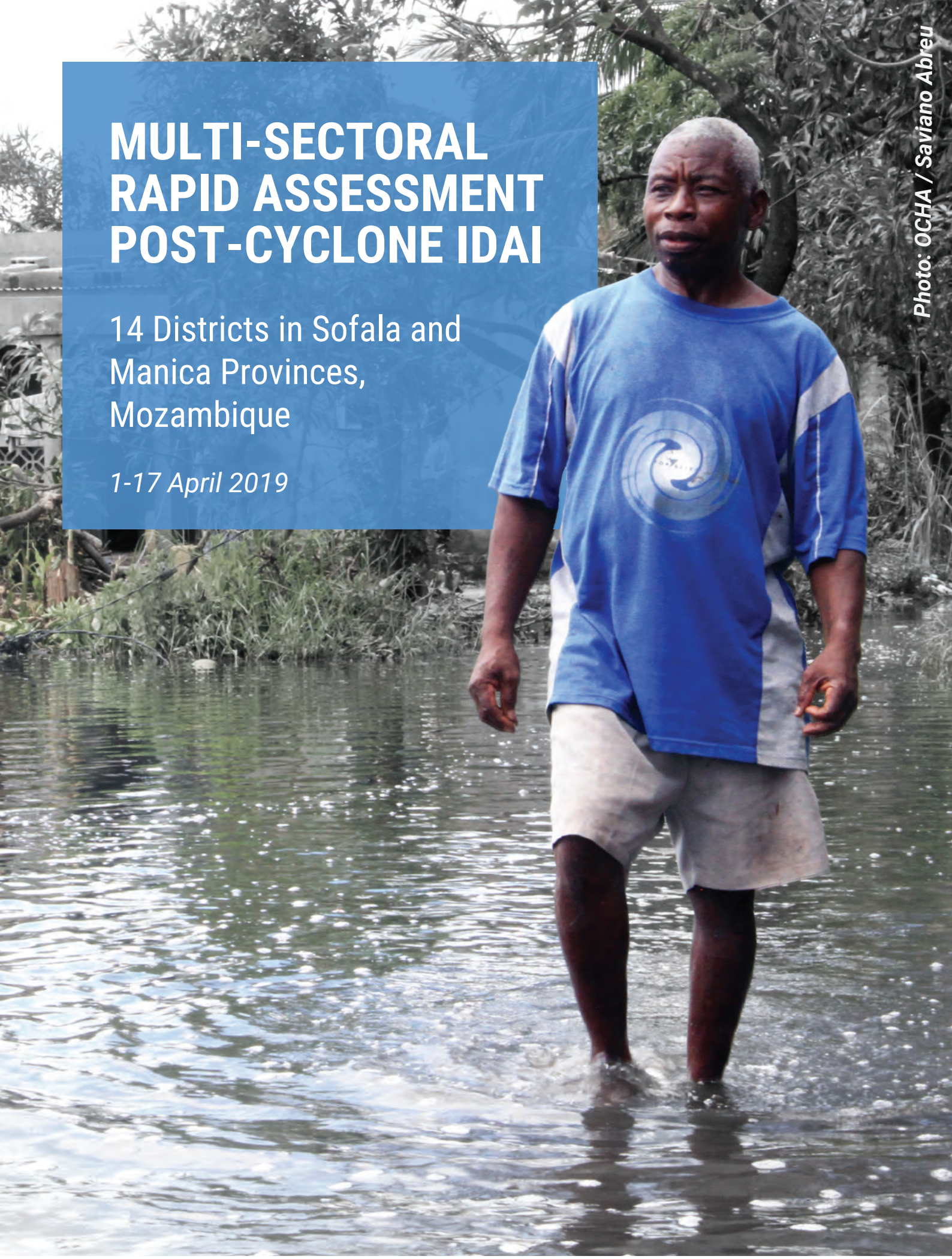
MULTI-SECTORAL RAPID ASSESSMENT POST-CYCLONE IDAI

14 Districts in Sofala and Manica Provinces, Mozambique

1-17 April 2019



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MAP ACTION

ACKNOWLEDGMENT

Information Sector of the National Emergency Operations Center (CENOE) in Mozambique: ACAPS, IFRC, MapAction, OCHA, REACH Initiative, UNDAC

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Contents

OVERVIEW

On 14 March 2019, Tropical Cyclone Idai made landfall as a category four Cyclone near Beira City, with strong winds (180 – 220 km per hour) and heavy rain (more than 200 mm in 24 hours) across the provinces of Sofala, Manica, Zambezia, Tete and Inhambane. The weather system's impact was particularly devastating as it came in three waves: in early March, the low pressure system caused flooding in Zambezia and Tete; in early March, Cyclone Idai made landfall near the port City of Beira – home to 500,000 people – finally, over the weekend of 16-17 March, the weather system carried torrential rains across multiple areas, causing rivers to overflow, with flood waters reportedly rising to above 10 metres. The path of the storm cut through Sofala and Manica provinces, with a majority of the post landfall flooding affecting districts in Sofala province, while high winds affected Manica Province. An estimated 3,000 sq km of land was reportedly affected by flooding, with over 715,000 hectares of crop fields under water and widespread damages to key infrastructure. As of 15 April 2019, over 70,000 people were sheltering in temporary accommodation centres across the four provinces (INGC 15 April 2019).

In the immediate aftermath of the storm, rapid aerial assessments were carried out to gather a general overview of the scale and severity of the crisis, as well as to inform immediate operational decision-making regarding priority areas for response. An Assessment Working Group (AWG) was formed with the International Federation of Red Cross and Red Crescent Societies (IFRC), OCHA, cluster focal points, Humanitarian Organizations and Instituto Nacional de Gestão de Calamidades (INGC). Based upon the aerial assessment surveys, information from government officials and partners, the AWG developed a plan to carry out Multi-Sectoral Rapid Assessments (MRAs) in 14 districts, which were considered high priority areas. The MRA focused on non-camp like settings, those were covered by other assessments including Displacement Tracking Matrix (DTM).

The MRA form used for the assessments existed prior to the Cyclone, having been developed by the CENOE with support from the Humanitarian Country Team. Following Cyclone Idai's landfall, the questionnaire was updated through inputs from clusters and the INGC to adapt the MRA questionnaire for the current response. The MRA aims to provide a shared understanding of the impact of Cyclone Idai and associated flooding in the hardest-hit districts of Sofala and Manica provinces in Mozambique, that:

- Identifies priority needs of the affected population
- Identifies priority sectors for response by district
- Identifies severely affected geographic areas by district
- Provides recommendations to inform strategic decisions on resource mobilization and planning of the next phase of the response.

Data collection took place between 01 – 17 April 2019, covering 14 districts. For ongoing operational decision-making, incoming data was compared with secondary data, analysed and shared with INGC and clusters continuously throughout the data collection period. This was done in the form of district profiles, factsheets and access to cleaned and anonymised datasets, which are annexed to this report. Once all data had been collected and cleaned, a workshop was held on 19 April to validate the findings of the report and discuss how to leverage the report's findings to inform and prioritize the humanitarian response moving forward.

Initial limitation[1]

The data forming the basis of this report was collected through interviews with Key Informants (KI) at locality/settlement level and aggregated to district level. Priority was given to localities/settlements with large population-estimates and a wide geographical representation was sought.

However, harder to reach areas have been challenging to assess and as such, findings may not apply to all areas inaccessible at the time of the assessment, although where possible phone interviews were completed with hard to reach communities. Please note that findings are indicative – based on 25 per cent or less of localities/settlements in each *Posto* - and should therefore not be taken to represent the whole District.

The data collected for this profile was gathered through KI interviews. The nature of KI interviews presents inherent limitations, such as variations in data quality and accuracy. In addition, KIs might not be aware of the needs faced by specific population groups and may not be able to fully represent the situation across a locality/settlement.

While reading this profile, please consider that the situation is subject to frequent changes and that significant changes can occur within days throughout the early stages of an emergency response. Thus, the accuracy and usefulness of the information will decrease over time.[2]

The MRA did not collect nutrition-specific data. Due to time constraints, it was not possible to identify nutrition specialists to interview as KIs in an acceptable number of locations.

RESPONSE AND COORDINATION OVERVIEW

The humanitarian response in Mozambique is led and coordinated by the Government through the National Institute of Disaster Management (INGC) assisted by emergency coordination mechanisms. This is supported by the Humanitarian Country Team (HCT), which is composed of UN agencies, donor representatives, International organizations and NGOs and Consortiums of NGOs and. The HCT is assisted at the operational level by an Inter-Cluster Coordination Group (ICCG). The HCT members have the capacity to implement multiple activities across clusters/ sectors within districts impacted by crises.

For the Cyclone Idai, (heavy rain, excessive winds and floods) response, at provincial level, the Government has activated three coordination hubs called Centro Nacional Operativo de Emergencia (CENOE) in Beira (Sofala Province), Chimoio (Manica Province) and Quelimane (Zambezia Province). To complement these hubs, additional forward operating bases were being activated during the time of the assessment, in Nhamatanda and Buzi. Humanitarian partners have established presences in each of these locations to facilitate operational coordination and support the Government-led response.

In order to rapidly ramp-up response activities in support of Government-led efforts, the Inter-Agency Standing Committee (IASC) activated a Humanitarian System-Wide Scale-Up on 22 March 2019, along with

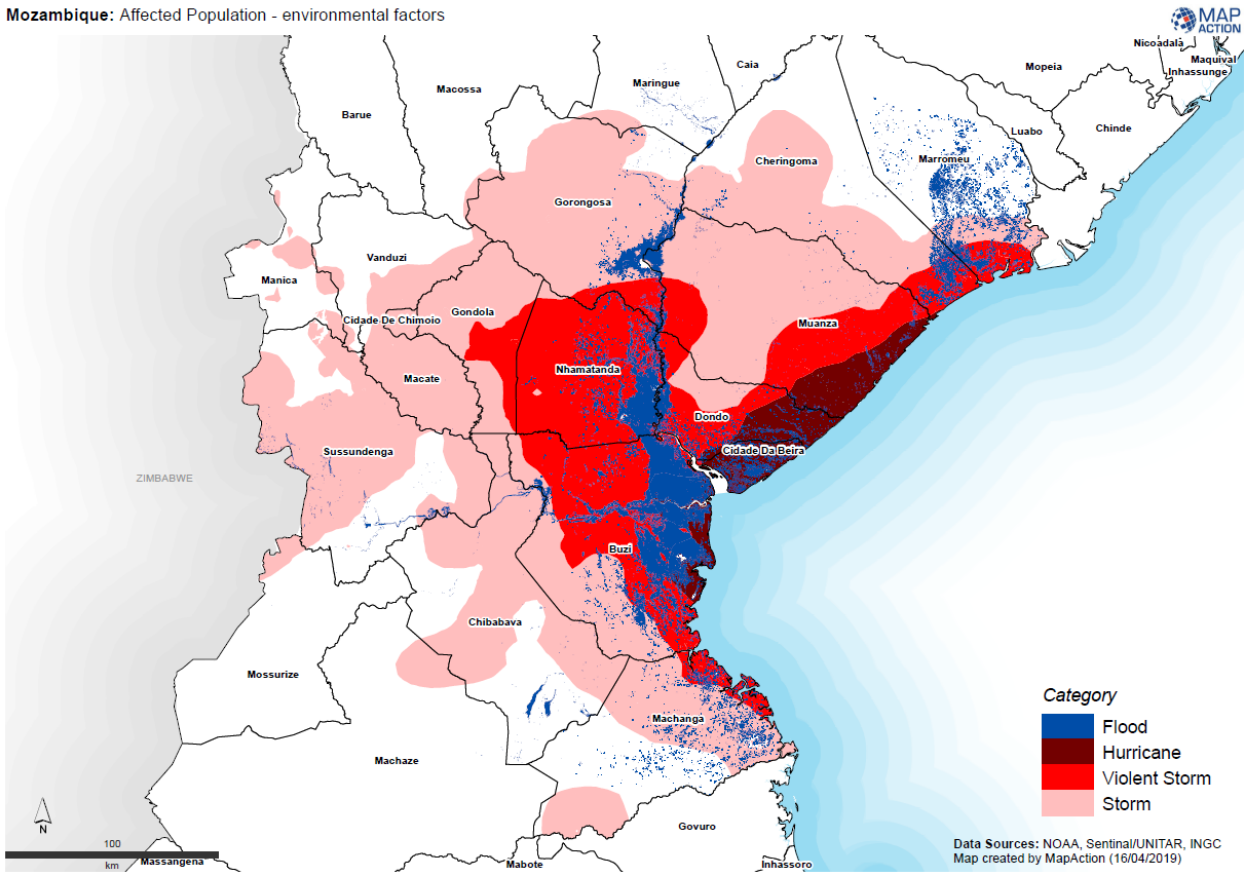
[1] Please refer to Methodology section in annex 1 for more in-depth explanations of limitations.

10 IASC humanitarian clusters. Many organizations have sent in emergency surge staff and additional supplies, and operational presence has increased from 20 organizations at the time that the Humanitarian Response Plan was revised on 26 March 2019 to 188 UN Agencies, International and National NGO partners providing services across 67 districts in Health, WASH, Protection, Shelter/NFI, Food Security, Education, Logistics, Camp Coordination and Camp Management, Nutrition and Telecommunications at the time of writing.

According to OCHA, as of 14 April 2019, 1,100,000 people has received food assistance; 907,000 received safe water support; 29,000 households received shelter and NFI support; 10,500 children screened for malnutrition; 1,400 people were rescued; and 9,800 learning kits were distributed.

Various humanitarian assessments have been carried out since the beginning of the crisis, including aerial assessment, remote sensing and a number of rapid needs assessments. For a comprehensive list, please refer to the assessment registry.

SCOPE AND SCALE



The impact of the cyclone and flood was particularly devastating to people's lives. The disaster caused loss of life, widespread destruction to both infrastructure and shelters, as well as disruption of essential

services, markets and livelihoods. Secondary effects of the disaster included the displacement of dozens of thousands of people, as well as the outbreaks of infectious diseases, including AWD/Cholera. The effects of the cyclone and floods have been all the more impactful due to pre-existing vulnerabilities characterizing the affected area affected, Mozambique ranking 180 out of 189 in the Human Development Index 2018.

Building on the rapid aerial assessments and overall estimate of people in need developed to inform humanitarian operations in the first phase of the Cyclone Idai response, **the Multi-Sectoral Rapid Assessments (MRA) targeted the 14 districts hardest-hit by Cyclone Idai and the catastrophic floods that followed**, to develop a more nuanced understanding of the severity of humanitarian needs – both within and across sectors - in both urban and rural areas. The findings in the MRA provide an in-depth snapshot of needs in 14 out of 38 districts covered by the Humanitarian Response Plan (HRP) and represent a subset of the overall needs in flood- and cyclone-affected areas. These districts were selected on the basis that they were likely to have suffered the most severe losses and damage as a result of the Cyclone and floods.

According to MRA, an estimated 948,199 people including: 502,545 adult women, 445,653 adult men, 156,453 girls under 5, 164,038 boys under 5, 41,721 elderly women (60+) and 37,928 elderly men (60+) were affected by the cyclone and floods in the districts covered by the assessment, out of 2,738,572 people (Instituto Nacional de Estatistica 2017) living in those areas. Among, those 759,879 people are estimated to require urgent assistance, including: 402,736 adult women, 357,143 adult men, 125,380 girls under 5, 131,459 boys under 5, 33,435 elderly women (60+), 30,395 elder men (60+).

Number of people affected and requiring urgent assistance by gender and age group (in the 14 districts assessed by the MRA) [3]

Total Population: 2,738,572
Affected Population: 948,199
Women: 502,545 / Men: 445,653 / Girls U5: 156,453 / Boys U5: 164,038 / Women 60+: 41,721 / Man 60+: 37,928
Requiring urgent assistance: 759,879
Women: 402,736 / Men: 357,143 / Girls U5: 125,380 / Boys U5: 131,459 / Women 60+: 33,435 / Man 60+: 30,395

[3] Please refer to Annex 1 for the methodology used to calculate number of people affected and requiring urgent assistance.

KEY FINDINGS

Geographical profile of the areas covered

Overall, data was collected through 245 interviews with 488 KIIs in 188 locations in 38 postos spread across 14 districts in the provinces of Manica and Sofala between the 1 and the 18 of April 2019. The total population in the 14 districts covered by the MRA amounts to 2,738,572 people including: 1,451,443 adult women, 1,287,129 adult men, 451,864 girls under 5, 473,773 boys under 5, 120,497 elderly women (60+) and 109,543 elderly men (60+) (Instituto Nacional de Estatistica 2017).

The two provinces were chosen based on initial assessments indicating them as the most affected by the cyclone. Provinces were assessed with relatively even coverage: 44 per cent of locations assessed are in Manica and 56 per cent in Sofala.

The areas assessed are characterized by a mix of rural and urban areas, with 72 per cent of the assessed locations classified as rural by the National Bureau of Statistics Mozambique. Provincially, 34 per cent of locations assessed in Sofala province are urban, compared to 21 per cent in Manica. The boundaries between rural and urban areas are fluid, however, as a quarter of all assessed city neighbourhoods are located in rural areas, and crop losses were reported in 72 per cent of urban locations. However, a majority of the locations (57 per cent) were described as villages by the respondents, followed by city neighbourhoods (26 per cent), others, and a few resettlement centres and towns.

Across both provinces, 76 per cent of locations were reported as being affected by both the cyclone and floods. It is possible that there was some misunderstanding around the terminology used in Portuguese, and that the floods were understood as a synonym of rain.

According to the MRA findings, the top priority concerns of people requiring urgent assistance are related to food insecurity, health and shelter issues, along with poor water and sanitation access, most often in combination.

Food security & Livelihoods

Food reported as a key priority in 72 per cent of assessed locations
Agriculture reported as a key priority in 37 per cent of assessed locations

Food was the most frequently cited community priority or concern in assessed locations, found to be one of the main concerns in over 77 per cent of locations. Food security and agriculture, which should be

understood as longer term support to livelihoods and agriculture rather than immediate assistance, were the fourth most commonly cited, reported in a third of assessed locations.

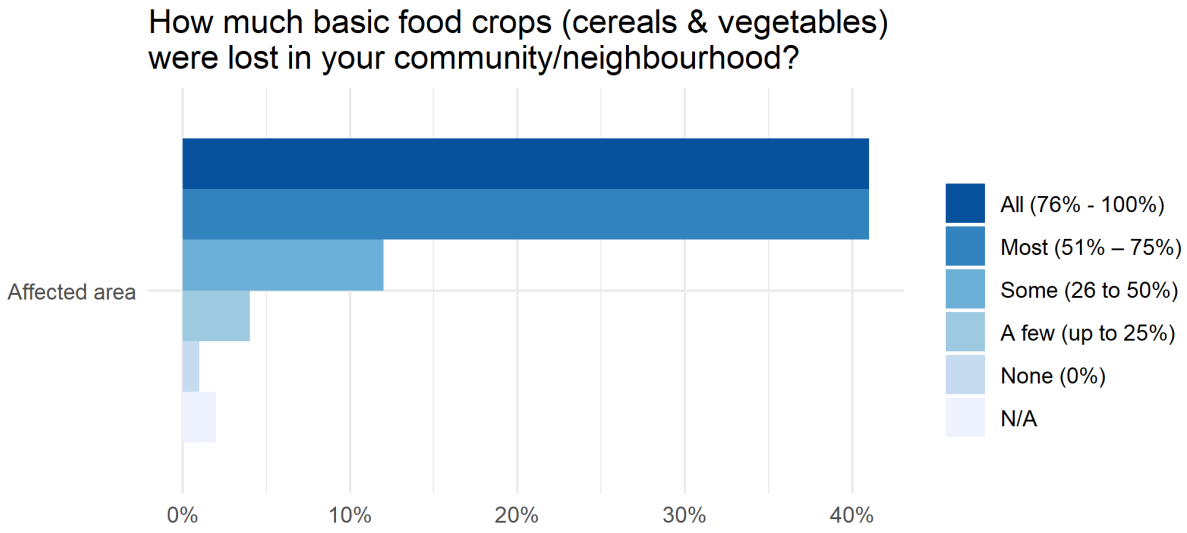
This disaster occurred close to the harvest period, a pivotal moment in the agriculture season of the central area of Mozambique, magnifying wind and flood damage to croplands and fishery equipment and boat for the villages along the coast line. Prior to the cyclone, Manica and Sofala were the breadbasket of Mozambique, producing approximately 25 percent of the national cereal output. Most farmers have reported losing all or large portions of their seed stores as well as the standing crops they were about to harvest when the storm hit (FAO 12/04/2019). At least 715,378 hectares of cultivated land was flooded (INGC, 17/04/2019), with crop losses reported throughout affected districts, along with livestock losses. Food availability as well as food accessibility decreased, and people in some villages reportedly reduced their meals per day intake from three to one to cope with the lack of food (WFP, INGC, RUBICON, OCHA, NATAN, Medair, MTI, FH 2019). The majority of those who are displaced in accommodation sites in Beira reported food as the priority need in the two weeks after the cyclone (DTM 26/03/2019).

Despite being the breadbasket for the country, both Manica and Sofala faced chronic food insecurity prior to the crisis. IPC projections from January to March 2019 estimated 888,721 people living in Sofala province (38 per cent of the population) and 592,483 people living in Manica province (31 per cent of the population) were in IPC Phase 2 (Stressed) or higher. Pre-crisis food insecurity levels were found to be more severe in Manica, with 47,781 people in IPC Phase 3 (Crisis) and 47,781 in IPC Phase 4 (Emergency). No IPC Phase 4 was reported in Sofala, and 22,218 people were in IPC Phase 3 (IPC Info 09/2018). Current IPC figures for Sofala and Manica provinces have not been updated, since the process for the IPC assessment in central regions is due to commence soon, based on the pre-cyclone plans prioritising the northern and southern regions that were hardest-hit by drought at the time. The situation is likely to have worsened in the aftermath of the cyclone, due to a combination of crops losses, food shortages and price increases in the markets.

The agricultural sector, which employs over 80 per cent of Mozambique's workforce and represents 31.8 per cent of the gross domestic product (GDP), has been highly affected, with smallholders farmers (99 per cent of the farming sector), particularly hard-hit. Women in Mozambique play a critical role in agricultural production, providing labour to support the production of food crops and also supporting the production of cash crops. At the same time, women remain responsible for the majority of caregiving. With the caregiving burden likely to increase in the aftermath of the cyclone and floods, women may have to decrease their agricultural production, further heightening food insecurity. This is of particular concern given that women are often the poorest members of the rural population (IFAD).

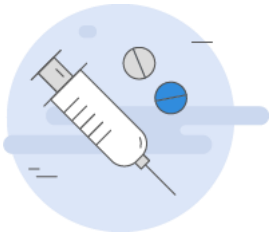
A rapid remote assessment conducted by the World Bank found that agricultural losses across the country were estimated between $141 and $258 million, and 715,278 hectares of agricultural land have been affected (INGC), including half of cereal output that were lost (FAO 12/04/2019, Club of Mozambique 11/04/2019, IIED 2016). With the second planting season (called the cold or winter season) ending in April with a harvest in July, currently underway in affected areas, seeds availability and distribution will be a crucial factor in the response (FAO 12/04/2019). However, the window for planting was very short, combined with limited availability of good quality certified seeds and the limited access to farmland will limit the production, especially for maize and beans.

87 per cent of locations reported that crop lands were flooded immediately after the crisis. At the time of data collection, crop lands were reportedly still flooded in 59 per cent of locations. The reported loss of crops and livestock was substantial in the vast majority of assessed locations, regardless of the province or its urban/rural location. 87 per cent of these locations declared that some crops (either cash or subsistence crops) were lost due to the cyclone: 92 per cent in rural areas, and 72 per cent in urban areas. Of locations reporting crop losses, 82 per cent indicated that most or all of their harvest was lost. In addition, 94 per cent of locations reported having lost animals, including 100 per cent in Manica, 89 per cent in Sofala; 96 per cent in rural areas and 86 per cent in urban ones. The proportions of livestock lost were however relatively low, with the MRA finding that most assessed locations reported that only a few were lost, except for poultry. Indeed, 34 per cent of those locations with livestock lost reported having lost most or all of their poultry. Prior to the cyclone, the number of livestock was relatively small. There is currently not enough information on animal health as well on the impact on veterinary services.



Fisheries infrastructure, including fishing boats and equipment, are reported to have been destroyed and damaged by the cyclone and floods (FAO, 12/04/2019). Fishing was reported as practiced in 27 per cent of the locations assessed in Sofala, and 14 per cent in Manica. 20 per cent of those locations in Sofala reported having lost some fishing equipment, and 9 per cent did so in Manica.Rapid assessment efforts of FAO Fisheries have alerted WHO and other UN agencies and actors to the urgent needs of remote coastal communities to the north of Beira who suffered the direct impact of the landfall of Idai. The assessment raised the importance of the need to open up access to these regions which has been limited to air operations and FAO fisheries marine operations in collaboration with the regional Government Fisheries Department.

Health

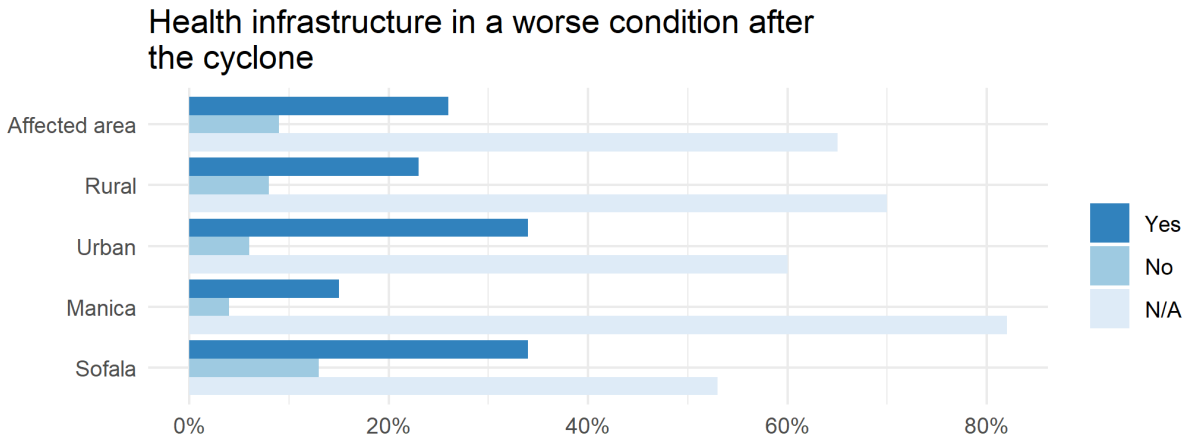


Health reported as a key priority in 59 per cent of assessed locations

According to the Multisectoral Rapid Assessment (MRA), health was the community's second highest priority or concern at the sites evaluated. More than half of the locations considered health a major concern.

Data available in the literature show that the health sector is one of the most vulnerable to extreme weather events, which cause severe damage to health infrastructure and human resources, while seriously affecting the provision of essential health services. On the other hand, they increase the risk of occurrence of waterborne diseases such as diarrheal diseases, vector-borne diseases such as malaria, trauma, malnutrition and psychological disorders, requiring immediate efforts for the provision and re-establishment of essential health services.

Several factors make the health sector in Mozambique a priority in the post-cyclone period, including the fact that the country ranks third among those most affected by Malaria (WMR 2018), malnutrition represents a major problem with a prevalence of 43 (SETSAN 2013), the occurrence of cholera outbreaks in some regions of the country and the high prevalence of HIV (IMASIDA 2015).



Cyclone Idai could potentially jeopardize several of the achievements made by the health sector. For example, in recent years Mozambique has made progress in access to healthcare, which has increased to the current 68.2% (IOF, INE), reduced the infant mortality rate from 106 to 69 per 1,000 live births between 2006 and 2011 (IDS 2011), increased the ratio of physicians per 100,000 inhabitants from 4.0 to 7.7 between 2007 and 2015 (PNDRH) and expanded the health network (MISAU, 2018) on a large scale, which could register significant setbacks.

Cyclone had a devastating impact on the health sector, resulting in a deterioration in the health status of a large number of individuals, the deaths of at least 603 people, and a further 1,642 injuries, which required immediate medical attention (Health Cluster Bulletin 11/04/04). On the other hand, 93 sanitary infrastructures were destroyed or damaged in the provinces of Sofala and Manica (INGC, 04/17/2019).

The MRA revealed that out of all sites evaluated, 63 percent reported having access to health services in nearby areas, be it a health post, a health center, a hospital, a cholera treatment center or an emergency medical team. According to the information reported, 26 per cent were reported to have suffered infrastructure damage related to the cyclone, 21 per cent faced a worsening in availability of essential equipment, 26 per cent a worsening in supply of essential health supplies (such as medication), and 1 per cent a deterioration in the human resources situation. Although damages to health facilities were reported in urban areas, access to healthcare seemed overall better compared to rural areas, given the presence of bigger health facilities, more personnel and reports of supplies being replenished after the cyclone. (Medair, Medical Team International, WFP, INGC, African Parks, 2019).

The Cyclone resulted in the displacement of a large number of populations, significantly worsening sanitation conditions and access to potable water, creating favorable conditions for the occurrence of water diseases, particularly cholera. On 27 March, MISAU confirmed a cholera outbreak in the Beira, Buzi, Dondo and Nhamatanda districts, increasing pressure on the health sector, which together with its partners immediately mobilized and implemented an effective response, including a vaccination campaign which started on 4 April. According to the Health Bulletin on April 17, the total number of suspected cholera cases reached 6,075 patients with eight deaths.

In addition to cholera, several diseases, such as malaria, acute watery diarrhea, malnutrition and acute respiratory diseases, were reported in all evaluated sites. As the vast majority of respondents to key informants were not health professionals, it was not possible to gather more details. Further assessments should be conducted to determine the actual situation.

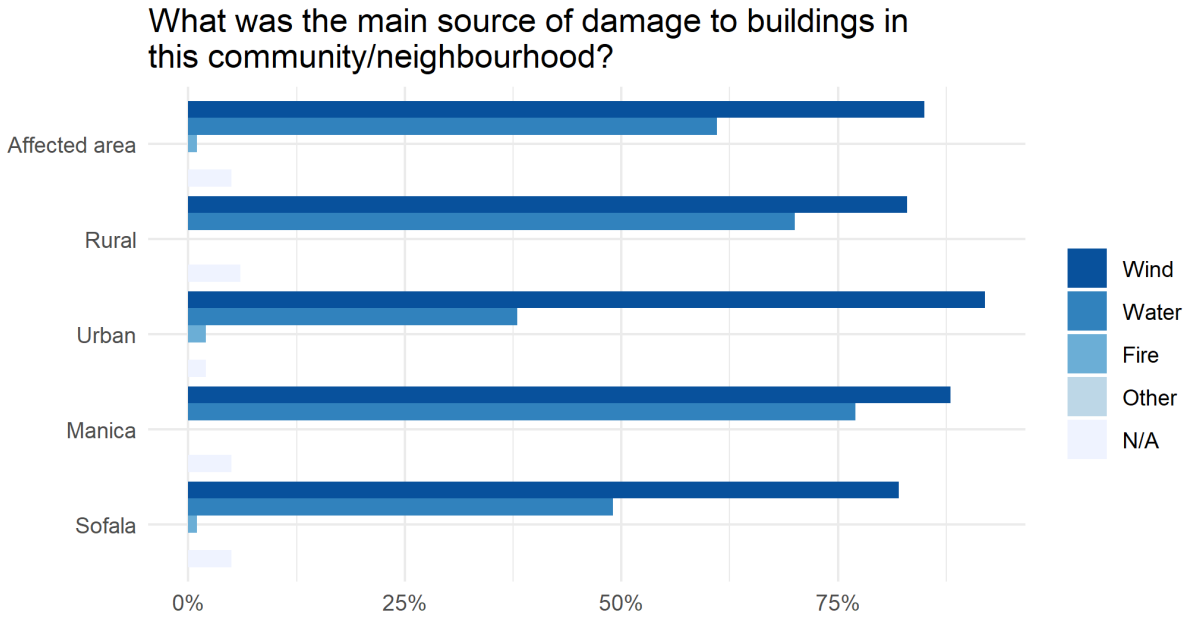
HIV prevalence in Mozambique is amongst the highest levels globally and access to antiretroviral treatment is expected to have been impacted by the crisis (UNAIDS, 2017). According to the interviewed health professionals (25 per cent of assessed locations) at the time of data collection, sexually transmitted diseases were reported in 61 per cent of the assessed locations while women had access to sexual and reproductive healthcare in only 78 per cent of the assessed locations.

Shelter

Shelter reported as a key priority in 54 per cent of assessed locations

While Cyclone Idai caused damage to houses and buildings throughout the assessed districts, the majority of damages to houses reported by the INGC were in Beira city, due to the proximity to the cyclone trajectory and its location on the coast. Chimoio city reported a smaller number of damaged buildings, even though

the overall percentage of precarious housing is bigger in this location (INGC 10/04/2019). A large numbers of damaged houses were reported from the rural districts in the trajectory of the cyclone, such as in Dondo, Nhamatanda and Gondola. Also Sussundenga district, impacted by flooding but much lower wind speeds, reported quite a high number of damaged houses (INGC 10/04/2019). The majority of the houses in rural districts consists of houses of precarious material for walls and non-durable material for roofs (grass, palm roof), making them more vulnerable to damages in case of strong wind or floods. (INE 2013). This is confirmed by the MRA primary data collection where the main causes of damage to buildings reported from assessed locations were found to be wind and water. Overall, 70 per cent of locations reported that homes had been flooded, and in 44 per cent that homes were still flooded at the time of the assessment.



In almost three quarters of assessed locations, at least some private houses/dwellings have reportedly been destroyed and three quarters of assessed locations reported people lacking shelter. In most cases (59 per cent of the assessed locations), at least some members of the community are reported to be sleeping outside, with 68 per cent of assessed settlements in Sofala province reporting this.

While much of the focus in the immediate aftermath of Cyclone Idai has been on people living in collective sites - with around 70,000 people remaining in such sites at the time of writing - the MRA found that community support for people without shelter was widespread across assessed areas, as some people without their own shelters were reported to be living with host families in over half of assessed locations. Another 20 per cent of assessed locations reported populations living in public buildings. Overall, urban areas reported higher levels of displacement through the MRA, both with respect to displaced people living in public buildings and with respect to displaced people being hosted by the community. Although not verified through the MRA, this may be due to people from rural areas seeking refuge in urban areas in the immediate aftermath of the storm, as well as several search and rescue operations transporting people from rural to urban areas, after which their families joined them.

While in the majority of assessed locations under 25 per cent of their population reportedly have access to electricity for more than 6 hours per day, the problem is significantly worse in rural areas, as shown in the graph above. However, fuel/firewood/charcoal was reportedly available for cooking in 74 per cent of the assessed locations, including 78 per cent of assessed rural locations. Electricity in Beira was partially restored 2 weeks after the cyclone, although in other areas, such as Dombe, health facilities were reported to be running without power. (UNICEF 29/03/2019). Power shortages and outages have a specific impact on women, as women are responsible for the collection of firewood and other fuel sources (World Bank, 2012), During times of heightened demand, women are forced to walk increasingly longer distances to obtain firewood and other fuels or pay higher prices, potentially heightening their exposure to gender-based violence.

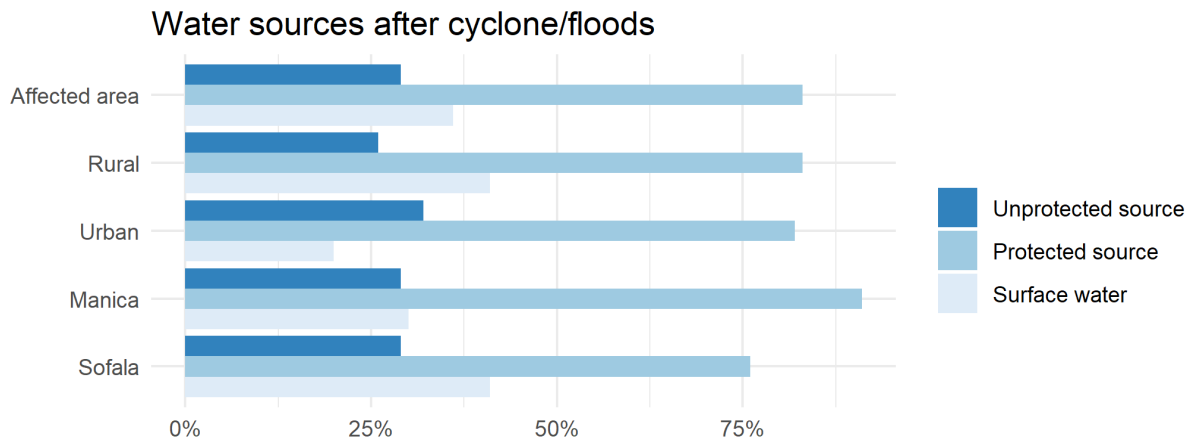
WASH

Water reported as a key priority in 32 per cent of assessed locations
Sanitation reported as a key priority in 9 per cent of assessed locations

The cyclone/floods had a severe impact on sanitation conditions that were already fragile before the shock. According the last baseline assessment done by the Government in 2015, only 27 per cent of households had access to improved sanitation at national level. The sanitation situation is particularly challenging in rural areas, where this percentage drops to 13 per cent (Inquérito ao Orçamento Familiar 2015). In the assessed areas, locations were reported open defecation as the main defecation practice in 46 per cent of assessed locations after the disaster, compared to 23 per cent before the disaster. Practice of open defecation increased across the two provinces, and in both rural and urban settings, but particularly so in Sofala and in rural areas.

As women in Mozambique carry the primary responsibility for water collection, handling, management, storage and treatment (CARE 2019), these developments pose specific challenges for women. Girls in Mozambique have previously faced increased risk of gender-based violence and confrontations with wild animals during drought (CARE 2016), and similar risks are expected to be associated with the reduced access to water due to this crisis. Furthermore, in 52 per cent of the assessed locations reported lack of privacy for women and girls while washing or defecating, heightening the risks of gender-based violence. Finally, access to sanitary materials for menstrual hygiene has become challenging, with household cash and food reserves strained, making it harder for women to purchase the materials needed (CARE 2019).

Access to safe water was already limited prior to the crisis. Only about half of households (56 per cent) nationwide had access to improved water sources according the last baseline done by the Government in 2015 (Inquérito ao Orçamento Familiar 2015). In the assessed areas, 65 per cent of the assessed locations reportedly relied on unimproved water sources as main sources of water. Nonetheless, only 4 per cent of locations assessed reported changing their main water to an unimproved one after the cyclone.



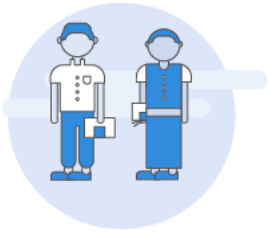
Reliance on unimproved water sources is especially concerning given that household water treatment was not reported to be a widespread practice. In 71 per cent of the assessed locations, less than half of the population treated water to make it safer to drink. However, findings suggest that water treatment practice is mostly influenced by pre-existing practices, rather than the impact of cyclone/floods.

In 34 per cent of the assessed locations, the availability of water has reportedly decreased since the crisis. To cope with this, locations were reported to adopt a variety of coping mechanisms, including relying on less preferred water sources for cooking and washing (reported in 27 per cent of assessed locations that saw a decrease in potable water after the cyclone), to reduce water consumption (31 per cent) and to fetch water at a source positioned further away than the usual source (27 per cent).

Access to hygiene was found to be very limited. In 28 per cent of assessed locations, soap was reported with an availability decreased in the aftermath of the crisis. Issues with soap hinder proper hygiene practices, in 26 per cent of assessed locations reporting that people are not able to wash their hands with soap at critical times, such as before preparing food/after going to the toilet.

The impact of the cyclone on the WASH situation is one of the factors that contributed to the rapid spread of water-borne diseases and particularly the AWD/Cholera outbreak in the aftermath of the crisis. As of 15 April, 5,897 new cases of cholera have been reported (see Health section for more details) (OCHA 15/04/2019).

Education

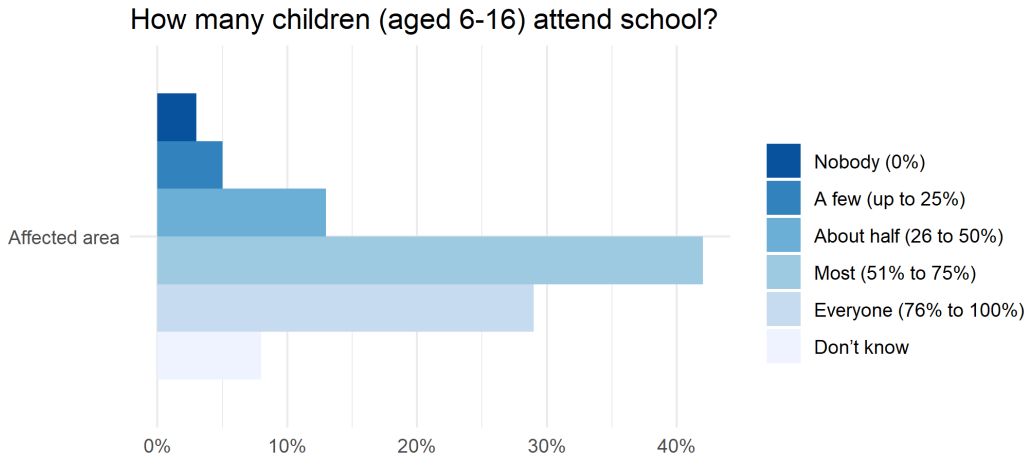


Education reported as a key priority in 21 per cent of assessed locations

Overall, the cyclone/flood affected 540 schools (a total of 3,217 either partially or totally destroyed classrooms) in Manica and Sofala Provinces (INGC 10/04/2019). The most impacted rural districts assessed were found to be Nhamatanda and Dondo, with respectively, 105 out of 149 and 58 out of 86 education premises affected, followed by Gondola, with 46 out of 94 affected schools (INGC 10/04/2019, INE 2013). Due to its coastal position, Beira was found to have 103 out of 235 schools affected, while in the inland urban area of Chimoio, only 9 out of 77 schools were reported as affected (INGC 10/04/2019, INE 2013).

