

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
MOZAMBIQUE
RAPID RESPONSE
STORM (HURRICANE, CYCLONE, ETC.) 2017**

RESIDENT/HUMANITARIAN COORDINATOR

Marcia De Castro

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The AAR was carried out on 3rd November 2017 and all agencies recipient of the CERF funds participated namely IOM, WFP, WHO, UNICEF and UNFPA. Agencies also invited their implementing partners to participate in the exercise but only JAM was present.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 10.2 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,000,095
	COUNTRY-BASED POOL FUND (if applicable)	0
	OTHER (bilateral/multilateral)	3,662,816
	TOTAL	5,662,911

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 13/03/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-RR-FAO-015	Agriculture	299,884
IOM	17-RR-IOM-011	WASH	400,000
UNFPA	17-RR-FPA-017	Health	400,069
UNICEF	17-RR-CEF-032	Education	400,137
WFP	17-RR-WFP-022	Food Aid	300,000
WHO	17-RR-WHO-012	Health	200,005
TOTAL			2,000,095

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,241,389
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	531,490
Funds forwarded to government partners	227,216
TOTAL	2,000,095

HUMANITARIAN NEEDS

On 15 February 2017, the coast of Inhambane province in south of Mozambique was hit by cyclone DINEO, category III accompanied by strong winds of 160 kilometers per hour. The cyclone affected about 112,513 families of which 7,600 are among the most vulnerable. Approximately 33,712 houses were totally destroyed while 71,294 partially destroyed. An estimated 207,000 students and 4,500 teachers were affected. In terms of infrastructure, 389 Government offices, 70 health units including 52 maternities as well as 2,200

classrooms were partially destroyed. In the agriculture sector, approximately 27,000 ha of several crops were lost. The authorities estimated a need of 128 tons of diverse seeds for replanting. Furthermore, there was downfall of 899 power poles leaving 8 districts without electricity for at least five days affecting the water supply in Maxixe and Inhambane city.

The authorities reported a death toll of 7 and 101 people injured. During the cyclone, about 949 people were hosted in three transit centers in Maxixe city. As of 19 February 2017, with the improvement of the weather people returned to their houses and transit centers were closed. Maternal and ARVT services were disrupted, therefore increase in SRH-related mobility and mortality was expected.

Cyclone DINEO came on the aftermath of two successive years of drought in Mozambique. Farmers, whose family assets had been completely depleted as a result of the drought had planted their fields with the arrival of the rains in November 2016 and had been anticipating a near-normal harvest in March – April 2017. As a consequence of cyclone DINEO, not only had persons lost their homes but also their crops were destroyed meaning that farmers’ recovery from the effects of the drought will be longer and more difficult.

As a consequence of the DINEO cyclone a number of social basic services such as access to health care, education and water (especially in urban areas due to lack of electricity) were disrupted due to partial destruction of the respective infrastructure (health units and classrooms).

Therefore, the priority interventions were first and foremost to re-establish the social basic services and in parallel ensure reconstruction of affected infrastructure as well as to assist the most vulnerable people affected by cyclone. To this end, the government provided initial response with part of the funds made available for the Contingency plan, however, there was an urgent need to fill the existing gap at that time. The HCT then decided to apply for CERF to ensure timely assistance to the population in need and leave no one behind.

II. FOCUS AREAS AND PRIORITIZATION

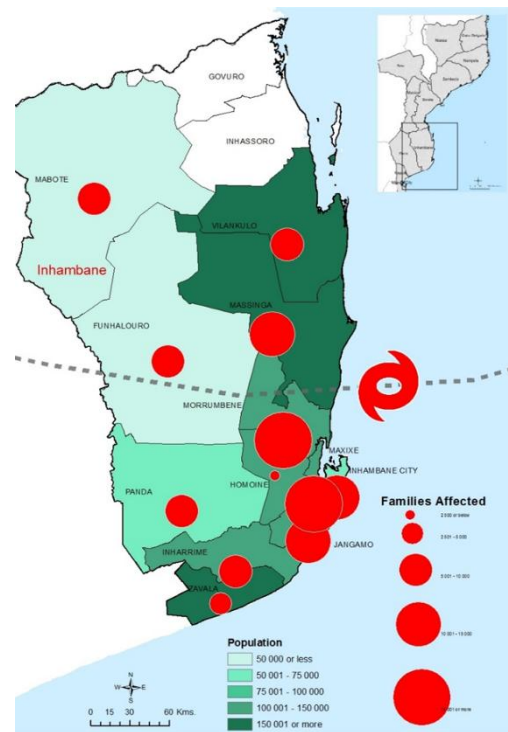
Five days after the landfall of the cyclone DINEO, a multi-sector rapid needs assessment was conducted between 20th and 23rd February 2017. The needs assessment was led by the Provincial Emergency Operative Center in close collaboration with UNICEF, WFP, IOM, CARE, the Mozambican Red Cross and civil society partners. On 24th February 2017, the results of the assessment were presented and validated by Provincial Governor of Inhambane in a working session of the Technical Council for disaster management.

The cyclone disrupted basic social services such as access to education and health in the affected districts as well as left a number of families without houses or with houses without roofs. About 550,691 people in 11 districts of Inhambane province were affected by the cyclone which 38,255 were identified as the most vulnerable and in need of immediate assistance. The Education sector was also severely affected with 2,200 classrooms partially destroyed. In the Agriculture, at 27,000 ha of several crops were lost putting at risk of food insecurity about 15,000 families in Massinga, Morrumbene, Inhambane and Funhalouro as the most affected.

The joint needs assessment conducted by the Government and HCT indicated that main humanitarian needs requiring urgent response were: 1) repairing household shelter for the most vulnerable; 2) providing livelihood supports to households adversely impacted by the cyclone; 3) ensuring the provision of health services and the restoration of health infrastructures, and 4) restoring the education infrastructures for the resumption of education services.

The activities that were included in the CERF represented the most urgent needs of the affected population. The geographical focus was consistent with the government’s assessment of the needs as well as with partner capacity to deploy teams and resources. Therefore, the main criteria used by agencies to target the district included 1) number of people affected and in need; 2) number of infrastructure affected/destroyed and its level of damage; 3) vulnerability of the affected population and 4) response capacity (government and partners). Following these criteria, the agencies prioritized for the CERF projects the most affected districts namely Homoine, Morrumbene, Maxixe, Jangamo, Inharrime, Massinga, Govuro, Inhambane city and Funhalouro districts.

The clusters prioritised the activities for the CERF project based on the results of the rapid needs assessment conducted between 20 – 23 February 2017 and respective priorities defined by the Government authorities. Furthermore, it was



also considered the potential impact of delays on making available the funding required to respond the needs which would have serious implications in the affected population such as 1) dropouts of students if schools do not resume; 2) high risk of food insecurity which may imply prolonged relief phase with food assistance; 3) increased risk of morbidity and mortality rates in the affected districts due to lack of proper access of health service.

In order to address the identified needs, the response interventions in the affected districts were grouped by 1) immediate assistance to the most vulnerable people with food, seeds, shelter and RH kits, building materials and other NFI; 2) restore the social basic services through establishment of temporary facilities for classrooms and health care; 3) support the reconstruction of classrooms and health units with resilience measures.

In the CERF proposal stage, shelter was one of the sector prioritized to provide temporary solution to the affected people. However, some weeks after the landfall of the cyclone, the Government prioritized long term/definitive solutions in the shelter sector and was not interested in temporary solutions. Therefore, IOM had to request for project reprogramming replacing the shelter component with WASH components that benefitted some vulnerable families individually (300 families who received temporary latrines), as well as communities and schools in the neighbouring areas of boreholes rehabilitated.

III. CERF PROCESS

On 22nd February 2017, the Government of Mozambique through the National Institute of Disaster Management (INGC) convened a meeting with donors to request their support to provide assistance to affected population in Inhambane province. Followed by this meeting, on 1st March 2017, INGC sent a request letter to the RC and chair of HCT to mobilise additional resources for the provision of humanitarian assistance to the cyclone affected people in Inhambane province.

