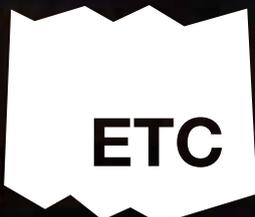




Lessons Learnt from CARE's Shelter Responses to Cyclone Idai in Malawi, Mozambique and Zimbabwe

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Cover photograph © Josh Estey/CARE - Mozambique post Cyclone Idai.

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1. ACRONYMS

BBS	Build Back Safer
CGI	Corrugated Galvanized Iron
CHAF	Canadian Humanitarian Assistance Fund
CIUK	CARE International UK
CO	Country Office
CRS	Catholic Relief Services
CVA	Cash and Voucher Assistance
DEC	Disasters Emergency Committee
DFID	Department for International Development
ECHO	European Commission Humanitarian Aid
FGD	Focus Group Discussion
HLP	Housing, Land and Property
HR	Human Resources
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
INGC	National Institute of Disaster Management (Mozambique)
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
M&E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability and Learning
MSF	Médecins Sans Frontières
NFI	Non-Food Items
OFDA	Office of Foreign Disaster Assistance (United States)
PDM	Post-Distribution Monitoring
RRF	Rapid Response Fund
ToR	Terms of Reference
UNICEF	United Nations International Children's Fund
USAID	U.S. Agency for International Development
VCPC	Village Civil Protection Committee
WASH	Water, Sanitation and Hygiene
WV	World Vision

2. EXECUTIVE SUMMARY

CONTEXT

Cyclone Idai made landfall on the eastern coast of the south-eastern Africa region during the night of 14-15 March 2019. It was one of the worst tropical cyclones on record to affect Africa and the Southern Hemisphere. The protracted storm caused catastrophic damage, and a humanitarian crisis in Mozambique, Zimbabwe, and Malawi. The flooding caused immediate and extensive damage leading to the loss of hundreds of lives, the destruction of infrastructure, the disruption of basic services and livelihoods, as well as the devastation of cropland and crops. The floods caused by Tropical Cyclone Idai have affected more than three million people in the Republics of Malawi, Mozambique and Zimbabwe, leaving at least 1,300 people dead.

PURPOSE OF THE STUDY

The purpose of the present study is to examine the shelter work of the CARE country offices, and to investigate the learning from the Cyclone Idai response.

Additional objectives were to support the **reflective learning and self-assessment of CARE** Emergency Shelter Team and to identify **opportunities of further investigation** for CARE at regional level.

As the evaluation was scheduled for July 2020, it encountered several challenges caused by the COVID-19 pandemic (see Limitations in section 3.4). As a result, all work on this evaluation has been conducted remotely.

The methodological approach adopted was **participatory, iterative, and flexible**.

CARE POST-IDAI SHELTER STRATEGIES

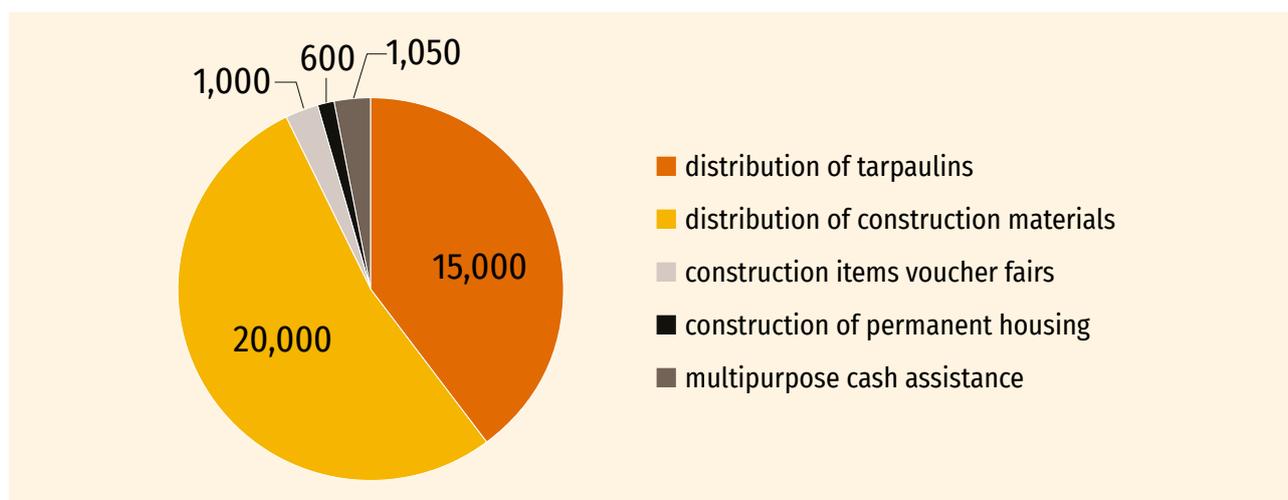
In the three countries of response, shelter was quickly identified as a priority need, and CARE decided to undertake shelter interventions for roughly the same reasons. These stemmed partly from the early discussions conducted with donors to facilitate the distribution of prepositioned (or provided) NFI stock, and included the considerable need identified during early joint assessments and the comparatively low level of engagement from other actors, which resulted in many gaps.

CARE was one of the main shelter actors on the regional post-Idai response, and the INGO which has provided support to the most households in Mozambique.

Individual shelter interventions and their respective objectives and approaches were varied for the recovery phase, ranging from

- distribution of tarpaulins,
- distribution of construction materials,
- construction items voucher fairs,
- construction of permanent housing,
- multipurpose cash assistance.

Figure 1. Cumulative number of households covered by the different types of shelter intervention



INFLUENCING FACTORS ON STRATEGIES

Several decisive factors have influenced CARE shelter strategies. Donors had fairly clear pre-defined strategies and largely decided on the types of response that would be implemented. Even when basing arguments on assessments and technical expertise, it has been very difficult to get donors to change their position.

In the three countries, the scale of the response has had a significant influence on the shelter strategies adopted. In Mozambique, international and media attention has led to high expectations, while Malawi and Zimbabwe have remained somewhat overlooked by both global attention and donors' priorities. The study has shown that smaller responses can allow for more flexibility and risk taking in the development and implementation of shelter strategies.

Although there was already an operational CARE country office (CO) in each of the three countries before Cyclone Idai, previous context knowledge was not the same. Having a CO in place prior to a disaster that requires an emergency response has not automatically ensured added value when seeking to understand the context. Providing sufficient budget for assessments has been essential for building knowledge on changing contexts and for informing approach reorientation.

CARE leadership on shelter at the global level has largely consisted of the shelter experts' deployments and remote support. However, during the early stages, this leadership and strong technical expertise was underexploited and not always decisive or sufficient to influence shelter strategy. Regional and country level technical leadership on cash-based shelter strategies led to the development of innovative shelter approaches in two countries.

However, the fact that this was a multi-country event did not prove decisive in the development of strategic decisions around deployment, coordination or implementation of the shelter interventions.

MAIN LESSONS LEARNT ON SHELTER PROJECT STRATEGY AND IMPLEMENTATION

Mobilising Shelter Expertise

Previous shelter expertise in the three countries was low or non-existent. The Emergency Shelter Team played an important role in supporting countries to develop an initial shelter strategy. However, it has proven difficult to translate the technical expertise into shelter projects.

- There was a disparity between the shelter expertise provided by the Emergency Shelter Team and COs' expectations.
- Short deployments alone were not enough to trigger strong positioning and leadership on shelter at country level.

However, some COs have been able to build on their core expertise (CVA) and on the inputs provided by the Emergency Shelter Team to develop context-specific and innovative shelter approaches, e.g. the construction fairs in Malawi.

→ Strong non-shelter expertise can be a decisive entry point for developing and implementing innovative shelter approaches.

Context Knowledge

Pre-crisis knowledge of the affected areas varied widely from country to country. The COs used a number of approaches to enhance their understanding of the context of the shelter issues.

The CARE Emergency Shelter Team played a key role in producing knowledge on context and recovery mechanisms. The shelter project management team conducted key needs assessments to improve the projects' ability to meet people's needs.

→ Post-intervention assessments have been essential for understanding impact, enhancing accountability, developing advocacy for donors and for informing further interventions.

Thanks to the Rapid Gender Analyses conducted in the three countries, strong linkages were established between gender issues and shelter during the emergency phase in the three countries. However, setting gender mainstreaming as a programme objective during the shelter recovery phase remains challenging.

Emergency Response Management

In Mozambique, the emergency response required was too large for the CO to manage on its own. Opening a field office in Beira was more challenging than expected, and impacted the operations of the CO. However, CARE was able to develop a large-scale shelter intervention (reaching 20,000 households), making CARE the main shelter assistance provider for the post-Idai response in Mozambique.

In Malawi, the support provided at the global level has proven to be effective in supporting the CO to implement a tailored response that is built on local capacities.

In Zimbabwe, the CO has managed the response with limited external inputs as local capacities for emergencies and preparedness were already in place. This has resulted in a development-oriented response.

→ Previous training on preparedness and the repositioning of stocks have proven highly beneficial for ensuring fast and effective responses.

Financial and Administrative Procedures

Management of the emergency response in the three countries has relied heavily on the operating COs' capacities and their administrative and financial protocols. On many occasions, these have proven to be insufficient, which has affected the quality of the shelter assistance provided.

In Mozambique, the feasibility of large-scale distribution and construction programmes depended firstly on the CO's capacity to manage the programme support activities (especially procurement and logistics).

→ The financial and administrative requirements for managing these large emergency responses were heavy and complex and exceeded the capacities of most COs.

→ Despite the critical challenges, some COs have faced in managing a large response, CARE had limited global logistics, administrative or financial support available.

Shelter Response Coordination

CARE actively participated in the Shelter Cluster activities of all three countries during the emergency phase in order to coordinate with partners and avoid gaps and duplication, to share intervention approaches and to agree on standards.

→ CARE has proven to be a key member of the Shelter Clusters, providing genuine information and informing common coordination and strategy.

Existing partnerships with public authorities have been valuable for enabling CARE to quickly take up a position and undertake activities at the early stages of the emergency response.

However, CARE struggled to define adequate shelter kits. In Mozambique, CARE was pushed into implementing an intervention that provided non-standard assistance since beneficiaries rejected standard shelter kits, and no safeguards were activated to prevent this.

→ There is no CARE guidance or strategic documentation available to inform an adequate standard for shelter recovery assistance.

COMMENTS ON CARE CORE EXPERTISE

Shelter Assistance and Self-Recovery

At the global level, the Emergency Shelter Team has produced a solid body of work on understanding shelter self-recovery and the relevance of supporting interventions. During the post-Idai response, the shelter advisors deployed by the Emergency Shelter Team in the three countries shared a common understanding of the self-recovery concept.

The support provided by the Emergency Shelter Team is acknowledged by COs; however, they deem that it has not been sufficiently translated into operational approaches. At the time of the shelter experts' visits, the expectations of the CO emergency response management team veered more towards developing efficient programme support (including logistics, distribution, etc.).

At the same time, the donors have been highly directive and have often imposed the shelter intervention objectives and approaches on CARE. Programme management teams also report that they have also lacked guidance, whether in the form of direct support or documentation on taking strategic decisions. More generally, some have also found CARE's global positioning on shelter difficult to understand.

→ The understanding of shelter self-recovery processes, as well as the impacts of shelter interventions on self recovery, should be supported by more global, evidence-based information.

→ The CARE Emergency Shelter Team should develop operational guidelines on supporting shelter recovery.

In the three countries CARE has developed approaches that all put the emphasis on one or several pillars of shelter self-recovery.

- Distributions of construction items have aimed at providing basic support to the greatest number;
- Voucher fairs, focused on stimulating local markets and intended to foster free choice for beneficiaries;
- BBS house construction has targeted the most vulnerable in order to directly provide them with a safe housing solution,
- Cash and voucher assistance has supported free choice of beneficiaries in the prioritisation of shelter over other needs.

Most of the approaches have also provided beneficiaries with key information on safer construction techniques, offering training and sensitisation campaigns.

CARE staff had numerous discussions about the adequate standard of the assistance to be provided to the affected population, and the study shows that several shelter interventions are not fully consistent with local or global standards, and that insufficient assistance has resulted in a limited impact.

- CARE should consider using CVA to meet the objective of supporting shelter self-recovery processes but will need to complement this with other components in order to ensure the quality and impact of the approach.
- CARE should assess the opportunity of adopting the Adequate Housing criteria to assess the relevance of its shelter interventions.

Shelter Interventions and Gender

Empowering women and girls and enhancing gender equality is a core CARE mission and area of expertise. Integrating gender into the shelter sector is an ongoing process, that opens a potential for strong leadership and positioning at global level for mainstreaming gender issues into shelter programming.

The protection risks faced by women and girls during and after a disaster are generally well recognised and documented by CARE, both in numerous studies and through tools like the Rapid Gender Analyses. However, as in the case of shelter self-recovery, translating this knowledge – accumulated both at global and country level – into shelter programming remained challenging.

- CARE should maintain coherence and mainstream gender objectives (protection, inclusion, empowerment) in shelter projects in all phases, from emergency to development, with clear objectives that gender and shelter interventions are expected to reach.
- CARE should train shelter advisors at global and country level to improve the understanding and integration of shelter-specific gender issues into shelter programming.

The study results suggest that CVA enable women to have a greater role in decision making than product-based interventions.

As a result of the current global trend for cash-based or voucher-based approaches, shelter programming will have fewer possibilities to directly influence the size and design of houses and guarantee they comply with good protection practice and standards.

- Cash- and voucher-based shelter strategies should be systematically supplemented by BBS training and technical support that integrate both security and gender sensitive criteria.
- Shelter programming should be systematically used as an opportunity to encourage and mainstream women's involvement in construction and BBS training.

Localisation of Aid

Localisation of aid was not an explicit objective of the responses; however, the study has shown the great interest that this holds for stakeholders, due to the potential additional impacts that localisation of aid can produce. Some key informants ultimately consider localisation of aid as a paradigm shift opportunity that could enable humanitarian agencies to tackle the global challenges they face, namely the increasing frequency and magnitude of climatic events, the growing vulnerability of many population groups, and the reduction in funding for complex responses.

The discussions on localisation of aid have also highlighted the balance required between the advantages of localisation and the requirement for control over the shelter interventions from CARE.

As far as shelter self-recovery is concerned, building an understanding of how best to rely on local capacities requires investment outside crisis situations.

- Shelter programming should engage more in local contracting and partnering and in building local response capacities.
- CARE's Emergency Shelter Team should support the development of strategic objectives and guidance on localisation of aid in shelter interventions.

Preparedness in a Time of Climate Change

The study was able to identify a consensus among interviewees about their perception of Cyclone Idai as a new pattern of crisis that is characterised by more frequent, less predictable events and underfunded assistance responses. Climate change is one of the main drivers behind this acceleration. For the stakeholders, strengthening resilience is now a central issue for humanitarian response.

However, supporting self-recovery, resilience and local empowerment cannot be achieved during the short timeframe of an emergency response without robust preparedness to determine which mechanism needs to be activated. The advantages of already having an operating CO in the country should include the ability to build on previous assessments, emergency preparedness plans, monitoring and research to develop emergency strategies.

- COs should support preparedness by seeking to build a comprehensive understanding of the context outside a crisis situation. Monitoring the shelter resilience mechanisms of the people affected by minor recurrent events should be considered a priority.
- In the same way as gender has been integrated into shelter programming, a common guideline spanning resilience and climate change could be developed at global level.

RECOMMENDATIONS FOR REMOTE EVALUATION

The study has identified a series of recommendations for future multi-country and remote evaluations including (see section 3.4):

- Allocate sufficient time and resources to support distant interviews and assessments.
- Collect and organise documentation before the start of the evaluation.
- Encourage staff to participate in the study, to foster stakeholders' contributions and analyses.
- Engage a large panel of stakeholders from the beginning of the process, in order to raise interest, participation and effectiveness.
- Develop and promote participatory approaches.

3. INTRODUCTION

3.1 Background and Context

3.1.1 A multi-country crisis

In early March 2019, a tropical depression made landfall on the eastern coast of the south-eastern Africa region and caused rain and flooding in Malawi and Mozambique, displacing nearly 87,000 people in Malawi and 17,100 in Mozambique.

Over the following days, the same depression continued to travel in a loop over land, re-emerging in the Mozambique Channel and increasing in power to become a tropical cyclone; Idai.

Cyclone Idai again headed towards land and hit Mozambique during the night of 14-15 March 2019, making landfall near Beira City (Sofala Province) and bringing torrential rain and winds to Sofala, Zambezia, Manica and Tete provinces, as shown in Figure 2.

It then continued as a tropical storm, bringing more rain to southern Malawi and striking eastern Zimbabwe, particularly Chimanimani and Chipinge districts, with heavy rain and strong winds.

Cyclone Idai was one of the worst tropical cyclones on record to affect Africa and the Southern Hemisphere. The protracted storm caused catastrophic damage, and a humanitarian crisis in Mozambique, Zimbabwe, and Malawi. The flooding caused immediate and extensive damage leading to the loss of hundreds of lives, the destruction of infrastructure, the disruption of basic services and livelihoods, as well as the devastation of cropland and crops. The floods caused by Cyclone Idai have affected more than three million people in the Republics of Malawi, Mozambique and Zimbabwe leaving at least 1,300 people dead. The impacts have been exacerbated by the great risk exposure of the affected territories because of manmade factors such as the concentration of population in risk-prone areas, the weakness of infrastructure and the great vulnerability of the populations and their habitat.

3.1.1.1 Mozambique

After making landfall on 14 March as a category four cyclone¹ near Beira City (population 500,000), Idai brought strong winds (180 – 220 km/h) and heavy rain (more than 200mm in 24 hours) to Sofala, Manica, Zambezia, Tete and Inhambane provinces. An estimated 3,000 km² of land was reportedly affected by flooding, leaving over 7,000 km² of crop fields under water. Cyclone Idai damaged or destroyed thousands of homes, hospitals, roads, schools, and farms. In addition, safe water and sanitation were compromised, resulting in a subsequent cholera outbreak; health services were severely disrupted and remain limited or non-existent; households lost food, legal documents, and other assets; and protection risks increased.

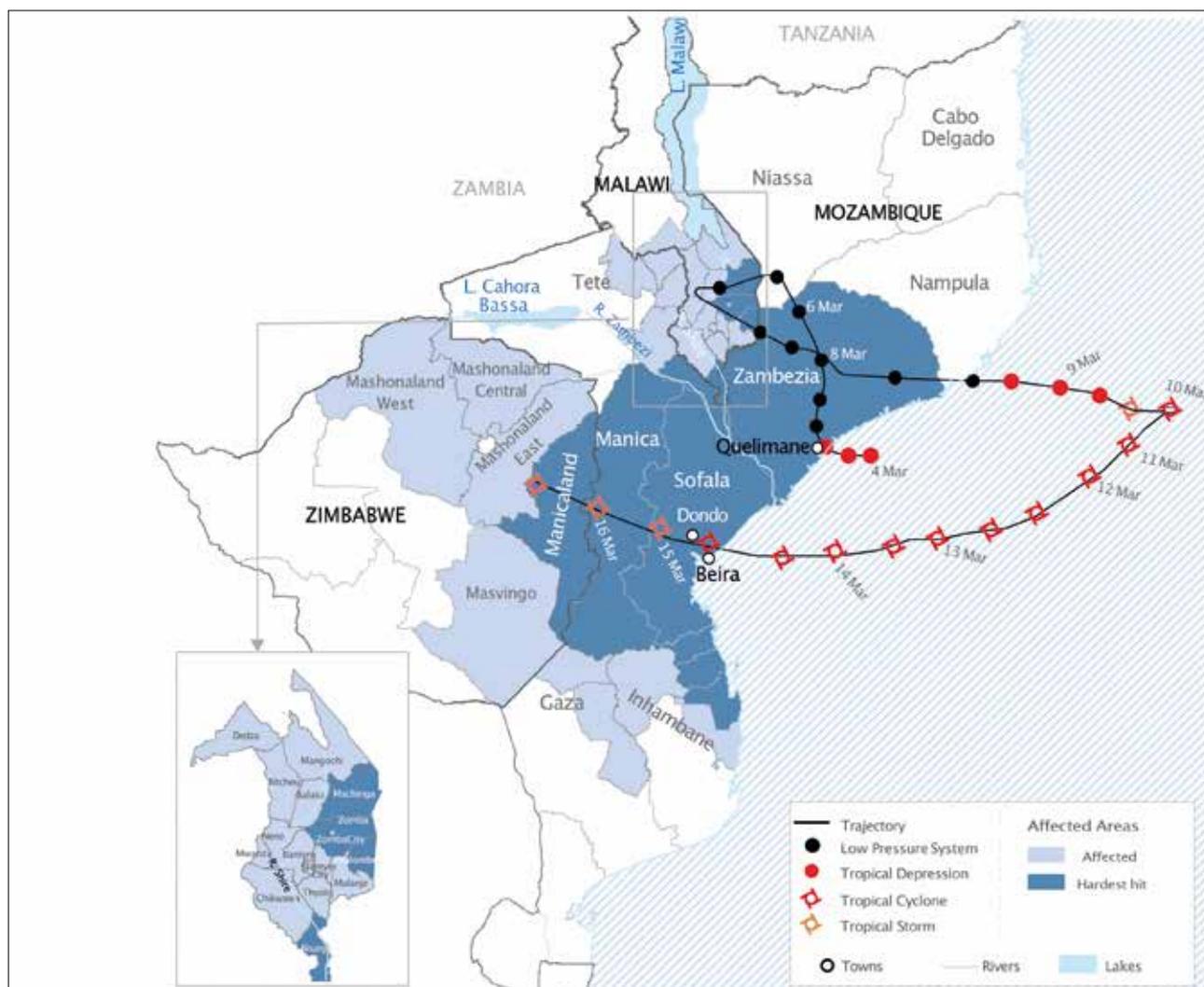
According to the Government of Mozambique's official figures, a total of 239,682 houses were destroyed or damaged, including 111,163 houses that were totally destroyed, 112,735 that were partially destroyed and 15,784 that were flooded.²

Exactly six weeks after Cyclone Idai made landfall in Beira City, Tropical Cyclone Kenneth made landfall in Cabo Delgado Province in northern Mozambique, destroying villages and further impeding the country's ability to respond to the existing crisis. It was the first time that two tropical cyclones had struck Mozambique in the same season since records began.

¹ On the five-stage Affir-Simpson scale, wind speeds of category cyclones range from 130 to 156 mph (for one-minute maximum sustained winds)

² Deprez S., Schofield H., Supporting urban recovery after Cyclone Idai Beira, Mozambique, 2019

Figure 2. Cyclone and flood affected areas (source: OCHA)



3.1.1.2 Zimbabwe

After making landfall in Mozambique on 14 March, Cyclone Idai continued across land as a tropical storm and lashed eastern Zimbabwe with heavy rains and strong winds. The storm caused high winds and heavy rainfall in Chimanimani and Chipinge districts with riverine and flash flooding leading to loss of life and the destruction of livelihoods and property. At least 270,000 people were affected in the Chimanimani, Chipinge, Nyanga and Mutare districts of Manicaland Province as a result of flooding and landslides³, and at least 634 deaths have been reported. An estimated 4,700 km² of crops were destroyed, 18,000 houses were either damaged or completely destroyed, and large numbers of people lost critical documentation. Access to safe drinking water and sanitation facilities was compromised, and several water distribution networks were damaged depriving more than 42,000 residents. Over 250 boreholes, 50 springs and 18 water supply systems were damaged across the flood-affected districts.

At the time Cyclone Idai hit, the impacts of the drought that occurred during the 2018/2019 lean season had already left nearly 5.3 million people in Zimbabwe in urgent need of humanitarian assistance and protection.

3.1.1.3 Malawi

In Malawi, according to the government, nearly 975,000 people (about 5% of the country's population) were affected by Cyclone Idai, with 60 deaths and 672 injuries recorded. An estimated 75,900 people were displaced, with many people living in ad hoc camps or out in the open as their houses had been destroyed⁴.

³ OCHA
⁴ OCHA

Fourteen districts in Malawi were affected by severe flooding, as heavy and persistent rain continued after Cyclone Idai and about 500,000 farmers and micro-entrepreneurs lost at least a portion of their income.

As in Zimbabwe, because of severe droughts prior to Cyclone Idai, more than 3.3 million people were already food insecure in flood-affected areas in Malawi.

3.1.2 CARE's post-Idai response

CARE responded by rapidly sending supplies to the cyclone-affected area. CARE has reached more than 300,000 people affected by the crisis with food assistance, access to water and education, shelter and drought-resistant seeds in Malawi, Mozambique, Zimbabwe. The detailed shelter interventions are presented in part. 4.1.

3.2 Purpose, Objectives and Scope of the Evaluation (ToR)

3.2.1.1 Purpose and objectives

The objective of the evaluation is to assess the shelter work of the CARE country offices in Malawi, Mozambique and Zimbabwe, and investigate the applied learning of the Cyclone Idai response.

The main purpose of the evaluation is to:

- examine the shelter work of the CARE country offices in Malawi, Mozambique and Zimbabwe, as well as their local partners and consortium partners (such as the COSACA consortium in Mozambique).
- investigate the applied learning of the Cyclone Idai response, looking at intervention approaches, location and self-recovery, impacts and multipliers; all to inform future shelter programming.

The evaluation and findings must include specific information relating to women and girls and to vulnerable groups.

The aim is for the evaluation to be carried out during July 2020, while relevant staff are still in post and before much of the institutional knowledge is lost.

The evaluation outcomes will also inform the work of CARE in the southern African region, and specifically in the framework of the OFDA Grant for The Southern Africa Rapid Response fund for Acute Humanitarian Needs Resulting from Sudden-Onset Flooding and Cyclones (Southern Africa RRF), which intends to provide rapid, adaptable, and quality humanitarian responses to address sudden and acute needs emerging as a result of cyclones and flooding in Malawi, Mozambique, Zimbabwe, and Madagascar in the southern African region. This evaluation of the response to Cyclone Idai will inform this preparedness work in the region.

3.2.1.2 Scope

The study examines the shelter work of the CARE country offices from March 2019.

The study does not cover the other components of the emergency and recovery response, such as the NFI distribution or the WASH activities.

Furthermore, the study does not include the response to Cyclone Kenneth (April 2019) in northern Mozambique, as this did not affect the other comparative countries, and because the political and security context of the north of Mozambique is very different from the Beira area because of social tensions.

The geographical scope of the evaluation is the cyclone-affected areas of Malawi, Mozambique and Zimbabwe.

3.3 Methodology

The purpose of the present study is to examine the shelter work of the CARE country offices, and to investigate the learning from the Cyclone Idai response. As such, this study does not seek to comprehensively assess and verify programme outputs and impacts, but rather aims to support the **reflective learning and self-assessment** conducted by the CARE Emergency Shelter Team. Additionally, the evaluation seeks to identify **opportunities for further investigation** for CARE at regional level, specifically in the framework of the Southern Africa RRF OFDA grant.

The methodological approach adopted was **participatory**, as it involved consulting many stakeholders working on the responses including shelter experts, CO teams and local communities. It was also **iterative**, as the relevant topics and questions raised by the stakeholders were identified progressively. Finally, the approach was designed to be **flexible**, as the study methodologies have evolved throughout the evaluation process to adapt to the realities on the ground and to prioritise the inclusion of questions relevant to most stakeholders. For example, the difficulties of conducting interviews with beneficiaries have been counterbalanced by a more comparative analysis of the shelter interventions implemented.

As the evaluation was scheduled for July 2020, it encountered several challenges caused by the COVID-19 pandemic (see Limitations section, 3.4). As a result, all work on this evaluation has been conducted remotely.

The study methodology is divided into three steps, the identification of evaluation questions, data collection and analysis and the synthesis phase.

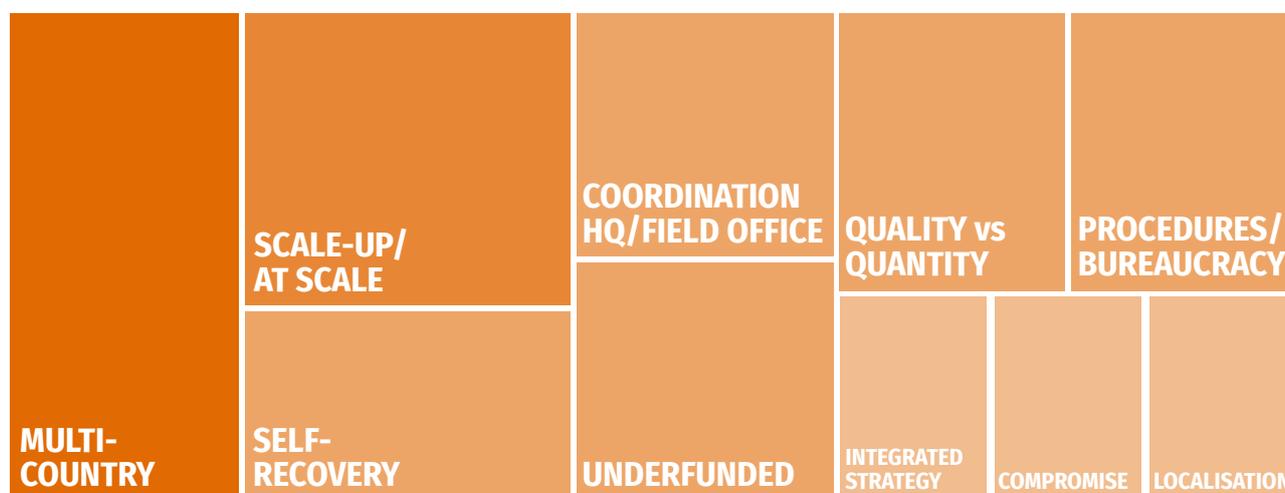
3.3.1 Step 1: Identification of key evaluation questions

As specified in the ToR, the first step of the evaluation was to refine the thematic scope of the evaluation and to determine the key evaluation questions based on CARE key stakeholders' interests. To this end, the study inception phase consisted primarily of conducting short interviews with key CARE stakeholders. Fifteen requests for interviews were sent and seven interviews were conducted:

Friday, June 26 th	Step Haiselden, Global Emergency Shelter Team Leader / Global level + Mozambique
Monday, June 29 th	James Morgan, Shelter and Site Management Specialist / Zimbabwe + Mozambique Amelia Rule, Senior Emergency Shelter Advisor / Malawi Bill Flinn, Senior Shelter Advisor / Global level
Tuesday, June 30 th	Helen Thompson, Head of Humanitarian / Global level + Mozambique Matthew Pickard, Country Director, Malawi / Regional level Jessica Swart, Assistant Country Director, Malawi

These 30-minute interviews were conducted using a grid of five deliberately simple and open-ended questions that required short, personal responses, which were based on the analysis and experience of the respondents. The most frequently mentioned topics are presented in the graph below:

Figure 3. Most frequently mentioned topics during the rapid interviews



The topics raised by the respondents can be grouped into three main thematic areas:

1. The characteristics of the crisis and the adaptations needed in order to respond effectively

All respondents mentioned the peculiarity of the multi-country context. The impacts of the cyclone in Mozambique, Zimbabwe and Malawi were very different, notably due to the different geographies. The meteorological manifestations were different (rainfall, strong winds) leading to different types of disaster (floods, landslides, total destruction or partial damage to housing). The people interviewed highlighted the unusual path of this cyclone (making landfall twice and penetrating far inland), impacting regions generally considered safe from the regular passage of cyclones. Respondents raised the issues of developing a better understanding of climatic events and mapping risks, conducting a multi-country risk analysis (e.g. rivers crossing several countries) and recurring risks versus exceptional disaster. Moreover, the respondents noted that there was a relatively low mortality rate, but that the damage and devastation extended over a large area, including both cities and very remote rural areas.

Respondents clearly stated that their expectation of this study was for it to provide them with an understanding of the relevance of the different shelter responses to each context, as well as strategy adaptations to be explored for this particular type of crisis.

2. The efficiency and effectiveness of deployment and of the emergency response

A large proportion of the respondents commented on the deployment of the emergency response and hoped that the study would shed light on its effectiveness. Internal organisational issues (CARE country and field offices in place prior to the crisis or not, the relationship between headquarters and field offices, logistical capacity, etc.), as well as relationships with partners (relevance of consortium, Shelter Cluster leadership, government and regional guidelines) were frequently mentioned.

3. The shelter response approaches

All respondents questioned the relevance and lessons to be learnt from the different shelter responses to the crisis. Respondents expressed many of the challenges in opposing terms, such as: adaptive/generic, quality/quantity, rural/urban, product-based approach/cash-based approach. Yet, while respondents stressed that shelter responses differed in each country, many mentioned that the core of CARE’s shelter strategy and expertise is to support self-recovery. **Therefore, respondents requested that the study analyse the impacts of the different shelter approaches on this common self-recovery goal.** Many stakeholders also stated that shelter interventions are often linked to other programmatic areas, such as WASH, protection or education. Some respondents also requested that the study shed light on the impact of shelter responses on two other global objectives: **the localisation of aid and gender equality**, as well as on the indirect impacts of shelter responses on livelihoods, health, protection and the environment.

Figure 4 below summarises the mapping of the three thematic areas and related sub-topics raised by the key CARE stakeholders. As shown, shelter strategy is perceived as the result of, on the one hand post-Idai response context, and on the other CARE’s core expertise. The study is assessing these direct linkages (Sections 4 and 5), and analysing the relevance of CARE’s expertise in regards of the cyclone context (Section 6).

Figure 4. Mapping of the thematic scope of the study

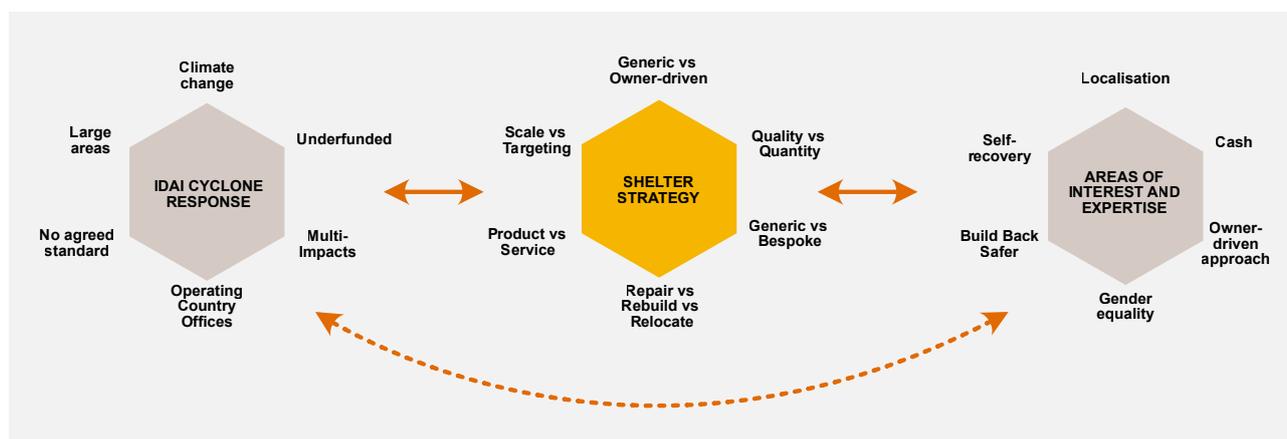


Figure 5 and Figure 6 provide the detail mapping of the topics and sub-topics related to the post-Idai response context and to the shelter strategies adopted at country level.

Figure 5. Mapping of the detailed topics raised by key CARE stakeholders on the post-Idai response

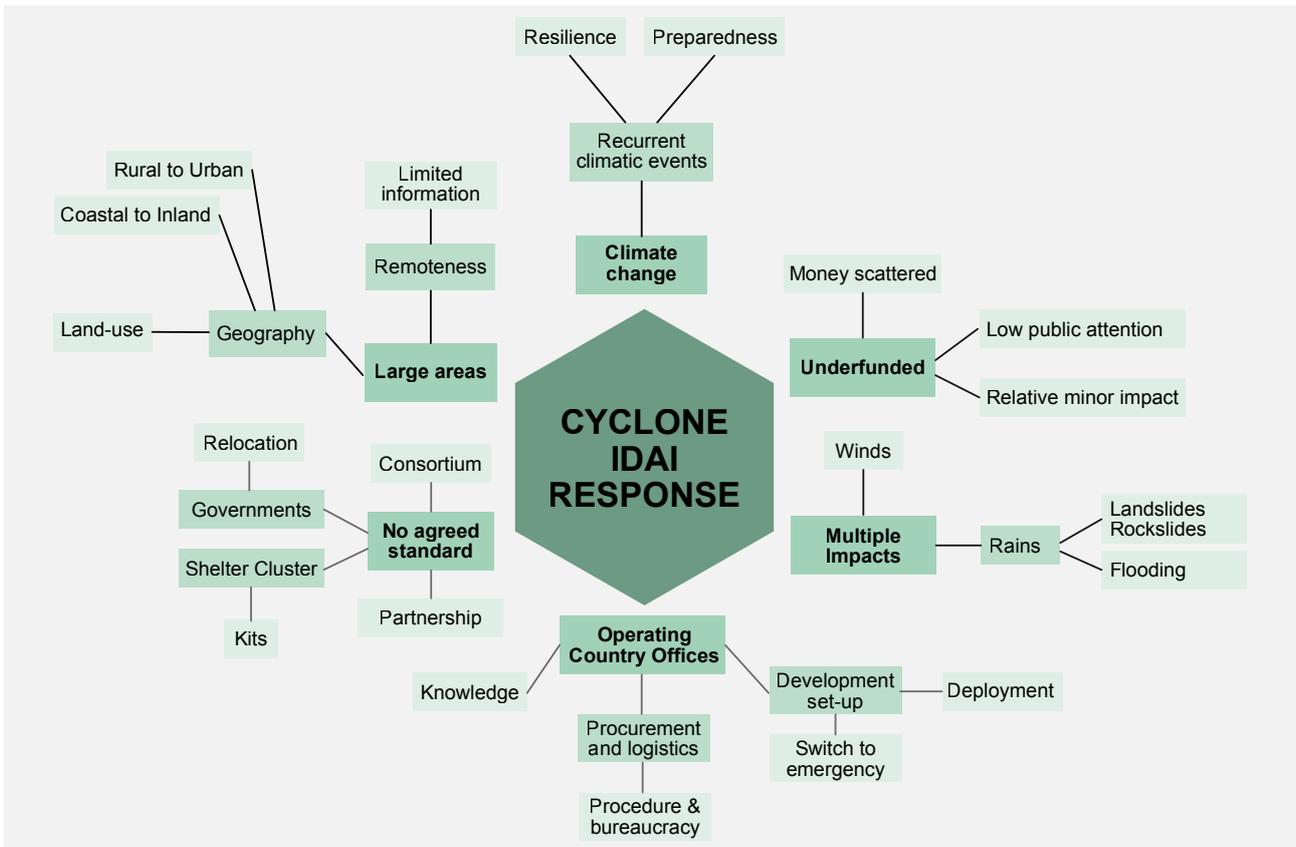
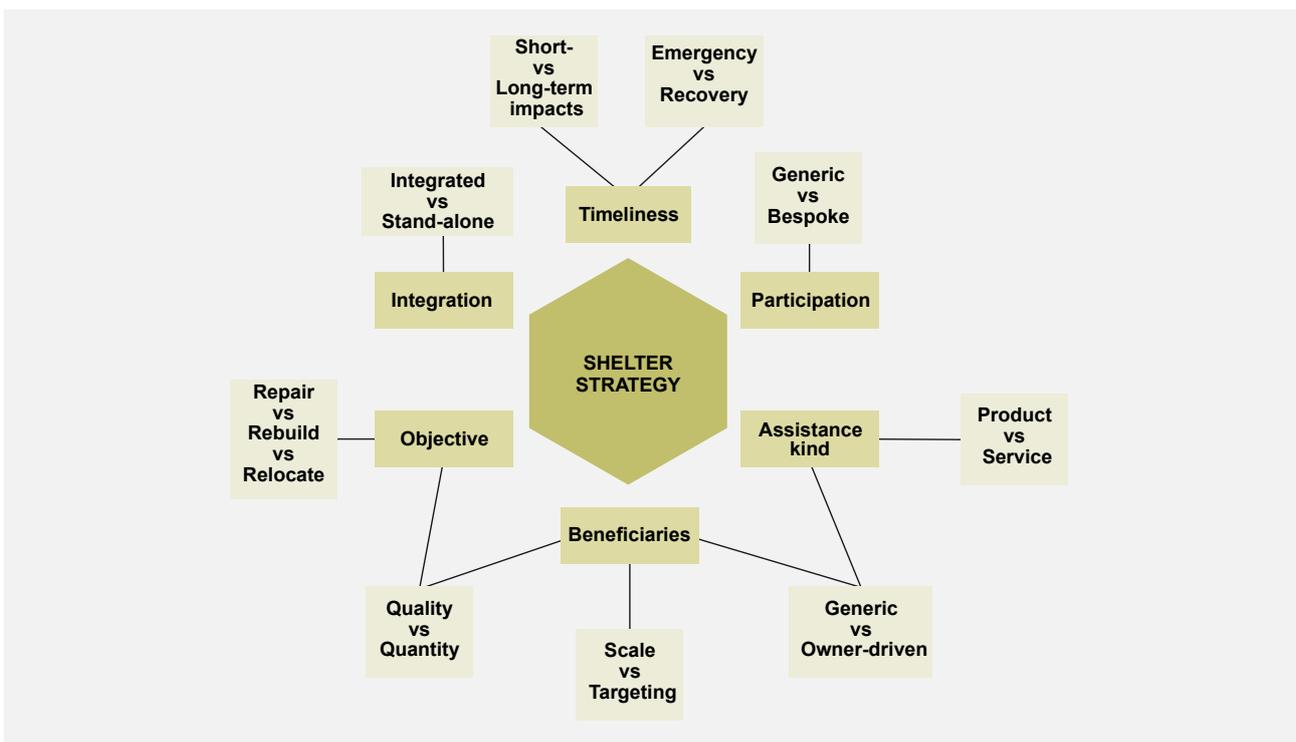


Figure 6. Mapping of the detailed topics raised by key CARE stakeholders on the shelter strategies adopted



These shelter response mappings were supplemented over the course of the study with additional input received from the key informants (see Figures 8 to 12).

3.3.2 Step 2: Data collection and analysis

The data collection and analysis phase included a documentation review, key informant interviews and a comparative analysis.

3.3.2.1 Key informant interviews

The **second series of interviews** held with a larger panel of key informants provided the main source of information for the study. Fifteen interviews were conducted with key informants, including with thirteen CARE staff involved in the response, one donor and one Shelter Cluster representative.

3.3.2.2 Documentation review and analysis

During the inception phase of the study, a rapid **documentation review** simultaneously enabled data to be collected on CARE shelter programmes and helped identify the evaluation questions.

The documentation synthesis is presented in Annex 7.4, it includes:

- CARE programme documentation:
 - Project proposal;
 - Progress reports;
 - Budget;
 - Monitoring and evaluation matrix;
 - Work plans;
 - Technical monitoring documents;
 - Technical documents.
- CARE emergency response documentation:
 - Field visit / deployment reports;
 - Assessments;
 - Shelter strategy;
 - Sitreps.
- CARE evaluation and assessment:
 - Final report / evaluation;
 - PDM;
 - Evaluation of other CARE programmes.
- CARE global documentation:
 - Guidelines;
 - Strategies;
 - Evaluations and reports.
- Other aid agencies' evaluation reports:
 - IOM, CRS, DEC, GOAL, IFRC, MSF, OXFAM, UNICEF, WV.
- Shelter Cluster documentation on the response in Mozambique.
- External documentation on:
 - Climate change;
 - Shelter self-recovery;
 - Localisation of aid.

3.3.2.3 Beneficiaries' involvement

Several solutions were considered for conducting interviews with beneficiaries. In order to validate the solutions to be retained, a questionnaire was sent to the COs, and this matter was discussed with either the Social Mobilisation or M&E team of the three COs.

This led to the adoption of two different solutions. In Malawi, interviews with beneficiaries were conducted by the field office team, after the consultants had previously provided them with detailed guidance and an interview structure. Four interviews were conducted using this approach.

In Mozambique, the chosen solution involved the field team sharing a contact list of beneficiaries who speak Portuguese with the consultants, so that the consultants could phone them to speak to them directly. However, this solution could not be finalised in the time available.

In Zimbabwe, as the programmes had already ended, the field team was very reduced and staff members were no longer in contact with beneficiaries, all of which hindered the completion of interviews.

3.3.3 Step 3: Synthesis phase

The last phase consisted of organising and analysing the data collected. This was achieved through three main analysis tools:

- A comparative analysis between the three shelter interventions, presented in Chapter 4.
- An analytical presentation of lessons learnt identified by interviewees, organised into five thematic areas, presented in Chapter 5.
- A final discussion section (Chapter 6), where the impacts of the projects are analysed based on four CARE core expertise area identified by interviewees, and ways for improvement for future projects are discussed.

Chapters 4 and 5 highlight the lessons learned identified by interviewees. Only Chapter 6 incorporates recommendations based on the consultants' analysis.

3.4 Limitations, and lessons learnt on remote evaluation

The main limitations were known before the inception of the work, this led to the development of a 'light-touch' study rather than an exhaustively thorough evaluation.

The **COVID-19 pandemic** posed significant challenges for the evaluation:

- Travel restrictions prevented in-person interviews from being held with beneficiaries and local stakeholders;
- No in-country deployments were able to take place, resulting in no on-site observation;
- Sanitary precautions prevented or limited CARE field teams from meeting with beneficiaries to conduct rapid surveys or holding focus group discussions.

→ The travel restrictions have made it difficult and challenging to incorporate the views and perspectives of beneficiaries. The evaluation team worked with the country teams to consider realistic and feasible technical methods of offsetting this constraint. However, putting these methods in place all required significant time and effort on the part of the country teams and this was not always compatible with their workload.

→ If beneficiaries' direct contribution is expected, evaluation focal points and managers should anticipate and allocate sufficient time and resources to project staff to support interviews and assessments and should consider this to be an activity in itself and not an extra task to be squeezed in between daily activities.

