



EXTERNAL EVALUATION

of the Project

DEC Cyclone Idai Appeal and COVID 19 Response,

Inclusive Emergency Response for Older Men and Women affected by Cyclone Idai

Final Evaluation

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ABBREVIATIONS

AAR	After-Action Review
APITE	Association for the Protection of Older People in Tete
ASADEC	Action for Community Development
CHS	Core Humanitarian Standards
DEC	Disasters Emergency Committee
DPGAS	Provincial Directorate of Gender and Social Affairs
DPGCAS	Provincial Directorate of Gender, Child and Social Affairs
FAO	Finance and Administration Officer
GoM	Government of Mozambique
GRM	Grievance Redress Mechanisms
HAIMoz	HelpAge International
HHs	Households
HIS	Humanitarian Inclusion Standards
IPC	Integrated Phase Classification
MISAU	Ministry of Health
NFI	Non-food Items
OP	Older People
OPA	Older People Community Associations
OTs	Outreach Teams
PPE	Personal Protective Equipment
PREPOC	Post-cyclone Idai Recovery Program
PwD	People with Disability
RNA	Rapid Needs Assessment
RNA	Rapid Needs Assessment
RNA-OP	Rapid Needs Assessment for Older People
RTE	Real-Time Evaluation
SDAE	District Service of Economic Activities
SDMAS	District Service of Women and Social Actions
SETSAN	Secretariat for Food Security and Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund

WASH Water, Sanitation and Health

WFP World Food Program

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1. INTRODUCTION

Age International (HelpAge International UK) is one of the members of the Disasters Emergency Committee (DEC) and the UK member of the HelpAge Global Network. Age International managed the contracts and relationship with the DEC for this project, which was then implemented by HelpAge International in Mozambique. This appeal focused on an inclusive response project for older women and men in Sofala and Tete Provinces affected by Cyclone Idai and by the social and economic effects of the COVID 19 pandemic. Cyclone Idai hit the central region of Mozambique in March 2019, creating a devastating humanitarian disaster. At least 600 people were officially declared to have died, 111,200 houses destroyed, and almost 112,000 houses partially damaged across the four provinces of the central region, namely Sofala, Manica, Tete, and Zambezia.¹ Sofala was the most affected province, with 2.5 million people displaced from their homes.

HAIMoz implemented the project in two phases. Phase I, of six months, started in March 2019 up to September 2019. And Phase II, started in October 2019 to end in March 2020, but it was later extended to 31st October 2020 to accommodate initiatives in response to emerging challenges coming with the COVID 19 pandemic. To ensure an effective and timely humanitarian response HAIMoz established a partnership with local based-organization to secure the implementation of the project. In Sofala province, HAIMoz established a partnership with ASADDEC, and in Tete province, APITE was the implementing partner.

The Association for Protection of older People in Tete (APITE) is a local non-governmental organization established as a charity in 2014. APITE works to defend the rights of older people, promote access to basic services and improve the living conditions of older people and their dependents in the province of Tete. APITE and HelpAge have worked together since 2014 on a range of donor funded projects. APITE is acting as the implementer of the independent community monitoring project (2017-2021) aimed at improving older people's access to the social protection programmes being implemented by the National Institute of Social Action (INAS). These projects have a focus on social protection, lobbying and advocacy aimed at improving the provision of Basic Social Subsidy Programme (PSSB), and health and HIV/AIDS service provision for older people, OVCs, people living with HIV and AIDS, and persons with disabilities. The projects are financed by Irish Aid and the Mozambican Civil Society Platform for Social Protection. APITE was also a HelpAge partner in a DFID (FCDO)-funded project (2014-2017) that aimed to improve access and affordability of age-

¹ INGC report, 12 April 2019

appropriate health, HIV, and care services for improved health outcomes for older people. HelpAge and APITE jointly implemented a DFID (FCDO) funded Cash Transfer project that was responding to people that had been affected by food insecurity during the 2018/19 lean season window. Also currently implementing an Irish Aid funded independent community monitoring project (2017-2021) aimed at improving OP's access to social protection programmes being implemented by the National Institute of Social Action (INAS).

The Action for Community Development (ASADEC) is a local non-governmental organization established as a charity in 1999 with license number 181/GG/99. ASADEC promotes socioeconomic and cultural development actions in rural communities of Sofala Province by collaborating with various actors in society and partners to solve problems that affect them. They work to defend the rights of older people, promote access to basic services and improve the living conditions of older people and their dependents in the province. ASADEC and HelpAge have worked together since 2014 on a range of donor funded projects. ASADEC implemented some components of the HelpAge International response to Cyclone Idai in Nhamatanda, Dondo and Beira districts, as well as several other cyclone Idai response and recovery initiatives funded through HelpAge, among them, Age International appeal fund, UNDP recovery facility and 3 Start Fund network funds in response to tropical storm Chalane, floods and Covid-19.

HelpAge conducted a partner assessment on the two partners in March 2019 to determine their capacity in terms of program delivery, value for money, accountability and transparency, including financial systems and processes. The risk level was at “moderate”. Gaps were identified in internal governance and the use of CHS in their humanitarian work. overall net risk rating of the assessment was that the two partners carried a moderate risk.