At the time, the cyclone hit the Inhambane province, the country was moving out from a severe drought with Government and Partners resources already stretched. Given this context and to call the attention and support of the donors/humanitarian partners, the HCT developed and launch a flash appeal on 27 February 2017 requesting US\$ 10.2 million for immediate assistance. Furthermore, the impacts of the cyclone associated with the urgency of restoring the basic social services (access to health and education) and the government request for support triggered the CERF request to ensure timely assistance through live-saving interventions in the most cyclone affected districts.

The proposed interventions for the CERF grant were part of the flash appeal prepared by the HCT. These interventions were aligned with the country response strategy and humanitarian needs which prioritized the support of the most vulnerable people and ensured the urgent resumption of the basic social service disrupted by the cyclone.

The CERF strategy and proposal was prepared in close collaboration and coordination with the Government authorities as well as the humanitarian partners in the various clusters. The cluster/sectors were engaged during the cluster coordination meetings as well as in the meetings convened by the Government such as Technical Council for Disaster Management to agree on priority interventions to respond the humanitarian needs.

Furthermore, the cluster members participated in joint rapid assessment to the DINEO tropical cyclones affected areas of Inhambane province and the findings of the assessment indicated the needs for immediate response. However, these needs were adjusted after coordination and consultation with local authorities and humanitarian partners.

In general, the prioritization of the activities and projects were based on the main needs of the affected people and through a consultative and participatory process among the cluster leads. The main parameters considered to select the priority sectors were: i) most life-saving critical needs, ii) most vulnerable people among the affected, iii) gaps identified by the government jointly with HCT and iv) Response capacity of the Government.

In addition to the criteria indicated earlier, the different sectors considered different factors to help focus and prioritize key interventions to be covered by CERF. Those factors included i) the urgency to resume with the classes; ii) ensure access to health services as soon as possible; iii) deterioration of food insecurity situation in areas already impacted by drought.

In general, the gender aspect was present in most of the projects as one of the primary focus was to target the most vulnerable people. In the health sector, recognizing that in crises, the health of women, girls, boys and men are affected differently due to social, cultural and biological factors often increase the risk faced by women and girls in particular. Therefore, the provision of sexual and reproductive health, injury, was gender and age sensitive, and participatory approaches were used at all stages of the project cycle to ensure effective response.

In the food security interventions for example, on the selection of beneficiaries, women headed households were given priority on targeting and selection of beneficiaries for agricultural inputs. WFP Mozambique Country Office mainstreamed gender across all its

programmes, recognizing protection and food assistance concerns unique to women, men, girls and boys, as well as capitalizing on women's vital role in promoting lasting solutions to food insecurity and under nutrition. During the response interventions, WFP for example ensured that above 50 percent of women were in leadership positions for food and project management committees to achieve gender parity.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 550,691									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture		47,610	47,610		27,085	27,085		74,695	74,695
Education	5,865		5,865	5,635		5,635	11,500		11,500
Food Aid	7,481	6,169	13,650	7,193	5,408	12,601	14,674	11,576	26,250
Health - UNFPA	45,240	32,760	78,000	41,760	30,240	72,000	87,000	63,000	150,000
Health - WHO	72,777	70,787	143,564	72,401	46,500	118,901	145,178	117,287	262,465
WASH	11,372	19,698	31,070	12,857	12,710	25,567	24,229	32,408	56,637

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

In general, the six CERF projects had different methods to estimate the beneficiaries reached on the several interventions carried out aimed as much as possible to avoid double counting of number of beneficiaries reached with the projects. This is also mainly related to the typology and nature of each sector and its activities implemented in the field. A common element of most of the projects in the beneficiary estimation was the use of national statistical data to breakdown the data by age and gender where this information was not available and the average family size in Mozambique of five where exact number of individuals could not be calculated. Moreover, sectors such as food security and WASH used the listing method to estimate the beneficiaries listed. Hereunder it is described how different sectors estimated the population covered by CERF projects.

In the **health sector**, the estimation of health facilities repaired, and health services beneficiaries were based on the number of population in the catchment area covered by the rehabilitated health facility. The health services are provided to the affected people (priority), but also to the population resident in the area. In the **education sector**, the estimation of the beneficiaries was done on the average number of children in classroom multiplied by two shifts. It was estimated that 82 classrooms will benefit approximately 75 children per shift per classrooms, thus covering approximately 12,000 children.

The **food assistance** project organized election of committees at community level that were trained on beneficiary selection process and were responsible to review the beneficiary lists prepared by the community leaders based on the criteria shared. After first revision by the committees, the beneficiary lists were disseminated in a second meeting and reviewed as needed based on inputs by all community members. For the families assisted under Food for Assets (FFA) only one family member with capacity to work was integrated in the FFA schemes. For beneficiary estimation of total number of beneficiaries assisted under FFA, average of 5 members per family was used to calculate the total number of beneficiaries. A small percentage of beneficiaries were assisted under General Food Distributions (GFD). The lists were provided by INAS delegation and SDSMAS at district level and communitarian leaders. After verification exercise through community meetings and final approval of the lists, the final beneficiary lists were approved. The total number was done by counting the number of total GFD beneficiaries (main recipient plus members of HH) from the GFD beneficiary list.

In the **agriculture project**, the selection of the household beneficiaries was assigned to agriculture authorities (SDA)E in close coordination with community leaders. A list of beneficiaries was then prepared for each of the distribution sites based on the pre-established criteria for the selection of beneficiaries. The selection criteria gave special preference to women-headed household farmers and most vulnerable groups.

The **WASH project** estimated the beneficiaries adding up the number of WASH kits distributed (7,651 WASH kits to 7,651 households), and numbers reported by implementing partner (JAM) on each component implemented (latrines, boreholes, and water supply systems).

Overall, given the diversity of activities implemented in the CERF projects, the best estimate of total beneficiaries reached was based on the sectors data that used direct estimation methods such as listing including the estimation of children reached in Education intervention. Double-counting of beneficiaries reached was avoided prioritizing the sectors data with beneficiaries lists which helped to cross check overlap or repeated beneficiaries especially in those areas with more than one project. Therefore, the best estimate of the number of beneficiaries reached with this CERF allocation is 94,388 people.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	24,718	25,867	50,585
Male	25,685	18,118	43,803
Total individuals (Female and male)	50,403	43,985	94,388

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

In general, the targets and outcomes planned in the CERF funded projects were reached and even surpassed. There were few cases of project reprogramming and no cost extension requests specifically for IOM and UNICEF respectively. A summary of the CERF project results per sector is described below.

WASH

CERF funding improved access to **WASH** by cyclone-affected vulnerable populations in Inhambane through the provision of 7,651 hygiene kits and emergency repair of WASH-related facilities – 300 temporary latrines, 20 water points and 5 solar powered water supply systems, reaching in total 56,637 individuals. This project was reprogrammed which original targets and outcomes on shelter were shifted to WASH following close coordination with the local government and reprioritization of interventions needed.

Education

The **education** sector has suffered serious damage with a total of over 2,222 classrooms across 11 districts partially destroyed (mostly with roofs destroyed or blown off). Since the main priority was to reduce the risk of prolonged absenteeism and dropout, CERF fund has served as a good catalyst for fast mobilization of partners and helped to make a greater focus on the education sector needs. The CERF fund has also helped to rapidly mobilize partners and Government, to start the assessment of the situation, distribution of EiE supplies, and conducting trainings on tarp tents classrooms. The fund secured access to education to 11,500 children in three districts affected by the DINEO cyclone and provided an opportunity to immediately initiate the emergency response and drive children back to school by installing temporary learning spaces (tarp tent classrooms), the repair of roofs and provision of learning materials. This project enabled to pilot a new response intervention in the sector by introducing the tarp tents for classrooms (Madagascar experience) as an alternative of school tents.

