RM Pemba, whose reach is 205,000.

Beneficiaries by result:

- The target vs actual beneficiaries reached in each result is as follows:
  - R1: 134,000 vs 283,153
  - R2: 955 vs 1614
  - R3: 26,730 vs 26,250
  - R4: *same beneficiaries as R3*

The action has directly benefitted 21 organisations - 15 CLGRCs, 3 CTDGRD, INGD, Cruz Vermelha Moçambicana and Grupo Teatral.

---

## **4. LOGIC OF INTERVENTION**

### **4.1 Principal objective**

The vulnerability of communities most at risk to anticipated shocks is reduced through the use of timely and appropriate adaptation and preparedness strategies.

#### **4.2.1 Specific objective - Short description**

Increasing vulnerable communities capacity to prepare, resist, recover from and adapt to shocks through the promotion of early action and the further strengthening of institutions such as INGC at the national, provincial and district level, as well as enhancing humanitarian actors capacity to respond to emergencies through the crises modifier.

#### **4.2.2 Specific objective - Detailed description**

-

#### **4.2.3 Specific objective - Indicators**

##### **4.2.3.1 Specific objective indicator (1/3)**

**Indicator**

Custom

**Description**

Proportion of vulnerable households in targeted communities reporting increased ability to cope after a disaster

**Baseline**

0

**Target value**

50%

**Progress value**

0%

**Achieved value**

85%

**Source and method of data collection**

End line evaluation

**Comments on the indicator**

-

**[INT] Progress report on indicator**

This indicator will be reported at the final report stage. By the end of the reporting period CARE had reached 374 people. This total includes 24 members of government, 270 CLGRC members and 80 community members who were involved in the GCVCA research.

**[FIN] Progress report on indicator**

CARE conducted an evaluation in the 3 districts targeted by the project in Cabo Delgado. 416 individuals were interviewed (256 or 62% female). The objective of the evaluation was to assess the level of knowledge of the communities' residents on the different measures for preventing and mitigating the impact of extreme events. During the evaluation, participants were asked about the main threats that affect their communities, about their knowledge of the existence of CLGRDs in their communities and about the work they carry out in the community, and whether they know the evacuation routes and locations of safe shelters. The participants were also asked about their knowledge of the mitigation measures for the threats that affect their communities. 352 (85%) of the 416 respondents answered correctly to the questions.

**4.2.3.2 Specific objective indicator (2/3)****Indicator**

% of target facilities (PHU, schools, markets) with basic WASH services functioning

**Description**

Use one or calculate average of the following indicators:

- % of (present) users considering basic WASH services to be functional in the target facilities;
- % of facilities implementing an adequate environmental health and hygiene management plan.

Users: refers to the direct beneficiaries of the service, such as patients (health centres) or students (schools); not to the staff (i.e. medical, teachers) who bear (most of) the responsibilities for maintaining WASH services.

Functional: in terms of quality, quantity and access.

Adequate plan: includes practical and efficient measures to mitigate the major environmental and hygiene risks to which patients and staff of the facilities are exposed to and/or represent a risk to the communities they service.

This indicator is only relevant if WASH is in support of other sectors (i.e health; nutrition) rather than stand-alone.

**Baseline**

0.00

**Target value**

100.00

**Progress value**

0.00

**Achieved value**

100.00

**Source and method of data collection**

Facility surveys of all targeted facilities.

**Comments on the indicator**

-

**[INT] Progress report on indicator**

CARE will achieve progress on this indicator in the following reporting period once construction of schools and their WASH facilities have commenced. So far, CARE has conducted evaluations, in collaboration with local authorities and engineers, on two schools. Tenders have been launched and the pre-selection process have begun for construction contractors. Once the contract is completed, the construction of the schools with basic WASH services functioning will begin. In line with Ministry of Education and Human Development Mozambique (MINEDH) requirements, the latrine component will adapt to address the sanitation needs of women and girls.

**[FIN] Progress report on indicator**

All facilities (e.g. schools) built through this action have been equipped with WASH services.

**4.2.3.3 Specific objective indicator (3/3)**

**Indicator**

% reduction in the number of affected people (experienced, expected or modelled)

**Description**

In comments box:

- 1) define "affected people" (injured, evacuated, relocated, with houses damaged/destroyed, deprived of livelihood, crops, etc.);
- 2) provide absolute numbers;
- 3) state if the reduction is experienced, expected or modelled.

**Baseline**

0.00

**Target value**

5.80

**Progress value**

0.00

**Achieved value**

8.12

**Source and method of data collection**

Source: Database records of INGC's DataWinners SIGIC system; Population Census Data (and projections) for target Districts; project records; records from District Administrations;

Method of collection: Quarterly reports from INGC during data capture phase; census data processing;

**Comments on the indicator**

The 'affected people' in this case are defined as people who are at-risk of being killed, injured and/or losing property because of a rapid onset emergency (particularly floods or cyclones).

The figures used are as follows:

(a) Total population in Cabo Delgado = 2,300,000

(b) Total number of direct beneficiaries engaged in the action in three districts = 134,000

(d) Direct beneficiaries / Population = 5.8%

The figure is calculated on assumptions of vulnerable populations in targeted high-risk districts.

The reduction is expected.

**[INT] Progress report on indicator**

The reduction of affected people cannot be captured at this reporting period and will be reported during the reporting period following an emergency.

Through its activities, CARE has directly reached 1876 people. This total does not capture households. This number of beneficiaries is made up of the following:

- 270 - DRR training of CLGRCs
- 104 - Community members and government officials for the GCVCA
- 1422 – The most vulnerable members of community that were identified
- 80 - Members of district government attending the Datawinner training

### ***[FIN] Progress report on indicator***

Under Result 1, CARE reached 283.153 people, of which 205.000 through the dissemination of radio messages via community radio stations and community theatre performances and 78.153 through DRR actions in the three target districts. This number includes CLGRC members, communities' most vulnerable members, community members and government officials for the GCVCA.

## **4.3 Results**

### **Result (1/4) - Details**

#### **Title**

Increased awareness, knowledge and capacities of 134.000 of the most vulnerable community members (outside of CLGRCs) to prepare for and respond to shocks and disasters, in 15 communities across 3 districts of Cabo Delgado province

#### **Sector**

Disaster Risk Reduction / Disaster Preparedness

#### **Sub-sectors**

Community and local level action

Information, communication and public awareness

#### **Estimated total amount**

336.395,00

#### ***[FIN] Estimated incurred total amount***

341.534,86

### **Result (1/4) - Beneficiaries**

#### **Estimated total number of direct beneficiaries targeted by the action**

Individuals	134.000
Organisations	15
Households	-
Individuals per household	5
Total individuals	-

#### ***[FIN] Estimated total number of direct beneficiaries targeted by the action***

Individuals	283.153
Organisations	21
Households	-
Individuals per household	-
Total individuals	-

#### **Beneficiaries type**

Local population

## ***Does the action specifically target certain groups or vulnerabilities?***

No

### ***Specific target group or vulnerabilities***

-

### ***Comments on beneficiaries***

-

### ***[INT] Report on beneficiaries***

Since May 2020, COVID-19 cases have substantially increased in Mozambique. Cabo Delgado now has the third highest number of recorded COVID-19 cases (1,203 as of 10/1/2021) in the country. However, lack of testing capacity and healthcare access has caused severe under-reporting of the case load, therefore diminishing the actual reach of the virus in the country. Indeed the conditions of mass displacement in Cabo Delgado and Nampula offer an ideal environment for the spread of COVID-19 in both host communities and nearby resettlement sites. CARE has observed that the outbreak has made people nervous about public gatherings, even when social distancing is observed. This anxiety, along with government-mandated restrictions have prevented or made it difficult for community members to gather in groups. This, in turn, has affected the implementation and attendance of group activities for project activities, particularly under Result 1, such as trainings or awareness raising.

### ***[FIN] Report on beneficiaries***

Following the progressive easing of government-mandated COVID-19 restrictions, CARE was able to deliver in person activities under Result 1, including activities that entailed public gatherings such as training and awareness raising. Under this result, the action reached 78.153 through in person community based activities and 205.000 people through community radio messaging.

## ***Result (1/4) - Transfer Modalities***

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	39.754,00	134.000	Yes	- Local

### ***[FIN]***

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	39.754,00	134.000	Yes	- Local

### ***Comments on transfer modalities in this result***

15 kits will be updated based on evaluation of specific needs of CLGRCs

### ***[INT] Comments on transfer modalities in this result***

The procurement of the kits is on-going.

### ***[FIN] Comments on transfer modalities in this result***



15 disaster readiness kits were purchased and distributed to each of the target communities. Purchase list was defined in coordination with INGD.

## **Result (1/4) - Indicators**

### **Result 1 - Indicator 1**

#### **Type / Subsector**

Community and local level action

#### **Indicator**

Number of people participating in interventions that enhance their capacity to face shocks and stresses

#### **Definition**

Interventions at household and local level aimed at concretely strengthen the capacity. Information or advocacy activities as well as trainings are not eligible unless they will result or are directly linked to concrete action (e.g. evacuation plan developed).

Examples: number of people who can use a protective shelter, etc; number of people covered/included in a new contingency plan.

#### **Baseline**

0,00

#### **Target value**

274,00

#### **Progress value**

374,00

#### **Achieved value**

374,00

#### **Source and method of data collection**

GCVCA; contingency plans with lists on number and location of most vulnerable households; maps of safe evacuation routes

#### **[FIN] Source and method of data collection**

Contingency plans and GCVCA.

#### **Comments on the indicator**

18 participants per community,  $18 \times 15 = 270$  + 4 INGC focal points = 274

### **Result 1 - Indicator 2**

#### **Type / Subsector**

Information, communication and public awareness

#### **Indicator**

Number of people reached through Information, Education and Communication on DRR

#### **Definition**

Information, Education and Communication: community-led awareness campaigns, development and distribution of awareness materials, media campaigns; peer-to-peer awareness, workshops, exhibitions, training of teachers and pupils.

In case of mass media campaigns provide explanation on how actual reach was estimated.

#### **Baseline**

0,00

#### **Target value**

1.020,00

#### **Progress value**

1.692,00

**Achieved value**

1.335,00

**Source and method of data collection**

[Adjust/specify as necessary and justified]

Audience figures (expected, monitored); Attendance sheets; School records.

**[FIN] Source and method of data collection**

Training attendance sheet and contingency plans

**Comments on the indicator**

Includes members of the CLGRCs (av 18) and the estimated average number of vulnerable people identified (50) in the contingency plans. Total number of CLGRCs supported = 15

(18+50 = 68 x 15 = 1020)

**Result 1 - Indicator 3**

**Type / Subsector**

Custom

**Indicator**

-

**Definition**

# of First Aid training participants who can demonstrate 3 First Aid and Psychosocial First Aid techniques

**Baseline**

0,00

**Target value**

48,00

**Progress value**

195,00

**Achieved value**

92,00

**Source and method of data collection**

Records on tests at the end of the training; monitoring reports;

**[FIN] Source and method of data collection**

Post-training tests

**Comments on the indicator**

4 members per community. Total 15 communities = 15x4=60, Success rate of indicator, 80% of 60 = 48

**Result 1 - Indicator 4**

**Type / Subsector**

Custom

**Indicator**

-

**Definition**

Number of contingency plans developed using protection-sensitive GCVCA methodology

**Baseline**

0,00

**Target value**

15,00

**Progress value**

15,00

**Achieved value**

15,00

**Source and method of data collection**

Contingency plans are printed and laminated

**[FIN] Source and method of data collection**

15 contingency plans were drafted with the participation of all members of the CLGRDs, including community leaders and community members, including most vulnerable members.

