Review of MSM ERU Cyclone Idai Mozambique Response

Photo: Najwa Kallas

British Red Cross and Swedish Red Cross

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September 2019 (revised February 2020)

Acknowledgements

The evaluation team are grateful to Luke Tredget, Pablo Cabrero, Ana Hagström, Jo Reid, Alex Ballard, Geors Richards, Moa Chenon, Vivien Walden and everyone else who supported the evaluation both in London and in Beira. The team would also like to thank all interviewees for their availability and honesty. We hope this evaluation will help the Swedish and British Red Cross organisations further improve their WASH emergency response operations in the future.

Contents

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 additional sanitation support. The IFRC initially posted an alert for a sanitation specialist;

[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.

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.***

Introduction

Background to Cyclone Idai and the MSM20 ERU response

Cyclone Idai hit central Mozambique on the night of the 14th March 2019 and was one of the strongest cyclones, and the most impactful, on record. The storm made landfall very close to the port city of Beira, Sofala Province, and caused widespread and significant damage across Sofala and the Provinces of Zambezia, Manica and Inhamban as the storm moved towards Eastern Zimbabwe. The 500,000 inhabitants of Beira City witnessed significant destruction - 90% of the city infrastructure was damaged and the area became almost entirely inaccessible one the cyclone began to make landfall - and significant loss: of lives; livelihoods; shelter; basic services and arable land. In Mozambique alone, the cyclone left an estimated 600 people dead and 1.85 million people in need.

Five weeks after Cyclone Idai, a second, stronger cyclone struck Mozambique, adding greater complexity to response efforts. Category 4 Tropical Cyclone Kenneth hit Cabo Delgado in the north of Mozambique on the 25th April; it became the strongest cyclone to ever hit the African continent and left around 375,000 people in need.

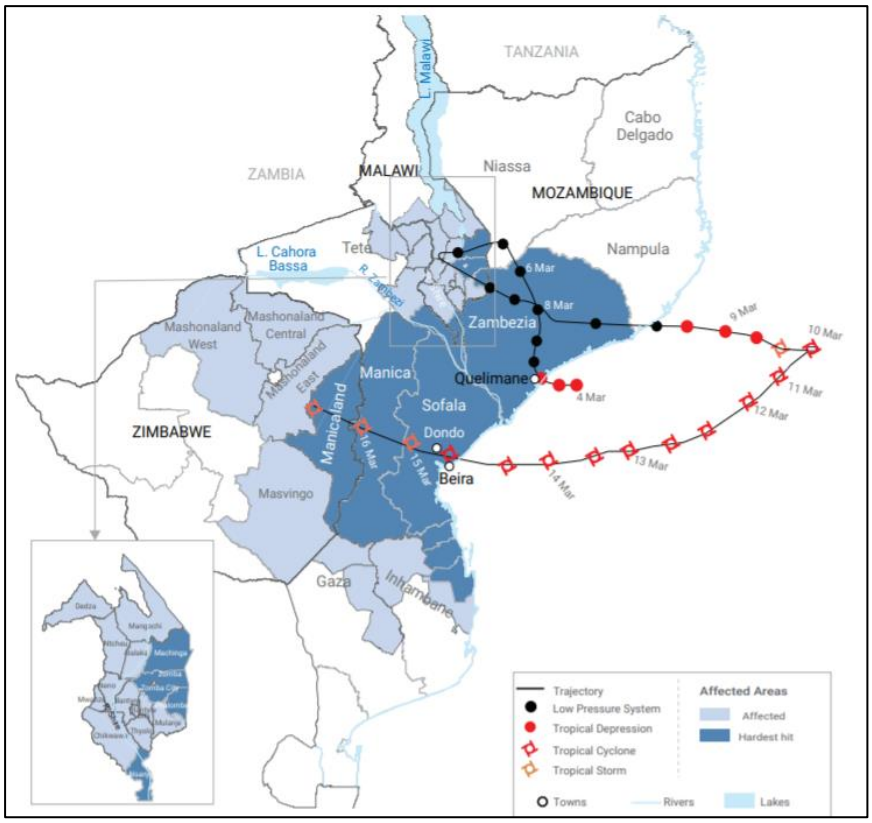

Figure 1 - Extent of damage (source UNOCHA)

Just prior to Cyclone Idai making landfall, the CVM and IFRC initiated an emergency response to assist those affected by the impacts of the cyclone, including an allocation from the Disaster Relief Emergency Fund (DREF) and a CHF 10 million Emergency Appeal to reach 75,000 people – following two revisions this appeal this stood at 32 million CHF to reach 172,500 people over 24 months. A total of 297 international surge personnel were mobilised, including 120 Field Assessment and Coordination (FACT), Regional Disaster Response Team (RDRT) and Shelter Cluster functions, and 177 delegates within 8 ERUs.

In the immediate aftermath of the cyclone, over 130,000 people (out of approximately 400,000 temporarily displaced) were congregating in 160 informal camps around Beira, where there were high needs across all sectors. The first WASH assessments conducted in the camps stated the need to prepare for a massive reception of displaced population. In response, the IFRC deployed the Water Module 15 ERU (SpnRC) and the MSM 20 ERU (joint BRC and SRC deployment[5]), with the first rotation arriving in Beira on the 26th March. This deployment had the objective of assisting displaced population in the camps in Beira town to provide water, sanitation and hygiene promotion services. During this period, the ERUs provided essential water, sanitation and hygiene promotion activities in the informal camps.

Around this time, at the end of March, the first cases of suspected cholera were reported, and available evidence indicated a high risk of a large cholera outbreak in Beira. In response to this, IFRC/Mozambique Red Cross set up more than 10 Oral Rehydration Points (ORP). A second MSM20 ERU was requested and on the 10th of April, SRC, jointly with Austrian Red Cross and German Red Cross, deployed a second MSM20 team to Beira. In line with the IFRC's deployment order, the-SRC lead MSM20 deployed without any ERU equipment.

A timeline of ERU activities is provided in **Annex 2**.

Review purpose, objectives and scope

This internal, joint review of the ERU MSM20 Mozambique Cyclone Idai deployment aimed to assess the BRC and SRC-led ERU MSM20 emergency response with a view to improving future responses. The review also aimed to generate strategic learning around disaster management for the commissioning organisations and the Movement more broadly. Further, the review aimed to identify the extent of activation of PGI/CEA approaches in the response and to identify practical ways to improve the mainstreaming of these in future operations.

To achieve this purpose, the review was undertaken with the following objectives:

- To review the overall quality of implementation of the ERU MSM20 emergency response.
- To capture learning and identify recommendations in a practical way, enabling BRC and SRC to improve future ERU MSM emergency responses and share this learning with the wider Movement and WASH ERU Technical Working Group (TWG).
- To assess MSMs' suitability for transitioning to recovery and/or long-term programming.
- To assess the targeted communities' perspectives on the assistance provided by the ERU teams.
- To enable SRC and BRC to improve future PGI and CEA mainstreaming in response and trainings and share this learning with wider movement.

The review had a mandate to assess the Relevance and Appropriateness, Efficiency (including Value for Money), Effectiveness, Programme Quality and Sustainability of the MSM20 response. The full list of guiding questions can be consulted in the evaluation Terms of Reference (ToR) in **Annex 1.**

For the SRC, the review centred on the sanitation and hygiene promotion activities latterly delivered in peri-urban areas of Beira, specifically Tierra Prometida, Subida and Ngupa (Figure 2) as well as on the initially-supported Oral Rehydration Points (ORPs) in Beira where SRC provided latrines.
For BRC, the review focused both on the emergency sanitation and HP activities initially undertaken in the temporary camps in Beria, specifically *Inhamisua IFP, Sao Pedro Camp,*

[5] The initial deployment was led by the BRC with financial support from the SRC. When a second MSM ERU was called by the IFRC, the SRC led the deployment of a second ERU with support from the German RC and Austrian RC, while the initial ERU became solely supported by the BRC.

Samora Machel Camp.(Figure 3), in addition to the planning for the long-term recovery WASH programme in Mutua town, Dondo district.

Although the IFRC's WASH response also included a third ERU (M15) led by the Spn RC, as well as the IFRC's WASH FACT position, the scope of this review is limited to the two ERUs led by the Swedish and British RCs.

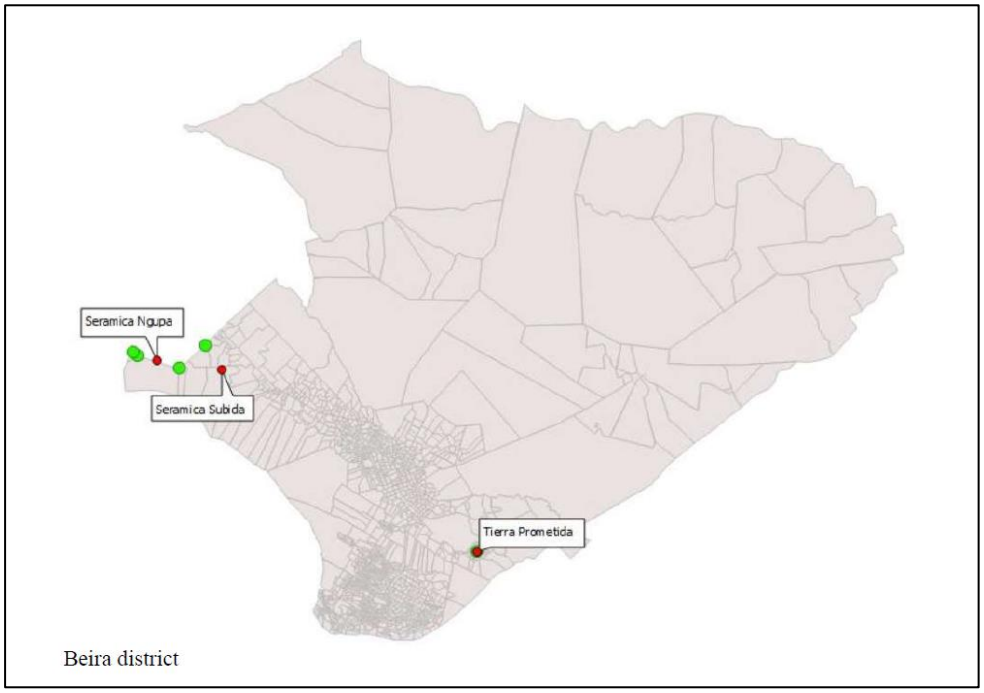

Figure 2 Swedish Red Cross MSM20 areas of implementation in Beira; Nguoa, Subida and Tierra Prometida

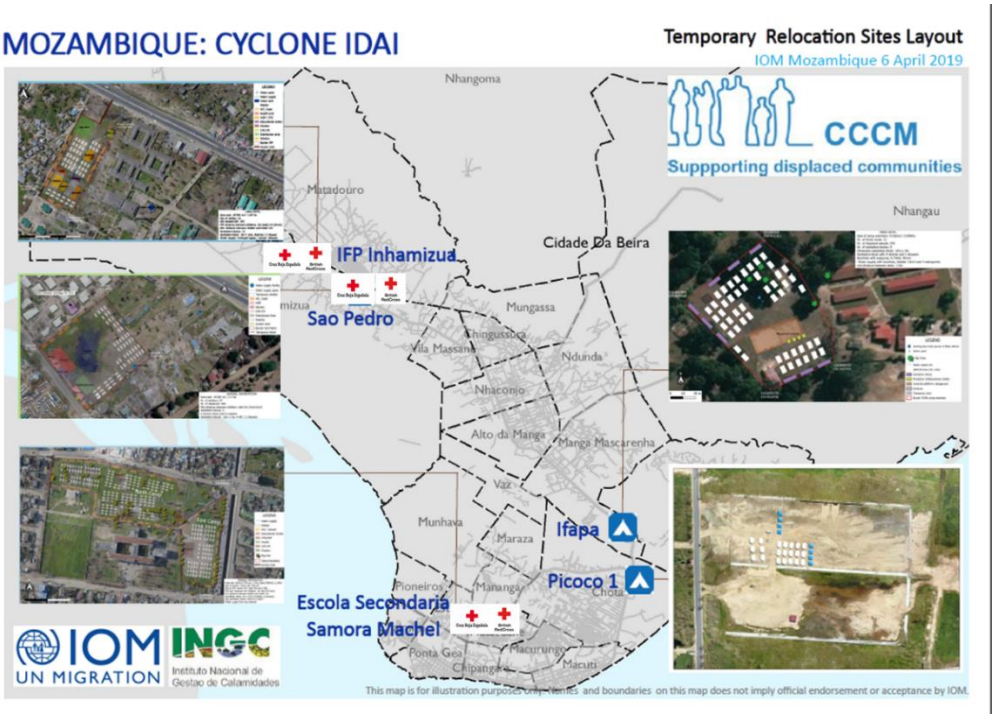

Figure 3: *British Red Cross MSM20 areas of implementation in Beira: Inhamisua IFP Camp, Sao Pedro Camp, Samora Machel Camp*

Methodology

The evaluation was undertaken in June and July 2019 by a team comprised of five individuals representing the British RC and Swedish RC. The methodology involved:

- A desk review, which included assessment reports, delegates End of Mission (EoM) reports, ERU strategy documents and response SitReps.
- An online survey of deployed Swedish and British delegates.
- Interviews and group discussions (carried out both face-to-face in Beira and via phone) with:
    - MSM delegates from the British, Swedish and Spanish ERU teams.
    - IFRC staff involved in the response at both field and HQ levels.
    - British and Swedish Red Cross staff involved in emergency response at HQ levels.
    - CVM staff and volunteers (Beira and Mutua).
    - Non-Movement (UN and INGO) organisations involved in the Cyclone Idai response.
    - Communities affected by the cyclone who had received assistance from the British and Swedish MSM teams.

