



SF Alert 496

Mozambique (storms)

End of Programme

Evaluation Report

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World Vision Mozambique

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Acronyms

CFS	Child-friendly Spaces
CHS	Core Humanitarian Standards
COVID-19	Coronavirus
CRM	Complaints Response Mechanism
EOP	End of Programme
GBV	Gender Based Violence
FGD	Focused Group Discussion
GESI	Gender Equity and Social Inclusion
HH	Household(s)
HoH	Head of Household(s)
IEC	Information, Communication and Education
KII	Key informant interviews
MEAL	Monitoring, Evaluation, Accountability and Learning
NFIs	Non-Food Items
OECD	Organization for Economic Co-operation and Development
PDM	Post Distribution Monitoring
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
SF	Start Fund
TOR	Terms of Reference
TSO	Technical Service Organisation
WASH	Water, Sanitation and Hygiene
WV	World Vision
WVUK	World Vision United Kingdom



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Executive Summary

Tropical Storm Chalane made landfall in Sofala and Manica provinces on the morning of 30th December 2020, with strong winds of between 90 km/h and 130 km/h, accompanied by heavy rains of up to 100mm/24h affecting thousands of people in Beira, Dondo, Nhamatanda, Buzi, Muanza, Cheringoma, Gondola, and Sussundenga districts. Over 770 households lost their houses, livelihoods, livestock, shelter, and other goods. World Vision (WV) responded to the needs of the affected population in the areas of water, sanitation and hygiene (WASH), shelter and non-food items (NFIs) and protection interventions (including gender-based violence (GBV) through the Tropical Storm Response Project funded (£200,000.00) by the Start Fund (SF). The project was implemented in Buzi, Nhamatanda, Gondola and Sussundenga districts in Sofala and Manica provinces respectively.

The purpose of the evaluation was to assess whether the project achieved its intended objectives following the Tropical Storm Chalane (December 2020), which was further impacted by Tropical Cyclone Eloise (January 2021). The evaluation assessed the status of the Core Humanitarian Standards (CHS) commitments by interviewing project beneficiaries and stakeholders of the Alert Storms Project in a mixed method approach which involved a systematic integration of quantitative and qualitative methods of data collection.

The evaluation involved 243 households randomly selected from the beneficiary registers of which 59.3% were head of households. Among these household survey participants, 122 were female and 121 males. The qualitative component involved 16 focus group discussions (FGDs) of purposely selected groups of 10 men, 10 women, 10 boys and 10 girls. A further 15 key informant interviews (KII) were conducted with WV staff, community leaders and project partners including government officials. A roundtable discussion of the findings was organised to validate and determine the status of the CHS commitments to enable the participants to come up with recommendations for improving similar storm related projects in the future.

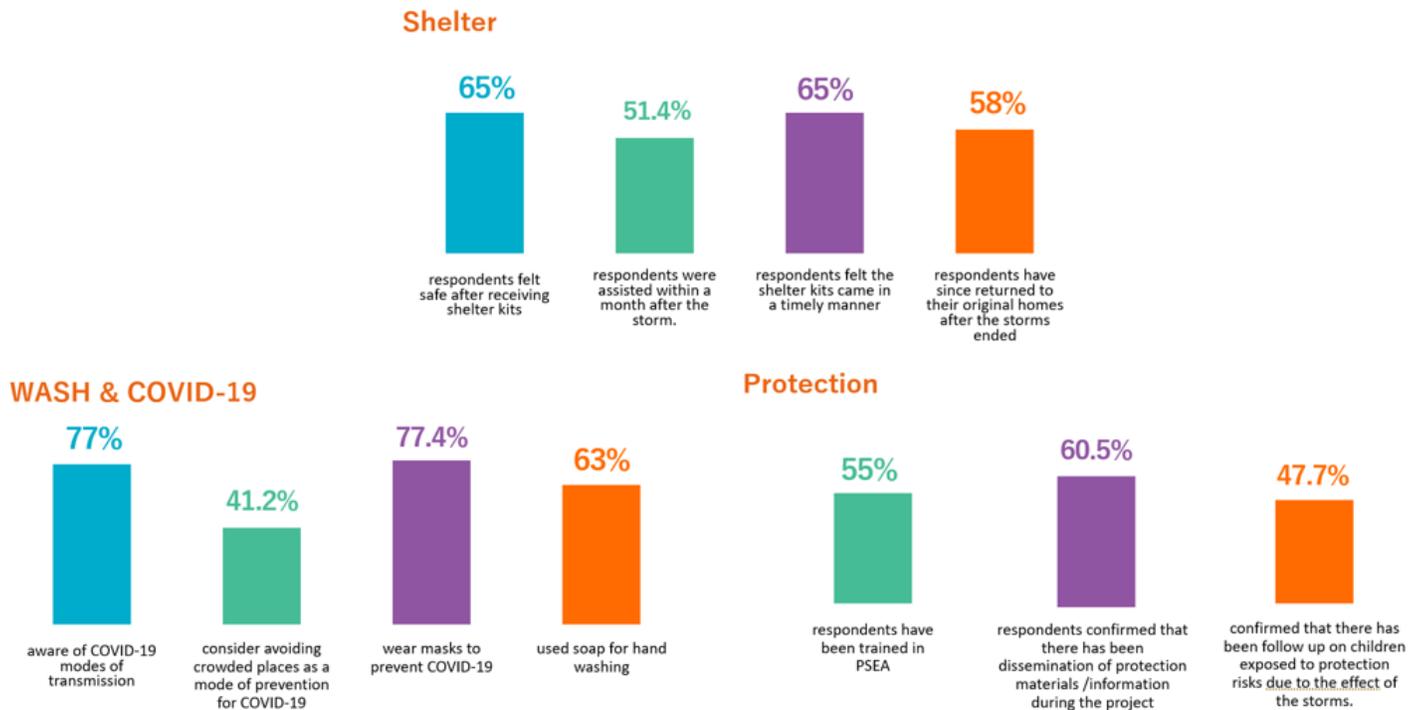


The following are the key performance ratings on the core humanitarian standard commitments that were assessed:

CHS commitments – No data was collected for CHS6.	Performance score smiley
CHS1. Humanitarian response is appropriate and relevant – Communities and people affected by Storm Chalane/Cyclone Eloise receive assistance appropriate to their needs	😊
CHS2. Humanitarian response is effective and timely – Communities and people affected by crisis have access to the humanitarian assistance they need at the right time	😊
CHS3. Humanitarian response strengthens local capacities and avoids negative effects – Communities and people affected by crisis are not negatively affected and are more prepared, resilient, and less at-risk because of humanitarian action	😐
CHS4. Humanitarian response is based on communication, participation, and feedback – Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them	😐
CHS5. Complaints are welcomed and addressed – Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints	😐
CHS7. Humanitarian actors continuously learn and improve – Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection	😊
CHS8. Staff are supported to do their job effectively and are treated fairly and equitably – Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers	😊
CHS9. Resources are managed and used responsibly for their intended purpose – Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently, and ethically	😞

The intervention managed to achieve the following outcomes for the affected people who were in dire need of shelter, water, sanitation and hygiene as well as COVID-19 prevention together with Protection of women, girls and boys.

Figure 1: Alert Storms response project outcomes



As a learning grant, this evaluation has some key takeaways and recommendations for improving similar projects in the future.

More action is needed to ensure that the next humanitarian response is based on communication, participation, and feedback (CHS4) and that Resources are managed and used responsibly for their intended purpose (CHS9). Start fund implementing partners in Mozambique recommended that improved coordination between agencies during the response needs to be enhanced so that there is no duplication of assistance.

It was recommended that government and non-government partners co-create and agree feedback mechanisms at the commencement of emergencies. To ensure cost effectiveness, all partners must agree on elements that can be activated for all partners to use.

Future storm related response projects should include a component of promotion of resilience building and disaster risk reduction in programming to prepare communities for future shocks.



Additionally, future storm response project should invest in staff preparation and training especially on humanitarian codes of conduct to ensure all staff are aware of them and can effectively share with the project partners.