**Comments on the indicator**

-

**Result 1 - Indicator 5**

**Type / Subsector**

Custom

**Indicator**

-

**Definition**

Percentage (%) of beneficiaries who receive early warning messages and take appropriate action as per the Contingency Plan

**Baseline**

0,00

**Target value**

60,00

**Progress value**

0,00

**Achieved value**

85,00

**Source and method of data collection**

Evaluation report

**[FIN] Source and method of data collection**

Evaluation report

**Comments on the indicator**

-

**Result (1/4) - Indicators comments**

**Additional comments on indicators**

-

**[INT] Progress report on the indicators of one result**

Indicator 1: CARE reached 374 people, including 24 members of government, 270 CLGRC members and 80 community members involved in the GCVCA

Indicator 2: CARE reached 1692 people, 1422 of which were identified as the most vulnerable in the contingency plans. Due to the arrival and integration of highly vulnerable IDPs in selected communities, the progress for this indicator has been exceeded the target. The number of vulnerable people is expected to grow considering the deteriorating security situation triggered displacement. IEC activities are ongoing

but have adapted to the context of COVID-19 with mass media campaigns beginning in January 2021.

Indicator 3: The training of 195 individuals will be completed by the following reporting period, with 80%/156 of participants being able to demonstrate at least 3 First Aid or Psychosocial First Aid techniques. The progress for this indicator has been exceeded the target because CARE also included vulnerable community members, identified in the GVCA, who had the capacity and drive to learn First Aid and Psychosocial First Aid curriculum.

Indicator 4: The preparation of the contingency plans began with the GCVCA process and have been completed at the community-level. The plans are currently being compiled and reviewed by the CARE MEAL team.

Indicator 5: The process to review the percentage of beneficiaries who receive early warning messages and take appropriate action is still on going and will be reported at the final report stage.

To facilitate this activity, CARE has conducted the Datawinners training and collected the contract information from members of the CLGRCs, CTDGCs and other influential community members to facilitate this system.

### ***[FIN] Progress report on the indicators of one result***

Indicator 1: Through the implementation of the GCVCA CARE reached 374 participants (as per interim report) - associated with the 1422 individuals identified as most vulnerable in the contingency plans of the 15 communities covered by the project but not counted as final beneficiaries.

Indicator 2: Trainings were conducted for 18 members and 1 community leader in each community. In parallel, contingency plans were developed for 15 communities, with 70 vulnerable people identified per community, so totaling to 1.335 individuals as following:  $19+70=89*15=1335$ .

However a total of 200.000 people were reached by radio messaging following mass awareness campaigns. 180 broadcasts announced in two languages (English and Portuguese) have been sent 4 times a day for 45 days. In parallel CARE has conducted campaigns in the area and distributed a total of 5000 flyers. With the relaxation measures during the pandemic COVID 19 CARE conducted theater sessions in communities sharing messages of what to do before, during and after an event.

Indicator 3: By the end of the reporting period, 206 people had been trained in First Aid. A sample of 96 participants participated in the post-training test and 92 of them were able to demonstrate at least 3 First Aid or Psychosocial First Aid techniques.

Indicator 4: All 15 developed contingency plans were shared with their respective communities as well as with the INGD and local government authorities.

Indicator 5: Cabo Delgado province did not register any extreme weather event after the training that would trigger action as per the contingency plans. However, 85% of the DataWinner EWS simulation participants provided correct answers as to what was the appropriate action to take.

## ***Result (1/4) - Activities***

### ***Result 1 - Activity 1***

#### ***Short description***

Selection of target communities and schools and re-activation or establishment of CLGRCs

#### ***Detailed description***

Based on INGC's database and existing risk maps, most vulnerable communities will be selected as target communities. Considering the current context in Cabo Delgado, further consideration will be given to insecurity and access during the selection process. In case a CLGRC already exists and is inactive or has insufficient members, it will be re-activated. In communities without such a structure, a CLGRC will be established. However, CARE intends to target 15 communities out of an area that has 27 existing CLGRCs based on field capacity and need of intervention within these CLGRCs. Unless there are critical (highly vulnerable) areas identified that do not currently have CLGRCs established, CARE will focus on supporting the pre-existing CLGRCs which were established between 2008 and 2015. In either case, their members will be oriented on their roles and responsibilities. While CARE will ensure that liaison is made with INGC on community selection, previous experience has highlighted that the action should go beyond accepting government direction and independent analysis of most at risk communities should be undertaken. This will ensure that the action targets the most vulnerable communities in the targeted districts and does not ignore communities in areas the Government of Mozambique has earmarked as no go areas.

We are proposing to work in at-risk districts that have not been supported by previous ECHO funded projects. The number of communities / CLGRCs identified for assistance is a function of need and available resources. While not all CLGRCs can be supported, the action will analyze the context at the community level to identify the priority communities in terms of need. The action will not be able to cover all needs within the targeted districts and will not be providing more support than has been identified by government data.

The number of communities targeted by the action is in line with the updated INGC database which lists the number of CLGRCs in a district and the number of which require support or revitalization.

While specific communities will be identified during a risk mapping process of the program in consultation with local authorities and INGC, the selection of targeted districts is made on analysis of risks at the meso-level. The districts selected in Cabo Delgado are based on analysis of risk data at the district level. All targeted districts are in the most at-risk coastal areas of the province and are among the districts most vulnerable to cyclones and tropical storms and flooding in the whole of Mozambique (as illustrated by Cyclone Kenneth and recent flooding). Please see [annex 3](#) highlighting the districts at risk of cyclone and flooding.

### ***[FIN] Report on the activity***

This activity was successfully implemented and completed. In coordination with INGC and district governments, 15 of the most vulnerable communities were selected. Based on vulnerability criteria and assessments conducted, the action targeted 15 communities and not schools.

## **Result 1 - Activity 2**

### ***Short description***

Together with CLGRCs, conduct tailored protection risk-sensitive GVCAs to identify most vulnerable community members.

### ***Detailed description***

CARE staff will assist CLGRCs to conduct Gendered Climate Vulnerability and Capacity Analyses (GVCAs) in the target communities to enhance the outreach of CLGRC members to most vulnerable members of their community for dissemination of early warning, application of techniques to reduce damage to homesteads and assets and assistance in evacuation. The comprehensive standard GVCA module will be adjusted and tailored to project specific needs and local capacities. Through conducting this exercise, CLGRC members will have to identify the most vulnerable groups and individuals in their community (be it due to the geographic location of their homesteads or physical condition) and get a good insight about vulnerabilities in their communities and their role to reduce them. This exercise will improve the communities' understanding of rights and vulnerabilities of different groups affected by disasters, identify common protection threats and support protection sensitive approaches to post disaster recovery and rehabilitation. The objective of this activity is to ensure that CLGRCs are directly engaging the most vulnerable community members and outreach activities are a central part of their work. All vulnerable households identified during this exercise will be registered and incorporated for prioritization of support within community contingency plans.

### ***[FIN] Report on the activity***

This activity was successfully completed and reported on in the interim report.

## **Result 1 - Activity 3**

### ***Short description***

Develop/update community contingency plans and complement existing equipment for emergencies.

### ***Detailed description***

Contingency Planning is a key activity for CBDRR. The focus lies rather in the CBDRR planning process, as it ensures that the CLGRC defines safe evacuation routes and shelters. This activity also includes the assessment of local existing capacities and resources to cope with shocks and disasters and needs to complement them. The contingency plans will also include the results from the GVCAs and hence contain a map and a list of the most vulnerable locations and homesteads of the community and define roles and responsibilities amongst CLGRC to assist them. The Protection Mainstreaming consultant will ensure analysis of protection risks identified during GCVCA is considered within the contingency plans. Apart from that, contacts of key people will be collected for the DataWinners' database, linking the vulnerable communities to national early warning systems. In communities where such contingency plans have already been developed,

Representatives from INGC and / or local government will be involved in the process and a copy of the plan will be provided to the local District administration.

To complement this activity, emergency kits that the committee will manage and utilize at the time of an emergency will be purchased. The kits will conform to INGC recommended standards. See [annex 5](#) for a list of items recommended by INGC.

This activity will take place during the initial three day training that each CLGRC will receive from CARE and Government partners (in conformity with the INGC recommended approach). To supplement this initial three day engagement, a further three day refresher training / capacity building sessions will take place through the project cycle, dedicated to ensuring that the key information and understanding of necessary actions remains relevant and understood for each community.

### ***[FIN] Report on the activity***

Activity successfully implemented and completed. 15 community contingency plans were developed following the GVCA and DRR trainings. 15 emergency kits were also delivered to each of the CLGRCs.

## **Result 1 - Activity 4**

### ***Short description***

Conduct awareness campaigns in target communities on key mitigation and response strategies.

### ***Detailed description***

Based on the results of the GVCAs on local vulnerabilities and groups, awareness strategies will be tailored for each target community to ensure that the most vulnerable groups are reached. The following methods will be used: street theater and music groups (composed by CLGRC members and other interested community members), information campaigns on market days and other events where community people gather, dissemination of mitigation measures through local radio stations and posters which will be displayed at community infrastructure (schools, government buildings etc.). The messaging will also center around key protection risks and mitigation such as gender-based violence, sexual and reproductive health, and mental health. Local government representatives will be invited to join the campaigns which will enhance linkage to local district administrations. CARE 's recent experience has highlighted the effectiveness of community theater groups for effectively transmitting key messaging to the wider community and engaging a broader sector of the community that may not have access to formal education or the more formalized forums through which information is transmitted and discussed at the community level. Such methods allow for information and messaging to be shared avoiding technical language and communicated in a relatable way for community members.

### ***[FIN] Report on the activity***

Following the easing of government mandated Covid-19 restriction measures, the 15 established theatre groups were able to resume activities as initially planned. At the same times, messaging on mitigation and response strategies were also disseminated to communities via community radio stations.

## **Result 1 - Activity 5**

### ***Short description***

CBDRR training on mitigation and response measures

### ***Detailed description***

Trainings will be conducted in each community on how to understand early warning messages and which actions a household needs to take to protect its lives and key assets. The target audience will be the most vulnerable groups and individuals of the communities which have been identified during the GVCAs and contingency plans. The methodology and educational material used during these trainings will be tailored to local risks. Education material will be used in local language and provided to training participants to facilitate memorization and sharing with other household members. Based on findings from recent assessments conducted by CARE, a special emphasis of this activity will be working with communities and the Early Warning System management to develop early warning messaging that is relatable and understandable for community members.

CARE's rapid gender and protection analysis recommends that well-established community structures for women, men and adolescent boys in Cabo Delgado at the inception period of recovery programming will facilitate the inclusion of effective programming and encourage acceptance. For this, the Protection Mainstreaming consultant will work closely with INGC trainer to include protection risk and mitigation actions within the CBDRR training. The consultant will also provide gender-based violence in emergencies training for sensitivity and awareness around response and existing system.

### ***[FIN] Report on the activity***

This activity was successfully implemented and completed. In the reporting period since the interim report, in collaboration with the INGD, simulations were conducted in each community in the districts of Mecufi, Metuge and Ibo Island. A total of 656 people participated in exercises led by CLGRCs, in which they learnt what to do before, during and after an emergency. Simulations were conducted during the delivery of the CLGRC emergency kits so the CLGRC members could demonstrate its use to community members.

## **Result 1 - Activity 6**

### ***Short description***

First aid, psychosocial first aid and refresher trainings for target communities

### ***Detailed description***

First Aid and psychosocial first aid trainings will be conducted in each target community with seven to 15 participants with a gender balance of 50%. Suitable participants (community members which have the mental and physical capacities in applying the techniques) will be identified through the GVCAs. Hence, being a member of the CLGRC is not a prerequisite, but rather the appropriate profile and availability to conduct First Aid during normal and disaster times. The facilitators of the trainings and educational material will be from the Mozambique Red Cross (which is assisted by Spanish and Belgium Red Cross on this theme). Based on CARE's experience during other projects, refresher trainings on First Aid will be required as one of trainings have demonstrated that key techniques and conceptual understandings are not effectively transmitted with a one off training.