	Existing Capacities	Gaps for strengthening
APITE & ASADEC	Community mobilisation, awareness raising and rights education; Knowledge of local contexts; Local (District and provincial) level advocacy; Maintaining and promoting relationships with local and provincial government and other stakeholders	Governance; weak financial Policies and Procedures, Internal Controls, compliance (Donor and Government); Core Humanitarian standards, especially around protection and safeguarding

Apart from building the capacities of the partners in the identified gap areas, HelpAge adopted a “localisation of aid” approach, with the aim of raising the profile and voice of local partners. As such, HelpAge facilitated the inclusion of ASADEC and APITE in local coordination structures and encouraged them to lead in coordination for the response at community level.

For example, ASADEC in Sofala has been introduced to the protection cluster so they now often participate in protection cluster meetings and UNICEF is working with them to mechanise response strategies to older people that are in charge of children that were orphaned by cyclone Idai. HelpAge has linked them to external organisations such as ASB and ADH.

HelpAge in Tete has facilitated APITE’s response through, and with, the GoM, WFP and the platform for social Protection. There are no cluster meetings in Tete province, but emergency response efforts are being facilitated by the INGC with the participation of local/INGO organisations and UN agencies. APITE participates in these meetings.

In total five outcomes were expected, of which four were implemented in the first phase, among them two continued in the second phase plus one new outcome, as can be seen in the bullet below. The second phase has far more focused on prevention against the COVID 19 pandemic. The project outcomes for the first and second phases are as follows:

- a) (Ph1 & Ph2) Reduced vulnerability for older women and men and older people with disabilities (OPWD) of the affected population;
- b) (Ph1) Older women and men including those with disabilities have improved access to safe drinking water and adequate sanitation facilities;
- c) (Ph1 & Ph2) Improved food security of older women and men and people with disabilities in affected districts;
- d) (Ph1) Reduced morbidity and mortality rate amongst older women and men of the affected population; and
- e) (Ph2) Increased accessibility for older women and men and older people with disabilities to age-friendly health services and information.

The purpose of this evaluation is to assess the performance of the project and how successful it has been in achieving the intended outcomes. The evaluation also seeks to provide insights and guidance on a set of strategic and programmatic issues that are critical to the HAIMoz learning process.

This evaluation was developed through DEC-funded evaluation guidelines, as it was also informed by Humanitarian Action Guide 2016 (ALNAP)² and observes the core humanitarian standards (CHS) guidelines.

1.1. Methodology

In terms of methodology, the evaluation uses a qualitative approach and was informed by a review of the existing documents including project reports and monitoring and evaluation matrixes. Interviews with project implementing partners and other relevant humanitarian stakeholders were also conducted. These informants were either interviewed in Maputo, as well as at the local level, namely in Sofala and Tete provinces. The interviews complemented the review of documents. The people contacted under this evaluation were remotely interviewed via phone calls, zoom, and Microsoft-Teams. Key persons among the key project stakeholders namely, National Institute for Disaster Management (INGD), INAS, DPGCAS, HelpAge Project staff and Country Director, APITE and ASADDEC directors and a representative of beneficiaries in Sofala and Tete were interviewed.

In general, the interviews were conducted remotely due to time constraints and restrictions imposed by COVID 19 pandemic protocols. Covid-19 travel restrictions negatively impacted on the number of beneficiaries who were interviewed. All the interviews were done via skype.

1.2. Structure of the report

The report is organized into five sections. The first includes the introduction in which is also integrated with a short presentation of the methodology. The second section provides insights from the project context which is followed by the third section in which the main findings of this evaluation are presented based on the key OECD-DAC evaluation criteria as indicated in the terms of reference. The fourth section brings some relevant lessons learned, and finally, the conclusion and recommendation form part of the fifth section of this evaluation report.

² ALNAP's *Evaluation of Humanitarian Action Guide*, 2016 <https://www.alnap.org/help-library/evaluation-of-humanitarian-action-guide>.

2. THE CONTEXT

Mozambique is among the most affected countries when it comes to natural disasters. Drought, floods or cyclones have for years been hitting different regions of the country. In the last five years' multiplicity of consecutive climate shocks and located armed violence in the central and northern region, had both put millions of people in a hard and difficult situation of vulnerability, thus worsening the then very poor conditions of the majority of the populations. The surge of COVID 19 pandemic exacerbated deeply the social and economic vulnerability of the populations, posing massive constraints to elders, children, people with disabilities, and women.

Data from the Integrated Phase Classification (IPC) and Mozambique's Technical Secretariat for Food Security and Nutrition (SETSAN) indicates that by December 2020, about 2.7 million people faced acute food insecurity across the country, the majority among them located in a rural area (1.9 million).³ This reality will continue devastating the country as an increase in acute food insecurity is expected to jump to 2.9 million by September 2021.⁴ This strong increase of the population in acute food insecurity is caused either by armed violence in the central and northern Mozambique, as well as by drought, and COVID 19 pandemic- related social and economic impacts.