Food Aid and Agriculture

The **food security project-** agriculture component, procured and distributed an amount of 942 kg of vegetable seeds (except for leaf cabbage, which was not available), 24,320 kg of common beans and 10,000 kg of maize seed. The significant deviation between the planned and target number of beneficiaries enrolled and the actual reached that increased in 30%, from 10,600 HH to 14,939 HH was due to fluctuations in seed prices in the market, which made possible to increase the quantity of seeds distributed.

Still in the food security project – food assistance component, the assistance through FFA contributed to rehabilitate and create assets that included rehabilitation and cleaning of 43 kms of irrigation channels, rehabilitation of 20 fish ponds, Expansion of 2.732 Ha of agriculture fields, Construction and rehabilitation of 62 public infrastructures (class rooms, Health centres, houses for vulnerable people), 3.6 ha of improved seed multiplication plot was established to ensure availability of seeds for the next agriculture seasons at community level. The project managed to purchase 121% of the planned commodities thanks to the procurement of food that was carried out through the Global Commodity Management Facility (GCMF) contributing to reduce the costs of the food and lead time of delivery resulting in more beneficiaries reached.

Health

Health sector was also severely affected by the cyclone and as the priority of the sector was to repair the health facilities destroyed by the cyclone. So, 40 tents were used as temporary maternities. CERF project supported the emergency repairs of 4 health facilities and also other organizations contributed for the rehabilitation of HF. This activity was completely handled by the DPS to ensure appropriate planning, national quality, and execution and national ownership. The funds allocated for emergency repairs were not enough to undertake the repair of 10 HFs planned but instead priorities were shift to 4HFs based on the request of the DPS Inhambane which considered the level of destruction and importance of the infrastructure. Novel approaches taking into consideration the mitigation measures such as proper anchorage of roofing elements were considered during the emergency repair of the health facilities.

The RH kits provided by the project reinforced the capacity of maternities to provide Basic Emergency Obstetric Care (BEmOC) and Comprehensive Obstetric Care (CEmOC) through the provision of drugs, medical supplies and equipment. 100 kits of reproductive health (23 kits 6, 23 kits 6B, 10 kits 10, 44 kits 5); 11,470 gloves were provided for immediate humanitarian assistance. In addition, the project strengthened the capacity of DPS on community referral system by reallocating 19 moto ambulances to support with referral of pregnant women from remote affected areas to maternities. Overall, from February to August, 263 severe cases of pregnant women, children under five and other emergency cases were referred from affected communities to health facilities. These moto-ambulances were to be used for reduction of maternal and neonatal mortality by reinforcing community emergency transportation of pregnant women.

To improve GBV case management 33 health providers (21 MCH nurses and 14 male nurse) were trained on GBV update on protocols and pathways. Outreach activities on HIV and AIDS were carried out and 1,198,680 condoms were distributed, 2,500 GBV IEC material were distributed targeting community leaders, influents, women and girls focussing prevention and denouncement. Sessions on GBV reached 10,112 (4,096 men and 6,030 women) people.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The CERF was very important to scaling up response. Funds from CERF allowed the health sector to cover needs during emergency phase and allowed a quick resumption of health services in cyclone affected districts. For the education sector, CERF funds were received earlier than other donors' commitment which allowed UNICEF to immediately activate stand-by PCA with the implementing partner and start the installation of the temporary learning spaces/tarp tents in schools that had major destructions due to the cyclone. WFP in coordination with Cooperating partners managed to start the response immediately after relief intervention was provided by the Government and to cover the gaps.

For some agencies, the preparation time to submit an inter-agency full proposal (about one week), alongside with the processing time to have it approved (about two weeks) and, in the case of IOM, to have the reprogramming request reviewed and approved (approximately three weeks in total) severed more than a month-time of a total 6-month project. Nevertheless, needed assistance was delivered within the emergency period of six months and activities were implemented within project timeframe.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

In the health sector, the CERF was crucial not only to restore the basic services in affected areas, but also to increase the access to these services, in particular the immediate activation and operationalization of motor ambulances to ensure pregnant women had

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

access to the institutional delivery services, and the provision of protection items to the most vulnerable women, proven to be critical assistance to the most neglected women.

Furthermore, the availability of CERF funds within a month after the cyclone DINEO, made it possible to immediately start installation of tarp tent classrooms, and start the process of roof repair, which was one of the most critical areas in terms of needs and was the number one priority for the Government in Inhambane Province.

In the case of the intervention carried out by IOM, despite coordination with INGC at both central and provincial levels during proposal writing phase, actual project implementation to critical needs in the shelter field were objected by local government by the time project was approved. Local government positioning to prioritize recovery of social infrastructures over assistance to individual families led to a need to undergo a revision request of project activities and a shift to the WASH field instead, which was also left in critical conditions after the cyclone, though not time critical.

The food distributions have been carried out in a critical period immediately after the funding and resources of the Government have been exhausted and period were the seeds and other NFIs were being distributed to the communities to better complement the asset creation, particularly the agriculture production and expansion of agriculture fields.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Project activities implemented by CERF funding were mentioned when reaching other donors to request for more funding to address assistance gaps and served as a complementary reasoning to appeal for additional funding. WFP managed to mobilize additional funds through the Immediate Response Emergency Operation funds to implement the assistance.

CERF funds gave extra highlight to education sector, which in turn had a positive outcome in other fund-raising actions that were taken by UNICEF.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The funding was very helpful in ensuring the presence of qualified staff at field level, participating in the sector coordination meetings particularly at provincial and district levels. The importance of avoiding overlapping, maximizing the synergies and complementarities with other partners also lead to improved coordination.

The availability of CERF funds strengthened WFP presence and capacity to better coordinate the interventions with other humanitarian partners in the Food Security Cluster. WFP acted as focal point for the Provincial Humanitarian Country Team in Inhambane for the cyclone response and managed to coordinate all the humanitarian actors and minimize duplications.

The allocation of CERF funds allowed for a coordinated response and increased demand for coordination among implementing partners, UN, national and international non-government organizations and between partners and Government, particularly the national institute for disaster management—INGC. However, in some sectors the coordination was challenging in the field where some organizations were working individually.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Since the Education cluster has received CERF funds for the first time, it was a positive highlight on the importance of the education needs. It gave a bigger leveraging space for the Education cluster within the Humanitarian country team. In addition, the availability of CERF funds for the sector was instrumental in triggering recognition of the fact that providing education in emergencies is a protection strategy for children. Providing safe learning spaces prevents children from great risks of violence, rape, and other risk behaviours in a situation where their parents or guardians are under pressure and likely to be seeking additional humanitarian support.

Funds, medicines and equipment allocated to health sector did give an important support to cover critical gaps, such as gloves and other emergency equipment. Despite a certain delay in reviewing and approval times, CERF configured as one of the fastest funds available for application and implementation of activities compared to other donors' response time.