Documentation: conducting the study remotely made having access to comprehensive documentation even more essential; however:

- Many gaps remained in the documentation during the first few weeks;
- The documentation was difficult to compare, as the multi-country and emergency context resulted in it being partially inconsistent or poor.

→ Comprehensive documentation on the projects to be evaluated should be collected and organised before the start of the evaluation to ensure that it is available to the consultants from day one. This will ensure the consultants do not have to spend too much time collating documents, sending reminders, and organising heterogeneous documentation.

The **timeline of the evaluation** was short: it made successfully contacting all stakeholders challenging and their responsiveness depended on their availability. Consequently, the evaluation outcomes vary from one country to another. At country level:

- There were two programmes starting in Malawi on which a relatively small team was working full-time;
- Programmes were coming to an end in Mozambique;
- Activities had been completed in Zimbabwe;
- Some staff were not available and did not respond to our interview request.

→ Their daily workload made it challenging for CO staff to dedicate time to participating in the evaluation.

→ To foster their involvement in participatory evaluations, managers should encourage staff to consider their participation as an activity in itself, and not as an extra task to be squeezed in between daily activities. More time would mean more discussions and more opportunities to develop stakeholder inputs and contributions to the evaluation, resulting in a more participatory and in-depth result.

The **mixed methodology** (evaluation and study) and iterative process adopted ensured the study remained agile and responsive throughout its implementation. This resulted in some disparities in the way the evaluation questions identified during the inception phase were addressed. Some of these questions were analysed in detail, others were only briefly touched on. In the same way, the evaluation did not verify project outputs and the participatory process was prioritised over comprehensiveness, thus some issues may have been omitted or dealt with to a lesser extent.

The **multi-country context** meant that there were many different environments, stakeholders and programmes. The resources and time allocated to the study and the resources available were insufficient to enable the consultants to build detailed knowledge of each context and response. The consultants thus had to rely on the knowledge of stakeholders to inform the analysis.

→ The participatory definition of evaluation questions through rapid interviews was highly effective, generated interest, and provided a stimulating start to the study by enabling the consultants to rapidly focus on those subjects most relevant to the stakeholders themselves.

→ The inception phase should be open to more stakeholders to enhance this first stage. This would mean widely disseminating the evaluation purpose and methodology before the start of the evaluation to encourage stakeholder engagement and participation. An initial stakeholder contact list available on day one could also ensure a quick start.

→ More tools should be developed to enhance participation in the evaluation (online questionnaire, group discussions, etc.). These would make it possible to focus more on stakeholders' contributions and analyses, while acknowledging the partial nature of the result. However, this would require more time and greater respondent involvement.

4. COMPARATIVE ANALYSIS OF THE RESPONSE IN THE THREE COUNTRIES

This section focuses on presenting the baseline data for understanding shelter interventions in the three countries so that they can be compared and analysed. Differences and similarities are put into perspective with the specific objectives of each intervention, but also with the challenges faced in defining and implementing shelter strategies in the three countries. This section is based on project documentation provided by CARE and interviews with stakeholders.

4.1 CARE Shelter Projects at a Glance

The CARE post-Idai shelter responses have been substantial. Table 1, on the next page, summarises the different shelter programmes and their characteristics. In all countries, two phases of intervention have been implemented. The first was an emergency response from mid-March to summer 2019, followed by a recovery support response. The planned completion date of the recovery support response was March 2020; however, in some countries, this is still ongoing due to implementation delays (Mozambique and Malawi⁵). A third response phase will be initiated in Malawi to scale up the recovery interventions using a similar but adapted methodology.

The shelter interventions in the three countries roughly share the same objectives, namely, to provide a temporary shelter during the emergency phase and to support households with returning home and recovery during the second phase of the response. However, the shelter intervention approaches differ significantly, ranging from the distribution of shelter items to voucher fairs or multipurpose cash.

The table also shows the disparities in terms of budget and quantitative targets in the three countries. In Mozambique, for instance, the major damage and subsequent media attention led to greater funding allocations and expectations. In Mozambique, 31,700 households received shelter support from CARE, whereas this figure stands at 4,200 in Malawi and 2,690 in Zimbabwe.

⁵ Where activities were scheduled to be concluded in July 2020

Table 1. CARE post-Idai shelter projects at a glance

COUNTRY	PHASE	DONOR	DATE	FUND (\$US)		OBJECTIVES	SHELTER COMPONENT	NO. OF SHELTER BENEFICIARIES	LOCATION	COST / HH* (\$US)	
				total	shelter					Total shelter component	Items/ service provided
MALAWI	PHASE 1	USAID / OFDA	April-June 2019	280,000	11,000	"To help households to start moving into family dwellings"	- distribution of plastic sheeting	2,000 HH	Camps Nsanje District		5
		CHAF	March-July 2019	264,000	227,040	"To support households to return home"	- distribution of plastic sheeting and cash	1,100 HH	Communities Nsanje & Chikwawa Districts	206	82
	PHASE 2	USAID / OFDA	August 2019- March 2020	500,000	368,300	"To support households to return home"	- Shelter NFI voucher to be used at fairs, and cash	1,100 HH	Communities Nsanje & Chikwawa Districts	335	161
							- training on "Build Back Better"	90 individuals			
	PHASE 1	IOM	May- August 2019	80,000		Mitigate GBV and sexual abuse risks	- distribution of shelter NFI	1,640 HH / 12,286 individuals	Communities Chipinge, Bikita, Gutu and Zaka	49	
							- multipurpose cash transfer and cash for work	1,050 HH			
PHASE 2	ECHO	May 2019- March 2020			To provide immediate access to integrated WASH and food security and livelihoods support	- multipurpose cash transfer and cash for work	1,050 HH	Communities Chipinge and Chimanimani districts	480	101 **	
						- Shelter kit distribution	3,900				
ZIMBABWE	PHASE 1	OFDA	April- August 2019	5,000,000			- Shelter kit distribution	3,900	Communities Beira, Dondo, Buzi, Sussudenga		
		IOM	March- September 2020	200,000	200,000		- Shelter kit distribution	7,200	Communities Beira, Dondo, Buzi, Nhamatanda, Gorongosa, Chibabava, Sussudenga	28	
	PHASE 2	DFID	June 2019- April 2020	6,550,000	4,000,000	To support self-recovery	- Shelter items	18,000 HH	Buzi district	187	50
							- Permanent houses	540 HH			
	PHASE 2	DFID	June 2019- April 2020	6,550,000	4,000,000	To provide full shelter assistance	- Permanent houses	540 HH	Buzi district	187	470
							- Shelter items	18,000 HH			
PHASE 2	DFID	June 2019- April 2020	6,550,000	4,000,000	To provide full shelter assistance	- Permanent houses	540 HH	Buzi district	187	470	
						- Shelter items	18,000 HH				

4.2 Overview of the Different Shelter Strategies

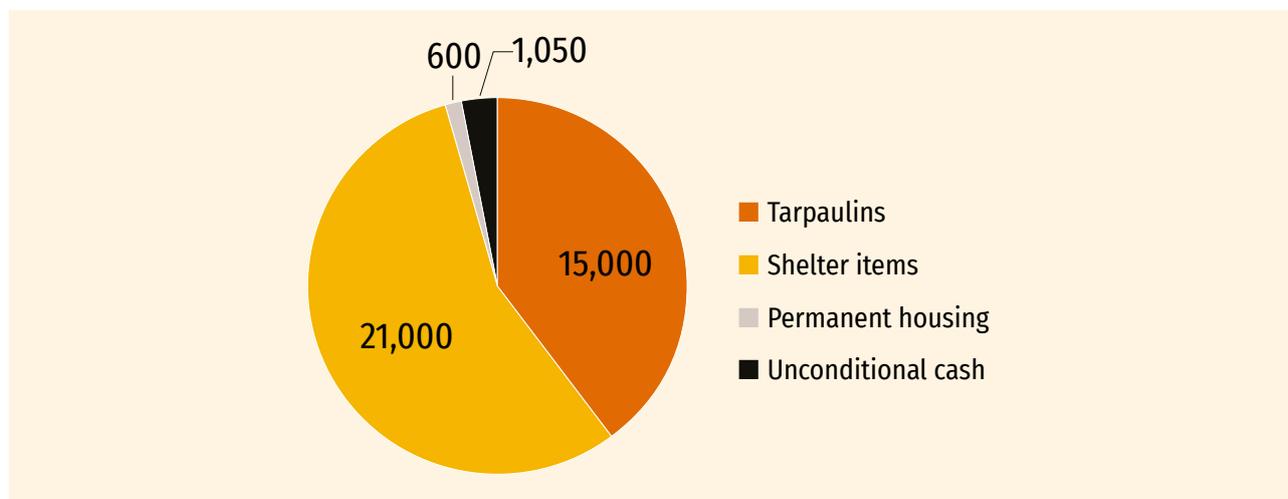
In the three countries of response, shelter was quickly identified as a priority need. This was mostly due to the nature of the climatic events, namely the strong winds and heavy rains and subsequent flooding and landslides that caused the extensive destruction of housing.

Many people were displaced as a result, with some being hosted by families and neighbours in communities, and others taking shelter in informal or formal camps, and communal buildings such as schools. It became a priority for humanitarian agencies and governments to rapidly create the conditions to facilitate one of the following options: return people to their former place of living; propose voluntary relocation to a safer area; provide resettlement to a planned site (in the case of Mozambique).

In the three countries, CARE decided to undertake shelter interventions for roughly the same reasons. These stemmed partly from the early discussions conducted with donors to facilitate the distribution of prepositioned (or provided) NFI stock, and included the considerable need identified during early joint assessments and the comparatively low level of engagement from other actors, which resulted in many gaps.

Although they had a common starting point, individual shelter interventions and their respective objectives and approaches were varied for the recovery phase, ranging from the distribution of tarpaulins, the provision of construction materials, the construction of permanent housing and multipurpose cash assistance. Recovery assistance has been provided in rural communities and resettlement sites (in Mozambique), no interventions have been made in urban areas (although initially envisaged for Beira, Mozambique). Figure 7 below provides a summary of the quantitative outputs of each type of shelter intervention in the three countries.

Figure 7. Cumulative number of households covered by the different types of shelter intervention⁶



In Mozambique, 44 partners have provided shelter assistance to 154,454 households, CARE being the main provider with 23,191 households supported (15%)⁷. Similar figures for Malawi or Zimbabwe are not available.

4.2.1 Tarpaulin distribution

The distribution of tarpaulins was the generic shelter intervention implemented in the three countries during the emergency phase of the response, as it is in most post-disaster emergency responses. The tarpaulin distribution campaigns were initiated in March and continued up to July-August 2019, with some delays in Mozambique.

These distribution campaigns were able to be undertaken quickly using either available stock that had been prepositioned in country by CARE or stock provided by donors (IOM). As part of a second step in the emergency response, most countries sought to supplement this stock by purchasing tarpaulins or plastic sheeting both locally and internationally. In some cases, stock was also provided by CARE global offices (CARE Canada).

⁶ The figures are cumulative, a limited number of affected people may have received both tarpaulins and shelter recovery assistance.

⁷ Source, Shelter Cluster Mozambique, Shelter and NFI Overview, <https://www.sheltercluster.org/response/mozambique-2019-cyclones> (accessed 29 July, 2020)

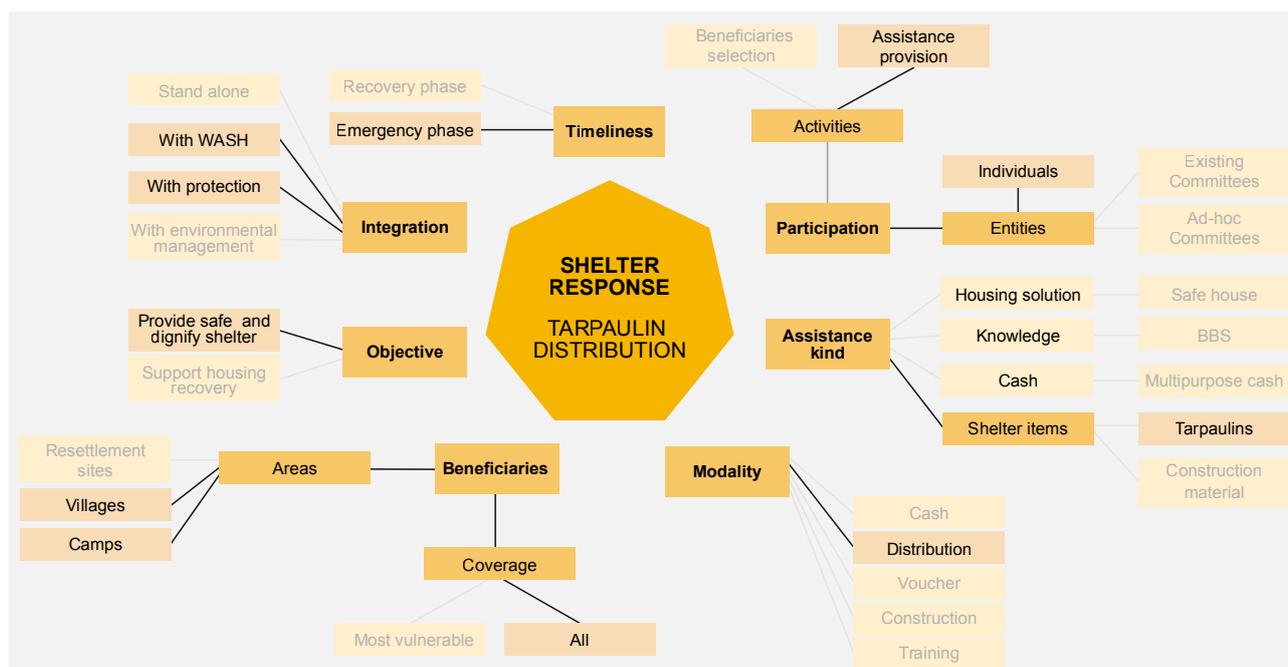
The objectives of the tarpaulin distribution campaigns were common to the three countries. The tarpaulins were provided to enable people to leave emergency community shelters (whether public buildings or tents) for family dwellings, to reduce risk of diseases and mitigate the risks of violence and abuse. In order to achieve these objectives, the distribution of tarpaulins usually formed part of a comprehensive assistance package that also covered WASH, protection, health and food and nutrition needs.

Tarpaulins were distributed to a large number of people in the three countries, with about 15,000 households being provided with emergency shelter support. CARE prioritised targeting people living in communities (11,100 households in Mozambique, under OFDA and IOM projects, and 1,640 in Zimbabwe with IOM) and, to a lesser extent, people living in camps (2,000 households in Malawi with OFDA).

The tarpaulins were usually distributed as part of a kit that included basic tools and fixings such as ropes, nails and wooden poles. The kits were also generic, with the same kit being distributed to every household, except for Zimbabwe where the number of tarpaulins distributed (two or four) reflected the level of damage suffered (partial or complete).

In some cases, the tarpaulin distribution campaigns were supplemented by training on emergency shelter construction and maintenance (Zimbabwe). In Zimbabwe CARE also did CCCM and coordinated and managed camps that were holding a total of 171 households now settled in three camps established in Chimanimani District, Ward 15.

Figure 8. Tarpaulin distribution analytical framework



4.2.2 Shelter items provision

When moving onto the recovery phase of the response, an objective shared by Mozambique and Malawi was to provide the affected people with quality construction materials in order to trigger or support the rebuilding or construction of housing and thereby enable people to leave camps or their host accommodation, or to settle in a new area, whether these areas were chosen voluntarily or provided by the authorities (in the case of Mozambique).

In Zimbabwe, enabling people to leave host accommodation was considered important for mitigating GBV and sexual abuse risks.

In total, CARE has provided 21,000 households with construction materials, including 2,200 households in rural communities in Malawi, and 20,000 mainly in communities in Mozambique. In both countries, beneficiaries were selected from among the most vulnerable people.

The distribution of construction materials was initiated earlier in Malawi (from November 2019) than in Mozambique, where the programme started in July 2019. In both countries, these interventions were completed in May 2020.

The aim of these interventions in both countries was to provide households with high-quality materials that are not available locally (CGI, tie wire, cement, nails, etc.) and that are key for the safe and quick rehabilitation or construction of housing. These materials are also usually heavy and expensive and are thus more difficult to purchase and transport without assistance.

However, despite having similar objectives and distributing similar types of item, the two countries adopted different implementation methods. Mozambique opted for direct distribution⁸ while, in Malawi, the initial approach used was distribution before being changed to vouchers and local fairs.

4.2.2.1 Distribution

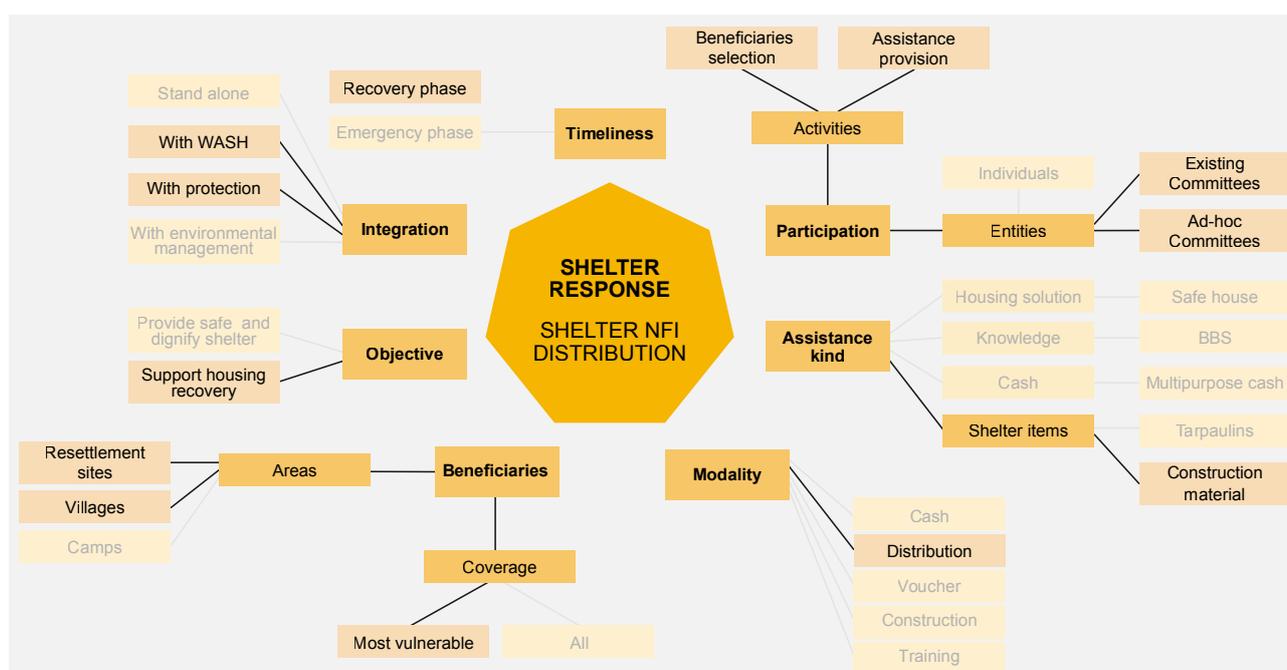
The direct distribution of construction materials was the option used in two cases, in Malawi (OFDA) and in Mozambique (DFID).

In Malawi, 1,100 households were provided with construction materials, including both temporary (two heavy-duty tarpaulins) and permanent items (cement, tools, tie wire, rope, nails). To complete this package, beneficiaries were also provided with a small amount of cash (US\$54) to cover the cost of buying locally available wooden poles and to employ local artisans.

In Mozambique, construction materials were distributed to 17,989 households identified as the most vulnerable in the communities and relocation sites. This DFID-funded project is by far the largest in the post-disaster portfolio, having a total budget of about US\$7 million, US\$ 4 million of which was allocated to the distribution of construction materials and direct housing provision (see Section 4.2.3).

Shelter kits distributed in Mozambique included key construction items, such as CGI (6 sheets of 12 feet), nails, tie wire and a hammer (since beneficiaries already had access to saws and machetes). The original kit initially included thatch instead of CGI, but assessments conducted at the project inception phase revealed that CGI sheets were more relevant for ensuring long-term housing reconstruction.

Figure 9. Shelter NFI distribution analytical framework



⁸ Initial assessment in Mozambique showed that market conditions were not favourable to a voucher response. No regular market for products at national quality standard was identified. The field office identified the finance department as a vulnerability for a voucher approach.

4.2.2.2 Voucher fairs

In Malawi (OFDA), CARE implemented the distribution of shelter materials through vouchers to be used at local fairs.

Vouchers with a value of US\$161 in local currency were distributed to 1,100 households, who were selected using vulnerability criteria with priority being given to households headed by women (720 households or 65% of the total) and the elderly.

The initial plan was to enable beneficiaries to choose the materials they needed; however, a set list of construction items was generally provided to beneficiaries; people were not stopped from buying other combinations of the items per se, but poor literacy/numeracy skills made it challenging for households to cost out different combinations of items that would fully exhaust the voucher value.

The main reason for this was logistics as suppliers had to ensure they had sufficient materials in stock and there was a risk of running out of some items. The high cost of transport to very remote areas for heavy items such as cement and CGI sheets also made vendors reluctant to bring the items without a guaranteed number of sales. This significantly influenced the implementation method of the intervention, leading to the voucher losing some of its flexibility.

Six construction fairs⁹ were organised in different locations, with the participation of a total of 17 suppliers. The items provided included CGI (18 sheets of 10 feet), bags of cement (three), nails and tie wire. As in Mozambique, the kit initially included thatch instead of CGI, but similar assessments returned a preference for metal roofing sheets, which are more expensive. As a result of this change, tools and some items (doors and windows) were removed from the kit to preserve the same financial value. CARE Malawi also received a cost modification from another donor-funded project (Aktion Deutschland Hilft) to contribute to some of the cost of the CGI sheets.

In addition to construction items, beneficiaries were provided with unconditional cash, intended to cover costs related to transportation, labour and wooden poles. The amount provided, US\$35.50, was lower than the amount allocated in the previous CHAF project (see section 4.2.2.1).

The voucher for shelter assistance was implemented in synergy with resilience programmes to mitigate the environmental impact of housing construction (namely thatch gathering and logging for brick burning). These programmes particularly included the community management of local resources and the environmental management of riverbeds.

Figure 10. Vouchers for NFI intervention analytical framework



⁹ Following six NFI fairs organised in the same areas (which are not covered by this study)

4.2.3 Permanent housing construction

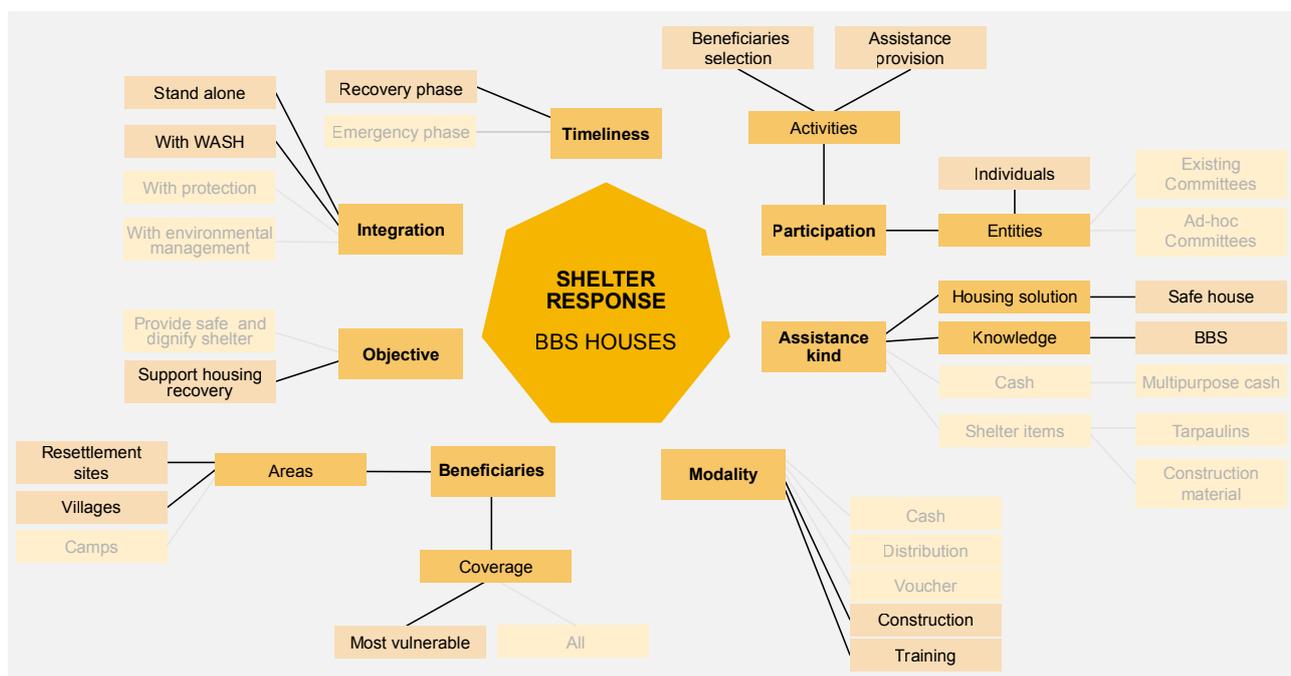
Despite huge shelter needs, in Mozambique only CARE has been able to secure sufficient funds to enable the direct provision of safe housing to the most vulnerable people. This intervention is a component of the DFID programme and complements the distribution of materials to a large number of beneficiaries. This activity is ongoing and is intended to be completed by October 2020.

In total, 540 households have been targeted and will receive a house built in line with the standards agreed at local level with the Shelter Cluster partners (See Section 5.5.2).

The rationale for direct housing provision is that many people have lost all their belongings as a result of the disaster and are living in areas where traditional construction materials are not available. These areas include remote communities and resettlement sites set up by the government.

The housing construction component has also been designed as a way of promoting BBS principles, and of training local builders and communities to use improved construction techniques. To this end, the housing units have been designed to be built by volunteers from the communities supported by CARE technical staff. This set-up has proven challenging to implement mainly due to the limited number of volunteers and the lack of local builders. By the end of the initial project end date of April 2020, which coincided with the COVID outbreak, 53 houses had been completed. This situation prompted a modification to be made to the construction implementation approach and construction firms have now been called in to complete the remaining houses, and BBS promotion activities have been discontinued.

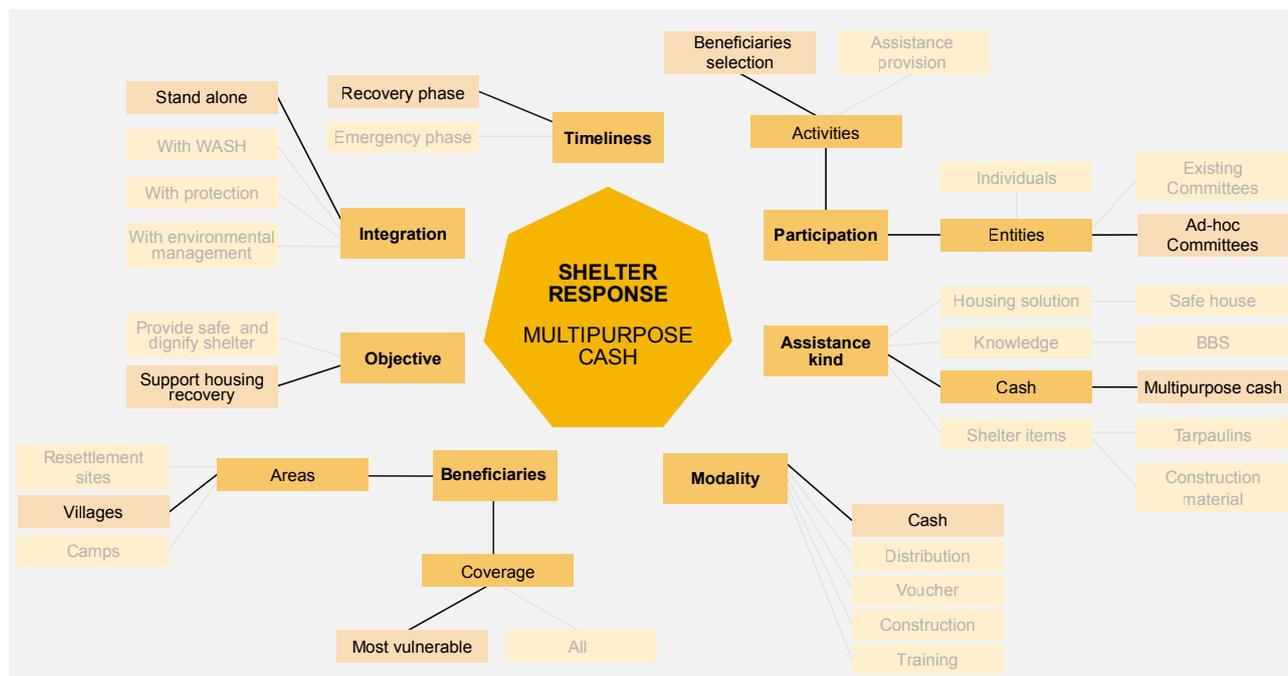
Figure 11. BBS houses intervention analytical framework



4.2.4 Multipurpose cash

In Zimbabwe, shelter assistance is part of comprehensive self-recovery support (ECHO). Multipurpose cash was chosen as the generic arrangement to be used to support the affected population and cover all identified needs (food, shelter, agricultural inputs, health, education, etc.) while enabling households to choose their own priorities. A monthly sum of US\$80 was provided over six months to 1,050 households selected from among the most vulnerable people in communities. This approach relied on CARE’s knowledge of the local context and on a market assessment, which identified the construction materials available locally. However, the programme was not designed as a shelter intervention by the CO, as it was not accompanied by technical support, trainings or promotion campaigns for BBS principles.

Figure 12. Multipurpose cash intervention analytical framework



4.3 Influencing Factors on Strategies

For this comparative study, stakeholder interviews and a documentation review identified four main factors that have influenced the shelter strategies. While their influence varied for each country, each of these four factors were key to orientating the shelter response.

4.3.1 Donors

Donors have been decisive in determining shelter strategies in the three countries. In Malawi and Zimbabwe, fundraising was difficult and competition for funds has been tough, as international attention has focused on Mozambique. In addition to this, donors have been reluctant to engage in complex shelter recovery strategies. This has limited the dialogue between CARE and the respective donors, which has in turn hindered activities to address the housing needs clearly identified by the initial assessments conducted by integrated shelter programmes.

During the emergency phase, donors such as IOM (Zimbabwe) or OFDA (Mozambique, Malawi) came to CARE to distribute tarpaulins using their own arrangements, enabling CARE to quickly initiate an initial response phase. This was also followed by IOM's proposal that CARE Zimbabwe implement a camp management project, an uncommon position for CARE; the aim being that this project would facilitate opportunities with other donors to finance a shelter recovery response.

In Mozambique and Zimbabwe, DFID and ECHO asked CARE to submit proposals for shelter interventions, but later requested that the first detailed versions – informed by global shelter experts' visits – be thoroughly reworked to meet their expectations:

- In Mozambique, this has resulted in the withdrawal from activities in urban areas and the organisation of voucher fairs in rural areas to focus on shelter kit distribution. CARE also identified gaps in shelter response which led to a greater intervention in the rural Buzi district. The DFID objective to keep assisting a very large number of affected people led to a significant reduction in the number and quality of items provided to beneficiaries in the final project, and to a focus on a “lighter response at scale”;
- In Zimbabwe, ECHO requested the removal of the shelter components initially included and asked instead for a multipurpose and unconditional cash arrangement, and the removal of all BBS technical support components. This change was also supported by assessments that indicated that the affected people had multiple needs that could be supported by multipurpose cash.

The position taken by donors to target a high number of beneficiaries has had a very significant impact on the quantity and quality of the assistance provided, particularly in Mozambique. Although DFID proved flexible when CARE clearly presented the rationale for reconsidering the contents of the shelter kits to meet beneficiaries' needs, their requirement to maintain the same number of beneficiaries (20,000 households) despite the twofold increase in the price of the unit kit had a serious impact on the project as it resulted in CARE distributing kits that did not comply with international standards (composition of the kit as per Red Cross standards and minimum space to be covered as per Sphere standards).

In Mozambique and Zimbabwe, the CO and senior global management questioned the leeway for further negotiations with donors and the abilities of CARE to convince donors based on recognised expertise and robust assessments, acknowledging that there might have been a missed opportunity to influence and convince donors.

In Malawi, CARE's strategy has been more in line with donor expectations. In the first phase, CHAF requested a cash-for-shelter programme from CARE that resulted in the programme implemented, and a balance was found between the skills and expertise of the CO teams and the recommendations of the shelter expert. In the second phase, USAID would not approve the multipurpose cash transfer proposed by the CO and asked for the implementation of voucher fairs, based on the methodology experienced by CARE Malawi with seeds and agriculture NFIs, to a shelter programme for the first time.

LL 1. Donors have fairly clear pre-defined strategies and largely decide on the types of response that will be implemented. Even when basing arguments on assessments and technical expertise, it has been very difficult to get donors to change their position.

4.3.2 Scale of the response

In the three countries, the scale of the response has had a significant influence on the shelter strategies adopted. In Mozambique, international and media attention has led to high expectations, while Malawi and Zimbabwe have remained somewhat overlooked by both global attention and donors' priorities.

In Mozambique, this attention has led to a dramatic increase in the volume of activity usually managed by the CO. The logistics, procurement and HR adaptations required to implement the DFID project required huge efforts; efforts that were partially underestimated at the time of project development and submission. The mismatch between the shelter project's ambition and the means available in the CO resulted in the deployment of a huge and cumbersome administrative and logistical machine, which has somehow 'consumed' the shelter strategy. This has had significant implications for the project's completion, resulting in delays and the simplification of the shelter strategy, as illustrated by the fact that the BBS houses are currently under construction by contractors rather than being used as a training ground for artisans (however, it is important to note that the COVID-19 pandemic has also had a significant impact on these decisions).

The scale of the response in Mozambique also led to the more generic shelter response of a one-size-fits-all distribution campaign, regardless of the specific needs or vulnerabilities of households. This response has been mitigated by the construction of BBS houses to meet the needs of 540 of the most vulnerable households.

In Malawi and Zimbabwe, smaller interventions – which have been less exposed to international attention – allowed for greater risk-taking in the methodologies used, with more innovative approaches such as shelter fairs and multipurpose cash being developed as part of the core aim of giving the beneficiaries more freedom in their shelter recovery decision making.

LL 2. Smaller responses allow for more flexibility and risk-taking in the development and implementation of shelter strategies, particularly because there are fewer international expectations and less pressure.

LL 3. The logistical and procurement procedures had a significant impact on CO capacities to implement shelter responses.

4.3.3 Context knowledge

Although there was already an operational CO office in each of the three countries before Cyclone Idai, previous context knowledge was not the same across the board. In Mozambique, the most affected regions were neither very well known nor covered by ongoing development projects, resulting in a raft of assessments and a new regional office being required. There was no previous relationship with local communities or local organisations that could be built on to plan and deploy the interventions. These gaps in the understanding of the context had a considerable impact on logistics planning, in particular for accessing remote areas and for budgeting procurement.

In contrast, in Malawi, the cyclone affected a well-known region where development projects were being implemented. This enabled CARE to rely on local bodies such as Village Civil Protection Committees, and to develop a more locally led response based on CARE's previous involvement with the affected communities. The experience gained after the 2015 and 2017 floods was also used as a basis for developing the strategy, even though the Idai damages were much greater.

In the three countries, rapid assessments were conducted early on in order to identify shelter needs as a priority and to understand the less commonly encountered impacts, such as the rockslides in Zimbabwe that resulted in the total destruction of homes and the disappearance of land, impeding on-site reconstruction.

Efforts to understand the context were continued during the project development phase, and this has proved crucial for reorienting the shelter strategies, particularly in Mozambique and Malawi. In Mozambique, the budget provision for assessments and post-distribution monitoring enabled a detailed and sound assessment of beneficiaries' needs to be carried out before starting large-scale distribution. This assessment was key to convincing DFID to reconsider the contents of the shelter kits.

Efforts were undertaken to understand the shelter self-recovery processes used by the people affected. In each country, resources were allocated to enable shelter advisors to conduct one or several short deployments in order to draft shelter strategies based on rural and urban self-recovery mechanisms. However, these deployments had little or no influence on strategy approval and implementation, particularly in Zimbabwe and Mozambique, as explained in part 4.3.1.

Rapid Gender Analysis has proven to be a very effective tool and framework and was conducted in all three countries, enabling the mainstreaming of gender in the emergency response and the consideration of specific gender issues in the shelter approaches, as detailed in part 4.2.4.

Data collection has been formalised in reports that have been shared among stakeholders, generally through Shelter Clusters, to inform other agencies of the response and disseminate knowledge. This was particularly the case in Mozambique where the remoteness and scale of the disaster hampered data collection for many stakeholders, who were able to rely on CARE's assessments.

- LL 4. Having a CO in place prior to a disaster that requires an emergency response does not automatically ensure added value when seeking to understand context.
- LL 5. Providing sufficient budget for assessments and PDM is essential for building knowledge on changing contexts and for understanding and supporting self-recovery mechanisms.

4.3.4 Leadership

CARE leadership on shelter at the global level has largely consisted of the shelter experts' deployments and remote support, as well as shelter coordinator and managers involvement in Mozambique. However, during the early stages, this leadership and expertise was not always decisive or sufficient to influence shelter strategy, which was shaped more by strategies based on logistical management of the response.

CO leadership has been important for arbitrating and guiding strategic choices. In Mozambique, the opportunity presented by the DFID funding was largely supported by the CO, which took on the many challenges posed by the sudden increase in activity and the extremely ambitious number of beneficiaries and geographical coverage

objectives. However, for some stakeholders this decision was influenced by strategic interest and has not sufficiently taken into consideration the limited capacities of the CO in supporting a massive emergency response.

In a different way, CO leadership in Malawi influenced the shelter strategy by strongly promoting self-recovery and by seeking to develop a strategy based on stimulating local markets and supporting free choice of the affected people in their recovery process.

Regional and country-level technical leadership have proven decisive for adopting a cash-based shelter strategy in Malawi and, in Zimbabwe, this was even applied to areas other than shelter (such as agriculture) thanks to the CARE teams' previous experiences. The role played by the regional cash advisor, who at the time was based in Malawi, and the many discussions with the COs in Malawi and Zimbabwe, were significant assets for implementing the response, in particular when adapting the voucher fair methodology to shelter in Malawi.

Many respondents highlighted CARE CO leadership and management as being an influencing factor on strategies. In Mozambique, there was a strong hierarchical and geographical division between the field team, the local office and the country office, which limited the responsiveness and agility of decision-making and communication and slowed down project implementation. Within the three countries, the choice of whether to implement a more centralised direct management approach or a more locally led response depended heavily on the leadership of each CO.

Overall, many respondents regret the lack of communication between CARE entities, they report that COs had very limited exchanges between them and with regional and global level. In addition, communication and management links between national headquarters and field offices have often been challenging, being very hierarchical and lacking shared decision making and provision of adequate support. This centralized management system has been reported as usual within the CARE Federation and reflects the very complex and rigid administrative and financial procedures.

LL 6. Technical leadership on shelter at CARE global level is strong but was underexploited in two of the three countries.

LL 7. Regional and country level technical leadership on cash-based shelter strategies led to the development of innovative shelter approaches in two countries.

4.4 Multi-Country Crisis

The same climatic event, Cyclone Idai, hit Malawi, Mozambique and Zimbabwe; all countries where CARE has an operational CO. The cyclone prompted the deployment of three emergency and recovery responses, all of which included a shelter component. However, beyond these common features, comparing shelter responses in the three countries highlights some major differences:

- The impacts of the cyclone were different in the three countries, with heterogenous occurrence of strong winds, flooding and landslides. This resulted in different types of damage to housing, different population displacement patterns, and different resettlement opportunities, as presented in part 3.1.1.
- Donor support and international attention – and expectations – have varied widely. Mozambique has attracted the largest share of available funds, but there has also been pressure from donors to reach high numbers of beneficiaries. Although they struggled to secure funding, Zimbabwe and Malawi were able to develop more innovative approaches, as detailed in part 4.3.1.
- CARE adopted three different implementation approaches for their shelter response. These ranged from a light, at-scale, standardised response based on the distribution of shelter items to unconditional, six-month cash assistance, as analysed in part 1.1.

Interviews with CARE respondents showed that very few discussions took place between countries during the various phases of the response. It is difficult to determine from the comparison of the country shelter strategies if these were informed by a common global shelter strategy, under which key principles were translated into localised strategies. However, it appears that the link between the countries was made by the Emergency Shelter Team, one of

the rare teams to have held discussions during the strategy development process as they were sometimes working in two countries and shared strong common concepts and objectives, such as supporting self-recovery. However, this expertise came up against other factors that had a decisive influence on the strategies adopted, as presented in part 4.3. In addition, the support provided by the Emergency Shelter Team, has been distributed in the three countries which may have reduced its impact.

LL 8. The fact that this was a multi-country event did not prove relevant in the analysis of the response, as shelter strategies have been mostly country- and donor-specific.

5. MAIN LESSONS LEARNT ON SHELTER PROJECT STRATEGY AND IMPLEMENTATION

This section presents the lessons learnt from interview respondents, having been involved at different phases of the projects, and in different positions. The analyses received during the interviews were then grouped and organised according to five recurring themes, presented below. This section highlights the successes and challenges identified by the stakeholders themselves at all phases of the project.

5.1 Mobilising Shelter Expertise

5.1.1 Low shelter expertise in-country

Previous shelter expertise in the three countries was low or non-existent. COs had no shelter advisor on their teams, nor had they implemented shelter programmes in recent years. However, some COs found interesting linkages between shelter programmes and previously implemented projects. This country-based expertise provided a strong entry point for adapting the shelter strategy:

- CVA expertise in Malawi, gained from experience organising agricultural fairs, made it possible to implement a construction fair for shelters for the first time. Previous projects on resilience and climate change helped to mitigate the possible negative, indirect impacts of the shelter programme, strengthening reforestation and community-based natural resource management projects in areas where the increased use of fired bricks could have had an impact on the forest.
- In Zimbabwe, previous programmes focused on WASH and food security, through which the team has developed sound expertise on the use of CVA. The multipurpose cash methodology implemented in this response builds on this previous experience.
- In Mozambique, synergies have been developed between shelter interventions and work to rehabilitate educational and health facilities.

5.1.2 Support from the Emergency Shelter Team

The Emergency Shelter Team played an important role in supporting countries to develop an initial shelter strategy. Countries were able to call on shelter advisors to complement and strengthen local teams depending on their needs. This support was provided remotely and through short deployments.

The global shelter experts' deployments are summarised in the table on the following page:

Table 2. Emergency Shelter Team visits and outputs

	Date	Main objectives / outputs
Malawi	2 April - 19 April 2019 (17 days)	Needs assessments; Draft of a shelter strategy; Set up the shelter NFI distribution project; Initial programme design for the voucher fair programme.
	16 October - 6 November 2019 (21 days)	Train the trainer for CARE staff and government counterparts; Support and feedback to staff rolling out training to traditional authorities and artisans; Production of training materials.
Mozambique	March - April 2019 (2 months)	Needs assessments; Support shelter emergency NFI distribution; Draft of a shelter strategy.
	April - May 2019 (3 weeks)	Needs assessments in urban areas; Rapid Urban Analysis; Inform CARE, COSACA, Shelter Cluster partners; Inform shelter strategies for recovery phase in urban areas.
	April - May 2019 (<2 months)	Needs assessments in rural areas; Inform CARE, COSACA, Shelter Cluster partners; Develop a shelter recovery strategy for rural areas.
	22 August - 16 September 2019 (26 days)	Shelter field assessment; Research on vernacular construction/local construction knowledge/ supply chains; Development of a shelter strategy (designs/choices of materials /BoQ/ BBS strategy/implementation approach, etc.).
Zimbabwe	4 April - 18 April 2019 (14 days)	Shelter field assessment; Development of draft shelter strategy for Idai response; Establishment of CARE/CRS joint shelter approach.

Many respondents highlighted the good timing of these visits. They were aimed at developing or informing shelter strategies for both emergency and recovery phases, and in the case of Mozambique, adapting the DFID project that was about to start to the changing needs of the affected population, which involved in-depth adjustments to the methodology and project components.

One of the main requirements for securing this expertise was funding. When no funding has yet been secured, requesting support from the Emergency Shelter Team constitutes a financial risk for the COs. Differences in the budget available in each country are reflected in the mobilisation of expertise: while there were numerous visits and substantial support provided to Mozambique, these were less frequent in Malawi and Zimbabwe. In the case of Malawi, the Emergency Shelter Team deployment was covered by appeals funding rather than in-country emergency funds.

5.1.3 Translating shelter knowledge into projects

Despite the support received, it has proved difficult to translate the technical expertise into shelter projects.

In Mozambique, the CO has retrospectively assessed the technical support as not having been practical enough given the needs and the decision to respond at scale, with logistics having been identified as the main trigger. For instance,

the urban strategy developed between April and May has never been used, as DFID consider the area to be already covered by other actors.

The CO in Zimbabwe has identified limitations in their shelter leadership, as ongoing advocacy for shelter programming at Shelter Cluster level and with donors was hampered once the shelter expert left. As a result, the knowledge produced by the shelter support staff has not played a decisive role in the shelter approach adopted.

Results in terms of impact, mobilisation and ownership of the shelter expertise have varied from country to country:

- The substantial shelter expertise mobilised in Mozambique was too out of step with the project subsequently implemented and failed to influence the donor's strategy. The CO deemed the support provided to be too technical and not practical enough. Language skills in technical teams is also reported to have limited the capacity to mobilize and train national staff.
- The "one-shot" expertise in Zimbabwe proved to be unproductive without local ownership through a local shelter advisor; however, it was not possible to recruit a shelter advisor from the programming funds.
- The timely expertise mobilised in Malawi was able to build on the CO expertise and on donor's expectations and has proven decisive in the development of the final project implemented.

LL 9. There was sometimes a disparity between the shelter expertise provided by the Emergency Shelter Team and COs' expectations (support on logistics and on programme implementation modalities).

LL 10. The expertise provided by the Emergency Shelter Team had limited impact in situations where there was no synergy with local expertise.

LL 11. Short deployments alone are not enough to trigger strong positioning and leadership on shelter at country level.

5.2 Context Knowledge

5.2.1 Pre-crisis knowledge

Pre-crisis knowledge of the affected areas varied widely from country to country.

In Mozambique, the Sofala region was not an area of CARE development project implementation, and all knowledge of both the geographical and the social community context had to be built entirely from scratch as CARE had had no previous involvement with the communities affected. Likewise, and in the context of the DFID project in particular, CARE could not build on previous knowledge of local markets to budget and source materials, which led to several difficulties and significant delays. The initial lack of understanding of transportation and access challenges also had major impacts on project implementation.

In Zimbabwe and Malawi, the COs had better knowledge of the affected areas thanks to the two district offices in Zimbabwe, and to previous and ongoing development projects within the cyclone-affected area in Malawi. Having worked with the communities in specific villages in the past, CARE was able to conduct more effective need assessments in Malawi and understood how to partner and work with local organisations such as the Village Civil Protection Committees. CARE Malawi was also able to build on their strong knowledge of the markets, which was based on their cash expertise.

5.2.2 Context study

The COs used a number of approaches to enhance their understanding of the context of the shelter issues:

- Bilateral meetings with public authorities and other partners to build knowledge on priorities and national strategies or standards were often held, as in Malawi, with information subsequently being shared among other stakeholders.
- CARE conducted their own assessments and studies, such as the rural and urban contexts study and the in-depth needs assessments performed in Mozambique. These helped to inform Shelter Cluster partners of

specific context issues and to share essential knowledge on beneficiaries' needs and expectations.

- The various Emergency Shelter Team deployments played a major role in producing first-hand knowledge and identifying shelter-related, self-recovery mechanisms.

5.2.3 Assessments

The provision of sufficient funds to conduct assessments, as well as physical access were key factors in reorienting the shelter programmes in Mozambique. The three-month period between approval of the DFID grant and the actual start of the project was critical for enabling beneficiaries to envisage their recovery process. Before rolling out this ambitious project, the project team conducted an assessment with a sample of 2,000 households that revealed that they were not willing to accept the tarpaulins included in the shelter kits but wanted metal roofing sheets instead. Based on this assessment, CARE was able to negotiate with DFID and reorient the shelter strategy. DFID acknowledged that this was a highly consistent and comprehensive assessment, which was also very useful for other implementing partners.

The situation was the same in Malawi, albeit on a different scale. Thanks to their close involvement with communities, the project team identified that beneficiaries did not consider thatch to be a good material with which to repair their roofs, and that they preferred metal sheets. As in Mozambique, the team made the necessary changes to the contents of the kit following concessions made to the project strategy.

Post Distribution Monitoring (PDM) was highlighted as essential by all project teams. Some PDM campaigns were in progress at the time of this study (Mozambique) and are expected to provide essential information on beneficiaries' use of and satisfaction with the shelter kits received. Information will be segregated by gender and will show whether women have faced specific challenges. In Zimbabwe, the lack of detailed PDM following the multipurpose cash distribution was seen as a missed opportunity by the team as no data or evidence could be collected on the actual use of the cash by the households in order to better understand their choices and priorities, whether for shelter repairs or other needs. Teams from the three countries stressed that this data and evidence are essential for negotiating with and influencing donors on future projects and advocating for the impacts of shelter projects on people's self-recovery processes.

- LL 12. The CARE Emergency Shelter Team played a key role in producing knowledge on context and recovery mechanisms.
- LL 13. The shelter project management team conducted key needs assessments to improve the projects' ability to meet people needs. It is essential to ensure sufficient budget is allocated for assessments to support all project phases.
- LL 14. Post-intervention assessments are essential for understanding impact, enhancing accountability developing advocacy for donors and for informing further interventions.

5.2.4 Gender

Thanks to shelter advisors' advocacy, the Rapid Gender Analyses conducted in the three countries included some shelter issues (which is reported to be unusual), which were very useful for informing the proposals and the shelter projects:

- The specific needs of vulnerable groups, such as people with disabilities and some elderly people, were translated into specific shelter solutions, such as the BBS houses in Mozambique.
- Assessments were conducted with women's groups to discuss the preferred housing design in Zimbabwe. Although this was not incorporated into the project, these assessments helped to identify specific differences in men's and women's responses (women had a strong preference for traditional circular houses that had proven to be more resistant to strong winds than modern houses).
- In Malawi, early FGDs with women were conducted by the shelter advisor to supplement the RGA, they were key to developing a kit distribution project rather than implementing a cash transfer. Women expressed a strong preference for materials to alleviate the extra burden of sourcing items, choosing quality materials and organising transport. For NFIs, they also preferred vouchers to cash, especially during or shortly after

the emergency phase when their needs are greatest, and it is difficult to prioritise long- and medium-term requirements over immediate needs.

Overall, the interviews showed that gender was mainstreamed in all CARE projects, and that there was a particularly strong focus on gender during the emergency and development phases. It proved more challenging to directly address the linkage between gender and shelter in recovery projects as shelter project strategies were new to the teams and to the COs. However, the efforts made and means allocated to understanding issues specific to women and girls were consistent in all three countries.

- LL 15. Strong linkages were established between gender issues and shelter during the emergency phase in the three countries.
- LL 16. Setting gender mainstreaming as a programme objective during the shelter recovery phase remains challenging.

5.3 Emergency Response Management

CARE had COs in all three countries that were all implementing development projects at the time Cyclone Idai hit. In Malawi and Zimbabwe, CARE also had field offices in the regions affected by the cyclone, but these had limited resources and capacities for dealing with the scale of the disaster. In Mozambique, CARE had no operational office in Sofala province, and had to deploy a response that included opening an office in the area. Consequently, in order to implement the post-Idai response, the COs in all three countries first had to switch from a development to emergency set-up and CARE then had to build the capacities of the COs and local offices to deal with the crisis.

Mozambique was the country most impacted by the cyclone and therefore became the focus of international attention and of humanitarian aid, which brought with it many expectations. There was a rapid and huge emergency response and the CO soon decided that it would also implement a large-scale response. The long-term collaboration between CARE and INGC (within the COSACA consortium) meant that some preparedness activities had already been completed, most notably the repositioning of NFI stocks within the couple of weeks before the Cyclone hit. The in-country partnerships with UNICEF and authorities and the rehabilitation experience in schools and health centres also enabled a rapid response and early assessments in the province.

However, despite these strengths, there were a number of challenges that had to be met in order to implement the emergency response. Firstly, the large area affected was not an area that was familiar to the CO, which had few connections with local organisations and authorities. Secondly, an entire office had to be set up in a very short time, and this soon revealed the limited responsiveness capacities of the CO, as well as their limited ability to speed up and streamline their internal procedures.

Thirdly, the CO had to adapt their governance and decision-making set-up, which was centralised in the capital, Maputo, and was hindering responsiveness and informed strategic decision making and positioning. The challenges generated by this governance set-up, and by the limited financial and administrative capacities, have remained constant throughout implementation of the response and have had a significant impact (see Section 5.4). These challenges were exacerbated when Cyclone Kenneth hit the north of the country (late April 2019) and added a second emergency to be dealt with on top of the Cyclone Idai response.

Finally, the CO had limited experience of implementing an emergency response and no expertise in shelter projects. This issue was addressed by using CARE expertise from the global level. Funding was made available to bring numerous CARE global level staff and consultants in-country to support response development and implementation (see Section 5.1). However, many stakeholders have reported that the inputs from this expertise were limited by the high turnover of visiting experts (who each stayed a few weeks on average) and by the CO's centralised leadership that provided few opportunities to reorient strategies and reinforce the CARE position on shelter.

Eventually, large-scale shelter programmes were implemented in Mozambique; however, whereas some shelter components were implemented successfully, many encountered challenges and were recognised as having limitations. For some stakeholders, alternative options in the management of the response to such a huge disaster

were not sufficiently assessed. These could include the set-up of an emergency office in Beira to supplement the CO, or the deployment of an independent emergency response coordinator. Such alternatives could have accelerated and facilitated the implementation of both the deployment and the interventions, while enabling the CO to focus on longer-term objectives and programmes. However, there appear to be no formal rules or guidance at CARE global level to inform this decision.

- LL 17. In Mozambique, the emergency response required was too large for the CO to manage on its own. There is no CARE global decision-making system to decide on emergency response management.
- LL 18. Opening a field office in Beira was more challenging than expected, and impacted the operations of the CO.
- LL 19. The lack of CO strategic leadership during implementation has resulted in weak strategic positioning on shelter and an inaccurate estimation of CO capacities.

In Malawi and Zimbabwe, while the crisis was not of the same scale as in Mozambique, it was still too large to be dealt with using in-country capacities and expertise alone.

As in Mozambique, the emergency response in Zimbabwe started with the distribution of prepositioned NFI stock.

In Malawi, implementation of the response was facilitated by CARE's knowledge of the affected area, and by the fact that the CO (and staff) have experience of implementing emergency responses, with the last major response project being the post-flooding intervention in 2015. CARE Malawi implement emergency responses mainly connected to food insecurity. The CO also implemented shelter projects, such as for Mozambican asylum seekers from 2016.

As mentioned above (Section 5.1), the Malawi CO was also able to develop the post-Idai response using the knowledge gained from ongoing development programmes and CO areas of expertise (specifically WASH and CVA). In order to complete this know-how, the CO requested additional tailored expertise on specific issues, namely emergency response, shelter and WASH, and experts were provided by CARE International within the first few weeks of the response.

The response in Malawi was jointly managed by the CO and a dedicated emergency management team, both supported by the Emergency Shelter Team who provided technical inputs on shelter (with visits from a shelter advisor in April and October 2019).

- LL 20. In Malawi, the support provided by the global level has proven to be effective in supporting the CO to implement a tailored response that is built on local capacities.

The Zimbabwe CO has received less external support to undertake and implement the post-Idai response than the other two COs. The Zimbabwe CO had recently held an emergency preparedness exercise (in January-February 2019) that had built capacities and increased preparedness, especially through the prepositioning of NFI stock.

The Zimbabwe CO is used to dealing with disasters and emergencies (droughts especially), and mainly focuses its response on food security and WASH. The CO also has extensive experience of longer-term interventions that include resilience and climate change, and CVA approaches.

The CO quickly took over management of the response by allocating two regular senior management staff to the response team. These staff members have many years' experience of implementing emergency responses and have good knowledge of the area.

As the Zimbabwe CO had no previous shelter expertise, support was provided by the Emergency Shelter Team, which deployed a shelter advisor (April 2019) to assist with strategy development.

- LL 21. In Zimbabwe, the CO has managed the response with limited external inputs as local capacities on emergencies and preparedness were already in place. This has resulted in a development-oriented response.
- LL 22. In the three countries, training on preparedness and the prepositioning of stock have proven highly beneficial for ensuring fast and effective responses.

5.4 Financial and Administration Procedures

For the majority of the stakeholders interviewed, CARE does not have internal procedures that provide the responsiveness, flexibility and agility required to efficiently manage large emergency responses. The post-Idai response was no exception to this and even introduced additional challenges.

As mentioned above (Section 5.3), management of the emergency response in the three countries has relied heavily on the operating COs' capacities and their administrative and financial protocols. On many occasions, these have proven to be insufficient, which has affected the quality of the shelter assistance provided. Furthermore, the larger the response, the greater the challenges.

First of all, the tarpaulin distribution campaigns in most countries experienced delays; however, some of the reasons for this were outside the COs' control. In Malawi, for example, tarpaulins purchased through CARE US were initially intended to be shipped by boat (without notice being given to the CO) and it took a while to eventually send them by air. In Mozambique, some tarpaulins provided by donors were stuck at customs for several weeks.

However, in most cases, the most significant complications were caused by CARE's procedures, particularly in Mozambique due to the large scale of the response. The rush to embark on the emergency response as quickly as possible, while relying on a procurement system known to be weak, caused many mistakes and mishandlings that only came to light months later. Two major areas of mismanagement were in the financial system, where extensive financial coding and expenditure allocation errors occurred, and in warehouse management, where mismatches and parallel monitoring systems resulted in the team losing track of the whereabouts and destinations of thousands of items. When added to the cumbersome procurement processes and governance issues (see Section 5.3), these limitations had a number of impacts, including:

- major delays to the implementation of activities and the closure of grants, and numerous applications for no-cost extensions were submitted to donors;
- inaccurate visibility in spending, which caused overspending;
- delays and bottlenecks during transport and distribution;
- increased reliance on larger firms (to facilitate procurement requirements) at the expense of local contractors, which had a knock-on effect on project outcomes for communities;
- switch from a desired voucher fair approach to in-kind distributions (due to identified gaps in finance management);
- reduction in the activities implemented and components distributed as these became impossible to complete in time and on budget.

One of the activities cancelled was the BBS promotion campaign and training that was due to accompany the housing construction phase (on the DFID programme), thereby jeopardising all expected construction technique improvement outcomes.

Ultimately, the poor financial and warehouse management have had a major impact on the workload of the shelter management team, as some staff have spent several months working solely on reorganising the NFI stock and cleaning up all programme budgets.

In addition, it soon became clear that it would not be possible to implement the DFID programme, which relied on large-scale logistics and procurement arrangements, on time unless the team developed detailed procurement and distribution plans. This therefore became the shelter management team's main activity over several months. Despite all of this commitment from the staff, some delays could not be overcome, and some personal arrangements have become established (for example, some staff have been using their own money to pay for materials or travel expenses when the normal procedure deadlines are too long).

Some stakeholders consider that early mistakes focused attention on the limitations of the CO, which later benefitted the DFID programme, and enabled distribution activities to be completed on time. Nevertheless, some interview

respondents considered it a shame that no CO capacity assessment was conducted prior to the DFID programme, and that declining the DFID offer was never an option.

In Malawi, the most notable challenge generated by internal procedures was the slow identification, validation and contracting of the providers of shelter items for the voucher fairs. The negotiations with vendors also took considerable time to reach an agreement. The whole process is reported to have taken three times the expected time and delayed the fairs to just before the closure of the programme, preventing CARE from conducting PDM and analysis on the use of the materials provided until after the project had closed (using other funds). This delay also meant that the distribution of shelter items had to be moved to the beginning of the rainy season, slowing down house repairs and reconstruction.

Some stakeholders have advocated for greater attention to be paid to the financial and administrative capacities required to successfully manage an emergency response and consider that this should be a major area of improvement for CARE so that it can position itself as an emergency responder. The disaster response has also revealed that CARE had no system to check CO capacities, and very few logistics or administration experts available globally to provide them with support.

- LL 23. The financial and administrative requirements for managing a large emergency response are heavy and complex and exceed the capacities of most COs.
- LL 24. The feasibility of large-scale distribution and construction programmes depends firstly on the CO's capacity to manage the programme support activities (especially procurement and logistics).
- LL 25. Despite critical needs, CARE had no global logistics, administrative or financial support available.

5.5 Shelter Response Coordination

5.5.1 Coordination with other stakeholders

CARE actively participated in the Shelter Cluster activities of all three countries during the emergency phase in order to coordinate with partners and avoid gaps and duplications, to share intervention approaches and to agree on standards (such as IEC messages and materials). Shelter Clusters were also the preferred sources of information for needs assessments, government priorities and local HLP frameworks. In Mozambique, the Shelter Cluster was also where CARE shared their assessment and study outcomes.

However, the Shelter Clusters in all three countries have been reported as sometimes lacking leadership for promoting and agreeing on quality approaches and standards and for organising geographical coordination, mainly because of high turnover and because some Shelter Cluster staff lack large-scale emergency response expertise. As a result, in Malawi, CARE had to conduct a series of bilateral meetings with national authorities and carry out its own assessments to identify priorities.

During the recovery phase, many shelter stakeholders withdrew, and few organisations developed shelter responses, thus the role of the Shelter Cluster became more uncertain and CARE became less involved in meetings and reporting.

In addition to the Shelter Cluster, CARE made several attempts to create partnerships on shelter interventions (with CRS in Zimbabwe), but these did not work out. In Mozambique, the COSACA consortium, in place before the disaster, proved poorly efficient and able to adapt to the shelter response. In contrast, coordination with IOM in Mozambique resulted in a more comprehensive shelter kit being provided to beneficiaries in some resettlement sites, with IOM providing wooden poles for the shelter structure and CARE providing CGI roof sheets and tools. Apart from a few other similar examples of matching assistance, most of the shelter interventions have been implemented by CARE alone.

CARE made limited attempts to coordinate with government bodies and relevant authorities. In Mozambique, CARE's collaboration with the Health and Education Ministries enabled rapid assessments and information-sharing to be put in place. Government bodies in the three countries had high expectations with regard to shelter, which hampered the development and adoption of realistic standards. Moreover, NGOs adopted a wide range of approaches, from tarpaulin distribution to the construction of complete traditional or modern houses. The respective governments did not always support shelter interventions that they deemed not to be permanent.

- LL 26. CARE has proven to be a key member of the Shelter Clusters, providing genuine information and informing common coordination and strategy.
- LL 27. Existing partnerships with public authorities have been valuable for enabling CARE to quickly take up a position and undertake activities at the early stages of the emergency response.

5.5.2 Harmonising shelter standards

In Malawi, because the Shelter Cluster was weak and few organisations were involved in shelter interventions, CARE developed its own shelter kit, mostly informed by two series of focus group discussions with affected population groups. These discussions helped to identify the most crucial construction items; those not available on site, or too heavy and expensive to be purchased at distant markets. As they were held several months apart, these discussions did not provide the same results. At the first FGD, participants identified thatch as the preferred roofing material whereas, at the second meeting, when people were entering the recovery phase, CGI was more frequently requested. These kits were compiled in line with some international standards, such as Sphere for the area (18m²) that the roofing sheets should cover. However, other international standards and recommendations, such as on separation and privacy between people, could not be ensured as CARE was not involved in shelter construction activities. The BBS promotion activities designed to accompany the provision of shelter items were based on the Malawi Shelter Cluster and CRS' IEC materials and training guide from the 2015 floods response, adapted to the local typology of housing (for the CHAF project) and later consolidated and updated (for the OFDA project).

In Mozambique, several discussions were held to identify the shelter items to be distributed, determine the relevance of the design of the BBS houses and define the position that CARE should adopt with regard to resettlement sites.

Resettlement sites are commonly used in Mozambique to relocate people displaced by disasters and provide them with a safe plot of land. The Cyclone Idai response was no exception to this and the government rapidly planned for several resettlement sites in Sofala province. Following the announcement of this approach, there was some debate within the Shelter Cluster on the proper position to be adopted for these resettlement programmes as they could be perceived as involuntary displacements. CARE decided to support the government's approach after confirming that the sites had low risk exposure, that people were to receive land titles and that they were willing to relocate there. However, some stakeholders have mentioned that not all these sites were entirely appropriate for relocation, as some were located in areas without local services, employment and markets, and that it would take years for them to become real villages or neighbourhoods.

The DFID programme originally included the distribution of tarpaulins as roofing materials; however, as in Malawi, assessments conducted at the project inception phase revealed that CGI was far more preferred¹⁰. The complications mentioned above (see Chapter 3) led to the number of roofing sheets provided to beneficiaries being reduced. This raised many debates internally on the appropriate number of CGI sheets to be provided. The kit eventually included six roofing sheets, estimated to be able to cover 11 square metres, although the international (Sphere) and national (Shelter Cluster and government) standard is 18 square metres. The standard thickness gauge of 0.4mm was, however, respected. All stakeholders interviewed agree that the number of CGI provided was insufficient for house reconstruction and for ensuring the use of improved construction techniques. Some staff also said they felt uncomfortable with the fact that they were forced to accept and implement this inadequate and substandard assistance, and they consider it unfair that this decision fell to them and was not based on a CARE global framework¹¹. The other significant limitation of the shelter kit provided under the DFID programme is that it does not include structural elements. These can be purchased or obtained in most of the areas in which the beneficiaries live but cost remains an important issue.

The DFID programme in Mozambique also included the provision of 540 houses, which are based on a generic 18m² plan design with one room that has a timber structure, mud infill walls and a CGI roof. The design meets most of the recommendations adopted at local level by the government and the Shelter Cluster (area, construction technique,

¹⁰ The risk posed by improperly installed CGI in windy areas is well-known, it can cause severe personal injury if blown off by high winds and can be carried over long distances and at high speed. In both countries, there were debates over the relevance and use of this material. The decision was made to provide CGI and beneficiaries were provided with awareness-raising on safe construction techniques.

¹¹ Documentation review has shown that only emergency shelter kits (tarpaulins and tents) are covered by CARE guidance, but not assistance to shelter recovery (see <https://www.careemergencytoolkit.org/core-sectors/25-shelter/4-what-to-do-response-options/4-1-tarps-tents-kits/>).

material technical specifications); however, some aspects of the house do not meet international standards as there is a lack of internal division (for protection and privacy), for example. The review conducted in March 2020 by the Shelter Cluster and the Mozambican government¹² categorised the houses as temporary shelter housing, mainly because the floor is not raised enough (this issue has been eventually improved by CARE) and because the houses were handed over without doors and windows. Further improvement also included an access ramp for people with reduced mobility.

As in Malawi, the DFID programme's BBS IEC and training components were developed internally using the material available at global level and they were shared in the Shelter Cluster. In Zimbabwe, no discussions were held on construction items, housing design or BBS training standards.

- LL 28. CARE struggled to define an adequate shelter kit. There was no CARE guidance or strategic documentation available to inform on adequate standard for shelter recovery assistance.
- LL 29. In Mozambique, CARE was pushed by the donor into implementing an intervention that provided sub-standard assistance.

¹² Post Cyclone Housing Recovery Plan

6. COMMENTS ON CARE CORE EXPERTISE

This final section examines the impacts of shelter projects through the prism of some CARE's core objectives, which were identified by interviewees as essential to defining and improving shelter projects. This section is based on the results of interviews, documentation provided by CARE, and secondary documentation compiled by the consultants (CARE's global strategy documents, articles and reports, evaluations, etc.). This section highlights ways for improvement for future projects and integrates recommendations formulated by the consultants.

6.1 Shelter Assistance and Self-Recovery

6.1.1 Impact of interventions on shelter self-recovery

6.1.1.1 Available information on programme impacts

Comprehensive information on the impact of the CARE post-Idai shelter interventions is not yet available. For most programmes, no evaluation or post-monitoring study has been conducted. Additionally, most of the final reports available only provide information on quantitative outputs (for example, the number of people who received a shelter kit) and not on outcomes (for example, the proportion of people who have used the kit to rebuild), or impact (the number of people living in a safer home).

The information that is currently available on achieved impacts per intervention to support shelter recovery is as follows:

- Distribution of shelter items (Mozambique): The interim PDM conducted in June 2020 reports that 42% of the beneficiaries¹³ have used the construction items received (although some interviews suggest that up to 80% of beneficiaries may have not yet rebuilt). The main obstacle to the use of kits has been reported as being the limited number of materials provided and thus the need for beneficiaries to supplement the items received. In addition, several of the resettlement sites are not near either a forest or areas where traditional construction materials are usually collected. The PDM reports that other reasons hindering the use of the kits are lack of money to hire labourers or lack of time to work on rebuilding housing.

