



MSF EMERGENCY RESPONSE TO CYCLONE IDAI IN MOZAMBIQUE

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Disclaimer

The author's views expressed in this publication do not necessarily reflect the views of Médecins sans Frontières or the Stockholm Evaluation Unit.

EXECUTIVE SUMMARY

This evaluation analyses the emergency intervention of MSF in Mozambique in March-May 2019. The 5 OCs intervened, responding to a cyclone and a subsequent cholera outbreak. The overall operation resulted in treating 3,800 cholera patients, delivering 12,000 consultations, supplying 6,000m³ of water and distributing NFI to 23,000 families. It cost 9,3M€ and included 208 international positions. The objective of the evaluation is to provide an independent assessment of the intervention, to draw lessons, and offer recommendations for inter-OC management of future natural disasters.

METHODOLOGY

The evaluation, commissioned by the RIOD, was conducted over a 10-weeks period by two external consultants. It is based on interviews with 70 people, document review and field visit. The results were analysed according to the following evaluation criteria: relevance, appropriateness, effectiveness, efficiency and coordination. Some limitations affected the evaluation, specifically the unavailability of focal points & key informants; the limited time between the field visit and RIOD presentation; and the lack of and difficulty to obtain documents.

BACKGROUND

On March 15, 2019 the Tropical Cyclone Idai hit Beira in Sofala Province affecting 1,85 million people. The government declaration of a national emergency and appeal for international support activated a strong response by the international community: UN Level 3 emergency, 200+ agencies, 386M\$ budget requested. A cholera outbreak was declared on March 27. A few weeks later another cyclone, Kenneth, made landfall in Cabo Delgado province already affected by a low-intensity conflict. At time, OCB and OCG were present in Mozambique with a joint coordination, HIV/TB projects in Beira and Maputo and a recent primary health care/watsan project in Cabo Delgado.

FINDINGS

WHAT IS THE SPACE FOR MSF IN NATURAL DISASTERS?

As one of the world's most vulnerable countries with regards to natural disasters, Mozambique has developed an effective emergency response system. In Idai crisis, limited medical needs, strong national and international response capacity raises questions about the operational space for MSF. MSF intervention became more relevant with the cholera outbreak, managing 57% of overall patients. With climate change and suggested increased frequency of natural catastrophes, as well as a growing number of actors with improved capacities, MSF needs more than ever to reflect how it can intervene in such contexts. To find its space, MSF must be reactive, bear in mind its expertise and conduct thorough analysis of both needs and competing responses.

AN APPROPRIATE INTERVENTION

The emergency response to both cyclone and cholera outbreak was appropriate. Confronted with fewer needs than expected MSF re-oriented its activities to pre-emergency needs, making use of the important on-site resources. Idai intervention was the opportunity to develop innovative approaches as the Aquaforce 15000 water treatment station and the systematic use of GIS mapping.

REACTIVITY UNDER QUESTION

While it was known days ahead that a major storm was about to hit Mozambique MSF did little to anticipate, highlighting here a limited emergency preparedness by the regular missions and OCB E-cell. As a result, MSF arrived and deployed later than some other agencies, when some priority activities had already been assigned.

A FEW TOO MANY

The request by OCB for support turned into the intervention of the 5 OCs without a proper coordination: OCBA and OCP decided to intervene unilaterally; and OCA switched from supporting OCG with extra HR to a separate intervention. This resulted in the redistribution of the operational space, overlaps and challenging internal and external coordination. Besides needs, operational ambitions and internal pressures have come into play in the decision to intervene for some OCs. Nevertheless, the presence of 5 OCs gave rise to several conclusive mutualization initiatives (such as a common supply dispatch in Maputo).

RESOURCES: FROM A “NO-REGRETS” APPROACH TO A DEBATABLE ACCOUNTABILITY

The main expenditures of the 9,3M€ budget were supply (45% budget) and international HR (18% budget). While taking the risk to “overshoot” is expected in responding to natural disasters, in Idai response MSF could have taken decisions less blindly. Poor initial needs assessments and limited consideration of other actors led to an incomplete analysis of the situation and, in turn, to an oversized intervention. The lack of internal coordination regarding the supply also particularly impacted the operations’ efficiency (43% of the international orders ended up in donations).

This substantial use of resources was made possible in an environment where “money shouldn’t be a blocking factor” is the motto. It was also favoured by its financial independence, discharging MSF to link inputs to outcomes, analyse and challenge results. Finally, it was the result of internal mechanisms such as the RSA system and the social mission ratio that indirectly don’t support accountability among decision-makers. This is particularly problematic in MSF current financial situation.

INTERVENTION IN CABO DELGADO, CYCLONE KENNETH

While it looked like a “classic” MSF context (conflict, neglected population, IDPs and limited number of actors) the response by MSF was minimal (prioritizing easily accessible areas, delays, etc.). The reasons for this reduced response were in part the same as for the international community: tiredness of the E-teams after Idai, reluctance to deal with

insecurity and lack of funds. But MSF internal dynamics and individual OC approach also came into play.

CONCLUSION

While MSF response to the cholera outbreak was relevant, appropriate and effective, the response to the cyclone is more questionable. Considering the limited needs and the massive national and international response there was little space for MSF. This space was further reduced as MSF arrived and deployed later than some other actors, as a result from insufficient preparedness and reactivity.

The intervention of 5 OCs was unnecessary. Although it gave rise to some positive mutualisation efforts, it was the main reason for a clearly oversized intervention. Another reason for the over-resourcing was a weak analysis of the situation; needs, priorities and competing responses. This was facilitated by internal mechanisms that don't encourage efficiency and accountability among the decision-makers.

Idai intervention highlights the need for MSF to adapt its way of intervening in natural disasters, to better coordinate and to become more accountable as a movement.

RECOMMENDATIONS

Details in main body of the report

Area 1: Strengthen emergency preparedness

Area 2: Reinforce needs assessment capacity

Area 3: Improve inter-OC coordination

Area 4: Question the role of MSF in natural disasters

Area 5: Foster further accountability