### ***[FIN] Report on the activity***

This activity was successfully implemented and completed. 2 First Aid trainings were delivered in each of the 15 communities, whereas an initial set of trainings was followed by refresher trainings. The project trained a total of 206 people, including 151 members of the CLGRCs, 44 most vulnerable individuals and 11 students who are members of the CEGERCs. CARE conducted an evaluation following the two trainings, which indicated that 92 out of the 96 interviewed participants demonstrated knowledge of at least 3 first aid techniques. The most common technique identified by participants was the identification of

states of unconsciousness (88 participants), followed by proper transport technique of those injured (84 participants) and fracture identification (82 participants).

## **Result 1 - Activity 7**

### **Short description**

Early warning systems (DATAWINNERS) training at provincial, district and community level

### **Detailed description**

DataWinners complements INGC's early warning system. Through the use of cellphones at community level, this methodology will allow INGC to allocate resources and coordinate with the community at the onset of an emergency.

CARE will organize 2-day workshops at provincial, district and community level to engage all key stakeholders. This training will enable communities to effectively use the Early Warning System / DataWinners, and be better prepared for emergencies.

CARE will provide mobile phones to each community to ensure that they are effectively linked to the DataWinners EWS.

### **[FIN] Report on the activity**

This activity was successfully implemented and completed. 183 people were trained in the DataWinners Early Warning System (136 men and 47 women), comprising:

- 21 focal points of the 5 commissions that make up the Provincial Technical Council (16 M, 5 F)
- 77 district technicians, including Head of Committees and Focal Points (62 M, 15 F)
- 85 CLGRC members (58 M, 27 F)

## **Result (1/4) - [INT] Overall update on activities of the result**

COVID-19 has impacted many activities in Result 1, particularly those related to the capacity, knowledge and awareness raising of beneficiaries in targeted communities. The implementation and attendance of awareness-raising and trainings (activities 4, 5, 6 & 7) is impacted from the mandated restrictions and anxiety of participants. CARE has adapted activities to ensure they comply with COVID-19 preventative measures, including social distancing, mask-wearing and the washing of hands.

Activity 1: CARE arranged meetings with the INGD and district governments to present the project and discuss areas of risk and vulnerabilities. Upon consultation with these stakeholders and CARE's own vulnerability and risk analysis, the identification of target schools and communities was completed.

Activity 2: This activity has been completed. After training government sector technicians and the CLRGs, the GVCA was conducted in all 15 communities. The selection of vulnerable community members through the GVCA was supported by the CARE Gender & Protection team in Cabo Delgado (led by the Gender & Protection Coordinator) and Technicians from the District Government (including departments of Health, Agricultural and Planning/Infrastructure), see IR\_Annex 1 GCVCA Nov.20.

Activity 3: There was no existing community contingency plans in any of the 15 targeted communities, therefore this activity had to be facilitated for the first time. This process began when the GVCA training was initiated. The 15 plans have been completed at the community-level and are currently being compiled and reviewed by the MEAL team. The emergency kits procurement process finalized in December 2020 however was not purchased or delivered by this time. Recent disasters (TS Chalane and TS Eloise, making land fall in late Dec and mid Jan) have delayed this activity more so. Nonetheless CARE is still aiming to achieve this in early 2021.

Activity 4: The implementation of this activity was impacted by the COVID-19 pandemic. The use of the established 15 theater groups to conduct public awareness raising event such as street and music performances had to be altered to ensure safety and compliance to the Emergency Measures taken by the GoM. As an alternative, the project team has requested the use of Mobile Brigades (vehicles with speakers) by the INGD and INCM to conduct awareness raising and disseminate information. CARE is



also finalizing a contract with local and national radio stations (such as Radio Mocambique and Radio Mecufi) to disseminate mitigation and response strategies.

Activity 5: CARE has conducted 2/3-day CBDRR trainings, in partnership with the INGD, to the 15 CLGRCs. A total of 270 CLGRC members and 15 community leaders were trained. Upon the delivery of the CLGRC Emergency Kits, CARE will conduct another refresher training on their use.

Activity 6: 195 individuals, across Mecufi, Metuge and Ibo Island districts, were trained in First Aid and Psychosocial First Aid. The training extended to vulnerable community members, identified in the GVCA, who had the capacity and drive to learn the First Aid and Psychosocial First Aid curriculum.

Activity 7: The first phase of training on the Early Warning/Datawinners system has taken place, reaching 170 people. This training was aimed at the 3 CTDGC and included members of the 15 CLGRCs (who made up 90 out of the 170 participants). The second phase of the training is planned for January 2020. Delays can be anticipated for the second phase of the training due to the internal re-structuring of the INGD, which is now overseen by the State Secretary (as opposed to the Governor).

### **Result (1/4) - [FIN] Conclusions on the result**

Despite the very challenging operational context (Covid-19 restrictions and volatile insecurity situation, particularly in Ibo Island), activities under this result have overall been successfully implemented with most reach targets met and surpassed.

-

### **Result (2/4) - Details**

#### **Title**

Improved access to safe learning environments for 1614 school-aged children in three districts in Nampula province

#### **Sector**

Education in emergencies

#### **Sub-sectors**

Safe and accessible learning environments

#### **Estimated total amount**

357.189,00

#### **[FIN] Estimated incurred total amount**

308.745,54

### **Result (2/4) - Beneficiaries**

#### **Estimated total number of direct beneficiaries targeted by the action**

Individuals	955
Organisations	-
Households	-
Individuals per household	-
Total individuals	-

#### **[FIN] Estimated total number of direct beneficiaries targeted by the action**

Individuals	1.614
Organisations	2
Households	-
Individuals per household	-
Total individuals	-

## **Beneficiaries type**

Local population

## **Does the action specifically target certain groups or vulnerabilities?**

Yes

## **Specific target group or vulnerabilities**

Children

## **Comments on beneficiaries**

-

## **[INT] Report on beneficiaries**

No changes to note.

## **[FIN] Report on beneficiaries**

Mandama and Metapa primary schools are attended by 1614 children.

## **Result (2/4) - Transfer Modalities**

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	-	-	-	

## **[FIN]**

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	-	-	-	

## **Comments on transfer modalities in this result**

-

## **[INT] Comments on transfer modalities in this result**

No changes to note.

## **[FIN] Comments on transfer modalities in this result**

NA

## **Result (2/4) - Indicators**

### **Result 2 - Indicator 1**

#### **Type / Subsector**

Safe and accessible learning environments

#### **Indicator**

Number of learning spaces established or restored to minimum standards for safe learning

**Definition**

Learning spaces should be reported as classroom units (or equivalent) where possible. Minimum standards for safe learning to be defined by partners based on the context and any agreed minimum standards with coordination structures and/or relevant authorities, reflecting INEE minimum standards. Considerations for DRR, safe routes to/from school, minimum accessibility and reasonable accommodation for persons living with disabilities, GBV risk management, WASH standards and student perceptions of safety to be included as appropriate. Actions should ensure that design and implementation of learning spaces are gender and age responsive in line with the EU Gender-Age Marker for humanitarian action.

**Baseline**

0,00

**Target value**

2,00

**Progress value**

0,00

**Achieved value**

2,00

**Source and method of data collection**

2 schools in Nampula will be reconstructed to be resilient structures adhering to MINEDH and UN Habitat Standards

**[FIN] Source and method of data collection**

Provisional delivery documents to the local government administration.

**Comments on the indicator**

-

**Result 2 - Indicator 2****Type / Subsector**

Custom

**Indicator**

-

**Definition**

Number of WASH facilities constructed as part of learning spaces

**Baseline**

0,00

**Target value**

8,00

**Progress value**

-

**Achieved value**

8,00

**Source and method of data collection**

Latrines in completed or as part of under construction schools in Nampula will be constructed adhering to WASH cluster standards.

**[FIN] Source and method of data collection**

Provisional delivery documents to the local government administration.

**Comments on the indicator**

WASH facilities are defined as latrines, water points and hand washing stations that are gender segregated and built in accordance with WASH cluster standards.

Despite reduced number of targeted schools, installing 8 WASH facilities has been completed in 4 schools including 2 original targeted schools (Metapa, Mandame) and other 2 schools (Tucana, Nhamiraca). At the end of Action, the installed WASH facilities will be 4 Water point in each school, gender segregated toilets in two schools, and handwashing stations in the other two schools.

## **Result (2/4) - Indicators comments**

### **Additional comments on indicators**

-

#### **[INT] Progress report on the indicators of one result**

The completion of learning spaces is currently on going. The tender has already been launched and pre-selection of construction contractors have been shortlisted.

#### **[FIN] Progress report on the indicators of one result**

4 additional gender segregated toilet blocks were constructed at the Mandama and Metapa primary schools.

## **Result (2/4) - Activities**

### **Result 2 - Activity 1**

#### **Short description**

Conduct full construction and engineering assessments in collaboration with local authorities.

#### **Detailed description**

During the ECHO HIP 18/19 action, CARE conducted an assessment of the safety and integrity of each of the schools in the target communities in which it was conducting Education in Emergency actions. As part of community DRR activities, evacuation routes and safe shelters were identified in each community's contingency plan. It was obvious from community consultations and assessments that in certain communities no safe shelter existed and CARE used the assessments of the schools for advocacy within the education cluster and with the relevant authorities to initiate rehabilitation or reconstruction of the schools where required. As no funding or projects to work on these schools was forthcoming as a result of the advocacy, three of the schools in the worst conditions have been shortlisted for reconstruction under this action.

CARE has worked with Ministério da Educação e Desenvolvimento Humano and provincial education authorities to gather profile and risk data, as well as verify our criteria for selection and final choices. The following four schools and cost estimations have been approved and shortlisted based on Ministry's criteria of cyclone and earthquake prone areas. CARE is working with the ministry to select the priority two schools.

The below schools fall under Zone I of cyclone prone and Zone II of earthquake prone areas (update with this MR):

Metapa school (603 children), Liupo district, Nampula

Mandame school (352 children), Nacala Porta District, Nampula

Tucana - new school (395 children), Liupo district, Nampula

Nhamiraca - new school (264 children), Liupo district, Nampula

CARE will follow the guidelines and resilient school building codes - as formalized by the Mozambican Ministry of Public Works, Eduardo Mondlane University, INGC and UNHABITAT for the design of each of these schools. Assessments for each site will verify the technique, material and logistical requirements for

each site, and inform community leadership about the anticipated construction timeline and processes.

### ***[FIN] Report on the activity***

School facilities were designed as per INGC and UNHABITAT technical guidance and in coordination with the Ministry of Education and Human Development (MINEDH). Selection and engagement of contractors was challenging with significant performance issues affecting the implementation of the activities, including severe contractual execution issues. See later MR for more details.

## **Result 2 - Activity 2**

### ***Short description***

Construct two permanent schools, including at least two latrines each, using resilient construction technique.

### ***Detailed description***

CARE will follow UNHABITAT's *Guidelines in School Safety and Resilient Building Codes in Mozambique*, from 2015. The guidelines set out minimum standards, locally relevant material estimates and building regulations, with specific reference to resilience to relevant hazards including cyclones, earthquakes and flooding.

The works will be undertaken by construction contractors identified through an open tender process managed by CARE. Upon the confirmation of the design and the finalization of the BOQs, CARE's construction engineer will provide technical oversight to the tender process, utilizing experience and insights already gained from CARE's school rehabilitation work on school classrooms following cyclone Dineo in Inhambane (2017) and Idai in Sofala (2019).