Within the group discussions, the evaluation team used innovative and interactive tools with community members and volunteers in order to build participant trust and put participants at ease, achieve effective communication, ensure engagement from all participants in the sessions, avoid difficulties with dual translation, and facilitate a variety of ways for participants to express their views and answer assessment questions. These tools included using pictorial methods and colours (for example when asking people to express their satisfaction). Recreational activities were organised for children in parallel with discussion sessions in order to facilitate mothers' and caregivers' participation in the sessions. These activities were an extra source of information for assessing the impact of hygiene promotion activities on children as well as community impressions of the Red Cross in general. The photos below show some of these methods in action.

Reflections on the review process

The process of undertaking the MSM review has itself generated insights. In relation to timing, had the review been conducted earlier in the response (e.g. as a 'real-time' evaluation as originally planned), it would conceivably have been better able to influence subsequent decisions during the response. Nevertheless, judged against the aims of influencing learning for future responses, the review holds more promise.

Conducting the review while delegates were still in the field provided the evaluation team with critical access and contextual understanding. Drivers and volunteers also provide essential institutional memory.

Pooling resources between the British and Swedish organisations made it possible to assemble an evaluation team with diverse technical skillsets. In particular, including a CEA/PGI specialist in the evaluation team enabled specific focus on those areas. In turn, having a well-resourced team enabled consultations with a wide range of stakeholders, including minorities/people with disabilities. The mixed-methods approach worked well and having some survey results prior to the fieldwork provided some insights to help frame subsequent interviews.

Review limitations

Inability to observe hardware: Due to the closure of the temporary camps in Beira, including those where the BRC MSM20 teams had initially worked (Samora Machel, Inhamizua IFP and Sao Pedro camps) it was not possible for the evaluation team to visit these camps. It was therefore challenging to interview recipients of support (as families had already returned to their homes or to government relocation sites) and not possible to see the quality of the (already decommissioned) emergency rapid latrines and bathing places constructed in the site.

Similarly, nearly all ORPs where the SRC MSM20 had initially focused had been decommissioned by the time the evaluation team visited Beira. The evaluation team only managed to visit one ORP that was still open. In addition, except for the first rotation, the focus of the BRC team had been on conducting assessments and undertaking planning processes, rather than on producing tangible outputs. While the SRC had latterly been involved in constructing recovery latrines, none of these were fully constructed at the time of the evaluation. Put together, these facts meant that there was little in the way of physical outputs for the evaluation team to assess from technical, protection and inclusion perspectives.

Challenges relating to meeting recipients of assistance: A related limitation was that, while the evaluation team did manage to meet with some former camp residents, these interviews took place in a new government relocation site to which these individuals had recently been moved. It was challenging to have a conversation about the previous camp; understandably, individuals were keen to describe the challenges of their current camp (in which the IFRC had decided against intervening). Due to community dynamics it was not always possible to limit focus groups to small numbers and this complicated efforts to have focused conversations. In addition, double translation was required (from the local language to Portuguese to English and vice-versa) in some communities and this made it hard to have fluid conversations.

Lack of institutional memory among key informants: Due to high turnover amongst those most involved in the response, many key initial decision makers were no longer involved in the response and so it was at times challenging to access the individuals most relevant to the topic under review. To the extent possible, this was mitigated by conducting follow-up reviews with individuals who were no longer involved in the response.

Lack of documentation: Decisions were not always well documented and so this made it difficult for the review team to triangulate information.

Unfinished financial reporting, SRC: The Swedish Red Cross has not yet finalised the financial reporting from the ERU MSM20 deployment, hence there are only estimated figures for the cost efficiency analysis in the Efficiency section.

Restriction of scope to BRC/SRC performance: The review was commissioned by BRC and SRC and therefore focused on the performance of those organisations. In reality, however, for any ERU, the performance of the sending PNS is highly dependent on IFRC actions. The review has aimed to highlight and distinguish between issues which fall more under the MSM20 teams' sphere of control versus those which are more linked to IFRC. Nevertheless, it is not always possible to make such clear distinctions.

Findings

Relevance and appropriateness

Relevance of the MSM modality during the emergency phase

The first (BRC-led) MSM20 ERU

The initial FACT assessment, which identified sanitation and hygiene needs in the temporary camps, is widely perceived to have been accurate given the significant sanitation and hygiene needs which the first rotation encountered on their arrival to Beira. Poor sanitation and hygiene levels were confirmed by the baseline (undertaken in Samora Machel, Inhamizua IFP and Sao Pedro camps by BRC MSM20), highlighting the relevance of the deployment. For example, only 3 percent of respondents indicated that they washed their hands at all key times. Therefore, the MSM ToR and Deployment Order for the first MSM ERU are generally considered to have been relevant to the emergency context. In collaboration with FACT WASH and the WASH Cluster, the first rotation was able to quickly identify and address needs at a time when there still few WASH actors on the ground. As table 2 below indicates, the first rotation usefully provided sanitation and HP services in three camps, as well as in the Cuban Field Hospital.

In terms of identifying which *specific features* of the MSM were relevant, the key factor making the ERU preferable to other Movement emergency response tools was the rapidness with which the unit was mobilised and operational. Other features of the ERU were less relevant. For example, working at scale, a key added-value of the ERU, was not applicable to this context due to the rapid opening and closing of temporary camps and the relatively modest numbers of people in each camp. Indeed, the context of multiple, small camps created a bottleneck for a four-person static MSM model. At the end of the first rotation, the ERU had built 44 latrines, with the number of people reached with key hygiene messages estimated at 2,245.

Similarly, the kit, another key component of the MSM20 ERU, was mostly surplus to requirements given the relatively high functioning of the markets and presence of private sector in the urban context of Beira (see Efficiency section). By lacking authority to conduct procurement, coupled with the MSM20's modus operandi of 'direct implementation', the MSM was not able to consider other, market-based options which could have been more appropriate for an urban context, such as procuring the services of local contractors for construction work.

Given the above factors, 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. However, given that these options were not forthcoming, it can be clearly seen why the MSM was chosen; though in similar urban contexts in the future a more flexible HR set up that allows for greater coverage and lighter kit could be more relevant.

Table 2

Summary of support provided in temporary camps by BRC MSM ERU Team (mostly first rotation)	
Camp/location	**Support provided**
Ifapa	A range of HP activities.
IFP Inhamizua	10 latrines (5 double cabins) and 4 bathing facilities. Each double cabin had a handwashing facility attached (vent pipe with mosquito

	net, soap & soak away pit inclusive). HP activities were also conducted.
Samora Machel	10 latrines (5 double cabins) and 4 bathing facilities as well as 2 child latrines, all with accompanying handwashing facilities. HP activities were also conducted, initially directly by the MSM20 teams, before responsibility for them was handed over to the M15 ERU.
Cuban Field Hospital	10 latrines (5 double cabins) and 1 bathing facility (with handwashing stations). This was at request of WHO as no sanitation facilities existed whilst the facility was seeing up to 700 patients per day.
All of the above	Sanitation support (desludging, improvements to drainage systems, waste bin lids provided, etc), including practical and in-kind support to camp cleaning committees and HP activities (delivered in coordination with CVM volunteers in the 2 camps).

The second (SRC-led) ERU

The appropriateness of sending the second ERU 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 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 there were few other options. Given the fact that it was not clear how serious the cholera outbreak might become, some feel that the deployment was justified. Others however suggested, given that the camps were already emptying, it might have been more efficient and appropriate to repurpose the existing human resources by tasking the BRC team to work in the oral rehydration points (ORPs).

It is clear from the sitreps that the first SRC MSM20 team spent an unjustified amount of time coming up with a suitable latrine design for the ORPs and then implementing the solution. Some argue that the team was insufficiently trained and prepared for such an 'outside the traditional MSM20 latrine construction task' in an urban setting. Once the latrines for the ORPs had been constructed, several delegates and volunteers observed that they were not used, at least not by patients. Some of them even had padlocks.

The SRC first rotation also severely struggled with cash flow (see Efficiency section) which slowed them down. 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 first rotation failed in creating a Plan of Action for the SRC led MSM20 and the delegates felt there was no point for them to stay (or for a second rotation).

Relevance of the MSM modality during the post-emergency phase

As this section describes, the MSM ERUs were challenged to identify a relevant role after the immediate emergency phase. Further, these challenges were partly due to context (the needs on the ground) and partly due to strategic decisions made at the overall IFRC level.

By the end of April (one month after the cyclone), the Mozambican government (GoM) instigated a transition from response to recovery. This involved the incremental closure of the informal shelters where the ERUs had been providing services, and the start of families' return to their communities. Concurrently, the GoM launched a resettlement plan, involving the relocation of families whose home areas the government considered to be off-limits, to newly created camps outside of Beira town. In many ways, these camps constituted the setting

where the MSM ERUs could have provided most value. However, this option was ruled out by the IFRC's decision not to work in the camps due to concerns around protection and forced migration.

A second option which was considered was to work in Buzi district. Evidence from the WASH Cluster as well as a rapid assessment led by the BRC MSM20 second rotation team leader suggested that there were acute unmet needs in Buzi to which the MSM could usefully have responded (this is was the most affected area on the path of the cyclone). An inter-agency rapid assessment of Buzi district, published in early April, identified WASH as one of three priority needs.[6] Notably, Medicins Sans Frontières (MSF) were in the process of withdrawing from a particular area and requested that the Red Cross take over their water purification plant.

Ultimately, however, the decision of the FACT Team was for the IFRC operation to work exclusively in Dondo district. The evaluation team heard various rationales for this decision which included a reluctance to spread the operation across too wide a geographical area, concerns around logistical challenges of accessing Buzi, lack of security assessment having been taken in Buzi, and the presence of other actors in Buzi.

There were contradicting opinions about whether this was the right decision, and there were significant reasons put forward on both sides of the debate. Some interviewees believe the above-mentioned factors were good reasons for not working in Buzi. Others believed that not working in Buzi was an error given the logistical capability of the ERUs and judge that an opportunity was missed to provide useful assistance were most was needed. It was also pointed out that the MSM20 ERUs did not end up working in the same locations as the overall IFRC recovery strategy anyway (according to the IFRC and CVM team in Beira the areas were not included in the early recovery program or future budget at the time of the review), so the decision to not go to Buzi did not prevent the feared geographical splitting. Overall the decision not to work in Buzi was a complicated one and remains controversial. For the sending NS, one consideration is the potential reputational risk of being seen to fail to address perceived acute needs due to selecting places logistically easier to reach.

After it had been decided to work in Dondo, the IFRC carried out a series of recovery assessments across the district and in per-urban Beira. As the WASH strategy had not been clarified at that stage and MSM delegates didn't have much to do, several team members of both MSM20 teams were temporarily 'transferred' to the assessment teams.

> ***"In terms of what community wanted, if we go to the field the community would say this is not what they wanted. For them the priority is food and shelter. But CVM know that good sanitation and hygiene it is important to prevent diseases transmission. No one is interested in sanitation, everyone is interested in food."***
> **(CVM Staff Representative)**

The assessments showed that WASH was not a priority sector, compared with shelter, livelihoods and food, and thus threw in to doubt the continuing relevance of the MSM ERUs. The BRC second rotation team members and SRC first rotation team leader suggested to IFRC that the deployment should not continue after the end of their rotation. Conversely, IFRC staff saw value in putting the ERU resources to use since they were already in-country. As a consequence, the ERUs were requested, and agreed, to continue for a further rotation.

[6] The assessment stated: 'Almost all communities are facing a major deterioration in the quality of sanitation facilities. Whereas previously all communities mostly used household latrines, now all but one community had changed practice with most (70%) now resorting to open defecation.'
https://reliefweb.int/sites/reliefweb.int/files/resources/MOZ_Rapid_Assessment_Report_FINAL_5Apr.pdf

By the beginning of May, a broad IFRC WASH strategy had been developed, with a geographical focus on a small number of peri-urban sites in Beira district, and in Mutua. The strategy envisaged a set of integrated water, sanitation and hygiene activities. The water component would be led by the Spanish M15 through the repair of water points in Beira. The sanitation and hygiene components were to be divided across the two MSM20 teams (BRC focusing on per-urban Mutua town, SRC focusing in three areas – Ngupa, Subida and Tierra Prometida – in Beira) and include the roll-out of the sanitation and hygiene strategy of GoM based around a two-year community-led total sanitation modified CLTS approach.[7] The strategy also made it clear that the ERU teams were to exit in the end of. For all components, it was assumed that the IFRC/CVM would continue activities following the exit of the ERUs. Regrettably, the outgoing and incoming FACT WASH Coordinators were not able to have a handover (there was a gap of a few days between their respective deployments); this may have been a contributing factor to the lack of subsequent sustained commitment to this strategy demonstrated by the IFRC.

The rationale behind the decision to work in each of the locations as set out in the strategy is unclear but appears to have been driven by the choice made by the Spn RC to focus their M15 work on water pump rehabilitation in these areas, which was in turn based on an existing (pre-cyclone) local government (Distrito do Planeamento and Infrastructuras) plan to rehabilitate the handpumps in Mutua peri-urban areas. It is unclear how exactly decisions were made around water rehabilitation, but CVM staff appear to have been involved in identifying the areas of implementation in Beira (Ngupa, Subida and Tierra Prometida).