1. INTRODUCTION

Tropical Storm Chalane made landfall in Sofala and Manica provinces on the morning of 30th December 2020, with strong winds of between 90 km/h and 130 km/h, accompanied by heavy rains of up to 100mm/24h affecting thousands of people in Beira, Dondo, Nhamatanda, Buzi, Muanza, Cheringoma, Gondola, and Sussundenga districts. Many families lost their houses, livelihoods, livestock, shelter, and other goods. World Vision (WV) responded to the needs of the affected population in the areas of water, sanitation and hygiene (WASH), shelter and non-food items (NFIs) and protection interventions (including gender-based violence (GBV) through the Tropical Storm Response Project funded (£200,000.00) by the Start Fund (SF). The project was implemented in Buzi, Nhamatanda, Gondola and Sussundenga districts in Sofala and Manica provinces respectively. The project benefited a total number of 5,820 households with WASH interventions out of which 720 households were supported with shelter. The project was implemented from 16th January 2021 to 2nd March 2021. It is worth noting that while this project was initiated in response to Tropical Storm Chalane, shortly after the start of implementation the area was further impacted by Tropical Cyclone Eloise (January 2021). Below is a tabulation of the distributions that were conducted during the project.

Table 1: Shelter and non-food items distributed

	WASH (dignity) kits per HH	Shelter kits
Sofala	2 buckets, 3 certeza (water purification fluid), 2 adult toothbrushes, 3 children's toothbrushes, hand sanitiser 500ml, 1 5l jerry can, 3 bar soaps, 1 torch, 1 plastic domes slab, 3 toothpastes and 10 metres rope	1 8 by 8 tarpaulin, 1 hammer, 1 shovel, 1 handsaw, 1 hoe and house stick, 3 by 3m shelter poles, 500g roof nails, 1 roof cutting scissors, 30 metres rope
Manica	2 buckets, 3 certeza (water purification fluid), 2 adult toothbrushes, 3 children's toothbrushes, hand sanitiser 500ml, 1 5l jerry can, 3 bar soaps, 1 touch, 1 plastic domes slab, 3 toothpastes and 10 metres rope	1 8 by 8 tarpaulin, 1 hammer, 1 shovel, 1 handsaw, 1 hoe and house stick, 3 by 3m shelter poles, 500g roof nails, 1 roof cutting scissors, 30 metres rope

The following changes were anticipated in the Alert 496 Mozambique (storms) Project:

- Affected communities will have decent accommodation facilities which will mitigate the spread of airborne diseases such as pneumonia and reduce incidences of abuse that could be carried out
- Targeting of assistance provided to the right people



- Healthy hygiene seeking behaviours and reduced risk of exposure to COVID-19
- Communities recognise and act to prevent violence against children, GBV and Prevention of Sexual Exploitation and Abuse (PSEA)

The Tropical Storm Chalane rapid needs assessment conducted by World Vision in January 2021 revealed that 36% of people had their houses destroyed while 29% had their houses needing rehabilitation due to the effect of the storm. Further, over 71% of the houses lost protection from rain or fire because of the storm. In terms of WASH needs, only 45% of the households could access safe drinking water and about 48% had no means to cover the water storage sources to protect them from contamination. Additionally, only 35% of the households had access to soap in a hand washing facility.



2. EVALUATION PROCESS

2.1. Evaluation Approach

The purpose of the evaluation was to assess whether the project achieved its intended objectives following the Tropical Storm Chalane (December 2020), which was further impacted by Tropical Cyclone Eloise (January 2021), and the extent to which the achievement (or lack of it) was influenced by internal and external factors. Furthermore, the evaluation sought to draw lessons from the implementation of the project and proffer recommendations for similar projects in other ongoing emergencies and in the future. The evaluation was conducted based on the Core Humanitarian Standards (CHS) and the SPHERE Standards which place importance on prioritising communities and people affected by crisis at the centre of humanitarian action. This enabled the assessment of the extent to which the project managed to meet key CHS focusing on the commitments on effectiveness, timeliness, access to information, participation of affected population in decision making, as well as feedback and complaints. The nine (9) commitments to communities and people affected by crisis were therefore used to guide the design of the assessment¹.

It is mandatory for any response to ensure that the CHS standards are upheld to protect project beneficiaries and staff. Thus, through the CHS approach, an evaluation was conducted, and it assisted in assessing whether the project achieved its intended objectives following the Tropical Storm Chalane and Tropical Cyclone Eloise disasters and the extent to which the achievement (or lack of it) was influenced by internal and external factors.

2.2. Evaluation Design

A mixed method approach was used, which involved a systematic integration of quantitative and qualitative research designs and data collection techniques for collecting secondary and primary data. This enabled a more complete and robust utilisation of data, where the quantitative assessment was carried out to address whether the intervention worked or not, and the qualitative assessment looked at how and why the intervention did or did not work.

¹ CHC Alliance, Group URD and the Sphere Project., 2014



2.2.1. Evaluation Type

This learning project was an end of programme (EOP) evaluation which used aspects of:

- Core Humanitarian Standards including;
 - CHS1- Humanitarian response is appropriate and relevant,
 - CHS2 - Humanitarian response is effective and timely,
 - CHS3 - Humanitarian response strengthens local capacities and avoids negative effects,
 - CHS4 - Humanitarian response is based on communication, participation and feedback,
 - CHS5 - Humanitarian response - Complaints are welcomed and addressed
 - CHS7 - Humanitarian actors continuously learn and improve,
 - CHS8 - Staff are supported to do their job effectively, and are treated fairly and equitably,
 - CHS9- Resources are managed and used responsibly for their intended purpose
- SPHERE standards, for example, Shelter, WASH and Protection
- Organisation for Economic Co-operation and Development (OECD) evaluation criteria which included, relevance, effectiveness, and impact.

2.2.2. Primary Data Collection

Data collection involved a systematic integration of both quantitative and qualitative methods in collecting both primary and secondary data. Secondary data collection preceded primary data collection and preliminary findings from secondary data analysis were used in the development of the primary data collection tools. Qualitative and quantitative data was collected concurrently as there was very limited time to conduct the quantitative first and then the qualitative data collection.

2.2.2.1. Quantitative Data Collection

a) Sampling strategy and sample size

The evaluation used a multi-staged stratified sampling strategy. The first stratum was by the province that was affected by the Tropical Storm Chalane and Cyclone Eloise (i.e., Sofala and Manica). The second stratum within each province was the WV Central Mozambique Programme



operational district, whilst the third stratum was the selected locality in each district. In each locality, representative beneficiary households were randomly selected and interviewed. However, settlement pattern and ease of access was considered when determining the starting point and interval for household sampling.

b) Sample Size Calculation

To allow for comparison of means and proportions between districts, the sample size was calculated at district level at 95% confidence interval and 5% margin of error. The decision to benchmark and compare means and proportions of key response indicators between districts was established by WV Technical Services Organisation (TSO), WV Mozambique MEAL team with WVUK assistance where applicable. For this survey, the minimum district sample size at confidence interval of 95%, an acceptable margin of error of 5%, and equally (50%) distributed proportion, was computed, using the following formula:

$$n \geq \times \frac{P(1 - P)}{\left(\frac{ME}{Z_{\frac{\alpha}{2}}}\right)^2}$$

n - Total sample size for each district

P - Response distribution for positive outcome (0.5)

(1-*P*) – Response distribution for negative outcomes

ME – Margin of error (0.05)

$Z_{\frac{\alpha}{2}}$ - is the critical value for the 95% confidence level (1.96)

Target Population and sampling frame

The target population for the EOP evaluation were those who participated in the project implementation from Manica and Sofala provinces and these were derived from Gondola, Sussundenga, Buzi and Nhamatanda respectively.

Table 2: Target groups, population, and sampling frame

Province	District	# Sample per district	Locality/Bairro
Sofala	Nhamatanda	61	RC Nhansato-Ndenja; RC Metuchira; Tica Magoro; Bairro Cura; RC Barada-Ndenja; RC nhanfimbi; RC Ndenja
	Buzi	60	Grudja; Machiquire; Macesso; Tarita; Marongamissa; Guenje; Bandua I; Chingamidje; RC Bandua 2019; Masquil alto I; Mussocossa
Manica	Gondola	62	Amatongas sede; Nhamabonda; Doeroi; Inchope sede; Chiongo; 4 de Outubro; 7 de Abril; Amatongas 25 de Setembro; Espangara; Gunda; Mussamba I; Mussatua; Nhamale; Nhangoma; Nharu Nharu; Nhaurodzi; Nhaurungo; Pindanganga; Povoado de Mbia-Bongue; Zipinga 2-Nhanduca; Zipinga2-Chicurvo; Zipinga2-Nhamudima; Nhamakamba; Zipinga I; Amatongas Sociel; 1 de Maio Amatongas Centro; 4 de Outubro; 7 de Abril Amatongas Centro; Amatongas Centro; Nhangue I.
	Sussundenga	60	Sussundenga-Sede; Matica; Nhaurombe; Munhinga; Javera; Mabaia; Muoco; Matakara; Muhoa-Sede; Mupandea; Rotanda-Sede; Dombe; Moua; Moua 2; Nhaurrombe; Gudza; Manhama I; Manhama 2; Magueba; Muchambonha; RC Chibue,

Source: Start Fund Evaluation TORs, 2021.

