Review of MSM ERU Cyclone Idai Mozambique Response

Photo: Najwa Kallas

British Red Cross and Swedish Red Cross

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Acronyms

ARC	Austrian Red Cross
AWD	Acute Watery Diarrhoea
BRC	British Red Cross
CEA	Community Engagement and Accountability
CLTS	Community-Led Total Sanitation
CVM	Cruz Vermelha de Moçambique/Mozambican Red Cross
ECHO	European Civil Protection and Humanitarian Aid Operations
EPOA	Emergency Plan of Action
ERU	Emergency Response Unit
ETF	Emergency Task Force
FACT	Field Assessment Coordination Teams
G&D	Gender and Diversity
GoM	Government of Mozambique
GRC	German Red Cross
HP	Hygiene Promotion
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent Societies
IM	Information Management
INGC	National Institute of Disaster Management (Mozambique)
IOM	International Organisation for Migration
M15	WatSan Module 15
MSM ERU	Mass Sanitation Module Emergency Response Unit
OD	Open Defecation
ODK	Open Data Kit
ORP	Oral Rehydration Points
ORS	Oral Rehydration Solution
PGI	Protection, Gender and Inclusion
PNS	Partner National Society
PPE	Personal Protection Equipment
PWD	People with Disabilities
San. Eng.	Sanitation Engineer
Spn RC	Spanish Red Cross
SRC	Swedish Red Cross
SS	Specialist Support
TL	Team Leader
VRP	Vehicle Rental Programme
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

Glossary[1]

Emergency Response Unit (ERU): a team of trained technical specialists, ready to be deployed at short notice, which uses pre-packed sets of standardised equipment. ERUs are designed to be self-sufficient for one month and can operate for up to four months.

Mass Sanitation Module 20: Function - to provide basic sanitation facilities (latrines, vector control and solid waste disposal) for up to 20,000 beneficiaries and to initiate hygiene promotion programmes. Hygiene promotion is central as a strategy for promoting effective development and use of facilities and for maximising health benefits. Hygiene promotion activities include assessment, community mobilisation, hygiene information, education and communication targeted at promoting hygiene practices at the community and household levels, in addition to operation and maintenance of hygiene facilities. Community participation in the immediate aftermath of a disaster ensures sustainable and incremental improvements in environmental health.

Approximate weight: 14 MT, volume: 90m3.

Austrian, British, German, Spanish and Swedish Red Cross have this ERU module.

WatSan Module 15: Function - to provide treatment and distribution of water up to 225,000 litres a day for a population of 15,000 people, with a storage capacity of a maximum of 200,000 litres a day. This unit can also provide basic sanitation and hygiene promotion for up to 5,000 people. The module is designed for response to scattered populations. It is flexible in the sense that it can deploy and be set up as several stand-alone units for up to five different locations.

Integrated in this M15 is distribution and trucking capacity for the transport of treated water to dispersed populations, with a capacity of up to 75,000 litres a day and the option to set up nine different storage and distribution points.

Approximate weight: 20 MT, volume: 160m3.

The Austrian, French, German and Spanish and Swedish Red Cross have this module.

[1] Definitions sourced from: https://www.ifrc.org/en/what-we-do/disaster-management/responding/disaster-response-system/dr-tools-and-systems/eru/types-of-eru/

Executive Summary

Cyclone Idai hit Beira City and its surrounding areas in central Mozambique on the night of the 14th March 2019. Idai was the worst storm to hit the country in almost twenty years, leaving an estimated 600 people dead and a further 1.85 million people in need of assistance across four provinces in Mozambique.

As part of its response, the IFRC deployed the Mass Sanitation Module (MSM) 20 ERU. This was initially a joint British Red Cross (BRC) and Swedish Red Cross (SRC) deployment[2], with the first rotation arriving in Beira on the 26th March. Two weeks later, with the objective of mitigating an anticipated cholera outbreak, a second MSM 20 ERU was deployed, led by the SRC with support from the Austrian Red Cross and German Red Cross.