Northern Mozambique, particularly in Cabo Delgado, Islamist terrorist attacks have resulted in the displacement of nearly 670.000 people exposed to a humanitarian crisis.⁵ It is argued that this is the most devastating humanitarian crisis the country witnesses since the end of the civil war in 1992. In March 2019 the central region, mostly the province of Sofala were devastated by Cyclone Idai. And weeks later northern Mozambique was also impacted by Cyclone Kenneth, thus, aggravating the humanitarian crisis in the region. Cyclone Idai particularly was critically terrifying. The consequences of destruction left the central region with the death of more than 600 people, according to official authorities,⁶ and almost 2.500 people forced to live in resettlement sites specifically in Sofala⁷, having therefore been caught in a total dependence on urgent humanitarian aid response to survive. The

³ Mozambique: Acute food insecurity situation October-December 2020 and projections for January-March 2021 and April-September 2021. Issued January 2021.
http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Mozambique_AcuteFoodInsec_2020_Oct2021Sept_English_summary.pdf.

⁴ Idem.

⁵ OCHA (4 March 2021). Mozambique situation report, 31 December 2020.
<https://reliefweb.int/report/mozambique/mozambique-situation-report-31-december-2020>.

⁶ Republic of Mozambique (2019) Mozambique cyclone Idai: Post-disaster needs assessment.
https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_704473.pdf.

⁷ INGC report, 12 April 2019

humanitarian crisis following the Cyclone Idai explains the context under which the implementation of the “Inclusive Emergency Response for Older Men and Women affected by Cyclone Idai” was implemented. In the next section are presented the main findings of this evaluation.

3. KEY EVALUATION FINDINGS

The main finding of the project implementation relies on the assessment of the project performance based on the criteria of relevance, effectiveness, efficiency, inclusion, Accountability and learning, and HelpAge International adaptability to COVID 19 response. Furthermore, it also goes into the assessment of the role played by HAIMoz as a stakeholder in the project. The results are discussed further in this section.

3.1. Relevance

The Cyclone Idai destruction has included infrastructure of productions, farms, industries, energy, roads, bridges, and millions of jobs were lost. About 715.378 hectares of cultivated land were flooded, resulting in a massive loss of livelihoods, and an estimated 750.000 people needed relief support items, including food and shelters.⁸ The Post-disaster needs assessment published by the government indicated that 8,4% among those in urgent need were people over 60 years of age, 33,9% were children under 18 years, and 53% were women.⁹ And recently the Cyclone Chalane made a landfall in Sofala affecting 3.000 people, and 270 families previously accommodated in settlements of survivors of Cyclone Idai lost their shelter.¹⁰

The Government of Mozambique (GoM) declared a state of Emergency on 19th March 2018, in response Cyclone Idai, and immediately a search and rescue operations were initiated with the support of various international agencies and organizations. A post-Cyclone Idai recovery program (PREPOC) was approved yet in March, and a Post-Cyclone Reconstruction Office was established by April 2019. The United Nations (UN) issued an international appeal for the assistance of US\$281.7 million, and as a consequence of Cyclone Idai, the UN revised its country's humanitarian response plan.

Furthermore, Mozambique is also suffering from the impact of the COVID 19 pandemic. Since March 2020 the number of people infected has been growing. And the country's health capacity to respond to COVID 19 is weak and in some specific areas it does not exist

⁸ Republic of Mozambique (2019) Mozambique cyclone Idai: Post-disaster needs assessment.

⁹ Republic of Mozambique (2019: 13).

¹⁰ OCHA (31 December 2020). Mozambique: Situation report.
<https://reports.unocha.org/en/country/mozambique>.

at all. At the end of 2020, about 18.300 people had been infected and 160 had died from the disease. Recent data published on 14th of March 2021 by the Ministry of Health (MISAU), indicated that the country has a cumulative of infections by COVID 19 of 64.516 people with 725 cases of death.¹¹

The whole situation described above required an integrated humanitarian emergency response to protect the people affected. HAIMoz focussed on older people (women and men), and people with disabilities. Those groups, including children, are the most vulnerable and disproportionately most affected people. The impact of Cyclone Idai required an integrated response to the humanitarian crisis in support of the government effort to mitigate the existing challenges. Thus, the implementation of the Cyclone Idai appeal and COVID 19 response by HAIMoz was one of the most critical and demanding efforts of humanitarian emergency response in the central region of Mozambique. The project played an important role in protecting the lives and livelihoods of people in affected by the cyclone by providing lifesaving health services, food, protection and shelter, as well as by supporting preventive measures against Covid-19 as these were the priorities highlighted during the RNA-OP. Before HelpAge's intervention, a huge number of people had to sleep one to in open spaces or go three days without a meal.¹² The project has also been relevant in terms of increasing the resilience of the people affected by Idai and other extreme natural factors, although this has revealed to be a challenge after the end of the project. Furthermore, humanitarian assistance to the most affected areas represents the government's priority. Project location areas were as a result of coordination with local INGD delegations and the protection clusters. HelpAge sought to intervene in places where there were few organisations covering older people and PWDs, or as a request from DPGCAS authorities. Project location also depended on where the implementing partners, ASADDEC and APITE had had previous experience or engagement.