CARE intends to have a construction Engineer overseeing the work who will be assisted by a construction field engineer that will conduct regular site visits to the ongoing works to ensure adherence to the standards required, both in terms of materials used and construction techniques. The work will be planned for the dry season in 2020 so as to avoid potential delays to the work from limited access. A retention of 5% of the final payment to the construction contractors will be held by CARE and will only be released to the contractor based on approval of works during final inspection at the end of the project.

The construction works took place in pre-existing school sites and did not require any purchasing of lands to facilitate the work. Two schools (Metapa and Mandame) were built to include both flood and cyclone resistant features. Each school was constructed according to the Government of Mozambique's Guidelines for Rural Primary School Construction (MEC/DIPLAC-CEE, 2005) and included the necessary design features to ensure flood and cyclone resistance (see annexes related to the Safer Schools Guidelines and the Government of Mozambique's Rural Primary School Construction Guidelines).

Each school included at least two latrines - one female and one male, followed MoEI guidance and applied their own standards and costing for each construction estimate. In addition to latrines, water point and handwashing stations were constructed in total 4 schools including extra two schools (Tucana and Mhamiraca)

CARE will be conducting an assessment and site supervision before, so if the assessment calls for additional latrines, this can be included in the planning.

### ***[FIN] Report on the activity***

Two schools were built under this activity, comprising the following facilities: 6 classrooms, 2 administration blocks, 4 gender segregated toilet blocks, 2 basic water supply systems and 2 manual water points.

## **Result 2 - Activity 3**

### ***Short description***

Monitoring and supervision of construction sites

### ***Detailed description***

CARE field engineer and construction specialist will continue to conduct site monitoring visits of the school construction site and pay close attention to the quality of work and adherence to the schedule. Liaison with local and district level authorities to ensure smooth construction process continues.

Upon completion of the works, a handover ceremony will take place whereby relevant government officials will be invited to open the schools in the presence of CARE and ECHO representatives.

### ***[FIN] Report on the activity***

CARE engaged an architect with relevant expertise as site manager to monitor and supervise the construction sites in coordination with the Provincial Directorate of Education (DPE).

## ***Result (2/4) - [INT] Overall update on activities of the result***

Activity 1: Assessments of the schools have been successfully completed. The tender for construction and pre-selection of contracts have been made.

Activity 2: The construction plan is currently being adapted to satisfy sanitation requirements for girls. Based on discussions with the Ministry of Education and Human Development (MINEDH), the Engineer has modified the design of the sanitation facilities and water supply to include the issue of girls' dignity according to MINEHD requirements. Based on preliminary analysis of bids, CARE estimates that it will have the funds to construct another 2 learning spaces/schools. Once the contractors are selected and contracts are signed, construction of the 2 learning spaces/schools will begin.

Activity 3: As the construction has not yet begun, monitoring and supervision of the construction sites has not commenced however preliminary site visits with the Provincial Directorate of Education (DPE) were conducted.

## ***Result (2/4) - [FIN] Conclusions on the result***

Activities under this result successfully delivered with access to safe learning environment for the anticipated target number of children. Documents on the schools' handover to the government are provided as an annex to the final report. However, activity implementation was at times challenging largely due to contractors' poor capacity, which meant a more intense level of monitoring from CARE was required.

-

## ***Result (3/4) - Details***

### ***Title***

INGC has an improved capacity to rapidly address basic household needs during future shocks and disasters

### ***Sector***

Disaster Risk Reduction / Disaster Preparedness

### ***Sub-sectors***

Other (DRR / DP)

Capacity building (DRR / DP)

### ***Estimated total amount***

353.250,00

### ***[FIN] Estimated incurred total amount***

382.422,07

## ***Result (3/4) - Beneficiaries***

**Estimated total number of direct beneficiaries targeted by the action**

Individuals	-
Organisations	-
Households	5.346
Individuals per household	5
Total individuals	26.730

**[FIN] Estimated total number of direct beneficiaries targeted by the action**

Individuals	-
Organisations	-
Households	5.250
Individuals per household	5
Total individuals	26.250

**Beneficiaries type**

IDP - Local population

**Does the action specifically target certain groups or vulnerabilities?**

Yes

**Specific target group or vulnerabilities**

Children - Elderly - Disabled - Female

**Comments on beneficiaries**

This result aims to purchase WASH and NFIs at a total value of EUR 85.000 with unit cost per kit is 46 euro

**[INT] Report on beneficiaries**

No changes to report.

**[FIN] Report on beneficiaries**

-

**Result (3/4) - Transfer Modalities**

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	163.053,00	26.730	No	- Local - International

**[FIN]**

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	185.907,00	26.250	No	- Local - International

### **Comments on transfer modalities in this result**

In kind donation to the Government of Mozambique's INGC for pre-positioning within their warehouse network

### **[INT] Comments on transfer modalities in this result**

No changes to report, the transfer modality remains to be in-kind.

### **[FIN] Comments on transfer modalities in this result**

Stock was pre-positioned at INGD's warehouse in Caia, Sofala province and at CARE's warehouse in Nacala, Nampula province.

## **Result (3/4) - Indicators**

### **Result 3 - Indicator 1**

#### **Type / Subsector**

Custom

#### **Indicator**

-

#### **Definition**

Number of people in high risk areas that enhance their capacity to face shocks and stresses through the availability of life saving relief supplies

#### **Baseline**

0,00

#### **Target value**

26.730,00

#### **Progress value**

0,00

#### **Achieved value**

26.250,00

#### **Source and method of data collection**

Procurement Reports and warehouse records

#### **[FIN] Source and method of data collection**

Procurement Reports and warehouse records

#### **Comments on the indicator**

This is calculated on the assumption that the number of pre-positioned kits can reach the relevant number of households during times of emergency, increasing the capacity of households to face shocks and stresses.

### **Result 3 - Indicator 2**

#### **Type / Subsector**

Custom

#### **Indicator**

-

#### **Definition**

Number of randomized physical stock checks of INGC warehouses conducted by CARE staff that is correctly reflected in electronic warehouse management system

#### **Baseline**

0,00



**Target value**

12,00

**Progress value**

0,00

**Achieved value**

0,00

**Source and method of data collection**

Warehouse stock inventory reports

**[FIN] Source and method of data collection**

-

**Comments on the indicator**

Two CARE staff will conduct 2 randomised stock checks per quarter in a specific INGC warehouse facility. If the physical stock take is correctly reflected in the EWMS, this will count as one successful stock check.

**Result (3/4) - Indicators comments****Additional comments on indicators**

-

**[INT] Progress report on the indicators of one result**

Indicator 1: No progress has been made on this indicator; it will be reported on in the reporting period following an emergency that triggers the need for NFI distribution.

Indicator 2: CARE has not yet begun the randomized physical stock checks of INGC warehouse. This indicator has been met with delays as the team has been faced with challenges from the INGD and their lack of participation in the establishment of the electronic warehouse management system (EWMS). This finalization of the system is anticipated to be completed by the beginning of 2021 and randomized stock checks will commence then.

**[FIN] Progress report on the indicators of one result**

5,250 hygiene kits were purchased through this action of which 3,500 have already been distributed and a further 1,750 are pre-positioned in CARE's warehousing in Nampula province. Based on this procurement, we can confidently state that 26,250 people (5250x5 (5 pp/hh)) have enhanced their capacity to cope with emergencies through the use or the potential use of these kits.

For Indicator 2, as described in the activity related to INGD capacity building, CARE's ongoing support of INGD has been focused on the establishment of the warehouse management system. Due to multiple setbacks and delays with regard to its roll out, CARE support has focused on the training of cohorts of INGS staff on the utilization of the system software and we have not advanced to physical stock-check visits. This activity is ongoing and will be covered by other projects.

**Result (3/4) - Activities****Result 3 - Activity 1****Short description**

Strategic prepositioning of COVID-19 kits in INGC's regional and national warehousing

**Detailed description**

We will be focusing on COVID-19 for our pre-positioning efforts, and whilst we will leave the destinations open and agree with INGC following ongoing assessment, we expect Cabo Delgado will be the main destination. All kits will be branded with ECHO, INGC and CARE logos for visibility purposes and will be available for use by all ECHO partners.

We will manage our own procurement based on recent experience using verified and reliable supply

chains. We also anticipate high demand and therefore increased risk on international supply chains at this time.

Kits are in line with WASH cluster standards to ensure similar typology across all partners, and include laundry soap, bathing soap, hand sanitiser, household bleach, sanitary pads, and a drinking water container.

It should be noted that cash was not considered for all or part of the NFI response, as this modality is not approved by GoM.

Due to the nature of the armed conflict, access to IDPs is very limited and government authorization is needed to reach those places. This has been a long process that has caused delays to meet the basic needs of the affected families and communities. However, to date, of the 3,500 WASH kits purchased, 2,432 have already been distributed, 1,492 through the regional INGD in Sofala, Manica and Zambezia provinces, and 940 kits have been distributed directly by CARE in the district of Montepues, Chiure and Mueda districts in Cabo Delgado province. The distribution of the remaining 1,068 kits is planned for September, in the districts of Montepues and Chiure. This distribution will be carried out in coordination with CARE's BMZ project.

### ***[FIN] Report on the activity***

3500 hygiene/COVID-19 were initially purchased. Of these, CARE distributed 1989 kits in the districts of Mueda, Montepuez and Chiure in Cabo Delgado province; and the remaining 1511 kits were distributed by the INGD from its Caia warehouse in Zambezia, Sofala, Manica and Tete to IDPs from Cabo Delgado that had reached those provinces.

Following a project revision, additional 1750 hygiene kits were purchased and pre-positioned at CARE's Nacala warehouse. It is expected that these kits will be used to respond to any needs arising from the 2023 cyclone season.

## ***Result 3 - Activity 2***

### ***Short description***

Capacity Building of INGC warehousing and other relevant staff

### ***Detailed description***

Building on CARE's establishment of an electronic stock management system for INGC - separate to that used by IOM and some other partners - CARE will deploy a Logistics technical assistance consultant to work closely with each INGC regional team to improve their capacity in stock management. CARE assessed limited capacity within INGC to ensure harmonized procedures, methodologies and key documentation demands that continued capacity building is required to ensure staff capacities are at the required level.

The expert consultant will be deployed three times during the action for three days at a time to work with each INGC team for on the job training.

The Capacity building components will include:

- General warehouse management procedures
- Stock control procedures and documentation
- Warehouse Space Optimization
- Warehouse Health and Safety procedures
- Utility of ECHO-funded EWMS and refresher trainings if needed

### ***[FIN] Report on the activity***

A consultant was contracted by CARE to lead this process. However, due to INGD's capacity and the institutional context, the consultant was deployed on a longer term engagement to provide ongoing support as and when necessary to INGD instead of the initially planned three short term deployments. The local consultant worked in partnership with CARE's global TA responsible for the set up and roll out of the electronic warehouse management system for CARE offices globally.

In Oct 2020, the system went live with relevant INGD staff having received intensive trainings in Maputo by the consultant. The training was a two day intensive training for all warehouse staff in all provinces and regional warehouses and the Maputo based team.

After the system went live, close monitoring from the consultant highlighted the lack of utilization by INGD staff. In Nov 2020, CARE escalated their concerns in writing to the Director of INGD at the lack of activity on the project on the part of the INGD team. After consultation with INGD management, CARE was informed that a significant staff restructuring within the organization meant that another round of training was required to ensure the new staff had the same capacity to use the system.

In Dec 2021, CARE conducted a follow up training to all relevant INGD staff that will use the EWMS.

