



END OF PROJECT
EVALUATION SURVEY FOR
THE ZIMBABWE DISASTER
RAPID RESPONSE
MECHANISM

Final Report
TENDA

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Table of Contents

Executive Summary	iv
1.0 INTRODUCTION, CONTEXT AND PROJECT BACKGROUND	1
1.1 INTRODUCTION	1
1.2 CONTEXT	1
Global Context	1
Regional Context	2
National Context	2
1.3 Project Background	3
1.4 Purpose, Objectives and Scope of the Evaluation Survey	5
2.0 METHODOLOGY	6
2.1 PHASE I: INCEPTION	6
2.2 PHASE II: DATA COLLECTION	6
2.3 Data Analysis and Report Writing	9
2.4 Limitations of the study	10
3.0 FINDINGS	11
3.1 Demographics	11
3.2 RELEVANCE	12
3.2.1 Relevance to the Zimbabwe Humanitarian Context	12
3.2.2 Relevance to the Needs of Affected Communities	12
3.2.3 Use of Existing Structures, Skills & Knowledge of Existing Communities	14
3.3 Effectiveness	14
3.3.1 The Response Mechanism	15
3.4 Efficiency	26
3.5 Sustainability	27
3.6 Lessons Learnt	28
4.0 CONCLUSIONS AND RECOMMENDATIONS	29
4.1 Conclusion	29
4.2 Recommendations	30
ANNEXES	31
Annex 1: Terms of Reference	31
Annex 2: Data Collection Tools	34

List of Tables

Table 1: Project objective, Target Results and Indicators	3
Table 2: Targeted provinces and districts	5
Table 3: Target Key Informants	7
Table 4: Sampled Participants by Province and District	8
Table 5: Participants by Province	11
Table 6: Marital status by Province (%)	11
Table 7: High risk districts have capacitated actors and systems linked to RRMU	16
Table 8: Result 2 – Education in Emergencies	17
Table 9: Result 3 - Protection	20
Table 10: Result 4 – Coordination	22
Table 11: Result 5 – MPCT and NFI Distribution	24

List of Figures

Figure 1: Form of disability	12
Figure 2: Involvement in decision making around the type of assistance required	13
Figure 3: Participants who received what they requested	14
Figure 4: Gunde Primary School soon after storm	17
Figure 5: Gunde Primary School after rehabilitation	17
Figure 6: Humanitarian assistance provided in a fair and equitable manner	18
Figure 7: Cases of abuse and/or violence reported after the emergency assistance activities	19
Figure 8: Beneficiaries buying groceries	23
Figure 9: Woman received cash and a water container	24

Executive Summary

Contextual Background

Globally, there are concerted efforts being directed towards reducing disaster risks particularly in developing countries where the vulnerability of people, their assets and livelihoods are increasing due to natural hazards. The international principle of common but differentiated responsibilities also sees different forms of support being channelled from the more developed countries to those less developed. In the Southern Africa Development Community (SADC) where Zimbabwe is domiciled, there is a rising trend of vulnerabilities to droughts, floods, storms, and epidemics among others. These hazards arbitrarily impose a heavy burden on majority of the poorer population, worsening their food insecurity, exposing many of them to gender-based violence, communicable diseases, reduced access to pertinent health services and compounded socio-economic setbacks. In that respect, Care International, Dan Church Aid and Plan International established a Rapid Response Management Unit (RRMU) to implement a comprehensive rapid response framework for rapid onset emergencies in seven (7) provinces in Zimbabwe from February 2020 to June 2021. The targeted provinces were Harare, Masvingo, Bulawayo, Midlands, Manicaland, Matabeleland South and Matabeleland North.

Evaluation Background and Purpose

Care International in line with international best practices, commissioned this End of Project Evaluation Survey for the Zimbabwe Disaster Rapid Response Mechanism (ZDRRM) project. The purpose of this survey as presented in the Terms of reference was to establish project achievements against the project benchmarks, assess the effectiveness and appropriateness of the project and assess the efficiency of the systems in place (M&E, reporting) and how they are tied to the disaster response flowchart. The End of Project Evaluation Survey was conducted in three phases comprising of (i) Inception Phase (ii) Data Collection Phase and (iii) Data Analysis and Report Writing Phase.

Methodology

To achieve the set objectives, a concurrent mixed methodology approach was adopted in conducting the study. Qualitative data was gathered using desk review, key informant interviews as well as in-depth interviews. On the other hand, quantitative data were collected using KoBo ToolBox, a real time data collection application. Mixed methods enabled triangulation of the data collected from different sources including participants from the consortium (5), government officials involved in the project (12) and project beneficiaries (399). Data was collected virtually, balancing between the COVID-19 pandemic risk reduction protocols and containment measures, without compromising the data quality.

Limitations

The evaluation was affected by the unavailability of beneficiary contact details for Matabeleland North and South, hence primary quantitative data was collected from 5 out of the 7 provinces. Moreover, some targeted key informants refused to participate in the data collection process due to personal circumstances.

Summary Findings

The ZDRRM's relevance lies in addressing a critical gap by responding to localised disasters that were ignored or not attended to by existing national response mechanisms. Prior to implementation of the ZDRRM interventions, a rapid needs assessment was conducted across districts as the bedrock for interventions. An assessment tool used to conduct the rapid needs assessment was viewed by stakeholders as comprehensive and suitable for a multi-sectoral multi-hazard assessment approach. The assessment, which was informed by both the affected communities and the district/local authorities, as

well as government departments, was necessary in ensuring that the rapid response was relevant to the needs of the affected communities. In addition, the ZDRRM was fully aligned to the Zimbabwe Humanitarian Response Plan that emphasises the need to cover all the four key sectors namely education, protection, food security and WASH. Overall, the ZDRRM project responded well to the needs of the community, was fully aligned to the Zimbabwe Humanitarian Response Plan and used existing structures, skills and knowledge to respond to the crises.

Effectiveness

Through the ZDRRM project, affected populations were supported with WASH NFIs, Cash transfers, and shelter, as applicable. Based on findings from the ZDRRM final evaluation survey, majority of survey participants (94.3% Bulawayo, 91.8% Harare, 91% Manicaland and 100% from Midlands and Masvingo Province) indicated that they indeed received humanitarian assistance upon having encountered a disaster. In working with existing structures (DCPCs and DRRC), including with traditional leaders who took a leading role at community level. The rapid response efforts were therefore strengthened particularly in terms of timely, safe and accessible humanitarian assistance. The DCPCs were provided with the needs assessment tool to enable them to identify emergency situations and subsequently allow for response within 72 hours.

Schools in Manicaland were particularly affected by heavy storms that destroyed school blocks and resulted in the discontinuation of learning. The ZDRRM project responded effectively through providing temporary learning spaces such as tents, and learning materials, enabling the school to provide a safe learning environment. Taking cognisance of the “do no harm principle”, the ZDRRM action trained communities on prevention of violence, abuse and exploitation. When participants were asked if they believed that the assistance they received was distributed in a fair and equitable manner, 93.9% in Bulawayo, 82.2% in Harare, 77.4% in Manicaland, 86.9% in Midlands and 89.5% in Masvingo agreed with the statement. However, community members engaged in the end-line evaluation indicated that jealousy and anger fuelled disgruntlement among some community members who did not receive any type of assistance.

The action's strategy was to establish a Rapid Response Mechanism for Zimbabwe that would respond to and strengthen coordination for rapid onset disasters. Hence, coordination was an important result area for the ZDRRM action at different levels including within the consortium, Government structures, and other stakeholders and at community level. There was effective coordination and collaboration among consortium members. Coordination of the strategic and complementary expertise, and nationwide operating presence of the consortium members resulted in a seamless approach to the response and a shared vision of the best possible outcome. By midline, the mechanism had benefited a total of 869 children (413 girls and 456 boys) in Chipinge and Buhera districts through the provision of temporary learning shelters, teaching and learning materials as well as dignity kits for adolescent girls.

A total of 820 beneficiaries (166 girls, 196 boys, 248 women and 210 men) were reached by midline, through WASH, hygiene, protection, and shelter kits distributions which were conducted in Chipinge and Chiredzi where household structures were affected by the heavy rains. The ZDRRM project also distributed 280 tapped buckets, 160 soap bars and 170 coveralls to 7 districts of Masvingo province. Through the Provincial Office and the Lean Season Assistance communities in Bulawayo, the project distributed 580 tapped buckets reaching 2,350 (1,260 females; 1,090 males) individuals.

The ZDRRM action made use of the multipurpose Cash transfer (MPCT) system which was an unrestricted cash transfer modality that people affected by disaster used to cover their basic needs. By its nature, the MPCT offered affected people a maximum degree of choice, flexibility and dignity as they were free to decide which basic needs they wanted to cover and how they preferred to cover these

basic needs. In some areas, affected people had recently harvested and had sufficient food, and so they used the money for other needs including start-up capital and buying construction materials like cement.

Efficiency

The ZDRRM action had profound human resource capacity because the consortium leveraged technical expertise from a lot more staff than the project team had agreed upon at design stage. This was an effective cost saving strategy both in terms of time and resources. Considering the liquidity challenges in the market, the project managed to withdraw the needed USD and transfer it as USD which allowed project funds to maintain value as opposed to liquidating it into Zimbabwe Dollar, losing value in the process. NFIs were prepositioned in different warehouses which were strategically positioned in Bulawayo, Chipinge and Masvingo, central locations that service disaster prone areas. The proximity of warehouses to the ZDRRM response teams as well as the prepositioning of stock allowed for the timely delivery of humanitarian assistance. Communities showed their satisfaction in the timely delivery of assistance, although the process was not without challenges. The project was a pilot of its own and the consortium had to learn from each process and continuously improve on efficiency.

Sustainability

There were aspects of some interventions that contributed to sustainability. In Matabeleland and Manicaland provinces, the project drilled boreholes following an outbreak of waterborne diseases. The communities were devastated by water shortages which resulted in poor hygiene, hence the spread of diseases. In addition to reducing water borne diseases, drilling of boreholes supported agriculture projects and related household needs, presenting a long-term solution to water challenges that goes beyond the life of the project. In Harare, Bulawayo and Chipinge, the project conducted an assessment of community needs, and resolved to solarise existing boreholes. Solarisation of boreholes presented a more sustainable way of maintaining availability of water in the target areas. The knowledge and skills obtained through the project interventions will be used well into the future. In addition, the project empowered communities on how to respond to disasters, including reporting disasters to Civil Protection Units.

Key Lessons Learnt

Key lessons learnt from the ZDRRM project implementation process include that, coordinated and timely response saves lives, multi-stakeholder collaboration and synergy enhances project impact and conducting a needs assessment and hot spot mapping enables the project to adequately respond to the needs of affected communities.

Conclusion

The ZDRRM project was implemented successfully to a greater extent. Having sought to establish an effective rapid response mechanism to respond to rapid onset emergencies in the Masvingo, Midlands, Manicaland, Harare, Bulawayo Matabeleland North and South provinces of Zimbabwe, Care International in consortium with Plan International and DanChurchAid successfully established a Rapid Response Management Unit. Through the ZDRRM project, the RRMU addressed gaps, weaknesses and limitations in emergency response in Zimbabwe, ensuring timely response to rapid onset disasters in a context of widespread ongoing slow-onset food insecurity and deepening financial crises.

Recommendations

- Disaster response partners should adopt an online disaster response system that enables remote risk mapping and coordination to allow reporting of disasters online, action planning and resource tracking in times of disasters in order to achieve more urgent response.
- Government, through the Civil Protection Committees, should enforce constant drainage system clearances throughout the year by Local Authorities in both main cities and other smaller towns throughout the country to avoid cases of flash flooding especially in high density residential areas.
- The Government, through the Civil Protection Committee, should prioritise continuous review of disaster risk reduction plans at all levels.
- Disaster response partners should provide warehousing facilities in districts for timely disaster responsiveness, while partners assist in prepositioning of stock as a disaster preparedness measure and to keep these response mechanisms active.
- Project implementers should ensure that more stakeholders are involved from project design stage up to implementation to ensure that communities are involved in a bottom-up approach and their areas of need are fully identified.
- Project partners should train beneficiaries to initiate more resilient livelihood projects whenever they get cash during emergencies.
- Disaster response partners should prioritise provision of psycho-social support as an initial response to emergency situations.
- Protection of learners is very important and disaster response actors should ensure that schools have disaster strategies as well as response plans and procedures that facilitate a step-by-step process for child protection after a disaster.

1.0 INTRODUCTION, CONTEXT AND PROJECT BACKGROUND

1.1 INTRODUCTION

Care International Zimbabwe in partnership with, DanChurchAid and Plan International has been implementing the ECHO-funded humanitarian action, “Zimbabwe Disaster Rapid Response Mechanism”. The specific objective of the action was to establish an innovative mechanism for effective, coordinated and timely response to rapid onset disasters across Zimbabwe. The action sought to address the current gaps, weaknesses and limitations in emergency response in Zimbabwe ensuring timely response to rapid onset disasters in a context of widespread ongoing slow-onset food insecurity and financial crises.

Care International Zimbabwe commissioned Empowerment for Career Development Pvt Ltd (EMCAD) to carry out an end of project evaluation survey for the action. The purpose of the survey was to establish project achievements against the project benchmarks; assess the effectiveness and appropriateness of the project, the efficiency of the systems in place (M & E, reporting) and how they are tied to the disaster response flowchart.

