



DEC CYCLONE IDAI RESPONSE

META-SYNTHESIS REPORT

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Executive Summary

Between March 2019 and March 2021, thirteen of the DEC's member agencies responded to the Cyclone Idai disaster in Malawi, Mozambique and Zimbabwe.

This report draws together lessons, good practice and challenges from members' reports, external evaluations and other documents, framed around four of the Core Humanitarian Standard's Commitments.



CHS Commitment 1:

Communities and people affected by crisis receive assistance appropriate to their needs.

Meta-synthesis focus:

Inclusion and participation

Member agencies quickly understood that Cyclone Idai both **exacerbated pre-existing challenges and created new problems**, such as destruction of shelter, loss of productive assets, injuries leading to temporary or permanent disabilities, and so on.

All member agencies ensured that **affected communities were involved in decisions** around who should receive support. There was consistency between member agencies around the people and groups identified as 'most vulnerable,' with selection criteria including household size and composition (with female-headed households prioritised), gender and age.

However, as in previous responses, the **inclusion of people with disabilities and older people** varied widely between organisations. While some proactively adapted programme activities and

feedback mechanisms to ensure full participation, others did not offer differentiated support for these groups. Member agencies' approaches to needs assessment and data collection do not necessarily facilitate inclusion, and the expertise of specialised organisations (eg Age International) was not used to provide a more effective or equal response.

The outbreak of COVID-19 was seen as a 'crisis on top of a crisis', to which DEC members and their local partners responded quickly. The flexibility of the DEC's funding was used to great effect in adapting activities to meet new needs and to work in changing circumstances.

**CHS Commitment 3:**

Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

Meta-synthesis focus:

Localisation

Member agencies placed a strong emphasis on the **restoration of services**, not just in the second phase of delivery, but from the outset. This included education, WASH and health, and was supported by cash and voucher programming that supported local markets.

Although **cash programming** was effective, there was evidence that cash distributions risked causing harm to target communities: with the wealth of experience and documented learning available regarding cash programming in humanitarian settings, some of these risks could have been anticipated and avoided or mitigated.

The majority of member agencies worked through **local organisations**, most of whom

had been partners before Cyclone Idai hit. All member agencies understand partnership working as a key component of local capacity building, and as well as co-working, all agencies who worked with partners provided at least one type of training.

There are sector-wide, longstanding issues around the **power dynamics in partnerships** between international and local NGOs. Despite the intensive side-by-side working with local partners outlined above, it was clear that partnerships were led by member agencies, who made decisions about funding, planning, implementation and the partners' capacity-building needs.

**CHS Commitment 6:**

Communities and people affected by crisis receive coordinated, complementary assistance.

Meta-synthesis focus:

Coordination

Member agencies prioritised coordination through **formal coordination mechanisms**, including government systems. This was challenging in many cases, where government systems were weak or slow, and UN agencies tasked with coordination had hugely varying levels of capacity and engagement.

In some cases, DEC members and other actors found ways to communicate and coordinate (including WhatsApp groups). Overall, however, coordination was highlighted as a weakness throughout the response. Although initial delays while resources are deployed are

understandable, the **lack of coordination** in the Cyclone Idai response extended throughout the first Phase, and there were widespread failures to communicate between member agencies at field level.

Field-based staff were not adequately supported in this by their **HQ teams**, who could have facilitated inter-agency communication. There was little evidence of coordination between member agencies at HQ level, contributing to duplication of needs assessments, training, monitoring and evaluations.



CHS Commitment 7: Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.

Meta-synthesis focus:
Learning

Field-based staff welcomed the opportunity to participate in evaluations and reviews, as they offered a moment of reflection. All focus group participants - HQ and field teams - were able to list **specific learning points** from this response. These covered everything from donor management to the development of new community-led recovery planning models, and from the adaptation of feedback mechanisms to a new understanding of the importance of clarity when formulating project outcomes.

The risk is that these learning points will remain with each individual, and will not be embedded at organisational level. Only the British Red Cross and the DEC described

active learning processes involving specific follow-up actions and accountability. Apart from a widespread lack of systemisation, one of the key barriers to learning is the **high level of staff turnover**, in both HQ and Country Office settings.

Again, the focus on implementation of learning was on **field-level implementation**. In part, this is appropriate, as the purpose of learning is to improve the quality and timeliness of humanitarian assistance. However, in all meta-syntheses of DEC responses, there have been important **lessons for HQ teams** that would improve future responses, so a commitment to learning is equally important at HQ level.

Summary of recommendations

While continuing to promote gender-transformative approaches, member agencies should improve the **inclusion** of people with disabilities and older people. This should be supported by coordinated needs assessments and consistent use of data. The expertise of specialist agencies should be maximised.

Member agencies should continue to prioritise **cash** interventions wherever practicable, considering accessibility and protection. Cash should not be used to the exclusion of other interventions, and should always be regarded as a modality, rather than a sector in its own right. There is still room for development of cash programming within the WASH, education and shelter sectors, for instance.

The DEC and its members should consider the findings of the **Localisation** paper and agree a common approach to implementation and measurement, working towards equitable partnerships that are truly led by local partners.

Member agencies should continue to support formal **coordination** mechanisms, even when this is challenging. These will inevitably need to be supplemented with informal mechanisms, which should be supported by HQ teams.

Member agencies should prioritise and systematise **learning** at both field and HQ levels, and find ways to embed lessons within their organisations.

Abbreviations and acronyms

CHS	Core Humanitarian Standard on Quality and Accountability
DEC	Disasters Emergency Committee
DFID	UK Government Department for International Development (now FCDO)
FCDO	UK Foreign, Commonwealth and Development Office
WASH	Water, Sanitation and Hygiene

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- Participants in focus group discussions, the online survey and the validation workshop for this meta-synthesis.
- Authors of the evaluations, reviews and reports that informed this study.
- Interviewees from Swiss Solidarité and the Canadian Humanitarian Coalition.
- We particularly respect and recognise the commitment to excellence, inclusion and learning demonstrated by the Country Office staff who contributed to this meta-synthesis. We acknowledge that, although the attention of the world's media has shifted elsewhere, they and their local partners are still supporting communities to recover from this 'crisis on top of a crisis.'

The Cyclone Idai response by DEC members

On 14-15 March 2019, Tropical Cyclone Idai swept through Malawi, Mozambique and Zimbabwe. The cyclone caused catastrophic flooding and wind damage, and killed over 1,500 people and left more than three million people in need of assistance.

On 25th April 2019, Cyclone Kenneth made landfall in Northern Mozambique causing further devastation to a country still reeling from Cyclone Idai.

The disaster affected 270,186 people in Zimbabwe, killing 628. In Malawi, 975,672 people were affected, 60 of whom were killed. In Mozambique, Cyclone Idai affected 1.9 million people, and the precise number of those killed is still unknown.

In the aftermath of the Idai disaster, the DEC launched an emergency appeal. By the end of September 2019, the fundraising campaign had raised £43 million, of which £30.5 million

was raised by the DEC directly. £12.6 million was raised by 13 DEC member agencies. The total also includes £4 million contributed by FCDO (then DFID) through its AidMatch scheme.

This funding was allocated between the three countries as follows:

	Budget	Expenditure
Malawi	£ 8,655,088	£ 8,572,430
Mozambique	£14,059,688	£13,807,684
Zimbabwe	£ 4,936,470	£ 4,956,268

Thirteen DEC members responded with DEC funds, as the table below illustrates.

Phase 1 of DEC the response (March to September 2019), focused on immediate disaster response needs; phase 2 (October 2019 to March 2021) was focused on recovery.

	Malawi	Mozambique	Zimbabwe
ActionAid			
Age International			
British Red Cross			
CAFOD			
CARE			
Christian Aid			
Concern			
Islamic Relief			
Oxfam			
Plan International			
Save the Children			
Tearfund			
World Vision			

Key achievements

The first cases of COVID-19 were confirmed in Mozambique and Zimbabwe in March 2020, and in Malawi in April 2020.







With all three countries declaring a state of emergency, DEC member agencies adapted their programmes to respond to needs arising from the pandemic.

Additional needs were created by Cyclone Chalane, which made landfall in Mozambique in December 2020. This was followed by

Cyclones Eloise and Guambe in January and February 2021, respectively.

The DEC-funded Cyclone Idai programmes closed at the end of March 2021, with members submitting final reports at the end of May 2021.

The key achievements of member agencies and their partners, across the three target countries, are summarised as follows:

Sector	Phase 1	Phase 2
 Education		14 schools rehabilitated
 Food security and agriculture	57,400 people received food parcels	1,000 families received food parcels or vouchers
	29,500 families received cash to meet their immediate needs	21,300 people benefited from cash for work
	220,700 people benefited from agricultural inputs	36,700 families received agricultural kits, seeds, livestock and other support
 Health		163,000 people provided with access to basic health care
 Protection	85,500 people learned about gender-based violence	
 Shelter and non-food items	56,500 households received shelter assistance or household items	
 Water, sanitation and hygiene	30,700 people received personal hygiene kits	135,800 people provided with access to safe drinking water

Meta-synthesis purpose, methodology and scope

Purpose

The purpose of this meta-synthesis is to learn lessons from the actions in the affected countries for future similar responses, in Southern Africa and elsewhere.

