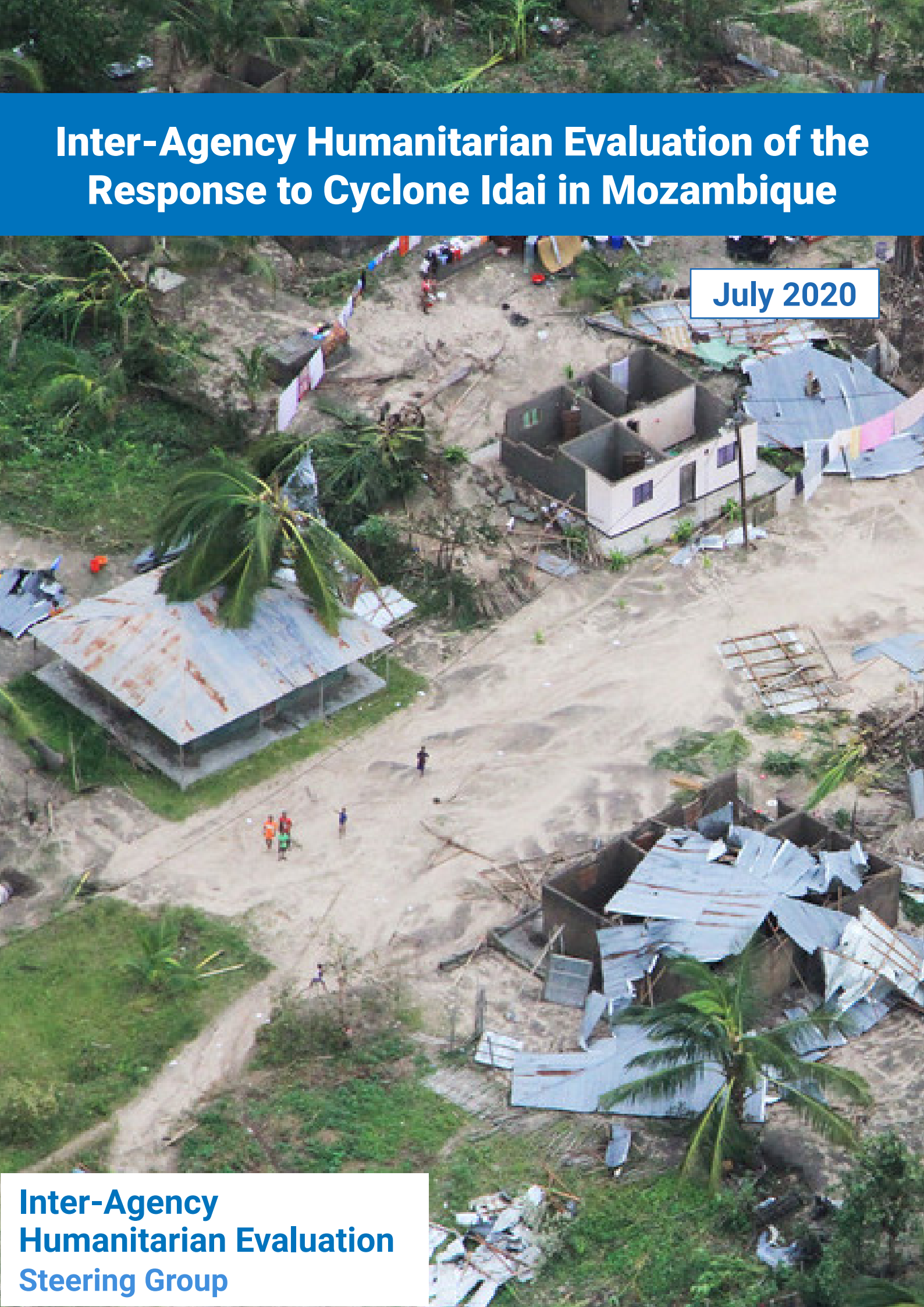
Inter-Agency Humanitarian Evaluation of the Response to Cyclone Idai in Mozambique



July 2020

Inter-Agency Humanitarian Evaluation

Steering Group

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This was an independent evaluation and team members bear the responsibility for all judgements, recommendations and unintended errors that may appear in this report.

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This Inter-Agency Humanitarian Evaluation was commissioned by the:

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List of Abbreviations and Acronyms

AAP	Accountability to affected people
AAR	After Action Review
CBCM	Community-Based Feedback and Complaints Mechanism
CCCM	Camp coordination and camp management
CCGC	Coordinating Council for Disaster Management
CDAC	Communicating with disaster-affected communities
CENOE	National Emergency Operations Center
CERF	Central Emergency Response Fund
CHEMO	Emergency and humanitarian NGO consortium in Mozambique
COSACA	Emergency and humanitarian NGO consortium in Mozambique
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil-society organization
CTGC	Technical Council for Disaster Management
CVM	Cruz Vermelho Mozambique
DDR	demobilization, disarmament and reintegration
DHC	Deputy Humanitarian Coordinator
DTM	Displacement Tracking Matrix
DNAAS	National Directorate of Water Supply and Sanitation
DPI	Desenvolvimento na Primeira Infância
DPO	Disabled Peoples Organization
DRM	Disaster risk management
DRR	Disaster risk reduction
EDG	Emergency Directors Group
ERC	Emergency Relief Coordinator
ETC	Emergency Telecommunications Cluster
FAMOD	Forum for Mozambican Disabled Associations
FAO	Food and Agriculture Organization
FGD	Focus group discussions
FRELIMO	Frente de Libertação de Moçambique
GBV	Sexual and gender-based violence
GFDRR	Global Facility for Disaster Reduction and Recovery
GoM	Government of Mozambique
GREPOC	Gabinete de Reconstrução Pós Ciclone Idai
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HH	Household
HPC	Humanitarian Program Cycle
HR	Human resources
HRP	Humanitarian Response Plan

HQ	Headquarters
IAHE	Inter-Agency Humanitarian Evaluation
IAHE AG	Inter-Agency Humanitarian Evaluation Advisory Group
IAHE MG	Inter-Agency Humanitarian Evaluation Management Group
IAHE SG	Inter-Agency Humanitarian Evaluation Steering Group
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
IFRC	The International Federation of Red Cross and Red Crescent Societies
IM	Information manager
INAS	Institúto Nacional de Acçao Social
INGC	Instituto Nacional de Gestão de Calamidades
INGO	international non-governmental organization
IOM	International Organization for Migration
KII	Key informant interview
KQ	Key question
LCDRM/CLGRC	Local committees for disaster risk management
M&E	Monitoring and evaluation
MGCAS	Ministry for Gender, Children and Social Action
MAEFP	Ministry of State Administration and Public Function
MRA	Multi-sector Rapid Assessment
MRP	Management Response Plan
NFIs	non-food items
NGO	non-governmental organization
NNGO	National Network of NGOs
OPR	Operational Peer Review
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PDGCAS	Provincial Directorate for Gender, Children and Social Action
PDNA	Post-Disaster Needs Assessment
PREPOC	Post-Cyclone IDAI Recovery Program
PSEA	Protection against sexual exploitation and abuse
PWD	Persons with disabilities
RC	Resident Coordinator
RENAMO	Resistência Nacional Moçambicana
RTE	Real time evaluation
SADC	Southern African Development Community
SAR	Search and rescue
SEA	Sexual exploitation and abuse
SETSAN	Technical Secretariat for Food Security and Nutrition
SGBV	Sexual and gender-based violence

SMART	specific, measurable, attainable, relevant and timely
SOP	Standard operating procedure
TOR	Terms of Reference
UN	United Nations
UNAPROC	National Civil Protection Unit
UNDAC	UN Disaster Assessment and Coordination
UNDP	UN Development Programme
UNEG	United Nations Evaluation Group
UNHCR	UN Refugee Agency
UNICEF	UN International Children's Fund
USAID	United States Agency for International Development
WASH	water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive summary

Purpose, scope and users of this Inter-Agency Humanitarian Evaluation

1. **Purpose and scope**: This Inter-Agency Humanitarian Evaluation (IAHE) provides an independent assessment of the collective humanitarian response to communities impacted by Cyclone Idai in Mozambique. The IAHE primary focused on the scale-up activation period during 22 March through 30 June 2019. The terms of reference (TOR) of this evaluation asked to what extent the response met the objectives of the Humanitarian Response Plans (HRP) and other relevant plans and strategies and how mechanisms of the Inter-Agency Standing Committee (IASC) supported the response. This evaluation identifies lessons learned from the system-wide scale-up and response to Cyclone Idai and makes recommendations for future responses and preparedness.

2. Due to various constraints, the Management Group for this IAHE agreed to exclude the response to Cyclone Kenneth from the scope of this report even though it had been included in the TOR for the IAHE. The main constraints included the limited time available for the field visit, budget limitations, security conditions and the consequent challenges in accessing many of the affected communities in Cabo Delgado Province. The response to Cyclone Kenneth has nevertheless been considered as a factor that significantly influenced the system-wide response to Cyclone Idai.

3. **Intended users**: The primary users of this IAHE are, at the country level, the Humanitarian Coordinator and the Humanitarian Country Team (HCT) in Mozambique; and at the global level, the IASC Principals, the Emergency Directors Group, and the Operational Policy and Advocacy Group.

Context

4. Mozambique is a country that is prone to natural disasters. The country was already facing high levels of food insecurity due to drought when the cyclone struck. Many communities that had suffered severe flooding during 2007 were also heavily impacted by Cyclone Idai in 2019. Cyclone Idai made landfall in Mozambique on 14 March 2019 as a Category 4 storm. A second cyclone, Cyclone Kenneth, subsequently struck northern Mozambique six weeks after Cyclone Idai, placing additional strain on humanitarian agencies and the Government of Mozambique's (GoM) capacities.

5. The GoM declared a National State of Emergency on 19 March 2019 and issued an appeal for international assistance. The Emergency Relief Coordinator subsequently triggered a scale-up activation on 22 March 2019. The scale-up activation period ended on 30 June 2019. The HCT supported Mozambique's National Institute for Disaster Management (INGC) in its role as the executive entity of the government responsible for the coordination of disaster response and disaster risk reduction. This IAHE examined three revisions to the HRP after Cyclone Idai made landfall: the first in April, the second in May (after Mozambique was hit by Cyclone Kenneth) and the third in August 2019.

Methodology

6. The evaluation team made a four-week field visit to Mozambique and subsequently visited regional offices in Kenya and South Africa during September 2019. The evaluation used quantitative and qualitative methods; these included desk reviews, interviews and direct observations. Data was collected from a total of 175 interviewees and a desk review of policy and strategy documents, evaluations, reviews, studies and relevant databases. A survey of 505 households, supplemented by focus group discussions, in areas affected by the cyclone in October 2019 captured the perspectives of a sample of the affected people

and enabled the evaluation team to triangulate the qualitative data. The data collected reflected a range of stakeholder perspectives including those of government authorities, bilateral donors, United Nations agencies, the International Federation of Red Cross and Red Crescent Societies (IFRC), the private sector, national and international non-governmental organizations and the perspectives of people affected by Cyclone Idai. Following the field mission, the data was triangulated and validated during two workshops in Mozambique. Due to various gaps in the monitoring data, the IAHE team was not able to conduct a systematic assessment of the results based on the targets in the HRPs. The IAHE team thus relied to a large extent on qualitative data and the results from the Household Survey to make assessments about the response and draw conclusions.

Summary of key findings and conclusions

7. Joint preparedness by the international agencies and INGC helped ensure that the immediate humanitarian needs were accurately anticipated. The initial assistance provided was relatively timely, despite delays in reaching many affected communities due to the weather conditions, the scale of needs, and difficulties accessing some of the most affected areas. The GoM geared up its response even before Cyclone Idai made landfall on March 14 and appealed for external support on March 19 after declaring a state of emergency.

8. The international community responded with a Scale-Up activation, which proved to be a key contribution that helped to save lives and mitigate suffering for many of the estimated 1.85 million people who needed assistance. The rapid deployment of human resources and funding resulting from the scale-up activation provided the necessary additional response capacity. Inter-agency coordination, clusters and individual international agencies reinforced INGC's overall leadership role, supported and helped to build the capacity of local government officials, most of whom had had no previous experience working with international aid systems during a response to a large-scale disaster. The swift containment of the cholera outbreak and the timely distribution of food supplies to the affected people highlighted the value of joint preparedness, the scale-up activation and the collective action that supported the robust, government-led response to the cyclone.

9. The Scale-Up activation helped to strengthen collective accountability to the affected populations (AAP). The inter-agency Multi-Sectoral Rapid Assessment (MRA) relied on participatory approaches to gather data. An inter-agency feedback and complaints system, known as *Linha Verde*, was launched to enhance AAP and support the prevention of sexual exploitation and abuse (PSEA), although it took several weeks to become operational. The survey results indicated that the vast majority of people in the affected communities thought that they had been treated with respect by the humanitarian agencies, although only a small proportion of the survey respondents knew what assistance would be provided before they received it or how to use the feedback and complaints systems.

10. The lessons learned from this response highlighted good practice examples along with areas where improvements could have increased the efficiency and effectiveness of the response and further mitigated the impacts of the cyclone on the affected people. Key issues are summarized below.

Good preparedness significantly improved the timeliness and effectiveness of the response. At the same time preparedness planning would have benefitted from the use of anticipatory/early action triggers based on early warning indicators, greater use of cash-based interventions and a more meaningful involvement of the local civil society.

11. Several factors limited the effectiveness of the response, including limited use of anticipatory/early action triggers, cash-based interventions and civil society involvement.

At the country level, in addition to the limited quantity of pre-positioned relief materials, major gaps in preparedness included: (i) the limited scope for cash-based assistance due mainly to government restrictions; (ii) the limited involvement of civil society organizations (CSOs) in community-based preparedness; and (iii) inadequate anticipatory/early action by the affected communities after they received early warning messages. Anticipatory/early actions were undertaken by only a relatively small number of agencies outside Mozambique; therefore, the response and the search and rescue (SAR) activities were not as timely as they could have been.

12. CSOs were not significantly involved in preparedness planning and played a marginal role during the response during the Scale-Up activation period. This was attributed to multiple factors including their limited capacities; their difficulties with language since most coordination meetings were conducted in English; their lack of experience working in large-scale disasters; and the fact that many of their staff and volunteers were themselves affected by Cyclone Idai. Based on the lessons learned from other large-scale responses, CSOs could potentially have played a larger role in community-based preparedness. During the response CSOs could have also helped communities to mobilize, to mitigate the impact of the disaster and more effectively address the protection and specific assistance needs of vulnerable groups.

Aerial assessments added considerable value in guiding the initial response. Decision-makers were at the same time challenged to optimize use of resources due to gaps in the information management systems and the variable quality and availability of data.

13. After a promising beginning, the international humanitarian system struggled to develop a user-friendly system to collect, analyze, and communicate the assessment and monitoring data needed to guide decision-making during the successive phases of the response. Three agencies deployed technical experts and allocated resources to support a joint assessment cell. While the cell added significant value to the response, it did not manage to achieve its full potential due to the rapid turnover of coordinators and the lack of consensus on a shared system for data management. These problems led to assessment fatigue among local government officials and the affected communities; difficulties in acquiring a picture of multi-sectoral priority needs; and contributed to a lack of clarity about how best to support the transition to recovery during the post-emergency phase.

The response benefited from a robust partnership between the international agencies involved and the Government of Mozambique. However, engagement between the broader international humanitarian system and the private sector could have been further optimized through greater preparedness and better coordination during the response.

14. Good preparedness by the Emergency Telecommunications, Logistics, and Water, Sanitation and Hygiene (WASH) Clusters meant that they benefited from productive partnerships with private sector actors during the response. The bulk of private sector support was passed through the GoM using pre-existing mechanisms. The IASC system provided logistic support to private sector actors; but involvement of private sector with the international humanitarian system was limited by a lack of an engagement strategy – including relevant guidance about due diligence – and the lack of a dedicated coordination staff with the relevant expertise.

Overall, the coordination of the response was of high quality. Cluster coordination performance was variable, influenced by the profiles of the cluster coordinators, frequent turnover, the frequency of surges, the availability of funds and information management capacities.

15. The deployment of a Deputy Humanitarian Coordinator (DHC) to the disaster-affected area along with OCHA surge support to the HCT was a critical contribution to the response. The quality of cluster coordination was variable with particularly strong performances by the Emergency Telecommunications, Logistics and WASH Clusters. A major factor in the success of the Scale-Up activation was the early decision to deploy an empowered DHC to oversee field-based operations and ensure there was a strong partnership with the government, which had already deployed its senior leadership to the field before Cyclone Idai made landfall. The DHC was a suitable focal point for several months while senior INGC staff were based in the field, but this resulted in some communication gaps since the HCT was based in Maputo.

16. The centrality of protection was widely recognized as a critical part of the Scale-Up activation. The PSEA Working Group played a particularly important role from the beginning of the response. The Protection Cluster was among those that struggled to provide sufficient support to its members, partly because it was the only cluster that did not deploy dedicated field-based cluster coordination surge capacities. The Global Protection Cluster's new global strategy (launched in early 2020) was seen as a timely opportunity to address such capacity gaps and provide support adapted to sudden-onset climate-related disasters.

The Scale-Up activation significantly contributed to meeting humanitarian needs but did not adequately address the transition to early recovery.

17. The HCT and many of the cluster members made early recovery a priority during the Scale-Up activation. Humanitarian staff were regularly involved in joint recovery planning with development actors such as the World Bank. Clusters had their own transition plans; these were implemented with varying levels of success. However, since long-term recovery interventions were only planned to start in 2020, the assistance provided did not necessarily reflect the early recovery needs; a large proportion of affected communities started recovering during April and May 2019.

18. The lack of an overall transitional plan, as identified during the operational peer review (OPR) during May 2019 as a priority action for the HCT, remained an important gap. The proportion of HRP funding for early recovery declined during the later phases of the response. This raises questions about whether more attention should have been given to the cost effectiveness of the relief operation so a greater share of the limited resources could have been allocated to early recovery needs.

19. Many of the challenges in supporting early recovery could be attributed to the operating context, including the *ad hoc* approach of relocating internally displaced persons (IDPs) to resettlement sites in Beira and the need to respond to Cyclone Kenneth. National election processes during the last half of 2019 delayed the launch of longer-term recovery operations. Nevertheless, country-based stakeholders highlighted that many of the early recovery challenges could be attributed to structural factors related to the humanitarian-development nexus that need to be addressed at the global level.

The wide variety of monitoring and data management systems, which generated data of variable quality and consistency, made it difficult to systematically measure overall operational performance.

20. The HRP was mainly perceived by the humanitarian agencies as a fundraising and communications tool that was not well-suited to monitoring operations in a rapidly changing operating environment. The HCT developed strategic benchmarks but only about half of the clusters developed workplans with sector targets that provided inter-agency tools to measure operational performance. The lack of a coherent framework to monitor humanitarian operations contributed to most of the clusters relying mainly on the 4W tool (Who is doing What, Where, When?) for performance monitoring. The result was an emphasis on coverage, activity and output-based reporting. A small number of agencies collected post-distribution monitoring data themselves, but the data were not used in a systematic way. There was broad agreement amongst stakeholders that performance monitoring could be improved while emphasizing that any monitoring systems should be field-driven and additional bureaucratic layers should be avoided.

> Few clusters and inter-agency systems appear to have processes that encourage systematic continuous improvement based on the lessons learned.

21. Only two clusters, the Emergency Telecommunications Cluster (ETC) and the Logistics Cluster, planned to conduct After Action Reviews (AARs) at the global level to capture relevant lessons from the Cyclone Idai response that could be applied during future responses. The ETC carried out a survey to gather cluster member feedback and measure user satisfaction to inform its AAR. These two clusters were among the three top performing clusters during this response. This indicated a serious gap in accountability since it was unclear how other clusters would apply lessons to avoid similar shortfalls during future responses. The OCHA-led assessment cell also faced challenges and it was equally unclear how lessons learned would be used to improve its operation during future responses. A related issue was the lack of clarity among stakeholders about the mechanism to ensure follow up to recommendations that result from this IAHE or the OPR.

Recommendations

22. A total of 13 recommendations are targeted at the HCT in Mozambique, the IASC Emergency Directors Group, the IASC Operational Policy and Advocacy Group, the Emergency Relief Coordinator and the Global Protection Cluster. The recommendations for the HCT are largely aligned with the Action Plan developed during the OPR. As described in the Methodology section of this report, most of the recommendations listed below were reviewed in-depth with stakeholders from the humanitarian agencies and various government ministries during two validation workshops, which were facilitated by evaluation team members in Maputo, in December 2019. The list below is a **condensed version** for this Executive Summary. The full recommendations can be found at the end of the main report on page 58.

Recommendations targeted at the Mozambique Humanitarian Country Team

R1. **Further improve preparedness, early warning and anticipatory action** by supporting INGC, other government ministries and CSOs to strengthen capacities at national and community levels.

R2. **Develop and implement an engagement and capacity-building strategy for civil society stakeholders** to enable them to play a more effective role in humanitarian action.

R3. **Use the results of this IAHE, and other relevant lessons learned, to inform advocacy and resource mobilization strategies during future disaster responses to help ensure that the humanitarian community is supporting the priority needs of affected communities**, especially households which are struggling to recover and vulnerable members of affected communities with special needs.

Recommendations for the Emergency Directors Group

R4. **Improve information management and communication systems for the assessment and monitoring data needed to provide a real time overview of the priority needs of affected communities**.

R5. **Ensure that there is an adequate roster of cluster coordinators and information management staff** with the necessary skills, gender balance, experience and language abilities. There should be suitable incentives in place, so these personnel are available for a deployment duration that ensures adequate continuity of staffing and optimizes value-added for the clusters.

R6. **Improve coordination and engagement with the private sector with the timely deployment of a private sector coordinator having relevant experience in large-scale disasters**. This should be supported by a roster of staff members who are trained and experienced individuals.

R7. **Strengthen and improve the decentralized humanitarian leadership coordination model to provide more effective support during a large-scale disaster event**. This is especially critical in such countries as Mozambique, in which the government typically decentralizes decision-making to the affected areas during a disaster response.

Recommendations targeted at the IASC Operational Policy and Advocacy Group

R8. **Capture and share lessons for clusters and replicate as appropriate** (including in other clusters) to improve preparedness and achieve a more consistent and integrated performance.

R9. **Require each global cluster to carry out After-Action Reviews within six months of the Scale-Up activation.** These AARs should systematically consider the users' (cluster members, HCT) feedback and generate an action plan that promotes continuous improvement using the lessons learned. Similar inter-agency learning reviews should be routinely conducted for inter-agency assessment coordination cells.

R10. **Improve the relevance and value of future IAHEs of Scale-Up activation responses.** Improvements could include the systematic inclusion of household surveys to assess the collective outcomes and give a meaningful voice to affected communities; assessing anticipatory actions; and using proxy indicators to assess cost effectiveness to better understand options for prioritizing limited resources.

Recommendations targeted at the Emergency Relief Coordinator

R11. **Develop guidance for Humanitarian Country Teams, supported through the deployment of technical specialists, to help with the development of multi-sector performance benchmarks** for responses when there is a Scale-Up activation. This will help track overall performance and better inform decision-making.

R12. **Ensure that humanitarian and early recovery needs are adequately analyzed and communicated in a timely way** so that support by the international community is adapted to priorities of affected communities during successive phases of the response. Based on lessons learned from the response to Cyclone Idai, improvements are needed more at the multisectoral level than at the level of individual clusters.

Recommendation targeted at the Global Protection Cluster

R13. **The Global Protection Cluster should use the launch of its revised global strategic framework** to clarify its role in responding to varying disaster scenarios, including sudden-onset natural disasters.

Introduction

23. This is the report of the Inter-Agency Humanitarian Evaluation of the international humanitarian response in the Republic of Mozambique to Cyclone Idai in 2019. The design of the evaluation is based on the requirements in the Terms of Reference attached as an Annex to this report.

24. In line with the TOR, this evaluation focused on the Scale-Up that was activated on 22 March and expired at the end of June in 2019. The evaluation purpose was to:

    - Provide an independent assessment of the extent to which the planned collective objectives set out in the Humanitarian Response Plan (HRP), along with other plans developed and used by the HCT during the course of the response, responded to the needs and concerns of the affected people in Mozambique.
    - Assess the extent to which the Inter-Agency Standing Committee (IASC) mechanisms, including the Scale-Up activation and Humanitarian Programme Cycle (HPC), have successfully supported the response.

25. The IAHE has identified lessons learned from this response and the system-wide Scale-Up activation[1] and has generated recommendations to guide preparedness and future comparable responses. The primary users of this IAHE are, at the country level, the Humanitarian Coordinator (HC) and the HCT in Mozambique; and, at the strategic level, the IASC Principals, the Emergency Directors Group, and the Operations, Policy and Advocacy Group. This was the first evaluation of an inter-agency response that involved the new Scale-Up activation protocols and therefore it provides a valuable learning opportunity that can be applied to future Scale-Up activations, especially for responses to the sudden-onset natural disasters.

26. Cyclone Kenneth made landfall some six weeks after Cyclone Idai in northern Mozambique and added pressure on already overstretched capacities of humanitarian agencies and the GoM. Due to various limitations, including time, budget and difficulty in accessing affected communities due to security constraints, it was decided with the Management Group for this IHEA not to evaluate the response to Cyclone Kenneth within the scope of this IAHE. The impact of Cyclone Kenneth was considered in a similar light as the ongoing drought that was affecting areas of Mozambique, i.e. as an additional factor that also significantly influenced the system-wide Scale-Up response.

Country and Operational Context

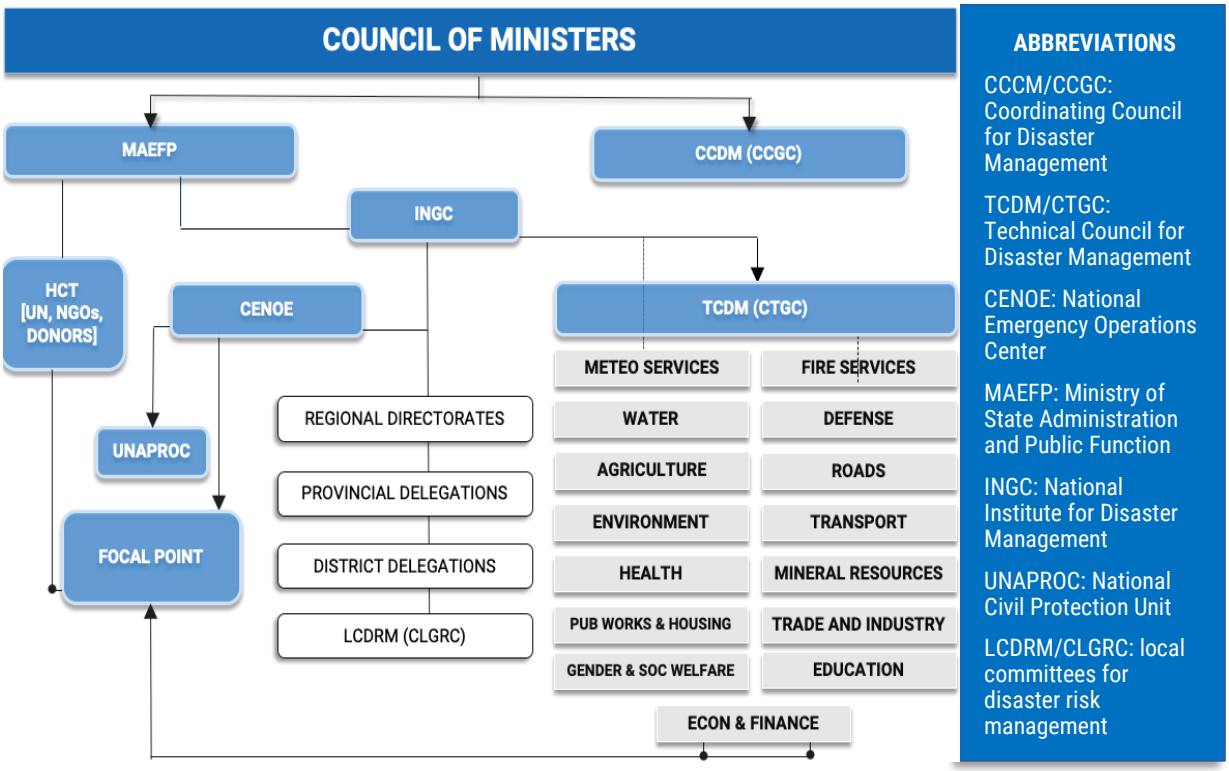
2.1. Country context

27. Since its independence in 1975, Mozambique has been affected by numerous natural disasters. This includes extensive flooding in Tête, Maníca, Sofála and Zambézia provinces in early 2007 when the Zambézia river broke its banks after heavy rains.

28. Mozambique adopted a Disaster Management Policy in 1999 that introduced measures for disaster management, using early warning systems with community involvement, allocating funds for contingencies and supporting livelihood recovery. Disaster Risk Management (DRM) in Mozambique became a central priority across different government sectors. The Coordinating Council for Disaster Management (CCGC), under the Council of Ministers and chaired by the Prime Minister, is the political and decision-making body for DRM governance in Mozambique and ensures multi-sector coordination. The CCGC is advised by the Council for Disaster Management (CTGC), a multi-sector organ comprised of government representatives and members of the HCT (see Figures 1 and 2 below). This disaster management structure at the central level is replicated locally through Emergency Operational Centers which may be at provincial or district levels. A crucial component of the local disaster management mechanism is the Local Disaster Risk Management Committee at the community level.

29. The National Institute for Disaster Management (INGC) is the executive arm of the CCGC and is responsible for the coordination of DRM activities at the operational level, including disaster risk reduction (DRR). It operates under the Ministry of State Administration and Public Function. In addition, in its disaster response coordination activities the INGC is supported by the National Emergency Operations Center (CENOE). CENOE is supported by a National Civil Protection Unit (UNAPROC) to assist with search and rescue activities. Development partners led by the United Nations (UN) cooperate with the government under this structure. Decentralized structures for DRM exist, including regional Emergency Operation Centers and District Committees for Disaster Risk Management in all districts as shown in Figure 1.

Figure 1: Disaster management structure in Mozambique



Source: INGC, 2019

Synergy of the actions with the international community

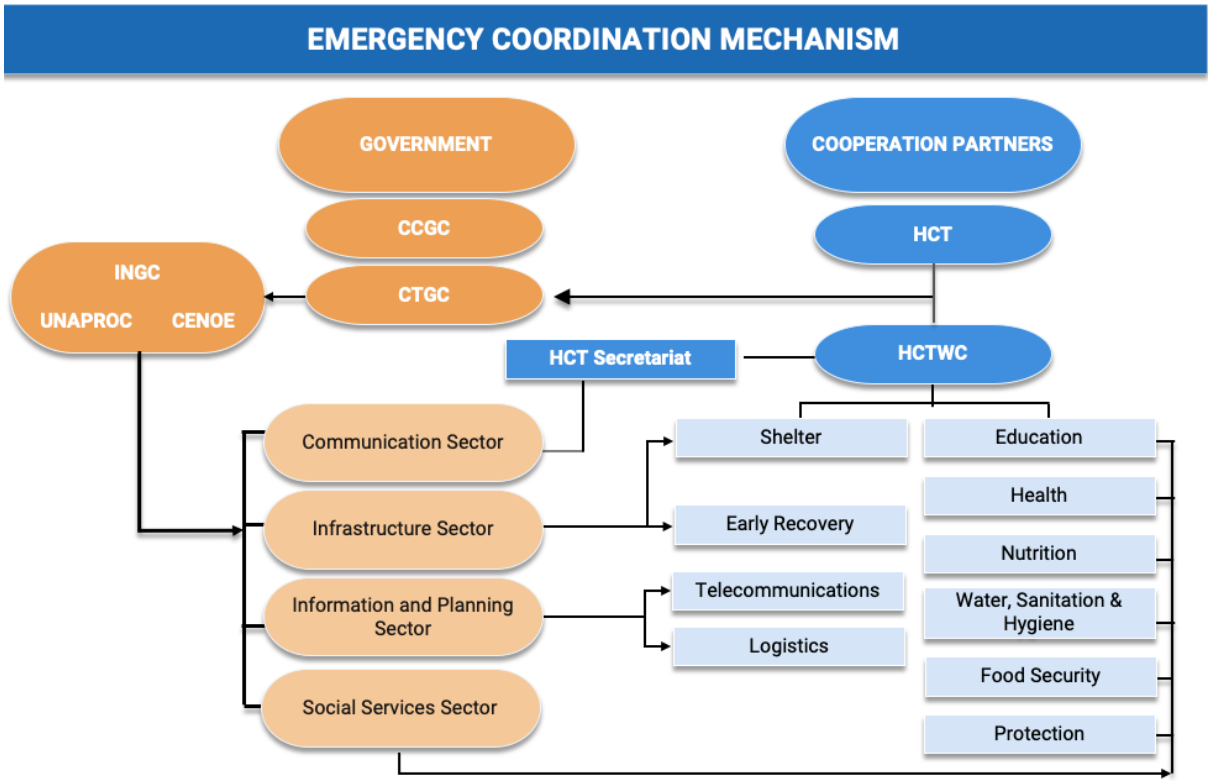
30. International humanitarian agencies support and complemented the GoM's efforts during the disaster preparedness, coordination, management and response to Cyclone Idai. They are organized into specialized clusters: Education, Camp coordination and camp management (CCCM), Protection, Health, Nutrition, Water and Sanitation, Food Security, Shelter, Logistics, Emergency Telecommunications and Early Recovery. These groups are integrated in four sectors of CENOE (Planning and Information, Infrastructure, Social Services and Communication) and are aligned with their respective ministerial counterparts.

31. At the provincial level, the HCT's focal point has been designated as part of a decentralized mechanism for coordinating humanitarian activities. The HCT's provincial focal point is charged with supporting and facilitating coordination with government authorities in the province through sector/cluster coordination. This role includes coordinating with INGC and between humanitarian actors to complement their emergency response efforts.

32. The HCT and the clusters provided technical, material and financial support to increase the responsiveness of the government sectors, in line with international standards and the humanitarian principles governing emergency management and response.

33. Response and recovery were aligned with the four sectors that make up the GoM disaster response structures: (i) communication, (ii) infrastructure, (iii) information and planning and (iv) social services. Figure 2 illustrates how the international humanitarian system fits within the GoM structure. The majority of IASC clusters, with the exception of shelter, ETC and logistics, were aligned with the social services sector.