.3.2. Effectiveness

Immediately of the landfall of cyclone Idai, HelpAge and partners initially conducted a Rapid Needs Assessment for Older People (RNA-OP) in Sofala and Tete provinces surveying over 700 older people (70% females, 30% males) between 25 March and 10 April 2019. The RNA-OP generated data on the needs of older men, women and older people with disabilities, informing project design. It highlighted different challenges older women and men face in

¹¹ <https://www.misau.gov.mz/index.php/COVID-19-boletins-diarios> (accessed 14 March 2021).

¹² HelpAge International (2020). Post project mini satisfaction survey, 2020.

this crisis, protection needs including access to essential services; WASH needs, food security needs; shelter needs; safety; psychosocial wellbeing and ability to cope; impact of living as an older carer of children and; impact of living with a disability.

Informed by the results of the RNA-OP, the project predominantly targeted older women and men (60+), including older people with disabilities. In Sofala Province 90% of older women and men did not have enough food, with 90% going to bed hungry on average three nights a week. 42% depended on family and friends to meet their basic needs and 30% of older people who lived alone were not able to reach the services unassisted. In addition, 27% of older men and women were living with a disability which increased their level of risk and isolation in the community. The response therefore focussed on protection and inclusion to ensure food security, health, WASH and shelter activities were accessible for older people and older people with disabilities.

In coordination with the key government institutions local experienced and trained personnel's on basic health and social assistance were hired by HelpAge local partners to form the outreach teams (OTs) aiming to provide the necessary basic support to beneficiaries and address their concerns in systematic coordination with the local implementing partners and others relevant institutions of the governments, such as the DPGMAS or SDMAS and other humanitarian organizations working in the same targeted areas.

Consistent and systematic training was provided to either local partners or outreach teams members. The training involved among others, the key aspects of the project technical and management capacity for the required competencies, as well as concerning core humanitarian standards (CHS). HAIMoz established a partnership with local based-organizations to secure an appropriation of the project, which has been made possible via a more open and participatory experience starting with their engagement in the identification of targeted areas and groups and the very preliminary phase of data collection, which informed the design of the project. Engaging the local partners from the beginning was considered relevant, making, therefore, the humanitarian response more efficient, while contributing to creating local capacity to manage emergency interventions.

Data available in the project reports and the information from different stakeholders such as such as DPGCAS and INAS confirm that the Outreach Teams provided exceptional support to OP and PwD. Furthermore, it is also argued that the OTs represented an innovative approach in the project intervention, especially in PSS which was done on a door-to-door

approach, thus supporting all registered beneficiaries and their households. They were also able to provide appropriate referral pathways to services on protection when it was required among the project beneficiaries. More than 700 beneficiaries among those affected by Cyclone Idai and others during the COVID 19, of which 57,8% female, received direct psychosocial support services either through direct contact with the older people, but since the outbreak of COVID 19 pandemic the service started to be implemented remotely. Some activities such as PSS which required face to face meetings were compounded by this reality.

HAIMoz provided significant support to the Nhangau Older Persons Centre. According to the director of the centre, the centre is the only one in Sofala Province for older people, and HAIMoz is the main, if not the only organization assisting the centre. The director said: "HAIMoz is the only organization at the heart of the elderly".¹³

Cyclone Idai had devastating impacts on the infrastructure of the centre. HAIMoz rebuilt certain sections the centre to ensure minimal humanized and decent conditions for older people residents, which included rehabilitation of the kitchen and allocation of equipment and other utensils, refurbishment of the dining hall, which also became to be used as a meeting and entertainment hall; and rehabilitation of two rooms (units) to serve as isolation rooms for cases of elderly people infected by COVID 19. The two rooms were also equipped with beds and oxygen devices. The centre has not registered any case of COVID 19. The project has also provided a power generator to normalize the supply of water at the centre, which was cut off as a result of the Cyclone. The number of older people in the centre varies from time to time. Currently, a total of 72 older people are in the centre, among them 38 with a disability, plus 13-orphaned children, of whom 8 are children with disabilities.

The humanitarian emergency response to the affected OP involved also the restoration of food security. The project implementation ensured the distribution of non-food items (NFI) to those in need, in general through the provision of bags of seeds (including maize, beans, and vegetables). The project has also provided a kit for rebuilding the lives of households (HHs) of OP. The kit was composed of mattresses, blankets, buckets, knives, and others. In many cases, the number of total beneficiaries of NFI was by far exceeded, while those previously planned to benefit from food which included maize meal, rice, cooking oil, beans, and salt, decreased. However, the change in the number of beneficiaries did not necessarily represent a failure in the previously planned target. The increase in the number of FIs was due to the change in preference of some beneficiaries at registration time. Some

¹³ Interview with the director of Nhangau Centre (March 2021).

beneficiaries may initially have preferred NFIs, but later used complaint mechanisms to ask for FIs.

3.3. Efficiency

Efficiency considerations were integrated into the programming phase. In April 2019 a Rapid Needs Assessment for Older People (RNA-OP) was conducted in Sofala and Tete provinces to identify key populations and their needs to tailor the interventions to maximize assistance and provide a value-for-money intervention. RNA – OP data was used to allocate resources to specific vulnerabilities such as food supply (over 90% of older people stated they do not have enough food); health services (50% of older people have health conditions or multimorbidity that require them to take regular medications or access health services).