In early May (4<sup>th</sup>-11<sup>th</sup>), CARE's system specialist spent a week in Maputo, working with the INGD project team to input inventory information into the system and establish an opening balance for the system. At the end of this work the system was able to go-live and INGD staff now have capabilities to register and trace all stock entries, movements and releases within their system, significantly enhancing efficiencies through real time management of stocks and accountability. The system was presented to the Director of INGD on 10<sup>th</sup> of May.

### **Result 3 - Activity 3**

#### **Short description**

Establishment of MoU and protocols for management of prepositioned emergency stocks

#### **Detailed description**

Due to CARE's ongoing work to support the INGC in its emergency pre-positioned stocks and their management, an MoU already exists between CARE's emergency consortium COSACA and the INGC. CARE will work closely with INGC to update this existing MoU to ensure that agreement is clear on issues relating to the following points:

- access to stocks for all ECHO Humanitarian partners
- thresholds for accessing stocks for distribution
- information sharing obligations relating to stock levels and locations
- responsibilities for the transportation of items

#### **[FIN] Report on the activity**

CARE has engaged with INGD throughout this project on an updated MoU between the two organizations (CARE as a member of the COSACA consortium). In 2021, the updated MoU was presented to INGD for signing but they did not sign as all Country Directors from each COSACA agency was not present at the time. Following this, the departure of two of the three Country Directors of COSACA organizations and a new Director of INGD led to further delays in revising and agreeing to an updated MoU. Then, on the initiative of INGD, a thorough revision of the INGD was undertaken and a draft MoU was shared with COSACA members for review and approval. This has yet to be signed off at time of writing of the report.

A specific MoU between CARE and INGD was, however, elaborated and signed by both sides specifically focused on the roles and responsibilities of both parties with regard to the management and implementation of the warehouse management system installed by CARE with ECHO funding as part of this project.

### **Result 3 - Activity 4**

#### **Short description**

Establishment of stand by agreements with haulage companies

#### **Detailed description**

CARE has recent experience of working with a number of haulage companies during the Idai and Kenneth responses and its recent pre-positioning with INGC and DFID. Framework agreements for transporters that establish key details and avoid lengthy negotiations is essential for ensuring rapid transportation of goods. The MoU will include language that ensures pre-positioning items will be available to all ECHO partners, as standard.

CARE will identify and contract appropriate haulage companies and transporters for framework agreements on both long distance national travel and short distance provincial/district level travel. This will significantly increase efficiency during emergency response times.

#### **[FIN] Report on the activity**

CARE has established pre approved transportation companies as vendors for haulage services of NFIs across Mozambique. These companies have capacity to transport items from Maputo to provinces for pre-positioning but also for transportation to distribution sites. Pre-approval allows for CARE to rapidly deploy transportation companies at short notice in response to short notice needs related to rapid onset disasters.

### **Result 3 - Activity 5**

#### **Short description**

Assessment of NFI pre-positioning needs in collaboration with INGC and clusters

#### **Detailed description**

Current efforts by the clusters and other humanitarian actors (notably Spanish Red Cross with ECHO funding and CARE/INGC with DFID funding) to pre-position emergency stocks are underway. Following their use during Idai and Kenneth, pre-positioned stocks across the country were exhausted while emergency responses are ongoing both to flooding incidents in early 2020 and also conflict related displacement in Cabo Delgado. As a consequence, at the time of writing it is not possible to have clear analysis of what stocks will be used up during the 2020 cyclone and flooding season (January to April 2020). At the end of this season, CARE will conduct an assessment of remaining stocks and see where critical gaps emerge. CARE intends to address these gaps through procurement financed by this action. The assessment, therefore, is an essential step which will take place in May 2020 with the collaboration of INGC, the relevant clusters and other key humanitarian stakeholders.

#### **[FIN] Report on the activity**

CARE has continually assessed pre-positioning needs throughout this action. Unfortunately, with responses to TS Eloise in 2021 and Cyclone Gombé in 2022 and the ongoing response to the conflict in Cabo Delgado, any standby stocks that CARE has had available have been deployed for distribution, leaving stock levels completely depleted. CARE has worked closely with ECHO, ShelterBox and BHA to try to address this gap for future events.

One specific action taken under this award was the late purchase (July 2022) of additional 1,750 hygiene kits that are now pre-positioned in CARE's Nacala warehouse which are now available for any immediate needs emerging from the upcoming cyclone season (2023).

### **Result (3/4) - [INT] Overall update on activities of the result**

Activity 1: The prepositioning of NFI kits is ongoing. Following discussions with CARE, INGC and ECHO Technical Assistant, it was agreed that CARE would not preposition COVID-19 kits, given that the public health emergency is currently ongoing and materials are desperately needed now. A prepositioning does not make sense at this point and the needs are covered by other stakeholders and the GOM. Instead, CARE begun discussion with INGC and the clusters in November to identify NFI gaps in Cabo Delgado. CARE is due to receive the NFI needs assessment by the clusters at the end of January 2021 and will then begin the procurement process of whatever type of kit was identified. So far, mosquito nets have been

identified as a significant need by the Clusters, due to the Ministry of Health's dwindling supply so this item could be potentially be included in a kit is selected. Depending on the unit cost of the identified kit, the target of 3500 households may have to be adjusted to accommodate the budget.

Activity 2: The training of INGD warehousing and other relevant staff will begin in February 2021.

Activity 3: The establishment of the MoU and warehousing protocols is currently in development and will be completed for INGD review by the end of January 2021.

Activity 4: The contract process to select stand-by haulage companies is currently ongoing. The pre-selection contest has been launched and CARE anticipates to select a company and establish an agreement shortly. The CARE procurement team has been conducting visits to suppliers and anticipated to have a company selected by February.

Activity 5: The assessment was planned for December however Tropical Storm Chalane and Cyclone Eloise caused significant delays. Therefore, this activity has not been completed and is planned for early 2021.

### **Result (3/4) - [FIN] Conclusions on the result**

While CARE has faced significant challenges in its support and interaction with INGD on the training of INGD staff and roll out of the warehouse management system, and progress has not advanced as anticipated (due to COVID 19 and INGD staff turnover) significant progress has been made. During the duration of this project, the system has been established and is now live. CARE has contributed internal funds to ensure that implementation delays and additional trainings have not critically impacted the objectives under this result. CARE's relationship and support/engagement with INGD is ongoing and will continue after the life of this action to ensure continued and sustained improvements are made for INGD's preparedness capacity for rapid onset emergencies.

Pre-positioning of hygiene kits for emergency response has been successful with a large part of the kits already distributed. Furthermore, in partnership with ECHO, CARE was able to repurpose underspend from other activities to this result to increase by 50% the reach of this activity. Outside of this specific activity, CARE continues to face challenges in terms of resourcing adequate pre-positioning of humanitarian relief supplies for emergency preparedness in Mozambique. The ongoing conflict in northern Mozambique and general limited donor availability of funds for pre-positioning limits our internal capacity. Outside of ECHO support, no other donor has been able to support such preparedness actions since 2020.

-

### **Result (4/4) - Details**

#### **Title**

Enhanced capacity to respond to rapid onset emergency through access to a crisis modifier

#### **Sector**

Support to operations

#### **Sub-sectors**

Logistics

Other (Support to operations)

#### **Estimated total amount**

25.280,00

#### **[FIN] Estimated incurred total amount**

27.335,62

### **Result (4/4) - Beneficiaries**

**Estimated total number of direct beneficiaries targeted by the action**

Individuals	-
Organisations	-
Households	3.500
Individuals per household	5
Total individuals	17.500

**[FIN] Estimated total number of direct beneficiaries targeted by the action**

Individuals	-
Organisations	-
Households	3.500
Individuals per household	5
Total individuals	17.500

**Beneficiaries type**

IDP - Local population

**Does the action specifically target certain groups or vulnerabilities?**

No

**Specific target group or vulnerabilities**

-

**Comments on beneficiaries**

These beneficiaries are the same as those in result 3.

**[INT] Report on beneficiaries**

-

**[FIN] Report on beneficiaries**

3500 kits were distributed to 1989 HHs by CARE and to 1511 HHs by INGD reaching a total 17.500 people.

**Result (4/4) - Transfer Modalities**

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	-	-	-	

**[FIN]**

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	-	-	-	

**Comments on transfer modalities in this result**

In case of activating the crisis modifier, in kind assistance with pre-positioned kits from Result 3 will be distributed. In case the crisis modifier will not be activated, these funds will be reallocated after communication with ECHO.

***[INT] Comments on transfer modalities in this result***

-

***[FIN] Comments on transfer modalities in this result***

CARE activated the crisis modifier to rapidly respond to newly arrived IDPs coming from Palma district, Cabo Delgado. Given the presence and availability of staff in Pemba, it was not necessary to deploy a Rapid Response Team as the existing emergency team was able to carry out the distribution.

***Result (4/4) - Indicators***

***Result 4 - Indicator 1***

***Type / Subsector***

Custom

***Indicator***

-

***Definition***

% of Humanitarian responses to rapid onset emergencies begin within 72 hours

***Baseline***

0,00

***Target value***

100,00

***Progress value***

0,00

***Achieved value***

100,00

***Source and method of data collection***

Assessment and intervention reports

***[FIN] Source and method of data collection***

OCHA led assessments, CARE's intervention reports and reports by other partners as relevant. Only 1 day after Tropical Storm Ana made landfall in Nampula province, CARE deployed an emergency team to participate in and contribute to an OCHA led assessment. Same 1 day timeframe for Cyclone Gombé CARE team deployment.

***Comments on the indicator***

A rapid response team will deploy and reach households affected by the emergency with emergency pre-positioned kits and other support as needed within 72 hours of the emergency.

***Result (4/4) - Indicators comments***

***Additional comments on indicators***

-

***[INT] Progress report on the indicators of one result***

During the reporting period, no rapid onset emergency has occurred to trigger the crisis modifier. CARE anticipates using this crisis modifier during the 2020-2021 cyclone season. At the time of writing, Mozambique has already experienced a tropical storm (Chalane) and tropical cyclone (Eloise) quite early into the cyclone season.

***[FIN] Progress report on the indicators of one result***

CARE's emergency response teams was deployed to Nampula city 24h before both Tropical Storm Ana and Cyclone Gombe made landfall in that province. The team also co-led the training of data collection teams for the OCHA-led Cyclone Gombe multi-sectorial needs assessment.

## **Result (4/4) - Activities**

### **Result 4 - Activity 1**

#### **Short description**

Deployment of a Rapid Response Team

#### **Detailed description**

In case of a sudden disaster, teams will be deployed for rapid assessment and response. Depending on the nature and extent of the disaster, members of the teams will be locally or internationally mobilised and will complement similar funding sources from other emergency projects held by CARE and its emergency partners in the COSACA consortium. As this project is focused geographically in the north of the country, the ECHO project team will be well placed to respond to the ongoing emergency in the province of Cabo Delgado – whether it be responding to humanitarian needs resulting from the ongoing conflict or natural disasters. However, given CARE's current operational presence in five of Mozambique's ten provinces, and its COSACA partners presence in all others, the crisis modifier could be used to deploy teams in response to emergencies in any provinces within the country.

#### **[FIN] Report on the activity**

CARE's emergency response teams was deployed to Nampula city 24h before both Tropical Storm Ana and Cyclone Gombe made landfall in that province. The team also co-led the training of data collection teams for the OCHA-led Cyclone Gombe multi-sectorial needs assessment.

### **Result 4 - Activity 2**

#### **Short description**

Rapid delivery of items to affected communities

#### **Detailed description**

In the event of a rapid onset disaster, trucks or helicopters will be required to get access for the teams and deliver relief goods from existing CARE, COSACA or INGC stocks. CARE has emergency supplies currently pre-positioned in Beira (Sofala Province) and in Pemba (Cabo Delgado province). In addition, CARE has a strong partnership with INGC based on the procurement of emergency NFIs on behalf of INGC and the establishment of an electronic stock management warehouse system. These kits are pre-positioned in regional warehouses across the country and CARE (as it has in the past) can provide essential and time sensitive services to INGC in the transportation of emergency, life-saving supplies to the disaster area. CARE has standing contracts with suppliers and service providers for such transport.