"In this response the WASH ERU presence and push forward with the WASH long-term recovery planning was not actually supported by the reality of assessment findings on the ground. WASH needs were not identified as a priority or need for the affected population. The input and deliverables from that ERU response is therefore not necessarily needs-based or relevant."
(BRC, *Lessons learned from the Tropical Cyclone Idai response, Mozambique*)[8]

It is hard to find needs-based evidence to support the decision to select these areas (Mutua, Ngupa, Subida and Tierra Prometida) for long-term WASH interventions. As far as the evaluation team can tell, the decisions preceded any needs assessments. The decision was controversial among delegates (one BRC delegate decided to exit the roster as a result), with several voicing the opinion that the needs in the selected areas of implementation were no greater than in other areas and also that communities may have preferred another kind of intervention, such as one focussed on food security or livelihoods. Although the activities were framed as 'recovery', the evaluation team saw little evidence that sanitation quality had markedly decreased because of the cyclone. It is significant that few of the delegates interviewed from any of the three WASH ERUs were clear on the rationale for the locations of their work beyond the fact - in the SRC case at least - that the areas we were identified by the CVM. In discussions in Mutua, Ngupa, Subida and Tierra Prometida, community members clearly said that they were happy with and saw value in, the sanitation and HP services provided by the CVM and ERU teams. Yet they also stated that their acute needs related to the cyclone were shelter and food.

It was intended that the WASH interventions would be integrated into a broader multi-sector recovery programme led by the IFRC at a later date. However, because the operation as a whole was not yet ready to make operational decisions regarding long-term plans, the MSM20

[7] This decision, with geographical division, was taken in a meeting on the 13th of May with all WASH ERU team leaders and the CVM WASH coordinator present, according to SRC SitRep no. 18.
[8] The Lessons Learned document was written by BRC delegates deployed as part of the response and therefore independent of the present review.

teams were forced to proceed without such commitments having been officially signed-off, despite efforts made to gain clarity and commitment from IFRC/CVM.

The organisational positioning of ERUs in the overall response was also seen to negatively affect the MSM20 teams' ability to play a leadership role in the transition from emergency to recovery. For example, the BRC MSM20 team was tasked with developing a recovery WASH project but was not given access to key IFRC operational documents such as the Emergency Plan of Action (EPOA) and corresponding budget which obviously hamstrung the team's ability to align the WASH project with the overall response. This is also reflective of the broader challenge encountered by MSM20 teams of being excluded from key programmatic meetings (the standard approach was for the WASH ERUs to be represented by the FACT WASH Coordinator) which several delegates felt undermined their ability to influence and be aligned with the overall operation.

Similarly, the second team leader of the SRC MSM20 made a huge effort to secure commitment from the IFRC and CVM to continue the support and the started long-term sanitation interventions in Ngupa, Subida and Tierra Prometida after the ERU phase. The main reason for this was the accountability that the Red Cross have towards the communities in these areas. The team did not want to start up a long-term intervention in these communities without a continuation after July.

However, at the time of writing there is no guarantee that these areas will be incorporated into the broader multi-sector IFRC recovery programme. There therefore remains a possibility that communities will receive an intervention which fails to fully align with their priority needs. There is also a risk that the IFRC/CVM will have the capacity/commitment to take-on the management of the WASH projects at all and that the projects are not completed (or started in the case of Mutua). Should this happen, the value of the ERU activities in those areas will be questionable and may prove to have been counter-productive in terms of raising false expectations and lacking sustainability (e.g. of hygiene promotion activities).

Only with time will the overall impacts of the MSM20 activities be known, but in hindsight it may have been preferable for the ERU deployment to have been ended after the emergency phase or for there to have been a transition to a smaller teamOne 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. In any case, a key question for the IFRC and ERU-sending NS to reflect on is whether this sanitation and hygiene assistance was provided because it was believed to be the key need, or because the resources were available. Given that the recovery work of the MSM ERUs was disconnected from the integrated recovery programming of the IFRC, although the use of the MSM in a non-traditional way was innovative and interesting, the review team was not able to find strong evidence that the work that the MSM ERUs contributed to the overall recovery programming was particularly relevant.

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Efficiency

Achievement of planned MSM activities

BRC-led MSM20

The overall objective for the BRCMSM20 team, as set out in initial plans, was: 'The risk of water-borne disease outbreaks is reduced for up to 20,000 people living in flood and cyclone affected areas for up to 4 months'. In support of this goal, the main envisaged outputs (planned for the four months deployment) were: construction of 400 emergency latrines, construction of 100 handwashing facilities, construction of 100 bathing areas, 100 hygiene promotion activities carried out, establishment of 30 WASH committees, solid waste management, and mobilisation, training and capacity building of CVM volunteers. As table 3 below shows, around 9-19% of the main planned activities were implemented, virtually entirely by the first rotation.

Table 3

Implemented of Planned Activities – BRC ERU					
Output	**Planned (four months rotation)**	**Planned (1st rotation only)**	**Actual (1st rotation[9])**	**% of plan implemented (all rotations)**	**% of plan implemented (1st rotation)**
Latrines constructed	400	40	44	**11%**	**>100%**
Handwashing facilities constructed	100	10	19	**19%**	**>100%**
Bathing facilities/showers constructed	100	10	9	**9%**	**90%**
Hygiene promotion activities	100	N/A	11	**11%**	**N/A**
WASH cleaning committees established	30	0	No data (although some WASH committees established)	**N/A**	**N/A**
Solid waste management	30 (households)	N/A	No data	**N/A**	**N/A**
Recruitment of CVM volunteers	10	N/A	23	**230%**	**N/A**
Training sessions for CVM volunteers	N/A	N/A	20	**N/A**	**N/A**
Trainings/activities of WASH community volunteers	N/A	N/A	8	**N/A**	**N/A**
Decommissioning of WASH facilities	N/A	N/A	40[10]	**N/A**	**N/A**

As the table shows, 'traditional' ERU activities generally finished with the first rotation. This is entirely reasonable given the closing of the temporary camps (although, as discussed in the Relevance section, there are questions as to whether the overall IFRC response could have responded better to other areas with urgent WASH needs. However, this decision was largely out of the control of the MSM ERUs). The table above also excludes the unplanned activities

[9] The table focuses on activities achieved under first rotation only because subsequent rotations did not produce tangible outputs, instead focusing on assessments (second rotation) and designing a development WASH project in Mutua (third rotation).

[10] Decommissioning continued during the second and third rotations.

achieved by the subsequent rotations, notably assessments and the design of the long-term WASH programme in Mutua.

SRC-led MSM20

Apart from assisting the OPRs with sanitation, the first rotation in the SRC MSM did not have a clear objective. The team experienced a lack of clear needs assessment and also a lack of direction from the FACT team on where they should focus. This made it very difficult for the first rotation to come up with a Plan of Action (PoA) for the ERU deployment and in the end, the PoA (and budget) was developed by the second rotation, six weeks into the deployment (and after the IFRC WASH strategy was in place). Since the SRC did not have a budget for the ERU running costs before the PoA was developed, SRC could not pledge the remaining funds to the IFRC Emergency Appeal (not knowing how big share of the funds that the ERU needed). This caused a several weeks delay for the final SRC pledge to the EA and hence a corresponding shorter implementation time for IFRC.

The SRC MSM20 PoA stated that the main Outcome was to: *Reduce the risk for waterborne diseases to protect public health in communities*. This was to be achieved through the activities as set out in Table 4 below. The plan set out that activities were to be implemented until the end of September (the main ERU was to leave at the end of June and two 'transition delegates' were to remain until the end of September).

Table 4 - Key activities SRC MSM20 Plan of Action

Activity	Ngupa	Subida	Tierra Prometida	Total
Construct or repair broken latrines	285 HH?	200 HH?	36 HH	521 HH
Provide Hygiene Promotion training	285 HH?	200 HH?	36 HH	521 HH

Table 5 shows the activities reported in the final SRC SitRep. Unfortunately, since the table lacks the planned output/target for each activity, the report raises more questions than it provides answers and means it is very difficult to measure any kind of efficiency. A very clear finding is that the reporting needs to be improved if any kind of conclusion is to be drawn through this data. For instance, the activities in the PoA is counting '*households reached* 'while the SitRep reports '*no. of HP activities and people reached'* are reported in the SitRep. It is also very difficult to understand how 6,420 people have been reached with sanitation facilities when only 17 latrines and 11 handwashing facilities were completed.

Poor data management and reporting by the MSM20 ERUs was compounded by lack of guidance and reporting frameworks provided by the IFRC PMER team. The message sent to MSM20 teams was that targets, indicators and reporting systems would only be considered once longer-term IM and PMER delegates were in post. Therefore, the issue of MSM20 data management and reporting had causes that were both internal and external to the ERU teams.

Table 5 – SRC MSM20 activity reporting

	total (end.29/06)	last week (end 29/06)
Activity:		
Nº hand-pumps repaired		
Nº people reached through repair of hand-pumps		
Nº wash infrastructure (health/school/CVM) rehabilitated		
Liters of water distributed		
Nº people to which safe water has been distributed		
Sanitation infrastructure: latrine *	17	In process
Sanitation infrastructure: shower*	0	In process
Sanitation infrastructure:handwashing facilities	11	0
Nº people reached with sanitation facilities	6 420	0
Nº Hygiene promotion sessions held	39	10
Nº people reached in Hygiene promotion activities	1530	760
Nº CVM WASH volunteers	7	7
Nº trainings for CVM WASH volunteers:	50	5
Nº wash community volunteers	29	29
Nº trainings/activities of wash community volunteers	23	5
Nº WASH facilities decommissioned	14	0

*ORP latrines are decommissioned, 4 remianing, 2 at Portugese hosp remaining. Matatdouro 3 latrines will be finalized this weeks. Tierra Prometida: 37 latrines and showers will be finalized this week
** Ngupa and subida in total finalized 7 + 4

Cost of the deployments

In total, the BRC MSM20 deployment cost approximately £592,000 (see Table 6), of which project expenditure (including all sanitation and hygiene activities, local salaries and local transport) accounted for just 3 percent.

Table 6

Summary of cost of BRC-led MSM20 deployment	
Expense	**Amount (GBP)**
Logistics (including kit)	298,357
Fleet (cars)	128,229[11]
HR	131,400
Cashbooks (direct and indirect costs)	34,000
Total	**£591,986**

The SRC MSM20 cost has not yet been finalised, but the estimated cost is around 2 million SEK (approximately GBP 170,000).

When looking at the value for money of the response, the key questions are 1) whether more could have reasonably been produced with the resources invested, and 2) whether what was produced could have been achieved with fewer resources. Regarding the first question, although one could argue that the IFRC response as a whole had the opportunity to do more,

[11] Note that the vehicles will be subsequently used for a BRC-supported project by Zimbabwe Red Cross (discussed in a later section). Therefore the investment noted here for fleet was not limited to the Mozambique MSM20 deployment.

there does not seem to have been significant opportunities for the ERUs to have achieved more than they did while remaining within the boundaries set by the overall response. The following sections assess the extent to which resources were used efficiently in the achievement these results.

Efficiency of Human Resources (HR)

International HR costs (salaries and travel) for the BRC MSM20 deployment cost approximately GBP 131K, representing 22 percent of total deployment costs. For SRC (not including ARC and GRC delegates) HR costs are estimated at 600 000 SEK (approx. GBP £50,000), representing 30 percent of the total estimated deployment costs.

Team configuration

While the remit of the MSM20 ERUs changed significantly after the first, the team structures essentially remained the same. As a result, at any one time there continued to be 13-15 delegates deployed across the three WASH ERUs, in addition to a FACT WASH Coordinator. Much of this period saw modest levels of construction or sanitation activities. One delegate perceived this to equate to, *'all three MSM teams acting as a HR filler for one person. It seemed insane in terms of resources.'* This sentiment is reflected in the delegate survey: A total of 40 percent and 30 percent of delegates from the Swedish and British teams respectively believed there to have been too many delegates in their rotation.

Although it would have been challenging to organise, it would have been more efficient had the three WASH ERUs achieved an integrated HR plan to match the envisaged integrated IFRC WASH strategy. The continuation of separate rotation timetables undermined the efforts to create a unified WASH team. While discussions around decision-making were held between the IFRC and the sending NS HQs, as these were on a bilateral basis they may have reinforced the siloed nature of working.

There were also arguably opportunities for each sending NS to better adapt its own team to the longer-term context in which they were working. At the time of the deployment of the BRC second rotation there was no FACT WASH in place and therefore little clarity on the overall WASH strategy. Perhaps in hindsight it would have been better for the BRC to first deploy only a Team Leader position who could have acted as interim FACT WASH and support the establishment of a WASH strategy. Depending on the shape of said strategy, the BRC could then have made the decision whether to send additional delegates/the rest of a full rotation. A few weeks later, at the time of the deployment of the third rotation, there was conceivably the opportunity to adapt the traditional model, for example by deploying a fewer number of delegates and/or deploying delegates for a longer period of time to help ensure continuity. It was also suggested to the evaluation team that it might have been a good idea to second delegates in the BRC third/fourth to the IFRC in order to encourage the transition of WASH project ownership to IFRC/CVM. This was the choice selected by the SRC-led team for two of its delegates who stayed on after the remainder of the team.