However, in terms of technical efficiency, phase II of the project had a delay in the implementation of activities due to COVID 19 restrictions. The restrictions of mobility and gathering made it difficult to implement the project's activities, despite that, in terms of results, there were no significant changes. Phase I (Before the pandemic), 352 older people were reached through health services, whereby 40% were male and 60% were female, and during the pandemic, 329 beneficiaries were reached with health services, including educational messages about COVID 19, from prevention, symptoms, and reporting process in case of suspicion. This activity was adjusted due to COVID 19 reason, so instead of large gatherings in public spaces, the outreach team adopted a door-to-door or mobile phone messaging process. In all, 366 females and 315 males benefited from this service. It was possible to meet the project results since the outreach teams had to double their efforts when restrictions were relaxed.

Another activity that had to be readjusted due to COVID 19 was the food items and non-food items distribution. This activity was tailored based on COVID 19 restriction, specifically the restrictions related to the public gathering. Distribution points had to adjust the number of beneficiaries in the queue based on the limit established in the presidential decree on the state of emergency. In general, they had to operate below their capacity to respond to the beneficiaries' needs. Other adjustments at the distribution point included the door-to-door distribution of food items and non-food items for beneficiaries who were highly vulnerable to COVID 19.

Apart from COVID 19, in November and December of 2019, the project faced some additional restrictions due to the difficulty in accessing the project sites. Access to project sites was limited due to flooding. Alternative approaches were used such as walking to

conduct home visits and provide other outreach services. Although the above measure was introduced to continue providing support to key populations, in terms of effectiveness it was time-consuming and therefore reduced its intended result.

Finally, the other issue that impacted project efficiency was the fact that the second phase of the project coincided with the presidential election calendar. During October 2019, the outreach team had to put all field activities on hold. This resulted in beneficiaries not receiving the much-needed support.

Despite these obstacles, the outreach teams were able to provide psychosocial support services to over 1050 beneficiaries (57%F) exceeding their target. It is important to note that, although the implementation of activities became even more complex due to the above-presented obstacles, the outreach team did not change a lot in terms of its composition. The COVID 19 pandemic imposed some additional costs to procure Personal Protective Equipment (PPE) for the outreach team. This equipment included 1 pair of boots, 2 cloth masks, t-shirts, and 1 bottle of alcohol gel.

It is important to highlight how HAIMoz used to capitalize synergies through collaboration with other stakeholders such as the implementing partners, government, international organizations, local organizations, and DEC member organisations. This process avoided overlapping activities and duplication of effort among the stakeholders. For instance, as mentioned above, collaboration with cluster members highlighted gaps in both service delivery and presence in districts or camps. HelpAge did not very much focus in temporary shelters because most of the organisations were present there. Instead, HelpAge worked in host community which had been equally affected by the cyclone. HelpAge Both implementing partners ASADDEC and APITE are organizations with extensive knowledge of the targeted community and the geographical area where the project was implemented. They are known for their good reputation in the communities, which was vital in creating a trust-based relationship between the local community and other relevant stakeholders. The risk assessment conducted indicated that these partners had a moderate risk rate.

Other relevant stakeholders during the project implementation were the government and development agencies. Government organizations such as the District Service of Economic Activities (SDAE) monitored the use of the seeds and provided extension services to older people's farms. International organizations such as World Food Programme (WFP), Care International, and Save the Children engaged with the implementing partners at different phases and components of the project.

Similar to Phase 1, Phase 2 targeted older people, people with disabilities (PwDs), and vulnerable children. It was possible to address specific needs, through continuous engagement with the Provincial Directorate of Gender, Child and Social Action (DPGCAS), and health authorities at both provincial and district levels who were knowledgeable of the needs of different vulnerable groups, including their geographical location. Apart from the information provided by health and DPGCAS authorities, some information was gathered from the outreach teams who were in daily contact with beneficiaries.

3.3. Inclusion

The design and implementation of the project took into consideration aspects of gender, disability, and age to ensure an appropriate approach for inclusion. HelpAge made a deliberate target of at least 15% of PWD and at least, 70% older people, 60% Female and 10% vulnerable children beneficiaries. In both phases of the project, a Rapid Needs Assessment for Older People (RNA-OP) was conducted either before (Phase 1) or during (Phase 2) project implementation.¹⁴ For Phase 1, the RNA-OP was conducted both in Sofala and Tete in April 2019. The results indicated a critical situation among older people, with 90% unable to access sufficient food. As a result of the massive destruction caused by Cyclone Idai, 92% of older people saw their shelters destroyed or requiring as urgent need of repairs. The capacity to generate income was null for 82%, while 35% have had to borrow from relatives.

The fear of sexual abuse had significantly increased and became an important issue of concern among 47% of older women and 21% of older men. Violence against older people was indicated by 39% of older women as being a problem as they found themselves threatened. One-third of older men and women surveyed had a disability, and among those living alone, 45% have a disability. The level of vulnerability was so profound in a such way that two-thirds of older people, between them, 64% of women and 62% of men, were convinced that despite the support they could receive they would not be able to cope.¹⁵

Similarly, the COVID 19 (Phase 2) RNA conducted by HelpAge, with funding from the Start Fund Network and Age International Surge funds, highlighted that the risk of physical abuse for both men and women were 13% and 15%, respectively. Furthermore, the RNA indicated that women were at higher risk of emotional and sexual violence, at 18% as compared to men (11%). Additionally, 30% of the interviewed older people pointed out that they face

¹⁴ see HelpAge International (2019). After Action Review: Cyclone Idai Humanitarian Response, Mozambique. UK: June 2019.