1.2 CONTEXT

1.2.1 Disasters and Humanitarian Assistance

Global Context

Humanitarian action at global level aims to support national efforts in protecting the lives and dignity of people in need, including saving lives, alleviating human suffering, maintaining dignity during and after a natural or human-induced crisis or disaster and working on disaster prevention as well as improving disaster response.¹

Humanitarian action is regulated by binding and non-binding international humanitarian and human rights laws.² Mainstreaming preparedness harmonises with the international community’s increasing focus on resilience and linking humanitarian and development programming. The Sendai Framework for Disaster Risk Reduction, the 2030 Agenda for Sustainable Development, the outcome of the World Humanitarian Summit and the Paris Agreement on Climate Change, all emphasise the need to shift from reactive crisis management to effectively managing prevention and early action.³ There is a global call for more explicit integration of humanitarian and development programming to promote resilience. Preparedness for response and early action is a strong element in contributing to (i) Disaster Risk Reduction (DRR) (ii) resilience (iii) the humanitarian-development nexus/linking Relief, Recovery and Development (LRRD) programming and (iv) the Sendai Priority 4 which focuses on enhancing disaster preparedness for effective response in order to “Build Back Better” in recovery, rehabilitation and reconstruction.⁴

The Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters, highlighted early warning as one of the major elements of disaster-risk reduction, which could save lives and help protect livelihoods and national development gains. Early warning systems have been recognized as an effective tool to reduce vulnerabilities and improve preparedness and response to crises and natural hazards.⁵ The impact of the increasingly frequent and intense climate-related

¹ OCHA; Disaster Response and Preparedness in Southern Africa: A Guide to International Tools and Services Available to Governments, (ND)

² *ibid*

³ UNICEF; Preparedness Guidance Note, 2016.

⁴ *ibid*

⁵ UN; Global Early Warning System needed: Creating Partnerships to Cope with Natural Disasters, (ND)

disasters across the globe, including heatwaves, floods, droughts and cyclones has greatly increased due to the COVID-19 health crisis, necessitating effective and reliable early warning systems, complimented by timely humanitarian action. However, by design, the humanitarian-development architecture is strictly segregated, divided by mandates and rules that were originally designed to meet different kinds of needs. This rigidity is hampering the aid system's ability to manage and rapidly respond to spikes in small-scale crises that impede development progress.⁶ Humanitarian aid and development programs are looking for ways to continue serving community needs while addressing short-term crises such as droughts, floods, market crashes and conflict in vulnerable areas across the globe. As more and more global research is conducted on bridging these difficulties, the development industry has begun piloting programs that incorporate "crisis modifiers." that can take many forms but have most recently been used as flexible resources set aside as humanitarian contingency funds to be accessed by multi-year resilience-building programs. These funds allow development agencies to be proactive and respond quickly to crises while continuing to serve their target communities and build resilience.

Regional Context

The Southern African Development Community (SADC) countries are mostly prone to droughts, floods, storms, and epidemics. The increased frequency, intensity and geographical extent of their occurrence inflict a heavy burden of worsening food insecurity, direct exposure to violence, increased exposure to communicable diseases, reduced access to health services and socio-economic setbacks.⁷ This has been exacerbated by the COVID-19 health crisis.

Poor harvests due to drought have consistently led to production deficits throughout the Southern African region. For example, the first half of 2019 saw tumultuous weather patterns with the situation taking a dramatic turn for the worse when Cyclone Idai and Kenneth made landfall in the Comoros, Malawi, Mozambique and Zimbabwe, affecting more than 3.5 million people and destroying crops just before the main harvest.⁸ Agricultural products in Botswana and Namibia fell by 50% while in Zimbabwe, maize harvest was 40% lower than the five-year average.⁹

Cash transfers have become a major mode of delivery for disaster response as Governments progress in establishing mechanisms for basic social safety nets. For example, in Madagascar, the Intervention Fund for Development was able to deliver cash transfers within five months. Institutions are able to adapt their operations to respond quickly to the most urgent needs of the disaster-affected population through cash transfers. Of importance is that cash transfers are increasingly used as a platform to connect disaster response with early recovery and development activities.

National Context

Zimbabwe is a country that has been devastated by natural or man-made disasters. The natural disasters come in the form of droughts, flooding, drowning, lightning and disease outbreaks. The man-made disasters come in the form of mining accidents, traffic accidents, construction accidents, dam wall failures, cyanide contamination, chemical explosions, stadium stampedes, veld fires, wars and conflict. Geological hazards such as earthquakes, have also been known to impact the country, but to a lesser extent than hydro-meteorological or biological hazards.

Disasters often disrupt the lives of many Zimbabweans including the loss of breadwinners and children. There is a significant rise in the occurrence and intensity of natural disasters in Zimbabwe and this intensity is possibly a result of climate change. Due to the rise in intensity of natural disasters, it is vital to formulate mechanisms to alleviate and cater for sudden, existing and emerging disasters. Zimbabwe's current disaster response initiatives are focused on slow, prolonged emergencies. Ineffective national

⁶ Katie Peters et al; Crisis Modifiers: A solution for a more flexible development-humanitarian system, 2017

⁷ SADC; Report on Disaster Risk Reduction, 2018

⁸ FAO; Southern Africa: Emergency Response Plan, 2019

⁹ ibid

civil protection structures further compounded by a fragmented development sector with no clear joint response plan which has in the past resulted in inefficient response. Disaster management and preparedness work in Zimbabwe is the obligation of local governments and much of the devastations, deaths and demolition from disasters attest to a true depiction of Zimbabwe's disaster management system. With no clear mandate for duty bearers to declare a local disaster and traditional response frameworks being slowed to respond, many disasters go undeclared.

1.3 Project Background

With no mechanisms existing to mobilise immediate lifesaving support for localised disasters, and with no clear mandate for duty bearers to declare a local disaster and with traditional response frameworks being slow to respond, the consortium consisting of Care International, Dan Church Aid and Plan International established a rapid response management unit (RRMU) that would lead a comprehensive rapid response framework for rapid onset emergencies in 7 provinces of Zimbabwe (Harare, Masvingo, Bulawayo, Midlands, Manicaland, Matabeleland South and North). RRMU prioritised disasters that were either ignored or not responded to by existing response mechanisms targeting rapid onset disasters that strike in areas already impacted by slow-onset disasters. Specifically, the actions sought to:

- Proactively lead national response and coordination capacity building activities including education in emergencies (EIE), and protection, as well as prioritising high risk areas for effective response during disasters.
- Establish a disaster rapid response mechanism that will provide direct funding for immediate lifesaving response to small scale localised disasters, bridging the gap between disaster impact and the current delay or absence of formal response. This provided multi sector assistance multi-purpose cash transfer to priority vulnerable at-risk communities covered by any ongoing response.

Overall, the project sought to strengthen response mechanisms and preparedness for rapid response to localised onset disasters in Zimbabwe. The specific objective of the action was to establish an innovative mechanism for effective coordination and timely response to rapid onset disasters across Zimbabwe. The action sought to address gaps, weaknesses and limitations in emergency response in Zimbabwe ensuring timely response to rapid onset disasters in a context of widespread ongoing slow-onset food insecurity and deepening financial crises.

The action targeted different groups/vulnerabilities specifically infants, children, elderly, people with disability, pregnant and lactating women, women and men. Emergency responses included, the establishment of community and school-based child protection mechanisms, rebuilding of damaged infrastructure, providing psycho-social support and capacity building for teachers, establishing temporary learning spaces and child friendly spaces.

In light of the ongoing Covid-19 pandemic, the mechanism collaborated with the government and other stakeholders in trying to contain the pandemic through broadcasting of Covid-19 messaging, distributing non-food items (NFIs) and assessing quarantine centres, among other activities.

Project objectives results and indicators

The project objectives, result statements and indicators are presented in the table below:

Table 1: Project objective, Target Results and Indicators

<p>Specific objective: To establish a functional preparedness and response mechanism for rapid onset natural and manmade disasters in high-risk high hazard areas of Zimbabwe and respond to rapid onset disasters arising during the course of the action</p> <p>Indicators:</p> <ul style="list-style-type: none"> ● % of beneficiaries (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a timely, safe, accessible, accountable and participatory manner ● Percentage of rapid onset disasters arising during the action responded to within 48 hours of notification ● Percentage of identified high risk districts with preselected response partners.
<p>Result 1: High risk districts have capacitated actors and systems linked to RRMU (RRMU systems pre-selected partners and pre-positioned supplies are in place)</p> <p>Indicator:</p> <ul style="list-style-type: none"> ● Capacity building: % of pre-selected partners equipped with standardised rapid assessment, beneficiary selection and disbursement tools
<p>Result 2: Schools and Communities in targeted high-risk areas are able to provide safe and inclusive basic education when a rapid onset disaster impacts the school or surrounding communities (EiE)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ● Number of teachers/education personnel showing increased knowledge and teaching skills to address children's learning needs ● Number of learning spaces established or restored to minimum standards for safe learning ● Number of girls and boys provided with learning materials
<p>Result 3: Vulnerable affected individuals (especially children) are protected from abuse or violence in the event of a rapid onset emergency affected the targeted high-risk districts (Protection)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ● % pre-selected partners equipped with basic tools, guidance, skills for ensuring vulnerable affected individuals (especially children) are protected from abuse or violence when disasters occur and during the immediate aftermath and response ● Number of participants showing an increased knowledge on the protection subject in focus
<p>Result 4: Improved national coordination among stakeholders and vertical linkages to sub-national actors for multi-sectoral emergency response (Coordination)</p> <p>Indicators</p> <ul style="list-style-type: none"> ● Number of multi sectoral rapid assessments conducted within 48 hours of rapid onset disasters ● % of partners requesting for material receiving the requested support within 72 hours ● % of cluster coordination meetings attended by RRMU
<p>Result 5: Respond to emerging local disasters according to identified needs and/or address identified gaps in existing multi-sectoral crises (Multi-purpose Cash Transfer (MPCT) and NFIs distribution)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ● Total cash transfer value used for MPCT

- number of people receiving multi-purpose cash

1.4 Purpose, Objectives and Scope of the Evaluation Survey

The purpose of this survey as presented in the Terms of reference was to establish project achievements against the project benchmarks, assess the effectiveness and appropriateness of the project and assess the efficiency of the systems in place (M&E, reporting) and how they are tied to the disaster response flowchart.

Objectives of the Evaluation Survey

Objectives of the survey as stated in the Zimbabwe Disaster Rapid Response Mechanism Single Form/Programme Document were to:

- Gather and assess reliable quantitative and qualitative data on project performance against set indicators as stated in the project log-frame,
- Measure project performance against set evaluation criteria that include relevance, effectiveness, efficiency and sustainability of results,
- Identify lessons learnt from the RRMU model, specifically the potential for replication and scale up,
- Provide recommendations that can be used to refine and improve the RRMU model for ongoing support to early warning/early action in Zimbabwe.

Scope of the Evaluation Survey

Geographical Scope

The evaluation survey covered 7 provinces of Zimbabwe with particular attention to targeted districts that experienced localised disasters as indicated in the table below. While all districts received training, not all districts received disaster response intervention.

Table 2: Targeted provinces and districts

Province	Districts
Manicaland	Mutasa, Mutare, Chimanimani, Chipinge, Buhera Marange
Masvingo	Chivi, Masvingo, Zaka, Mwenezi, Chiredzi
Midlands	Gweru, Shurugwi, Chirumhanzu, Gokwe North, Gokwe South
Matabeleland South	Beitbridge, Matobo, Bulilima, Mangwe, Gwanda
Matabeleland North	Tsholotsho, Binga, Nkayi, Lupane, Hwange
Bulawayo	Mzilikazi, Luveve, Magwegwe
Harare	Chitungwiza, Budiriro

Sectoral Scope

The sectoral scope of the survey was fully aligned with the project main outcome, objectives, results and indicators as articulated in table 1 above.

2.0 METHODOLOGY

EMCAD used a mixed-methodology approach which involved quantitative and qualitative methods of data collection and analysis. Qualitative data was collected through desk review, key informant and in-depth interviews, while quantitative data was collected through a structured survey questionnaire using Kobo Tool Box, a real time data collection application. Secondary quantitative data was collected through desk review. The use of mixed methods allowed for triangulation of information collected from different sources. Further details on the methodology that was used, are provided below.

Adaptation of the Methodology to the COVID-19 Pandemic

In light of the COVID-19 regulations announced by the Government of Zimbabwe, all the Zimbabwe Disaster Rapid Response Mechanism (ZDRRM) project evaluation data collection activities were conducted virtually.

The end of project evaluation survey was conducted in three phases which were: (i) Inception (ii) Data Collection and (iii) Data Analysis and Report Writing. These phases are clearly articulated below.

2.1 PHASE I: INCEPTION

The inception phase consisted of an initial briefing meeting that helped to get a common understanding of the general parameters and expectations of the end of project evaluation survey. This was followed by development of the draft inception report with a detailed methodology, data collection tools and the data collection schedule. A virtual inception meeting was held to share comments on the draft inception report as well as to validate data collection tools and the detailed methodology. After all comments on the draft inception report were addressed, the report was regarded as final and it guided the execution of the evaluation.

2.2 PHASE II: DATA COLLECTION

The data collection phase consisted of pre-arrangements for data collection with support from the consortium, alignment of data collection tools, and making appointments for data collection with relevant stakeholders. Explained below are the data collection methods that were used for the evaluation.

2.2.1 Qualitative Data Collection

Desk Review

The consultants conducted a comprehensive and rigorous review of all relevant documents which were provided by the consortium. Documents that were reviewed included the ZDRRM project document, interim report, revised response flowchart, assessment tool, IPPT, after action reveal report, the alerts and response database and Post Distribution Monitoring reports (PDMR). The desk review provided the consultants with a good understanding of the project and helped to generate secondary quantitative data.

Key Informant Interviews (KIIs)

In-depth discussions on specific topic(s) with purposively selected key informants were undertaken. The consultants engaged key stakeholders from the seven provinces of implementation. Information-rich individuals who had knowledge of or were involved in localised rapid disasters in the seven provinces were the evaluation primary targets. Key informants who were engaged included, District Development Coordinators as the chair of the Civil Protection Committees (CPC), project staff for Care International Zimbabwe, Plan International Zimbabwe and DanChurch Aid (DCA), and other relevant stakeholders. An interview guide for key informant interviews was developed based on the project objectives. Table 3 below indicates the key informants engaged.