Figure 2: Emergency coordination between government and international agencies

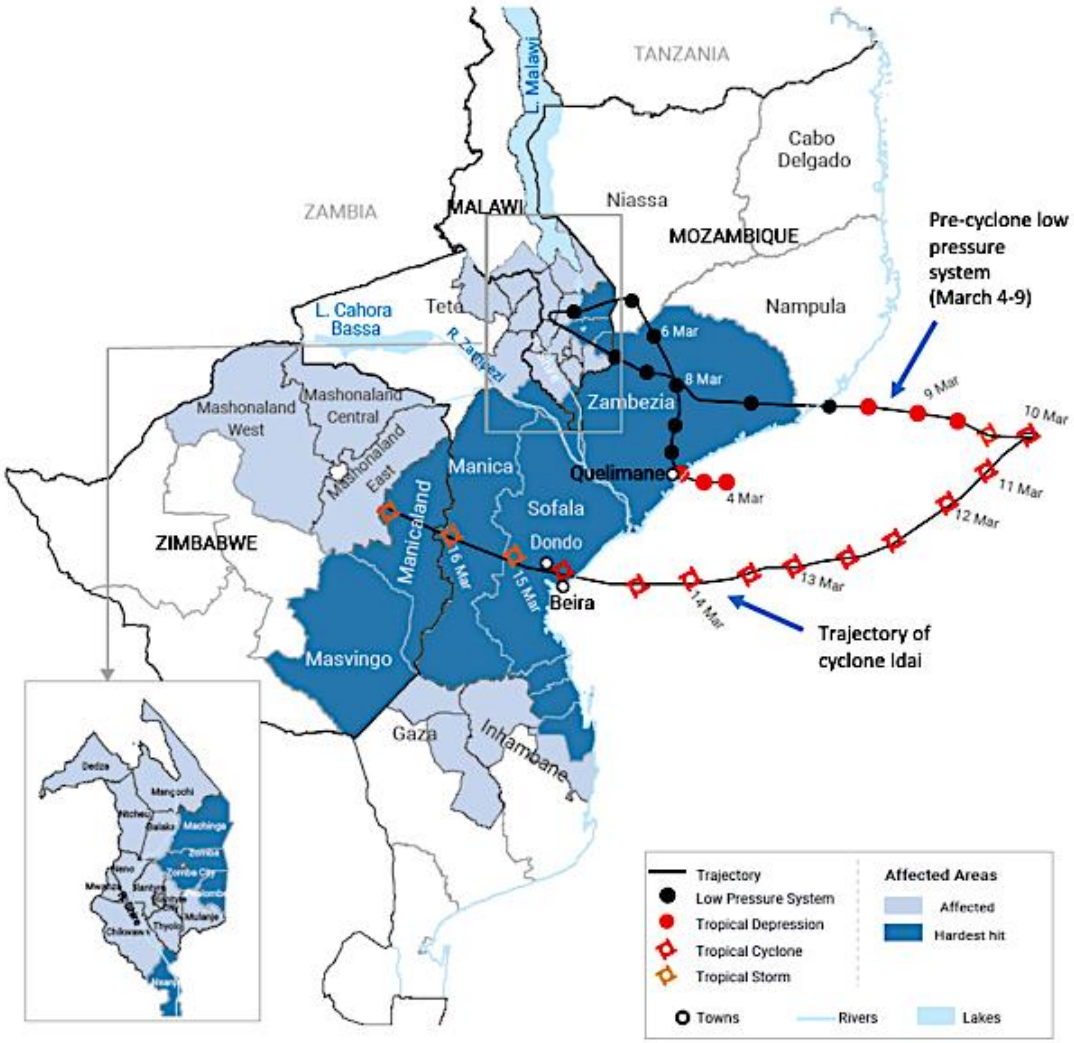


Source: INGC, 2019

2.2. Operational context

34. Before Tropical Cyclone Idai made landfall on the night of 14 to 15 March near Beira City, Sofála Province in central Mozambique, it first crossed the mainland as a tropical storm that caused extensive flooding in the Zambézia and Tête provinces (Figure 3). When it returned as Cyclone Idai, it brought strong winds of 180 - 220 km per hour and heavy rains across the provinces of Sofála, Maníca, Zambézia, Tête, and Inhambane. This caused a storm surge and subsequent extensive flooding with flood waters reportedly exceeding 10 meters. On 25 April, northern Mozambique was struck by a second Tropical Cyclone, Kenneth, which made landfall in Cabo Delgado province. With wind gusts of up to 220 km per hour, Kenneth became the strongest cyclone to ever hit the African continent. Tropical Cyclone Kenneth made landfall at the end of the rainy season when river levels were already high, increasing the risk of flooding.

Figure 3: Map of areas affected by Cyclone Idai



Source: OCHA, 26 March 2020.

35. The disaster struck a vulnerable population, creating circumstances that exacerbated poverty levels and food insecurity among the affected people. Mozambique ranks low on the human development index (HDI) at 0.437, or 180 out of 189 countries.[2] The agricultural sector accounts for 25 per cent of Gross Domestic Product and employs 71 per cent of the labor force, of whom almost 94 per cent are primarily engaged in agricultural production. [3]

36. Before Cyclone Idai made landfall, the country was already facing high levels of food insecurity. During 2017 and 2018, Mozambique's Technical Secretariat for Food Security and Nutrition (SETSAN) conducted several studies to assess the impact of the drought. It documented severe food insecurity throughout the country.[4] The 2017-2018 HRP identified 815,000 people in need of humanitarian assistance and aimed at targeting 700,000 people.[5]

37. The political dynamics added to the complexity of the response to Cyclone Idai. The mayor of Beira was a member of the party in opposition, and the international community had to navigate dynamics between the national authorities and leaders in affected provinces in a way that did not raise tensions. Three major events were taking place in Mozambique during 2019: (1) preparations for the general elections to be held on 15 October 2019.[6] 2) a peace process between the governing party, Frente de Libertação de Moçambique (FRELIMO), and the primary political party in opposition, the Resistência Nacional Moçambicana (RENAMO), and (3) an ongoing process of demobilization, disarmament and reintegration (DDR). Furthermore, access to international funding by the GoM was restricted due to the fallout from a US$ 1.2 billion undisclosed lending scandal in 2016 that resulted in the suspension of donor support.[7] Another factor that significantly influenced the response was the long-standing practice of the GoM to relocate communities living in disaster-prone areas to resettlement sites as a way of increasing resilience.[8]

38. In the immediate aftermath of the cyclone, coordinated rapid aerial assessments carried out by government and non-governmental actors provided a valuable overview of the scale and severity of the crisis. This information informed operational decision-making to determine priorities. The GoM implemented a series of actions in response to the unfolding disaster, as listed below.

Government-led actions during the response

- The GoM declared a National State of Emergency on 19 March 2019;
- Immediate search-and-rescue operations, and provision of humanitarian aid began;
- Appeals were made for international assistance;
- Data was gathered and shared to measure the number of affected persons in each province;
- A Cyclone Idai Post-Disaster Recovery Programme (PREPOC) was established on 26 March and the ToR approved on April 2, 2019;
- The Gabinete de Reconstrução Pós Ciclone Idai (GREPOC), or Post-Cyclone Reconstruction Office, was created on April 09, 2019 under the Ministry of Public Works, Housing and Water Resources to coordinate the reconstruction process, donor relations, and lead the implementation of interventions designed to support the recovery and reconstruction of affected areas;[9]
- The Scope Assessment of Cabo Delgado and Nampula Cyclone following Cyclone Kenneth, on April 30, 2019, was extended; and
- The Post-disaster Needs Assessment (PDNA) was approved by the Council of Ministers on May 7, 2019.[10]

39. The HRP was revised based on the Multi-Sector Rapid Assessment (MRA) conducted during the first half of April 2019. The HRP estimated that due to Cyclone Idai, 603 deaths occurred, there were nearly 1,700 injuries and that 1.85 million flood-affected people were in need of assistance. The HRP targeted 1.72 million flood-affected people[11] with requirements amounting to $281.7 million.

2.3. IASC Scale-Up activation

40. The Scale-Up activation was launched in 2018 to replace the previous L3 system by reinforcing focused collective and time-bound emergency procedures.[12] The Scale-Up activation triggers mechanisms and tools to:

(a) Ensure that the international humanitarian system delivers effective humanitarian assistance in support of national authorities and existing capacities and monitors its own performance.

(b) Ensure that adequate capacities and tools for empowered leadership and coordination of the humanitarian system are in place.

(c) Engage IASC member organizations and Global Cluster Lead Agencies to establish the required systems and to mobilize the required resources necessary to contribute to the response as per their respective mandates.

41. In line with the new protocols, a Scale-Up activation requires that an OPR of the response be undertaken within five months of the crisis, and that an IAHE be conducted 9-12 months after the declaration. OPRs, designed to be brief and using a collaborative process, are undertaken by peers. The IAHE is conducted at a later stage of the humanitarian response. It is independent, with an aim to promote accountability to donors and affected populations while encouraging strategic learning for the humanitarian system, including at a global level.

2.4. Planning of the response

42. Figure 4 describes the main assessments undertaken to determine the needs of affected people and who conducted them. Some agencies did this routinely as an integral part of their own activities.[13]

Figure 4: Sequencing of needs assessments (2019)

March	Initial rapid assessments using aerial assessments or other remote assessment methodologies due to difficulties in accessing affected areas
April	Inter-Agency multi-sectoral rapid assessment
May	Multi-agency data collection exercise with financial support from UNICEF and WFP; technical assistance came from the Food and Agriculture organization (FAO, UNICEF, WFP, INGC and SETSAN).[14]
Periodic	Cluster assessments focused primarily on specific sectoral needs. Displacement Tracking Matrix (DTM)[15] assessments were made of displaced populations. Individual agency assessments were made.
May	A PDNA was conducted, led by governments, over a month after the disaster event with technical assistance from World Bank, the European Union and humanitarian agencies.

43. Four successive HRPs for the cyclone response in Mozambique are presented in Table 1 below to illustrate the shift from emergency to recovery and rebuilding.[16]

Table 1: Revision of strategic objectives in each HRP (Nov 2018 – Aug 2019)

HRP Objectives Nov 2018 - Jun 2019	HRP Objectives March 2019 Flash Appeal	HRP Objectives May 2019	HRP Objectives August 2019 Revision
STRATEGIC OBJECTIVE 1: Provide immediate life-saving and life-sustaining assistance to the population affected by severe food insecurity. STRATEGIC OBJECTIVE 2: Support the restoration of livelihoods and strengthen resilience of climate-affected population.	STRATEGIC OBJECTIVE 1: Provide immediate lifesaving and life-sustaining assistance to the population affected by severe food insecurity. STRATEGIC OBJECTIVE 2: Provide immediate life-saving assistance to the population affected by the damage and destruction caused by Tropical Cyclone Kenneth and Tropical Cyclone Idai and the associated flooding. STRATEGIC OBJECTIVE 3: Support the restoration of the livelihoods of drought and flood-affected people through resilience-building interventions to mitigate the humanitarian impacts of erratic weather.	STRATEGIC OBJECTIVE 1: Provide immediate lifesaving and life-sustaining assistance to the population affected by severe food insecurity. STRATEGIC OBJECTIVE 2: Support the restoration of livelihoods and strengthen the resilience of crisis-affected people. STRATEGIC OBJECTIVE 3: Support the restoration of livelihoods and strengthen the resilience of the climate-affected population.	STRATEGIC OBJECTIVE 1: Save lives and alleviate the suffering of those most in need of assistance and protection, including severely food insecure, hard to reach and displaced people. STRATEGIC OBJECTIVE 2: Support the restoration of livelihoods and strengthen the resilience of crisis-affected people. STRATEGIC OBJECTIVE 3: Protect the rights and uphold the dignity of the most vulnerable peope.

2.5. Funding the response

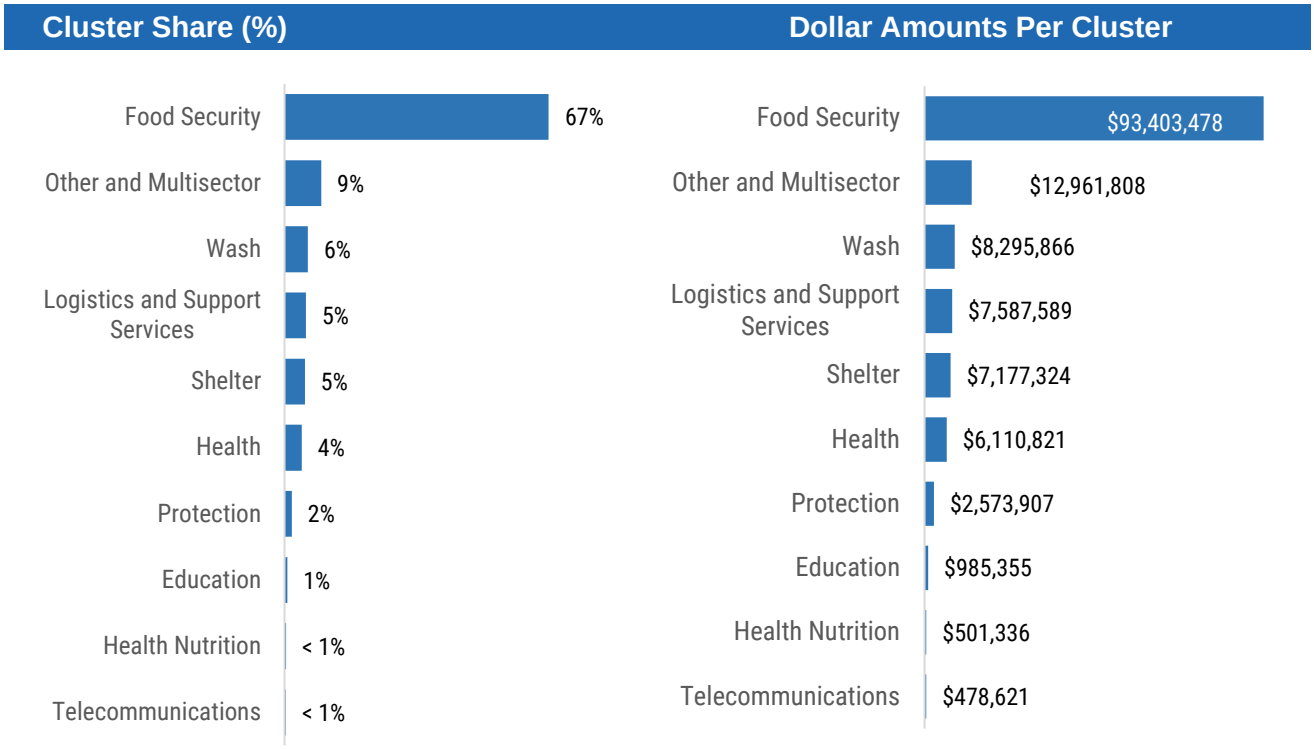
44. The total funding contributions to the 2019 Mozambique HRP, primarily destined for the response to Cyclone Idai, amounted to $383.9 million and included a contribution of U$16.5 million from the GoM (Table 2).[17]

Table 2: Five highest funding contributors to the 2019 Mozambique HRP

Donor	Contributions in USD	share of total contributions (%)
United States of America, Government of	57,601,595	32.2
United Kingdom, Government of	48,380,955	16.4
Central Emergency Response Fund (CERF)	21,466,449	9.8
Mozambique, Government of	16,500,000	5.6
World Bank	10,653,282	3.6

45. Figure 5 shows the percentage of overall funding spent on specific needs and the dollar amounts per cluster.

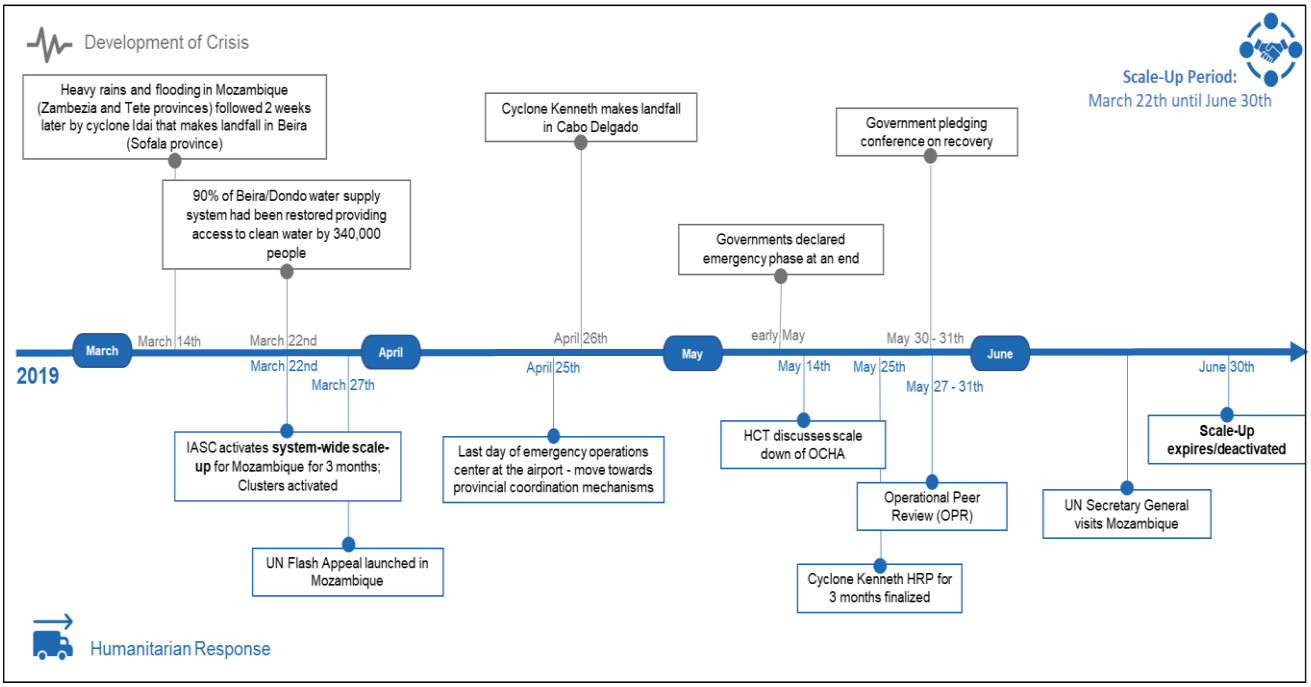
Figure 5: HRP percentage of requirements by cluster (April 2019 revision)



2.6. Timeline

46. The timeline shown in Figure 6 (below) outlines selected key events prior to and after the Scale-Up activation of the response on 22 March 2019. During the time of severe floods in the Sofála, Zambézia, Maníca and Têtе provinces, the GoM established its response, which was based in Beira. During the first phase of the response, from March 22 until June 30, emergency operations focused on providing life-saving assistance to people in need in Sofála, followed by people in need in Maníca and Zambézia.

Figure 6: Timeline of key events[18]



Methodology

3.1 Evaluation phases and approach

47. The evaluation was divided into three phases: inception, data collection, and synthesis. Key milestones during the evaluation process were the inception report, debriefings at the end of the field visit and at the regional offices in Kenya and South Africa, and two separate workshops in Maputo during December 2019; one was for humanitarian agencies and the other for government officials. These evaluations provided stakeholders with an opportunity to validate and complement the preliminary findings and recommendations.[19]

48. Since this was a government-led response, the IAHE methodology was designed to assess the collective performance of the international community from the perspective of the affected communities and the government agencies. It did not specifically assess the operational performance of individual agencies, instead focusing on their effectiveness of their lead coordination roles and responsibilities within the IASC humanitarian system.

3.2 Evaluation questions and analytical framework

49. This evaluation developed evidence-informed conclusions that addressed the Organization for Economic Co-operation and Development's (OECD's) Development Assistance Committee's (DAC) evaluation criteria of appropriateness/relevance, effectiveness, coordination, connectedness and coverage.[20] The key questions (KQs) for the IAHE (Table 3) were based on the Terms of Reference and were further developed in the Inception Report by considering relevant findings from the inception phase.[21]

Table 3: Evaluation criteria and key questions

No	Evaluation questions	Criteria
KQ 1	*To what extent have the objectives set out in the HRP, other strategic documents, and other joint planning documents been based on identified needs, including those of the most vulnerable groups affected by the crisis?*	**Appropriateness**
KQ 2	*To what extent were the targeted results articulated in the HRP achieved (in terms of assistance delivery), and to what extent were they effective in meeting the needs of the most vulnerable? To what extent has the Scale-Up activation supported the response?*	**Effectiveness**
KQ 3	*How was the IASC humanitarian system's emergency assistance for people affected by the crisis linked to longer-term recovery, resilience and development efforts? What, if any, were the challenges in implementing this linkage?*	**Connectedness**
KQ 4	*To what extent were different groups of affected people, in all locations affected by Cyclone Idai, reached with humanitarian emergency aid?*	**Coverage**
KQ 5	*To what extent have adequate partnerships been established with international, national and local stakeholders to deliver assistance to affected people?*	**Partnerships**
KQ 6	*To what extent have national and local stakeholders been involved in international coordination mechanisms and the response design? Have their capacities and systems to respond in the future been strengthened through this response?*	**Localization**
KQ 7	*Was the assistance well-coordinated, avoiding duplication of assistance and gaps?*[22]	**Coordination**

50. An evidence matrix was developed based on the evaluation questions, indicators and potential sources of evidence to guide the data collection and subsequent analysis. This allowed the evaluation team to organize the data and build a body of evidence that facilitated the analysis to develop conclusions and recommendations.

3.3 Data collection and analysis

51. The evaluation team employed a mixed-methods approach to collect qualitative and quantitative data. Data collection began during the inception phase with a desk review, preliminary interviews with selected key informants followed by field visits, primary and secondary data review and analysis, and validation and reporting.

Desk review and preliminary interviews

52. During the inception phase the team used an online document library compiled by OCHA, which was supplemented with other documents found during a web search. The IAHE team used a “snowball approach” to collect additional documents from key informants when drafting the inception report and during the data collection phase.

Interviews and focus group discussions

53. As shown by the number and variety of interviewees and the level of inter-agency participation in the two validation workshops, there was constructive engagement by national and international actors during the evaluation process. A total of 176 stakeholders. of whom 41 were female, were interviewed (Table 4); these included UN agencies, international NGOs, national NGOs/CSOs, donors, and GoM representatives at the national and local levels.

Table 4: Summary of key informants (and Focus Group Discussions)[23]

Global	Summary	♂	♀	Total	FGD	KIIs (%)
	International agencies	6	5	11	0	
	SUB-TOTAL	6	5	11	0	6
Regional	**Summary**	**♂**	**♀**	**Total**	**FGD**	
	International agencies	17	5	22	2	
	SUB-TOTAL	17	5	22	2	13
Mozambique	**Summary**	**♂**	**♀**	**Total**	**FGD**	
	International agencies	32	8	40	3	
	Other interviewees	51	16	67	11	
	SUB-TOTAL	83	24	107	14	60
Mozambique Surge	**Summary**	**♂**	**♀**	**Total**	**FGD**	
	International agencies	29	7	36	1	
	SUB-TOTAL	29	7	36	1	21
Overall	**Summary**	**♂**	**♀**	**Total**	**FGD**	
	International agencies	84	25	109	6	
	Other interviewees	51	16	67	11	
	TOTAL	135	41	176	17	

54. To acquire a chronological perspective of the response, 36 cluster coordinators and agency staff, who had been deployed to Mozambique during different phases of the response, were interviewed (most interviews were conducted remotely). FGDs were sometimes held instead of individual key informant interviews, mainly as a way of increasing the range of perspectives when there were time constraints. Key informants were selected using the purposive sampling method to give a representative perspective of the overall response. Selection criteria included the role (e.g. management, technical), sectors/clusters, type of agency and different time periods during the Scale-Up. Since almost none of the international staff interviewed during the field mission in September 2019 had been present during the Scale-Up period, the team conducted a number of remote interviews with staff who had been on surge to Mozambique during different phases of the response. Interviews with international staff members were conducted in English and most other staff were held in Portuguese. The interviews were completed after we achieved substantive saturation.[24] A complete list of interviewees and the interview guide used by the team are attached as Annex 9 and Annex 10 respectively.

Primary and secondary data analysis

55. Primary data analysis was performed at three levels. For the primary data (KIIs and FGDs), a content analysis of the notes guided the preliminary development of key findings and is described in greater detail below. The secondary data review included real time evaluations and baseline data, including census data, Displacement Tracking Matrix (DTM) data and similar surveys performed by humanitarian agencies. A list of reference documents is attached as Annex 8. As described under the constraints mentioned below, the team had mixed success in collecting relevant documents. Relevant data was drawn from Relief Web, Financial Tracking Service (FTS), Global Shelter Cluster, UN Refugee Agency (UNHCR) Portal, ACAPS, Integrated Food Security Phase Classification,

Humanitarian Response Information, INGC databases and a website set up by OCHA for the Cyclone Idai response in Mozambique.

56. Previous evaluations[25] provided an opportunity to compare this response to past recommendations and determine if those recommendations were still relevant, and the extent to which previous lessons learned had been applied during this response. This selection included previous IASC inter-agency evaluations of the 2007 response to floods and cyclones in Mozambique, the 2014 response to Typhoon Haiyan in the Philippines, and the 2019 drought response in Ethiopia.[26] Since humanitarian systems have evolved considerably since 2007, and the 2019 evaluation assessed a very different type of disaster, the value of direct comparisons was limited, although the 2007 evaluation did provide a useful historical perspective. The 2014 IAHE for Typhoon Haiyan was the most relevant comparison in terms of the disaster scenario and comparable IASC systems and was a source of good practice examples of civil-military coordination, partnership with the private sector and the involvement of civil society.

Community and household perspectives

57. One major contribution of this IAHE, as compared to learning and accountability processes such as the OPR, was the inclusion of a community-level survey component. It gave a voice to the affected community and captured their views on the results of the humanitarian efforts, especially their perspectives on the outcomes several months after the disaster event. This feedback should be critical in fulfilling IASC's commitments with respect to accountability to affected populations. The Eduardo Mondlane University in Mozambique was contracted to carry out the survey following a competitive bidding process. Planning for the survey was done in close consultation with the INGC, which assisted with the necessary authorization and liaison with local authorities. The INGC provided support during the field work, including helping to ensure that the exercise remained independent.

58. The survey used a probabilistic sampling to cover 505 households in eight out of the fourteen districts affected by Cyclone Idai; a household was defined as a set of individuals sharing food, water, or income on a daily basis.[27] The survey adopted a multi-stage, stratified sampling, in which the sample size was divided proportionally to consider rural and urban areas, gender and disability. The results were disaggregated according to gender, disability and three displacement categories, namely: (i) households affected but not displaced, (ii) households affected and displaced and returned to place of origin, and (iii) households relocated to resettlement sites. The survey team complemented the survey results with data collected during key informant interviews, focus group discussions, community observations and a desk review of secondary data (Table 5). Out of 39 FGDs from 8 districts, a slight majority (20) were groups of females. Sixty-two of the sampled households included a person with a disability, which was 12 per cent of the sample.[28] Annex 11 provides additional details of the approach used for the sampling, data collection, analysis and reporting of quantitative and qualitative data. Additional details of the FGDs conducted during the survey are presented in Annex 12.

Table 5: Data collection for the household survey

Method	Sample Size / Type
Structured interviews with village level leadership	41
Community household survey	505
Community FGDs	39
Semi-structured individual and group interviews with humanitarian staff	18
´In Situ´ site observations	41

59. Profiles of the households surveyed are shown below in Table 6. The major impacts of Cyclone Idai were on shelter and livelihoods (crop and animal losses).

Table 6: Reported impacts of Cyclone Idai at household level[29]

Categories		How did Cyclone Idai affect your household (per cent)?								
		Death of at least one family member	At least one family member injured	Illness of at least one family member	House totally destroyed	Partial destruction of house	Crop losses	Animal losses	Production equipment/ materials loss	no.
Overall		**3.2**	**8.5**	**4.4**	**54.8**	**45.0**	**63.1**	**38.9**	**27.4**	**504**
Sex	Male	3.4	7.8	4.0	55.9	44.1	62.1	40.7	28.6	322
	Female	2.8	9.9	5.0	52.8	46.7	64.8	35.7	25.3	182
Category	A	0.9	6.0	2.3	26.4	72.2	53.7	22.2	14.4	216
	B	2.1	9.2	5.0	54.6	46.8	57.5	28.4	31.2	141
	C	7.5	11.6	6.8	96.6	3.4	82.3	73.5	42.9	147
Area	Rural	4.9	8.5	3.6	71.2	28.5	80.0	57.7	35.1	305
	Urban	0.5	8.5	5.5	29.7	70.4	37.2	10.0	15.6	199
Province	Sofála	2.9	9.7	5.3	54.7	45.3	62.9	31.3	27.5	342
	Manica	5.9	3.9	2.9	56.9	39.2	80.4	59.8	36.3	102

Categories: A: Household affected and not displaced; **B:** Household affected, displaced and returned to the same place; **C**: Household affected, displaced and resettled.

60. The results were reviewed based on the four phases of the response: (1) preparedness; (2) search and rescue; (3) the initial emergency response; and (4) early recovery.

Data analysis

61. The data analysis was performed at three levels. For the interviews, a content analysis of the notes guided the initial development of key findings.[30] The secondary data gathered was used to triangulate key events, decisions, challenges experienced, and to a limited extent, achievements (at output and outcome levels). This information was then compared with the key results which emerged from the Survey Team's efforts to determine the consistency or divergence of the data analysis.

Validation and reporting of results

62. The multiple formats and levels of evidence enabled the IAHE Evaluation Team to then identify evidence-based findings. Next, the findings were logically linked to conclusions. The preliminary results were presented and validated at two multi-stakeholder workshops in December 2019 in Maputo. The evaluation team facilitated two workshops; one workshop with humanitarian agencies and one workshop with government officials who had been involved in the response.

3.4 Evaluation ethics

63. The evaluation team adhered to the United Nations Evaluation Group (UNEG) Norms and Standards and Ethical Guidelines (2008).[31] These included the principles of impartiality, confidentiality, ensuring informed consent, and protection. Additional details are provided in Annex 11.

3.5 Constraints and limitations

64. Contingency planning during the inception phase helped to mitigate constraints and ensured that the evidence collected was sufficient and credible, despite the gaps described below. A key example was the need to extend the timeframe for the IAHE due to the national election campaigns and the elections, held during the latter part of 2019. This meant, among other things, that the survey had to be postponed to the end of October 2019.

65. The variable availability and quality of monitoring data made it difficult to determine the extent to which the objectives in the HRP were met, as requested in the TOR. The HRP was mainly perceived by the humanitarian staff as an external communication and fundraising tool,[32] something that has been highlighted in other evaluations of humanitarian actions.[33] Reporting against HCT benchmarks and various targets developed by individual clusters provided additional data on performance; but it did not present a completely coherent picture. This is shown in the table in Annex 2. Performance data was not consistently disaggregated by gender, limiting the team's ability to systematically apply a gender lens to findings and conclusions.[34]

66. Given funding constraints—notably in covering early recovery needs—an assessment of cost effectiveness or value for money analysis[35] would have been helpful to better assess whether the use of limited resources could have been prioritized. Such an analysis could have helped identify specific areas where an in-depth analysis would be justified to add value to future comparable responses. Specific related examples raised during the course of this IAHE included: (i) the costs of SAR operations; (ii) the cost implications, due to the lack of cash transfers as a viable intervention option; and (iii) shelter assistance modalities.

67. The field visit by the IAHE team took place six months after Cyclone Idai struck Mozambique. This timing had the advantages of being able to better assess the outcomes of the response. However, due to a combination of the turnover of cluster coordinators and information managers, and gaps in the inter-agency performance measurement systems, it was difficult to confirm what had occurred during the earlier phases of the response. Virtually none of the international staff interviewed in the provinces of Mozambique during the field visit had been present during the Scale-Up phase and, with some notable exceptions, the handover notes drafted by cluster coordinators were either not available or mainly consisted of contact lists. Therefore, it was challenging to assess the decision-making that had occurred.[36] To gather relevant evidence for the initial phase of the response, 38 surge staff who had been deployed during the Scale-Up phase were

interviewed, mostly remotely, to provide their representative longitudinal and multi-stakeholder perspectives of the response.

68. The IAHE team faced a number of challenges in accessing internal documents such as monitoring reports, notably outcome data in the form of post-distribution monitoring reports, after-action reviews and the internal evaluations which key informants referred to during interviews. Sometimes this was because some of the documents mentioned by key informants had not been finalized. However, with the notable exception of a few agencies, the reluctance of the staff to share their documents contrasted with the previous experiences of team members during evaluations commissioned by individual agencies when relevant internal documents were proactively shared. The team saw this as an indicator that IAHEs do not enjoy the same level of ownership by individual agencies as evaluations that the agencies commission themselves.

69. The IAHE team had become aware of the above limitations and constraints during the inception phase, including the limitations of using the HRP for performance monitoring purposes and identifying likely gaps in the monitoring data, and were able to make appropriate adjustments to their methodology in consultation with the Management Group. The relative lack of outcome data greatly increased the value of the evidence generated by the survey. When designing the IAHE, the survey was made a priority; and the broad range of stakeholder interviews and the triangulation of the data during analysis helped to ensure that the available evidence provided a sound basis on which the team could develop robust conclusions and recommendations.

Responses to evaluation questions

70. This section presents findings for each of the seven KQs listed in the TOR. For each KQ, there is a brief summary of findings that is followed by a description of the supporting evidence base.

KQ 1: Appropriateness

KQ 1	*To what extent have the objectives set out in the HRP, other strategic documents, and other joint planning documents been based on identified needs, including those of the most vulnerable groups affected by the crisis?*

71. This evaluation question examines the extent to which the efforts undertaken by the international humanitarian community (i.e., needs assessments and other information generated to guide the response efforts) identified the needs and priorities of affected people, how well the response was coordinated, and to what extent the coordination mechanisms encouraged participation by affected communities in decision-making processes.[37]

Summary response to KQ 1

- **Good quality joint preparedness planning with the GoM and the aerial assessments helped to ensure that the initial assessments largely reflected the priority needs of affected communities**. The survey results found that the immediate needs had been correctly anticipated with the notable exception of clothing.
- **The assessments carried out by different clusters in consultation with their GoM counterparts varied in quality, coverage and timeliness**. Some clusters relied mainly on data from government sources; this was of variable quality. The data sharing policies of agencies often restricted the sharing of complaints and feedback from communities, which could have helped to inform decision-making.
- **The response was hindered by the lack of timely, multisector information to guide decision-making in the dynamic operating context.** Different multi-sector assessment formats and data management systems were used at the beginning, and an MRA was carried out early in April 2019. Attempts to set up interagency data management systems with INGC to collect, analyze and communicate an overview of needs were only partially successful.
- **Participatory approaches were used to assess needs, but otherwise community participation was relatively limited**. The survey results found that although most affected community members thought that they had been treated with respect by humanitarian agencies, few community members knew in advance what was being provided and how aid was supposed to be targeted.
- **A key result of the Scale-Up activation was the launch of an inter-agency complaint and feedback mechanism, known as *Linha Verde*, during May 2019**. It took time for the communities to trust this tool, which demonstrated the importance of setting up complaints systems and feedback systems before disaster events as a part of preparedness.

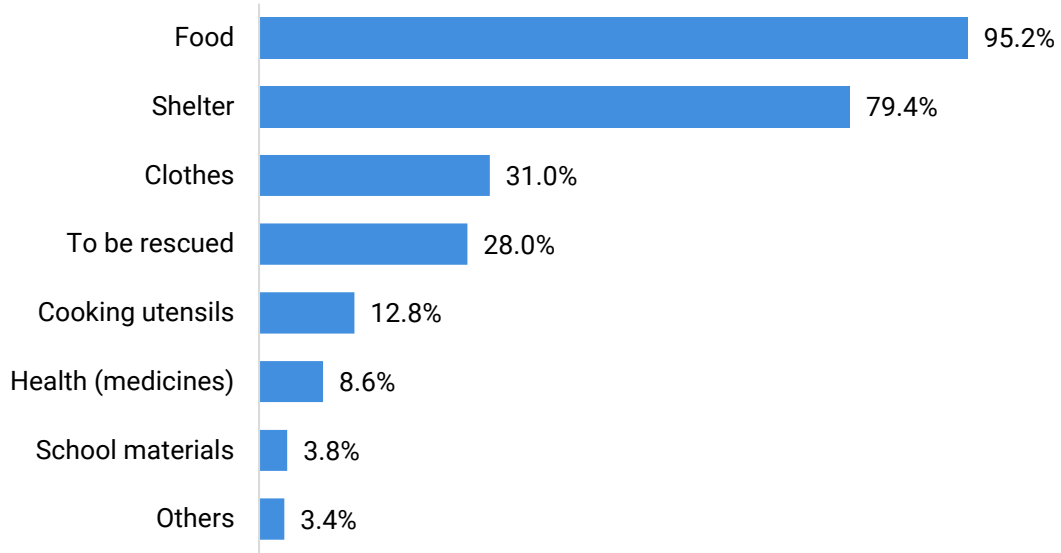
Summary response to KQ 1

- **The local knowledge of civil society organizations was not sufficiently used** to gain a better understanding of vulnerabilities, coping mechanisms and specific challenges being faced by women and marginalized groups.

72. The IAHE confirmed the OPR's finding that preparedness had added considerable value to the response, specifically by drawing upon pre-existing partner networks, protocols, standby agreements with partners, framework agreements with suppliers and using prepositioned contingency stocks. The preparedness planning had not considered the effects of a cyclone disaster of this scale, and interviewees estimated that the contingency stocks only covered about 10-20 per cent of the total needs. Nevertheless, the contingency stocks proved to be a valuable resource to kick-start the response and were seen as one of the main reasons that 20 per cent of households covered by the survey received assistance within a few days following the disaster.

73. **Joint preparedness planning with the GoM and aerial assessments[38] helped to ensure that initial assessments largely reflected priority needs of affected communities**. The needs described in the revised March 2019 HRP were mainly based on preparedness planning since the assessment data available was limited. The survey results found that the immediate needs had been correctly anticipated, with the notable exception of clothing (Figure 7). The majority of households surveyed (67 per cent) stated that the assistance was in line with what they most needed. Lack of clothing was a problem particularly for girls. Some girls said that, if they had to choose between going hungry or wearing dirty clothes, they would prefer to go hungry.

Figure 7: Priority needs immediately after the disaster (per cent of households)[39]



74. The initial response largely corresponded to the priority needs; 83 per cent of the households surveyed reported that they received food assistance, 49 per cent received some type of shelter material and 46 per cent were provided with water. A very high proportion (95 per cent) of displaced people received some kind of assistance within the first few days after the disaster compared to 40 per cent of the people who had not been displaced.

Conduct and coordination of assessments

75. The OPR noted that the availability of objective data as a major challenge in Mozambique. Various assessment formats were used by different agencies at the beginning of the response. An MRA[40] was carried out in 14 districts[41] in the Sofála and Maníca provinces during the first two weeks of April. This followed an agreement to use an adapted version of a format that INGC had developed in consultation with the HCT several years previously. Like the survey, the MRA found food security to be the highest priority, followed by shelter and health concerns; many concerns were related to water-borne diseases. The challenges faced during the MRA included a lack of assessment expertise within many of the clusters and a lack of pre-cyclone baseline data.[42] This included 2017 district-level census data;[43] that the lack of this data was mainly attributed to political sensitivities in the lead-up to the national election.

76. Key informants from humanitarian agencies reported that, prior to the MRA, assessment data mainly came from aerial assessments, areas that were accessible, and/or areas where donors had indicated that funding was available. Findings from the interviews indicated that the donors tended to base their investments on needs assessment information provided by IASC coordination systems. While this was a positive finding, it meant that gaps in assessment data had a knock-on effect. Key informants from humanitarian agencies noted examples when private sector actors[44] had come forward saying that they were ready to assist but, when they asked, "*what do you need from us?*", they didn't receive a clear answer.

77. The HCT did not take-up the offer of a remote Assessment and Analysis Unit,[45] which could have mitigated the challenges of accessing affected populations and compensated for the limited analysis capacity in the field during the early phase of the response. An assessment coordination cell, led by OCHA and staffed by surge personnel deployed by IFRC,[46] ACAPS and REACH was eventually established two weeks after the disaster to support INGC and the international humanitarian system. The delay was attributed mainly to the decision-makers' lack of familiarity with the potential value of these tools.

78. While participating agencies showed a willingness to collaborate within the cell, each arrived with their own methodologies and approaches and were challenged by the rapid turnover of the OCHA staff[47] tasked with coordination. Agencies struggled to develop a coherent and user-friendly system to collect, analyze and communicate the and assessment data needed to inform the decision-making. Attempts to set-up interagency data management systems[48] with INGC to collect, analyze and communicate an overview of needs met with limited success due to the challenges of collecting timely assessment and monitoring data of adequate quality.

> *"Despite all the successes, one thing however remained a major challenge. This was the inability to survey the situation critically to determine where people were and what their particular needs are at that time …A key task therefore for the humanitarian community going forward, is to develop ways by which such a determination could be made…"* [49]

79. The majority of the interviewees viewed the lack of a comprehensive understanding of priority needs during the successive phases of the response as a constant challenge to prioritizing the use of resources. The quality and coverage of the assessment data varied between sectors, with many clusters largely relying on government data of variable quality. There were also challenges in establishing a system for collecting, analyzing and communicating assessment data in a context that was constantly changing with restricted access to affected areas. Another problem was that many agency staff who carried out assessments and distributions didn't record and/or share GPS coordinates.[50]

80. Based on feedback from agency staff, government officials and community members, the gaps in assessment coordination resulted in duplicated distributions[51] and assessment

fatigue.[52] Nevertheless, as shown in Figure 7 below, just over 60 per cent of the affected households surveyed thought that the assistance they received was timely and appropriate. There was a large variation between households in resettlement sites (95 per cent) and those which had not been displaced (41 per cent); this was partly attributable to the lack of a comprehensive assessment of needs described above.

Addressing the needs of vulnerable groups

81. Successive HRPs, cluster strategies and guidance considered the needs of different groups. These included gender, cultural considerations, differences between the needs of rural and urban populations, and IDPs staying in temporary shelters, with host communities and/or resettlement sites. Vulnerabilities included people with disabilities, the elderly, at-risk children and female-headed households. Some NGOs conducted rapid assessments on specific cross-cutting issues relating to vulnerability, including gender,[53] older people[54] and AAP,[55] to highlight the needs of specific groups within the affected populations.

82. FGDs held during the survey found that targeting processes lacked transparency and consistency; some respondents questioned why the lists compiled by the Instituto Nacional de Acção Socia (INAS) had not been used as a starting point rather than compiling new lists from scratch.

Participation of affected communities in decision-making

83. Just over 90 per cent of the households surveyed thought that they had been treated with respect by the humanitarian agencies (Table 7). Very few of the respondents, however, knew in advance what assistance they would be receiving or how to use feedback and complaints systems.[56] This finding mirrored the findings from another interagency review[57] which recommended that more project information should be shared with affected communities.

84. The assessments used data from community FGDs to inform the participatory needs assessments regarding the effectiveness and appropriateness of program delivery. Some agencies systematically took protection issues into account as part of their participatory assessments.[58] At the community level, vulnerable families were identified in collaboration with the local leadership. Data protection policies and the guidelines of individual agencies meant that partners maintained their own lists and there was limited sharing of beneficiary data, especially for protection-related cases.[59] There was a consensus that a harmonized policy governing how data ought to be treated and shared was needed in such humanitarian contexts, although humanitarian agencies thought that this issue would be better addressed at the global level.[60]

85. An inter-agency complaint and feedback mechanism, known as *Linha Verde*, managed by WFP on behalf of the HCT and funded by the CERF, was launched during May 2019. The hotline served as a channel where people could: (1) request information; (2) report issues affecting the humanitarian response in their community; (3) report on sexual exploitation and abuse, corruption and political violence; or (4) provide positive feedback.[61] The system was widely supported by humanitarian agencies, although all the agencies did not have the necessary protocols and capacity in place to be able to follow up on relevant feedback.[62]

86. It took time for the communities to trust the *Linha Verde* tool, so it was not an important source of community input during the Scale-Up phase, which demonstrated the importance of setting up such systems before disaster events as a part of preparedness. The limited involvement of CSOs during the Scale-Up phase was seen as a key reason for the relatively low level of participation of vulnerable groups in decision-making processes, given that the lessons learned during other disaster responses have

demonstrated the importance of CSO involvement.[63] Table 7 provides a summary of findings relating to selected AAP commitments.

Table 7: Findings relating to accountability to affected people

A majority, 92 per cent, said they had been treated with respect while receiving aid (ranging from 83 per cent in urban areas to 96 per cent in rural areas),

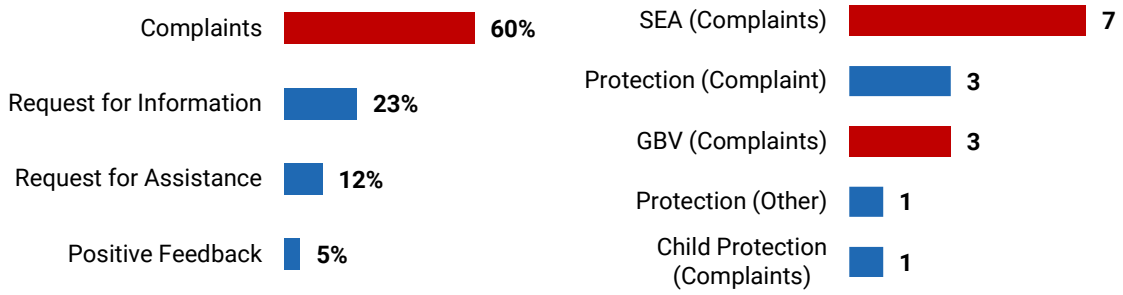
only 8 per cent understood what assistance they would receive (ranging from 2 per cent of IDPs who did not go to resettlement sites to 14 per cent of IDPs who did move to resettlement sites),[65]

and only 19 per cent received information about how to use the feedback and complaints systems (ranging from 8 per cent for populations who had not been displaced to 31 per cent for IDPs who had been resettled).

"We understand it might be difficult for agencies to spend time talking to us just after a disaster, but this shouldn't continue when planning for the future."[64]

87. As of August 2019, there were 3,542 registered cases, primarily from Sofála (85 per cent); and over half (56 per cent), or 1,983 cases, received feedback. As shown in Figure 8 below, 60 per cent were complaints, mostly from males (86 per cent), and the majority of the callers (88 per cent) were between 18-59 years old.[66] The complaints primarily related to food assistance (88 per cent) followed by shelter (6 per cent). There were a small number of protection-specific cases registered (15); those associated with sexual exploitation and abuse (SEA) and gender-based violence (GBV) were the majority (10 out of 15) which activated investigative processes.[67]

Figure 8: Summary of *Linha Verde* registered complaints[68]



88. As described in the Localization section below, the inter-agency *Linha Verde* reported a notable increase in the number of calls registered, including 30 complaints relating to political interference during distributions in the latter part of September in the lead-up to national and provincial elections.[69] The majority of complaints registered were related to food assistance, followed by shelter and hygiene.

89. The emergency and humanitarian NGO consortium in Mozambique (COSACA) took a proactive role in helping to organize and unify key stakeholder groups to participate in the complaint system and to support sexual and gender-based violence (SGBV) prevention and response.[70] Following the creation of the network, several practical measures were developed to strengthen the response, facilitate coordination and improve coherence among humanitarian actors.[71] PSEA key messages were transmitted via community radio stations within days of Cyclone Idai making landfall. Focal points and volunteers were

trained in their roles, obligations and responsibilities, and signed a Code of Conduct.[72] Part of the risk mitigation strategy included encouraging communities to communicate where and how there were risks of exploitation and abuse.[73]

People with disabilities

90. The Disabled Peoples Organizations (DPOs) and their umbrella organization, the Forum for Mozambican Disabled Associations (FAMOD), had an advisory role for clusters mainly via the Disability Working Group under the Protection Cluster. Their main role was to provide data on persons with disabilities (PWDs) and advocate for PWD issues in clusters.[74] They were not directly involved in design, planning and implementation of interventions, a gap that was eventually acknowledged by the Protection Cluster.[75] Protection staff were "particularly concerned about the safety and well-being of the disabled living in overcrowded conditions in multiple makeshift displacement sites".[76] This gap was partly due to the limited number of surge staff that had the requisite level of expertise and training in making interventions accessible for and inclusive of PWDs.[77]

KQ 2: Effectiveness

KQ 2	*To what extent were the targeted results articulated in the HRP achieved, and to what extent were they effective in meeting the needs of the most vulnerable? To what extent has the Scale-Up activation supported the response?*

91. This question assesses the results of the response, including the extent that the targets articulated in the HRP were met (in terms of assistance delivery) and whether the targets were effective in meeting the assistance and protection needs of the most vulnerable. It also examines how strategies, approaches or methodologies related to the Scale-Up activation supported the GoM's response, including any unintended, positive or negative effects.

Summary response to KQ 2

- **Preparedness planning and early warning systems at the country, regional and global levels added value to the response** through their use of pre-positioned contingency stocks, pre-existing networks and protocols, rapid deployment of surge capacities and pre-financing by larger UN agencies, INGOs and the IFRC on a "no regrets" basis to launch their interventions.
- **Anticipatory/early actions were initiated by the HCT and international agencies at a country level**, including the pre-deployment of staff and moving contingency stocks to areas likely to be impacted by the cyclone before it made landfall. Most external support arrived after Cyclone Idai had made landfall, indicating that the Scale-Up activation does not yet adequately respond to early warning triggers.
- **The Scale-Up activation made a significant positive contribution to saving lives and mitigating suffering** by rapidly mobilizing resources, reinforcing humanitarian leadership and coordinating the government-led response.
- The survey found that **20 per cent of affected households in six districts in the Sofála and Manica provinces that were severely affected received aid within a few days of the disaster.** The survey results indicated that approximately 60 per cent of households thought they had received the humanitarian aid that they needed at the right time.

Summary response to KQ 2

- **The HRP was mainly used as a fundraising and communication tool and was not well-suited to monitoring operations in a rapidly evolving operating environment**. Different performance measurement systems were developed by the HCT and the clusters.
- **By the end of 2019, food assistance, ETC, and nutrition had exceeded their HRP targets.** HRP targets for CCCM, livelihood/agriculture, health and the WASH cluster were largely met (above 70 per cent). Other sectors/clusters either partially achieved their targets or there was insufficient data to be able to assess their achievements.
- **HRP and cluster strategies gave priority to vulnerable groups, although related interventions needed time to gather momentum** due to capacity gaps and the limited engagement of CSOs.
- In addition to difficulties accessing the affected communities, limited funding and the additional demands imposed by the need to respond to Cyclone Kenneth, two key factors that reduced the effectiveness of the response were the **short duration and variable capacities of surge deployments.**

92. Preparedness planning and anticipatory action at various levels supported the Scale-Up activation through distributions of pre-positioned contingency stocks, mobilization of pre-existing networks, quick deployment of surge from within Mozambique and externally, and the release of significant amounts of reserve funding by larger UN agencies, INGOs and the IFRC on a "no regrets" basis to launch their respective responses.

93. HCT and international agencies supported the GoM in undertaking a number of anticipatory actions,[78] including pre-deployment of staff and moving contingency stocks to areas likely to be impacted by the cyclone before it made landfall. There was some mobilization of external resources by agencies and clusters, which was a major factor in achieving widespread food assistance coverage and the timely management of cholera.

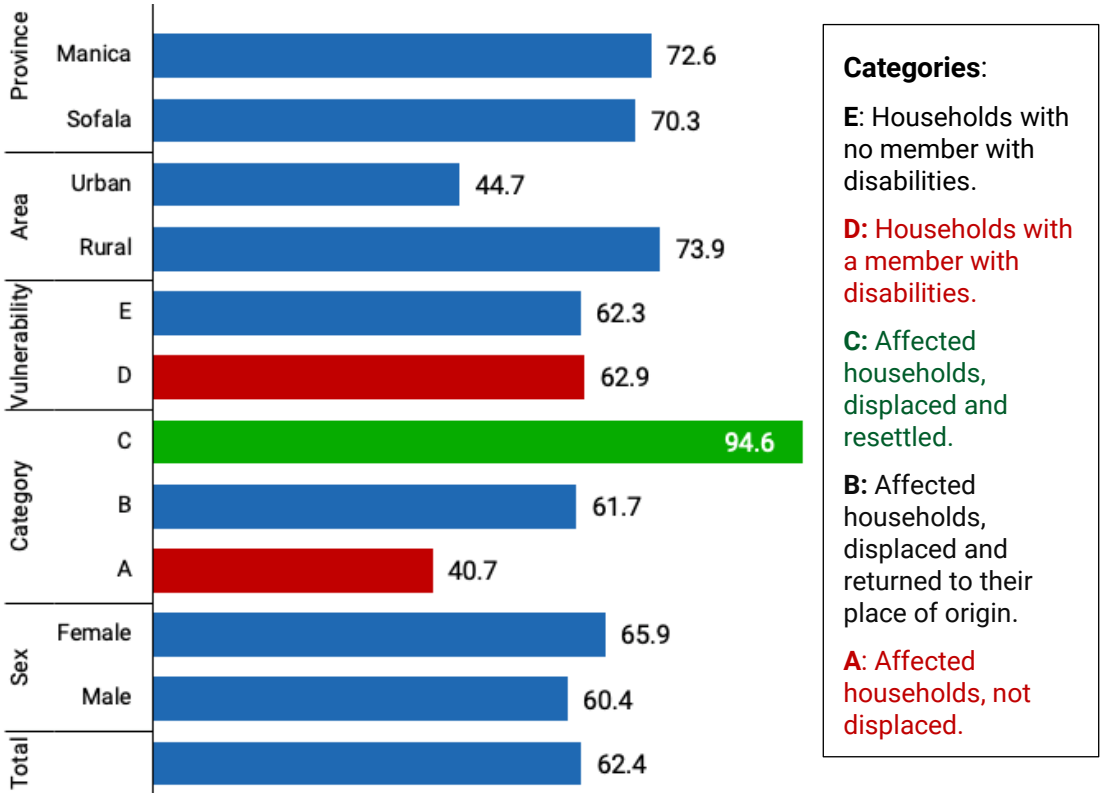
94. Most support from outside the country arrived after the cyclone made landfall and/or the GoM issued an official request for international assistance. Cyclone Idai made landfall on 14 March 2019 and the decision for the Scale-Up activation came on March 22, preceded three days earlier by a CERF allocation of $20 million.[79] Since bilateral government SAR teams waited for an official request from GoM to deploy, most of the teams arrived after the SAR phase was over and were reassigned to other tasks. Non-government agencies were quicker to respond but struggled with the scale of the disaster.[80] The survey found that less than a quarter of household members who needed to be rescued during the first few days received external assistance. The remainder had to find alternative solutions. While weather conditions made it initially difficult to assess the likely impact of the cyclone, the findings indicate that the Scale-Up activation is not yet set-up to respond systematically to early warning triggers. The Zambezi river basin is periodically affected by severe flooding,[81] yet there was no evidence that early warning triggers were in place to initiate appropriate anticipatory actions.

95. Despite the scale of the disaster and the challenges faced by humanitarian agencies in accessing affected populations, 20 per cent of the affected households included in the survey confirmed that they had received aid within a few days of the disaster event. Notable achievements included the distribution of food assistance to virtually all of the affected people with food assistance and the swift containment of the cholera outbreak through effective collective action.

96. The results from the survey conducted in October 2019 found that the majority of households (60 per cent) thought that they had received the assistance that they needed at the right time (Figure 9). The proportion increased to 95 per cent for those households

who had been relocated from hazard-prone areas to resettlement sites and dropped to 40 per cent for affected communities who had not been displaced. This variation is consistent with the relative needs due to the impact on different households (see Table 6 on page 21) However, as discussed in more detail in the Coverage section (below), the proportion of the population in resettlement sites only amounted to 3-4 per cent of the affected population, and the indications are that equity could have been improved.

Figure 9: Timeliness and appropriateness of assistance (per cent)[82]

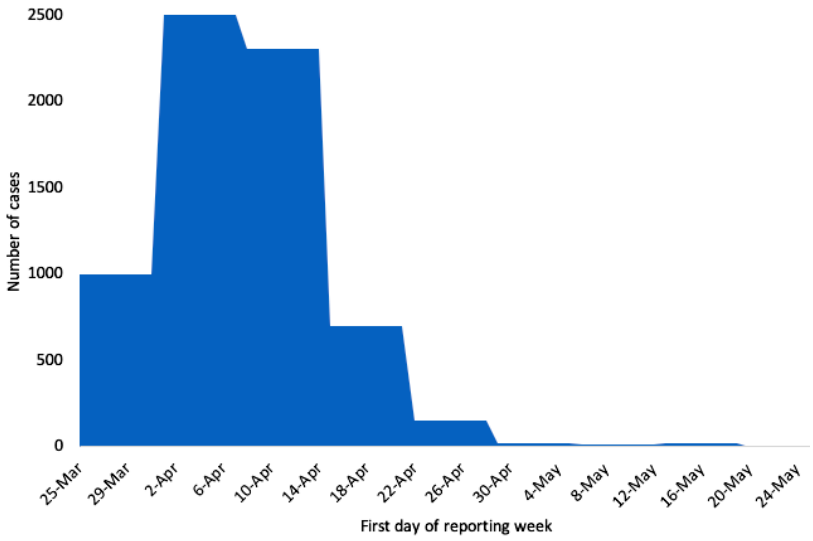


Cholera and food assistance—an effective interagency response

97. The swift containment of the cholera outbreak over a six-week period (Figure 10) provides an example of an effective interagency response.[83] This successful intervention resulted from an effective partnership between the humanitarian community and their government counterparts that promoted preventive measures, including the dissemination of hygiene messages, water treatment and non-food item (NFI) distributions. Good preparedness, including the prepositioning of stocks and pre-existing protocols, contributed to the eradication of cholera within a month of the disaster event despite limited access to the affected communities during the initial phase of the response.[84]

98. Another notable achievement was related to food assistance, which the survey results confirmed had been a top priority at the beginning of the response. On April 16, WFP reported one million people had been reached by food assistance, with 100 per cent of the HRP target (1.8 million in need) being reached within seven weeks. These figures were consistent with the results of the survey. This was a key example of the importance of the Scale-Up, since only 600 metric tons of food was reportedly available in-country prior to the cyclone. Early/anticipatory action before Cyclone Idai made landfall meant that tens of thousands of metric tons of food were made available for distribution within a matter of days.

Figure 10: Suspected cholera cases, Sofála Province (27 March – 2 June 2019)[85]



Meeting the needs of vulnerable groups

99. For the purposes of the survey, "vulnerable groups" included lactating women or women with small children,[86] the elderly, and those affected by a disability or illness**.** As shown in Table 7 above, a large majority (74 per cent) of community members thought that that aid had been distributed equally, but only 36 per cent thought that the aid reached those who needed it most.[87] Evidence from FGDs and secondary data indicate that this was due to the fact that distributions were mainly managed by local chiefs. Local leaders had to deal with pressures by community members clamouring for assistance but were often unaware of what assistance was available to be distributed or the criteria being used to prioritize beneficiaries (Table 7). There were also some allegations of favouritism for relatives[88] and arbitrary prioritization based on whoever was at the top of the list[89] or who happened to be present when the aid arrived, rather than distributing to those who needed it most.

100. This resulted in various gaps in the assistance provided, including difficulties in access to health services, resettlement modalities, NFIs, and assistive devices (e.g., mobility aids, devices, and assistive technology such as equipment and instruments), or support intended specifically for different impairments was inaccessible.[90] At the time of the field visit in September 2019, there was an increased awareness among humanitarian staff and local leaders regarding good practices to apply with PWD, but there was also a widespread recognition among the humanitarian community that more should have been done.

Achievement of HRP targets

101. The primary reference used for performance measurement in the TOR for this IAHE were the HRP targets. However, it already became evident during the inception phase that the HRP was used by humanitarian agencies mainly as a fundraising and communication tool that did not fully reflect the needs in a rapidly evolving operating context, notably during the early phases of the response when assessment data was sparse and when the operating context was changing rapidly. Its use as a fund-raising tool also meant that the HRP was influenced by how much funding clusters and agencies believed could be realistically mobilized.[91]

102. Various performance management systems were developed by the HCT and the different clusters.[92] These systems varied in quality and depended largely on the experience and consistency of leadership and support cluster coordinators received from information managers. The lack of a coherent framework to monitor humanitarian operations contributed to a situation where most of clusters relied mainly on the 4W tool (who is doing what, where, when?) for performance monitoring and an emphasis on coverage, activity and output-based reporting. Cluster coordinators and agency staff noted that 4W data was not necessarily updated regularly; and this, along with the lack of outcome data, contributed to the gaps in assessments described above. There was broad agreement among stakeholders that the performance monitoring systems could be improved and made more useful for operational decision-making.[93]

103. To assess performance against HRP targets, the IAHE team extracted relevant data from different sources.[94] The data has been compiled, and the results are shown in a table in Annex 2, where data is separated into four categories according to the extent to which the objectives were met, i.e. High = 71 per cent or higher; Medium-High = 50-70 per cent; Medium-Low = 30-49 per cent; and Low = 29 per cent or less. After triangulating this data with evidence from other sources, the results are shown in Table 8 below. Performance was influenced by several factors described in other sections of this report, especially the level of preparedness, quality of assessments, prioritization of resources, and the quality and consistency of coordination (overall and for each cluster).

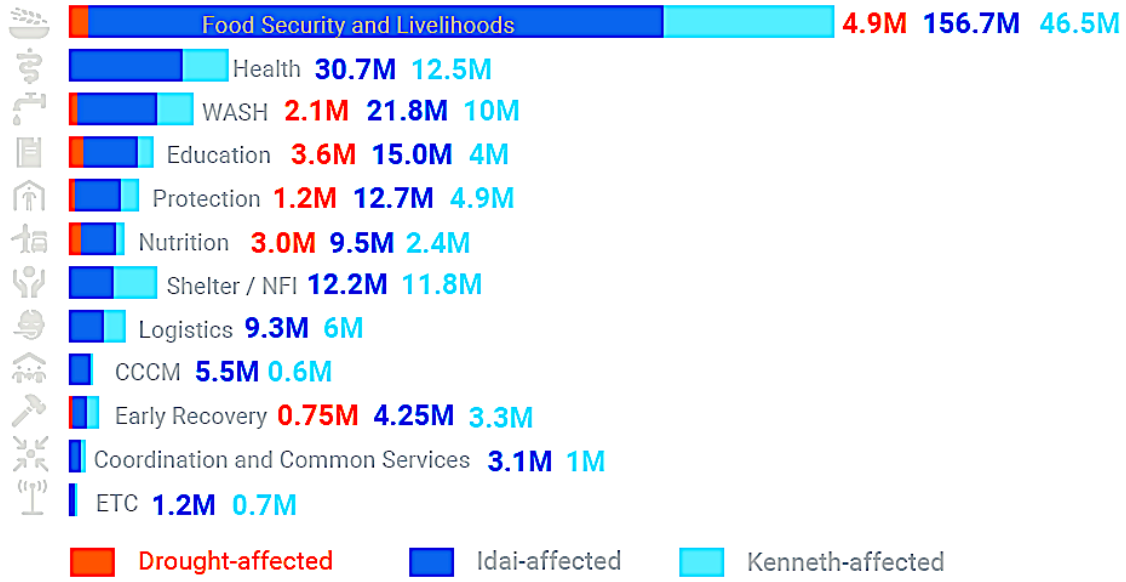
Table 8: Achievements measured against HRP[95] targets (as of December 2019)

High (> 71%)	Medium-High (50-70%)	Medium-Low (30-49%)	Low (>29%)
Food assistance, CCCM, ETC, nutrition	Livelihood, health,[96] logistics	Education, clothing, logistics, protection, shelter[97]	Cash and vouchers, [98] shelter

104. Considering that the contributions at the end of 2019 amounted to less than half of the requirements against the August 2019 revised HRP (Figure 11 below), and based on the available evidence, the results achieved were more positive than would have been expected.

105. One reason for these achievements was the willingness of the larger agencies to advance funds from their reserves, which was estimated by the IAHE team to have amounted to some $50-60 million in total. While this proactive “no regrets” approach facilitated a timely and robust response, agency staff noted that donors tended to be unwilling to reimburse these advances. Humanitarian agencies were faced with a further fundraising challenge when Cyclone Kenneth struck Mozambique in May 2019. This triggered a further revision of the HRP (Table 1).[99]

Figure 11: Funding for the response by cluster/sector[100]



To what extent has the Scale-Up activation supported the response?

106. Evidence gathered from multiple sources during this IAHE confirmed that the Scale-Up activation provided significant support to this GoM-led response by helping to save lives[101] and mitigate suffering. This is consistent with the claim in the August 2019 version of the HRP for Mozambique that "*remarkable progress was made in scaling-up humanitarian capacity and response in the aftermath of Cyclones Idai and Kenneth*", especially considering that there was a limited presence of international agencies when the areas were impacted by the cyclone.[102] Scale-Up activation protocols were respected, aided by a relatively rapid decision by the GoM to appeal for international assistance and INGC's openness to working with international partners.

107. The decision to activate a Scale-Up was taken on 22 March 2019, just over a week after the cyclone made landfall. The delay was partly because impacts were not clearly evident for several days due to a combination of weather, access and communication constraints. The timeliness of the response can be attributed to the decisions and actions by international agencies to assume risks on a "no regrets" basis.[103] In some cases, these investments and actions were done before the cyclone made landfall in Mozambique. In spite of these proactive initiatives, however, staff members who were involved during the early phases of the response thought that that the response could have benefitted from more timely deployments of search-and-rescue (SAR) teams,[104] deployment of the United Nations Disaster Assessment and Coordination (UNDAC) team,[105] and air assets.[106]

108. Most cluster lead agencies[107] supported the response with surge and funding both for their own operations, dedicated cluster coordinators and information managers. The scale of the surge was impressive. WFP Mozambique, for example, reportedly went from 180 to 380 staff at the height of the response, and IFRC largely depleted their surge roster when responding to this single emergency.[108]

109. The Scale-Up was also supported by early visits of senior leaders from different agencies; this helped raise the profile of the response.[109] A grant of $20 million from the Central Emergency Response Fund (CERF) was made on March 19 to accelerate the humanitarian response to Cyclone Idai in Mozambique, Zimbabwe and Malawi, with the bulk of funding channeled to Mozambique. The extract below from a review of the progress

against the Scale-Up benchmarks developed to monitor progress[110] two months after the disaster provides a summary of the main achievements and challenges. This is included here not only as this description is consistent with IAHE findings, but also to illustrate how the HCT was monitoring the benchmarks it had set for itself.

HCT Mozambique benchmarks Progress Report as of May 2019 (extract)

Remarkable progress has been made in the Cyclone Idai response operation in the two months since the Scale-Up was activated. Since Cyclone Idai made landfall, more than 1.6 million people were reached with food assistance, more than 723,000 people were assisted to access clean water, an oral cholera vaccination campaign was rapidly implemented, reaching 98.6 per cent of its target, more than 87,500 households have been reached with shelter, and multiple actions have been taken to prevent and address protection risks, including the updating of key referral pathways for survivors of gender-based violence, extensive community engagement and action to reunify separated families. The number of humanitarian partners engaged in the floods and cyclone response increased from 20 organizations at the time of the revision of the Humanitarian Response Plan (HRP) on 26 March, to more than 200 organizations at the peak of the response. Three coordination hubs were activated (Beira, Chimoio and Quelimane) by the Government, and two Forward Operating Bases were established (Buzi and Nhamatanda) to support the delivery of assistance in remote locations. More than 1,000 aid workers deployed to Beira, where the Emergency Operations Centre (EOC) for the Cyclone Idai response has been based.

However, while much has been achieved on the humanitarian side, more remains to be done. In particular, concerted and collective action is still required around the imperative to 'leave no one behind' and to support principled population movement: 1) reaching isolated areas that remain in urgent need of life-saving assistance and are still difficult to reach with regular deliveries; and 2) engaging with the Government around residual planned population movements – including returns, relocations and resettlement - to ensure that these are safe, dignified, voluntary and informed and that sufficient services are available in sites.

At the same time, it is critical that the eventual de-activation of the Scale-Up acknowledges the looming humanitarian crisis on the horizon in Mozambique and ensures that sufficient capacity will remain in place to respond. The full impact of both Cyclone Idai and Cyclone Kenneth will only be felt in the months ahead, as the devastating consequences of crop losses hit families across the central and northern regions.

Unintended/unplanned effects resulting from the response

110. This section discusses unplanned positive and negative effects of the Scale-Up activation on the affected communities. Unintended effects are defined here as effects which were not anticipated or planned for in the HRP or other related plans.

111. The main positive unintended results of the response were joint initiatives not envisaged in the response strategies. The examples identified occurred either in the design phase or launched during the IAHE team field visit in September 2019; they could be viewed as outcomes of the Scale-Up activation. Initiatives in this category included: (i) improved data visualisation for INGC to help guide prioritization of assistance,[111] (ii) improved data sharing between international agencies and GoM, and (iii) increased willingness by GoM to support an interagency cash voucher intervention in affected areas.[112] Another positive outcome was the timely and effective support provided by the South African government and non-government agencies. Their effective performance in supporting SAR and initial relief interventions impressed many experienced humanitarians and it was evident that they had cemented their reputation within the international community as important humanitarian resources that could be relied upon during future large-scale disaster responses.

112. There were good practice examples during the response to Cyclone Idai of how the staff deployed helped to improve the quality and timeliness of the response.[113] However, one of the main adverse effects on affected communities resulted from the short duration[114] of many of the surge deployments, including cluster coordinators and supporting information management staff, often without adequate handovers. The short deployment lengths of the surge staff were regularly cited as a key challenge during the response that created confusion and communication gaps at all levels. The rapid turnover caused gaps between deployments, adversely impacted teamwork, led to information gaps, increased transaction costs on lead agency administrative capacities, and adversely affected relationships with cluster members and partners. Air travel to transport short-term surge members also significantly added to the carbon footprint for the response.

113. Cyclone Kenneth had a significant influence on the response to Idai, even if the scale of impact was much less. Cyclone Kenneth struck an area affected by an ongoing conflict, and humanitarian operations were in many ways more challenging. The response to Cyclone Kenneth put significant, additional pressure on an already stressed humanitarian system, diverting attention and resources away from areas affected by Cyclone Idai. It also hindered planning processes and resource mobilization efforts for early recovery in areas affected by Cyclone Idai. A positive effect on affected communities was that lessons learned from the response to Cyclone Idai were subsequently used to improve the quality of the response for communities affected by Kenneth.

KQ 3: Connectedness

KQ 3	*How was the IASC humanitarian system's emergency assistance for people affected by the crisis linked to longer-term recovery, resilience and development efforts? What, if any, were the challenges in implementing this linkage?*

114. This question looks at early recovery, how emergency interventions supported the transition from recovery to development and increased community resilence to cope with future disasters.

Summary response to KQ 3

- Many agencies, supported in many cases by cluster strategies, were able to transition to early recovery and meet relevant needs while waiting for the launch of long-term recovery operations. However, **there were still widespread unmet needs of affected communities who were trying to recover** due to the lack of an overall transition plan based on prioritized needs, the time needed to launch longer term recovery interventions, funding limitations and other factors.
- The limited amount of funding made available for early recovery raised questions about whether **a more cost-effective design** for the response could have helped to better address early recovery needs.
- While affected communities **received early warning messages** approximately 3 days before the disaster hit, **most of them stayed where they were** either because they wanted protect their assets from theft and/or because they thought that that they had no safe place to go.
- **Limited participation by CSOs in preparedness and the response** was a major gap in mitigating impacts of the disaster at a community level and increased the challenges of supporting early recovery.

115. The HCT and many cluster members made significant efforts to prioritize early recovery and transition during the Scale-Up activation and humanitarian staff were engaged regularly in recovery planning with development actors such as the World Bank. Clusters had their own transition plans which were implemented with varying levels of success.

116. The OPR conducted in May 2019 recommended that the HCT should ensure greater collaboration with development actors, including the World Bank, in addressing protection needs in the early recovery and reconstruction phase. The OPR also recommended as a priority action for the HCT to develop a transition plan to *"…ensure effective recovery; continue principled population movement; and more importantly to aid in its efforts to prepare for the next phase while responding to residual emerging effects."*[115] These efforts would be undertaken while continuing to address humanitarian needs in multiple locations, particularly those that are hardest and most complex to reach, and a residual caseload of people targeted for return, relocation or resettlement.

117. The IAHE team did not, however, find evidence that the HCT had developed an overall transition plan as envisaged in the OPR although early recovery was highlighted in the August 2019 revision of the HRP, which focused on initiatives in individual sectors and clusters while calling attention to the need to continue to address impending risks to an already vulnerable population.[116] Since longer-term recovery interventions only gained momentum during 2020, there was an extended period during which individual clusters were working fairly independently to implement early recovery interventions[117] using a variety of approaches.

118. An Early Recovery Cluster was not established for this response, but rather an Early Recovery Working Group in Beira led by UNDP. An internal review commissioned by UNDP for this response reportedly recognized that an early recovery cluster, if one had been established, would probably not have resolved the problem: indicating that there is a need to address this transition more systematically as part of the Scale-Up activation.

119. Many challenges associated with early recovery could be attributed to the operating context, including the *ad hoc* approach used by GoM to relocate IDPs to resettlement sites in Beira and the need to respond to Cyclone Kenneth. National elections during late 2019 also delayed the launch of long-term recovery operations. Country-based stakeholders acknowledged the early recovery challenges, many of which were attributed to nexus-related issues that they thought should be addressed at the global level.

120. Apart from the contextual constraints, there were three key challenges to collectively meeting the needs of the affected communities trying to recover from the effects of the cyclone. These key challenges were:

- **Donor funding systems.** Based on interviews and an analysis of the funding patterns, the donors were mainly focused on funding longer-term recovery programs led by the GoM's recovery mechanism, which was planned to launch in 2020.
- **Intervention strategies**. The three revisions to the HRP for the Cyclone Idai response all had short planning horizons.[118] Apart from the lack of incentives for longer-term programming, GoM limitations on cash-based interventions meant that the affected communities mainly depended on the assistance that agencies chose to provide.
- **Role of civil society organizations in preparedness and response.** Studies have shown that civil societies can help to ensure that disaster risk reduction and response is improved by an understanding of community livelihoods, vulnerabilities, coping mechanisms and the specific challenges facing women and marginalized groups.[119]

121. Displaced populations started moving back to their communities or settling in alternative areas during April and May 2019, including relocating to alternative sites where communities living in flood-prone areas were to be permanently resettled. While some clusters managed these transitions better than others, overall these efforts tended to focus on longer-term recovery programs, which were not expected to gain momentum until sometime in 2020.

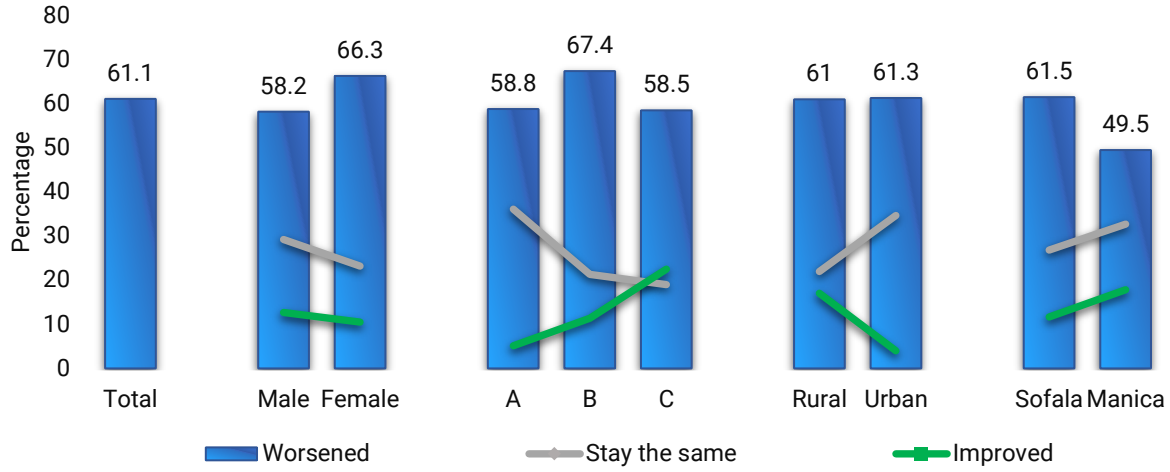
Supporting the transition from recovery to development

122. After the Scale-Up phase had ended, the international community worked with the GoM's Reconstruction Platform while continuing to advocate for unmet humanitarian needs and resettlement. This work included continuing advocacy for the GoM's resettlement policy for communities who had been living in hazard-prone areas.[120] A PDNA was conducted during May 2019 to guide the reconstruction and recovery phase. This was followed by a pledging conference on 31 May 2019. A UNDP Recovery Facility was launched during August with the objective of helping to fast-track the recovery and build resilience following Cyclones Idai and Kenneth. The main pillars of this program were: (1) livelihoods and women's economic empowerment; (2) housing and community infrastructure; and (3) institutional strengthening of the Reconstruction Cabinet,[121] although this program subsequently faced problems with funding and implementation.

123. The survey found that a majority of households (ranging from 50-67 per cent) thought that that their living circumstances had worsened since the cyclone (Figure 12) with higher percentages of women, and those households who had been displaced and returned to their places of origin most affected. This is not a surprising result in the wake of a major disaster event, but it gave an indication of the scale of the outstanding recovery needs. Around a third of affected households living in urban areas who had not been displaced

reported living conditions as unchanged since the cyclone (grey line in Figure 12). There was some evidence of examples of "build back better". About 20 per cent of the households who had moved to resettlement sites or were living in Maníca province thought that their living circumstances had improved in comparison to before the cyclone (green line in Figure 12). FGDs mainly attributed these improvements to enhanced access to services in comparison with the households' living situations prior to the disaster.

Figure 12: Changes in life circumstances after Cyclone Idai[122]



Categories:
A: Affected household and not displaced.
B: Affected household, displaced and returned to their place of origin.
C: Affected household, displaced and resettled.

124. In common with findings from the OPR and Real Time Evaluations,123 this IAHE found that from May 2019 onwards the priority humanitarian needs for the vast majority of affected communities had been met. The priority had shifted to recovery needs, notably the restoration of livelihoods and shelter. Women participating in FGDs in resettlement sites (category C in Figure 13) who originated from rural areas expressed concern about the new lands they received. "There is no way that you can compare the lands. We had bigger and more fertile lands than we have now". Women represent the backbone of agriculture in Mozambique, and the loss of their main source of livelihood also symbolizes a loss of their knowledge and identity. A woman noted, "If I am resettled, who will compensate me for my lands, my trees, my secrets of the land that are no longer worth anything?"

125. Food security cluster members carried out seed and tool distributions during April and reached 30,000 households. Their effectiveness was limited due to the sand left behind by the flood and an invasion of fall armyworms, which resulted in poor crop yields.[124]

126. Evaluations and internal reviews by UN agencies conducted during the latter half of 2019 confirmed that there were still important gaps between the humanitarian and recovery interventions. However, the recovery program was only planning to launch during the second quarter of 2020, which meant that those activities would begin more than a year after Cyclone Idai made landfall.

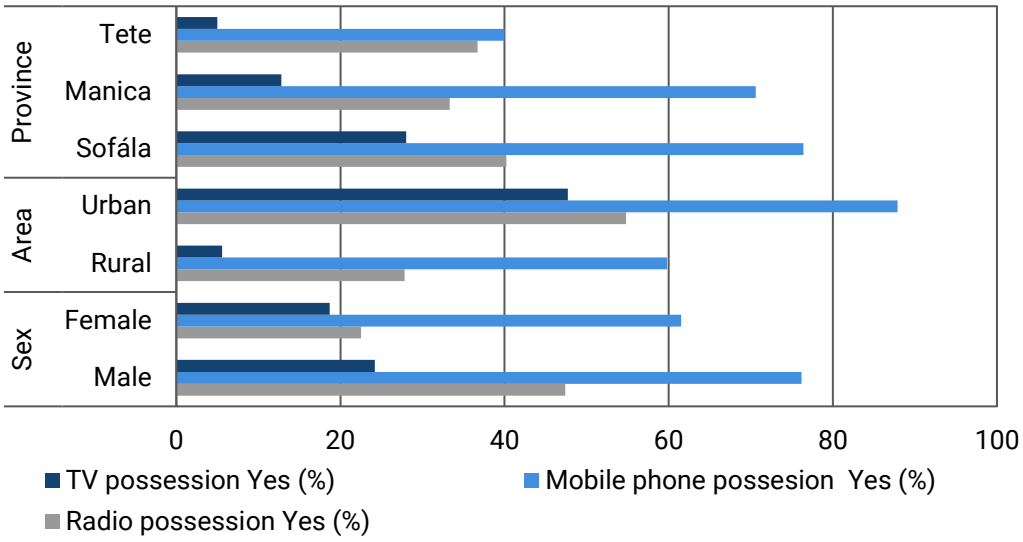
Coping with future cyclones

127. The survey provided an opportunity to assess how the early warning systems had functioned in practice in supporting community resilience.

> *"We have all the information at our disposal to be able to know which areas are likely to be hit and where to relocate people, but we see none of this being used even though INGC conducts drills every year".*[125]

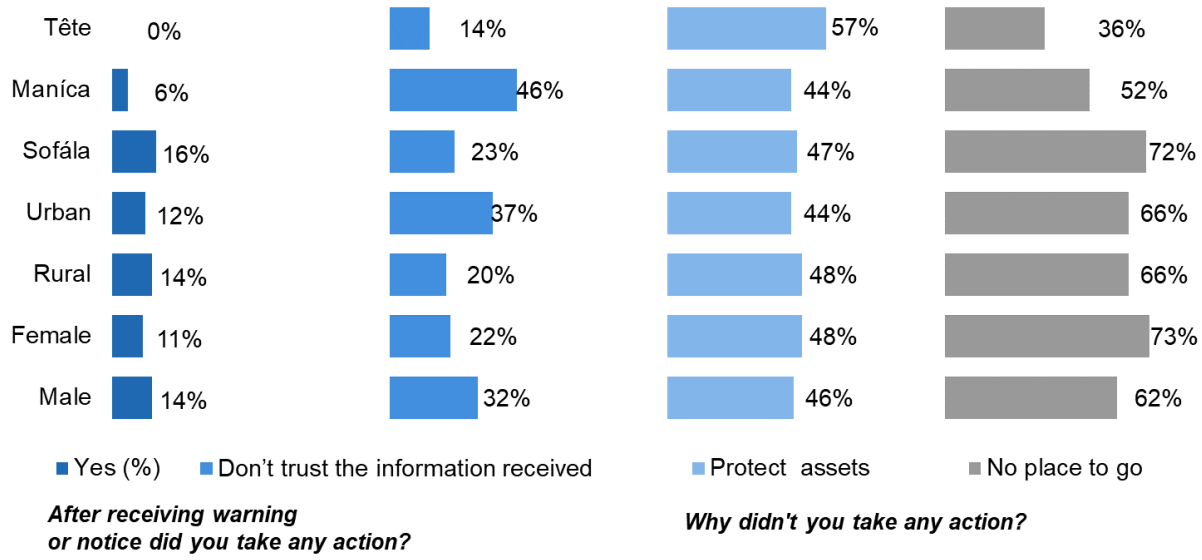
128. The INGC began rolling out community based DRR and Early Warning systems in 2002;[126] survey results, interviews and FGDs all confirmed that early warning messages had been received by communities prior to the disaster events in all the affected provinces. The vast majority (87 per cent) of the households surveyed reported having received information an average of three days prior to the disaster event (±1.8 days), irrespective of the gender or location of the respondent. Close to 40 per cent of households found the warning message completely clear, and more than half of the households (58 per cent), found it "more or less clear". The main reasons given for the lack of clarity were that the magnitude of the cyclone and the locations of safe places were not included as part of the message. As shown in Figure 13 below, the most common means of communication were word of mouth or family members (62 per cent males and 76 per cent females), the radio (57 per cent males and 41 per cent females), followed by telephone, SMS, and television.

Figure 13: Community access to communication devices[127]



129. Although communities in affected districts received early warning messages about the approaching cyclone and flood risks, these messages did not typically result in appropriate early/anticipatory action by the communities.[128] As shown in Figure 14 (below), the main reasons for not taking action were because they had no safe place to go and/or to protect assets from theft or loss.

Figure 14: Community reactions after receiving early warning messages[129]



130. The limited involvement of local civil society was viewed as an important gap in DRR. There is extensive evidence[130] of the important role CSOs can play in building resilience, including supporting disaster preparedness, mobilizing at-risk communities after receiving early warning messages and generally mitigating the impact of disasters to help ensure that they can recover quickly.

KQ 4: Coverage

KQ 4	*To what extent were different groups of affected people, in all locations affected by Cyclone Idai, reached with humanitarian emergency aid?*

131. This question considers the results of the response, including the extent to which communities affected by Cyclone Idai were reached with humanitarian assistance, whether and how protection was mainstreamed, and how donors influenced coverage.

Summary response to KQ 4

- **Coverage for immediate and longer-term assistance varied according to sector and geographical area**, influenced by access, gaps in assessment data, funding, staff capacity (including surge turnover) and cluster coordination.
- **The needs of affected communities who were displaced and more easily accessible were better aided by assistance.** Food assistance, WASH and, later on, the health, nutrition and education clusters were able to achieve reasonable coverage of hard-to-reach people in the Sofála and Maníca provinces.
- **Considerable agency resources were devoted to assistance and advocacy for displaced people in temporary centers and resettlement sites**; their needs were greater even though they constituted a relatively small proportion of the affected population.
- **The centrality of protection during this response was widely recognized**. PSEA was prioritized, and concerted interagency efforts were successful in raising awareness and helping with mitigation of abuses. Other protection interventions were fragmented and did not achieve the same level of mainstreaming due to various challenges.
- **Funding and support from donors during the Scale-Up period was sufficient, but it did not keep pace with the increased funding requirements** for the response to Cyclone Kenneth and the early recovery needs of communities impacted by Cyclone Idai. Donors faced challenges in presenting a compelling case for continuing to prioritize funding for Mozambique after the Scale-Up activation period ended and before longer-term recovery interventions began.

132. The survey results show that the provision of assistance varied according to sector and geographic areas during the first few days (Figure 10) and during subsequent phases of the recovery period. Based on data from stakeholder interviews and distribution records, there was a focus on Beira and accessible areas in Sofála, the province that suffered the greatest effects from Cyclone Idai. Difficulties in accessing many of the affected communities, along with the gaps in data management described above, made it challenging to achieve equitable coverage.

133. During the IAHE team's field visit six months after the cyclone, Shelter Cluster members were still identifying isolated communities in need who had not yet received assistance. A related challenge highlighted by cluster coordinators described under KQ7 (Coordination) was that the 4W reporting system used to monitor assistance coverage frequently did not adequately reflect reality.[131] The HCT recognized the challenges of achieving complete coverage and included assisting hard-to-reach communities as one of their performance benchmarks.[132]

134. The results from the survey indicated that during distributions, most of the assistance had been divided up equally within affected communities without considering relative vulnerabilities. As described above under KQ2, only about one third of the households surveyed thought that that assistance had been targeted according to needs (Table 9).

Gender and age were not perceived to have significantly influenced the distributions of assistance. The lack of targeting meant that the most vulnerable did not always receive what they needed and also reduced cost efficiency. Relatively low levels of community participation were also seen to have hindered targeting.

Table 9: Equity of distributions[133]

	74 per cent of households thought that **aid was distributed equally to affected communities**. Only 36 per cent thought that that the aid benefited the people that needed it most (35 per cent male and 38 per cent female).
	Only 5 per cent of the respondents thought that that **their gender had influenced the aid** they received (4 per cent male and 6 per cent female).
	Only 3 per cent of the respondents thought that that **their age had influenced the aid** they received (2.4 per cent male and 3.1 per cent female).

135. As described above, gaps in the data management made it difficult to measure the extent to which HCT's benchmark of assisting hard-to-reach communities had been met. Interviews with staff who had been on surge during the Scale-Up period indicated there had been conflicting information from different clusters about coverage in the same communities, especially in Maníca province where the cluster coordination was less regular. The two other affected provinces, Tete and Zambézia, received little assistance from the international community as they were less impacted.[134]

136. As described above, clusters and agencies were faced with the challenge of how to balance resources between the small percentage of the affected people in resettlement sites and the remainder of the affected populations, the majority of whom were in early recovery mode. Based on interviews, reports and the survey results, the food assistance, WASH, and, at a later stage, the Health, Education and Nutrition Clusters were able to achieve reasonable coverage in the Sofála and Maníca provinces, including the hard-to-reach populations. The largest proportion of assistance was targeted to populations in four districts in Sofála, and several key informants pointed to the pellagra outbreak[135] in mid-2019 as an indicator of the gaps in coverage.

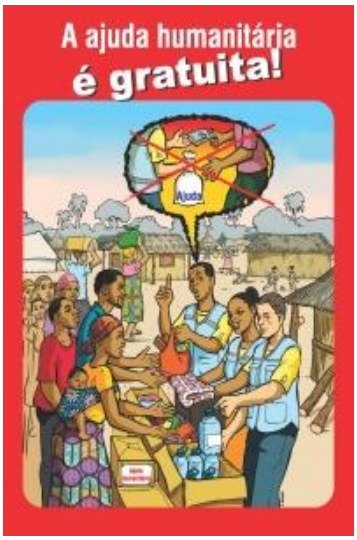
137. The Government-led relocation of approximately 50,000 IDPs, amounting to roughly 3 per cent of the 1.8 million persons affected, to resettlement sites in Sofála absorbed a significant amount of the humanitarian agencies' time and energy since the resettlement was largely *ad hoc*. Despite intense advocacy, there was little advance planning, and humanitarian agencies were concerned about the voluntariness of the relocation process. Even though the GoM has had a policy of encouraging relocation from hazard-prone areas following flood disasters,[136] this scenario had not been included in any agency or interagency preparedness plans. This resulted in a fragmented approach by the humanitarian community and was a constant area of tension in an otherwise strong partnership between the humanitarian community and its GoM counterparts.

138. There was wide acknowledgement of the centrality of protection during this response. OCHA, Protection, and CCCM cluster members advocated for advance notice and a clear relocation plan to ensure access to key protection safeguards, basic services and facilities.[137] Cluster members reported an increase in negative coping mechanisms and increased risk of sexual violence and exploitation. PSEA was a particular focus during this response, and there were collective efforts to map PSEA referral pathways,[138] train

facilitators[139] and establish child protection committees,[140] which were expected to extend into the recovery phase.[141]

139. However, most key informants noted that, with the notable exception of PSEA, protection had not been sufficiently mainstreamed. The Protection Cluster led efforts to embed response mechanism targets within clusters by developing strategies along with protection mainstreaming checklists. Attempts were made to map the extent to which protection standards were applied; but despite these efforts, their application was patchy. The reports by other clusters tended to be sector-specific and often didn't adequately capture protection outputs and outcomes.

140. As described above, concerted interagency efforts helped to set up the ***Linha Verde*** interagency community complaints and feedback mechanism during the response, managed by WFP on behalf of the HCT.[142]



141. Even though only a relatively small proportion of the complaints received related to PSEA and it took time for the tool to become operational, *Linha Verde* was seen as a useful tool to manage PSEA risks since its existence served as a deterrent.[143] Basic messages about PSEA were communicated to communities through various channels: (i) humanitarian assistance is free; (ii) no one should ask you for anything in return (e.g., sexual favors, bribes, etc.); and (iii) this is how you can report any issues.

142. Interviewees involved in setting up *Linha Verde* reported that protection desks, safe spaces, and complaint boxes were set up within the first three weeks and hundreds of aid workers and volunteers were trained to relay key messages about PSEA.[144] Interviewees noted that PSEA and GBV required proactive and timely monitoring, which was a challenge due to the relatively weak rule of law mechanisms, a reluctance to complain and the lack of field staff experienced in PSEA approaches. Similar challenges were faced for prevention of SGBV.

143. A key challenge of building the community-based complaint mechanisms was to establish a network of partners who were able to effectively address the complaints after they had been received. Rolling out a new complaints and feedback mechanism in the midst of an emergency response was challenging, especially since it was a new system and it took time to build trust at a community level.

144. Agencies struggled somewhat to measure results against the overall target listed in the HRP given the relatively broad scope of the interventions falling under the category of protection. It was often not evident in reports reviewed by team whether protection had been mainstreamed.[145] This finding was not unique for the Idai response. Several studies have highlighted the difficulty of demonstrating protection outcomes for short term interventions.[146]

Donor funding and coverage

145. Funding and donor support during the Scale-Up period was widely viewed as sufficient, although inadequate in the medium-term to support the remaining needs, especially early recovery needs.[147] Donor funding also failed to meet expectations of those agencies that had advanced funds from their reserves.[148] Critical support for the response was in the form of pre-positioned stocks valued at more than $6 million worth of NFI contingency stocks funded by donors through UN agencies and INGO consortia. There was also significant support, in funds and in-kind, from Southern African Development Community

(SADC) Member States along with approximately $80 million allocated by the GoM itself.[149]

146. Donors reported a number of challenges in mobilizing additional resources for the HRP to optimize coverage. The problems included:

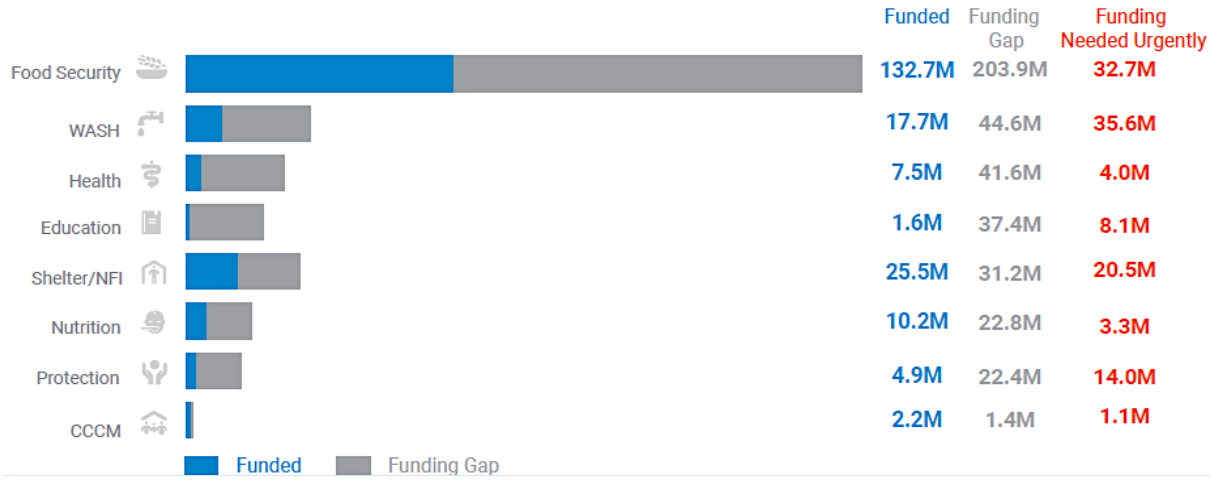
- Requirements for the HRP were moving targets, and frequently revised based on updated needs assessments, thereby increasing the original funding target from $288 million in the April version of the HRP to almost $608 million in the August revision.
- The short-term nature of the funding in the HRP and an increasing focus on planning for investments in recovery operations based on the PNDA results that were presented in May 2019. Even though these shifts were not expected to get underway until early 2020, donors struggled with their funding architecture and faced challenges in making the case that Mozambique remained a priority relative to other crises around the world.[150]

147. Another influencing factor, already described in the Introduction, was the restrictions donors faced in channeling funds directly to the GoM since 2016, following revelations of $1.2 billion of undisclosed lending.[151] The fallout from this financial scandal appears to have had knock-on effects on other donors.[152]

148. Based on interviews and an analysis of the interventions, donors were prioritizing their funding based on assessment data supplied by the HCT, along with access considerations. This resulted in priority being given to affected communities in the Beira, Buzi and Ndondo districts. Some NGOs unsuccessfully advocated increasing coverage to Tête Province. However, the increase of coverage was prevented due to the government's desire for international assistance to focus on the Sofála and Maníca provinces and a lack of assessment data to justify interventions by international agencies.

149. Early recovery requirements, as a stand-alone activity, were included in the April and May versions of the HRP; but the early recovery interventions were distributed between different clusters in the August revision.[153] Based on FTS data, only 4 per cent, or $430,000 of the $8.3 million requested for early recovery was funded. In reality, there was more funding allocated to early recovery than is reflected in the FTS data;[154] but, as indicated in Figure 15, there appeared to be many remaining unmet needs. The IAHE for Typhoon Haiyan highlighted similar challenges in supporting early recovery and concluded that transitions in and out of disasters, along with underlying poverty and vulnerability to disasters, would be reduced if mainstream development interventions systematically sought to manage disaster risk.[155]

Figure 15: Requirements and contributions as of December 2019 (USD)[156]



KQ 5: Partnerships

KQ 5	*To what extent have adequate partnerships been established with international, national and local stakeholders to deliver assistance to affected people?*

150. This question examines the extent to which adequate partnerships were established with international, national and local stakeholders to deliver assistance to affected people. Since partnerships with national actors and between international agencies have been examined in detail under KQ6 (Localization) and KQ7 (Coordination), this section mainly focuses on partnerships with private sector actors and civil-military relationships in the context in which GoM led the response.

Summary response to KQ 5

- Prior to the declaration of the Scale-Up activation, **UN agencies, IFRC and NGOs in Mozambique responded as a team** to support the GoM-led response, setting-up of coordination and information management systems, and filling critical gaps. This positive start set the stage for a strong partnership with their GoM counterparts.
- **The high level of professionalism of senior staff deployed on surge in key leadership positions** for extended deployments as part of the Scale-Up activation further reinforced existing partnerships with their GoM counterparts including INGC.
- **There were productive partnerships with the private sector and the ETC, logistics and WASH clusters**. The private sector coordinator deployed to support the HCT was too late to support relief operations and too short to support early recovery operations.
- With the notable exception of a non-governmental SAR team from South Africa, most other **SAR teams arrived too late and were re-tasked to support relief efforts**.
- **A civil-military coordinator from OCHA was designated at the beginning of the response,** and the position continued throughout the Scale-Up activation period. Militaries from fifteen countries made an important contribution to the response due to the isolation of some affected communities and the impact of the disaster on the road infrastructure.

Partnership with the Government of Mozambique

151. The international response was designed to support the lead role of GoM and, as demonstrated by the level of participation and support provided by INGC throughout the IAHE, it was a nationally owned response. There was widespread appreciation by GoM's provincial and district authorities, most of whom had not experienced a disaster of this scale, for the support by clusters and agencies to their coordination roles. The degree of ownership of clusters by government counterparts varied. In the WASH Cluster, for example, the government counterpart took on the lead role in coordination. In some of the other clusters there was less participation and ownership by the government. Key constraints to operational partnerships with government counterparts included a shortage of funds and variable capacities.

Partnership between international agencies

152. Partnerships between international agencies were also perceived very positively. Many interviewees who had previously been involved in large-scale emergency responses remarked on the good team spirit and lack of inter-agency competition during this response compared to the responses to other disasters. A noteworthy example of this included an effective partnership between INGC, UN agencies, NGOs and IFRC during the initial

phase of the response to set-up systems and coordinate the international response. There was also the collaborative effort mentioned above to transform the *Linha Verde* complaints and feedback system into a shared interagency mechanism. Two pre-existing INGO consortia, COSACA and the emergency and humanitarian NGO consortium in Mozambique (CHEMO) had important roles delivering assistance and advocating for humanitarian principles while supporting interagency efforts such as the PSEA network during this response. Some UN stakeholders who were interviewed questioned the extent of ownership during the Scale-Up activation processes, citing the OPR as an example of a process which had relatively little buy-in by either NGOs or IFRC.

Search and Rescue teams

153. With the exception of SAR teams from South Africa, the other SAR teams arrived too late and were re-tasked to support relief efforts. The delay was mainly attributed to existing protocols that required government-sponsored teams to wait for an official request based on a Memorandum of Understanding.[157] A number of key informants thought that there was a need to improve intergovernmental protocols, and specifically that they should be activated by early warning triggers rather than waiting until after a disaster strikes.

Partnership with the private sector and military actors

154. Three clusters, ETC, logistics and WASH, had productive partnerships with private sector actors. Examples included contractors who had standby agreements with government agencies to repair and install water systems using funds sourced from WASH members. The Logistics Cluster worked with commercial agriculture operations in the affected provinces and transportation companies to help with assessments and to deliver assistance. The ETC cluster worked with community radio stations[158] to strengthen AAP by communicating with affected communities about issues such as public health and raising awareness about the *Linha Verde* complaints and feedback mechanism.

155. From the beginning of the response, different agencies received various inquiries from private sector actors, and the HCT reached out to INGC to ask them to handle these requests. The INGC was already handling donations from private sources, and they designated a focal person to handle enquiries and channel assistance.

156. There was, nevertheless, a consensus among the humanitarian agencies that the partnerships with private sector and military actors had not been optimized. This is especially apparent when comparing this response to the response to the 2014 Typhoon Haiyan in the Philippines,[159] when the private sector was the largest single donor to the Appeal (26 per cent of the total). Two of the key contributions of the private sector in the Philippines were to revive the distribution chains for essential items and reduce predatory pricing.[160]

157. Spontaneous campaigns were facilitated by GoM to encourage private fundraising and ensure that national telecommunications technicians were deployed to restore communications. Various private sector actors offered their support during the first few weeks of the response; but with the exceptions noted above, the international humanitarian system lacked the mechanism and protocols needed to respond to these approaches and referred enquiries to INGC. The HCT requested the deployment of a private sector coordinator, and one was eventually assigned, a month after the cyclone made landfall, for a two-week deployment. A “Business Guide”[161] was produced, but the deployment was too late to support relief operations and of too short a duration to support early recovery efforts and make a meaningful contribution. The IAHE team found little evidence of concrete outcomes.

158. A civil-military coordinator was designated from the beginning of the response, and the position continued throughout the Scale-Up activation period. Militaries from fifteen

countries deployed 69 fixed wing aircraft and helicopters.[162] This was an important contribution to the response due to the isolation of many of the affected communities and the impact of the disaster on road infrastructure. This included two C-130 aircrafts made available through the United States Agency for International Development (USAID), which operated an airbridge between Maputo and Beira until the bridge to Beira was repaired. In addition, 205 metric tons of relief cargo were transported from Beira to Buzi South, one of the priority locations for humanitarian interventions, in boats made available by the local private sector and landing craft vessels from the French Navy.[163]

KQ 6: Localization

KQ 6	*To what extent have national and local stakeholders been involved in international coordination mechanisms and the response design? Have their capacities and systems to respond in the future been strengthened through the response?*

159. This question examines the extent to which national and local stakeholders were involved in the response, including coordination and decision-making, their contribution to cross-cutting areas and how their capacities were strengthened.

Summary response to KQ 6

- While partnerships between the international humanitarian community and their government counterparts were generally robust**, the involvement of national civil society during the response was marginal**. Their limited involvement was attributed to their limited capacities, language constraints, lack of experience of working in large scale disasters, and the fact that many them were affected.
- Efforts by cluster coordinators to promote the involvement of CSOs met varying levels of success. Six months after the disaster, **the international community still lacked a good understanding of CSO capacities** in areas impacted by the disaster.
- **Many examples of good practices were observed where GoM capacities had been strengthened**, notably at the district and provincial levels. **There was little evidence that CSO capacity** had been strengthened, although there was an ongoing initiative to map CSO capacities in affected areas to promote greater involvement in preparedness and future responses.

160. National and local stakeholders in the response included INGC and other GoM focal points, Cruz Vermelho Mozambique (CVM), NGOs, and other CSOs and private sector actors based in Mozambique.

161. The OPR mission found that local NGOs and CSOs struggled to get a foothold in the Cyclone Idai response. The IAHE found that engagement improved over time, as indicated by the inclusion of two national NGOs in the August revision of the HRP. CSOs in Mozambique have historically been local actors with virtually no representation at the national level, and the international community had relatively little knowledge of CSO humanitarian capacities prior to this cyclone. CSOs did not play a significant role in the Scale-Up due to their own capacity issues, language constraints, lack of experience working with international agencies in large scale disaster responses, and the fact that many CSO members were affected by the disaster. They were also marginalized during the Scale-Up activation, since coordination meetings involving international agencies were

mostly conducted in English. There was a general consensus among the key informants that the local civil society could have had a more prominent role in the response.

Strengthening capacities of partners

162. Capacity-building initiatives by international agencies included training, technical assistance through secondment of experts and funding to CSOs. Local community leaders also routinely received training when agencies provided assistance.

163. INGC and SETSAN led the GoM response; they had long-standing relationships with international agencies, including capacity-building in policy and legislation, strategic planning, operations, budgeting and AAP. IFRC has had a particular role in supporting the revision of GoM's disaster management legal framework.[164] During the response, a member of the assessment cell deployed an analyst to help build INGC capacity at their HQ in Maputo.[165] Support from IASC agencies was provided at the sector level; one example was the Emergency Medical Teams led by the Ministry of Health that were linked to the health cluster.[166]

164. Numerous good practice examples were observed of GoM capacities that had been strengthened, notably at the district and provincial levels. In contrast, there was little evidence that CSO capacity had been strengthened, although efforts were underway to map CSO capacities to promote greater involvement in preparedness and future responses.[167]

165. Since the majority of PSEA cases identified involved local leaders as the perpetrators, considerable efforts were made to involve both communities and agency staff in PSEA-related awareness-raising and training.[168] A pocket guide translated into Portuguese was also developed to support the awareness-raising activities. The key standards focused on: (i) the existing controls, to ensure that assistance was provided to those who were eligible to receive it; (ii) dignified and equitable food assistance distributions; (iii) the protection of persons with specific needs, and extremely vulnerable households; (iv) the prevention of sexual exploitation and abuse; and (v) accountability to beneficiaries and to donors. Clusters and working groups organized PSEA Workshops for NGOs and National Network of NGOs (NNGOs).[169] Longer-term interventions focused on establishing sustainable PSEA focal point networks.[170]

KQ 7: Coordination

KQ 7	*Was the assistance well-coordinated, avoiding duplication of assistance and gaps?*

166. This question looks at the extent to which humanitarian assistance was well-coordinated and the extent to which duplication of assistance and gaps were minimized.

Summary response to KQ 7

- The Scale-Up activation helped to ensure that **IASC coordination systems already in place prior to the arrival of Cyclone Idai had the necessary capacities and tools** through the deployment of surge.
- **A major contributing factor to the success of the Scale-Up response was the early decision to deploy an empowered Deputy Humanitarian Coordinator to coordinate field-based operations** and ensure there was a strong partnership with the GoM, which had already decentralized decision-making in the areas that had been most severely affected by Cyclone Idai.
- The **deployment of a senior OCHA staff member** to Maputo to support HCT coordination and HRP development **helped ensure a coherent flow of information at the national level**.
- The Scale-Up activation was **reinforced by an unprecedented level of engagement and support with IFRC** at the field level. This **helped to fill critical gaps** in the collective response.
- **Performance varied between clusters** in terms of levels of preparedness, coverage of affected populations, quality and availability of surge cluster coordinators, usefulness and timeliness of information provided to members along with the availability of adequate start-up funding. The ETC, Logistics and WASH Clusters were most consistently seen as the top performers.
- **Protection was a key cross-cutting issue during the Scale-Up activation**. The new Global Protection Cluster global strategy is scheduled to be launched during early 2020. The launch provides an opportunity to address capacity gaps observed during the response to Cyclone Idai and provide effective support during future sudden-onset natural disasters.
- There was **rapid turnover of surge staff in the coordinator and information management positions**, something that was widely flagged as a negative influence on the effectiveness of coordination.
- Apart from the ETC and Logistics Clusters that were conducting After Action Reviews (AARs), **it was unclear how the other clusters were planning to capture and apply the key lessons learned** to future disasters either in Mozambique or in other contexts.

Effectiveness of coordination mechanisms

167. The cluster system was already in place prior to the arrival of Cyclone Idai,[171] and the Scale-Up activation strengthened the cluster system through surge deployments and adaptations of the cluster coordination roles. Coordination between the international community and GoM was perceived very positively.[172] A major factor that contributed to the response was the timely deployment of senior coordinators and information management staff on surge. They, in turn, benefited from early/anticipatory action by the HCT, which deployed three members to Sofála province before Cyclone Idai made landfall. Working relationships were established with their GoM counterparts who, at least during the first few days, were working in the same space; this facilitated coordination.

168. Prior to the arrival of the DHC to support the government's response by coordinating the international response, this role was filled during the initial days after the cyclone hit by two HCT delegates and IFRC's Head of Emergency Operations. Several interviewees highlighted the important contribution of IFRC members; they engaged with the humanitarian partners and helped to fill critical gaps in supporting IASC's coordination during the first weeks of the response.

169. A notable feature of the cyclone response was the unprecedented level of external coordination and cooperation at the field level. At a very early stage, IFRC was involved in filling capacity gaps, and setting up clusters and information management systems to support the coordination of the collective response. IFRC's RTE found that the coordination with external partners added value and did not significantly impact IFRC's own operation; and the evaluation recommended that the IFRC Secretariat should seek to replicate this good practice during future responses.[173]

170. Two weeks after Cyclone Idai made landfall, almost all clusters had dedicated cluster coordinators overseen by a DHC supported by an UNDAC/OCHA team. OCHA's robust coordination and information role during the response to the cyclone was cited by a wide range of stakeholders as one of the main underlying factors leading to the successful response.

Cluster coordination

171. There was a large influx of external surge; and, with the exception of the Protection Cluster,[174] all clusters had deployed field-based dedicated cluster coordinators within three weeks. Some clusters took more time to set up and become operational. Cluster effectiveness was variable, and was influenced by several factors, including the availability of surge with the necessary profile, the frequency of turnover, handover processes (if one took place at all) of cluster coordinators and cluster information managers (IM), how resources were prioritized and comparative levels of preparedness. Not all cluster coordinators had worked in large scale quick onset disasters, and many lacked the required language skills[175] to interact with government officials and other national actors.

172. Many clusters witnessed a rapid turnover of surge staff in the coordinator and information management positions, a factor that was widely flagged as a negative influence on cluster effectiveness by key informants from humanitarian agencies and government authorities. This was not the case with standby partner deployments, which averaged between three and six months[176] compared to a reported two or three weeks for surge from other sources.

173. ETC and Logistics were the first clusters to become operational; they, along with the WASH Cluster, were the clusters most consistently cited by interviewees as adding the most value to their members. The Food Security Cluster focused mainly on food assistance during the Scale-Up, and gaps in cluster coordination among the other food security components was viewed by key informants as a handicap that did not facilitate the transition from relief to recovery.

174. The International Organization for Migration (IOM) had coordinated the Shelter Cluster prior to the cyclone, and there were some challenges in transitioning to an IFRC lead.[177] These challenges created some gaps, including disruptions for partners. In Mozambique, the CCCM cluster led by IOM was initially part of the Shelter Cluster. Like most of the other clusters, the Health and Nutrition Clusters faced challenges due to the turnover of cluster coordinators and information managers along with pressure to support lead agency responses. The Education Cluster experienced delays in starting up and expanding its coverage beyond the Sofála province. The Protection Cluster was also somewhat delayed in starting up and getting agreement on how best to mainstream and develop a suitable outreach. There was no Early Recovery Cluster, but there was an Early Recovery Working Group whose active members included the Shelter, Health, CCCM and a representative from the Cash Working Group.

People with disabilities

175. The DPO, and the Forum for Mozambican Disabled Associations (FAMOD), an umbrella organization, were engaged during the emergency response. Their role was mainly to support the prioritization of PWD, integrating PWDs into the distribution plans, and advocacy to clusters.

Logistics support

176. With the support of one of its INGO members, the Logistics Cluster coordinated a wide range of air assets to support assessments, deliver relief and carry out medical evacuations. Overall, 3,974 m^3 of cargo was stored on behalf of the humanitarian community throughout the response.[178]

177. In the direct aftermath of Cyclone Idai and Cyclone Kenneth, air transport was critical. The storms caused extensive flooding, and impacted logistics and infrastructure such as roads and bridges. The Logistics Cluster coordinated access to common air transport services (air bridges and last mile), allowing humanitarians to supply relief cargo into Beira and Pemba and to reach the hardest-to-access locations in areas affected by the cyclones, particularly the Sofála district in Central Mozambique and the Mucojo district north of Pemba. WFP Aviation supported the emergency throughout the operation by providing the necessary resources and expertise to establish an efficient air transport operation.

178. Military, air assets and the private sector required specialized coordination and OCHA deployed a civil-military coordinator during the first days of the response. Civilian and military assets arrived from 15 countries through bilateral arrangements with GoM.

179. The Logistics Cluster drew upon the Fuel Relief Fund to provide dedicated fuel resources at the Buzi and Beira Airports. The first donations of fuel arrived on March 29 and enabled air operations to continue. This allowed the humanitarian response to continue at Beira airport. In total, the Logistics Cluster coordinated and facilitated the provision of over 3,238 liters of fuel during the response.

180. Due to a lack of available storage capacity and the damage to existing infrastructure, temporary storage facilities and logistics hubs were set-up in strategic locations on a free-to-user basis; these augmented the available storage capacity and facilitated the reception and dispatch of relief cargo to the affected people. The Logistics Cluster facilitated access to the common storage facilities.[179]

Avoiding duplications

181. A key challenge faced by the HCT was the lack of a government interlocutor in Maputo since all senior INGC staff were deployed to the field for three months, initially to Beira and then to Cabo Delgado to respond after Cyclone Kenneth made landfall. The deployment of a DHC to Beira and a senior OCHA staff member to support the HCT in Maputo was a key factor in ensuring effective coordination with the GoM.

182. Since the communication infrastructure had been badly damaged, there was an initial emphasis on keeping coordination confined to a single large building near the airport. This resulted in a competition for space, but it proved to be an effective way of optimizing the information flow, given the context. Although Mozambique is a Portuguese-speaking country, many of the cluster meetings were in English, resulting in parallel meetings in Portuguese chaired by the GoM officials. International agency staff with the relevant language skills supported communication between the different groups.

183. Many NGO staff were unfamiliar with the cluster system and found it hard to navigate. Along with limitations of resources and staff in 100-200 NGOs of different sizes and capacities, this unfamiliarity resulted in a number of partners not actively participating in coordination fora.[180] One result, as described in the Coverage section above, was that the accessible areas in Sofála that were the most affected by the cyclone, notably the Buzi, Nmatanda and Dondo districts, ended up with too many partners. This resulted in duplicated distributions.

184. Some clusters proactively addressed commodity shortages to mitigate against competition and duplication. The Food Security Cluster took the decision to have a single food pipeline. The WASH Cluster coordinated distributions of water purification chemicals since the sole producer was located in Beira and the factory was not operational during several weeks after being severely damaged by the cyclone.

Lessons learned

185. This section presents selected key lessons learned that contributed to the timeliness and quality of the response that could be useful to apply during future responses.

186. **Rapid joint aerial assessment:** there was an unprecedented joint effort to rapidly assess the situation and identify the areas hardest hit by the cyclone and floods. This informed the critical life-saving operations during the early days, and it enabled humanitarian agencies to identify hard-to-reach areas and support the implementation of the "no-one left behind" benchmark that HCT had set for itself. A key contributing factor was to delegate some of the responsibilities for coordination of air operations to one INGO member of the Logistics Cluster. Due to the success of this approach, coordination plans developed during this period were later adopted by the UN team.[181]

187. **Robust coordination between UN, IFRC and NGO networks**: the response to Cyclone Idai led to an exceptional degree of coordination between the Red Cross/Red Crescent movement, the UN system and in-country NGO networks in lead IASC coordination roles, and resulted in more timely, effective and better quality delivery of assistance to people in need. These positive results were highlighted in the RTE of IFRC's response to Cyclone Idai with the recommendation to replicate this model during future emergencies.

188. **PSEA as a priority from Day 1**: there was a concerted effort by the senior humanitarian leadership in Mozambique, supported by their regional offices and HQ, to ensure that PSEA was an integral component of the response to Cyclone Idai. Implementation started with very concrete actions during the first days of the response, including messaging via community radio stations in the affected provinces, the formation of a PSEA Network, and the establishment of a clear referral pathway that directly involved the senior leadership. Communication materials and guidance were jointly developed for community engagement, which gave priority to visual information due to the low levels of literacy in the affected areas. This collaborative effort for a shared priority helped to strengthen teamwork and move forward associated initiatives such as the *Linha Verde* complaints and feedback system.

189. **'No regrets' approach to pre-financing the response:** one of the main reasons why the Cyclone Idai response got off to a relatively quick start was the 'no regrets' approach taken by some agencies; they advanced funds from their reserves to launch their response, and this included fulfilling their IASC coordination commitments. While they recouped some of the funds that they advanced, including from CERF, the agencies that advanced the largest amounts struggled to recoup their commitments from donors. This could potentially impact the willingness of agencies to adopt a similar no-regrets approach in the future.

Conclusions

190. The GoM geared up its response before Cyclone Idai made landfall and determined that external support would be required to meet humanitarian needs soon after Cyclone Idai made landfall. The Scale-Up activation was a key contribution from the international community; it helped to keep the number of deaths at just over 600 and mitigated the suffering of approximately 1.85 million people in need of assistance. Joint preparedness by the international agencies and INGC ensured that most of the immediate humanitarian needs were correctly anticipated, and that the assistance was provided in relatively timely manner, although there were delays in reaching some affected communities due to the scale of the response and constraints on access.

191. Overall, the Scale-Up demonstrated that it was a useful tool that supported the GoM response, especially through the rapid deployment of complementary capacity in the form of human and financial resources. Interagency coordination, clusters and individual international agencies reinforced INGC's overall leadership role; they supported and helped to build the local government officials' capacities, since most of them had little experience of working with international aid systems. The swift containment of the cholera outbreak, and the timely distribution of food assistance to the affected population soon after the disaster, highlighted the importance of joint preparedness, a Scale-Up activation and collective action in support of a robust government-led response.

192. Lessons from the response highlighted good practice examples and gaps; had the gaps not existed, it could have improved the efficiency and effectiveness of the response and further mitigated the impacts of the cyclone on the affected people. Key areas for improvement that have been identified include preparedness; anticipatory/early action; and the coordinated management and communication of assessment data, turnover rates and skill/language profiles of surge staff; and the measurement of interagency performance and gaps in learning systems at both a country and global level. There were also some gaps in assistance during the transition period between May 2019 the launch of large-scale recovery programs planned for 2020 that hindered the recovery of affected communities. These areas for improvement are analyzed in more detail below.

Preparedness, early warning and anticipatory/early action

193. Joint preparedness planning, early warning, and anticipatory/early action with the GoM proved to be key contributions to the Cyclone Idai response. Several factors placed limits on these contributions due to the scale of the disaster. At the country level, apart from the limited quantity of pre-positioned relief materials, important gaps in preparedness included: (i) the limited scope for cash-based assistance (where appropriate) due to government restrictions, (ii) the limited involvement of CSOs in community-based preparedness, and (iii) inappropriate anticipatory/early action by communities at risk after early warning messages were received. Outside Mozambique, anticipatory/early action was only taken by a relatively small number of agencies, and this had an adverse effect on the timeliness of the response and SAR activities.

Management of monitoring and assessment data

194. Good preparedness and aerial assessments helped to meet the immediate humanitarian needs. But after this promising beginning, the international system struggled to establish a user-friendly system to collect, analyze and communicate the assessment and monitoring data used to guide overall decision-making during successive phases of the response. Three international agencies deployed technical experts and allocated resources to support the OCHA-coordinated assessment cell. This did not achieve its potential due to the rapid turnover of staff leading the assessment cell; and deficiencies in

data management, due to the different capacities of clusters, that occasionally contributed to a lack of consensus between leadership in the field and in the HCT regarding how to optimize the use of resources. This also contributed to assessment fatigue among local government officials and affected communities, information management gaps, and increased the challenges of meeting the needs of hard-to-reach populations and supporting the transition during the post-emergency phase.

Engagement and Partnerships

195. The ETC, Logistics and WASH Clusters had productive partnerships with private sector actors during the response. Apart from these clusters, the bulk of support from the private sector was provided through the GoM since the international system lacked absorptive capacity and due diligence guidance to facilitate a productive engagement.

196. National CSOs were not significantly involved in preparedness planning and they only had a marginal role during the response. This was due to the language barrier since most cluster meetings were conducted in English during the Scale-Up activation period. Based on lessons learned during other large-scale responses, the CSOs could have played a larger role in community-based preparedness. CSOs could have helped to mobilize communities, mitigated the impacts of the disaster, and addressed the protection and material needs of vulnerable groups.

Coordination

197. The overall coordination of the response was of high quality, facilitated by close collaboration with INGC and OCHA's robust coordination and information role. Cluster coordination quality was variable, with particularly strong performances by the Logistics, ETC and WASH clusters. A major factor that contributed to the success of the Scale-Up response was the early decision to deploy an empowered DHC. The DHC oversaw the field-based operations and ensured there was a strong partnership with the GoM, which had already deployed its leaders to the field. While this support was widely praised by internal and external stakeholders, it resulted in some imbalances since the Maputo-based HCT lacked government counterparts for four months, while the senior INGC staff remained based in the field which resulted in challenges to timely decision-making.

198. Protection was widely acknowledged as an important component of the Scale-Up response although, with notable achievements in advancing PSEA, this was one of the clusters that struggled to provide the required support to members. This was partly due to the lack of dedicated cluster coordinators with prior experience in large-scale quick onset natural disasters. The Global Protection Cluster recently launched a global strategy that may provide an opportunity to address capacity gaps, so this could help it to provide tailored support in sudden-onset climate-related disasters.

Transition to longer-term recovery

199. The HCT and most of the clusters made significant efforts to prioritize early recovery and transition during the Scale-Up activation, and humanitarian staff were regularly engaged in recovery planning with development actors. Clusters had their own early recovery plans, which were implemented with varying levels of success. The lack of an overall transition plan, identified during the OPR as a priority action for the HCT, remained an important gap since long-term recovery interventions were not planned to start until 2020. The assistance provided to affected communities did not always reflect their priority needs after the initial response phase, although this was difficult to accurately assess due to the lack of a credible and updated overview of multi-sectoral needs. Constraints due to the limited funding available during the later phases of the response also raised questions about whether the cost effectiveness of relief operations could have been improved, so as to better address early recovery needs with the limited amount of funding available.

200. Some of these gaps could be attributed to the operating context, including the national elections that took place during late 2019, and the *ad hoc* approach used by the GoM to relocate IDPs to resettlement sites in Beira. Country-based stakeholders acknowledged the early recovery gaps, which they partially attributed to system and institutional-level issues that will need to be addressed at the global level.

Performance monitoring and use of information learned

201. The HRP was mainly perceived by humanitarian agencies as a fundraising and communications tool with strategic benchmarks developed by the HCT and, where they existed, cluster workplans with sector targets. The lack of a coherent framework to monitor humanitarian operations contributed to most of the clusters relying mainly on the 4W tool for performance monitoring, and an emphasis on activity and output-based reporting, despite the fact that a few cluster members were regularly collecting post-distribution monitoring data for their own interventions. There was broad agreement among the stakeholders that performance monitoring could be improved, while emphasizing that any monitoring systems should be field-driven and adding additional layers of bureaucracy should be avoided.[182]

202. Clusters used a variety of monitoring systems and relied extensively on the 4W matrix as a monitoring tool. The variable quality and consistency of use of these different systems made it challenging to assess the collective international response to cyclone Idai.

203. Only two clusters, ETC and Logistics, planned to conduct AARs to capture the relevant lessons learned at the global level; these could be used to inform future responses. Of these, only the ETC Cluster did a survey to gather cluster members' feedback. These two clusters were among the three best performing clusters, which indicates a potentially serious gap in accountability since it implies that key lessons were not necessarily being learned. As described above, the coordinating assessments was also challenging, but it was also unclear how lessons would be captured in order to address similar gaps in the future. The OCHA-led assessment cell also faced challenges and it was equally unclear how lessons learned would be used to improve its operation during a future response. A related issue was the lack of clarity among stakeholders about the mechanism to ensure follow up to recommendations that result from this IAHE or the OPR.

Recommendations

The 13 recommendations listed below are targeted at the HCT in Mozambique, the IASC Emergency Directors Group, the IASC Operations, Policy and Advocacy Group and the Global Protection Cluster. The recommendations targeted at the HCT are largely aligned with the action plan developed during the OPR. As described in the Methodology section, stakeholders from humanitarian agencies and different government ministries had the opportunity to discuss most of these recommendations in detail during two validation workshops in Mozambique during December 2019 facilitated by evaluation team members.

Recommendations targeted at HCT Mozambique

R1. **Further improve preparedness, early warning and anticipatory action**[183] by supporting INGC, other government ministries and CSOs, by strengthening capacities at national and community levels. These efforts should draw upon relevant lessons learned during this response, and include consideration of:

- defining and specifying for early warning "triggers" to enable effective early (anticipatory) action prior to a disaster event;
- improving forecast-based planning[184] to manage risks more effectively by, for example, guiding levels of investment of time and other resources;
- updating SOPs for rapid multi-sector assessments, assessment coordination systems, information management, cash transfer mechanisms,[185] inter-agency AAP systems and integration of early recovery approaches. Gender-sensitivity should be integrated throughout;
- integrating cash-based programming into lifesaving and early recovery interventions;
- Making agreements with the GoM on minimum standards and SOPs for the relocation of communities living in disaster-prone zones to resettlement sites, and the inclusion these components in preparedness planning (inter-agency and agency-specific). The standards and SOPs should incorporate relevant IASC AAP commitments;
- identifying ways to better address disability-inclusive response activities in accordance with the Convention on the Rights of Persons with Disabilities (CRPD), and the Sendai Framework;[186] and
- reviewing and revising SOPs for SAR protocols, civil-military and private sector engagement (both national and international).

R2. **Develop and implement an engagement and capacity-building strategy for national civil-society stakeholders**[187] to enable them to play a more effective role in humanitarian actions. Support INGC and other relevant government counterparts and strengthen CSO involvement at a community level. The HCT, cluster coordinators and HCT provincial focal points should play key roles in monitoring progress and promoting donor support in line with their respective Grand Bargain localization commitments.

R3. **Use the results of this IAHE, and other relevant lessons learned, to inform advocacy and resource mobilization strategies during future responses to help ensure that the humanitarian community is supporting the priority needs of affected communities,** notably households which are struggling to recover, single-headed households and vulnerable members of affected communities with special needs. In keeping with humanitarian principles, a key component of such support will be promoting equitable participation in longer-term recovery processes.

Recommendations for the Emergency Directors Group

R4. **Improve information management and communication systems for assessment and monitoring data to provide an up-to-date overview of priority needs of affected communities**. Specific improvements are needed to make better use of remote assessment cells, and have systems and processes in place that update IASC systems so they are: (i) adapted to the specific operating context, (ii) able to interface with existing national assessment systems, (iii) supported by robust and consistent coordination and adequate information management capacities, and (iv) an integral part of SOPs for Scale-Up activation.

R5. **Ensure that there is an adequate roster of cluster coordinators and information management staff** with the necessary skills, gender balance, experience and language[188] abilities. There should be suitable incentives in place, so they are available for a deployment duration[189] that optimizes their value to clusters. Systems (e.g. protocols, accountability mechanisms) should be in place to ensure systematic handovers during surge turnover.

R6. **Improve coordination and engagement with the private sector by timely deployment of a private sector coordinator with relevant experience in large scale disasters**. This should be supported by a roster composed of trained and experienced individuals supported by relevant guidance.[190] Civil-military coordination in two clusters (ETC, Logistics) and existing partnerships with three clusters (ETC, Logistics, WASH) with the private sector offer good practice models that could be adapted to optimize engagement for other clusters and for the overall response.

R7. **Strengthen and improve the decentralized humanitarian leadership coordination model to provide more effective support during a large-scale disaster event**. This is especially critical in such countries as Mozambique, where the government typically decentralizes decision-making to affected areas during a response. Consider developing a standby roster of individuals with appropriate profiles; and incentives specific to a field based DHC with a suitable range of language skills, who should be supported by appropriate information management capacities (see R4).

Recommendations targeted at the IASC Operations, Policy and Advocacy Group

R8. **Capture and share lessons for clusters and replicate as appropriate** (including in other clusters) with the aim of improving preparedness and achieving a more consistent and integrated performance. Examples of good practice identified in different clusters during this IAHE include: the use of joint work plans, handover processes between successive cluster coordinators, information management systems, preparedness and "customer" (cluster member) satisfaction surveys and participatory design of AARs by the ETC Cluster. Similar interagency learning reviews should be done for interagency assessment coordination cells.

R9. **Require each global cluster to carry out AARs within six months of the Scale-Up activation.** These AARs should systematically consider user (cluster members, HCT) feedback and generate an action plan that promotes continuous improvement using lessons learned. Similar inter-agency learning reviews should be conducted routinely for inter-agency assessment coordination cells.[191] For the response to cyclones in Mozambique, the ETC Cluster provided a good practice example of a remote AAR that took account of user perspectives through use of an on-line survey.

R10. Improve the relevance and value-added of future IAHE of Scale-Up activation emergencies, by:

- Better ways of measuring effectiveness apart from using HRP targets;
- A community-level survey component to assess outcomes and fulfill IASC AAP commitments by giving a meaningful voice to affected communities;
- An assessment of anticipatory action (or "early action")[192] while measuring the effectiveness of response; and
- To the extent that is feasible, use proxy indicators to assess cost efficiency and cost effectiveness to contribute to a better understanding of options for prioritizing limited resources.[193]

- Promote a culture of sharing information and learning to, for example, ensure that agency staff are comfortable about sharing relevant evidence and learning from AARs and RTEs; and
- Establish a mechanism to follow-up on/monitor and, where appropriate, facilitate implementation of IAHE actions to improve accountability and contribute to a better understanding of how to improve the utilization of IAHEs.[194]

Recommendations targeted at the Emergency Relief Coordinator

R11. Develop guidance for Humanitarian Country Teams, supported through the deployment of technical specialists, to help with the development of multi-sector performance benchmarks that track overall performance and inform decision-making when there is a Scale-Up activation.[195] Targets in these benchmarks should be adapted to successive phases of the response, different disaster scenarios and operating contexts to help incentivize collective action, use of disaggregated population data, track outputs and outcomes more consistently, and facilitate country, regional and global-level learning. Appropriate incentives could help improve areas which consistently appear as gaps in large-scale disasters, especially AAP and early recovery. An appropriate system should acknowledge the limitations of HRPs in measuring performance and incorporate a "good enough" approach, [196] especially by recognizing that saving lives will be the highest priority during the initial phases of a quick onset disaster event and that monitoring systems should be improved over time.

R12. Ensure that humanitarian and early recovery needs are adequately understood and communicated in a timely way so that support by the international community can be adapted according to evolving needs and priorities of different affected communities during each phase of the response. Based on lessons learned from the response to Cyclone Idai, improvements are needed mainly at the multisectoral level, rather than at the level of individual clusters. Specific actions that could help to address these gaps include:

- coordinated systems to collect and manage assessment and monitoring data that incentivize agency participation and use, to be supported by advocacy/communications that help to mobilize support to priority needs across sectors during successive phases for affected communities;
- supporting cost efficient interventions that address both humanitarian and early recovery needs;[197]
- developing a specialized cadre of assessment cell coordinators who can be deployed on surge;[198] and
- incentives for appropriate donor support by including relevant targets in HRPs and benchmarks in monitoring systems for HCTs and clusters.

Recommendation targeted at the Global Protection Cluster

R13. The Global Protection Cluster should use the launch of its revised global strategic framework[199] as a timely opportunity to clarify its respective roles in responding to different disaster scenarios, including sudden-onset natural disasters. The Global Protection Cluster should promote its development of necessary capabilities, including roster profiles, funding sources and SOPs adapted to responding to different types of disasters.[200]

Annexes

Annex 1 - IAHE Field Visit Itinerary

Dates	Place / Activities	Team Participation[1]
September 02 - 03	Orientation meetings in Maputo	Whole team
September 04 - 07	Interviews and site visits in Sofála Province	IAHE Teams 1 & 2
September 09 - 14	Interviews and site visits in Maníca Province	IAHE Team 2
September 09 - 14	Interviews in Tete and Zambézia Provinces	IAHE Team 1
September 16 - 20	Interviews in Maputo	IAHE Teams 1 & 2
September 23 - 24	Interviews in South Africa	TN
September 23 - 25	Interviews in Nairobi	IAHE Team 1
October 10	Presentation for the IAHE Steering Group	Team Leader
October 21	Household survey enumerator training	HH Survey Team, TN
October 22 – Nov 02	HH survey interviews and FGDs	HH Survey Team, TN
December 02 - 06	Validation workshops in Maputo	Whole team (except TN)

[1] IAHE Team 1 (Jock Baker and Felisberto Alfonso), IAHE Team 2 (Tristi Nichols and Pity Custodia), household survey Team – (Rogério, Emanuel Malai and Dr. Luis Artur), TN – Tristi Nichols.

Annex 2 - Percentage Assisted Based on HRP Targets

Data comparing results from different sources has been compiled in Table 10 below. Most of the data below was from the same period as the community household survey (October 2019). To facilitate data comparison the questions used for households are provided in footnotes along with an explanation of the extent to which the figures from the survey can be generalized. As noted in the Constraints and Limitations section of the report, there was limited performance data available that was disaggregated by gender.[2] Clusters/sectors have been rated based on four categories, indicating the extent to which specific HRP objectives have been met: High = 71% or higher; Medium-High = 50-70%; Medium low = 30-49%; and Low = 29% or lower.

Table 10: Assistance coverage based on HRP objectives

			Figures are Percent of Households Assisted				
Sector/ Cluster	**HRP Objective**	**% of Budget**	**Community HH Survey (n=505)**	**WFP[3] or IOM DTM (n=188)**	**OCHA [4]**	**Rating**	**December 2019 Data (%)**
CCCM[5]	100K persons	No data	N/A	N/A	N/A	High	83,457[6]
Logistics[7]	300 partners supported	No data	N/A	N/A	N/A	High	101 - 400[8]
Coordination	1.85 million persons	5.4	N/A	N/A	N/A	No Data	No Data
Telecoms/IT (ETC)[9]	300 partners supported	0.3	N/A	N/A	N/A	High	Over 100

[2] A similar finding was described in Save the Children (2019) Mozambique Cyclone Response Gender Action Plan, page 3.

[3] The data was collected from 4,715 households in May, which was two months into the emergency response, in 16 districts in four provinces (Maníca, Sofála, Tete, and Zambézia). Data was collected in partnership with the National Secretariat for Food Security and Nutrition (SETSAN). Information sourced from World Food Programmes (WFP) Process Monitoring Report and WFP (2019) Executive Summary Outcome Survey - Cyclone Idai Emergency Response. All distribution figures are cumulative. This survey was the largest assessment/survey undertaken during the response.

[4] This is a database secured from OCHA Mozambique which has tracked the inputs provided to affected populations. The tracking matrix is an excel sheet sourced on 2019 October_Consolidated_updated 20191125.

[5] Camp Coordination and Camp Management: Cyclone Idai Response Strategy (Draft) (2019); CCCM Cluster Meeting Notes (03 May) 276 families and CCCM Cluster Meeting Notes in Beira (30 April)-476 families.

[6] Posted on 09/13/19, this figure was sourced from: https://www.iom.int/news/appeal-launched-humanitarian-response-cyclone-devastation-mozambique.

[7] Logistics Cluster: Mozambique Closure Report (2019).

[8] Logistics Cluster: Infographic (March 2019) on Coordination, Sea and Rivers Transport, Storage, Supply Chain, Overland Transport, Air Transport. A total of 101 partners supported, and 75 in month one of the emergency. Source: https://logcluster.org/document/mozambique-infographic-march-june-2019 and OCHA HRP August 2019, page 9.

[9] Data secured from the Final ETC Situation Report #20 (2019). Sourced from: https://www.etcluster.org/document/etc-mozambique-sitrep-final. Over 440 organizations were supported.

			Figures are Percent of Households Assisted				
Sector/ Cluster	**HRP Objective**	**% of Budget**	**Community HH Survey (n=505)**	**WFP[3] or IOM DTM (n=188)**	**OCHA [4]**	**Rating**	**December 2019 Data (%)**
Education[10]	600K persons	0.7	26.8[11]	98[12]	11[13]	Med-ium Low	No data[14]
FOOD SECURITY AND LIVELIHOODS							
Food[15]	1.7 million persons	67	83[16]	115[17]	102[18]	High	92.5 - 86.5[19]

[10] Mozambique Idai Response: Education Cluster Factsheet (Update as of 30 September 2019) and a different target of 506,468 "children aged 6-15 years old in humanitarian situations accessing education", where 123,751+138,879=262,630 or 52% of target reached; UNICEF (2019) Cyclones Idai and Kenneth Situation Report #14: September 2019.

[11] The survey question was "What kind of assistance did you receive during early recovery (after 72 hours of the Cyclone)?".

[12] The survey question was "Does the majority of the school aged children currently have access to a functioning school?" This is the percent answering "yes".

[13] OCHA has considered other type of assistances such as building and rehabilitation of infrastructures, psycho-social assistance, and different teacher training as part of the overall package of education assistance. The survey, however, only focused on the distribution of education materials, and this distinction ought to be taken into account when considering comparisons.

[14] Final data is only available for the number of children provided with assistance in Cabo Delgado.

[15] WFP (2019) Process Monitoring Report, page 1. All figures are cumulative.

[16] The question asked is: "What kind of assistance did you receive during early recovery (after 72 hours of the Cyclone)?". The respondent *volunteered* this answer.

[17] WFP (2019) Process Monitoring Report Cyclone Idai Emergency, page 1. During the first cycle, from 15 March to 14 April, the number of beneficiaries planned was 1.2 million, and there were 1,076,761 reached, resulting in an approximate 90% coverage rate. During the second cycle, from 15 April to 14 May, the number of beneficiaries planned was 1.2 million, and there were 1,506,370 reached, for an approximate 112% coverage rate. During the third cycle, from 15 May to 15 June, the number of beneficiaries planned was 1.6 million, and there were 1,833,869 reached, resulting in an estimated 115% coverage rate. The time period of this table is the recovery phase, and therefore 115% is presented.

[18] Please note that when consulting OCHA's database, many other items apart from food were included, and so when food items were specifically selected, only 12% of coverage resulted, which is not feasible. Hence, this difference ought to be taken into account when making comparisons.

[19] Calculations were extracted from: https://fscluster.org/mozambique/document/national-food-security-cluster-meeting

			Figures are Percent of Households Assisted				
Sector/ Cluster	HRP Objective	% of Budget	Community HH Survey (n=505)	WFP[3] or IOM DTM (n=188)	OCHA [4]	Rating	December 2019 Data (%)
Livelihood(s) & Agricultural Inputs[20]			44	46[21]	42[22]	High	79 - 86[23]
HEALTH AND NUTRITION							
Health Services[24]	1.1 million persons	4.3	44	87[25]	N/A	High	80 - 98.6[26]
Nutrition[27]	328,000 [28]	0.4	N/A	N/A	N/A	High	230[29]
Other	No data	9.1	21.6[30]	N/A	N/A	High	84[31]
PROTECTION							

[20] Results for the Main Season Response (Oct 2019 – Jun 2020). Sourced from Mozambique Food Security and Livelihoods Cluster (2020) from:

https://fscluster.org/sites/default/files/documents/livereachedfeb2020.pdf

[21] The question was: "Have households received agriculture inputs (e.g., seeds, tools) from a distribution at this locality?", and this is the percent answering "yes".

[22] OCHA data captured different tools which could also be part of shelter assistance ***and*** agricultural inputs, including hoes and saws. Different items appear under different categories, and so it is difficult to know precisely the number of households covered for this category.

[23] Lean season assistance was for November and December. Approximately 706,129 beneficiaries for food assistance and 892,200 beneficiaries for livelihood assistance. Information sourced from:

[24] UNICEF (2019) Cyclones Idai and Kenneth Situation Report #14: September 2019. A total of 688,300 children under 5 were vaccinated (OCV/Measles/DTP3), and the target was 978,000 with an 80% of target reached. Other information includes GoM-Ministry of Health World Health Organization & National Institute of Health-Mozambique, National Situation Report 7 17th July 2019 Period covered 1-14 July. In FTS, the health services are also earmarked for protection-related assistance, and this ought to be considered before making comparisons.

[25] The question was: "Do the majority of the population currently have access to a functioning health facility?".

[26] The cholera vaccination campaign reached more than 800 000 people (98.6% of the targeted population) in four districts. • There were 12,918 malaria cases reported representing 40% of all consultations up through 15 April.

[27] UNICEF (2019) Cyclones Idai and Kenneth Situation Report #14: September 2019. A coverage figure was calculated from June based on the following: 606,067+73,384=679,451 children under age five years screened for acute malnutrition and receiving vitamin A supplementation.

[28] Target information was accessed from UNICEF mid-year sitrep (March-July 2019). Source: https://www.unicef.org/appeals/files/UNICEF_Mozambique_Humanitarian_Sitrep_Cyclone_July_2019.pdf

[29] Ibid., page 2. A total of 755,574 children under 5 years screened for acute malnutrition.

[30] The question was: "Do the majority of the population currently have access to a functioning health facility?" This is the percent answering "yes". This category included multisectoral assistance for all clusters.

[31] DTM/INGC (2019) Mozambique: Tropical Cyclone Idai Baseline Locality Assessment – Round 5, page 3. Source: https://displacement.iom.int/system/tdf/reports/Baseline_Assessment_Round_5_EN.pdf?file=1&type=node&id=6593

			Figures are Percent of Households Assisted				
Sector/ Cluster	HRP Objective	% of Budget	Community HH Survey (n=505)	WFP[3] or IOM DTM (n=188)	OCHA [4]	Rating	December 2019 Data (%)
Protection[32]	400K persons	1.8	N/A	N/A	N/A	Med-ium Low	32[33]
Psychosocial Support			11.2	N/A	N/A	Low	No data
SHELTER							
Shelter and Non-Food Items[34]	180K persons	5.0	49.5	31[35]	44[36]	Med-ium high	6 - 90[37]
Shelter kit			18.3	N/A	N/A	Low	29[38]
Cooking Utensils			47.6	N/A	N/A	Med-ium Low	No data
Plot of Land for Construction			34.6	N/A	N/A	Med-ium Low	No data
Early Recovery	250K persons	No data	N/A	N/A	N/A	No data	No data
WASH							
Hygiene[39]		5.9	N/A	N/A	N/A	High	80

[32] 17,429 were persons reached with protection monitoring" is 32%. A total of 1,468 cases were registered between 16th November and 15th December 2019 with a 78% feedback rate recorded. Source: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/linha_verde_dashboard_15th_january_2020_final.pdf

[33] This figure is for Sofála province only. Source: Protection Cluster Overview (November 2019)

[34] This target was revised based on the Strategy for Shelter and NFIs for Cyclone Idai Response, 16 March 2019. The SitREP 5 notes that 57,000 households were assisted, but the indicator is, at times, representing different items, such as the distribution of a single tarp, a blanket, or a lamp. See IOM (2019) Cyclone Idai: Response during the 1st month as of 18th April 2019 also highlighted different distributions.

[35] The question was: "Did the Affected population received the shelter kit?" and this is the % answering "yes".

[36] The total number was: 206,131 households. The OCHA data for shelter included several items such as family kits, chlorine, hygiene kits, construction material, blankets, and others as "shelter". This IAHE household survey only counted blankets in addition to shelter materials This difference in the categorization of data therefore ought to be considered when making comparisons.

[37] Situation as of October 2019. Assessment Coverage varies, depending upon the district. Source: https://www.sheltercluster.org/mozambique-2019-cyclones/documents/scmoznficoverageoct

[38] DTM/INGC (2019) Mozambique: Tropical Cyclone Idai Baseline Locality Assessment – Round 5, page 3.

[39] 785,000 were reached with safe water (80% of target met); 1.2 million people reached with key lifesaving and behavior change messages (114% of target met) UNICEF (2019) Mozambique Cyclones Idai and Kenneth Situation and Response: 15 October 2019. A report covering July 2019 to January 2020 notes there were 736,000 People in Need; 682,000 People Targeted, and 300,000 people reached, citing a 42%coverage. This includes all provinces and Cabo Delgado and Nampula. WASH Cluster Dashboard - January 2020 Update Source:https://www.humanitarianresponse.info/en/operations/mozambique/infographic/mozambique-cyclone-idai-kenneth-and-drought-response-wash-0

			Figures are Percent of Households Assisted				
Sector/ Cluster	**HRP Objective**	**% of Budget**	**Community HH Survey (n=505)**	**WFP[3] or IOM DTM (n=188)**	**OCHA [4]**	**Rating**	**December 2019 Data (%)**
Water Only	1.4 million persons		46[40]	50[41]	N/A	Med-ium High	45[42]
Sanitation			N/A	N/A	N/A	High	114
OTHER							
Clothes			42.5	N/A	N/A	Med-ium Low	No data
Cash and Voucher(s)			18.3	N/A	N/A	Low	No data

[40] The question asked is: "What kind of assistance did you receive during early recovery (after 72 hours of the Cyclone)?" The respondent *volunteered* this answer.

[41] The question was: "Did the Cyclone affect the majority of the population's access to a function water source?" As a contrast, the DTM askes separate question: "Did the majority of population of the localidade have access to a functioning water source before the cyclone?" and this is the percent answering "yes".

[42] This figure includes all provinces and Cabo Delgado and Nampula.

Annex 3 - HCT Scale-Up Benchmarks

ISSUE	SCALE-UP BENCHMARK
Leadership	HC designation enables empowered leadership of the response
	All UN humanitarian Country Representatives and INGO Country Representatives, of the required caliber and expertise, in place
Delivery of protection and assistance	Operational hubs established and maintained in key field locations
	Remote and cut-off locations are reached within two months
	At least 10 partners with operational presence in the 10 hardest-hit districts
	Sufficient staff deployed to support delivery of assistance and protection
	Centrality of Protection to be prioritized
	Systematic participation of, and accountability to, affected people across all elements of the response
	Comprehensive action taken to prevent, investigate and tackle sexual exploitation and abuse
Coordination	Dedicated cluster coordinator and dedicated IM staff for each cluster
	Operational hubs established and maintained in key field locations

Source: OCHA Mozambique

Annex 4 - Status of OPR actions

The HCT discussed following up on the OPR but there was no written action plan or reporting, although it was understood that this had been planned. A summary of the status of the OPR Action Plan based on observations of the IAHE team's field visit during September 2019 is listed in Table 11 below.

Table 11: Status of OPR follow up

Finding 1: Continued need for RC/HC leadership		
Recommended Actions	**Who**	**IAHE team findings**
Continue role of the HC, if feasible, or ensure strong support to RC to follow-up on humanitarian requirements with a durable presence of OCHA;	ERC	• HC role continued. • OCHA presence extended until March 2020.
Discontinue role of the DHC;	ERC	• DHC role discontinued in July 2019.
Ensure HCT Provincial Focal Points are designated and active in Beira, Chimoio and Pemba to March 2020.	HCT	• HCT focal points designated.
Finding 2: HC-HCT mutual accountability		
Recommended Actions	**Who**	**IAHE team findings**
The HCT should be maintained, as Mozambique is chronically impacted by natural disasters. However, the HCT structure must follow the global standards as governed by the IASC.	HCT	• HC role maintained. • Unable to comment on standards (outside of IAHE scope).
The HCT should develop a compact between the RC/HC and the HCT.	ERC	• Unable to comment (outside of IAHE scope).
Ensure scaled up and senior presence of Agencies and NGOs in Beira and Chimoio to March 2020	HCT	• Main presence is in Beira. Some agencies had maintained a presence in Chimoio.
The HCT should actively engage with local NGOs to ensure representation.	HCT	• INGOs have a representative on the HCT. The sole NNGO representative was killed during the election campaign and there was no replacement at the time of the IAHE field visit.
The HCT must establish clear communication lines and coordinate information-sharing between the HCT and the provincial coordination structure in Beira.	HCT	• No evidence that this gap had been addressed. HCT focal points appeared unclear about their roles and responsibilities.

Finding 3: Cluster capacity, field presence and double-hatting		
Recommended Actions	**Who**	**IAHE team findings**
The HCT needs to re-establish itself as the strategic and operational leadership with the discontinuation of the DHC position;	HCT	• Completed. The DHC position was critical while INGC leadership was deployed in the field during four months.
The HCT should provide strategic guidance to the ICCG and the ICCG should play its role in providing technical advice and guidance to the HCT;	HCT	• Unable to comment (outside of IAHE scope).
Dedicate staff capacity as cluster coordinators is required, and to ensure cluster coordination continuity until the transition into government structures; Required IM capacity to equip the ICCG	HCT	• Dedicated cluster coordinators were all being phased out at the time of the IAHE field mission. Apart from the ETC and Logistics clusters, it was planned to continue the cluster system.
The HCT should discuss the most optimal approach in addressing early recovery, including through the RRR Working Group at the sub-national level.	HCT	• Incomplete. An important gap.
Finding 4: HCT engagement with government		
Recommended Actions	**Who**	**IAHE team findings**
The RC/HC/HCT should re-establish the strong relationship between the HCT and the INGC at national level as per pre-cyclone.	HCT	• This has been done. Findings from the IAHE indicate that the relationship between the HCT and INGC has been strengthened as a result of the partnership during the response.
The HCT is well-positioned to develop common advocacy messages with the Government, for example on displacement related issues.	HCT	• Confirmed by the IAHE. The related recommendation in this IAHE is to develop common standards and protocols for resettlement of at-risk communities to provide a reference for future disaster events.
The HCT should consider provincial-level training for local authorities on humanitarian preparedness and response.	HCT	• Several examples of this were found.
Finding 5: Centre of operations at sub-national level		
Recommended Actions	**Who**	**IAHE team findings**
The HCT should develop an optimal and effective coordination structure between national and sub-national level until March 2020 to ensure response to food security, nutrition, protection and other needs;	HCT	• Coordination structures planned to be in place until March 2020.

The HCT should develop an optimal and effective coordination structure at the field level based on operational presence, which represents both UN and NGOs;	HCT	• This was in place.
Finding 5: Centre of operations at sub-national level		
Recommended Actions	**Who**	**IAHE team findings**
The HCT should ensure adequate response to needs in the various provinces, particularly those provincial regions such as Chimoio that were overshadowed by the high visibility of Beira/Sofála;	HCT	• Partially addressed depending on the cluster/agency. Handicapped by a lack of a clear multi-sectoral needs assessment on the 50,000 IDPs in resettlement sites.
The HCT/ICCG should organize more joint missions at sub-national level.	HCT/ICCG	• These took place during high level visits (e.g. the UN SG).
Finding 6: Engagement with local actors		
Recommended Actions	**Who**	**IAHE team findings**
The HCT should proactively engage national and local NGOs to meaningfully participate in the management team/coordination structure;	HCT	• INGOs have been engaged and NNGOs to a certain extent. A relevant recommendation in the IAHE is to strengthen engagement of NNGOs/CSOs.
The HCT should produce an orientation manual in Portuguese, developed in coordination with the ICCG, for national NGOs on the humanitarian operations, to enhance their response capacity.	HCT	• The IAHE saw guidance in Portuguese drafted by clusters and agencies, but no overall guide.
Finding 7: Invest in preparedness		
Recommended Actions	**Who**	**IAHE team findings**
As part of preparedness, the HCT should develop a plan with the Government on a package of measures to be activated once the Government requests international assistance. Such measures should include easing bureaucratic impediments such as the timely issuance of visas, easing administrative procedures at customs and more;	HCT	The INGC has led joint preparedness on an annual basis and at the same time updates the Joint Contingency Plan. Versions prior to the cyclone contained sections relevant to international assistance, including customs arrangements. While most relief items qualify for expedited customs arrangements, some IT equipment did not qualify. Gaps have been identified during Logistics and ETC cluster AARs and revisions are in the process of being negotiated with GoM.
The HCT must agree on a joint needs assessment with the Government, through the INGC, at the earliest possible juncture in the response;	HCT	This had not yet been done and the IAHE has confirmed it is a priority. At a global level the IAHE has identified a need to improve/rationalize assessment coordination systems.

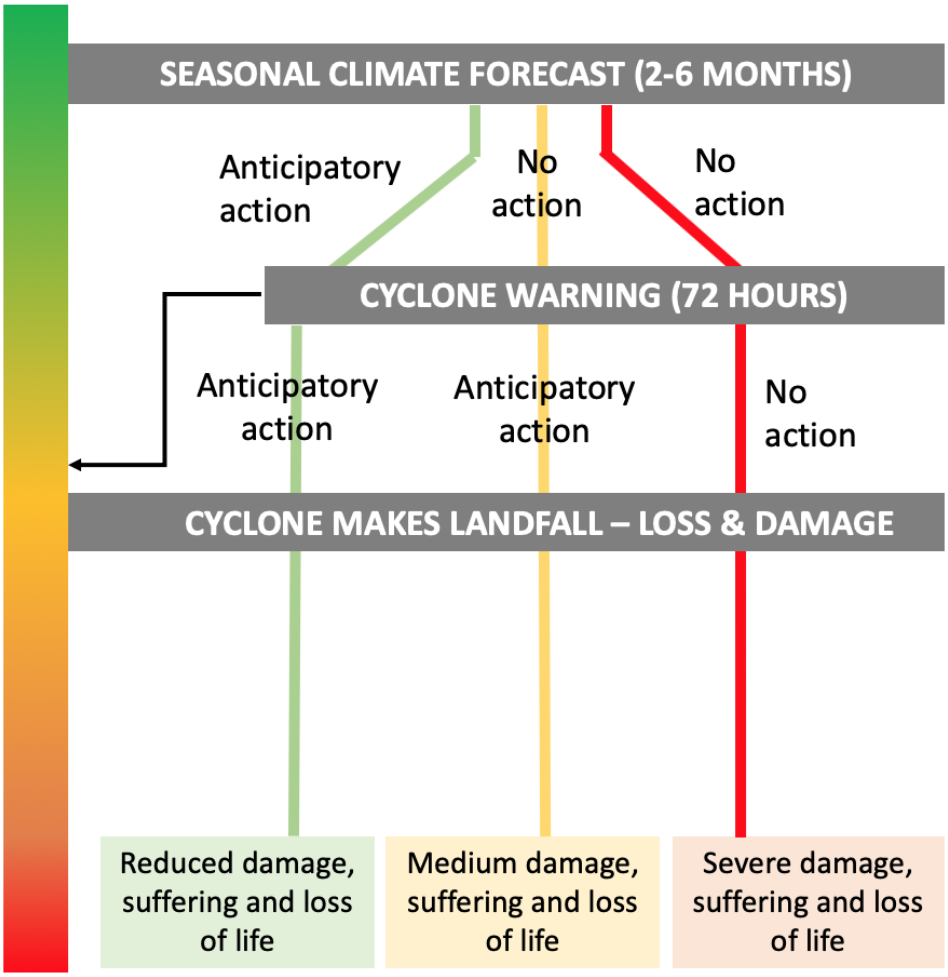
The HCT must support the Government with a robust and flexible preparedness plan and in scaling up disaster risk reduction work, especially at the sub-national level.	HCT	This work was ongoing.
Finding 8: Human resource capacity		
Recommended Actions	**Who**	**IAHE team findings**
The HCT should develop a pool of staff trained and activated at the occurrence of a rapid onset disaster, including emergency distributions. The HCT should also work with the Government and national NGOs on capacity building for civil protection, including on the use of new technologies;	HCT/INGOs	This work was ongoing although humanitarian agencies were handicapped by lack of a system for capturing and applying lessons learned. Only the Logistics and ETC were conducting AARs.
The HCT should ensure that staff capacities deployed include local language skills and the rotation of staff, particularly for dedicated capacities such as Cluster Coordinators, are deployed longer to ensure an effective quality of the response;	HCT/EDG	Some agencies appeared to be doing this. For Scale-Up emergencies the IAHE has made recommendations to the EDG to improve deployments (profile and duration) of both cluster coordinators and information managers.
While the response to two cyclones was unique in Mozambique, the HCT must ensure not to divert capacities deployed for one response to another.	HCT/EDG	Additional cluster coordinators were hired for the Kenneth response, but funding was a constant challenge to sustainability.
With the advent of climate change, the IASC globally needs to review its surge capacity to ensure readiness to respond to two major disasters in close succession with new surge for each.	EDG	This is also a recommendation of this IAHE.
Finding 9: Joint advocacy and responsibility on centrality of protection		
Recommended Actions	**Who**	**IAHE team findings**
The HCT should ensure that protection is prioritized, operationalised and mainstreamed in the humanitarian response with community involvement and local NGOs. This includes prioritising maintaining experienced protection capacity in Beira and Pemba in the medium term (beyond July), and integrating comprehensive response to protection risks;	HCT	The IAHE found that protection was seen as important by humanitarian agencies and had made progress in certain areas, notably PSEA and to some extent in mainstreaming protection in the clusters. The protection cluster has suffered from capacity gaps. It was the only cluster without field-based dedicated coordinators.
The HCT should consolidate referral mechanisms into a single, clear document, which includes legal guidance and is not limited to one	HCT	The IAHE was not provided such a document.

singular entry point such as *Linha Verde*; and the HCT should also consolidate victim referral pathways;		
The HCT should ensure that the HCT is regularly briefed on critical issues arising from community feedback – e.g. politicisation – and takes rapid action and advocacy accordingly;	HCT	The IAHE team members had an opportunity to observe HCT meetings and confirm that this was a regular agenda item. Timeliness and effectiveness of advocacy depended on the issue.
HCT should engage in joint advocacy to assume its leadership responsibility in advocating for enhanced prevention, risk mitigation and response measures to PSEA, AAP and GBV.	HCT	See above.
Finding 10: Orderly transition		
Recommended Actions	**Who**	**IAHE team findings**
The HCT must reinforce the need to prioritize, operationalize and mainstream protection in light of upcoming elections in Mozambique;	HCT	Outside the scope of this IAHE.
The HCT must ensure greater collaboration with development actors, including the World Bank, in addressing protection needs in the early recovery and reconstruction phase, and through costing protection interventions, integration in programming with Government, advocacy with donors;	HCT	This work was ongoing, though recovery programs were not expected to get underway until the second quarter of 2020.
The HCT should focus on finding ways to empower the Government in order to strengthen its preparedness and response capacity for the future.	HCT	This work was ongoing.

Annex 5 - Anticipatory/Early Action for Cyclones

Anticipatory Action is also sometimes referred to as "Early action" and is defined here based on a concept paper published by the secretariat of the Central Emergency Response Fund (CERF)[43] that defines this as "…*an activity taking place between an early warning trigger or a high-probability forecast and the actual occurrence of the corresponding disaster in order to mitigate or prevent the humanitarian impact of the anticipated disaster*". Figure 16 below suggests that anticipatory actions can usefully be triggered at two critical points in time. The first "trigger" is if seasonal forecasts predict higher than usual cyclonic activity and the second is typically 3-5 days before the cyclone makes landfall when it becomes clear where and with what force it is likely to strike.

Figure 16: Anticipatory/Early Action Timeline[44]



[43] CERF (2018) CERF for the Future: Anticipatory Humanitarian Action Update for the CERF Advisory Group – October 2018.

[44] Adapted from Wilkinson, E. and Weingartner, L. (2018) FbA, early response and late response in the case of droughts and cyclones. March 2018. ODI.

Annex 6 - Value for Money Indicators

Criteria	VFM Questions	VFM Indicators
Economy	Competitive prices for inputs?	1. Identification of key cost drivers and awareness of market prices. 2. Use of economy of scale.
	Use of good practice in the programme cycle?	3. Cost drivers are tracked and managed so as to reduce costs.
Efficiency	How well is converting inputs into outputs?	4. Timely delivery of outputs. 5. Costs of cost drivers consistent with benchmarks.[45]
	Integration of efficiency considerations into the programme cycle?	6. Identification and management of efficiency drivers. 7. Systems for measuring outputs in a way that can be linked to costs. 8. Tracking and reporting on timeliness of expenditures and outputs.
Effective-ness	How well are outputs achieving desired outcomes at a reasonable cost?	9. Assistance reaches recipients in a timely way. 10. Systems for measuring outcomes (e.g. post-distribution monitoring) that can be linked to investment of resources.[46]
	Integration of and cost-effectiveness considerations into into the program cycle?	11. Identification and management of cost-effectiveness drivers.[47] 12. Systems for measuring quality of outcomes. 13. Application of accountability to affected populations (AAP) commitments, especially participation, complaints & feedback.
Equity	Justification of higher costs for equitable assistance?	14. Selected intervention options take account of equity-related costs (e.g., additional costs to target vulnerable groups, hard-to-reach areas, host communities[48]).
	Consideration of cross-cutting issues?	15. Consideration of gender, age and vulnerability and their influence on household dynamics during design, implementation and monitoring.

Adapted from Baker, J. et al. (2016) Danish Refugee Council Value for Money Study.

[45] Benchmarking involves comparing costs, performance, etc. with industry standards and/or with comparable peer agencies.

[46] Since each agency/cluster contributes to collective outcomes, investments may include financial and in-kind contributions from other stakeholders.

[47] Examples of cost-effectiveness drivers could be targeting (% of recipients not in target group, % of transfers reaching target group, etc.) and implementation systems (costs of registration, use of beneficiary feedback systems, etc.).

[48] Host community members are often less vulnerable than the displaced people living among them. However, learning has demonstrated the importance of equitable approaches towards host communities.

Annex 7 - Workshop Agendas

Inter-Agency Humanitarian Evaluation of the International Response to Cyclone Idai in Mozambique

Workshop Agenda – Maputo, 11 Dec 2019 (ver. 191007)

Introduction

This workshop will give staff from humanitarian agencies a chance to review and discuss findings, conclusions and recommendations from in a plenary session before breaking into small groups to assess the relevance and achievability of the draft recommendations. Group work will be followed by another plenary session where groups will present the results of their discussions.

Objectives

- Review and validate provisional findings and emerging conclusions;
- Provide perspectives from primary users of the evaluation report on priorities, gaps in the findings and how this evaluation can be made more useful; and
- Help to ensure that the recommendations in the report, once the report is drafted, are both relevant and achievable.

Agenda

Time	Topic	Format
09:00-09:30	Workshop Open and Introduction of Participants	Plenary
09:30- 10:30	Introductory Session: • Review of the IAHE objectives • Presentation of Provisional Findings and Emerging Conclusions • High level feedback and questions of clarification	Plenary
10:30-11:00	**Break**	
11:00-12:00	Instructions for the Working Groups. Participants will fill in the templates provided to respond to the following questions: 1. To what extent are the recommendations relevant and achievable? 2. Are there any important recommendations that appear to be missing that are of a higher priority than the	Working Groups
12:00-13:00	**Lunch Break**	
13:00-14:00	Working Groups (continued)	WG
14:00-14:30	Report back from selected groups	Plenary
14:30-15:00	**Break**	
15:00-16:00	Report back from selected groups (continued)	Plenary
16:00-16:30	Workshop close and participant evaluations	Plenary

Avaliação humanitária Inter-Agência da resposta internacional aos ciclones em Moçambique

Workshop com o CTCG

12 de Dezembro de 2019

Agenda

Introdução

Este workshop está sendo concebido para dar conhecer aos participantes a oportunidade de passar em revista as discussões, conclusões e recomendações do relatório de Avaliação Humanitária Inter- Agências (IAHE) da resposta internacional aos ciclones em Moçambique em uma sessão plenária. A sessão também será uma oportunidade para a equipa de avaliação apresentar e discutir resultados da pesquisa efectuada aos agregados familiares afectados pelo ciclone bem como os técnicos das instituições nacionais envolvidos na resposta ao ciclone Idai.

Objectivos

- Analisar os resultados, conclusões e recomendações preliminares da avaliação;
- Fornecer à equipa de avaliação as perspectivas do governo de Moçambique, sobre como essa avaliação pode ser melhor aproveitada pelos principais actores na resposta humanitária; e
- Ajudar a garantir que as recomendações do relatório, uma vez finalizado, leve em consideração as prioridades de resposta a desastres do Governo de Moçambique.

Agenda

Tempo	Descrição
11:00	• Chegada e registo dos participantes
11:00-11:15	• Notas de abertura e apresentação dos participantes
11:15-11:45	• Apresentação dos resultados preliminares, conclusões e recomendações da Avaliação
11:45-12:00	• Perguntas de esclarecimento e feedback
12:00-14:00	• Trabalhos em Grupo
14:00-14:30	• Próximos Passos e Encerramento
14:30	Almoço

Annex 8 - Reference Documents

The following bibliography presents the list of documents consulted during the drafting of the evaluation report. It is presented by order of author (alphabetical) and then year (ascending). In addition to the list below, Humanitarian Response Plans for Mozambique, a range of sitreps, partner reports and other documents have also been consulted during the evaluation process.

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Annex 9 - List of Persons Interviewed

Mozambique: International Agencies

Name	Org. and function	♂	🔑	Date	Location
Ema Batey	Head of OCHA Mozambique and former COSACA Lead		1	20-Aug	(Skype)
Katharina Schnoring	IOM Chief of Mission		1	26-Aug	Maputo
Marcoluigi Corsi	UNICEF CD and former acting HC	1		29-Aug	Maputo
Elmar Barr	HCT Focal Point & UNICEF Team Leader, Beira	1		4-Sep	Sofála
Hatem Grissa	WASH Cluster Coordinator and UNICEF Lead	1		4-Sep	Sofála
Mariana Palavra	Community Engagement Coordinator, UNICEF		1	4-Sep	Sofála
Isabel Pereira	Nutrition Cluster Coordinator, UNICEF		1	4-Sep	Sofála
Ghullum Sherani	Head of UNDP office, Beira	1		5-Sep	Sofála
Kerry McBroom	CCCM Cluster Coordinator, IOM		1	5-Sep	Sofála
Jose Fischel de Andrade	Head of UNHCR Office, Beira and Protection Cluster Coordinator	1		5-Sep	Sofála
Esperanza Camach	Oxfam Representative in Beira		1	5-Sep	Sofála
David Smith	CARE International	1		5-Sep	Sofála
David Loloji, Lionel, Luis Aguilar	Health Cluster (WHO led), Beilra	3		6-Sep	Sofála
Egidio João	World Vision, DRR National Coordinator	1		10-Sep	Quelimane
Michael Chimedza	UNICEF, Provincial Coordinator	1		10-Sep	Quelimane
Felix Olivera	Mozambique Red Cross Provincial Delegation, Project Coordinator	1		10-Sep	Quelimane
Jose Argola	ADRA : emergency	1		10-Sep	Manica
Jaime Tiago	ADRA : emergency	1		10-Sep	Manica
Albina Francisco	Program assistant: Recovery, WFP		1	11-Sep	Manica
Carlos Desembro	Coordinator with WVI: Emergency	1		11-Sep	Manica
Prabhu Govindaraj	Consultant for FAO	1		11-Sep	Manica
Mr. Guaro	Food Security Officer WVI: Recovery	1		11-Sep	Manica
Emidio Gonçalves	IOM Chief of Operations in Chimoio	1		12-Sep	Manica
Vidal Mahundla	Program Coordinator, UNFPA Tete	1		12-Sep	Tete
Hitesh Kanakrai	Head of Sub-Office, WFP Tete	1		12-Sep	Tete
Karin Manente	Representative and Country Director, WFP Mozambique		1	14-Sep	Maputo
Nicoliene Oudwater, Rita Zacarias, Corinna Kreidler	DFID - Adviser with Agriculture Research team, Climate Change Adviser, Humanitarian Advisor		3	16-Sep	Maputo
Pieter Potter	National Education Cluster Coordinator, UNICEF	1		16-Sep	Maputo
Cristina Graziani	Food Security Cluster Coordinator		1	17-Sep	Maputo
Nicolas Babu	Programme Policy Officer, WFP Mozambique	1		17-Sep	Maputo
James Lattimer and Gina Meutia	Deputy Representative, M&E Focal Point, WFP Mozambique	1	1	17-Sep	Maputo

Name	Org. and function	♂	♀	Date	Location
Patricia Ocaña Alcober	Shelter / NFI Program Officer		1	20-Sep	Via Skype
Zamzam Billow	Gender Specialist, UNICEF Mozambique	1		17-Sep	Maputo
Ken Hasson	Resilience Team Leader, USAID	1		17-Sep	Maputo
Leonor Domingos	Resilience Team Member, USAID		1	17-Sep	Maputo
Javier Rodriguez	Nutrition, UNICEF and Emergency person	1		17-Sep	Maputo
Shelby Stapleton	Programs Manager Southern Africa Flood and Cyclone Response, WVI		1	18-Sep	Maputo
Claudio Julaia	Emergency Coordinator, UNICEF Mozambique	1		18-Sep	Maputo
Corrie Kramer	WASH Cluster Coordinator, UNICEF Mozambique		1	18-Sep	Maputo
Chris Cormency	Chief of Section, WASH, UNICEF	1		18-Sep	Maputo
Dr. Arun K Mallik	UNICEF Heath Cluster WHO Mozambique	1		19-Sep	Maputo
Helga Gunnel	WFP Protection Specialist		1	1-Oct	Skype
Arnaldo Govene	WASH Information Management Specialist, Mozambique	1		2-Oct	Skype
Marco Falcone	Emergency Coordinator, FAO Representation in Mozambique	1		7-Oct	Maputo (Skype)
António S. Mavie	Technical Manager, FEWSNET Mozambique	1		21-Oct	Maputo (Skype)
Dorothy Foote	UNICEF Nutrition Manager:		1	28-Oct	Maputo

Mozambique: National Key Informants

Name	Org. and function	♂	♀	Date	Location
Luis Salomao Sutho	Provincial Directorate of Public Works, Housing and Water Resources, Head of Department and Emergency Focal Point	1		4-Sep	Sofála
Lénio Mendonça	Provincial Directorate of Economy and Finance, Provincial Director	1		5-Sep	Sofála
Mouzinho Rafael; Jacinto Mouzinho	Social Communication Institute, Provincial Delegate	2		4-Sep	Sofála
Milton Barbosa	INGC Provincial Delegation, Head of Technical Department	1		9-Sep	Quelimane
Roberto Segredo	Provincial Directorate of Public Works, Housing and Water Resources, Head of Water and Sanitation Department and Emergency Focal Point	1		9-Sep	Quelimane
Walter da Cruz	Provincial Directorate of Public Works, Housing and Water Resources, Head of Urbanization and Housing Department	1		9-Sep	Quelimane
Sergio Antonio Baltazar	Provincial Directorate of Public Works, Housing and Water Resources, Head of Planning Department	1		9-Sep	Quelimane
Caunda Mutecomala	Provincial Directorate of Education and Human Development, Head of Planning and Studies	1		10-Sep	Quelimane
Sertorio Isidoro Giba	Provincial Directorate of Education and Human Development, Advisor		1	10-Sep	Quelimane

Name	Org. and function	♂	♀	Date	Location
Amisse Assane Assane	Provincial Directorate of Gender, Child and Social Protection, Emergency Focal Point		1	10-Sep	Quelimane
Stela Casquinho	Provincial Directorate of Gender, Child and Social Protection, Head of Child Department	1		10-Sep	Quelimane
Carlos Manuel Chico	Provincial Directorate of Gender, Child and Social Protection, Head of Social Protection Department	1		10-Sep	Quelimane
Manuel Jamal	Provincial Directorate of Gender, Child and Social Protection, Technician	1		10-Sep	Quelimane
Felisberta Alberto Antonio	Provincial Directorate of Gender, Child and Social Protection, Technician	1		8-Sep	Quelimane
Andre Tasingua	Provincial Services for Public Rescue, Provincial Commander	1		9-Sep	Quelimane
Arcangelo B. Mussala	Provincial Directorate of Health, Emergency Focal Point	1		11-Sep	Tete
Lina Portugal	Permanent Secretary		1	11-Sep	Tete
Cesaltina Fote Tomas	INGC Provincial Delegation, Head of Prevention and Mitigation Sector		1	11-Sep	Tete
Telma Sousa Magno dos Santos	INGC Provincial Delegation, Technician DARIDAS Sector	1		11-Sep	Tete
Arcenio Domingos Paulo	INGC Provincial Delegation, Technician Planning Sector	1		11-Sep	Tete
Portasio Bernardo and Teofilo Palito	INGC Provincial Delegation, Technician Planning Sector	2		12-Sep	Tete
Arnaldo Manuel Mala Mulo	Provincial Directorate of Public Works, Housing and Water Resources, Head of Water and Sanitation Department and Emergency Focal Point	1		12-Sep	Tete
Emerson Loy	Provincial Directorate of Public Works, Housing and Water Resources, Technician	1		12-Sep	Tete
Zilda Mario	Provincial Directorate of Public Works, Housing and Water Resources, Technician	1		12-Sep	Tete
Olinda Escondido	Social Communication Institute, Provincial Delegate	1		13-Sep	Tete
Rodrigues Zunguza	Tete Municipality, Councilor for urban administration and construction	1		13-Sep	Tete
Arnaldo Moraicha	Tete Municipality, Councilor for Finance and Administration		1	13-Sep	Tete
Rui Pereira	Confederation of Economic Associations of Mozambique (Private Sector), Provincial Delegation Manager	1		13-Sep	Tete
Julio Calengo	Confederation of Economic Associations of Mozambique (Private Sector), Provincial Delegation Advisor	1		13-Sep	Tete
Lemos Eugenio	Provincial Services for Public Rescue, Provincial Commander		1	13-Sep	Tete
Cassande Salomaao Sande	Provincial Services for Public Rescue, Head of Unit	1		13-Sep	Tete
Sabino Siapra Mugaia	Provincial Services for Public Rescue, Head of Fire Department		1	12-Sep	Tete
Emilia Limene	Provincial Services for Public Rescue, Administration	1		17-Sep	Tete
Francisco Macaringue	Regional Water Administration (ARA Zambeze), Head of Department	1		19-Sep	Tete

Name	Org. and function	♂	♀	Date	Location
Mariano Miguel José	Provincial Directorate of Economy and Finance	1		16-Sep	Maputo
Jose Alvaro Malanço	National Directorate for Water Resources Management, Emergency Focal Point	1		17-Sep	Maputo
Sergio Sambo	Ministry of Agriculture and Food Security, Head of Monitoring and Evaluation	1		16-Sep	Maputo
Pedro Cossa	Ministry of Education and Human Development, Emergency Focal point	1		17-Sep	Maputo
João Carlos	Social Communication Institute, Emergency Focal Point	1		5-Sep	Sofála
José Dickson	Director of Direcção Provincial da Mulher e Cordenação da Acção Social in Sofála	1		5-Sep	Sofála
Lino Miguel	Caritas		1	5-Sep	Sofála
Priscilla Felimone	Chief, Provincial Medical Officer, Provincial Directorate of Health in Sofála	1		5-Sep	Sofála
Mr. Joaquim	The Chairman Cruz Verm Mozambique.	1		5-Sep	Sofála
Mr Custodio	Provincial Manager Cruz Verm Mozambique	1		5-Sep	Sofála
Ms. Helena	Cruz Verm Mozambique	1		5-Sep	Sofála
Gordinho Aroba	Cruz Verm Mozambique	1		5-Sep	Sofála
Sebastian Kachadourian	Field Coordinator, Cruz Verm Mozambique-Emerg.		1	5-Sep	Sofála
Gloria Kunyenga	Deputy Operations Manager: Recovery	1		6-Sep	Sofála
Augosto Augosto	INGC Beira	1		10-Sep	Manica
Paulo Jose Jossene	Director da Caritas in Chimoio		1	10-Sep	Manica
Francisca Muluana	Secretaria Permanente	1		10-Sep	Manica
Texeira Afonso	Delegado de INGC		1	10-Sep	Manica
Maria Consancia	Diretora Provincial de Finanças		1	10-Sep	Manica
Alberto Colovara	e Diretor Provincial de Turismo	1		11-Sep	Manica
Tomas Mudomujua	Diretor Comunicação Social	1		11-Sep	Manica
Róide Paulo Tores	Consultant and– Provincial Facilitator Maníca & Sofála	1		11-Sep	Manica
Tomas Mudomujua	Director of Direcção Provincial da Mulher e Cordenação da Acção Social in Manica		1	14-Sep	Manica
Elsa Malango	Provincial directorate of health-Manica		1	16-Sep	Maputo
Benigna Maia	National Director, Ministry of Health		1	16-Sep	Maputo
Janio Dambo	Director of Programs CVM		1	16-Sep	Maputo
Epifania Huate	Focal Point - Mitigation and prevention officer	1		1-Nov	Skype
Zacarias Zicai	Rep, Light for the World		1	18-Sep	Maputo

Mozambique: International Surge

Name	Org. and function	♂	♀	Date	Location
Rolf M. Bakken	Assessment & Analysis Expert, ACAPS	1		7-Aug	Skype
Pedro Matos	former WFP Lead TC Idai	1		19-Aug	(Skype)
Jamie LeSueur	former Head of IFRC Ops in Beira	1		22-Aug	DRC (Skype)
Ikem Chienjine	Save the Children-Education Cluster lead	1		5-Sep	Sofála
Peter Rodrigues	Emergency Coordinator start up	1		6-Sep	Sofála

Name	Org. and function	♂	♀	Date	Location
Hani Alhomsh	Emergency Coordinator / acting Head of Office since end of July	1		6-Sep	Sofála
Joseph Bahemuka	UNFPA Representative: Recovery	1		6-Sep	Sofála
William Baang, Rafaëlle Robelin	IOM Head of Office – Beira, IOM Emergency Coordinator, IOM	1	1	6-Sep	Sofála
Massimo Lucania	Emergency Team Lead in Maníca for UNICEF	1		11-Sep	Manica
Domingos Cunha	Humanitarian Coordinator: WFP Recovery	1		11-Sep	Manica
John Coughlin	Senior Emergency Response Officer	1		19-Sep	Skype
Amadou Sabi	Regional Field Security Advisor, UNHCR	1		23-Sep	RSA
Moukaramou Assani	Regional Senior Supply Officer, UNHCR	1		23-Sep	RSA
Fred McCray	CARE, Regional Humanitarian Regional Coordinator	1		23-Sep	Nairobi/Beira
Gemma Connell	OCHA Regional Director and former Head of Office Mozambique		1	23-Sep	Kenya
Mauricio Burtet	Program Policy Officer, WFP	1		24-Sep	RSA
Brian Bogart	Regional Senior Program Advisor	1		24-Sep	RSA
Meera Jhaveri	Regional Humanitarian Advisor, Regional Bureau for Southern Africa (RBJ)		1	30-Sep	RSA
Giovanni Lacosta	Head of office in Maníca	1		30-Sep	RSA
Grace Chiwa	GBV Specialist/Beira		1	1-Oct	Skype
Cesar Arroyo	WFP Emergency Coordinator	1		3-Oct	Skype
Michelle Farrington	HSP Public Health Promotion and Community Engagement, Oxfam Global Humanitarian Team		1	7-Oct	Skype
Max Schott	UNDAC Team Leader, OCHA	1		7-Oct	Skype
Juan Coll	FAO Emergency Coordinator	1		8-Oct	Skype
Bogdan Danila	Senior Emergency and Post-Crisis Specialist, IOM	1		19-Mar	RSA
Jesús Perez Sanchez	PSEA/Protection Coordinator/AAP	1		9-May	Skype
Sara Vaca	IOM IM Beira: Emergency: Arrived in 18 April – 10 May [One month]		1	4-Apr	Sofála
Stephen Cahill	Global Logistics Cluster Coordinator based in Beira, Maputo, and Chimoio	1		15-Apr	Skype
Charles MBalla	UNHCR Head of Beira Office and Protection Cluster Coordinator	1		28-Mar	Skype
Pastor Lovo	ETC Cluster Coordinator in Beira	1		16-Oct	Skype
Silke Bañuelos-Kuang	Civ-Mil Coordinator in Beira, HAO/CM Coordinator, OCHA ROAP, OCHA Thailand		1	16-Oct	Skype
Adrian Nance	Chief Executive, Wings Like Eagles	1		16-Oct	Skype
Sebastian Rhodes Stampa	former Deputy HC	1		17-Oct	Geneva
Julien GRAVELEAU	WASH cholera Specialist:	1		17-Oct	Skype
Adrian Nance	Chief Executive, Wings Like Eagles	1		18-Oct	Skype
Phyza Jameel	ETC Services for Communities (S4C) Adviser		1	23-Oct	Skype
Karen Smith	Programme Coordinator, Connecting Business Initiative		1	15-Nov	Geneva

Regional Level

Name	Org. and function	♂	🔑	Date	Location
Adesh Tripathee	IFRC, Head of Disaster and Crisis (Prevention, response and Recovery) Africa Region	1		23-Sep	Nairobi
Dr. Julius Wekesa	Manager, Outbreak & Crisis Response, WHO	1		23-Sep	Nairobi
Amadou Sabi	Regional Field Security Advisor, UNHCR Emergency	1		23-Sep	Joburg
Moukaramou Assani	Regional Senior Supply Officer, UNHCR	1		23-Sep	Joburg
Racheal Amondi	Save the Children, East and Southern Africa Regional, Senior Regional Programme Operations Manager	1		24-Sep	Nairobi
Marco Rotelli	Special Advisor & Regional Representative for Africa, ICVA	1		24-Sep	Nairobi
Stuart Katwikirize	Nairobi Regional Office, Plan International, Regional Head of Disaster Risk Management	1		25-Sep	Nairobi
Mauricio Burtet	Program Policy Officer, WFP	1		24-Sep	Joburg
Brian Bogart	Regional Senior Program Advisor	1		24-Sep	Joburg
Naiomi Gikonyo	Program Policy Officer (EPR)		1	24-Sep	Joburg
Theresa Chen	Program Policy Officer HQ/OSE		1	24-Sep	Joburg
Shem Ochola	Head of Network Coordination and Development, HelpAge International	1		25-Sep	Nairobi
Fred Wandera	Humanitarian Program Manager, HelpAge International	1		25-Sep	Nairobi
Enes Omondi	Research, Evaluation & Learning Program Manager, HelpAge International	1		25-Sep	Nairobi
Joselyne Bigirwa	Project Manager, HelpAge International		1	25-Sep	Nairobi
Meera Jhaveri	Regional Humanitarian Advisor, Regional Bureau for Southern Africa (RBJ)		1	30-Sep	Skype
Giovanni Lacosta	Head of office in Manica: emergency	1		30-Sep	Skype
Alexandre Castellano and Rose Wachira	Technical Assistant for Southern Africa and Indian Ocean, Program Officer, ECHO	1	1	2-Oct	Nairobi (Skype)
Bogdan Danila	Senior Emergency and Post-Crisis Specialist	1		8-Oct	Skype

Global Level

Name	Org. and function	♂	🔑	Date	Location
Wafaa Saeed and Sarah Hilding der Weduwen	Deputy Director, Eastern & Southern Africa and Africa 1 Section Chief, OCHA HQ		2	27-Aug	New York (Skype)
William Chemaly	Global Protection Cluster Coordinator	1		7-Oct	Geneva
Sune Bulow	Head of IFRC Emergency Operation Centre	1		10-Oct	Geneva
Daniel Bolanos	Surge Capacity Lead	1			
Luke Caley	Information Management Lead	1			
Lars Peter	Director, ACAPS	1		17-Oct	Geneva
Shelley Cheatham	Humanitarian Affairs Officer, Rapid Response Lead , CERF		1	18-Oct	New York (Skype)

Name	Org. and function	♂	♀	Date	Location
Arafat Jamal	Head, Partnership and Coordination Service at UNHCR	1		20-Nov	Geneva
Sofia Khetib Grundy	Global Protection Cluster Deputy Coordinator		1	20-Nov	Geneva

Annex 10 - Interview Guide

The interview guide below is based on the Evaluation Matrix in the Inception Report. Questions marked with an asterisk were viewed as particularly relevant to focus group discussions (FGD) with refugees and host communities.

This interview guide is not intended to be a questionnaire, rather to be used as a checklist during semi-structured interviews and FGD to ensure that team is collecting relevant data to build a credible evidence base to support conclusions and recommendations under each evaluation question. It is often useful to start by asking high level questions such as "*tell me about the evolution of the programme? What were the key events/milestones?*" and "*what have been the particular achievements and challenges and how do these compare with projects funded by other donors and implemented by other agencies?*" and guide the discussion by probing with relevant sub-questions.

It is not expected that key informants will be able to respond to all the sub-questions. The main reasons for first trying to understand the background and experience of the key informant is to give team members an idea of which sub-questions key informants will be able to answer.

It is crucial for evaluation team members to respect evaluation norms, ethics and standards. Apart from the United Nations Evaluation Group (UNEG) Norms and Standards at **www.uneg.org**, particularly those sections directly relevant to evaluators. Each interview will start only after verifying informed consent.

Interview Guide (Provincial and District-level INGC)

INFORMED CONSENT SOUGHT

Questions	Sub-Questions
Appropriateness	In what way have you participated in the response? How were the needs of the most vulnerable identified? What were the biggest vulnerabilities? (please tell us an example) Probe assessments undertaken,
Effectiveness	In your opinion, how effective was the Scale-Up activation and Humanitarian Program Cycle? What were the challenges overall with delivering assistance in this region? How timely do you think the support was? In your view, what is the most important change brought about by the project/response?
Coverage	In your opinion, please give your thoughts about whether longer-term needs were met in this province/district (in first 6 months)?
Coordination	Were you in contact with international agencies and/or other partners (civil society, NGOs, communities)? If yes, which ones? [Probe: Coordination mechanism] Was comparative advantage maximized? Were there any instances that you can remember where efforts were duplicated? What aspects of the coordination could be improved?
Partnerships	Describe the different partnerships; What were the top three/five most relevant partnerships? What was the biggest success of your organization and your partners? Why? Give examples. What could be improved to solidify partnerships in the future? How could the international community assist INGC?

Questions	Sub-Questions
Localization	Did you receive any training from the UN? If so, list. [Probe training in the areas of protection – GBV in particular, working with the disabled or older persons with mobility issues) To what extent was this training relevant and useful for your ability to contribute to the response?
Securing additional information	Are there any relevant documents that we should review?
Recommendations	Do you have any suggestions for improvement for international humanitarian agencies?
Misc.	Is there anyone else that you think we should try and speak to?
Misc.	Any other comments?

Interview Guide (Provincial and District-level NGOs/Civil Society Service Providers)

Questions	Sub-Questions
Appropriateness	In what way have you participated in the response?
Effectiveness	In your opinion, how effective was the Scale-Up activation and Humanitarian Program Cycle? What were the challenges overall with delivering assistance in this region? How timely do you think the support was? In your view, what is the most important change brought about by the project that you worked on?
Coverage	In your opinion, please give your thoughts about whether longer-term needs were met in this province/district?
Coordination	Were you in contact with international humanitarian agencies and/or other partners (civil society, NGOs, communities)? If yes, which ones? [Probe: Coordination mechanism] Was comparative advantage maximized? Were there any instances that you can remember where efforts were duplicated? What aspects of the coordination could be improved?
Partnerships	Describe the different partnerships; What were the top three most relevant partnerships? What was the biggest success of your organization and your partners? Why? What could be improved to solidify partnerships in the future? How can the UN assist your organization?
Localization	Did you receive any training from the international humanitarian agencies? If so, list. [Probe training in the areas of protection – GBV in particular, working with the disabled or older persons with mobility issues) To what extent was this training relevant and useful for your ability to contribute to the response?
Securing additional information	Are there any relevant documents that we should review?

Questions	Sub-Questions
Recommendations	Do you have any suggestions for improvement for the international humanitarian agencies?
Misc.	Is there anyone else that you think we should try and speak to?
Misc.	Any other comments?

Interview Guides UN RC/HC and the Mozambique HCT

Questions	Sub-Questions
Appropriateness	In what way have you participated in the response?
Effectiveness	In your opinion, how effective was the Scale-Up activation and Humanitarian Program Cycle? What were the challenges overall with delivering assistance in this region? How timely do you think that the support was? In your view, what is the most important change brought about by the project you worked on?
Coverage	In your opinion, please give your thoughts about whether longer-term needs were met?
Coordination	Were you in contact with international humanitarian agencies and/or other partners (civil society, NGOs, communities)? If yes, which ones? [Probe: Coordination mechanism] Was comparative advantage maximized? Were there any instances that you can remember where efforts were duplicated? In what way do you think that the coordination mechanism was strengthened after this humanitarian response? What aspects of the coordination could be improved? Specific areas for probing include: 1. among the HCT members at country level; 1. between and among the HCT and non-HCT and non-GoM partners (e.g., national and International NGOs operating within the clusters, representatives from the private sector with in kind donations and individuals/groups who functioned within clusters); 2. regional level coordination for HCT members and INGOs which have a regional presence (CARE, Save the Children, IFRC) , particularly as it relates to surge management; 3. coordination at the HQ level; and 4. between the IASC and Emergency Management Group and the HCT, particularly as it relates to raising funds and reporting updates and results to higher decision-making structures (e.g., Emergency Response Task Force, IASC Principals, Emergency Director's Group, OPAG).
Partnerships	Describe the different partnerships; What were the top three most relevant partnerships for [agency]? What was the biggest success of your organization and your partners? Why?

Questions	Sub-Questions
	What could be improved to solidify partnerships in the future? How can international humanitarian agencies be of more assistance to the GoM?
Localization	Did you provide any training? If so, list. [Probe training in the areas of protection – GBV in particular, working with the disabled or older persons with mobility issues] What are the key elements to making training more relevant and useful so that partners may effectively contribute to the response? (Probe other issues besides timeliness)
Securing additional information	Are there any relevant documents that we should review?
Recommendations	Do you have any suggestions for improvement for international humanitarian agencies? [Engage in some self-reflection here…]
Misc.	Is there anyone else that you think we should try and speak to?
Misc.	Any other comments?

Interview Guides (Regional Level)

The above interview guide will be used for Regional offices. However, the focus will be about the role that the regional offices ought to play in supporting the HCT and HC/RC to be more empowered decision-makers within the institutional context of different international humanitarian agencies. The surge management will be the main focus of interviews.

Interview Guides (Donors)

Questions	Sub-Questions
Appropriateness	In what way have you participated in the response?
Effectiveness	In your opinion, how effective was the Scale-Up activation and Humanitarian Program Cycle? What were the challenges overall with delivering financial assistance in this region? How timely do you think that the support that your office provided was? In your view, what is the most important change brought about as a result of funding from this office?
Coverage	In your opinion, please give your thoughts about whether longer-term needs were met with the financial assistance provided?
Coordination	Were you in contact with international humanitarian agencies and/or other partners (civil society, NGOs, communities)? If yes, which ones? [Probe: Coordination mechanism] What aspects of the coordination could be improved to support the efficient use of resources?
Partnerships	Describe the different partnerships; What were the top three most relevant partnerships for [your office]? What could be improved to solidify partnerships in the future? How can international humanitarian agencies be of more assistance to the GoM?
Localization	Did you provide any resources for training activities? If so, list. [Probe training in the areas of protection – GBV in particular, working with the disabled or older persons with mobility issues] In your view, what are the key elements to making training more relevant and useful so that partners may effectively contribute to the response? (Probe other issues besides timeliness)
Securing additional information	Are there any relevant documents that we should review?
Recommendations	Do you have any suggestions for improvement for international humanitarian agencies? [Engage in some reflection here…]
Misc.	Is there anyone else that you think we should try and speak to?
Misc.	Any other comments?

Annex 11 - Household Survey Methodology

Methodological Approach for the Community Study

In order to achieve the outlined objectives, the team carried out fieldwork in eight out of the 14 districts affected by the Cyclone Idai (see section 2.4 for more details). The team employed participatory, qualitative and quantitative methods, and also *"in situ"* observations. Information derived from primary and secondary sources, including a desk review of relevant documents, analysis of available data, semi-structured key informant interviews at community level, household surveys and FGDs in the affected communities.[49] The process ensured that the evaluation was inclusive, engaging women, men, boys and girls of different ages and taking into consideration the existence of disadvantaged groups, such as people with disabilities. All information was triangulated for validation. Below we expand the methodological approach that was applied.

1.1 Secondary Data Analysis

This assessment is grounded on ongoing efforts to understand the effects of Cyclone Idai and how best to restore lives. Following the cyclone, the government released, in May 2019, the Post-Disaster Need Assessment (PDNA), which outlined the damages and losses as well as the needs for rebuilding the lives and livelihoods of the affected populations. An estimated USD 2.9 billion for Idai was first calculated, but this was increased to USD 3.2 billion after damages and losses from Cyclone Kenneth were assessed and included. While the PDNA assessment is a cornerstone document for the current assessment, the local voices were still missing, and this assessment provides such information. Apart from the PDNA, a number of additional assessments were carried out, either individually by intervening actors, or by consortiums. The United Kingdom government, for instance, carried out an assessment of the effectiveness of the response it provided through the Disasters Emergency Committee (DEC) Consortium composed of nine organizations. The assessment provided 16 recommendations, which included the need to better understand the local contexts and the views of residents of affected communities.

1.2 Focus Group Discussions (FGDs)

In each of the eight districts where the study was implemented, the researchers conducted FGD involving separately: (i) groups of eight to 15 women and (ii) groups of eight to 15 men[50]. Both group categories were constituted (depending on the context of each location), by a mixture of adults, youths, elders and people with disability, all of them affected by the cyclone. During these discussions the researchers made sure that the voices of every group was heard and pushed that representatives of different group could speak out.

1.3 Key Informants Interviews (KIIs)

Key informants refer to people that represents key (local) institutions whose information and knowledge adds or surpass existing views on the issue under discussions. They have a deep understanding of the context and the whereabouts under the discussion. During the current study, we engaged 24 key informants ranging from local leaders to district administrators and municipal higher-level staff.

[49] Documentation for the Desk Review phase is located in the Documents Consulted Section of the IAHE Report.

[50] Sometimes the number went up to about 20-25 for instance in Chinde District.

1.4 ´In Situ´ Observations

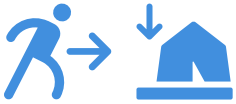
During the fieldwork, the researchers drew special attention to examining the infrastructural and residential damages and contrasted these observations with the steps people were attempting to make in order to rebuild their lives. This information fed into the discussions with the key informants and participants in FGDs. For example, in situ observations included the farms that used to be in Sussundenga but are no longer arable; the schools and hospitals awaiting repairs in Buzi; the destroyed fishing boats and residences in Beira city; and eroded lands and removed trees in Chinde.

1.5 Household Survey

The household survey was conducted through direct interviews to the head of household or an adult family member. The total sample of household survey included, apart from gender categories, three (3) categories of the affected households namely:

(**1**) households affected but not displaced **[Category A]**.

(**2**) households affected and displaced, but never been in the temporary shelters, having returned to the same place **[Category B]**; and



(**3**) households that were in temporary shelters but are now resettled in settlement camps (or the Portuguese term of 'bairos') **[Category C]**;

Separately, households were also categorized according to having a member with and without a disability. This was organized in the following manner:

(**1**) household includes a member with disabilities; and

(**2**) household with no member with disabilities.

All households were selected randomly and in order to ensure inclusiveness, and the local authorities were engaged to help in the identification of households headed by women or by economically inactive people (e.g. elderly, families with small children, and people with disabilities).

1.5.1 Sampling Plan

According to the available data[51], around 1.85 million people have been affected by Cyclone Idai in 14 districts distributed within the provinces of Sofála, Maníca, Zambézia and Tête. Due to resource limitations, the survey covered only eight (8) most affected districts, including four districts in Sofála [namely Beira, Buzi, Dondo and Nhamatanda], two districts

[51] https://reliefweb.int/sites/reliefweb.int/files/resources/Mozambique_ARM_20190425_final_PT.pdf

in Maníca [Sussundenga and Gondola], one district of Zambézia [Chinde] and one district of Têtе [Tsangano].[52] The survey adopted a multistage stratified sampling where the sample size was divided proportionally, considering rural and urban areas (prioritizing the most affected areas) and sex (female or male).

According to the latest results of National Census, published in 2017, by the National Statistical Institute (INÉ), the total population of the 14 districts affected by Idai Cyclone is of 2,738,572 people from which 53% are women and 47% men. Elderly people (>60 years old) represent 8.4% of the total population. These figures were considered while stratifying the sample between men and women.

1.5.2 Sample Size for Household Survey and FGDs

The sampling plan was preceded by the determination of the survey sample size, using the methodological approach defined by Glenn Israel (2000)[53], which refers that the sample size can be calculated through the following formula:

$$n = \frac{N}{1 + N(e)^2}$$

where:

n = the sample size;

N = estimated number of population or households affected by Idai Cyclone;

e = desired level of precision (5%).

In accordance to this methodological approach, when the calculated sample size is over 100,000 elements, the final sample must be read in a pre-existing table by interpolating the population size, confidence level and significance level. Using the equation above and considering the total population affected estimated on 1.85 million (approximately 370.000 households), 95% of confidence level and 5% of precision, the total number of households (sample size) to be covered by the evaluation should be 400 households.

However, in some districts the sample size was too small, where it wouldn't have been cost effective to conduct the survey. It therefore became necessary to revise the sample of these areas, increasing the total sample number from the calculated 400 to 505 households (Table 2), from which 67.9% of the surveyed household were from Sofála- the most affected amongst the four provinces, 20.1% from Maníca- the second most affected, and 12% from Têtе. In Zambézia, only FGDs were conducted, due to the fact that the number of affected households was too low.

[52] When selecting the sample, the survey team included a cluster of communities in Têtе (i.e., Tsangano) within the sampling parameters based on the theory that these four provinces had a sufficient number of affected households which received emergency assistance. However, as discussed in the Study Limitations, political and economic factors influenced the distribution of assistance, which in turn, limited the number of households which satisfied the eligibility criteria.

[53] Israel, Glenn D. (2000). Determining Simple Size. University of Florida, IFAS Extension. PEOD6

Table 1. Sample size per district for the survey

Province	District	Affected Pop. (INGC database)	Affected HH (INGC database)	n	Proportion	Sample (using formula)	Interviewed
Sofála	Beira	436,640	87,328	248,236	0.3518	141	155
	Dondo	166,511	33,302	248,236	0.1342	54	54
	Buzi	154,332	30,867	248,236	0.1243	50	81
	Nhamatanda	273,676	54,409	248,236	0.2192	88	53
Maníca	Sussundenga	124,381	26,737	248,236	0.1077	43	51
	Gondola	60,925	10,691	248,236	0.0431	17	51
Tête	Tsangano	18,475	3,695	248,236	0.0149	6	60
Zambézia	Chinde	6,035	1,207	248,236	0.0049	2	0
Total		**1,240,975**	**248,236**		**1.00**	**400**	**505**

A total of 39 FDs (19 male groups and 20 female groups), involving 417 people, men and women, were conducted. The disaggregated is shown in Table 2:

Table 2. Number of FGDs conducted and people involved each district:

Province	District	# of men's group	Total # of men	# of women's group	Total # of women
Sofála	Beira	3	30	4	36
	Dondo	1	10	2	18
	Búzi	1	13	1	12
	Nhamatanda	3	27	2	13
Maníca	Sussundenga	2	17	2	18
	Gondola	1	7	1	9
Tête	Tsangano	3	35	3	36
Zambézia	Chinde	5	45	5	91
Total	**8**	**19**	**184 (44%)**	**20**	**233 (56%)**

1.5.3 Training of enumerators

Nine enumerators were selected, amongst 15 candidates, in Maníca Province, to perform the data collection in the households in Maníca, Tête and Sofála provinces. They were trained on how to use tablets for data collection, the use of the digital platform (Kobo toolbox), interviewing techniques, household selection techniques, data collection and digital

submission, ethics, and confidentiality. A pre-test was conducted with one affected community of Macate district in Maníca province prior to full scale data collection.[54]

Based on the results from the pre-test, the data collection tools were refined and then used with the households in the selected districts. Community interviews took place from 22nd of October 2019 to 2nd of November 2019. Two field supervisors managed the data collection process while, at the same time, they too were engaged in collecting information from key informants and conducting FGDs. Dr. Tristi Nichols, from the Core Evaluation Team, also provided an additional layer of quality assurance.

This study process also adhered to ethical standards, including confidentiality, refraining from collecting any data without consent. As per the United Nations Evaluation Group's Ethical Guidelines (2008), this study followed the principles of impartiality and credibility, respect and dignity, and honesty. All enumerators and facilitators were dressed in the same shirt, so that they could be identified in the community as part of an independent activity which was not linked to the provision of any emergency assistance.

Before collecting any data from households, all data collectors sought informed consent from those interviewed. They first described the purpose of the study. It was also made very clear that the participation was voluntary, as there were no benefits for participation (e.g., enrolment to receive any emergency assistance). It was also made explicit that refusing to participate would not affect the respondent's household, including all family members in any way. All responses were confidential, and this process adhered to the Law of Confidentiality of the Mozambican Statistical Authority (Law 7/96 July). An official approval for human subject's research was not needed.

1.5.4 Household selection

While local authorities were consulted to identify the total number of eligible households in a given community which satisfied specific criteria (e.g., female headed HHs, and HHs with vulnerable people), the actual selection of the households was random.[55] In addition to the perspectives of local authorities, the enumerators sought suggestions from interviewed households, thereby minimizing any selection bias.

2.1 Data Processing and analysis

2.1.1 Qualitative data

Qualitative data was analysed using content analysis and pattern matching techniques. Specifically, the collected information was segregated according to its content and explained by triangulation, considering multiple sources of information (interviews with key informants, FGD, observations, and others). This information was then integrated into the overall report.

2.1.2 Quantitative data

The quantitative data collected through the tablets was sent to a single server and then it was downloaded in Excel format and then converted to the statistical package STATA (version 15) for further cleaning and processing. During the analyses the data was desegregated by gender and area, category of the respondent (whether he/she was resettled, went back or did not move at all) and vulnerability (if the household had or not had a member with some disability). The data analysis focused on answering the objectives set for the community component outlined earlier in the report. The estimates were then contrasted against sample estimates from other available sources, including the

[54] Macate was not part of the selected districts for the survey.

[55] Many communities may have only had a handful of qualifying households, and so in these cases, all of such households were sought for interviews.

Government of Mozambique 2017 population and housing census data; IOM data (round 10); and Outcome Monitoring Data from WFP.

2.1.3 Confidence level of quantitative data according to disaggregated variables

Comparing sample estimates from different information sources has the benefit of validating the confidence levels. This section reveals the level at which the different the following sample stratifications are generalizable at the statistically significant level: (1) total sample; (2) gender of head of household; (3) rural versus urban; (4) various categories of population vulnerability; (5) categories (A, B and C); and (6) province versus district.

1. Total sample

Considering the procedure used calculate the total sample, it is statistically representative to the affected population by Cyclone Idai, and it assures **a 95% confidence level.**

2. Sample based on the sex of the head of the household

According to Government of Mozambique 2017 population and housing census data,[56] the provinces covered by the survey are on average composed of 67.9% of male headed households and 32.7% of female headed households. In this survey, 64% of the households interviewed were male headed, and 36% of female headed households which confers to the results obtained based on gender a confidence level of at least 90%.

3. Sample based on the rural and urban areas

The survey revealed that around 61% of households live in rural areas, and 39% of households live in urban areas which is close to the 2017 Census data, showing that in the provinces assisted, on average, 71% of the households live in rural areas, and 29% live in urban areas. Considering this, the confidence level for this layer is also around 90%.[57]

4. Sample based on the vulnerability of the household

According to Table 3, the average amount of households living with people having a disability is of 9.4%, with a maximum of 11.4% observed in Sofála. Comparing to the sample of this survey (12% of households living with a member having a disability), the results based on this layer can also be considered 95% reliable.

Table 3. Vulnerabilities of households in different provinces affected by Idai

Province	Has infants in HH (0-6 months)	Has elderly in HH (65 years or older)	Has pregnant or lactating woman in HH	Has people living with a disability in HH	Has someone in HH who is chronically ill
Tete	4.6%	9.6%	29.6%	10.0%	9.6%
Maníca	5.0%	4.9%	22.3%	6.8%	10.2%
Sofála	4.6%	7.9%	21.1%	11.4%	16.5%
Average	4.7%	7.5%	24.3%	9.4%	12.1%

Source: WFP Outcome Monitoring – 2019 October.

[56] Government of Mozambique (GOM) Instituto Nacional de Estatísticas (2017) Estatísticas de Indicadores Sociais. Source: http://www.ine.gov.mz/

[57] Source: http://www.ine.gov.mz/

5. Sample based on the categories (A, B and C)

According to IOM data, the total number of households affected by the cyclone in rural, peri-urban, and urban areas in Maníca, Sofála, Tête, and Zambézia is 468.856 from which around 88%, or 414,675, fall under category A, and the remaining 12% is split almost equally between the B (30,113) and C (24,068) categories. In contrast, this survey revealed that there are 43% of those affected falling into category A, 29% in category B, and 28% in category C. Therefore, this result makes this data not significant for category A, but it is significantly representative (at the 95%) for the others two categories (see Table 4).

6. Sample based on province and districts

Although the total sample for the all population affected by Idai can be considered 95% reliable, it cannot be considered representative at provincial and district levels. In order to achieve that level of reliability, it would have been necessary to interview at least 400 households *in each province*. Due to a limited budget, this sampling effort was not feasible. However, qualitative data (from FGDs) was used to substantiate the data coming from these disaggregated layers, thus, this data, can be used as valid indicative trends of patterns.

7. Study limitations and mitigation strategies

The study was surrounded by challenges on three dimensions: (1) Time and geographical coverage; (2) bureaucracy; and (3) expectations from locals under limited aid provision.

(1) Time and geographical coverage: The study was planned, initially, to take place in mid-September to allow wider coverage and a longer timespan for data analysis, reporting, and feedback. However, due to election campaign and election, the study was postponed until after the elections and shortened in terms of steps, including less time to elicit feedback from locals before the official launch of study findings. Geographically, the study was supposed to include the so called “less affected areas” and populations affected by Kenneth.

Indeed, this was not possible due to financial and timing limitations. To overcome these limitations, we made the full use of the tools and the people we were able to reach. Each meeting was long, as to collect the different perceptions and experiences. Apart from that, interviews with OCHA staff, INGC, and international organizations who worked in areas within the study sites allowed the team to understand the full scope of the humanitarian assistance.

(2) Bureaucracy: The team also faced, in the field, hard layers of bureaucracy to secure authorization from due entities in order to gain access to the communities, although appropriate letters and documentation had been previously submitted. This created delays in data collection in, at least, one day. That was found in all the provinces and it was difficult at times to get access to key decision makers. Because of this, the researchers had to reshape the teams and work longer hours.

(3) Expectations: The real-time response review to the DEC programme (Mutsaka et al., 2019) concluded that the humanitarian response was partially funded (about 46.6%), and a number of communities and households were left out of the response. In Tsangano (Tête Province), for instance, we found no household receiving any humanitarian assistance. So, in many places, people saw the team that asked questions about humanitarian aid as part of enrolment to receive aid. Hence, even people who were not randomly selected for the sample would come and ask to be interviewed in order to ensure that their names were enrolled. To overcome this challenge, we strongly encouraged the enumerators to underline the objectives of the research and to spend initial moments for raising awareness and asking permission to continue the interview with the understanding that this exercise was not linked to humanitarian assistance.

8. Responding household's profile

Sample composition: Overall the survey covered household headed mostly by male (64%) (with no surprise as the central Mozambique is known to be patrilinear society), mostly in rural areas (61%) and in Sofála province (68%), both- Sofála province and rural areas- were the most hit according to the government statistics on Idai (GoM, 2019).

Socio-demographic profile

The table 4 below shows that, average household size is 5 people with one (1) adult taking care of two (2) dependents. Most people can read and write (64%) but females are more illiterate than male (only 34% can write and read). Dependency ratio is higher in rural areas and within the female headed households and within the resettled households compared to other categories. Based in this information we could expect higher needs for humanitarian aid amongst rural, female and resettled households compared to other categories.

Table 4. Sample composition

	Selected characteristics	Number of interviews
	Total	505
Sex	Male	323
	Female	182
Category	Household affected and not displaced [A]	216
	Household affected, displaced and returned to the same place [B]	141
	Household affected, displaced and resettled [C]	148
Vulnerability	Household holds includes a member with disabilities [D]	62
	Household with no member with disabilities [E]	443
Area	Rural	306
	Urban	199
Province	Sofála	343
	Manica	102
	Tête	60
Districts	Beira	155
	Dondo	54
	Nhamatanda	53
	Buzi	81
	Sussundenga	51
	Gondola	51
	Tsangano	60

Table 5. Selected socio-demographic indicators.

Selected characteristics		Have you ever attended school? n = 476	Can you read and write?		Number of household members		n	Dependency Ratio	
		Yes (%)	Yes (%)	n	Mean	SD		Mean	SD
Total		71.2	63.9	476	4.9	2.2	502	1.2	1.1
Sex	Male	85.1	79.3	301	5.2	2.3	301	1.1	0.9
	Female	47.4	36.6	175	4.4	2.1	175	1.4	1.3
Category	A	68.5	62.5	200	5.0	214	200	1.0	0.9
	B	76.5	69.7	132	5.1	141	132	1.3	1.0
	C	70.1	60.4	144	4.6	147	144	1.4	1.2
Area	Rural	67.3	58.4	281	4.8	304	281	1.3	1.1
	Urban	76.9	71.8	195	5.0	198	195	1.1	0.9
Province	Sofála	74.1	67.9	340	5.0	2.4	340	1.2	1.1
	Maníca	70.3	58.4	101	4.8	2.2	101	1.2	0.9
	Tête	45.7	40.0	35	4.5	1.8	35	1.1	0.9

A: Household affected and not displaced; **B:** Household affected, displaced and returned to the same place; **C**: Household affected, displaced and resettled.

Annex 12 - Household Focus Group Discussion Guide

INTER-AGENCY HUMANITARIAN EVALUATION ON Idai Cyclone – Mozambique

Community Focus Group Discussion

FOCUS GROUP INSTRUMENT

SECTION A: IDENTIFICATION OF THE INTERVIEWED FOCAL GROUP

As per Articles 6 and 14: CONFIDENCIALIDADE E AUTORIDADE ESTATÍSTICA (Lei 7/96 de Julho)

Artigo 6 AUTORIDADE ESTATÍSTICA- O princípio da autoridade estatística consiste no poder conferido ao Instituto Nacional de Estatística de, no exercício das actividades estatísticas, realizar inquéritos com obrigatoriedade de respostas nos prazos que forem fixados, bem como efectuar diligências para a produção de estatísticas.

Artigo 14 CONFIDENCIALIDADE ESTATÍSTICA- Toda as informações estatísticas de carácter individual recolhidas pelos órgãos produtores de estatísticas oficiais, são de natureza estritamente confidencial.

CONFIDENTIALITY AND STATISTICAL AUTHORITY (Law 7/96 July)

ARTICLE 6 STATISTICAL AUTHORITY- The principle of statistical authority consists of the power conferred to the National Institute of Statistics to carry out, in the conduct of statistical activities, obligatory surveys within the time limits set, as well as to undertake steps to produce statistics.

Article 14 STATISTICAL CONFIDENTIALITY - All individual statistical information collected by the official statistics production organs bodies are of a strictly confidential nature.