There were some examples of adaptive management. For example, the BRC did proactively amend the structure of the fourth rotation by deploying a single-person skeleton team, although in hindsight it may have been better to have deployed a team of two as there were a large number of activities to be undertaken at that time (including support to the evaluation team). Another example was the BRC decision to swap the deployment of the planned third and fourth rotation leaders to better meet the need for Spanish speakers across each deployment. The SRC also demonstrated adaptation by deciding to substitute two delegates (seconded to IFRC) in place of a full final rotation.

Retention of institutional memory

Handovers in-country were perceived positively be delegates. A total of 60 percent of British delegates and 80 percent of Swedish delegates agreed with the statement that the hand-over in the field was of good quality.

However, information management was seen as a challenge to retaining institutional memory. In particular, knowledge between rotations was impeded by lack of a shared drive (this was a problem for the BRC team only as the SRC had set up a Sharepoint prior to deployment which was used by all rotations). For the BRC team, a Dropbox folder was set up initially but then it was found that this was not compliant with BRC data protection policies, so the second rotation set up a One Drive folder. Other challenges mentioned by delegates were: incomplete written handover notes, poor email management and incomplete decision logs.

The review team came across many instances where institutional memory between the rotations had been lost or where the rationale for previous decisions were not known by the team currently on the ground. Previous reviews of the MSM20 has suggested that a longer deployment (for example six weeks) could be beneficial. There was modest support for this notion among delegates deployed to Mozambique, 30 percent of BRC-led ERU delegates and 10 percent of SRC-led ERU delegates considering the length of their deployment to have been too short. However, the majority of delegates (two-thirds of BRC-led ERU and 70 percent of SRC-led ERU delegates) considered their deployment length to have been the right length. Staggered deployments (the SRC-ERU did follow staggered rotations to an extent) could have been a further option to reduce the handovers between teams and consequent loss of institutional memory.

ERU access to IFRC information management systems

A number of delegates emphasised the lack of access which the ERUs had to broader IFRC information management systems (IFRC SharePoint system) and key email lists, and the challenges that this caused. The ERUs were reliant upon the Go platform for Movement coordination which was not kept up to date.

Delegate profiles

Particularly given the uncertainty which pervaded much of the deployment, core competencies and soft skills including teamwork and flexibility were seen as both important and generally well exhibited by delegates. Steps were taken to prepare delegates for the deployment, including through briefings which emphasised the possibility of working on recovery issues. However, greater integration of delegates into IFRC decision-making structures could have helped with expectation management and make delegates feel properly part of the overall response.

The assumption made that Spanish/Portuguese was important was confirmed by the first rotation (during the assessment and set-up stage); for subsequent rotations having at least one Portuguese/Spanish speaker was said to be necessary.

Efficiency of around kit and other MSM equipment

The terms of the Deployment Order stated that the BRC MSM20 was to deploy with full kit. Emergency Task Force (ETF) discussions on the deployment of the kit resulted in the decision to err on the side of ‘more rather than less’ and to adopt a ‘no regrets’ stance. Accordingly, the full kit was deployed[12] (minus a few items deemed unsuitable for the context, namely body bags and chlorine chemical), the contents of which have a collective value of GBP 133K. The

[12] This does not include the digger module which was removed from the normal deployment kit in 2017.

decision to send the full kit was taken in a context of rapidly rising cholera cases and the potential need to contain an outbreak, and in this sense was understandable.

Notably no market assessment of what could be procured locally in Mozambique appears to have been undertaken as part of the FACT assessment. Neither is there any evidence of existing kit in country having been assessed (e.g. from previous responses, including the MSM in 2013). In addition, National Sanitation Emergency Standards were available from a previous emergency response (2017) which showed that emergency latrines probably wouldn't be used (although in the event 15 were in fact used by the SRC team for the ORP). 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.

"It is estimated that approx. 90% of the kit went unused during the 4 rotations. Some modules were of no practical use at all and remained sealed in the warehouse throughout (handed over to IFRC). There seems to be a need to review the kit, including reviewing the boxing and developing an option between no kit and full kit."
(MSM20 delegate)

Interviewees noted that the kit is primarily designed for rural contexts, whereas in Beira it was possible to obtain most items locally (timber, iron sheeting, nails etc.). The few items that turned out not to be available locally, and that were therefore useful to have in the kit, were latrine slabs, plastic sheeting and jerry cans. Apart from those items, the office and kitchen modules were greatly valued by the team in order to set up their living situation. Some of these living-oriented items were donated to the SRC team when they arrived, as were 10-15 rapid latrines for the ORPs. However, because it wasn't clear for either ERU team where they would be asked to work, it was difficult to make decisions around sharing existing equipment. In the event, this was not so critical as the kit turned out not to be so relevant to the recovery activities both ERUs ended up engaged in. Overall there is consensus that, while some items were necessary, in hindsight there was no need to transport the full kit. On the other hand, it is difficult to predict how emergencies will unfold, especially in this case given the unfolding cholera situation, and exactly what equipment will be needed.

This kit was transported from the UK to Beira by chartered airfreight via one of the BRC's pre-qualified list of suppliers at a cost of GBP 141K. While airfreight is clearly expensive, there were no real alternatives given the need for speed. The BRC team did approach Airbus (with whom BRC has been involved in a partnership), but the company was not able to offer a flight as they were already being used by the Swiss and IFRC (this fact suggests a need for better Movement coordination in the leveraging of support from air carriers). It is not yet clear whether other potential alternatives, for example pre-positioning kit in regional locations or negotiating shared transport arrangements with other agencies sending kit from the UK, would be more cost effective for future operations, and this is an area of MSM management deserving of attention.

To put the cost of the kit in to context, nearly half (46 percent) of the cost of the overall British deployment was spent on the contents and transportation of the kit. Other costs included the considerable amount of the Specialist Support and Logistics delegates' time the process of donating the kit (mainly to IFRC) took towards the end of the deployment (whether this kit will be used in future is unknown). Warehousing for the kit was paid for by the IFRC in their warehouse, and therefore also cost the IFRC money. The fact that the SRC-led MSM200 was deployed without kit does not appear to have adversely affected the team's performance and can therefore be viewed favourably in terms of value for money in this particular response –

although as mentioned above, the team was reliant on the BRC kit for certain activities and for setting up their living conditions.

An area where value for money appears to have been achieved concerns the procurement of vehicles. Rather than fly vehicles at significant expense from the BRC's UK warehouse, as is the norm, three Toyota Landcruisers were procured from a South African firm. The vehicles were then transported to Zimbabwe and registered with the Zimbabwean RC before being transported to Mozambique, with the intention of returning them to the Zimbabwean RC after the response (with whom the BRC has an ongoing partnership including a fleet management project). Given that the BRC is unlikely to have a long-term presence in Mozambique this seems to have been an economically justifiable decision to ensure that the Movement gains long-term benefits from these vehicles.

It's worth noting that the BRC was forced to make decisions of vehicle procurement without any information on rental vehicles and vehicle rental programmes (VRPs). As with the kit in general there seems to be need for better assessment, presumably from IFRC Fleet Management, of what is available before deployment decisions are made.

One modest, although arguably wasteful, use of resources concerns the emergency food rations which are deployed as part of the kit (at a cost of approximately GBP 1.4K). The rations are intended to provide back-up food for team members in scenarios where other food options are not available. The full five-week supply was consumed during the first rotation, leading to an additional supply being sent-out with the second rotation.[13] Some interviewees questioned whether this was an appropriate use of resources given that the team were mostly based in Beira where food was available for at least some of the weeks of the deployment (including a meal service provided by IFRC) and given that delegates received per diems. This episode suggests a need for BRC to include briefings on use of food rations, emphasising their primary role as a backup source rather than being used as the default source of food.

Efficiency of cash flow and access to finance

Money for running costs

The BRC ERU brought cash physically with them (mission float). This was sufficient for their running costs.

The SRC also brought cash with them but this was mainly for the personal costs incurred by delegates and (because they did not have kit) was not sufficient for all running costs (such as renting vehicles). The SRC MSM ERU deployment order stipulated that *'The equipment / material should be procured locally.'* To be able to deliver and start implementation, the SRC MSM20 team needed a cash flow mechanism to access the funds. The SRC tried to work on various solutions prior to deployment but this was not sorted till a few weeks after deployment, hindering rapid set-up. A variety of solutions were investigated and dismissed, including transfer to a German RC bank account in country, Western Union and cash transfers to the delegates personal accounts. After spending an unjustified amount of time and resources on this issue, the SRC managed to establish a transfer mechanism through the IFRC's in-country bank account. The evaluation team has found that the decision to send the SRC MSM20 without equipment was not wrong in principle. However, in order to make the first rotation more operational, effective and efficient it is crucial that the cash flow modalities are improved and agreed upon before deployment.

[13] All remaining food packs were donated to IFRC during 3rd rotation to support IFRC activities in Praia Nova (a remote area where a base camp had to be set up for the IFRC assessment cell and volunteers). Therefore food packs were ultimately mostly consumed to support operational purposes.

Money for operational spend

The BRC MSM first rotation requested from their London HQ an 'Operational Spend Exception Authorisation' waiver so that they could spend operational costs directly, e.g. not through the IFRC (as they have done for other recent deployments). The London office approved this request via an ETF, within the first few days, allowing the team to spend up to CHF 10,000 locally. The physical money (both mission float and additional money brought by the Logs Support) that the team brought with them was also enough to cover the operational costs (items for latrine construction etc.).

Procurement arrangements

The IFRC's procurement procedures were deemed incompatible by the BRC's first rotation with the needs of the response, i.e. the need for speed and the inability of local suppliers to meet certain requirements (three written quotations etc.). Based on this analysis, the BRC HQ authorised the MSM ERU, for a two-week period, to conduct procurement up to CHF 10K. IFRC procurement procedures were to be followed in principle, and waivers submitted when this was not possible.

"Initially there were some challenges on local procurement, the team was lucky to get approval from HQ in London to use own funds and start doing local procurement for the construction material." (BRC MSM20 delegate)

"We spent time discussing, setting up and signing waivers and integration agreements during the response. Why is this not set up before an emergency happens?" (BRC MSM20 delegate)

As the MSM team was not required to conduct large procurement, this work-around worked, for example enabling the team to procure timber for latrine construction: "*If we had been too aligned [to the IFRC procedures] and done everything by the book we would never have got anything done*." Nevertheless, significant and valuable time during the first rotation was spent on discussion how to overcome these procurement challenges, which could have been resolved prior to the emergency: "*We spent lots of time and effort and discussion with London, Federation team on the ground. Discussion with Nairobi and Geneva. It would have been good to clarify the Logs procedures before the emergency response*." Moreover, had large-scale procurement been required, the requirement to follow IFRC procedures would have posed a problem.

The Procurement Support role

Based on learning from previous MSM deployments, this was the first time that a Procurement Support role was deployed alongside the core MSM team (a Procurement Support delegate was only deployed in the BRC led MSM20). It is not clear whether these challenges derived more for from the management of the team or from the role itself. The first procurement delegate was deployed half-way through the first rotation and was replaced by a second delegate mid-way through the second rotation.

It was challenging for the team to work out the boundaries between the role of the Specialist Support delegate versus the Procurement Support, particularly as ways of working had been established by the time the Procurement Support arrived. Some of the team also felt that the underlying rationale of the Procurement Support position is wrong in principle in that the Sanitation Engineer should have the competencies and mandate to carry out local procurement and that therefore the role is redundant. Some also felt that the requirement from HQ to create a four months' procurement plan was not realistic due to the movement of the people in and out the camps and that this request got in the way of emergency work. Clearly, the feasibility of such forward-planning will be context dependent. The review suggests there may be a gap between the views of some delegates and the BRC HQ Logistics team in terms

of what procurement procedures and planning is feasible. This is deserving of attention in order to build a more common understanding.

Overall, the Procurement Support role (deployed with the BRC MSM20) did not have a lot to do, especially the second delegate to be deployed in that position. The delegate spent most of her time supporting the team in other activities, such as desludging and decommissioning of camps, which, while useful, was not why she was deployed, and the role was of questionable value for money.

Effectiveness

Integration of previous lessons

There were some examples where steps were taken to integrate previous lessons learned from previous MSM deployments and review. For example, in line with the recommendation of an MSM Review undertaken in 2018, the BRC-led MSM20's first rotation was highly experienced. The added value of front-loading this experience was widely noted and seen as important in getting the deployment off to a successful start. The deployment of the procurement support delegate was also based on learning from previous learning.

The SRC took an early decision not to investigate the possibility of carrying out local procurement for running costs through the Emergency Appeal (e.g. use EA budget to procure items for running costs). This was based on clear recommendations and lessons learned from the ERU deployment in Cox's Bazar Bangladesh 2017-2018 where IFRC logistics and procurement procedures significantly slowed down the SRC-led ERU operation. SRC also followed the recommendation from previous deployments to have a couple of days overlap in the field when shifting teams. This was a success in terms of quality of the field hand over (as previously mentioned, 80 percent of Swedish delegates agreed with the statement that the hand-over in the field was of good quality).

From the outset, the teams were mindful of the experience of the 2013 MSM deployment to Mozambique (where the relevance of the MSM was questionable due to the quick transition to recovery) and explicitly sought to bring this learning into their decision-making. This learning may have contributed to the BRC accepting the usage of the MSM20 for recovery purposes although it is difficult to prove.