See update under Result 3, activity 1

At this stage it is difficult to determine the duration of the COVID-19 outbreak, the socio-economic impact and the nature of the humanitarian space that is required to support a government led public health response in Mozambique. However, CARE is proposing WASH preventive measures in urban, peri-urban and camp settings. CARE will distribute essential hygiene items (soap, water containers to enable handwashing, clothes washing detergent, sanitary pads covering 3 months for a 3-female person household) in coordination with Save the Children, IOM and other actors in Cabo Delgado and Nampula.

#### **[FIN] Report on the activity**

3500 kits were distributed to 1989 IDP HHs in Cabo Delgado by CARE and to 1511 HHs in Zambezia, Sofala, Manica and Tete by INGD reaching a total 17.500 people.

## **Result (4/4) - [INT] Overall update on activities of the result**



Activity 1: Nothing to note for this activity as there has not been a sudden disaster to trigger the Crisis Modifier.

Activity 2: Nothing to note for this activity as there has not been a sudden disaster to trigger the Crisis Modifier. The pre-positioning of NFI stock and establishment of service provider contacts is still on going, as described in Result 3.

## **Result (4/4) - [FIN] Conclusions on the result**

Through activities under this result, CARE was able to rapidly respond to the onset of Tropical Storm Ana and Cyclone Gombe, deploying emergency response teams to the affected areas. CARE also activated the Crisis Modifier to quickly respond to new IDP arrivals from Palma district, Cabo Delgado; the rapid response was implemented by the CARE team based in Pemba, who carried out all related registration and distribution activities. The remaining pre-positioned stock under the Crisis Modifier was distributed by INGD in other provinces

-

## **4.4 Preconditions**

Timely signing of ECHO contract and regular disbursement of allocated funds. Political stability and smooth access to project areas.

## **4.5 Assumptions and risks (including risk of occurrence of fraudulent activities)**

- Rainy season does not render places inaccessible for implementation.
- Political situation remains stable and conducive for programme implementation.
- No major disaster occurs during implementation period in target areas e.g. cyclone
- Rains are not too delayed, causing drought and increasing the needs
- Local authorities continue to provide conducive environment and support to the NGOs implementing relief projects
- The security situation in Cabo Delgado remains stable enough for field teams to safely operate and to allow people to safely meet for the distributions
- The security situation does not lead to significant displacement in operational areas
- Risks
- Increased violence in Cabo Delgado province limits access to programming areas
- Election results tension leads to significant social unrest and potential resumption of conflict between Frelimo and Remano
- Kits pre-positioned in INGC warehousing are stolen or damaged
- Fraud risks related to high value procurement

## **4.6 Contingency measures taken to mitigate the risks described under chapter 4.5**

- Regular engagement with UNDSS and logistics cluster for sharing of information and updates on security situation and access to districts within Cabo Delgado.
- Experienced security team with proper and up-to-date safety equipment to ensure Standard Operating Procedures for safety and security of staff, as per organizational guidelines, is observed.
- Flexible planning and implementation to allow rescheduling of disrupted activities, implementation of a crisis modifier.
- Judicious financial management, currency exchange draw-downs and cash-flow management.
- Cost effective procurement benefiting from economies of scale.
- Fleet operations adequately budgeted in proposal to account for access to hard-to-reach areas.

## **4.7 Additional information on the operational context of action**

The operational context is defined by the ongoing recovery efforts from Cyclones Kenneth and Idai, which are detailed in section 3.1.3. CARE has taken into account the security context in Cabo Delgado, which is explained in section 6.6.

## **4.8 [INT] Report on precondition, assumptions and risks**

The assumptions and risks noted above are still applicable to the project at this reporting period. The humanitarian situation in the province of Cabo Delgado in northern Mozambique has deteriorated drastically over the reporting period. Insurgent violence has destabilized parts of the province and further exacerbated an already fragile situation characterized by chronic underdevelopment, successive extreme climatic events (Cyclones Kenneth and flooding), and recurrent disease outbreaks. The increase in attacks by the armed non-state group has triggered mass displacement in operational areas; over 500,000 people

have been forced to flee their home, with most of these IDPs being women and children.

CARE has benefited from the contingency measures established to mitigate the pre-identified risk, particularly flexible planning and regular engagement with the cluster system. Due to these measures, CARE is able to adapt the crisis modifier to best reflect needs and gaps.

#### **4.9 [FIN] Report on precondition, assumptions and risks**

The assumptions and risks noted at design stage remained applicable throughout the action's implementation period. The escalation and volatility of the armed conflict in Cabo Delgado province resulted in CARE having at times constrained access to certain target locations (e.g. Ibo Island district). Due to the project's flexible design, CARE was able to adapt to the challenging and ever-evolving operational context to rapidly respond to emerging needs.

The Covid-19 pandemic brought additional challenges and risks to the action's implementation, which could have not been fully anticipated at design stage. Government-mandated contagion prevention measures imposed severe restrictions to any public gatherings which affected some of the action's activities, especially those under Result 1. CARE adapted the activities to comply with Covid-19 related restrictions - e.g. increase in number of days for training to accommodate smaller groups, distribution of basic hygiene kits to participants - in compliance with INGD's guidance and recommendations. As these restrictions were progressively lifted, activity implementation resumed as per the initial plan.

---

## **5. QUALITY MARKERS**

### **5.1 Gender and Age marker**

#### **5.1.1 Details**

- |   |                  |
|---|------------------|
| • <b>Q1: Does the proposal contain an adequate and brief gender and age analysis?</b>   | Not sufficiently |
| • <b>Q2: Is the assistance adapted to the specific needs and capacities of different gender and age groups?</b>                   | Not sufficiently |
| • <b>Q3: Does the action prevent/mitigate negative effects?</b>   | Not sufficiently |
| • <b>Q4: Do relevant gender and age groups adequately participate in the design, implementation and evaluation of the Action?</b> | Yes              |
| • <b>Initial mark</b>   | 0                |

#### **5.1.2 Additional comments and challenges**

CARE conducted a detailed GVCA in March in Nampula, and in June conducted a rapid Gender and Protection Analysis in Cabo Delgado. These assessments included FGDs and KII with women and men, vulnerable groups (children, elderly), and have both fed very strongly into the design of this action. A key activity in the CBDRR result is to support CLGRCs in conducting their own GCVAs, integrating gender and vulnerability into community contingency plans from the very beginning.

CARE understands the sensitivities around gender in Mozambique and take an informed approach to gender-sensitive activities, for example bringing women into decision making roles in CLGCRs.

#### **5.1.3 [INT] Additional comments and challenges**

CARE has improved its gender and age analysis through the second GCVCA the organization conducted in Cabo Delgado in November 2020. This assessment involved 1047 people from 15 communities and gave prioritized the experience of women, girls and boys. This research mapped and analyzed the vulnerability to climate change and adaptive capacity at the community level, with particular focus on social and gender dimensions in the current context in Northern Mozambique. Women and girls were found to be at greater risk to climate vulnerability, with disasters have direct impact on their access to education, livelihoods, ability to migrate and increased protection risks.

#### **5.1.4 [FIN] Additional comments and challenges**

No relevant changes since the interim report to be reported on.

### **5.2 Resilience**

#### **5.2.1 Details**

- |  |     |
|--|-----|
| • <b>Q1: Does the proposal contain an adequate analysis of vulnerability and risks?</b>  | Yes |
| • <b>Q2: Is the project risk informed? Does the project include adequate measures to ensure it does not aggravate risks or undermine capacities?</b> | Yes |
| • <b>Q3: Does the project include measures to build local capacities (beneficiaries and local institutions)?</b>                                     | Yes |
| • <b>Q4: Does the project take opportunities to support long term strategies to reduce humanitarian needs, underlying vulnerability and risks?</b>   | Yes |
| • <b>Initial mark</b>  | 2   |

#### **5.2.2 How does the action contribute to build resilience or reduce future risk?**

CARE is driving community self-sufficiency through our strengthening and capacity building approaches in CBDRR, school based DRR, and with INGC. Our prepositioning strategy specifically considers and anticipates the situation for the hardest to reach, for example in Cabo Delgado where populations are easily cut off during flooding. By feeding gender-sensitive and vulnerability assessments into the design, and bringing women into decision making roles (in a sensitive manner), we have ensured all needs are considered and aim to mitigate further exclusion of the vulnerable during a crisis.

We are building resilience and sustainability in existing institutions (schools, CLGRCs, INGC), and reinforcing local capacity to avoid or face a future crisis by ensuring our activities are participatory, targeted, and include adequate capacity building and support. We have built in lessons from the current HIP project to reinforce this approach. The CBDRR, school-based DRR and INGC activities all work within the existing policy frameworks and guidelines of the relevant institutions.

#### **5.2.3 [INT] Report on Resilience marker**

CARE continues to apply its approach to community self-sufficiency through capacity building in CBDRR, education-based DRR and with the INGC.

#### **5.2.4 [FIN] Report on Resilience marker**

No relevant changes since the interim report to be reported on.

---

## 6. IMPLEMENTATION

### 6.1 *Human resources and Management capacities*

CARE has a long established country office in Maputo and functioning field offices in Pemba, Beira and Maxixe. The Humanitarian Program Director in coordination with the Assistant Country Director and Country Director in Maputo office will be responsible for the overall procurement and logistical aspects of the pre-positioning of kits and warehouse rehabilitation. The Supply Chain Manager and Finance Director will be responsible for management and oversight of supply chain and financial management. The Security Coordinator will assess the conditions at various locations on a regular basis.

CARE Mozambique offers a single operational presence in country on behalf of all 14 members of CARE International, including CARE Austria. CARE Mozambique provides both the local project personnel and the office infrastructure, which are directly contributing to the project implementation. An internal Memorandum of Understanding between CARE Austria and CARE Mozambique details the specific roles and responsibilities (including in reporting and M&E) of each party for this grant contract. As the lead agency in this project and contract partner for DG ECHO, CARE Austria will hold ultimate responsibility for meeting the terms of any contract related to this project. CARE Austria commits itself to supporting CARE Mozambique through management and support roles, such as contract management and administration, monitoring (programmatic, financial), financial reporting and oversight, cash flow to overseas operations and communication. CARE Mozambique has proven program support experience and will ensure that the project is implemented in line with CARE's programming principles and is provided with logistical and organizational support. It will also hold responsibility for all financial accounting for local expenses and preparation of narrative and financial reporting.

#### 6.1.1 [INT] *Human resources and Management capacities*

Entry and exit restrictions for international staff into Mozambique due to COVID-19 has weakened the management structure in country, with a number of management positions currently operating remotely due to inability to enter the country. For international staff in country, there are challenges surrounding visa renewal. This process is typically done in South Africa however COVID-19 related border closures have complicated this process, with the project's 2 international staff members facing risk of fines or return to country of origin to renew their visas.

#### 6.1.2 [FIN] *Human resources and Management capacities*

Once Covid-19 related restricts began to be lifted, CARE's international staff was able to return to Mozambique and resume support and oversight to this action's implementation as per the initial plans. However, difficulties around the granting and renewal of visa remained an issue throughout this project's implementation period.