CERF funds contributed for WFP to gain further trust from the Government as a partner that capable to quickly mobilize funds to complement the government response during emergencies. The fact that WFP was one of the few partners providing conditional assistance was also seen as an advantage as its assistance had a double purpose: the provision of immediate food assistance to

the people in need together with the rehabilitation of assets for a swift reestablishment of normal life among communities and the reduction of food insecurity problems.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Review and approval reprogramming of CERF project took too long	Consider ways to reduce reviewing time and more simplified process.	CERF secretariat
The CERF fund was very important in terms of scaling up response. Funds, medicines and equipment allocated to health sector did give an important support to cover critical gaps, such as gloves and other emergency equipment	Review and update the list of interventions per sector (and per disaster type) aligned with life saving criteria that CERF can cover. This will help in the prioritization of project activities.	CERF secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Delays in the finalization of detailed engineering assessment and finalization of the list of schools	The coordination was always at the education directorate level. F or similar works in the future, the coordination should be done directly with the Governor.	UNICEF
Delays in finalization of the Bill of Quantities (BoQ), tendering and contracting processes due to Government requirement to follow newly introduced standards for tender processes.	Finalization of the BoQ, and tender documents together with the Government entity responsible for the construction works.	UNICEF
Delays to engage implementing partners in the project	Establish Standby Partnership and Cooperation Agreement for emergency response beforehand	UNICEF
Implementation of humanitarian response capacity at provincial and district level limited, particularly on protection issues	Capacity development at decentralized levels, as resilience and preparedness building, and increased mobilization of civil society	UNFPA and Ministry of Gender
Data analysis limited	Baselines need to build up, upfront and a specific group defined with capacity to do so.	HCT/ICCG

Challenges to implement project activities in agreement with local government due to (re)prioritization of activities	A more coordinated liaison among fellow UN agencies in openly sharing information during project design and implementation	ICCG
Administrative process to get funds and goods for an emergency activity need to be simplified	Process needs to be revised	FAO/Donors
Seed stocks for emergency purpose must be planned and stocked in advance in the country	Country to have security seed stocks available for emergency and promote activities for community resilience	Government Agriculture entity/National Research Station/ Partners
Food Security and nutrition Assessments to determine the number of people in need immediately after the cyclone's hit were very delayed and mainly related to in terms of infrastructures	SETSAN and INGC rapid assessments to include disaggregated information in terms of the needs of the affected population to ensure timely availability of data for better planning and quick mobilization and transfer of funds for timely implementation	SETSAN and INGC with the support of UN agencies (WFP, FAO, UNICEF),
Capacity of Inhambane population to quickly recover from the shock was impressive	NGOs and UN to have more focus on Resilience buiding interventions considering the Mozambican context	UN/NGOs/Government
Joint/interagency needs assessment allowed the humanitarian actors to prepare a consolidated flash appeal and submission of CERF proposals	Definition of vulnerability criteria Improve data the collection methodology and analysis	Clusters/sectors

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	01/03/2017 - 31/08/2017		
2. CERF project code:	17-RR-CEF-032		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Education			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Restoring access to education for children affected by DINEO					
7. Funding	a. Total funding requirements ² :	US\$ 2,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 1,529,373	■ NGO partners and Red Cross/Crescent:		US\$ 327,210	
	c. Amount received from CERF:	US\$ 400,137	■ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	6,000	6,000	12,000	5,865	5,635	11,500
Adults (≥ 18)						
Total	6,000	6,000	12,000	5,865	5,635	11,500
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	12,000			11,500		
Total (same as in 8a)	12,000			11,500		

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The initial estimation of 12,000 beneficiaries was calculated based on the average number of children in classroom multiplied by two shifts. It was estimated that 82 classrooms will benefit approximately 75 children per shift per classrooms. When the list of classrooms for the repair works was finalized, it was noted that some schools are bigger and have greater number of children, whereas others have less than 500 students in the school. The final calculation showed that in total 11,500 children benefited from the intervention.
--	--

CERF Result Framework			
9. Project objective	Restore access to school for 12,000 primary school children affected by DINEO cyclone across 5 districts in Inhambane province		
10. Outcome statement	Access to primary education restored for children affected by DINEO		
11. Outputs			
Output 1	12,000 children have access to learning spaces		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of classroom roofs repaired	82	82
Indicator 1.2	# of tarpa tents constructed	40	40
Indicator 1.3	# of learner kits distributed	12,000	11, 250
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of materials for construction of 40 tarpa tents and emergency repairs of 80 roofs	UNICEF in partnership with INGOs	UNICEF in partnership with World Vision and CARE International
Activity 1.2	Provide technical advice and build capacity for construction of tarpa tents and for repairs and strengthening of roofs	UNICEF in partnership with INGOs	UNICEF
Activity 1.3	Construct 40 tarpa tents	UNICEF in partnership with INGOs	UNICEF in partnership with World Vision and CARE International
Activity 1.4	Emergency repair of 82 classroom roofs that were destroyed by the cyclone	UNICEF in partnership with INGOs	UNICEF in partnership with CARE International
Activity 1.5	Provide 12,000 learner kits	UNICEF	UNICEF
Activity 1.6	Monitoring and reporting	UNICEF in partnership with INGOs	UNICEF in partnership with World Vision and CARE International and the Provincial Government and Provincial Education Directorate

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

No significant discrepancies were encountered during the implementation of the project. The targets for classroom roofs (82) and temporary tarpa-tent classrooms (40) were met. The target for learner kits was decreased from 12,000 to 11,250 due to slight increase in the unit cost of each kit from \$3.5 to \$4.0.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The response strategy was designed by the education cluster in close consultation with education authorities at both central (MINEDH) and provincial level (DPEDH), through regular cluster meetings as well as through multiple bilateral meetings and communication between UNICEF, MINEDH, INGC and other relevant partners active in Inhambane including World Vision, UN Habitat, CARE International, all of whom have committed to partner and further collaborate in the DINEO response.

At the early onset of the emergency, when the primary focus was on restoring the access to school for affected children, UNICEF and the Provincial Education Directorate worked closely with the members of the school councils (SC) to ensure that response strategies and activities met their needs. In particular, for the installation of tarpa-tents, UNICEF in close partnership with the education directorate, World Vision, CARE and UNHABITAT conducted 2-day training for the members of the communities in each school where the tarpa-tents were installed. The location, size and number of required tarpa-tent classrooms were agreed upon with the school administration and members of the SC before the installation of the classrooms. In addition, the detailed engineering assessment of each site was completed in close consultation with local stakeholders, which brought positive results in terms of improving the understanding of school directors, teachers and school council members the complexity of the repair work and the time required to complete repair works.

To ensure the efficient coordination among different actors and different levels (provincial and national), UNICEF intensified the frequency of the Cluster meeting from monthly meeting to biweekly meetings in the months of March, April and May, during the most hectic period of the emergency response. All findings and challenges from the field were brought to the attention of the Ministry of education and other partners to agree on the possible solutions. For the provincial level coordination, which became crucial starting from May 2017 when several UN and INGOs started the emergency response activities, a close coordination and collaboration with the provincial education directorate, especially the department of public works, was put in place to make sure that progress of the classrooms repair works are communicated in a timely manner to the Provincial Governor who chaired and led the response activities.

In addition, UNICEF has contracted a full-time architect (using other resources) to make sure that the quality of the repair works is up to required level and expectation of the local Government, school administration and the members of the communities. In addition to regular monitoring of the works, the architect was also instrumental in conducting orientation meetings with the members of the school councils, and community leaders to address the issues related to construction works.

And finally, to collect data on programme implementation, progress and results achieved against plans, as well as have information about the level of the satisfaction of the affected population by the response strategy in the aftermath of DINEO in the education sector, UNICEF has developed an e-questionnaire and contracted a local research agency for the third-party monitoring of DINEO response in 15 affected schools. The findings of the third-party monitoring will be available by the end of the year, and will provide evidence on the level of satisfaction of schools, as well as help UNICEF, the Ministry of education and other relevant partners to have better planning and execution of similar activities in the future.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

No evaluation was planned. The results of the third-party monitoring and final assessment of the project will be done jointly by UNICEF, MINEDH, DPEDH, CARE and UN HABITAT will provide reliable and comprehensive information of the project results, and will be documented for future reference.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO		5. CERF grant period:	29/03/2017 - 28/09/2017		
2. CERF project code:	17-RR-FAO-015		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency livelihood assistance for Cyclone "DINEO" affected population in the province of Inhambane (districts of Massinga, Govuro, Morrumbene, Homoine, Jangamo).					
7. Funding	a. Total funding requirements ⁴ :	US\$ 350,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 299,884	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 299,884	▪ Government Partners:		US\$ 16,230	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)	37,100	15,900	53,000	47,610	27,085	74,695
Total	37,100	15,900	53,000	47,610	27,085	74,695
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	53,000			74,695		
Total (same as in 8a)	53,000			74,695		