Timeliness

The Red Cross Movement as a whole is generally perceived to have responded reasonably quickly in comparison with other actors and was highly visible on the ground early on. After Idai made landfall on the 14th/15th March, the IFRC issued a Surge Alert for the MSM20 ERU on Tuesday 19th, and issued the deployment order and ToR to the BRC on Wednesday 20th March. The first rotation of the BRC ERU arrived in Beira on the 26th March, eleven days after the cyclone. This time between deployment order and actual deployment is comparable to other ERU deployments. It was however outside the 72 hours timeframe stated in the ERU ToR. The BRC MSM20 was also slower than some other ERUs, such as Logistics, and the Spanish M15 water ERU. Both some IFRC and BRC staff reflect that the first rotation would ideally have been on the ground a little quicker. That being said, the BRC first rotation was still among the first WASH actors on the ground and immediately started undertaking rapid assessments in temporary centres. The team was also in place before the cholera outbreak, enabling them to respond to that as soon as the first cases were identified.

The SRC-led deployment took around four days for the Team Leader to deploy (since the Deployment Order was received on the Friday, the first opportunity for medical clearance was on the Monday) following the deployment order from the IFRC, and six days for the rest of the team (therefore identical to the time taken by the BRC-led ERU). For both ERUs, identifying delegates with the required Portuguese or Spanish language skills was a general challenge in ensuring a timely response. For both BRC and SRC, delegates attend a HQ briefing; the possibility of remote briefings may be worth exploring to reduce delay.

The transportation of the kit was timely, arriving in Beira the day after the rotation arrived. By comparison, this was eight days before the arrival of Oxfam's hygiene and sanitation equipment.[14] The rapidly changing context (opening and closing of temporary centres) complicated the task of assessing and identifying suitable sites for interventions but by the end of the first week of the deployment it had been agreed with the WASH Cluster and FACT WASH that the MSM20 would work in three locations, and team members were able to then start carrying out both hygiene promotion and sanitation activities without delay.

Effectiveness of hygiene promotion

It is challenging to accurately assess the effectiveness of hygiene promotion, partly due to the dynamic (transient) nature of the population which complicated efforts to compare findings of baseline and endline surveys. What can be seen from the baseline/endline is that:

- Cases of diarrhoea decreased from 33 percent at baseline to 0.47 percent at endline.
- Usage of latrine increased from 68 percent at baseline to 98 percent at endline.
- Awareness of diseases increased from 1 percent at baseline to 32 percent at endline.

Although they cannot 'prove' effectiveness, these statistics are encouraging. Moreover, the fact that the cholera outbreak did not reach the proportions feared clearly constitutes a success.

However, there were also some issues with the endline survey (overseen by the SpnRC M15) in that a different survey was used from the baseline. This is an example of complications that may not have occurred had there been better knowledge transfer between teams. All in all, the resources and time invested into the baseline and endline surveys arguably outweighed their usefulness, suggesting a need to simplify and lighten the survey processes followed.

The SRC MSM20 had a weak start in terms of hygiene promotion. The HP delegate role was not clear in relation to the ORP teams and their hygiene and health promotion activities. In the end, the HP-delegate focused on other tasks within the MSM scope, since his knowledge and contribution was not wanted or requested from the ORP team.

Hygiene promotion materials were based on those developed for the Mozambique context by the WASH cluster and other actors. Efforts were made to ensure activities were engaging and participatory. For example, the BRC MSM20 team recruited and trained a theatre group (made up of six displaced persons from Buzi district and residing in Ifapa camp) in the basics of HP, to deliver drama about prevention and treatment of cholera, as well as promoting other hygiene practices in the camps. The drama was regarded positively by community members and people interviewed for the review were able to remember the songs.

Former residents of Samora Machal camp and community members in Tierra Prometida and Ngupa, interviewed by the evaluation team, reported that the HP activities had helped to prevent them getting sick and that they would carry on with the practices that they had learned in their new locations. The community members in Tierra Prometida could also remember and

[14] https://twitter.com/Oxfam/status/1114314776346333184

retell the main hygiene messages that was communicated in the HP sessions, including how to prepare oral rehydration solution (ORS) and take care of family members with acute watery diarrhoea (AWD) symptoms. In Mutua and Tierra Prometida, volunteers perceived the HP activities to have strongly influenced behaviours, with instances of open defecation (OD) significantly decreasing. Systems to monitor hand washing and on the correct use of the hygiene kits, distributed by the MSM20 in the camps, were put in place.

The cleaning committees established by the BRC teams in the camps were a good means of involving camp residents in the maintenance of sanitation facilities. The committees were comprised of both women and men and cleaners reported that the ERU team was responsive to their requests for additional materials (soap, cleaning materials and gloves) and provided per diems. The cleaning committee members also received training on the RC principles and volunteering and were pleased to be part of the Red Cross team. In turn, committee members seemed to be accountable to camp residents: community members also reported feeling able to speak with the cleaning committees in the event of problems relating to the latrines.

Quality of volunteer management

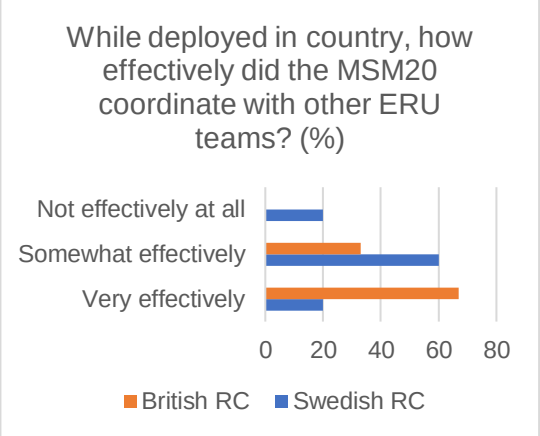
The BRC- and SRC-led MSM teams recruited and trained CVM volunteers in a number of locations: the BRC worked with at least 12 volunteers in the initial camps in Beira and then a further 15 in Mutua. The SRC team worked with 6 CVM volunteers with various experience and background. Their volunteering experience varied from a couple of months to 15 years, though none of them had explicit WASH experience. The SRC team also recruited 29 community volunteers in Ngupa and Subida. (In Tierra Prometida there are only 36 households, so the team worked with household representatives instead of community volunteers).

It was only possible for the evaluation team to interview volunteers in Mutua and in the locations in Beira where the SRC-led team were working. Volunteers participated in a range of training (Code of Conduct, Fundamental Principles, First Aid, CEA, ODK, HP, and HHWT). In SRC-areas, after a general information meeting in each community, where it was also clearly explained that the voluntary work was going to be unpaid, the community volunteers were chosen by the community members (through voting). This information and selection process was recommended by the CVM WASH coordinator and worked very well.

Volunteers were satisfied with their experience working with the MSM20 teams and felt able to report any issues in terms of working with delegates to the district level of the CVM. They also reported that the delegates had been respectful and that they had been given the chance to contribute with their local expertise and knowledge of the context. Most of them also expressed that they had clear tasks and responsibilities and that they had learned a lot during the response work. One of the few instances of negative feedback heard by the evaluation team was that some former residents of Samora Michel camp perceived that the process of becoming a volunteer was not transparent and that family members of existing volunteers were prioritised.

Coordination between the WASH ERUs

Coordination between M15 and the MSM20 teams was generally strong although went through different phases. During the initial response period the BRC MSM20 and Spanish M15 teams successfully worked out how to coordinate, with the British leading on sanitation and the Spanish on water. Some delegates felt the sanitation and water (setting up latrines and water taps) in the camps could have been more closely coordinated between the Spanish and British teams, although the general reflection is that coordination was positive. Both teams had a mandate for hygiene promotion and this area was particularly well coordinated, with sessions jointly planned and delivered. Unfortunately, coordination deteriorated during the next rotation, leading to confusion in one camp as to which of the teams was responsible for HP. In hindsight, there was a need for the decision for the M15 to take on HP in all of the camps to have more clearly been communicated amongst all team members.



There were areas that could have been strengthened, for example delegates acknowledged lack of harmonisation of volunteer training curricula. This risked there being differences in content, such as hygiene promotion, which could have given rise to variance in quality and inconsistency of messages.

There were some challenges in integrating the newly arrived MSM 20 team into the response, as the rationale on which the deployment had been requested (cholera outbreak) did not materialise. While acknowledging the difficult situation facing the newly deployed MSM team in light of these changed circumstances, some felt that the first SRC-led rotation could have been quicker to adapt to the situation and to 'find their place' in the response. However, coordination was deemed to improve during later rotations. A general finding across the response is the prominent role which individual personalities played in affecting quality of coordination.

Although the WASH strategy, developed at the beginning of May, envisaged an integrated WASH programme involving all three WASH ERUs, in practice the ERUs continued to operate as distinct teams, resulting in very separate interventions. In particular, the plan for an integrated water and sanitation approach in peri-urban Mutua did not materialise as envisaged, with the Spanish rehabilitation of hand pumps operating at a far faster pace than the British longer-term sanitation project.[15]

> ***"It was always described as an integrated programme – (sanitation, water, hygiene). But actually, it soon split down into each one doing their own and at different pace. I mean we couldn't get a sanitation programme developed at same speed at which they could repair existing handpumps."***
> **(BRC MSM20 delegate)**

One BRC delegate perceived there to have been, *'a perspective of working together for a common cause, until it gets difficult, doesn't look like there is much to do, then it gets a bit tribal. People are encouraged to keep that [work] for themselves because they need to demonstrate to their HQ that they are doing something.'*

[15] This difference in pace was acknowledged and recognised on the ground by the respective teams at the time and a conscious decision was made to have to work in a complementary rather than integrated approach at that time since timeframes (and pressures) were not compatible. Spn M15 were clearly and explicitly in implementing mode whilst BRC MSM20 was clearly and explicitly (agreed with IFRC) in planning only mode – based on the perceived risks of and timeframe for transfer of planning to IFRC/CVM.

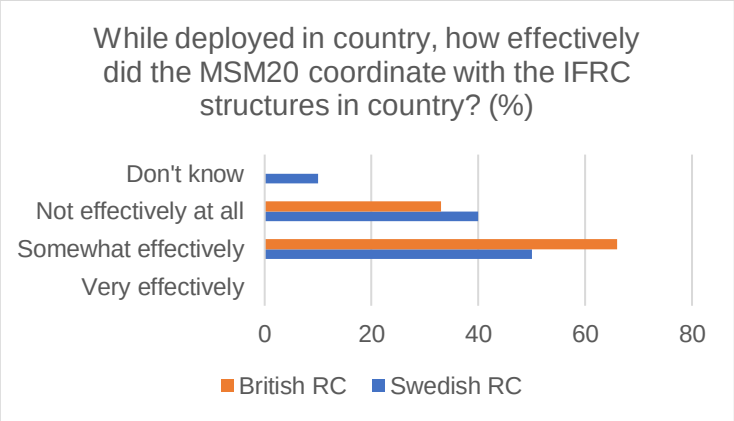
Coordination was not aided by the fact ERUs were operating under different donor timescales, for example the Spanish team were under pressure to satisfy ECHO expenditure deadlines which were not compatible with the community-led approach the BRC team was trying to pursue.

Coordination with IFRC and other movement actors

Across the different rotations, relationships between the ERUs and FACT WASH was said to have benefited from open information sharing and regular discussions. During the first BRC-led MSM rotation in particular, communication and information sharing between the FACT WASH and ERU seemed to be highly effective.

However, along the course of the response, frequent turn-over of the FACT WASH position undermined coordination and challenged efforts to develop a unified WASH team. Different FACT WASH coordinators were perceived to have highly contrasting styles and priorities, preventing continuity of vision and approach, and hindering sustained collaboration between the different ERUs. On the other hand, the ERU's were considered to have coped well with gaps in the FACT WASH position, with the Team Leaders stepping into the role of WASH Coordinator and sharing responsibilities between them.

Coordination with other ERUs, such as Logs, IT and Basecamp was generally seen to have been positive and the MSM teams effectively complemented the roles of other Movement actors. For example, when aware that the Relief ERU was facing delays in the distribution of hygiene items which the baseline survey had shown to be highly necessary, the BRC MSM team stepped in to distribute the items (soap, buckets, jugs and jerry cans) in collaboration with the CVM in IFP Inhamizua camp.



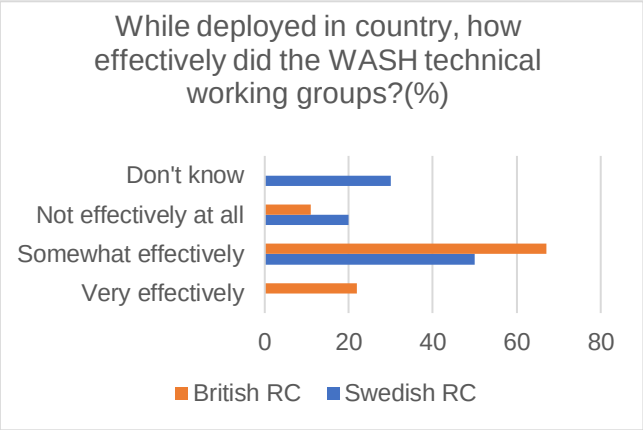
Coordination with the ORPs team (comprised of delegates from a combination of sending National Societies) was less successful, with the some MSM team members finding it difficult to identify appropriate counterparts. There was also duplication of hygiene promotion activities with both the British and ORP teams doing cholera-focused hygiene promotion in the same camps, thus risking inconsistency of messaging.

Coordination with non-movement actors

Coordination was fruitful between the MSM20 teams (and the Red Cross in general) and external actors including Oxfam, UNICEF, IOM and CCCM WASH. This initial coordination allowed enabled the BRC MSM20 to be positioned to cover sanitation services in three of the six temporary relocation camps in Beira.