This report presents the findings of an internal review of the two deployments which assessed Relevance and Appropriateness, Efficiency (including Value for Money), Effectiveness, Programme Quality and Sustainability. The starting point for any ERU review has to be an acknowledgement of the inherent risks that National Societies take on when they deploy ERUs. Emergencies are by nature unpredictable and ERUs are often deployed under the premise of 'better to overestimate than underestimate' and this has to be factored in when critically evaluating deployments - particularly in relation to questions of efficiency. With this in mind, this review was undertaken with the objective of learning how the inherent risks surrounding MSM ERU deployments can be minimised to the largest extent possible, while accepting that it will never be possible to entirely eliminate risk.

It is also important to note that the authors do not claim that, had all the recommendations been enacted during the Mozambique MSM response, all challenges would have been overcome or avoided. However, the authors do think that the collective set of recommendations will help reduce risks and improve the results of future deployments.

Table 1 summarises the key outputs, human resources and costs of the two ERU deployments.

Table 1

	BRC-led ERU	SRC-led ERU
Dates of deployment	26th March – 17th July	10th April – 7th July
Key outputs	44 latrines constructed. 19 handwashing facilities constructed. 9 bathing facilities/showers constructed. 11 hygiene promotion activities. Establishment of WASH /cleaning committees. Recruitment and training of 23 CVM volunteers. 8 trainings on WASH of community volunteers.	17 latrines constructed. 11 handwashing facilities constructed. 0 bathing facilities/showers constructed. 39 hygiene promotion activities. Recruitment and training of 7 CVM volunteers. 23 trainings of 29 WASH community volunteers. NB: The latest available reports show that an additional 37 showers and latrines were in construction. It is

[2] The first ERU deployment was led by the BRC with the SRC deploying and funding two delegates within rotation one and rotation three. When a second MSM ERU was called by the IFRC, the SRC led the deployment with support from the German RC and Austrian RC.

		unclear if these were finalised by the end of the ERU deployment
Numbers of people reached	# reached through sanitation facilities: Data not available but cannot have exceeded 2,245. # reached through hygiene promotion activities: 2,245 (estimate)	# reached through sanitation facilities: 6,420[3] # reached through hygiene promotion activities: 21(according to available data).
Areas of focus	Temporary camps in Beira, Mutua.	ORP points in Beira, Ngupa, Subida, Tierra Prometida.
Total cost	GBP 591,986 (includes kit)	SEK 2,000,000 (approx. GBP 170,000) *(Note: provisional figures)*
Rotations/ delegates	3 rotations (plus a 1-person 4th rotation). Total of 15 delegates (13 core team plus 2 procurement support).	3 rotations. 5 delegates at a time (staggered rotations within the team). After third rotation (8th July – end of September) two delegates (one German one Austrian) were seconded to the IFRC to stay on and complete activities. Total of 13 delegates deployed.

Key Findings and Recommendations

Relevance of the MSM20s

- Regarding the first MSM (BRC-led) deployment, the initial FACT assessment is widely perceived to have been accurate and relevant in terms of the identification of significant sanitation and hygiene needs. ***Go to section.***
- The context in which the first rotation worked (small-scale camps which were rapidly opening and closing) did not constitute optimum conditions for the ERU to deliver to its full potential given that the unit is designed to work at scale and in static conditions. Had other Movement response tools (such as Regional Disaster Response Teams (RDRT) or surge delegates to work under direct management of FACT WASH) been available to respond, they may have offered reasonable alternatives to the MSM20 ERU. ***Go to section.***
- The key factor making the BRC-led ERU preferable to other Movement response tools was the rapidness with which the unit was mobilised and operational. Other features of the ERU were less relevant. For example, the FACT requested the ERU to be deployed with full kit proved but this proved to be mostly surplus to requirements (see Efficiency section). ***Go to section.***
- The appropriateness of sending the second ERU (Swedish RC-led) two weeks after the deployment of the BRC MSM first rotation is less clear-cut. At the time of making the decision, the cholera cases were increasing in Beira, there was a gap in sanitation provision and the WASH Cluster requested the IFRC (and other actors) to provide

[3] Data is according to SitReps. As mentioned elsewhere in the report, the quality of available data is poor and much of the reported data is widely considered to be inaccurate.