¹⁵ Idem.

barriers to access the information on COVID 19 and health services for COVID 19 testing and assistance. The RNA desegregated data helped the implementing team to track the extent to which vulnerable groups were being included in the response. It also helped with the implementation of the COVID 19 messaging methodologies and techniques. This allowed the implementing partners to provide tailored assistance to beneficiaries.

For instance, when sharing messages with children, the outreach team would use flipcharts with images to demonstrate how COVID 19 is spread and prevented. Whereas, for the older people, while visual aids were also used, talking to them about the subject matter was enough. The same was applied to people with visual impairment. To conduct these activities effectively, project staff was trained on the Humanitarian Principles including, on “Do No Harm”, as well as the Core Humanitarian Standards (CHS), and Humanitarian Inclusion Standards (HIS) to ensure that a dignified and safe approach for beneficiaries was adopted and implemented. Additionally, the creation and inclusion of older people associations in the beneficiaries' process of selection minimised conflicts and strengthened the community ownership.

HelpAge consulted the beneficiaries through the district services of economic activities (SDAE) about typical seeds that were planted in each community so that the distribution of seeds during Phase 2 of the response could be conducted according to beneficiaries' needs. Although these institutions are not technically strong to provide adequate advice, they provide the required legitimacy of project implementation. HAIMoz also engaged directly with beneficiaries through information sharing and grievance redress mechanisms (GRM). Information was shared during regular community meetings before the COVID 19 pandemic. During the pandemic, community meetings could no longer take place. However, the information was shared through the community outreach team members, during the door-to-door health sessions, and through mobile phones. The collaboration with community leaders and the older people community associations (OPA) was strengthened, to ensure that they could be channels of information to the affected beneficiaries.

Concerning non-food item NFI, the inclusion criteria had to be amended. Previously, in phase one the projected targeted, (i) any older person over 60 years old living in the project targeted community; (ii) Older people over 60 taking care of orphan children living in the project targeted communities, (iii) Older people over 60 with a disability, living in the project targeted community, (iv) Older people over 60 head of household, living in the project targeted community. However, in Phase two, only older people with 60 or more years old, taking care of orphan children in extreme conditions and also with people who could help to

plant the seeds in the farm benefited from seeds distribution. Thus, some of the beneficiaries were excluded. This was due to the unavailability of enough seeds for the entire target group.

HAIMoz as a member of different clusters of coordination established as part of the strategy of response to the needs of those affected by Cyclone Idai, could specifically share information and recommendations to other humanitarian actors to cover the potentially excluded groups or older people. HAIMoz and the Provincial Directorate of Gender, Child and Social Action (DPGCAS) jointly engaged in lobbying and advocacy activities in favour of older people toward other humanitarian agencies. Figures from the UNICEF research studies concerning the inclusion of all ages in the humanitarian response were part of the information used in such an effort. For instance, a post Cyclone Idai Needs Assessment was conducted by the Cabinet for Cyclone Idai Reconstruction, with collaboration from HelpAge (https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_704473.pdf) The report was used by the UNDP (<https://info.undp.org/docs/pdc/Documents/MOZ/UNDPRecoveryFacilitySignedProdoc.pdf>) in the selection of vulnerable groups to be assisted in the cyclone idai recovery facility programme. As a result, HelpAge in Mozambique is one of the organisations currently in partnership with the UNDP, supporting older persons and their families.

3.4. Accountability and learning

The project intervention in Sofala and Tete has been designed in a way that systematic information was provided to older people as well as to the main project implementation stakeholders and other stakeholders involved in the humanitarian response in the post-cyclone Idai. The establishment of the outreach teams was of significant importance. These groups were made of nurses, social workers, and community mobilizers. They also proved to be a strong mechanism for accountability within the local communities.

The focus of the Outreach Teams was to identify and assess the needs and challenges that older people and people with disabilities in affected communities were facing when accessing humanitarian support and to support them, their caregivers, and the community to overcome the existing challenges. They assisted older people to access primary health care with referral and follow-up support, psychosocial counselling support, protection interventions including referral of older people to other humanitarian actors involved in humanitarian response in the post-Cyclone Idai, recreational activities, health and hygiene education, information sessions, and age-appropriate WASH facilities.

A mechanism of grievance and redress was established, which involved older people associations (OPAs). This required providing training to OPAs on grievance complaint mechanisms. Weekly, complaints were collected for analysis and follow-up by project staff designated for the purpose and the MEAL officer. Some concerns over the mechanism of grievance and redress efficiency have been pointed out in the After-Action Review (AAR) report, thus suggesting improvement and consolidation. For instance, concerns regarding the confidentiality of the reporting mechanisms had been raised, that is, some beneficiaries feared reprisal from their leaders if they were discovered to have submitted complaints. As a result, HelpAge, apart from complaint boxes, offered mobile phones to designated community outreach team members so beneficiaries could call the MEAL officer in private. This measure so an increase of reports received from an initial 20% of the target to over 60%. Most of the complaints were regarding perceived exclusion by none target groups; or request for extension of the project or aid.