This study views the overall work of DEC members within a larger context, and from that, to identify lessons for future action.

This meta-synthesis will not reiterate the activities conducted by responding agencies and local partners under the DEC funding, as these have been extensively documented in number reports and evaluations.

Instead, this report aims to synthesise key good practice, challenges and learning points from information in previous reports, framed around the [Core Humanitarian Standard](#) (CHS).

Limitations

This is a desk-based review only, and as a meta-synthesis of existing documents, interaction between researchers and field teams was limited to the focus groups and survey listed above. Partners and

beneficiaries were not consulted during this process. The quotes in the text, when not linked to a reference or author, are either drawn from the focus group discussions, from the survey online, or from DEC reports.

Scope

All DEC member agencies are required to be independently certified against the CHS, so this meta-synthesis uses four of the nine CHS

Commitments to provide a framework and focus for common themes emerging from reports and studies, and to facilitate learning:

Commitment 1: Communities and people affected by crisis receive assistance appropriate to their needs - for findings around inclusion and participation.

Commitment 3: Communities and people affected by crisis are not negatively affected, and are more prepared, resilient and less at-risk as a result of humanitarian action - for findings around resilience, preparedness and localisation.

Commitment 6: Communities and people affected by crisis receive coordinated, complementary assistance - for findings around coordination within and between member agencies and other organisations and stakeholders.

Commitment 7: Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection - for findings around learning from this and previous responses.

Each section highlights good practice and challenges, arranged to make it as easy as

The following **key research questions** were developed from the Terms of Reference after the initial Desk Review.

1. Implementation

For each of the selected CHS Commitments:

- What are the main findings and learning points?
- What good practice and challenges can be highlighted, and how could members incorporate learning from these into future responses?
- Regarding COVID-19:
 - what impact did this have, and how did members adapt?
 - what did the pandemic make possible?

The research team carried out a **desk review** of existing reports and other project documentation, listed in Appendix 2 and including:

- DEC members' plans and reports as submitted to the DEC
- DEC real-time Response Review report
- Four DEC-funded evaluations
- Non-DEC funded member evaluations
- Collective Initiative report on Proactive Safeguarding
- Evaluations and meta-syntheses of previous DEC responses in Nepal, Indonesia, Bangladesh and East Africa

All member agencies were asked to take part in an **online survey** (see Appendix 3), and 35 responses were received, with a roughly equal spread of respondents from HQ and Country Offices (52% and 48%, respectively).

possible for agencies to identify the learning points that apply to them.

- what support did the DEC provide, and was it appropriate?
- (How) did the DEC facilitate and enhance the response? To what extent is the DEC meeting the Grand Bargain commitments?

2. Learning

- Has learning from previous responses, evaluations and meta-syntheses been implemented?
- How has this learning happened? (How) has the DEC facilitated this?
- What are the barriers to learning, and how could these be overcome?
- What systems or processes are in place to embed learning from this response?

Additional information was gathered through four **online focus group discussions**: two with Country Office teams; one with HQ / Regional Programmes teams and one with HQ MEAL teams.

Finally, the research team carried out **online key informant interviews** with the DEC's Director of Programmes & Accountability, and two representatives from each of Swiss Solidarité and the Canadian Humanitarian Coalition (as members of the Emergency Appeals Alliance).

Initial findings were shared in a **validation workshop** with the DEC and representatives from ActionAid, Age International, British Red Cross, Christian Aid, Islamic Relief, Plan International and Tearfund. Reflections and discussion from this workshop have been incorporated into this report.

Key findings



CHS Commitment 1:

Communities and people affected by crisis receive assistance appropriate to their needs.

Meta-synthesis focus:

Inclusion and participation

The study considered the extent to which the most vulnerable individuals and groups:

a) were identified by responding agencies, with relevant data disaggregated, shared and used to improve assistance

b) received appropriate assistance and protection in accordance with their needs, preferences and capacities, including facilitating participation in consultation and feedback processes.

Identification of the most vulnerable individuals and groups

Good practice

All agencies recognised that the people affected by Cyclone Idai had been vulnerable *before* the crisis, and those who had partnerships in place before the Cyclone hit were able to build on this local knowledge.

It was quickly understood that Cyclone Idai both exacerbated pre-existing challenges and created new problems - such as destruction of shelter, loss of productive assets, injuries leading to temporary or permanent disabilities, and so on.

This meant that immediate rapid needs assessments, and more detailed, repeated assessments, were critical in identifying the people most in need of support.

This was also evident when the COVID-19 pandemic began: agencies quickly realised that restrictions resulting from lockdown and social distancing would once again affect the ways in which vulnerable people were further exposed to exploitation and violence.

This included people with disabilities or chronic illnesses, who required one-on-one care; and women and girls, who experienced a surge in the prevalence of all types of GBV.

In response, all agencies who were active in Phase 2 adapted their activities. For example:

- prioritising the rehabilitation of WASH infrastructure in primary health care facilities
- training community-based teams in Child Protection case management for children without care and at high risk of COVID-19
- creating a new model of community-led emergency response plans, which include contingency planning for 'a crisis on top of a crisis'

The flexibility of the DEC in enabling funds to be repurposed, and the support of the DEC team, were greatly appreciated by member agencies.

As well as local partner organisations, all agencies worked closely with affected communities to define vulnerability criteria, and to select beneficiaries for specific activities.

There was consistency between member agencies around the people and groups identified as 'most vulnerable,' with selection criteria including household size and composition (with female-headed households prioritised), gender and age.

Challenges

The CHS calls for ‘coordinated, ongoing needs assessments,’ and while coordination would have been extremely difficult in the first weeks of the response, agencies could have collaborated more effectively in later stages. This point was also highlighted in the DEC Meta-synthesis for the 2015 Nepal Earthquake Response, which recommended:

‘collaborative data collection to identify the most vulnerable, including more multisectoral and multi-actor assessment and response analysis. This is an issue referenced by the majority of agencies and a recommendation made by many independent reports.’

While all agencies prioritised women, girls and boys, there were inconsistencies in approaches to older people and people with disabilities.

According to the [Humanitarian inclusion standards for older people and people with disabilities](#), globally, around 15% of the population are living with some kind of disability. An estimated 13% of people worldwide are over the age of 60. More than 46% of those who are over the age of 60 have a disability.’ These groups are routinely underserved or excluded from emergency responses.

Some agencies carried out door-to-door needs assessments, enabling them to reach people who might otherwise have been excluded.

This was highlighted in one evaluation as an example of agencies going above and beyond to identify vulnerable people, but in societies where disability is so heavily stigmatised that family members with disabilities are kept (even sometimes hidden) in the home, door-to-door assessments can be one of the few ways of identifying people.

If door-to-door assessments are the ‘extra mile’, engaging with local organisations that represent older people or people with disabilities is the ‘first mile.’ However, there was little evidence of this, especially amongst generalist partners (ie those without a specialism in older people or children / adults with disabilities).

Difficulties in including people with disabilities and older people have also been highlighted in previous evaluations, including the [DEC Nepal Earthquakes Appeal meta-synthesis](#), which stated a need to ‘pay more attention to the specific challenges of vulnerable groups. [...] This includes the need to develop a greater understanding of who is vulnerable in local areas.’

This failure is all the more frustrating given the expertise and experience contained within the member agencies, which could be shared.

When asked in focus group discussions about specific training, Age International representatives said that for this response, they had offered training through cluster groups. This increased capacity at field level, but there is no indication of significant change at organisational levels.

Some good practice has been lost here: the [Meta-synthesis of the 2014 DEC Ebola Response](#) noted ‘signs of inter-agency engagement not just in coordination but also in sharing practices that helped strengthen the design and therefore effectiveness of interventions (particularly when approaches had not been common to an area).

‘DEC members also collaborated to provide training for their partners’ staff, including disaster response programming.’

The DEC reporting format requires data to be disaggregated by sex and age, but not by disability. Evaluations of the [2018 Indonesia Tsunami Response](#) mentioned ‘*weak Sex, Age, and Disability Disaggregated Data (SADD)*,’ particularly in regard to health programming.

The Indonesia meta-synthesis carried the recommendation to ‘*Encourage the continuum of how data is systematically delivered and used to inform and adapt ongoing activities*,’ leading to the DEC’s initiation of the Inclusive Data Dashboard project.

Provision of appropriate assistance and protection, including facilitating participation in consultation and feedback processes

Good practice

There were multiple examples of member agencies adapting accountability mechanisms (including consultation, complaints and monitoring tools and processes) to ensure inclusion.

This demonstrates learning since the publication of the DEC’s [Rohingya Refugee Crisis Response: Lessons Learned Report](#), which highlighted the ineffectiveness of approaches such as complaints boxes in populations with low literacy, recommending that agencies, ‘*adapt complaints mechanisms to local culture, [and] consider participatory approaches*.’