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Due to fluctuations in seed prices in the market, it was possible to increase the quantity of seeds distributed. There was an additional 4,339 households that benefit from additional horticulture seeds and also from the distribution of maize and beans seeds.
--	--

CERF Result Framework			
9. Project objective	Reduce the risk of food insecurity of 10,600 most vulnerable households of Inhambane province affected by the Cyclone Dineo		
10. Outcome statement	Food insecurity risk of 10,600 household reduced		
11. Outputs			
Output 1	Farmers access to agricultural inputs		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of kits of horticultural seeds purchased	10,600	14,939
Indicator 1.2	Number of household enrolled	10,600	14,939
Indicator 1.3	Number of kits distributed for woman headed households	3,000	4,228
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Data collection analysis and procurement of agricultural inputs	FAO	FAO
Activity 1.2	Identification and selection of beneficiaries	SDAE	SDAE
Activity 1.3	Listing of beneficiaries	SDAE	SDAE
Activity 1.4	Distribution of inputs	SDAE	SDAE
Output 2	Horticultural crops with good quality available for consumption		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Area under horticulture crops per household beneficiary	25m2	25m ²
Indicator 2.2	Number of HH beneficiaries harvesting and consuming vegetables	10,600	14,939
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Monitoring reception of seeds and distribution	FAO, SDAE	FAO, DPA, SDAE
Activity 2.2	Monitoring sowing and planting	FAO, SDAE	FAO, DPA, SDAE
Activity 2.3	Monitoring technology used for production per household	FAO, SDAE – Extension services	FAO, SDAE
Activity 2.4	Reporting on production and harvesting	SDAE	SDAE, DPA
Activity 2.5	Reporting and project closure	FAO	FAO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project was initially designed to benefit 10,600 families, with 1,166 kg of vegetables and 21,200 kg of beans. The kit distributed to the beneficiaries of horticultural seeds had the following composition:

Table-1. Kit of seed distributed per householder

Crop	Qty per HH
Tomato	1 pack of 10 grams
Onion	1 pack of 10 grams
Cabbage	1 pack of 20 grams
Pumpkins	1 pack of 50 grams
Common beans	1 pack of 2 kg
Okra	1 pack of 10 grams

However, due to fluctuations in seed prices in the market, it was possible to increase the quantity of seeds to include maize, at the request of the beneficiaries and to re-plan a new distribution with additional quantities of seeds, for selected crops and districts. As a result, the number of seed kits distributed exceeded the number of family beneficiaries previously planned. In total, about 942 kg of vegetable seeds (except for leaf cabbage, which was not available), 24,320 kg of common beans and 10,000 kg of maize seed were distributed. The number of beneficiaries increased by 40%, from 10,600 HH to 14,939 HH. In total 63.7% of beneficiaries were women.

The table below illustrates the total quantities of seed distributed and the number of households:

N-	District	Type of seeds and volume (Kg)							Number of households		
		Cabbage	Pumpkin	Onion	Okra	Tomato	Maize	Common beans	Male	Female	Total
1	Jangamo	26.34	36.50	26.34	13.17	26.34	-	3,015.00	532.00	785.00	1,317.00
2	Homoine	52.00	58.00	26.00	13.00	25.85	5,000.00	2,969.00	449.00	973.00	1,422.00
3	Morrumbene	42.40	53.10	42.40	21.20	32.40	-	4,862.00	620.00	1,500.00	2,120.00
4	Massinga	84.80	42.40	42.40	42.40	42.40	5,000.00	9,739.00	3,468.00	5,012.00	8,480.00
5	Govuro	27.20	81.50	32.60	19.42	32.60	-	3,735.00	348.00	1,252.00	1,600.00
6	Total (Kg)	232.74	271.50	169.74	109.19	159.59	10,000.00	24,320.00			
7	Total HH								5,417.00	9,522.00	14,939.00

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The project was planned to involve the full participation of the Provincial Directorate of Agriculture and Food Security and the District Services for Economic Activities who visited the sites to assess the situation of the affected families in the various districts. Based on the official information from the Government, a detailed assessment was then conducted by FAO with the participation of local agricultural structures and the local communities in the districts of Massinga, Morrumbene, Homoine, Jangamo, and Govuro. This was followed by the selection of the household beneficiaries and this process was assigned to SDAE in close coordination with community leaders. A list of beneficiaries was then prepared for each of the distribution sites based on the pre-established criteria for the selection of beneficiaries. The selection criteria gave special preference to women-headed household farmers and most vulnerable groups. This process resulted in the identification of 10,600 families needing urgent assistance. Upon discussions at local level and taking into consideration requests, needs and preferences from beneficiaries, a new agricultural kit was designed within the available budget.

This project enabled the affected populations to play an active role in the process of organization and selection of the most vulnerable farmers as well as in the decision-making processes for the selection of the most suitable agricultural inputs. In each community, a commission of members that included community leaders, farmers and members of the extension services guided and coordinated the input distribution process. FAO staff directly participated and supervised both processes of beneficiaries' selection and distribution of seeds at community level.

The extension services provided timely information to affected populations on project objectives, organizational procedures required and facilitated the dialogue between the project coordination team and the affected populations to ensure that needs

and concerns were properly included in project implementation.

Technical staff from SDAE, under FAO supervision and in collaboration with the Provincial Directorate, were responsible for monitoring the activities with the involvement of affected populations, to assess their level of satisfaction and results from the aid efforts. Farmers expressed their satisfaction with the overall seed aid with its level of quality, overall seed cleanliness and rates of germination, and adaptation of the varieties to the local climate. In order to increase the resilience of seed system efforts should be made to increase local seed production by intensifying training on seed production, management of seed stocks and storage of seeds.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The evaluation on the outcomes of the project will be conducted in close collaboration with the National Food Security and Nutrition Authority (SETSAN) during the next Vulnerability Assessment to (VAC).

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	01/03/2017 - 31/08/2017		
2. CERF project code:	17-RR-FPA-017		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input type="checkbox"/> Concluded		
4. Project title:	Sexual Reproductive Health Emergency assistance to Dineo affected people					
7. Funding	a. Total funding requirements ⁶ :	US\$ 1,740,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 400,069	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 400,069	▪ Government Partners:		US\$ 31,485	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	20,479	18,903	39,382	45,240	41,760	87,000
Adults (≥ 18)	24,637	22,742	47,379	32,760	30,240	63,000
Total	45,116	41,645	86,761	78,000	72,000	150,000
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population				63,239		
Other affected people	86,761			86,761		
Total (same as in 8a)	86,761			150,000		

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>The discrepancy between the planned and the reached population was due to three factors: (1) On the course of the implementation due to unavailability of one of the RH kit3, the country office in coordination with implementing partner identified gloves as immediate need. So, 11,470 pairs of gloves were acquired and benefited all 88 maternities of most affected districts, and thus benefiting the population in general, the target population was assisted as planned through the emergency care services (2) during planning process, it was expected that UNFPA would deliver up to Health Facility, However, the provincial directorate finally decided that the partners should deliver up to provincial level, and they would take the responsibility to distribute to the maternities. This allowed better administration, control and equitable distribution of humanitarian resources; (3) The savings on transport to the final destination were allocated to buy more maternity tents which benefited more women during reparation on the facilities. In total, the reached health facilities benefit 1,256,838 people per year, and it is estimated that during the period, the humanitarian assistance benefited both affected and resident population.</p>
---	---