This evaluation report, however, understands that the mechanism was well-tailored. The challenge is more likely associated with the capacity and the will of beneficiaries to use the tool more systematically and constructively. Under the circumstances in which the project has implemented the users of the mechanisms of grievance and redress (the beneficiaries) were more concerned with receiving their immediate needs.

The project established a mechanism of information sharing between the stakeholders (GoM, NGOs working in the area) and with the project beneficiaries. The information sharing, communications, and meetings between the project partners were organized weekly during the first three months of the project implementation, and since the fourth month, these meetings were organized monthly. Such practices of stakeholders' interactions represented above all an opportunity to share knowledge and experiences, as well as, opened up an important space for learning from the practice.

The project has also established different mechanisms of communication with beneficiaries. The outreach teams and the mechanism of grievance and redress provided an environment for an adequate flux of communications and information among project partners and other key humanitarian stakeholders integrated into different clusters, and guaranteed via the mechanism in place a continuous process of accountability to beneficiaries.

During the period of the implementation of the project, relevant reviews were conducted, including After-Action Review (AAR)¹⁶ in the first phase, and a Real-Time Evaluation (RTE) during the second phase. The AAR recognized solid and consistent management, procurement, and compliant procedures at HAIMoz. The most challenging management and governance issues were found in the two implementing partners.

However, HAIMoz has previously identified the main bottlenecks of this specific partner, and appropriate response was designed to deal with the existing critical issues. In this regard, HAIMoz established an operational office in Beira to provide direct support to the local implementing partner. The HAIMoz local-based office in Beira was composed of an (i) Project Manager; (ii) Finance and Administration Officer (FAO); (iii) Monitoring and Evaluation Officer; and (iv) driver.

Most importantly was the fact that HAIMoz provided systematic capacity training and joint operation with the partners as a meaningful strategy for a positive learning process and capacity building to the partners in addressing and overcoming the weaknesses during the implementation of the project. Considering the limited time of project implementation, the approach used to create capacity on the implementing partners has been appropriate to avoid undermining the required efficiency and flexibility in the context of rapid humanitarian emergency response.¹⁷ As a consequence of these interventions, the second phase of the project registered some relevant improvements in the quality of the project management.

CHS Standard	Summary	Examples
CHS 1 – Is humanitarian response appropriate and relevant?	Evident	The adaptation of the project at different stages, mostly informed by the feedback/complaint mechanism, or changing needs, eg, Covid-19; the use of RNA-Ops to determine the needs and appropriateness of the response.
CHS 2. Is Humanitarian response effective and timely?	Evident	The project started on time despite difficulties that had to do with road access. It responded to the needs of the people as

¹⁶ The review was conducted by the UK Global Humanitarian Programme Coordinator, finalized in June 2019 and it has been subject to peer review involving the Humanitarian Program Manager from Ethiopia, and the Africa Regional Inclusion-Protection Advisor from Uganda

¹⁷ Interview with the representative of ASADEC (March 2021).

		defined in the RNA-OP
CHS 3. Does Humanitarian response strengthen local capacities and avoids negative effects?	Evident	The project was implemented by a local partner who was assessed and accompanied regularly.
CHS 4. Is Humanitarian response based on communication, participation and feedback?	Evident	Creation of Grievance Redressal Mechanisms
CHS 5. Are Complaints welcomed and addressed timely?	Evident	Complaints were collected, analysed and addressed timely
CHS 6. Is Humanitarian response coordinated and complementary?	Evident	Coordination among clusters was done. However, more could have been done to ensure coordination among DEC member agencies
CHS 7. Do Humanitarian actors continuously learn and improve?	Evident	AAR Review, Real Time Evaluation, quarterly meetings
CHS 8. Are Staff are supported to do their job effectively, and treated fairly and equitably?	Evident	Staff took their days in lieu, RR,. They were trained in Security. They had a Safeguarding focal point
CHS 9. Are resources managed and used responsibly for their intended purpose?	Evident	The use of procurement procedures, quotations and selection committees to ensure transparency in procurements.

4.5 HAIMoz Adaptability to COVID 19

The response was initially focused on the response to Cyclone Idai humanitarian emergency. HAIMoz moved to integrate the COVID 19 component during Phase 2 of the response. This was influenced by the central government's demand on humanitarian organizations to observe the preventive measures against COVID 19 pandemic and to provide conditions to beneficiaries in terms of access to protective equipment and other key interventions in response to COVID 19 pandemic on the beneficiaries. HAIMoz had to adapt to the new requirements and mobilize resources to ensure the continuity of the implementation of the

initial project on the response to Idai, because the integration of the project on COVID 19 represented a requirement for the continuity of the project implementation.¹⁸

However, HAIMoz has to adapt itself to deal with the new paradigm of response to COVID 19, and this changing perspective could have undermined the efficiency and the administrative capacity. But, that was effectively managed without huge pain, which was possible because there was no change on the geographical targeted area and beneficiaries, the local partners' long-term experience of collaboration in implementing a joint project with HAIMoz, and the structure of community established to support the mechanisms of interaction and systematic accountability to project beneficiaries, as well as the quality of methodological approach in place which together, as these factors have remained the same, they contributed in making the transition relatively solid and less painful.