additional sanitation support. The IFRC initially posted an alert for a sanitation specialist; however, this did not result in a suitable profile being identified. The fact that a strong candidate could not be identified is significant as it directly led to the request for a full second ERU as the next-best tool. Interviewees had mixed views on this decision, but it does have to be acknowledged that there were few other options at the time.. ***Go to section.***

- Another issue questioning the relevance of sending a full MSM20 ERU team is that there was no clear guidance from IFRC and CVM on the next steps or future areas of implementation. Hence, the SRC first rotation failed to create a Plan of Action for the unit and the delegates felt there was no point for them to stay (or for a second rotation). ***Go to section.***

- It is clear from the sitreps that the first SRC MSM20 team spent an unjustified amount of time developing a suitable latrine design for the ORPs and then implementing the solution. ***Go to section.***

- The MSM20 ERUs were seen to be less relevant in the post-emergency phase – which came earlier than expected – and this was partly due to the IFRC's decisions to work neither in government relocation camps nor in Buzi, both of which were locations of acute WASH needs in an emergency mode. Although the sanitation and hygiene activities which the two ERUs carried out (Mutua for BRC ERU and Ngupa, Subida and Tierra Prometida for SRC-led ERU) were generally appreciated by communities, needs did not appear to be the predominate rationale for these interventions: other needs (livelihoods and food) were higher priorities for communities. Few delegates involved were clear or supportive of the reasoning for working in these – easy to access - locations which appears to have been driven by the decision of the Spanish RC to work there. That being said, the choice of not working in Buzi was a complicated one, with significant reasons put forward on both sides of the debate. ***Go to section.***

- By carrying out the above-mentioned post-emergency interventions, the ERUs succeeded in finding a role in the IFRC operation. But starting long-term WASH projects involved an assumption that the IFRC/CVM would continue the interventions in the long-term and that these would be integrated into the broader IFRC recovery programme. While only time will tell whether those assumptions have been borne out in practice, it may have been more appropriate to end the ERU after the BRC's second/SRC's first rotation or for there to have been a transition to a smaller team One of the reasons the MSM continued was the lack of available recovery delegate(s). While the continuation is understandable as it was seen as the most efficient method of keeping resources on the ground, it was perhaps not the optimal situation.***Go to section.***

- That the deployment continued after the BRC's second rotation/SRC's first rotation, due to the IFRC's request that the MSM resource be used for longer-term recovery activities, speaks to the challenges sending national societies face in striking a balance between deferring to IFRC operational leadership while ensuring accountability for their resources. ***Go to section.***

Relevance Recommendations

1. **[For both BRC and SRC] -** A revision of the MSM20 for urban contexts is recommended. This could start with an assessment of how the emergency WASH response could be better integrated with existing local WASH systems, including contracting services for construction/rehabilitation of sanitation facilities and desludging

services. This would involve pivoting the role of the MSM20 towards contract management, quality assurance monitoring and cash skills, and would require revision of the existing ERU MSM20 ToR and capacity development of the ERU teams.

2. **[For both BRC and SRC] -** The degree to which the sending NSs are part of the decision-making process during deployments will always be ambiguous given the status of the ERUs as IFRC tools. Nevertheless, there could be clearer and more transparent mechanisms for decision-making, for example the establishment of more formal consultation between IFRC and the sending NS at key points of deployments (e.g. selection of the areas for the intervention). Multilateral mechanisms (for example consultation calls/meetings involving all NS who have deployed WASH ERUs) would help improve coordination in the field between the different ERUs, offering the potential opportunity for efficiencies (e.g. combining delegate teams) and better alignment of activities and objectives.

3. **[For both BRC and SRC] -** It is recommended for sending national societies to advocate to IFRC that, in future, Oral Rehydration Point (ORP) units are fully stand alone and self-sustained in terms of their own WASH needs (latrines, solid waste management, water supply and HR.)