The PDM also reports beneficiary satisfaction (97%) with the provided items quality (although an information that has been challenged by several stakeholders). It also reports that 94% of respondents have received trainings on the use of kits. There is not yet any information available on the quality of construction or on the use of BBS principles.

- Voucher for shelter items (Malawi): The end-of-project documentation reports that 66% of beneficiaries have completed the construction of their shelter but this figure is known to have increased significantly since then. The percentage completion has been limited by the timing of the project, which ended during the farming season, hindering further investment and work on housing. BBS promotion has proven effective as many beneficiaries and neighbours have applied safer construction techniques, it was also flexible enough to incorporate messages on the use of burnt bricks instead of adobe, an item not provided by CARE but widely used locally.

Interviews with beneficiaries have shown that the support provided by CARE was still timely as it came after some people had prepared their land or bought bricks. However other beneficiaries regret the lack of flexibility of the shelter kit, and the absence of some key construction items such as timber. Beneficiaries are satisfied with the quality of their rebuilt houses and estimate that they are safer than before, thanks to the use of unaffordable materials including CGI, tie wire and cement.

¹³ Not all beneficiaries have been covered yet, and figures need to be treated with caution.

- Permanent housing (Mozambique): No information is available on the use of the permanent housing provided. Based on the programme objective, a high occupancy rate can be expected. However, according to secondary documentation, houses were handed over without doors and windows, which suggests that they were not immediately habitable.
- Multipurpose cash (Zimbabwe): The evaluation conducted in March 2020 reports that, over the entire six months of cash assistance, shelter is the second most common area of spending (21% on average) after food. However, the evaluation does not provide information on the kind of items or services provided, or on the quality of repairs or construction.

6.1.1.2 How to quickly analyse shelter strategies' contributions to shelter recovery

The review of programme documentation shows that the different shelter interventions were expected to support the shelter recovery processes in different ways. In order to highlight these differences, this study proposes a five-scale framework to provide information on shelter strategies. The framework is based on three criteria that are recognised as supporting shelter recovery:

- Free choice: the people affected are able to control, plan and conduct their own shelter recovery process;
- Access to information: people receive the best information to make an informed choice, this includes information on aid agency and government support, HLP, BBS, markets, etc.;
- Access to construction materials: people are able to access construction materials in the desired quantities and quality; these can be provided directly, or through CVA.

These basic shelter recovery criteria are complemented by the cost and potential coverage of the intervention:

- Cost per household: this equates to the total value of shelter component activities and all support costs (including logistics, HR, M&E, etc. and indirect costs);
- Coverage: the number of affected people covered by the programme.

Figures 11 to 14 below show an illustrative spider diagram for each of the shelter interventions in which the shapes of the outlined areas express project priorities and limitations. The rating of the free-choice scale is based on the review of end-of-programme documentation, and on interviews with beneficiaries.

Figure 13. Distribution of shelter items

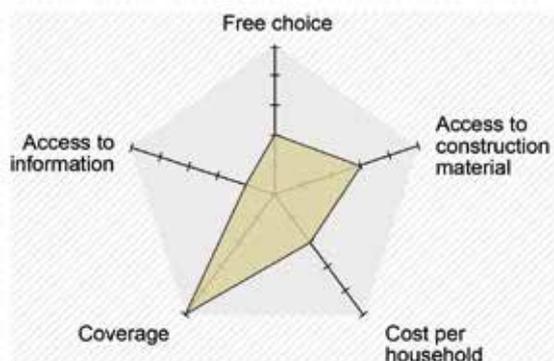


Figure 14. Vouchers for shelter items

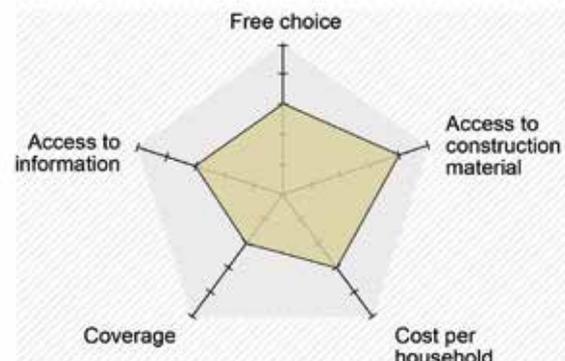


Figure 15. Provision of permanent housing

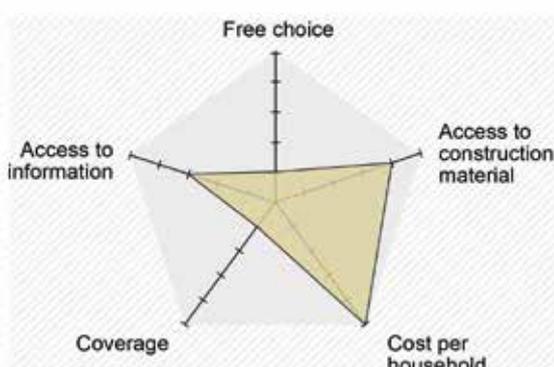
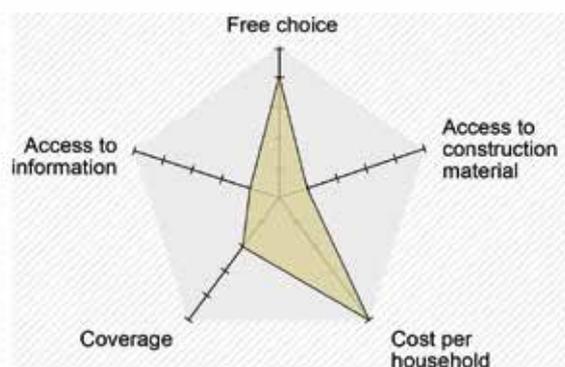


Figure 16. Multipurpose cash



The contribution of aid agencies' interventions to shelter recovery are recognised as being complex and remain seriously under-researched, as confirmed by many reports^{14,15}. The study has attempted to highlight the various contributions and comparative advantages of different shelter interventions on shelter self-recovery. Table 3 below summarises the main contributing and limiting factors of each intervention.

Table 3. Contribution of shelter interventions to shelter self-recovery

	Contributing factors	Limiting factors
<i>Provision of shelter NFI</i>	<ul style="list-style-type: none"> • Ensures quality of key construction items • Beneficiaries do not need to worry about procurement and transport 	<ul style="list-style-type: none"> • Items in the kits insufficient for housing construction and for most housing repairs • Standardised approach • No choice of construction items • Households' contribution always required to supplement received items • No control over construction techniques
<i>Potential factors (not achieved due to changes in approach)</i>	<ul style="list-style-type: none"> • Key materials are provided in sufficient quantity 	
Voucher fair + training	<ul style="list-style-type: none"> • Free choice in housing design • Free choice in recovery planning • Ensures quality of key construction items • Uses available resources (financial, locally available materials) • Beneficiaries do not need to worry about purchasing materials • BBS information provided 	<ul style="list-style-type: none"> • Household contributions often required to supplement received items • Beneficiaries need to organise pick-up and transportation • Limited technical assistance from CARE • No control from CARE over construction quality
<i>Potential factors (not achieved due to changes in approach)</i>	<ul style="list-style-type: none"> • Choice of items • Possible to supplement the materials by purchasing additional items 	<ul style="list-style-type: none"> • Burden of choice (selection of materials and quality)
Permanent safe housing + training	<ul style="list-style-type: none"> • Housing safety ensured • The most vulnerable do not have to worry about housing construction planning and follow-up • No need for contributions • Good-quality house as a financial asset 	<ul style="list-style-type: none"> • No choice of housing design • Pace of house construction at scale is slow • Limited impact on safer construction techniques (when construction is contracted out)
<i>Potential factors (not achieved due to changes in approach)</i>	<ul style="list-style-type: none"> • Multiplier effect of training participants and construction volunteers 	
Multipurpose cash	<ul style="list-style-type: none"> • Large choice of housing recovery processes (timeframe, design, etc.) • Free to prioritise other needs over shelter • Household contributions may not be required if low-quality materials purchased • Stimulate local market 	<ul style="list-style-type: none"> • Reliance on locally available materials • No control over the quality of materials purchased • No technical assistance • Household contributions required if high quality materials desired • Burden or prioritisation / choice / purchasing / transport / contracting labour

¹⁴ Maynard & al, The Effectiveness and Efficiency of Interventions Supporting Shelter Self-Recovery Following Humanitarian Crises, 2017

¹⁵ Morel, Shelter assistance: gaps in the evidence, Discussion Paper, 2018

6.1.2 Discussion on shelter self-recovery

Through the review of documentation focusing on shelter self-recovery, the study has identified some features that could be considered as constituting the basic elements of a CARE shelter recovery approach, these include:

- Shelter self-recovery is already happening setting the main objective as facilitating the ongoing recovery processes to ensure adequate housing at scale;
- Free choice enables people to have control and agency over their shelter recovery process and to freely assess their priorities (including housing safety);
- Information as aid¹⁶ provide information to support households to make informed decisions about their shelter recovery process.

6.1.2.1 Supporting shelter self-recovery

At global level, the Emergency Shelter Team has produced a solid body of work on understanding shelter self-recovery and the relevance of supporting interventions. This work, which includes articles and research papers, joint evaluations, participation in academic courses and the mentoring of student theses, has fostered effective knowledge-sharing on the concept of self-recovery and on how CARE considers that this should be tackled. During the post-Idai response, the shelter advisors deployed by the Emergency Shelter Team in the three countries shared a common understanding of the self-recovery concept. This is reflected in the comprehensiveness of the reports and assessments conducted.

This support is acknowledged by COs; however, they deem that it has not sufficiently been translated into operational approaches. At the time of the shelter experts' visits, the expectations of the emergency response management team veered more towards developing efficient programme support (including logistics, distribution, etc.).

- Rec 1. The understanding of shelter self-recovery processes, as well as the impacts of shelter interventions on self recovery, should be supported by more global level evidence-based information.
- Rec 2. At country or regional level, CARE should build its understanding of common resilience and recovery processes involving shelter. This should include monitoring the continuum of emergency coping strategies and recovery processes.

At the same time, the donors have been highly directive and have often imposed the shelter intervention objectives and approaches on CARE. This has ultimately resulted in the many shelter advisors' contributions being underused, as well as the development of substandard or low-impact interventions.

Programme management teams report that they have also lacked guidance, whether in the form of direct support or documentation (e.g. operational guidelines) on taking strategic decisions. More generally, they have also found CARE's global positioning on shelter difficult to understand. As a result, shelter interventions in the post-Idai responses have not always reflected the CARE expertise at global level, which has either been translated into logistical operations in Mozambique or diluted into a multipurpose cash programme in Zimbabwe.

- Rec 3. The CARE Emergency Shelter Team should support the development of the CARE-specific agenda and objectives on shelter; these should be complemented by a global theory of change for support for shelter self-recovery, basic standards and safeguards.
- Rec 4. The CARE Emergency Shelter Team should develop operational guidelines on supporting shelter recovery.

During the implementation phase, the shelter programme management team spent a large amount of time dealing with logistical and programme support issues yet, despite all their efforts, they were not able to prevent major delays in assistance delivery. This also meant they had less time to devote to shelter strategy issues, which could explain the disparity seen in certain cases between the needs expressed and the assistance provided.

¹⁶ 'Humanitarian shelter and the ethics of self-recovery: a discussion paper', Bill Flinn, 2019

- Rec 5. The CARE Emergency Shelter Team should discuss the purpose and outcomes of their support with COs and emergency management teams.
- Rec 6. CARE should assess the relevance of complementing the work and added value of the Emergency Shelter Team with a global team of programme support experts who focus on logistics, procurement and financial matters.

6.1.2.2 Comparative advantages of each shelter strategy

Promoting shelter self-recovery support and targeting the most vulnerable affected people remain a challenge, as the most vulnerable groups require complete and direct housing assistance. The feedback from the campaigns to provide shelter items in Mozambique and Malawi reveal that most vulnerable people struggle to rebuild on their own. For example, an interview with an elderly beneficiary (70 years old) from Malawi reported that he was not able to use the provided items and to build his house by himself and he would have preferred CARE to build it for him. As an alternative he requested support from family members.

The experience in Mozambique also shows that constructing a limited number of houses can also provide an opportunity to spread BBS messages and train local builders. It thus appears that direct housing provision should remain a component of most shelter intervention programmes and should be systematically considered.

Cash interventions provides a number of options for supporting self-recovery processes and have been shown to have various strengths and opportunities. Firstly, cash is a preferred intervention approach for donors; secondly, it supports localisation-of-aid objectives; and thirdly, it helps beneficiaries to take control of their self-recovery process. However, cash interventions can lack linkages with shelter objectives, which may result in assistance being insufficient to trigger impact. The example from Zimbabwe shows that indirect interventions can reduce the quality of the shelter assistance due to a lack of support with choosing construction materials, the lack of possible follow up, and limited BBS promotion and monitoring of HLP or protection issues. The post-intervention report and literature also report the counterproductive impact that cash can have on the self-recovery process, as it introduces a certain burden of choice and the need to arbitrate between priorities and managing less usual challenges, such as selecting expensive construction materials or overseeing more complex construction work. Although cash can help bring down the cost of procurement, the cost of transportation and other programme support may ultimately fall to the beneficiaries. As seen in the example of Zimbabwe¹⁷, the transport costs involved in collecting items purchased with the cash provided ultimately reduced the assistance that the beneficiaries should have initially received.

The construction voucher fair methodology implemented for the first time by CARE Malawi offers an atypical modality of shelter intervention, which could potentially offset the disadvantages of the other two approaches (cash assistance not providing enough technical support and direct support not ensuring enough coverage) while maintaining their advantages (freedom of choice and flexibility). This approach has been transposed from a methodology generally used for agriculture (providing seeds, inputs and tools), which brought certain challenges in adapting it to construction items. For the beneficiaries, the main advantage consisted of being able to purchase building materials that were not available locally (like cement) and to choose them freely according to their needs. An original strategic intention was to enable them to top-up materials with their own financial resources (if they wanted to and could). However, logistical difficulties have made this flexible process more rigid: for the vendors, moving very heavy materials to the fairs was too costly and risky, with no guarantee that they would be able to sell their stock. After negotiation with CARE teams, they therefore transported only the materials provided in the standard kit designed by CARE, for the exact number of beneficiaries. In the end, the fair turned into a kind of organised distribution, where each beneficiary came to collect the same list of materials, without being able to change it or buy additional materials, so as not to create unsold goods among the sellers, nor to disadvantage another beneficiary. In completion to construction items, the beneficiaries (and local artisans) could receive a training on BBS principles on the same day and at the same location as the fairs.

Having learned from this first experience, the new project phase to be launched by CARE Malawi has put in place measures to mitigate these limitations. This modality of construction voucher fairs seems promising in that it allows a balance between several objectives of supporting self-recovery: leaving beneficiaries free to choose the materials

¹⁷ Final evaluation report

they need, but providing technical advice, facilitating transport and access to quality materials, stimulating local markets and reaching a large number of affected people.

Rec 7. CARE should consider using CVA to meet the objective of supporting shelter self-recovery processes but will need to complement this with other components in order to ensure the quality and impact of the approach.

6.1.2.3 Integrating adequate housing criteria

Stakeholders and programme documentation have reported that CARE staff had numerous discussions about the adequate standard of the assistance to be provided to the affected population. The study also shows that several shelter interventions are not fully consistent with the global standards defined at national levels, and that insufficient assistance has resulted in a limited impact. The study of CARE Emergency Shelter Team work on shelter self-recovery also shows that providing adequate shelter assistance goes beyond rebuilding safely and involves helping ensure that there is an accessible enabling environment to foster people's physical, psychological and economic recovery. International standards such as Sphere have proved insufficient for defining and framing an adequate shelter intervention, thus the study proposes that more consistent standards be introduced that extend beyond habitability and safety and that the comprehensive Adequate Housing¹⁸ framework is adopted.

Other debates have taken place on the relevance of developing "safe" or "safer housing" in areas that are prone to cyclones or flooding of magnitudes that many buildings are unable to withstand. The study has shown that ensuring housing safety is a complex process that requires CARE's support and control over all steps of the housing construction process; however, this comes at a cost.

The outcomes of shelter recovery support programmes also tend to show that interventions that leave people free to choose their materials without quality control input from CARE (multipurpose cash) seem to have a greater impact on shelter self-recovery than others that ensure the items' quality but thereby reduce their quantity. In addition to other elements of shelter recovery (such as design or timeliness), the decision on the level of housing safety could be delegated to the affected population. However, many post-disaster shelter interventions have shown that beneficiaries may not always consider housing safety to be a priority, regardless of the BBS training received. Thus, the information provided should seek to build knowledge (e.g. of events, risks or regulations) and inform people's choice to prioritize or not the safety of their housing over other needs (livelihood, education, etc), according to subjective values based on the prevailing risk¹⁹.

Rec 8. CARE should assess the opportunity of adopting the Adequate Housing criteria to assess the relevance of its shelter interventions.

Rec 9. The CARE Emergency Shelter Team should open discussions on the balance between the objectives of housing safety on the one hand and of free-choice shelter self-recovery on the other.

¹⁸ Fact Sheet No.21, The Human Right to Adequate Housing, OHCHR, 2010

¹⁹ Soaring High Self-recovery through the eyes of local actors, CARE, 2019

6.2 Linking Gender and Shelter Strategies

6.2.1 Impact of the interventions on gender

The protection risks faced by women and girls during and after a disaster are generally well-recognised and documented by CARE, both in numerous studies²⁰ and through tools like the Rapid Gender Analyses. However, as in the case of shelter self-recovery, translating this knowledge – accumulated both at global and country level – into shelter programming remains challenging. In order to analyse the shelter projects' contribution to tackling a range of gender issues (and not only protection), the study has based its analysis of impacts on gender on four topics highlighted by CARE in several reports²¹:

Gender-based violence

This aspect has been the most mainstreamed during the emergency phase, where protection and emergency shelter interventions were integrated during the work conducted in camps, as in Zimbabwe. The key actions undertaken by CARE as part of its camp management activities include: providing information on GBV; training; providing separate areas for men and women; installing lighting and separate WASH facilities; and reuniting households in family tents. However, during the recovery phase, identifying risk situations was less automatic as no specific mitigating measures were put in place to accompany the shelter responses.

Furthermore, during the recovery phase, shelter and gender activities were no longer integrated. For example, in Mozambique, a number of major programming activities were carried out to combat GBV (support to three centres dedicated to women's and girls' rights and protection), but these were implemented independently of shelter activities. In parallel, BBS housing activities targeted households headed by females or elderly women to adjust the assistance provided to their special needs. However, the Shelter Cluster in Mozambique highlighted in a report that, for other households, there were no separate areas provided in the BBS houses. This shows that principles that were effectively included in the emergency phase - and fairly simple to put in place - were no longer applied in the recovery phase.

Joint decision making

During the recovery phase, efforts were made to address the fact that women traditionally have little involvement in household decisions, notably by asking women about their preferred housing design (Zimbabwe) or shelter assistance approach (Malawi), as presented in Section 5.2.4.

In the first case (Zimbabwe), the project ultimately opted to provide multipurpose cash assistance that encouraged the registration of women as cash recipients and empowered them to have a say on how the cash was used. The final evaluation²² of this programme showed that there was a notable increase in the number of households who reported that it was the women who went to purchase household goods following the cash disbursements (49% to 56%). Similarly, the number of households who said that the decision on how the assistance was utilised was taken jointly increased from 51% to 67%. This evaluation did not focus on, or assess, potential negative impacts, but other studies²³ in Malawi have highlighted the potential gender implications of cash transfers, which can cause men to feel threatened by women taking over the traditional male role in the household, leading to a backlash.

In the second case (Malawi), the voucher fair methodology seems to have resulted in fewer joint decisions or joint

²⁰ 'Engaging with women-led groups, networks and organisations in humanitarian protection programming – Reflections from Malawi', CARE. This study identified several risks such as (p.8-10):

- early marriage ('30-40% of child marriages are due to the increased financial pressures that climate shocks place upon families');
- school dropouts;
- abuse of power and sexual exploitation during the beneficiary identification and distribution process ('17% of the respondents had witnessed a case of sexual abuse, occurring at the time of identification, local leaders being identified as the main perpetrators');
- negative gendered impact of cash transfers ('targeting women for cash transfers risks diminishing a man's status in the household, resulting in potential backlash');
- increased risk of GBV during displacement;
- increased risk of trafficking during disasters;
- major disparities and discrepancies in women's access, control and ownership of land;
- specific protection risks that LGBTI individuals may face.

²¹ Gender Implications of Cash Transfers in Malawi', CARE.

²² 'Final Evaluation Report. Cyclone Idai response and recovery project in Manicaland Province', March 2020.

²³ 'Gender Implications of Cash Transfers in Malawi', CARE.

purchases, as the fairs were often held some distance away from the beneficiaries' villages, entailing transport costs and a prolonged absence from home or work. The interviews showed that, in the vast majority of cases, it was the men who attended the construction materials fair and women the NFI items fair. The second phase of the project currently being planned in Malawi should make it possible to partially mitigate this aspect by financing the cost of transport.

Although this study has been unable to establish solid results, there is enough consistent information to suggest that cash-based interventions enable women to have a greater role in decision-making than product-based interventions (shelter kits).

Changes in gender roles

In the world at large, construction is traditionally a male-dominated sector. During the CARE response, overcoming traditional gender barriers and involving women in construction training, work or monitoring has been challenging. Activities such as the supervision of construction work and monitoring construction progress have been identified as being a good entry point for involving more women in construction²⁴. In Malawi, this has been a missed opportunity as the female members of the Village Civil Protection Committees did not take part in the training on BBS techniques and principles²⁵.

There is a risk that women, such as those in female-headed households, could be excluded from reconstruction opportunities, so projects have to tailor their response to their needs, as well as to those of vulnerable groups like elderly women or women with disabilities. Full assistance could be required to ensure equal access to shelter. The aim of the BBS housing in Mozambique was to support these vulnerable groups and the current target is for 63% of BBS housing beneficiaries to be women.

Behaviour change is not achievable within three- to six-month emergency or recovery programs, so it is understandable that shelter interventions have not initiated changes in the distribution of traditional gender roles.

Planning for the future

No specific measures have been taken in the three countries on HLP issues, a critical aspect of shelter self-recovery. The rapid gender analysis in Mozambique stressed that men have ownership and control of land and property; as a result, women are more at risk of losing their homes or land should they separate or have a dispute with their husbands. If a woman is widowed, the land may be passed to her deceased husband's family. In the household survey, 100% of female-headed households did not own their own property. This situation has been identified as a significant barrier to returning or to sustainably reconstructing and planning for the future, without the project being able to address this challenge.

Very limited research has identified how shelter interventions can have indirect impacts on other sectors, including gender issues. This study has attempted to highlight the various contributions and comparative advantages of different shelter interventions on gender. Table 4 below summarises the main contributing and limiting factors of each intervention.

²⁴ P. 84 'If women are not involved in the construction tasks because of other duties or cultural norms, consider their participation in monitoring the construction progress. Women who are more often in the home can be empowered to participate in the construction process in a variety of ways.

- » Helping women to be aware of good construction techniques will mean that they can identify when labourers are not following good practices, they can make decisions on the selection of materials, and they can schedule the works around their family life.

- » Women may choose to be in charge of the site logbook, recording hours worked, materials used, collecting receipts and keeping track of expenses.'

²⁵ OFDA Shelter and Wash Final Report, 21.04.2020.

Table 4. Contribution of shelter interventions to gender equality and empowerment of women and girls

	Contributing factors	Limiting factors
Tarpaulins / tents	<ul style="list-style-type: none"> • In camps: often complemented by protection and dignity assistance 	<ul style="list-style-type: none"> • Potentially greater exposure to GBV in tents and temporary shelters
Shelter kits	<ul style="list-style-type: none"> • Less burden of choice: women can focus on work and other duties 	<ul style="list-style-type: none"> • Not tailored to specific needs of vulnerable women, if not supplemented by specific technical support
Permanent safe housing + training	<ul style="list-style-type: none"> • Less burden of choice: women can focus on work and other duties • Tailored to the needs of the most vulnerable women 	<ul style="list-style-type: none"> • No specific protection measures (separate sleeping areas) • If land and property issues not addressed, can undermine women's security of tenure.
Voucher fair	<ul style="list-style-type: none"> • Potentially more involvement in decision-making process • Potential good balance between freedom of choice and access to good materials and technical assistance 	<ul style="list-style-type: none"> • Not tailored to specific needs of vulnerable women, if not supplemented by specific technical support
Multipurpose cash perceived by women	<ul style="list-style-type: none"> • More involvement in decision-making process • Increased ability to contribute to family finances and can help reduce violence in the home 	<ul style="list-style-type: none"> • More exposed to violence when travelling with cash • Potential tension / increased violence towards women if men think women should not control cash • Potentially greater burden with regard both to cash utilisation / decision-making and traditional family duties

6.2.2 Discussions

Empowering women and girls and enhancing gender equality is a core CARE mission and area of expertise. Integrating gender into the shelter sector is an ongoing process within CARE at both the global and country level, and CARE has achieved important milestones. However, this study identified several areas for improvement and further discussion.

During emergency phases, interviews have shown that ongoing work between the global protection and Emergency Shelter Teams led to shelter issues being more effectively integrated into the Rapid Gender Analysis survey framework. More accurate information, such as where women sleep for instance, will ensure these issues are more comprehensively incorporated into shelter programming. However, this study has highlighted that, on several occasions where consistent information was available, this was insufficiently translated into projects: why is protection – among other gender issues - not mainstreamed into shelter recovery projects as it is during emergency phases?

One hypothesis is that the linkage between shelter recovery and empowerment and/or the enhanced protection of women and girls is not clearly stated in the project objectives. Another hypothesis is that there is insufficient evidence to show that shelter interventions can effectively improve gender equality and increase protection for women and girls. Gender is not only a cross-cutting issue that should be integrated into shelter programming and the study argues that shelter interventions – by promoting adequate housing rights – is an effective way of improving the rights of women and girls.

Rec 10. CARE should maintain coherence in gender objectives (protection, inclusion, empowerment) in shelter projects at all phases, from emergency to development, by clearly stating which gender issues are key in each phase and the related objectives expected through shelter interventions.

- Rec 11. The CARE Emergency Shelter Team should promote and support greater inclusion of shelter matters in the RGAs, in order to enable a quick identification of concrete recommendations.
- Rec 12. CARE should establish fact-based evidence on how shelter can help improve gender equality.
- Rec 13. CARE should train shelter advisors at global and country level to improve the integration of gender issues into shelter programming and should widely disseminate crucial studies and guidance e.g. “Gender & Shelter. Good Programming Guidelines”.

As a result of the current global trend for cash-based or voucher-based approaches, shelter programming will have fewer possibilities to directly influence housing size and typology. When there is no direct implementation, it is even more challenging to ensure women are involved in shelter and housing design or to guarantee designs comply with good protection practice and standards. In an owner-driven process, it is more difficult to shift the responsibility onto women and men of meeting the Sphere criteria and other norms, as discussed in the self-recovery section. Consequently, robust awareness-raising, training and technical assistance must be included to complement these cash-based approaches, and these should not only integrate BBS standards and guidance but should also mainstream gender issues and related standards.

Focusing on women’s participation in the construction of their homes is essential to achieving this goal, as they will be able to directly implement these standards. Numerous examples of projects show that it is possible to break with the traditional gendered livelihood roles or responsibilities within households, even with male-led sectors such as construction. Activities such as training women on building trades, promoting and favouring women artisans, training women on BBS, providing women with incentives to monitor construction work, etc. should be considered in all shelter projects.

- Rec 14. Cash and voucher-based shelter strategies should be systematically supplemented by training and technical support that integrate both security and gender sensitive criteria.
- Rec 15. Shelter programming should be systematically used as an opportunity to encourage and mainstream women’s involvement in the building trade and BBS training.

Women already shoulder huge responsibilities within households, traditionally having to take on childcare and all domestic chores, as well as often going out to work. Shelter projects should not add an extra burden on women. They could find the wealth of information, training, etc. available overwhelming, particularly when already living in very stressful and difficult circumstances. Putting beneficiaries – especially women – in the position of deciding and choosing how to use the aid received, whether in the form of cash, vouchers or materials, can have adverse effects. Freedom of choice should also mean being able to decide not to be involved in making technical shelter decisions and having sufficient resources to delegate construction to skilled workers.

- Rec 16. Being involved in shelter reconstruction should not put an extra burden on women. Shelter programmes should guarantee that women and men have the option of delegating technical decisions or construction work to skilled workers.

In the three countries covered by this study, as in many parts of the world, women traditionally have less access to and own less land and property. In the same way that the cash project encouraged the registration of women as cash recipients, shelter projects should introduce systematic discussions on shared ownership between women and men or on women owning land and property. This could have a major impact on ensuring the safety of women, girls and boys in the event of separation from or the loss of the husband. If women owned their land and house, they would perhaps be more likely to leave abusive or violent relationships as they would not have to fear being homeless. Owning their land and house, particularly when the house has been reinforced, would also strengthen the economic assets of women and potentially give them more of a say within the household on important decisions.

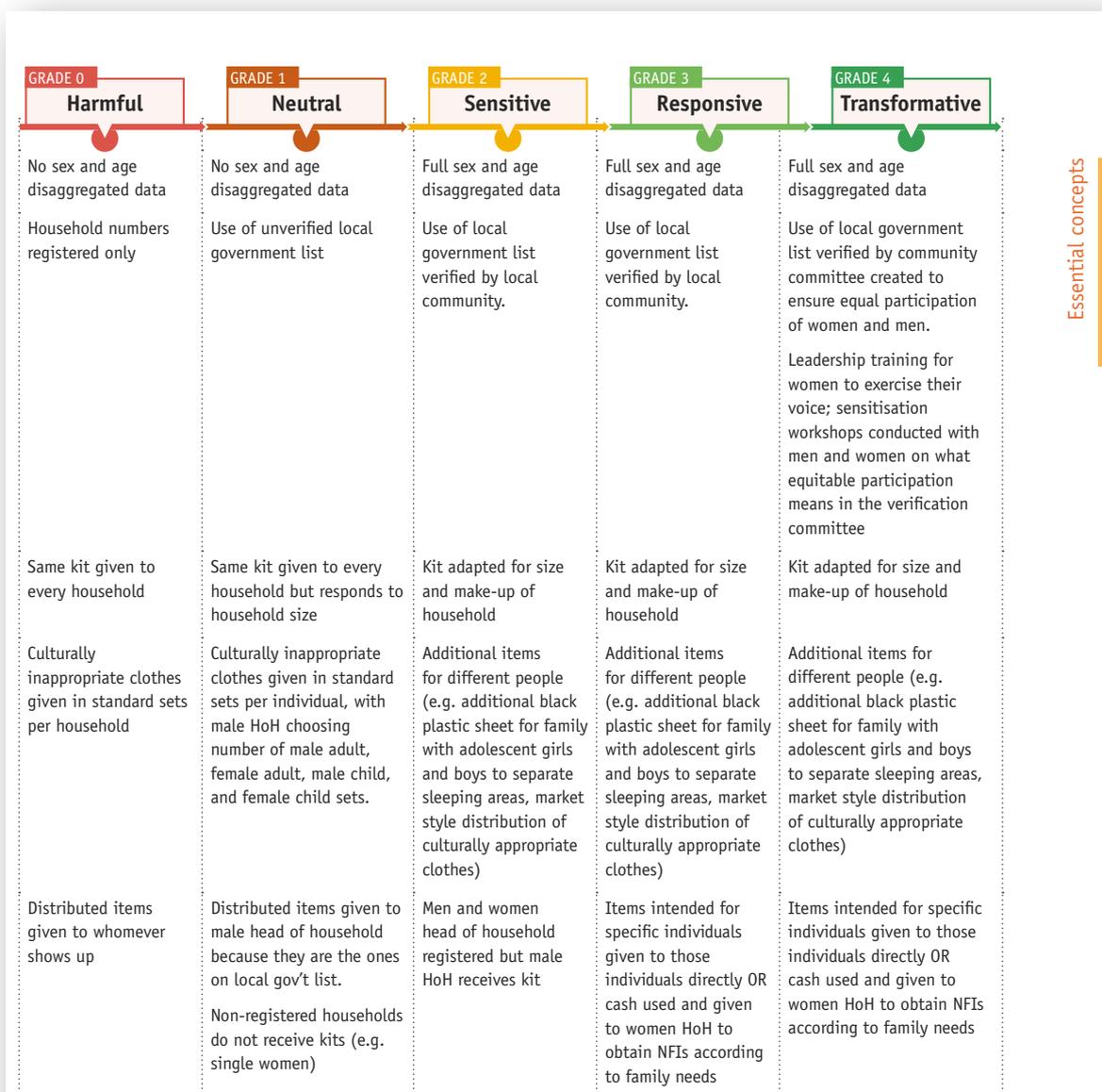
- Rec 17. Shelter programming should integrate systematic discussions on security of tenure for women.

As a conclusion to this section, it is important to stress that CARE has developed comprehensive tools, a framework and guidance to integrate gender into shelter programming and to categorise interventions according to how well they address gender norms and inequities in their design, implementation and evaluation. However, the focus

seems more on disseminating these tools and identifying barriers to their use than on building more knowledge and resources.

Two key resources are the Gender Continuum Framework and the comprehensive ‘Gender & Shelter, Good Programming Guidelines’²⁶, from which the example on applying the Gender Continuum framework to shelter kit distribution has been taken.

Figure 17. Gender Continuum Framework applied to shelter kit



Essential concepts

Figure 3 The gender continuum in shelter activities. An example of how different emergency shelter NFI activities might fall into each of the continuum categories.

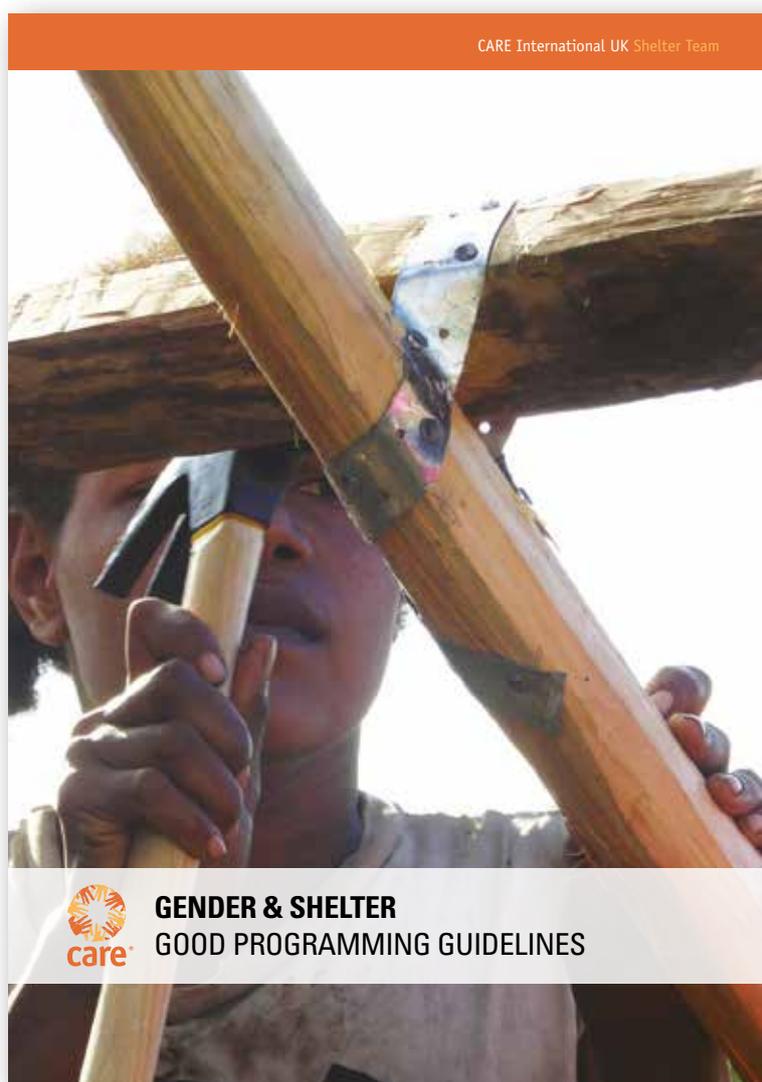


LEARN MORE ABOUT CARE'S GENDER FOCUS:

CARE International Gender Network 2012, Explanatory Note on CARE's Gender Focus
www.care.at/images/_care_2013/expert/pdf/COE_Resources/Gender/Explanatory_Note_on_CAREs_Gender_Focus_2012.pdf

²⁶ Additional key resource is the 'Gender Marker', an assessment programme quality and learning tool to measure the integration of gender into programming.

Figure 18. CARE's Gender and Shelter Good Programming Guidelines



6.3 Supporting the Localisation of Aid

6.3.1 Impact of interventions on the localisation of aid

The localisation of aid was not an explicit objective of the CARE post-Idai shelter interventions. Programmes have not demonstrated consistent good aid localisation practices, which require genuine collaboration and partnerships with local organisations, and mutual capacity-building²⁷.

Two exceptions are the collaboration between CARE and the Ministries for Health and Education in Mozambique, which enabled rapid mutual assessments to be completed that informed CARE infrastructure rehabilitation interventions, and cooperation in Malawi where some activities were implemented with the support of Village Civil Protection Committees.

During the interviews, the key informants highlighted two main challenges to further developing the localisation of aid in post-disaster responses. The first is identifying the relevant partners and assessing their capacities due to the short timeframe of an emergency response. This is made even more difficult in situations where CARE has no experience of working locally, and if a large area is affected, as in the case of the post-Idai response. Some of the people interviewed argued that the second challenge relates to the considerable mismatch between the need to successfully and timely deliver emergency assistance, and the capacities of local organisations.

²⁷ Accelerating Localisation through Partnerships (2019) Pathways to Localisation: A framework towards locally led humanitarian response in partnership-based action. C. Schmalenbach with Christian Aid, CARE, Tearfund, ActionAid, CAFOD, Oxfam.

With regard to the recovery phase, key informants explain that difficulties to engage partnerships with local organisations, suppliers or service providers is due to CARE’s complex procurement and financial procedures. For example, in Malawi, it has been a challenge for the team to include local material providers in the fairs as the contracting process is far too complex for smaller contractors, who also found the fairs of little economic interest. In Mozambique, in order to facilitate and accelerate the procurement processes, the team decided to hire larger construction firms instead of local suppliers and contractors. For example, when facing major delays in the completion of the BBS houses, they decided to change the construction approach and no longer use local builders. In the case of Mozambique, these strategic choices, mainly informed by challenging procedures, have hindered the potential programme outcomes and impacts and, furthermore, using larger construction firms has proved to be more expensive but faster.

Table 5 below summarises the additional outcomes that localisation of aid can potentially bring to the different shelter interventions, as well as the main challenges that hinder more local partnering and contracting as highlighted by the key informants.

Table 5. Potential additional outcomes and challenges of partnering and contracting locally (source: cited by interviewees)

	Potential outcomes	Main challenges
Tarpaulin distribution	<ul style="list-style-type: none"> Local capacity-building 	<ul style="list-style-type: none"> Difficult to identify relevant local and private sector organisations Local organisations lack capacities Partnering and contracting locally may slow the response
Shelter kit distribution	<ul style="list-style-type: none"> Local capacity-building Improved local governance Improved local resilience Economic impact for local suppliers 	
Permanent safe housing construction	<ul style="list-style-type: none"> Improved local resilience Improved local knowledge on BBS Economic impact for local builders and suppliers 	<ul style="list-style-type: none"> Partnering and contracting locally could be more complex and longer
Voucher fairs	<ul style="list-style-type: none"> Local capacity building Economic impact for local suppliers 	
Multipurpose cash	<ul style="list-style-type: none"> Economic impact for local suppliers 	None cited

6.3.2 Discussion

Localisation of aid was not an explicit objective of the responses; however, the study has shown the great interest that this holds for stakeholders. This seems to be mainly due to the potential additional impacts that localisation of aid can produce.

The potential complementary impacts of localisation of aid on shelter interventions most frequently mentioned by key informants include localisation of aid’s ability to:

- Enhance local control over recovery processes;
- Increase cost efficiency by mobilising local resources,
- Support the empowerment and capacity-building of local organisations and authorities;
- Build the resilience of the local population;
- Facilitate the targeting of vulnerable population groups and foster impacts at scale.

Some key informants ultimately consider localisation of aid as a paradigm shift opportunity that could enable humanitarian agencies to tackle the global challenges they face, namely the increasing frequency and magnitude of climatic events, the growing vulnerability of many population groups, and the reduction in funding for complex responses. This is also an opportunity to incorporate more balance of power between affected countries and population and aid agencies and international donors. They thus also highlighted the need for greater study and investment in this area.

Rec 18. Shelter programming should engage more in local contracting and partnering and in building local response capacities.

The discussions on localisation of aid have also highlighted the balance required between the advantages of localisation and the requirement for control over the shelter interventions from CARE. These include financial tracking and procurement requirements, as well as beneficiary targeting and technical standards. Some stakeholders also mention the need to balance delivery and partnership objectives and that prioritising the latter may mean lowering expectations regarding the scale of the response.

In the same way CARE's direct interventions incorporate control systems. The use of local leadership to identify the most vulnerable people in Mozambique, for example, had to be supplemented by a complaints system in order to correct oversights and negative intentions. This also highlights the fact that CARE's (or other aid agencies') objectives are not automatically in line with those of local partners, and that these differences should be acknowledged and mitigated.

Eventually, although more localisation of aid could enable more empowerment, efficiency, coverage, timeliness, and impact; this may also reduce CARE's quality control and compliance with technical and procedural standards. As such, any balance will need to be informed by the intervention objectives and CARE global goals, as well as by an understanding of the existing local capacities, resources and recovery mechanisms.

As far as shelter self-recovery is concerned, building an understanding of how best to rely on local capacities requires investment outside of crisis situations. This includes identifying partners and investing in capacity-building for surge and response in advance of crises. This also means developing greater engagement with local NGOs outside of disaster responses and as part of development or preparedness programmes.

There are a number of reports that highlight the key role of local NGOs and civil society in providing support to affected populations, especially at local level²⁸; however, this is not sufficiently acknowledged and demonstrated.

Rec 19. The CARE Emergency Shelter Team should support the development of strategic objectives and guidance on localisation of aid in shelter interventions.

Rec 20. Shelter programming should consider the appropriateness of engaging local partners to assist with the scale-up of previously demonstrated and well-honed approaches.

Rec 21. Regional COs should assess and monitor the role of local organisations and civil society in shelter resilience and recovery processes after minor crises.

Stakeholders have highlighted the considerable influence that donors have on the programme strategies. There may be an opportunity for CARE to engage with donors to develop more localised programmes by advocating the potential comparative advantages of this type of programme on intervention efficiency and coverage.

It could also be interesting to assess programmes using quantified localisation criteria, such as cash injected locally in local providers or suppliers, or the value of the work carried out by local organisations (such as targeting, transportation or monitoring). There is also an opportunity to assess whether localised interventions are more cost-effective and able to reach more people with the same funding.

However, these negotiations with donors may mean longer programme timeframes need to be agreed and may also require certain financial and administrative procedures to be simplified.

²⁸ Featherstone A. and Bogati S. (2016). OPPORTUNITY KNOCKS: Realising the potential of partnerships in the Nepal earthquake response

Rec 22. CARE could assess and promote the comparative advantages of partnering and contracting locally on efficiency and coverage of shelter interventions.

6.4 Preparedness in a time of Climate Change²⁹

The study was able to identify a consensus among interviewees about their perception of Cyclone Idai as a new pattern of crisis that is characterised by more frequent, less predictable events and underfunded assistance responses. Climate change is one of the main drivers behind this acceleration; however, these repeated crises above all reveal the extent of communities' exposure to risks and their vulnerability. For the interview respondents, strengthening resilience is now a central issue for humanitarian response.

At CO level, there is a common call for ensuring teams are better prepared for the frequency and scale of this type of crisis, while at global level, some consider Idai to be an exceptional disaster that has brought CARE's emergency response capabilities into question.

As detailed above (Section 6.1), the impacts of the shelter interventions provided little support to the affected populations' self-recovery processes. Assistance was mainly provided through the distribution of external items (NFIs, CGI) rather than by mobilising locally available resources or by triggering people's resilience mechanisms. One hypothesis is that the COs had not sufficiently understood or documented shelter self-recovery and resilience mechanisms and therefore were not able to convince donors of the comparative advantages of basing their interventions on these processes. These mechanisms need to be investigated before a major crisis hits, ideally after minor events for which no assistance is being provided. In Sofala, mobilising locally available resources would have meant waiting for the dry season before responding as this is when construction materials are gathered.

Furthermore, the study highlighted the predominant role of donors, whose strategies and priorities shaped the CARE shelter response. During the interviews, DFID emphasised their increasingly dominant strategy of responding at scale, within a short timeframe and with a light response, and their reluctance to engage in complex and long-term shelter strategies. As discussed in Section 6.1, self-recovery is a process that needs to be understood before the crisis hits, and supporting self-recovery involves respecting the time and freedom of choice of those affected. In Malawi, attempting to achieve this within a six-month timeframe has proved very challenging as the construction fair methodology was implemented in a rush, impacting the potential of the approach for providing free choice and the opportunity for beneficiaries to top up materials, etc. In short, supporting self-recovery, resilience and local empowerment cannot be achieved during a two-month emergency phase or a six-month early recovery phase without robust preparedness to determine which mechanism to needs to be activated.

Enhancing building resilience before the crisis may require the CO to add or expand activities. Analysing the development programmes and CO activities that preceded the Cyclone Idai response was outside the scope of this study; however, based on lessons learned identified by this study's respondents, it has been possible to identify several areas for consideration.

First, the study revealed several knowledge gaps in CARE's previous understanding of the contexts. The advantages of already having an operating CO in the country should include the ability to build on previous assessments, monitoring and research to develop emergency strategies. In line with the results of a DEC evaluation³⁰, certain areas should be investigated upfront to gain a better understanding of:

- Previous emergencies:
 - magnitude, impacts, location, and frequency of previous events;
 - previous emergency responses implemented by governments (national and local level) and other actors;
 - coping strategies of affected populations.
- Current vulnerabilities:

²⁹ The study has not investigated the strategies of pre-crisis stock positioning and rapid emergency deployment.