Despite the progress, the nature of logistics and procedures in interacting with community members and beneficiaries of the project was largely challenging, and that has not been easy to manage due to scarcity of food and non-food item, and well as the required equipment for life recovery under the new trends of humanitarian response under the context of COVID 19 pandemic.

4. LESSONS LEARNED

The DEC Cyclone Idai and COVID 19 Response project was implemented in a very particular context and magnitude of the humanitarian crisis in Mozambique and very particular demand in terms of timing, the volume of required needs from beneficiaries, and the logistic challenges. The magnitude of humanitarian crisis and environmental challenges may have been the first for both HAIMoz and its local partners, as it involved rapid humanitarian emergency response which has not been the practice of these organizations in their interventions for years of experience. The rapid emergency response to Cyclone Idai and COVID 19 required, therefore, the effort to restructure their capacity to deliver on time. The lesson learned is that HelpAge should assess and train partners before events occur. Needs assessment tools should be made available and simplified for easy use by local partners. Furthermore, in order to adapt quickly to the evolving needs, the organisation should minimise bureaucracy in the approval of project amendments as the targeted number of beneficiaries for specific services to be provided could change in a relatively small period due to shifting of the beneficiaries needs or forced by actors intervening in the humanitarian

¹⁸ Interview with a key informant in Maputo (March 2021).

response, influenced by different factors among others, the timing in providing the required response, the existing pool of organizations in place involved in the humanitarian response, the need for complementarity in the efforts among humanitarian organization in the field to cover integrated needs of particular groups of beneficiaries.

The ability of HAIMoz to adapt itself in dealing with the new paradigm of response to COVID 19 pandemic context and in integrating within its wider programmes, and adopting projects focussed on prevention, preparedness, and response initiatives toward COVID 19 pandemic, have largely influenced in changing the organization dynamics and perspectives over a humanitarian response which could have undermined the efficiency in the implementation of projects and the administrative capacity. The long-term experience of collaboration with local partners in implementing a joint project, maintaining the same geographical area and the targeted group, the structure of beneficiaries' supporting mechanisms structured around the outreach teams, and the consolidated approach in the methodologies of interventions, all of these factors was critically important in contributing for the effectiveness of the rapid emergency response by HAIMoz and partners.

During Cyclone Idai several humanitarian assistance organizations were mobilized for common post-COVID 19 emergency response efforts. To consolidate the quality of intervention of various humanitarian organizations, different clusters were organized to ensure appropriate coordination among them and strengthen the effectiveness of the humanitarian response. The networking with other organizations has contributed successfully to the quality of information sharing, and the complementarity of interventions among humanitarian organizations involved in the rapid emergency response. This particular experience of networking allowed complementarity in the emergency response to various beneficiaries.

The targeted number of beneficiaries for specific services to be provided could change in a relatively small period due to shifting of the beneficiaries needs or forced by actors intervening in the humanitarian response, influenced by different factors among others, the timing in providing the required response, the existing pool of organizations in place involved in the humanitarian response, the need for complementarity in the efforts among humanitarian organization in the field to cover integrated needs of particular groups of beneficiaries.

5. CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

The implementation of the Cyclone Idai and COVID 19 Response represented an important experience for HAIMoz and its partners in Sofala and Tete in engaging with a rapid humanitarian emergency response of the magnitude of Cyclone Idai and the COVID 19 pandemic. To ensure a good quality of project implementation they had to review their approaches to humanitarian response interventions, improve capacities and create integrated psychosocial support by putting in place the outreach teams and establishing grievance and redress mechanisms for effective accountability. In addition to that, strengthened networking and coordination of emergency response services were also created to stimulate the sharing of information and experiences among humanitarian organizations, which was key for a successful complementarity of the interventions. The results achieved under the implementation of Cyclone Idai and COVID 19 response had been positive, despite the constraints observed during the implementation.

5.2. Recommendations

Engaging the local partners in the whole preparedness phase is critical for the deeper understanding of the foundations of the humanitarian response project, for developing the sense of ownership, and ensures more efficient quality intervention of humanitarian response.

HAIMoz should rethink the appropriate mechanism of engaging its partners in the emergency responses by providing an anticipated package of training and capacity building, as well as developed a structured approach to the multifaceted context of emergency humanitarian response.

HAIMoz should consider consolidating the structure of the outreach team, promote or advocate for continuous strengthening of their capacity through focused training and ensure more sustainable long-term agreements between them and HAIMoz's local partners for collaboration in the most challenging humanitarian responses.

Stronger emphasis needs to be given on the consolidations of procedures for efficient mechanisms of budget requests and flexible decision-making for disbursement in the context of rapid emergency response. This recommendation is for HelpAge in London, the regional office, and HelpAge in Mozambique to the implementing partners.

Promote assessment of partners' capacity for management and compliance to ensure adequate development of training and capacity building support for the improvement of management practices.

Strengthen the collaboration with the UN agencies and other humanitarian organizations to build a common platform for lobbying and advocacy to the government in mitigating delays related to the implementation of humanitarian emergency response activities.