Efficiency

- The deployments produced a low quantity of outputs relative to the resources invested. In total, the BRC-led ERU cost approximately GBP 592,000, of which project expenditure (including all sanitation and hygiene activities, local salaries and local transport) accounted for just 3 percent. With the exception of a small number of items, the kit, which accounted for 46 percent of the BRC ERU cost, was not used. Of course, at the time, it was impossible to predict how events would unfold and it needs to be remembered that the kit was deployed a context of rapidly rising cholera cases and displacement camps in operation.
- In addition, at the time of the deployment, it was not yet clear where the MSM20 team would work (hence the decision to deploy kit). Yet this lack of clarity – as reflected in the Deployment Order – is itself revealing and suggests the need for stronger assessments prior to deployment. No market assessment appears to have been undertaken by FACT – or anyone else - to inform the kit deployment decision. The final costs of the SRC MSM20 deployment is not yet available but the estimated cost is around SEK 2,000,000 (approximately GBP 170,000). While there is no doubt that both ERUs positively impacted the communities in which they worked, it is difficult to conclude that the deployments offered value for money. From a learning perspective, the limited use of suggests merit in exploring a different approach, agreed with IFRC, for urban, market-functioning environments. ***Go to section*** and also ***here***.

- For the SRC-led MSM20, cash flow challenges caused significant inefficiencies. At the beginning of its deployment the SRC MSM was not able to deliver as quickly as desired, with the consequence that the ORP latrines were not set up fast enough to be used. This was also very frustrating for the team members. ***Go to section*** and also ***here.***

- After the deployment started, the BRC MSM20 made an agreement with the IFRC that during the first rotation BRC would cover operational costs directly and that the ERU would do procurement themselves. This allowed the team to spend CHF 10K, following IFRC processes whenever possible, and submitting a waiver when this was not possible (some of the IFRC procurement procedures were deemed by the BRC MSM20 delegates as incompatible with the local context and the need to work at speed). While this was a

pragmatic work-around and enabled the ERU to provide sanitation assistance at the appropriate pace, it would have been preferable for such an agreement - setting out that the ERU assumes responsibility for operational spend and procurement – to have been in place prior to deployment rather than needing to be arranged during the response. Furthermore, the most efficient arrangement of all would have been for the IFRC to have provided the necessary procurement to the MSM20 ERU, thereby negating the need for the ERU to conduct its own procurement in the first place. ***Go to section.***

- While the remit of the MSM20 ERUs changed significantly (and the situation became less urgent) after the first rotation, the team structures essentially remained the same, i.e. at any one time there continued to be 13-15 delegates deployed across the three WASH ERUs, in addition to a FACT WASH Coordinator. The outputs produced during this period could probably have been achieved with fewer delegates had the British, Swedish and Spanish national societies, and IFRC, managed to coalesce around a joint HR strategy. ***Go to section.***

- The Procurement Support role (deployed with the BRC MSM20) was in hindsight perhaps not needed. However, at the time of the deployment of the first delegate in this role it was not clear what the MSM would do and therefore the level of procurement support required by the MSM20 team was difficult to predict. The second delegate in this role in particular had little to do as there was not extensive procurement required. The delegate spent most of her time supporting the team in other activities, such as desludging and decommissioning of camps. While useful, this was not the rationale for her deployment, and the role was of questionable value for money. It would have been more useful for a procurement support role to be deployed at the end of the ERU deployment to support on closing-out activities. ***Go to section.***

- Handovers in the field were generally seen as good quality, although knowledge transfer could have been helped by improved documentation, reporting, usage of decision logs and set-up of an information management (IM) system consistently used across rotations. ***Go to section.***

- MSM20 teams struggled to achieve access to IFRC IM systems (SharePoint system). This hindered their awareness of aspects of the broader response and made it more difficult for them to plan and to align with other aspects of the operation. ***Go to section.***

Efficiency Recommendations

4. **[For both BRC and SRC] -** In situations where the ERU MSM is deployed in an urban context, there should be assessments carried out of markets, the private sector and contractors/WASH service providers before decisions are made regarding the deployment of the kit and finance. Although this is a FACT responsibility, sending PNS have a responsibility to advocate for this to be carried out and, if FACT is unable to carry out such an assessment, to ensure this is done through other means. This could involve, for example, deploying the Team Leader within the first 48 hours to conduct a market rapid assessment to inform whether it is necessary to deploy the kit. PNS should also seek to ensure the involvement of the country WASH team (NS/PNS) in the initial rapid assessment and market assessment given their knowledge of the context and their likely contacts with WASH organisations and local government. Of course, there is a balance to be struck between assessing and responding quickly but it seems worth exploring how a rapid market analysis tool can be developed which can inform what material is locally available, without slowing down the response. Potentially this could involve better synergy between wash emergency teams and cash/livelihood surge teams.

