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Real-Time Response Review – DEC programme for Cyclone Idai

Mozambique country report

Key Aid Consulting

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Contribution

The authors would like to thank all DEC and DEC partners team members as well as crisis affected households who contributed to the success of the review by sharing their views and insights. A special thanks go to the DEC Secretariat for their continuous support throughout the review process.

Collaboration

The DEC and the Humanitarian Coalition (HC) in Canada have made an ongoing commitment to collaborate, where appropriate, when undertaking such reviews due to a significant overlap in membership.¹ In this instance, Care, Islamic Relief Worldwide, Oxfam, Plan International and Save the Children are shared DEC/HC responders, along with a number of local/ national partners. Whilst it was not considered necessary for the Humanitarian Coalition programmes to be assessed separately, the head office in Canada actively contributed at inception phase, sent a senior representative to accompany field work in Zimbabwe, and participated in the learning workshops in both Zimbabwe and Mozambique. The Humanitarian Coalition has also committed to translate the report into French language and proactively support with dissemination.

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¹ <https://www.humanitariancoalition.ca>

Executive summary

On 14 March 2019, Cyclone Idai made landfall in Mozambique, causing severe damage and loss of life in four provinces (Manica, Sofala, Tete and Zambezia). The storm led to massive flooding and displacement, a cholera outbreak, interruptions to agricultural and other economic activities, damage and destruction of homes, school closures, and lost assets and livestock. Mozambique is a low-income country and has suffered from economic crises as well as conflict and natural disasters (including drought) in the past. In the wake of the Cyclone Idai's destructive winds and flooding, the Disasters Emergency Committee (DEC) launched an appeal to address the cyclone's impact in Mozambique as well as the other two countries affected -- Malawi and Zimbabwe. Nine DEC members implemented the response in Mozambique: ActionAid, Age International, British Red Cross (BRC), CAFOD, Care International UK, Oxfam, Plan International UK, Save the Children UK and World Vision. Members are currently in Phase One (March 2019 – September 2019) of the response, with Phase Two due to start in October.

A real-time review (RTE) was commissioned by the DEC with the purpose of collecting reflection and learning in a participatory manner while the project is being implemented. In total 142 individuals contributed to the review, identifying best practices, sharing lessons learned, making recommendations and giving feedback on the preliminary findings. The review will be used to make program changes in different areas of the response during the final months of Phase One implementation as well as in the design of Phase Two activities.

Relevance and appropriateness of the response

DEC members' response prioritised areas most affected by the cyclone winds and flooding. Exclusion error (areas which were heavily affected not receiving interventions) was however flagged as an overall challenge (i.e. beyond DEC members) primarily due to limited accessibility.

In terms of sectoral priorities, all DEC members reportedly used participatory needs assessments to inform their respective programmes. Most of the needs assessment reports reviewed integrated protection concerns. Surprisingly for a Phase One response, the DEC's funding in Mozambique had the largest share in livelihood activities, with WASH and health being the second and third most funded, respectively. Shelter was a distant fifth.² This prioritisation does not fully align with inter-agency needs assessment prioritisation that cites Shelter and WASH as the main priority areas but is aligned with the areas prioritised by FGD participants. Overwhelmingly, respondents and communities felt that available funding was too little to cover the variety and scope of needs. This is unsurprising considering the Mozambique Humanitarian Response Plan for 2019 in response to Cyclone Idai is only 46.6% funded.

² DEC. "Cyclone Idai Appeal Consolidated Finance – Phase One Plans," n.d.

The comparison between the members' intended outcomes and planned outputs demonstrates a logical link between outputs and results both across sectors and DEC members. The review team did not find any activities that did not logically feed into the intended results. Survey respondents and informants also agreed that the design of the cyclone response was consistent with the overall goals and objectives. However, some of the outputs planned seemed too limited to meet the intended outcomes. Examples were WASH outcomes that were only related to water supply and had no sanitation or hygiene activities; livelihoods rehabilitation outcomes with seed distribution outputs but no pest control; or an outcome to increase access and use of basic health services which only had screening and sensitisation on malnutrition.

Effectiveness in achieving intended outcomes

This response review was mainly qualitative and did not focus on quantitative monitoring and evaluation data. Consulted the DEC members' agencies were confident their response was on track to meet its intended objectives. FGD participants and key informants alike found the response to be timely, in particular thanks to pre-positioned stocks. The relatively swift containment of the cholera outbreak is a prime example of the effectiveness of the response.

Several activities, notably with regards to the distribution of shelter materials and seeds were however held up by procurement delays and/or accessibility issues and as a result have not been as timely as they should have. Certain organisations were able to adapt to these challenges and modify their response to the changed and changing needs of communities. For example, the Catholic Agency for Overseas Development (CAFOD) changed to zinc sheeting and timbers when their plastic sheet procurement was delayed, as communities informed them that this was their preference. Similarly, ActionAid changed a planned dignity kit distribution to a seed distribution based on beneficiary feedback.

Agility and adaptability have been mentioned as a strong suit of the response. One of the primary reasons for it being the flexibility of the DEC funding, which was lauded by all interviewees. However, the lack of flexibility in terms of modality presented a barrier to effectiveness. The National Institute for Disaster Management (INCG), the governmental body in charge of natural disaster prevention and mitigation has consistently opposed using cash grants and has only anecdotally authorised the use of vouchers. This response is no exception, drastically limiting the choice of modality DEC members can use.

Finally, effectiveness was also limited by unforeseen challenges such as the impact of fall armyworms, which wiped out much of the first crop planted after the storm.

Accountability to affected population

All DEC members have agreed on an Accountability Framework.³ As part of their organisational commitments towards accountability, DEC members are using the Core Humanitarian Standard on Quality and Accountability (CHS) to improve the quality and effectiveness of the assistance provided through collaboration with other agencies and through clusters.

In line with their CHS commitments, DEC members put in place thorough measures to ensure community participation across the project cycle. The vast majority of FGD participants consulted knew why they had been selected and were aware of the targeting criteria. The majority of the Focus Groups had at least one participant who knew of at least one way to share feedback and raise a complaint. Yet suggestion boxes and Linha Verde⁴ appeared to be over-relied on by some agencies, despite high levels of illiteracy and insufficient access to phones and mobile network.

Sustainability and connectedness of the response

As the response is still in its first six months, it is not yet linked to a long-term plan or strongly connected to pre-existing development activities. Phase One was meant to be an emergency response and was designed as such. It focused on basic needs coverage and livelihoods, paving the way to early recovery. Unsurprisingly, there were no disaster risk reduction activities included in the Phase One.

The environment is a particularly relevant cross-cutting issue when looking at cyclone responses. As for an earthquake, the destruction of infrastructure following a cyclone may increase pollution levels in the atmosphere and water.⁵ However, this is still an issue given low priority by humanitarians. Mozambique is no exception and most key informants did not have information on the environmental impact of the response.

Coordination and complementarity

Key informants thought that the coordination among humanitarian agencies in the Cyclone Idai response was strong in both bilateral and multi-lateral forums. In Mozambique, the National Institute for Disaster Management (INGC) is the governmental body in charge of natural disaster prevention and mitigation. Coordination is primarily done from Beira City in Sofala Province, where all major clusters are active. The District Administrator's Office also held regular coordination meetings but those tended to be poorly attended. Participation to cluster coordination fora by DEC members varies significantly from one member to another. Language

³ https://www.dec.org.uk/sites/default/files/PDFS/dec_accountability_framework_-_explained.pdf

⁴ Linha Verde is a hotline implemented by WFP on behalf of the HCT to take and respond to calls about all humanitarian actors working in the Cyclone Idai and Cyclone Kenneth response.

⁵ H.Juillard and J.Jourdain, 2018, Earthquake lesson paper, ALNAP

barriers and a lack of familiarity with the clustersystem reduced participation in the clusters themselves -- particularly during the beginning of the response.

Conclusion

Cyclone response presents unique challenges: physical access is difficult in the first few days and communication is made difficult. Overall, the DEC's response to Cyclone Idai can be considered a success. It contributed to the quick containment of the cholera epidemic; provided a flexible source of funds that allowed members to adapt quickly to changing circumstances; addressed the needs of targeted communities according to the will of those communities; and made efforts to build accountability with affected populations.

Phase One response in Mozambique is unique as it presents a strong focus on livelihoods. The sectoral prioritisation of the response in Mozambique tends to demonstrate that DEC members have prioritised those needs expressed by crisis-affected households. This understanding can and should be developed pre-crisis, to increase the effectiveness and timeliness of future responses.

There is a high likelihood that environmental disasters will hit Mozambique again in the coming years. Preparing for future disasters would help strengthen the gains made in this response and protect people from the worst effects.

Recommendations

1. Considering improved physical access, expand the geographical scope of the intervention to areas with unmet needs.
2. Consider carefully the balance of resources between resettlement sites and communities.
3. Continue advocating with the INGC for the use of CVA and document the use and effectiveness of vouchers to allay government concerns.
4. Strengthen agricultural activities so that they are more resistant to shocks.
5. Collaborate with other DEC members on joint procurement and delivery of items, market assessments and the sharing of supplier and vendor lists.
6. Improve the follow-up and assistance to beneficiaries of livelihood activities (particularly seed distributions) and conduct post-distribution monitoring for up to two months following distributions.
7. Improve the referral process by better monitoring where referred beneficiaries go and which services they receive.
8. Ensure that planned outputs are appropriate to achieve the desired outcome.
9. Use DEC membership as an opportunity for horizontal learning, joint risk assessment and the exploration of better programme alignment.

10. Improve attendance and collaboration with Cluster representatives and members, as well as government officials, to better support the overall response and reduce disparities in geographical targeting of activities.
11. Conduct consultations with different communities to understand which complaints and feedback mechanisms are most safe and accessible for different community groups; conduct regular follow-up with post-distribution monitoring (PDM) assessments to measure use and perception of CFMs; diversify ways of communicating with communities; and adopt mechanisms which are child-friendly and accessible for persons with disabilities (PWD)/older persons (OP).
12. Ensure beneficiary data is safely collected, stored and transferred when they call Linha Verde. Make sure there is an appropriate response to Linha Verde complaints about DEC MA. Raise awareness of the hotline with beneficiaries.
13. Make extra efforts to meet Core Humanitarian Standard Commitment 9: *Resources are managed and used responsibly for their intended purpose*. This can be done by sharing project information with community members, including on budgets and resources, to improve accountability.
14. Identify important environmental and sustainability considerations; adapt projects to be more environmentally sound; seek to reduce vulnerability to future storms in shelter projects; and tailor Phase Two plans to incorporate resilience and drought preparedness.
15. Increase consideration of long-term resilience in Phase Two project design; collaborate with research and development institutions and agencies; and set project outcomes and indicators which include resilience as a target impact.
16. Involve long-term staff in the design of Phase Two response.

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List of acronyms

AAP	Accountability for Affected Populations
ASADEC	Association for Community Development/Açcao Para o Desenvolvimento Comunitario
APITE	Association for the Protection of Older People in Tete
BRC	British Red Cross
CAFOD	Catholic Agency for Overseas Development
CBV	Community-based volunteers
CFS	Child-friendly space(s)
CHS	Core Humanitarian Standards
CTGC	Technical Council for Disaster Management
CVA	Cash and Voucher Assistance
CVM	Mozambique Red Cross
DEC	Disasters Emergency Committee
DRR	Disaster Risk Reduction
FACT	Field Assessment and Coordination Team
FGD	Focus Group Discussion
IFRC	International Federation of Red Cross Red Crescent Societies
IYCF-E	Integrated Management of Acute Malnutrition and Infant and Young Children Feeding in Emergencies
INGC	National Institute for Disaster Management
KAP	Knowledge, attitudes and practices
KII	Key Informant Interview
LV	Linha Verde
MA	Member agency
M&E	Monitoring and Evaluation
NFI	Non-Food Item
OP	Older Persons
OPwD	Older Persons with Disabilities
PDM	Post-Distribution Monitoring
PSEA	Prevention of Sexual Exploitation and Abuse
RTR	Real-Time Review
TLS	Temporary Learning Space(s)
WASH	Water, Sanitation and Hygiene
WFP	World Food Program

I. Introduction

I.1. Cyclone Idai impact on Mozambique

Cyclone Idai made landfall in Mozambique on 14 March 2019, close to Beira City in Sofala Province. Prior to this, 141,000 people were affected by flooding in Tete and Zambezia provinces. Out of those, it was estimated that 17,100 were displaced.⁶ On 14-15 March, the cyclone wrecked Beira City and surrounding areas with high winds, leaving thousands of houses and other buildings without roofs.⁷ After the winds, devastating flooding submerged entire areas due to heavy rainfall and the breaking of two dams in Buzi and Lamegu.⁸ Between the winds and flooding, many roads were cut off and most of the areas outside of Beira City were accessible only by boat or helicopter.

Food security was severely affected by the cyclone. Farmers' fields were flooded and some remain buried in sand. Livestock, food, and other assets were lost in the high waters. One Red Cross assessment in Beira City found that 69% of respondents lost crops and 44% lost livestock.⁹ Fields in Manica which were covered in sand are not currently suitable for arable farming.

Concerning shelter, 239,731 houses were damaged. Of these, 112,745 were totally destroyed.¹⁰ Many people were displaced to temporary accommodation centres. In early April 2019, at least 131,100 people were staying in 136 different accommodation sites, most of which (107) were found in Sofala Province.¹¹ Starting 5 April, the Government of Mozambique began moving people from the accommodation centres, where they had first sheltered from the storm, to pre-determined transit areas.¹² The goal of the exercise was to resettle people from flood-prone areas to higher land. Since 18 June, the temporary accommodation centres have been closed, but new official resettlement sites have been opened by the government to encourage people to move away from low-lying land.¹³ The government led the resettlement process and actively moved people to the locations, while some humanitarian partners provided "logistical support, assistance to vulnerable individuals, material assistance and monitoring and support to prevent family separation during the process."¹⁴ However, the process was criticized by humanitarian agencies for not respecting basic protection standards. The closure of the accommodation centres and relocation to resettlement sites "unfolded in an ad-hoc and uncoordinated manner"

⁶ "IASC Operational Peer Review: Mozambique: Cyclone Idai Response.," n.d.

⁷ Ibid.

⁸ Ibid.

⁹ IFRC. "Beira Rapid Assessment Report: Cyclone Idai." Beira City, April 2, 2019.

¹⁰ UNOCHA. "Mozambique: Cyclone Idai & Floods Situation Report No. 10." Situation Report, April 11, 2019.

¹¹ UNOCHA, "Mozambique: Cyclone Idai & Floods Situation Report No. 2 (as of 3 April 2019)," Situation report, April 3, 2019, <https://reliefweb.int/report/mozambique/mozambique-cyclone-idai-floods-situation-report-no-2-3-april-2019>.

¹² "Returns Resettlement and Relocations - Guiding Principles Final.Docx 300419 (1)," April 30, 2019.

¹³ UNHCR, "Tropical Cyclone Idai: Mozambique Situation Report #18 Reporting Period: 1 - 14 July 2019," July 16, 2019, <https://reliefweb.int/sites/reliefweb.int/files/resources/70322.pdf>.