CERF Result Framework			
9. Project objective	Ensure access of emergency sexual and reproductive health services to 86,761 people in cyclone affected areas.		
10. Outcome statement	Affected people in reproductive age, HIV positive and GBV victims / survivors receive emergency care as required		
11. Outputs			
Output 1	Men and women in reproductive age receive health and reproductive care		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of functional health facilities with Basic Emergency Obstetric Care (BEmOC)	52	52
Indicator 1.2	Number of pregnant women who have access to functional maternity service	3,000	67,646
Indicator 1.3	Number of functional health facilities per 250 000 People	52	52
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and distribute maternity tents	UNFPA	UNFPA
Activity 1.2	Procure and distribute inter agency RH kits	UNFPA	UNFPA
Activity 1.3	Procure and distribute dignity kits	UNFPA, Provincial Directorate of Gender	UNFPA and Provincial Directorate of Gender
Activity 1.1	Victims of GBV are referred to integrated assistance centers	UNFPA, Provincial Directorate of Gender	UNFPA, Provincial Directorate of Gender
Activity 1.2	Operationalize the moto ambulances for referrals in remote areas of five affected districts	Provincial Directorate of Health	Provincial Directorate of Health
Activity 1.3	Distribution of IEC materials including HIV and GBV to affected people	UNFPA	UNFPA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project was implemented by UNFPA, with Provincial Directorate of Health (DPS) and Provincial Directorate of Gender, Child and Social Action (DPGCAS) to address the immediate needs of protection and emergency maternal and neonatal care. The GBV component was implemented using multisector approach integrating Gender and Social Action, Health, Justice and Interior.

From initial 86,761 beneficiaries planned, 550,691 were reached due to changes on implementation models. The government assumed the responsibility of distributing the RH kits within the province, while transportation was done by WFP. So, DPS requested that, funds available to be used to cover the immediate needs of gloves.

As the priority of health sector was to repair the health facilities destroyed by the cyclone, the 40 tents were used as temporary maternities. By end of September, 12 health facilities were totally repaired and in 10 HF rehabilitation was in progress. WHO supported the emergency repairs of health facilities with CERF funds and also Care International contributed for the rehabilitation of HF. This activity was completely handled by the DPS, to ensure appropriate planning, national quality, and execution and national ownership.

The RH kits reinforced the capacity of maternities to provide Basic Emergency Obstetric Care (BEmOC) and Comprehensive Obstetric Care (CEmOC) through the provision of drugs, medical supplies and equipment. 100 kits of reproductive health (23 kits# 6, 23 kits# 6B, 10 kits#10, 44 kits#5); 11,470 gloves and 40 tents were provided for immediate humanitarian assistance.

In addition, UNFPA strengthened the capacity of DPS on community referral system by reallocating 19 moto ambulances to support with referral of pregnant women from remote affected areas to maternities. Overall, from February to August, 263 severe cases of pregnant women, children under five and other emergency cases were referred from affected communities to health facilities. These moto-ambulances were to be used for reduction of maternal and neonatal mortality by reinforcing community emergency transportation of pregnant women. When the cyclone hit, the motor ambulances were reallocated to the most affected districts of Maxixe, Morrumbene, Massinga and Inharrime. With different organizational setting, from district to district, these Moto-ambulances are at responsibility of the communities to manage. In some cases, the communities contribute with fuel and subsidy to the driver. In others, the driver is a volunteer, so community involvement and participation is maximized.

To improve GBV case management, 33 health providers (21 MCH nurses and 14 male nurse) were trained on GBV update on protocols and pathways. Outreach activities on HIV and AIDS were carried out and 1,198,680 condoms were distributed., 2,500 GBV IEC material were distributed targeting community leaders, influents, women and girls focussing prevention and denouncement. Sessions on GBV reached 110,112 (4,096 men and 6,030 women) people.

To minimise lack of health staff trained on GBV, participants from the Vilankulo and Jangamo Violence Victims Integrated Care Centers, Health Technicians from peripheral health centers with care services for victims of GBV, Community Leaders, Teachers and Practitioners of Traditional Medicine (PMT) from all districts were trained on GBV. From January to March 2017 in the 7 districts of the project, 467 GBV victims received medical care assistance. Women's continue to be the main victims of physical and sexual violence at 88% of the victims.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Project design was based on joint field needs assessment through a rapid survey and sector specific assessment which took place soon after the cyclone. All the process of project implementation, including design and monitoring the involvement of beneficiaries were assured through regular meetings and complaint mechanisms with different levels of implementation: communities through local committees, more specifically for health, provincial and district directorates of Gender, Child and Social action, and Health through their project focal points and the Ministries where involved. For the monitoring, coordination meetings were held monthly with participation of various levels. Committees on GBV at community level were trained with full involvement of the communities themselves.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

No evaluation was planned, the results of the third-party monitoring and final assessment of the project done jointly by UNFPA, MISAU/ DPS, DPGCAS, can provide reliable and comprehensive information of the project results, and be documented for future reference.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	27/03/2017 - 26/09/2017		
2. CERF project code:	17-RR-IOM-011		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	WASH			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Immediate provision of temporary emergency WASH and NFI for victims affected by Tropical Cyclone Dineo in Inhambane					
7. Funding	a. Total funding requirements ⁸ :	US\$ 1,400,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 850,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 196,000	
	c. Amount received from CERF:	US\$ 400,000	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	8,176	9,537	17,713	11,372	12,857	24,229
<i>Adults (≥ 18)</i>	12,864	7,678	20,542	19,698	12,710	32,408
Total	21,040	17,215	38,255	31,070	25,567	56,637
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	38,255			56,637		
Total (same as in 8a)	38,255			56,637		

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Number of reached beneficiaries exceeded the number of planned beneficiaries by over 18,000 individuals due to the change in the project components; the original shelter component targeted beneficiaries from individual households with some overlapping components that would target the same vulnerable families who received hygiene kits, while revised project with WASH components targeted some vulnerable families individually (300 families who received temporary latrines), while also benefitted whole communities and schools in the neighbouring areas of boreholes rehabilitated, thus increasing significantly the number of beneficiaries reached. Components were implemented in different districts – temporary latrines were installed in the districts of Inhambane, Massinga, Morrumbene, Maxixe and Govuro, while hand-pump boreholes and water supply systems were rehabilitated in the districts of Inharrime, Massinga, Panda and Vilanculos; Massinga was the only district assisted with both components, though the intervention areas differed, avoiding thus double counting of beneficiaries</p>
---	---

CERF Result Framework			
9. Project objective	Providing emergency WASH items and rehabilitating access to WASH facilities to improve living conditions of most vulnerable households affected by DINEO cyclone in the province of Inhambane in Mozambique		
10. Outcome statement	Access to WASH by cyclone-affected vulnerable populations in Inhambane are improved through the provision of NFIs and emergency repair of WASH-related facilities		
11. Outputs			
Output 1	Vulnerable households are provided with basic WASH materials and targeted population regain access to rehabilitated water and latrine facilities.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of hygiene kits delivered to most vulnerable households	7,651 vulnerable families in all districts of Inhambane	7,651
Indicator 1.2	# of temporary latrines installed to highly vulnerable households	300 vulnerable families in 5 districts (Massinga, Morrumbene, Maxixe, Govuro and Inhambane)	300
Indicator 1.3	# of damaged hand-pump boreholes rehabilitated	20 boreholes in affected districts (Inharrime, Vilanculos and Massinga)	20
Indicator 1.4	# of solar-powered water supply systems rehabilitated and respective water committees trained	5 water supply systems in affected districts	5
Indicator 1.5	# # of people reached by the rehabilitation of water points (hand-pump boreholes and solar-powered water systems) and respective water committee	38,255	56,637

	trainings		
Indicator 1.6	# of reports by JAM	3	3
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of soaps, plastic bucket with lids, jerry cans and capulanas	IOM	IOM
Activity 1.2	Distribute WASH NFIs to INGC	IOM	IOM
Activity 1.3	Distribute WASH NFIs to beneficiaries	The National Institute for Disaster Management	The National Institute for Disaster Management and District Governments
Activity 1.4	Coordination for identification of WASH sites for identification	IOM, National Institute for Disaster Management, Joint Aid Management, the Provincial Department of Public Works, Housing and Water Resources	National Institute for Disaster Management, Joint Aid Management, the Provincial Department of Public Works, Housing and Water Resources, District Services of Planning and Infrastructure
Activity 1.5	Construction of 300 temporary latrines	JAM	JAM
Activity 1.6	Rehabilitation of 20 hand pump boreholes	JAM	JAM
Activity 1.7	Rehabilitation of solar-powered 5 water supply systems	JAM	JAM
Activity 1.8	Training of water committees	JAM	JAM
Activity 1.9	Conduct field monitoring visits to districts and confirm implementation of activities	IOM, JAM	IOM, JAM, SDPI