Table 3: Interviewed Key Informants

Category of Informant	Target Group(s)	Target Respondent(s)	Number of informants interviewed
Consortium	<ul style="list-style-type: none"> ● Care International ● DanChurchAid ● Plan International 	RRMU technical leads, Program Manager, Project Officer, MEAL Officer,	5
Government Officials	<ul style="list-style-type: none"> ● Civil Protection Committees ● District Administrators and Coordinators ● School staff 	-Civil Protection Committee members -District Administrators -District Development Coordinators -Headmasters -Teachers	12
TOTAL			17

In-depth Interviews (IDIs)

In-depth discussions on specific topic(s) with purposively selected beneficiaries from the database were undertaken to gather substantial evidence on the effectiveness, relevance and timeliness of the ZDRRM activity implementation. An IDI guide was developed using a series of mostly open-ended questions. Selection of participants engaged for IDIs was done randomly. At least 2 IDIs were conducted in each of the 5 provinces that received disaster emergency response through the ZDRRM project. In addition, IDIs were conducted with two teachers and two headmasters bringing the total number of IDIs to 14.

2.2.2 Quantitative Data Collection

Survey Questionnaire

EMCAD rolled out a survey questionnaire among targeted project beneficiaries to gather quantitative data. To generate this information, the consulting team administered a survey questionnaire electronically, using KoBo Toolbox. The survey questionnaire was uploaded onto EMCADs smartphones for the purpose of data collection.

Sampling

In calculating the sample size for the survey, the formula below was used:

$$n = \frac{N}{1 + Ne^2}$$

Where: n=sample size

N=population size

e=precision, sampling error

The population size of 22,752 was drawn from the total number of people who were assisted by the ZDRRM disaster emergency response. Using this population size, a sample of 393 participants was calculated at 95% confidence level and 5% margin of error. This implied that for all the values that were calculated, one can be certain that percentage findings are a plus or minus 5% margin of error and there is 95% certainty that these findings are correct. The sample size was apportioned proportionally across five provinces since there was no beneficiary database for two of the provinces. In selecting the participants for the survey, stratified sampling technique was employed, giving all respondents an equal opportunity of being selected for the evaluation. Participants were grouped into provinces and randomly selected from each province as shown in the sampling frame below:

Table 4: Sampled Participants by Province and District

Province	District	Sample
Harare	Budiriro	20
	Chitungwiza	30
Bulawayo	Mzilikazi	71
	Mzilikazi-Luveve	10
	Mzilikazi-Magwegwe	9
Manicaland	Chipinge	114
	Mutare	33
	Mutasa	11
	Chiredzi	4
Masvingo	Masvingo	9
	Zaka	27
Midlands	Chirumanzu	13
	Gokwe North	3
	Gweru	45
Total		399

2.2.3 Data Quality Assurance (DQA)

EMCAD maintained strong lines of communication between the consultancy team and the client. The consultants attended to all potential risks and concerns regarding the final evaluation schedule, deliverables at each stage of the evaluation.

In ensuring data quality including completeness, accuracy and reliability, EMCAD put in place a set of data quality measures as explained below;

- **Daily debriefs and data spot-checks**

The Consultancy team held frequent debriefs to assess data quality, reviewed work progress and discussed any issues that could have had a negative impact on data quality. The team worked together to proactively develop solutions to any emerging problems, and engaged in simultaneous communication with Care International and relevant key stakeholders. At the end of each data collection day, the Research and Evaluation Expert uploaded the data into the KOBO Toolbox dashboard for review. Enumerators were restricted from editing the electronic questionnaire. The Research and Evaluations expert consistently monitored data quality through verification of each and every enumerator's uploaded data. This was done through downloading daily data uploads in Microsoft Excel format and filtering enumerator specific data submissions to check for any incomplete records. Corrective measures were taken during debrief sessions in instances where inconsistencies were noted in submitted data.

- **Setting Mandatory Responses**

In order to avoid unanswered questions in the dataset and to ensure that enumerators did not skip important questions, the design of the electronic questionnaire consisted of mandatory responses, and hence enumerators were not able to proceed to interview the next beneficiary without completing such questions.

- **Using skip rules**

For questions that were not applicable to a particular group of beneficiaries, skip rules were used in designing the electronic questionnaire where the Skip Logic command would be set to lock the inapplicable questions.

- **Training of Enumerators**

EMCAD engaged eight qualified, experienced and competent enumerators from its database, for the purposes of data collection. The enumerators received comprehensive training about the end of project

evaluation that included an interpretation session of all the data collection tools so that enumerators had a similar understanding of the questions. This ensured consistency of data that was collected.

Recruitment and training of enumerators was a critical component of data quality assurance. The training session covered the following areas; (i) basic evaluation ethics and data collection; (ii) question interpretation so that all enumerators and the Core Evaluation team had a common understanding and interpretation of the questions, (iii) skills required in virtual engagement with participants, (iv) data collection using KoBo Toolbox and (v) ensuring data quality during data collection (vi) basic evaluation ethics and conducting an evaluation that involves minors – issues of child safe guarding and protection of children, and ways to mitigate stigma and discrimination during data collection (vii) detecting signs of distress or trauma and how to respond appropriately

- **Pilot Testing**

Prior to the commencement of data collection, the consultancy team conducted a pilot test of the data collection tools with participants who were randomly selected from the database. Data collected during the pilot testing of tools did not constitute the evaluation data. The tools were adjusted after obtaining feedback from the pre-testing exercise and the revised tools were adopted for use.

2.2.4 Ethical Considerations

To ensure ethical conduct during the evaluation, the team adhered and respected EMCADs safeguarding policy. This entailed careful reading and signing of the policies as commitment to adherence during the assignment. As such, the evaluation process ensured appropriate, safe, non-discriminatory participation of participants. Below are ethical issues that were considered during this evaluation:

- **Confidentiality and anonymity:** Enumerators treated each and every response with utmost confidentiality, for example, no names of participants were required from those who participated in the survey questionnaire to ensure anonymity of responses. Pseudo names in the form of numbers were allocated for identification of participants.
- **Consent and Assent:** Participation at any level was entirely up to the respondent and there was room to withdraw from the study at any given moment. Verbal consent was sought from each participant who was willing to participate in the study. Assent was sought from the guardian of all participating minors. Consent was also sought for audio recording.
- **Risks and Benefits:** Participation during the evaluation had no or very minimal risks associated. Participants were informed that they would not receive any monetary benefits for participating in the study.
- **Non-discriminatory participation:** No participant was excluded from participating on condition of their health, disability, socio-economic status, among other vulnerability criteria.

2.3 Data Analysis and Report Writing

Qualitative data collected in local languages was translated into English and transcribed, verified and discussed with the entire evaluation team, in line with quality data assurance procedures. Analysis of qualitative data involved textual analysis of words obtained from KIIs, IDIs and documents. Thematic analysis was used in coding discrete units of meaning, charting the relationships among these units and describing the patterns of experience seen in the data generated. Each code described the idea or feeling expressed in that part of the text. The evaluation team collated all the data into groups identified by different codes. These codes allowed the evaluators to gain a condensed overview of the main points and common meaning that recurred throughout the data analysis. Using these codes, the team then identified patterns among them, and generated themes. A single theme was generated from several codes. Themes were then reviewed, defined and labelled. Patterns of data were established and summarised for the purposes of report writing.

Quantitative survey raw data collected through KoBoCollect was downloaded from the main dashboard in Microsoft (MS) Excel format and exported to the Statistical Package for Social Sciences (SPSS) version 23 for cleaning and analysis. The analysis went beyond descriptive statistics and used inferential

statistics to provide a comparative analysis of findings from the interim report and the final project evaluation. The analysis results are presented in the form of tables and graphs in the findings section of this report.

2.4 Limitations of the study

- Beneficiary contact details for Matabeleland North and South were not available in the provided database and hence, primary quantitative data is based on 5 out of the 7 provinces.
- Some targeted key informants refused to participate in the data collection process due to personal circumstances.
- Having to collect primary data virtually due to COVID-19 restrictions was a limitation in itself as the evaluation team failed to gather data from observations and participants' non-verbal communication.

3.0 FINDINGS

3.1 Demographics

This section presents the demographic characteristics of the evaluation survey participants, from five of the seven provinces targeted by the project namely Bulawayo, Harare, Manicaland, Midlands and Masvingo.

Table 5: Participants by Province and Gender

		Province					Total
		Bulawayo	Harare	Manicaland	Midlands	Masvingo	
Gender	Female	63	25	83	27	21	219
	Male	27	25	75	34	19	180
Total		90	50	158	61	40	399

The Survey consisted of 399 participants from 5 Provinces with 90 (63 female and 27 male) from Bulawayo, 50 (25 female and 25 male) from Harare, 158 (83 female and 75 male) from Manicaland, 61 (27 female and 34 male) from Midlands and 40 (21 female and 19 male) from Masvingo.

Table 6: Marital status by Province (%)

		Marital Status				Total
		Single	Married	Widow	Separated/ Divorced	
Province	Bulawayo	20 (22.2 %)	40 (44.4 %)	25 (27.8%)	5 (5.6%)	90
	Harare	2 (4%)	43 (86 %)	2 (4%)	3 (6%)	50
	Manicaland	8 (5.1%)	121 (76.6%)	25 (15.8%)	4 (2.5%)	158
	Midlands	1 (1.6%)	48 (78.7%)	10 (16.4%)	2 (3.3%)	61
	Masvingo	1 (2.5%)	32 (80%)	6 (15%)	1 (2.5%)	40
Total		32 (8%)	284 (71.2%)	68 (17%)	15 (3.8%)	399

In all 5 provinces, the survey included participants who are single (8%), married (71.2%), widowed (17%) and divorced (3.8%) as highlighted in table 6 above.

Of the survey participants, 58 (14.5%) were disabled, and among them 86.1% were physically disabled, 8.3% were mentally challenged and 5.6% were deaf¹⁰ as shown in figure 1 below:

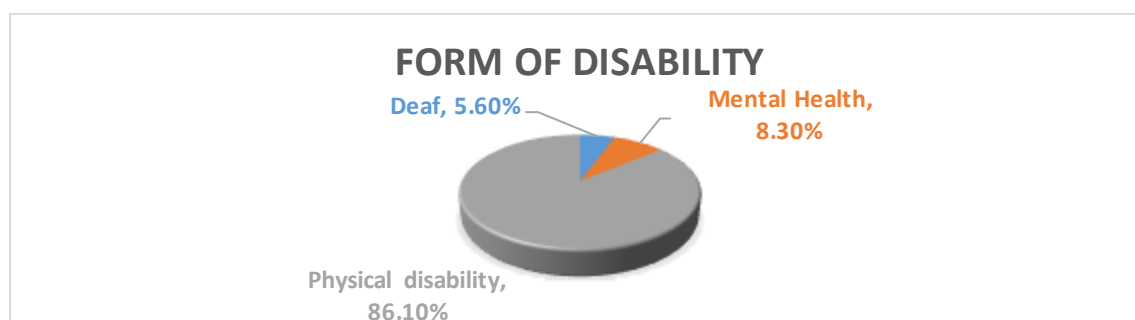


Figure 1: Form of disability

¹⁰ In engaging the mentally challenged and deaf survey participants, support was provided by their caregivers.

3.2 RELEVANCE

In assessing relevance, focus was made on measuring the extent to which the project interventions and approaches suited and responded to the needs of the Zimbabwe development context and the needs of beneficiaries and affected communities at large. The evaluation further assessed the extent to which the project used existing structures, skills and knowledge of affected people in the affected areas.

3.2.1 Relevance to the Zimbabwe Humanitarian Context

Extreme weather conditions can increase vulnerability to infectious diseases, including vaccine-preventable illnesses, as well as increase the risk of diarrhoeal disease outbreaks, including cholera and typhoid. Zimbabwe is characterised by a number of small-scale localised disasters that often go undeclared. These include storms, flash floods, whirl winds and heavy rains, among others. Communities living in areas mostly affected by these disasters experience loss of livelihoods, infrastructural damage, destruction of crops, and loss of food security, among others.

The Zimbabwe Humanitarian Response Plan (HRP) 2020/2021 was developed to galvanize resources for humanitarian partners to rapidly ramp-up their operations and tackle the most critical needs across the country, in support of the Government response and appeal, including response to the Covid-19 Pandemic. The plan is evidence-based, robustly prioritized and principled, addressing the most critical and immediate needs targeting affected districts. However, national response mechanisms respond to declared disasters while on the other hand, the ZDRRM sought to respond to rapid onset localised disasters, some of which went undeclared. These disasters occur suddenly with short notice where human, physical, economic or environmental damage overwhelm a community's capacity to cope. Hence, the ZDRRM's relevance lies in addressing a critical response gap by responding to localised disasters that might either be ignored or not be responded to by existing national response mechanisms.

In addition, the ZDRRM was fully aligned to the Zimbabwe Humanitarian Response Plan that emphasises the need to cover all the four key sectors namely education, protection, food security and WASH. This was indicated by a key informant who stated that;

“...this was a multi-sectoral response and the sectors that we covered were the same as those that would be found in the Zimbabwe Humanitarian Response Plan, which covered all four sectors...”(KII, Harare)

In conducting the multi-sectoral rapid needs assessment, the project worked closely with other NGO partners and government departments including the Ministry of Health and Child Care (MoHCC), District Development Fund (DDF), AGRITEX, Ministry of Women Affairs Community, Small and Medium Enterprise Development (MWACSMED) and Ministry of Primary and Secondary Education (MoPSE), among others. Every partner moved in with their thematic area of expertise and identified the gaps, challenges and recommendations with regards to the most appropriate responses. This multi-sectoral approach that involved working with different Government Ministries and departments further ensured relevance of the project to Government priorities.

3.2.2 Relevance to the Needs of Affected Communities

The ZDRRM project was developed to respond to localised onset disasters in 7 provinces of Zimbabwe. These included storms, flash floods, whirl winds and heavy rains, among others. Communities living in the target localities lost their livelihoods, houses, classrooms and crops were destroyed, loss of food security, and health affected by waterborne diseases, among others. This was highlighted by one of the participants who indicated that;

We encountered floods in our community, water was heavily flowing into houses. Clothes and food items were being swept away. We did not sleep that night... (IDI with community member, Chipinge)

While communities were affected by onset disasters, the Covid-19 pandemic which emerged and spread across the country, further exacerbated the desperate situations of the affected communities.

Prior to implementation of the ZDRRM interventions, a rapid needs assessment was conducted across districts as the bedrock for interventions. An assessment tool used to conduct the rapid needs assessment was viewed by stakeholders as comprehensive and suitable for a multi-sectoral multi-hazard assessment approach. The assessment, which was informed by both the affected communities and the district/local authorities, as well as government departments, was necessary in ensuring that the rapid response was relevant to the needs of the affected communities. Data that was gathered as a result of the assessment was therefore adequate for comprehensive and relevant disaster response decision making.

On being asked whether they were involved in decision making processes regarding the assistance that they required, participants in Manicaland (74.2%), Masvingo (76.3%), (3.7%) Bulawayo, (20%) Harare and (49.2%) Midlands indicated that they were involved as shown in figure 2.

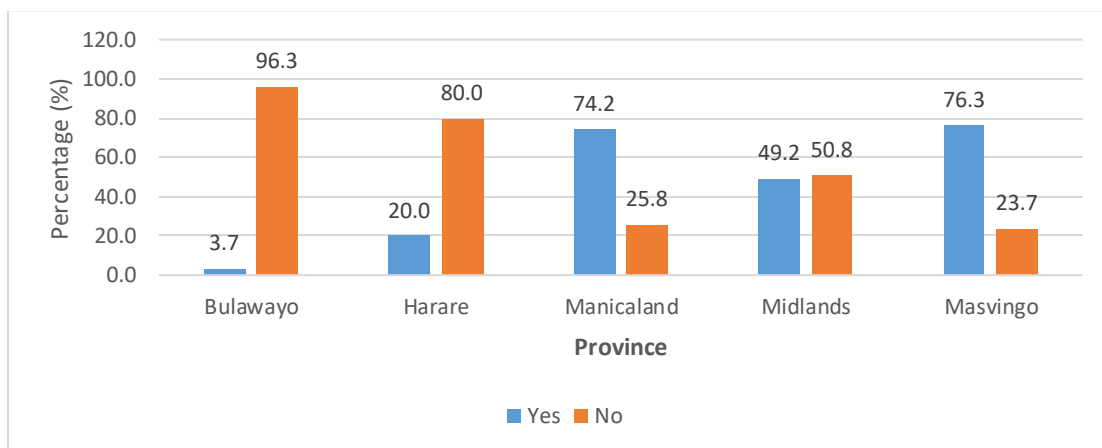


Figure 2: Involvement in decision making around the type of assistance required

Of the participants who were involved in deciding the assistance they required, a significant number of them highlighted that they received what they had requested for as indicated in Figure 3 below;

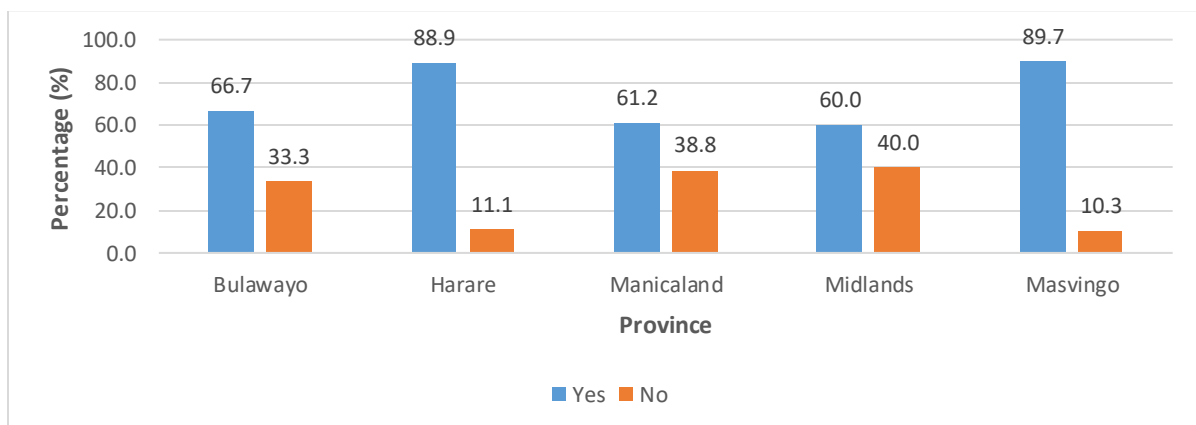


Figure 3: Participants who received what they requested

Among evaluation survey participants who indicated that they were involved in decision making around the type of assistance they required, 66.7% in Bulawayo, 88.9% in Harare, 61.2% in Manicaland, 60% in Midlands and 89.7% in Masvingo responded that they received the specific form of assistance they required.

3.2.3 Use of Existing Structures, Skills & Knowledge of Existing Communities

The ZDRRM interventions were implemented in cognisance of national and community level protocols of engagement. Authorisation for implementation was sought at national and district levels and district civil protection committees were also informed of the project by their principals at provincial level. Meetings were then organised to draft what was needed in line with needs as identified at community level and communicated from the national level. Councillors were engaged and they assisted CARE International and partners to navigate through affected areas in the communities. The project took account of the local skills and all community structures were united to solve the common disaster.

In most affected communities, village heads and health workers participated in the project and they were useful in the mobilisation of communities for the project. In an effort to build back better, communities assisted some families whose houses were destroyed by the floods, including through moulding bricks for reconstructing their destroyed homes. Local labour was used in renovating schools, for example in Umzingwane. This was further supported by a key informant who stated that;

“...renovation of evacuation centres was conducted using skilled personnel in the district from central government to community levels... this basically included existing structures in the district” (KII, Masvingo)

For the diarrhoea outbreaks that were experienced in Luveve and other parts of Bulawayo, the consortium worked with health care practitioners to get the list of the affected people and register them as beneficiaries. Working through existing structures for example District Civil Protection Committee (DCPC), especially during the COVID-19 Pandemic, helped to get rapid assessments and beneficiary registrations done without project staff having to go to the field amidst Government travel restrictions. The Civil Protection Committees also used their existing resources and there were complementarities among the stakeholders throughout the project. For instance, the civil protection committee only had 2-wheel drive vehicles that were not suitable for the bad terrain, and the consortium partners had 4-wheel drive vehicles which were shared with district officials in order to achieve the set objectives. Where Government vehicles were available, the consortium assisted with fuel whenever there was need.

Chiefs and headmen gave consent to the project, hence their involvement was beneficial in adapting the project and keeping the project relevant to local contexts. As a result, the interventions were sensitive and adaptive to the different dynamics of the communities. For instance, in Gokwe South the apostolic sect families which are predominantly polygamous, were given support cognisant of the community's heterogeneous household structures especially in relation to quantities of aid allocation. In the same district, there is an area that is multilingual (Ndebele and Shona) and is at the border of two different regions. Of note is that the headman was Shona while the households were mostly Ndebele, but nevertheless, over 200 people from that area participated in the project and it was well adapted to the prevailing circumstances.

Overall, the ZDRRM project responded well to the needs of the community, was fully aligned to the Zimbabwe Humanitarian Response Plan and used existing structures, skills and knowledge to respond to the crises.

3.3 Effectiveness

This section assesses the extent to which the project achieved the planned objectives. The findings and the analysis highlight the reasons behind the achievement (or not) of the project objectives and whether

they led to intended or unintended (positive and negative) consequences for those involved or affected by the interventions.

3.3.1 The Response Mechanism

With a plethora of factors hindering effective mobilization of immediate life-saving support for localised disasters, as highlighted in the project background, CARE in consortium with DCA and Plan International successfully established a Rapid Response Management Unit (RRMU) that led a comprehensive rapid response framework for rapid onset emergencies in 7 provinces of Zimbabwe. During the course of the action, small-scale, localised disasters were experienced in all the 7 provinces targeted by the action. Affected populations were supported with WASH NFIs, Cash transfers and shelter NFIs, as applicable. Based on findings from the ZDRRM final evaluation survey, the majority of survey participants (94.3% Bulawayo, 91.8% Harare, 91% Manicaland and 100% from Midlands and Masvingo Province) indicated that they indeed received humanitarian assistance upon having encountered a disaster.

Result Area 1: *High Risk districts have capacitated actors and systems linked to RRMU (RRMU systems, pre-selected partners and pre-positioned suppliers are in place)*

In establishing the mechanism, the consortium recognised existing structures such as the DCPC which is chaired by the district administrator (DA). The action worked closely with the district stakeholders as the structures that are recognised by the Government of Zimbabwe (GoZ) for related disaster response. Being at district level, the DCPCs were on the ground and able to identify and respond quickly to a disaster, with support from the consortium partners. Further complimenting the disaster response efforts at district level, were the disaster risk reduction committees (DRRCs) at ward level, that were also recognised by the GoZ. In working with these existing structures, including with traditional leaders who took a leading role at community level. The rapid response efforts were therefore strengthened particularly in terms of timely, safe and accessible humanitarian assistance.

The Rapid Response Mechanism was designed to respond to sudden onset emergencies occurring in a specific location. The DCPCs were provided with the needs assessment tool to enable them to identify emergency situations and subsequently allow for response within 72 hours. In so doing, the DCPCs and other preselected partners were capacitated to use the rapid needs assessment tool and the disbursement tool, write related reports and facilitate beneficiary selection. In the end these actors were able to use these tools independently and this ensured that rapid onset localized disasters were treated with urgency. Capacity building also involved the training of teachers on hazard mapping and vulnerability assessment of schools and for them to have an appreciation of how vulnerable their schools are to rapid-onset disasters. Teachers also received capacitation on response activities such as first aid, prevention of sexual exploitation and abuse, reporting protocols for all protection cases, and to provide psychosocial support to learners during and after disaster situations. Close collaboration between the consortium's highly skilled technical staff and stakeholders provided an opportunity for skills transfer that capacitated response actors.

Systems were strengthened in different ways, including through triggering a response following an alert, creating WhatsApp groups at different levels that facilitated both horizontal and vertical communication, and development of an online system to monitor stock in the warehouse.

The following table summarizes achievements made by the project against set indicators for capacitation of response actors and systems.

Table 7: High risk districts have capacitated actors and systems linked to RRMU

Result 1: High risk districts have capacitated actors and systems linked to RRMU (RRMU systems pre-selected partners and pre-positioned supplies are in place)			
Item	Target	Actual Achievement	% Achievement
Result 1 Indicator 1: Capacity building: % of pre-selected partners equipped with standardised rapid assessment, beneficiary selection and disbursement tools			
% selected partners trained	90%	121%	135
No of preselected partners	7532	33	0.4
No of preselected partners trained	No info	40	N/A
No of males trained on rapid assessment, beneficiary selection and disbursement tools	No info	34	N/A
No of females trained on rapid assessment, beneficiary selection and disbursement tools	No info	32	N/A

The under-achievement in the number of pre-selected partners could be a result of having failed to engage CBOs as originally planned at project design stage. On conducting due diligence for identified and already trained partners, the CBOs fell short of compliance to governance issues, making it difficult to commit or transfer funds to them. The consortium partners had to resort to working directly with the DCPCs and a few pre-existing partners for beneficiary assessments and distributions. By the time a decision was made not to engage CBOs, they had already been trained, which could explain the 121% achievement for partners who were trained.

Result Area 2: Schools and communities in targeted high-risk areas are able to provide safe and inclusive basic education when a rapid onset disaster impacts the school or surrounding communities (EiE)

EiE was one of the major priorities in the ZDRRM project in areas that were affected by disasters. Schools in Manicaland were particularly affected by heavy storms that destroyed school blocks and resulted in the discontinuation of learning. At Gunde Primary School in Buhera, heavy storms posed a major threat especially to learners, considering that disaster struck when schools were in session. During that period, most learners were transferred to other unaffected schools as the infrastructure and textbooks had been destroyed. In an attempt to manoeuvre the situation, Gunde School resorted to the “hot sitting learner system” in order to accommodate all the learners and ensure inclusive education. The needs assessment that was conducted through the ZDRRM project at Gunde Primary School managed to give an overall insight on key issues affecting learning. The ZDRRM project responded effectively through providing temporary learning spaces such as tents, and learning materials, enabling the school to provide a safe learning environment. In addition to providing temporary learning spaces to the school, the ZDRRM restored and rehabilitated damaged classroom blocks as shown in figures 4 and 5 below.



Figure 4: Gunde Primary School soon after storm



Figure 5: Gunde Primary School after rehabilitation

Normally when a disaster strikes, trauma is one of the most significant effects that affects communities as well as children. Teachers were trained in the provision of psycho-social support in an effort to create a safe learning environment for children. The teachers were also trained on hazard mapping and vulnerability assessment of schools, prevention of sexual exploitation and abuse, as well as reporting protocols for all protection cases identified. Communities also contributed to the restoration and rehabilitation of schools.

Like many other sectors, schools were not excluded from the effects of the Covid-19 pandemic. In Matabeleland South, Sacred Heart boarding school and Embangwe High school reported cases of Covid-19 among learners. Notably, Sacred Heart became a hot spot, with 146 out of the 262 pupils testing positive. Teachers, kitchen staff and learners were all affected in one way or another. This led to the consideration of Covid-19 as an emergency. The ZDRRM action provided assistance in the form of sanitizers, protective clothing and WASH NFIs, capacitating the school to provide a safe environment for learners and staff. The Esigodhini Hospital doctor, other Health Specialist and the Rapid Response team, regularly visited the school and testing was done frequently. Through support from the ZDRRM project, the school managed to contain the virus. In Matabeleland North, George Silundika High School was affected by the pandemic and 47 people were assisted with WASH NFIs. In Masvingo, Bondolf and Morgenster teachers' colleges were also affected by the pandemic with 118 and 389 people receiving WASH NFIs, respectively.