¹⁴ "Returns Resettlement and Relocations - Guiding Principles Final.Docx 300419 (1)."

while an unknown number of people relocated ultimately returned to their former homes.¹⁵ The rushed opening of the new resettlement sites led to people being moved without enough time to prepare and in a way that did not respect some of the humanitarian principles.¹⁶ During the fieldwork, there were different views among DEC members as to whether or not they should intervene in the relocation sites, with one DEC member agency ultimately deciding against working at the sites. As of 16 July 2019, 66,118 internally displaced people lived across 63 resettlement sites in Manica, Sofala, Tete and Zambezia provinces.¹⁷ Many of these sites still lack basic facilities and services such as latrines and water provision.¹⁸

The storm affected education with 3,504 school classrooms destroyed and teaching materials swept away in the floods.¹⁹ Students also lost school items such as uniforms and books. There were protection needs prior to Cyclone Idai, and the storm added to them: theft or robbery is currently a concern; mobility aids for people with disabilities (PWD) were damaged in the cyclone; and people feel unsafe moving at night without lighting (in host communities and the now-closed accommodation centres, but also likely in the new resettlement sites).²⁰

Aid agencies were able to rapidly respond on the ground, in part due to two pre-existing consortia -- CHEMO and COSACA, mostly composed of DEC members. World Vision is leading the Consorcio Humanitario de Moçambique (CHEMO), comprising of Food for the Hungry (FU) and Welthungerhilfe (WHH). The COSACA consortium is led by Save the Children International (SCI) and comprises of Concern Worldwide, CARE and Oxfam. Prior to the cyclone, those consortia were active in Tete, Sofala, Manica, Inhanbane, Zambezia and Gaza provinces, and had pre-positioned non-food item (NFI) stocks across the country. The International Federation of Red Cross and Red Crescent Societies (IFRC) and various country chapters (e.g. Spanish and British Red Cross societies) were also able to quickly support the Mozambique Red Cross (CVM) by sending in a Field Assessment and Coordination Team (FACT) and surge staff to Maputo prior to landfall.

1.2. Humanitarian context in Mozambique

Mozambique is a low-income country emerging from a two-year economic crisis. The country enjoyed rapid economic growth over two decades, which ended with the hidden debt crisis in 2016 where the country's gross domestic product (GDP) dropped to nearly half of the average

¹⁵ "Returns Resettlement and Relocations - Guiding Principles Final.Docx 300419 (1)."

¹⁶ As noted in the Guiding principles document, "It has regrettably been noted that the GoM has either: (1) ignored these basic requirements as experienced, for instance, with the relocation to IFP and San Pedro transit sites, the resettlement of families from Samora Machel Accommodation Centre and Chipende Accommodation Centre to Mandruzi and Mutua in Dondo, and the resettlement in Metuchira, Nhamatanda district; (2) Or underestimated the risks of sending IDPs including extremely vulnerable ones in sites that are not prepared to receive them."

¹⁷ UNHCR, "Tropical Cyclone Idai: Mozambique Situation Report #18 Reporting Period: 1 - 14 July 2019."

¹⁸ Unicef. "20190702 Resettlements WASH Mapping," n.d.

¹⁹ ActionAid, "ActionAid_Ph1_Plan_CIA19_Mozambique," April 30, 2019.

²⁰ CARE. "CARE Rapid Gender Analysis: Cyclone Idai Response." Sofala Province, Mozambique, April 2019.

GDP of the preceding years.²¹ Poverty is primarily rural, with 8 out of 10 poor people living in rural areas.²² Overall, 65% of the population has an income of less than MZN 5,000 (USD 142) per month.²³

Mozambique is prone to natural disasters such as floods, droughts and cyclones. The country is especially exposed to shocks in the agricultural sector, as nearly 70% of the population relies on agriculture for employment.²⁴ Population resilience has also been eroded by the multiple crises, including steep food price inflation during 2016-2017 that especially hit the poorest provinces in country (Manica, Niassa and Tete).

In response, Mozambique has one of the most comprehensive legal frameworks for social protection in the region, with one of its social protection programmes (the Basic Social Subsidy Program, previously called Food Subsidy Program) dating back 25 years. Social protection programmes are delivered via a variety of modalities, including cash grants and vouchers. The default cash grant option is the use of conditional cash grants aimed at encouraging beneficiaries to enrol in labour-intensive schemes. Despite this widespread use of Cash and Voucher Assistance (CVA) for Social Protection purposes, the Government has a strong stance against using CVA to cover emergency needs. The National Institute for Disaster Management (INGC), the governmental body in charge of natural disaster prevention and mitigation has consistently opposed using cash grants and has only anecdotally authorised the use of vouchers.

In case of natural disasters, the Government of Mozambique activates the Technical Council for Disaster Management (CTGC), the national platform for disaster management. The INGC is a member of the CTGC and coordinates it. Along with government Ministries and the UN Humanitarian Country Team, CTGC decides on the response strategy as well as the delivery methods for the upcoming humanitarian response.²⁵

In Mozambique, the 1997 Land Law allows women to be co-title holders to land deeds. However, customary practices, a lack of access to formal courts, and a lack of education in rural areas mean that in practice, women often do not have rights to land.²⁶ Property deeds are also an issue with the resettlement sites, as not all those who were promised land deeds by the government have received them yet.

²¹ "The World Bank in Mozambique - Overview," The World Bank, May 28, 2019, <https://www.worldbank.org/en/country/mozambique/overview>.

²² World Bank, 2019

²³ Fin Scope Consumer Survey Mozambique 2014, 2015. Finmark Trust.

²⁴ Riasco, n.d. Action plan for Southern Africa revised regional response plan for the el-nino induced drought in Southern Africa December 2016- April 2017.

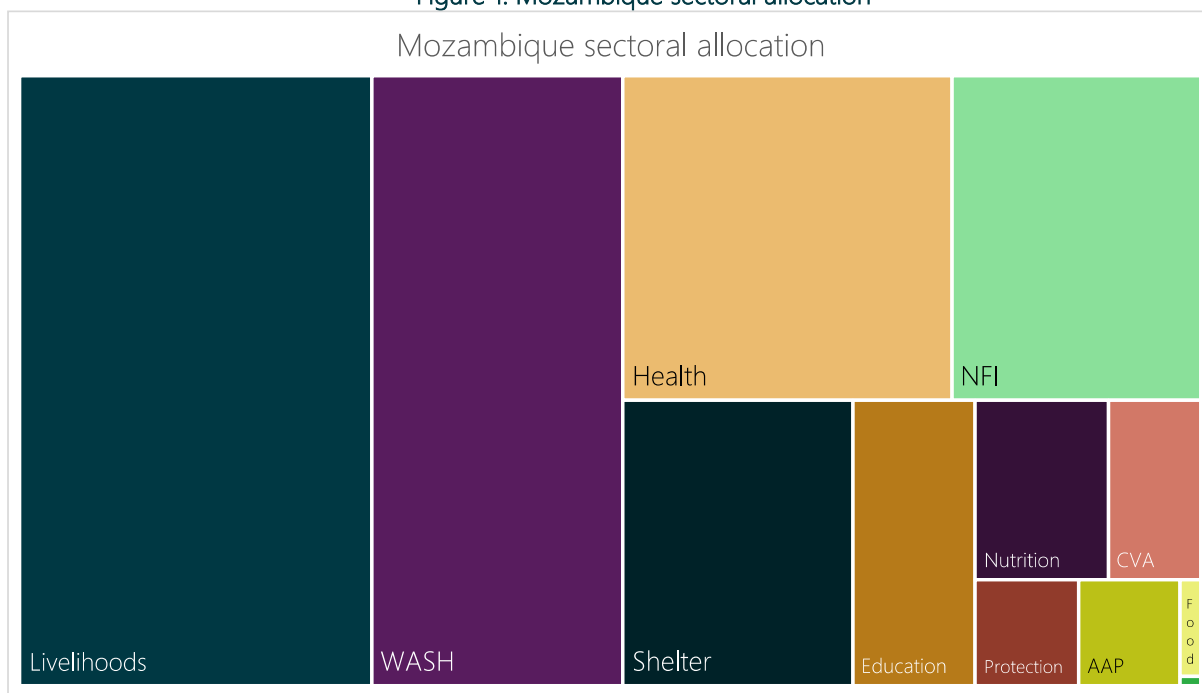
²⁵ Depending on the disaster, different Ministries could be represented: Ministry of Health, of Agriculture, of Water, etc.

²⁶ Anna Knox and Tanner, Christopher, "Securing Women's Land Rights in Mozambique," January 2011, <http://www.focusonland.com/countries/protecting-and-improving-womens-land-rights-in-mozambique/>; United States Agency for International Development, "Land Links: Mozambique Country Profile," n.d., <https://www.land-links.org/country-profile/mozambique/#1528831743941-041255bf-6778>.

1.3. Response of DEC members

The total DEC appeal funds allocated to Mozambique for Phase One of the response is 8,036,992 GBP, out of a total of 14,660,429GBP for the three countries.²⁷ The DEC was among the top ten donors to the Mozambique response.²⁸ The greatest sectoral share of the Mozambique funding was in livelihoods (30%). Combined with Water, Hygiene and Sanitation (WASH), it accounted for half of the response.

Figure 1: Mozambique sectoral allocation



Nine DEC member agencies responded in Mozambique: ActionAid, Age International, the British Red Cross, CAFOD, Care International, Oxfam, Plan International, Save the Children and World Vision. Overall, the DEC members’ ambition is to reach 414 985 beneficiaries during Phase One of the response.^{29,30} Of the nine agencies, Oxfam has the largest number of beneficiaries, as shown in the table below.

Table 1 Intended beneficiaries’ coverage

ORGANISATION	INTENDED NET NUMBER OF RECEIPIENTS
OXFAM	144 050
SAVE THE CHILDREN	83 000
BRITISH RED CROSS	94 500
ACTION AID	19 493

²⁷ DEC. “Cyclone Idai Appeal Consolidated Finance Phase One Plans,” n.d.

²⁸ Financial Tracking Service, “Mozambique Humanitarian Response Plan 2019 (Humanitarian Response Plan),” accessed August 10, 2019, <https://fts.unocha.org/appeals/761/summary>.

²⁹ N.B. beneficiary numbers may not be exclusive to organisations and there may be some double-counting

³⁰ Age International is referred to as “HelpAge” in the rest of the document, as that is the arm of the organisation operating in Mozambique.

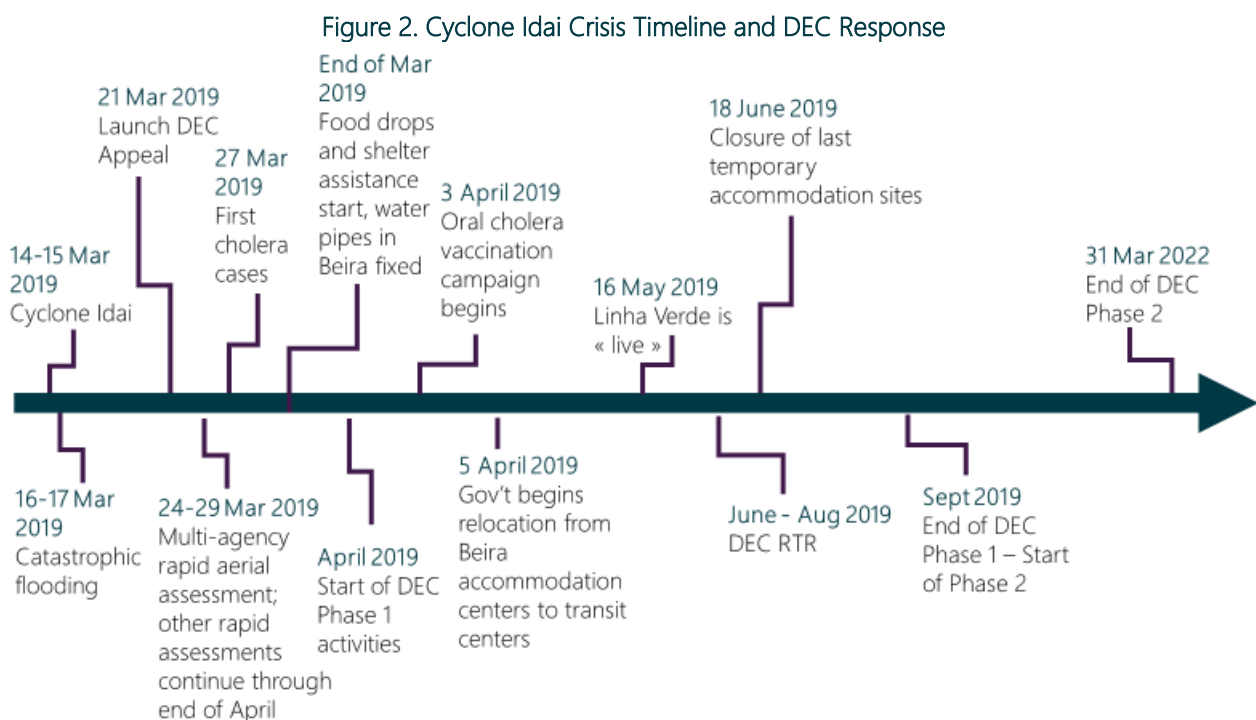
WORLD VISION	43 160
CARE	15 000
PLAN INTERNATIONAL	7 072
AGE INTERNATIONAL	5 100
CAFOD	3 610
TOTAL	414 985

Several of the DEC members worked with both local and international agencies to implement their projects. Those implementing partners are listed below:

Table 2. Implementing Partner Organisations/Agencies

DEC MEMBER	IMPLEMENTING PARTNER
ACTION AID	Oram & CODESA
CAFOD	AVSI Foundation
BRITISH RED CROSS	CVM & IFRC
HELPAGE	APITE & ASADDEC
OXFAM	AJOAGO, CECOHAS, Kukumbi & Kulima

The Cyclone Idai response began immediately after the landfall, with DEC members and other agencies operating out of the Beira airport. DEC members were able to use alternate emergency funds to start their operations before the DEC Phase One funds were available. DEC member agencies were also allowed to start activities before having Phase One budgets and plan approval by the DEC.



I.4. Pre-existing projects in cyclone-affected areas

Prior to Cyclone Idai, three of the DEC members had longer term projects on the ground. The existence of development programs (or knowledge of such programs) was not extensive among the key informants and the FGD participants. Those that were mentioned had either stopped by the time of the cyclone or were being implemented with local partners.

Table 3. Projects prior to Cyclone Idai

Organisation(s)	Province(s)	Active in March 2019?	
ActionAid & Oram	Sofala	Yes	Land deeds; community association support; women's rights and GBV; sustainable agriculture
HelpAge & ASADDEC	Sofala	Yes	OP and PWD support
KfW	Sofala	No	Latrines; possibly other sanitation activities
Save the Children	Sofala & Manica	No	Health and nutrition activities

Oram, a local organisation, and ActionAid were implementing a project in Sofala Province working with community associations to help them obtain official land deeds. When Oram and ActionAid partnered for the DEC response, they were able to use these same community associations as an entry point for some of the activities such as seed distribution and psychosocial support training. The FGD participants in Buzi City also mentioned that there had been seed distributions in the past, but that they did not know which organisation ran the project. HelpAge and ASADDEC, another local organisation, were working in Beira before Cyclone Idai. Prior to the landfall, HelpAge asked ASADDEC to pass on information about the cyclone to their older person (OP) and PWD beneficiaries. Save the Children had a JHPIEGO-funded health and nutrition project in Beira District and Manica Province, but it had already closed by July 2018.