More than the rural/urban dimension, the differences in damage to education infrastructure seem to be related to their location relative to the path and wind speed of the cyclone. In Buzi, where major flooding and hurricane wind impacts were felt, damage to school premises and the absence of teachers have been reported (WFP, INGC, Americares, African Parks, DEMA, IsraAid 2019).

This is expected to have consequences for student attendance, which was already extremely low in the central provinces for secondary education, 25 per cent in Sofala and 30 per cent in Manica (UNICEF 2014). In 18 per cent of assessed locations, a quarter to half of children (aged 6-16) were reportedly not attending school at the time of the assessment. After the cyclone/flood, more than a third of assessed locations highlighted that the two main reasons for children to not attend schools were the need to help family and the loss of school materials such as books and uniforms. In addition, in previous crises in Mozambique, the use of child marriage as a negative coping mechanism -to reduce the number of people within a household or to collect money from the dowry- has had direct consequences for girls' attendance at school, as child marriage is significantly associated with school drop-out (CARE 29/03/2019).



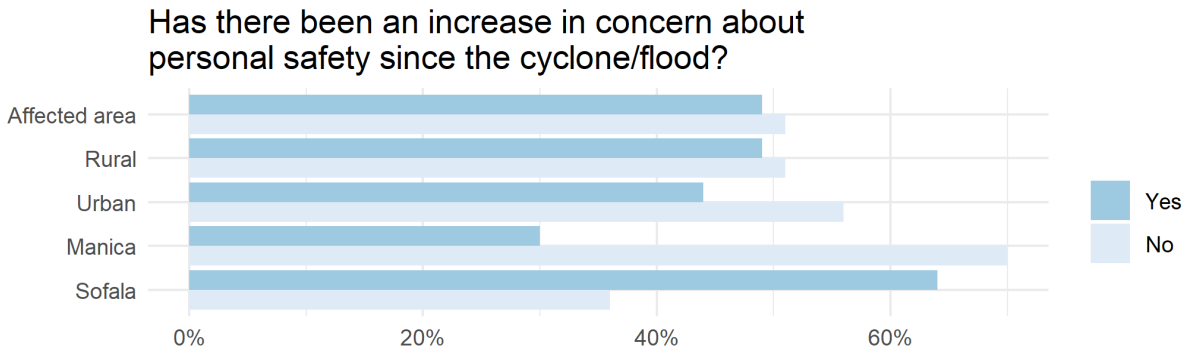
In locations where an education professional was a KI, primary school latrines and wash basins were reportedly not functional in 34 per cent of the assessed locations and in secondary schools in 34 per cent of the assessed locations. Damaged WASH facilities in schools exacerbates the risk for the students in the areas where AWD and Cholera outbreaks have been flagged, especially in overcrowded urban settings.

Protection

General protection

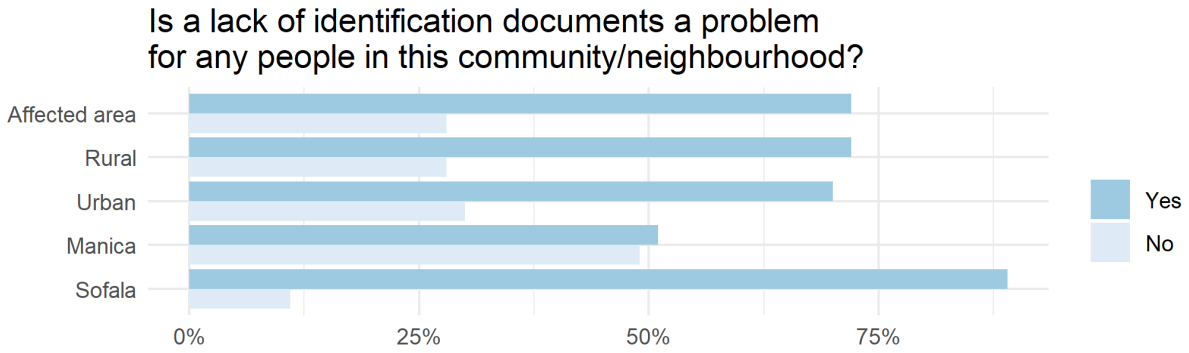
The government of Mozambique identified and registered 41,742 vulnerable people in affected communities (including children, people with disabilities, female-headed households, and elderly people) (INGC,19 April, 2019)

Displacement, destruction of basic services facilities, and overcrowding and unsanitary conditions in the aftermath of Cyclone Idai have all led to an increase in protection risks. 49 per cent of the assessed locations reported an increase in concerns about personal safety since the cyclone/flood (64 per cent in Sofala, 30 per cent in Manica and 44 per cent in rural areas, 49 per cent in urban areas). In particular, the lack of police to prevent vandalism, assault and theft was regularly raised as a concern by KIs.



Data collected indicates that lack or loss of identification documents is a problem in more than half of assessed locations (89 per cent in Sofala, 51 per cent in Manica and 72 per cent in rural areas, 71 per cent in urban areas), which can lead to issues and potential conflict regarding land and property ownership. Land and property issues have also been raised as a concern by people displaced by the cyclone and floods.

This has sometimes led to families choosing to separate, with women and younger children remaining at collective sites, while men return to the village of origin to 'safeguard their properties' (UNHCR, 09/04/2019), heightening the protection risks faced by women and children.



While the MRA did not collect information on accommodation sites, protection monitoring has shown increased risk in physical safety as the community moves from temporary accommodation to tented camps. Within the sites, multiple risks include discriminatory targeting of assistance, leading to increased tensions amongst the community. Accommodation sites, remain open and lack adequate lighting, both in the sites and surrounding areas, putting women, children and vulnerable people, including elderly and disabled people, at heightened risk.

Safety outside the camp settings has deteriorated as stress factors like food and shelter continue to mount. Increased hostility is a risk factor which plays out in the form of Gender Based Violence given that the majority of those receiving assistance in camps are women and likely aggressors happen to be unemployed desperate men inside and outside these premises. Inadequate information on quantities of assistance and entitlements creates room for abuse and exploitation. As the distributions by humanitarians, government, as well as private contributions sometimes appeared to be ad hoc, it is difficult for communities to understand the standards of assistance they are entitled to. All of these factors heightens protection risks, both at family and community level, as people try to regain access to their damaged property or expect relocation in safer locations (UNHCR 12/04/2019).

Gender-Based Violence

Gender-based violence (GBV) is a pervasive issue in Mozambique, with one-third of all women in the country having experienced violence at some point since the age of 15, and 12 percent of women reporting having been forced to have sex at some point in their lifetime. Of those surveyed who were survivors of sexual violence, 59 per cent never sought help or informed anyone (CARE, 29/03/2019).

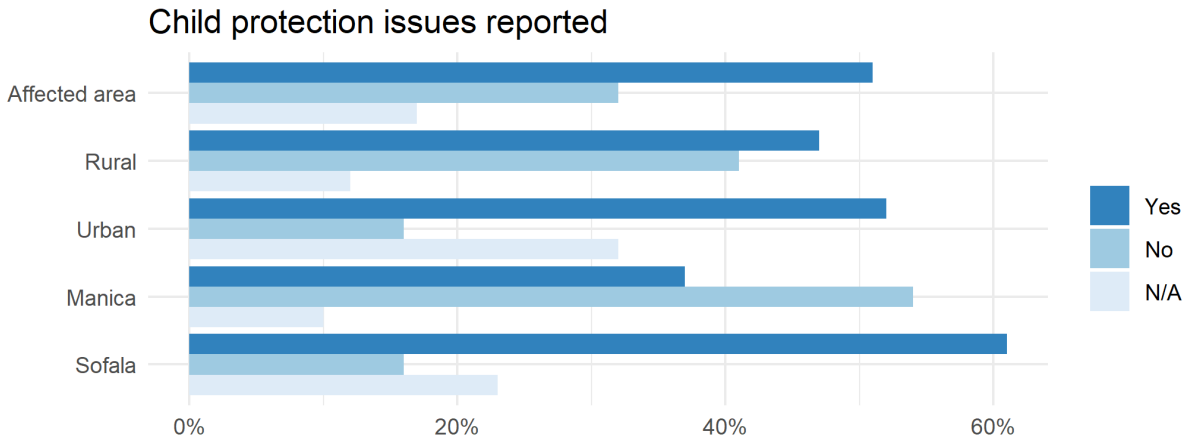
Immediate sexual violence concerns highlighted in the MRA are associated with economic vulnerability and the related decimation of livelihoods. UNHCR flagged elevated-risk of gender-based violence (GBV) and abuse towards people with specific needs, such as unaccompanied children, female-headed households, people living with disabilities and elderly, in overcrowded displacement sites (UNHCR 10/04/2019). Protection concerns, including the risk of sexual violence in both communal centres and homes, were raised by KIs. In camps and camp-like settings, insufficient water supply, limited bathing

facilities and poor sanitation are pushing women and girls far from their dwellings, increasing their exposure to sexual and gender-based violence (OCHA 26/03/2019).

Each of these factors increases the risk of sexual exploitation and abuse, as highlighted by reports in recent years that disasters, such as droughts and floods, have increased the economic difficulties of low-income families and driven more women, and potentially girls, into prostitution. Even prior to the crisis, Mozambican girls were reportedly exploited in prostitution in bars, roadside clubs and restaurants, and the coercion of displaced or migrant girls into the sex industry was reportedly common, particularly in the province of Manica. Mozambique is known to be a source, transit and, to a lesser extent, destination country for children subjected to sex trafficking (ECPAT and Rede de Crinca, 2018).

Child protection

Child protection issues have been reported in almost half of assessed locations and in particular in Sofala province (61 per cent) and in urban areas (52 per cent). A third of the assessed locations reported cases of separated children (54 per cent in Sofala, 21 per cent in Manica and 36 per cent in rural areas, 44 per cent in urban areas) and cases of child-headed families (46 per cent in Sofala, 22 per cent in Manica and 28 per cent in rural areas, 59 per cent in urban areas). In addition, 24 per cent of the assessed locations reported cases of children not currently being cared for by any adult (35 per cent in Sofala, 12 per cent in Manica and 17 per cent in rural areas, 43 per cent in urban areas).



The damages to homes and livelihoods suggest potential risks of forced and child labour, family separation, exploitation, and abuse, including the risk of trafficking. Furthermore, cases of children forced to work to provide food and other goods, due to the current situation, were reported in 30 per cent of assessed locations, this was particularly striking in urban areas (50 per cent) and in Sofala Province (39 per cent) compared to rural areas and Manica province. Sofala also had a particularly high incidence of child labour recorded 10 years ago, with an estimated 30 per cent of children working (INE 2008) while the 2008 Multiple Indicators Cluster Survey found that about 22 per cent of children were working country wide, with a slightly higher proportion of girls (24 per cent). In most assessed areas, referral services, available to children, remain limited in term of coverage and quality.

Crosscutting

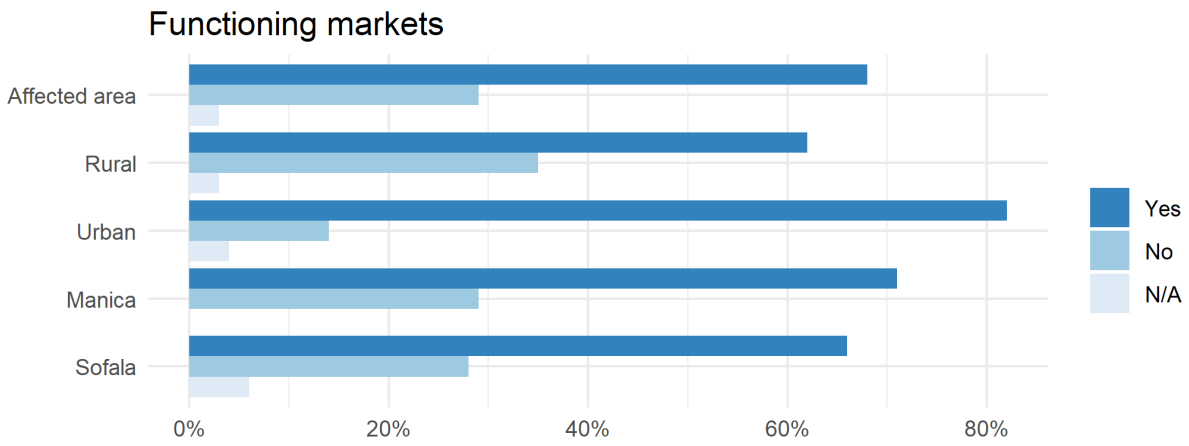
Finally, people with disabilities are usually disproportionately affected by natural disasters, especially persons with mobility restrictions. More than 1,600 people were injured as a result of the cyclone and floods (INGC, 17/04/2019), and there were unverified reports of people maimed by debris during the cyclone, particularly in Beira City. However, the general lack of disaggregated data about persons with disabilities proves to be an information gap in the analysis, and additional in-depth assessments are required to estimate their needs. It should be noted however that just over a third of the assessed locations reported cases of children who did not have access to services due to mental or physical disability. Families reported prevalent cases of trauma in their households that require psychosocial, social services and specialized mental health care. Cases of inequitable assistance to people with specific needs such as elderly, displaced and people with chronic diseases such as HIV were also reported.

More than 1 in 10 people in Beira (16 per cent) are living with HIV (MSF, 12/04/2019), and damage to health facilities, as well as displacement of people living with HIV, are expected to have impacted on people living with HIV's access to assistance and support, making HIV a critical cross-cutting issue for the response. Children living with HIV are a particularly vulnerable group. Mozambique ranks third in the world after Nigeria and South Africa for new paediatric HIV infections and, while an estimated 62.5 per cent of HIV positive adults in Mozambique are receiving treatment, just 36 per cent of HIV positive children are (UNICEF, 2014).

MARKETS

In the immediate aftermath of the cyclone, general staple food prices have more than doubled, in particular for rice, maize meal and maize grain. Since then they have been decreasing, partly due to the reopening of major roads linking Beira to the rest of the country (FEWSNET 03/2019). Price speculation in markets was reported in some of the rural districts of Manica province, while a tendency to speculate on prices of construction materials and medical supplies instruments was reported in markets in Chimoio city. (INGC 10/04/2019). Increase in prices of commodities and shortages in fuel have been reported also in Nhamatanda urban area (OCHA 25/03/2019). Challenges in preservation of fresh products due to electricity shortages were also reported in some markets (INGC 10/04/2019, FEWSNET 03/2019)

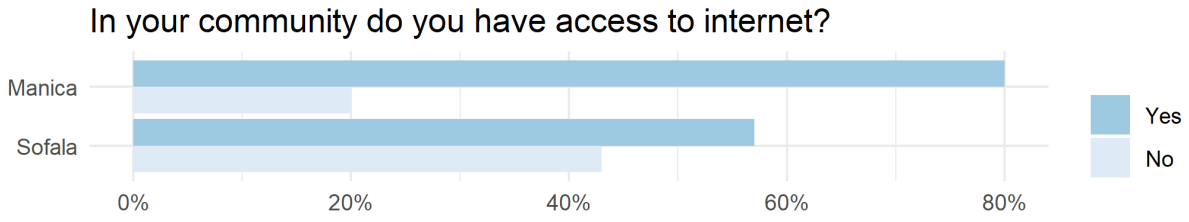
According to the MRA, 68 per cent of locations had partially or fully functioning markets at the time of the assessment, with urban settings at 82 per cent and rural at 62 per cent. When asked if prices increased since the cyclone/flood for three key commodities (maize, peas, and salt), 44 per cent of assessed locations had at least one increased. Salt was the most frequently cited commodity with an increase in price.



Market disruptions, prices increases, food shortages, and impediments to the free circulation of commodities are expected to be persistent in the coming months (FAO 20/03/2019).

COMMUNICATION WITH COMMUNITIES

Providing information to and communicating with communities affected by such a natural disaster is an integral part of the humanitarian aid. To do, information and communication needs of the population have to be properly taken into account during the disaster reconstruction phase. According to the 2017 *After Access Survey*, 60 per cent of the population of Mozambique did not own a mobile phone, and only 10 per cent were internet users. The research suggests that this access is even lower for rural households and women (50 per cent of men own mobile phones, as opposed to 32 per cent of women) (Research ITC Africa 01/2019). However primary data collection shows that 88 per cent of the assessed locations have access to mobile phone network. When communicating with communities in Sofala, Vodacom may be most effective, compared to Movitel in Manica; when communicating with communities in rural settings, Movitel may be most effective. More than half of the assessed locations reported having access to internet, but some KIs indicated that responses of no indicate that the community does not have wifi-ready phones, rather than it being a network issue.



Radio stations, which are a primary means of communication, particularly in rural areas, were significantly damaged by the cyclone and floods. As at 4 April, 7 out of 15 community radio stations were still not functioning in affected areas (MapAction, 04/04/2019), all of which were in Sofala, significantly hampering the transmission of information to affected communities. In around half of the assessed locations, the

populations reportedly had access to information on the response to the cyclone/flood and current and future assistance.

Finally, the inclusion of local languages in the response is also crucial to make sure affected populations understand the information received: 54 per cent of the population in Manica understands Portuguese (44 per cent of women) and 63 per cent in Sofala (52 per cent of women) (INE 2017). Use of visual materials is also critical for communication with affected communities, given the low literacy levels in affected areas. Mozambique's overall literacy rate is just 47 per cent, with female literacy (28 per cent) far below male literacy (60 per cent). Less than half of the population finishes primary school, and of those who do finish, only 8 per cent transition to secondary school (USAID, 28/02/2019). With only half the population being literate, oral modes of communication are favoured in Mozambique. In Particular, radio broadcasts in local languages are one of the main sources of information (UNICEF).

	Locations in need of urgent assistance, by sector (in the 14 districts assessed)				**Locations in need of urgent assistance, by # of sectors (in the 14 districts assessed)**					**Overall % in need of urgent assistance (in the 14 districts assessed)**
	WASH	Health	Food	Shelter	0	1	2	3	4	
Overall	38%	26%	66%	51%	10%	28%	39%	20%	4%	66%
Manica	34%	38%	66%	49%	11%	26%	37%	20%	7%	66%
Sofala	41%	17%	67%	53%	8%	29%	41%	20%	2%	67%
Rural	39%	33%	77%	48%	5%	25%	43%	23%	5%	77%
Urban	32%	10%	46%	62%	22%	28%	32%	14%	4%	62%

PRIORITIZATION – SEVERITY INDICATORS (AREAS MOST AFFECTED BY SEVERAL SECTORS)

While the impact of the cyclone was felt across Manica and Sofala provinces, in both rural and urban areas, data from the MRA indicates that the severity of the impact was more severe in rural areas. Over 70 per cent of assessed locations in rural areas were found to be in need of urgent assistance in two sectors or more, compared to 50 per cent of assessed urban locations. Although unable to be verified by the MRA due to access constraints, this finding is further indicated by there still being more than 50 rural locations across Manica and Sofala which are hard-to-reach or inaccessible and where needs are thought to be particularly severe as people have now been cut-off for more than one month.

Much of this difference is driven by food needs, with over 30 per cent more rural locations found to be in need of urgent assistance. The loss of cultivated land and livestock (MRA, WFP, INGC, RUBICON, OCHA, NATAN, Medair, MTI, FH 2019) has particularly heavy impacts on rural areas relative to urban areas, where food security issues typically arise from non-functioning markets and supply line disruptions. Only 4 per cent of urban locations reportedly had non-functioning markets with nearly 50 per cent operating at normal capacity, compared to 23 per cent non-functioning within rural areas.

The calculation of people requiring urgent assistance by sector is closely correlated with the humanitarian priorities expressed by the KIs, especially when disaggregated by settings. Different priorities across rural and urban locations, as expressed by KIs, match the trends shown when disaggregating the calculation of people requiring urgent assistance by sectors in rural and urban locations. Food security was reported as the top priority for both urban and rural communities, while WASH and Agriculture were reported as priorities by rural communities about twice as often as urban communities. Shelter was mentioned as a priority significantly more in urban areas, which may be due to a combination of the brunt of hurricane force winds and storm surge impacting Beira City, as well as the fact that many people from rural areas sought shelter in urban areas in the immediate aftermath of the storm.

The greater impact of the cyclone across the wider Sofala province, including higher flooding extents, compared to Manica may explain the provincial difference in the proportion of locations in need of WASH assistance. Regarding health needs, which have been determined for the purpose of this assessment by the availability and status of infrastructure, equipment and staffing, development lag and higher poverty rates in Manica province could explain the higher proportion of locations found to be in need of urgent assistance (IAF – Poverty and Well-being Second National Assessment).

CROSS SECTORAL ANALYSIS AND CONCLUSION

The Cyclone Idai and related floods had a heavy impact on the lives and livelihoods of people. The assessment highlighted critical needs amongst assessed populations across all sectors, both in rural and urban locations. Some differences were observed in the degree of severity of sectoral needs, with food security, health and shelter being most frequently reported as top concerns in assessed locations. Most importantly though, the findings suggest that there is need for an integrated approach to address a broad spectrum of interlinked humanitarian needs.

Percentage of locations by overall main concerns or priorities reported (in the 14 districts assessed)

	Overall	Manica	Sofala	Rural	Urban
Food (short term needs)	72%	66%	77%	73%	72%
Health	59%	57%	60%	62%	48%
Shelter	54%	52%	55%	51%	62%
Agriculture / food security	37%	33%	41%	45%	16%
Water	32%	33%	32%	38%	20%
House repair	26%	22%	28%	27%	24%

Education	21%	23%	19%	22%	12%
Sanitation / hygiene	9%	4%	12%	7%	8%
Other	8%	7%	8%	9%	6%
Non-food items	6%	4%	8%	7%	2%
Protection	2%	1%	2%	1%	2%

Food security / Nutrition / Livelihoods

The cyclone and floods had a severe impact on food security, with lack of access to food being the most frequent short-term concern reported in 72 per cent of locations. Beyond the immediate impact on food intake, the crisis is likely to undermine longer-term food security and livelihoods, in particular due to crop and livestock losses as this season in Mozambique is a critical time to secure successful food production (including agricultural inputs) for the entire year (FAO 12/04/2019). Concerns related to the impact of the cyclone and floods on farming are particularly common in rural areas, where food intake and livelihoods largely depends on agriculture. If not addressed, the situation is likely to have dramatic consequences on the nutrition status of the population, especially on vulnerable groups, such as children under 5 years, and pregnant and lactating women.

Public Health (WASH / Health / Shelter / Nutrition / Education)

Access to WASH noticeably deteriorated in the aftermath of the crisis, with reduced availability of safe water and basic hygiene NFIs, and increased practice of open defecation due to displacement and damage to infrastructure. The worsening of WASH conditions, including in schools, the reduced access to health facilities, as well as overcrowding resulting from displacement and damage to shelters had a trickle down effect on public health. Health is the second most frequent priority concern, reported in 59 per cent of locations. Outbreaks of water-borne and vector-borne diseases, such as AWD/cholera (5,897 new cases reported as of 15 April) and malaria, will significantly contribute to the deterioration of the already precarious nutritional status of affected population due to reduced food and nutrient intake.

Shelter / Infrastructure / Education / Protection

The natural disaster caused widespread damage and destruction of shelters and infrastructure, including health facilities and schools. Disruption of basic services, along with the need to find a safe place to stay, caused widespread displacement, including of 70,610 people across 69 accommodation centres, as of 16 April (INGC 16/04/2019). Such high concentration of people in settlements or shelters will put additional stress on existing WASH facilities, likely exacerbating already precarious WASH and health conditions, thus increasing the likelihood of disease transmission. In addition, overcrowding is likely to raise protection and GBV concerns, especially for vulnerable groups, such as women, children and people with disabilities. Families will also have to make difficult decisions about whether to return, relocate or resettle, and discussions around these issues are moving rapidly with authorities. This impact of the crisis on protection is also shown by reports of an increase in concerns about personal safety since the cyclone/flood in nearly half of assessed locations, as well as concerns regarding personal documentation and land and property rights.

Market Functionality

Markets suffered serious disruption due to both the cyclone and floods. Prices of some basic food items were reported to have increased in almost half of assessed locations. Still, despite inflation, markets were reported to be partially or fully functioning in two third of assessed locations, especially in urban settings, and the overwhelming majority of the locations assessed have access to mobile phone networks. Those findings suggest a window of opportunity for market-based interventions., However, specific assessments should be run to understand to what extent and in which areas those interventions can be implemented, bearing in mind the local context.

CONCLUSIONS

Tropical Cyclone Idai brought death and destruction to entire communities in the hardest-hit districts of Manica and Sofala provinces. Across nearly all sectors, the MRA found that people's living conditions had changed significantly from before the Cyclone. Access to basic services and markets was impacted, with damage to health facilities eroding already limited access to healthcare, particularly in rural areas, including for pregnant women, malnourished children and people living with HIV. Education was also hard-hit, with extensive damage to school infrastructure and heightened risks of drop-out due to the likelihood of families adopting negative coping mechanisms as a result of loss of homes, livelihoods and economic stress due to the storm. Market disruptions caused widespread inflation in the immediate-term and reduced availability of essential food and non-food items.

Rural areas were, by and large, harder hit by the cyclone and floods. However, urban areas face unique needs. Rural areas, which already faced heightened levels of vulnerability, have suffered tremendously as a result of Cyclone Idai, particularly due to loss of livelihoods, damage to water and sanitation systems, and displacement away from their places of origin. Many rural areas remain hard-to-reach or inaccessible, highlighting the continued urgent need for humanitarian response. In urban areas, people face public health risks, linked to outbreaks of communicable diseases in congested areas, including AWD/Cholera, as well as protection risks associated with overcrowding. Shelter is going to be one of the most critical and complex components of the response in the immediate- to medium-term, given the high fluidity of population movements, including returns, relocations and resettlement.

Food security emerged as the primary concern for people impacted by Cyclone Idai, in both urban and rural areas. The loss of large swathes of productive crops at the key main harvest period means that food insecurity will rise in the months ahead. Although efforts are underway to ensure seeds are planted in time to provide a brief reprieve following the winter harvest, this will not offset the wholescale devastation of main crops brought by the cyclone and floods. The consequence is that the 2018-2019 lean season will, in reality, extend through to the next main harvest period to take place in March 2020. If food security is not addressed, the situation is likely to have serious consequences on the nutrition status of the population, and particularly of vulnerable groups, in the coming months.

The risk of communicable disease outbreaks remains high and action on WASH is urgently required. With the current cholera outbreak relatively contained by the rapid roll-out of the Oral Cholera Vaccination (OCV) campaign, improved access to safe water and sanitation will be essential to prevent further spread of diseases. Many water points in rural areas were flooded and communities have resorted to using unsafe water sources. While access to improved sanitation was already low, people in flooded areas have

increased use of unsafe sanitation practices, which increased the risk of further outbreaks. Water-related diseases - in particular malaria and diarrheal diseases- are likely to significantly contribute to malnutrition, due to reduced food and nutrient intake.

Protection of the most vulnerable remains a cross-cutting concern. This crisis has given rise to, or exacerbated, multiple protection risks. It is critical that affected people are able to access services safely and that protection risks are mitigated at every stage of interventions. Child protection and unaccompanied and separated children (UASC) are still being identified and reunification on-going, and there are significant concerns of child trafficking and early child marriage, given pre-existing trends in the affected areas. Increased risk of gender-based violence, including sexual violence, is a concern, particularly as women are having to walk further to access food, fuel, water and services.

In the coming period, more in-depth sectoral assessments will inform additional analysis and response priorities in the next phase of the response. Clusters and agencies should prioritize primary data collection with people living in hard to reach areas, where needs are expected to be most severe, and to use a range of modalities, including focus group discussions, to ensure that the different needs of women, men, boys and girls are heard.

REFERENCE MATERIALS

District Level Factsheets from REACH
District level profiles

ANNEXES

Annex 1: Methodology

Sampling

Fourteen priority districts in Sofala and Manica provinces were selected for the MRA assessment, with 189 localities in 38 postos surveyed through the MRA methodology, out of a total of 66 postos in these provinces. Locations for the MRA were prioritized on the basis that they were estimated to be most impacted by Cyclone Idai and associated flooding, based upon available information from government sources and aerial assessments.

Within each posto, the MRA teams aimed for 25 per cent coverage of localities/settlements (ADMIN 4). Localities/settlements that were deprioritised were in:

- Postos known not to have been affected;
- Postos known to be un- or very sparsely populated
- Postos where access issues did not allow for data collection.

Localities/settlements were selected for data collection based on those with the largest populations, while wide geographic representation was sought, considering access limitations. The assessed areas are not homogenous as they cover rural and urban areas. These typological findings have been grouped accordingly as they share common characteristics. The data collection process included coastal areas, which host some of the largest population estimates among affected communities. In addition, data was collected further inland from both urban and rural communities. In districts with lower population estimates or fewer postos, a reduced number of localities/settlements were assessed. Findings from these locations were supplemented with secondary data collection and expert judgement.

Data collection

The primary data forming the basis of this district profile was collected between 01 and 17 April 2019 using the INGC - MRA Tool. The tool was updated on 1 April by INGC in collaboration with the Humanitarian Country Team (HCT), clusters, and the AWG, to enhance data collection for the Cyclone Idai crisis. KoBo Toolbox was used for data collection. A hardcopy of the questionnaire can be found in Annex 2.

Data collection was coordinated by REACH and IFRC[4], using kobo forms, and partner agencies collected data through interviews with KIs. Enumerators were instructed to interview between three and five KIs per locality/settlement, who held specific sectoral knowledge, e.g., government officials, teachers, health specialists, community leaders etc., and the tool provided a composite summary of their inputs.

Data processing and analysis

Once data collection was complete, ensuring data collection in all accessible postos (ADMIN 3) within a district, the data was aggregated to district level (ADMIN 2). Collected data was cleaned, summarized, mapped and compared with findings from secondary data from other rapid assessments and field visits, including secondary data structured by the inter-agency Data Entry and Exploration Platform (DEEP), within

[4] For Buzi and Dondo districts.

the Mozambique Emergency Operations Centre Assessment & Analysis Cell consisting of ACAPS, IFRC, MapAction, OCHA and REACH.

Estimation of people affected and requiring urgent assistance in MRA districts[5]

To complement the fieldwork completed through the MRA process, an estimated percentage of people exposed to Cyclone Idai in the hardest-hit 14 districts was calculated based on the combination of the following datasets:

- Population-density, number of people by 100m grid (WorldPop)
- Wind speed (HWRF-NOOA)
- Flood extent (UNITAR – Sentinal imagery)

The percentage of exposed people by district was then projected on the 2017 Government census population data (INE 2017) to calculate the actual number of exposed by district.

An impact-severity ranking was used on the number of people exposed by district to estimate the number of affected people. The ranking was then weighted based on the best data available combined with expert-judgement of MRA data combined with secondary data from other in-crisis rapid assessments.

The number of affected people was narrowed down further in the areas where primary data was collected through multi-agency Multisector Rapid Assessment (MRA) to reach an estimation of people requiring urgent assistance. Within Food Security, Health, Shelter and WASH, three key indicators were chosen to determine whether a given location required urgent assistance. Indicators were validated by cluster coordinators.

If two or more of the chosen indicators were met, the location was considered to require urgent assistance. The number of locations requiring urgent assistance provides a percentage-value per sector which were used for calculating people requiring urgent assistance.

The analytical output was then shared with experts from the sectors covered by the assessment, and staff with local knowledge to capture subject matter interpretation, before being presented at a workshop on the 19 April 2019 for an audience of Cluster representatives and concerned line-ministries from the Government of Mozambique. Following inputs and revision the final product will be published.

Annex 2: Limitations

Geographical coverage

Access to people and communities impacted by the crisis remained a critical challenge throughout the MRA process. While access is improving on most major roadways, some interior roads inside districts remain inaccessible. Some locations in MRA-prioritized districts are still cut off and were therefore not reachable by the MRA teams. Therefore, the MRA findings do not necessarily reflect the situation in inaccessible areas, which is a significant constraint, given that needs in these areas are likely to be severe.

This consolidated overview of the MRA results therefore needs to be read within the context of the geographic areas that it covered. It does not represent the full extent of damage and humanitarian needs for all districts in Sofala (8 out of 13 districts were covered) and Manica (6 out of 12 districts were covered). It also does not cover affected areas in Tete, Inhambane and Zambezia. Rather, it presents an aggregated and extrapolated snapshot of needs in the most-affected areas.

Generalizability

Provinces and districts are not homogeneous. Analyzing data from an uneven distribution of rural and urban locations will not take into account the differences across all areas. Primary data collection was through enumerators, who spent very limited time on ground. The sample is therefore quite small and, even if purposive, the limited number of interviews conducted per posto does not give a comprehensive and accurate depiction of the situation.

Within each district, postos with higher populations or thought to be worse-affected were assessed as a priority. Because of the access constraints, it was not always possible to achieve a large level of coverage. Consequently, the identified urgent needs per sector will not represent all communities within a district. Further, the inability to reach some of the hardest-hit areas means that some of the most severe needs may not have been captured by the MRA.
For all these reasons, findings are indicative only and do not apply to all areas.

Key informants

There are several limitations with KI methodology. Firstly, enumerators spent limited time on the ground, curtailing the scale and scope of their inquiries. Secondly, finding appropriate KIs was not always possible as some localities/settlements did not have KIs with the desired profile or the person could not be reached. Therefore, other community representatives with more generalist profiles were interviewed. The limited scope of KI knowledge can result in lower accuracy when presenting needs of the community, reducing the overall quality of data. Specifically, KIs might not be aware of the needs faced by specific population groups and they cannot be expected to have complete knowledge and expertise of the overall situation in a locality/settlement, thus the findings may not represent all perspectives and information.

Relevance over time

While reading this profile, please consider that the situation – as in any floods situation - is subject to frequent and significant changes that can occur within days throughout the early stages of an emergency response. Thus, the accuracy and usefulness of the information provided in this report will decrease over time. While MRA will inform initial inter-sectoral, evidence-based response planning, further assessment and analysis would be beneficial to ensure appropriate response.

Secondary Data

Official sources used as baseline, where mainly from the Instituto Nacional de Estatistica district profiles, which put together a variety of information collected in the previous years. However, some baseline data, such as information on wash practices are from 2007, and the situation might have considerably changed by then.

Access Constraints

Heavy rains, flash flooding and landslides caused extensive damage to key road routes and bridges, before, during and after Cyclone Idai, cutting off many affected areas. The N6 - a major throughway between Beira and Maputo - was cut off for a 50-kilometre stretch, between Tica and Mafambisse. In Sofala Province, partners report that there are still difficult areas to access in Nhamatanda, Buzi, and Chibabava districts. Many secondary roads were washed away or cut off, leaving people unable to reach safety and assistance. In Manica Province, for example, Dombe and Munhinga in Sussundenga district, were isolated from the rest of Manica province. The N6 reopened on 25 March, with bypasses built around the washouts of the main road reopening access into Beira. However, interior roads still remain a challenge within districts. At the time of the assessment, partners report that there are still areas difficult to reach in Gondola Sussadenga and Mossurize districts. As a result, assessment teams carrying out MRAs were unable to reach all planned locations, Buzi, Nhamatanda, Mossurize and Tica. This is a significant constraint on the reliability of data, as it means that some of the most severe needs are unlikely to have been captured by the MRAs. A similar challenge was faced during data collection after the 2013 Mozambique floods response. Therefore, findings of the MRA may not apply to inaccessible areas at the time of the assessment. An estimated 178,000 people remain in areas that are hard-to-reach or inaccessible.

Annex 3: Pre-Crisis Overview in affected areas

Prior to Cyclone Idai severe food insecurity (IPC phase 3 and above) was already affecting an estimated 1.78 million people across Mozambique from September to December 2018, according to the Integrated Phase Classification (IPC) analysis and the food security and nutrition assessment conducted by the Technical Secretariat for the Food Security and Nutrition (SETSAN) in October 2018. Over 783,000 people were in IPC phase 3 and higher across Manica, Sofala, Tete and Zambezia from Septebmer to December 2018.

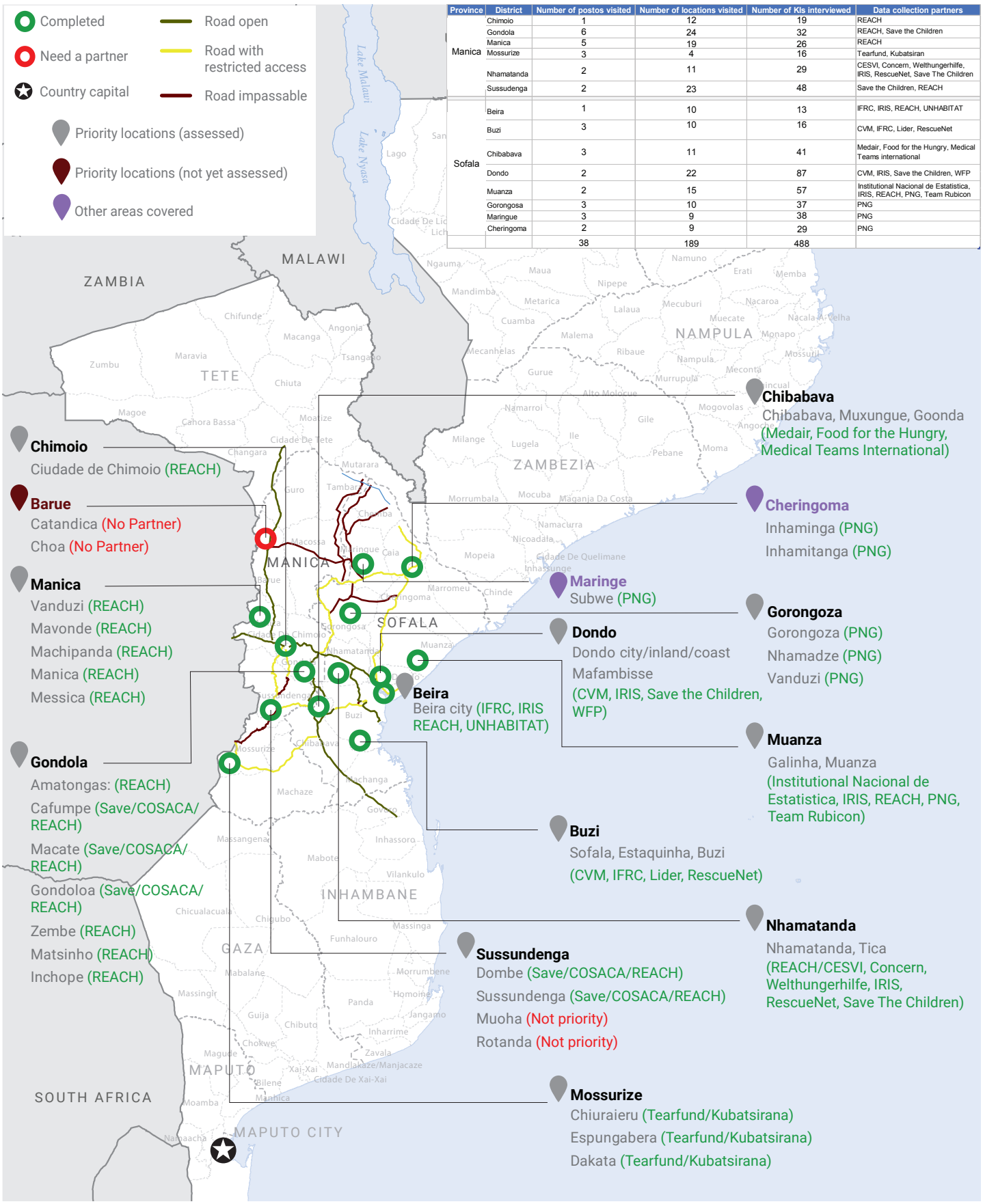
Cyclone Idai and the preceding pockets of drought are both occurring in a context of chronic undernutrition. Zambezia province, for example, already had stunting rates of 41 per cent and has been impacted by both drought and floods. Prior to Cyclone Idai, five districts were expected to face IPC Acute Malnutrition phase 2 or above during the 2018- 2019 lean season, including amongst Cyclone Idai affected areas: Marara in Tete province, Milange in Zambezia province and Macossa in Manica province. Each of the causes of acute malnutrition in these districts - including low quality and quantity of infant feeding; increased occurrence of childhood diseases, such as diarrhoea and malaria; low coverage of health and sanitation services; and low access to safe water sources –have been exacerbated by drought and floods.

Despite a downward trend in the incidence of poverty over the years, poverty persists in areas affected by the Cyclone. Cyclone Idai could exacerbate the situation, as recent poverty analysis conducted in Mozambique shows that cyclone, flood or drought can lead to a drop of up to 25 to 30 per cent in per capita food consumption and that affected households also cut back on expenditures in basic non-food items. The rain-dependent agricultural sector -which accounts for around 25 per cent of Mozambique's Gross Domestic Product (GDP) and employs nearly 80 per cent of the labour force. Approximately 89 percent of households are engaged in agriculture, livestock, fisheries or forestry (Census, 2007) and of these 83

percent are women, with over 715,000 hectares of crops, will be a big impact on livelihoods in areas affected by Cyclone Idai.

Less than 50 per cent of the population have access to improved water sources, in rural areas it is less than 63 per cent, 79 per cent of the population do not have or use improved sanitation facilities, rising to 90 per cent in rural areas. The health and education sectors have made progress, however equitable access to services for the poorest and most vulnerable population, remains a challenge, adult literacy rate is 56 per cent. Malaria remains the most common cause of death, responsible for 35 per cent of child mortality and 29 per cent for the general population. While HIV prevalence among adults has shown a downward trend, it has stabilized at a relatively high rate of 11.5 per cent. In crisis-affected areas, more than 77,000 women of reproductive age are reportedly HIV positive, Cyclone Idai may disrupt access to HIV care and treatment services.

MOZAMBIQUE
Multi-sector Rapid Assessments
As of 18 April 2019



Province	District	Number of postos visited	Number of locations visited	Number of KIs interviewed	Data collection partners
Manica	Chimoio	1	12	19	REACH
	Gondola	6	24	32	REACH, Save the Children
	Manica	5	19	26	REACH
	Mossurize	3	4	16	Tearfund, Kubatsiran
	Nhamatanda	2	11	29	CESVI, Concern, Welthungerhilfe, IRIS, RescueNet, Save The Children
	Sussudenga	2	23	48	Save the Children, REACH
Sofala	Beira	1	10	13	IFRC, IRIS, REACH, UNHABITAT
	Buzi	3	10	16	CVM, IFRC, Lider, RescueNet
	Chibabava	3	11	41	Medair, Food for the Hungry, Medical Teams international
	Dondo	2	22	87	CVM, IRIS, Save the Children, WFP
	Muanza	2	15	57	Institutional Nacional de Estatistica, IRIS, REACH, PNG, Team Rubicon
	Gorongosa	3	10	37	PNG
	Maringue	3	9	38	PNG
	Cheringoma	2	9	29	PNG
		38	189	488	

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Creation date: 18 April 2019 **Source:** Multi-sector Rapid Assessment data, Logistics Cluster www.unocha.org https://reliefweb.int/country/moz
https://www.humanitarianresponse.info/en/operations/mozambique

Annex 4: Mozambique Rapid Needs Assessment Tool
Cyclone/flood Idai
(as of 30 March 2019)

Instructions to assessor:

- You should attempt to interview a number of key informants but consolidate all responses onto one form for each location assessed.
- Examples of key informants include: Health workers, Teachers, Government representatives, Religious leaders, Community representatives, Market traders, etc.
- On arrival at the assessment location the Assessment Team Leader **MUST contact the local authorities** to introduce the purpose of the assessment and request their permission. They may ask to send someone with the team; you should accept this.
- When conducting an interview, it is important to introduce yourself: *"My name is XXXX and I am with XXXX humanitarian organisation. We are conducting an assessment on behalf of the Cyclone Idai Response to better understand the needs and situation of the affected population. I would like to speak with several different people in this location and will ask a series of questions about the situation here. We expect the interview to take approximate 30 minutes.*
  Your participation in this assessment is entirely voluntary. While information gained from this rapid assessment will help guide our interventions to be more effective, your participation and the answers you provide will not directly impact the assistance you or anyone else receives.
  You do NOT need to give your name or telephone number if you do not want to. But, following this initial interview, we may call you to clarify the information or to ask for updates if you agree and give us your telephone number.
  Once again, your participation is completely voluntary. Do you agree to participate in this assessment?"

1. Description of the assessment

Assessor

Name:	Gender: ☐ M ☐ F
Assessor organisation:	Date of assessment:
Assessor email:	Mobile:

Key informants

Name	Job title	Mobile	Gender	Consent
	Local gov't official			

2. Description of the community assessed

Province:	Posto:
District:	Place name:
GPS: Latitude: …… Longitude: ……	

Site characteristics:

☐ City neighbourhood ☐ Transit centre ☐ Resettlement centre or neighbourhood

☐ Town ☐ Village ☐ Other (specify):

Population:	Before cyclone/flood		After cyclone/flood	
Number of inhabitants				
Number of houses	Conventional	Local materials	Conventional	Local materials
Number of displaced (IDPs)				

State of site:			
Affected by: ☐ Cyclone ☐ Flood ☐ Other	Status of flooding		Accessible by: ☐ Road (all vehicle) ☐ Boat ☐ Road (4x4 only) ☐ Air ☐ Road (foot only) ☐ Train
	Was flooded ☐ Homes ☐ Crop land	Was flooded ☐ Homes ☐ Crop land	
	From: ..... until.....		☐ Other: .....

1. WASH

1.a. What was/are the main sources of water in your community (tick all that apply)?

	Before cyclone /flood	After cyclone /flood		Before cyclone /flood	After cyclone /flood
Piped water	☐	☐	Unprotected open well or spring	☐	☐
Public tap / standpipe	☐	☐	Unprotected spring	☐	☐
Borehole or well with functioning motor pump	☐	☐	Rainwater collection	☐	☐
Borehole or well with functioning hand pump	☐	☐	Surface water (e.g.. pond, lake, dam etc.)	☐	☐
Protected spring	☐	☐	Bottled water / water sachets	☐	☐
Protected open well	☐	☐	Other (please specify)	☐	☐
Tanker trucks	☐	☐	N/A	☐	☐

1.b.i. Have people in the community / neighbourhood been treating water in any way to make is safer to drink?	Before cyclone/flood	After cyclone/flood
Nobody (0%)	☐	☐
A few (up to 25%)	☐	☐
About half (26 to 50%)	☐	☐
Most (51% – 75%)	☐	☐
Everyone (76% - 100%)	☐	☐
N/A	☐	☐

1.b.ii. If yes, how do people treat water to make is safer to drink?	Before cyclone/flood	After cyclone/flood
Filtration	☐	☐
Certeza	☐	☐
Other (please specify).....	☐	☐

1.c. How has the availability of potable/drinking water from all sources changed in the community / neighbourhood since the cyclone/flood?

☐ Increased significantly ☐ Decreased slightly

☐ Increased slightly ☐ Decreased significantly

☐ Stayed the same ☐ N/A

1.d. If availability has decreased, what is the most common way people in the community /neighbourhood have coped with this lack of potable/drinking water since the cyclone/flood?

- ☐ No need for coping strategies
- ☐ Reduce water consumption for other purpose
- ☐ Rely on less preferred (unimproved / untreated) water sources for **drinking** water
- ☐ Rely on surface water for **drinking** water
- ☐ Other (please list)
- ☐ No access to coping strategies
- ☐ Fetch water at a source further than the usual
- ☐ Rely on less preferred (unimproved / untreated) water sources for **cooking and washing**
- ☐ Rely on surface water for **cooking and washing**

1.e. Where do people in the community /neighbourhood usually go to defaecate?	Before cyclone/flood	After cyclone/flood
Household latrine	☐	☐
Communal latrine	☐	☐
Open Defecation	☐	☐
Using neighbour's latrine	☐	☐
Other (Specify)	☐	☐
N/A	☐	☐

	Yes	No
Is there an issue of open defaecation close to where people are staying?	☐	☐
Is there privacy for women/girls? Washing / defaecation	☐	☐

1.f. Do people in the community / neighbourhood have access to enough soap/ash?	Before cyclone/flood	After cyclone/flood
Nobody (0%)	☐	☐
A few (up to 25%)	☐	☐
About half (26 to 50%)	☐	☐
Most (51% – 75%)	☐	☐
Everyone (76% - 100%)	☐	☐
N/A	☐	☐

	Yes	No
Are people able to wash their hands with soap before preparing food/after going to the toilet?	☐	☐

1.g. What are the main concerns or priorities in relation to water, sanitation and hygiene?

Reported by the population:	Reported by health/WASH professionals:
1.	1.
2.	2.
3.	3.
Overall comments and observations?	

2. HEALTH

2.a. How many deaths and injured have there been in your location as a result of the cyclone/flood? (enter the number or 'not known')

Group	Injured		Fatalities
	Mildly	Severely	
Men			
Women			
Children <5 yrs			

2.b. Which diseases are present in your location?

	Yes	No	Not known
Acute Watery Diarrhoea (liquid stool)	☐	☐	☐
Measles	☐	☐	☐
Acute Respiratory Diseases	☐	☐	☐
Malnutrition	☐	☐	☐
Malaria	☐	☐	☐
Any other causes of morbidity:			
To be asked to health professional only:			
Has cholera been confirmed?	☐	☐	☐
Any reports of Sexually Transmitted Diseases?	☐	☐	☐
Do women access sexual and reproductive healthcare?	☐	☐	☐

2.c. What type of health infrastructure is present?

	Number operational	Number non- operational	Does not exist	No information
Health post			☐	☐
Health Centre			☐	☐
Hospital			☐	☐
Cholera Treatment Centre			☐	☐
Emergency Medical Team			☐	☐

If Emergency Medical Team present: type: 1 / 2 / 3

2.d.i. If no health facility is present, what is the nearest health facility?

Name and place:	Distance in km:
Access to it (mark one): ☐ Easy ☐ Obstacles ☐ Very difficult	

2.d.ii. If health facility is present, what is its condition?

Infrastructure (e.g. building, heating, water, sanitation, waste disposal, electricity supply):	Before cyclone/flood	After cyclone/flood
Intact/functioning	☐	☐
damaged/malfunctioning	☐	☐
Destroyed	☐	☐
N/A	☐	☐
Essential equipment:	Before cyclone/flood	After cyclone/flood
Available / functioning	☐	☐
Damaged / malfunctioning	☐	☐
Destroyed / missing	☐	☐
Main shortages:		
Supplies (essential drugs and consumables):	Before cyclone/flood	After cyclone/flood
Available	☐	☐
Partly available	☐	☐
Missing	☐	☐
Main shortages:		
Human resources:	Before cyclone/flood	After cyclone/flood
Fully staffed	☐	☐
Partly staffed	☐	☐
Deserted	☐	☐
Operational services:	Before cyclone/flood	After cyclone/flood
Curative present	☐	☐
Maternity present	☐	☐
Telephone number of health centre: ……..		

2.e. What are the main concerns or priorities in relation to health?

Reported by the population:	Reported by health professionals:
1.	1.
2.	2.
3.	3.
Overall comments and observations? *E.g. do you see people lining up or waiting outside the health facility?*	

3. Education

3.a. How many children (aged 6-16) attend school?	Before cyclone/flood	After cyclone/flood
Nobody (0%)	☐	☐
A few (up to 25%)	☐	☐
About half (26 to 50%)	☐	☐
Most (51% – 75%)	☐	☐
Everyone (76% - 100%)	☐	☐
N/A	☐	☐

3.b. Why do children NOT attend school?	Before cyclone/flood		After cyclone/flood	
	Girls	Boys	Girls	Boys
School not functional (damaged)	☐	☐	☐	☐
Lost school materials (books/uniforms)	☐	☐	☐	☐
Needed to help family	☐	☐	☐	☐
Family wants to be together (trauma, fear…)	☐	☐	☐	☐
Safety concerns	☐	☐	☐	☐
School too far away / lack of transport	☐	☐	☐	☐
Schools are not in good conditions (issues with latrines, furniture, etc.)	☐	☐	☐	☐
Lack of trained teachers	☐	☐	☐	☐
Overcrowded classes	☐	☐	☐	☐
Difficult to return after absence	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐

*3.c. How many **primary** schools are there in the area?* ……

*What is the status of **primary** schools? [Ask ONLY to schhol staff]*	Before cyclone/flood		After cyclone/flood		N/A
	Boys	Girls	Boys	Girls	
Total number of students (approximately)					☐
Total number of teachers (approximately)					☐
Average class size					☐
Number of fully functional classrooms	……				☐
Number of partially damaged (but usable) classrooms	……				☐
Number of unusable classrooms	……				☐
Are the school latrines and wash basins functional?	☐ Fully	☐ Partially	☐No		☐

3.d. How many secondary schools are there in the area? ……

*What is the status of **secondary** schools? [Ask ONLY to schhol staff]*	Before cyclone/flood		After cyclone/flood		N/A
	Boys	Girls	Boys	Girls	
Total number of students (approximately)					☐
Total number of teachers (approximately)					☐
Average class size					☐
Number of fully functional classrooms	……				☐
Number of partially damaged (but usable) classrooms	……				☐
Number of unusable classrooms	……				☐
Are the school latrines and wash basins functional?	☐ Fully ☐ Partially ☐No				☐

3.e. What are the main concerns or priorities in relation to education?

Reported by the population:	Reported by education professionals:
1.	1.
2.	2.
3.	3.
Overall comments and observations?	

4. Agriculture and food security

4.a.i - Are there any crops losses in your community/neighbourhood? ☐ Yes ☐ No ☐ N/A

*4.a.ii - How much **basic food** crops (cereals & vegetables) were lost in your community/neighbourhood?*

☐ None (0%) ☐ Some (26 to 50%) ☐ Most (51% – 75%)

☐ A little (up to 25%) ☐ Most (51% – 75%) ☐ All (76% - 100%)

*4.a.iii - How much **cash** crops were lost in your community/neighbourhood?*

☐ None (0%) ☐ Some (26 to 50%) ☐ Most (51% – 75%)

☐ A little (up to 25%) ☐ Most (51% – 75%) ☐ All (76% - 100%)

4.a.iv. - How many households in your community / neighbourhood will be able to get access to farming land within the next two weeks?