The table below shows the achievements made by the project against set indicators for Education in Emergencies.

Table 8: Result 2 – Education in Emergencies

Result 2: Schools and Communities in targeted high-risk areas are able to provide safe and inclusive basic education when a rapid onset disaster impacts the school or surrounding communities (EiE)			
Item	Target	Actual Achievement	% Achievement
Indicator 1: Number of teachers/education personnel showing increased knowledge and teaching skills to address children's learning needs			
Overall	300	112	37
Male	120	56	47
Female	180	56	31
Indicator 2: Number of learning spaces established or restored to minimum standards for safe learning			

Number of learning spaces established or restored to minimum standards for safe learning	40	40	100
Indicator 3: Number of girls and boys provided with learning materials			
Overall	13525	9928	73
Boys	6492	4692	72
Girls	7033	5236	74

Results in the above table show that all learning spaces that were destroyed in the target districts were reconstructed to minimum standards for safe learning. However, the provision of learning materials fell short of the set target with 72% of boys and 74% of girls receiving learning materials.

Result 3: Vulnerable affected individuals (especially children) are protected from abuse or violence in the event of a rapid onset emergency affected the targeted high-risk districts (Protection)

Taking cognisance of the “do no harm principle”, the ZDRRM action trained communities on prevention of violence, abuse and exploitation. The gender-age marker (GAM) tool kit was applied for the identification and prioritisation of protection cases. Findings from the evaluation revealed that humanitarian assistance was provided equitably. When participants were asked if they believed that the assistance they received was distributed in a fair and equitable manner, 93.9% in Bulawayo, 82.2% in Harare, 77.4% in Manicaland, 86.9% in Midlands and 89.5% in Masvingo agreed with the statement as shown in figure 6 below.

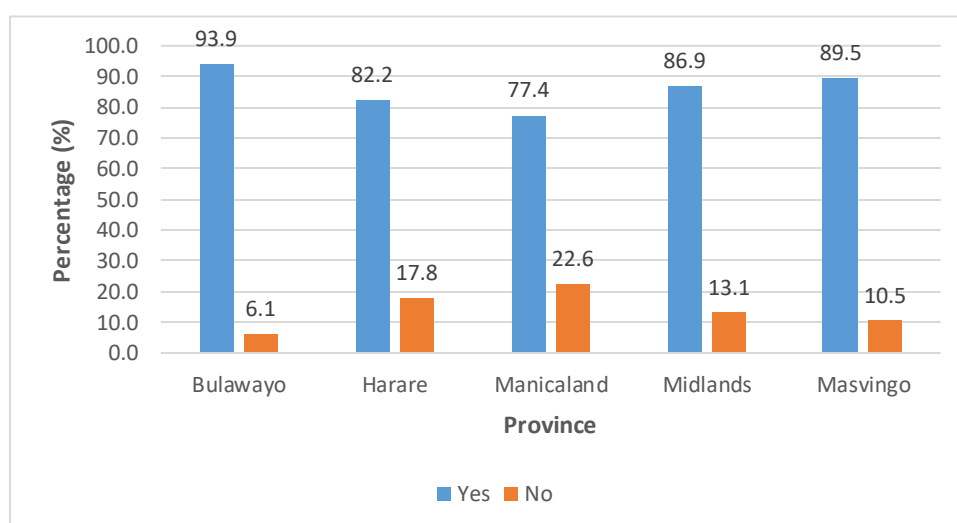


Figure 6: Humanitarian assistance provided in a fair and equitable manner

Furthermore, a safe and friendly feedback mechanism was established in line with the Core Humanitarian Standards (CHS). When asked if there were cases of violence and abuse after humanitarian assistance, participants in Bulawayo (97.8%), Harare (90%), Manicaland (88%) Midlands (96.7%) and Masvingo (100%) noted that there were no cases of violence after humanitarian assistance activities. While a greater proportion indicated that there were no cases of violence or abuse, some of the participants noted that conflict arose in some households that received cash transfers as some men chose to use the cash for alcohol instead of taking care of their families. One participant highlighted that;

Vana baba vakabva vawana mukana wekuenda kubhawa zvichibva zvakonzera mhirizhonga mudzimba. (Some husbands saw an opportunity to spend the money at the pubs as this caused violence in some homes) (IDI, female Mutare)

Besides these anecdotal reports of violence in communities as a result of cash transfers, the survey evaluation revealed that there were generally no reports of violence after the humanitarian assistance as indicated in figure 7 below.

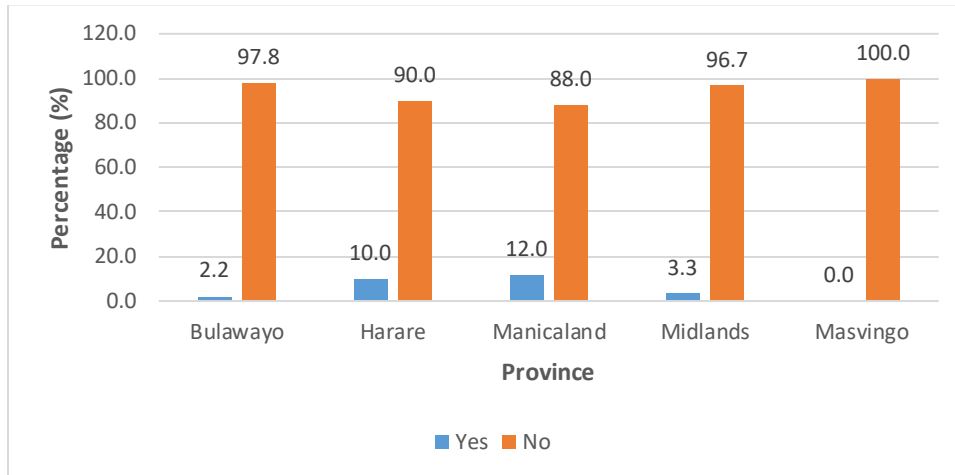


Figure 7: Cases of abuse and/or violence reported after the emergency assistance activities

Findings from the survey revealed that there were no cases of violence and abuse in Masvingo, while an insignificant percentage of respondents in Bulawayo (2.2%), Harare (10%), Manicaland (12%) and Midlands (3.3%) reported that there were cases of violence.

While efforts were made to implement the “do no harm” principle, the graph above indicates that there was some conflict particularly between those who received cash and others who did not receive any humanitarian assistance. Community members engaged in the end-line evaluation indicated that jealousy and anger fuelled disgruntlement among some community members who did not receive any type of assistance. It was also highlighted that some family members from the same household failed to benefit from the assistance due to prior family conflict. Some community members who were registered in the beneficiary database but did not receive assistance expressed that there was segregation and discrimination in the distribution of NFIs and cash. It is these community members that are disappointed with the humanitarian action and continue to hope and anticipate receiving assistance.

Vulnerable people who live in inaccessible areas did not get assistance. This was worsened because communication lines were not functioning at the time. Those who are poorer in communities are not usually able to report on time because they do not have access to communication devices. In Matobo, some vulnerable communities in inaccessible areas like Wards 5 and 15 did not get any humanitarian assistance following floods that made it impossible to drive to these communities. In an interview with a district official, he stated that;

“Ndakamboedza kuenda ku Ward 5 mota ikanyura, kusvika vanhu vemunharaunda vauya kuzondibatsira kubuditsa mota mumadhaka... hatina kuzozokerako...” (I once tried to go to Ward 5 and my car got stuck in the muddy road. It took the villagers 4 hours to help me lift the car out... we never went back...) (KII, Matobo)

The failure to reach inaccessible communities is a common challenge in humanitarian situations, for which possible solutions to protect these vulnerable people have to be thought through at project design stage.

Cash is a valuable commodity and hence its distribution poses security risks for which the mechanism placed some measures to reduce the security risks and protect affected people. This was done through selection of convenient safe distribution points and also picking a safe time for cash/voucher distribution. The travelling time which the beneficiaries took to travel was also considered as a security risk, and according to the humanitarian sphere standards, beneficiaries should not walk long distances to access distribution sites. The PDMR of June 2021 indicated that the majority of respondents (60.1%) travelled less than 30 minutes to reach the distribution site which is according to the sphere standards. An insignificant 0.3% indicated that they travelled for more than two hours. This was mainly to do with the selection of a convenient and safe distribution site. In addition, in order to reduce the security risks associated with cash/voucher distribution like gender-based violence, the communities were sensitized on GBV and were told that the project had zero tolerance on GBV. These sensitization sessions were done during public address meetings before distribution started. Findings from the survey further revealed that slightly more male participants (78.6%) than female participants (71.9%) showed an increase in knowledge on protection issues with an overall achievement of 75.2%

The following table shows the achievements made by the project against set indicators for Protection.

Table 9: Result 3 - Protection

Result 3: Vulnerable affected individuals (especially children) are protected from abuse or violence in the event of a rapid onset emergency (Protection)			
Item	Target	Actual Achievement	% Achievement
Indicator 1: % pre-selected partners equipped with basic tools, guidance, skills for ensuring vulnerable affected individuals (especially children) are protected from abuse or violence when disasters occur and during the immediate aftermath and response			
No of partners pre-selected	4	4	100
No of partners trained	4	4	100
Total participants trained		308	No target
Males trained		145	No target
Females trained		163	No target
Result 3 Indicator 2: Number of participants showing an increased knowledge on the protection subject in focus			
Overall	500	376	75.2
Males	240	189	78.6
Females	260	187	71.9

Even though the project achieved 100% of pre-selected partners who were equipped with basic tools, guidance and skills for ensuring that vulnerable affected individuals are protected from abuse and violence when disaster occurs and during the immediate aftermath and response, the absolute number of these pre-selected partners is only 4. This could be because of the project's failure to engage CBOs as discussed earlier. Had the project engaged CBOs, its reach would have increased significantly. However, after failing to be engaged formally following the due diligence results, some CBOs continued to support the project with no financial support.

Result 4: Improved national coordination among stakeholders and vertical linkages to sub-national actors for multi-sectoral emergency response (Coordination)

Effective coordination is an essential ingredient for rapid response to emergencies and aims to harmonize expertise from different actors, achieve synergies and maximize impact, and in that way, save efforts, resources, time and more importantly, save lives. The action's strategy was to establish a Rapid Response Mechanism for Zimbabwe that would respond to, and strengthen coordination for rapid onset disasters. Hence, coordination was an important result area for the ZDRRM action at different levels including within the consortium, Government structures, other stakeholders and at community level.

Care International Zimbabwe, as the consortium lead, was coordinated by CARE Deutschland that ensured regular engagement and oversight with Care International Zimbabwe and ensured that all donor requirements and CARE policies and procedures were met in relation to the requirements of the action. For strategic positioning, the consortium members shared all seven provinces for easy coordination, with Care in Masvingo, Plan International in Manicaland and DCA in Harare and Matabeleland. All consortium members had to coordinate at their respective sub-national levels. The ZDRRM action was designed to have one central rapid response management unit (RRMU) comprising technical leads from the consortium partners, for overall coordination. The RRMU technical leads who had expertise in cash transfers, logistics & procurement, ICT/Systems, EiE, gender and protection, led comprehensive coordination & response during localised disasters. However, due to Covid-19, coordination had to be decentralized to four offices (Chipinge, Masvingo, Harare, Mutare) and this inadvertently made them get closer to the communities.

There was effective coordination and collaboration among consortium members. Coordination of the strategic and complementary expertise and nationwide operating presence of the consortium members resulted in a seamless approach to the response and a shared vision of the best possible outcome. The combined expertise of CARE and DCA ensured rapid scale-up of existing systems and best practices from ongoing humanitarian actions in Zimbabwe and each organization's respective global humanitarian response experience and expertise. DCA brought specific expertise in ICT systems innovation and led the development of real-time early warning and response coordination systems, mapping and database systems. DCA also led procurement and logistics, drawing on their global expertise and experience in delivering efficient humanitarian response. Similarly, Plan's extensive presence & experience in Zimbabwe in the Education and Protection sectors ensured that these components were well mainstreamed into both the preparedness and response components of the action, drawing on Plan's experience of global best practice such as the global Safe Schools model. The consortium members were so coordinated that when disaster struck in an area, any consortium member, physically present in that area would kick start the engagements so that delivery of assistance was not delayed. One key informant stated that;

“At some point we distributed cash in Buhera which was not our designated province. Since there was a need, we had to quickly move in to distribute cash in response to floods. So we could see ourselves crisscrossing in a smooth and coordinated manner so that we achieve our goal. The issue of designated boundaries did not matter because what mattered was to save lives.” (KII with consortium member)

The consortium held weekly coordination meetings but during peak periods of disasters, they met every day. The consortium participated in Government-led provincial and district coordination forums like the Provincial Civil Protection Committee meetings and the District Civil Protection Committee (DCPC) coordination meetings, chaired by the DA, where they would provide updates on what had been done. They would meet once every month at the provincial level and meet every week at the peak of disasters. The RRMU Project Manager attended all relevant Humanitarian Country Team (HCT) meetings and participated in any relevant activated UN Cluster national coordination meetings, in particular the WASH, Food Security, Protection and Logistics Clusters, as well as the Early Recovery Sector Coordination. RRMU supported mobilisation of humanitarian and development actors already present in the affected area (local and international NGOs, CBOs, FBOs, Red Cross branches), providing tools, technical support and resources for response actions.