It is likely that there were other pre-existing projects, but they may have been in locations other than where the fieldwork was conducted, so FGD participants would not have known of them. Also, several of the key informants were staff who were not working in Sofala Province (or even the country) prior to the storm, and so did not know which non-Cyclone Idai projects were there before.

II. Review purpose, objectives and scope

The primary purpose of the response review was to instigate collective real time reflection and learning to inform programmatic adjustments across the DEC members' response. The review drew on the initial phase of the response in order to generate lessons that will be applied in real time as well as during the second phase (month 7 onwards) of the members' programmes. The response review also serves an accountability function. The review is participatory and aims to

be user-oriented. The target audience for this report includes the affected communities, the UK public, DEC members and their partners, the Government of Mozambique and local authorities.

A similar review was also conducted in Malawi and Zimbabwe and a common report will look at lessons learned across all three countries.

The objectives of this response review are to:

- Draw out key learning and recommendations from the response to date and inform Phase Two plans;
- Provide an overview and assessment of the response of DEC member agencies with a focus on relevance, sustainability, accountability, coordination, adaptability and effectiveness;
- Identify good practices in the humanitarian operations funded by the DEC;
- Identify priority areas, gaps and unmet needs;
- Highlight challenges that may affect implementation and programme quality.

The review focused on the activities and decisions conducted during Phase One of the response.

Accordingly, this review seeks to answer the following questions:

1. To what extent is the response relevant and appropriate to the needs and priorities of the target population?
2. How effective and efficient is the project in achieving its intended outcomes?
3. How adaptative has the response been so far?
4. How are DEC members ensuring accountability to affected populations?
5. How sustainable and connected to longer term issues has the Phase One of the intervention been?
6. How are DEC members maximising coordination, partnerships and complementarity with other organisations to achieve the intended response outcomes?

The review framework can be found in [Annexe XII.1](#)

III. Methodology

The real-time review adopted a participatory and use-oriented approach. As much emphasis was put on the process as on the final output (i.e. the report).

In Mozambique, the review gathered data from key informants working in each of the four provinces where DEC projects are being implemented. The majority of data including all focus group discussions (FGDs) and most in-person key informant interviews (KIIs) were collected in Sofala Province. All nine DEC-funded member projects in Mozambique were included in the review.³¹ The review began in early June with the first batch of program documents sent to Key Aid for the desk review. The table below shows the methodology employed for the review. A more detailed methodology is available in the [Annex. XII.2](#).

Table 4 Methodology

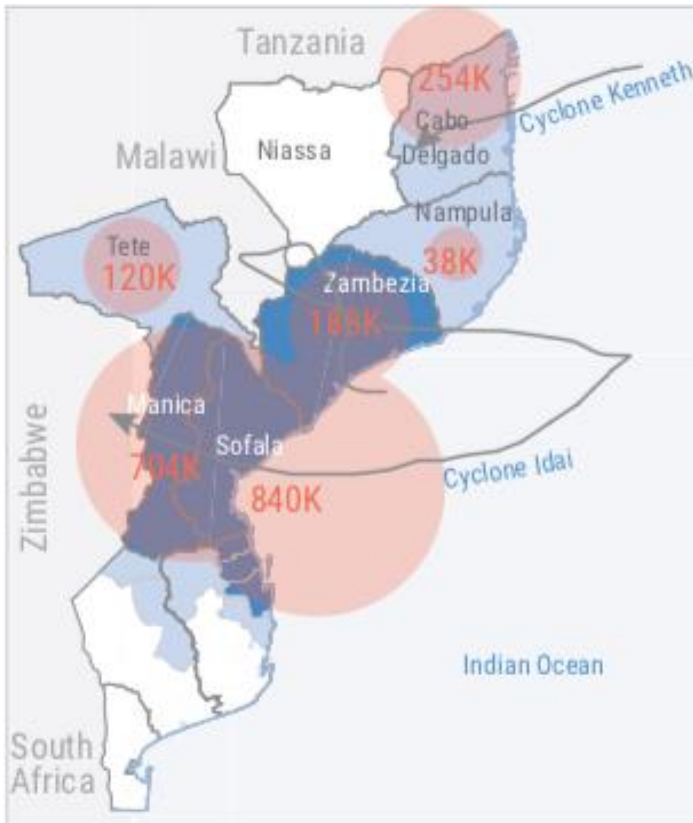
Inception phase & desk review	Inception report	Desk review
Data collection	In-country	
	2 July: Country briefing workshop with 25 participants from 15 organisations	10 FGDs with 104 people in total
	12 July: Learning workshop with 18 participants from 11 organisations	38 KIIs from 3-11 July 2019 from 9 DEC members, 9 partners, 3 coordinating bodies, 2 government agencies and 2 donors
	Total of 142 individuals consulted	
Final report	Data coding and analysis.	First draft: 11 August 2019. Final draft: 30 August 2019.
Review limits	FGDs only had participants from Sofala Province; other provinces' beneficiaries not interviewed	Lack of M&E data provided meant that progress on some outputs was not assessed

³¹ ActionAid, British Red Cross, CAFOD, CARE, HelpAge, Oxfam, Plan International, Save the Children, and World Vision

IV. The relevance and appropriateness of the response over time

IV.1. Geographical targeting of DEC member activities

Figure 3: Cyclone affected areas¹



The DEC members' activities spread across four provinces: Tete, Zambezia, Sofala and Manica. All were heavily affected by Cyclone Idai. The response prioritised areas most affected by cyclone winds and flooding. Inclusion error (misallocation of resources to non-impacted areas) was not cited as a problem of this response.

Exclusion error (lack of resources allocated to heavily impacted areas) was however flagged as an overall challenge, even beyond the work of the DEC members. Coordinating body representatives emphasised disparities in the response. Due partly to access constraints, the Phase One response was over-concentrated in some areas and under-concentrated in others.

There were disparities both between Tete and Zambezia versus Sofala provinces and between different *localidades* of Buzi District. This geographical disparity is not limited to

DEC member agencies and DEC projects, but is a wider problem identified in the Cyclone Idai response.

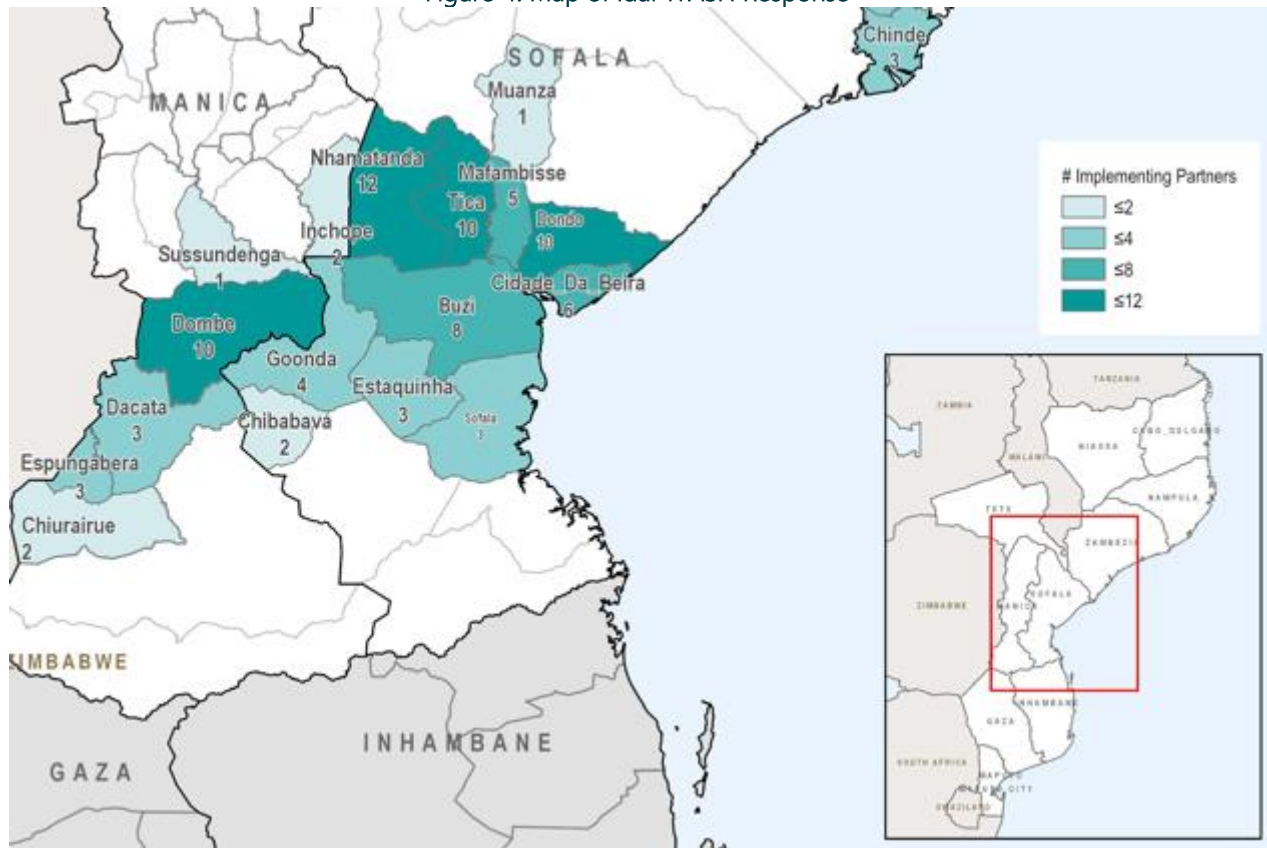
For example, Buzi District is an area that was heavily flooded, and several DEC members intervened there.³² However, most of the response has concentrated on just one side of the river.³³ Chibavava in Buzi was noted as requiring a stronger WASH response by key informants. Figure 4 below illustrates the high number of actors in locations like Buzi Town and Nhamatanda, as contrasted with Chiarairue and Chibavava. The main reason for the weaker response across the Buzi River was limited accessibility. To reach these areas from Beira, one has to drive first to Buzi Town (a 3.5 – 4 hour car ride from Beira City), take a short boat ride across the river, and

³² World Vision, Save the Children, Plan International, ActionAid, and Oxfam

³³ Although Plan International and Oxfam are working in areas on the other side of the river in Bandua and nearby areas for Plan International, and Estaquinha for Oxfam (the only international agency present there).

then take another vehicle to reach the project locations.³⁴ It is currently impossible to bring vehicles across the river, as the barge that was able to do so was damaged during the storm.

Figure 4. Map of Idai WASH Response³⁵



Similarly, in terms of food security and needs coverage, informants expressed concern about the comparative lack of attention given to Tete and Zambezia, especially considering that those areas are prone to drought.³⁶

Resettlement sites currently have more needs than the home communities. The sites lack permanent services and infrastructure. In many cases, residents are far from their homes and livelihoods. All DEC member agencies, except for BRC and CARE, are active in the resettlement sites.³⁷ The population of people affected by Idai outside of the resettlement sites is much higher than the population in the camps. Despite the presence of DEC members in communities, the spending of larger sums of money on a smaller amount of people is a possible source of tension. Tension between resettlement sites and communities which were severely impacted by the storm may occur or increase due to differences in humanitarian aid provision. The consultants heard

³⁴ Alternatives to this include using a boat down the Buzi River to Buzi (which is much shorter, but staff do not feel is safe) or driving around the river, which adds another 3-4 hours onto the trip.

³⁵ WASH Sector – Mozambique. “Mozambique: Cyclone Idai & Kenneth Response – WASH Cluster – Operational Presence Maps – 18th July 2019.” July 25, 2019. <https://www.humanitarianresponse.info/en/operations/mozambique/infographics>

³⁶ To quote one coordinating body key informant, who was paraphrasing a concern of some of the FSL actors, “We hardly talk about Zambezia, there is a lot of need there, [but] no Food Security Cluster, we also hardly talk about Tete.”

³⁷ At the time of this review, CARE was not responding in resettlement sites, but is currently looking at integrating these areas into its recovery response. This is however an aspect in which CARE is developing a strategy to integrate these specific areas into the recovery response.

complaints from more than one FGD participant that resettlement sites were receiving a disproportionate amount of attention. Resettlement sites have higher protection needs, with some of the families broken up, parents travelling for work (including farming) and responsibility for childcare passed to older children.

IV.2. Sectoral priorities

All the DEC members reportedly used participatory needs assessments to inform the sectoral priorities. Some of the organisations conducted assessments prior to the provision of services, while others relied on the multi-sector assessments conducted by others. Five out of the nine DEC members responding in Mozambique shared formalised need assessments with the review team.³⁸

Three of those five members did not include sector prioritisation.³⁹ Locations of assessments included all four districts of Sofala Province. Assessments in other provinces were either not conducted or not shared with the consultants. The table below summarises the identified priority needs across Sofala province.

Table 5. Multi-Sectoral Needs Assessments

Organisation	District in Sofala	Identified Priority Needs	Additional Needs
IFRC; CVM	Beira ⁴⁰	Food Security; Health; WASH	Shelter; Infrastructure
IFRC; CVM	Dondo ⁴¹	Livelihoods; Food Security; Shelter/NFI	Health, hospital and school infrastructure
ActionAid	Nhamatanda ⁴²	NFI; WASH (dignity kits); Food Security	Education (school kits); Livelihoods; Accountability
ActionAid	Buzi ⁴³	Food; Shelter; WASH	Health facility infrastructure; Education (school kits), Livelihoods

Surprisingly for a Phase One response, the DEC's funding in Mozambique had the largest share in livelihood activities, with WASH and health being the second and third most funded, respectively. Shelter was a distant fifth, with \$362,127 of funding.⁴⁴ In FGDs, participants most frequently cited shelter, livelihoods, NFIs and food as greatest needs. This prioritisation does not align with inter-agency needs assessment prioritisation that cites Shelter and WASH as the main priority areas.

Several reasons can explain the prioritization of livelihoods over other sectors. First, as DEC funding is flexible, it may be that DEC members have allocated other sources of funding to cover

³⁸ IFRC (BRC partner), CARE, Save the Children, Plan International and ActionAid all sent reports, while Help Age sent the questionnaire that they used for their rapid needs assessment (RNA).

³⁹ CARE, Plan International, and Save the Children

⁴⁰ IFRC, CVM. "Beira Rapid Assessment Report: Cyclone Idai." Beira City, April 2, 2019.

⁴¹ IFRC, CVM. "Integrated Recovery Assessment: Dondo District." Needs Assessment. Sofala Province, Mozambique, n.d.

⁴² ActionAid. "Rapid Needs Assessment Nhamatanda," n.d.

⁴³ ActionAid. "Buzi Rapid Assessment," April 12, 2019.

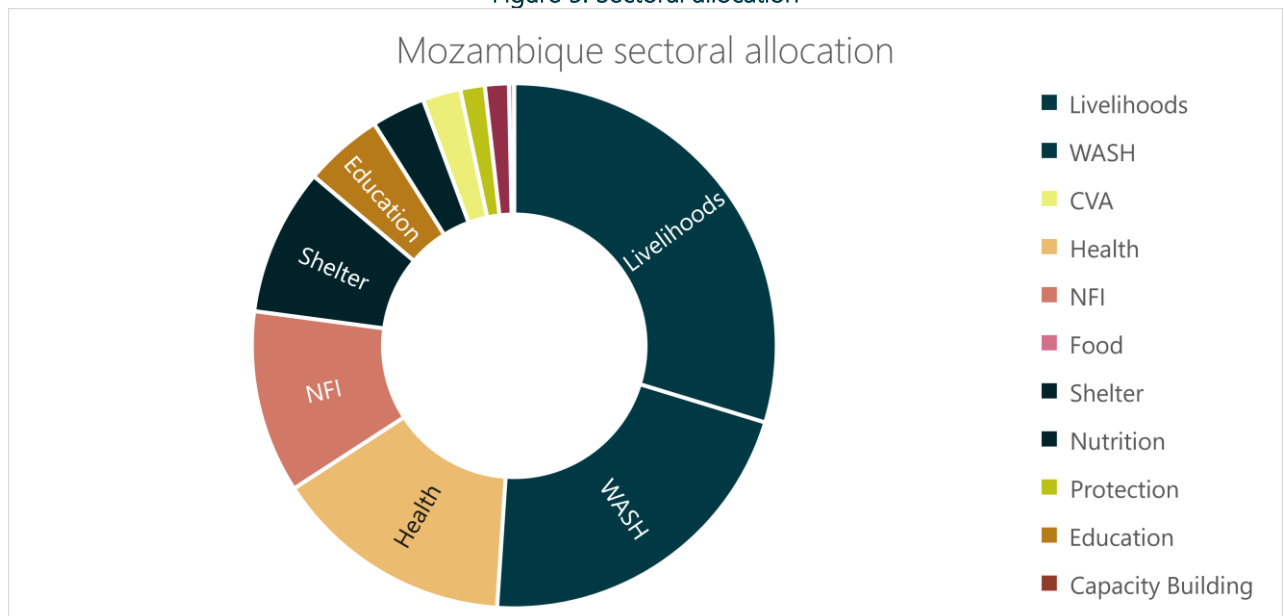
⁴⁴ DEC. "Cyclone Idai Appeal Consolidated Finance – Phase One Plans," n.d.

other sectoral needs. Second, Livelihood activities are in great demand from the crisis-affected households. The same activities which DEC member agencies are doing (seeds and tool distributions) were requested by FGD participants who are not currently receiving that type of assistance. DEC members may have decided to prioritise those areas deemed relevant by crisis-affected households as opposed to those deemed relevant by the humanitarian community.

Health was not prioritised by FGD participants from the affected communities. One reason could be that health needs in Mozambique (which were extensive prior to the storm) were not greatly worsened by the cyclone and the cholera outbreak was contained quickly.⁴⁵ The existing health needs may be viewed as more structural as compared to the current shelter situation, which changed drastically after the cyclone.

All but two of the needs assessments shared with the review team gathered information on protection needs. Assessments conducted by CARE and Plan International identified the differing needs of different groups in communities, such as female-headed households, the elderly, and PWD.^{46 47 48} Phase One plans by the two agencies included activities to address some of these needs, including safe school latrines and MHM kits for girls and their mothers. The Red Cross also designed disability-inclusive shelters for PWD.

Figure 5: Sectoral allocation



⁴⁵ IFRC, CVM. "Beira Rapid Assessment Report: Cyclone Idai." Beira City, April 2, 2019.

⁴⁶ Plan International, "Children Still Cry, Water Everywhere! A Rapid Assessment of Child Protection, Gender Based Violence, and Menstrual Hygiene Management Needs of Children, Young Girls and Women Affected by Cyclone Idai in Buzi District, Sofala Province," Rapid assessment, April 2019

⁴⁷ CARE, "CARE Rapid Gender Analysis: Cyclone Idai Response" (Sofala Province, Mozambique, April 2019).

⁴⁸ Gaps highlighted in CARE's assessment included: latrines in transit centres (i.e. not enough latrines, no sex-segregated latrines, no locks and lighting for the latrines, and latrines which were not child-friendly); as well as bathing shelters (similar issues); assistance for PWD and OP to access latrines and water points; mosquito nets for elderly men; appropriate menstrual hygiene management (MHM) materials and information on how to use them for women and girls; lack of food and nutrition for people living with HIV and AIDS; and maternal health care. Plan International's assessment found that children needed psychosocial support, clothes, medicine, and mosquito nets.

The assessments and FGDs also seem to show that context-specific needs were aligned with DEC activities. Water supply, sanitation and hygiene promotion was provided in locations with WASH needs; seed distributions were targeted people in agricultural areas; school kits with uniforms were given to families with school-age children; and psychosocial support services (PSS) were given to communities affected by displacement and flooding.⁴⁹⁵⁰⁵¹⁵²⁵³⁵⁴ One caveat is the support provided at resettlement sites, where people may have more complex livelihood needs. The populations there are far from their land in many cases and may not have skills and resources beyond agriculture. In the review by DEC member agency staff and an external coordinating body representative, it was noted that the distance travelled to and from farmland poses its own risks, including security and a lack child protection for children left in resettlement sites without adult supervision.

IV.3. Unmet needs

Overwhelmingly, respondents and communities felt that available funding was insufficient in covering the variety and scope of needs. This is unsurprising considering that the Mozambique Humanitarian Response Plan is only 46.6% funded.⁵⁵

The review found several unmet needs of affected communities:

- Permanent shelter materials such as zinc and cement, as well as installation tools (hammers, nails, etc.) are lacking. These are needed by people both those living both in and outside of resettlement sites;
- Livelihood support for small business owners who lost their stock in the flooding;
- A lack of suitable classrooms. Even before Cyclone Idai, there were not enough classrooms for students. During the high winds, many of the classrooms were destroyed. However, infrastructure alone will not be enough to cover needs. In Bandua School and probably in other villages, there are not enough teachers for the number of children -- a need which is outside the remit of the DEC response, but which is likely to impact the effectiveness of education initiatives. Food security is also an unmet need for children linked to education. Some of the key informants mentioned that parents travelling far to reach agricultural lands may not be able to feed their children breakfast. One finding in the CARE gender analysis was that some children are not able to concentrate or even go to school because of household food insecurity;⁵⁶

⁴⁹ IFRC, CVM. "Beira Rapid Assessment Report: Cyclone Idai." Beira City, April 2, 2019.

⁵⁰ IFRC. "Buzi Snapshot Draft," April 19, 2019.

⁵¹ IFRC, CVM. "Integrated Recovery Assessment: Dondo District." Needs Assessment. Sofala Province, Mozambique, n.d.

⁵² Noted in KIIs with WASH actors (DEC and non-DEC including one government official and one coordinating body representative).

⁵³ ActionAid FGD participants in Buzi Town who received seeds and school kit items; also, DEC representative present at distribution of school kits in Buzi Town, and observation by the consultant of children wearing school uniforms from that distribution.

⁵⁴ FGD participants in CAFOD's project area discussed the psychological impact of the storm's affects; all of them had been displaced by the storm.

⁵⁵ Source, UNOCHA, Financial Tracking Services

⁵⁶ CARE, "CARE Rapid Gender Analysis: Cyclone Idai Response."

- A lack of seeds and agricultural tools also pose a problem identified in many FGDs;
- Lack of lighting was mentioned by Bandua School students as an unmet need that would allow them to study at night if provided; Non-food items and especially clothing and shoes;
- Psychosocial support in locations which do not have any services. This was mentioned by FGD participants in Mataduoro, as PSS run by CAFOD stopped when the San Pedro camp was closed. CAFOD will restart the PSS in some communities, but many the need is currently unmet.;
- Protection is likely an unmet need although most FGD participants did not discuss it, with the exception of participants in Dondo who mentioned feeling unsafe in the camp. DEC member agencies should assess protection risks and needs more formally, to identify which unmet needs exist;
- And playground equipment for schools and child-friendly spaces in communities and camps is frequently lacking.

IV.4. Link between outputs and results

The comparison between the members' intended outcomes and planned outputs demonstrates a clear link across sectors and DEC member agencies. The review team did not find any planned activities that did not feed into the intended results. Survey respondents and informants also agreed that the design of the cyclone response is consistent with the overall goal and objectives. However, some of the outputs seemed too limited to meet the intended outcomes. Examples were WASH outcomes that were only related to water supply and had no sanitation or hygiene activities; livelihood rehabilitation outcomes with seed distribution outputs but no pest control; an accountability to affected population (AAP) outcome with limited channels of information sharing; and an outcome to increase access and use of basic health services which only had screening and sensitisation on malnutrition.

In addition, in view of the planned outputs, some outcomes may be less likely to be sustained (e.g. *Outcome B: Disaster-affected children of school-attending age have sustainable access to education*). The output of classroom construction is necessary but not sufficient to ensure sustainable access to education. It would be more sustainable if the classrooms were permanent structures, but it is not clear how weatherproof they are, and if there are other barriers to education. Other examples of less sustainable outputs include distributing disposable sanitary pads. Equally, raising awareness of gender referrals and protection services when the referrals go to the police would be desirable. Sometimes, authorities do not have the capacity to deal with such referrals.

V. Effectiveness of the project in achieving intended outcomes

V.1. Achievement of outcomes

The response review was mainly qualitative and did not focus on quantitative M&E data, which would have allowed for a more definitive judgment on the achievement of outputs and outcomes. Yet, key informants from DEC agencies were confident that the planned outcomes are being realised. Discussions with communities gave qualitative information on the satisfaction of affected communities with the services they received from DEC members.

Fully-realised activities were carried out in water supply, sanitation, CFS and PSS, seed distribution, distribution of emergency lifesaving shelter and NFIs, school kit distribution, infrastructure construction, case management for older persons, health and nutrition activities, and awareness raising on GBV and hygiene promotion.

Some distributions had been delayed, for various reasons (e.g. lack of available materials, delayed start to procurement), which in some cases resulted in DEC member agencies changing their activities based on new information. It was unclear if some of the training for activities, such as on shelter building and how to use distributed items, had taken place during the distributions. Factors that hampered implementation of outputs and achievement of outcomes so far include:

Ban on cash and voucher assistance: The National Institute for Disaster Management (INGC), the governmental body in charge of natural disaster prevention and mitigation has consistently opposed using cash grants and has only anecdotally authorised the use of vouchers. This response is no exception, which drastically limited the choice of modality DEC members can use. One DEC member is in bilateral talks with the government to change this while others are advocating through the Cash sub-working group, but it remains unchanged up until now.

Import regulations and market functionality: Low quality supply compared to high demand for certain items (especially seeds) forced partners to look outside of Beira and even Mozambique for goods that would be adequate for beneficiaries. A problem in Beira is that only hybrid seeds were available when certain partners were trying to buy them. Hybrid seeds are poorer quality and require seeds repurchasing every year. Some partners sought to buy seeds from outside the country, which delayed procurement, notably because partners now had to obtain a germination certificate in order to bring seeds into the country.

Initial ban on treatment by NGO for malnutrition cases: At the start of the crisis, the government did not allow Nutrition partners to treat malnutrition cases in their clinics or facilities, despite having the means to do so. They could only screen for malnutrition and advise patients on it for the first few months, which halted their plans to treat cases and which may have led to gaps in care, as NGOs could only refer cases to often-remote government facilities.

V.2. Timeliness and quality of the response

FGD participants and key informants alike found the response to be timely, thanks to pre-positioned stocks. The relatively swift containment of the cholera outbreak (it lasted just over six weeks) is a prime example of the effectiveness of the response. In total, there were 6 750 cases of cholera, with the first cases reported by the Mozambique government on 27 March 2019. By 13 May 2019, UNOCHA reported that “the cholera outbreak has been largely contained, including due to the success of the rapid Oral Cholera Vaccination campaign.”⁵⁷⁵⁸⁵⁹ It was a major achievement, an easily documentable success, and although the vaccination was a main factor in stopping the spread, the WASH projects by DEC members reportedly made that effort more effective and timely.

Several activities were however held up by procurement delays and/or accessibility issues and as a result were not as timely as they should have been. For example, some shelter distributions had not started at the time of the Review. When it comes to the seed distribution, the planting time for seeds in South and Central Mozambique starts in mid-April and continues until the end of June or beginning of July.⁶⁰ Most, but not all the organisations had distributed seeds in time. Representatives from DEC members late for the planting season argued that beneficiaries would be able to keep those seeds for the main planting season in October, provided they do not eat them -- a concern that some FSL actors have, particularly for beneficiaries who are food insecure.⁶¹

⁵⁷ UNOCHA, “Mozambique: Cyclone Idai & Floods Situation Report No. 21 (As of 13 May 2019),” Situation report, May 20, 2019, <https://reliefweb.int/report/mozambique/mozambique-cyclone-idai-floods-situation-report-no-21-13-may-2019>.

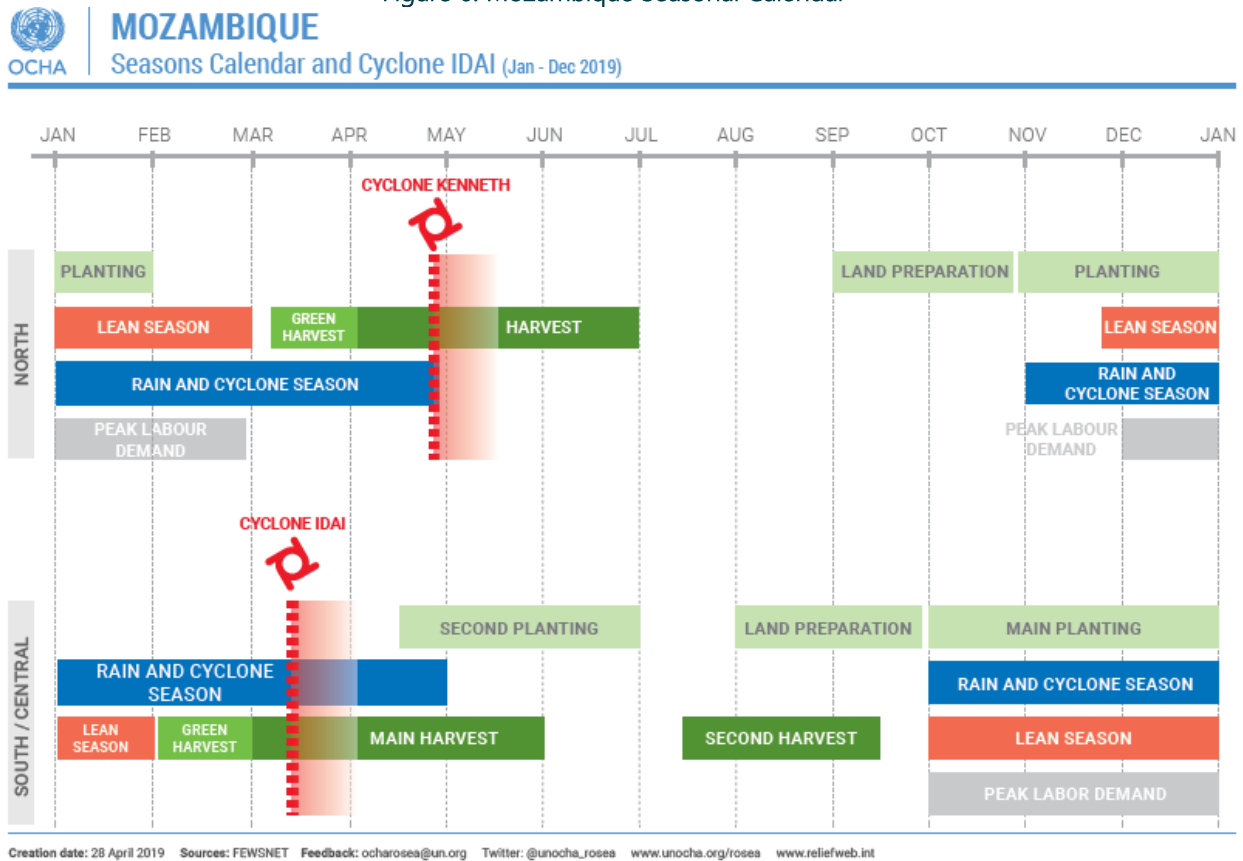
⁵⁸ “Tropical Cyclone Idai - Mar 2019,” Relief Web, n.d., <https://reliefweb.int/disaster/tc-2019-000021-moz>.

⁵⁹ UNOCHA, “Mozambique: Cyclone Idai & Floods Situation Report No. 21 (As of 13 May 2019).”

⁶⁰ This is actually the second planting in a season; the main planting starts in the beginning of October and goes until the end of the year or beginning of January. UNOCHA, FEWSNET. “Mozambique Seasons Calendar and Cyclone Idai (Jan – Dec 2019),” n.d. <https://reliefweb.int/sites/reliefweb.int/files/resources/20190428-OCHA-MOZ-SeasonsCalendar.pdf>.

⁶¹ No evidence was found during the fieldwork that beneficiaries had eaten their seeds; this was just mentioned as a possibility, especially where food distributions do not occur. Post-distribution monitoring by seed distributors is recommended to find out if this indeed is the case.

Figure 6. Mozambique Seasonal Calendar



Delays are explained by informants by the high demand for certain items in Beira and Manica after the cyclone which led to price inflation and lower stock availability. As a result, organisations had to source key commodities from outside (in some cases, outside of the country) and sometimes made a compromise in between timeliness and quality. Several key informants talked about the poor quality of hybrid seeds available in Beira as a challenge, as organisations did not want to distribute seeds that germinate only once. One key informant mentioned needing a germination certificate from suppliers to get governmental approval to import seeds from abroad which further limited the option to source seeds. Beyond the access issues, inherent to a first phase response after a cyclone, these supply challenges raise the question of how well DEC members understand local markets and the extent to these markets can be relied on to meet the needs of beneficiaries.

Organisations that did not have pre-positioned stock and had smaller field teams (such as CAFOD and ActionAid) were the most impacted by procurement problems. However, both organisations have turned the delays into an opportunity to revise their Phase One plans to reflect changed needs of the target populations. CAFOD is now distributing more permanent shelter materials of zinc sheeting and timber supports instead of plastic sheeting, and ActionAid will be including pest management support in their next seed distributions.

Two other concerns with quality were raised in the RTR. A problem with poor quality planning for distributions was mentioned in a couple FGDs. It seems that the first distributions were chaotic. However, all those distributions observed during the fieldwork were calm and controlled.⁶² In

⁶² One distribution (by a DEC partner, although for a non-DEC activity) was observed in Mataduro *barrio* and two others were witnessed by DEC representatives in Buzi and Dondo.

addition, one DEC member has taken the step of writing scripts for information sharing about distributions to improve communication with communities and reduce the likelihood of people showing up on the wrong day for their distribution.

In terms of health, referrals of cases to other service providers represent a quality gap for patients with chronic illnesses (who need to go to government static clinics), nutrition patients, and potentially for GBV survivors seeing medical, psychosocial, and/or legal services. During the review, no standards or guidelines on the referral process and pathway were made available to the consultants. DEC members are doing referrals, but without clearer guidelines, there is more likelihood for errors and gaps. A couple of key informants noted that they had difficulty getting follow-up information on cases referred to government facilities, although between different NGOs and agencies (such as a HelpAge client to another service provider), they are able to talk to the referred agency representative directly in Cluster or working group meetings. The PSEA network, a body initiated by CARE and Oxfam representing COSACA, and co-chaired with UNICEF, is a forum for agencies to raise sexual exploitation and abuse issues and concerns with authorities. It was initiated early in the response, although there remain confidentiality problems and other difficulties with implementation of referrals, particularly to government officials and hospitals.⁶³

V.3. Adaptability of the response

Agility and adaptability have been mentioned as a strong suit of the response. One of the primary reasons for it being the flexibility of DEC funding, which was highly spoken about by all interviewees.

DEC member key informants mentioned several ways that their projects have already adjusted to changed circumstances. This resulted in:

- Changing the geographical scope of the response to increase coverage and reduce duplication. For example, BRC decided to concentrate on Dondo district instead of Buzi when they found that enough organisations were operating there;
- Deciding on new activities based on changing needs: CARE used funding originally allocated to latrine desludging to construct new school latrines when it was found that there was a much greater need for new latrines than latrines that needed to be desludged;
- Adjusting activities based on the physical access, the context, market functionality and government regulations. For example, ActionAid and CAFOD changed the content of hygiene kits and shelter kits due to feedback from beneficiaries and changed circumstances;
- Transforming modus operandi to increase sustainability. For example, Save the Children transferred their mobile health clinics to the government mobile brigade and repaired government ambulances.

⁶³ Inter-Agency Standing Committee, "IASC Operational Peer Review: Mozambique: Cyclone Idai Response.," n.d.

V.4. Factors influencing project success

Cyclone intervention in Mozambique presented some peculiarities that impacted the success of the response. The factors below have been highlighted by interviewed DEC members. The experience and expertise of the respective DEC members, pivotal to the response success, have not been included as these are constitutive elements of the response rather than influencing factors).

Figure 7: Blocking and facilitating factors

	Facilitating factor	Blocking factor
Internal factor	<ul style="list-style-type: none"> - Community-based approach and participation - Working with local partners - Pre-positioned stocks - Pre-existing consortia 	<ul style="list-style-type: none"> - High turnover of international staff
External factor	<ul style="list-style-type: none"> - Existing community associations - Churches in communities able to assist Older Persons and facilitate local partnerships 	<ul style="list-style-type: none"> - Lack of political acceptance of CVA - Import regulations and market functionality - Initial ban on NGO-led treatment of malnutrition cases - Land right issues - Cyclone Kenneth and cholera - Armyworm infestation and drought - Upcoming elections in October have the potential to politicise aid and worsen community relations - Language barriers - Government staff capacity

Informants flagged more external blocking factors than any other category, but that may primarily indicate that these are simply the factors they are the most conscious of. Those factors all relate to the capacity of the implemented response to effectively meet result.

Multiplicity of crises:

Drought: Prior to Cyclone Idai, several provinces in Mozambique were affected by drought, which caused populations to be in severe food insecurity. Drought remains a risk that could severely limit the effectiveness of agricultural activities while creating greater food insecurity.

Kenneth and cholera: Cyclone Kenneth struck Mozambique on 25 April. While not striking in the same places as Idai, Kenneth was still a blocking factor to the Idai response, as staff and resources were pulled away from Idai to address needs in the areas where Kenneth landed. These areas still have high needs. The start of a cholera outbreak on 27 March also meant that WASH and health campaigns to vaccinate individuals took precedence over other types of assistance.

Army worm infestation: Instead of being wiped out in the floods, the armyworms increased after the cyclone. Fall armyworm remains a key problem that could prove disastrous to the success of farming initiatives. It can wipe out an entire crop, severely testing the limits of food security interventions.

Contextual factors

Limited funds: The funding for the Idai response, already below what was needed, was inadequate also for capacity-building with local partners and government staff. Although some DEC member agency's plans include funding for capacity-building activities, key informants detailed needs going beyond the level stipulated by current members' plans. Government staff in particular are stretched thin in remote areas and may not be able to take over activities once DEC member agencies wind down their projects. Local implementing partners also need more capacity-building. This is especially the case in areas where some DEC priorities are new (i.e. Core Humanitarian Standards, accountability).

October elections: The upcoming elections in October have the potential to politicise aid and worsen community relations and trust. The fear is that local politicians will use the elections as an excuse to curry favour by trying to influence the selection of beneficiaries. Also, Sofala Province is a majority opposition-province and this may affect the coordination between the national and regional government there as elections approach.

Language barriers: Many staff sent to the Idai response did not speak Portuguese, while many staff in organisations (particularly the national organisations) did not speak English. This led to a confused situation, in which some meetings were held in English and some in Portuguese. However, the Portuguese meetings were less known about, and some of the partners and DEC members were not attending Cluster meetings in the beginning of the response because they did not realize there were parallel meetings in Portuguese. The lack of common language among humanitarian actors persists as a blocking factor for coordination, as evidenced by the RTR workshops where some participants only spoke English and others only spoke Portuguese. The multitude of languages spoken by the populations is also a blocking factor. Groups such as women, children, and people living in remote areas may be less likely to speak and read Portuguese. This would block their capacity to sufficiently participate in decision-making. Agencies need to spend time providing information in different languages if they wish to be inclusive with communities. If DEC member agencies are not able to recruit for some positions in local communities, they may have to budget for interpreters or pull local staff to carry out some of the communication.

VI. Accountability to affected population

Accountability is a key element of any DEC funded intervention. All DEC members have agreed an Accountability Framework. As part of their organisational commitments towards accountability, all DEC members are using the Core Humanitarian Standard on Quality and Accountability (CHS) to improve the quality and effectiveness of the assistance provided.⁶⁴

Among the nine DEC members operating in Mozambique, CAFOD and Oxfam are certified; Save the Children, British Red Cross, and Plan International are independently verified; ActionAid, Age International, and World Vision have completed CHS self-assessment.

The Cyclone Idai response in Mozambique has a one inter-agency CFM that theoretically can be used by individuals to report complaints, give feedback and obtain more information on any of

⁶⁴ <https://corehumanitarianstandard.org/the-standard>

the humanitarian agencies operating there. Linha Verde is a hotline implemented by WFP on behalf of the HCT to take and respond to calls about all humanitarian actors working in the Cyclone Idai and Cyclone Kenneth response. Linha Verde is intended to provide all affected populations (cyclone response beneficiaries and other individuals in communities which receive aid) with a single point of contact for any aid related issues, irrespective of the implementing organisation. The call centre can be reached through a single 4-digit phone number (1458), 24 hours a day, seven days a week, and it has both male and female call operators.

VI.1. Community involvement in the response

In line with their CHS commitments, DEC members put in place thorough measures to ensure community participation across the project cycle. As mentioned in Section IV, the views of crisis-affected households were taken into consideration in the assessment phase through gender-segregated needs assessments. Several examples of community participation were shared during the review by the DEC member implementation team:

- All the DEC partners held (or are continuing to hold) FGDs and/or community meetings with community members to discuss the design of activities, but some are more regular than others in holding these meetings or discussions;
- Some partners have also set up community committees to engage communities consistently. The Red Cross for example created community committees in each of the locations it works in. Furthermore, it is now in talks with the anthropology department of a university in Maputo to develop a cultural awareness briefing package for national and international staff.

How much real or perceived decision-making power community members wield is unclear, but some of the organisations are focusing heavily on community engagement and participatory response. Having people from the community engaged in the design and delivery (via leaders and volunteers' involvement) makes the process consultative, but this should be balanced with the risks linked to the potential or perceived bias it may create.

The vast majority of FGD participants consulted knew why they had been selected and were aware of the targeting criteria: they were the poorest and those who had had shelters damaged in the cyclone. However, some of them mentioned not understanding why people in the resettlement sites were getting support.

VI.2. FGD participant knowledge of complaint and feedback mechanisms

The majority of Focus Groups had at least one participant who knew of at least one way to share feedback and raise a complaint. None of the FGD participants mentioned personally placing a complaint, so the researchers were unable to ask if they had received a response to their complaint and how satisfied they were with the response.

DEC members are exploring setting up multiple feedback channels. Yet suggestion boxes and Linha Verde appeared to be over-relied on by some agencies, despite high levels of illiteracy and insufficient access to phones and mobile network. Linha Verde was known by few FGD

participants in this review, and the purpose of it was not understood by some of those participants. For example, one focus group in Buzi thought it was for reporting problems with the police, not humanitarian actors. Similarly, and more surprisingly, some of the interviewed DEC representatives also lacked adequate information about Linha Verde (e.g. how long it would be active, which beneficiaries it was accessible to, etc.).

As a result of this lack of awareness, partners and communities have had problems with using Linha Verde as a mechanism. The establishment of the hotline has been an improvement on the accountability landscape, and the large call volume shows that it is an important channel for many beneficiaries. The hotline, though, had and has limitations, which mean that DEC members must not rely on it solely for complaints and feedback. The first limitation is that the line was not operating in the first couple months of the response. This meant that some DEC members had no CFM during that time. Use of Linha Verde is also limited to people who have phones (or access to one) and communities with network coverage. A potential risk going further relates to how data is transferred, shared and protected. It was not clear how this would be done between WFP and DEC members as well as which type of data sharing agreements are in place.

Not all DEC members have a staffed desk at distribution sites to take complaints. In some cases, it is just a suggestion box, not always in a discrete location but sometimes in the middle of the distribution site. This location for a CFM means it is likely to be perceived as non-anonymous and unsafe, discouraging people from giving feedback or complaints.

DEC members have not yet set up child-friendly CFMs. As far as the consultants could tell, there were no existing mechanisms designed to be accessible to children. For the organisations that were running Child Friendly Spaces (CFS) with DEC funds, there did not seem to be a formal CFM present. Organisations relied on having the staff informally handle any complaints. Plan International is currently meeting with children and teachers to identify which mechanisms are most appropriate and will be piloting a mechanism at the start of August. Plan International's accountability focal point is also training 16 Linha Verde operators in August on how to handle calls from children. Key informants interviewed did not mention how accessible their CFMs are for PWD or OP. Mechanisms such as focus group discussions, community committees (who have been trained on OP and PWD inclusion) and house visits by outreach volunteers are likely to be more accessible for OP and PWD than suggestion boxes.

VI.3. Evaluation against the CHS

Cyclone Idai disrupted communications infrastructure; limited physical access to affected communities; and made it more complicated to deliver an accountable response. This was especially the case for DEC members that do not have a static presence in communities. These members must rely on their implementing partner staff or community volunteers to pass on messages when they are not there. There is an inherent risk of information loss when passing through multiple layers.

DEC members are exploring how to adapt communications to channels traditionally used to convey messages. Notably, some of the agencies are looking to use radio messaging as an additional channel of communication. Using this radio would reduce some of the burden that partners face communicating in areas where there is no static presence. Communication should be used as a two-way mechanism to ensure crisis-affected households are both aware of the assistance provided, able to provide feedback and contribute to monitoring efforts. This requires

Figure 8: CHS Commitments



certain resources, both human and financial, yet DEC representatives interviewed felt they did not have a sufficient budget to fund multiple CFMs or M&E processes to measure AAP (such as post-distribution monitoring).

Figure 8 has been developed based on the official CHS representation. The colours have been changed in order to represent which standards need the most attention based on the findings of this review. The standards that appear the least met are coloured in orange and red (orange meaning partially met and red meaning not met at all), according to the

consultants’ judgement.

The table below has also been developed to bring a more granular analysis and allow DEC member agencies to specifically identify which areas need to be improved within the CHS quality criteria.

Table 6 Assessment of the response against CHS performance indicators

Quality criterion	Performance indicator	DEC response score
Commitment 1: Communities and people affected by crisis receive assistance appropriate to their needs.		
Humanitarian response is appropriate and relevant	Communities and people affected by crisis consider that the response takes account of their specific needs and culture. <i>Culture not discussed in FGDs.</i>	2
	The assistance and protection provided correspond with assessed risks, vulnerabilities and needs. <i>Some needs and vulnerabilities were not sufficiently met or addressed at all by this response (e.g. mobility aids for PWD, classrooms, protective equipment for hygiene committees); in some cases, households just received school kits but not other assistance.</i>	2
	The response takes account of the capacities (e.g. the skills and knowledge) of people requiring assistance and/or protection. <i>Communities are involved in response as activists, through community meetings, and committees, but it is unclear to what degree the skills</i>	2

	<i>and knowledge are taken into account; complaint in one FGD that jobs are given to Beira outsiders with degrees rather than people from affected community.</i>	
Commitment 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.		
Humanitarian response is effective and timely	Communities and people affected by crisis, including the most vulnerable groups, consider that the timing of the assistance and protection they receive is adequate <i>Timing considered good, but if considering protection from elements (i.e. shelter), then rating is lower.</i>	2
	Communities and people affected by crisis consider that their needs are met by the response.	2
	Monitoring and evaluation reports show that the humanitarian response meets its objectives in terms of timing, quality and quantity.	This could not be assessed
Commitment 3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action		
Humanitarian response strengthens local capacities and avoids negative effects	Communities and people affected by the crisis consider themselves better able to withstand future shocks and stresses as a result of humanitarian action. <i>FGD participants were not specifically asked this question, but looking at the responses to other questions, they still had many basic unmet needs (especially food and shelter) and most had not been given any type of training or long term assistance.</i>	1
	Local authorities, leaders and organisations with responsibilities for responding to crises consider that their capacities have been increased.	1
	Communities and people affected by crisis (including the most vulnerable) do not identify any negative effects resulting from humanitarian action.	2
Commitment 4: Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them		
Humanitarian response is based on communication, participation and feedback	Communities and people affected by crisis (including the most vulnerable) are aware of their rights and entitlements.	This could not be assessed
	Communities and people affected by crisis consider that they have timely access to relevant and clear information.	1
	Communities and people affected by crisis are satisfied with the opportunities they have to influence the response.	This could not be assessed
Commitment 5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.		
Complaints are welcomed and addressed	Communities and people affected by crisis, including vulnerable and marginalised groups, are aware of complaint mechanisms established for their use.	1
	Communities and people affected by crisis, consider the complaint mechanisms accessible, effective, confidential and safe.	This could

		not be assessed
	Complaints are investigated, resolved and results fed back to the complainant within the stated timeframe.	This could not be assessed
Commitment 6: Communities and people affected by crisis receive coordinated, complementary assistance.		
Humanitarian response is coordinated and complementary	Communities and people affected by crisis do not identify gaps and overlaps in the response.	2
	Responding organisations share relevant information through formal and informal coordination mechanisms.	3
	Organisations coordinate needs assessments, delivery of humanitarian aid and monitoring of its implementation.	3
Commitment 7: Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.		
Humanitarian actors continuously learn and improve	Communities and people affected by crisis identify improvements to the assistance and protection they receive over time.	2
	Improvements are made to assistance and protection interventions as a result of the learning generated in the current response.	3
	The assistance and protection provided reflects learning from other responses.	This could not be assessed
Commitment 8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers		
Staff are supported to do their job effectively, and are treated fairly and equitably	Male and female staff feel supported by their organisation to do their work	This could not be assessed
	Staff satisfactorily meet their performance objectives.	This could not be assessed
	Communities and people affected by crisis find staff and volunteers to be effective (i.e. in terms of their knowledge, skills, behaviours and attitudes).	This could not be assessed
Commitment 9: Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically		
Resources are managed and used responsibly for their intended purpose.	Communities and people affected by crisis are aware about community-level budgets, expenditure and results achieved.	0
	Communities and people affected by crisis consider that the available resources are being used: a) for what they were intended; and b) without diversion or wastage.	This could not be assessed
	The resources obtained for the response are used and monitored according to agreed plans, targets, budgets and timeframes.	2

	Humanitarian response is delivered in a way that is cost effective	2
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The same scoring system as the one presented in the CHS Self-Assessment tools was used, i.e.:

Table 7 Score description

Score	Description
0	The organisation does not currently work towards application of this requirement, neither formally nor informally.
1	The organisation has made some efforts towards application of this requirement, but these efforts have not been systematic.
2	The organisation is making systematic efforts towards application of this requirement, but certain key points are still not addressed.
3	The organisation conforms to this requirement and systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.
4	The organisation's work goes beyond the intent of this requirement and demonstrates innovation. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.

VII. Sustainability and connectedness of the response

In general, although agency staff were aware of the long-term needs of communities and early recovery activities are starting, the response is not yet linked to a long-term plan or strongly connected to pre-existing longer-term programmes. One of the reasons for this is the humanitarian/development divide that still exists among many of the DEC members. Despite the pre-Idai presence of several DEC members, it seems few team members involved in longer-term efforts have contributed to the design and implementation of the Phase One of the response. One notable exception is the COSACA consortium, which had Save the Children, Oxfam and CARE as part of the DEC response. COSACA was able to share information with partners who were new to the locations and has a coordinator who has been in Mozambique for years. The CHEMO consortium may also be an example of long-term efforts linked to the emergency response, as it has been active since 2016. However, in the primary data collection, CHEMO was not mentioned by any of the key informants, so the consultants were not able to assess its role in this response.

Phase One was meant to be an emergency response and was designed as such. It focused on basic needs coverage and already included a strong livelihood focus, paving the way to early recovery. Unsurprisingly, there were no disaster risk reduction activities included in the Phase One. However, DEC member organisations have already included some measures designed to address long term needs. For example, Plan International is raising awareness among children that they should be listened to and their opinions matter. Similarly, Save the Children taught women and caregivers about nutrition and built permanent community infrastructure such as the Nhangau Centre facilities and school latrines.

The environment is a particularly relevant cross-cutting issue when looking at cyclone responses. As with earthquakes, the destruction of infrastructure following a cyclone may increase pollution levels in the atmosphere and water.⁶⁵ However, this is still an issue given low priority by humanitarians. Mozambique is no exception and most key informants did not have information on the environmental impact of the response.

Those who did talk about the environment only mentioned that they were considering how to incorporate building back better (BBB) and disaster risk reduction (DRR) in their shelters and livelihoods given that the threat of future cyclones remains high. The reviewed assessments did not discuss environmental impact, though a couple did mention that climate change and future storms as important factors to consider. The IFRC has contracted an external consultant to do a green review of its activities, both related to internal ways of working (e.g. fleet and fuel use, paper) and activities with beneficiaries.⁶⁶

VIII. Coordination and complementarity

Overall, most DEC MA key informants thought that coordination had been effective in both bilateral and multilateral coordination forums. Coordinating bodies and government staff were more likely to mention challenges in coordinating with DEC member agencies. However, many MA staff said that they thought having a forum to coordinate as DEC members (especially in proposal writing) would be beneficial in better planning the response. DEC is a membership-based organisation and has no ambition to create an additional layer of coordination among its members. The RTR workshops were the first occasions DEC members had to meet and discuss as DEC since the start of the response. However, they coordinate and share information at cluster meetings and within COSACA and CEMO for those members who are part of these consortia.

In Mozambique, the National Institute for Disaster Management (INGC) is the governmental body in charge of natural disaster prevention and mitigation. After Idai, the Government of Mozambique activated the Emergency Operation Centre (COE), a provincial level body which is coordinated by the prime minister, as well as the CTGC. The CTGC exists at community and district levels and is part of INGC.

Language: Despite Mozambique being a Portuguese speaking country, most of the cluster meetings happen in English. Some parallel meetings were being held in Portuguese (e.g. with the WASH Cluster) but they stopped. DEC representatives and partners were not always aware of the existence of the meetings in Portuguese. Some response team members (whether DEC members or implementing partners) are not always comfortable with English.

Lack of familiarity with the cluster system: Informants, primarily those from DEC members' partners, found the cluster system hard to navigate. Combined with limited resources and staff on the ground, it resulted in some of the partners not being very active in coordination fora.

⁶⁵ H.Juillard and J.Jourdain, 2018, Earthquake lesson paper, ALNAP

⁶⁶The green review was described during a KII with one Red Cross staff and subsequently confirmed by another staff later.

Local authorities had different perceptions on the level of information they receive from DEC members, as this varied from one member to the next and from area to area. In Zambezia, scarcity of INGC staff makes it difficult to monitor DEC member implementation.

Another gap in the Cyclone Idai response (i.e. the general response, not just DEC-specific projects) was localisation. Unlike other responses, there was no pooled fund for the Cyclone Idai response that national organisations could use. More goods than were needed or could be adequately managed were imported into the country. This was caused by restrictions on CVA as well as the internal processes within some organisations. One of the DEC members, Plan International, will be conducting research in the future to study how to improve localisation in Mozambique. Such information would be useful to all partners and depending on the timeline, may be useful for the design of Phase Two activities. In the meantime, member agencies could try to include some questions on localisation as they conduct other assessments (e.g. market assessments, M&E) to at least build evidence for which localisation efforts would be most relevant and likely to succeed.

IX. Conclusion

Cyclone response presents unique challenges: physical access is difficult in the first few days and communication is made difficult by infrastructure destruction. Overall, the DEC response to the Cyclone Idai can be considered a success. It contributed to the quick containment of the cholera epidemic; provided a flexible source of funds that allowed members to adapt quickly to changing circumstances; addressed the needs of targeted communities according to the will of those communities; and made efforts to build accountability with affected populations.

Phase One response is unique as it presents a strong focus on livelihoods. This raises the interesting question of the universal hierarchies of needs which are often critiqued for being externally imposed/not culturally relevant. There is and will always be an inherent tension between the needs (i.e. what « expert » opinion think is necessary) and the demand. Humanitarian organisations tend to look at relevance from an agency-centric perspective. Even when consulting with crisis-affected households, organisations are always bound by agency mandate/expertise. The sectoral prioritisation of the response in Mozambique tends to demonstrate that DEC members have done things differently, prioritising needs expressed by the crisis-affected households. These strong roots in the local contexts are to be further explored when it comes to how the market functions and how private sector efforts can be supported (or at least not undermined). This understanding can and should be developed pre-crisis, to increase the effectiveness and timeliness of future responses.

One of the DEC response's strengths was that the diversity of its members allowed for an array of best practices and lessons learned to be seen in this review, saving other members time and effort in identifying better ways to act. Notably, the Red Cross's green review and proposed cultural briefing packet; Plan International's ongoing exploratory assessment of CFMs for schoolchildren; and the community committee model for information sharing used by some members, were seen as practices that could either be adopted by others or at the very least, be used as useful information sources by other agencies.

The DEC members' organisational commitment towards the CHS is not fully met at the country level. The intended level of participation of the communities in the response was high for community consultations and aligned with CHS commitments but can be increased and improved with more efficient channels of communication -- especially as the response is no longer in the first few weeks.

Cross-cutting issues such as gender and protection were incorporated at all stages of the response, but DEC member agencies need to improve their consideration of the needs of more vulnerable community members. Particularly now that the target group is not the entire flood-affected community, environmental considerations should be taken onboard strongly, both in alignment with the Humanitarian Response Plan and with the possibility of future natural disasters. There is a high likelihood that environmental disasters will hit Mozambique again in the coming years, whether in the form of drought or another cyclone. Preparing for possible future disasters would help strengthen the gains made in this response and protect people from the worst effects of another disaster.

X. Recommendations

On the basis of the above findings, the suggestions for DEC members to further strengthen their response to cyclone Idai and future disasters include:

X.1.1. Relevance and appropriateness

Recommendation 1: In light of improving physical access, expand the geographical scope of the intervention to areas with unmet needs and lack of other interventions.

Access was a major determinant for geographical targeting. As access evolves, partners need to reconsider their areas of intervention to avoid over-concentration in some areas and under-concentration in others. For areas which could not be served earlier due to access constraints, DEC members should discuss which type of assistance those areas now need and which partners are best placed to go to those areas. Additionally, DEC member agencies should consider including activities to meet some of the needs which are currently under-served or not met at all by the response. To achieve this, DEC members should improve participation in the Clusters (particularly the WASH Cluster and the FSL Cluster) to determine with other agencies where to go, who needs to be served, and which type of activities are most needed. Agricultural activities may not be appropriate for all populations. Additional assessments should be done to determine which Livelihood activities are most appropriate and possible - particularly for people in resettlement sites who may be in now work in different sectors following Cyclone Idai.

Recommendation 2: Consider carefully the balance of resource allocation between resettlement sites and communities

The review found that the DEC response faces the challenge of choosing whether to prioritize the resettlement areas, whose populations have a high level of needs and limited infrastructure, versus the communities that were affected by the storm and which comprise a much larger share of the overall population but which tend to have more services and infrastructure.

As DEC member agencies plan their Phase Two response, they will need to balance the risk of creating tension with the risk of neglecting the needs of resettlement site residents.

Humanitarian agencies already faced difficulties working with the government in ensuring the resettlement process was transparent and in accordance with humanitarian principles. They should ensure that they do not violate their own principles in their work in the sites. They also need to pay attention to effective communication with communities and take steps to reduce tensions that may occur over the provision of different forms and levels of assistance to different populations.

The review also found that less attention was paid by DEC member agencies to inclusion and protection in the response. While all people displaced by the storm and without food and other necessities were target beneficiaries for the response, the end of the emergency phase means that the most vulnerable should be prioritized in activities. This would mean collecting more information on protection issues and vulnerable populations in future needs and other assessments and tailoring some of the Phase Two activities to meet these needs first. Those DEC member agencies, such as Plan International, which are partnering with the government to monitor the inclusion of children with disabilities in schools could discuss and share their experiences and knowledge with certain population groups as another way to improve inclusion across the DEC response as a whole and improve inter-agency collaboration.

Recommendation 3: Continue advocating with the INGC for the use of CVA and document the use and effectiveness of vouchers to allay government concerns regarding CVA.

As mentioned, acceptance of CVA is generally low at central, provincial and district levels of government. Some DEC members have been authorised to use limited amounts of vouchers. This can be used as an opportunity to advocate for the scaled-up use of CVA. To increase voucher acceptance, DEC members could implement participatory evaluations of the use of vouchers during the Phase One of the response. This would create space for learning and increase acceptance of CVA. There are areas in Mozambique where cash grants are not feasible because markets may not be functioning properly and/or are far away from communities where financial inclusion is low. But there are also areas where these factors are sufficient, where cash grants could technically be implemented and where DEC members should continue advocating for it.⁶⁷ The use of CVA would increase localisation of the response and increase the cost-effectiveness of it. Importing, transporting, and storing in-kind items has reduced the budget for other activities.

Recommendation 4: Strengthen agricultural activities so they are more resistant to shocks.

Livelihood projects with seed distribution should provide beneficiaries with the means to reduce vulnerability to fall armyworm. Food security will not be greatly improved by agricultural input distributions if armyworm attacks the crops again. As there seems to be disagreement between FSL actors on the best way to implement pest management, DEC members should sit with partners, government representatives and the FSL Cluster (as well as the Protection Cluster) to agree on which methods best balance environmental considerations, sustainability, effectiveness, and the likelihood that employing non-chemical methods would result in increased child labour.

⁶⁷ Are CTP fit for purpose to respond to future natural disasters in Mozambique, 2017, CHEMO

X.1.2. Effectiveness and efficiency

Recommendation 5: Collaborate with other DEC members on joint procurement and delivery of items, market assessments and the sharing of supplier and vendor lists to reduce procurement delays and item quality issues.

As procurement was difficult due to a lack of information on available items and high demand compared to a low supply of acceptable quality goods, DEC members should collaborate on future procurements or at least share information amongst themselves on available suppliers, to improve timeliness and quality of services - particularly with seed distributions.

Recommendation 6: Improve the follow-up and assistance to beneficiaries of livelihood activities - particularly seed distributions - and conduct post-distribution monitoring from two weeks to two months after distributions.

Effectiveness of the response would be improved by having more follow-up and information about how beneficiaries were able (or not) to use the assistance. DEC members could collaborate on sharing tools (and possibly mobile data collection devices) to standardize and facilitate PDM and increase reporting and the use of findings among members. PDM should be conducted a minimum of two weeks after a distribution to ensure that beneficiaries have had time to use the items. For seed distribution, DEC members may want to do the PDM during the harvesting season or at least after the seeds have been planted.

Recommendation 7: Improve the referral process by better monitoring where referred beneficiaries go and which services they receive; establish follow-up.

As noted in the report, DEC members do not seem to have a clearly defined or standardised referral follow-up process for different types of referrals (e.g. GBV survivors, patients for health and nutrition treatment). Member organisations should implement a robust monitoring system of patients/beneficiaries after they have been referred, to ensure that the appropriate services are received and to take further action if the patient/beneficiary has been denied services. Those member agencies which have not been active in the PSEA network should increase contact with it and participate in conversations on handling PSEA prevention and response, even if they decide against forwarding cases to the government for reasons of confidentiality.

Recommendation 8: Ensure that planned outputs are sufficient to achieve desired outcomes. Logically, outputs must align with desired outcomes. Handwashing stations should be paired with latrines for example if the desired outcome is improved sanitation. Knowledge, attitudes and practices (KAP) assessments should be an output for WASH outcomes, to measure whether the other outputs are sufficient to enable beneficiaries to practice the desired behaviour.

X.1.3. Coordination

Recommendation 9: Use DEC membership as an opportunity for horizontal learning, joint risk assessment and exploration of better programme design alignment.

DEC is a membership-based organisation and has no ambition to create an additional layer of coordination among its members. Yet, being a member of DEC could be capitalised on to improve the effectiveness and accountability of the assistance delivered.

Given an opportunity during the review to share successes and challenges, DEC members expressed the wish to do so more frequently. One possible option would be to meet on an ad-hoc basis to discuss specific themes or project cycle steps. This learning workshop should be a safe space where partners can learn from each other and plan together.

DEC membership could also be an interesting forum for joint risk assessment. Risk appetite will always be organisation specific but risk assessment and discussion around mitigation measures can be done collectively among organisations who share a sufficient level of trust.

As Phase One will be coming to an end in September, members could meet and plan for Phase Two, to organize procurement; standardize referral processes; conduct joint-market and other assessments as needed; and share existing assessments and lessons learned -- particularly for those agencies which will be conducting research on topics such as child-friendly CFM (Plan International), localisation (Plan International), and impact on children (Save the Children).

Recommendation 10: Improve attendance and collaboration with Cluster representatives, members and government, to better support the overall response and to reduce disparities in geographical targeting for activities.

To avoid over-concentration of services and resources in some areas and under-concentration in others, DEC members should increase coordination with members of Clusters and government agencies as they plan for Phase Two implementation. Areas of collaboration to reduce logistical difficulties reaching remote and underserved populations should be explored as well. DEC members with more capacity (particularly those with bigger teams and field teams with more experience in emergency response) should work with other partners to improve their capacity to participate in coordination forums and support Clusters in holding meetings and training sessions.

X.1.4. Accountability to affected populations

Recommendation 11: Conduct consultations with different communities to understand which complaint and feedback mechanisms are most safe and accessible for different groups in the communities. Conduct regular follow-up (PDM, other assessments) to measure use and perception of CFMs. Diversify ways of communicating with communities and adopt child-friendly and PWD/OP-friendly mechanisms.

Organisations relying on suggestion boxes or Linha Verde need to diversify the channels available to crisis-affected households to make a complaint so that semi-illiterate populations, and those without phones or network access also have options. Steps that can be taken before Phase Two starts include: implementing regular FGDs or community meetings (along with standardized forms to record issues raised that cannot be solved immediately); organizing community committees; adopting a child-friendly mechanism or having a procedure to safely refer complaints by children; and having staff present at each distribution.

Organisations with smaller teams should plan for distributions by lending staff from different departments to record and address complaints and feedback. All distributions should have one person staffing a desk in a quiet place that is conducive to beneficiaries reporting complaints and which allows for anonymity. Staff who are "borrowed" by distribution teams to cover a complaints and feedback desk will need to be trained in how to appropriately record complaints and

feedback, resolve issues that can be done so immediately, and ensure that there is enough information to facilitate a response.

To diversify communication with communities, DEC member agencies should explore using radio messaging. One option is the placing of community boards at locations such as hospitals and schools with simple graphics communicating information on PSEA and how to report complaints. Another is door-to-door outreach -- particularly with community members who are not mobile. Collaboration with local actors and established members should be used to transition towards more local language use when communicating in rural communities. As mentioned above, IFRC is investigating working with the anthropology department of a university in Maputo to develop a briefing packet on the different communities they work in. This information could be shared among DEC members, who could also adopt this approach.

Finally, DEC members should include questions on CFM use, to allow monitoring and identification of gaps or problems in implementation.

Recommendation 12: Ensure beneficiary data is safely collected, stored and transferred when they call Linha Verde. Make sure there is an appropriate response to Linha Verde complaints about DEC MA. Raise awareness on the hotline with beneficiaries.

Linha Verde is intended to provide all Idai cyclone response beneficiaries with a single point of contact for any aid related issues (e.g. on targeting, quality of assistance, protection) irrespective of the implementing organisation. The call centre can be reached through a single 4-digit phone number (1458), 24 hours a day, seven days a week, and it has both male and female call operators. In August 2019, 16 operators will also be trained by Plan International on how to process calls from children. Because WFP is handling the call centre, there was concern from some of the DEC member key informants on which data is collected from callers and whether they would receive enough information to be able to respond to complaints about their activities or staff. DEC members need an adequate amount of data in a timely fashion in order to respond to any complaints raised about their activities or their implementing partners and/or staff.

Access to complaint-related data between WFP and DEC members should be grounded in data protection principles, in line with the responsibilities of any agency collecting beneficiary information. As it is unlikely the WFP-led system is interoperable with all the DEC members' systems, data transfer probably must be done manually, creating a greater risk of human error and data leakages.

Data sharing agreements should be discussed and agreed with WFP. This can be an area where DEC members consider multi-partite data sharing agreements.

In order to ensure an appropriate response to complaints raised through the Linha Verde hotline, DEC member agencies need to ensure their own staff have been given accurate and clear information about it and guidance on how to respond to complaints. As information on Linha Verde appears to be lacking in the communities, DEC member agencies need to step up and raise awareness on how beneficiaries can use the system.

Recommendation 13: DEC member agencies should make more efforts to meet Core Humanitarian Standard Commitment 9 (*Resources are managed and used responsibly for their intended purpose*). By sharing project information with members of communities, including on budgets and resources, accountability can be improved.

The consultants did not see evidence that DEC member agencies share information with communities about local budgets and results that had been achieved. This may be a difficult commitment to meet, especially with communities that have low literacy levels. But as part of increasing accountability to affected populations, DEC member agencies should use community meetings to explain more information about the project with communities as well as signs they should be aware of that might indicate fraud or waste in the response.

X.1.5. Sustainability

Recommendation 14: DEC members should identify important environmental and sustainability considerations for their projects; adapt projects to be more environmentally sound; seek to reduce vulnerability to future storms in shelter projects; and tailor Phase Two plans to incorporate disaster resilience and drought preparedness.

Only one DEC member is undertaking a “green” review to understand the impact of their activities on the environment, learn how to improve this impact and to design interventions that will build resilience of communities to future natural disasters. Other members could meet with the Red Cross to adapt their responses to the recommendations that come out of this report. They should also link with their headquarter and regional staff to get more recommendations to consider environmental impact of their response and incorporate such considerations in activities -- particularly, but not exclusively, related to livelihoods, WASH, and shelter. Furthermore, as the Cyclone Idai response is transitioning into early recovery, DEC members need to plan more for sustainable interventions by including DRR and BBB in their activities, ensuring that latrine construction includes communication with beneficiaries on desludging or decommissioning of latrines when full. Planning for possibilities such as drought, which would reduce effectiveness of agricultural activities while increasing food insecurity is also important. As noted by one key informant, irrigation has not been a consideration of FSL actors. If drought is likely in some of the project areas, FSL partners may wish to explore this intervention.

Recommendation 15: DEC member agencies should increase consideration of building resilience in Phase Two project design; collaborate with research and development institutions and agencies; and set project outcomes and indicators which include resilience as a target impact of their response.

Current Phase One activities are focused on short-term objectives, rather than building lasting resilience in the affected populations. DEC member agencies can address this gap by collaborating with other institutions, experts, and agencies in Mozambique which have greater knowledge of factors affecting community and individual resilience. They should also start designing Phase Two activities and outcomes with a clear theory of change that analyses the root causes inhibiting resilience and possible methods to combat this. Simultaneously, members should develop outcome indicators that address resilience, and which are logically tied to activities. As part of that project design, they should define how those outcome indicators will be monitored for progress, to ensure that they measure appropriate metrics. While the Cyclone Idai response will eventually come to an end, Mozambique remains at risk of natural disasters economic challenges and under-development. These issues should be considered in any humanitarian project seeking to leave a lasting positive impact. Local partners are crucial in

addressing resilience and DEC member agencies should ensure they are part of the Phase Two design too.

Recommendation 16: Involve long-term staff in the Phase Two response.

High turnover of international staff was noted as a challenge by several key informants during the review and was also observed by the consultants. As the response transitions into early recovery with an eye on linkage to development, DEC members should plan for staff to remain in posts for longer periods and should plan to have development staff as part of the response. This would both minimise the disruption to project activities and improve sustainability of the response, while also strengthening external partnerships.

XI. Annexes

XI.1. Review framework

Given findings from the online survey, expectations expressed in the inception workshop in London and common practice for real-time evaluations (RTE), as per ALNAP’s Guide on ‘Real-time evaluations of humanitarian action’, Key Aid will use the following review matrix. The matrix shows the broad areas of inquiry and sub questions. Given the qualitative nature of the review, instead of having hard indicators and measurements, Key Aid will use data analysis points. The data analysis points reflect the type of data and analytical points that Key Aid will focus on in grouping response parameters and to reach conclusions.

Table 8: Review Framework

Review questions	Sub question	Possible leaning points for Phase Two	Data source	Data Analysis points
1. To what extent is the response relevant and appropriate to the needs and priorities of the target population?	<ul style="list-style-type: none"> - Was the response design consistent with the overall goal and the attainment of its objectives? - To what extent are the members’ Phase One plans in line with the needs and priorities of those affected (including the needs of specific target groups such as women, people with disabilities or the very poor)? -What assessments were carried out prior to provision of services? -Were any needs expressed in the assessments not met and why? 	<ul style="list-style-type: none"> - Nature, content and scope of assessments to conduct - Information on emerging needs and priorities of affected communities - Existing gaps in services/needs of affected communities - Targeting of particular population groups or needs - Process for prioritising and identifying the needs of affected communities 	<ul style="list-style-type: none"> - Review of the projects’ ToC (if available) - Review of methods used to assess beneficiaries’ needs - Interviews with DEC members and implementing partners - FGDs with project beneficiaries to assess priorities - Interviews with DEC members and implementing partners - FGDs with project beneficiaries to show how needs are changing and give insights on how Phase Two could adapt to those changes 	<ul style="list-style-type: none"> - Comparison of needs as expressed by beneficiaries in FGDs and assessment reports with support provided by the DEC members - Comparison of needs of particular groups with provisions put up by DEC member agencies. - Analysis of the changing needs of beneficiaries/target communities as time progresses - Analysis of seasonal timelines and livelihood

Review questions	Sub question	Possible leaning points for Phase Two	Data source	Data Analysis points
	<ul style="list-style-type: none"> - Have protection concerns been adequately considered in the design of assistance? 		<ul style="list-style-type: none"> - KII with DEC members and implementing partners to show that protection issues were considered at design stage and how they are being addressed 	<ul style="list-style-type: none"> profiles of target/affected areas with support provided and planned by DEC agencies
2. How effective and efficient is the project in achieving its intended outcomes?	<ul style="list-style-type: none"> - To what extent are the activities of DEC members achieving their intended outcomes? - Are the activities being delivered in a timely and qualitative manner? - What are likely to be some of the major factors influencing achievement or non-achievement of the objectives? -Did the project meet any unexpected and unforeseen issues during implementation? -What, if any, were the unintended effects? 	<ul style="list-style-type: none"> - Identify challenges to achievement of results that can be addressed going into Phase Two 	<ul style="list-style-type: none"> - Review of timelines to determine any potential gap between the response initial timeline and the current timeframe - Interviews and FGDs with project beneficiaries to shed light on some the visible outcomes - KII with DEC members and implementing partners to show the main threats to the programme and what mitigation measures are in place. 	<ul style="list-style-type: none"> - Comparisons of planned outcomes with the situation on the ground - Review of response timeline and needs versus project delivery timelines - Assessment of trends and issues affecting project performance
3. How adaptable has the response been so far?	<ul style="list-style-type: none"> -What changes in approaches, targeting or other programming issues, if any, did the project make since the beginning of the response? -How are beneficiary needs changing? How has the response adapted to those changes? -What challenges did DEC members face in trying to make program adaptations? 	<ul style="list-style-type: none"> - Address identified structural challenges to adaptation of programming - Address identified internal challenges to adaptation 	<ul style="list-style-type: none"> - Key informant interviews with project personnel with knowledge on project plans - Focus group discussions with affected communities to understand the changing needs and the external environment 	<ul style="list-style-type: none"> - Analysis of changes in context and operating environment - Analysing programme response to changes in operating environment and affected community needs