"I think it was surprising...we were really happy about the coordination – Oxfam, UN, Red Cross… coordinated and working together. One of the few times I had not seen competition of WASH intervention. Very easy to see who was going to work where. No one stepping on toes."
BRC MSM20 Delegate

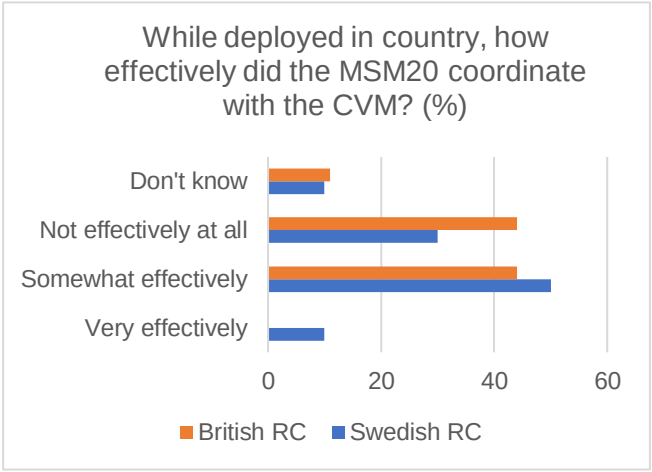
There is variation between the SRC and BRC teams in the perceptions of how well the coordination with the WASH cluster worked: A total of 22 percent of BRC delegates thought coordination was very effective and 67 percent thought it was somewhat effective. In contrast, no SRC delegate thought this coordination was very effective and only half felt it was only somewhat effective. One in five reported that it was not effective at all. SRC delegates in the third rotation were more satisfied with this coordination than previous rotations.



The MSM ERUs and FACT WASH were felt to have been strongly linked into the WASH Cluster, participating in daily Cluster meetings during the first two weeks. External actors perceive the Red Cross WASH actors to have been generally strong in coordination, including sharing information about the teams were implementing, although one stakeholder remarked that the movement could have been better at sharing assessment information. Beyond the WASH Cluster, the BRC MSM20 team engaged with other humanitarian agencies bilaterally, most prominent amongst these were coordination and collaboration with COSACA member (CARE, Oxfam and Save the children) and with FHI360.

This strong coordination appears to have paid off as the evaluation team did not hear of cases of duplication of activities. On the other hand, there were reports of duplications of assessments, e.g. where other organisations arrived into camps where the British MSM team were already working and conducted assessments. One stakeholder put the avoidance of duplication of activities down to the actions of knowledgeable volunteers on the ground rather than because of good coordination between organisations.

Involvement of CVM in decision-making



The limited available resources of the CVM meant that coordination with the local national society was a key challenge, despite concerted efforts by MSM20 teams to engage the national society. Beyond supplying volunteers there is little evidence of CVM's initial involvement. Nevertheless, there are differences in SRC and BRC delegates' perception of the effectiveness of coordination with CVM. While a majority (60 percent) of SRC delegates thought coordination was very or somewhat effective, this view was shared by only 44 percent of BRC delegates. The difference between BRC and SRC perceptions may be due to the positive impressions SRC delegates had of the CVM WASH Coordinator's involvement in geographical targeting of MSM activities.

CVM's role was felt to have increased when a CVM WASH Coordinator from Manica was temporarily transferred to Beira, thus providing the IFRC WASH team with a local counterpart. It was agreed that ERU teams should seek approval from the CVM Coordinator and this

seemed to have worked in practice, although communicating in English was a challenge. The CVM compared coordination with the SRC-led and BRC MSM ERUs favourably to working with the Spanish M15 due to challenges with the latter about communicating plans and quality of water point rehabilitation.

The CVM WASH Coordinator was involved in the approval of Plans of Action in Subida, Ngupa and Tierra Prometida and was leading the initial community participation activities in Ngupa and Subida. Through the active participation from CVM the SRC MSM managed to establish a good working relationship and quickly build trust in the communities. This was a key success factor that facilitated a relatively smooth and efficient planning and implementation of the community-led HP and sanitation activities.

Unfortunately, after the coordinator having returned to Manica, he had not been replaced at the time of writing (although the position had been advertised). The design of the long-term WASH programme in Mutua, led by the BRC team, was undertaken after the CVM WASH Coordinator had departed Beira. The development process therefore appears not to have been able to involve CVM technical WASH input or to have incorporated CVM experiences of similar programmes in Manica and Gaza which have integrated WASH into broader health initiatives including malaria, nutrition, first aid and basic health care. This lack of involvement of CVM was not for lack of effort by the MSM20 team however, which did consistently strive to liaise with CVM staff. However, this was undermined by the lack of technical or relevant CVM focal persons in Dondo and Beira during much of the planning process.

Programme quality

Integration of Community Engagement and Accountability

Community Engagement and Accountability (CEA) was, compared to previous deployments, generally well-integrated into the MSM responses, especially in the hygiene promotion activities. There was extensive community engagement, for example the BRC work carried out with cleaning committees in the camps and the SRC engagement with community volunteers. In relation to the latter, the mechanism for selecting local volunteers relied primarily on voting by community members, and delegates were found to have been successful in ensuring that these volunteers were largely reflective of diversity in their community.

When asked whether ‘women, men, girls and boys in the target population were included in the design and implementation of the MSM20’, 44 percent of delegates deployed with the BRC ERU said they were ‘to a large extent’, while 50 percent of those deployed with the SRC-led ERU thought the same. Among BRC delegates, 90 percent agreed or strongly agreed with the statement ‘I received enough support and guidance on how to include women, men, girls, and boys in the target population in the design and implementation', while 60 percent of delegates deployed with SRC thought so.

Encouragingly, findings from the baseline were formally discussed with volunteers and there were several instances of improvements being made by the BRC MSM on the basis of community feedback. There is also evidence of the SRC team making improvements based on feedback. Examples from both teams include:

BRC MSM20 team:

- During the implementation of the baseline, the team trained the volunteers to ask some questions related to PGI and CEA. In the FGD conducted by the evaluation team, some women mentioned that they provided feedback that the latrines for women were too

far away and had no lights. In response the Sanitation Engineer put up solar light in the communal latrines

- Based on discussion with and feedback from adult IDPs in the camps around children openly defecating around the camps, two child latrines were constructed in Samora Machel camp; these received positive feedback from the community although were found to have been not completely successful.[16]

- Volunteers conducted daily monitoring forms to collect feedback regarding the latrines and shower facilities in camps; feedback led to improvements being made to shower soakaway areas in Samora Machel camp.

SRC-led MSM20 team:

- The content of the HP sessions was adjusted based on the feedback from community members to expand on some topics and simplify others. Community-based volunteers received training on new exercises and activities to respond to feedback.

- Based on training received from the MSM20 ERU delegates, community-based volunteers were able to support an individual who had disabilities to access the latrine by providing a rope between the women's home and the latrine to guide her route and prevent her getting lost.

Both MSM20 teams:

- Community members reported that they were treated well by volunteers and delegates and that they felt they could make suggestions or complaints directly to volunteers. Linha Verde' posters were put up on sanitation facilities in Samora Machel camp. The MSM team also publicised the 'Linha Verde' feedback call system (operated by the World Food Programme (WFP) and which served the whole humanitarian response to Idai), via posters and verbally sharing information with drivers and other supporting local staff.

Nevertheless, there is room for improvement around CEA. While the joint BRC MSM20/Spn M15 baseline survey was used to make improvements, as described above, it was carried out two weeks after the first rotation arrived by which time at least half of the latrines had been constructed and HP activities has begun. This presumably limited the scope to base latrine design and HP sessions on baseline findings. Community members consulted for the evaluation confirmed that they were not consulted asked about their opinions on latrine designs or about personal hygiene routines before starting building the latrines and the HP activities. That being said, the feedback from the community which the evaluation team heard was positive in terms of the quality and location of latrines and bathing facilities.

Benefitting from a longer time frame in which to conduct design processes, the later BRC MSM activities in Mutua and the SRC MSM activities in Tierra Prometida, Ngupa and Subida, were explicitly build around a community-led methodology. The views and preferences of community members on latrine design issues, vulnerability and selection criteria, and on priorities, barriers and motivators for improved hygiene, were gathered through a series of focus groups and used to feed in to the programme design.

[16] The Brit MSM20 Lessons Learned document explains that: 'Upon completion and monitoring of that change, ultimately it is unclear if this would be recommended again in future or not. When there were no child latrines, most carers cleared up after their children, though not all. When using the specific child latrines, the children (supported by their parents) often 'miss' the hole in these outdoor latrines, so unless the carers clear up, we actually create a hotspot for flies and could cause children to tramp through other children's faeces. Brushes and water to clean the latrines were provided for carers and for the cleaning committee.'

In certain cases, the evaluation team found evidence of limited delegate awareness of CEA. 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.

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 (which lies beyond the remit of the ERUs). Nevertheless, ERUs also have a responsibility to influence the integration of CEA principles.

Integration of Protection, Gender and Inclusion

The MSM20 teams appear to have been alert to their PGI responsibilities. For example, the BRC team noted some PGI issues (not related to the ERU activities) at Samora Machel camp and reported these to International Organisation for Migration (IOM) during the third rotation. Some PGI issues internal to the IFRC response were also noted and reported to the IFRC using the provided online monitoring form (Kobo app).

Many of the PGI Minimum Standards in Emergencies were well integrated into the MSM operations. For example, female former residents of Samora Machel camp[17] 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.

However, the evaluation team heard that neither the latrines nor bathing facilities had locks, which users would have preferred. In addition, to the survey question 'do you feel unsafe safe' whilst using the latrines, there was an increase from 4 percent at baseline to 30 percent at endline. This is concerning, although there is insufficient information available to assess what factors (including possible factors external to the MSM20 activities) could have contributed to this change.[18] With regards to inclusion of people with disabilities, there was anecdotal evidence that one person was not able to walk the distance to the latrine, while another disabled man on crutches stated that he would regularly fall due to the latrine hole being too large, so it is not clear the extent to which disability was taken in to consideration in the design of sanitation facilities.

On the other hand, for the Mutua WASH project, where there had be more time to conduct assessments, disability and the elderly had been identified as key predictors of vulnerability. Other elements of PGI were also incorporated into the Mutua project. For example, female volunteers were trained in menstrual hygiene management (MHM), and, at the time of writing, a dignity kit distribution was planned in coordination with the Relief ERU, PGI, Health and CEA Delegates alongside the PGI Delegate. It was agreed to incorporate MHM promotion activities and discussions into the distribution.

As with CEA, there are some areas where PGI can be improved. 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 the review found that knowledge of these topics

[17] Samora Machel camp was the only camp for which it was possible for the evaluation team to interview former camp residents.

[18] It is also possible that the increase simply reflects, at least partially, the fact that a higher proportion of respondents were using latrines at endline than at baseline.

is relatively strong on a theoretical level, there is a need for greater awareness with regards to how to put principles in to practice in the field.

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.

Overall, amongst BRC delegates,[19] protection issues were thought to have been more successfully addressed than inclusion issues: all survey respondents agreed or strongly agreed that protection issues were addressed, while 56 percent though the same about inclusion issues.

[19] This question was not included in the survey responded to by the Swedish MSM20 delegates.

Sustainability

The initial activities carried out by the MSM teams in the camps in Beira were clearly not intended to be sustainable as the camps themselves were temporary. In contrast, as discussed in the **Relevance** section, the ultimate value of the team's project set-up work in Mutua was contingent on successful transfer of project ownership to the IFRC/CVM following the planned departure of the ERU MSM in mid-July. The risk of the IFRC deciding not to pursue a WASH programme in the area was clearly identified in the MSM's risk matrix and controls put in place to manage the risk. These controls included agreeing with the Fact Team Leader and Assessment Coordinator that the programme will go ahead.

There are similar concerns regarding the sustainability of the SRC MSM20 program in Ngupa, Subida and Tierra Prometida. Before the team engaged in these areas, they made a strong effort to make sure that the IFRC and CVM would commit to continue to support and guide the community led sanitation and HP activities that the MSM team started. The community members and volunteers in all three locations raised their concerns about sustainability and what would happen after the delegates left.

At the time of writing, however, there remains no guarantee that the project will be implemented, 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 issues the project is intended to address 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.

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. Continuation of these activities was a concern raised by community members.

Recommendations

Relevance

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

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

16. **[For both BRC and SRC]** – Review on 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.

Quality

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).[20] 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.

[20] 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.

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.

Annex 1 – Review Terms of Reference

ERU MSM20 Mozambique Cyclone Idai deployment

Joint Review

Summary

- **Purpose**: *an internal joint review of the ERU MSM20 Mozambique Cyclone Idai deployment to assess the overall quality the ERU MSM20 and the role of BRC and SRC in its implementation and to identify practical ways to improve ERU MSM emergency response. The review may also generate evidence around the BRC strategic learning area disaster management. The review aims to identify the extent of activation of the PGI/CEA approaches In the response of the SRC and BRC, and to identify practical ways to improve Mainstream in the various sectors and related capacity-building*.
- **Commissioner**: *BRC DMC and SRC DMC*
- **Evaluation manager:** *Vivien Walden BRC senior PMEAL Advisor and Moa Chenon SRC PMEAL Advisors*
- **Timeframe**: *22nd-28th of June fieldwork proposed, final report by end of July*
- **Locations**: *Mozambique*

Programme/project background

Cyclone Idai was the worst storm to hit Mozambique in almost twenty years. The storm made landfall very close to Beira – Mozambique's fourth largest city with a population of 500, 000.