Each consortium member had a leader who provided general support, guidance, and served as focal point during activity implementation. Consortium leaders from the 3 organizations were responsible for all field activities and this included coordinating, consolidating, and ensuring smooth implementation of program and operational activities and adherence to logistic, human resource, administration and security procedures. They represented ZDRRM to relevant stakeholders. Activity scheduling was done in consultation with all consortium members to make sure there was no clash of events and there was relevant representation at project events. The RRMU monitored the political, economic and social environment in operational areas to ensure staff, and community members were safe. They made sure that all activities done by consortium members followed procedures outlined by the RRMU and used tools recommended by the action.

During any specific response, the RRMU supported participation of local response actors in coordination structures at the district & ward levels, including DCPC coordination meetings. RRMU toolkits provided guidance for local actors who needed to work closely with local leadership councillors, village heads, chiefs, headmen and community volunteers, especially for community mobilization and registration of beneficiaries. Mapping of disasters and hotspots continued through coordination processes as communities reported events taking place in their localities. Ward counsellors chaired and coordinated Disaster Risk Reduction Committees at ward level, providing a platform for the community to unite to solve this common disaster. One community member had this to say:

“There was mushandira pamwe (team work) so as to survive during the disaster. The councillor also supported the consortium members to navigate through affected areas in communities.
(IDI, Masvingo)

The district civil protection unit was always in touch with the ward protection unit to understand the situation on the ground and ascertain what could be done, and there was full ownership of the project by the district civil protection unit. Effectiveness of coordination at district and ward levels was evidenced by the smooth flow in which activities were implemented.

Nevertheless, it is important to note that the ZDRRM project was designed to work with CBOs in implementation, however, this did not go as planned due to some challenges relating to financing which would affect how they would work. CBOs however, received capacity building through the project in order to strengthen their responsiveness to disasters.

The table below shows the achievements made by the project against set indicators for Coordination.

Table 10: Result 4 – Coordination

Result 4: Improved national coordination among stakeholders and vertical linkages to sub-national actors for multi-sectoral emergency response (Coordination)			
Item	Target	Actual Achievement	% Achievement
Indicator 1: Number of multi sectoral rapid assessments conducted within 48 hours of rapid onset disasters			
Number of multi sectoral rapid assessments conducted within 48 hours of rapid onset disasters	20	37	185
Indicator 2: % of partners requesting for material receiving the requested support within 72 hours			
% of partners receiving support within 72 hrs	80%	0	0
Number of partners who received materials within 72 hours of request		0	0
Number of partners who requested materials		0	0

Indicator 3: % of cluster coordination meetings attended by RRMU			
% of meetings attended by RRMU	100%		69
No of cluster coordination meeting held		13	
No of meetings attended by RRMU		9	

One of the project successes relates to conducting timely rapid assessments with a 185% achievement. However, the project had teething problems at the onset of disasters making it difficult to provide support to partners within 72 hours though this improved as implementation progressed.

Results 5: Respond to emerging local disasters according to identified needs and/or address identified gaps in existing multi-sectoral crises (MPCT and NFIs distribution)

The provision of non-food items (NFIs) is a key programme intervention during disaster response as it helps to preserve the health, safety, dignity and well-being of people affected by disasters. The project provided a wide range of NFIs including WASH NFIs for example buckets and water containers; Shelter NFIs for example tents and blankets; Protection NFIs for example dignity kits and EiE NFIs that included learning materials.

By midline, the mechanism had benefited a total of 869 children (413 girls and 456 boys) in Chipinge and Buhera districts through the provision of temporary learning shelters, teaching and learning materials as well as dignity kits for adolescent girls. Safe temporary learning shelters were established at Chisavanye Primary School in Chipinge District and Gunde Primary School in Buhera. Chisavanye Primary School was provided with 3 tents that have capacity to house 150 students, while Gunde Primary School was provided with 3 temporary learning shelters for the same number of students. Pre-positioning of EiE NFIs during the lockdown that started in March 2020 proved to be helpful because when schools reopened, a lot of learners benefited from the prepositioned NFIs.

A total of 820 beneficiaries (166 girls, 196 boys, 248 women and 210 men) were reached by midline, through WASH, hygiene, protection and shelter kits distributions which were conducted in Chipinge and Chiredzi where household structures were affected by the heavy rains. The ZDRRM project also distributed 280 tapped buckets, 160 soap bars and 170 coveralls to 7 districts of Masvingo province. Through the Provincial Office and the Lean Season Assistance communities in Zaka, a total of 5,777 (3,620 females; 2,157 males) individuals were reached. In response to the diarrhoea outbreak in Bulawayo, the project distributed 580 tapped buckets reaching 2,350 (1,260 females; 1,090 males) individuals.

Generally, prepositioning of NFIs and identification of suppliers was a key strategy of the mechanism and this ensured that all provinces were ready to receive assistance in case of disaster. A database management system for NFIs was also established and used by the consortium. This NFI system granted district and provincial partners access to NFI stocks and procedures that were followed when a disaster struck. All this helped to shorten the request and response time frames.

Cash transfers have the potential to provide beneficiaries with choice, empower people and communities, strengthen local markets, engage the private sector for example banking, security and financial services. The ZDRRM action made use of the multipurpose Cash transfer (MPCT) system which was an unrestricted cash transfer modality that people affected by disaster used to cover their basic needs. By its nature, the MPCT offered affected people a maximum degree of choice, flexibility and dignity as they were free to decide which basic needs they wanted to cover and how they preferred to cover these basic needs. In some areas, affected people had recently harvested and had sufficient food, and so they used the money for other needs including start-up capital and buying construction materials like cement.

The project used two models, the e-voucher and cash-in transit models. The e-voucher system was managed by private companies, the Red Rose and KUVA which was used only where there were Gains and N’Richards Supermarkets, with DCA using the Red Rose and CARE using KUVA. Mobile money transfers were prioritised for MPCT to minimise the risks of transporting & delivering hard cash. Beneficiaries would be given vouchers after which they would redeem the money by buying goods of their choice from specific shops, for example OK Zimbabwe, Pick and Pay and N Richards. Figure 8 below shows a couple just coming out of a supermarket after redeeming their voucher to buy groceries.



Figure 8: Beneficiaries buying groceries

The e-voucher system was used for urban beneficiaries where there was internet connectivity. Use of the Red Rose and KUVA platforms proved to be effective since they already had the gadgets and they only had to train staff for about twenty minutes on how to add the beneficiaries in the system. Amounts of cash to be distributed were pegged as guided by the Cash Working Group with slight variations determined by the outcome of market assessments. For example, in Matabeleland, affected urban recipients were given US\$17,75 per month for three cycles covering 5 people per household and for rural areas, it was US\$18,20 due to price disparities between urban and rural areas. In Manicaland, affected families received US\$12.00 per child living in the household.

Giving cash transfers to people in localized lockdowns saved a lot of families as many of these people rely on informal markets for source of income, and during the COVID lockdown, they had no source of income as informal markets were closed. Getting unconditional cash helped affected people to address any basic needs that were of priority to them. Cash transfers also helped a lot of people who had chronic illnesses as they used their cash to restock their medical supplies, as stated by one beneficiary who said;

“As for me, I would say that indeed the project assisted us more than what we expected from the assistance considering that most of us are low-income earners and we received cash that was way above our usual earnings. (IDI with community member Budiro)”



One factor that could have contributed to this is that beneficiaries received their cash in United States dollars (USD) when most people earn in Zimbabwe dollars. They had greater purchasing power using the USD. Figure 9 shows a woman that had just received cash and a water container.

It is evident that unrestricted MPCT was more cost-efficient and cost-effective to meet multiple needs.

Challenges related to the e-voucher system included inaccessibility of the large amounts of cash required for distribution since withdrawal limits hindered the mobilization of cash. It would take a long time to get the cash required, which delayed the distribution of the cash. The Post Distribution Monitoring Report (PDMR) for June 2021 states that supermarkets that were designated to redeem the vouchers were at times facing connectivity challenges which resulted in inefficiency of the voucher system as beneficiaries would be asked to come back later when the system was up, which was an inconvenience to beneficiaries. This would also be costly if

beneficiaries had to pay for transport to and from the supermarket.

The cash-in transit model would begin with engagement of local leaders and then a market assessment would be conducted. Local leaders and beneficiaries would identify a convenient place for the distribution of cash considering accessibility of the place and distance. People would come in groups of tens or fifteen to collect cash and this was done to prevent the spreading of Covid-19. The project engaged the Securico security company to manage the cash-in-transit model. This meant that they would be given the list of beneficiaries, collect the cash, deliver it to the agreed location and distribute the cash to beneficiaries. After distribution, the security company would share supporting documents with the consortium members.

The table below shows the achievements made by the project against set indicators for MPCT and NFIs distribution.

Table 11: Result 5 – MPCT and NFI Distribution

Result 5: Respond to emerging local disasters according to identified needs and/or address identified gaps in existing multi-sectoral crises (MPCT and NFIs distribution)			
Item	Target	Actual Achievement	% Achievement
Indicator 1: Total cash transfer value used for MPCT			
\$ 643,489.00	\$ 643,489.00	\$ 618,086.00	96%
Indicator 2: Number of people receiving multi-purpose cash			
Overall	20,000	15 196	76%
Males	9600	7446	78%
Females	10400	7449	72%

Overall, the project reached 76% of its target beneficiaries receiving multipurpose cash. Specifically, 78% of the targeted male beneficiaries and 72% of the targeted female beneficiaries were reached.

Failure to achieve the 100% target could have resulted from the fact that some areas were inaccessible for conducting emergency response activities. However, considering the overall challenges during which the project was being implemented, the project was effective in addressing the immediate needs of the affected population. Given its unconditionally, the cash addressed a wide range of priority needs of the affected population, including, purchasing of reconstruction materials, food and medicines, among others.

Some of the factors that facilitated overall project effectiveness included the fact that the Government cooperated in authorising field officers to travel during lockdown when movement was necessary. The DCPCs took full ownership of the project and were fully committed to its success. Regular engagement with the donor on emerging challenges and quickly reaching consensus on how best to resolve the problems, coupled by the donor's flexibility on budget implementation all contributed to project effectiveness. Flexibility within the three consortium organizations, leveraging technical support from the three organizations, and support from their top management that constituted the Steering Committee as well as flexibility of the supervisors in allowing more time to be availed for the project all made work much easier.

3.4 Efficiency

Efficiency was assessed in terms of the extent to which cost saving mechanisms were used in reaching the target beneficiaries without compromising on quality and timeliness of project interventions in responding to the needs of the target populations.

In ensuring cost effectiveness throughout the implementation process, the ZDRRM action engaged Securico, the same security company providing security services to their offices and warehouses to transport cash to communities. This was an effective cost saving strategy both in terms of time and resources. Considering the liquidity challenges in the market, the project managed to withdraw the needed USD and transfer it as USD which made project funds maintain value as opposed to liquidating it into Zimbabwe Dollar, losing value in the process. Use of the e-voucher system was efficient because it was a real time application, where cash transfers would be distributed timely.

The ZDRRM action had profound human resource capacity because the consortium leveraged technical expertise from a lot more staff than the project team had agreed upon at design stage. The consortium provided warehouse managers and Plan International provided programme facilitators who were responsible for data collection in Chipinge and Mutare. In addition, the consortium had regional and global surge technical capacity that could be called upon as and when it was needed. All this contributed to project efficiency.

NFIs were prepositioned in different warehouses which were strategically positioned in Bulawayo, Chipinge and Masvingo, central locations that service disaster prone areas. The proximity of warehouses to the ZDRRM response teams as well as the prepositioning of stock allowed for the timely delivery of humanitarian assistance. Communities showed their satisfaction in the timely delivery of assistance as stated by community members who said;

"I can say that the project was timely because it came when we needed it the most". (IDI, Gweru)

"Yes, the assistance was delivered on time... I had never witnessed a convoy of vehicles from different organizations coming to assess and assist victims... they ensured that we had received assistance as a matter of urgency". (IDI with community member Budiro)

Although communities showed satisfaction with the timely delivery of humanitarian assistance, the process was not without challenges. The project was a pilot of its own and the consortium had to learn

from each process and continuously improve on efficiency. Covid-19 also presented challenges particularly in terms of travel restrictions imposed by the Government of Zimbabwe during the course of project implementation. There was a delay in the implementation of the program as they tried to figure out how to implement the projects in the face of the Covid-19 related restrictions. Further affecting project efficiency, were frequent changes in the monetary policy that affected how the project was to engage service providers, and this created a lot of uncertainty. This further affected the delivery of goods and services that were needed for the implementation of activities. These challenges made it difficult to exhaust the budget on time, resulting in two no-cost extensions of the project.

3.5 Sustainability

Being a rapid response mechanism, one would not expect a well-structured sustainability strategy as the project aimed to quickly respond and save lives. However, there were aspects of some interventions that contributed to sustainability. In Matabeleland and Manicaland, the project drilled boreholes following an outbreak of waterborne diseases. The communities were devastated by water shortages which resulted in poor hygiene, hence the spread of diseases. In addition to reducing water borne diseases, drilling of boreholes will support agriculture projects and related household needs, presenting a long-term solution to water challenges that goes beyond the life of the project. In Harare, Bulawayo and Chipinge, the project conducted an assessment of community needs, and resolved to solarise existing boreholes. Solarisation of boreholes presented a more sustainable way of maintaining availability of water in the target areas.

The project was also able to build back better through renovating community halls. The DCPC in Umzingwane renovated the community hall so that it will be used as an evacuation centre. Some DCPC representatives noted that;

“If we have another disaster, the disaster response centres that were renovated to standard will help people in emergencies”. (KII, DCPC Masvingo)

“The shelter is multi-purpose to the victims. It is an excellent idea to have it as a multi-purpose hall including as a quarantine centre.” (KIIDCPC Umzingwane)

In Umzingwane a committee was set up to safeguard the community hall and the borehole which shows how the community contributes to sustainability of the project.

The ZDRRM project did not intend to support early recovery, as it was aimed to provide immediate response and save lives. Through the multi-purpose and unconditional cash that was provided, some beneficiaries managed to buy long term assets like construction materials for example doors, cement, paint, roofing materials, to mention a few. One community member stated that;

“...it was sustainable because I managed to purchase a door (which is a long-term asset) with the cash that I was given.” (IDI, Gweru)

The knowledge and skills obtained through the project interventions will be used well into the future. For example, as part of the response, teachers were trained on psycho-social support, first aid, prevention of sexual exploitation and reporting protocols for all protection cases identified. In addition, the project empowered communities on how to respond to disasters, including reporting disasters to Civil Protection Units. The communities will continue to use this knowledge in the event of future disasters. However, a male participant in Masvingo expressed great concern on the sustainability of the project because it was a short term intervention. He stated that;

“The assistance covered a short period, and the communities still face the effects of these disasters” (IDI, Masvingo)

Likewise, female participants from Mutare and Budiriro noted that there are low chances that the results will continue for a very long period, arguing that the cash or vouchers that they received were used for grocery items that were quickly exhausted. In Mutare, participants felt that the project was too short

and they still needed more assistance. Participants argued that the project contributed to short term relief with no consideration for the long term, and unfortunately, people were not taught how to use the money in a wise and sustainable manner. One participant highlighted that;

“We were not expecting the project to end so soon so I think we cannot sustain ourselves yet because we were still covering the gaps that were left by the disaster. (IDI, Mutare)”

This indicated an element of dependency as communities continued to want more aid even though their lives were out of danger.

3.6 Lessons Learnt

This section presents the key lessons learnt from the ZDRRM project implementation.

i) Coordinated and timely response saves lives

Proper disaster response coordination reduces human suffering and saves lives. The project proved that coordinated interventions reduce protection gaps and saves more lives. The consortium as well as the multi-stakeholder engagement drew more benefits from working together during the project. Emergency committees that were established enabled prompt reaction in terms of aid delivery where those structures were strategically put in place on time. Since there were standby resources and personnel to ensure urgent response during this project, responses were faster.

ii) Changes in ecological characteristics due to climate change may result in unexpected disasters

There are areas being affected by hazards they have never experienced before. These hazards are traditionally not experienced in the areas due to their natural ecological zone. This was experienced in Bulawayo which has been prone to droughts yet it experienced floods. The challenge of using the traditional hazard profile was witnessed among participants who highlighted that the needs assessment tool was too long as it required information related to hazards that were not found in their areas.

iii) Multi-stakeholder collaboration and synergy enhances project impact

Having different expertise from the consortium contributed significantly to the success of the project. This was complemented by provincial and district level response teams that provided on-the-ground support to the overall response process.

iv) The most inaccessible communities are left behind during disaster response

Communities who live in remote areas which are difficult to reach, especially during the flood disasters, did not get assistance since they were inaccessible. This was worsened because communication lines were not functioning at the time.

v) Conducting a needs assessment and hot spot mapping enables the project to adequately respond to the needs of affected communities

Affected communities were satisfied with the assistance they received through the project, highlighting the importance of conducting needs assessment and hot spot mapping. Their satisfaction can be attributed to community participation in identifying their priority needs.

4.0 CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusion

In conclusion, the ZDRRM action achieved its set objectives and target results to an extent.

Having sought to establish an effective rapid response mechanism to respond to rapid onset emergencies in the Masvingo, Midlands, Manicaland, Harare, Bulawayo Matabeleland North and South provinces of Zimbabwe, Care International in consortium with Plan International and Danish Church Aid successfully established a Rapid Response Management Unit. Through the ZDRRM project, the RRMU addressed gaps, weaknesses and limitations in emergency response in Zimbabwe, ensuring timely response to rapid onset disasters in a context of widespread ongoing slow-onset food insecurity and deepening financial crises. Emergency interventions included the establishment of community and school-based child protection mechanisms, provision of temporary shelters (tents), re-building of damaged infrastructure, providing psycho-social support and capacity building for teachers, as well as establishing temporary learning spaces and child friendly spaces.

The use of existing structures, skills and knowledge of existing communities contributed to effective implementation of the rapid response mechanism. In establishing the mechanism, the consortium made use of existing structures such as the DCPC which is chaired by the DA. The action worked closely with the district stakeholders as the structures that are recognised by the Government of Zimbabwe for related disaster response. Effective coordination proved to be an essential ingredient for rapid response to emergencies and allowed for the harmonization of expertise from different actors, fostering of synergies and ultimately, the maximization of impact. Conducting needs assessments and hotspot mapping enabled the action to adequately respond to the needs of affected communities. Communities living in areas mostly affected by these disasters experienced loss of livelihoods, infrastructural damage, destruction of crops, and loss of food security, among others. The ZDRRM action had profound human resource capacity drawn from each of the consortium members, and this strengthened both the effectiveness and efficiency of the emergency action. Giving cash transfers to people in localized lockdowns saved a lot of families as many of them relied on informal markets for source of income, and during the Covid-19 lockdown, they had no source of income as informal markets were closed. Receiving unconditional cash allowed affected people to address any basic needs that were of priority to them.

Although communities showed satisfaction with the timely delivery of humanitarian assistance, the process was not without challenges. The project was a pilot of its own and the consortium had to learn from each process and continuously improve on efficiency. Covid-19 also presented challenges particularly in terms of travel restrictions imposed by the Government of Zimbabwe during the course of implementation. There was a delay in the implementation of the project as efforts were made to try and circumnavigate the effects of Covid-19 on the emergency interventions. Further affecting project efficiency, were frequent changes in the monetary policy that affected how the project was to engage service providers, and this created a lot of uncertainty.

However, the Zimbabwe Disaster Rapid Response Mechanism (ZDRRM) action was implemented successfully to a greater extent.

4.2 Recommendations

- Disaster response partners should adopt an online disaster response system that enables remote risk mapping and coordination to allow reporting of disasters online, action planning and resource tracking in times of disasters in order to achieve more urgent response.
- Government, through the Civil Protection Committees, should enforce constant drainage system clearances throughout the year by Local Authorities in both main cities and other smaller towns throughout the country to avoid cases of flash flooding especially in high density residential areas.
- The Government, through the Civil Protection Committee, should prioritise continuous review of disaster risk reduction plans at all levels.
- Disaster response partners should provide warehousing facilities in districts for timely disaster responsiveness, while partners assist in prepositioning of stock as a disaster preparedness measure and to keep these response mechanisms active.
- Project implementers should ensure that more stakeholders are involved from project design stage up to implementation to ensure that communities are involved in a bottom-up approach and their areas of need are fully identified.
- Project partners should train beneficiaries to initiate more resilient live lihood projects whenever they get cash during emergencies.
- Disaster response partners should prioritise provision of psycho-social support as an initial response to emergency situations.
- Protection of learners is very important and disaster response actors should ensure that schools have disaster strategies, as well as response plans and procedures that facilitate a step-by-step process for child protection after a disaster.

ANNEXES

Annex 1: Terms of Reference

- 1. Scope of Work.** Contractor shall perform the following duties and complete the following work, as requested by CARE pursuant to the terms hereof:

Context and Background

Zimbabwe Disaster Rapid Response Mechanism (ZDRRM), a consortium of CARE international, Plan International and DanChurchAid, with supported from European Civil Protection and Humanitarian Aid Operations (ECHO) is implementing a project focused disaster response in seven provinces in Zimbabwe. In facilitating disaster response, the key project activities include:

- ✚ Optimizing coordination in disaster response
- ✚ Facilitating rapid needs assessments to ascertain extent of the damage from the disasters
- ✚ Disaster response/mitigation through provision of Non-Food Items (NFIs) or Cash distribution through the e-voucher system.

The Mechanism/Project will also involve the identification Community Based Organisations to collaborate in disaster response to rapid onset disasters in Zimbabwe.

Purpose of the End of Project Evaluation Survey

The purpose of this survey is to:

- Establish project achievements against the project benchmarks
- The study should also provide an information base against which to assess the progress and effectiveness and appropriateness of response during implementation and after the project is completed.
- Assess the efficiency of the systems in place (M & E, reporting) and how they are tied to the disaster response flowchart

Scope of the End of Project Evaluation Survey

a. Geographical Scope

The Mechanism is principally focused in Zimbabwe

Sectoral Scope

The sectoral scope of the survey should be aligned with the main outcome, objectives, and indicators of the Mechanism/Project.

Project Description

Project Name	Zimbabwe Disaster Rapid Response Mechanism
Project Goal	Strengthen response mechanisms and preparedness for rapid response to localized rapid onset disasters in Zimbabwe.
Project duration	1 st February 2020 to 30 th June 2021
Beneficiaries	People affected by rapid onset disasters
Evaluation type	End of Project evaluation
Evaluation start and end	1 st June to 30 th June 2021

Evaluation start and end is inclusive of all activities up to submission of the Final Evaluation report

Methodology

The detailed methodology must include:

- Data collection instruments/tools
- Protocols and procedures for data collection with all the respondents
- Procedures for analysing quantitative and qualitative data
- Data presentation/dissemination of findings

The evaluation survey should adopt a mixed methods approach, integrating quantitative and qualitative methods for triangulation of data. It should also ensure that data collected can be communicated, explained, and contextualized. In addition to conducting a secondary literature review of key documents, it is expected that the research team will combine surveys with in-depth interviews and focus group discussions.

It is expected that the evaluation will take not more than 30 days with the dates as follows:

- i. **Consultative meeting** with ZDRRM Team to be held on 1st of June 2021
- ii. **The Inception report:** to be submitted by 4th of June 2021
- iii. **Draft Evaluation Report-** 23rd of June 2021
- iv. **Final Evaluation Report-** 30th of June 2021.

Timeframe:

i. Field Data Collection and Analysis

The Consultant should be in the position of drafting data collection, analysis and report writing timelines that will fit into the 30 days' timeline

ii. Draft Evaluation Report

First draft of the evaluation report to be submitted by 23rd of June 2021.

To include an executive summary, with summarized raw data provided as annexes. The first draft report will be reviewed by ZDRRM team and other relevant stakeholders who will provide comments for incorporation into the report by 25th of June 2021. For quality assurance purposes, all statements made in the report should be evidence-based, and this evidence should be available, in full and specific to that particular statement (i.e. no unorganized raw data but raw data that are specific to whichever statement is made), upon request. A reference section highlighting data sources should be included in the Annex Section.

iii. Final Report

Final submission of the Evaluation report to be done by the 30th June 2021 with an excel sheet showing all the necessary primary data collected against all the indicators as detailed in the proposal application package.

Time. Contractor shall commence the duties on the following date: Tuesday, June 1, 2021

All work shall be completed by the following date: Wednesday, June 30, 2021

Assigned Employees. If names of Contractor's employees are filled in below, then Contractor agrees that such employees shall perform the duties under this Agreement. The failure of such employees to perform the duties shall be deemed a breach of this Agreement by Contractor; provided, however, that CARE may, by prior written approval, agree to accept different employees of Contractor to perform the duties under this Agreement.

Not Applicable

2. **Anticipated Compensation.** In exchange for complete and satisfactory performance of the work described in this SOW, Contractor shall receive the following anticipated maximum compensation for the work, unless this SOW is earlier terminated pursuant to the Agreement:

Inception Report- \$2850.00

First Draft Report- \$2850.00

Final Report- \$3800.00

3. Expenses. Contractor shall be reimbursed reasonable expenses for:

No reimbursements will be made as all expenses will be catered by the consultant

4. Manner of Payment. Contractor's compensation and reimbursable expenses shall be paid:

Unless the Parties otherwise agree in writing, CARE shall pay Contractor **net thirty (30) days** after receipt of proper approved invoice and/or receipt of completed and approved expense report. Note that all expense reports must be submitted with original invoices/receipts for each expense in excess of USD 9500.00.

Payments in foreign currency will be paid as follows:

Down payment- 30%

Second instalment- 30%

Third and Final Payment- 40%

Contractors will be paid in the foreign currency specified in the contract provided that payments will be made to those that have a foreign currency bank account in their name or their company's name as per the contract.

No foreign payments to proxy or nominated individuals will be made.

Contractors and/or companies that do not have foreign currency bank account will be paid in local currency that is calculated on the date of contract signature.

Payments in local currency will be paid as per standard procedure. Contractor shall provide CARE with periodic and final invoice statements indicating Services performed, expenses incurred (if reimbursable pursuant to Schedule A), past payments made and any other information CARE shall reasonably request. Contractor shall provide a final invoice statement whenever requested by CARE up to sixty (60) days after the date set for the completion of the Services in this SOW.

5. Good Faith Estimate of Maximum Payments. The following is a good faith estimate of the maximum payments to be made by CARE under this Agreement, unless earlier terminated pursuant to this Agreement:

Anticipated Compensation (Section 2 above): \$ 9500.00

Reimbursable expenses (Section 3 above) \$ 0.00

Maximum Sum of Contract/Purchase Order \$ 9500.00

To apply

Submission to be made to tenders@carezimbabwe.org with subject titled "ZWZDRRM005"

Annex 2: Data Collection Tools

ZDRRM Survey Questionnaire

Consent

"Hello, my name is..... , and I am working with CARE, Plan International and DanChurchAid, to help them learn about our community. If you don't mind, I would like to ask you a few questions about disasters and the humanitarian assistance that you have received after the disaster. This should not take much of your time [a maximum of 20 minutes], and you can choose to stop the interview at any time or to skip any questions if you would like. Your responses are confidential, and your name will not be written down or submitted anywhere else other than for this exercise.