Review questions	Sub question	Possible leaning points for Phase Two	Data source	Data Analysis points
				- Identify internal or structural challenges to adapting programs
4. How are DEC members ensuring accountability to affected populations?	<ul style="list-style-type: none"> - To what extent are the views of crisis-affected people (including specific target groups) considered in response design and implementation? - What mechanisms exist and are being used for prompt detection and mitigation of unintended negative effects? - How compliant is the response to the Core Humanitarian Standards (CHS) and other guidelines on Protection from Sexual Exploitation and Abuse (PSEA)? What areas require further attention? -What challenges did the response come across in meeting the CHS or safeguarding crisis-affected households? 	<ul style="list-style-type: none"> - Address any identified accountability deficiencies going forward - Suggest measures for advocacy on external context-specific issues that affect accountability 	<ul style="list-style-type: none"> - Review of secondary data and KII with DEC members and implementing partners to provide evidence that the views of target populations were taken into consideration - Review of complaint and accountability mechanisms in place - Interviews and FGDs with project beneficiaries to confirm awareness of those mechanisms and capacity to use them - Review of secondary data and KII with DEC members and implementing partners to explain how the response is in line with the CHS and PSEA; 	<ul style="list-style-type: none"> - Comparison of mechanisms put in place by DEC members with humanitarian standards and PSEA guidelines - Analysis of the knowledge by target communities - Analysis of the use of complaints, feedback and other accountability mechanisms by target communities - Assessments of structural and context issues that posed challenges to DEC members in implementing accountability and protection agencies
5. How sustainable and connected to longer term issues has the Phase I of the intervention been?	<ul style="list-style-type: none"> -What existing longer term programming by DEC and non-DEC members was happening? - To what extent are Phase One programme plans considering the medium or longer term priorities and needs of those affected? 	<ul style="list-style-type: none"> - Inform changes/modifications to current programming to be more in line with longer term issues - Identify medium to longer term plans/priorities that can go into Phase Two programming 	<ul style="list-style-type: none"> - Review of National Policies and KII with development and governmental actors in the country to highlight various longer term development issues faced by the country - Analysis of secondary data and KII to show how local capacities are being built 	<ul style="list-style-type: none"> - Seasonal context analysis for a normal year versus the cyclone year to assess how the cyclone affected normal livelihoods and other household operations

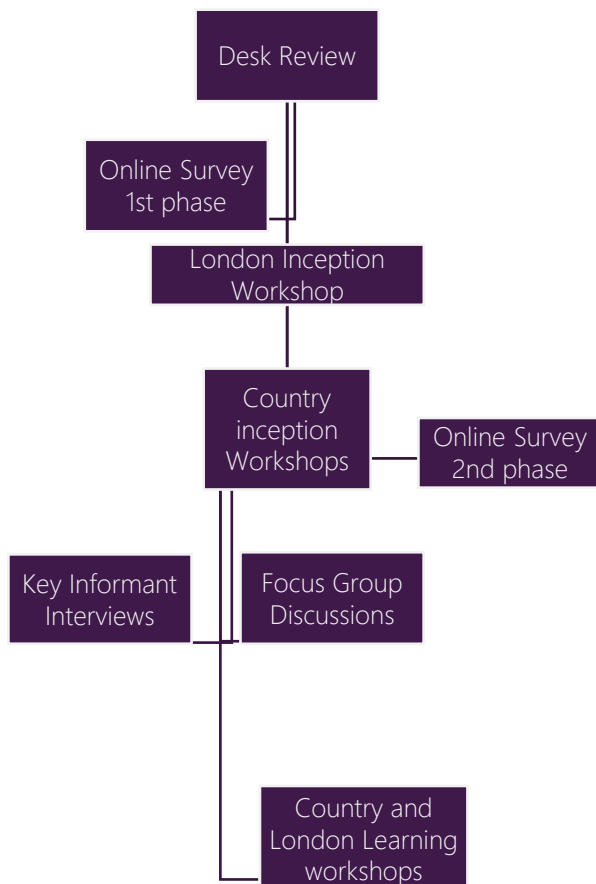
Review questions	Sub question	Possible leaning points for Phase Two	Data source	Data Analysis points
	<ul style="list-style-type: none"> - To what extent have members considered how any positive effects might be maintained in the future, after the DEC response? - What environmental impact and other longer term impacts will the present response likely have? -Was environmental impact considered at the design stage, and how? -Are there any possible negative impacts of the support provided by the agencies? 		<ul style="list-style-type: none"> - KII with DEC members, implementing partners, development and governmental actors in the country, to show how the response fits within longer term dimensions - KII with DEC members, implementing partners, development and governmental actors in the country demonstrate how the response took environmental considerations into account. 	<ul style="list-style-type: none"> - Assess the longer term development needs expressed by communities - Assess how current programming is in line with these priorities and needs - Assess how cyclone response is building on existing development efforts - Assess whether target communities will be able to continue enjoying the benefits of the support they are currently getting after the project ends - Investigate any sequencing and layering of activities/interventions
<p>6. How are DEC members maximising coordination partnerships and complementarity with other organisations to achieve the</p>	<ul style="list-style-type: none"> - To what extent is the response coordinated and complemented with the efforts of other stakeholders (including implementing partners, local actors, civil society, local authorities and government, humanitarian and development actors and new actors such as the private sector)? -Are there specific coordination efforts between DEC members for assessment, 	<ul style="list-style-type: none"> - Address any identified coordination problems/issues - Promote coordination and good practice - Advocate for new or evolved coordination mechanisms (broadly and between DEC members' programmes) 	<ul style="list-style-type: none"> - Review of the processes and policies in place to select implementing partners - KII with DEC members and implementing partners to shed light on some of the coordination issues faced, if any - KII with relevant in-country stakeholders to confirm that the response is delivered in 	<ul style="list-style-type: none"> - Inventory of current coordination platforms and mechanisms - Assessment of challenges and success stories of coordination - Analysis of any evidence of coordination in targeting geographical areas and thematic areas of response

Review questions	Sub question	Possible leaning points for Phase Two	Data source	Data Analysis points
intended response outcomes?	geographical targeting and response design? - What internal coordination problems have DEC members faced and how have they been addressed?		coordination with other initiatives.	- Assessment of complementarity of programmes

XI.2. Detailed methodology

The RTE of the DEC Cyclone Idai response was launched 3 June 2019 with the start of a desk review of project documents. This continued throughout the length of the project until the drafting of this report (as more documents were submitted to the consultants after fieldwork). During this time prior to fieldwork, an online survey was answered by DEC members, an inception workshop was held in London, and the RTE inception report was finalised. The fieldwork portion of the RTE began with an in-country briefing workshop in Beira City on 2 July 2019, and KIIs and FGDs were held between 3-11 July, with the inception workshop held on 12 July 2019. A second online survey for DEC members and implementing partners was sent on 4 July and remained open until 25 July.

Figure 9. Research Timeline



During this time prior to fieldwork, an online survey was answered by DEC members, an inception workshop was held in London, and the RTE inception report was finalised. The fieldwork portion of the RTE began with an in-country briefing workshop in Beira City on 2 July 2019, and KIIs and FGDs were held between 3-11 July, with the inception workshop held on 12 July 2019. A second online survey for DEC members and implementing partners was sent on 4 July and remained open until 25 July.

XI.2.1. Desk review &

inception phase:

The real-time review started on 3 June 2019, focused on project documents sent to the KAC team by DEC members. A total of 67 documents were reviewed for the Mozambique portion of the response. The documents included DEC member plans (logistical frameworks, narratives, finance documents); DEC documents; DEC members' needs assessments; external documents including resettlement guidelines; an OCHA situation report on the cyclone; and the IASC operational peer review report for the response. The objectives of the desk review were to: broaden the consultants' knowledge of the various DEC member projects and the context in Mozambique; answer the RTE indicators which examine project progress and beneficiary needs against the response activities; and target primary data collection tools to fill remaining information gaps. The list of documents reviewed is in [Bibliography](#).

The RTE team created an online Kobo survey during the desk review, which was “live” from 6 June-13 June 2019. The purpose of this survey was to allow DEC members and implementing partners to choose the areas of inquiry and locations that they thought were most pertinent to the RTE, as well as which locations were most accessible for fieldwork. Seven respondents from Mozambique answered the survey and highlighted Sofala Province as most relevant. On 18 June 2019, an inception workshop was held in London with DEC member representatives and Key Aid Consulting. The areas of inquiry and locations for data collection were agreed upon. After this workshop, the KAC team revised the inception report and submitted the final version on 26 June 2019.

XI.2.2. Primary data collection:

Qualitative data collection began on 3 July 2019, with both KIIs and FGDs held in Beira City. The second online survey was deployed on 4 July 2019. The primary data collection methods included:

- Country briefing workshop: on 2 July 2019, the Mozambique country inception workshop was held, with the objectives of introducing the real-time review objectives and data collection methodology; planning fieldwork logistics for FGDs and obtaining contact information for KIIs; and refining data collection tools.
- Key informant interviews: KIIs began in Mozambique on 3 July 2019 and finished on 11 July 2019. Targeted key informants included: DEC member project staff; implementing partner project staff; government representatives; and coordinating body representatives, as well as school representatives and donor representatives. Key informants were selected deliberately and carefully. DEC country representatives and workshop participants connected the consultants to DEC member staff and implementing partner staff who had implemented DEC-funded activities. The country representatives also put the consultants in contact with cluster and OCHA representatives, and with a Sofala Province INGC representative, who was able to give contact information for INGC representatives in other provinces. Consultants met a headmaster and a school director at their schools during fieldwork. The interviews were conducted in either English or Portuguese, using the key informant interview guide provided in [Annex 1](#).
- Focus group discussions: FGDs were carried out between 3-8 July 2019. Beneficiaries, community leaders and community volunteers (activistas) were recruited to participate. The FGDs were conducted in accordance with humanitarian standards to ensure the safety and security of participants. Almost all the FGDs were sex-segregated, except for one FGD in Dondo and one in Buzi. All were held with adult participants, except for one FGD in Buzi which was held with adolescent participants who were selected by the school headmaster and an AAP specialist. They were asked a modified set of questions. Two FGDs in Nhamatanda were held with OP and PWD participants. FGDs were held in Portuguese (and some local languages) with interpretation to English for one of the consultants. To reduce bias, DEC member staff were asked to interpret for FGDs held with beneficiaries of other DEC member

projects. Plan International accountability organisational staff were present for the FGD with adolescents (who were not asked about Plan International's activities) and the FGD with Oxfam *activistas* was held with a freelance interpreter who occasionally works for Oxfam. The selection of FGD locations was done based on the initial consultation in the London inception workshop, the first online survey, and the Mozambique briefing workshop. In the case of the Oxfam *activistas*, the FGD was planned to get a better understanding of the community volunteers' role in project activities. A second discussion was planned with project beneficiaries, who did not show up for the FGD. It is not clear why, but the most likely reason is that the FGD was planned for too late in the day (3 pm). FGDs were held in central locations, with chairs and benches, to facilitate access for participants.

- Online survey: a second online Kobo survey was also created with the same KII guide questions, but with mostly close-ended answer options. This survey was sent to DEC country representatives in Mozambique for them to distribute to DEC member and implementing partner staff who were not able to be interviewed as key informants. It remained live until 25 July 2019. Only two respondents from Mozambique answered the survey.

Table 9. Number of Focus Group Discussions

Province	Districts	Actual	Female	Male	Mixed
Sofala	Buzi	2	1 FGD; 11 community association members		1 FGD; 7 adolescent girls & 6 adolescent boys
	Nhamatanda	2	1 FGD; 9 OP	1 FGD; 8 OP	
	Dondo	3	1 FGD; 6 women	1 FGD; 7 men	1 FGD; 7 men & 6 women
	Beira City And Mataduro	3	2 FGD; 20 <i>activistas</i> in Beira City & 8 women in Mataduro	1 FGD; 9 community leaders	
Total Mozambique		10	5	3	2

Table 10. Number of Key Informant Interviews

Type of key informant	Organisations /Agencies	Type of Interview	Number of KIIs
DEC Member	ActionAid	Phone	2

	British Red Cross	Skype	2
	CAFOD	Face-to-face	1
	CARE	Skype	1
	HelpAge	Face-to-face	2
	Oxfam	Face-to-face	4
	Plan International	Face-to-face; phone	2
	Save the Children	Face-to-face	2
	World Vision	Face-to-face	2
	Total		18
Implementing Partner ⁶⁸	AJOAGO	Phone	1
	APITE	Phone	1
	ASADEC	Phone	1
	AVSI Foundation	Face-to-face	1
	CODESA	Phone	1
	CVM	Phone	1
	IFRC	Face-to-face	1
	Kulima	Phone	1
	Oram	Face-to-face	1
	Total Implementing Partners		9
Coordinating Body Representative (no targets per specific body)	FSL Cluster	Face-to-face	1
	OCHA	Face-to-face	1
	WASH Cluster	Face-to-face	1
	Total		3
Government Representative (no targets per specific body)	Buzi District Administrator	Face-to-face	1
	INGC Sofala	Face-to-face	1
	INGC Manica	Phone	1
	INGC Tete	Phone	1
	INGC Zambezia	Phone	1
	Total		5

⁶⁸ No specific targets were set for the non-DEC organisations/coordinating bodies/agencies, just an overall target of 8 KIIs with implementing partner representatives, 3 for coordinating bodies and 4 for government agencies.

Other	Bandua School Headmaster	Face-to-face	1
	Chipende School Director	Face-to-face	1
	DFID	Phone	1
	Total		3
Total Mozambique			38

In total, 10 FGDs and 38 KIIs were conducted, as well as the two online surveys completed.

XI.2.3. Data analysis & final report

After the completion of fieldwork in Mozambique, the consultant led a preliminary findings and lessons learned workshop with DEC member and implementing partner representatives in Beira City on 12 July 2019. The consultant presented the preliminary findings and initial recommendations by review question. Workshop participants were then split into groups of four to five people and given the task of reviewing findings and recommendations from one review question and filling out a matrix to determine whether they agreed or disagreed with the findings and why; what activities DEC members could improve and collaborate on; what recommendations applied for the remainder of Phase One; and what recommendations could apply for Phase Two.

Qualitative data, disaggregated by location and type of informant or FGD, was coded for analysis by RTE indicators.

XI.2.4. Limitations

The real-time review methodology had the three following limitations:

- A short fieldwork timeline and limited transportation options restricted fieldwork to only one province. Sofala Province was chosen because it had the largest response as well as the presence of all nine DEC members. Efforts were taken to make the data more generalizable by interviewing key informants working in the other three provinces (Tete, Manica and Zambezia). However, no beneficiaries from the other provinces were interviewed as part of the research. Consequently, the research questions most dependent on beneficiary perspectives (e.g. knowledge and use of CFM, timeliness and quality of services, needs and priorities) is less generalizable to those provinces.
- Consultants could not recruit the FGD participants themselves, due to language barriers and lack of time to spend on the ground recruiting from the communities. To address the potential for bias from directly recruiting, DEC and implementing partner staff were asked to have their field staff ask community leaders to assist in the recruitment. However, in some cases, DEC member staff participated. The consultants took steps to reduce bias by using translators from other organisations

and by asking staff of DEC members whose activities they were assessing to not be present for FGDs. It is however possible that they could have influenced the selection of beneficiaries who were more positive to their organisations. The mixture of positive and negative responses, though, is an indicator that this was not the case.

- The lack of monitoring and evaluation information (as well as detailed accountability records) prohibited the consultants from analysing some of the outputs' achievement as well as the level of progress in implementing accountability measures. At least for some DEC members, there were not enough staff to conduct analysis of existing data.

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