### 6.2 *EU Aid Volunteers*

No

#### 6.2.1 [FIN] *EU Aid Volunteers*

No

### 6.3 *Equipment and goods*

CARE proposes to procure mainly two types of emergency pre-positioning items:

1. Emergency NFI kits with a focus on COVID-19 efforts are in line with the WASH cluster standards to ensure similar typology across all partners, and include laundry soap, bathing soap, hand sanitiser, household bleach, sanitary pads, and a drinking water container. With estimated 46 EUR per kit, CARE will be able reach 5346HHs.
2. 15 Community (CLGRC) emergency kits to be pre-positioned within communities that have received capacity building/training from CARE staff during the project

We will manage our own procurement based on recent experience using verified and reliable supply chains. We also anticipate high demand and therefore increased risk on international supply chains at this time. All kits will be branded with ECHO, INGC and CARE logos for visibility purposes and will be available for use by all ECHO partners.

Community emergency kits will include content to conform with INGC's guidelines. There is a pre-established content list that can be found in annex 5. CARE will purchase these items locally on the Mozambican market and the procurement will be completed in time for the 2020/21 cyclone and flood season. CLGRC Committees will be trained on the content and their use during an emergency and their effective management. The kits will be pre-positioned in all of the 15 communities targeted by the action (should they demonstrate they do not have existing adequate stocks in line with INGC guidelines).

### **6.3.2 [INT] Equipment and goods**

The prepositioning of NFI kits under result 3 is currently undergoing changes. Originally the project aimed to preposition COVID-19 kits to serve affected families however this has been revisited. Following discussions with CARE, INGC and ECHO field officer, it was agreed that CARE would not preposition COVID-19 kits, given that the public health emergency is currently ongoing and materials are desperately needed. Therefore, CARE consulted the INGC and the clusters to identify what are the current gaps that CARE can cover. CARE is to receive an analysis on what the needs and gaps are from the WASH and Shelter cluster. Mosquito nets have been identified as a potential item to include in the updated NFI kit, as the Ministry of Health has a very limited supply.

### **6.3.3 [FIN] Equipment and goods**

Please see the equipment list and its destination in the financial report.

In addition there are 1.750 remaining pre-positioning kits stored at CARE warehouse in Nacala for distribution in case of emergency.

## **6.4 Use of HPCs**

No

### **6.4.1 [FIN] Use of HPCs**

No

### **6.4.2 [FIN] Name of HPC**

-

### **6.4.3 [FIN] Report on supplies**

-

## **6.6 Specific security constraints**

CARE's security assessment assessed the context, operational risks and restrictions on access to affected populations in Cabo Delgado. We found heavy policing in all towns visited, but a calm situation.

We concluded that movement was safe for both national and international staff in most areas, and have permitted overnight stays in Palma, Macimboa da Praia, Montepuez and Mueda and Nangade, where minimum standards of infrastructure and accommodation are available. CARE's staff will travel in convoy, operate communication protocol and follow local security instructions including curfews. We will communicate with local authorities and continue to monitor the situation with regular assessments.

The existing office in Macomia will need security enhancements like perimeter security, lighting, and a safe room among others. Given the fragility of public services like electricity, water and communications

there must be inbuilt redundancy budgeted for these, including but not limited to inverters and batteries for uninterrupted power for the office, fuel storage for vehicles, increased carriage of satphones on field trips and base stations in the office, VHF radios for all staff based north of Pemba and trackers for the owned vehicles as well as portable versions for the rented vehicles. There will be a significant cost incurred for mandatory HEAT training for expat staff based in Macomia (and potentially Macimboa da Praia) as well as funds for similar trainings in country for national staff. Given the only road north and south is interrupted by bridges still under-going repair after being destroyed by local bridges, a funding allocation for the routine rotation of staff by air should be factored in for when the road is denied for either security or physical access reasons.

There will be risk managed approaches to previously routine tasks like the movement of cash to field locations for the payment of daily wage workers. These may include but are not limited to MPesa accounts for staff and the issuing of debit cards to daily workers so they can get cash at ATMs. These measures do not exist at the moment but novel ways will be found, like these and possibly others to reduce exposure to what may develop into a war economy of the conflict drags on.

Security costs are spread across our emergency portfolio, and allocated in lines A1.1, A2.1 and HR (landcruiser, vhs radios and a security manager) in this ECHO budget. In coordination with CARE, Save the Children is including HEAT training for CARE staff as well. OFDA/ USAID and other donors are complementing other security costs.

### **6.6.1 [INT] Specific security constraints**

2020 witnessed an intensification of the humanitarian situation in Cabo Delgado. Local conflict began in 2017 and escalated in early-mid 2020. This, when coupled with recurrent climatic shocks and disease, has resulted in increased displacement of people throughout Cabo Delgado. In late September, IOM reported 329,809 IDPs across Cabo Delgado (306,849), Nampula (22,566), and Niassa (394), a significant increase from 172,186 IDPs in March 2020. By October-end, OCHA estimated over 355,000 displaced people in Cabo Delgado alone and by the end of the project period, the amount has approached half a million, with displacement spilling into the neighboring provinces of Niassa and Nampula.

The security situation has significantly intensified as there have been over 600 violent attacks on communities in 11 of the province's 17 districts, which have included sexual assaults, beheadings, village raids, summary executions, kidnappings, looting and destruction of infrastructure including schools and health centers. As of January, the organized violence has left more than 2,500 people dead.

The security situation has had a direct impact on operations, as CARE, along with every other humanitarian agency and government body, had to pull out of Macomia and Quissanga district.

The conflict had largely been concentrated in the District of Mocimboa da Praia and then had spread to the neighboring districts of Macomia and Quissanga by the spring of 2020. All the humanitarian agencies that were positioned in these two districts were forced to evacuate their staff to the Pemba City. CARE withdrew all of its staff on 26 March 2020 and by mid-May the government lost control of the Macomia District Headquarter to the armed non-state actors. This happened in Quissanga as well. As a result, the Quissanga district government transferred its services to the District of Metuge while the Macomia district government transferred its services to the City of Pemba. Due to this situation of insecurity, CARE only managed to permanently close Macomia's office in mid-July 2020, requiring the use of armed vehicles to retrieve what was left in the office. The expansion of armed non-state actors and their reach has resulted in the mass displacement of thousands of people out their homes and into new districts, many of which CARE has an operational presence

In light of the rapidly evolving context, CARE continues to apply its risk-managed approach, ensuring a minimum standard of accommodation and infrastructure, travel in convoy, strict communication protocols and regular security assessments by designated Safety & Security Officer and Security Manager.

### **6.6.2 [FIN] Specific security constraints**

The security situation remained extremely volatile throughout the action's implementation period. Continued attacks by armed insurgents across the Cabo Delgado province triggered multiple displacement movements resulting in an increasing share of IDPs having been displaced more than once. The efforts of GoM security forces and their international partners in weakening the insurgents in Cabo Delgado has led to significant improvements in some areas, but, from mid-2022, it appears to have resulted in dispersing smaller groups of them into previously safer southern districts of Cabo Delgado and northern Nampula. In this context, CARE continued to apply a risk-managed approach, ensuring a minimum standard of accommodation and infrastructure, travel in convoy, strict communication protocols and regular security assessments by a Pemba-based Safety & Security Officer in close coordination with other humanitarian actors.

### **6.7.1 Are there Implementing Partners ?**

Yes

### **6.7.2 Implementing Partner added value**

CARE Mozambique offers a single operational presence in country on behalf of all 14 members of CARE International, including CARE Austria. CARE Mozambique provides both the local project personnel and the office infrastructure, which are directly contributing to the project implementation.

CARE Mozambique has proven program support experience and will ensure that the project is implemented in line with CARE's programming principles and is provided with logistical and organizational support. It will also hold responsibility for all financial accounting for local expenses and preparation of narrative and financial reporting.

#### **6.7.2.1 [FIN] Implementing Partner added value**

In the face of a very challenging operational environment, CARE Mozambique's wide presence in Cabo Delgado, understanding of the province and strong partnerships with local authorities and with other humanitarian actors, was key in allowing for quick and responsive adaptation to the constantly evolving implementation context.

### **6.7.4 Coordination, supervision and controls**

An internal partnership agreement (Memorandum of Understanding) between CARE Austria and CARE Mozambique details the specific roles and responsibilities (including in reporting and M&E) of each party for this grant contract. As the lead agency in this project and contract partner for DG ECHO, CARE Austria will hold ultimate responsibility for meeting the terms of any contract related to this project. CARE Austria commits itself to supporting CARE Mozambique through management and support roles, such as contract management and administration, monitoring (programmatic, financial), financial reporting and oversight, cash flow to overseas operations and communication.

#### **6.7.4.1 [FIN] Coordination, supervision and controls**

No CARE Austria's physical monitoring visit took place due to travel restrictions..

## **Implementing Partners**

### **Implementing Partner (1/1)**

#### **Type (FPA/Non FPA)**

Non-FPA

#### **Implementing Partner name**

CARE Mozambique

**Estimated share**

93 %

**Address**

Av Martires de Mueda No. 596, Maputo, Mozambique

**Status**

International NGO

**If other status, please specify**

-

**Narrative field (in case of non-FPA implementing partner)**

The proposed action will be led by CARE Austria and implemented through the CARE country office in Mozambique. CARE Austria is member of the CARE International Federation which has 14 members, 4 Affiliates and a global network of country offices. The CARE Country Office is legally registered under CARE USA, which represents and implements all activities in the name of CARE International.

**Role to be carried out by each implementing partner**

CARE Mozambique will implement the proposed action. Overall management responsibility and oversight is with CARE Austria as the grant holder which has been carrying out this role in the previous and still on-going ECHO funded projects.

**Type of relationship with implementing partner(s) and the expected reporting by the implementing partner**

CARE Mozambique provides both the local project personnel and the office infrastructure which are directly contributing to the project implementation. A partnership agreement (Memorandum of Understanding) between CARE Austria and CARE Mozambique details the specific roles and responsibilities (including in reporting and M&E) of each party for this grant contract.

**[FIN] General update on implementing partner**

Implemented as per the proposal.

**6.8 Are there any subdelegates?**

-

**6.8.1 Subdelegates explanation**

-

**6.8.2 [INT] Subdelegates explanation**

-

**Subdelegates****6.9.1 [FIN] General update on Implementing Partners list**

-

**6.10 [INT] Report on Implementing Partners**

Nothing to report, CARE Mozambique remains the implementing partner.

---

**7. FIELD COORDINATION**



## **7.1 Operational coordination with other humanitarian actors**

CARE proactively coordinates all humanitarian work with its COSACA consortium partners (Oxfam and Save the Children) and, where possible, implements in partnership. CARE also enjoys a strong relationship with CHEMO, the other major humanitarian consortium in Mozambique and coordinates effectively in terms of geographic targeting and policy and advocacy alignment.

Under the ECHO HIP 2020, CARE and Save the Children will be programming in Cabo Delgado (with CARE also programming in Nampula). Save the Children and CARE will closely work together during the targeting period to ensure alignment between communities targeted in Cabo Delgado as far as operations allow, particularly for CARE's DRR activities that will be prioritized in the communities where SC's host schools will be, as well as prepositioning activities. CARE staff will be included in the HEAT training provided for field staff under this action. Both agencies will coordinate with each other and the relevant Clusters on appropriate kit composition and joint distributions where relevant.

From previous ECHO funded DRR work, CARE has a close working relationship with the Spanish and Belgian Red Cross and WFP, harmonising key activities with these partners and partnering on specific results.

CARE is an active participant in the Shelter, FSL, WASH, EiE and Protection clusters at the national and provincial level.

The CARE Country Director is the co-chair of Mozambique's Humanitarian Coordination Team and the chair of the INGO forum, positioning the country office strategically for effective coordination and collaboration with other humanitarian actors in Mozambique.

CARE proposes to take the lead, with ECHO endorsement, during this action to convene a DRR working group within Mozambique, bringing together all key implementing actors and INGC, to coordinate actions and approaches. The group would meet on a quarterly basis.