No.	Question	Response	Skip rules
i)	Enumerator		
ii)	Are you happy to proceed with the interview?	1=Yes 2=No	
Demographics			
001	Province	1= Harare 2= Bulawayo 3= Manicaland 4= Masvingo 5= Midlands 6=Mat South 7=Mat North	
002	District		
003	Age		
004	Sex	1=Female 2=Male 3=Bisexual 4= No response	
005	Marital Status	1=Single 2=Married 3=Widow 4=Cohabiting 5=Separated 6=No response	
006	Do you have any form of disability?	1=Yes 2=No 3=No response	
007	What is the disability?	1= Vision Impairment 2=Deaf 3=Mental health conditions 4=Physical disability.	If 104 = Yes
To establish existence of a functional preparedness and response mechanism for rapid onset natural and man-made disasters in high hazard high-risk areas of Zimbabwe and capacities to respond to rapid onset disasters arising during the course of the action.			
101	Since the year 2020, have you encountered any disaster in your district?	1=Yes 2=No 3=No response	
102	What was the type of the disaster? (Multiple response)	1=Cyclone 2=Floods	If 101=Yes

		3=Veld Fires 4= Epidemic (Cholera) 5= Drought 6= Storm 7= Earthquake 8= Tsunami 9= Land slide 10= Pest infestation 11= Diahorea 12 = Covid-19	
104	Did your community receive any humanitarian assistance?	1=Yes 2=No 3=No response	If 101=Yes
105	Was the Humanitarian assistance accessible to your household or yourself?	1=Yes 2=No 3=No response	If 104=Yes
106	From the time of experiencing the disaster, how long did it take for you to receive Humanitarian assistance?	1= Within 24hrs 2= Within 48hrs 3= Within 72hrs 4= In a week 5= After 2 weeks	If 104=Yes
107	Were you involved in decision making around the type of assistance you required?	1=Yes 2=No 3=No response	If 104=Yes
108	Did you receive the specific assistance you had required?	1=Yes 2=No 3=No response	
109	Do you believe that the assistance that was provided to the affected community members was distributed in a fair and equitable manner?	1=Yes 2=No 3= I do not know 4=No response	
110	During the Humanitarian assistance distribution exercise, was the first priority given to a specific group(s) of people?	1=Yes 2=No 3= I do not know 4=No response	
111	During the distribution of the assistance, who was given the first priority? (Maximum multiple response -3).	1= The Disabled 2= The Elderly 3= Women and Girls 4= Child headed households 5= Pregnant and lactating women 6= Community leaders 7= Men 8= Infants and young children 9=No response	If 110=Yes
112	What form of assistance did you receive?	1= Cash transfer 2= WASH NFIs 3= Rebuilding infrastructure	

		5= Temporary learning spaces 6= Learning, teaching and recreational materials	
Vulnerable/affected individuals (especially children) are protected from abuse or violence in the event of a rapid onset emergencies affecting targeted high risk districts (Protection).			
201	Did the humanitarian assistance provide training on protection issues (e.g. on human rights abuse, violence etc.)?	1=Yes 2=No 3= I do not know 4=No response	
202	Were children's rights observed during the implementation of emergency assistance activities?	1=Yes 2=No 3= I do not know 4=No response	
203	Were any cases of abuse and/or violence reported during the time of the disaster?	1=Yes 2=No 3= I do not know 4=No response	
204	Who experienced abuse and/or violence (Multi response)	1= Children 2= Women and girls 3= The Elderly 4= The disabled 5= Men	If 203= Yes
205	Were any cases of abuse and/or violence reported after the emergency assistance activities?	1=Yes 2=No 3= I do not know 4=No response	
206	Who were affected by the abuse and/or violence? (Multi response)	1= Children 2= Women and girls 3= The Elderly 4= The disabled 5= Men	If 205= Yes
207	Did the victims of abuse and violence receive support?	1=Yes 2=No 3= I do not know 4=No response	
208	Who offered them support?	1= Police 2= Msasa 3= Care/Plan International/ DanChurchAid	If 207= Yes

Thank you

Key Informant Interview: Local Government (MoHCC/ MoRPSE/ Ministry of Local Government Public Works and National Housing/ Ministry of Labour and Social Welfare

Ice Breaker: Tell us about the natural disasters that you have experienced in your district.

Relevance

1. To what extent was the Zimbabwe Disaster Risk Reduction Mechanism aligned to Zimbabwe's key priorities?
2. How flexible was the project in adapting to the changing operational context?
Probe: Covid-19.
3. Did the programme take into account the skills, structures, and knowledge of affected communities?
4. Was humanitarian assistance delivered in a timely, safe, accessible and participatory manner?
5. How did the project intervention reinforce existing positive community culture, values and traditions?
6. Which negative community risk creation cultures were discouraged as a result of this project?

7. Effectiveness

8. How effective were project activities in assisting vulnerable households affected by disasters?
9. In what ways were communities and people affected by the crisis informed about their rights and entitlements? (Name some of the rights and entitlements they now know).
Probe: Did affected persons participate in project related decisions that affected them? How?
10. To what extent is the project contributing to immediate (short to mid-term) positive effect on people?
11. Considering the do no harm principle, did the programme create any side effects to the target beneficiaries?
Probe: Protection issues affecting women and children, elderly and disabled.
12. Were any cases of abuse and/or violence reported during the time of the disaster?
Probe: If yes, who experienced abuse and/or violence?
Probe: Did victims of abuse and/or violence receive support? How?
13. In what ways did the project engage government and local authorities in designing and implementing the emergency responses?

Sustainability

14. To what extent will positive results and effects of the project be expected to continue after intervention has ended?
15. What measures have been taken to ensure sustenance of the disaster management initiatives implemented in communities and schools as a result of this project? Are there any?

Lesson Learnt

16. What key lessons can be drawn from the Zimbabwe Disaster Rapid Response Mechanism that can inform future emergency response?
17. What recommendations would you suggest for the improvement of future similar projects?
18. Is there anything else that you would like to add?

Key Informant Interview Guide for CBOs/ NGOs

Ice-Breaker

May you describe your organization's role in the implementation of the Zimbabwe Disaster Rapid Response Mechanism?

Relevance

1. To what extent did the ECHO funded Zimbabwe Disaster Rapid Response Mechanism respond to the needs of your organisation?
2. Was the humanitarian action aligned to the needs and priorities of your organisation?
3. In what ways was the humanitarian action strategically designed to ensure attainment of set targets?
4. Was the project affected by any contextual changes?
Probe: How did the mechanism adapt to contextual changes?
Probe: What effect did this have on the implementation process?
5. Did the action incorporate the existing structures and skills of your organisation in the design and implementation process?
Probe: How effective was this approach in meeting the objective of the humanitarian action?

Effectiveness

6. How effective were project activities in assisting vulnerable households?
Probe: Cash Transfers, Rehabilitation of Infrastructure, WASH NFIs
7. What were some of the facilitating factors that ensured the achievement of set objectives?
8. What challenges did you face during the implementation of the humanitarian action?
Probe: Explain any delays that might have been experienced in delivering the emergency response.
Probe: How were these challenges addressed?
9. What were some of the unintended outcomes of the project?
10. Considering the do no harm principle, did the programme create any side effects to the target beneficiaries?
Probe: Protection issues affecting women and children, the elderly and the disabled
11. How effective was the M&E system in ensuring timely disaster response throughout the project?
12. To what extent were M&E reports effective and useful in light of the timely execution of humanitarian action?
13. How did the involvement of local NGOs as partners help to meet the humanitarian needs?
14. How effective was the collaboration between Care/Plan/DanChurch Aid and local NGO partners in meeting the humanitarian needs?
15. How effective were co-ordination efforts between Care/Plan/DanChurch Aid and local NGO/CBOs partners in meeting the humanitarian needs?
16. Was your organisation timely provided with standardised rapid assessment, beneficiary selection and disbursement tools?
Probe: How useful were these tools.
17. Comment on the effectiveness of capacity strengthening efforts provided to your organization to ensure that your organization has the skills to adequately address issues affecting the vulnerable/affected individuals (especially children) and to ensure that they are protected from abuse of violence in disaster situations.

Efficiency

18. How transparent were the utilization of project funds?
19. To what extent were the costs of the project justified by the benefits?
Probe: Value for Money

20. What cost effective approaches could have been made to achieve better results?

Sustainability

21. Explain whether or not the benefits of the humanitarian action are likely to continue after the end of the external funding.

22. What mechanisms are in place to ensure project sustainability?

Probe: Are there existing forums/structures/capabilities sufficient to maintain the changes produced over time?

Probe: Exit Strategy? Replication/scale-up? Continuation?

23. What existing factors might hinder project sustainability?

Lessons Learnt and Recommendations

24. What key lessons can be drawn from the Zimbabwe Disaster Rapid Response Mechanism that can inform future emergency response?

25. What operational and organizational lessons can be drawn from the design and implementation of the action?

26. Which are the inter-organisational coordination challenges that you faced during this project?

27. What recommendations would you suggest for the improvement of future similar projects?

28. Is there anything else that you would like to add?

Key Informant Interview Guide for Consortium Members (Care International, DanChurch Aid and Plan International)

Ice-Breaker

May you describe your organizations role in the implementation of the Zimbabwe Disaster Rapid Response Mechanism?

Relevance

1. To what extent did the ECHO funded Zimbabwe Disaster Rapid Response Mechanism respond to the needs of the target groups?
2. Was the humanitarian action aligned to the needs and priorities of Zimbabwe?
3. In what ways was the humanitarian action strategically designed to ensure attainment of set targets?
4. Was the project affected by any contextual changes?
Probe: How did the mechanism adapt to contextual changes?
Probe: What effect did this have on the implementation process?
5. Did the action incorporate the existing structures and skills of the target groups in the design and implementation process?
Probe: How effective was this approach in meeting the objective of the humanitarian action?

Effectiveness

6. How effective were project activities in assisting vulnerable households?
Probe: Cash Transfers, Rehabilitation of Infrastructure, WASH NFIs
7. What were some of the facilitating factors that ensured the achievement of set objectives?
8. What challenges did you face during the implementation of the humanitarian action
Probe: How were these challenges addressed?
9. What were some of the unintended outcomes of the project?
10. Considering the do no harm principle, did the programme create any side effects to the target beneficiaries?
Probe: Protection issues affecting women and children, the elderly and the disabled
11. How effective was the M&E system in ensuring timely disaster response throughout the project?
12. To what extent were M&E reports effective and useful in light of the timely execution of humanitarian action?
13. How did the involvement of local NGOs as partners help to meet the humanitarian needs?
14. How effective was the collaboration between Care/Plan/DanChurch Aid and local NGO partners in meeting the humanitarian needs?

Efficiency

15. How transparent were the utilization of project funds?
16. To what extent were the costs of the project justified by the benefits?
Probe: Value for Money
17. What cost effective approaches could have been made to achieve better results?

Sustainability

18. Explain whether or not the benefits of the humanitarian action are likely to continue after the end of the external funding.
19. What mechanisms are in place to ensure project sustainability?
Probe: Are the existing forums/structures/capabilities sufficient to maintain the changes produced over time?
Probe: Exit Strategy? Replication/scale-up? Continuation?

20. What existing factors might hinder project sustainability?

Lessons Learnt and Recommendations

21. What key lessons can be drawn from the Zimbabwe Disaster Rapid Response Mechanism that can inform future emergency response?
22. What operational and organizational lessons can be drawn from the design and implementation of the action?
23. What recommendations would you suggest for the improvement of future similar projects?
24. Is there anything else that you would like to add?

In-depth interview with Community

Ice Breaker: Tell us about the natural disasters that you have experienced in your district.

Relevance

1. To what extent did the project respond to the needs of households affected by disasters?
2. Did the programme take account of the skills, structures, and knowledge of affected communities?
3. Was humanitarian assistance delivered in a timely, safe, accessible and participatory manner?

Effectiveness

4. How effective were project activities in assisting vulnerable households affected by disasters?
5. In what ways were communities and people affected by the crisis informed about their rights and entitlements?

Probe: Did affected persons participate in project related decisions that affect them?

6. To what extent is the project contributing to immediate (short to mid-term) positive effect on people?
7. Considering the do no harm principle, did the programme create any side effects to the target beneficiaries?

Probe: Protection issues affecting women and children, elderly and disabled

8. Did affected person have access to humanitarian aid that was being offered by the project?
9. Were any cases of abuse and/or violence reported during the time of the disaster?

Probe: If yes, who experienced abuse and/or violence?

Probe: Did victims of abuse and/or violence receive support? How?

Efficiency

10. Do you believe that the assistance that was provided to the affected community members was done in a fair and equitable manner? Explain.

Sustainability

11. To what extent will results and effects be expected to continue after intervention has ended?

Lessons Learnt

12. What key lessons can be drawn from the Zimbabwe Disaster Rapid Response Mechanism that can inform future emergency response?
13. What recommendations would you suggest for the improvement of future similar projects?
14. Is there anything else that you would like to add?

In- depth Interview with Teachers

Ice Breaker: Tell us about the natural disasters that you have experienced in your district.

Relevance

1. To what extent did the project respond to the needs of girls and boys affected by disasters?
2. Was humanitarian assistance delivered in a timely, safe, accessible and participatory manner?
Probe: How was Humanitarian assistance delivered?

Effectiveness

3. How effective were project activities in assisting affected schools, girls and boys?
4. Were schools affected by the crisis informed about their entitlements?
Probe: Access to information and
5. To what extent did the schools participate in the decisions making processes around activities that affected them?
6. To what extent is the project contributing to immediate (short to mid-term) positive effects on schools?
7. Considering the do no harm principle, did the programme create any side effects to learners?
Probe: Protection issues
8. Have education personnel/teachers shown an increase in knowledge and learning skills in addressing children's learning needs in emergencies?
9. Did the humanitarian action manage to establish or restore minimum standards for safe learning?
10. To what extent did the project provide learning materials for boys and girls?

Sustainability

11. To what extent will results and effects be expected to continue after the intervention has ended?
12. What measures have been taken to ensure that there are sustained disaster management initiatives in place in schools? Are there any that you can share?

Lessons Learnt

15. What key lessons can be drawn from the Zimbabwe Disaster Rapid Response Mechanism that can inform future emergency responses?
16. What recommendations would you suggest for the improvement of future similar projects?
17. Is there anything else that you would like to add?