One example of good practice here was Christian Aid’s use of disaggregated data to ensure participation and representation:

‘*Christian Aid and its partners targeted beneficiaries using the internal guidance on Sex, Age, Disabilities and other Diversities (SADD) and other vulnerabilities/diversities. These marginalised groups were specifically*

engaged to ensure their voices were heard. About 15% of the total feedback received was from people living with disabilities.

Project information sharing with people living with disabilities was done through sign language by community leaders. Verbal messages were used for persons with visual impairments.’

Several agencies adapted their assistance delivery models to include marginalised groups:

- British Red Cross offered to cover transport costs for anyone who found it difficult to access cash transfer locations
- Tearfund’s partner used local radio for increased coverage during COVID-19 restrictions
- Oxfam created roles for people with disabilities who could not otherwise participate in Cash for Work activities
- Plan and World Vision prioritised inclusive education and support for Out Of School children in their education programming

Challenges

This adaptation was not evident in all cases. One partner received complaints that people with disabilities were excluded from Cash for Work because they could not do the physical labour that was planned.

Some agencies identified vulnerable groups, but did not provide differentiated / tailored support for them. In some cases, the most vulnerable groups were 'served first', but

without adaptations they were unable to access the support allocated to them.

For example, there were cases of older people, and pregnant and lactating women, who were included on beneficiary lists to receive multi-purpose cash transfers, but who were unable to travel to cash collection points.

**CHS Commitment 3:**

Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

Meta-synthesis focus:

Localisation

This study considers the extent to which the DEC member agencies responding to the Cyclone Idai crisis:

- a) Designed and implement programmes that promoted early disaster recovery and benefited the local economy

- b) Enabled the development of local leadership and organisations in their capacity as first responders in the event of future crises

Promotion of early recovery and support to the local economy

Good practice

Wherever possible, member agencies prioritised cash interventions, which not only met beneficiaries' preferences, but also supported local markets. This required field teams to adapt quickly to changing circumstances, and to find ways of including the most vulnerable people (see previous section).

In Zimbabwe, direct distribution of cash in US dollars (USD) was planned and begun, but a government directive then prohibited domestic transactions in USD. This created a significant challenge as the local currency was subject to hyperinflation, leading to a risk of rapid loss value after the transfer.

In response to COVID-19 restrictions, the British and Zimbabwe Red Cross changed modalities from distribution of physical cash and food items, to mobile money, in order to minimise physical interactions or mass gatherings.

However, the Zimbabwean government then banned mobile money, meaning that the Red Cross had to adapt again, switching to voucher provision.

It is difficult to see how member agencies could have prevented this action by the Zimbabwean government, and their adaptations were swift and effective. The flexibility of the DEC's funding made this possible.

Where in-kind support was offered, items were procured as locally as possible, to avoid undermining local markets. Member agencies conducted appropriate and timely market assessments to underpin and inform this aspect of the response.

There was a strong focus on restoration of services, not just in the second phase of delivery, but from the outset. This was particularly evident in WASH programming, where members rehabilitated community water and sanitation systems, and trained community members and government agencies to ensure the long-term maintenance of these systems.

This was also true of education programming: member agencies invested in capacity building for teachers, school principals and

education officials, as well as meeting emergency needs.

The impact of this was immediate service provision and improved protection for children (including children with disabilities), as well as improvements in the longer-term education system in all areas of intervention.

Member agencies worked hard to strengthen local structures, in line with the CHS recommendation: [‘Services should be](#)

[provided to support existing state and community systems rather than as parallel entities that will not last beyond the duration of the response.’](#)

In many cases, this must have felt more challenging than simply bypassing state systems that were slow to respond or simply inadequate, but field teams navigated these situations with respect and professionalism.

Challenges

Coordinating with other INGOs to deliver coherent assistance was a particular challenge in Phase 1 of the response (see ‘Coordination’ section), and member agencies also faced challenges in working with government agencies at all levels.

Although cash distributions were effective, the Oxfam team in Malawi noted that it would have been beneficial to increase the distribution of food items as safety net, to mitigate hunger while people were waiting for cash.

This was particularly important for Cash for Work participants, as - as the evaluation found - [‘people cannot take part in physical activity when they are hungry.’](#)

There was worrying evidence that cash distributions risked causing harm to target communities:

- Post-distribution monitoring in Malawi found that cash distributions had led to inflation in local markets, making goods even less accessible for non-beneficiaries

- Also in Malawi, several informal money lending businesses (loan sharks) emerged following cash distributions, charging interest rates of up to 100%
- Not enough was done to protect recipients of cash transfers:
 - In Malawi and Zimbabwe, there were reports of increases in cases of GBV as a result of providing women in mixed households with cash rather than men
 - In Malawi, some beneficiaries reported that they were forced to ‘share’ their cash, but were too afraid to give more detail
 - In Zimbabwe, food shortages led to violence, with cash recipients being targeted

None of these situations are unique to the Cyclone Idai response, and member agencies should particularly have considered the increased risk of GBV by providing cash to women instead of men.

There is ample information and learning available through the [Cash Learning Partnership Network](#), as well as from previous responses.

Enable the development of local leadership and organisations in their capacity as first responders in the event of future crises

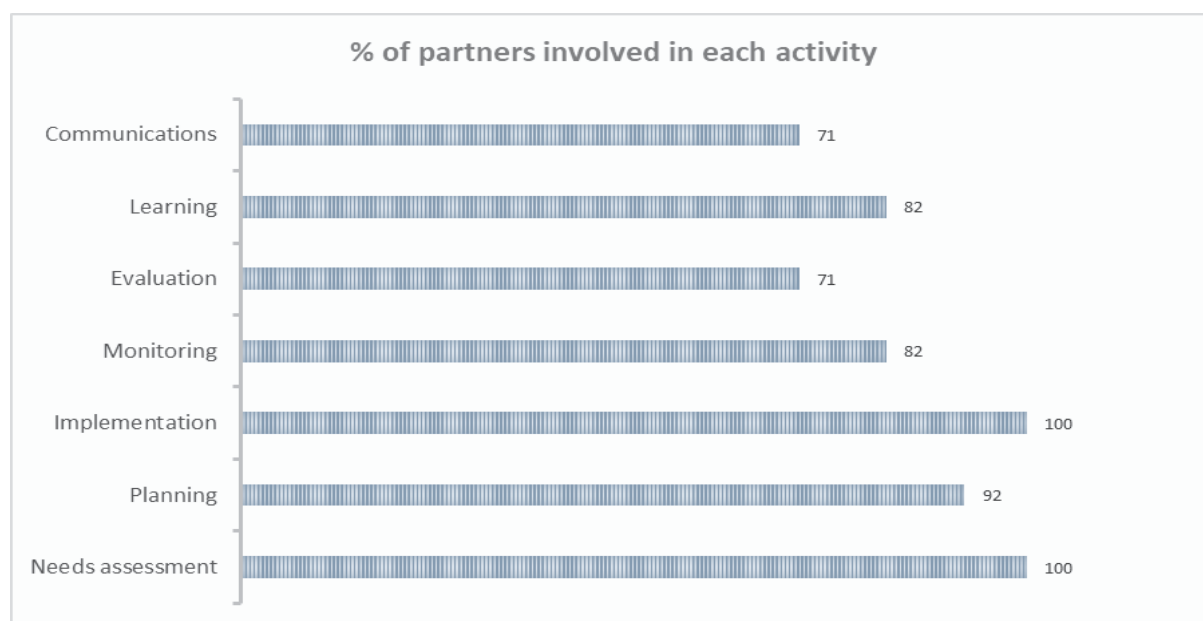
Good practice

The majority of member agencies worked through local organisations, most of whom had been partners before Cyclone Idai hit. This enabled a relatively swift start-up phase, with partners on the ground already familiar with the affected communities.

Working with local organisations with a permanent presence in affected areas should lead to improved recovery and resilience in the longer term, as highlighted in the Nepal Earthquake Response Meta-synthesis:

“One key informant of a DEC member noted that their immediate relief team comprised development actors, which assisted in a longer-term recovery perspective being taken right at the outset.”

Partnership working facilitated a wider range of capacity building than just training: when asked how partners were involved in the response, the following activities were listed by member agencies.



NB As noted under 'Limitations', these answers were elicited from DEC member agencies, rather than from the in-country partner organisations themselves.

According to member agencies' responses and reports, partners were most commonly involved in needs assessments and implementation, with relatively high numbers also participating in planning, monitoring and learning.

All member agencies understand partnership working as a key component of local capacity building, and as well as co-working, all agencies who worked with partners provided at least one type of training.

Member agencies also allocated significant resources (appropriately) to strengthening other local and national structures, including official bodies.

For example, Plan and World Vision worked very intensively with education officials at all levels, in order to:

- a) restore access to education as quickly as possible
- b) improve education for children with disabilities

Challenges

There are sector-wide, longstanding issues around the power dynamics in partnerships between international and local NGOs. The CHS warns that, ‘Local NGOs in particular may be seen as a way to deliver programme goals rather than as equal partners.’

Two FGD participants demonstrated the discrepancy between individual (if not necessarily organisational) attitudes towards partnership working:

“We went with some of our higher capacity partners, to make sure there was a decent standard [of project implementation].”
HQ-based staff

“We included a local organisation in our response. They weren’t very high capacity, but they were strong on gender and natural resources, so we supported them to put them in a stronger position to do emergency response in the future.”
Country office staff

This difference in attitudes between HQ- and Country Office-based staff was consistent across member agencies.

Evaluations of the DEC’s response to the Rohingya Crisis found that ‘national partners and local NGOs were only given a marginal role, despite the fact that they would have had better understanding and a more direct relationship with the local authorities.’

- c) support the continuation of education during the COVID-19 pandemic

Similarly, WASH actors offered training and support to relevant government agencies, to ensure the ongoing maintenance of restored / newly installed water and sanitation infrastructure.

The meta-synthesis report suggests that members ‘clarify what INGOs are seeking in a partnership: a local leadership or a local service provider?’

Despite the intensive side-by-side working with local partners outlined above, it was clear that partnerships were led by member agencies, who made decisions about funding, planning, implementation and the partners’ capacity-building needs.

Even though partners were consulted, the INGOs retained the ultimate decision-making power. This was partly because INGOs were the holders of grants and other funds from external sources, and therefore had ultimate responsibility to donors.

By its nature, disaster response involves a surge of resources to an area, which are then withdrawn after a short period of time. In the Cyclone Idai response (and others), this also meant that local organisations gained and lost INGO partnerships over the space of 18 months.

In areas with limited local organisations, this can be extreme, as noted in the Indonesia Tsunami Appeal Meta-synthesis:

‘National and local partners were inundated with partnerships and funding from different INGOs. For example, national partner YEU had 11 different donors/partners during the Central Sulawesi response.’

‘There are limited case references where DEC partners intentionally collaborated and shared resources to better support national and local partners in capacity development and activities. In cases where synergies were found, this was facilitated by the national partner.’

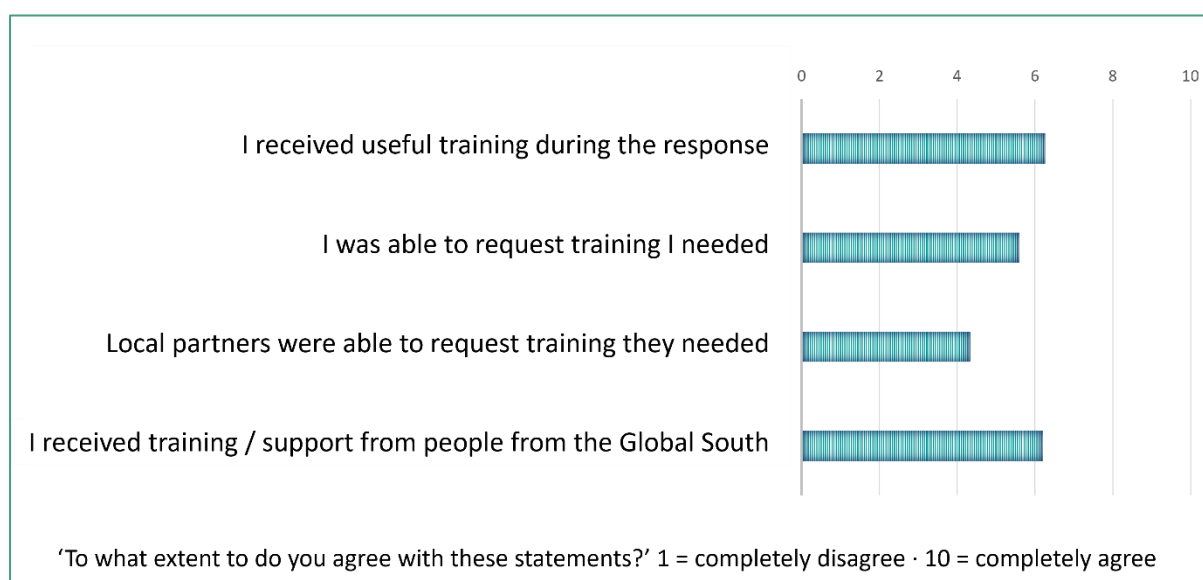
Although there was less duplication of partnerships with the Cyclone Idai response, mostly because the affected area was so large, there was still no evidence of collaboration between DEC partners in terms of capacity development.

For example, several member agencies gave training on cash programming to local

partners, for many of whom this was a new activity. While all organisations have slightly different processes for managing cash, there is enough commonality that it would have been possible to develop and deliver joint training.

This would have reduced both costs and environmental impact, as it would have meant fewer trips from London HQs to the field.

In focus groups, member agency staff based in country offices were asked to respond to the following statements about training:



One of the strengths of the Nepal Earthquake response was the provision of training and support from experts from Haiti and the Philippines, who brought extensive experience that was specifically relevant to post-earthquake recovery.

This was not replicated in the Cyclone Idai response, with the majority of respondents stating that training was provided by colleagues from the UK. One focus group participant reported that training was difficult

in Mozambique, because of the language barrier: this could have been overcome by using expertise from Portuguese-speaking countries in the Global South.

In focus group discussions, all representatives of member agencies said that localisation was a key priority for their organisation. However, there were significant differences in individuals’ understanding of what localisation means, how it can be achieved in practice and how it can be measured.

What does localisation mean?

Focus group responses to the above question ranged from direct implementation of HQ-led activities by surge staff, all the way to complete devolution of power and decision-making for local partners.

There were examples of every point along this spectrum in the Cyclone Idai response, and while the partnership model is partly determined by the circumstances and limitations imposed by each crisis, the fact that this point has been highlighted in all meta-syntheses to date suggests that it is either problematic for member agencies to tackle, or that it is a low priority for member agencies.

The Indonesia Tsunami Appeal meta-synthesis carried the following recommendation, which is echoed by the authors of this study:

'Localisation requires a significant shift in power from the current model of humanitarian action. DEC members would benefit from cocreating and co-investing in a framework of consistent and shared practices that advocate for and support local leadership and policy development, invest in local capacity development and preparedness, and define clear handover strategies with existing local institutions.'

This matters because localisation is not simply an abstract concept: the way member agencies perceive and play out their relationships with stakeholders at local level

has a significant impact on crisis-affected people, and on partners.

In locations where there are multiple INGOs responding, it is not reasonable to expect beneficiaries or partners to understand and navigate different structures and processes that are borne of widely differing approaches and attitudes.

It is important to remember that the purpose of capacity building, and the end goal of localisation, is - as the CHS guidance puts it - *'the development of local leadership and organisations in their capacity as first responders in the event of future crises.'*

Survey participants were asked if their partners' capacity as first responders had been increased through the Cyclone Idai response.

79% of respondents felt that partners were in a stronger position, but focus group participants found it difficult to articulate *how* they knew this.

Individuals were able to give examples of longer-term impact (eg WASH hardware / infrastructure is still in place; partners are still carrying out community outreach work, etc), but it was clear that just as there is no common understanding of what localisation *means*, there is no common understanding of how to measure progress.

This issue was recognised by the DEC prior to this study, leading to the commissioning of a Localisation study.



CHS Commitment 6:
Communities and people affected by crisis receive coordinated, complementary assistance.

Meta-synthesis focus:
Coordination

This study considers the extent to which the DEC member agencies responding to the Cyclone Idai crisis contributed to the CHS' performance indicators for this commitment:

- a) Communities and people affected by crisis do not identify gaps and overlaps in the response.
- b) Responding organisations share relevant information through formal and informal coordination mechanisms.
- c) Organisations coordinate needs assessments, delivery of humanitarian aid and monitoring of its implementation.

Communities and people affected by crisis do not identify gaps and overlaps in the response

Reality check

It was striking, in focus group discussions, that staff based in Country Offices (this was not expressed by HQ-based staff) blamed themselves because they had not been able to meet all of the needs identified in affected populations. The reality is that, as mentioned before, Cyclone Idai hit communities that already had significant development needs. Although there were warnings before the Cyclone made landfall, the magnitude of the disaster was underestimated across the board, and it simply would not have been possible, with the resources available, to meet all needs.

This was highlighted by the British Red Cross' Phase 2 report on work in Zimbabwe. Even at the height of the response, with many INGOs present in Chipinge District, the food needs of the community were not met. But this need was exacerbated in March 2021, when many organisations ended their emergency response and left the District, leaving remaining agencies to fill the gap.

Good practice

The response by DEC member agencies was truly multi-sectoral, with good evidence of coordination, particularly after the first few months of implementation.

As noted above, it simply would not have been possible for member agencies to meet all needs with the available resources, and overall they were able to manage communities' expectations effectively.

There were incidents of increased tension and dissatisfaction from people who were not

selected as beneficiaries, but in the majority of cases, field teams worked extremely hard alongside community structures to ensure that selection criteria were widely understood.

Member agencies who already had partnerships in place with local organisations were able to support them to respond quickly. For all partners, the scale of the response was far greater than anything they had experienced before, and member agencies did a good job of supporting smaller organisations to increase their capacity and absorb funding.

In focus group discussions, it was evident that Country Office staff were acutely aware that - in some cases - their partner organisations' staff and volunteers had been personally affected by the Cyclone.

Although none of the member agencies' staff were directly affected, their colleagues in partner organisations had lost loved ones, shelter and assets. In these circumstances, Country Office teams did an excellent job of

striking the difficult balance between compassion for affected individuals, and the need to ask those individuals to begin needs assessments immediately.

This is a significant improvement on the Nepal Earthquakes Response, in which partner staff reported that they had not even been asked by member agencies if they or their families were hurt or affected.

Responding organisations share relevant information through formal and informal coordination mechanisms

Good practice

As mentioned in the *'Promotion of early recovery and support to the local economy'* section of this report, member agencies prioritised coordination through formal coordination mechanisms, including government systems.

This was challenging in many cases, where government systems were weak or slow, and many INGOs chose to ignore coordination processes and carry out activities where they judged the need to be greatest.

This must have been a real temptation for member agencies, frustrated by bureaucratic delays and obstacles, but they were able to combine the delivery of assistance with continual, relationship-based advocacy with officials at all levels.

Challenges

As mentioned in previous sections, member agencies found that they were forced to rely on government and UN agencies for information and coordination. Several field-based staff reported that some UN representatives expressed a reluctance to engage with 'small players' like DEC member

agencies involving partners in formal coordination mechanisms. For example, HelpAge Zimbabwe and Oxfam collaborated to raise the profile of older people and people with disabilities within the humanitarian community, particularly following the outbreak of COVID-19.

The agencies ensured that local organisations representing both groups were included in cluster meetings, and in meetings and discussions with government agencies.

Where official coordination was weak, some member agencies found ways to communicate informally, including the creation of WhatsApp groups or frequent in-person meetings.

agencies, despite their mandate for overall coordination.

Member agencies responded well to these challenges, but the failure of formal coordination mechanisms only increases the need for informal coordination, which - as discussed below - was lacking.

Organisations coordinate needs assessments, delivery of humanitarian aid and monitoring of its implementation.

Challenges

Overall, coordination was raised as a significant weakness by all evaluations of the response. Again, field-based staff perhaps overestimate what could / should have been possible in the first months, and this was also the case in the Rohingya response, as highlighted by the meta-synthesis:

‘Although it would not have been possible in the beginning, given the chaos that ensued at the onset of the crisis, a more coordinated approach would have made the response overall more efficient, effective and equal for all beneficiaries.’

Although initial delays while resources are deployed are understandable, the lack of coordination in the Cyclone Idai response extended throughout the first Phase, and there were widespread failures to communicate between member agencies at field level. As one colleague commented in a focus group discussion:

“We didn’t know really who was implementing, or who was getting funds from where. So when we had the Real Time Review visit, we got to know which organisations were getting support from [the DEC].”
Country Office staff member, Mozambique
(echoed by multiple organisations)

The onus was entirely on field-based staff to coordinate, with very little support from HQ. For example, all HQ-based DEC leads were aware which member agencies were responding in each country, and could easily have communicated this information to their field-based colleagues.

Again, poor coordination in the very first stages of response is understandable, but it is hard to understand how HQ and field teams went for six months without discussing other actors in the response.

There seems to have been almost no coordination between member agencies at HQ level, except in terms of managing the public-facing appeal.

Save the Children noted this lack of coordination in its final project report, and felt that it was because member agencies provided the DEC with funding proposals as individual entities.

In one focus group discussion, participants (from MEAL and Programmes teams) were asked how they coordinated with their counterparts at other member agencies. One response summed up the prevailing feeling that inter-agency coordination at this level was unnecessary, and would take staff away from their ‘real’ work:

“There was a DEC WhatsApp group in Malawi. There are lots of groups, so another thing to keep up with might be a distraction. So it depends. Encouraging more of that at a country level might be a better approach.”
HQ-based FGD participant

As mentioned in previous sections, coordination on capacity building for local partners could have resulted in significant savings, as well as embedding good practice in target areas by leaving several organisations with a common understanding of (eg) cash programming.

In the same focus group, participants were asked if they had done any joint capacity building for partners working in the same areas or sectors. One respondent said, “No, we didn’t think about that. If the DEC want that they should set it up. I didn’t have any interaction with other member agencies.” *HQ-based FGD participant*

Again, the impact of failure to coordinate on needs assessments, delivery and monitoring is most strongly experienced by local partners and affected communities. For example, community leaders in Malawi complained about multiple beneficiary selection and verification processes, which ‘involved

gathering many people (sometimes entire villages), but only a handful were finally targeted. They felt this was a waste of their time and was demeaning.’

There was also duplication of feedback and complaints mechanisms where multiple organisations (including, but not limited to, DEC member agencies) were active in the same area.

It is unfair to expect crisis-affected people to navigate multiple systems in this way, and at worst, complicated and uncoordinated systems increase the risks that protection concerns are lost or miscommunicated.



CHS Commitment 7: Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.

Meta-synthesis focus:
Learning

This study considers (together, as there is overlap in some findings) the CHS questions for monitoring under this commitment:

- a) Are evaluations and reviews of responses of similar crises consulted and incorporated as relevant in programme design?
- b) Are monitoring, evaluation, feedback and complaints-handling processes

leading to changes and/or innovations in programme design and implementation?

- c) Is learning systematically documented?
- d) Are specific systems used to share learning with relevant stakeholders, including affected people and partners?

Good practice

It is arguable that there were more internally-commissioned reviews and evaluations than necessary (due to lack of inter-agency coordination). Despite this, field teams reported that they appreciated the chance to participate in evaluation activities.

In focus group discussions, staff in Country Offices said that these evaluations, as well as the DEC reporting format and process, provided useful opportunities for reflection.

This is not unusual in a context where work is so intensive that there are few opportunities

to 'lift one's head' and gain a broader perspective on the response.

All focus group participants - HQ and field teams - were able to list specific learning points from this response. These covered everything from donor management to the development of new community-led recovery planning models, and from the adaptation of feedback mechanisms to a new understanding of the importance of clarity when formulating project outcomes.

Challenges

The risk, however, is that these learning points will remain with each individual, and will not be embedded at organisational level.

The British Red Cross and the DEC described new active learning processes, which involve documenting each learning point from evaluations, assigning them to a specific team or teams, and following up on their implementation.

Apart from a widespread lack of systemisation, one of the key barriers to learning is the high level of staff turnover, in both HQ and Country Office settings.

This was also noted in the Indonesia Tsunami Appeal Response meta-synthesis, which highlighted the impact of staff turnover on coordination as well as learning: ['Staff turnover at Plan created knowledge gaps in](#)

coordination meetings, information was lost, and cluster meetings were inefficient with no follow up actions. [...]

One-on-one coaching and mentoring were also provided to staff during visits by the HelpAge International advisor on disability, however the question of sustainability of this knowledge still remains, especially due to the turnover.'

Focus group discussions also revealed a disconnect between the MEAL teams who collect feedback and other data, and who manage evaluations, and Programmes teams.

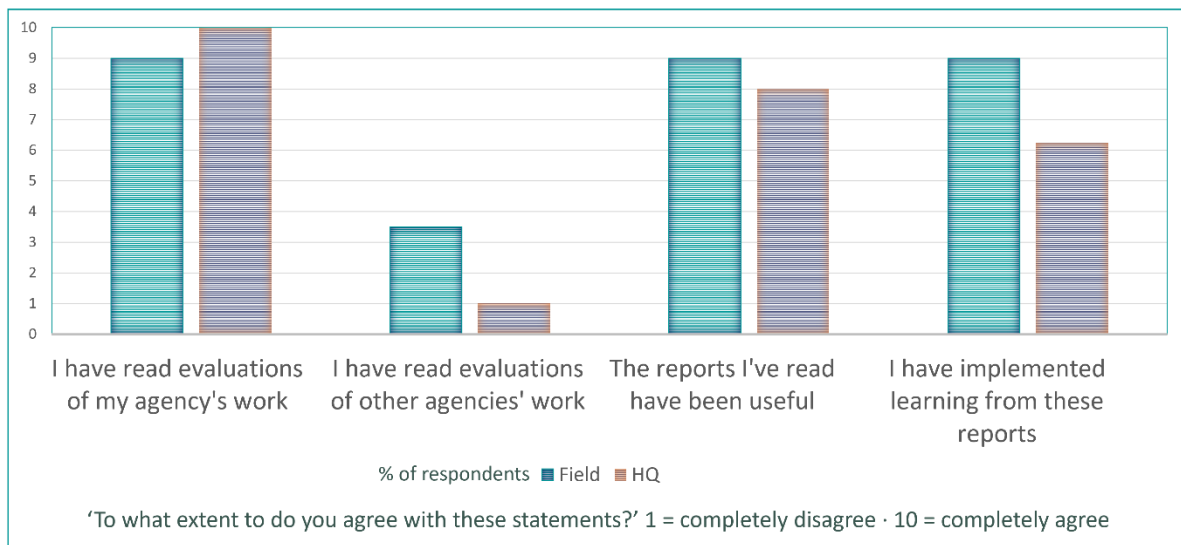
In some cases, MEAL staff had produced reports, but had no idea if anyone had read them. There was also no evidence of the findings of reviews or evaluations being

validated or shared with affected communities.

Again, the focus on implementation of learning was on field-level implementation. In part, this is appropriate, as the purpose of learning is to improve the quality and timeliness of humanitarian assistance.

However, in all meta-syntheses of DEC responses, there have been important lessons for HQ teams that would improve future responses, so it is equally important that these teams commit to implementing lessons learned.

Focus group participants were asked if and how reviews and evaluations were used, with the following results:



While most people are finding time to read evaluations of their own organisation's work, they are not engaging with evaluations of other member agencies - either because they do not have time to read them, or because they do not know they're available. This is a missed opportunity, as people overwhelmingly found evaluations useful, and were able to implement learning from them.

Some member agencies created opportunities to share learning from the Cyclone Idai response, such as a workshop hosted by Christian Aid. Again, these learning events provide excellent space for critical reflection, but unless lessons are shared by individual participants and embedded at organisational level, the impact will remain minimal and short-term.

Recommendations

CHS Commitment 1: Communities and people affected by crisis receive assistance appropriate to their needs.

1. Member agencies should increase collaboration and coordination in the area of needs assessments. In particular:

- Co-designing assessment frameworks would enable non-specialist organisations to benefit from the expertise of those with areas of specialism (GBV survivors, children, older people, people with disabilities, etc), ensuring that *all* vulnerable people are identified and included.
- Disaggregating and using data appropriately would provide a check on the inclusion and participation of specific vulnerable groups.

The DEC could facilitate this by:

- Encouraging member agencies to produce joint needs assessments where practicable
- Insisting that beneficiary data be disaggregated by sex, age and disability, and that member agencies use the Washington Group questions to identify people with disabilities.

This was identified as a weakness of the Indonesia Tsunami Response, as the meta-synthesis stated: ‘Some members used important tools like the Washington Group Questions; however, the capacity to properly use these tools is still limited across most DEC members.’

It is not the DEC’s responsibility to build member agencies’ capacity in this, but donors have the opportunity to influence organisations to present data in specific ways, and this might be a way to encourage members to improve their practice.

It is important to note that lack of data *is* data: in other words, if beneficiary lists do not include at least 15% people with disabilities, and at least 10% older people, agencies can be confident that they are missing vulnerable people and need to review their targeting strategies.

2. Member agencies should improve the inclusion of people with disabilities and older people. This can be achieved through:

- Engaging with local organisations and groups representing older people and / or people with disabilities. Bringing groups with different specialisms together would improve understanding of the needs and capacities of people with multi-layered, intersectional vulnerabilities, as well as enabling responding agencies to identify these people.
- Learning from each other, and from external experts (for example, CBM UK provides training to INGOs on inclusion of people with disabilities, and [publishes a wide range of applied research papers](#) on inclusion in humanitarian settings).
- Differentiating assistance so that people with a range of abilities can participate (eg cash for work).
- Ensuring that all work meets the *Humanitarian inclusion standards for older people and people with disabilities*.

The DEC could facilitate this by:

- Using the forthcoming Inclusion report to increase members’ capacity in this area.
- Asking members to report (even periodically) against the *Inclusion Standards*.

CHS Commitment 3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

1. Member agencies should continue to prioritise cash interventions wherever practicable, considering:

- Accessibility of cash distribution points for people with limited mobility
- Close monitoring and mitigation of harmful effects on local markets
- Adequate protection for recipients of cash
- Continued coordination with existing systems, even when this is challenging

The DEC could facilitate this by continuing to enable organisations to adapt their response according to fast-changing circumstances.

2. Member agencies should transfer power to local organisations, prioritising equitable partnerships by:

- Devolving decision-making power to partners, and taking on more of a consultative / advisory role
- Enabling partners to make decisions on the focus, timing and model of capacity-building support
- Coordinating capacity-building support to maximise opportunities for local organisations, and to minimise cost and environmental impact

- As per the recommendation from the Indonesia Tsunami Response: ‘Co-creating and co-investing in a framework of consistent and shared practices that advocate for and support local leadership and policy development, invest in local capacity development and preparedness, and define clear handover strategies with existing local institutions.’

- Considering the findings of the DEC’s Localisation paper, and agree individual and joint action plans in response

The DEC is already working on recommendations from the recent Localisation paper.

It is difficult to see how the DEC could transfer funds directly to local organisations, or require a certain minimum percentage of funds to be channelled through / transferred to local partners - not least because not all member agencies necessarily work with local partners.

However, the DEC could put further emphasis on localisation by requiring capacity building and handover plans as part of Phase 2 planning.

CHS Commitment 6: Communities and people affected by crisis receive coordinated, complementary assistance.

1. HQ-based staff should provide support to field-based teams, and partners, in recognition that they are personally experiencing the impact of the crisis:

- Whether directly or indirectly, immediately or some time into the response, all field-based staff and partners will be affected by the disaster.

Whether this is loss of loved ones, property or assets, or the psychological impact of intensive work with survivors, member agencies should offer psychosocial support in appropriate and timely forms.

- In the same way that all teams have at least one qualified first-aider, member agencies should ensure that mental health first aid is available in all country offices.

The DEC could facilitate this by ensuring that member agencies budget for this support.

2. Member agencies should continue to support formal coordination mechanisms, even when this is challenging:

- Supplementing these modes of communication with informal mechanisms where needed.
- Involving partner organisations at every opportunity.

3. Although it is appropriate for operational coordination to be primarily the remit of field-based teams, member agencies' HQ teams should take more responsibility for supporting, by:

- Sharing information about other response actors (whether DEC member agencies or not).
- Communicating between HQ-based teams - eg MEAL teams coordinating on baseline surveys, monitoring tools, accountability mechanisms, etc; Programmes teams co-delivering training.

The DEC *could* facilitate this by requiring member agencies to:

- Collaborate at the point of producing Phase 1 plans.
- Justify any training that is only provided to one member agency's local partners, rather than being made more widely available.

However, coordination is not and should not be part of the DEC's remit. This has also been the recommendation of previous meta-syntheses, including from the Rohingya response, which noted, 'adding another layer of specific DEC coordination would increase the burden on NGOs, rather than facilitating their work.'

CHS Commitment 7: Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.

1. Affected communities should be involved in all stages of Real Time Reviews and evaluations, including verification and sharing of lessons learned.

2. Member agencies should systematise learning, and find ways to embed lessons at organisational level, for example through:

- Detailed handovers with multiple staff members when a member of a team leaves the organisation.
- Documentation of learning points (BRC and DEC could share their work on this as good practice).
- Conducting joint evaluations, or at the very least, sharing individual evaluation reports with other member agencies, and with colleagues in Country Offices and at HQ.

- Member agencies should carry out purposeful learning by assigning follow-up actions.

As above, the DEC's role should not be as coordinating body, but there is an opportunity to support this specific aspect by convening member agencies once evaluations / meta-syntheses are produced.

This could provide an opportunity for organisations to commit to specific actions, for follow-up in later responses. The DEC currently shares relevant learning briefs, previous studies and other information when member agencies are developing Phase 1 plans, but cannot control whether / how these are taken into account by members.

Appendix 1: Terms of Reference

1. Introduction

The Disasters Emergency Committee (DEC) brings together fourteen of the largest UK humanitarian charities to raise funds in response to major international humanitarian crises. In line with the Core Humanitarian Standard commitment 7 “*humanitarian actors continuously learn and improve*”, DEC is commissioning a learning oriented meta-synthesis of the DEC membership’s response to Cyclone Idai in Southern Africa.

2. Background

In March 2019, Tropical Cyclone Idai swept through three Southern African countries (Malawi, Mozambique and Zimbabwe), killing at least 1200 people² and leaving around three million in need of assistance after causing catastrophic flooding and wind damage.³ It was possibly the worst weather-related disaster to hit the southern hemisphere.

On 21 March 2019, in the aftermath of the disaster, the DEC launched an appeal to address the cyclone’s extensive humanitarian impact in the three countries of Malawi, Mozambique and Zimbabwe. When DEC appeal channels closed at the end of September 2019, the collective fundraising campaign had raised £43m. This figure includes £4m DFID AidMatch.

Thirteen DEC members responded with DEC funds - nine in both Mozambique and Malawi, and 7 in Zimbabwe. Later, in 2020 members adapted their programmes to respond to needs arising from the Covid-19 pandemic, as well as Cyclone Chalane which made landfall in Mozambique in December 2020. The DEC-funded Cyclone Idai programmes closed at the end of March 2021, with members submitting final reports at the end of May 2021.

3. Purpose

The purpose of this study, a meta-synthesis of DEC members’ and others’ work, is to learn lessons from the actions in the affected countries for future similar responses, in Southern Africa and elsewhere. This study therefore is not an evaluation of members’ activities; rather, it seeks to look at the overall work of DEC members within a larger context, and from that, to seek to identify lessons for future action.

The primary aim is to provide an accessible narrative synthesis of the main findings highlighted in DEC members’ MEAL-related reports, with particular emphasis on areas of convergent findings and indicative learning points. This will serve as learning for the DEC, DEC members and the humanitarian sector more widely.

4. Scope

The scope of the desk review will be as follows:

- DEC members’ plans and reports submitted to the DEC
- DEC real-time Response Review report
- DEC-funded evaluations x 4 (2 in Mozambique; 1 in Malawi; 1 in Zimbabwe)
- DEC Collective Initiative report on *Proactive Safeguarding*

- Non-DEC funded member evaluations
- Additional relevant non-DEC background materials

5. Guiding questions

DEC wishes to maintain flexibility for the meta-synthesis process to be iterative. Initial guiding questions are:

- What are the key recurrent themes arising from the desk review?
- For each of these themes:
 - what are the main findings and learning points?
 - what common or recurrent findings / learning points emerge?
 - is there any significant divergence in the findings, and if so, what factors might affect or explain this?
 - where common or consistent findings do occur, what indicative conclusions do these suggest?
- How have the findings from the DEC Response Review report been taken onboard throughout phase two?
 - what were the enabling factors in this regard?

DEC is particularly keen for learning around: a). local capacity strengthening and working with partners; b). cash programming; c). adaptation; d). remote management; e). disaster risk reduction; and f). impact on the environment of humanitarian programmes, to be drawn out where applicable.

6. Approach

The consultant is invited to outline an appropriate approach for the assignment, however the following points should be taken into consideration:

- desk-based review of members' reports and additional relevant materials is essential; • a clear and transparent element of quality review of the evidence is required; • explicit reference to the Core Humanitarian Standard (as the DEC's quality and accountability standard) is expected throughout the report;
- remote interviews with key informants (from DEC members and other relevant organisations) for clarification and verification might be useful.

A 2018 ALNAP lessons paper⁵ covers a plethora of issues that come up in synthesis, as well as some well thought out ideas around mitigating them. We welcome consideration of the recommendations contained in this paper.

7. The consultant/s

It is expected that the bulk of the work will be carried out by one or two consultants. The consultant/s will provide the following:

1. extensive experience in conducting learning focussed studies/ reviews/ evaluations of humanitarian programmes;
2. proven ability to coordinate a multi-country, multi-stakeholder study;
3. sound understanding of the methodological considerations related to meta syntheses;
4. demonstrable analytical, communication and report-writing skills;
5. sound understanding of the context in Southern Africa;
6. strong facilitation skills and experience in designing participatory workshops; 7. demonstrable commitment to learning and improvement in humanitarian action; 8. experience with DEC or a DEC member agency is a plus.

8. Deliverables and schedule

It is expected that the bulk of the work will take place across August-October 2021. The outputs of this assignment will be:

- A draft report to be submitted by end September 2021
- including practical recommendations for programming
- max 30 pages, plus appendices
- A dissemination event for member agencies, following finalisation of the report by mid October 2021.
- An audio / visual output for dissemination to aid workers in the field, by end October 2021.

9. Budget

The maximum overall budget for this work is £30K.

Appendix 2: Source documents

8+3 Narrative Templates

1. MAName_Ph1 Report_Final Narrative.docx
2. MAName_Ph1 Report_Interim Narrative.docx
3. MAName_Ph1_Narrative Plan.docx

Collective Initiative

1. DEC Phase 1 Safeguarding Report for 286.pdf

Country Summaries

- Phase 1_3m
 1. CIA_3m_Malawi Summary.docx
 2. CIA_Zim 3mth Summary.docx
- Phase 1 Final
 1. CIA_MoZ_P1 Final.docx -
 2. CIA_Zim 6mth Phase 1 final_summary.docx-
 3. Cyclone Idai – Malawi Phase 1 Final Summary.docx-
- Phase 2 Plans
 1. CIA_Ph2_Plans_Malawi Summary.docx
 2. Cyclone Idai Zim Phase 2 Plans Summary.docx
- Phase 2_6m
 1. Malawi Ph2 6 month review - summary.docx
 2. Ph2_6mth review summary Mozambique_May 2020.docx
 3. Ph2_6mth_review summary Zimbabwe.docx
- Phase 2_12m
 1. Malawi Ph2 12 month review - summary.docx
 2. Mozambique Summary Phase 2_12 mth.docx
 3. Zimbabwe Summary Phase 2_12 mth.docx
- Phase 2 Final
 1. Mozambique Cyclone Ida final summary.docx
 2. Zimbabwe Cyclone Idai final summary.docx

Evaluations

- Age International
 1. Age International DEC External Evaluation.pdf
 2. Age International_Management response.doc
 3. ToR DEC evaluation Cyclone Idai_Age.docx
- Islamic Relief
 1. Cyclone Idai Response Evaluation Report - Islamic Relief.docx
 2. DEC Cyclone Idai_Islamic Relief.docx
- Oxfam
 1. Oxfam Independent Evaluation of Cylone Idai & Kenneth.pdf
- World Vision
 1. DEC Management Response Revised - signed.pdf
 2. World Vision Cyclone Idai DEC Evaluation Final Report aug24.pdf

Indonesia Meta-synthesis Audio-Visual Outputs

1. DEC Metasynthesis Infographic.pdf
2. DEC update 3 - edited.pdf

3. FINAL VIDEO DEC-WEB Bahasa.mov
4. FINAL VIDEO DEC-WEB English.mov

Member plans and reports

- Phase 1 plans
 1. Age International_DEC_Ph1_Plan_CIA19_Zim.pdf
 2. Age International_DEC_Phase 1_Plan_CIA19_Mal.pdf
 3. Age International_DEC_Phase 1_Plan_CIA19_Moz (1).pdf
 4. BRC_DEC_Ph1_Plan_CIA19_Moz.pdf
 5. CAFOD_DEC_Ph1_Plan_CIA19_Moz.pdf
 6. CAFOD_DEC_Ph1_Plan_CIA19_Zim.pdf
 7. CARE_DEC_Ph1_Plan_CIA19_Moz.pdf
 8. Christian Aid_DEC_Ph1_Plan_CIA19_Mal.pdf
 9. Christian Aid_DEC_Ph1_Plan_CIA19_Zim.pdf
 10. Concern_DEC_Ph1_Plan_CIA19_Mal.pdf
 11. DEC_ActionAid_Ph1_Plan_CIA19_Mozambique.pdf
 12. DEC_ActionAid_Ph1_Plan_CIA19_Zimbabwe.pdf
 13. DEC_STCUK_Ph1_Plan_Mal.pdf
 14. DEC_STCUK_Ph1_Plan_Moz.pdf
 15. DEC_STCUK_Ph1_Plan_Zim.pdf
 16. IRW_DEC_Ph1_Plan_CIA19_Mal.pdf
 17. Oxfam_DEC_Ph1_Plan_CIA19_Mal.pdf
 18. Oxfam_DEC_Ph1_Plan_CIA19_Moz.pdf
 19. Oxfam_DEC_Ph1_Plan_CIA19_Zim.pdf
 20. Plan International_DEC_Ph1_Plan_CIA19_Mal.pdf
 21. Plan International_DEC_Ph1_Plan_CIA19_Moz.pdf
 22. Tearfund_DEC_Ph1_Plan_CIA19_Mal.pdf
 23. WorldVision_DEC_Ph1_Plan_CIA19_Mal.pdf
 24. WorldVision_DEC_Ph1_Plan_CIA19_Moz.pdf
 25. WorldVision_DEC_Ph1_Plan_CIA19_Zim.pdf
- Phase 1_3m Reports
 1. ActionAid_DEC_Ph1_3m_CIA19_Moz (1).pdf
 2. ActionAid_DEC_Ph1_3m_CIA19_Zim.pdf
 3. Age International_DEC_Ph1_3m_CIA19_Mal.pdf
 4. Age International_DEC_Ph1_3m_CIA19_Moz (1).pdf
 5. Age International_DEC_Ph1_3m_CIA_Zim.pdf
 6. BRC_DEC_Ph1_3m_CIA19_Moz.pdf
 7. CAFOD_DEC_Ph1_3m_CIA19_Moz.pdf
 8. CAFOD_DEC_Ph1_3m_CIA19_Zim.pdf
 9. CARE_DEC_Ph1_3m_CIA19_rev19.8.19.pdf
 10. Christian Aid_DEC_Ph1_3m_CIA19_Mal.pdf
 11. Christian Aid_DEC_Ph1_3m_CIA19_Zim.pdf
 12. Concern_DEC_Ph1_3m_CIA19_Mal.pdf
 13. DEC_STCUK_Ph1_3m_Mal.pdf
 14. DEC_STCUK_Ph1_3m_Moz.pdf
 15. DEC_STCUK_Ph1_3m_Zim.pdf
 16. IRW_DEC_Ph1_3m_CIA19_Mal.pdf
 17. Oxfam_DEC_Ph1_3m_CIA19_Mal.pdf
 18. Oxfam_DEC_Ph1_3m_CIA19_Moz.pdf
 19. Oxfam_DEC_Ph1_3m_CIA19_Zim.pdf
 20. Plan International_DEC_Ph1_3m_CIA19_Mal.pdf