5. **[For both BRC and SRC] -** Separate to the issue of context assessments, there are several additional recommended steps to improve efficiencies in relation to kit selection. First, there is need for advocacy by BRC and SRC to the IFRC around appropriate kit requests (including building the latter's understanding of the 'modularised' approach and consequent feasibility of a selective approach to kit requests). Second, there is a need within sending PNS' for a formal kit-selection process (including vehicles) prior to deployment go-ahead. In effect, this would serve to scrutinise the IFRC's deployment request regarding kit and ensure a systematic, evidence-based decision. Third, although the kit is already organised into modules, it is recommended to review these modules to ensure they are fit for urban contexts. This could involve creating a 'light' version of the kit which can be deployed in urban context, containing a fewer number of key items such as latrines slabs and tarpaulins.

6. **[For both BRC and SRC] -** To optimise HR capacities and competences, it is recommended that the WASH ERU-holding NS continue developing joint deployments and to explore possible ways for different ERUs to work together as one technical team, including through the possibility of merging their rosters into a single system. There are already elements of collaboration between MSM-holding partner national societies (PNS), as the joint Swedish, Austrian and German deployment in the present response illustrates. There is also already a degree of merging of human resources, with some delegates part of more than roster. In general, however, the BRC currently operates its MSM in a standalone way and could stand to gain from economies of scale through better integration with other PNS.

7. **[For both BRC and SRC] –** To maximise cost efficiency of kit management, procurement and deployments, it is recommended for MSM-holding PNS to carry out a joint business case on questions of: a) pre-deployment location of kit (including possibility of regional pre-positioning, such as the current Austrian RC consideration of prepositioning equipment in Uganda), b) utilisation economies of scale through enhanced PNS collaboration around kit, and c) better negotiation with air carriers/pursuit of charity rates (such as with Airbus, with whom BRC has been involved in a partnership) and potentially also negotiation of shared transport arrangements with non-movement agencies.

8. **[For SRC] -** The SRC should develop a Specialist Support role in their ERU rosters. It is not sustainable to rely on other national society capacities (Austrian and German) to provide this competence, especially if SRC is in lead (as in the case in Mozambique) and SRC logistics, finance and procurement procedures therefore apply.

9. **[For both BRC and SRC] -** The question of how ERUs finance themselves during deployments needs to be resolved as a matter of urgency and certainly prior to deployment. Given that it is often not possible – or appropriate – for the ERUs to physically bring sufficient cash for running and operational costs, current ongoing discussion on the IFRC providing working advances to ERU teams need to be expedited and the revised systems formalised by updating ERU SOPs.

10. **[For both BRC and SRC] -** Because of the importance of acting rapidly, particularly at the start of responses, there is a need for PNS to advocate for ERUs to, by default, have authority for operational spend. This should be formalised by updating ERU SOPs rather than being negotiated reactively on a case by case basis as currently.

11. **[For both BRC and SRC] -** There is a need for agreement on clear and unambiguous procedures on what authority ERUs have to conduct local procurement/sign agreements with contractors. Experience from Mozambique suggests that there are elements of IFRC procurement procedures which are incompatible with a rapid response. It is

therefore recommended that PNS advocate for the development of dedicated IFRC procurement procedures for use in emergencies.