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Due to a project revision requested following close coordination with the local government, all shelter-related contents were removed from the original project outcome, outputs and activities, causing planned and actual interventions to show a significant gap in implementation. However, from the planned interventions of the revised and approved project (which became all WASH components) to actual implementation, components planned were delivered in line with most planned indicators and activities, with exception of the number of beneficiaries, that exceeded planned indicators by over 18,000 individuals. For indicator 1.5, who included beneficiaries from the rehabilitation of water points and a few overlapping beneficiaries who participated in the water committee trainings, double-counting was avoided through the exclusion of the latter in the counting

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

This project included strong community participation before, during and after delivery of the rehabilitation of WASH-related components; beneficiary selection followed government listings of vulnerable households registered with the INAS, the

Mozambican National Institute for Social Action; implementation was closely coordinated with beneficiaries, who could voice their preferences and concerns for the location of the temporary latrines, for example, later adapting their own roofing and locking systems. During the rehabilitation of the water supply systems powered by solar panels, the community took the ownership to appoint members who would compose the water committee, in charge of properly maintaining and securing the water systems. Requests to include small adaptations into the iron framing holding the solar panels were also incorporated and helped increase the safety of the panels, both against cyclones and theft.

During monitoring visits, beneficiaries were encouraged to voice their feedback and complaints on the assistance received, in an open and receptive manner. Whenever possible, IOM and implementing partner JAM addressed the issues raised, if any (e.g.: latrines missing lids were replaced, or positioning of latrine poles and tarps were changed to ensure more privacy), offered advice on the maintenance of facilities built/rehabilitated and so forth. Progress reporting to the local government and other stakeholders was carried out on a weekly basis through attendance to COE meetings, which gathered several actors working on the cyclone DINEO response, and ensured that issues, challenges and successes were shared among attendees, generating accountability of activities implemented.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was planned due to the limited budget amount and scale of project. Regular monitoring visits were carried out by IOM, JAM and government counterparts (SDPI technicians at district level) to ensure that activities were implemented according to prior coordination with all relevant stakeholders in agreed sites and within planned timeframe, being later reported to the provincial government on provincial COE meetings, held on a weekly basis.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	13/03/2017 - 12/09/2017		
2. CERF project code:	17-RR-WFP-022		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Food Support for Protection and Promotion of lives and Livelihoods of the Most Vulnerable People (cyclone affected)					
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 1,600,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$ 1,290,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 8,280.00	
	c. Amount received from CERF:	US\$ 300,000	▪ <i>Government Partners:</i>		US\$ 0,00	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,303	2,938	6,241	7,481	7,193	14,674
Adults (≥ 18)	857	902	1,759	6,169	5,408	11,576
Total	4,160	3,840	8,000	13,650	12,601	26,250
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	8,000			26,250		
Total (same as in 8a)	8,000			26,250		

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Based on requests from the Provincial Government of Inhambane to respond to the cyclone's impact through food assistance in combination with asset creation to quickly re-establish the food security situation of the affected communities, WFP planned to assist 50,000 people in the four most affected districts of Inhambane Province namely, Massinga, Morrumbene, Maxixe and Inhambane.</p> <p>However, considering Government requests to maximize the assistance to more beneficiaries and the mobilisation of insufficient funds through UN flash appeal (which would have only enabled to assist 8,000 beneficiaries – through 360 metric tons) it was agreed to reduce the food rations and number of feeding days to respond to the needs of a larger number of people. Finally, WFP was able to assist a total of 26,250 beneficiaries representing 320% of the initial planned number thanks to CERF funds..</p> <p>As the decision on the reduction of the food ration was made during the project's implementation, the people assisted were sensitised with regard to their food entitlements and finally received a full ration of 400 grs of cereals, 60grs of pulses and 25 grs of oil on the first month and a half ration, composed of 266.67 grs of pulses, 40 grs of pulses and 15 grs of Oil, in the following two months.</p>
---	---

CERF Result Framework			
9. Project objective	Stabilized or improved food consumption over assistance period for targeted households and/or individuals and restored or stabilized access to basic services and/or community assets		
10. Outcome statement	FCS: percentage of households with poor Food Consumption Score disaggregated by gender Diet Diversity Score disaggregated by gender CSI (Food): Coping Strategy Index (average) disaggregated by gender		
11. Outputs			
Output 1	8,000 women, men, boys and girls receiving food assistance		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiaries receiving food (through conditional and unconditional distribution) as % of planned0	100% (8,000 beneficiaries)	26,250 (320%)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	General food distributions	Partners	ADRA
Activity 1.2	Agreements with local partners	WFP and partners	ADRA
Output 2	Quantity of food assistance distributed		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Amount of food purchased and distributed	360 MT	432.55 MT (121%)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Food Purchases	WFP	WFP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

As part of WFP's monitoring calendar, Food Security Outcome Monitoring was carried out in both March and October 2017 and concluded that households' access to food in targeted communities improved following assistance from WFP. The household Food Consumption Score (FCS) is a score calculated using a household's frequency of consumption of different food groups during the 7 days before the survey multiplied by the weight of each food group. It is a proxy indicator of food access of the household and comprised of 3 profiles or thresholds namely poor (score of 0-21), borderline (21.5-35) and acceptable (> 35). A high proportion of the population with poor FCS is bad and a low proportion of the population with poor FCS is good. The percentage of households with poor FCS of both male and female-headed households decreased following WFP's intervention (from 16% to 9.5%).

While the FCS is a proxy for food access, the dietary diversity score (DDS) estimates the quality of a diet. It measures the number of different food groups consumed over a given period. Dietary diversity is a good complement to FCS since it provides a complete picture of the household diet. DDS is very sensitive to any changes in diets, making it ideal for monitoring changes. Although still below the corporate target, the DDS for all households showed a significant increase (consumption of 5 of the 7 food groups analysed) which for DDS demonstrates an improving dietary quality.

The results also show a reduction on the percentage of HHs (between 3 to 4%) that used negative coping strategic (CSI) related to food.

The assistance through FFA contributed to rehabilitate and create assets that included rehabilitation and cleaning of 43 Km of irrigation channels, rehabilitation of 20 fish ponds, expansion of 2.732 Ha of agriculture fields, construction and rehabilitation of 62 public infrastructures (class rooms, Health centres, houses for vulnerable people), 3.6 ha of improved seed multiplication plot was established to ensure availability of seeds for the next agriculture seasons at community level. The assets rehabilitated and created are contributing to increasing productivity and protecting livelihoods thus enabling progress towards the achievement of food security and reduction of hunger. Due to the good results achieved and the very positive impact the project is bringing to the communities, the Government, at both the Provincial and district levels, has requested WFP to continue implementing and expanding the support to the districts that are chronic to disasters through asset creation in order to increase resilience of the communities and reduce the dependency on regular food assistance.

Following approval from CERF funds, the procurement of food was carried out through the Global Commodity Management Facility (GCMF) and an in-country supplier was identified through WFP's tendering processes. This contributed to reduce food costs and delivery lead time. WFP managed to purchase 121% of the planned commodities.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Food assistance was provided in a safe working environment thanks to ADRA's experience in working with community mobilization and sensitization and to the involvement and commitment of the Government at the provincial and district levels in ensuring that the most vulnerable were assisted.