2.2.2.2. Qualitative Data Collection

Qualitative data was collected concurrently with the quantitative. Key informant interviews (KIIs) and focus group discussions (FGDs) were conducted in all communities as shown in the table 3 below.

a) Focus Group Discussions (FGDs)

A total of 16 FGDs were conducted with participants grouped by sex (Table 3). The participants were able to share their experiences. FGDs were captured and used as evidence for either positive or negative project effect. FGDs were conducted with the following groups – men only, women only and children/adolescents. Each FGD had between 10 - 12 participants who were purposively selected from the target beneficiaries. Consent was sought before conducting the

FGDs. Two FGD facilitators conducted the FGDs, where one was responsible for moderation and the other one for note taking.

Table 3: Focus Group Discussion Participants

District					
FGD Group	Buzi	Sussundenga	Nhamatanda	Gondola	Total
Girls	10	10	10	10	40
Boys	10	10	10	10	40
Men	10	10	10	10	40
Women	10	10	10	10	40
Total	40	40	40	40	160

Picture 1: Boys only FGD



COVID-19 prevention measures observed – social distancing, wearing masks and minimum number of participants.

b) Key Informant Interviews (KIIs)

Key informants were purposively selected, targeting informants who interacted with the activities under evaluation as beneficiaries or stakeholders. A total of 15 KIIs were conducted including WV staff that worked on the project, community leaders, partners (INGOs) and government staff (Annex 3). Interviewed households were drawn from a beneficiary database provided by WV Mozambique. The KII questionnaire was made from both structured and unstructured questions. Picture 2 below depicts an interview with a KII.

Picture 2: KII with a Community Leader



c) Roundtable discussion of findings

An adapted version of the Humanitarian Quality Assurance Initiative, Core Humanitarian Standards Scoring scale was used during a consultative round table event organized by the field team to validate and score the project's progress toward the CHS commitments.

The round table consultation meeting had gathered different stakeholders who were involved in the Start Fund Alert Storms Project and other partners including the donors who participated virtually via Zoom. During the round table, the preliminary findings were presented and validated through an interactive discussion, identifying additional ideas and appropriate recommendations and actions for improving humanitarian response.

The participants used the following scale to score the findings;

- 😞 The project does not work towards applying the CHS commitment or is making efforts towards applying this requirement.
- 😐 The project is making efforts towards applying this requirement, but certain key points are still not addressed.
- 😊 The project conforms to this requirement, the requirement is fulfilled or the project's work goes beyond the intent of this requirement and demonstrates innovation.



2.2.3. Desk Review of background documents

This formed part of the preparatory analysis conducted prior to conducting the survey. This comprehensive secondary data review preceded primary data collection and findings from this review were instrumental in the development of appropriate primary data collection tools. The following documents were received from World Vision (WV) for the desk review.

- SF Project documents
- SF project report form
- 496 World Vision-SF Chalane
- Start Fund Post Distribution Monitoring (PDM) report
- WVUK and WV Mozambique Project Proposal

This secondary data collection and review was instrumental in getting a deeper understanding of the project as well as teasing out important issues that needed further investigation through analysis of relevant primary data.

2.3. COVID-19 Prevention Measures during the Survey period

The EOP evaluation team recognised the times we are living in and COVID-19 prevention measures were put in place. The measures that were put in place to avoid the spread of the Coronavirus during the survey included: remote training of enumerators, use of personal protective equipment (PPE) such as masks, use of hand sanitiser and intentionally conducting interviews in well ventilated places, preferably outside and sitting at least one meter apart. For FGDs, the groups had a limited number of participants each (10-12 persons per discussion). While some KII were interviewed via Skype or MS Teams.

2.4. Quality Assurance

Quality assurance was ensured firstly through a two-day training of enumerators. The first day of training was focused on understanding the purpose of the evaluation, and mock interviews were carried out during the training session. The second day of training was for a pilot study and practice of the tools. The second method of quality assurance was the use of Kobo Collect software to capture the interviews as this uses skip rules, out of range and completeness data quality checks. Skip logic and error checks built into the system improved the data quality. Thirdly,



involved translation of the tool into Portuguese; and lastly, data quality checks by evaluation team supervisors to ensure quality control of the data on a daily basis. Data was translated back into English after data collection and this process took a significant amount of time as both the quantitative and qualitative data needed to be translated from the local language.

2.5. Limitations

The evaluator experienced a number of limitations, especially due to the timing of the evaluation. Table 4 below summarises the key evaluation limitations and actions that the evaluation team undertook to mitigate.

Table 4: Limitations to the evaluation process

Evaluation limitations	Mitigation plans
<p>Timing of the evaluation process. The EOP evaluation was several months after the project implementation, which was completed in 45 days. This implied the evaluation had a limited space of time in which the evaluation design, planning and data collection for the evaluation was conducted. Additionally, most of the project staff were no longer with the project as it had ended.</p>	<p>Due to time limitations, the allocated timeline for data collection allowed the evaluators to sample only a snapshot of the total beneficiaries reached by the project and only a few staff that had worked on the project.</p>
<p>Constrained protocols due to COVID-19 pandemic. The evaluator conducted a remote evaluation, as they could not travel to the field nor to train enumerators in person.</p>	<p>The evaluator attempted to ‘flow with the tide’ ensuring that all the minimum and priority interviews had been checked and persistent follow-ups with respondents were carried out, especially stakeholder staff to ensure the success of interviews and document requests.</p>
<p>There was no baseline study.</p>	<p>The project was done as a life-saving objective hence there was no baseline conducted. As such, this evaluation will not be a comparative study but will show change based on what the prevailing situation had been.</p>
<p>Language. The evaluator did not understand the local language hence a translator worked with them.</p>	<p>Translator was availed for: the training of enumerators, the translation of tools and the data collected.</p>



3. ETHICAL CONSIDERATIONS

The evaluation team adhered to research ethics that enshrine respect for, and sensitivity to respondents. This was achieved through the following measures:

a) Informed consent

- Enumerators were trained on survey protocols and ethical considerations that were to be followed before or during an interview
- Informed consent was obtained from participants for both the FGDs and in-depth face-to-face interviews.

b) Voluntary Participation

- Participation in the study was entirely voluntary. Participants were given the option and freedom to discontinue the interview at any point should they so wished.

c) Confidentiality

- Confidentiality was observed throughout the study process
- Enumerators were not allowed to use or discuss information that would identify the participants for anything other than the purpose for which the survey was conducted or for collecting follow up information from participants.

d) Sensitive Data

- Protection was ensured through the research design and use of online data collection method which provides more security than other methods.

e) Data protection and privacy

Data protection and privacy was achieved through ensuring that:

- Collected data was used for this survey in compliance with WVUK General Data Protection Regulation (GDPR).

f) Ensuring no harm

- Considering all practical implications that the survey and/or survey questions had on participants, each survey question was rigorously analysed.



g) Beneficence

- There was no direct benefit to participants themselves at the time of the study. There was however, social benefit in that knowledge obtained could be used to improve future programmes, thereby creating future potential benefits to communities affected by disasters.

4. KEY FINDINGS

Key findings from the Start Fund EOP evaluation are discussed here based on the CHS, SPHERE standards and the OECD Evaluation Criteria. The household demographics are highlighted at the beginning to bring context to the preceding results/findings.

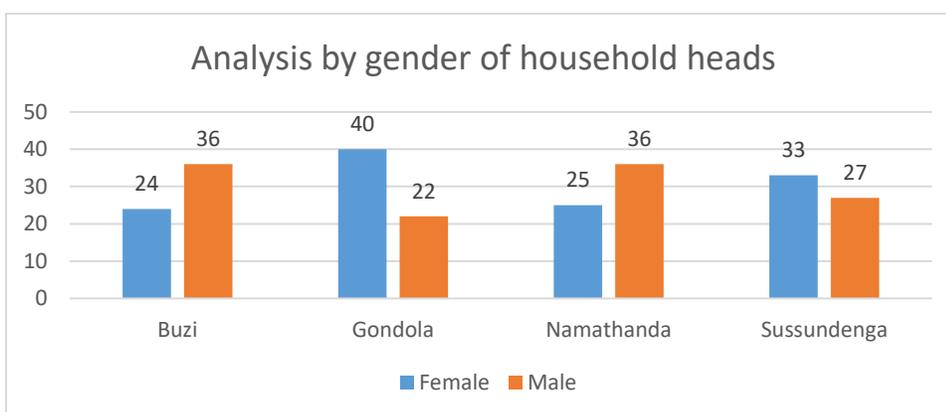
4.1. Household Demographics

A total of two hundred and forty-three (243) households were randomly selected from the beneficiary registers provided by community leaders and were visited. There was only one respondent who declined to continue with the household interview.

4.1.1. Characteristics of Respondents

Given that the SF project was a forty-five-day lifesaving intervention, a baseline was not done in the intervention area as reliance was made on the data provided by the government. Findings from the EOP evaluation reveal that there was a balance in gender representation of the household heads with women at 50.4%. The chart below shows that more women heads of household (HoH) in the survey were from two districts (i.e., Gondola (n=40) and Sussundenga (n=33)).

Figure 2: Analysis by gender of household heads



Majority (79.1% n=198) of those interviewed during the EOP survey were either the HoH (59.3%, n=144) or spouse of the HoH (19.8%, n=48) and these were the most eligible respondents who are considered to have relevant knowledge about the household. Even though there was a

balance in gender representation of households, there was a good-level of participation of women in the survey who also had participated in a women only focus group discussion. Having a relatively higher number of female respondents during the EOP evaluation is a proxy indicator and evidence of gender inclusion and participation of women in development work. Refer to table 5 below for details.

Table 5: Classification of respondents

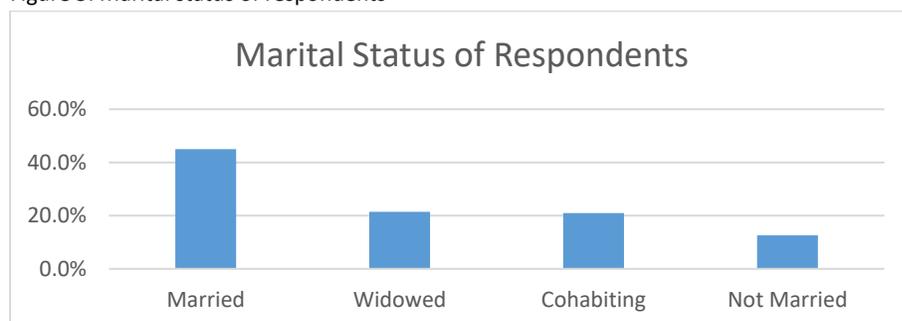
Relationship to HoH	Total	
	Freq	%
Another relative	1	0.4%
Co-wife	4	1.6%
Daughter in-law	7	2.9%
Father	21	8.6%
Grandchild	1	0.4%
Grandmother	4	1.6%
Mother-in-law	2	0.8%
Niece/Nephew	2	0.8%
Self	144	59.3%
Son/Daughter	9	3.7%
Spouse	48	19.8%
Total	243	100%

Source: EOP Field Data

4.1.2. Marital Status of Respondents

The findings reveal that 45% of the HoH interviewed are married, 21.4% are widowed and 21% are cohabiting. Of the married household heads, 16% are in a polygamous union.

Figure 3: Marital status of respondents



4.1.3. Disability status of Beneficiaries

A total of 140 (57.6%) HoH were reported to have some form of functional disability within the households interviewed. Based on the Washington’s group of questions that assess disability: the domain of vision (12.8%), mobility (10.7%) and cognition (10.7%) reported that the household head had “Some difficulty” in these domains. See Table 6 for details.

Table 6: Disability domains of Beneficiaries

Domain	Response	Frequency	% Prevalence
Vision	A lot of difficulty	2	0.8%
	Some difficulty	31	12.8%
Hearing	Some difficulty	20	8.2%
	A lot of difficulty	3	1.2%
	Cannot do at all	1	0.4%
Mobility	Some difficulty	26	10.7%
	A lot of difficulty	1	0.4%
Cognition	Some difficulty	27	11.1%
	A lot of difficulty	3	1.2%
Self-care	Some difficulty	17	7.0%
	A lot of difficulty	1	0.4%
Communication	Some difficulty	8	3.3%
Total		140 of 243	

Vulnerability was also assessed across districts and findings indicate that Gondola reported having the most people with a functionality disability across domains, rendering it the most vulnerable district based on disability (refer to Table 7). More than half the HoH in Nhamatanda and Sussundenga have a functionality disability depicting these communities as vulnerable. Vision was the most common type of disability as it was reported to be affecting 33 of the HoH, followed by Cognition with 30. (refer to table 7).

Table 7: Disability domains of beneficiaries by District

Domain	Buzi	Gondola	Nhamatanda	Sussundenga	Total
Vision	4	11	11	7	33
Hearing	3	11	2	8	24
Mobility	7	9	7	4	27
Cognition	2	7	13	8	30
Self-care	2	8	2	6	18
Communication	0	6	0	2	8
Total	18	52	35	35	140

4.2. Relevance of support

The EOP evaluation assessed whether the response was in line with local needs and priorities. This was assessed and reviewed through reflecting on the relevance of the interventions conducted, which included shelter, WASH, protection and COVID-19 awareness raising against the CHS standards. Community leaders, project participants and some stakeholders were engaged on the relevance of the action conducted. Due to the storm and impact of cyclone Eloise, the communities found themselves without shelter, having lost their household material, without clean water and their children and women prone to protection vices hence the relevance of these actions. Key findings from this EOP Evaluation showed that 95.9% of the respondents indicated that their pertinent needs were met through shelter, WASH and protection interventions. Some FGD participants, especially those that had their homes destroyed by the storm and cyclone, reported that their dignity was restored and further enhanced among their communities when they received the tarpaulins. As shown in Table 8, the majority (95.5%, n=232) felt that the shelter and water supply (WASH) interventions corresponded to the assessed risk, vulnerabilities, and their needs.

Table 8: Core Humanitarian Standards (CHS 1)

Commitments and the respective performance Indicators	Freq	%
CHS1. Humanitarian response is appropriate and relevant – Communities and people affected by Storm Chalane/Cyclone Eloise receive assistance appropriate to their needs.		
1.1 Do you think the response took account of your specific needs and preferences, after the Storm Chalane/Cyclone Eloise Disaster?	233	95.9%
1.2 Do you think the assistance and protection interventions provided by WV correspond with assessed risk ² , vulnerabilities ³ and needs.	232	95.5%
1.3 Do you think response took into account beneficiaries capacities, skills and knowledge?	224	92.6%

The quality criterion for this CHS requires that the Humanitarian response is appropriate and relevant. FGD participants across all groups reported that the interventions were relevant to the needs of the community during the storms. Quantitative data also revealed that almost all (over 90%) rated this standard as having been met during the project implementation as shown in table 8.

² A situation involving exposure to danger

³ State of being exposed



“The material provided by WV for community needs was very good as they were aligned with our local needs and priorities,” FGD participant in Nhamatanda. All respondents in Sofala and Manica provinces confirmed that Shelter kits, WASH and education awareness on hygiene interventions done by WV as very relevant activities.

4.2.1. Shelter

Following storm Chalane and cyclone Eloise, the Government of Mozambique made a declaration on the state of emergency and advised the communities that were in dire need of shelter. The majority (65%, n=159) of households interviewed showed that they felt safe after provision of the shelter kits. FGD meetings confirmed that the project beneficiaries were provided with dignified shelter, which protected them from weather elements. The decision to set up shelter kits was primarily made by the HoH, as reported by n=96 while for n=45 it was by the “Reglo”/government/NGO. Thirty five percent (35.4%) reported that they considered that their household members had safe and all-weather access to individual dwellings. Access to safe, all-weather essential communal services and facilities was reported at 35.4% (n=86). The action had provision for people with disability and this was confirmed by 72.8% (n=177) of households. Responsiveness of the action was surveyed and the table below shows that WV Mozambique responded. Majority (51.4%, n=125) of the households received Shelter assistance from the project within a month after the disaster occurred. Sixty-five percent (65%, n=158) of the respondents reported that the shelter kit was provided in a timely manner within this response. The SPHERE shelter and settlement standard 4 state that household item assistance should support restoring and maintaining health, dignity and safety and the undertaking of daily domestic activities in and around the home.

4.2.1.1. Timeliness of Shelter Kits support

Figure 4: Timeliness of Shelter Kits support



Findings from the household survey reveal that most of the households with vulnerable members were supported by the shelter kit intervention. The following vulnerability attributes were intentionally explored in this EOP evaluation to show who the primary targets for the action were: Female headed 50% (n=122), widowed 23% (n=56), most vulnerable 49.8% (n=121), orphans 26.3% (n=64), while approximately 140 of the HoH had a person living with a disability, as reported earlier within this EOP survey. Key informant interviews with project staff revealed that not all planned distributions were done because the suppliers sometimes delivered incomplete units necessary to make a shelter kit. One respondent commented, “It was difficult to distribute some of the items as they came in drips and drabs making it an incomplete kit and thus frustrating some of the beneficiaries”. Furthermore, not all beneficiaries received the full shelter kit as shown in the Table 9.

Table 9: Shelter kits provided

Shelter kit items	Yes	
	n	%
1 8 by 8 tarpaulin	169	69.5
1 Hammer	131	53.9
1 Shovel	134	55.1
1 Hacksaw	103	42.4
1 Hoe and house pole	101	41.6
3 by 3m shelter poles	86	35.4
1 x 500g roof nails	112	46.1



1 roof cutting sheers	86	35.4
1 30-meter rope	113	46.5

The Shelter items were provided in the provinces of Sofala and Manica. In Sofala province, distributions were done in the districts of Nhamatanda and Buzi while for Manica these were done in the districts of Gondola and Sussundenga. Approximately 45.3% reported that they were trained on the use of the shelter kit. Some (36.7%) of the households received other shelter assistance from other agencies. Fifty-eight percent (58%) of the shelter beneficiaries in Gondola⁴ had returned to their original homes and abandoned the tents.

4.2.2. Water and Sanitation (WASH)

Non-Food Items (NFIs) were provided by the response in a bid to alleviate the community’s WASH needs following the loss of their household materials because of the storm and cyclone. The table below details the NFIs that were distributed to some of the beneficiaries who participated in this EOP.

Table 10: WASH NFIs distributed to Evaluation Participants

NFI	Quantity	Frequency	%
Buckets	1	228	93.8
Certeza	3	234	96.3
Adult tooth brushes	2	224	92.2
Children toothbrushes	3	226	93.0
Hand sanitizer, 500ml	1	213	87.7
5L jerry can	1	188	77.4
Bar soaps	3	221	90.9
Torch	1	218	89.7
Plastic domes slab	1	167	68.7
Toothpaste	3	198	81.5
10-meter rope.	1	135	55.6

Most (96.7%) people were satisfied with the WASH kit from this survey. Furthermore 98.4% (n=234) of the respondents reported that the WASH projects done by WV were relevant to the priorities of the community. Point of Use Water Treatment, hand washing at all critical times,

⁴ Gondola district was the only district supported with full Shelter interventions post Chalane and Eloise.



household solid waste management were explored under WASH practices. FGD participants reported *“The buckets we received we use to fetch and store water, the soap we used to wash our clothes, and we used Certeza (chlorine) to treat water for consumption,”* Boys from Mabaia (Dombe-Sussundenga).

Data showed that the Point of Use Water Treatment had been done through provision of *Certeza* post the storm and this had helped to clean the water and was confirmed by most of the respondents (96.3%). *“Certeza, a branded and socially marketed point-of-use water treatment product, consisting of diluted sodium hypochlorite solution, is widely used in Mozambique and assisted many people to treat water post the cyclone,”* said one Key informant interviewed. Hand washing at critical times was also explored and data showed that most (71.1%) of the respondents were well conversant with the five critical times for hand washing. Hygiene behaviours were explored further in terms of solid waste management and data showed that 49% of the respondents who had children below the age of five had properly disposed stool. However, the evaluation could not measure the change in behaviour of this indicator because of lack of benchmarks/baseline. Of the 243 respondents, 128 (52.7%) confirmed they have participated in a hygiene education/promotion session. Of these, only 51% had attended a session supported by World Vision. Nonetheless, ninety-two percent (n=224) of the respondents still felt that their WASH needs had been adequately met during the emergency response.

Immediate outcome of the interventions by the project was reported in one focus group with women. *“The products received helped in the hygiene and cleaning of the minors, as well as in the prevention of diseases such as COVID-19 through the use of facemasks”* Group of boys FGD Gondola district. Other participants reported that *“Hygiene and sanitation components were addressed, people were sensitised to keep the yards clean, sweep and deposit garbage in sanitary landfills, the faeces of children should be deposited in the toilet, wash hands using soap and/or ash with frequency; frequent use of the mask,”* Mabaia women’s group.



4.3. Effectiveness and Timeliness of the Support

4.3.1. Timeliness of humanitarian assistance

Table 11: Core Humanitarian Standard (CHS 2) – Timeliness of assistance

Commitments and the respective performance Indicators	Freq	%
CHS2. Humanitarian response is effective and timely – Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.		
2.1 Do you consider the assistance and protection have come at the appropriate time?	225	92.6%
2.2 Do you consider the assistance and protection you have received to be adequate?	118	77.5%
2.3 Does it meet your needs with respect to Shelter, WASH and Protection?	212	87.3%

Respondents affirmed that the access to humanitarian assistance came at the right time as shown in the table above. Quantitative results reveal that 92.6% of the respondents felt that humanitarian support of shelter kits, WASH and protection was effective and timely. However, FGD participants said that they needed more assistance targeting more people as they were also affected by the destruction. 87% said that their needs were met with respect to shelter, WASH and protection as shown in table 11.

4.3.2. Effectiveness of Support

The SF project sought to ensure that affected communities had access to “decent accommodation facilities which will mitigate the spread of airborne diseases such as pneumonia and also reduce incidences of abuse that could be carried out”. Evidence from this survey shows that accommodation was indeed provided through provision of shelter kits to more than 700 most vulnerable beneficiaries. The evaluation team did not plan to collect data on prevalence of airborne diseases because of lack of benchmarks and logistics required to get a representative sample. Furthermore, adequacy was reported by 77.5% for all the interventions (table 11). Key informant revealed that there were project delays in the delivery of the NFIs due to long procurement processes and delay in staff recruitment. A WV staff who was interviewed also said that there were heavy rains from Storm Eloise shortly after storm Chalane which delayed implementation of interventions.



4.3.3. Beneficiary Targeting

Targeting was done effectively, as most of the beneficiaries met the set criteria based on the vulnerability attributes. These included: the elderly, women, girls and the most vulnerable who had lost all their shelter and household utensils. The project was effective in its targeting the most vulnerable although demand was high the resources were few. A FGD reported that, *“The selection for this project was made from the list provided by the secretary of Bairro (neighborhood/community) and his members (chiefs of 10 households/block). They selected the neediest households, because of the situation I was going through due to the destruction caused by the Chalane. There were other people included in this project, as some were in accommodation centres in schools, others were elsewhere after their families lost their houses after the disaster caused by Cyclone Chalane and Eloise,”* Metuchura Nhamatanda Men FGD.

4.3.4. COVID-19 behavior Change

The project was effective in promoting hygiene and healthy seeking behaviours which resulted in reduced risk of exposure to COVID-19 during the response. The availing of Information, Education and Communication (IEC) material on COVID-19 assisted in educating the community on hygiene and healthy seeking behaviour. *“The activities developed by WV meet the priorities of the community, since in the period the main concern is to fight for life, thorough compliance with the prevention protocols against COVID-19. Without the materials distributed by WV, we would have immense difficulties in purchasing them since most of our parents do not have money,”* FGD boys Gondola.

Another group of boys reported, *“The hygiene promotion/awareness activities implemented in the project helped in encouraging people to use face masks; to practice handwashing with soap and ash; keeping social distancing of 1.5 metres between people,”* Nhamatanda.



4.4. Strengthening local capacities and avoids negative effects

4.4.1. Strengthens local capacities

Table 12: Core Humanitarian Standard (CHS 3) – Local Capacities

Commitments and the respective performance Indicators	Freq	%
CHS3. Humanitarian response strengthens local capacities and avoids negative effects – Communities and people affected by crisis are not negatively affected and are more prepared, resilient, and less at-risk because of humanitarian action		
3.1 Are you now better able to withstand future shocks and stresses, because of this humanitarian action?	127	52.3%
3.2 Was there anything that you considered negative that was a result of the humanitarian action?	95	39.1%

Thirty-nine percent of those asked thought there was something negative due to humanitarian action. No follow up questions were asked to get some examples but in one FGD, boys reported, *“Besides the stealing of our school supplies in some schools, there were no negative impacts noticed,”* Kura Community, Nhamatanda, Sofala.

4.4.2. Prevention of Sexual Exploitation and Abuse (PSEA)

The project conducted activities that promoted PSEA, prevented GBV and protected children against violence. Focus group discussions findings indicated that the respondents had been trained in using dignity kits for adolescent girls and mothers in displacement sites and protection, gender-based violence, safeguarding and PSEA. However, the inability to compare with the baseline limits the conclusion to measure any change in behaviour to date. These activities are meant to help project beneficiaries to be able to withstand future shocks and stresses, because of this humanitarian action. Quantitative findings reveal that about half of the respondents (52.3%) felt they are able to withstand future shocks and stresses (table 12). The SF project supported the respondents with material to enable them to have shelter, clean water and protection. During FGDs, most of the respondents said that they expected to be supported with material to also help rebuild more resilient homes that could not be easily weathered by storms.

4.5. Beneficiary complaints and feedback mechanisms

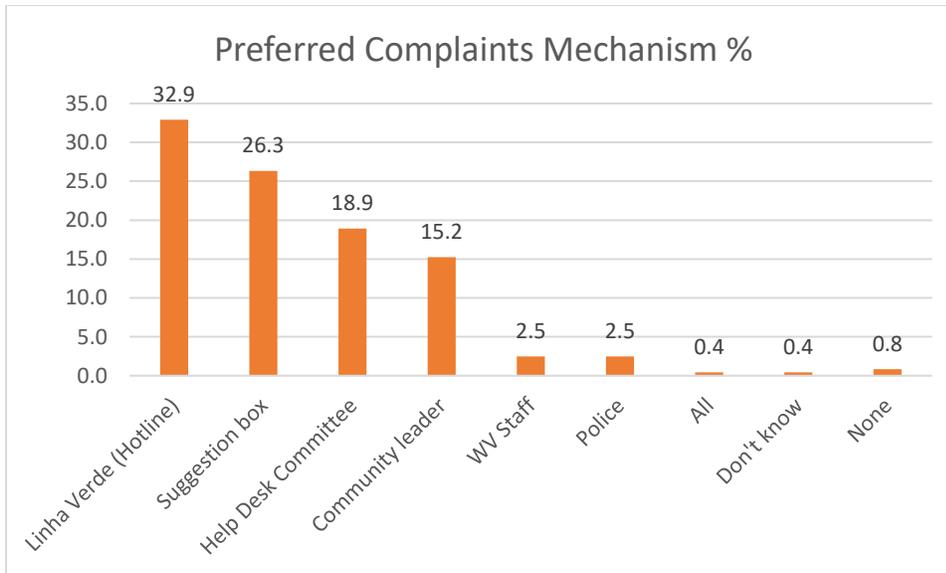
Sixty five percent (65%) were aware of their rights and entitlements and had access to information and participated in decisions that affected them. Table 13 below shows that Commitment 4 was attained. KII further affirmed this position as they mentioned that local volunteers worked with staff to ensure that distributions were conducted. Satisfaction with opportunities to influence the response were availed, 82.3% affirmed this, hence meeting the CHS standard 4.

Table 13: Core Humanitarian Standards (CHS 4) – Community Feedback Mechanisms

Commitments and the respective performance Indicators	Freq	%
CHS4. Humanitarian response is based on communication, participation, and feedback – Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.		
4.1 Were you aware of your rights and entitlements?	158	65%
4.2 Were you satisfied with the opportunities you had to influence the response?	200	82.3%
CHS5. Complaints are welcomed and addressed – Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.		
5.1 Were you aware of complaints mechanisms established for use during the implementation of this project?	193	79.4%
5.2 Do you consider the complaints response mechanisms accessible?	184	75.7%
5.3 Do you consider the complaints response mechanisms effective?	180	74.1%
5.4 Do you consider the complaints response mechanisms confidential?	178	73.3%
5.5 Do you consider the complaints response mechanisms safe?	178	73.3%
5.6 Did you ever use the complaints mechanism?	95	39.1%
5.7 Was your case investigated within the stated timeframe?	84	88.4%
5.8 Was your case resolved within the stated timeframe?	82	86.3%
5.9 Was your case results fed back within the stated timeframe?	83	87.4%

Most (79.4%) of the respondents were aware of the complaints channels set up by the project and these included “*Linha verde (hotline), community committee, suggestion boxes, support/side tables and communicating directly to WV staff*” (Figure 4). In most of the FGDs, it was revealed that the most preferred mechanism for complaints was the hotline followed by the suggestion/“side” box. FGDs with children confirmed that they were more comfortable reporting, “*At the community leader, at the police station, with the uncles at the child-friendly spaces (CFS), and with the uncles who work at the helpdesk*”.

Figure 5: Preferred Complaints Mechanism



Eighty six percent of the 95 who used the complaint system felt that their issue was resolved on time (table 13). However, one focus group felt different. *“The only thing WV should improve is to respond to complaints on time, because people are complaining and sometimes creating confusion because their requests were not answered and this creates meanness among people, instead of complaining to WV they complain for the secretaries, leaders, etc. sometimes it is not the fault of the person not receiving or not being named on the list.”* Girls FGD (Nhamatanda)

“Shelter product be for all and not just the elderly and most vulnerable.” Some children felt *“During the project, complaints were written and placed in the complaints boxes and some people preferred to call the hotline, most people prefer to call because the answer is quick and the person feels free to talk without anyone from the community know or hear the conversation. Complaints were answered but took a long time to respond, I could post complaints today and go 2 months without a reply but they responded,”* Girls FGD Nhamatanda.

However, KII interviews and review of secondary data showed that all the received complaints had been responded to by the time the project ended. Eighty-six percent (86%) of the respondents reported having received various information related to the project. The table below shows the information that was provided by the project

Table 14: Information provision

Information Provided	Frequency	%
Mission statement	64	26.3
Vision and Values	84	34.6
Programme name	136	56
Project goals & objectives	92	37.9
Targeting & selection criteria	97	39.9
Project duration	77	31.7
Donor	118	48.6
Exit strategy	33	13.6
Beneficiary entitlements	105	43.2

At the end of the household interviews, respondents gave comments that included request for food and shelter assistance, “more help”, “more help as you did in 2019”, “target more people” while others expressed their gratitude “Thank you”. KIIs indicated that the project worked with persons that were physically challenged, visually impaired, deaf and mute. However, the staff was limited in terms of communicating with the deaf as most are not familiar with sign language, while for the blind establishment of appropriate information provision or CRM was a challenge especially for anonymity.

4.6. Coordination and Complementary

In order to coordinate, government and partners met at cluster level meetings. Based on KII data, the government conducted the initial assessment that gave indication of the communities, which were in dire need. Some KII reported that government data showed more shelter needs but in reality, WASH was required as well, and post implementation WASH remains a need. Gondola was recommended as the neediest for shelter based on government findings. However, upon implementation there was realisation that more than 200 beneficiaries were in need of shelter and Sussundenga district actually had many more people in need of shelter while it was targeted for WASH and protection interventions only.

Good coordination was reported between WV and other agencies that include Save the Children, UNICEF, Helpage and PLAN International. These agencies met in the various cluster meetings that include Protection and WASH. KII showed that WV and Save the Children were initially planning to implement similar activities in one community and upon engagement and sharing of plans,



consensus was made and WV moved to another community. Government stakeholders further confirmed good coordination and complementarity, one KII remarked *“WV’s intervention was very well aligned with what the government had planned, it even exceeded our expectations, because our focus at that time was to resolve the issue of housing and WV had, in addition to this objective, the issue of defending rights of children, domestic violence, water and sanitation in the environment and this is within the government’s policies and the Five-Year Plan”*.

4.7. Learn from experience and reflection

Table 15: Core Humanitarian Standards (CHS 7) Learning from experience

Commitments and the respective performance Indicators	Freq	%
CHS7. Humanitarian actors continuously learn and improve – Communities and people affected by crisis can expect delivery of improved assistance as organizations learn from experience and reflection.		
7.1 Were there any improvements to the assistance and protection you were receiving?	203	83.5%

Reflection on learning was conducted as the project was being implemented. The staff reported that both the internal and external engagement meetings enhanced learning. Internally the project learnt as they implemented. However, an intentional learning event was not done due to the pace at which the project was moving based on the nature of the project (i.e., 45 days). Eighty-four percent (84%) of the survey respondents reported that there were improvements to the assistance and protection they received. KII reports also confirmed this based on the feedback received from the CRMs and engagements.

4.8. Staff and volunteer management

Table 16: Core Humanitarian Standards (CHS 8) Staff management

Commitments and the respective performance Indicators	Freq	%
CHS8. Staff are supported to do their job effectively and are treated fairly and equitably – Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.		
8.1 Do you think that the staff that you were working with during the response/humanitarian action were effective in terms of their knowledge and skills?	211	86.8%
8.3 Were you aware of humanitarian codes of conduct and how to raise concerns about violations?	158	65%



Eighty-six percent reported that the humanitarian action was effective in terms of knowledge and skills. Furthermore, 65% felt that the humanitarian codes of conduct were upheld and that there were no violations hence CHS Commitment 8 was attained.

Three out of five staff were interviewed as KII and findings showed that the staff had the requisite knowledge and skills to execute their work effectively. FGD participants acknowledged the professionalism exhibited by staff and the children felt comfortable engaging the “WV Uncles” where they had concerns especially on protection, a sign that the staff were open and accessible. Eighty-seven percent reported that they thought the staff were effective in terms of the knowledge and skills.

Staff that supported the project successfully implemented in forty-five days with constraints that included:

- A loss of 15 days of project implementation due to delays in contract processing for the SF project Staff, resulting in them having 30 days to implement in five districts “*which exerted pressure on staff,*” KII, July 2021.
- Project Staff had to be quarantined after three staff had tested positive for COVID-19 which further affected implementation although other WV staff came in to support the distributions resulting in the communities being supported timeously.
- The sparse geographical nature of the five districts versus five staff members resulted in the “*staff operating under immense pressure to meet the 45 days.*”
- The impact of Cyclone Eloise also added operational challenges to the team with access difficulties which led to delays

4.9. Resource management and utilisation

Table 17: Core Humanitarian Standard (CHS 9) Resource management

Commitments and the respective performance Indicators	Freq	%
CHS9. Resources are managed and used responsibly for their intended purpose – Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently, and ethically.		
9.1 Do you think that the available resources were being used for what they were intended?	154	63.4%
9.2 Do you think that the available resources were being used without diversion or wastage?	N/A* ⁵	N/A
9.3 Were you aware of the community level budgets, expenditures and results achieved?	98	40.3%

⁵ N/A* was omitted in error during tool development.



CHS Commitment 9 was assessed and most of the community reported that the organisation assisting them managed resources effectively (63.4%). Table 18 shows the level of respondent awareness in-terms of budgets and expenditures. However, being an emergency response 40.3% affirmed this. FGD participants reported that they were confident in WV staff utilisation of resources as *“they came in quickly and assisted us after the storm.”*

4.10. Protection

Protection was assessed during this EOP evaluation and focus was on protection against PSEA, GBV and safeguarding. Most (67.5%) of the respondents had participated in an activity that promotes protection of vulnerable members from abuse and neglect in all the communities.

Table 18: Awareness of Protection activities

Since Storm Chalane/Cyclone Eloise, has there been any activity at the community level that promotes the protection of vulnerable members from abuse and neglect?	Frequency	Percent %
I am not sure	44	18.1%
No	35	14.4%
Yes	164	67.5%
Total	243	100%

Fifty-six percent (n=132) reported that they had been trained on PSEA, which included *“lectures on COVID-19, Violence against children and women and Sexual abuse”*. Girls and boys in FGDs confirmed that there had not been any violations on girls and women, one participant in a FGD said *“We have not heard about any requests for sexual favors”* Girls FGD Buzi. Other respondents in the FGDs mentioned *“Hygiene awareness, COVID-19 and premature marriages”*, activities as having promoted protection of vulnerable members of the community from abuse and neglect.

Sixty-one percent (60.5%) reported that there had been dissemination of protection material/information and most (74.5%) of the respondents felt that the protection interventions were appropriate to their needs. Knowledge of duty bearers or service providers that have been trained on protection and psychosocial support services was rather low (49.8%). Furthermore, training on child rights literacy among boys and girls was reported to be low with 28.8% of the respondents confirming that this had included *“Child protection issues including, child rights, hygiene, and sexual exploitation”*. Children themselves were enlightened on protection issues, *“you don't have to pay for help”, “we were taught about children's rights and that we can't do*



hard work nor participate in child labour, and that when a child has a concern, they can talk to the WV uncles and the community uncles,” Girls FGD in Buzi district.

Some (47.7%, n=116) of the responded reported that there had been follow ups and provision of specialised services for children exposed to protection risks. Most (76.5%, n=186) of the respondents were aware of the SF child protection and GBV interventions. Gender based violence cases were confirmed to be happening by 32.9% of the respondents. Most (83.5%) of the respondents reported that people’s access to assistance was according to need and was without discrimination. However, 50.1% (n=123) of the respondents did not perceive any difference brought by participating in the SF programme, as some of them felt the *“action came only once”*. Contrary to this, children felt differently *“Messages of protection, encouragement, hope were shared, and we were told whom to talk to in case of concerns”*.

Adult and staff safeguarding was explored and project staff were trained on safeguarding and all staff signed and agreed to the policy. They further trained the beneficiaries on how and where to report if they had any safeguarding concerns. KII showed that there were some gaps in terms of staff safeguarding given the inaccessibility of roads that resulted in delays in the delivery of goods for distributions. In an isolated case, in Metuchira, staff was assaulted by beneficiaries who had been waiting all day for the distribution which did not happen. While in another Safeguarding incident, kits were stolen in the transporting vehicle that had broken down a long distance away from the distribution point. Although the service provider (i.e., transporter) who suffered the loss replaced the goods to WV, it is essential to note that findings indicated that there was limited knowledge of the roads and accessibility was limited due to the effects of the storm and cyclone. KII confirmed that both incidents had been reported within the ethics point however safety concerns were of prominence.

4.11. COVID-19 Awareness

All of the respondents reported having heard about COVID-19, most common sources of information from a multiple response included: radio (72%), neighbour (70%), community leader (71%) and from a non-governmental organisation (NGO) (60%). Ninety-seven percent (n=236) considered COVID-19 to be very dangerous. Most of the respondents are aware of COVID-19 modes of transmission, which are shown in the table 20.



4.11.1. Modes of transmission

Table 19: COVID-19 Modes of transmission awareness

Do you know the way, which COVID-19 transmits to one person to other?	Yes %	No %	Maybe %	Don't know %
Inhalation of droplets from the air	84	1.6	3.3	2.9
Shaking hand	84.8	4.9	6.2	4.2
Hugging a contaminated person (carrier)	89.3	1.2	2.1	7.4
Direct contact with someone who came from the affected areas (China or any other country affected already).	77.4	9.5	6.6	6.6

4.11.2. Modes of prevention

Prevention ways were well articulated by most of the respondents as detailed in the table below.

Table 20: COVID-19 Modes of prevention awareness

Please, name the ways on how to prevent from being infected by COVID-19?	Yes %	No %
Using face mask while being sick	79.8	20.2
Using face mask while in public places no matter you are sick or not	79.8	20.2
Washing hands with soap and water for more than 20 seconds each time	78.2	21.8
Keeping social distance (one and a half meter from a person with whom you are talking)	78.6	21.4
Use hand sanitizer more frequently	66.7	33.3
Do not touch face (nose, eyes, mouth)	58.0	42.0
Avoiding going to crowded places/gatherings and avoid taking public transportations	41.2	58.8
Sneeze into your elbow	52.3	47.7

4.11.3. COVID-19 Practice

Covid-19 practices were explored, and the data indicated that most (65%) of the respondents had not been to a crowded place in the last three days. Furthermore, only 16.9% had been in contact with someone who came from outside the country. Wearing of masks when leaving the home was assessed and data showed that 77.4% wore masks always, 20.2 sometimes while 2.5%



never, showing that knowledge had translated into practice by most community members. Handwashing with water and soap was assessed as this further shows the hygiene practices during these COVID-19 times, data showed that most (63%) respondents used soap and water to wash their hands. Access to medicine to treat common/regular flu as pursued and data showed that 36.2% (n=88) had access. *“The activities carried out by WV had a positive impact on improving personal hygiene and environmental cleanliness for children and protection against COVID-19,”* Boys FGD Gondola.

The respondents were knowledgeable about COVID-19, both preventative and modes of transmission, however they reported that they had various needs that had been exacerbated by the pandemic that included *“Alimentacao”/ food including flour, sesame seeds, oil, beans, curry and soup, while others wanted assistance with household utensils, blankets, shelter material, etc*”. This is consistent with the beneficiary needs as stated by 72% of the PDM March 2021 survey respondents. Children articulated their needs, *“We would like to have more activities and toys in our community, and we would also like to learn how to do more things and play more games,”* this was unique in the FGD for boys and girls in Buzi district.

4.12. Impact

Based on qualitative data collected, the Impact of the response was immediate as the action was to save lives based on the outcome, *“Provide life-saving support to disaster affected population”*. Improved school attendance of girls due to dignity kits was explored and findings showed that indeed girls were able to return to school and it can be concluded that there was an improvement in school attendance by the girls interviewed (This could not be verified by school officials as the data was not collected from schools). FGD discussions with girls showed that the interventions had a great impact on the children and their families. One group of girls reported that *“With the material that we received, we were able to go back to school, improve our daily life, talk to the uncles who came to see how we were doing and that was very good for us, we were very happy”*. This is confirmation that they were able to return to school after the assistance by WV. Dignity kits have a significant impact for the girls, as alluded to in one FGD, *“The kits that we received brought a lot of change in our lives because we didn't have money to buy dressings, and on the day we experienced menstruation we could not go to school, we didn't feel comfortable going to school while in period because we used cloths, it's different from dressings. We managed to hold on for a long time before we get dirty clothes and with dressings, we go to school and stay there every day,”* Girls FGD Nhamatanda. Hence, there was improved school attendance by girls because of the provision of dignity kits. The table below shows a quote from a FGD of men in



Metuchira community Nhamatanda showing their perspective on impact on the vulnerable groups.

Table 21: Beneficiaries perception on Impact of actions

(i)	<i>Women: the impact was positive, as we were supported with latrines, tarpaulins, plates.</i>
(ii)	<i>Girls: the impact was positive to improve school attendance due to hygiene kits, we started going to school cleaner than before.</i>
(iii)	<i>Orphans: there was also a positive impact, in addition to the distribution of hygiene kits for our well-being, they were confident in knowing that the WV project did not forget about orphans.</i>

Immediate access to NFIs and shelter kits to protect beneficiaries from exposure to weather hazards. Based on the findings discussed, NFIs and shelter action conducted managed to protect beneficiaries and disaster affected persons with shelter from wet weather and cold. Immediate access was therefore provided, despite the request and need for support to ensure construction of more resilient structures.

Hygiene awareness interventions have significantly impacted the community as *“Before people didn't bathe the children and with the trainings, they started to bathe, people didn't have the habit of cleaning the water sources and they didn't treat water now they do, they didn't put buckets of soapy water on the doors of the house now they do,”* Girls FGD Nhamatanda. This has positively impacted the children, as there is improved hygiene practices. Furthermore, hygiene promotion activities: training on cleaning water sources, washing dishes, treating water, cleaning houses, burying garbage have helped the community to improve in household hygiene, actions that continue without the intervention simply due to awareness. Hygiene promotion and access to water assisted in combating COVID-19, although official statistics on COVID-19 could not be availed from the districts, based on the qualitative data one can safely conclude that hygiene awareness necessitated the prevention of COVID-19 and improved household hygiene practices.

Reduction in chances of exposure to sexual exploitation and abuse through provision of shelter was facilitated during the implementation of the SF project mainly through the education awareness and trainings conducted. Both children and adults were consciously aware of PSEA.

5. KEY TAKEAWAYS

The following are key takeaways from the findings during the roundtable discussion:

5.1. Humanitarian response was appropriate and relevant



Assistance was in accordance with the needs assessment report done by World Vision and other agencies. Beneficiaries, however, felt that the type of assistance offered by different agencies has been repetitive and duplication of activities in some cases. Compared to past response projects in the same area, beneficiaries felt that this response was more organized compared to the Cyclone Idai response because issues of duplication of names were not common.

5.2. Humanitarian response - effective and timely



The response was very effective and timely according to the project beneficiaries. However, while responding to the impact of Tropical Storm Chalane (December 2020), the onset of another Tropical cyclone Eloise (January 2021) was responsible for some delays in conducting distributions to beneficiaries.

5.3. Humanitarian response - strengthens local capacities and avoids negative effects



The community members said that they still live-in tents and there is no much evolution since the last Cyclone, so they are not confident that they are prepared for another catastrophic event and confirmed that there were no negative impacts due to the project.

5.4. Humanitarian response - based on communication, participation, and feedback



The community was not very satisfied although they felt they participated through receiving information and they have been engaged in the activities as they provided feedbacks. They would appreciate to be alerted on what they would benefit “we are not told in time what they will receive’.

5.5. Humanitarian response - Complaints are welcomed and addressed



According to the community, the complaints are welcomed and addressed locally when the members raise them. The community members don't use the complaints mechanism much

because they preferred to say face to face their issues and solve them immediately. Apart from face-to-face interactions, the community also uses suggestion boxes and the hotline (Linha Verde) to voice their complaints and feedback to project staff.

5.7 Humanitarian actors continuously learn and improve



The community suffered several Cyclones and that made a learning process for all. “We can notice that, not only the humanitarian actors but we as beneficiaries have also improved how we do things and made the process smooth and clear. It makes the work easy.”

5.8 Humanitarian Staff are supported to do their job effectively



The participants confirmed that the humanitarian staff were supported to do their job effectively. “We notice that the treatment is fair and equitably, because we participate in the process, when we have to choose some vulnerable groups we are part of this, and we support the staff on this”. Findings from the validation meet showed that participants were satisfied because “the employees of WV were professional, friendly and humble”.

5.9 Humanitarian Resources are managed and used responsibly



Dissatisfaction was expressed by most participants as they were not aware of the actual budget of the response but some confirmed that despite this they felt the staff used the funds responsibly. Some participants recommended that “it would be very important for the NGOs to at least inform about the budget to the district government and to all stakeholders or involved”.

5.10 Shelter interventions



Participants in the validation meeting agreed that the shelter interventions were not achieved to their satisfaction as “We showed dissatisfaction in this sector, allied to the fact that the items provided and distributed in the communities were not enough; and there was lack of coordination between the organizations which caused duplication of efforts”.

5.11 WASH & COVID-19 interventions



All participants were very satisfied with these interventions. Remarks included: This intervention was very remarkable as the communities have access to water points rehabilitated



by WV in Buzi”. In another community “We appreciate the way WASH activities were implemented; there was great quality in the assistance provided” Nhamathanda.

5.12 Protection interventions



Participants in the validation meeting both Community, Partners and donors were very satisfied with the Protection interventions. Participants from the Buzi community remarked “We are satisfied with the protection interventions because we have worked several times with the protection of children and vulnerable populations in the communities or centres assisted by WV and it was very positive”. The project has 57.6% of HoH with some form of functional disability. This shows some level of inclusion in the targeting of this project.



6 RECOMMENDATIONS

The following are the actionable recommendations for future projects operating with storm related crises and in Mozambique. This includes a few key lessons learned that may be useful in the design and delivery of future work:

6.7 Humanitarian response was appropriate and relevant

- SF project should participate in coordination meetings with the government, interagency and the UN Clusters in country throughout both the planning and implementation process to ensure that issues of duplication of activities are managed during a response.

6.8 Humanitarian response – effective and timely

- SF project should clearly communicate to beneficiaries' information on timelines regarding the distribution of items. This will bring about more accountability and avoid confusion with beneficiaries on when distributions should have taken place, especially for shelter related materials.
- SF Projects to share distribution plans at interagency level and include government for purposes of support and Coordination.

6.9 Humanitarian response – strengthens local capacities and avoids negative effects

- Future storm related response projects should include a component of promotion of resilience building and disaster risk reduction in programming to prepare communities for future shocks, adverse weather events or climate change events.

6.10 Humanitarian response – based on communication, participation, and feedback

- Government & non-government partners should co-create & agree feedback mechanisms at the commencement of emergencies projects. To be cost effective, all partners must agree on elements that can be activated for all partners to use.



6.11 Humanitarian response – Complaints are welcomed and addressed

- SF projects should announce how many complaints they have received and responded to during subsequent distributions to encourage beneficiaries to use the feedback mechanisms in place.

6.12 Humanitarian actors continuously learn and improve

- As already recommended, SF implementing agencies should participate in UN cluster meetings and other interagency meetings to share lessons. At community level, SF projects should continue analysing feedback and complaints from the beneficiaries and partners to improve project delivery especially since they have gone through similar disasters in the past.

6.13 Humanitarian Staff are supported to do their job effectively

- Future storm response projects should invest in staff preparation and training, especially in humanitarian codes of conduct to ensure all staff are aware of them and can effectively share with the project partners.

6.14 Humanitarian Resources are managed and used responsibly

- SF projects need to be more transparent with Community and other agencies participating in the response by sharing activity budgets and planned targets so that the response is well coordinated. Clarity on what is going to be done with the budget of the project should be clearly outlined in interagency meetings.

6.15 Shelter interventions

- SF projects need to develop an exit strategy for shelter interventions and improve follow-up on the use of distributed materials as it was noted that some beneficiaries had moved back to their original homes by the time of this evaluation. An exit strategy should state the management of any abandoned materials after the response.



6.16 WASH & COVID-19 interventions

- As stated above, an exit strategy will help to ensure that materials distributed under this project are managed effectively when people move back to their homes away from the Shelter kits.

6.17 Protection interventions

- SF projects must continue to include protection in all response projects as appreciated by both project beneficiaries and SF implementing agencies.
- SF projects should consider a more intentional disability inclusion. As noticed in this evaluation that over 57% of the respondents had some form of disability, this presents an opportunity to integrate disability inclusion into the response project in Mozambique.