After the flooding over 100,000 people were congregating in informal camps in desperate conditions, and there was an urgent need of WASH interventions. The first WASH assessments conducted in the camps stated the need to prepare for a massive reception of displaced population. In response, the IFRC deployed the Water Module 15 ERU (Spn RC) and the MSM 20 ERU (Brit RC) at the end of March 2019. Their objective was to assist displaced population in the camps in Beira town to provide water, sanitation and hygiene promotion services.

The first cholera patients with suspected cholera were reported end of March. Health reports indicated the high risk of facing a large cholera outbreak in Beira town. As response to this, IFRC/Mozambique Red Cross deployed more than 100 Oral Rehydration Point (ORP) kits and the full ORP ERU team in Beira town. In addition, a second MSM 20 ERU (Swe RC) was deployed in mid-April 2010 to support the sanitation needs of the ORPs.

By end of April, one month after the cyclone hit Beira, sheltered families in camps in Beira started to return to their communities. Also, the GoM launched a resettlement plan and started to relocate families from affected communities in resettlement camps outside of Beira town. This was sooner than initially expected, and meant the IFRC (and WASH ERUs) had to quickly adapt their focus towards recovery, which is normally outside the remit of ERUs.

The sanitation facilities at the camps where the first MSM 20 (Brit RC) were working have been decommissioned, and team has engaged in multiple recovery assessments in peri-urban Beira and rural Dondo (a district directly to north of Beira). The current strategy is for the team to begin recovery WASH activities in rural communities, which will then be completed by the IFRC with support from the National Society.

The second MSM (Swe RC) has been working closely with the M15 WASH ERU, and is preparing to work on recovery work in peri-urban areas of Beira.

Purpose and scope of the evaluation/review

- *The objectives of the review:*

  review the overall quality of implementation of the ERU MSM20 emergency response;
  capture learning and identify recommendations in a practical way, enabling BRC and SRC to improve future ERU MSM Emergency responses and share this learning with the wider Movement and ERU TWG.
  For BRC MSM20 the review will focus on the displaced population in Beira camps where Sanitation and Hygiene promotion activities were implemented, specifically people that were previously displaced in the following camps: Samora Michel, Inhamizua IFP and Sao Pedro camps.
  For SRC MSM20 the review will focus on Oral Rehydration Points ORPs in the area of Beira where people visited and used them when they were sick. SRC provided latrines at the ORPs.
  MSMs suitability to transition to recovery and/or long-term programming.
  capture learning and identify recommendations in a practical way, enabling SRC and BRC to improve future PGI/CEA mainstreaming/trainings and share this learning with wider movement

Users and uses of the evaluation/ review

- *The intended audience of this review are BRC and SRC programme staff involved in the ERU MSM20 response, MSM Roster members, ERU TWG,PGI/CEA focal persons, wider movement partners, national society (CVM), Disaster Emergencies Committee, and community;*
- *Final report will be disseminated internally within BRC and SRC and among the RC partners and ERU TWG, WASH Cluster,* CEA working group, Protection cluster *(Mozambique); A debrief on the main evaluation findings will be offered by the evaluation team to CVM while the team are still in country. Discussions on how to appropriately disseminate findings to the community will take place with CVM and the IFRC CEA delegate in country.*

Evaluation/review criteria and questions

Relevance and Appropriateness:

- *Has a comprehensive needs assessment been conducted and used to inform response planning?*
- *How have vulnerable groups been identified?*
- *What measures did the project put in place to ensure the intervention meet the needs of the community in terms of: sanitation and hygiene? (e.g. suitability of latrines, bathing places, handwashing facilities, hygiene promotion activities)*
- What measures did the ERU MSM20 put in place to ensure the interventions meet the diverse needs of the target population (considering gender, age, disability, ethnicity, socio economic status) in terms of participating in the design and location of WASH facilities and implementation?
- How well the PGI minimum standards been applied in the Planning/implementing the interventions?
- *Did the quality of latrines constructed, HP messages and intervention in general meet the National Emergency Sanitation standards and others? (e.g. Cholera Emergency Guidelines, Sphere Standards and CHS).*

- *Were HP activities compliant with the IFRC HP Emergency Guidelines? Were the Eight Steps followed as per the guidelines? If not, why the steps in the guidelines were not followed?*
- *Is the ERU MSM modality and one-month rotation fit for purpose for this type of context and response? How was the decision on areas of focus made? How was the decision taken of transition to early recovery? How did this affect the quality of the ERU MSM20?*

Efficiency: (including Value for money).

- *How was it decided to deploy the MSM? Was it a default or was it based on rational for deployment? Is the clarification and justification around decision making clear?*
- *Did the intervention achieve Value for Money? How did this compare with other actors?*
- *How did the decision to deploy the ERU MSM with equipment (BRC) or without equipment (SRC) affect the ERU MSM20?*
- *How the coverage was decided with respect to the resources that were allocated (HR and kit)?*

Effectiveness:

- *How are the MSM ERUs integrated in IFRC operations – are they responsible for signing contracts? Organising procurement? Organising cash flow? What would be the optimal division of responsibilities between IFRC and deploying PNS? How did this affect the effectiveness of the work of the team? What could be done in future to resolve any bottlenecks?*
- *Have lessons learnt been captured and is there evidence of these being implemented in the ERU MSM20? Is the learning that can lead into future ERU MSM20s?*
- *How timely was the RC response compared to the other responders in relation to the beneficiary needs?*
- *What measures did the project put in place to ensure good volunteers management, training and quality of support to volunteer's wellbeing?*
- *To what extent has there been an effective balance between project coverage and quality of implementation? How has potential conflict between beneficiary and non- beneficiary communities been identified and avoided? (do no harm)?*
- *What changes have occurred at different levels and are these consistent with the log frame planned outcomes/ impact? What other positive and negative intended and unintended side effects have been generated at community level?*
- *How effective was the collaboration with the ERU M15 and other ERUs team (ORPs etc...)? Is there any good practice and recommendations for future deployments?*
- *How effective has coordination been with other Movement and non-Movement actors in response design/implementation been? How have the relationships been between the BRC, SRC, CVM, PNS, IFRC and ICRC, the government?*
- How well did the ERU work with the CVM? Were the CVM involved/consulted in assessment and decision making?
- *To what extent was the response approach aligned with BRC/ CVM / Movement strategy and local/national government priorities? To what extent and how has the project shown adaptability in relation to government decision to relocate people from the camps and how this might have affected the ERU MSM20?*

Programme Quality:

- *How well did the project ensure Community Engagement and Accountability was achieved? (Refer to CEA guidelines from MSM)*
- *Did the emergency response incorporate CHS commitments? How?*
- *Was there a mechanism for community feedback and complaints and how effective was this? Where complaints received, acted upon and feedback given to the complainant?*
- *How did the emergency response address protection issues especially for* Female, male, age, PLD, and other diversity factors?

- *Did the cross-cutting issues training made positive changes on the knowledge, attitude, action of the SRC delegates?*

Sustainability:

- To what extent was environmental sustainability/ Green response taken into account in the design and implementation of the ERU MSM40? Was the environmental impact of program decisions considered (e.g. when selecting procurement options, relief supplies)? If so, what changes were made to programs to improve environmental outcomes? If not, why not? Are there any key concerns about environmental sustainability of the ERU actions? What information/resources concerning environmental sustainability would be useful for future ERU deployments?
- Was the handover and exit strategy from ERU and transition to recovery planning in place and discussed with the CVM?

Approach and methodology

The methodology for the field work component of this review will be primarily qualitative as the focus is on capturing learning from the response. A mixed methods approach can be achieved through:

- *Desk review of response planning, monitoring and reporting documents/SitRep, end line report, Deployment order and terms of refence for the ERU MSM20, and external partner reports (e.g. WASH Cluster meeting notes and presentation, multi-sectoral rapid assessment post cyclone Idai, Beira Assessment report, WASH Cluster: Operational Presence etc...), SRC and BRC ERU delegate survey results, ERU MSM20 plans of action, previous reviews of ERU MSM20, IFRC EPoA.*
- *KII with SRC and BRC delegates and staff; CVM staff and volunteers; other agency staff; FACT/ coordinating bodies and government officials.*
- *FGD (and/ or participatory workshop) with current BRC and SRC rotation.*
- *FGD and KII with community members (men, women, PWDs, children and elderly people).*
- *Observation of activities occurring during the field work visits, and of infrastructure developed.*

For BRC MSM20 the review will focus on the displaced population in Beira camps where Sanitation and Hygiene promotion activities were implemented, specifically people that were previously displaced in the following camps: Samora Michel, Inhamizua IFP and Sao Pedro camps. For SRC MSM20, the review will focus on the operational areas Seramica (Sobida and Ngupa) and Beira Tierra Prometida where Sanitation and Hygiene promotion activities were implemented as well as the Oral Rehydration Points ORPs in the area of Beira where the SRC lead MSM20 provided latrines.

The communities and individuals interested in the evaluation to be included in the data collection and analysis were identified during the BRC MSM end line survey in the camps. A representative sample of 20/30 people from community will be selected including subgroups: elderly, disability, mother with children under 5 years

The evaluation team must adhere to BRC, SRC and IFRC evaluation standards: utility; feasibility; ethics and legality (including data protection); independence and impartiality; accuracy; participation and collaboration. The evaluation management team will be responsible to ensure dissemination of recommendations and findings to key audiences, including community members (through the recovery team). The community will be engaged as participants in the evaluation where ever possible recognising there may be challenges as many of the beneficiaries have now been relocated from the camps and may be difficult to meet during the field work.

Review deliverables

Debrief meeting to present and validate initial findings with CVM.
One electronic file containing (a clean version of) qualitative and quantitative data collected
Research tools (survey; observation/ FGD/ KII guides)
A validation workshop/ skype meeting to present and validate initial findings with key stakeholders.
The evaluation report should:

- be jargon free, clear and simply written
- include an Executive Summary not more than 3 pages (containing an overview of the methods and analysis, conclusions, lessons learned, and specific recommendations which is usable as a free-standing document), brief project background, outline of the methodology used (including any limitations), findings, learnings and recommendations by review criteria and question;
- ensure analysis is always backed up with relevant data, with reference to the data source;
- ensure recommendations made are specific and include relevant details for how they might be implemented;
- contain at least the following annexes: (i) Terms of Reference, (ii) Itinerary for field visit, (iii) List of documents reviewed, meetings attended, persons interviewed/involved in Focus Group Discussions, and (iv) Data collection tools.

A presentation for dissemination of the findings and recommendations with slides and other resources used.

Timeframe

Outline the timeframe the evaluation/review needs to be completed within, including any deadlines. It may be useful to detail a proposed schedule (edit table below) but not essential:

Evaluation task/ output	**Date (can be approximate/ TBC) Note: Can also be developed in the form of Gantt chart.**
Recruitment of evaluation team including lead evaluator	22nd May
Development of research tools and field work schedule	10th of June
Research tools and fieldwork schedule shared with evaluation steering group	10th of June
Feedback on research tools and fieldwork schedule shared	14th of June
Primary research/ Field work	22nd-28th of June
Analysis by evaluation team	4th July
Draft report submitted to steering group	12th July
Feedback on draft report provided to the consultant/ evaluation lead	19th July
Final evaluation/ review report submitted	26th of July
Dissemination of evaluation/ review findings	ERU TWG, Webinar

Evaluation team specification:

Between the proposed team members, the following criteria should be met:

Required

- Significant experience (specifying years of experience if relevant) conducting evaluations, reviews and/or learning initiatives, including methodology design, data collection and analysis related to WASH in Emergency response
- Experience of working in partnership as part of programme delivery
- Considerable technical knowledge and experience in WASH in Emergency context
- Skilled in capacity building of local organisations and facilitating participatory learning processes
- Demonstrable skills in producing high quality, accessible reports/outputs
- Fluency in written and spoken English
- Strong coordination and facilitation skills, including proven ability to design and facilitate workshops

Desirable

- Experience working in WASH emergency response and NSD
- Working knowledge of English and Portuguese
- At least one female team member / a contextually-appropriate point related to Gender & Diversity
- Speaking a specific language (i.e. Portuguese)
- Knowledge and experience of the Red Cross Red Crescent Movement

Annex 2 - Timeline of ERU activities

Date	MSM20 ERU Deployments	Swedish and British MSM20 ERU Activities	Other actor activities/context
Night of 14th – 15th March			TC Idai made landfall near Beira City (Sofala Province)
19th March	Surge alert for MSM20 ERU posted In between alert and deployment, a conference call was held with ERU holding NSs.		
20th March	BRC received ToR and deployment order for an ERU MSM20. BRC lead, SRC support.		
26th March	MSM20 1st rotation arrived in Beira		
4th April:	BRC procurement support role arrived in Beira		
26th-29th March		Assessment carried out in six sites in Beira by Brit MSM20 (mixture of centres and camps).	First cholera cases in Beira
End of March		Agreed with WASH Cluster and FACT WASH that Brit MSM20 would do hygiene promotion in San Pedro and Inhamizua (IFP) camps.	
2nd April		Brit MSM20 started latrine construction in Inhamizua (IFP) camp	
5th April		Brit MSM20 started latrine construction in Samora Machel 5th April (in coordination with IOM; IOM provided excavator and daily labour).	