³⁰ Mutsaka B., Dlugosz A., Gift Kanike B., Harris-Sapp T., Juillard H. (2019) Real-Time Response Review – DEC programme for Cyclone Idai, synthesis report. London: DEC

- Risk mapping based both on scientific and community knowledge, and at various scales;
- crisis scenarios and respective responses;
- partner with scientists, national organisations and communities to develop a permanent watch on key elements identified by those scenarios and responses (as is the case for food security, for example).
- Recovery processes:
 - people's coping strategies and recovery processes after recurrent / minor events (rains, flooding, etc.). For shelter, this includes not only documenting traditional construction, but also documenting the process: where people find materials, how they transport them, how they choose whether to prioritise quality/quantity, if they do the repairs themselves or hire artisans, the pace of reconstruction, etc.
- Markets and labour forces:
 - construction material supplies availability, stock, quality, etc.;
 - alternative materials and their availability (e.g. for thatch: quantity, time of the year where grass is available, impact of using available stock for construction instead of agriculture uses, etc.);
 - possible impact on the environment and mitigation measures (timber, burnt bricks, etc.);
 - skill levels of artisans.
- Local stakeholders:
 - local NGOs, female-led organisations, associations, professional networks, etc.;
 - who/where/how these stakeholders can play an active role an emergency and/or a recovery process;
 - capacity development to response to emergency or recovery phases.

This data collection should be mutualized with national and regional stakeholders, and knowledge and studies' outcomes widely disseminated at global and CO level, and among emergency and development teams.

Rec 23. COs should support preparedness by seeking to build a comprehensive understanding of the context outside of a crisis situation. For COs in regions that suffer repeatedly from disasters, monitoring the shelter resilience mechanisms of the people affected by minor recurrent events should be considered a priority.

As highlighted regarding other topics, CARE has already accumulated extensive knowledge and guidance on climate change and resilience. The **Climate Change and Resilience Information Centre** is a valuable resource. Operational tools such as the **Landscape Approach** and **Integrated Management Risks** offer concrete entry points for developing participatory knowledge with communities at risk.

Rec 24. In the same way as gender has been integrated into shelter programming, a common guideline spanning resilience, climate change and emergency preparedness could be developed at global level.

Rec 25. For the Emergency Shelter Team, knowledge and expertise on self-recovery should be linked to a more comprehensive understanding of shelter resilience mechanisms.

Figure 19. Summary of IRM

INTEGRATED RISK MANAGEMENT

CARE defines Integrated Risk Management (IRM) as the systematic process of reducing disaster risks through anticipative, absorptive, adaptive and transformative actions, taking into account the effects of climate change and the role of ecosystems. It addresses the drivers of risk, the capacities and assets of communities and individuals, and their enabling environment.

- Community Adaptation Planning (CAP); a process that brings local stakeholders together in an empowering learning process and results in tangible and flexible plans for communities to reduce their vulnerability to climate change over time.
- Climate Vulnerability and Capacity Analysis (CVCA); a tool used by CARE to gather and analyse information on community-level vulnerabilities and capacities for climate change.
- Participatory Scenario Planning; an approach to collaborative design and delivery of seasonal user-centred climate information services.

Figure 20. Summary of the Landscape Approach

A LANDSCAPE APPROACH

An interdisciplinary, cross-sectoral and holistic approach to help overcome barriers and contribute to effective risk management by connecting all stakeholders involved, starting with the communities at risk.

Together with Wetlands International, CARE Nederland developed A Landscape Approach for Disaster Risk Reduction in seven steps:

- Carry out an initial assessment of the risk landscape
- Conduct an in-depth stakeholder analysis and power mapping
- Stimulate multi-stakeholder processes and create coalitions of the willing
- Conduct a collaborative, in-depth problem and solution analysis
- Carry out collaborative (action) planning
- Organise collaborative implementation
- Promote adaptive management

7. CONCLUSION

The study has shown CARE's capacity to develop and adapt a variety of context-consistent shelter strategies, benefitting both from the support provided by the Global Emergency Shelter Team and from local CO expertise.

The shelter interventions implemented all have the potential to support the shelter self-recovery processes, particularly by focusing on one of the three identified pillars; free choice, knowledge and access to construction materials. Despite significant achievements and promises, they have however encountered limitations that have hampered their ability to reach their full potential.

All the limitations identified, whether regarding strategy and approach definition, implementation or financial and administrative procedures, are related to common challenges that are not unique to the post-Idai response. One challenge is balancing the control CARE would like to retain over the response (in terms of procedures and intervention standards used) with the need for the affected communities to have greater autonomy and control over their recovery process. A further common challenge is ensuring the essential flexibility of the entire response mechanism as this can help build an understanding of rapidly evolving contexts, adapt assistance to meet new needs, and provide the capacity to negotiate programme changes with donors.

With about 40,000 households supported, CARE has been one of the major shelter assistance providers in the post-Idai response, a position that brings with it significant opportunities and extensive responsibilities.

The main opportunities for CARE involve building on the many lessons learnt from the post-Idai response, asserting its added values, and strengthening the link between shelter and some of its core areas of expertise, namely self-recovery, gender and climate change.

A further opportunity – and responsibility – is for CARE to inform and influence post-disaster shelter responses at the global level, notably via the preferred coordination and exchange platforms, such as the Shelter Cluster.

Faced with the global issue of climate change, it is increasingly important that this is incorporated into preparedness activities and considered outside crisis situations in order to foster the expansion of resilience-related knowledge and capacities, notably through context studies and mechanisms to monitor minor events.

8. ANNEXES

Annex 1. ToR

Annex 2. Evaluations questions

Annex 3. Interviews Agenda

Annex 4. Documentation Synthesis

Annex 5. Bibliography

Annex 6. Workplan

8.1 ToR

CARE International UK - Terms of Reference

Evaluation of CARE's Shelter Responses to Cyclone Idai in Malawi, Mozambique and Zimbabwe

Purpose / Role

- To conduct a remote evaluation of the different shelter responses to Cyclone Idai implemented by CARE in the affected areas of Malawi, Mozambique and Zimbabwe from March 2019.
- The evaluation should examine the shelter work of the CARE country offices in Malawi, Mozambique and Zimbabwe as well as their local partners and consortium partners (such as the COSACA consortium in Mozambique).
- The evaluation should investigate the applied learning of the Cyclone Ida response, looking at modalities of intervention, localisation and self-recovery, impacts and multipliers; all to inform future shelter programming.
- CARE intends to share the final report with an external audience, building on the momentum and leadership gained during the response to Cyclone Idai.
- The evaluation will not include the response to Cyclone Kenneth in northern Mozambique.
- The evaluation and findings must include specific information relating to women and girls and to vulnerable groups.
- CARE has recently been awarded an OFDA grant for The Southern Africa Rapid Response and for Acute Humanitarian Needs Resulting from Sudden-Onset Flooding and Cyclones (Southern Africa RRF) to provide rapid, adaptable, and quality humanitarian responses to address sudden and acute needs emerging as a result of cyclones and flooding in Malawi, Mozambique, Zimbabwe, and Madagascar in the southern African region. This evaluation of the response to Cyclone Idai will inform this preparedness work in the region.

Context

In mid-March 2019, the strong winds and heavy rains associated with Cyclone Idai caused sustained flooding, landslides and damage to property across a wide area of southern Africa. While Mozambique took the brunt of the storm, parts of Malawi and Zimbabwe were also severely affected.

The aim is for the evaluation to be carried out during June 2020, while relevant staff are still in post and before much of the institutional knowledge is lost. The COVID-19 pandemic means that travel will not be possible, so the entire evaluation will need to be carried out remotely. However, members of the CARE Shelter Team, who worked on the Cyclone Idai responses in the three countries, will be available to support the evaluation.

Specific Tasks

- Write a brief, inception report to develop and agree the scope of the evaluation, methodology and list of data sources and key informants. (For example, it may not be possible to arrange interviews directly with project beneficiaries.)
- Develop an evaluation matrix and question list consistent with the available information sources.

Page 1 of 2

- Desk review of key documents.
- Secondary data analysis.
- Key informant interviews.
- Draft report for comment.
- Final evaluation report incorporating comments and feedback.

The ToR may need to be refined, in conjunction with CARE's Shelter Team Leader, to adapt to the availability of informants in Malawi, Mozambique and Zimbabwe, as well as adapting to findings made in the course of the evaluation. The work will therefore require a reasonable degree of flexibility to adapt to the changing constraints.

Regular updates on progress will be provided to the CARE Shelter Team Leader, in writing, at weekly intervals.

Outputs

- Week 1: inception report.
- End of week 3: draft evaluation for comment.
- End of week 4: final, written evaluation.
- The final, written evaluation report should be completed by the end of June, but certainly no later than 15 July 2020.

Key Internal Contacts

- CARE Shelter Team Leader.
- Country Directors, Assistant Country Directors, Programme Managers and Programme Support Managers in Malawi, Mozambique and Zimbabwe.
- CARE UK Shelter Team staff.

Key External Contacts

- Shelter Cluster.
- Partner and consortium organisations.
- Donors.
- Government representatives from the ministries tasked with shelter and recovery.

Reporting Lines

- Reports to CARE Shelter Team Leader.

8.2 Evaluation Questions

The gathering and analysis of the thematic matters and issues raised by the stakeholders and mentioned in the ToR have enabled the identification of a list of evaluation questions, presented below. The evaluation questions are organised in three parts:

The first part relates to the differences between the shelter approaches and to the factors that have influenced the development of distinctive shelter strategies. The second part relates to the development and implementation of the shelter strategies, focusing on the effectiveness and efficiency of the response, taking into account the specific characteristics of the response, which include a multi-country context and already operative country offices.

The third part relates to the articulation of the shelter response with CARE's key areas of expertise and interest, namely, self-recovery, gender and localisation of aid. This part concludes with an analysis on the impact of climate change on the evolution of crisis and the adaptation of preparedness and emergency mechanisms.

1. What are the factors and processes that explain the different shelter approaches adopted at the three-country level?

- a. Comparative analysis of the shelter response
 - i. Kind of assistance provided
 - ii. Goal and objectives of the intervention
 - iii. Scale and targeting
 - iv. Timescale
 - v. Integration with others programmatic areas (by CARE or others)
- b. Comparative Analysis of the key factors influencing CARE shelter strategies
 - i. Available information on contexts and needs
 - ii. Donors strategies
 - iii. CARE strategies
 - iv. Available funding
 - v. Consistency with government priorities
 - vi. Synergies with partners
 - vii. Cluster coordination

2. What can we learn from the post-Idai shelter response in terms of development and implementation of the strategies?

- a. To what extent were the resources mobilised in the deployment (human, material and financial) were timely and contextual appropriate?
- b. What were the advantages and challenges of the existing country offices in the deployment and management of the response?
 - i. To what extent were COs' resources, expertise and knowledge mobilised over the response?
 - ii. To what extent did the COs' management system in place (procurement, administration, etc.) adapt to and facilitate the emergency response?
 - iii. To what extent were the shelter approaches working in synergy with ongoing CO programmes?
- c. What were the advantages and challenges of the multi-country context?
 - i. To what extent had approach and strategy development benefitted from exchanges between countries?
 - ii. To what extent did the size of the affected geographical area influence the communication and funding of the crisis?
- d. How did CARE position itself within the shelter humanitarian coordination system?
- e. To what extent was CARE's position aligned with national and local governments priorities?

- f. To what extent were the approaches consistent with CARE expertise on self-recovery and gender issues?
- g. *If relevant* – To what extent did CARE efficiently and effectively use partnership agreements, including the CARE Federation, COSACA consortium or other bi- or multi-partite partnerships (at country or local level).

3. What can we learn from the post-Idai shelter response in terms of:

a. Understanding and supporting self-recovery processes:

- i. To what extent was CARE able to understand the self-recovery processes occurring after Cyclone Idai?
- ii. To what extent did this knowledge inform the shelter strategies?
- iii. How much were shelter approaches taken by CARE able to support self-recovery processes?
- iv. To what extent were Build-Back-Safer principles relevant and promoted?
- v. What direct and indirect recovery mechanisms have been activated by the interventions?
- vi. Have the shelter interventions had unexpected positive or negative impacts on self-recovery processes?
- vii. Which areas relating to shelter (including health, protection and livelihoods) have benefited from the shelter interventions?

b. Supporting the empowerment and inclusion of woman and girls:

- i. To what extent was CARE able to understand the gender issues linked with the Cyclone Idai disaster and response?
- ii. To what extent did this knowledge inform the shelter strategies?
- iii. How much were shelter approaches taken by CARE able to support the empowerment and inclusion of woman and girls?
- iv. Have the shelter interventions had unexpected positive or negative impacts on gender equality?

c. Supporting the localisation of aid:

- i. To what extent were the shelter approaches able to support localisation of aid?
 - Genuine, equitable and long-term collaboration with local organisations
 - Capacity assessment and strengthening approaches
- ii. To what extent have shelter interventions resulted in improved local leadership and governance?

d. Does the post-Idai situation illustrate an evolution of disaster crisis and response?

- i. To what extent does the Idai crisis belong to an emerging pattern of crisis, which main characteristics would be large areas affected by minor but recurrent disasters, with underfunded responses relying heavily on self-recovery?
- ii. To what extent should preparedness and emergency mechanisms adapt to this pattern, as well as CARE positioning in terms of shelter strategy, and areas of expertise?

8.3 Interviews Agenda

JUNE

26	Fri	Step Haiselden, Global Emergency Shelter Team Leader, CIUK James Morgan, Emergency Shelter Advisor, CIUK
29	Mon	Amelia Rule, Senior Emergency Shelter Advisor, CIUK Bill Flinn, Senior Shelter Advisor, CIUK Helen Thompson, Head of Humanitarian, CIUK
30	Tue	Matthew Pickard, Managing Deputy Regional Director - Southern Africa Jessica Swart, ACD, Malawi Follow up meeting with Step Haiselden

JULY

2	Thu	Follow up meeting with Step Haiselden
3	Fri	Ignacio Arroyo, Emergency Manager, Mozambique Fabio Borba, PM, Mozambique
7	Tue	Sarah Lumsdon – DFID, Mozambique Melvin Tebbutt, Shelter Coordinator, Mozambique
9	Thu	Cipriano Zibane, Mozambique Hazel Mealy – Shelter Cluster, Mozambique Saul Butters, ACD, Mozambique
10	Fri	James Morgan, Emergency Shelter Advisor, CIUK Laurent Martial, Head of Programme Quality, CIUK Matthew Pickard, Managing Deputy Regional Director – Southern Africa Abel Whande, Emergency Programme Manager, Zimbabwe
13	Mon	Monique Morazain, ACD-P, Zimbabwe Luis Mabasso, Mozambique
14	Tue	Maxwell Super, Malawi Jessica Swart, ACD, Malawi
15	Wed	Amelia Rule, Senior Emergency Shelter Advisor, CIUK Helen Thompson, Head of Humanitarian, CIUK

Distance interviews with beneficiaries conducted by CARE Malawi staff:

- Mr. Tenson Kamangira, Kaledzera village, Nsanje District, Malawi.
- Mrs. Awine Mponda Starford, Kaledzera village, Nsanje District, Malawi.
- Mrs. Elise laisi, Kaledzera village, Nsanje District, Malawi.
- Mr. Christopher Symon, Kaledzera village, Nsanje District, Malawi.

8.4 Documentation Synthesis

Type of document	MOZAMBIQUE	MALAWI	ZIMBABWE
Case study	0	1	0
Trip / deployment report	1	1	1
Assessment	1	3	2
Project proposal	2	4	0
Shelter strategy	3	2	4
Progress report	10	9	7
Final report / evaluation	0	3	2
Budget	2	3	0
Monitoring & evaluation matrix	1	2	0
Workplan	3	1	0
Technical monitoring documents	0	3	0
Technical document	4	0	1

Type of document	MOZAMBIQUE	MALAWI	ZIMBABWE
Case study		relocating from risk, Nov. 2019	
Trip / deployment report	Shelter advisor deployment report, Aug.-Sept. 2019	Trip Report Shelter Support, Nov. 2019	Shelter advisor deployment report, April 2019
Assessment	Rapid Gender analysis, April 2019	Rapid Gender analysis, April 2019	Assessment report, March 2019
		Rapid Need Assessment Report, Malawi Floods 2019, October 2019	
		Baseline Report, OFDA project,	Rapid Gender Analysis, March 2019
Project proposal	CHAF, 2019, Floods and Cyclone IDAI in the central and northern region of Mozambique	CHAF project proposal, 2019	CHAF project proposal, 2019
	DFID, Facilitating Successful Recovery and Preparedness – Idai Response.	Concept note – USAID, 2019	
		OFDA proposal – concept note (April 2019)	
		OFDA full proposal (May 2019)	
Shelter strategy	DFID Shelter project, Sept. 2019 (.ppt)	Emergency response strategy, April 2019	Emergency response strategy, March 2019
	methodological note for multi-sector targeting – assessment methodology plan	Shelter strategy options, March 2019	Shelter strategy, April 2019
	CARE Shelter Strategy, COSACA, Mozambique, 24 April 2019		Shelter response plan (.ppt), April 2019
			Cash-for-rent guidelines

Progress report	COSACA Strategic Response Statement, March 19th	Sit Rep, n.1, March 26th, 2019	Alert Rep, 18 March 2019
	Sit Rep, COSACA, n.1, 19 March 2019	Sit Rep n.2 March 28th, 2019	Sit Rep, n.1, 19 March 2019
	Sit Rep n.2, COSACA, 20 March 2019	Sit Rep n.3, 2 April 2019	Sit Rep n.2, 22 March 2019
	Sit Rep n.3, COSACA, 21 March 2019	Sit Rep n.4, 10 April 2019	Sit Rep n.3, 27 March 2019
	Sit Rep n.4, COSACA, 22 March 2019	Sit Rep n.5, 24 April 2019	Sit Rep n.4, 29 March 2019
	Sit Rep n.5, COSACA, 23 March 2019	Sit Rep n.6, 28 May 2019	Sit Rep n.5, 9 April 2019
	Sit Rep n.7, COSACA, 25 March 2019	Sit Rep, n.7, 7 July 2019	
		Sit Rep, n.8, 7 July 2019	
	Sit Rep n.8, COSACA, 26 March 2019		Sit Rep n.6, 30 April 2019
	Sit Rep n.9, COSACA, 27 March 2019	Sit Rep, n. 9, 11 July 2019	
DFID quarterly report, 30 April 2020			
Final report / evaluation		CHAF Project Final Report, September 2019	Camp Coordination Services for the Cyclone-Affected Population in Chimanimani District, IOM, September 2019
		USAID – End line report – Recovery and Resilience Building for Flood Affected Communities in Nsanje and Chikwawa Districts, April 2020	
		USAID – Final report – Recovery and Resilience Building for Flood Affected Communities in Nsanje and Chikwawa Districts, April 2020	Emergency Shelter and NFIs for Cyclone Idai Response, Final report to IOM, September 2019
Budget	CHAF budget	OFDA budget	
	DFID budget	CHAF budget	
		CHAF detailed budget, March 2019	
Monitoring and evaluation matrix	DFID Mozambique log frame, June 2019	Wash and Shelter target areas, April 2015	
		Shelter PDM monitoring questionnaire	
Workplan	Overview time plan, April to July 2019	CHAF Quarterly workplan (March to July 2019)	
	Shelter time plan, June to September 2019		
	Facilitating successful recovery and preparedness – Idai workplan June to April 2019		
technical monitoring documents		Technical checklist	
		Shelter PDM monitoring	
		CHAF monitoring tool	
technical document	Vernacular Housing Material (BoQ)		Bill of Quantity – standard shelter for Cyclone Idai recovery
	Local Material Vendor Prices		
	Shelter kit BoQ		
	BBS shelter model 3D		

8.5 Bibliography

ABOUT LOCALIZATION OF AID

Featherstone, Andrew. (2014). *MISSED AGAIN: making space for partnership in the Typhoon Haiyan response*.

Featherstone A. and Bogati S. (2016). *OPPORTUNITY KNOCKS: Realising the potential of partnerships in the Nepal earthquake response*.

Metcalfe-Hough V., Fenton W., Willitts-King B., Spencer A. (2020). *Grand Bargain Annual Independent Report 2020*. ODI.

Schmalenbach C. (2019). *Accelerating Localisation through Partnerships, Pathways to Localisation: A framework towards locally led humanitarian response in partnership-based action*. Christian Aid, CARE, Tearfund, ActionAid, CAFOD, Oxfam.

ABOUT GENDER

CARE International UK. (2016). *Gender & Shelter. Good Programming Guidelines*.

CARE International. (2018). *Engaging with Women-led groups, networks and organisations in humanitarian protection programming – reflexions from Malawi*.

CARE, *Gender Implications of Cash Transfers in Malawi*.

ABOUT SELF-RECOVERY

Flinn B., (2019). « Humanitarian Shelter and the Ethics of Self-Recovery: a discussion paper. ».

Flinn B., Schofield H. and Morel L. M., (2017). « The case for Self-Recovery ». *Forced Migration Review 2017*.

Hendriks, E. and Opdyke, A. (2020), “Knowledge adoption in post-disaster housing self-recovery”, *Disaster Prevention and Management*.

Maynard V., Parker E., *Supporting shelter self-recovery in the Philippines*. CARE – Habitat for Humanity.

Morel L. M., (2018). « Shelter Assistance: gaps in the evidence. Discussion Paper. »

Parrack C., Flinn B., Passey M. (2014). « Getting the message across for safer self-recovery in post-disaster shelter ». *Open House International*. 39. 47-58.

ABOUT RESILIENCE & CLIMATE CHANGE

CARE International. (2016). *Increasing Resilience. Theoretical Guidance Document for CARE International*.

CARE Nederland, Wetlands International (2017). *A Landscape Approach for Disaster Risk Reduction in 7 steps*.

Devars G., Fouilland J., Grünwald F., Nguyen T-B., Mayans J. (July 2019). « Anticipating uncertainty, preparing for the unknown: humanitarian actors in the face of issues linked to climate change ». *Humanitarians Alternatives*, URD.

IASC, (2010). *Addressing the Humanitarian Challenges of Climate Change Regional and National Perspectives. Preliminary Findings from the IASC Regional and National Level Consultations*.

Walker P., Glasser J., Kambi S., (2012). *Climate Change as a Driver of Humanitarian Crises and Response*. Feinstein International Centre, Tufts University.

SHELTER CLUSTER DOCUMENTATION

Mealy H., (March 2020). *Overview of Shelter Cluster Partner Recovery Interventions. Cyclone Idai Response.*

Mozambique Shelter Cluster, (May 2019). *Technical Orientation for Recovery.*

OTHER RELEVANT EVALUATIONS

Busson P., Farias P. (November 2019). *MSF Emergency Response to Cyclone Idai in Mozambique.* Stockholm Evaluation Unit.

Deprez S., Schofield H. (May 2019). *Supporting urban recovery after Cyclone Idai: Beira, Mozambique.* CARE.

Hoegl J., Fwaga S., Manrique M., Stodart V., (August 2019). *Real-Time Evaluation. Mozambique: Tropical Cyclone Idai and Kenneth (2019).* IFRC.

IFRC. (2020). *Learning from Cyclone Idai and Cyclone Kenneth to Inform Long-term Disaster Risk Reduction Programming in Mozambique.*

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



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