- 21. Plan International_DEC_Ph1_3m_CIA19_Moz.pdf
- 22. Tearfund_DEC_Ph1_3m_CIA19_Mal.pdf
- 23. WV_DEC_Ph1_3m_CIA19_Mal.pdf
- 24. WV_DEC_Ph1_3m_CIA19_Moz.pdf
- 25. WV_DEC_Ph1_3m_CIA19_Zim.pdf
- Phase 1 final reports
 - 1. ActionAid_DEC_Ph1_Final_CIA19_Moz (1).pdf
 - 2. ActionAid_DEC_Ph1_Final_CIA19_Zim.pdf
 - 3. Age International_DEC_Ph1_Final_CIA19_Mal.pdf
 - 4. Age International_DEC_Ph1_Final_CIA19_Moz (1).pdf
 - 5. Age International_DEC_Ph1_Final_CIA19_Zim.pdf
 - 6. BRC_DEC_Ph1_Final_CIA19_Moz.pdf
 - 7. CAFOD_DEC_Ph1_Final_CIA19_Moz.pdf
 - 8. CAFOD_DEC_Ph1_Final_CIA19_Zim.pdf
 - 9. CARE_DEC_Ph1_Final_CIA19_Moz.pdf
 - 10. Christian Aid_DEC_Ph1_Final_CIA19_Mal.pdf
 - 11. Christian Aid_DEC_Ph1_Final_CIA19_Zim.pdf
 - 12. DEC_STCUK_Ph1_6m_Zim.pdf
 - 13. DEC_STCUK_Ph1_Final_Moz.pdf
 - 14. Dec_STUCK_Ph1_6m Mal.pdf
 - 15. IRW_DEC_Ph1_Final_CIA19_Mal.pdf
 - 16. Oxfam_DEC_Ph1_Final_CIA19_Mal.pdf
 - 17. Oxfam_DEC_Ph1_Final_CIA19_Moz.pdf
 - 18. Oxfam_DEC_Ph1_Final_CIA19_Zim .pdf
 - 19. Plan International_DEC_Ph1_Final_CIA19_Moz.pdf
 - 20. Plan Int_DEC_Ph1_final_CIA19_Mal.pdf
 - 21. Tearfund_DEC_Ph1_Final_CIA19_Mal.pdf
 - 22. WV_DEC_Ph1_Final_CIA19_Malawi.pdf
 - 23. WV_DEC_Ph1_Final_CIA19_Moz.pdf
 - 24. WV_DEC_Ph1_Final_CIA19_Zim.pdf
- Phase 2 plans
 - 1. ActionAid_DEC_Ph2_Plan_CIA19_Moz_19.09.2019.pdf
 - 2. ActionAid_DEC_Ph2_Plan_CIA19_Zim.pdf
 - 3. Age International_DEC_Ph2_Plan_CIA19_Mal.pdf
 - 4. Age International_DEC_Ph2_Plan_CIA19_Moz.pdf
 - 5. BRC_DEC_Ph2_CIA19_Zim.pdf
 - 6. BRC_DEC_Ph2_Plan_CIA19_Mal.pdf
 - 7. BRC_DEC_Ph2_Plan_CIA19_Moz.pdf
 - 8. CAFOD_DEC_Ph2_Plan_CIA19_Moz.pdf
 - 9. CARE_DEC_CIA19_Ph2_Plan_Moz.pdf
 - 10. Christian Aid_DEC_Ph2_Plan_CIA19_Mal.pdf
 - 11. Christian Aid_DEC_Ph2_Plan_CIA19_Zim.pdf
 - 12. DEC_Ph2_Plan_Mal_SCUK.pdf
 - 13. DEC_Ph2_Plan_Moz_SCUK.pdf
 - 14. DEC_Ph2_Plan_Zim_SCUK.pdf
 - 15. IRW_DEC_Ph2_Plan_CIA19_Mal.pdf
 - 16. Oxfam_DEC_Ph2_Plan_CIA19_Mal.pdf
 - 17. Oxfam_DEC_Ph2_Plan_CIA19_Moz.pdf
 - 18. Oxfam_DEC_Ph2_Plan_CIA19_Zim.pdf
 - 19. Plan_DEC_Ph2_Plan_Narrative_CIA19_Mal.pdf
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- 21. Tearfund_DEC_Ph2_Plan_CIA19_Mal.pdf
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- 23. WV_DEC_Ph2_Plan_CIA19_Moz.pdf
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- Phase 2_6m Reports
 - 1. ActionAid_DEC_Ph2_6m_CIA19_Moz.pdf
 - 2. ActionAid_DEC_Ph2_6m_CIA19_Zim.pdf
 - 3. Age International_DEC_Ph2_6m_CIA19_Moz.pdf
 - 4. BRC_DEC_Ph2_6m_CIA19_Mal.docx.pdf
 - 5. BRC_DEC_Ph2_6m_CIA19_Moz.pdf
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 - 21. WV_DEC_Ph2_6m_CIA19_Zim.pdf
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 - 1. ActionAid_DEC_Ph2_12m_CIA19_Moz.pdf
 - 2. ActionAid_DEC_Ph2_12m_CIA19_Zimbabwe_narrative.pdf
 - 3. BRC_DEC_Ph2_12m_CIA19_Moz.pdf
 - 4. BRC_DEC_Ph2_12m_CIA19_Zim.pdf
 - 5. CAFOD_DEC_Ph2_12m_CIA19_Moz_NARRATIVE.16.11.2020.pdf
 - 6. CARE_DEC_Ph2_Narrative_Moz_12month.pdf
 - 7. Christian Aid_DEC_Ph2_12m_CIA19_Malawi Narrative.pdf
 - 8. ChristianAid_DEC_Ph2_12m_CIA19_Zimbabwe Narrative.pdf
 - 9. DEC_Ph2_12m_CIA19_Mal.pdf
 - 10. DEC_Ph2_12m_Mal_SCUK.pdf
 - 11. DEC_Ph2_12m_Moz_SCUK.pdf
 - 12. IRW_DEC_Ph2_12m_Mal_011220.pdf
 - 13. Oxfam_Zim_DEC_Ph2_12m_CIA19.pdf
 - 14. Plan International_DEC_Ph2_12m_CIA19_Narrative_Moz.pdf
 - 15. Tearfund_DEC_Ph2_12m_CIA19_Mal.pdf
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- End of programme
 - 1. ActionAid_DEC_End of Programme_CIA19_Moz.pdf
 - 2. ActionAid_DEC_Ph2_Narrative_Final Report_CIA19_Zim.pdf
 - 3. Age International_DEC_End of Programme_CIA19_Mal.pdf
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7. CAFOD_DEC_End of Programme_CIA19_Moz.pdf
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Operations manual

1. Operations Manual Chapter 4.pdf
2. Operations Manual Chapter 5.pdf

Previous Meta-syntheses

1. DEC 2018 Indonesia Tsunami Response - Meta-Synthesis_revisedJune2021.pdf
2. DEC Nepal earthquakes meta-synthesis.pdf
3. GroupeURD_DEC_Rohingya-Refugee-Crisis-Response_Metasyntesis_2020.pdf

Response Review Reports

1. DEC Cyclone Idai Response Review_Malawi.pdf
2. DEC Cyclone Idai Response Review_Mozambique.pdf
3. DEC Cyclone Idai Response Review_Synthesis.pdf
4. DEC Cyclone Idai Response Review_Zimbabwe.pdf

Stakeholder Report

1. DEC_Idai Report_6 month_19.pdf

Appendix 3: Online survey questions

This survey was conducted using GoogleForms. The questions were as follows:

1. Name
2. Organisation
3. Country of response
4. What is your role?
5. Where are you based?
6. Had you, personally, been involved in any previous emergency response?
7. If yes, which emergency/ies and with which organisation/s?
8. Did you work with local partners in the Cyclone Idai response?
9. If yes, were you working with these partners immediately before the Cyclone?
10. How were they involved in the response?
11. To what extent are partners better prepared to respond to a future emergency because of your partnership?
12. How did the DEC support you to adapt to the COVID-19 pandemic during the Idai response?
13. To what extent was the support effective?
14. Is there anything else you wanted from the DEC?
15. If yes, what would have been helpful?
16. Did you or your team receive any capacity building support from the DEC?
17. If yes, what was it about?
18. How useful was it?
19. Did you request this training?
20. Were you given the opportunity to request other training?
21. What other training did you request?
22. Did you receive the training you requested?
23. Did you take part in the real-time review? (RTR)
24. Was your role in the RTR clear?

25. To what extent was the time you, personally, spent on the RTR, appropriate or proportionate?
26. Did you receive the results of the RTR?
27. Thinking about the responses to Cyclone Idai and previous emergencies, who have you taken part in learning conversations or activities with? [Own organisation]
28. Thinking about the responses to Cyclone Idai and previous emergencies, who have you taken part in learning conversations or activities with? [The DEC]
29. Thinking about the responses to Cyclone Idai and previous emergencies, who have you taken part in learning conversations or activities with? [DEC member agencies]