Early April		Brit MSM20 began hygiene promotion working in Ifapa camp
6th April		Around 30 latrines and washing stations completed in Samora Machel by Brit MSM20
5th April	A second ERU MSM20 Alert was posted by IFRC Surge Desk.	
6th April	SRC received ToR and deployment order for a second ERU MSM20. SRC lead, ARC and GRC support.	
7th April		Hygiene Promotion activities in Sao Pedro camp (joint with Spanish M15) as well as Inhamizua (IFP) camp.
8th April		Assessment at ORPs for sanitation needs.
9th April		MSM20 engineer assessed Cuban Field Hospital and planned to build latrine (in discussion with WHO). Also started building bathing areas and handwashing points in Inhamizua (IFP) and Samora Machel (9 showers 15 handwashing).
10th April	SRC 1st rotation TL arrived in Beira	
10th-11th April		Baseline assessment carried out by Brit MSM20 and Span M15 in Inhamisua, Sao Pedro and Samora Machel camps.
12th April	The rest of the SRC MSM20 1st rotation team arrived	Ongoing assessment of areas outside Beira including Buzi. Planning to relocate MSM20 to Buzi.

16th April		3 cleaning committees established in Samora Machel. 10 latrines finished around 16th April	Numbers of people in camps in Beira starting to decrease.
18th April	BRC MSM20 ERU 2nd rotation arrived in Beira		
19th April		Continue of cleaning. Upgrading of 20 and decommissioning of 2 latrines in IFP	
Last week of April		Continuing maintenance in camps. All ERUs agreed in supporting recovery assessment and planning stage. 10 latrines completed in Inhamizua (IFP) camp. WASH assessment conducted in Buzi (supported by MSM20)	
28th April	BRC 2nd procurement support role arrived in Beira		
2nd-3rd May			Integrated sector recovery assessments conducted in Dondo district (supported by MSM20)
10th May	SRC MSM20 ERU 2nd rotation arrived in Beira		
10th May			Agreement signed between CVM (with Spanish RC support) and Infrastructure and Planning Department on water supply rehabilitation in Mutua.
11th May:			Inhamizua (IFP) camp closed.
11th May		CVM WASH Coordinator Sr. Bata arrived.	
12th May		FACT WASH and CVM WASH Coordinator presented the WASH Recovery Strategy to the three WASH ERU teams.	

13th May		A meeting with the WASH ERU TL took place and the geographical division between the ERUs was jointly agreed on. BRC: Dondo, Sanitation SRC: Beira, Sanitation SpRC: Beira and Dondo, Water Supply
13th May:		Second level assessment at household level in Mutua. Assessment of Tierra Prometida (a camp in Beira that had existed for 3 years). Decision to do a sanitation and hygiene project in Mutua alongside Spanish water rehabilitation project.
17th		Two ORP closed. Handover of the sanitation responsibilities for the ORP:s to health. All ORP to be closed by the end of June.
19th May	BRC MSM20 3rd rotation arrived in Beira	
19th May		SRC ERU MSM20 Plan of Action Draft finalised
20th May		3rd Rotation FACT WASH Arrived
20th May		Continued WASH assessment in Mutua and started baseline survey. Started pre-triggering activities for longer-term WASH programme. SRC HP and sanitation activities starts in Ngupa. SRC looking to support WASH intervention

		along with World Vision in Tierra Prometida.	
22nd May		SRC ERU MSM20 Revised (Final) Plan of Action finalised	
27th May		Consultations with local authorities in Mutua. Planning next phase of CLTS programme with COSACA and CARE Continued activities in Samora Machel: desludging, improving drainage MSM20 to decommission sanitation facilities. Engineer visited Praia Nova – recovery site in Dondo, to provide technical support to recovery team on possible integrated shelter and wash activity there. Development of donation strategy and exit strategy. Coordination meeting with CARE.	Cuban Field hospital to close
End of May		SRC MSM20 conducted a Solid Waste Management Assessment in Tierra Prometida and Ngupa. Desludging of ORP Latrines finalised.	
2nd June.	BRC procurement support role departed	Analysis of baseline in Mutua and sharing with CVM. Continuing of planning longer term project in Mutua. Market assessment in Mutua.	

		Decommissioning of sanitation facilities in camps.	
5th June	SRC MSM20 ERU 3rd rotation arrived in Beira		
19th June	BRC MSM20 3rd rotation departed. Skeleton 4th rotation (one person) remains.		
End of June			Plan for integrated recovery assessment in Mutua – but not happened yet.
7th July	SRC MSM20 ERU 3rd rotation departed: End of MSM20 Deployment		
17th July	BRC MSM20 skeleton 4th rotation departed: end of MSM20 deployment		

Annex 3 – Documents Reviewed

Document
BRC, 2018, MSM20 Review
BRC and Span RC, ERU Baseline Report
BRC, compilation of daily and weekly Sitreps during MSM ERU deployment in Mozambique
BRC, compilation of weekly data reports from MSM ERU in Mozambique
BRC, Exit Strategy MSM20 – June 2019 v2
BRC, ERU Decision Log
BRC, Logframe Mutua WASH Draft
BRC, MSM20 ERU Mozambique – Lessons Learned
BRC, MSM20 Risk Matrix
BRC, MSM20 Summary Report, Cyclone Idai
BRC, MSM ERU Budget
BRC, MSM ERU Plans Mozambique Cyclone Idai
BRC, MSM Handbook March 2019
BRC, MSM ERU Rapid Assessment Report
BRC, MSM ERU Spend Authorisation
BRC, MSM Ops Spend Exception Authorisation
BRC, Mutua WASH Project Plan Draft
BRC, PoA of the long term BRC MSM strategy for Mutua
BRC, Situational Analysis in support of the proposed sanitation intervention in Mutua Town, Dondo District.
BRC, Statement of Facts for the ERU WASH Operation in Mozambique leading up to a decision
BRC, Strategic Operations Framework – Cyclone Idai – version 1
BRC, Summary of Camp Activities – Beira
BRC, ToR Logs and Procurement Support to MSM
BRC, various End of Mission reports of MSM ERU delegates, Mozambique
Field Report Dondo District
IFRC, CEA Commitments and Minimum Actions
IFRC, Deployment Order and ToR ERU MSM20
IFRC, Integrated Recovery Assessment Dondo district – Key Findings
IFRC, Guidelines for Hygiene Promotion in Emergencies
IFRC, Idai Response Organigram
IFRC, Praia Nova Community Led recovery to resilience Plan
IFRC, Protection, Gender and Inclusion Minimum Standards
IFRC, Recovery Approach Cyclone Idai
IFRC, WASH ERU Strategy Idai Operation Moz 09052019 Final
IFRC, WASH EPOA Mozambique Cyclone Idai
SRC, Plan of Action_MSM20_SweAutGer_Mozambique Idai_revised 2019-05-22
SRC, 190523 ERU Team Budget
SRC, 190604 SRC ERU MSM20 masterbudget version 2
SRC, Sitreps during MSM ERU deployment in Mozambique
SRC, Delegate EoM Reports from the MSM ERU deployment in Mozambique
Summary of Mutua WASH Assessment
Returns, Relocations and Resettlement – Guiding Principles
WASH Cluster Mozambique, Emergency Sanitation Guidelines Beira
WASH Cluster Mozambique, Mozambique Emergency Wash Cluster Technical Guidance
WASH Cluster Mozambique, WASH Cluster Response Standards

Annex 4 – Stakeholders Interviewed

Name	Position	Organisation
Alex Pendry	Regional Programmes Manager Southern Africa	BRC
Ana Hagström	MSM Team Leader (3rd rotation)	SRC
Ben Webster	Head of Emergencies	BRC
Carmen Ferrer Calvo	HeOps	IFRC
Caroline Von Brauchistch	Logistics Coordinator	BRC
Community leader, Tierra Prometida	N/A	N/A
Community leaders, Subida	N/A	N/A
Community volunteers, Ngupa	N/A	N/A
CVM MSM20 volunteers Beira	N/A	CVM
CVM MSM20 volunteers Mutua	N/A	CVM
Dr. Valoi	President, Dondo Branch	CVM
Emma Forster	MSM Specialist Support (2nd rotation)	BRC
Florent Del Pinto	FACT Team Leader	IFRC
Florian Haas	MSM Team Leader (2nd rotation)	BRC
Former residents of Samora Machel camp	N/A	N/A
Francisco Maldonado	IFRC Surge Desk/Spanish RC M15 Team Leader	IFRC/SpnRC
Inmaculada Lopez de la Cova Pena	Head of Region, East and Southern Africa	BRC
Jamie Lesueur	FACT Team Leader	IFRC
Joanna Reid	MSM Team Leader (3rd rotation)	BRC
Juan Luis Lopez Frechilla	WASH Cluster Coordination – Beira	WASH Cluster/UNICEF
Julio Mondlane	IFRC Liaison focal point for response	CVM
Libertad Gonzales	FACT WASH	RC/Netherlands C
Luis Sfer Younis	MSM Team Leader (1st rotation)	BRC
Luke Tredget	Disaster Management Coordinator	BRC
Marga Ledo	Assessment Coordinator	IFRC
Mike Youde	MSM Sanitation Engineer (2nd rotation)	BRC
Nancy Kordouli	MSM Specialist Support (1st rotation)	BRC
Nicke Adamo Mario	Translator (technical volunteer)	BRC
Oscar Meseguer Socarrades	First FACT WASH	IFRC/SpnRC

Pablo Cabrero	MSM Team Leader (4th rotation)	BRC
Raquel Garcia	MSM Team Leader (4th rotation)	Spanish RC
Residents, Tierra Prometida	NA	N/A
Sonia Hernandez Morales	Procurement for MSM (2nd rotation)	BRC
Sophie Everest	CEA delegate	BRC
Sr. Bata	WASH Coordinator	CVM
Sr. Custodio	President, Sofala	CVM
Sr. Pascale	Local Administrator	CVM
Susana Armendariz	WASH Coordinator	Oxfam
Theo Kalintheris	MSM Sanitation Engineer (1st rotation)	SpnRC
Ulla-Greta Pettersson	MSM Hygiene Promoter (1st rotation)	SRC
WASH Committee members, Mutua	N/A	N/A
William Carter	Senior Officer, WASH in Emergencies	IFRC

Annex 5 – IFRC's Response to the Report's Recommendations

Feedback on the report was received by the IFRC. An extract of this is provided below, focused on the report's recommendations.

	Report Recommendation	IFRC WASH Response
1	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.	We welcome further development of the ERU. We question the ability of the ERU to carry out contracting external to the IFRC. This issue is being addressed in the development of the new WSR Module and learning from that process should be applied to the MSM: With the ongoing development of three new modules, it is unclear whether an urban MSM is the right course of action at this point. But improving its flexibility and the ability of the delegates to adapt to changing circumstances would improve performance.
2	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.	A call did take place between alert and deployment. IFRC would like to request clarity on what additional transparency was requested for this deployment and future operations. Please note Florent's comment in Appendix below.
3	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.)	This has already been agreed with the Swiss Red Cross.

4	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.	We welcome development of WASH market assessment capacity. However, we are not comfortable with making ERU deployments dependent on these exercises, as it is unclear whether they can be carried out quickly enough to inform an ERU deployment decision. We would like to see more analysis as to why ERUs are not being deployed in 72 hours.
5	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.	As above, more modularity is welcome. But this must be balanced with speed of deployment. If this is accompanied by a significant improvement in the time it takes to get equipment deployed, we would be less concerned with the prospect of detailed equipment list review prior to deployment. Also note once again we feel this recommendation is not linked to the deployment decision that was taken, which we remain convinced was appropriate at the time.
6	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.	Agreed. But as part of this we need to review what has gone wrong with joint deployments in the past (e.g. Bangladesh PMO first MSM).

7	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.	Agreed as an exploratory exercise. But the tool must remain global. The Austrian work should be closely observed to learn whether this is feasible. But if it proves successful, we should build on success.
8	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.	Agreed.
9	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.	Agreed, this has been problematic in several recent deployments. Please note Florent's comment below on cash flow.
10	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.	Agreed, as above.
11	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.	Agreed, but as discussed in the general comments section, we would like more detail on how you propose to achieve this as it has been brought up before.
12	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.	

13	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, the 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.	Agreed. But I am not sure that rigidity comes from IFRC. We request that structure in the beginning (usually, we have modified it even in first rotations and this has caused problems, especially for the BRC on call roster) but are open to suggestions on changing it from the ERU TL. There is no evidence that the FACT WASH denied any request to do so (on the contrary, see Florent's comment below). This includes the issue of the length of deployment. IFRC is open in principle to longer deployments. This is at least the second time this issue has been raised after the operation. IFRC has not, to our knowledge, turned down any request to deploy longer term delegates. However, we see two potential issues here: 1) We are already struggling to recruit qualified people. It may be even harder to recruit 6 week, 2 month, 3 month. 2) A delegate staying longer will have to work at a different pace. At least in some deployments we may have to consider having more personnel to get the same output. In any case, IFRC supports trying this out.
14	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.	Agreed
15	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.).	See Paco's response below.
16	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.	Agreed.
17	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	Agreed. Recovery but also uncertainty and changing contexts as well.

	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.	
18	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.	Agreed
19	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.	See Florent comment below.
20	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.	Agreed, recommend review authors address recommendations 20 - 27 to CEA directly.
21	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.	
22	Update the CEA Minimum Actions guidelines once the IFRC has created separate CEA standards for emergencies.	
23	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). 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.	
24	Consider developing training material for child protection, PSEA and code of conduct and associated delegate responsibilities.	
25	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.	
26	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.	
27	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.	