## **7.2 Action listed in**

### ***Humanitarian Response Plan (HRP)***

No

### ***UN Flash Appeal***

No

### ***ICRC / IFRC appeal***

No

### ***Other***

No

### ***Not applicable***

Yes

### ***If other, please specify***

-

## **7.3 Coordination with National and local authorities**

CARE and its COSACA emergency consortium members are a key partner of INGC. CARE has provided INGC with emergency pre-positioned NFIs on two separate occasions in the recent past and is in the process of completing activities related to the establishment of an EWMS for INGC (partially funded by ECHO). CARE has also provided direct support to INGC in planning and implementing the Idai cyclone response as well as the roll out of the INGCs national Early Warning System. CARE's engagement with INGC is formalised through the COSACA MoU.

At the provincial and local level, CARE coordinates with the INGC and the Ministry of Education as well as the Department of Infrastructure at the district level (SDPI).

#### **7.4 Coordination with development actors and programmes**

CARE's emphasis on DRR in education in the proposed action and the previous actions, is being designed with the objective of ensuring the education sector addresses DRR through curriculum development and has long term durable impact for access to education in Nampula province. Gendered Risk and vulnerability analysis from the proposed and previous actions identifies a number of potential adaptation strategies in the agriculture sector. This analysis is being used as learning to inform ongoing climate resilient agriculture activities and identify risk reduction strategies within development projects as well as ways to address gendered vulnerabilities relating to natural hazards and climate change. CARE continues to participate in the Cash Working Group, the Food Security Cluster and the Social Action Group through which we promote linkages between emergency response DRR and longer term development.

Project activities will be implemented in target districts where CARE has a development portfolio footprint.

#### **7.5 [INT] Report on Field Coordination**

There are no changes or updates to note on field coordination. CARE continues to collaborate and coordinate with COSACA, INGD, the cluster system, other humanitarian agencies and local communities.

#### **7.6 [FIN] Report on Field Coordination**

No changes since interim report.

---

## **8. MONITORING AND EVALUATION**

### **8.1 Monitoring of the action**

Indicators will be monitored either monthly or at the completion of project activities. Sources of verification will include field mission reports, monitoring forms. Monitoring reports will detail valid data to be collected, synthesized and analyzed to be able to provide information on project progress and realization of objectives, as well as further inform cross-cutting themes that influence overall project delivery. All information regarding the targeted population will be disaggregated by gender and age. Monitoring visits to project sites will be conducted monthly using a monitoring checklist to ensure that the expected project activities are satisfactorily delivered as planned. As part of the monitoring plan, site visits will be based on the use of techniques such as spot checks, focus group discussions and key informant interviews on project progress, challenges and feedback on general project implementation; critical observations and case studies will be conducted as necessary; community beneficiary feedback mechanisms to gauge satisfaction and dissatisfaction levels on project delivery will be undertaken periodically and will also be used to make minor adjustments where necessary. Post distribution monitoring will be conducted.

Field engineer and field technicians will visit site locations to engage with local stakeholders and ensure smooth implementation of activities. As school construction will be executed through contractors, CARE team will regularly monitor the level of effort to track progress against workplan. Regular weekly review meetings and reporting with staff and key stakeholders will be undertaken to monitor the progress of the project implementation plan against the targets. The meetings will also be used as a platform for discussions on identified challenges and compilation of reports. This technique has shown to promote learning and downward accountability. Financial Monitoring will focus on ensuring that actual project expenditure is in line with corresponding budgets.

### **8.2 Evaluations**

**Internal evaluation**

Yes

**External evaluation**

No

**External audit**

No

**8.2.1 Further details**

An endline evaluation will be conducted to observe achievements and challenges within project. The evaluation report will also support in providing information for performance indicators under result 1 and result 2. The evaluation will take place in the final month of the project. CARE's internal monitoring and evaluation team will undertake this task, set criteria for evaluation and draft final report.

**8.3 Studies carried out in relation to the action (if relevant)**

No

**Explain the content of these studies**

-

**8.4 Is this action remotely managed?**

No

**8.5 [INT] Report on monitoring and evaluations**

There are no monitoring and evaluation changes to note. The reporting of activity targets under Result 2 and Result 3 is anticipated in the next reporting period, when most of these activities will be implemented.

**8.6 [FIN] Report on monitoring and evaluations**

Despite some temporary constraints on the accessibility of target location caused by insecurity and Covid-19 related restricts, CARE was able to monitor project activities and the action's overall level of achievement as per the initial plans described under 8.1. An evaluation focusing on assessing activities under Result 1 was conducted at the end of project implementation.

---

**9. COMMUNICATION, VISIBILITY AND INFORMATION ACTIVITIES****9.1 Standard visibility****A. Display of EU Humanitarian Aid visual identity on****A1. Signboards, display panels, banners and plaques**

Yes

**A2. Goods and equipment**

Yes

**Please provide additional details on section A**

ECHO logos will be displayed on all material (such as IEC) and equipment provided to the target groups and displayed on banners

during trainings, workshops and other events carried out under the proposed action. ECHO logos will also be labelled on equipment related to project implementation (laptops, motorcycles etc.).

**B. Written and verbal acknowledgement of EU funding and partnership through**

**B1. Press releases, press conference, other media outreach**

No

**B2. Publications, printed material (for external audiences, not operational communication)**

No

**B3. Social media**

Yes

**B4. Partner's website (pages related to EU funded projects)**

Yes

**B5. Human interest blogs, photo stories**

Yes

**B6. Audiovisual products, photos**

Yes

**B7. Other**

No

**Please provide additional details on section B**

Fact sheets, briefs, and human interest stories (photo, text or both) will also be prepared and shared on CARE websites and over social media (facebook, twitter), highlighting the work supported by ECHO.

**9.2 Do you foresee communication actions that go beyond standard obligations?**

No

**9.3 [INT] Report on progress**

CARE will aim to produce more communication material, such as human interest stories, in the next reporting period. A report has been attached demonstrating the types of ECHO visibility CARE has had.

**9.4 [FIN] Report on progress**

Please find in the annex "Visibility" various links to social media post, project description and Human Interest Story in CARE website. Standard visibility photos have already been shared for the interim report.

In addition, please find below links to a zipped file with some photos related to the school construction and two videos.

[\[Link replaced / shortened automatically\]](#)

[\[Link replaced / shortened automatically\]](#)

[\[Link replaced / shortened automatically\]](#)

---

## 10. FINANCIAL OVERVIEW OF THE ACTION

### 10.1 Estimated expenditure

	<u>Initial budget</u>	<u>Revised budget</u>	<u>Interim report incurred costs</u>	<u>Final report incurred costs</u>	<u>Final report final update</u>
Total direct eligible costs	1.429.358,00	1.429.358,00	373.345,81	1.421.148,28	1.421.148,28
Indirect costs	100.054,00	100.054,00	26.134,20	99.480,38	99.480,38
Total costs	1.529.412,00	1.529.412,00	399.480,01	1.520.628,66	1.520.628,66

## 10.2 Percentage of direct eligible costs allocated to the support costs

	<u>Initial budget</u>	<u>Revised budget</u>	<u>Interim report incurred costs</u>	<u>Final report incurred costs</u>
Support costs (in %)	24,00	24,00	12,00	25,40

## 10.3 Funding of the action

	<u>Initial budget</u>	<u>Revised budget</u>	<u>Final budget</u>	<u>Final report final update</u>
Direct revenue of the action	0,00	0,00	0,00	0,00
Contribution by applicant	76.471,00	76.471,00	76.031,43	76.031,43
Contribution by other donors	152.941,00	152.941,00	152.062,87	152.062,87
Contribution by beneficiaries	-	-	0,00	0,00
Contribution requested from ECHO	1.300.000,00	1.300.000,00	1.292.534,36	1.292.534,36
% of total funding	84,9999	84,9999	84,9999	84,9999
Total funding	1.529.412,00	1.529.412,00	1.520.628,66	1.520.628,66

## 10.4 Explanation about 100% funding

-

***If other, please explain***

-

## 10.5 Contribution in kind

-

## 10.6 Financial contributions by other donors

CARE will provide 5% of the total project costs. The Austrian Development Agency will support 10% of the total costs. The contributions of CARE and ADA have already been committed for the proposed action.

## 10.7 [FIN] VAT charged to this project?

-

### 10.7.1 [FIN] Specify the reason for charging VAT to this project and the amount of VAT charged

-

## 10.7 VAT exemption granted ? (only for NGO's)

No

***Please specify***

-

## 10.8 [FIN] The organisation confirms that the co-financing has not led to a double funding of the activity

Yes

## **10.9 [FIN] Report on financial issues**

Nothing to report on.

---

## **11. REQUESTS FOR DEROGATION**

### **11.1 Specific derogations**

#### **# Derogation**

- 1 CARE has included in its project budget a fair share of its field office costs under the program and support budget lines according to its SPC policy and would like to request the application of the SAM with the ex-post checks and controls.

### **11.2 Permanent derogations**

#### **# Derogation**

---

## **12. ADMINISTRATIVE INFORMATION**

### **12.1 Name and title of legal representative signing the Agreement**

Ms Andrea Barschdorf-Hager - National Director

### **12.2 Name, address, e-mail and phone of the contact person(s)**

<u>Name</u>	<u>Office location</u>	<u>E-mail</u>	<u>Phone</u>
Stéphanie Bouriel	Lange Gasse 30/4, 1080 Vienna, Austria	<a href="mailto:stephanie.bouriel@care.at">stephanie.bouriel@care.at</a>	+43 1 715 0 715-29
Reinhard Trink	Lange Gasse 30/4, 1080 Vienna, Austria	<a href="mailto:reinhard.trink@care.at">reinhard.trink@care.at</a>	+43 1 715 0 715-32

---

## **13. CONCLUSIONS AND HUMANITARIAN ORGANISATION'S COMMENTS**

### **13.1 Possible comments**

CARE would like to request a no-cost extension of the project duration until 30. September 2022 (2 additional month) to repurpose and utilise resources previously allocated to the construction of two additional schools under Result 2. These resources will instead be used to replenish pre-positioned emergency stocks under Result 3.

Summary of justification for a NCE:

Following the project's most recent No Cost Extension request, CARE initiated a new tender process and selected new construction companies to undertake the remaining works following the failure of the previous contractor to complete the construction of all four schools. When works started with the new contractor, access to two of the school construction sites – EP Tucanha and EP Nhamiraca – was blocked. From discussions with the community and with local authorities, it was explained that the previous contractor had spoken with community leaders claiming it was not in a position to pay its daily labourers as it had not received additional payments from CARE. The new contractor was therefore refused access to the sites until the additional payments from CARE to the former contractor had been made. This position was supported by the local authorities and, as a result, the new contractor was not able to start works at two of the sites.

CARE took action to solve this issue but, unfortunately, all efforts to find a solution proved ineffective, and despite its contractual obligation to refer disputes through arbitration before initiating a legal process, the contractor has taken CARE to court in an attempt to oblige CARE to pay for the full value of claims they have made against the organisation. The case is now in the initial stages of a legal process. CARE will not have access to the sites until the court case has been settled, making it impossible to complete the construction of the two remaining schools.

CARE proposes to repurpose the remaining funds allocated to the construction of the two schools to purchase emergency hygiene kits to replenish pre-positioned emergency stocks under Result 3.

### **13.2 [INT] Comments**

-

### **13.3 [FIN] Conclusions**

Challenges related to the difficult operational context (Covid-19 restrictions, volatile insecurity situation in Cabo Delgado) and issues with local contractors have led to the need for several no-cost extensions and revisions, despite CARE's best efforts to solve the latter. However, and despite these difficult challenges, the action was successfully implemented, reaching the targets it had set out to achieve.

### **13.4 [FIN] Lessons learned**

-

### **13.5 [FIN] Final report final update**

-

---