Province	1 Sofála 2 Maníca 3. Têtе 4 Zambézia		
District			
Administrative post			
Locale			
Community			
Vulnerable Groups Represented	Older:	Disabled:	Pregnant:
Number of GF participants	Men:	Women:	Total:

SECTION B. Early Warning

B1 Did you receive an information or alert that cyclone was coming? If yes, how and when? If yes, what actions did you take? Discuss the response based on the 5 Ws (What? Where? When? Why? Who does?) And how?

SECTION C. Response readiness to IDAI

C1 What is your opinion on the readiness of the Idai response? After the cyclone, how long did it take to get the first support? Was it well executed? Discuss the response based on the 5 W (What? Where? When? Why? Who does?) And how?

C2 What are your thoughts about the readiness of the response?

Why? (what factors most influence this score?)

SECTION D. Effectiveness of Assistance

D1 To what extent has the assistance received helped you to mitigate the impacts of the cyclone? Discuss the response based on the 5 W (what? Where? When? Why? Who does?) And how? [Probe: Food, security & Nutrition, WASH (access to safe water and sanitation), Health – (access to health services/disruption to services), Education, Shelter, Protection (Safety of women/children)]

SECTION E. Recovery and Reconstruction process

E1 To what extent were you assisted in the recovery and reconstruction process? Discuss the response based on the 5 W (What? Where? When? Why? Who does?) And how?

SECTION F.

In general, what were the critical aspects of the humanitarian response in this crisis?

Endnotes

[1] The Scale-Up activation replaces the previous level-three (L3) system by seeking to reinforce focused collective and time-bound emergency procedures. Scale-Up activation is time-bound (limited to ~~6~~ six months) and can only be extended once (for an additional ~~3~~ three months in exceptional circumstances).

[2] UNDP. Human Development Indices and Indicators 2018 Statistical Update. 2018.

[3] World Bank. Mozambique Poverty Assessment. 2018, page 25.

[4] Ministério da Agricultura e Segurança Alimentar: Relatório Final da Avaliação Sazonal De Nutrição De Março-Abríl de 2018; Acute Food Insecurity CPI Analysis Report April 2018: Resultados das análises de IPC conduzidas em 36 distritos no período de Abril à Maio de 2018; Relatório da Monitoria da Insegurança Alimentar Aguda de Outubro e Novembro de 2017.

[5] OCHA (2019b) 2018-2020 Mozambique Humanitarian Response Plan, November 2018 - June 2020 (Revised following Cyclone Idai, March 2019), page 1.

[6] The general elections for the first time included voting at a provincial level and was the main reason why the IAHE household survey was implemented two months later than originally planned.

[7] Strohecker, Karin (2019) Factbox: Mozambique debt crisis - What does the country owe, and to whom?

[8] Arnall, A. (2016) Resettlement as climate change adaptation: what can be learned from state-led relocation in rural Africa and Asia?

[9] The World Bank (2019) Mozambique: Cyclone Idai & Kenneth Emergency Recovery and Resilience Project, Updated: 08-Sep-2019, page 17.

[10] Government of Mozambique (2019) Post-Disaster Needs Assessment (PDNA), page 41.

[11] Sector of the National Emergency Operations Center in Mozambique, ACAPS, IFRC, MapAction, OCHA, REACH Initiative, UNDAC (2019) Multi-Sectoral Rapid Assessment Post-Cyclone Idai 1-17 April 2019. This assessment examines the situation of 189 administrative posts and 38 posts within 14 of the hardest-hit districts in Sofála and Maníca Provinces; and OCHA. Humanitarian Response Plan: Revised following Cyclone Idai, March 2019, November 2018-June 2019, page 5.

[12] See Scale-Up activation FAQ for additional details.

[13] Mutsaka B., Dlugosz A., Gift Kanike B., Harris-Sapp T., Juillard H. (2019) Real-Time Response Review – DEC programme for Cyclone Idai, synthesis report. London: DEC (page 19).

[14] Additional details are available in Annex 2.

[15] https://www.globaldtm.info/Mozambique/.

[16] OCHA. Humanitarian Response Plan: Revised following Cyclone Idai, March 2019 and Humanitarian Response Plan, November 2018 - May 2020 (Revised in August 2019).

[17] Source: FTS (updated figures as of April 2020).

[18] Source: OCHA

[19] The workshop agendas are attached as Annex 7.

[20] The Organisation for Economic Co-operation and Development (OECD)/ Development Assistance Committee (DAC) Evaluation criteria and the recent document called Better Criteria for Better Evaluation Revised Evaluation Criteria Definitions and Principles for Use. It is noted that this

document was approved by the DAC Network on Development Evaluation on 20 November 2019 and adopted on 10 December 2019. Additional resources include: ALNAP (2006) Evaluating humanitarian action using the OECD-DAC criteria An ALNAP guide for humanitarian agencies; and relevant IAHE Guidelines.

[21] The Inception Report is Annex 13 and the ToR is Annex 14.

[22] This question also focuses on the synergies (or trade-offs) between policy areas and growing attention to cross-government co-ordination - see "Better Criteria for Better Evaluation Revised Evaluation Criteria Definitions and Principles for Use."

[23] KIIs completed by the core IAHE team. These do not include informants interviewed by the Household Survey team.

[24] Saturation is used in qualitative research as a criterion before discontinuing data collection and/or analysis. Its origins lie in grounded theory (Glaser BG, Strauss AL. The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Aldine; 1967), but in one form or another it now commands acceptance across a range of approaches to qualitative research.

[25] These evaluations were: (1) UNICEF (2013) Relatório Sobre As Lições Aprendidas Durante A Prontidão E Resposta As Emergências, Maputo: 29 Maio 2013: (2) OCHA (2007) Inter-agency real-time evaluation of the response to the February 2007 floods and cyclone in Mozambique; and (3) OCHA (2014) IASC Inter-agency Humanitarian Evaluation of the Typhoon Haiyan Response.

[26] Cosgrave, J. et al. (2007), Hanely, T. et al. (2014) and Steets, J. et al. (2019) respectively.

[27] The survey's unit of analysis is based around this definition, although it is possible that a household could be interpreted to include extended family or multiple generations in one household. In the case of families where the head of household had more than one wife, each wife was classified as a separate household.

[28] The FGD sampling was also purposive, including participants included vulnerable groups (i.e., elderly, persons with disabilities, female-headed households).

[29] Source: Universidade de Eduardo Mondlane (UEM).

[30] A Qualitative Data Analysis (QDA) software was used to generate codes and themes from the interview notes submitted by all Core Evaluation Team members. The coded data was consistently tagged with the interview notes identified by the date and the sector, so as to preserve anonymity. QDA facilitates the classification, sorting and arrangement of information, and an examination of trends and relationships within the data. An initial coding framework was established which largely matched the evaluation questions and sub-questions. This set-up was then linked to each stakeholder group in the evaluation, namely GoM, UN, affected populations, and donors/private sector. As the coding progressed, and new or unanticipated, but relevant, themes emerged, new codes were created as required. When the coding was completed, other analytical tools were used to prove or disprove the hypotheses. This inductive analytical practice enabled the Team members to draft data-based findings.

[31] See http://www.uneval.org/document/guidance-documents

[32] The April 2019 version of the HRP was essentially a 'Flash Appeal', but was called an HRP due to sensitivities

[33] See, for example, Brusset, E., Cosgrave, J., & MacDonald, W. (2010). Real-time evaluation in humanitarian emergencies. In L. A. Ritchie & W. MacDonald (Eds.), Enhancing disaster and emergency preparedness, response, and recovery through evaluation. New Directions for Evaluation,126, page 13.

[34] A similar finding was described in Save the Children (2019) Mozambique Cyclone Response Gender Action Plan, page 3.

[35] While a detailed cost effectiveness analysis is outside of the scope of the TOR for IAHEs, there are likely to be proxy indicators available for a qualitative analysis to assess cost effectiveness.

[36] A similar constraint was also noted in OCHA (2014) Hanley, T, Binas, R, Murray, J. and Tribunalo, B. from Valid International, IASC Inter-agency Humanitarian Evaluation of the Typhoon Haiyan Response, page 41.

[37] The appropriateness of humanitarian assistance is linked to engaging affected populations and other vulnerable stakeholders in the decision-making process.

[38] This was mainly aircraft. Some donors had been supporting INGC with development of drone technology prior to Cyclone Idai, but this tool was only partially used since the project had not yet been completed. Source: INGC (2019) Presentation of the Rainy and Cyclonic Season 2018/2019.

[39] Percentage of households reporting specified needs as a high priority.

[40] GoM et al. (2019) Multi-sectoral rapid assessment post-cyclone Idai, 1-17 April 2019.

[41] One of the stated limitations was the sample was skewed towards areas that were accessible.

[42] REACH (2019) Assessing Humanitarian Needs After Cyclone Idai Proved Two Things – the First was the Importance of Baseline Data. 17 May 2019.

[43] IASC (2019) Operational Peer Review: Mozambique Cyclone Idai Response.

[44] The relationship with the private sector during the Scale-Up is explored further under KQ5.

[45] See Tool 6 in ACAPS (2014) Humanitarian Needs Assessment: The Good Enough Guide.

[46] IFRC provided technical support for sectoral assessments that included digitizing the Market Assessment and Food Security Assessments. See Hoegl, J. *et al.* (2019) Real-Time Evaluation - Mozambique: Tropical Cyclones Idai and Kenneth.

[47] There was a high turnover for the head of the assessment cell, with five surge staff deployed within a four- week period.

[48] See https://cycloneidai.onalabs.org/.

[49] Deffor, S. (2019) Reflections on the humanitarian response to Cyclone Idai. Humanitarian Logistics Cluster.

[50] The challenges reported included some partners having difficulty sharing their initial findings in real time and confirming that activities had been completed, a gap that was partly attributed to rapid turnover of surge staff.

[51] UNICEF (2019) Post-Distribution Monitoring of Certeza in Beira: Preliminary Analysis, dated 21 July 2019, page 1. Mutsaka B., Dlugosz A., Gift Kanike B., Harris-Sapp T., Juillard H. (2019) Real-Time Response Review – DEC programme for Cyclone Idai, synthesis report. London: DEC, page 35.

[52] This was one the reasons why the survey team had to spend additional time and effort to ensure that communities clearly understood the purpose of the survey, that it was not linked to assistance and that participation was voluntary.

[53] Christina Haneef and Miriam Tembe (2019) CARE Rapid Gender Analysis: Cyclone Idai Response, Sofála Province, Mozambique.

[54] HelpAge International (2019) Rapid needs assessment of older people: Cyclone Idai, Sofála Province, Mozambique.

[55] Equip Mozambique (2019) Community and Organizational Perceptions on Feedback: Cyclone Idai.

[56] A perceptions survey conducted by CDAC during July 2019 found there was only 61% awareness about assistance. Differences with the IAHE survey were attributed to the fact that the CDAC survey only covered two affected districts, Dondo and Beira, and the awareness questions were about assistance in general, not just advance notice. See CDAC Network (2019) Organizational Perceptions on Feedback: Cyclone Idai Response, Mozambique.

[57] Mutsaka B. *et al.* (2019) Real-Time Response Review – DEC programme for Cyclone Idai.

[58] Idem (page 3).

[59] [59] Idem (page 29).

[60] Idem (page 43, recommendation #12).

[61] Roughly 9 % of the calls provide positive feedback about how important the tool is to promote transparency.

[62] See, for example, Baker, J. *et al.* (2019)

[63] Van Krieken, T. and Chaminda Pathirage (2019) Factors Affecting Community Empowerment during Disaster Recovery.

[64] FGD participant.

[65] This is similar to findings from the recent IAHE in Ethiopia where government and international actors often did not know who was receiving assistance or what it had been used for. Local communities were also not in a position to hold those who delivered assistance accountable, as the communities had little information about the planned response. Steets, Julia, et al. (2019) Inter-Agency Humanitarian Evaluation of the Drought Response in Ethiopia.

[66] Information sourced from WFP (personal communication and PowerPoint presentation dated August 28, 2019).

[67] Idem.

[68] Source: WFP Mozambique presentation dated August 28, 2019.

[69] Mozambique Cyclone Response, Linha Verde Analysis and Trends, 15th – 30th September 2019.

[70] IASC PSEA Country-Level Framework – Mozambique

[71] This included the removal of agency logos from awareness-raising campaigns.

[72] It was recognized that some NGOs experienced staff shortages to manage complaints at desks, complaint boxes, and or in person. This implied that the complaint mechanism was not fully operational in all locations.

[73] PSEA and AAP focus group discussions and interviews, listed in chronological order: (1) 190306 in Matua (Dondo); (2) 190307 in Chingamidji (Buzi); (3) 190407 in Bandua 1 & Bandua 2, Begaja; Esquinha; and Inhajou (Buzi); (4) 190621 in Savane (Dondo); (5) 190531 in Guara Guara (Buzi); (6) 190624 in Ndeja & Metutchira (Nhamatanda); (7) 190625 in Mandruzi (Dondo); (8) 190627 in Mutua (Dondo); and (9) 190628 in Cura (Nhamatanda).

[74] UNICEF and LFTW, Access to humanitarian aid for women and men, girls and boys with disabilities, page 13; Minutes Notes of WASH Cluster Meeting – Sofála (Beira), dated 190805.

[75] "…*there is a need to strengthen the involvement of and collaboration between Disability Working Group members and mainstream humanitarian actors*", in Objective 5 of the Protection Cluster's Idai Response Implementation Matrix. This finding is not confined to Mozambique - see LFTW (2019) Access to humanitarian aid Challenges and Recommendations for women and men, girls and boys

with disabilities, page 13; and LFTW; and Nilsson, A, Nichols, T, Norén, J, & Charlotte McClain-Nhlapo (2019) Evaluation of the International Disability Alliance (IDA) 2015–2018, page 15.

[76] UNHCR, Situation Update: May 2019, page 2; UNHCR, Situation Update: June 2019, page 2; UNHCR, Situation Update: July 2019, page 2; and CARE Rapid Gender Analysis Cyclone Idai Response Sofála Province, Mozambique April 2019. It was noted in the Rapid Gender Analysis "to co-ordinate and develop partnerships with organisations working with PWDs to ensure continuous assessment and understanding of needs that will feed into adapted programmes", page 34.

[77] LFTW (2019) Access to humanitarian aid Challenges and Recommendations for women and men, girls and boys with disabilities, page 13; and Protection Cluster Implementation Matrix (2019), page 18; and Christina Haneef and Miriam Tembe (2019); Education Cluster Meeting notes dated 190807. It is recognized that during the recovery phase, a Disability Specialist was deployed in August to provide training in addressing the challenges of children with special learning needs in emergency and recovery contexts.

[78] Anticipatory action" (sometimes referred to as "early action") is defined here as "…an activity taking place between an early warning trigger or a high-probability forecast and the actual occurrence of the corresponding disaster in order to mitigate or prevent the humanitarian impact of the anticipated disaster". See Annex 5 for additional details.

[79] CERF was viewed as a useful and timely resource by UN agencies and was one of the top five sources of funding for the response. CERF funding was released before the official decision on Scale-Up activation but the value-added would probably have been increased in this case if CERF had released some funds prior to landfall in line with their guidelines on anticipatory action. See CERF Secretariat (2019) CERF and Anticipatory Action. June 2019.

[80] For descriptions of two of the main non-government agencies involved in SAR, Rescue South Africa and Wings Like Eagles, see Maclean, R. and Beaumont, P. (2019) *Mozambique rescue teams struggle to save thousands*. The Guardian, and Deffor, S. (2019) *Reflections on the humanitarian response to Cyclone Idai*. Humanitarian, Logistics Cluster respectively. Lessons learned from the 2007 floods were applied before Cyclone Idai made landfall; large agribusiness plantations had chartered helicopters and stockpiled supplies that were subsequently used during the response.

[81] Beilfuss, Richard. (2005). Understanding extreme floods in the Lower Zambezi River Basin.

[82] Source: Universidade de Eduardo Mondlane (UEM). The survey question was: Do you think that assistance you received included what you most needed most at that time? Yes (%).

[83] Mutsaka B. *et al.* (2019) Real-Time Response Review – DEC programme for Cyclone Idai.

[84] Cosgrave J., et al. M (2007) Inter-agency real-time evaluation of the response to the February 2007 floods and cyclone in Mozambique.

[85] Adapted from GoM Ministry of Health, World Health Organization, Centro de Investigação Operacional de Beira, and National Institute of Health-Mozambique (2019) Weekly Epidemiological Bulletin Publication No. 9. May 27 – June 2, 2019. Figure 1. Suspect cholera cases by week of reporting, Sofála Province (27 March – 26 May 2019) (n = 6,766).

[86] Households headed by females and widows were also included in the criteria.

[87] Only 19% of the people surveyed from rural areas responded "Yes" to the question "*Do you think that the assistance benefited the people who needed it most"?*

[88] UNICEF (2019) Independent Real-Time Evaluation of UNICEF's response to Cyclone Idai in Mozambique, Malawi and Zimbabwe, page 26.

[89] Women The Protection Cluster (2109) Protection Monitoring Report #16 – Resettlement Exercise dated 15-21 June 2019, page 5 notes that PWDs: (a) had to walk over 1 km from the bus to the

resettlement site and wait for hours in the sun before receiving a tent and a plot; and (b) were allocated plots without consideration of the distance from the water points and other basic services. from a FGD in Dondo (Sofála).

[90] Protection Cluster (2109) Protection Monitoring Report #16 – Resettlement Exercise dated 15-21 June 2019, page 5 notes that PWDs: (a) had to walk over a kilometer from the bus to the resettlement site and wait for hours in the sun before receiving a tent and a plot; and (b) were allocated plots without consideration of the distance from the water points and other basic services.

[91] See Baker, J. and Salway, M. (2016) Development of a proposal for a methodology to cost inter-agency humanitarian response plans. IASC.

[92] The OPR system also uses a set of benchmarks which are implicitly linked to the IAHE, though not necessarily to benchmarks in the HRPs. IASC (2019) Operational Peer Review: Mozambique Cyclone Idai Response, page 13.

[93] A similar limitation was observed in DEC (2019) Real-time response review: Mozambique country report, produced by Key Aid Consulting, August 2019, page 56 and in the IAHE of the Drought Response in Ethiopia, 13 September 2019, pages 10 and 43.

[94] The key planning documents to be used as a reference are: (1) the GoM plan; (2) HCT plans; (3) cluster strategies, plans, and meeting notes; (3) HRP version of March 2019; and (4) other relevant documents.

[95] March 2019 version, which was the initial “Flash Appeal”.

[96] Having access to a functioning health facility also ranked high. DTM/INGC (2019) Mozambique: Tropical Cyclone Idai Baseline Locality Assessment – Round 5, page 3.

[97] Shelter results ranged between Medium-High and Low, depending on the district.

[98] The GoM’s reservations about cash interventions significantly limited the use of this option during the response, but the indications were that the robust partnership between international agencies and the GoM during the response and the pilot cash interventions increased the chances that cash interventions will be a significant component of any future response.

[99] Funding requirements in the three HRPs covering the 2019 response to cyclones and drought in Mozambique contained an increase from $282 million to $441.2 million (May revision); and subsequently to a total of $620.4 million (August revision) for an estimated 1.8 million and 815,000 people affected by cyclones and drought respectively.

[100] OCHA (2019c) 2018-2020 Mozambique Humanitarian Response Plan, November 2018 - May 2020 (Revised following Cyclones Idai and Kenneth, May 2019).

[101] Out of an estimated 1.85 million people in need in Mozambique, the official death toll from the impacts of Cyclone Idai stood at 603 deaths in early April. OCHA (2019) MOZAMBIQUE: Cyclone Idai & Floods Situation Report No. 15 as of 16 April 2019.

[102] OCHA (2019d) 2018-2020 Mozambique Humanitarian Response Plan, November 2018 - May 2020 (Revised in August 2019), page 9.

[103] This includes the pre-deployment of surge and advances from reserve funds, which the IAHE team estimated at some $60 – 100 million.

[104] The first SAR team was a South African NGO that arrived without an official government request and proved to be so effective that they were subsequently funded under the HRP to support the response to Cyclone Kenneth. Most of the bilateral SAR teams arrived after the SAR phase had ended and were then redeployed to assist with relief operations.

[105] For the Typhoon Haiyan response, the UNDAC team arrived in-country before landfall. See Hanley, T. et al. (2014).

[106] "*Limited air assets are also affecting the ability to transport sufficient relief supplies to Beira and other affected areas*..." USAID (2019) Mozambique - Tropical Cyclone Idai - Fact Sheet #1 FY2019. A complete list of air assets deployed for cyclone Idai as of 11 April2019 is available at https://reliefweb.int/report/mozambique/tropical-cyclone-idai-international-deployed-assets-11-april-2019.

[107] The exception was the Protection Cluster, which had a double-hatted cluster coordinator who also managed UNHCR's relief operations.

[108] Hoegl, J. et. al. (2019) Real-Time Evaluation - Mozambique: Tropical Cyclones Idai and Kenneth.

[109] The timing of the visit of WFP's Executive Director on March 26th provided the HCT with an opportunity to have a high-profile launch of the Flash Appeal with the President of Mozambique.

[110] Mozambique HCT (2019) Review of the Humanitarian System-Wide Scale-Up by the Mozambique HCT Benchmarks & Transition Plan – Two Month Update.

[111] For example, the Cyclone Idai Response Platform is located at: https://cycloneidai.onalabs.org/.

[112] This intervention had already been planned, but WFP and UNICEF launched a joint voucher programme to support communities affected by Cyclone Idai – Press Release date 21 August 2019.

[113] See, for example, Standby Partnership (2019) After Action Review: Tropical Cyclone Idai Response. June 2019.

[114] As described in the Coordination section, standby partner deployments were the exception. According to the Standby Partnership's 2019 After Action Review, standby partner deployments averaged three to six months compared to the two or three weeks for other types of surge as described by key information suppliers.

[115] IASC (2019) Operational Peer Review: Mozambique Cyclone Idai Response, page 29.

[116] OCHA (2019d) 2018-2020 Mozambique Humanitarian Response Plan, November 2018 - May 2020 (Revised in August 2019)

[117] See, for example, USAID Southern Africa Tropical Cyclones Fact Sheet #15. "WFP and UNICEF launch joint voucher programme to support communities affected by Cyclone Idai" – press release dated 21 August.

[118] The August 2019 version covered the period until May 2020.

[119] See, for example, Vaughn, A. and Hillier, D. (2019) Ensuring impact: the role of civil society organisations in strengthening World Bank disaster risk financing.

[120] Hoegl J. *et al.* (2019) Real-Time Evaluation - Mozambique: Tropical Cyclones Idai and Kenneth.

[121] UNDP and Mozambique Government launch post disaster recovery facility for Cyclones Idai and Kenneth - August 2015.

[122] Source: Universidade de Eduardo Mondlane (UEM). Categories – (A) household affected but not displaced, (B) household affected, displaced and returned to the same location, (C) household affected, displaced and resettled in alternative locations.

[123] Hoegl, J., et al. (2019) IFRC Real-Time Evaluation - Mozambique: Tropical Cyclones Idai and Kenneth and Mutsaka B., et al. (2019) Real-Time Response Review – DEC programme for Cyclone Idai, synthesis report.

[124] Mutsaka B., Dlugosz A., Gift Kanike B., Harris-Sapp T., Juillard H. (2019) Real-Time Response Review – DEC programme for Cyclone Idai.

[125] Key information interview in an affected district.

[126] GTZ (2010) Mozambique: Disaster Risk Reduction as the Basis for Climate Change Adaptation – A Multi-Level Project of German-Mozambican Development Cooperation.

[127] Source: Universidade de Eduardo Mondlane.

[128] A humanitarian worker interviewed described going to different urban communities in Sofála to raise awareness about the cyclone and what to do in preparation for the event: "*the community was not serious. …We tried to tell them to evacuate, but they didn't want to hear it*…"

[129] Source: Universidade de Eduardo Mondlane.

[130] See, for example, Van Krieken, T. and Chaminda Pathirage (2019) Factors Affecting Community Empowerment During Disaster Recovery, International Journal of Disaster Response and Emergency Management and Van Krieken et al. (2019) Ensuring Impact: the role of civil society organisations in strengthening World Bank disaster risk financing.

[131] Inaccuracies in 4W data were attributed by key informants to a variety of factors, including inconsistent information management support in clusters, irregular (often inflated) reporting by cluster members and/or lack of familiarity of some humanitarian agency staff with IASC systems.

[132] The benchmark was "Remote and cut-off locations are reached within two months". See Annex 3 for the complete set of HCT Scale-Up Benchmarks.

[133] Source: Universidade de Eduardo Mondlane.

[134] The main effects in these provinces were felt during early March when Idai passed through the area as a tropical storm before making landfall as a Category 2 Cyclone. Cyclone Idai made landfall two weeks later and mainly affected the provinces of Sofála and Maníca.

[135] WHO (2019) Tropical Cyclones Idai and Kenneth Mozambique - National Situation Report 9. 23 August 2019.

[136] GFDRR (2014) Recovery from Recurrent Floods 2000-2013 Mozambique: Recovery Framework Case Study. August 2014.

[137] Protection Cluster (2019) Protection Cluster Strategy for Idai Response: March – September 2019 Early recovery, page 2; and Ferrone, L., Rossi, A., and Brukauf, Z. (2019) Child Poverty in Mozambique – Multiple Overlapping Deprivation Analysis, Office of Research - Innocenti Working Paper.

[138] Inter-Agency Standing Committee (IASC), PSEA Country-Level Framework, dated April 19, 2019.

[139] Mozambique Shelter Cluster, Meeting Minutes Beira, dated April 2, 2019, page 1.

[140] UNICEF, Cyclone Idai Situation Report #4, dated 01-05 April, 2019.

[141] Baker, J., Sibanda, A., Perlongo, C., Tincati, C., Thakwalakwa, C., Matyatya, D., Moreira da Silva, G., Chambule, J., Kawale, P. and Mutandwa, R. (2019) Real Time Evaluation of UNICEF's Response to Cyclone Idai in Mozambique, Malawi and Zimbabwe, page 61.

[142] Protection Cluster (2019) Protection Cluster Strategy for Idai Response, page 5 and 6.

[143] Mozambique Network on Protection Against Sexual Exploitation and Abuse (PSEA): Standard Operating Procedures for Recording & Processing Complaints; Terms of Reference for Mozambique Network on Protection from Sexual Exploitation and Abuse by UN/NGO Personnel; and Mozambique - PSEA Referral Pathway. At the time of the IAHE field visit, the Mozambique PSEA Network had two co-chairs, UNICEF and COSACA, and consisted of 30 PSEA focal points from UN and INGO

agencies. The objective of the PSEA Country-Level Framework was "that the Mozambique HCT members will work jointly to prevent sexual exploitation and abuse and act rapidly and effectively in relation to any complaints/allegations that arise."

[144] Humanitarian Coordinator for Mozambique, Marcoluigi Corsi, Statement on the Prevention of Sexual Exploitation and Abuse (dated 3 May 2019) and Equip Mozambique (2019) Community and Organizational Perceptions on Feedback: Cyclone Idai, pages 12 and 17.

[145] The protection interventions reviewed by the IAHE team were sector- and agency-specific (see Protection in Table 9 in Annex 2).

[146] UNHCR (2016) RFP/2016/774, Evaluation of UNHCR's role as Cluster Lead Agency for the Global Protection Cluster: Terms of Reference, page 41; and Julian Murray Consulting (2013), Placing protection at the centre of humanitarian action: Study on Protection Funding in Complex Humanitarian Emergencies, An independent study commissioned by the Global Protection Cluster. Note that although this finding is related to effectiveness, it is considered to be more appropriate to include it in this section of the report.

[147] Based on FTS data, the August revision of the HRP that was due to end in March 2020 was only a third funded by the end of 2019.

[148] Those agencies who advanced millions of dollars from their reserves took a "no regrets" approach for spurring the response, but the interviewees could not help expressing some regrets as they described the difficulties in replenishing their reserves.

[149] Source: INGC.

[150] Challenges with presenting a compelling case for Mozambique were linked to the lack of a credible and comprehensive overview of needs, as described in the Appropriateness section.

[151] See Strohecker, K. (2019). Between 2013 and 2014 three state-backed companies took on more than $2 billion of debt, guaranteed by the government and equal to about 13% of the Gross Domestic Product. These transactions have since been linked to fraud; at the time this report was being drafted, 20 people have been charged, including former senior government officials.

[152] One such example cited by a key informant was an oil company that took six weeks to process their contributions to satisfy due diligence processes.

[153] The August HRP revision was undertaken simultaneously with the development of the Disaster Recovery Framework; it considered agreements between humanitarian and development actors about where early recovery activities would be placed.

[154] One example was a $10 million allocation to FAO by the GoM using funds from the World Bank that were not reflected in FTS despite them having been reported by FAO. FAO reportedly used this funding with funds from other donors to quickly distribute seeds and tools in April 2019.

[155] Hanley, T, *et al.* (2014) IASC Inter-agency Humanitarian Evaluation of the Typhoon Haiyan Response.

[156] OCHA (2019e) Mozambique : Urgent Humanitarian Priorities. 20 December 2019. This figure shows a 77 per cent funding gap. FTS data as of January 2020 showed a 53 per cent funding gap.

[157] The only SAR team that was reported to arrive at the very beginning was Rescue South Africa, a South Africa-based NGO, which did not require an official request to deploy.

[158] See https://insight.wfp.org/listening-in-how-community-radio-saved-lives-after-cyclone-idai-a5681e7bded.

[159] OCHA established its largest sustained civil-military coordination operation ever recorded during the response to Typhoon Haiyan. It supported the engagement of 22 militaries and the national military.

[160] Humanitarian agency staff weren't aware of the Connecting Business Initiative or the pivotal role that private sector actors have played in preparedness and response, notably in the Philippines during and after Cyclone Haiyan. See: https://www.connectingbusiness.org/home.

[161] This was the first such guide produced by OCHA – see Business Guide: Cyclone Idai. April 2019.

[162] OCHA (2019) Tropical Cyclone Idai: International Deployed Assets (as of 11 April 2019).

[163] Logistics Cluster ((2019) Mozambique Closure Report.

[164] IFRC (2012) International Disaster Response Law (IDRL) in Mozambique.

[165] This turned out to be a timely initiative, since soon after the analyst's arrival analyst in Maputo, Cyclone Kenneth hit. This gave the analyst the opportunity to work on a disaster in real time.

[166] Mozambique Cyclone Health Cluster Bulletin 6 (8 May 2019).

[167] Plan International (2019) RFP to conduct mapping of localization in the Idai response in Mozambique.

[168] See, for example, WFP (2019) Standard Operating Procedures Safe and Dignified Distributions: Mozambique Cyclone Idai Response.

[169] It was also recommended to regularly conduct training on protection during inter-cluster programming.

[170] Other data showed that UNICEF in Zambézia provided training in: (1) how to use *Desenvolvimento na Primeira Infância* (DPI) kits. The kit contains materials to help caregivers create a safe learning environment for up to 50 young children ages 0-8. This also includes a guide in both English and Portuguese; (2) in preparedness for public health emergencies and outbreaks to the Ministry of Health; and (3) in child protection in resettlement neighborhoods. The Disability Sub-Working Group also extended training to INGC on mainstreaming disability during the response.

[171] OCHA (2019a) 2018-2019 Mozambique Humanitarian Response Plan (November 2018 - June 2019).

[172] Interviews and other reviews/evaluations (e.g., Mutsaka B., *et al.* (2019) and Hoegl, J. *et al.* (2019)).

[173] Hoegl, J. *et al.* (2019).

[174] A 2017 evaluation found that there have been challenges in recruiting the right people with the right skills at the right time as protection cluster coordinators. Itad (2017) Evaluation of UNHCR's Leadership of the Global Protection Cluster and Field Protection Clusters: 2014-2016.

[175] Government stakeholders who were interviewed noted that in addition to Portuguese, they were also able to communicate easily with international staff who spoke Spanish or Italian.

[176] Standby Partnership (2019) After Action Review: Tropical Cyclone Idai Response.

[177] A lesson learned highlighted by IFRC's RTE is the importance of developing clear SOPs, at the global level, that can guide country-level operations between IOM and IFRC in instances of co-leadership of the shelter cluster.

[178] Logistics Cluster (2019) Mozambique Closure Report.

[179] For the Idai response, this amounted to 1,800 m2 in Beira and 1,000 m2 in Chimoio.

[180] Mutsaka B., et al. (2019) Real-Time Response Review – DEC programme for Cyclone Idai.

[181] Deffor, S. (2019) Reflections on the humanitarian response to Cyclone Idai. Humanitarian, Logistics Cluster.

[182] The TOR for this IAHE referenced HRP benchmarks, together with other (unspecified) strategies and benchmarks to measure collective performance. The OPR also used a set of benchmarks which are implicitly linked to questions in the IAHE, but not necessarily to benchmarks in the HRPs.

[183] Sometimes referred to as "early action". See Annex 5 for additional details.

[184] See Annex 5.

[185] Protocols should consider the context, e.g. market conditions, and select the most appropriate transfer modality.

[186] For practical guidance see, for example, ECHO (2019) DG ECHO Operational Guidance: The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations.

[187] Greater participation of civil society, and the private sector, is already a strategic objective of the GoM. See World Bank (2019) Mozambique Disaster Risk Management and Resilience Program Technical Assessment Report (Strategic Objective 2).

[188] This could include providing incentives to join surge rosters for individuals who have language skills that are under-represented on rosters.

[189] Typically, this is a minimum of one month, with the possibility of extending depending on need/context.

[190] Experiences in the Philippines highlighted by the Connecting Business Initiative have demonstrated the advantages of partnership with the private sector, and relevant lessons could be applied in Mozambique to engage the private sector in future responses.

[191] This timeframe would help ensure that key lessons can still be captured, timely inputs into preparedness planning can be provided and also be a valuable source of secondary data for future IAHEs.

[192] Early action, which is also sometimes referred to as anticipatory action or forecast-based financing is defined here as "…an activity taking place between an early warning trigger or a high-probability forecast and the actual occurrence of the corresponding disaster in order to mitigate or prevent the humanitarian impact of the anticipated disaster". See Annex 3 for additional details.

[193] Annex 6 provides some examples of proxy indicators for measuring cost effectiveness.

[194] This is similar to a recommendation in the 2019 IAHE of the IASC response in Ethiopia. This could potentially be combined with monitoring and follow-up on recommendations resulting from OPRs

[195] These should complement the Scale-Up benchmarks developed by the HC and HCT.

[196] In this context, "good enough" means choosing a simple solution rather than an elaborate one. 'Good enough' does not mean second best: it means acknowledging that, in an emergency response, adopting a quick and simple approach to outcome measurement and accountability may be the only practical possibility and make improvements over time – see https://www.alnap.org/system/files/content/resource/files/main/good-enough-guide-book-en.pdf.

[197] An example frequently raised by during this IAHE was why so much investment in procuring and transporting plastic sheeting when tools and basic shelter materials could have been an option in many areas.

[198] Comparable to approaches for building capacity and developing guidance for cluster coordinators.

[199] Standby partners offer a potentially attractive solution, since they are in a position to identify and, where needed, develop necessary capacities. As shown in the Standby Partnership's 2019 After Action Review of their involvement in the Cyclone Idai response, they are also able to commit to longer deployment lengths. Standby partner deployments averaged 3-6 months, compared to 2-6 weeks for most other humanitarian agencies.

[200] Global Protection Cluster (2020) Protection in a Climate of Change Strategic Framework 2020-2024.