12. **[For BRC] -**The BRC should take steps to build a more common understanding between delegates and the HQ Logistics teams in terms of what procurement procedures and planning is feasible during deployments. As part of this, the Procurement Support role needs to be reflected on, ideally through consultation with MSM delegates. Clearly, in contexts where the MSM20 team is undertaking hardware activities at scale, there will be a higher need for procurement skills. However, there are a number of factors that need to be considered.
    First, if the role is borne out of concern of ERU teams' inability to comply with the procurement procedures in place, it is possible that the issue lies more with procedures unsuited to emergency contexts (see previous recommendation) rather than with team competencies.
    Second, the specific role and expected skillset of the Sanitation Engineer, with regards to procurement, also needs to be considered as part of this broader team-configuration equation. Ultimately this is about what procurement skillsets and responsibilities the PNS see the Sanitation Engineer role extending to, and what procurement tasks are beyond that role's remit.
    Third, PNS need to decide whether to pursue a strategy of advocating IFRC to provide procurement support or whether to accept that they must often be prepared to provide this themselves.

13. **[For both BRC and SRC] -** Although the MSM20 was designed to be a flexible response tool, the response under present review shows that, in practice, there is a bias towards maintaining the 'traditional' model of four/five-person teams of four-week rotations. The rigidity of this model risks a response which is supply- rather than demand-led. While this is in large part a FACT issue, in that the deployment order sets the tone for the subsequent deployment, sending PNS can be more proactive in advocating alternative and adaptations to team configurations. Different options, such as initially deploying skeleton teams and scaling up based on need should be considered. In addition, there should be serious consideration to increasing at least some deployments, for example to six weeks, in order to reduce turn-over. Staggering rotations (e.g. rotating only part of the team at any one time) could also be piloted by the BRC (this was practiced by the SRC in Mozambique) and would seem to be common sense from the point of view of aiming for continuity of approach across the deployment.

14. **[For BRC] -** There is a need for BRC to address the challenge of loss of institutional memory across rotations by putting in place an information management (IM) system (such as a shared drive) prior to the ERU deployment.

15. **[For both BRC and SRC] -** There is likewise a need to advocate to the IFRC to ensure that sending NS ERU teams can access the IFRC IM systems (through permissions, passwords etc.).

Effectiveness

- In collaboration with FACT WASH and the WASH Cluster, the BRC first rotation was able to quickly identify and address needs at a time when there were still few WASH actors on the ground. The BRC ERU carried out needed and important sanitation and HP work in three temporary camps, as well as in the Cuban Field Hospital, in Beira. The first rotation BRC MSM20 played its role in containing the cholera outbreak and, had the outbreak continued to spread as feared and predicted, the team would have been well positioned to respond to it. ***Go to section.***

- There were some examples where steps were taken to integrate previous lessons learned from previous MSM deployments and reviews. For SRC, these include staggering rotations, and adopting a shared drive system for information management. For BRC, examples included deploying a highly experienced first rotation. ***Go to section.***

- The IFRC was quick to request the first MSM20 ERU. For both ERUs, the time between deployment order and deployment was around six days, comparable to other deployments, though outside the 72 hours timeframe stated in the ERU ToR. Several interviewees felt that this response was somewhat slow and deserving of reflection. At the same time, the first ERU was one of the first WASH actors on the ground and was immediately operational. ***Go to section.***

- The quality of volunteer management of the MSM teams was seen to be high with emphasis placed on a wide range of training including the Code of Conduct, Fundamental Principles, HP, CEA and PGI. ***Go to section.***

- Coordination between the different WASH ERUs was generally strong although dynamics went through different phases during different rotations and was highly dependent on personalities. The SpnRC M15 and BRC MSM20 coordinated well initially although there was later some confusion about where responsibility for hygiene promotion lay in one of the camps. There could have been better coordination around volunteer training to ensure consistency of curricula. Towards the end of the deployment (in the recovery phase), the three ERUs were less well coordinated and followed their own separate strategies. ***Go to section.***

- Relationships between the ERUs and FACT WASH was generally positive, characterised by open information sharing and regular discussions. However, gaps and turnover in the FACT WASH position (outside of the control of the ERUs) was not conducive to strong synergy amongst the WASH ERUs and seriously affected continuity of the WASH strategy in the post-emergency phase. ***Go to section.***

- Coordination with non-Movement actors was fruitful and included the MSM teams' active participation in the WASH Cluster. The IFRC's decision to request the second MSM20 was itself based on a request for additional support by the WASH Cluster. During the post-emergency phase, it is not clear how much the MSM20 teams were truly aligned with the WASH Cluster given that they were not working in areas with acute WASH needs, but strong coordination continued. ***Go to section.***

- Despite concerted efforts by the MSM20 teams, there were limited opportunities to coordinate with the CVM although this temporarily improved when the CVM WASH Coordinator was transferred to Beira from Manica province. However, because he was no longer in place by the time the BRC team were designing the long-term WASH project in Mutua, there were little, if any, opportunities to incorporate the CVM's technical knowledge, perspective and past learning into the programme design. ***Go to section.***

Effectiveness Recommendations

16. **[For both BRC and SRC]** – Review factors that slow down deployments. This may include revisiting the need for pre-deployment briefings to be held at HQ level – perhaps they could be online instead.
17. **[For both BRC and SRC] -** Data collection, monitoring and reporting needs to be improved in order to be able to manage and measure ERU activities and outputs. It is recommended that the logframe template is simplified to make it more appropriate for the emergency contexts in which MSM20 teams work and to ensure delegates are

thoroughly trained on proper use of the logframe and monitoring against it. Encourage the institutionalisation of the collection, analysis and usage of Sex, Age and Disability Disaggregated (SADD) data through updating the SitRep reporting templates and incorporating the topic into MSM training.

18. **[For both BRC and SRC] -** To ensure duty of care and expectation management of ERU delegates there is a need to place greater training and pre-deployment emphasis on preparing delegates for the possibility that deployments will involve supporting recovery programming and the consequent requirement for flexible mindsets. To help this, case studies of the review of past deployments which involved recovery operations could be included in the MSM training.

19. **[For both BRC and SRC] -** Continue to work on developing a Community of Practice for MSM delegates, including a platform (linked to technical guidance on latrine design etc.) for delegates to share expertise and provide peer support on technical challenges.

20. **[For both BRC and SRC] -** To address inconsistent levels of coordination between different ERUs and between ERUs and FACT Teams, pre-deployment training should be reviewed in order to ensure this ERU function is adequately covered.

Programme Quality *(a standalone sub-report focused on CEA and PGI has been written to accompany this main report. The below summarises the key findings from the sub-report)*

- Community Engagement and Accountability (CEA) was, compared to previous deployments, generally well-integrated into the MSM responses, especially in the hygiene promotion activities. The evaluation team heard of a number of cases were improvements were made based on community feedback. There was extensive community engagement, for example the SRC engagement with community volunteers and the work carried out with cleaning committees in the camps. On the other hand, the evaluation team found evidence of limited delegate awareness of CEA in certain cases. All in all, the findings suggest that training on CEA and PGI has been partially effective but since all SRC delegates have not gone through the training yet, it's difficult to draw specific conclusions. ***Go to section.***

- The most striking example of CEA shortcomings concerns the failure to factor community preferences into decision-making around where to work and what assistance to provide after the emergency period. At the level of strategy-setting, therefore, the community engagement appears to have been a secondary consideration. Given that responsibility for strategy-setting lies with the FACT WASH coordinator position, this suggests a need for improved alignment between FACT and CEA delegates. Nevertheless, ERUs also have a responsibility to influence the integration of CEA principles. Most of the SRC delegates mentioned that they would like support in the field on implementing CEA and PGI. ***Go to section.***

- Many of the PGI Minimum Standards in Emergencies were well integrated into the MSM operations. For example, camp residents who were interviewed said that they felt that the latrines were accessible to all people in the camp and that they were felt safe using the latrines and bathing facilities (there was lighting provided), latrines were gender separated and the male and female latrines positioned an appropriate distance apart. On the other hand, (at least some of) neither the latrines nor bathing facilities had locks, which users would have preferred. The evaluation team was not able to verify the extent to which disability was taken in to consideration in the design of sanitation facilities. ***Go to section.***

- There were elements of PGI Minimum Standards which not fully implemented, such as on SGBV and Child Protection. This includes internal safeguarding mechanisms such as a code of conduct and the Protection from Sexual Exploitation and Abuse (PSEA).
- While sex, age and disability disaggregated (SADD) data was collected, the analysis and implementation of solutions based on the data was not institutionalised, depending instead on individual initiatives and was not institutionalised. ***Go to section.***

Quality Recommendations

21. **[For both BRC and SRC] -** There is a need to continue building CEA and PGI expertise into ERU teams on topics such as community consultations in needs assessments and design in the emergency phase, safeguarding mechanisms and collection and analysis of SADD. Current efforts underway to review and strengthen training on CEA should be continued to ensure delegate awareness of existing guidelines (CEA Minimum Commitments and Actions and PGI Minimum Standards in Emergencies). One option is to develop and run a bespoke MSM-adapted three-day CEA training for MSM delegates from across the different national societies which hold WASH ERUs.

22. **[For both BRC and SRC] -** It could be considered deploying specific PGI and CEA support (with a standardised ToR) within the ERU team (i.e. a specialist delegate).[4] A related option would be to deploy a PGI/CEA role as a joint resource to support all deployed WASH ERUs.

23. **[For both BRC and SRC] -** Update the CEA Minimum Actions guidelines once the IFRC has created separate CEA standards for emergencies.

24. **[For both BRC and SRC] -** The PGI Minimum Standard in Emergencies should be amended to cover all interventions and activities in the WASH sector (for example, comprehensive standards for hygiene promotion activities are currently lacking).

25. **[For both BRC and SRC] -** Consider developing training material for child protection, PSEA and code of conduct and associated delegate responsibilities.

26. **[For both BRC and SRC] -** Develop (or integrate existing resources from other agencies) PGI/CEA in emergency checklist and context-based fact sheets to be shared with all delegates not only as a reporting tool but also as a CEA/PGI mainstream monitoring tool for example to guide consultation on latrine design.

27. **[For both BRC and SRC] -** Advocate with IFRC for improved linkages between IFRC CEA/PGI delegates and ERU teams, including stronger guidance for both CEA/PGI delegates on how they can support ERU teams. It may also be useful to create better opportunities for ERU Team Leaders to work directly with CEA/PGI delegates, for example through including ERU Team Leaders in weekly programme meetings during responses.

28. **[For both BRC and SRC] -** Conduct a Real Time Evaluation (if possible) early in the deployment (e.g. end of second rotation) to provide recommendations that can influence the ongoing emergency response.

[4] The CEA/PGI Adviser (part of the evaluation team) was in favour of the recommendation to deploy CEA/PGI delegate with the ERU, and the idea was also enthusiastically supported by the BRC's CEA Adviser. Most of the rest of the evaluation team were not in agreement, believing it a better approach to mainstream expertise.

Sustainability

- At the time of writing, there remains no guarantee that the project in Mutua will be implemented/continued, due to CVM and IFRC's lack of success in recruiting the required WASH team. There may also be questions around the CVM's interest in the project as it is currently designed given their limited involvement in its conceptualisation. Given that the WASH issues the project was intended to address were not subject to the same time-pressure requirements of other aspects of the response, it can be challenged whether utilising the ERU to start the project when there was no guarantee that it would be implemented was the wisest course of action, or whether it would have been preferable to first recruit a local CVM WASH team before raising community expectations. ***Go to section.***

- There are similar concerns regarding the sustainability of the SRC MSM20 initiatives in Ngupa, Subida and Tierra Prometida since there is no guarantee that the IFRC and CVM will continue to support and guide the community led sanitation and HP activities. Community members and volunteers in all three locations raised their concerns about sustainability and what would happen after the delegates leave. ***Go to section.***

- There are also risks around the sustainability of the volunteer cadre which the ERUs have developed and this in turn jeopardises the continuation of hygiene promotion in the areas where the two MSM20 teams were working. It should be noted that this problem was not of the ERUs' making. Indeed, the MSM20 teams made efforts to transition out of the 'emergency phase for volunteer management' but this phase was extended by the IFRC/CVM due to lack of readiness of procedures or guidance on how to transition or step-down from the emergency phase. Consequently, ERUs had no option but to continue following the emergency phase procedures and associated volunteer terms and conditions. ***Go to section.***