☐ None (0%) ☐ Some (26 to 50%) ☐ Most (51% – 75%)

☐ A few (up to 25%) ☐ Most (51% – 75%) ☐ All (76% - 100%)

*4.b.i - Were there any fishing boats / equipment in your community/neighbourhood **before** the cyclone/flood?* ☐ Yes ☐ No ☐ N/A

*4.b.ii. - How many **fishing boats** were lost in your community/neighbourhood?*

☐ None (0%) ☐ Some (26 to 50%) ☐ Most (51% – 75%)

☐ A few (up to 25%) ☐ Most (51% – 75%) ☐ All (76% - 100%)

*4.b.iii - How much **fishing equipment** was lost in your community/neighbourhood?*

☐ None (0%) ☐ Some (26 to 50%) ☐ Most (51% – 75%)

☐ A little (up to 25%) ☐ Most (51% – 75%) ☐ All (76% - 100%)

*4.c.i - Do you have any **food stocks** in your community/neighbourhood?* ☐ Yes ☐ No ☐ N/A

4.c.ii - If yes, for how many days will these stocks last? ..... Days ☐ N/A

4.d.i - Does your community own any of the following livestock	Yes	No	N/A
Cattle	☐	☐	☐
Goats / sheep	☐	☐	☐
Pigs	☐	☐	☐
Poultry (chickens, etc.)	☐	☐	☐
Other (specify):	☐	☐	☐

*4.d.ii. - What proportion of **cattle** were lost in your community/neighbourhood?*

☐ None (0%) ☐ Some (26 to 50%) ☐ Most (51% – 75%)

☐ A few (up to 25%) ☐ Most (51% – 75%) ☐ All (76% - 100%)

*4.d.iii. - What proportion of **goats/sheep** were lost in your community/neighbourhood?*

☐ None (0%) ☐ Some (26 to 50%) ☐ Most (51% – 75%)

☐ A few (up to 25%) ☐ Most (51% – 75%) ☐ All (76% - 100%)

*4.d.iv. - What proportion of **pigs** were lost in your community/neighbourhood?*

☐ None (0%) ☐ Some (26 to 50%) ☐ Most (51% – 75%)

☐ A few (up to 25%) ☐ Most (51% – 75%) ☐ All (76% - 100%)

*4.d.v. -What proportion of **poultry** were lost in your community/neighbourhood?*

☐ None (0%) ☐ Some (26 to 50%) ☐ Most (51% – 75%)

☐ A few (up to 25%) ☐ Most (51% – 75%) ☐ All (76% - 100%)

4.e. -How many households in your community have the ability to cook food and boil water?

		Before cyclone/flood	After cyclone/flood			Before cyclone/flood	After cyclone/flood
None	(0%)	☐	☐	Half	(41% - 70%)	☐	☐
A few	(up – 25%)	☐	☐	Most or all	(71% - 100%)	☐	☐
Some	(26 – 40%)	☐	☐	N/A		☐	☐

4.f. What are the main concerns or priorities in relation to agriculture and food security?

Reported by the population:	Reported by professionals:
1.	1.
2.	2.
3.	3.
Overall comments and observations?	

5. Markets

5.a. - Are markets functioning in this community/neighbourhood?	Before cyclone/flood	After cyclone/flood
Yes, as normal	☐	☐
Yes, but not fully (lack of traders/goods or partial opening)	☐	☐
No (not at all / very few)	☐	☐
N/A	☐	☐
How many shops are selling food	.....	.....

5.b. - If markets are functioning, how much stock is available compared to before the cyclone/flood?

☐ More than 50% ☐ Less than 50% ☐ N/A

5.c. - Do markets have stock of:	Yes	No
Fresh food	☐	☐
Dry or packaged food	☐	☐
Essential non-food items (soap, sanitary items, building repair materials, blankets and bedding, buckets….)	☐	☐

5.d - Have there been price rises?	Yes	No	N/A	Approx how much?
Maize grains	☐	☐	☐	.....
Maize tortilla	☐	☐	☐	.....
Peas	☐	☐	☐	.....
Oil	☐	☐	☐	.....
Salt	☐	☐	☐	.....
Other (please specify):	☐	☐	☐	.....

5. e. What are the main concerns or issues with accessing or purchasing from the market?

Reported by the women:	Reported by men:
1.	1.
2.	2.
3.	3.
Overall comments and observations?	

6. Shelter & NFI

				Approx number
6.a.i - Are people living in public buildings in your community/neighbourhood?	☐ Yes	☐ No	☐ N/A	.....
6.a.ii - Are people living in with host families in your community/neighbourhood?	☐ Yes	☐ No	☐ N/A	.....
6.a.iii - Are any households sleeping outside?	☐ Yes	☐ No	☐ N/A	.....

*6.b.i - Approximately, how many houses/private dwellings have been **damaged** in this community/neighbourhood?*

☐ None (0%)	☐ Some (26 to 50%)	☐ Most (51% – 75%)
☐ A few (up to 25%)	☐ Most (51% – 75%)	☐ All (76% - 100%)

*6.b.iii - Approximately, how many houses/private dwellings have been **destroyed** in this community/neighbourhood?*

☐ None (0%)	☐ Some (26 to 50%)	☐ Most (51% – 75%)
☐ A few (up to 25%)	☐ Most (51% – 75%)	☐ All (76% - 100%)

	Wind	Water	Fire	Other /	N/A
*6.b.iv - What was the main **source of damage** to buildings in this community/neighbourhood?*	☐	☐	☐	.....	☐

6.c. - How many households have electricity (more than 6 hours a day?

		Before cyclone/flood	After cyclone/flood			Before cyclone/flood	After cyclone/flood
None	(0%)	☐	☐	Half	(41% - 70%)	☐	☐
A few	(up – 25%)	☐	☐	Most or all	(71% - 100%)	☐	☐
Some	(26 – 40%)	☐	☐	N/A		☐	☐

6.d.i- Is there sufficient fuel/ firewood / charcoal available for cooking?	☐ Yes	☐ No	☐ N/A

6.e. What are the main concerns or priorities in relation to shelter?

Reported by the women:	Reported by men:
1.	1.
2.	2.
3.	3.

Overall comments and observations? *E.g. What coping capacities are people using for shelter solutions* *[answer options to be identified]* *Can people be seen rebuilding? Yes/No* *Are materials for repair available locally?* *Safety / protection concerns.*

7. Child protection

7.a. In your community have you come across cases of: (tick all that apply)	Yes	No	N/A	Approx number
Children living with adults who are not family members / who did not live with them before the emergency (Separated children)?	☐	☐	☐	.....
Child not currently being cared for by any adult?	☐	☐	☐	.....
Family headed by children?	☐	☐	☐	.....
Children disappearing (or being trafficked)	☐	☐	☐	.....
Children forced to work to provide food and other goods, due to the current situation	☐	☐	☐	.....
Children who do not have access to services due to mental or physical disability	☐	☐	☐	.....
Children who died because of the cyclone/flood	☐	☐	☐	.....
Children who are injured because of the cyclone/flood	☐	☐	☐	.....

7.b - Is a lack of identification documents a problem for any people in this community/neighbourhood? ☐ Yes ☐ No ☐ N/A Approx number .....

7.c. What are the main safety concerns or priorities?

Reported by the women:	Reported by men:
1.	1.
2.	2.
3.	3.
Overall comments and observations?	

8. Other

8.a. In your community do you have access to: *(tick all that apply)*	Yes	No	Provider		
Mobile phone network	☐	☐	☐ Movitel	☐ Vodacom	☐ Tmcel
Internet	☐	☐	☐ Movitel	☐ Vodacom	☐ Tmcel
Radio	☐	☐	☐ Movitel	☐ Vodacom	☐ Tmcel
Information on the response to the cyclone/flood	☐	☐	.....		
Information on current and future assistance	☐	☐	.....		

1. *8.b What are the 3 most trusted sources of information in your community?*

☐ Friends, neighbours & family ☐ TV

☐ Religious leaders ☐ radio

☐ Government official ☐ Aid worker

☐ Military official ☐ Other (specify); .....

8.b Has there been an increase in concern about personal safety since the cyclone/flood?

☐ No ☐ Yes

If yes:	Type of concern: *[Note: e.g. fear of physical attack; sexual abuse; looting; theft; etc.]*
	Groups expressing concern: *[Note: e.g. disabled; elderly; women; children; etc.]*

8.c. Does the community receive information from aid providers about what it is entitled to receive? (Tick all that apply)

☐ Yes, and it is clear; ☐ Yes, but not in the right language for most people to understand

☐ Yes, but it is not clear ☐ Information is shared only with some in the community

☐ Yes, but comes too late; ☐ No information is shared with community;

☐ Other (specify); do not know/no answer

8.d. Are there any groups of people who have not been able to access aid or services that are available to the general population? (tick all that apply)

Group:	Approximate number	Group:	Approximate number	Group:	Approximate number
☐ Children	.....	☐ Elderly	.....	☐ Pregnant & lactating women	.....
☐ Women	.....	☐ Disabled	.....	☐ Child-headed families	.....
☐ Single mothers	.....				

*8.e. What are the **main overall concerns or priorities of the community**? (select 3 only)*

☐ Food ☐ Sanitation / hygiene ☐ House repair

☐ Shelter ☐ Food security / agriculture ☐ Education

☐ Non-food items ☐ Health

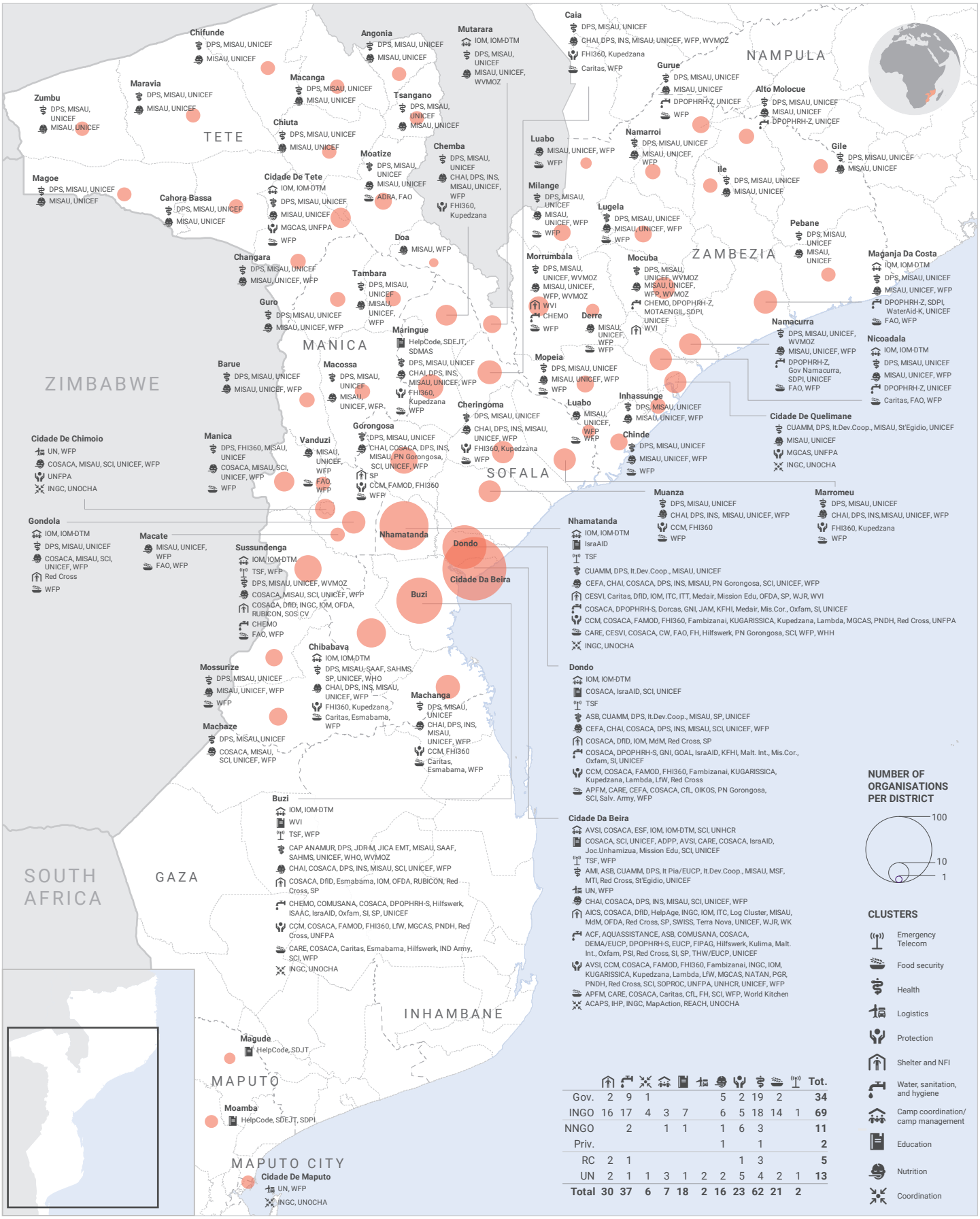
☐ Water ☐ Protection (specify): .....

☐ Other (specify): .....

MOZAMBIQUE: Cyclone Idai

Responding Organisations Presence

Completed and ongoing as of 17 April 2019



												Tot.
Gov.	2	9	1				5	2	19	2		34
INGO	16	17	4	3	7		6	5	18	14	1	69
NNGO		2		1	1		1	6	3			11
Priv.							1		1			2
RC	2	1						1	3			5
UN	2	1	1	3	1	2	2	5	4	2	1	13
Total	30	37	6	7	18	2	16	23	62	21	2	

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 17 April 2019 **Sources:** Cluster leads www.unocha.org https://reliefweb.int/country/moz https://www.humanitarianresponse.info/en/operations/mozambique

Data: https://data.humdata.org/dataset/mozambique-cyclone-idai-4w