Before the start of the project and throughout its implementation (including during monthly monitoring meetings and distribution dates), the partner, supported by both WFP and district government, held dissemination and information-sharing sessions. The beneficiaries were hence briefed on programme objectives, implementation modalities, rations to be received and the implementation schedule - which ensured that people assisted to be regularly informed on their responsibilities and entitlements.

Day to day communication with beneficiaries was undertaken through regular field monitoring visits which gave the opportunity to WFP staff to collect beneficiaries' complaints.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

WFP usually conducts regular programme's evaluation rather than specific project evaluations. Therefore, a specific evaluation on cyclone response is not planned. The Cyclone was part of the Emergency Response under the PRRO project that ended in July 2017 and the evaluation will be carried out in May 2018.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WHO		5. CERF grant period:	23/03/2017 - 22/09/2017		
2. CERF project code:	17-RR-WHO-012		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Re-establishment of health facility functionality in cyclone affected areas of Inhambane province					
7. Funding	a. Total funding requirements ¹² :	US\$ 1,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :	US\$ 200,005	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 200,005	▪ Government Partners:		US\$ 179,500	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	45,240	41,760	87,000	72,777	72,401	145,178
Adults (≥ 18)	32,760	30,240	63,000	70,787	46,500	117,287
Total	78,000	72,000	150,000	143,564	118,901	262,465
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	150,000			262,465		
Total (same as in 8a)	150,000			262,465		
In case of significant discrepancy	The first assessment of beneficiaries planned was hastily put together when preparing the					

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	flash appeal and CERF proposal which might had been somehow underestimated. Furthermore, the reallocation of the funds initially planned for chlorine to additional emergency repairs of health facilities enabled the project to reach more beneficiaries. The health facilities prioritized by the health authorities (e.g: Inhambane provincial hospital – the biggest in Inhambane province and health facility in Funhalouro sede) covers large numbers of people in the province.
---	---

CERF Result Framework			
9. Project objective	Re-establishment of health facility functionality in 4 most affected districts in Inhambane province		
10. Outcome statement	10 damaged health facilities fully operational		
11. Outputs			
Output 1	10 damaged health facilities fully operational		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of health facilities in full functional mode	14% (10 HFs)	6% (04 HFs)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Emergency repair of essential infrastructure, including WASH of HF damaged by the cyclone	MOH	Provincial Directorate of Health (DPS)
Output 2	Provision of chlorine solution (certeza)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of households with adequate quantity of chlorine solution	8,738	NA
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of 28,400 bottles of chlorine solution	WHO, MOH	NA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
<p>The initial project proposal referred to the provision of household chlorine solution. However, due to considerable quantity of chlorine solution mobilized in the aftermath of the cyclone Dineo and after re-evaluation of the current needs by the local authorities, it has proven necessary to re-allocate the remaining funds to complete the repair of additional blocks at the provincial hospital. Furthermore, with the \$200.000 allocated to WHO, it was not possible to undertake the repair of 10 HFs but instead priorities were shift to 4HFs based on the request of the DPS Inhambane which considered the level of destruction and importance of the infrastructure.</p> <p>Following a thorough assessment conducted by the provincial health authorities, 2 health facilities were selected in Funhalouro district, 1 in Homoine district, 7 blocks at the provincial hospital in Inhambane and 3 staff residences adjacent to health facility in Homoine and Funhalouro. In addition to repairing the roof, there was an absolute necessity to repair not only the structural elements but also on the non-structural elements (doors, windows, lighting fixtures, false ceiling) to restore minimum quality services in all selected health facilities. Below is indicated in detail the interventions carried out in different health facilities:</p>

- Centro do saude de Funhalouro sede (Funhalouro district): the health facility serves a total population of 49,836 and receives referrals from 4 small health facilities. The emergency repair focused on the pediatric outpatient unit, TB/HIV consultation room and the warehouse.
- Centro do saude de Manhica (funhalouro district): a typical primary health care clinic serving a population of 4,191. It was completely damaged by the cyclone and activities such as immunization, antenatal care and treatment of common diseases, were undertaken in makeshifts. Two staff residences were also partially damaged and required immediate repair to ensure timeliness in the delivery of care. Funding were used to repair the outpatient unit, maternity room and staff residences.
- Centro do saude de Machamale (Homoine district): primary health care clinic serving a total population of 6,825, receiving on average 60 patients daily and 23 deliveries per month. Funding were used to restore functionality of the outpatient clinic unit and maternity ward as well as a staff residence.
- Hospital provincial de Inhambane: receives referral from and provide specialist support to all district hospitals in Inhambane covering a total population of 1,547,850. As such, nearly 50% of the funds were used to repair 7 blocks at the hospital including: orthopaedic ward, maternity ward, internal medicine ward (female patients wing), sterilization unit, pharmacy, logistic and admin units.

All selected health facilities with the exception of some blocks at the provincial hospital, have been rehabilitated and are fully operational. Novel approaches taking into consideration the mitigation measures such as proper anchorage of roofing elements were considered during the emergency repair of the health facilities.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The project design and implementation was closely coordinated with the health authorities at provincial and district level in affected areas. The prioritization of the health facilities covered by the CERF project was duly informed by the report of the community's representatives, local and health authorities in the cyclone affected areas. The affected population was involved in the project implementation and monitoring through the health committees composed by key members of the community which were in close contact with the health authorities at the district level.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

No evaluation was planned. However, joint monitoring with the provincial health officials were made aimed to address implementation challenges, gaps and addressed accordingly. Besides, WHO Country Office as part of its routine work, reflected about the implementation of emergency supports which response to DINEO was included.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-IOM-011	Water, Sanitation and Hygiene	IOM	INGO	\$196,000
17-RR-FAO-015	Agriculture	FAO	GOV	\$2,874
17-RR-FAO-015	Agriculture	FAO	GOV	\$4,071
17-RR-FAO-015	Agriculture	FAO	GOV	\$2,156
17-RR-FAO-015	Agriculture	FAO	GOV	\$2,788
17-RR-FAO-015	Agriculture	FAO	GOV	\$2,170
17-RR-FAO-015	Agriculture	FAO	GOV	\$2,170
17-RR-WFP-022	Food Assistance	WFP	INGO	\$8,280
17-RR-CEF-032	Education	UNICEF	INGO	\$327,210
17-RR-WHO-012	Health	WHO	GOV	\$179,500
17-RR-FPA-017	Health	UNFPA	GOV	\$17,012
17-RR-FPA-017	Protection	UNFPA	GOV	\$14,473

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Agency
ARVT	Antiretroviral Treatment
BEmOC	Basic Emergency Obstetric Care
BoQ	Bill of quantities
CEmOC	Comprehensive Obstetric Care
COE	Emergency Operative Centre
DDS	Dietary Diversity score
DPEDH	Provincial directorate of Education and Human development
DPGCAS	Provincial Directorate of Gender, Child and Social Action
DPOPHRH	Provincial Department of Public Works, Housing and Water Resources
DPS	Provincial Directorate of Health
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FFA	Food for Assets
GBV	Gender Based Violence
GCMF	Global Commodity Management Facility
GFD	General Food Distribution
HCT	Humanitarian Country Team
HF	Health facility
HH	Household
HIV	Human immunodeficiency virus
ICCG	Inter Cluster Coordination Group
IEC	Information, Education, Communication
INAS	National Institute of Social Action
INEE	International Network for Education in Emergencies
INGC	National Institute for Disaster Management
IOM	International Organization for Migration
JAM	Joint Aid Management
MINEDH	Ministry of Education and Human development
MoH	Ministry of Health
NFI	Non Food Item
SC	School council
SDAE	District services of Economic activities
SDPI	District services of Planning and Infrastructure
SDSMAS	District services of Health, Women and Social Action
SETSAN	Technical Secretariat for Food Security and Nutrition
SRH	Sexual Reproductive Health
TB	TUBERCULOSIS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	Vulnerability Assessment Committee
WASH	Water, Sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization